District HIV/AIDS Epidemiological Profiles developed through Data Triangulation

FACT SHEETS

Odisha



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

CONTRIBUTORS

Department of AIDS Control

Dr S. Venkatesh Deputy Director General (M&E)

Dr Yujwal Raj NPO (Strategic Information)

Dr Pradeep Kumar Programme Officer (Surveillance)

Mr Ananta Basudev Sahu Programme Officer (M & E) Dr Chinmoyee Das Epidemiologist

Mr Ugra Mohan Jha Programme Officer (Statistics)

> Dr Mohan Kumar EIS Officer

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Lov Verma Secretary



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

FOREWORD

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

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

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

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

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

Lov Verma





Aradhana Johri, IAS *Additional Secretary*

Department of AIDS Control, NACO, Ministry of Health & Family Welfare, Government of India

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

Aradhana Johri

Acknowledgement

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

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

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

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

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

Stenter

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

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Acronyms

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

Glossary

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

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

Introduction

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

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

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

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

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

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

Methodology

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

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

Table 1: Components of District Epidemiological Profiling

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

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



Epidemiological Framework of HIV/AIDS Scenario in the District

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

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

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



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

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



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

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

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

Table 2: Data Sources used for District Epidemiological Profiling

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

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

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

Important Outcomes of District Epidemiological Profiling include:

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

Specific Notes on Fact sheets

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

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

District Map of Odisha



Angul

Background:

Angul, a centrally located district in the State of Odisha came into existence on April 1, 1993. The district covers a geographical area of 6,232 square kilometers and supports a population of about 12.71 lakhs with a sex ratio of 942 females per 1,000 males, and a female literacy rate of 70.44% with an overall literacy rate of 78.96% (2011 Census). The economy of Angul district mainly depends on industries. The major industries in the district are mining, thermal power, fertilizer plant etc. It is a new but strategically most advanced district because it gives highest return of revenue to the Government due to vast coal mines located in its abode. Due to set up of large industries, lot of in-migration occurs in the district in search of employment. The major highway that passes through Angul is National Highway 55.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was high (1.26%) among the ANC clients in the district, with an overall declining trend.
- Based on 2011 data, the level of HIV positivity was low among the PPTCT (0.14%) and Blood Bank (0.12%) clients, with a stable trend.
- According to 2010 HSS-MSM data, the level of HIV positivity was moderate (8 %) among MSM clients in the district, with a stable trend.
- In 2011, HIV positivity among ICTC attendees was low among male (1.03%) and female (1.35%) clients, and also among referred (0.79%) and direct walk-in (2.41%) clients. There was a stable trend among all ICTC attendees.
- As per mapping conducted, MSM (405; 83.85% of total HRG) was the largest HRG in the district, followed by FSW (78; 16.15% of total HRG). Among the FSW, 71.21% were home-based.
- As per the 2001Census, 4.92% of the male population was migrant population, 2.86% of them migrated to other states and 33.30% migrated to other districts within the state.
- In 2011, 6,293 STI/RTI episodes were treated in the district.
- In 2009, of the 273 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 9% were 15-24 years of age, 33% were on ART, 23% were illiterate or only had a primary school education and 41% were married.
- In 2011 HIV transmission from parent to child was high at 9.52%, in the district.
- HIV and RTI/STI awareness rate among women was 67.7% and 30.6%, respectively (DLHS-III).
- There were 17 ICTCs operational in the district in 2011.
- Red Ribbon Clubs (RRC) were established in 2007 to generate awareness about HIV/AIDS in the youth; 25 RRCs were operational in the district during 2011.

- Analysis of risk profile of positive individuals should be done to determine associated factors as high HIV prevalence among ANC and moderate HIV prevalence among MSM indicated high vulnerability of the district.
- Strengthen outreach programmes through awareness campaigns among migrants and among truckers in truck halt points and highways in the district.
- Since the largest HRG was MSM, assessment of the size and profile of MSM group, will help in understanding district vulnerabilities.
- There is a need to better understand the profile and dynamics of ANC attendees and their spouses through analysis of ART and ICTC data, as the percentage of transmission via parent to child was high.

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

Angul

Balangir

Background:

Balangir district, also called Bolangir, is situated in the western region of Odisha. It is surrounded by Subarnapur district in the east, Nuapada district in the west, Kalahandi district in the south and Bargarh district in the north. The district has a population of 16.48 lakhs with a sex ratio of 983 females per 1,000 males, a female literacy rate of 53.77% with an overall literacy rate of 65.50% (2011 Census). The economy of Balangir mainly depends on agriculture. The major highway that passes through the Balangir district is National Highway 201.



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 between high and low positivity.
- Based on 2011 data, the level of HIV positivity was low among the PPTCT (0.12%) and Blood Bank (0.15%) clients. The trend was stable for both the PPTCT and Blood Bank attendees.
- According to 2010 HSS-MSM data, the level of HIV positivity was low (0.43%) among MSM, with a declining trend.
- In 2011, HIV positivity among ICTC attendees was low among male (0.68%) and female (0.54%) clients, and also among referred (0.56%) and direct walk-in (0.81%) clients with an overall stable trend.
- As per mapping conducted, FSW (637; 65.20% of total HRG) was the largest HRG in the district, followed by MSM (220; 22.52% of total HRG) and IDU (120; 12.28% of total HRG). Of the MSM present in the district, 25.93% were Kothi and 65.02% were double decker.
- In 2011, the Syphilis positivity rate among STI clinic attendees was 1.17%.
- As per the 2001 Census, 6.59% of the male population was migrant population, 28.20% of them migrated to other states and 42.27% migrated to other districts within the state.
- The top destinations for out-of-state migration were Raipur and Durg in Chhattisgarh.
- In 2009, of the 219 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 13% were 15-24 years of age, 35% were on ART, 19% were illiterate or only had a primary school education and 23% were married.
- In 2011, HIV transmission from homosexual accounted for 18% of the total HIV transmissions.
- HIV awareness rate and RTI/STI awareness rate among women was 10.9% and 0.6% respectively (DLHS-III).
- Total no. of ICTCs in 2011 was 15. There has been an increase in the number of clients undergoing HIV testing at ICTCs.
- RRCs were established in 2007 to generate awareness about HIV/AIDS in the youth. There was a steep increase in the no. of RRCs from 24 in 2010 to 42 in 2011.

- Strengthen TI sites to provide HIV preventive and referral services.
- Strengthen outreach programmes through awareness campaigns among women, migrants and around truck halt points and highways in the district.
- There is a need to understand the dynamics of HIV transmission among FSWs, either through initiation of FSW site for HSS or further analysis of ICTC/PPTCT and ART data.
- Better assessment of typology of sex workers, size and profile of FSW's client population, including migrants and truckers, since the largest HRG was FSW, will improve understanding of district vulnerabilities.

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

Balangir

Balasore

Background:

Balasore is a coastal district situated in the northern most part of the state. It is bordered by Bhadrak district in the south, Mayurbhanj district in the west, Purbi Medinipur district of West Bengal on the north and Bay of Bengal on the east. The district has a population of 23.17 lakhs with a sex ratio of 957 females per 1,000 males, and female literacy rate of 72.95% with an overall literacy rate of 80.66% (2011 Census). The economy of Balasore district mainly depends on agriculture. Industrialization is also gaining ground as the rubber, plastic, paper and alloys industries are mushrooming around Balasore town. The beautiful sea beaches and temples attract local and national tourists. The major highways that pass through Balasore are National Highways 5 and 60.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.75%) among the ANC clients, representing an increasing trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.11%) and Blood Bank (0.03%) clients, with a stable trend.
- As per 2010 HIV Surveillance Survey data, the level of HIV positivity among FSW was low (3.20%) in the district, with a stable trend.
- In 2011, HIV positivity among ICTC attendees was low among male (1.62%) and female (1.74%) clients and also among referred (1.38%) and direct walk-in (3.27%) clients, with an overall stable trend.
- As per mapping conducted, FSW (425; 96.37% of total HRG) was the largest HRG in the district. Of the FSW, 59.50% were street-based, 26.50% were brothel-based and 14% were home-based.
- In 2011, 3,531 STI/RTI episodes were treated among STI clinic attendees
- As per the 2001 Census, 4.30% of the male population was migrant population, 30.47% of them migrated to other states and 31.74% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Thane and Mumbai (Suburban) in Maharashtra.
- In 2009, of the 316 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 28% were on ART, 31% were illiterate or only had a primary school education, and 30% were married.
- in 2011, HIV transmission from parent to child accounted for 10.40% of the total transmissions in the district.
- HIV and RTI/STI awareness rates among women was 29.3% and 15.7%, respectively (DLHS-III).
- There has been a gradual increase in the number of clients being tested at the ICTCs in the district from 2008 onwards. There were 15 ICTCs operational in the district in 2011.
- RRCs were established in 2007 to generate awareness about HIV/AIDS in the youth. There were 39 RRCs operational in district during 2011.

- Socio-demographic analysis should be done to ascertain risk factors in the district, considering rising prevalence among HSS-ANC attendees.
- Strengthen outreach programmes through awareness campaigns among women, migrants and around tourist spots in the district.
- It is necessary to strengthen PPTCT program coverage in the district since parent to child transmissions was high in the district.
- Better assessment of the size and profile of FSW's client population, including migrants and truckers, since the largest HRG was FSW, will help in better understanding of district vulnerabilities.

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

Balasore

Bargarh

Background:

Bargarh is located in western Odisha, with Mahasamund and Raigarh districts of Chhattisgarh as the western border, Jharsuguda on the north, Sambalpur and Subarnapur districts in east and Nuagarh and Balangir districts in the south. It has a population of 14.78 lakhs with a sex ratio of 976 females per 1,000 males, and a female literacy rate of 65.84% with an overall literacy rate of 75.16% (2011 Census). The economy of Bargarh is largely dependent on agricultural products. There is also a cement factory along with a sugar mill and a thread mill to provide further boost to the economy. Bargarh is also called a business hub of western Odisha. The major highways that pass through Bargarh are National Highways 6 and 201.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC attendees, with an increasing trend till 2008, but a fall from high to moderate level was observed in 2010.
- In 2011, the level of HIV positivity was low among the PPTCT (0.17%) and Blood Bank (0.26%) clients, with a stable trend.
- Based on 2010 HSS data, HIV prevalence among IDU was low at 4.27%, with a stable trend.
- In 2011, HIV positivity among ICTC attendees was low among male clients (1.55%) and female clients (1.12%) and also among referred clients (1.33%) and direct walk-in clients (1.53%), with a stable trend.
- As per mapping conducted, IDU (353; 56.57% of total HRG) was the largest HRG in the district, followed by FSW (232; 37.18% of total HRG). Of the FSWs, 89.47% were street-based and 10.53% were home-based.
- In 2011,3,114 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.23%.
- As per the 2001 Census, 3.91% of the male population was migrant population, 9.93% of them migrated to other states and 29.80% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mahasamund and Raigarh districts in Chhattisgarh.
- In 2009, of the 249 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 11% were 15-24 years of age, 47% were on ART which was on higher side, 18% were illiterate or only had a primary school education and 33% were married.
- HIV awareness rate and RTI/STI awareness rate among women was 41.4% and 3.1%, respectively (DLHS-III).
- Total number of ICTCs in 2011 was four. There has been a gradual increase in the number of clients undergoing HIV testing at ICTCs.
- RRCs were established in 2007 to generate awareness about HIV/AIDS in the youth. There has been an increase in the number of RRCs from 12 to 42 during 2007 to 2011.

- Carry out in-depth analysis of ANC data to assess risk factors for HIV epidemic among general population.
- Create awareness through regular campaigning among women and hard-to-reach sub-groups, such as home-based FSW.
- There is a need to better understand the dynamics of HIV transmission among HRGs either through further analysis of ICTC and ART data.
- Expand the coverage of HIV counselling & testing in the district to detect positive cases at an early stage.

