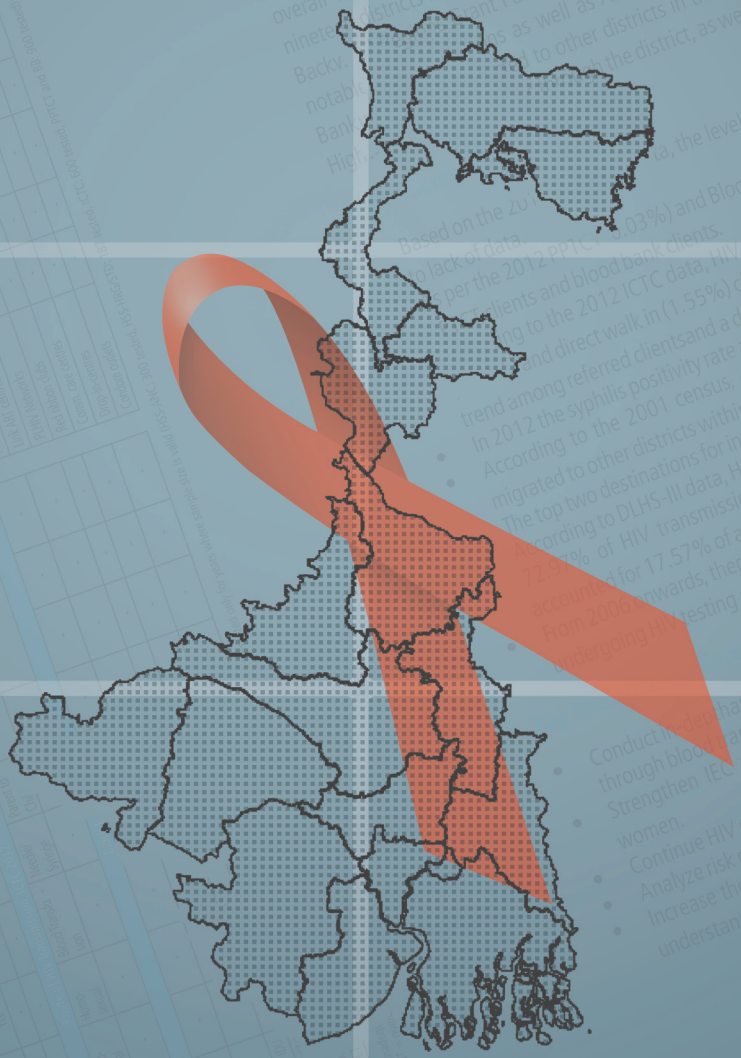
District HIV/AIDS Epidemiological Profiles

developed through Data Triangulation

FACT SHEETS

West Bengal



NACO

National AIDS Control Organisation

India's voice against AIDS

Ministry of Health & Family Welfare, Government of India

6th & 9th Floors, Chandralok Building, 36, Janpath, New Delhi - 110001

www.naco.gov.in

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FOREWORD

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

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

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

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

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

We congratulate the efforts made by the National Technical Team, the State AIDS Control Societies, and the State Coordinating agencies and all the district level personnel involved in the process. The technical & financial support provided by our partner agencies UNAIDS, USAID, BMGF and PHFI for this exercise is gratefully acknowledged. Special thanks to the officers from CDC, FHI 360, WHO, UNAIDS & JSI for their efforts in finalizing the individual factsheets. The efforts of the Officers of Data Analysis & Dissemination Unit at NACO for planning, coordinating & successfully completing this process and bringing out this valuable document, are appreciated.

24/11/14

(Dr. Ashok Kumar)

Acknowledgement

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

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

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

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

The technical & financial support provided by our partner agencies UNAIDS, USAID, BMGF and PHFI for this exercise is gratefully acknowledged. Special thanks to the officers from CDC, FHI 360, WHO, UNAIDS & JSI for their sincere efforts in finalizing the individual district database and factsheets.

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

Contents

Acronyms

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

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Introduction

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

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

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

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

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

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

Methodology

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

Table 1: Components of District Epidemiological Profiling

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

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

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

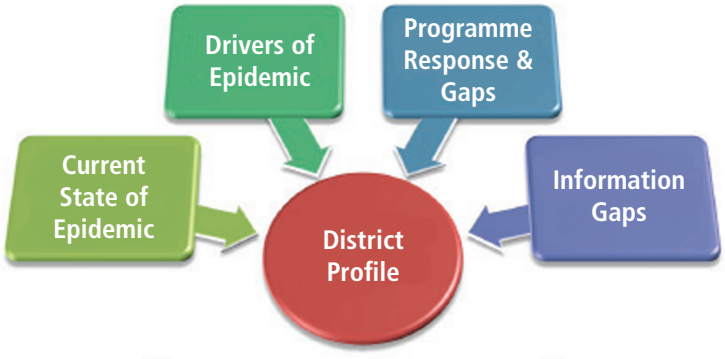


Fig. 1: Thematic Areas of District Profiling
Epidemiological Framework of HIV/AIDS Scenario in the District

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

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

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

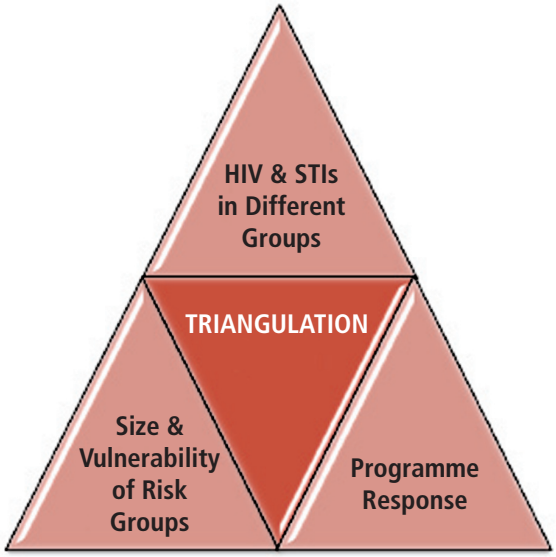


Fig. 2: Conceptual Framework of Data Triangulation
Synthesis of Epidemiological, Behavioural and Programme Data

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

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

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

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

Table 2: Data Sources used for District Epidemiological Profiling

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

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

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

Important Outcomes of District Epidemiological Profiling include:

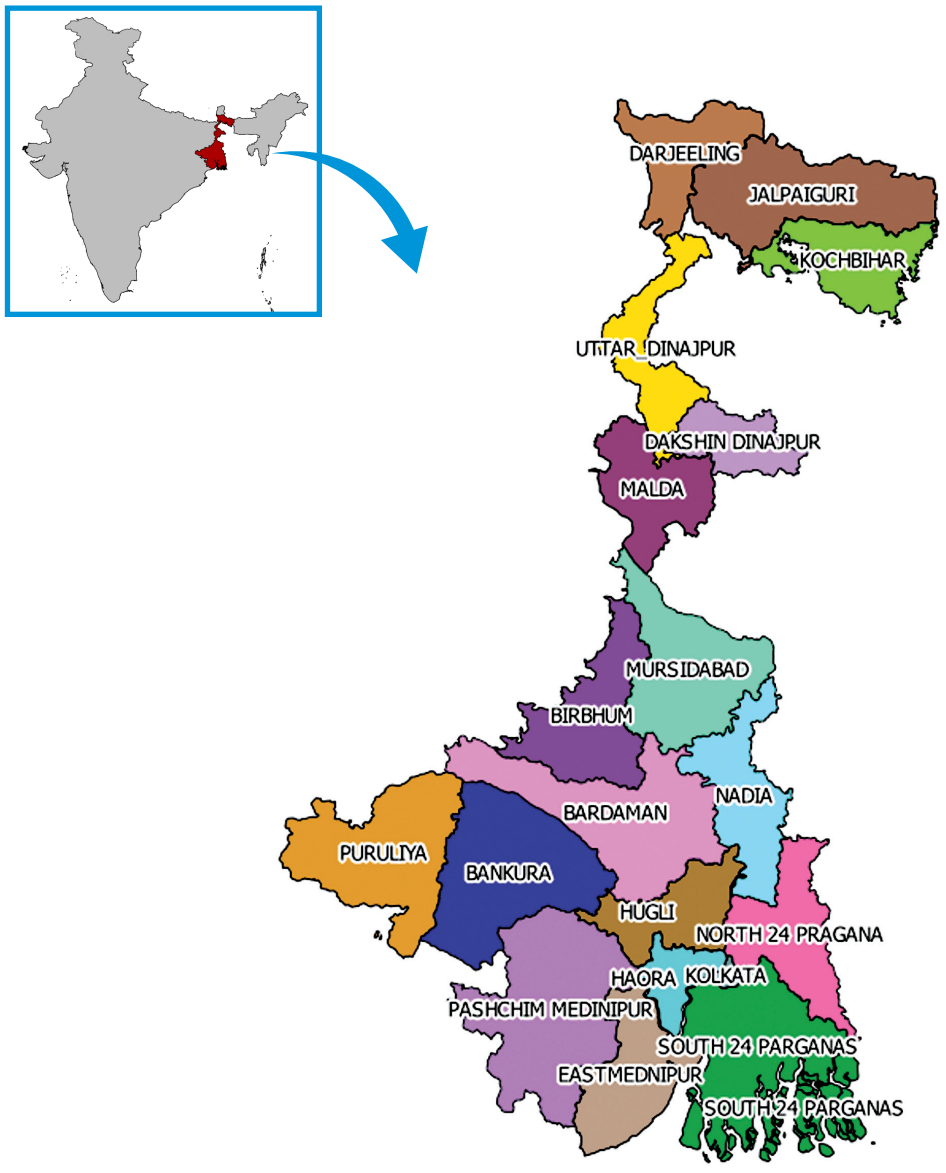
1. Cleaning and validation of programme data (since 2004)
2. Systematic compilation of all data related to HIV for each district at one place for routine use
3. District reports describing the profile of HIV epidemic and programme response in each district
4. Development of framework for re-prioritisation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

Specific Notes on Fact sheets

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

12. Information on major vulnerabilities that are influencing the epidemic/high risk behaviour i.e drivers of the epidemic is included under the "vulnerabilities" section. It includes:
    a. Size and Profile of HRG
    b. STIs – levels and trends
    c. Migration patterns
    d. District Vulnerabilities/ Contextual Factors
13. Information on size and profile (demographic or Typology) of HRG is available from mapping data. Size of HRG as a proportion of the districts population has been stated wherever available, for comparison purposes. The Taluks/ Blocks with high concentration of different HRGs have been given under block level details, wherever available. Targeted Intervention (TI) targets and coverage of HRG population are also mentioned, wherever available under "HRG size".
14. Based on CMIS-STI data, number of episodes of STI/RTI managed using syndromic approach and VDRL/RPR test results for syphilis in the district are given under "STI/RTI".
15. Wherever possible, an attempt has been made to describe the male out-migration patterns in the district based on Census 2001 data. The table also includes the proportion of male migrants going to other states (inter-state) along with top five destination districts.
16. The section on programme response describes the number of facilities offering HIV services under NACP and services provided in the district till 2012. This covers both prevention interventions and care, support and treatment interventions.
17. The number of TIs mentioned in the document includes only NACO-supported TIs. Migrant TIs include source, transit and destination TIs.
18. All maps used in this document have been prepared from the Survey of India.
19. The district wise factsheets include updated information till 2012. Therefore, the districts newly created after 2012 have not been shown as separate districts.

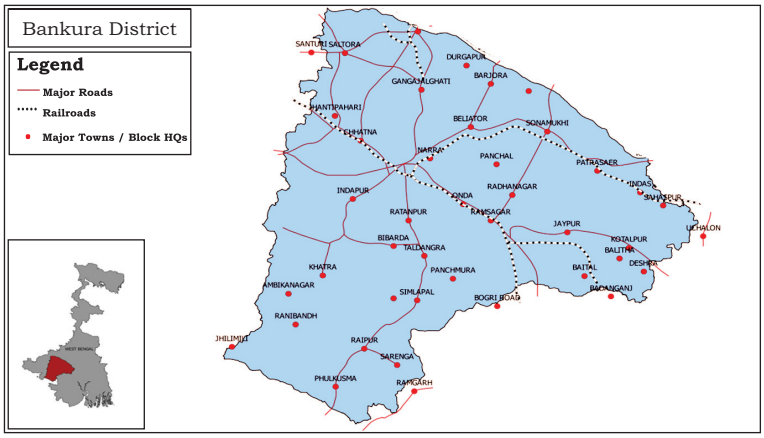
District Map of West Bengal



Bankura

Background:

Bankura district is one of the seven districts of the Burdwan division in the state of West Bengal. Bankura is bounded by Bardhaman on the north and north-east of the district, from which it is separated mostly by the Damodar river. On the south east, it is bound by Hooghly, on the south by Paschim Medinipur and on the west by Purulia district. It has a population of 35.96 lakh, with a sex ratio of 954 females for every 1,000 males; a female literacy rate of 60.44% with an overall literacy rate of 70.95% (2011 Census). It is currently receiving funds from the Backward Regions Grant Fund Programme. Bankura boasts several notable tourist locations as well as Asia's largest leprosy hospital. Bankura is well connected to other districts in the state by National Highway 60, which passes through the district, as well by state roadways and railways.