		HIV Levels	and Tren	ds ³								Vuln	erabilitie					
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			*	0.55	1.20	0.77	0.24	1.53	No enisodes treated	C	380	1861	3114					
			*	2187	2761	2605	2080	1767	% Syphilis positivity	0	0	5.20	0.23					
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oute	of HIV Tran	smission, IC	TC 2011		-				Comp. Tls			-	-	-	-	-		
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* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); ⁴PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Bargarh

Bhadrak

Background:

Bhadrak is a coastal district of Odisha situated at the eastern coast of India. The district has a population of 15.06 lakhs with a sex ratio of 981 females per 1,000 males, and a female literacy rate of 76.49% with an overall literacy rate of 83.25% (2011 Census). The economy of Bhadrak district mainly depends on agriculture and allied activities. Another sector contributing to the economy of the population in the sea coast areas (Dhamara, Basudevpur and Chandabali Blocks) depend on fishing. The major highway that passes through Bhadrak is National Highway 8.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a declining trend over the years.
- In 2011, the level of HIV positivity was low among the PPTCT (0.03%) and Blood Bank (0.04%) clients, with a stable trend.
- According to 2010 HSS-FSW data, the level of HIV positivity was low at 2.40% among FSWs but due to lack of data, a trend could not be determined.
- In 2011, HIV positivity among ICTC attendees was low among male (1.15%) and female clients (0.80%), also among referred clients (0.87%) and direct walk-in clients (1.21%), with an overall stable trend.
- As per mapping conducted, FSW (481; 58.44% of total HRG) was the largest HRG in the district, followed by MSM (342; 41.56% of total HRG). Of the FSW 44.33% were home based and 44.67% were street based.
- In 2010, the syphilis positivity rate among STI clinic attendees was 0.16%.
- As per the 2001 Census, 4.08% of the male population was migrant population, 31.73% of them migrated to other states and 45.42% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Kolkata in West Bengal and Surat in Gujarat.
- In 2009, of the 173 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 5% were 15-24 years of age, 30% were on ART, 29% were illiterate or only had a primary school education and 35% were married.
- In 2011, parent to child route of HIV transmission was high at 5.33%, in the district.
- HIV and RTI/STI awareness rate among women was 26.6% and 5.9%, respectively (DLHS-III).
- Total number of ICTCs in 2011 was 10, and a total of 22, 886 clients got tested.
- Red Ribbon Clubs (RRCs) were established in 2007 to generate awareness about HIV/AIDS in the youth. 24 RRCs were operational in the district in 2011.

- Strengthen outreach programme through awareness campaigns for women, migrants and around truck halt points and highways in the district.
- Assessment of the size and profile of HRG population will help in understanding of district vulnerabilities.
- There is a need to understand the profile and dynamics of clinic attendees and their spouses, through analysis of ART and ICTC data as the percentage of transmission via parent to child was high.
- Better assessment of the size and profile of FSWs client populations, including migrants and truckers, will improve understanding of district vulnerabilities.



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

Bhadrak

Boudh

Background:

Boudh district, also known as Bauda, is a centrally located district of Odisha. The district has a population of 4.39 lakhs with a sex ratio of 991 females per 1,000 males, and a female literacy rate of 60.44% with an overall literacy rate of 72.51% (2011 Census). The economy of Boudh district mainly depends on agriculture. Fisheries and animal husbandry also contribute greatly to the economy. Small scale industries are also a booming sector in the economic scenario of Boudh district, especially the textiles and mining industries. There is no National highway passing through the district but it is well connected with road and rail with other district headquarter and the state capital Bhubaneswar.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC attendees, showing a stable trend.
- Based on 2009 Blood Bank data and 2011 PPTCT data, the level of HIV positivity was low among the attendees.
- In 2011, HIV positivity among ICTC attendees was low among male (0.05%) and female clients (0.50%) and also among referred (0.13%) and direct walk-in clients, with a stable trend.
- In 2011, 2,684 STI/RTI episodes were treated.
- As per the 2001 Census, 5.19% of the male population was migrant population, 3.33% of them migrated to other states and 61.04% migrated to other districts within the state.
- In 2009, of the 19 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 53% were on ART, 26% were illiterate or only had a primary school education and 58% were married.
- HIV and RTI/STI awareness rate among women was 26.9% and 2.5%, respectively (DLHS-III).
- In 2011, there were two ICTCs in the district and 4,144 clients underwent HIV testing at the ICTCs.
- Red ribbon clubs (RRCs) were established in 2007 to generate awareness about HIV/AIDS in the youth. Total no. of operational RRCs in the districts in 2011 was six.

- Strengthen outreach programme through awareness campaigns for women and migrants in the district.
- Compilation and analysis of ICTC-PPTCT data with focus on characteristics like age, migration, occupation and geographic areas of positive people would provide knowledge on sexual dynamics and spread of HIV in this 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.
- Focused IEC for general population and migrants with awareness and sexual risk reduction messages is recommended.

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

Boudh

Cuttack

Background:

Cuttack is a picturesque district nestled at the land formed by the Mahanadi River in the north and Kathajodi in the south. It is the former capital and the second largest city of Odisha. The district has a population of 26.18 lakhs with a sex ratio of 955 females per 1,000 males, and a female literacy rate of 77.64% with an overall literacy rate of 84.20% (2011 Census). The economy of Cuttack is largely based on agriculture. About 76% of the total population of the district draws their living from the agricultural sector. The industries mainly provide employment to the bulk of workforce in the core of Cuttack district and served the domestic economy of Cuttack. The major highway that passes through the district is National Highway 5.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was high (1.50%) among the ANC clients, with an increasing trend.
- In2011, the level of HIV positivity was low among the PPTCT (0.11%) and Blood Bank (0.06%) attendees, with a stable trend over the last few years.
- According to 2010 HSS-IDU data, HIV prevalence among injecting drug users was low at 2.40%, but due to lack of data, a trend could not be determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (3.73%) but moderate among female clients (5.23%) and also low among refered (3.03%) and moderate among direct walk-in clients (6.37%). HIV positivity showed a stable trend among all ICTC attendees in the last four years.
- As per mapping conducted, IDU (575; 65.56% of total HRG) was the largest HRG in the district, followed by FSW (260; 29.65% of total HRG) and MSM (42; 4.79% of total HRG). Of the FSW, majority was of street based (63.84%).
- In 2011, 8,109 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.03%.
- As per the 2001 Census, 6.45% of the male population was migrant population, 23.56% of them migrated to other states and 48.78% migrated to other districts within the state.
- The top two destination districts for interstate out-migration were Surat in Gujarat and Kolkota in West Bengal.
- In 2009, of the 231 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 6% were 15-24 years of age, 35% were on ART, 28% were illiterate or only had a primary school education and 12% were widowed or divorced.
- Heterosexual route of transmission contributed 69.51% of the total HIV infections, cause of 17.83% of transmissions were unknown.
- HIV and STI/RTI awareness rates was 91.8% and 27.2%, among women (DLHS-III).
- In 2011, there was one IDU-TI and one composite TI operational in the district.

- Conduct socio-demographic analysis of HSS-ANC attendees to understand risk factors for HIV epidemic among general population
- There is a need to establish a mechanism to understand the dynamics of HIV transmission among HRG and migrant population since HIV Positivity at ICTC suggests continuing transmission among the attendees along with risky behavior.
- Strengthen and improve quality of outreach programmes for IDUs and FSWs.
- Strengthen efforts towards assessing route of HIV transmission at the ICTCs.

Cuttack District Populat	tion: 26,18,7C	18 (6.24% of	Odisha Popu	lation); Fer	nale Litera	cy ¹ : 77.64%	6; ANC Ut	filization ² :	62.3%										
			HIV Level	s and Tre	nds ³								Vulne	erabilities	10				
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		0/ 15-71	0/ III Drim	%	%					No. episodes treated	222	3695	5111	8109					
	% On ART	yrs	// III., FIIII.	Married	Widow	ed				% Syphilis positivity	0	0	0.07	0.03					
ART (231)	35	y	38	30		n							Program	me Resp	onse				
(I CZ) IVIN			07 -	n -	7					No.	2004	2005	2006	2007	2008	2009	2010	2011	
6	Route	of HIV Tra	nsmission, I	CTC 2011		-				FSW TIs									
		Homo/	Blood	Needle/	Parent	a mondal I				MSM TIS									•
	וובובו האבעתמי	Bisexual	Transfusion	n Syringe	to Child	NIIVIIO	_			IDU TIS	1		-	1		1	1	1	
% of Total	69.51	4.13	4.13	1.03	3.36	17.83				Comp. TIs	-	-	2	-	-	-	-	-	
(100-1)			Block-Le	evel Deta	ils					ICTCs	2	2	m	ъ	7	7	2	7	
NO HRG- FSW	TI Name: SRIISTI									Total tested at ICTCs ⁵	,	1785	5243	14210	16992	19237	16395	17505	
	224									Blood Banks	m	с	m	m	Э	ю	m	m	
	TI Name:									STI Clinics	ı			1	2	2	2	2	
No. HRG- MSM	SRUSTI,	ı		ı		ı	ı	ı	ı	ART centres	ı			1		-	-	-	
	C01									Link ART centres	1		-	1		ı	1		
NO. HKG- IDU			, - Ţ	, : ;	' <u>-</u>					PLHIV Networks				1					
% Positive,	Athagarh,	Banki, SDH	ESI Hosni-	LITY HOS	- Salipur	SCBMC				Red Ribbon Clubs	ı	ı	ı	24	31	50	50	51	
ICTC	SDH 0	0.1	tal, 0	0.15	0.09	II, 0.28				Comm. Care Centers	1				-	-	-	-	
% Positive,	TI Name:									Drop-in-Centers	•		,	1		,	,	ı	
PPTCT	SRUSTI, 224	1				,				Condom Outlets	∞	8	15	∞	8	14	14	24	
-																			

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

Background:

Debagarh district, also known as Deogarh, is situated in the Western region of the state of Odisha. It is one of the less populated districts in the state and has a population of 3.12 lakhs with a sex ratio of 976 females per 1,000 males, and a female literacy rate of 63.36% with an overall literacy rate of 73.07% (2011 Census). The economy of the district is mainly dependent upon cultivation. The major highways that pass through Debagarh are National Highways 6, 23,200 and 215.

HIV Epidemic Profile:

 Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC clients, with a declining trend.



- a stable trend for Blood Bank attendees. • In 2011, HIV prevalence among ICTC attendees was low among male (0.29%) and female (0.31%) clients and also among referred (0.18%) clients and direct walk-in (0.43%), with an overall stable trend.
- As per mapping conducted, IDU (81; 54% of total HRG) was the largest HRG in the district, followed by FSW (69; 46% of total HRG).
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.25%.
- As per the 2001 Census, 5.11% of the male population was migrant population, 16.04% of them migrated to other states and 42.19% migrated to other districts within the state.
- The top destination for out-of-state migration was North West Delhi.
- In 2009, of the 40 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 15% were 15-24 years of age, 33% were on ART, 18% were illiterate or only had a primary school education and 20% were married.
- HIV and RTI/STI awareness rate was 38.8% and 9.7%, among women respectively (DLHS-III).
- Red Ribbon Clubs (RRCs) were established in 2007 to generate awareness about HIV/AIDS in the youth; 18 RRCs were operational in the district during 2011.

- Data assessment and analysis of positive people at ANC, ICTC/PPTCT, ART and Blood Bank is recommended to understand the source and spread of HIV.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women, migrants and around truck halt points and highways in the district.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.



Debagarh District Populat	tion: 3,12,16 ²	t (0.74% of (Odisha Populi	ation); Fem.	ale Literac	y¹: 63.36%	S; ANC Util	lization ² : 3	38.1%										
			HIV Level	s and Tren	uds ³								Vulne	rabilities					
		2004	2005	2006	2007	2008	2009	2010	2011		HRG S	ize			Ma	ale Migrati	ion, 2001	Census	
HSS-ANC	PP ⁴		ı	I	1.00	0.50		0.50			EC/M/	MCN					Inter-	Intra-	Intra-
	NT ⁴				400	400		400			NAC J					Ovelall	state	state	district
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Blood Bank	РР	0	0	0	0	0	0.05	0.05	0.05	% Total HRG	46 OC	C	54.0		% male	5 11	0 8.7	2.16	7 13
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HSS-IDU	Ъ				,			,			Brothe	el Panth		-0	4tron				
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ורור ואומוב	NT				904	*	1008	1283	1391		Street ba	sed- decke		-21	neini				
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ור ור עפופוופח	NT				779	*	725	1036	1120		STI	/RTI	-						
ICTC Direct	РР			ı	0.57	*	0.61	0.88	0.43		2008	2009	2010	2011					
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			PLHIV PI	rofile, 200	6					% Symbilic mocitivity	-		- -	0 7 E					
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No. HRG- IDU				'	'	•	•		•	PLHIV Networks				,					
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% Positive,	Debagarh									Drop-in-Centers	-					-		ı	
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* Inadequate sample size; - Data not available;¹ 2011 Census;² Source: DLHS III;³ Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); ⁴PP = percent positive, NT = number tested;⁵ General clients & pregnant women

Dhenkanal

Background:

Dhenkanal, the centrally located land-locked district of the state, is bordered by Kendujhar to the north, Jajpur to the east, Cuttack to the south and Angul to the west. It has a population of 11.92 lakhs with a sex ratio of 947 females per 1,000 males, and a female literacy rate of 71.40% with an overall literacy rate of 79.41% (2011 Census). The economy of Dhenkanal district mainly depends on agriculture. The district gains from forest products, which plays an important role in the economy of the district. The principal forest products are Timber, Bamboo, Fire wood and Kendu leaf. The major highways that pass through Dhenkanal are National Highways 42 and 200.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a stable trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.10%) and Blood Bank (0%) clients, with a stable trend.
- In 2011, HIV positivity among ICTC attendees was low among male (0.45%) and female (0.64%) clients and also among referred (0.53%) and direct walk-in (0.37%) clients, with a stable trend.
- As per mapping conducted, FSW (200; 55.71% of total HRG) was the largest HRG in the district, followed by MSM (159; 44.29% of total HRG). Of the FSW majority was home based (62.50%).
- In 2011, 5125 episodes of STI/RTI were treated and the syphilis positivity rate among STI clinic attendees was 0.17%.
- As per the 2001 Census, 5.41% of the male population was migrant, 4.52% of them migrated to other states and 57.15% migrated to other districts within the state.
- The top three destinations for out-of-state migration were Thane in Maharashtra, Dadra & Nagar Haveli and Surat in Gujarat.
- In 2009, of the 109 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 6% were 15-24 years of age, 23% were on ART, 26% were illiterate or only had a primary school education and 33% were married.
- HIV and RTI/STI awareness rate among women was 75.1% and 30%, respectively (DLHS-III).
- In 2011, a total of three ICTCs and one composite Targeted Intervention site existed in the district.
- Red ribbon clubs (RRCs) were established in 2007 to generate awareness about HIV/AIDS in the youth. Operational RRCs in the district in 2011 were 19 in number.

- Continue HIV prevention strategies to maintain HIV prevalence at low levels.
- Strengthen outreach programme through awareness campaign especially among migrant-men and around truck halt points and highways in the district.
- Need to establish mechanism for understanding the dynamics of HIV transmission among HRG size and its linking with surrounding districts.
- Availability of data regarding profile and pattern of migration and truckers is recommended for better insight to district HIV vulnerabilities.

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

Dhenkanal

Gajapati

Background:

Gajapati district, recently formed in October 1992, is bordered by Ganjam district of Odisha on the east, Rayagada on the west, Kandhamala on the north and Srikakulam district of Andhra Pradesh on the south. It is the least populated district of the state with a population of 5.75 lakhs and sex ratio of 1,042 females per 1,000 males, and a female literacy rate of 43.59% with an overall literacy rate of 54.29% (2011 Census). The economy of the district mainly depends on agriculture. Gajapati district is an under developed mountainous region, predominated by tribal people. The major minerals in the district are granite decorative stones found in some part of Paralakhemundi Tehsil. There are no major highways passing through this district.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.75%) among the ANC attendees, with an increasing trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.13%) and Blood Bank attendees, with a declining trend.
- According to 2010 HSS-FSW data, HIV prevalence was low among FSWs (1.22%), but due to lack of data points, a trend could not be determined.
- In 2011, HIV positivity among ICTC attendees was low among male (1.38%) and female (1.59%) clients, as well as among referred (1.89%) and direct walk-in (0.15%) clients. A declining trend was observed among male and direct walk-ins but a stable trend was observed among female and referred clients.
- As per mapping conducted, FSW (382, 79.25% of total HRG) was the largest HRG in the district.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.12%.
- As per the 2001 Census, 7.53% of the male population was migrant, 15.82% of them migrated to other states and 24.58% migrated to other districts within the state.
- The top two districts for out-of-state migration were Srikakulam and Rangareddy in Andhra Pradesh.
- In 2009, of the 132 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 17% were 15-24 years of age, 27% were on ART, 23% were illiterate or only had a primary school education and 30% were married.
- HIV and RTI/STI awareness rate among women were 8% and 0.5%, respectively (DLHS-III).
- There has been a gradual increase in number of clients undergoing HIV testing at the ICTCs

- Socio-demographic analysis of ANC data should be done to understand risk profile of the attendees.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- Better assessment of the size and profile of FSWs clients' population, including migrants and truckers, will help in understanding of district vulnerabilities.
- Strengthen outreach programme through awareness campaigns especially among women, migrants and around truck halt points in the district.
- For understanding district epidemiological profile, information on typology of HRG population is required.

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

Gajapati

Ganjam

Background:

Ganjam district in Odisha is bordered by the Bay of Bengal and Chillika lake on the east, Khordha and Nayagarh districts on the north, Phulbani on west and Gajapati of Odisha and Srikakulam of Andhra Pradesh on the south. It has a population of 35.20 lakhs with a sex ratio of 981 females per 1,000 males, and a female literacy rate of 61.84% with an overall literacy rate of 71.88% (2011 Census). Animal husbandry is one of the chief economic sectors of the district. It provides unique opportunity for fishing and port facility at Gopalpur for international trade. The Chilika Lake which attracts international tourists is known for its scenic beauty and a marvelous bird sanctuary is situated in the eastern part of district. The most populous city in Ganjam, Berhampur, is famous for silver filigree and silk sarees woven with



gold and silver threads. The major highway that passes through Ganjam is National Highway 5.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.75%) among the ANC attendees, with a fluctuating trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.22%) and Blood Bank (0.12%) clients, with a declining trend among PPTCT but a stable trend among BB attendees.
- As per 2010 HSS data, the HIV prevalence was low among FSW (2%), but due to lack of data points, a trend could not be determined.
- In 2011, HIV positivity among ICTC attendees was low among male (3.69%), female (3.63%) and among referred clients (2.23%) but moderate among direct walk-ins (6.94%). Declining trend was observed among all the ICTC clients except direct walk-ins which had a stable trend over the last five years.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.07%.
- As per the 2001 Census, 10.35% of the male population was migrant, 37.87% of them migrated to other states and 25.56% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Surat in Gujrat and Mumbai in Maharashtra.
- In 2009, of the 3,096 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 8% were 15-24 years of age, 31% were on ART, 22% were illiterate or only had a primary school education, and 30% were married.
- HIV transmission from parent to child accounted for 6.92%, of all the HIV transmission in the district.
- HIV and RTI/STI awareness rate among women was 82.7% and 24.8%, respectively (DLHS-III).
- ICTCs increased in number at a continuing pace from 14 in 2007 to 28 in 2011.
- In 2007 RRCs were established to generate awareness about HIV/AIDS in the youth. The no. of RRCs increased in the district from 23 in 2007 to 53 in 2011.

- Ganjam needs continued attention to decrease and limit the spread of the infection further even though HIV prevalence has declined from high to moderate levels among both HSS-ANC and ICTC attendees.
- Strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands, considering high rate of migration to high HIV prevalent states like Gujarat and Maharashtra.
- Conduct disaggregated analysis of ICTC direct walk-in clients to assess risk factors.
- Strengthen outreach programme through awareness campaigns around truck halt points and highways in the district.
- Better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.
- Strengthen positive prevention and PPTCT programme in the district since parental transmissions were notable.

District Popu	lation: 35, 2(),151 (8.39%	of Odisha Por HIV Lev	oulation); F els and Tr	emale Lite ends ³	racy ¹ : 61.849	6; ANC Util	ization ² : 5	4.7%				Vulne	rabilitie	Y				
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HSS-ANC	PP ⁴ NT ⁴	1.50	2.25	3.25	0.37	1.25 800		0.75			FSW	MSM				Overa	all Inte	- Intra-	Intra-
	bb	- 100	*	1.56	0.67	0.25	0.30	0.19	0.22								stat	e state	district
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Jaca boold	РР	0.15	0.16	0.19	0.25	0.22	0.08	0.14	0.12	Tedl. IVA/									
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H55-F5W	NT			,		,		250		Program Target	1	1	'		Top 5 di	stricts fo	or inter-st	ate out-m	igration
HSS-MSM	ЪР	,	,	,	,			'		Program Coverage		1	'						
	N										Home								
HSS-IDU	IN										based	- Koth	i- Da	ily		2			
	dd		20.72	13.03	8.58	6.22	4.58	3.72	3.69		788.//	4+c-04 ;%	%; Inject	tors-		Mum			Bard-
ICIC Male	NT	1	1752	3882	8818	14078	20225	20497	22224	Tunology	barod		N/	A;	+0211	-Dal-	Thane	, Bhav-	dha-
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ICTC Doforrod	РР	1	17.67	3.00	10.42	4.10	3.14	2.95	2.23		harad	- 2/10	N,	A		rachtr			Bengal
ורור עפופוופח	NT		781	8405	5818	6895	14546	19007	24407		17.319	%	2				<u></u>		
ICIC Direct	dd !		20.55	12.68	8.07	6.89	6.01	5.82	6.94	0/6 5 Vrs</td <td>79.81</td> <td>36.8</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	79.81	36.8	-						
Walk-in	NT	'	2054	4401	11245	16019	17430	11209	10697	0/ Marriad	0100	75.0	1 +						
			PLHIV	Profile, 2	600						-D.IC	5.C/ 1 0	_	-			_		
	% On ART	% 15-24	% Ill., Prim.	%	Widowe	q					2008	/KII 2009	2010	2011					
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ART (3096)	31	∞	35	30	10	3				% Syphilis positivity	0	21.90	2.65	0.07					
DLN (NA)	•	-		- 1010	'								Program	me Resp	onse				
	Š	ute of HIV I	ransmission		Devent					No.	2004	2005	2006	2007	2008	200	9 201	0 2011	
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% of Total										MSM TIS	1	ı		ı			1	1	
(N=1287)	89.51	C8.0	0.39	0.47	6.92	1.86				IDU TIs						•	'	•	
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No. HRG- FSW	Bhanjana-	Bellagun-	Aska. 66	,	·				,	ICTCs	m	m	7	14	22	24	26	28	
	l čl , la	ce that								Total tested at ICTCs ⁵	ı	3035	14027	21090	40655	6785	91 710'	6 8900	
MSM	nar 104	tha 56	Aska, 117	ı	ı		•	I	,	Blood Banks	m	m	m	m	m	m	m	m	1
	- o- 1:06	00 1000								STI Clinics	1	ı		•	2	2	2	m	
No. HRG- IDU				'			'	'	•	ART centres				-	-	-	-	-	
	A. H. Puru-			Bhanjana-	Bhuguda		Chikiti	Christian	Cit C	Link ART centres	1	ı		1	1	1	4	4	
% POSITIVE,	sottampur,	A. H. ASKa,	belaguntha	gar SDH,	CHCII	Chatrapour	CHC,	Hosp.,	HOS-	PLHA Networks	1			1	1	1	1	1	
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	CZ.U			0.19	0.22		c1.V	U.24	0.21	Condom Outlets	20	20	20	22	18	24	24	19	
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* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); ⁴PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Jagatsinghpur

Background:

Jagatsinghpur is one of the coastal districts of Odisha, which got the recognition of a district on 1 April 1991. It is bordered by Bay of Bengal on the east, Kendrapara in north, Cuttack in west and Puri district in south. It has a population of 11.36 lakhs with a sex ratio of 967 females per 1,000 males, and a female literacy rate of 80.88% with an overall literacy rate of 87.13% (2011 Census). The economy of Jagatsinghpur district mainly depends on agriculture. The key crops of the district are paddy, sugarcane, turmeric and cotton. Processing, manufacturing, repairing and fisheries industries have a dominant contribution towards the economic development of Jagatsinghpur. Paradeep Port and fertilizer factory are located in this district. The major highway that passes through Jagatsinghpur is National Highway 5A.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, HIV prevalence among ANC attendees in 2010 was low, with a fluctuating trend at low levels.
- Based on 2011 PPTCT data, the level of HIV positivity was low (0.08%) among the clients, with a stable trend.
- As per 2010 HSS-FSW data, HIV prevalence among FSWs was low, but due to lack of data, a trend could not be determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.46%) and female (0.94%) clients and also among referred (0.65%) and direct walk-in (0.46%) clients, showing a stable trend.
- As per mapping conducted, FSW (220) was the only HRG mapped in the district.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.04%.
- As per the 2001 Census, 5.41% of the male population was migrant, 10.22% of them migrated to other states and 60.22% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Mumbai and Thane in Maharashtra.
- The HIV and RTI/STI awareness rate among women was 93% and 29.6% respectively (DLHS-III).
- One composite TI was operational in the district in 2011.
- In 2007, RRCs were established to generate awareness about HIV/AIDS in the youth. 18 RRCs were operational in districts during 2011

- Strengthen outreach activities for migrants at both source and transit sites like bus stand and railway station.
- Strengthen efforts towards prevention of spousal transmission through couple counseling at ICTC and strengthening overall PPTCT programme.
- Improved assessment of typology of FSWs and size and profile of the clients' population, including migrants and truckers, will help in better understanding of district vulnerabilities.
- Further analysis of ICTC/PPTCT data needs to be done for a better understanding of the dynamics of HIV transmission, even though the level of HIV epidemic profile was low.
- Availability of ART or DLN data would help in understanding of district vulnerabilities.
- Generate information on typology of HRG population to understand better district epidemiological profile.