HIV Epidemic Profile:

- Based on the 2010 HSS-ANC data, HIV prevalence was low (0.26%) among the ANC attendees,. A trend could not be determined due to lack of data.
- As per the 2012 PPTCT (0.03%) and Blood Bank (0.28%) data, HIV positivity was low among them. There was an overall stable trend observed among PPTCT and blood bank attendees.
- According to the 2012 ICTC data, HIV positivity was low among male (1.01%) and female (1.03%) clients. It was also low among referred (0.88%) and direct walk in (1.55%) clients. Positivity levels showed a declining trend among male and female clients. There was a fluctuating trend among referred clients and a declining trend among direct walk-ins.
- In 2012, the syphilis positivity rate among STI attendees was 0.07%.
- According to the 2001 census, 4.69% of male population were migrants; among them 7.31% migrated to other states and 28.74% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dhanbad and Purbi Singhbhum, Jharkhand.
- As per 2012 ICTC data, 72.97% of HIV transmissions in the district were through heterosexual routes, while HIV transmissions through blood transfusions accounted for 17.57%, of all HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 28.1% and 29.7%, respectively.
- From 2006 onwards, there had been a sharp increase in the number of ICTCs in operation in the district, as well as the number of individuals undergoing HIV testing at these sites.

Key Recommendations:

- Conduct in-depth analysis of ICTC and ART data to better understand the profile of these positive individuals, since HIV transmission rates through blood transfusion were notable.
- Strengthen IEC programme for creating STI awareness and sexual risk reduction in the district among general population, especially women.
- Continue HIV prevention strategies to maintain HIV prevalence at low levels in the district.
- Analyze risk profile of HIV positive individuals to determine associated factors in the district.
- Increase the availability of additional information on the HIV epidemic profile of the district, including ART and HSS data, to improve the understanding of district vulnerability.

Bankura

District Population: 35,96,292 (3.94% of West Bengal Population); Female Literacy[1]: 60.44%; ANC Utilization[2]: 65.8%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	0		0.26		-
	NT[4]	-	-	-	356		392		-
PPTCT	PP	-	0.02	0.02	0.04	0.02	0.02	0.04	0.03
	NT	-	16339	13997	16298	8656	12950	19167	10821
Blood Bank	PP	-	-	0.22	0.33	0.44	0.27	0.25	0.28
	NT	-	-	16799	14552	18570	19230	18462	20121
HSS-STD	PP	1.51	0.40	0	0.49		4.82		-
	NT	199	250	250	203		249		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	4.03	5.27	4.36	1.73	1.01
	NT	-	-	-	645	512	1881	3760	4653
ICTC Female	PP	-	-	-	2.43	3.89	2.66	1.66	1.03
	NT	-	-	-	411	334	1353	2587	2614
ICTC Referred	PP	-	-	-	1.40	3.57	3.88	1.42	0.88
	NT	-	-	-	358	672	2656	5129	5783
ICTC Direct Walk-in	PP	-	-	-	4.44	9.20	2.60	2.87	1.55
	NT	-	-	-	698	174	578	1218	1484
Total tested at ICTCs[5]	NT	-	16339	13997	17354	9843	16184	25514	18088

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=74)	72.97	0	17.57	2.70	4.05	2.70

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	74	12	-
% Total HRG	86.05	13.95	-
% Total Pop.	0	0	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based - 0%; Brothel based- 100%; Street based - 0%	Kothi - NA; Panthi - Na; Double decker - Na	Daily Injectors- NA; Non daily Injectors- NA
% <25 yrs.	58.30	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	76702	5607	22044	49051
% of male pop.	4.69	0.34	1.35	3.00
% total migration	100	7.31	28.74	63.95

Top 5 districts for inter-state out-migration

Dhanbad, Jharkhand	Purbi Singh-bhum, Jharkhand	Pashchimi Singh-bhum, Jharkhand	Ludhiana, Punjab	Ranchi, Jharkhand

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1098	2449	2599	2441
% Syphilis positivity	-	-	0.11	0.07

Programme Response

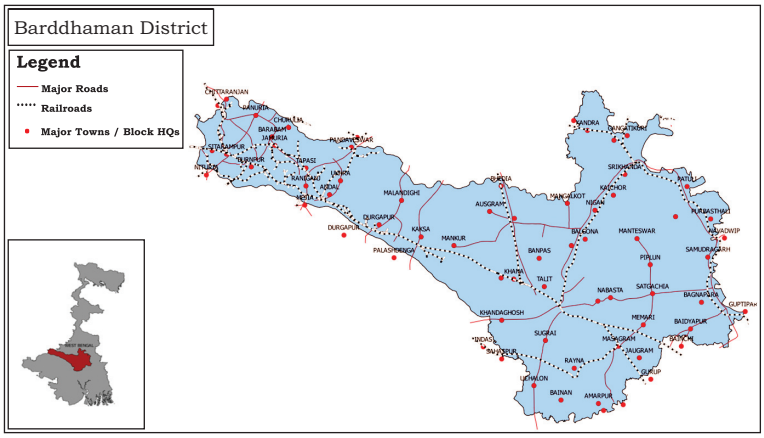
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	3	4	4	11	11	11
Blood Banks	-	-	-	3	3	3	3	3	3
STI clinics	-	-	-	2	2	2	2	2	2
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	1	1	1	1
PLHIV Networks	-	-	-	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	5	11	11	11	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-	-

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

Barddhaman

Background:

Barddhaman is the seventh most populous district in India. It is bound on the north by Birbhum and Murshidabad, on the east by Nadia, on the southeast by Hooghly, on the southwest by Bankura and Purulia, and on the north-west by Dhanbad of Jharkhand. The district has a population of 77.23 lakh, with a sex ratio of 943 females for every 1,000 males; it has a female literacy rate of 70.47%, with an overall literacy rate of 77.15% (2011 Census). Barddhaman is one of the most resourceful districts of West Bengal; it is quite developed in terms of agriculture and technology. Visitors often come to Barddhaman due to its many tourist and historical sites. The district is well connected to the rest of the district by National Highways 60, 28, and 2.



HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, the HIV prevalence was moderate (0.75%) among the ANC attendees, with a fluctuating trend.
- As per the 2012 PPTCT (0.09%) and Blood Bank (0.14%) data, the HIV positivity was low among the attendees, with a stable trend among both PPTCT and blood bank attendees.
- Based on the 2010 HSS-FSW data, the positivity was low (2.41%), among the FSWs with a declining trend for the past three years.
- As per 2010 HSS-MSM data, the HIV positivity was moderate (6.05%) among the MSM.
- As per the 2012 ICTC data, HIV positivity was low among male (1.50%) and female (1.16%) clients. It was also low among referred (0.95%) and direct walk in (2.36%) clients. Positivity levels showed a declining trend among all the ICTC clients.
- As per the HRG size mapping data, the largest HRG in the district was FSW (5,390; 92.18% of total HRG) followed by MSM (385; 6.58% of total HRGs).
- In 2012, the syphilis positivity rate among STI attendees was 0.08%.
- According to the 2001 census, 3.73% of male population were migrants; among them 14.26% migrated to other states and 30.87% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dhanbad and Dumka, Jharkhand.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 79.5% and 38.2%, respectively.
- As per 2012 ICTC data, 93.68% of HIV transmissions in the district were through heterosexual route, while parent to child route of HIV transmissions accounted for 5.26% of all HIV transmissions in the area.
- RRCs were established from 2008 onwards for creating awareness about HIV/AIDS in the youth.

Key Recommendations:

- Conduct in-depth analysis of ICTC and ART data to understand the profile of these attendees and their spouses as the parent to child transmission rate was notable.
- Increase in the number of TI sites in the district to accommodate the large number of HRGs in the area.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities.
- Increase the availability of typology data to help analyze the risk factors among HRGs, specifically FSWs.
- Strengthen TI interventions for MSM population, as the HIV positivity level among HSS-MSM attendees was moderate.
- Strengthen outreach programmes through awareness campaigns around tourist areas, as well as around truck halting points and highways in the district.

Barddhaman

District Population: 77,77,908 (8.46% of West Bengal Population); Female Literacy[1]: 70.47%; ANC Utilization[2]: 68.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.25	0.25	0.75	0.26		0		0.75
	NT[4]	400	400	400	388		399		400
PPTCT	PP	-	-	0.65	0.07	0.12	0.08	0.10	0.09
	NT	-	-	13668	16897	20551	17933	27278	13937
Blood Bank	PP	-	-	0.19	0.15	0.14	0.16	0.13	0.14
	NT	-	-	49328	41808	56775	63913	69520	65122
HSS-STD	PP	2.04	0.40	0.40	7.66		15.20		-
	NT	245	249	250	248		250		-
HSS-FSW	PP	6.80	8.00	6.00	3.14		2.41		-
	NT	250	250	250	446		498		-
HSS-MSM	PP	-	-	-	3.20		6.05		-
	NT	-	-	-	250		248		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.52	2.12	1.95	1.85	1.50
	NT	-	-	-	5042	4817	7863	12728	16015
ICTC Female	PP	-	-	-	3.97	2.76	1.94	1.65	1.16
	NT	-	-	-	2997	2756	5373	9390	12020
ICTC Referred	PP	-	-	-	3.39	2.19	1.06	1.53	0.95
	NT	-	-	-	4341	4016	8413	15290	19894
ICTC Direct Walk-in	PP	-	-	-	2.68	2.53	3.48	2.28	2.36
	NT	-	-	-	3698	3557	4823	6828	8141
Total tested at ICTCs[5]	NT	-	-	13668	24936	30320	31169	49396	41972

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (3212)	48	18	-	38	8
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=380)	93.68	0	0.26	0	5.26	0.79

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	5390	385	72
% Total HRG	92.18	6.58	1.23
% Total Pop.	0.07	0	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	58.30	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	134210	19141	41425	73644
% of male pop.	3.73	0.53	1.15	2.04
% total migration	100	14.26	30.87	54.87

Top 5 districts for inter-state out-migration

Dhanbad, Jharkhand	Dumka, Jharkhand	Pashchimi Singh-bhum, Jharkhand	Jaipur, Rajasthan	Mumbai (Suburban), Maha-rashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	12339	19519	20916	15122
% Syphilis positivity	-	-	0.31	0.08

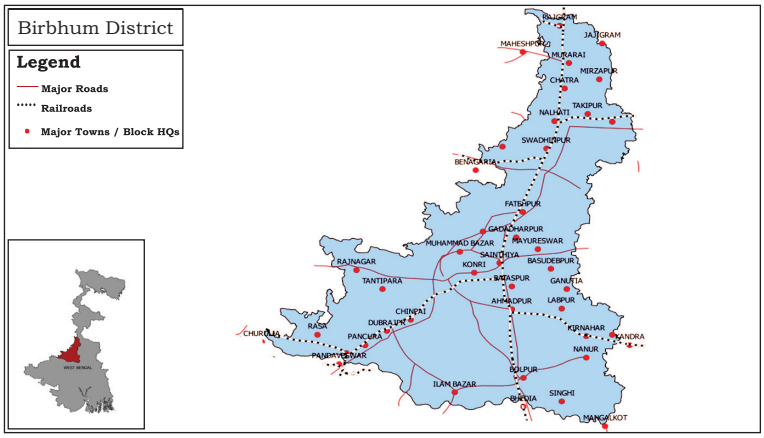
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	3	5	4	2
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	4	8	9	13	16	18
Blood Banks	-	-	-	14	14	14	14	14	14
STI clinics	-	-	-	4	4	4	4	4	4
ART centres	-	-	-	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	1	1	1
PLHIV Networks	-	-	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	6	22	22	22	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	1	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	6007	10114	11648

* 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.

Birbhum

Background:



Birbhum is an administrative district and is the northern most district of the Burdwan division in West Bengal. The river Ajay forms the southern baseline of Birbhum along the district of Bardhaman. Jharkhand state is at the northern and western border and to the east is Murshidabad. Birbhum has a population of 35.02 lakh, and a sex ratio of 956 females for every 1,000 males. The female literacy rate is 64.07%, with an overall literacy rate of 70.90% (2011 Census). Birbhum is primarily an agricultural district with around 75% of the people dependent on agriculture. It is one of the eleven districts in West Bengal currently receiving funds from the Backward Regions Grant Fund Programme. The district boasts of national and state roadways; the National Highway 60 runs through the center of the district connecting it to various district and states within the country. Rail lines also passes through the district and connects Birbhum conveniently with the rest of the country.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees.
- As per the 2012 PPTCT and Blood Bank (0.04%) data, HIV positivity was low among them. There was an overall stable trend observed among PPTCT and Blood Bank attendees.
- Based on the 2010 HSS-FSW data, HIV positivity was low (1.21%) among the FSWs. A trend could not be determined, due to a lack of data points from previous years.
- As per the 2012 ICTC data, HIV positivity was low among male (0.90%) and female (1.28%) clients. It was also low among referred (0.93%) and direct walk in (1.88%) clients. Positivity levels showed a declining trend among male and female clients, as well as among referred clients, whereas direct walk-ins maintained a stable trend.
- As per the HRG size mapping data, the largest HRG in the district was FSW (437; 95.41% of total HRGs).
- In 2012, the syphilis positivity rate among STI attendees was 0.29%.
- According to the 2001 census, 3.98% of male population were migrants; among them 12.03% migrated to other states and 22.09% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dumka, Jharkhand and Surat, Gujarat.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 42.9% and 44.4%, respectively.
- From 2008 onwards, there had been a sharp increase in the number of individuals undergoing HIV testing at ICTCs in the district.
- RRCs were established from 2008 onwards for creating awareness about HIV/AIDS in the youth.