District Popu	lation: 11,36,	604 (2.71% (of Odisha Pop	ulation); Fu	emale Liter	acy ¹ : 80.88%	; ANC Utili	zation ² : 79	9.1%				lideacality	tei oc					
			HIV Leve	els and Ir	ends								VUINERADII	lues					
		2004	2005	2006	2007	2008	2009	2010	2011		HRG Size			~	Male Mig	ration, 2(01 Censu	S	
HSS-ANC	PP4	0	0	0.50	0	0.25		0			FSW	MSM			Overs	Inter	- Intra-	Intra-	
	NT4	400	400	400	400	400	L	397								stati	e state	district	
PPTCT	44		1	c 4	0.06	0.0/	10.0 حد مع	0.12	0.08	Size Est., (Mapping,	220	0	0	No. out-	2916	0 298	17559	8621	
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VVC 1-CC11	NT	·			,	250		206		Program Coverage				-					1
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	РР	ı	ı	0.73	1.10	0.27	0.33	0.56	0.46	5	NA;	Double	Non dally	ban), Ma-	- Maha-	- West	machal		
ור ור ואומוב	NT		ı	689	1917	2951	3667	3383	2368		Street based	- decker	Injectors-	harashtra	rashtra	a Benga	Prades		
	ЪР	ı		1.76	0.69	0.42	0.51	1.28	0.94		NA	NA	NA						
IC IC Lelligie	NT	ı		398	2027	1431	1362	858	426	% <25 yrs.		•			-				
ICTC Doferrod	ЪР			0.95	0.58	0.22	0.20	0.60	0.65	% Married		•							
ורור עפופוופח	NT	ı	1	943	2067	2274	2510	2342	1071		STI/RTI								<u> </u>
ICTC Direct	РР	ı		14.58	1.23	0.43	0.56	0.84	0.46		2008	2009	2010 201	-					
Walk-in	NT	·	,	144	1877	2108	2519	1899	1723	No second so have a									
			PLHIV	Profile, 2	600			-		No. episodes treated		ccx	70/ C575	-					
		, 2		,0	%					% Sypnills Positivity	- >	-	0 0.0	4					
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ART (NA)				ı	ı					FSW TIS				•	'	'	'	1	
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Jagatsinghpur

Jajpur

Background:

Jajpur district is located in the eastern region of Odisha. The district has a population of 18.26 lakhs with a sex ratio of 972 females per 1,000 males, and a female literacy rate of 73.37% with an overall literacy rate of 80.44% (2011 Census). The economy of Jajpur district mainly depends on agriculture. However, mining also plays a dominant role in the economy of the district. In recent years, Jajpur district has taken major strides in industrial development. The most industrially developed area of the district, Kalinga Nagar, is situated in Danagadi Block, where currently four small steel plants are operating and nine more are on their way to start production, thus attracting more in-migrants from across the state. The major highways that pass through Jajpurare National Highways 5, 5A, 200 and 215.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.82%) among the ANC attendee with a fluctuating trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.04%) and Blood Bank (0%) clients, with a stable trend.
- Based on 2010 HSS data, the level of HIV positivity was low (1.23%) among FSWs, with a stable trend.
- In 2011, HIV positivity among ICTC attendees was low among male (0.73%) and female (0.28%) clients and also among referred (0.53%) and direct walk-in (0.61%) clients, representing a stable trend.
- As per mapping conducted, FSW (676; 84.39% of total HRG) was the largest HRG in the district, followed by IDU (125; 15.61%). For FSWs, 34.5% were home-based and 65.5% were street based.
- In 2011, 3,582 STI/RTI episodes were treated among STI clinic attendees and among them the syphilis positivity rate was 0.39%.
- As per the 2001 Census, 4.04% of the male population was migrant, 13.46% of them migrated to other states and 57.91% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Kolkatain West Bengal and Surat in Gujarat, which were high prevalence states.
- In 2009, of the 188 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 2% were 15-24 years of age, 34% were on ART, 31% were illiterate or only had a primary school education and 8% were widowed or divorced.
- The HIV and RTI/STI awareness rate among women was 90% and 35.7%, respectively (DLHS-III).
- A total of three TIs were operational in the district in 2011.
- In 2007 RRCs were established to generate awareness about HIV/AIDS in the youth. There were 27 operational RRCs in the district in 2011.

- Conduct disaggregated analysis of HSS-ANC data to assess risk factors.
- Strengthen outreach activities for migrants at both source and transit sites like bus stand and railway station.
- Further analysis of ICTC/PPTCT and ART data needs to be done to understand the dynamics of HIV transmission among FSWs and IDUs.
- Improved assessment of the size and profile of FSW's client populations, including migrants and truckers, will help in understanding of district vulnerabilities.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.

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Jajpur

Jharsuguda

Background:

Jharsuguda district is situated in the Western part of Odisha. The district has a population of 5.79 lakhs with a sex ratio of 951 females per 1,000 males, and a female literacy rate of 70.05% with an overall literacy rate of 78.36% (2011 Census). The economy of Jharsuguda district mainly depends on agriculture. The district is also rich in coal and other mineral reserves. Of late, many small and medium scale iron and steel industries have been set up in the vicinity of Jharsuguda town, giving impetus to the industrial growth of the district and thereby attracting more in-migrants. The major highways that pass through Jharsuguda are National Highways 10 and 200.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC attendees, with a fluctuating trend.
- In 2011 the level of HIV positivity was low among the PPTCT (0.13%) and Blood Bank (0.06%) clients, with a stable trend.
- In 2011, HIV positivity among ICTC attendees were low among male clients (0.86%) and female clients (0.40%), as well as among referred clients (0.73%) and direct walk-in clients (0.72%) with a stable trend over the last few years.
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.3%.
- As per the 2001 Census, 4.19% of the male population was migrant, 10.58% of them migrated to other states and 44.26% migrated to other districts within the state.
- The top destination district for out-of-state migration was Raigarh district of Chhattisgarh.
- The HIV and RTI/STI awareness rate among women was 65.7% and 24.5%, respectively (DLHS-III).
- In 2009, of the 98 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 4% were 15-24 years of age, 48% were on ART, 19% were illiterate or only had a primary school education.
- In 2007, RRCs were established to generate awareness about HIV/AIDS in the youth. There were 11 RRCs operational in the district in 2011.

- Considering low HIV prevalence in the district, prevention strategies should be strengthened to maintain the epidemic at low level.
- Strengthen outreach programme through awareness campaign around truck halt points and highways in the district.
- Through further analysis of ICTC/PPTCT and ART data, there is a need to better understand the dynamics of HIV transmission among FSW and MSM.
- Strengthen IEC activities to increase testing at ICTCs, specifically for out migrants and HRGs in Jharsuguda district.
- Additional data on HIV vulnerability like HRG size, typology and profile should be made available to get a better understanding of HIV epidemiological profile of the district.

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

Jharsuguda

Kalahandi

Background:

Kalahandi district is located in the South-West region of Odisha. The district has a population of 15.73lakhs with a sex ratio of 1003 females per 1,000 males, and a female literacy rate of 47.27% with an overall literacy rate of 60.22% (2011 Census). Kalahandi has largely an agriculture based economy. The economically important minerals in the district including Bauxite, Graphites, Manganese, Iron and Quartz, largely facilitate the growth of industrial sectors, which attracts in-migration. The major highways that pass through Kalahandi are National Highways 201 and 217.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a stable trend over the years.
- In 2011, the level of HIV positivity was low among the PPTCT (0.11%) and Blood Bank (0.05%) clients, with a stable trend.
- According to 2010 HSS-MSM data, the level of HIV positivity among MSM was low (3.20%), but due to lack of data, a trend could not be determined.
- In 2011, HIV positivity among ICTC attendees was low among male (1.07%) and female (1.08%) clients as well as among referred (1.18%) and direct walk-in (0.58%) clients, with a stable trend.
- As per mapping conducted in 2009, MSM (121; 55% of total HRG) was the largest HRG in the district, followed by FSW (99; 45% of total HRG). Of the MSMs, 65.18% were Kothi and 29.15% were Panthi.
- In 2011, 1,825 STI/RTI episodes were treated among STI clinic attendees
- As per the 2001 Census, 3.93% of the male population was migrant. Among the migrant population 23.32% migrated to other states and 24.05% migrated to other districts within the state.
- People were mostly migrating to the districts of Chhattisgarh and Maharashtra.
- In 2009, of the 135 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 2% were 15-24 years of age, 36% were on ART, 19% were illiterate or only had a primary school education and 19% were married.
- According to the 2011 data, predominant route of HIV transmission in the district following heterosexual route (92.06%) was parent to child transmission, which accounted for 7.94% of total HIV transmissions.
- HIV and RTI/STI awareness rate among women was 19.4% and 7.5%, respectively (DLHS-III).
- One composite and one MSM TI were functional in the district in 2011. The number of ICTCs in the district remained constant at four since 2008.

- Strengthen HIV prevention strategies in the district to sustain the HIV epidemic at low level.
- There should be strengthening of outreach programs through awareness campaigns for women, migrants and around truck halt points and highways in the district as there are major highways that intersect through Kalahandi.
- Further analysis of ICTC/PPTCT and ART data needs to be done to better understand the dynamics of HIV transmission among FSW and MSM.
- PPTCT programme needs to be strengthened in the district since the percentage of HIV transmission via parent to child was high.

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Kalahandi

Kandhamal

Background:

Kandhamal is one of the centrally located districts of Odisha. It is bound by Boudh district on the north, Rayagada, Gajapati & Ganjam districts on the south, Nayagarh and Ganjam districts on the east and Kalahandi & Balangir districts on the west. It has a population of 7.31 lakhs with a sex ratio of 1,037 females per 1,000 males, and a female literacy rate of 52.46% with an overall literacy rate of 65.12% (2011 Census). The district headquarters is Phulbani. The economy of Kandhamal district mainly depends on agriculture. Other sources of income in the district are from wild plants and herbs, and handicrafts such as Dokra, Terra Cotta, Cane and Bamboo works. The major highway that passes through Kandhamal is National Highway 217.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, HIV prevalence among pregnant women was low at 0.25% with a rising trend, with a sudden surge in positivity in 2008.
- Based on 2011 PPTCT and Blood Bank data, the level of HIV positivity was low among the clients with a stable trend.
- According to 2011, HIV positivity among ICTC attendees was low among male (0.10%) and female (0.11%) clients and also among referred (0.02%) and direct walk-in (0.95%) clients, representing a stable trend.
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.48%.
- As per 2001 Census, 6.74% of the male population was migrant, 2.66% of them migrated to other states and 16.78% migrated to other districts within the state.
- In 2009, of the 18 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 6% were 15-24 years of age, 39% were illiterate or only had a primary school education and 56% were married.
- HIV and RTI/STI awareness rate among women was 40.1% and 6% respectively (DLHS-III).
- During 2011 there were three ICTCs operational in the district.
- Though there was one FSW TI site, there was no HRG mapping information in the district.

- Vulnerability factors in transmission of HIV needs to be analysed from ICTC/ART and STI data even though there was a low level of HIV epidemic in the district.
- Strengthen outreach programme through awareness campaign in the district, around truck halt points and highways.
- Assessment of the size and profile of HRG population, and also data on the migration population will help in better understanding of district vulnerabilities.

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

Kandhamal

Kendrapara

Background:

Kendrapara district is surrounded by Bay of Bengal in the east, Cuttack district in the west, Jagatsinghapur in the south and Jajpur and Bhadrak districts in the north. The coastline covers 48 km stretching from Dhamra Muhan to Batighar. The district has a population of 14.39 lakhs with a sex ratio of 1,006 females per 1,000 males, and a female literacy rate of 79.51% with an overall literacy rate of 85.93% (2011 Census). The economy of Kendrapara district mainly depends on agriculture. The major highway that passes through Kendrapara is National Highways 5A.



- Based on 2010 HSS-ANC data, the level of HIV positivity was low at 0.25% among the ANC attendees, with a fluctuating trend.
- In 2011, the level of HIV positivity among PPTCT attendees was low at 0.03% among the clients, with a stable trend.
- As per 2010 HSS-FSW data, the level of HIV positivity was low among female sex workers, but due to lack of data in the previous years, a trend could not be determined.
- In 2011, HIV positivity among ICTC attendees was low among male (0.55%) and female (0.51%) clients as well as among referred (0.46%) and direct walk-in (0.62%) clients, representing a stable trend.
- As per mapping conducted, MSM (205; 69.02% of total HRG) was the largest HRG in the district. Typology of MSM population was not available; however, out of the FSWs, 71.2% were home-based followed by brothel-based (24.4%).
- In 2011, the number of STI/RTI episodes treated was 3,496 and syphilis positivity rate among STI clinic attendees was 0.08%.
- As per the 2001 Census, 5.98% of the male population was migrant, 30.21% of them migrated to other states and 51.23% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Surat in Gujarat and South Delhi district of Delhi.
- In 2009, of the 147 PLHIV registered at the Anti-Retroviral Therapy (ART) centre, 5% were 15-24 years of age, 33% were on ART, 32% were illiterate or only had a primary school education and 9% were widowed or divorced.
- HIV and RTI/STI awareness rate among women was 89.7% and 31%, respectively (DLHS-III).
- There was no TI in the district for MSMs, though the number of MSMs outnumbered that of FSWs in the district.
- There had been a scale up of ICTCs in the district from one in 2007 to 10 in 2011. The number of HIV tests done also increased considerably over the years.
- In 2007, Red Ribbon Clubs were established to generate awareness about HIV/AIDS in the youth. The number of RRCs increased from 13 in 2007, to 24 operational RRCs in 2011.

- Outreach efforts should be focused towards migrants at source and transit sites since migration to high prevalent districts could be a driver of the HIV epidemic in the state.
- Better assessment of MSM profile along with size and profile of clients' population will help in understanding district vulnerabilities.
- Either through initiation of HSS-MSM site or through further analysis of ICTC/PPTCT data, there needs to be a better understanding of the dynamics of HIV transmission.
- Focus on the outreach efforts for home based FSW in the district, to maintain the HIV prevalence among FSW at low level.



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

Kendrapara

Kendujhar

Background:

Kendujhar District, also known as Keonjhar, is a land locked district situated in the northern part of Odisha. The district has a population of 18.02 lakhs with a sex ratio of 987 females per 1,000 males, and a female literacy rate of 58.70% with an overall literacy rate of 69% (2011 Census). About 30 percent of the total area is covered with dense tracts of forests. The economy of Kendujhar district mainly depends on agriculture. It is highly rich in mineral resources and has vast deposits of iron, manganese and chromium ores. Presence of mines attracts in-migration. The major highway that passes through Kendujhar is National Highway 215.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC attendees, positivity levels showed a fluctuating trend.
- In 2011 the level of HIV positivity was low among the PPTCT and Blood Bank (0.1%) attendees, with a stable trend.
- In 2011, HIV positivity among ICTC attendees was low among male (0.60%) and female (0.81%) clients and also low among direct walk-in (1.08%) and referred (0.44%) clients. Trend was stable for all ICTC attendees.
- As per mapping conducted, FSW (328; 69.94% of total HRG) was the largest HRG in the district, followed by MSM (141;30.06% of total HRG). Of the FSW, 25.69% were home-based and 74.31% were street-based.
- In 2011, 3,954 STI/RTI episodes were treated.
- As per the 2001 Census, 5% of the male population was migrant, 4.62% of them migrated to other states and 34.62% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Pashchimi Singhbhum in Jharkhand and South Delhi.
- In 2009, of the 111 PLHIV registered at the ART centre, 8% were 15-24 years of age, 32% were on ART, 29% were illiterate or only had a primary school education and 9% were widowed/divorced.
- Heterosexual transmission accounts for 79.41% of the transmission from parent to child accounted for 8.82% of total transmissions. Also, HIV transmission through blood and homosexuals was considerable at 5.88%.
- HIV and RTI/STI awareness rate among women was 17.3% and 1.2%, respectively (DLHS-III).
- There were five ICTCs in the district and two composite TIs functional in the district in 2011.

- Conduct sub-group analysis of HSS-ANC attendees to understand risk factors for HIV epidemic among general population.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- In-depth analysis of ICTC and ART data needs to be done to understand the profile of these attendees since the parent to child transmission rate was high.
- There is a need to understand the dynamics of HIV transmission among HRGs, either through initiation of HRG sites for HIV Sentinel Surveillance or further analysis of ICTC/PPTCT and ART data.
- Better assessment of the size and profile of FSW's client populations, including migrants and truckers, will improve the understanding of district vulnerabilities.

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

Kendujhar

Khordha

Background:

Khordha district is bound by Cuttack in the north and north-east, by Nayagarh in the west, by Puri in the south and by Ganjam district in the south west. The district has population of 22.46 lakhs with sex ratio of 925 females per 1,000 males and a female literacy rate of 82.06% with an overall literacy rate of 87.51% (2011 Census). Bhubaneswar, the capital of the state is the most important city of the district. All the economic development of this district is prominently displayed by the developments going on in Bhubaneswar, be it in infrastructure, industry, education, health, IT or any other field. The district has the most important tourist attractions of the state. The major highways that pass through Khordha are National Highways 5 and 203.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was high at 1% among the ANC attendees, with a fluctuating trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.08%) and Blood Bank (0.05%) clients, with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was low among FSWs (0.47%) and MSM, but moderate among IDUs at 8.80%. FSWs showed a declining trend, whereas HIV prevalence among IDUs was stable. Due to absence of multiple data points for MSM, a trend could not be determined.
- In 2011, HIV positivity among ICTC attendees was low among male (0.68%) and female (0.59%) clients, as well as among referred (0.56%) and direct walk-in (0.84%) clients, with an overall declining trend.
- As per mapping conducted, IDU (798; 64.83%) was the largest HRG in the district, followed by FSW (373; 30.30% of total HRG) and MSM (60; 4.87% of total HRG). Of the FSWs, 36.54% were home-based and 49.23% were street-based.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.77%.
- As per the 2001 Census, 5.10% of the male population was migrant, 18.95% of them migrated to other states and 31.11% migrated to other districts within the state.
- The top two destination districts for migration were Surat in Gujarat and Mumbai (Suburban) in Maharashtra.
- In 2009, of the 388 PLHIV registered at the ART centre, 28% were on ART, 4% were 15-24 years of age, 25% were illiterate or only had a primary school education and 33% were married.
- Heterosexual transmission accounted for 80.84% of the transmission, but more importantly, transmission through needle/syringe accounted for 7.78% of total HIV transmissions.
- HIV and RTI/STI awareness rate among women was 89.6% and 30.8%, respectively (DLHS-III).
- There was one TI for each type of HRG and there were 13 ICTCs in the district in 2011.
- There was a steep rise in the number of RRCs from 22 in 2009 to 48 in 2011 in the district.

- Conduct sub-group analysis of HSS-ANC clients to understand HIV risk factors among general population.
- Moderate to high HIV prevalence among IDUs necessitates sub-group analysis to understand risk factors, and considering large number of IDUs in the district increase and intensive coverage through a second TI is recommended.
- Focus on IDU-FSW sexual network and address the dual risk that is posed due to high rates of infection among IDUs, and the district being a major economic and tourist centre with presence of large numbers of female sex workers.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Collect and analyze data at TIs and ART centre to understand profile of high risk groups.

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

Khordha

Koraput

Background:

Koraput is a tribal district situated along the Eastern Ghats. It is bordered in the North by Nabarangpur, Kalahandi and Rayagada Districts of Odisha, in the South and East by Vijayanagaram and Visakhapatnam Districts of Andhra Pradesh, in the West by Bastar District of Chhatisgarh and in the South West by Malkangiri District, Odisha. The district has a population of 13.76 lakhs with a sex ratio of 1031females per 1,000 males, and a female literacy rate of 38.92% with an overall literacy rate of 49.87% (2011 Census). The economy of the district is mainly dependent upon cultivation and is known as one of the centres for origin of rice. Koraput is known for its rich and diverse mineral deposits. Presence of Bauxite mines at Damanjodiinin Koraput attracts in-migration. Some of the scenic places in Koraput attract a



lot of tourists from across the state. The major highway that passes through Koraput is National Highway 201.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low (0.38%) among the ANC attendees, with a rising trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.14%) and Blood Bank (0.13%) clients. Whereas a stable trend was witnessed for PPTCT, HIV prevalence among blood donors showed a declining trend in last five years.
- According to 2010 HSS data, HIV prevalence among FSWs was low at 4.03%, but due to lack of data in the previous years, a trend could not be determined for the positivity among FSWs.
- In 2011, HIV positivity among ICTC attendees was low among male (1.36%) and female (2.92%) clients, also among referred (1.64%) and direct walk-in (2.18%) clients. The positivity levels were initially high moderate, it has stabilized at low levels over last five years.
- As per mapping conducted, FSW (133; 100% of total HRG) was the only HRG in the district, among them 67.78% were street-based and 23.49% were home-based.
- In 2011, 3,346 STI/RTI episodes were treated.
- As per the 2001 Census, 5.37% of the male population was migrant and of which 10.88% migrated to other states and 30.55% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Vizianagaram in Andhra Pradesh and Bastar in Chhattisgarh.
- In 2009, of the 262 PLHIV registered at the ART centre, 5% were 15-24 years of age, 72% were on ART, 1% were illiterate or only had a primary school education.
- The heterosexual route of HIV transmission was 89.45% in the district, but more prominently, concerned contribution to the epidemic was from parent to child, which was high at 8.04%.
- HIV and RTI/STI awareness rate among women were.7% and 2.6%, respectively (DLHS-III).
- There has been a rapid scale-up of ICTCs from 2008 onwards, with total of 15 ICTCs functional in 2011 in the district.

- Strengthen HIV prevention strategies in order to maintain the HIV epidemic at low levels in the district.
- Create awareness through regular campaigning among women and hard-to-reach sub-groups such as home-based FSW.
- Better assessment of the size and profile of FSW's client population, including migrants and truckers, will help in understanding district vulnerabilities.
- Strengthen outreach activities with HIV awareness and sexual risk reduction messages for out-migrating population, and at truck halt points.
- Strengthen PPTCT programme in the district to prevent parent to child transmission of HIV, which was high.

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Koraput

Malkangiri

Background:

Malkangiri is a tribal district which is divided into two distinct geographical divisions. The eastern part is covered with steep ghats, plateaus, valleys and the rest of the district is comparatively flat plain broken by a number of rocky wooded hills. The district has a population of 6.12 lakhs with a sex ratio of 1,016 females per 1,000 males, and a female literacy rate of 38.95% with an overall literacy rate of 49.49% (2011 Census). The economy of Malkangiri district mainly depends on the agriculture. Forestry and fishing are the other occupations of the inhabitants. Malkangiri district is considered as the hub of economically important minerals in Odisha. The major highway that passes through Malkangiri is Ranchi-Vijayawada State Highway.



HIV Epidemic Profile:

- Based on 2010 HSS ANC data, the level of HIV positivity was moderate at 0.50%, representing an increasing trend.
- In 2011, the level of HIV positivity was low among PPTCT (0.16%) and Blood Bank (0%) attendees, with a stable trend.
- In 2011, HIV positivity among ICTC attendees was low among male (1.69%) and female (0.93%) clients, as well as among referred (1.18%) and direct walk-in (4.44%) clients. Overall there was a stable trend except for a steep rise for direct walk-in clients in 2011, (which probably could be because of the drop in the number of clients tested in 2011).
- In 2009, of the 25 PLHIV registered at the ART centre; 4% were 15-24 years of age, 68% were on ART, , 4% were illiterate or only had a primary school education.
- According to the 2011 data, heterosexual transmission accounts for 80.95% for HIV transmission, though more notably parent to child accounts for 14.29% of total transmissions.
- As per mapping conducted in 2009, FSW (115, 87.79% of total HRG) was the largest HRG in the district, followed by MSM (16, 12.21% of total HRG).
- In 2011, 1,632 episodes of STI/RTI were treated among STI clinic attendees
- As per the 2001 Census, 3.21% of the male population was migrant, 12.13% of them migrated to other states and 18.83% migrated to other districts within the state.
- The top destination for out-of-state migration was Dantewada in Chhattisgarh.
- HIV and RTI/STI awareness rate among women was 0.9% and 0.7%, respectively (DLHS-III).
- There were two ICTCs operational in the district.