Key Recommendations:

- Strengthen outreach programmes through awareness campaigns around truck halting points and highways in the district.
- Strengthen and improve the quality of outreach programmes for FSWs,- as they are the largest HRG in the area.
- Increase the availability of typology data for HRGs to help analyze risk factors.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities.
- Continue HIV prevention strategies to maintain HIV prevalence at low levels.
- Make additional information on HIV epidemic profile of the district available to improve the understanding of district vulnerability.

Birbhum

District Population: 35,02,387 (3.83% of West Bengal Population); Female Literacy[1]: 64.07%; ANC Utilization[2]: 59.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	-	-		0.25		0
	NT[4]	-	400	-	400		398		400
PPTCT	PP	-	-	-	0.02	0.02	0.02	0.07	0
	NT	-	-	-	4171	4266	5795	8096	3844
Blood Bank	PP	-	-	0.01	0.01	0.02	0.01	0.07	0.04
	NT	-	-	10595	9809	9631	10999	7451	9392
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	2.87		1.21		-
	NT	-	-	-	244		247		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.11	2.47	2.48	1.08	0.90
	NT	-	-	-	772	688	1530	2774	3115
ICTC Female	PP	-	-	-	5.05	1.90	2.29	0.94	1.28
	NT	-	-	-	455	947	1221	2023	1954
ICTC Referred	PP	-	-	-	4.49	1.52	2.02	0.95	0.93
	NT	-	-	-	690	987	1735	3770	4432
ICTC Direct Walk-in	PP	-	-	-	2.98	3.09	3.05	1.27	1.88
	NT	-	-	-	537	648	1016	1027	637
Total tested at ICTCs[5]	NT	-	-	-	5398	6102	8546	12893	8913

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=53)	88.68	0	0	0	7.55	3.77

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	437	-	21
% Total HRG	95.41	-	4.59
% Total Pop.	0.01	-	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	134210	19141	41425	73644
% of male pop.	3.73	0.53	1.15	2.04
% total migration	100	14.26	30.87	54.87

Top 5 districts for inter-state out-migration

Dumka, Jharkhand	Surat, Gujarat	PurbiS-inghbhum, Jharkhand	Pakaur , Jharkhand	Mumbai (Suburban), Maha-rashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	5621	5544	3874	4593
% Syphilis positivity	-	-	0.17	0.29

Programme Response

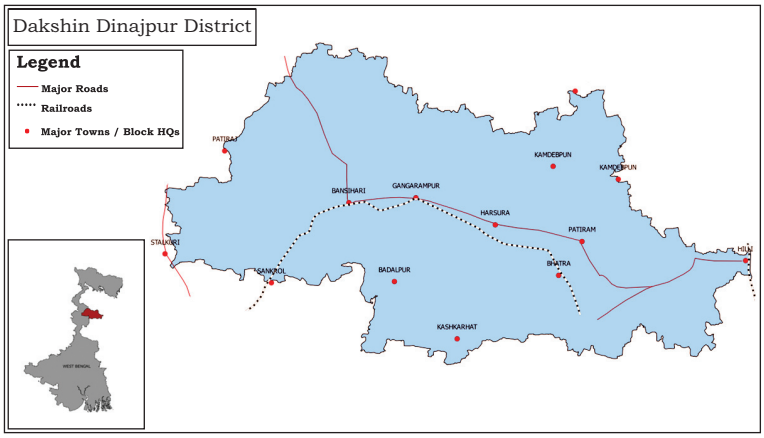
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	4	4	4	8	8	8
Blood Banks	-	-	-	3	3	3	3	3	3
STI clinics	-	-	-	2	2	2	2	2	2
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	2	2	2
PLHIV Networks	-	-	-	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	6	11	11	11	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	0	0	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-	-

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

Dakshin Dinajpur

Background:

Dakshin Dinajpur district in West Bengal was formed April 1st1992, by the division of West Dinajpur district. According to the census of 2011, Dakshin Dinajpur was the least populous district in the West Bengal. Dakshin Dinajpur has a population of 16.70 lakh, with a sex ratio of 954 females for every 1,000 males, and the female literacy is 67.81% with an overall literacy rate of 73.86% (2011 Census). Dakshin Dinajpur is surrounded by Bangladesh to the north, east and south and to the west and south west lays North Dinajpur and Maldha. Dakshin Dinajpur is situated towards the north-east of the state and is a smaller district. The district is predominantly agriculture based, lacking supporting industry. Dakshin Dinajpur is well connected to surrounding districts through state roadways and rail lines.



HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees.
- As per the 2012 PPTCT (0.04%) and Blood Bank (0.13%) data, HIV positivity was low among them. There was an overall stable trend among PPTCT and Blood Bank attendees.
- As per the 2012 ICTC data, HIV positivity was low among male (2.03%) and female (1.72%) clients. It was also low among referred (1.52%) and direct walk in (3.36%) clients. Positivity levels showed a stable trend among male and a declining trend among female clients. A stable trend was seen among referred clients and a fluctuating trend among direct walk-ins.
- In 2012, the syphilis positivity rate among STI attendees was low.
- According to the 2001 census, 3.78% of male population were migrants; among them 5.91% migrated to other states and 25.95% migrated to other districts within the state.
- The top destination for inter-state out-migration was Thane, Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 46.0% and 38.6%, respectively.
- From 2008 onwards, there had been a gradual increase in the number of individuals undergoing HIV testing at ICTCs.
- RRCs were established in 2008 to create awareness about HIV/AIDS in the youth; RRCs increased from 4 in 2008 to 10 in 2011.

Key Recommendations:

- Strengthen outreach activities through awareness campaigns around truck halting points, highways, and rail stations in the district.
- Strengthen routine programme data from district for completeness and accuracy, and review periodically to understand HIV transmission dynamics in the district
- Analyze vulnerability factors in transmission of HIV from ICTC/ART and STI data, although there is a low level of HIV epidemic in the district.
- Sustenance of HIV prevention strategies to maintain HIV prevalence at low levels in the district.

Dakshin Dinajpur

District Population: 16,70,931 (1.83% of West Bengal Population); Female Literacy[1]: 67.81%; ANC Utilization[2]: 78.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	0.26		-		0
	NT[4]	-	-	-	379		-		399
PPTCT	PP	-	-	0.66	0.29	0.09	0.07	0.10	0.04
	NT	-	-	913	2380	2223	4495	4946	2557
Blood Bank	PP	0	0.11	0.08	0.09	0.12	0.09	0.09	0.13
	NT	3305	3346	4729	5224	5014	5576	5265	4485
HSS-STD	PP	-	1.20	0.80	1.63		-		-
	NT	-	249	250	246		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.60	1.93	1.46	2.35	2.03
	NT	-	-	-	1125	1190	2195	2126	1826
ICTC Female	PP	-	-	-	3.74	1.77	1.53	1.90	1.72
	NT	-	-	-	508	621	1044	1370	1166
ICTC Referred	PP	-	-	-	1.62	1.82	1.27	2.08	1.52
	NT	-	-	-	1234	1101	2277	2597	2367
ICTC Direct Walk-in	PP	-	-	-	4.26	1.97	1.98	2.45	3.36
	NT	-	-	-	399	710	962	899	625
Total tested at ICTCs[5]	NT	-	-	913	4013	4505	7734	8442	5549

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=57)	91.23	1.75	0	0	5.26	1.75

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	56	29	16
% Total HRG	55.45	28.71	15.84
% Total Pop.	0	0	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	29093	1718	7549	19826
% of male pop.	3.78	0.22	0.98	2.57
% total migration	100	5.91	25.95	68.15

Top 5 districts for inter-state out-migration

Thane, Maharash-tra	-	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	2345	2486	1249	907
% Syphilis positivity	-	-	0.37	0

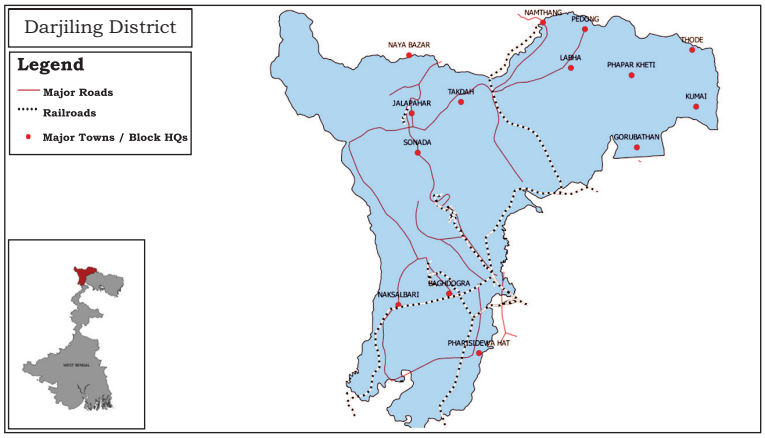
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	2	3	3	5	5	5
Blood Banks	-	-	-	1	1	1	1	1	1
STI clinics	-	-	-	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1	1
PLHIV Networks	-	-	-	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	4	10	10	10	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-	-

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

Darjiling

Background:



Darjiling district is in the foothills of the Himalayas and is the northern most district of west Bangal. Darjiling touches three international boundaries with Nepal, Bhutan and Bangladesh. The district is bounded on the north by Sikkim, on the south by Kishanganj district of Bihar state, on the east by Jalpaiguri district and on the west by Nepal. The population of Darjiling is 18.42 lakh, with a sex ratio of 947 females for every 1,000 males. The female literacy rate is 73.74% with an overall literacy rate 79.92% (2011 Census). The tea industry and tourism are the two major contributors to the Darjiling economy. The district can be easily reached by bus, train or roadway, increasing the ease in which numerous tourist come each year. Darjeeling is well connected to the rest of the state via National Highways 31 and 55; the Darjiling Himalayan Railway was declared a World Heritage Site by UNESCO in 1999.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV prevalence was low (0.38%) among the ANC attendees,. A fluctuating trend was observed.
- As per the 2012 PPTCT (0.38%) and Blood Bank (0.40%) data, HIV positivity was low among them. There was a fluctuating trend observed among PPTCT clients and declining trend among Blood Bank attendees, over the past five years.
- Based on the 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a declining trend.
- As per 2010 HSS-MSM data, the HIV positivity level was low (2.50%) among the MSM. A declining trend at low levels was observed.
- According to 2008 HSS-IDU data, HIV prevalence was low (2.58%) among the IDUs, with a fluctuating trend.
- As per the 2012 ICTC data, HIV positivity was low among male (3.48%) and female (2.47%) clients. It was also low among referred (2.74%) and direct walk in (3.62%) clients. Positivity levels showed a declining trend among all clients.
- As per the HRG size mapping data, the largest HRG in the district was IDU (3,627; 51.70% of total HRGs) followed by FSW (3,013; 42.94% of total HRGs) and MSM (376; 5.36% of total HRGs).
- In 2012 the syphilis positivity rate among STI attendees was 0.11%.
- According to the 2001 census, 3.97% of male population were migrants; among them 40.32% migrated to other states and 30.95% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were East Sikkim and North-West Delhi.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 81.5% and 31.8%, respectively.
- As per 2012 ICTC data, 88.45% of HIV transmissions in the district were through heterosexual routes, and HIV infections through needle and syringe usage accounted for 4.76% of all HIV transmissions in the area.

Key Recommendations:

- Strengthen IDU-TI site to provide the preventive and referral services to the large numbers of IDUs in the district.
- Focus on IDU-FSW sexual networks and address the dual risk that is posed due to notable rates of infection among IDUs and the district being a major tourist spot with presence of large numbers of both FSWs and IDUs.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities.
- Increase the availability of typology data to help analyze the risk factorsamong HRGs, specifically FSWs.
- Carryout disaggregated analysis of HSS-IDU data to assess for risk factors of HIV epidemic among IDUs.
- Strengthen outreach programmes through awareness campaigns around tourist areas, as well as around truck halting points and highways in the district.