- Conduct socio-demographic analysis of HSS-ANC attendees to assess HIV risk factors and develop prevention strategies.
- Data assessment and analysis of HIV positive people at ICTC/PPTCT, ART and Blood Bank is recommended to understand the source and spread of HIV.
- Strengthen outreach programme through awareness campaign and sexual risk reduction messages, especially among women.
- There is a need to better understand the profile of antenatal clinic attendees and their spouses and strengthen PPTCT programme, since the percentage of transmission via parent to child was high.
- Expand coverage of HIV counseling and testing in the district to detect positive cases at early stage.

District Populat	ion: 6,12,727	(1.46% of	Odisha Pop	oulation); Fer	nale Literac	y ¹ : 38.95%; /	NC Utiliza	tion ² : 34.9	%6				Mil	norahilit					
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* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Malkangiri

Mayurbhanj

Background:

Mayurbhanj is the largest (by area) and the third most populous district of Odisha. Mayurbhanj is a land locked district situated in the northern part of the state. It is bordered by Midnapore (West Bengal) in the northeast, Purbi Singbhum (Jharkhand) in the northwest, Baleswar (Odisha) in the southeast and Keonjhar (Odisha) in the southwest. Baripada city is the district headquarters. It has a population of 25.13 lakhs, with a sex ratio of 1005 females per 1,000 males, and a female literacy rate of 53.18% with an overall literacy rate of 63.98% (2011 Census). The economy of Mayurbhanj district mainly depends on agriculture. In spite of the presence of huge quantity of economically important mineral resources in district is not industrially developed due to the lack of proper infrastructure. The



major highways that pass through Mayurbhanj are National Highways 5 and 6.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate at 0.50% among the ANC clients, representing a stable trend.
- In 2011, the level of HIV positivity was low among PPTCT (0.10%) and Blood Bank (0.01%) attendees, with a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.71%) and female (0.73%) clients, and also among referred (0.82%) and direct walk-in (0.63%) clients, with an overall stable trend.
- As per mapping conducted, FSW (198; 60.92% of total HRG) was the largest HRG in the district. Among the FSWs, 62.35% were home-based and 37.65% were street-based.
- In 2011, the syphilis positivity rate in the district was 0.15%.
- As per the 2001 Census, 5.68% of the male population was migrant population; 8.20% of them migrated to other states and 33.01% migrated to other districts within the state.
- The top two destination districts for out-of-district migration were Purbi Singhbhum in Jharkhand and Medinipur in West Bengal.
- In 2009, of the 99 PLHIV registered at the ART centre, 11% were 15-24 years of age, 28% were on ART, 38% were married and 10% were widowed or divorced.
- HIV and RTI/STI awareness rate among women was 40.6% and 12.2%, respectively (DLHS-III).
- There were a total of 10 ICTCs in the district in 2011. There were 26 Red Ribbon Clubs in the district for creating awareness about HIV and AIDS.

- Carry out disaggregated analysis of HSS-ANC attendees to identify risk factors responsible for the stable HIV epidemic among general population.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages, especially among women.
- Focus on outreach efforts among hard-to-reach sub-groups, such as home-based FSW.
- Improved assessment of the size and profile of FSW's client populations, including migrants and truckers, will help in better understanding of district vulnerabilities.
- There is a need to understand the dynamics of HIV transmission among the HRGs, either through initiation of HRG sites for HSS or better analysis of ICTC and ART data.

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Nabarangpur

Background:

Nabarangpur is a district in South-Western Odisha, which is the district headquarters. Most of its population is tribal, and most of the land is forested. Its boundary stretches in the north to Kalahandi District, in the west to Jagdalpur District of Chhattisgarh, east to Kalahandi and Rayagada District and south to Koraput District. The district has a population of 12.18 lakhs with a sex ratio of 1,018 females per 1,000 males, and a female literacy rate of 37.22% with an overall literacy rate of 48.20% (2011 Census). The economy of Nabarangpur district mainly depends on agriculture. Nabarangpur District is a treasure of many natural resources like iron, chlorite, mica, quartz etc. The major highway that passes through Nabarangpur is National Highway 201.



HIV Epidemic Profile:

- According to 2010 HSS-ANC data, the level of HIV positivity was moderate at 0.50% among the ANC clients, with an increasing trend.
- Based on 2009 Blood Bank data and 2011 PPTCT (0.44%) data, the level of HIV positivity was low among the clients, showing a stable trend for Blood Bank attendees. Due to absence of sufficient data points for PPTCT, a trend could not be determined.
- According to 2010-HSS data, the HIV positivity among FSW was low at 4.40%, but due to lack of data in the previous years, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (2.11%) and female (1.45%) clients, as well as among referred (2.09%) and direct walk-in (1.10%) clients, with a stable trend among all except direct walk-ins, which had a declining trend.
- As per mapping conducted, FSW (339; 97.69% of total HRG) was the largest HRG in the district of which majority was street based (55.91%) followed by home based (44.09%).
- In 2011, 2,097 STI/RTI episodes were treated among STI clinic attendees.
- As per 2001 Census, 3.55% of the male population was migrant, 7.41% of them migrated to other states and 15.17% migrated to other districts within the state.
- The top two destinations for out-of-district migration were Bastar and Raipur in Chhattisgarh.
- In 2009, of the 168 PLHIV registered at the ART centre, 7% were 15-24 years of age and 66% were on ART.
- Based on 2011 ICTC data, parent to child transmission rate at 7.69%, stood second to heterosexual transmission rate at 92.31%.
- HIV and RTI/STI awareness rate was 15.9% and 1.8%, respectively among women (DLHS-III).
- In 2011, there were a total of three ICTCs in the district and nine RRCs.

- Carry out in-depth analysis of ANC data to assess risk factors of HIV transmission among general population.
- Strengthen outreach programme through awareness campaigns for FSWs, among women and around truck halt points in the district.
- There is a need to better understand the dynamics of HIV transmission among FSWs through further analysis of ICTC and ART data.
- It is necessary to understand the profile of HIV positive ANC attendees and their spouses through ICTC and ART data analysis, and strengthen PPTCT program in the district in view of the high parent to child transmission rates.

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

Nayagarh

Background:

Nayagarh district, an administrative district of Odisha, was created in 1995 when the erstwhile Puri district was split into three distinct districts. The district is bordered by Cuttack district on the North, Kandhamal district on the West, Ganjam on the South and Khordha on its East. Nayagarh has a population of 9.62 lakhs with a sex ratio of 916 females per 1,000 males, and a female literacy rate of 71.08% with an overall literacy rate of 79.17% (2011 Census). The main economic activity of Nayagarh is cultivation and its allied activities, which generate a lot of revenue. The major highway that passes through Nayagarh is National Highway 5.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate at 0.50% among the ANC attendees. The positivity rate, represented a fluctuating trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.21%) and Blood Bank clients, with a stable trend.
- As per 2010 HSS data, the level of HIV positivity among MSMs was low at 1.36%, but due to lack of data points in the previous years, a trend could not be determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (1.17%) and female (0.71%) clients, and also among referred (1.21%) and direct walk-in (0.63%) clients, with an overall declining trend.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.43%.
- As per mapping conducted, FSW (286; 58.25% of total HRG) was the largest HRG in the district, followed by MSM (205; 41.75% of total HRG). The major typology for FSWs was home based (90.21%).
- As per the 2001 Census, 6.60% of the male population was migrant, 10.90% of them migrated to other states and 61.82% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Surat in Gujarat, and Jammu in Jammu & Kashmir.
- In 2009, of the 90 PLHIV registered at the ART centre, 8% were 15-24 years of age, 30% were on ART, 29% were illiterate or only had a primary school education and 34% were married.
- HIV and RTI/STI awareness rate among women was 68.1% and 8.6%, respectively (DLHS-III).
- There were five ICTCs in the district. The number of clients being tested at these centers has increased rapidly since 2006, and almost doubled in 2010.

- Conduct in-depth analysis of HSS-ANC data to understand risk factors for HIV epidemic among general population.
- Considering migration to high HIV prevalent districts of other States, strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands.
- Focus on outreach efforts among hard-to-reach sub-groups, such as home-based FSW and MSM.
- IEC programme for creating HIV and STI awareness should be strengthened in the district among general population, especially women.
- Although there was low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analyzed from ICTC/ART and STI clinics.

Nayagar District Popula:	- h tion: 9,62,215 ((2.20% of	Odisha Po	pulation);	Female Li	teracy ¹ : 71.0	8%; ANC 1	Jtilization	2: 41.8%									
			HIV Le	evels and	Trends ³								Vulnerabilitie	SS				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG	Size			Male Migrat	ion, 2001	Census	
	PP ⁴	1	1	0.75	0.25	0		0.50			ECI//	MSM			Overall	Inter-	Intra-	Intra-
JNIA-CCH	NT ⁴	,	,	400	400	400		400			AAC 1					state	state	district
DICT	РР			*	0.08	0.18	*	0.19	0.21	Size Est., (Mapping,	286	205	C	No. out-	29405	3204	18179	8022
	NT		•	*	2370	1672	*	2138	2805	Year: NA)	2024	004	>	migration	20-04		2	00 11
	РР	0	0	0	0.04	0	0	0.06	0			1		% of		1		0
Blood Bank	NT	2055	2893	3453	2677	3517	3245	3361	4081	% Total HRG	58.25	41.75	0	male	6.60	0.72	4.08	1.80
LICC CTD	РР		ı	ı	1	1		•						pop.				
UIC-CCH	NT	,	•	1		1				0, Total Don	20.0	0.05	C	% UI total	100	10 00	61 87	8C
	РР		•			•		•			0.0		>	miaration	2	06.01	20.10	07.17
1001-0011	NT	ı	ı	ı	ı	1		ı		Program Target	NA	NA	NA	Ton 5	districts for i	nter-state	out-miors	ation
THE MUSIN	ЪР	'	ı	'	'	'		1.36		Program Coverado								
	NT	1	ı	ı	ı	1		221			- Homor							
	ЪР	1	1	ı	1	1		•			hased-	Kothi-						
	NT	-		ı	,			•			90.21%	32.20%	Daily					
	РР	1	1	*	2.89	5.21	2.30	0.95	1.17		Brothel	Panthi-	Injectors-		ammu			
ורור ואומופ	NT		1	*	1628	1209	3041	5057	5532	Typology	based-	21.46%;	NA;	Surat,	Jammu ,	lorth S	olan,	Sabar
	ЬЬ			*	2.62	5.16	1.81	1.58	0.71	5	1.75%;	Double	Non daily	Gujarat	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Vest Hir	machal	Kantha,
	NT	,	1	*	1182	504	1600	2213	2682		Street	decker-	Injectors-		Kashmir ^L		adesn	ujarat
	РР	,		*	3.69	6.95	2.74	1.36	1.21		based-	46.34%	ΨN.					
ICIC Keterred	NT	,	,	*	1139	907	2698	5015	5530		8.04%							
ICTC Direct	РР			*	2.15	3.23	1.29	0.67	0.63	% <25 yrs.		23.01	ı					
Walk-in	NT		•	*	1671	806	1943	2255	2684	% Married		46.29				_		
			PLH	IV Profile	2009						ST	I/RTI .						
	0 20		% III		0	-					2008	2009 201	0 2011					
	% Un %	6 15-24 Vrs	Prim.	% Mari	ried %	Vidowed Divorced				No. episodes treated % Svnhilis nositivity	00	1075 180 0 0	01 4551 0.43					
100/ TUA	00	c	zo.	VC		c					- >	Proc	orramme Rest	onse				
	DC 1	0	67	+C		ות				No.	2004	2005 2006	2007	2008	2009	2010	2011	
	Dour	to of HIV	Trancmic	cion ICT	C 2011					FSW TIS			•					
	nov		/0	Blood	Naprila/	Darent to				MSM TIS	,	-	•	•		,		
	Heterosexual	Bisex	ual Tra	insfusion	Svringe	Child	Unknown			IDU TIS	,	•	•					
% of Total										Comp. Tls	,		-	-	-	-	-	
(N=84)	91.0/		<u>م</u>	D	2.38	رد.ک	1.19			ICTCS	,	- 2	2	2	2	5	2	
			Bloc	rk-Level D	Details					Total tested at	,	- 72	2 5180	3385	4758	9408	11019	
No. HRG-		'	1	1	1		•	ı	,	ILILS ² Blond Banke	-	-	-	-	-	-	-	
No HBG-	Mavarh 8.									STI Clinics	. ,	· ·		-	-	-	-	
MSM	Daspalla. 491	' 	1	'	1	•	•	•	•	ART centres	,	•	•	1	•			
No. HRG- IDU			'	'	'	•	,	'	,	Link ART centres		1	•			-	-	
		HO								PLHIV Networks	,		•			,		
% Positive,	BIMI Swasthye	a Nayag	arh, -	ı	I	ı	ı	ı	,	Red Ribbon Clubs	,	1	7	10	10	17	23	
1017	INIVdS, 2.34	1.2	2							Comm. Care Centers	,							
% Positive,	DHH Nayagari	, ,	1	1	1	,	1		,	Drop-in-Centers	,	· (•					
PPICI 2009	D		-							Condom Uutlets	1	~	×	×	×	5	10	
						e		•										