Darjlling

District Population: 18,42,034 (2.02% of West Bengal Population); Female Literacy[1]: 73.74%; ANC Utilization[2]: 70.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.84	0	1.25	0.38		-		0.38
	NT[4]	359	400	800	792		-		800
PPTCT	PP	0.56	0.33	0.69	0.39	0.58	0.35	0.34	0.38
	NT	3917	4837	5204	6906	5562	10226	14625	6856
Blood Bank	PP	0.28	0.43	0.75	0.51	0.38	0.31	0.35	0.40
	NT	16721	15802	23016	22346	25862	30026	37137	33035
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	7.56	8.00	0.80		0		-
	NT	-	238	250	250		248		-
HSS-MSM	PP	-	4.80	4.80	4.00		2.50		-
	NT	-	250	250	250		240		-
HSS-IDU	PP	13.00	6.60	9.80	10		2.58		-
	NT	500	500	500	220		736		-
ICTC Male	PP	-	-	-	5.68	5.15	3.76	3.76	3.48
	NT	-	-	-	8591	10574	12090	11068	11393
ICTC Female	PP	-	-	-	5.33	5.26	3.36	2.65	2.47
	NT	-	-	-	4521	5149	6509	8195	8466
ICTC Referred	PP	14.99	12.05	8.05	3.67	4.85	3.39	2.78	2.74
	NT	1828	2615	3751	3025	6293	11883	12650	12841
ICTC Direct Walk-in	PP	5.28	10.71	14.43	7.03	6.63	4.02	4.25	3.62
	NT	341	934	1691	498	2460	6716	6613	7018
Total tested at ICTCs[5]	NT	3917	4837	5204	20018	21285	28825	33888	26715

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(6514)	31	14	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=606)	88.45	1.32	1.65	1.98	4.29	2.31

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	3013	376	3627
% Total HRG	42.94	5.36	51.70
% Total Pop.	0.16	0.02	0.20
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	27.60	64.68	36.10
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	32817	13233	10156	9428
% of male pop.	3.97	1.60	1.23	1.14
% total migration	100	40.32	30.95	28.73

Top 5 districts for inter-state out-migration

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

STI/RTI

	2009	2010	2011	2012
No. episodes treated	16560	26320	27900	14962
% Syphilis positivity	-	-	0.16	0.11

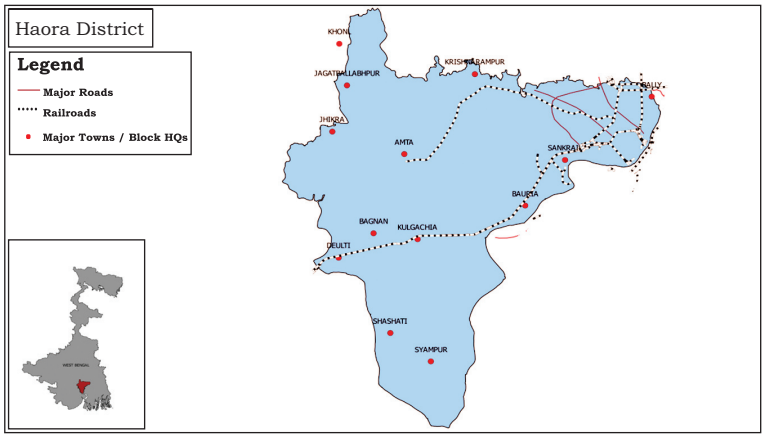
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	5	5	5	4
MSM TIs	-	-	-	-	-	2	2	2	0
IDU TIs	-	-	-	-	-	6	6	6	2
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	3	10	10	14	14	14
Blood Banks	-	-	-	9	9	9	9	9	9
STI clinics	-	-	-	3	4	5	5	5	5
ART centres	-	-	1	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	1	2	2	2
PLHIV Networks	-	2	2	2	2	2	2	2	2
Red Ribbon Clubs	-	-	-	-	7	27	27	21	-
Comm. care centres	-	-	-	-	2	2	2	2	2
Drop-in-centres	-	-	-	-	2	2	2	2	2
Condom outlets	-	-	-	-	-	-	2999	2656	2921

* 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.

Haora

Background:



Haora district, also known as Howrah, is located in West Bengal. Haora has a population of 48.41 lakh, with a sex ratio of 935 females for every 1,000 males; the female literacy rate is 79.73% with an overall literacy rate of 83.85% (2011 Census). The district is bounded by the Hooghly river and the North 24 Parganas and South 24 Parganas on the east, on the north by the Hooghly district, and on the south by Midnapore East district. On the west Howrah district is bordered by Midnapore West and partly by Hooghly to the north-west, and Midnapore East to the south-west. It is second largest in the state and serves as a major road and rail transport for the people of Kolkata metropolitan region. Haora is famous for the Haora Bridge. The bridge is the world's busiest bridge that connects to the Haora station, which is again one of the country's largest railway stations. Besides rail, the district is well connected to the rest of the state by state roadways, as well as by National Highway 15.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees.
- As per the 2012 PPTCT (0.11%) and Blood Bank (0.30%) data, HIV positivity was low among them. There was an overall stable trend observed among PPTCT and Blood Bank attendees.
- As per the 2012 ICTC data, HIV positivity was low among male (1.66%) and female (1.63%) clients. It was also low among referred (1.68%) and direct walk in (1.61%) clients. Positivity levels showed a declining trend among all the ICTC attendees.
- As per the HRG size mapping data, the largest HRG in the district was FSW (2,018; 73.01% of total HRGs) followed by MSM (484; 17.51% of total HRGs) and IDUs (262; 9.48%of total HRGs). Among FSWs, 100% were brothel-based.
- In 2012, the syphilis positivity rate among STI attendees was 0.05%.
- According to the 2001 census, 3.98% of male population were migrants; among them 18.39% migrated to other states and 26.49% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Mumbai and Mumbai (Suburban), Maharashtra, which was a high prevalent state.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 70.30% and 42.20%, respectively.
- A81.17% of HIV transmissions in the district were through heterosexual routes, while unknown routes of transmissions accounted for 5.02% of all HIV infections and 5.44% of the district's HIV transmissions in the area were through parent to child.
- Red ribbon club was established from 2008 onwards for creating awareness about HIV/AIDS in the youth.

Key Recommendations:

- Conduct demographic and geographic mapping of positivity with sexual dynamics study to understand source of HIV transmission for interventions.
- Conduct in-depth analysis of ICTC and ART data to understand the profile of these attendees and their spouses as the parent to child transmission rate was notable.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities, considering that the top two destinations for inter-state migration were to a high HIV prevalent state.
- Carryout disaggregated analysis of HSS-MSM data to find out HIV risk factors in the district, as the level positivity was high.
- Strengthen outreach programmes through awareness campaigns around the rail stations, truck halting points and highways in the district.
- Strengthen TI services for the IDU population, as the level of positivity among HSS-IDU attendees was high in the district.

Haora

District Population: 48,41,638 (5.30% of West Bengal Population); Female Literacy[1]: 79.73%; ANC Utilization[2]: 80.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	0.25		0		0
	NT[4]	-	-	-	399		400		400
PPTCT	PP	-	*	0.16	0.22	0.21	0.11	0.15	0.11
	NT	-	*	3839	4158	3748	17982	22580	11122
Blood Bank	PP	-	-	0.52	0.30	0.38	0.23	0.23	0.30
	NT	-	-	11817	9753	13673	13259	11514	11001
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	4.00	10	-		-		-
	NT	-	250	250	-		-		-
ICTC Male	PP	-	-	-	6.78	5.61	2.97	2.23	1.66
	NT	-	-	-	1535	2299	5993	8246	9029
ICTC Female	PP	-	-	-	8.84	5.44	4.04	2.59	1.63
	NT	-	-	-	611	753	1954	3706	5456
ICTC Referred	PP	-	-	-	7.02	4.34	3.02	2.01	1.68
	NT	-	-	-	1866	2486	5233	7216	8029
ICTC Direct Walk-in	PP	-	-	-	9.64	10.95	3.65	2.85	1.61
	NT	-	-	-	280	566	2714	4736	6456
Total tested at ICTCs[5]	NT	-	385	3839	6304	8028	25929	34532	25607

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=239)	81.17	2.51	2.51	3.35	5.44	5.02

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	2018	484	262
% Total HRG	73.01	17.51	9.48
% Total Pop.	0.04	0.01	0.01
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-100%; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	5.20	-	-
% Married	8.70	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	89193	16402	23623	49168
% of male pop.	3.98	0.73	1.05	2.19
% total migration	100	18.39	26.49	55.13

Top 5 districts for inter-state out-migration

Mumbai, Maharashtra	Mumbai (Suburban), Maharashtra	Thane, Maharashtra	South Delhi, Delhi	Jaipur, Rajasthan

STI/RTI

	2009	2010	2011	2012
No. episodes treated	805	9543	9930	8487
% Syphilis positivity	-	-	0.11	0.05

Programme Response

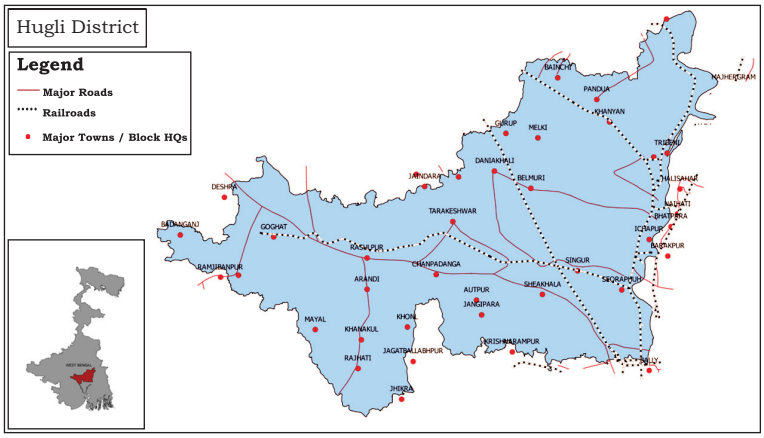
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	1	2	2	2
MSM TIs	-	-	-	-	-	1	1	1	0
IDU TIs	-	-	-	-	-	1	1	1	1
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	3	6	9	15	14	14
Blood Banks	-	-	-	4	4	4	4	4	4
STI clinics	-	-	-	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1	1
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	5	22	22	16	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	1	1	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	5391	8923	6708

* 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.

Hugli

Background:

Hugli is situated about 40 kms from the north of Kolkata and on the west bank of the famous river Hugli in West Bengal. It has a population of 55.20 lakh, with a sex ratio of 958 females for every 1,000 males. The female literacy rate in the district is 76.95%, with an overall literacy rate is 82.55% (2011 Census). Hugli is bordered by Howrah district to the south, Bardhaman district to the north, and to the east by the River Hooghly. Bankura district lies to the north-west, with Medinipur to the south-west. Hugli is one of the most economically developed districts in West Bengal; the economy in Hugli is directly connected to jute cultivation, the jute industry, as well as the jute trade. The district has numerous tourist attractions and is well connected to the rest of the state via National Highway 2. Hugli also boasts of rail stations and state roadways.



HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV prevalence was low (0.25%) among the ANC attendees, with a flat trend.
- As per the 2012 PPTCT (0.12%) and Blood Bank (0.40%) data, HIV positivity was low among them. There was an overall stable trend observed among PPTCT and a fluctuating trend among Blood Bank attendees.
- As per 2012 HSS-MSM data, the HIV positivity levels was low (4.02%) MSM. A declining trend was observed.
- As per the 2012 ICTC data, HIV positivity was low among male (2.43%) and female (1.70%) clients. It was also low among referred (1.65%) and direct walk in (4.06%) clients. Positivity levels showed a declining trend at low levels among male and female clients, as well as among referred clients, whereas there was a fluctuating among direct walk-ins.
- As per the HRG size mapping data, the largest HRG in the district was FSW (2,069; 75.95% of total HRGs) followed by MSM (651; 23.90% of total HRGs).
- In 2012, the syphilis positivity rate among STI attendees was 0.22%.
- According to the 2001 census, 4.59% of male population were migrants; among them 17.86% migrated to other states and 20.05% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Mumbai and Mumbai (Suburban), Maharashtra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 72.80% and 35.10%, respectively.
- As per 2012 ICTC data, 82.55% of HIV transmissions in the district were through heterosexual routes and HIV transmissions through parent to child accounted for 5.66% of all HIV transmissions in the area.
- From 2007 onwards, there had been a sharp increase in the number of individuals undergoing HIV testing at ICTCs in the district.

Key Recommendations:

- strengthen TI site exclusively for MSM to provide HIV preventive and referral services.
- Conduct in-depth analysis of ICTC and ART data to understand the profile of these attendees and their spouses, as the parent to child HIV transmission rate was notable.
- Assess the size and profile of migrants to improve understanding of district vulnerabilities, considering that the top two destinations for inter-state migration were to a high HIV prevalent state.
- Strengthen and improve quality of outreach programme for FSWs, as they are the largest HRG in the areas.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities.
- Carryout disaggregated analysis of HSS-MSM data to find out HIV risk factors in the district.