* 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

Nuapada

Background:

Nuapada district is located in the western part of Odisha. The district has a population of 6.06 lakhs with a sex ratio of 1,020 females per 1,000 males, and a female literacy rate of 45.2% with an overall literacy rate of 58.2% (2011 Census). The economy of Nuapada district mainly depends on agriculture. It is one of the most popular tourist places of Odisha. The district is well connected to other major cities of the state through Odisha state highways.

HIV Epidemic Profile:

- According to 2010 HSS-ANC data, the level of HIV positivity was moderate at 0.50% among the ANC clients, with a fluctuating trend.
- Based on 2011 PPTCT and Blood Bank data, HIV prevalence among the attendees were low in the district (0.03% for PPTCT and 0.36% for Blood Bank), with a stable trend for PPTCT and fluctuating trend for Blood Bank attendees.
- In 2011, HIV prevalence among ICTC attendees was low among male (1.24%) and female (0.99%) clients, and also among referred (1.15%) and direct walk-in (1.19%) clients, with an overall stable trend.
- As per mapping conducted in 2009, FSW (192; 68.09% of total HRG) was the largest HRG in the district.
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.25%.
- As per the 2001 Census, 2.86% of the male population was migrant, 10.02% of them migrated to other states and 32.47% migrated to other districts within the state.
- The top destination for out-of-state migration was Raipur in Chhattisgarh.
- In 2009, of the 33 PLHIV registered at the ART centre, 12% was 15-24 years of age, 39% were on ART, 24% were illiterate or only had a primary school education and 36% were married.
- In 2011, HIV transmission for parent to child was high at 6.35% in the district.
- The HIV and RTI/STI awareness rates were 5.1% and 0.1% respectively among women (DLHS-III).
- There were five ICTC in the district and 8,399 clients were tested.

- Carry out sub-group analysis of ANC data to assess risk factors of HIV transmission among general population.
- Strengthen outreach programme through awareness campaigns, around truck halt points and highways in the district.
- There is a need to understand the dynamics of HIV transmission among FSWs and MSMs, through in-depth analysis of ICTC and ART data.
- Availability of HRG typology data would help to understand the district vulnerabilities.
- PPTCT programme needs to be strengthened in the district since parent to child transmission rate was high.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages, especially among women.
- Collect and analyze data a TIs and patients at ART centre to understand geography and profile of groups.



District Popula	ation: 6,06	,490 (1.40% с	of Odisha Pop	oulation); Fe	male Literad	:y ¹ : 45.2%; A	NC Utiliza	tion ² : 52.6	6%										
				evels and	renos	0000	0000	0,00					IN	nerabilit	iles				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG Siz	e			Ma	ale Migrati	on, 2001	Census	
HSS-ANC	PP ⁴	ı			0	2.00		0.50			FS/M	MSM				Overall	Inter-	Intra-	Intra-
	NT ⁴	,			399	400		400					<u>5</u>				state	state	district
DDTCT	РР	ı			*	0.19	0.08	0.16	0.03	Size Est., (Mapping:	197	06			No. out-	7554	757	2453	4344
	NT	ı			*	4863	2479	2521	2970	2009)	40-	S			migration	-	5	1	
	РР	*	0	0.06	0	0	0.13	0.77	0.36	% Total HRG	68.09	31.91			% of male	2.86	0.79	0.93	164
BIOOD BANK	NT	*	1116	1725	1659	2195	2294	1682	3290		0.00	-	_	 	pop.	202	24.5	2	-
	РР					1				% Total Pop.	0.03	0.01	1		% of total	100	10.02	32.47	57.51
UIC-CCH	NT				,										migration				
	РР		1		,	ı		1		Program Target	NA	NA	AN		Ton 5 dic	tricts for in	nter-ctate	out-mior:	tion
NV61-66H	NT					ı		1		Program Coverage	0	0	0				וורו זומור		
	Ч				,	1					Home								
	NT					1		1			based-	Kothi							
	РР				,						NA;	NA;	Iniacto	/ 					
UUI-SSH	NT				,	1		,		-	Brothel	Panthi		0					
	Ч		*	1.95	0.88	0.95	0.76	0.91	1.24	Typology	based-	NA:	Non di	vlie	Raipur,				
ILL Male	NT		*	513	1137	1257	3045	3631	3618		NA;	Idnor	e injecto	rs-	Chhatis				
	dd	,	*	1 37	0 58	0.65	1 94	1 15	0 99		Jureet	aeckei	NA		garh				
ICTC Female	: L		*	292	1202	616	1395	1920	1811		Dased- NA	AN							
	dd	,	*	7 53	0 83	3 17	1 00	1 03	1 1 5	0/ JC				T					
ICTC Referred	LN		*	356	002	1011	2764	4191	4505	.216 CZ> 0/	'		·						
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	4	•	•	1.1	0.00		1.14	0.00	ו ש		SII/								
VVaIK-IN	Z	1	۰	449	1019	802	10/0	1360	924		2008	2009	2010	2011					
		20 AT 24	PLF	HV Profile, 2	000 c	-				No. episodes treated	0	1460	1283	636					
	% On A	RT % 15-24 vrs	% III., Prir Edu	n. % Mar	ried % V	Vidowed				% Syphilis positivity	0	0	5.50	1.25					
ART (33)	39	12	24	36		m					POOC	2005	2006		action		0100	1100	
DLN (NA)										FCM/ TIG	2004	CONZ	2000	7002	7000	6002	20102	111	
		Route o	If HIV Transi	mission, IC	CTC 2011					ANSAM TIC						7	7	-	
	Lotoros		lenvoid	Blood	Needle/	Parent to					,						,		
			LICENUM LICE	ansfusion	Syringe	Child				Comn Tls	,		-	-	-				
% of Total (N=63)	90.4	8	59	1.59	0	6.35	0			ICTCs	-	-	-	-	4	2	2	5	
•			Bloc	ck-Level De	etails					Iotal tested at		466	805	2426	6736	6919	8072	8399	
No. HRG-	I	ı	ı	1	1	ı	I	1	1	Blood Banks	2	2	2	2	2	2	2	2	
										STI Clinics	,					-	-	-	
MSM	ı	ı			'	ı	ı			ART centres	1	ı	1	1	1	ı	1		
No. HRG- IDU					,				,	Link ART centres	'						•	,	
		UHU								PLHIV Networks	'					•	•	•	
% Positive,	DHH,	Khariar,		1	1	ı	ı		,	Red Ribbon Clubs	1	ı	ı	m	7	7	6	6	
1010 2009	د/.0	road 1.77								Comm. Care Centers	'	,					'	'	
% Positive,	DHH,	Khariar,								Drop-in-Centers	'	ı		1		ı	1	ı	
PPTCT 2009	0.15	road 0.86								Condom Outlets	1		∞	∞	6	12	12	10	
													-						
Puri

Background:

Puri is the coastal district in Odhisha, situated on the coast of Bay of Bengal. It is famous for its historic antiquities, religious sanctuaries, architectural grandeur, and sea-scape beauty. The district has a population of 16.97 lakhs with a sex ratio of 963 females per 1,000 males, and a female literacy rate of 78.67% with an overall literacy rate of 85.37% (2011 Census). The economy of the district is mainly dependent upon cultivation, which attracts in-migration of laborers from rural parts of the neighboring districts. The district lies 60 km from Bhubaneswar on National Highway (NH-203) and is well connected through railways and road transportation.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a fluctuating trend between moderate and low HIV prevalence.
- In2011 HIV positivity level among PPTCT (0.05%) and Blood Bank (0.21%) clients was low among the attendees, with a stable trend.
- According to 2010 HSS-IDU data, the HIV prevalence was high (13.17%) among the injecting drug users. Trend was not determined due to lack of data.
- In 2011, the HIV positivity among ICTC attendees was low among male (0.81%) and female (0.97%) clients and also among referred (0.56%) and direct walk-in (1.33%) clients, with a stable trend in last four years.
- As per mapping conducted, IDU (389; 53.51%) was the largest HRG in the district, followed by FSW (234; 32.19% of total HRG) and MSM (104; 14.31% of total HRG).
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.98%.
- As per the 2001 Census, 5.57% of the male population was migrant, 29.10% of them migrated to other states and 46.43% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Surat in Gujrat, and Purnia in Bihar.
- In 2009, of the 218 PLHIV registered at the ART centre, 6% were 15-24 years of age, 25% were on ART, 24% were illiterate or only had a primary school education and 33% were married.
- Heterosexual transmission accounted for 70.31% of the transmission, but more importantly, transmission through needle/syringe accounted for 21.88% of total transmissions, indicating contribution of IDUs to the epidemic.
- The HIV and RTI/STI awareness rate among women was 87.1% and 42.5%, respectively (DLHS-III).
- Despite presence of IDUs and high HIV prevalence among them there was no TI site for IDUs in 2011.
- A gradual increase in the number of clients getting tested at ICTC was observed. There were a total of five ICTCs operational in the district in 2011.

- Carry out disaggregated analysis of HSS-IDU data to assess for risk factors of HIV epidemic among IDUs.
- Considering high percentage of out-migration to high HIV prevalent districts like Surat in Gujarat, strengthen outreach programme through awareness campaigns for migrants.
- Considering contribution of IDUs to the HIV epidemic in the district and their numbers, TI site exclusively for IDUs is strongly recommended.
- The district being a major tourist spot with presence of FSWs, focus on IDU-FSW sexual network and address the dual risk that is posed due to high rate of infection among IDUs.
- Availability of HRG typology data would help in understanding of district vulnerabilities.
- There is a need to understand the dynamics of HIV transmission among FSWs and MSMs either through analysis of ICTC and ART data.