Hugli

District Population: 55,20,389 (6.04% of West Bengal Population); Female Literacy[1]: 76.95%; ANC Utilization[2]: 81.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	0.25		0.25		0.25
	NT[4]	-	-	-	400		400		400
PPTCT	PP	-	-	0.15	0.23	0.10	0.10	0.13	0.12
	NT	-	-	4562	9797	19350	18801	30531	14599
Blood Bank	PP	-	-	0.90	0.47	0.69	0.35	0.28	0.40
	NT	-	-	18607	16295	19761	18383	19922	14598
HSS-STD	PP	-	3.20	2.40	1.71		1.20		-
	NT	-	250	250	234		250		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	5.65	3.63		4.02		-
	NT	-	-	248	248		249		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.72	4.61	3.52	3.05	2.43
	NT	-	-	-	1613	1345	2927	4259	5384
ICTC Female	PP	-	-	-	2.61	2.51	2.31	1.53	1.70
	NT	-	-	-	1265	1676	2467	3868	4753
ICTC Referred	PP	-	-	-	3.03	2.11	2.16	1.86	1.65
	NT	-	-	-	1782	2273	4175	6342	8263
ICTC Direct Walk-in	PP	-	-	-	3.56	7.49	5.74	3.98	4.06
	NT	-	-	-	1096	748	1219	1785	1874
Total tested at ICTCs[5]	NT	-	-	4562	12675	23674	24195	38658	24736

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=212)	82.55	9.43	1.42	0	5.66	0.94

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	2069	651	4
% Total HRG	75.95	23.90	0.15
% Total Pop.	0.04	0.01	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	118687	21200	23793	73694
% of male pop.	4.59	0.82	0.92	2.85
% total migration	100	17.86	20.05	62.09

Top 5 districts for inter-state out-migration

Mumbai, Maharash-tra	Mumbai (Subur-ban), Ma-harashtra	Thane, Maharash-tra	Central Delhi, Delhi	Jaipur, Rajasthan

STI/RTI

	2009	2010	2011	2012
No. episodes treated	3671	11058	14185	10545
% Syphilis positivity	-	-	0.22	0.22

Programme Response

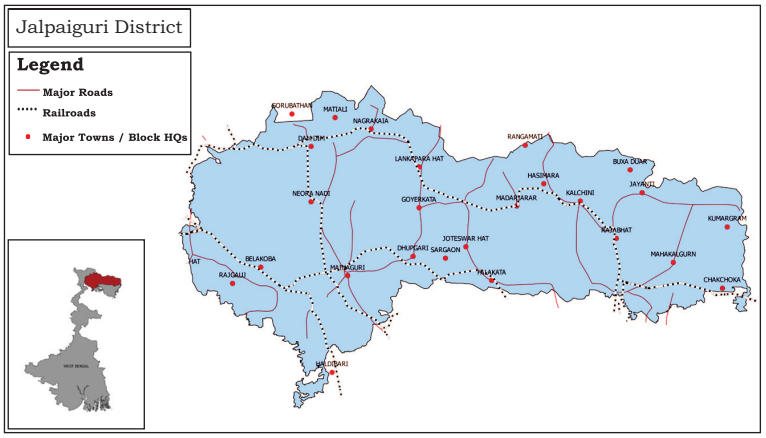
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	2	4	4	2
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	4	8	9	13	13	13
Blood Banks	-	-	-	4	4	4	4	4	4
STI clinics	-	-	-	3	4	4	4	4	4
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	1	1	1	1	1
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	5	23	23	23	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	1	1	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-	-

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

Jalpaiguri

Background:

Jalpaiguri district is located in the northern part of West Bengal. It has international borders with Bhutan and Bangladesh in the north and south respectively, and district borders with Assam and the Darjiling hills in the east, west and north-west. The population of Jalpaiguri is 38.69 lakh, with a sex ratio of 954 females for every 1,000 males, and a female literacy rate of 66.65% with an overall literacy rate of 73.79% (2011 Census). Jalpaiguri is an agrian-based district and the major portion of the population is engaged in agriculture. While, the tea industry is the major industry here, tourism is a new and burgeoning market in the district. Jalpaigur has a great network of roads and railways and there is a good scope for transport in the region. Jalpaigiri has National Highways No. 31 and 30C running through the district. They connect well to the other parts of the state and country.



HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV prevalence was low (0.25%) among the ANC attendees.
- As per the 2012 PPTCT (0.16%) and Blood Bank (0.15%) data, HIV positivity was low among them. There was an overall stable trend observed among PPTCT and a declining trend among Blood Bank attendees.
- Based on the 2010 HSS-FSW data, the positivity level was low (1.24%) among the FSW, with an overall declining trend.
- As per the 2012 ICTC data, HIV positivity was low among male (2.15%) and female (1.45%) clients. It was also low among referred (1.21%) and direct walk in (4.30%) clients. Positivity levels showed a stable trend among male and female clients, as well as among referred clients, but in direct walk-ins an increase in trend was observed.
- As per the HRG size mapping data, the largest HRG in the district was FSW (961; 70.40% of total HRGs) followed by MSM (216; 15.82% of total HRGs) and IDU (188; 13.77% of total HRGs). Among FSWs, the only typology was street-based 100%.
- In 2012 the syphilis positivity rate among STI attendees was 0.25%.
- According to the 2001 census, 4.03% of male population were migrants; among them 14.28% migrated to other states and 16.31% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were East Sikkim and Yamunanagar, Haryana.
- As per 2012 ICTC data, 84.52% of HIV transmissions in the district were through heterosexual routes and HIV transmissions through parent to child accounted for 10.46% of all HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 56.40% and 37.20%, respectively.
- From 2008 onwards, there had been a sharp increase in the number of individuals undergoing HIV testing at ICTCs.
- RRC was established from 2008 onwards for creating awareness about HIV/AIDS in the youth.
- There is only one composite TI site in the district, although there are over 1,300 individuals identified as high risk.

Key Recommendations:

- Establish TIs to accommodate HRGs in the district.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities.
- Conduct in-depth analysis of ICTC data to understand the profile of these attendees.
- Continue HIV prevention strategies to maintain HIV prevalence at low levels in the district.
- Intensify outreach activitieswith awareness campaigns around the district's rail stations, truck halting points, and highways.

Jalpaiguri

District Population: 38,69,675 (4.24% of West Bengal Population); Female Literacy[1]: 66.65%; ANC Utilization[2]: 72.7%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	0.25		-		0.25
	NT[4]	-	-	-	400		-		400
PPTCT	PP	-	-	-	0.03	0.22	0.22	0.17	0.16
	NT	-	-	-	3711	3686	8723	13107	8192
Blood Bank	PP	-	-	0.32	0.32	0.28	0.16	0.12	0.15
	NT	-	-	17757	16736	22135	21295	36370	24752
HSS-STD	PP	-	0.80	2.00	-		-		-
	NT	249	250	250	-		-		-
HSS-FSW	PP	-	8.93	5.20	-		1.24		-
	NT	-	224	250	250		241		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.34	2.19	2.25	2.78	2.15
	NT	-	-	-	2900	3235	6720	6619	6749
ICTC Female	PP	-	-	-	1.80	2.09	2.24	1.74	1.45
	NT	-	-	-	1448	1435	4065	5803	6473
ICTC Referred	PP	-	-	-	1.45	2.54	2.51	1.99	1.21
	NT	-	-	-	2069	551	6506	9061	10665
ICTC Direct Walk-in	PP	-	-	-	2.81	2.11	1.85	3.12	4.30
	NT	-	-	-	2279	4119	4279	3361	2557
Total tested at ICTCs[5]	NT	-	-	-	8059	10283	19508	25529	21414

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=239)	84.52	2.93	1.26	0.42	10.46	0.42

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	961	216	188
% Total HRG	70.40	15.82	13.77
% Total Pop.	0.02	0.01	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-100%	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	30	-	-
% Married	10	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	70637	10084	11523	49030
% of male pop.	4.03	0.58	0.66	2.80
% total migration	100	14.28	16.31	69.41

Top 5 districts for inter-state out-migration

East Sikkim	Yamu-nanagar, Haryana	Kamrup, Assam	Pune, Maharash-tra	Jaipur, Rajasthan

STI/RTI

	2009	2010	2011	2012
No. episodes treated	4239	6574	8786	8425
% Syphilis positivity	-	-	0.15	0.25

Programme Response

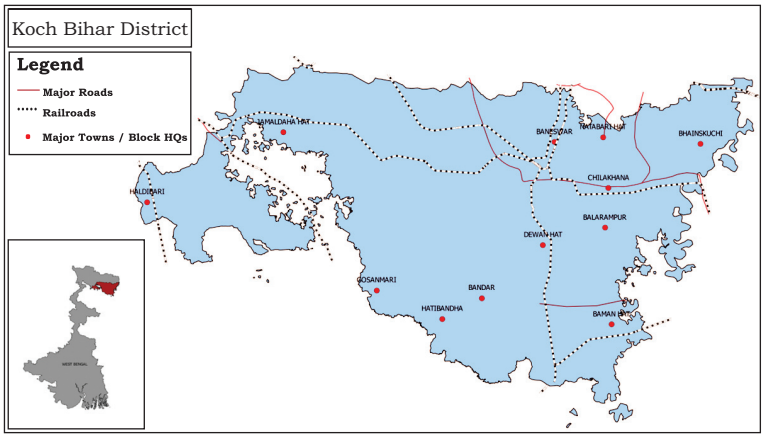
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	1	1	1	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	2	-	-	-
Comp. TIs	-	-	-	-	-	-	-	1	1
ICTCs	-	-	-	-	6	6	11	13	13
Blood Banks	-	-	-	3	4	4	4	4	4
STI clinics	-	-	-	1	2	2	2	2	2
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	3	3
PLHIV Networks	-	-	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	12	24	24	24	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	3636	4412	5415

* 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.

Koch Bihar

Background:

Koch Bihar is located in the north-eatern part of West Bengal. It is bounded by Jalpaiguri in the north and the state of Assam in the east and the international Indo-Bangladesh border in the south as well as well in the west. Koch Bihar has a population of 28.22 lakh, and a sex ratio of 942 females for every 1,000 males, and a female literacy rate is 69.08%, with an overall literacy rate of 75.49%, (2011 Census). There are several tourist and historical sites within the district, though it is agriculture that is the mainstay of the economy in Koch Bihar. The district boasts of good rail and road networks and National Highway 31 connects the district within the district as well as outside.



HIV Epidemic Profile:

- Based on the 2008 HSS-ANC data, HIV prevalence was moderate (0.55%) among the ANC attendees.
- As per the 2012 PPTCT (0.11%) and Blood Bank (0.10%) data, HIV positivity was low. A stable trend was observed among both PPTCT and Blood Bank attendees.
- As per the 2012 ICTC data, HIV positivity was low among male (1.97%) and female (1.63%) clients. It was also low among referred (2.55%) and direct walk in (1.04%) clients. Positivity levels showed a declining trend among male and female clients. There was a declining trend among referred clients; where as direct walk-ins experienced a fluctuating trend at low levels.
- As per the HRG size mapping data, the largest HRG in the district was FSW (1,074; 83.39% of total HRGs) followed by MSM (167; 12.97% of total HRGs).
- According to the 2001 census, 4.59% of male population were migrants; among them 24.56% migrated to other states and 31.08% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Jaipur, Rajasthan and Kamrup, Assam.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 37.40% and 24.20%, respectively.
- As per 2012 ICTC data, 87.06% of HIV transmissions in the district were through heterosexual routes, while 5.29% of HIV transmissions were through homosexual routes and 5.88% of the areas HIV infections were through parent to child.
- In 2012, there were nine ICTCs and 12,827 clients tested for HIV in the district.
- RRC was established from 2008 onwards for creating awareness about HIV/AIDS in the youth.

Key Recommendations:

- Conduct socio-demographic analysis of HSS-ANC attendees to ascertain risk factors for HIV epidemic among general population.
- Carryout disaggregated analysis of HSS-MSM data to find out HIV risk factors in the district, as transmissions through homosexual routes were notable.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities.
- Increase availability of typology data for HRGs to improve analysis of risk factors.
- Strengthen IEC programme for creating STI awareness in the district among general population, especially women.
- Strengthen positive prevention and PPTCT programmes in the district.
- Conduct in-depth analysis of ICTC datato understand the profile of these attendees.

Koch Bihar

District Population: 28,22,780 (3.09% of West Bengal Population); Female Literacy[1]: 69.08%; ANC Utilization[2]: 55.6%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.26	0	0.25	0.55		-		-
	NT[4]	391	400	400	366		-		-
PPTCT	PP	-	-	-	0.04	0.16	0.07	0.18	0.11
	NT	-	-	-	2649	4414	4073	8135	3594
Blood Bank	PP	0.18	0.12	0.09	0.07	0.04	0.10	0.06	0.10
	NT	6491	8167	14999	16330	13985	16738	18248	9340
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.51	4.45	3.04	2.42	1.97
	NT	-	-	-	1594	1462	1873	3555	5743
ICTC Female	PP	-	-	-	3.19	5.07	2.29	1.58	1.63
	NT	-	-	-	941	967	1528	3107	3490
ICTC Referred	PP	-	-	-	4.92	4.75	2.10	1.46	2.55
	NT	-	-	-	995	1220	2097	4167	4903
ICTC Direct Walk-in	PP	-	-	-	1.36	4.63	3.68	2.97	1.04
	NT	-	-	-	1540	1209	1304	2495	4330
Total tested at ICTCs[5]	NT	-	-	1631	5184	7797	7474	14797	12827

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=170)	87.06	5.29	0	0	5.88	1.76

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1074	167	47
% Total HRG	83.39	12.97	3.65
% Total Pop.	0.04	0.01	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	58399	14345	18148	25906
% of male pop.	4.59	1.13	1.43	2.04
% total migration	100	24.56	31.08	44.36

Top 5 districts for inter-state out-migration

Jaipur, Rajasthan	Kamrup, Assam	Ghaziabad, Uttar Pradesh	Bikaner, Rajasthan	Jhajjar, Haryana

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	-	-	-
% Syphilis positivity	-	-	-	-