		Intra-	district	10384		136	2	24.47		Iration					Solan,	Himachal	Flauesi																							
	1 Census	Intra-	state	19698		2.59	00.4	46.43	-	e out-mig					Thane,	Maha	rasiilia									2011	ı	ı		-	2	11436	-	-		-	-	16		ı
	ijon, 2001	Inter-	state	12346		1.67	40	29.10		inter-state					olkata,	West	engar									2010	-		-	-	m	11388	-	-	•	-	-	16	,	
	ale Migrat	Overall	Overall	47478	07171	5,57	10.0	100		stricts for					Irnia. Ko	ihar					-					2009	-		-	-	m	8748	-	-	1		1	6	1	·
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				Size Est., (Mapping,	Year: NA)	% Total HRG		% Total Pop.	- +	Program larget	Program Coverage				Typology	6			0/ JC 1/16	% Married			No. episodes treatec	% Syphilis positivity		No.	FSW TIs	MSM TIs	IDU TIS	Comp. Tls	ICTCs Total tarted at	I ULAI LESLEU AL	Blood Banks	STI Clinics	ART centres	Link ART centres	PLHIV Networks	Red Ribbon Clubs	Comm. Care Centers	Dron-in-Centers
53.3%	2011			0.05	3938	0.21	3300									0.81	5444	0.97	2054	05.0	4040	1.33	0007												1		ı			
ization ² : (2010	0	400	0.08	3912	0.08	2454	1.60	250					13.17	243	1.04	5104	0.59	2372	c/.U	1 1 1	CI.I	7617							.										
ANC Util	2009			0.07	2680	0.03	3065									1.59	3900	0.83	2168	1.12	1 40	04.1	+000						Unknowr		0		,			T				
y': 78.67%	2008	0.75	400	0.11	2613	0	1396		1		1			ı		1.54	2917	1.45	1036	1.0.1	1 0 1 1	1.4/ 7E77	7767	Widowed	Divorced	7			arent to	Child	4.69	-			ı		ı			
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pulation); Fei	2006	0.50	400	*	*	0.17	2387	1.20	250				,	-		4.25	1082	2.32	560		- C	CV31	/ Profile 20	6 III.,	m. Edu. Ma	24		ssion, ICTC	Blood P	nstusion	0	-Level Deta			ı		ı			
of Odisha Pol	2005		,	ı	,	*	*	2.40	250		1		,		,	3.13	640	1.88	426			1066	DI HIV	0	4 yrs Prir			IV Transmi	sexual -	Tra	m	Block			I		I			
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ni: 16,97,98	-	PP ⁴	NT⁴	РР	NT	РР	NT	РР	NT	РР	NT	РР	NT	РР	NT	РР	NT	РР	TN 1	ЧЧ ТЧ		TT TT	2		% UNAKI	25			Heterosexua		70.31				1	Towns		DHH Puri	1. 2.05	DHH Puri
strict Populatic				DDTCT				HCC_CTD							071-001			ICTC Female) 5 7	ICTC Referred						ART (218)	DLN (NA)				% of Total (N=64)		No. HRG-	FSW	No. HRG-	IVICIVI	No. HRG- IDU	% Pnsitive	ICTC 2009	0% Pncitive

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

Puri

Rayagada

Background:

Rayagada is a mineral-rich district in the southern part of the state of Odisha. The district has a population of 9.61 lakhs with a sex ratio of 1,048 females per 1,000 males, and a female literacy rate of 39.87% with an overall literacy rate of 50.88% (2011 Census). The economy of Rayagada district mainly depends on agriculture and other allied activities. Rayagada has a great mineral reserve of bauxite and silicon. According to a survey, India has 56% of total bauxite storage of the world out of which Odisha has 62%. Out of that Rayagada has 84% share. The industrial atmosphere, great location and availability of resources around made Rayagada a prominent town in Odisha. The Rayagada district is well connected to other major cities through Odisha State Highways.



HIV Epidemic Profile:

- According to 2010 HSS-ANC data, the level of HIV positivity was moderate at 0.50% among the ANC attendees, with a declining trend till 2008, but a rise was observed in 2010.
- Based on 2011 PPTCT and Blood Bank data, the level of HIV positivity was low (0.05% for Blood Bank and 0.21% for PPTCT) among the clients, with a stable trend.
- As per 2010 HSS data, level of HIV positivity among FSWs was low at 3.20%, with a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (1.12%) and female (0.93%) clients, and also among referred clients (0.96%) and direct walk-in (1.21%), with an overall stable trend in last five years.
- As per 2009 mapping data, the only HRG in the district was FSW (393; 100% of total HRG); among whom, 20.82% were home-based and 75.51% were brothel-based.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.05%.
- As per 2001 Census, 5.66% of the male population was migrant, 11.91% of them migrated to other states and 18.87% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai and Pune in Maharashtra, .
- In 2009, of the 161 PLHIV registered at the ART centre, 6% were 15-24 years of age, 41% were on ART, which was on a higher side, 9% were illiterate or only had a primary school education and 8% were married.
- In 2011, HIV transmisson from parent to child was high at 5.66% of all the HIV transmission in the district.
- HIV and RTI/STI awareness rate was 21.6% and 6.5%, respectively among women (DLHS-III).
- There was a sudden increase in the number of clients being tested at ICTC sites in 2011. A total of six ICTC, one Link ART centre and 14 RRCs were functional in the district in 2011.

- Carry out socio-demographic analysis of HSS-ANC attendees to assess risk factors for HIV epidemic among general population.
- Strengthen HIV preventive measures through awareness campaign especially for women and out-migrants to curb the epidemic at low level.
- Better assessment of the size and profile of FWS's client population, including migrants and truckers, will help in understanding of district vulnerabilities. Focus on hard to reach subgroups like home based FSW.
- In depth analysis of ICTC and ART data and strengthening of PPTCT programme should be done in the district since parent to child HIV transmission rate was high.

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

Rayagada

Sambalpur

Background:

Sambalpur is a resource rich district of Odisha, bordered by Sundargarh and Jharsugda in North, Sonapur and Anugul in South, Sundargarh and Debagarh in East, and by Bargarh and Jharsuguda in the West. The district has a population of 10.44 lakhs with a sex ratio of 973 females per 1,000 males, and a female literacy rate of 68.47%, with an overall literacy rate of 76.91% (2011 Census). The economy of Sambalpur District is dependent on agriculture and on forests. Tendu leaf, also called green gold of Odisha, is one of the most important non-wood forest products, which adds to the revenue of Sambalpur. Lately industrialization has started in the district and the prime industries of power, alumina and steel have been established. The major highway that passes through Sambalpur is Rourkela-Sambalpur State Highway 10.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a declining trend in last three years.
- According to 2011 PPTCT and Blood Bank data, the level of HIV positivity was low (0.19% for PPTCT and 0.17% for BB) among the clients, with a stable trend.
- As per 2010 HSS-MSM data, the level of HIV prevalence among MSM was high (9.20%), but due to lack of multiple data points in the previous years, a trend could not be determined.
- In 2011, HIV positivity among ICTC attendees was low among male (2.18%) and female clients (2.56%) as well as among referred (2.71%) and direct walk-in clients (1.39%), with an overall stable trend over last five years.
- As per mapping conducted in 2009, FSW (228; 55.75% of total HRG) was the largest HRG in the district, followed by MSM (181; 44.25% of total HRG). Of the FSW, 33.96% were home-based and 65.36% were brothel-based.
- In 2011, the syphilis positivity rate among STI clinic attendees was 4.60%.
- As per the 2001 Census, 5.87% of the male population was migrant; 13.03% of them migrated to other states and 44.40% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Raipur and Raigarh in Chhattisgarh.
- In 2009, of the 199 PLHIV registered at the ART centre, 13% were 15-24 years of age, 46% were on ART, 22% were illiterate or only had a primary school education and 32% were married.
- Heterosexual transmission accounted for 84.19% of the transmission, but more importantly, transmission through blood transfusion and parent to child accounted for 6.51% and 6.05% respectively.
- The HIV and RTI/STI awareness rate among women was 50.9% and 7.8%, respectively (DLHS-III).
- Though there was no mapping information for IDU, there was an IDU-TI site indicating presence of IDUs in the district.
- Red Ribbon Clubs (RRCs) were established in 2007 to generate awareness about HIV/AIDS in the youth. RRCs increased from 12 in 2007 to 23 in 2011.

- Carry out disaggregated analysis of HSS-MSM data to find out HIV risk factors in the district.
- Strengthen outreach programme through awareness campaigns for women, migrants, truckers and industry workers in the district.
- There is a need to better understand the profile of positive individuals through in-depth analysis of ICTC and ART data analysis since HIV transmission rates through blood transfusion and parent to child were relatively higher,
- Mapping information about IDUs should be made available in order to assess their contribution to the HIV epidemic in the district.

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

Sambalpur

Subarnapur

Background:

Subarnapur District, also called Sonepur or Sonapur District, is an administrative district of Odisha state. Situated on the confluence of the rivers Mahanadi, Tel and Subarnapur, known as Paschima Lanka in scriptures is the headquarters town of Subarnapur district. The district has a population of 6.52 lakhs with a sex ratio of 959 females per 1,000 males, and a female literacy rate of 63.63% with an overall literacy rate of 74.42% (2011 Census). The economy of Subarnapur district mainly depends on agriculture. This district is known for its rich cultural heritage, arts and crafts. Textiles and terracotta of Sonepur, Brass metal works and Philigri crafts of Tarbha and Binka, Stone carving of Ullunda and Paddy crafts of Dunguripali are well known.



HIV Epidemic Profile:

- HIV positivity was low among PPTCT attendees (0% in 2010) and Blood Bank attendees (0.19% in 2011), with a stable trend.
- As per 2011 data, HIV prevalence among ICTC attendees was low among male (0.33%) and female (0.23%) clients and also among referred (0.32%) and direct walk-in clients, with an overall stable trend
- As per mapping conducted, IDU (109; 76.76% of total HRG) was the largest HRG in the district.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.47%.
- As per the 2001 Census, 3.36% of the male population was migrant, 7.15% of them migrated to other states and 46.78% migrated to other districts within the state
- The HIV and RTI/STI awareness rate was 31.1% and 5.6%, respectively, among women (DLHS-III).
- In 2009, of the 23 PLHIV registered at the ART centre; 13% were 15-24 years of age, 57% were on ART, 26% were illiterate or only had primary school education, and 39% were married.
- In 2011, a total of 14 RRCs were operational in the district to spread awareness about HIV/AIDS among the youth.

- Continue HIV prevention strategies to maintain HIV prevalence at low levels.
- Focused IEC for general population, especially women, with HIV awareness and sexual risk reduction messages is recommended.
- Strengthen awareness campaign to increase HIV testing at ICTCs.
- Availability of typology for HRGs and migration data would help in better understanding of district vulnerabilities.
- Expand coverage of HIV counseling and testing in the distrct to detect positive cases at early stage.

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

Subarnapur

Sundargarh

Background:

Sundargarh District is in the northwestern part of Odisha state. The district is bound by Raigarh of Chhattisgarh in the west, Jashpur of Chhattisgarh in the North-West, Simdega of Jharkhand in the North, West Singhbhum of Jharkhand and Keonjhar district of Odisha in the east and Jharsuguda, Sambalpur, Deogarh and Angul districts of Odisha in the South. It has a population of 20.80 lakhs with a sex ratio of 971 females per 1,000 males, and a female literacy rate of 65.93% with an overall literacy rate of 74.13% (2011 Census). The economy of Sundargarh district mainly depends on agriculture. Sundargarh district has big industries at Rourkela, Rajgangpur and Kansbahal which attract in-migration of labour as well as have become major truck halt points of the district. The major highway that passes through Sundargarh is National Highway23.



HIV Epidemic Profile:

- According to 2010 HSS-ANC data, HIV prevalence in Sundargarh was low at 0.25% among the ANC clients, with a fluctuating trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.03%) and Blood Bank (0.09%) attendees, with a stable trend, but Blood Bank experienced a steep rise in 2009.
- As per 2010 HSS data, HIV prevalence among FSWs was low at 2.01%, but due to lack of data, a trend could not be drawn.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.58%) and female (0.88%) clients, and also among referred clients (0.62%) and direct walk-in clients (1.04%), with an overall stable trend.
- As per mapping conducted, FSW (513; 97.71% of total HRG) was the largest HRG in the district. Of the FSWs, 55.97% were home-based and 28.42% were street-based.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.23%.
- As per the 2001 Census, 6.05% of the male population was migrant. 16.5% migrated to other states and 25.35% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Raigarh in Chhattisgarh and North West district of Delhi.
- In 2009, of the 96 PLHIV registered at the ART, 11% were 15-24 years of age, 45% were on ART, 20% were illiterate or only had a primary school education, 29% were married and 7% were divorced or widowed.
- Based on 2011 ICTC data, HIV transmission through homosexual/bisexual activity (12.9%) stands second after heterosexual transmission (77.42%), in the district.
- The HIV and RTI/STI awareness rate was 52.2% and 14.3%, respectively among women (DLHS-III).
- A total of nine ICTCs, and 37 RRCs were operational in the district in 2011. Since 2009, the number of clients being tested at ICTC has been increasing.

- Continue prevention strategies to maintain HIV prevalence at low levels.
- Focus on outreach efforts among hard-to-reach sub-groups, such as home-based FSW.
- Strengthen outreach programme through awareness campaign especially among women, out -migrant men and around truck halt points and highways in the district.
- In-depth analysis of ICTC/ART data to assess risk factors and strengthen interventions for MSM population is necessitated by higher HIV transmission rate through homosexual route.
- Better assessment of the size and profile of FSW's client populations, including migrants and truckers, will help in understanding of district vulnerabilities.

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

Sundargarh

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.

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