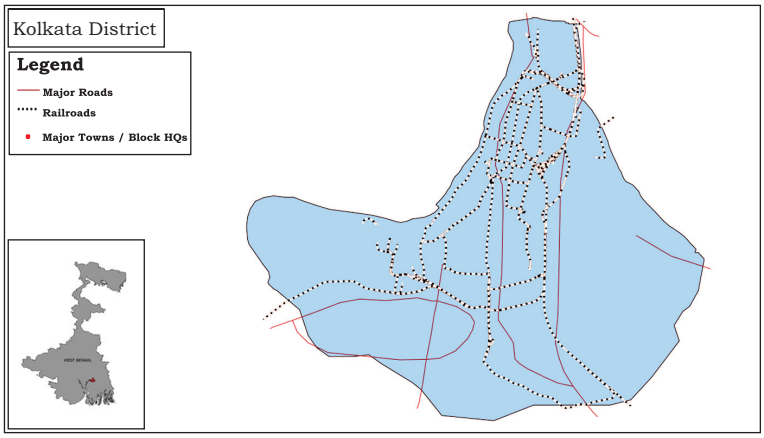
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	1	2	2	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	1	-
ICTCs	-	-	-	2	6	6	8	9	9
Blood Banks	-	-	-	3	3	3	3	3	3
STI clinics	-	-	-	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1	1
PLHIV Networks	-	-	-	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	7	9	9	9	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-	-

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

Kolkata

Background:



Kolkata is an administrative district of West Bengal. It contains the center part of the city of Kolkata. It has a population of 44.86 lakh, with a sex ratio of 899 females for every 1,000 males, and a female literacy rate of 84.98%, with an overall literacy rate of 87.14% (2011 Census). Kolkata district is bordered by Howrah, North 24 Parganas and South 24 Parganas district. Kolkata is the main business, commercial and financial hub of eastern India and the main port of communication for the North-East Indian states. Kolkata is home to a major port, an international airport and many nationally and internationally reputed colleges and institutions aimed at supplying a highly skilled work force. Kolkata has been nicknamed the "City of Palaces" because of numerous palatial mansions built all over the city, which also attracts a lot of tourists. National Highways that passes through Kolkata are NH-6, NH-2, NH-32 and NH-117.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV positivity was low (0.13%) among the ANC attendees, with an overall declining trend.
- As per the 2012 PPTCT (0.16%) and Blood Bank (0.33%) data, HIV positivity was low among the attendees. There was a declining to stable trend observed among PPTCT clients and a declining trend among Blood Bank attendees.
- Based on the 2010 HSS-FSW data, the positivity level was low (1.60%) among the female sex workers, with a stable trend till 2008, and a sudden drop from moderate to low HIV positivity level was observed in 2010.
- As per 2010 HSS-MSM data, the HIV positivity level was moderate (9.60%) among the MSM and a rising trend was observed among them in the district.
- According to 2010 HSS-IDU data, HIV positivity was moderate (7.08%) among the IDUs, with a rising trend.
- As per the 2011 ICTC data, HIV positivity was low among male (3.48%) and female (2.49%) clients. It was also low among referred (2.32%) but moderate among direct walk in (5.39%) clients. Positivity levels showed a declining trend among all ICTC clients.
- As per the HRG size mapping data, the largest HRG in the district was FSW (19,830; 56.87% of total HRGs) followed by MSM (10,625; 30.47% of total HRGs) and IDU (4,416; 12.66%) of the HRG.
- In 2012, the syphilis positivity rate among STI attendees was 0.83%.
- According to the 2001 census, 9.19% of males were migrants; among them 44.84% migrated to other states and 55.16% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Mumbai (Suburban) and Thane, Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 82.50% and 48.70%, respectively.

Key Recommendations:

- There is a need for an increase in the number of targeted intervention (TI) sites in the district, the current number of TI sites is not enough to deal with the large number of HRGs in the area.
- Carryout disaggregated analysis of HSS-MSM and HSS-IDU data to assess for risk factors of HIV epidemic among MSM and IDUs, respectively.
- Though HIV prevalence has declined from high to moderate levels among both HSS-ANC and ICTC attendees, district needs continued attention to decrease and limit the spread of the infection further.
- Availability of typology data would help to analyze risk factors.
- 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 districts, and also better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.

Kolkata

District Population: 44,86,679 (4.91% of West Bengal Population); Female Literacy[1]: 84.98%; ANC Utilization[2]: 91.3%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	2.25	1.76	0.75	0		0.38		0.13
	NT[4]	400	398	800	762		800		800
PPTCT	PP	-	-	2.15	0.14	0.17	0.19	0.18	0.16
	NT	-	-	61632	66636	74710	62144	87067	37222
Blood Bank	PP	-	-	0.63	0.64	0.49	0.37	0.40	0.33
	NT	-	-	411480	354366	446294	447798	471621	423890
HSS-STD	PP	4.01	2.75	2.52	11.17		10.57		-
	NT	449	473	436	188		246		-
HSS-FSW	PP	6.67	7.60	5.20	8.80		1.60		-
	NT	465	250	250	250		250		-
HSS-MSM	PP	-	8.40	6.40	8.76		9.60		-
	NT	-	250	250	251		250		-
HSS-IDU	PP	2.80	5.20	6.80	7.79		7.08		-
	NT	250	250	250	231		240		-
ICTC Male	PP	-	-	-	6.71	6.52	5.42	4.19	3.48
	NT	-	-	-	24906	19622	30452	49069	55274
ICTC Female	PP	-	-	-	6.61	5.01	4.03	2.87	2.49
	NT	-	-	-	14716	14764	23038	36367	43847
ICTC Referred	PP	-	-	-	5.82	4.94	3.79	2.70	2.32
	NT	-	-	-	26466	25497	41997	66130	75892
ICTC Direct Walk-in	PP	-	-	-	8.38	8.55	8.59	6.82	5.39
	NT	-	-	-	13156	8889	11493	19306	23229
Total tested at ICTCs[5]	NT	-	-	61632	106258	125455	115634	172503	136343

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(21985)	34	9.83	-	55.62	13.16
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=3015)	88.16	2.99	2.12	0.80	5.11	0.83

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	19830	10625	4416
% Total HRG	56.87	30.47	12.66
% Total Pop.	0.44	0.24	0.10
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	36.36	67.41	13.58
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	230348	103287	127061	0
% of male pop.	9.19	4.12	5.07	0
% total migration	100	44.84	55.16	0

Top 5 districts for inter-state out-migration

Mumbai (Suburban), Maharashtra	Thane, Maharashtra	Bangalore, Karnataka	Mumbai, Maharashtra	South Delhi, Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	72345	67771	82829	92424
% Syphilis positivity	-	-	1.21	0.83

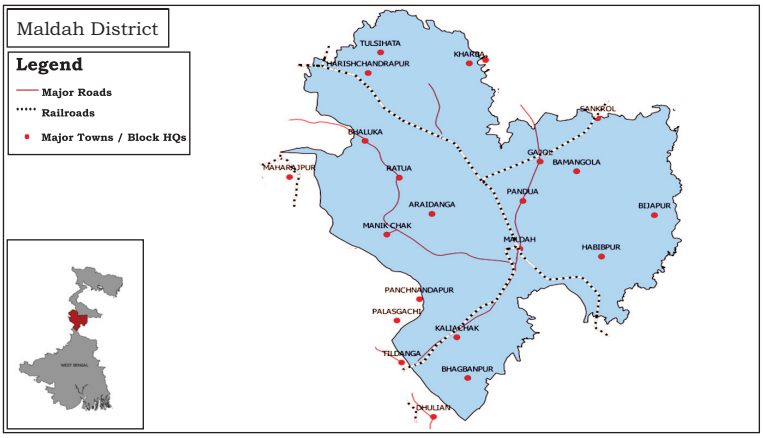
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	6	5	4	3
MSM TIs	-	-	-	-	-	3	2	2	-
IDU TIs	-	-	-	-	-	1	1	1	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	15	23	24	21	23	23
Blood Banks	-	-	-	30	32	32	32	34	35
STI clinics	-	-	-	5	6	6	7	7	7
ART centres	-	1	1	1	1	3	3	3	3
Link ART centres	-	-	-	-	-	-	1	1	1
PLHIV Networks	1	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	12	24	24	19	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	2	2	2	2	2	2	2	1
Condom outlets	-	-	-	-	-	-	1982	6410	2688

* 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.

Maldah

Background:



Maldah district is located in the northern part of West Bengal and is comprised within the Jalpaiguri division. Maldah is surrounded by Murshidabad to the south, and South Dinajpur North Dinajpur and to the north. To the east is the international border with Bangladesh. To the west is Santhal Parganas of Jharkhand and Purnea of Bihar. The population of Maldah is 39.97 lakh, with a sex ratio of 939 females to every 1,000 males and the female literacy rate is 57.84%, with an overall literacy rate of 62.71% (2011 Census). Maldah ranks as one of the most under developed district in West Bengal and in 2006, the Ministry of Panchayati Raj named Malda one of the country's 250 most backward districts. The economy of Maldah is mainly agrian; it is also largely dependant upon raw-silk yarn production. Maldah is well connected to other areas in the region by way of rail lines and roadways; National Highway 31 passes through the district.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV positivity was low among the ANC attendees,.
- As per the 2012 PPTCT (0.08%) and Blood Bank (0.16%) data, HIV positivity was low. There was a stable trend seen among PPTCT clients and an overall declining trend among Blood Bank attendees.
- As per the 2012 ICTC data, HIV positivity was low among male (1.63%) and female (2.26%) clients. It was also low among referred (1.35%) and direct walk in (3.46%) clients. Positivity levels showed an overall declining trend among ICTC attendees.
- As per the HRG size mapping data, the largest HRG in the district was FSWs (194; 86.22% of total HRGs).
- In 2012, the syphilis positivity rate among STI attendees was low.
- According to the 2001 census, 4.57% of male population were migrants; among them 17.61% migrated to other states and 18.95% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South and East Delhi.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 20.80% and 24.30%, respectively.
- As per 2012 ICTC data, 77.71% of HIV transmissions in the district were through heterosexual routes andHIV transmissions through parent to child accounted for 10.86%, while 7.35% of the district's HIV infections were unknown.
- From 2007 onwards, there had been an increase in the number of individuals undergoing HIV testing at the district's ICTCs.

Key Recommendations:

- Assess the size and profile of migrants to further improve understanding of district vulnerabilities.
- Conduct in-depth analysis of ICTC data to understand the profile of these attendees, as the parent to child transmission rate was notable.
- Strengthen positive prevention and PPTCT programmes in the district.
- Improve screening practices of blood at medical facilities to ensure the blood is not infected, as well improve analysis of risk factors to better understand the district's vulnerabilities.
- Intensify HIV preventive measures through awareness campaigns on HIV and STI awareness and sexual risk reduction messages especially for women and out-migrants

Maldah

District Population: 39,97,970 (4.38% of West Bengal Population); Female Literacy[1]: 57.84%; ANC Utilization[2]: 58.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.25	0	0	0.25		-		0
	NT[4]	400	400	400	399		-		400
PPTCT	PP	-	-	0.25	0.11	0.20	0.12	0.10	0.08
	NT	-	-	1218	1902	2463	5211	8680	4747
Blood Bank	PP	-	-	0.37	0.29	0.08	0.15	0.12	0.16
	NT	-	-	14476	12964	11765	15688	16475	11535
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	6.49	8.04	3.40	2.31	1.63
	NT	-	-	-	770	709	2944	4857	6082
ICTC Female	PP	-	-	-	4.62	7.97	3.84	2.41	2.26
	NT	-	-	-	650	414	1771	2615	3369
ICTC Referred	PP	-	-	-	5.19	7.55	2.90	2.01	1.35
	NT	-	-	-	1155	888	3454	5418	7199
ICTC Direct Walk-in	PP	-	-	-	7.55	9.79	5.39	3.21	3.46
	NT	-	-	-	265	235	1261	2054	2252
Total tested at ICTCs[5]	NT	-	-	1218	3322	4292	9926	16152	14198

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=175)	77.71	1.71	1.71	0.57	10.86	7.43

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	194	29	2
% Total HRG	86.22	12.89	0.89
% Total Pop.	0	0	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	77143	13587	14618	48938
% of male pop.	4.57	0.80	0.87	2.90
% total migration	100	17.61	18.95	63.44

Top 5 districts for inter-state out-migration

South Delhi	East Delhi	Katihar, Bihar	Sahibganj, Jharkhand	Mumbai (Suburban), Maharashtra

STI/RTI

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

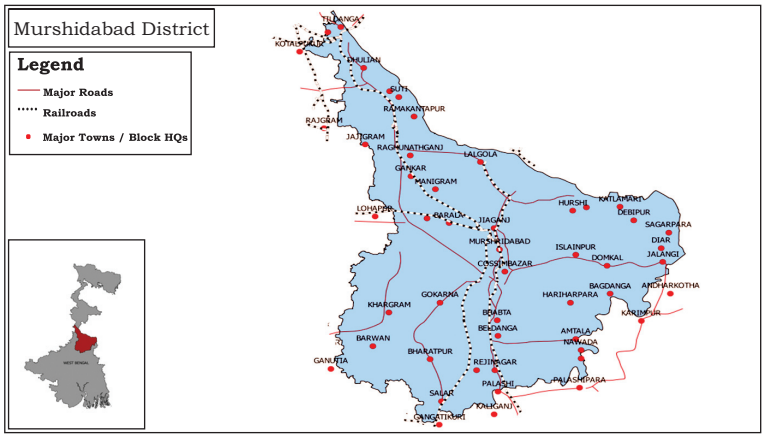
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	2	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	2	2	2	13	13	13
Blood Banks	-	-	-	1	1	1	1	1	1
STI clinics	-	-	-	1	1	1	1	1	1
ART centres	-	-	-	-	-	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	9	16	16	16	-
Comm. care centres	-	-	-	-	-	-	-	1	1
Drop-in-centres	-	-	-	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	2039	2983	3983

* 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.

Murshidabad

Background:



Murshidabad is situated on the left bank of the river Ganges in West Bengal. Murshidabad is a densely populated district and the ninth most populous in India. The district has a population of 71.02 lakh, with a sex ratio of 957 females for every 1,000 males, and a female literacy rate is 63.88% with an overall literacy rate of 67.53% (2011 Census). Murshidabad borders Malda district to the north, Jharkhand's Sahebganj and Pakur district to the north-west, Birbhum to the west, Bardhaman to the southwest and Nadia district due south. The international border with Bangladesh's Rajshahi division is on the east. The majority of the people in Murshidabad depend on agriculture for their livelihood, however, Murshibabad the district is a large manufacturer of bidi and most of the women in the district are involved in manufacturing bidi. The district also has several large-scale industries that attract migrants to the district for employment. Murshibabad is well connected to the rest of the state by way of National Highway 34, as well as rail lines and state roadways.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV positivity was low among the ANC attendees.
- As per the 2012 PPTCT (0.02%) and Blood Bank (0.04%) data, HIV positivity was low. There was an overall stable trend observed among PPTCT and Blood Bank attendees.
- Based on the 2010 HSS-FSW data, the HIV positivity level was low (0.44%) among FSW, with a declining trend at low levels.
- According to the 2010 HSS-IDU data, HIV prevalence was low (0.81%) among IDUs.
- As per the 2012 ICTC data, HIV positivity was low among male (0.90%%) and female (1.06%) clients. It was also low among referred (0.76 %) and direct walk in (1.66%) clients. Positivity levels showed a declining trend at low levels among all ICTC attendees.
- As per the HRG size mapping data, the largest HRG in the district was IDU (676: 70.05% of total HRGs), followed by FSWs (215; 22.28% of total HRGs).
- In 2012, the syphilis positivity rate among STI attendees was 0.79%.
- According to the 2001 census, 3.59% of males were migrants; among them 11.04% migrated to other states and 35.94% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were East Delhi and Mumbai (Suburban), Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 40.20% and 33.40%, respectively.
- As per 2012 ICTC data, 91.67% of HIV transmissions in the district were through heterosexual routes, while HIV infections through parent to child accounted for 5.77% of all HIV transmissions in the area.
- From 2007 onwards, there had been a sharp increase in the number of individuals undergoing HIV testing at these ICTCs.
- Red ribbon club was established from 2008 onwards for creating awareness about HIV/AIDS in the youth.

Key Recommendations:

- Conduct in-depth analysis of ICTC data to understand the profile of these attendees.
- Strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands, considering the three of the top five destinations for inter-state out-migration were located in a high HIV prevalent state.
- Compile and analyze the 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.

Murshidabad

District Population: 71,02,430 (7.78% of West Bengal Population); Female Literacy[1]: 63.88%; ANC Utilization[2]: 63%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		0.25		0
	NT[4]	-	-	-	377		400		400
PPTCT	PP	-	-	0.11	0.04	0.05	0.04	0.02	0.05
	NT	-	-	2528	4874	3742	11541	18557	16513
Blood Bank	PP	-	0.01	0.02	0.08	0.11	0.06	0.07	0.04
	NT	-	8272	8988	9879	19852	21682	20098	17902
HSS-STD	PP	4.80	4.80	5.20	4.90		6.00		-
	NT	250	250	250	245		250		-
HSS-FSW	PP	-	2.00	1.20	1.20		0.44		-
	NT	-	250	250	249		225		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	0.81	0.80	2.40	-		0.81		-
	NT	248	250	250	-		495		-
ICTC Male	PP	-	-	-	2.18	2.17	1.61	1.38	0.90
	NT	-	-	-	2297	1705	4341	6469	9319
ICTC Female	PP	-	-	-	2.93	2.28	1.56	1.57	1.06
	NT	-	-	-	1059	1138	3212	4576	6818
ICTC Referred	PP	-	-	-	2.90	2.60	1.62	1.42	0.76
	NT	-	-	-	1997	1652	4888	7026	12404
ICTC Direct Walk-in	PP	-	-	-	1.69	1.68	1.54	1.52	1.66
	NT	-	-	-	1359	1191	2665	4019	3733
Total tested at ICTCs[5]	NT	-	-	2528	8230	7876	19094	29602	32650

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=156)	91.67	1.92	0	0	5.77	0.64

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	215	74	676
% Total HRG	22.28	7.67	70.05
% Total Pop.	0	0	0.01
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-13.89%; Brothel based-46.11%; Street based-40%	Kothi-37.04 %; Panthi-NA; Double decker-59.26 %	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	29.63	7.86
% Married	10	62.22	95.00

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	107765	11902	38733	57130
% of male pop.	3.59	0.40	1.29	1.90
% total migration	100	11.04	35.94	53.01

Top 5 districts for inter-state out-migration

East Delhi	Mumbai (Suburban), Maharashtra	Thane, Maharashtra	Mumbai, Maharashtra	Pakaur, Jharkhand

STI/RTI

	2009	2010	2011	2012
No. episodes treated	4940	6915	5182	2712
% Syphilis positivity	-	-	0.34	0.79

Programme Response

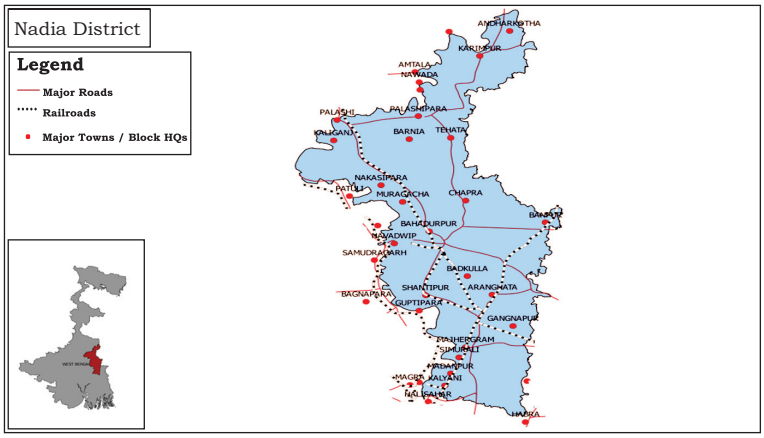
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	1	1	-	-
MSM TIs	-	-	-	-	-	-	-	1	-
IDU TIs	-	-	-	-	-	2	2	2	1
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	4	7	6	18	18	18
Blood Banks	-	-	-	4	4	4	4	4	4
STI clinics	-	-	-	2	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	1	1	1	1
PLHIV Networks	-	-	-	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	20	45	45	45	-
Comm. care centres	-	-	-	-	-	1	1	1	1
Drop-in-centres	-	-	-	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	4544	6420	7723

* 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.

Nadia

Background:

Nadia is a prominent district located in West Bengal. The population in Nadia is 51.68 lakh, with a sex ratio of 947 females for every 1,000 males; the female literacy rate is 71.35% with an overall literacy rate of 75.58%. Nadia borders with Bangladesh to the east, North 24 Parganas and Hooghly to the south, Bardhaman to the west, and Murshidabad district to the north. Agriculture and agro-industries form the background of the district's economy along with tourism. There are multiple touristi and pilgrimage sites located in Nadia that attract tourists and pilgrims to the district each year. Nadia is easily accessable and is well connected to the rest of the country with its large network of road ways and railways; National Highway 34 passes through the district.



HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV positivity was low (0.63%) among the ANC attendees.
- As per the 2012 PPTCT (0.08%) and Blood Bank (0.02%) data, HIV positivity was low. There was an overall stable trend observed among PPTCT and Blood Bank attendees.
- As per 2010 HSS-MSM data, the HIV positivity levels were moderate (3.20%) among MSM. A trend could not be determined due to lack of consecutive data points.
- As per the 2012 ICTC data, HIV positivity was low among male (1.46%) and female (1.72%) clients. It was also low among referred (1.27%) and direct walk in (2.63%) clients. Positivity levels showed a stable trend among all the ICTC attendees.
- As per the HRG size mapping data, the largest HRG in the district was FSW (711; 48.47% of total HRGs) followed by MSM (655; 44.65% of total HRGs) and IDUs (101; 6.88% of total HRGs). Among FSWs the major typologies were 55% were brothel-based and 40.67% were street-based.
- In 2012, the syphilis positivity rate among STI attendees was 2.26 %.
- According to the 2001 census, 5.46% of male population were migrants; among them 24.72% migrated to other states and 26.14% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Ludhiana, Punjab and Faridabah, Haryana.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 60.70% and 55.90%, respectively.
- As per 2012 ICTC data, 91.11% of HIV transmissions in the district were through heterosexual routes, while homosexual routes of transmissions accounted for 3.70% of all HIV transmissions in the area.
- In 2012, there were fifteen ICTCs and 19,463 clients were tested for HIV in the district.

Key Recommendations:

- Carryout disaggregated analysis of HSS-MSM data to find out HIV risk factors in the district.
- Further analysze ICTC and PPTCT data to gain a better understanding of the dynamics of HIV transmission.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities.
- Focus on sub-groups like brothel and street-based FSWs, as they were the largest typology in the district.
- Focus outreach efforts towards migrants at source and transit sites, as the large number of inter-state migration could be a driver of the HIV epidemic in the state.

Nadia

District Population: 51,68,488 (5.66% of West Bengal Population); Female Literacy[1]: 71.35%; ANC Utilization[2]: 76.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		0		0.63
	NT[4]	-	-	-	0		797		800
PPTCT	PP	-	-	0.80	0.08	0.10	0.06	0.08	0.02
	NT	-	-	4646	11262	13909	12715	21598	10807
Blood Bank	PP	-	-	0.22	0.18	0.20	0.26	0.20	0.34
	NT	-	-	16180	14122	18402	19370	15323	16848
HSS-STD	PP	0.93	0.80	-	0.86		2.00		-
	NT	215	250	249	232		250		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		3.20		-
	NT	-	-	-	-		250		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.30	1.79	2.37	1.88	1.46
	NT	-	-	-	2908	2514	4391	5163	5278
ICTC Female	PP	-	-	-	3.84	3.77	2.95	2.05	1.72
	NT	-	-	-	964	901	1968	2681	3378
ICTC Referred	PP	-	-	-	3.39	2.76	2.15	1.83	1.27
	NT	-	-	-	1650	1559	4177	5407	6794
ICTC Direct Walk-in	PP	-	-	-	2.16	1.94	3.30	2.17	2.63
	NT	-	-	-	2222	1856	2182	2437	1862
Total tested at ICTCs[5]	NT	-	-	4646	15134	18282	19074	29442	19463

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=135)	91.11	3.70	0.74	0.74	2.96	0.74

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	711	655	101
% Total HRG	48.47	44.65	6.88
% Total Pop.	0.01	0.01	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-4.33%; Brothel based-55%; Street based-40.67%	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	25.33	-	-
% Married	27.00	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	129031	31899	33729	63403
% of male pop.	5.46	1.35	1.43	2.68
% total migration	100	24.72	26.14	49.14

Top 5 districts for inter-state out-migration

Ludhiana, Punjab	Faridabad, Haryana	Chan-digarh, Chandi-garh	Solan, Himachal Pradesh	Mumbai (Suburban), Maha-rashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	817	4711	8109	6391
% Syphilis positivity	-	-	0.08	2.26

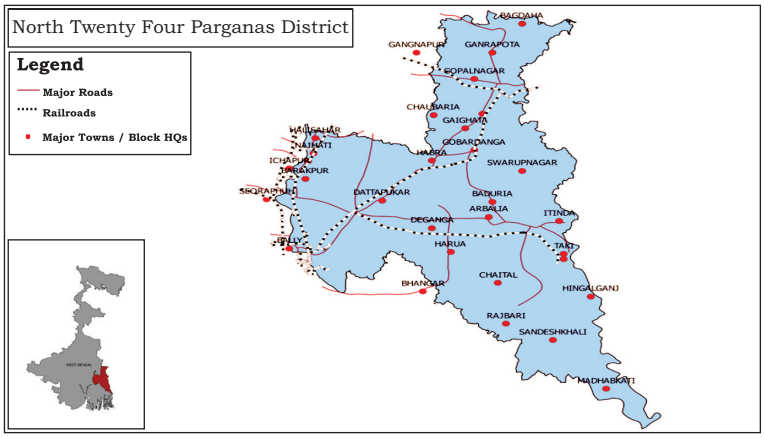
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	1
MSM TIs	-	-	-	-	-	1	1	1	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	3	8	8	15	15	15
Blood Banks	-	-	5	4	4	4	4	4	4
STI clinics	-	-	-	2	2	2	2	2	2
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	1	1	1	1
PLHIV Networks	-	-	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	10	30	30	24	-
Comm. care centres	-	-	-	-	-	1	1	1	1
Drop-in-centres	-	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-	-

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

North Twenty Four Parganas

Background:



North Twenty-Four Parganas is located in the southern area of West Bengal and is the state's most populous district. It is also the tenth-largest district in the state by area and second-most populated district in the country, after Thane district of Maharashtra. North Twenty-Four Parganas has a population of over 1crore, with a sex ratio of 949 females for every 1,000 males and a female literacy rate of 81.05% with an overall literacy rate of 84.95% (2011 Census). It is bordered to Nadia by north, to Bangladesh (Khulna Division) by north and east, to South 24 Parganas and Kolkata by south and to Kolkata, Howrah and Hoogly by west. The district is severely arsenic affected in the state, along with 9 others and is also a severely affected by poverty. North Twenty-Four Parganas is one of the economically backward districts of West Bengal with an agriculture based economy. National Highways 34 and 35 passes through the district connecting to other towns and Kolkata.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV positivity was low among the ANC attendees.
- As per the 2012 PPTCT (0.12%) and Blood Bank (0.22%) data, HIV prevalence was low. There was an overall stable trend observed among PPTCT and Blood Bank attendees.
- Based on the 2010 HSS-FSW data, the positivity level was low (1.20%). A rising trend for the previous three years and a noticeable decrease in 2010.
- As per the 2012 ICTC data, HIV positivity was low among male (1.66%) and female (1.75%) clients. It was also low among referred (1.37%) and direct walk in (3.43%) clients. Positivity levels showed a stable trend among all the ICTC attendees.
- As per the HRG size mapping data, the largest HRG in the district was FSW (2,803; 50.46% of total HRGs), followed by MSM (2,277; 40.99% of total HRGs) and IDU (475; 8.55% of total HRGs).
- In 2012, the syphilis positivity rate among STI attendees was 0.30%.
- According to the 2001 census, 3.55% of male population were migrants; among them 10.20% migrated to other states and 16.30% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Mumbai (Suburban), Maharashtra and Andamans, Andaman and Nicobar Islands.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 67% and 54.80%, respectively.
- As per 2012 ICTC data, 92% of HIV transmissions in the district were through heterosexual routes and HIV infections through homosexual routes accounted for 1.54% and through parent to child 4% of all HIV transmissions in the area.
- From 2007 onwards, there had been a sharp increase in the number of ICTCs in operation in the district, as well as the number of individuals undergoing HIV testing at these sites.
- In 2012, there were two FSW-TI sites operational in the district.

Key Recommendations:

- Strengthen the number of MSM-TIs in the district and initiate a TI site exclusively for IDUs.
- Carryout disaggregated analysis of HSS-MSM data to find out HIV risk factors in the district.
- Assess the size and profile of FSW's client population including migrants and truckers, to better understand district vulnerabilities.
- Increase availability of typology data for FSWs to improve analysis of risk factors and better understand the district's vulnerabilities.
- Focus outreach efforts towards migrants at source and transit sites as the several of the top five inter-state migration destinations were located in a high HIV prevalent state and could be a driver of the HIV epidemic in the state.

North Twenty Four Parganas

District Population: 1,00,82,852 (11.04% of West Bengal Population); Female Literacy[1]: 81.05%; ANC Utilization[2]: 85.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0.25	0	0.51		0		0
	NT[4]	-	400	400	392		400		400
PPTCT	PP	-	-	0.11	0.08	0.11	0.15	0.12	0.12
	NT	-	-	3487	3830	1785	27515	34602	17488
Blood Bank	PP	-	-	0.33	0.26	0.22	0.28	0.27	0.22
	NT	-	-	25201	23044	31617	32329	31175	31381
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	3.23	4.84	9.83		1.20		-
	NT	-	248	248	234		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.68	2.42	2.31	2.03	1.66
	NT	-	-	-	5638	4259	7735	11957	11786
ICTC Female	PP	-	-	-	3.49	3.62	2.05	1.82	1.75
	NT	-	-	-	1776	2373	5014	7399	7360
ICTC Referred	PP	-	-	-	1.82	2.64	1.88	1.73	1.37
	NT	-	-	-	4716	4742	10204	15003	16147
ICTC Direct Walk-in	PP	-	-	-	2.63	3.39	3.54	2.73	3.43
	NT	-	-	-	2698	1890	2545	4353	2999
Total tested at ICTCs[5]	NT	-	-	3487	11244	10165	40264	53958	36634

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=325)	92.00	1.54	1.54	0	4.00	0.92

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	2803	2277	475
% Total HRG	50.46	40.99	8.55
% Total Pop.	0.03	0.02	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	164349	16768	26793	120788
% of male pop.	3.55	0.36	0.58	2.61
% total migration	100	10.20	16.30	73.49

Top 5 districts for inter-state out-migration

Mumbai (Suburban), Maharashtra	Andamans, Andaman & Nicobar Islands	South Delhi, Delhi	Thane, Maharashtra	Mumbai, Maharashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	9364	14225	15047	10434
% Syphilis positivity	-	-	0.16	0.30

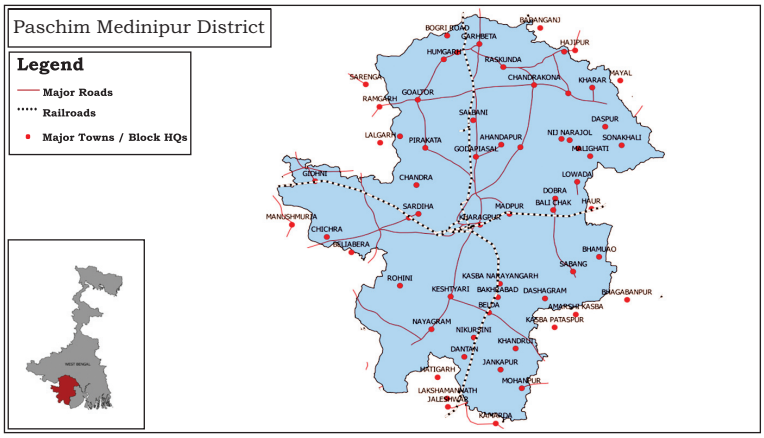
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	2	4	4	2
MSM TIs	-	-	-	-	-	1	1	2	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	5	8	12	22	22	22
Blood Banks	-	-	-	7	7	6	6	6	6
STI clinics	-	-	-	3	3	3	2	2	2
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	1	1	1	1	1
PLHIV Networks	-	-	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	10	24	24	24	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	1	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	4006	7015	7107

* 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.

Paschim Medinipur

Background:



Paschim Medinipur was formed on January 1st, 2002 in the south-western part West Bengal after the partition of Midnapore into Paschim Medinipur and Purba Medinipur. Paschim has a population of 59.43 lakh, with a sex ratio of 960 females for every 1,000 males. The female literacy rate in the district is 71.11%, with an overall literacy rate of 79.04% (2011 Census). Bankura surrounds Pashcim Medinipur to the north, the state of Jharkhand to the west, Hugli to the north-east and Orissa to the west and Purba Medinipur lies to the east of Paschim Medinipur. There are numerous historical sites as well as eco-tourism in the district, although the economy of Paschim Medinipur is largely agrarian. In 2006, the Ministry of Panchayati Raj named Paschim Medinipur one of the country's 250 most backward districts. It is one of the eleven districts in West Bengal currently receiving funds from the Backward Regions Grant Fund Programme. Paschim Medinipur has railways and National Highway 6 and 60 that pass through the district and help in connecting the to various parts of the district and the state.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low (0.13%) among the ANC attendees, with a stable trend.
- As per 2012 PPTCT (0.08%) and Blood Bank (0.23%) data, HIV prevalence was low among the attendees. A stable trend was observed among both PPTCT and blood bank attendees.
- As per 2012 ICTC data, HIV positivity was low among male (2.68%) and female (2.66%) clients. It was also low among referred (1.84%) clients, while direct walk-ins was moderate (5.30%). and an overall declining trend was observed among all the ICTC clients.
- As per the HRG size mapping data, the largest HRG in the district was FSW (424; 56.84% of total HRGs), followed by MSM (192; 25.74% of total HRGs) and IDU (135: 17.43% of total HRGs).
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 48.7% and 27.4%, respectively.
- In 2012, HIV infections through parent to child route accounted for 7.02% of all the HIV transmissions in the district.
- Even though there was presence of HRGs in the district, there was no TI site functional in 2012.
- In 2012,14 ICTCs were operational, which tested a total of 19,856 clients for HIV in the district.

Key Recommendations:

- Establish TI sites in the district to provide HIV preventive and referral services.
- Though HIV prevalence has declined among ICTC attendees, district needs continued attention to decrease and limit the spread of the infection further.
- Assess the size and profile of FSW's client population, including migrants and truckers, to understand district vulnerabilities.
- Strengthen PPTCT program coverage in the district as parent to child HIV transmission was high.
- Increase availability of data regarding profile and pattern of migration to gain better insight to district HIV vulnerabilities.

Paschim Medinipur

District Population: 59,43,300 (6.51% of West Bengal Population); Female Literacy[1]: 71.11%; ANC Utilization[2]: 48%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	0.13		0.13		0.13
	NT[4]	-	400	-	798		797		800
PPTCT	PP	-	-	*	0.14	0.20	0.10	0.07	0.08
	NT	-	-	*	8567	8363	11653	19692	8663
Blood Bank	PP	-	-	-	0.31	0.22	0.21	0.30	0.23
	NT	-	-	-	20493	27639	28673	30506	28640
HSS-STD	PP	-	0.81	1.20	1.61		1.61		-
	NT	-	247	250	249		249		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	5.79	4.74	3.73	2.94	2.68
	NT	-	-	-	2313	2508	4473	6452	7167
ICTC Female	PP	-	-	-	11.40	10.77	5.01	3.43	2.66
	NT	-	-	-	877	826	2395	3356	4026
ICTC Referred	PP	-	-	-	6.84	7.03	3.40	2.45	1.84
	NT	-	-	-	1697	1778	4377	6819	8514
ICTC Direct Walk-in	PP	-	-	-	7.90	5.33	5.54	4.62	5.30
	NT	-	-	-	1493	1556	2491	2989	2679
Total tested at ICTCs[5]	NT	-	-	428	11757	13423	18521	29500	19856

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=299)	82.61	4.01	1.67	0	7.02	4.68

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	424	192	130
% Total HRG	56.84	25.74	17.43
% Total Pop.	0.01	0	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	-	-	-	-
% of male pop.	-	-	-	-
% total migration	-	-	-	-

Top 5 districts for inter-state out-migration

-	-	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	-	-	395
% Syphilis positivity	-	-	-	-

Programme Response

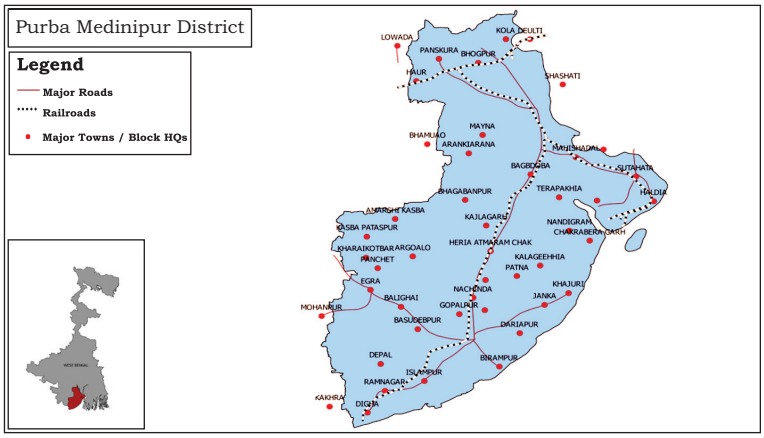
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	2	5	5	14	14	14
Blood Banks	-	-	-	5	5	5	5	5	5
STI clinics	-	-	-	2	2	2	2	2	2
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1	1
PLHIV Networks	-	-	-	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	8	12	12	12	-
Comm. care centres	-	-	-	1	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-	-

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

Purba Medinipur

Background:

Purba Medinipur was formed on January 1st, 2002, after the Partition of Midnapore into Purba Medinipur and Paschim Medinipur, and lies at the northern and western border of it. The state of Odisha is at the southwest border, where as the Bay of Bengal lies to the south, the Hooghly River and South Twenty-Four Parganas to the east and Howrah district to the north-east. Purba Medinipur has a population of 50.94 lakh, with a sex ratio of 936 females for every 1,000 males, and a female literacy rate is 81.81% with an overall literacy rate of 87.66% (2011 Census). In 2006, the Ministry of Panchayati Raj named Purba Medinipur one of the country's 250 most backward districts and is one of the eleven districts in West Bengal currently receiving funds from the Backward Regions Grant Fund Programme. A railway along with National Highways 6 and 41 pass through the district, ensuring that Purba Medinipur is well connected with surrounding districts, as well as the rest of the state.



HIV Epidemic Profile:

- Based on 2007 HSS-ANC data, HIV positivity was low among the ANC attendees, with a stable trend.
- As per 2012 PPTCT (0.07%) and Blood Bank (0.11%) data, HIV prevalence was low among the attendees. A stable trend was observed for PPTCT and blood bank attendees.
- Based on 2010 HSS-FSW data, the positivity level was near-high (9.24%) among the FSWs, with an increasing trend as per last three recordings.
- As per 2012 ICTC data, HIV positivity was low among male (1.75%) and female (1.78%) clients. It was also low among referred (1.58%) and direct walk in (2.01%) clients, with a stable trend among all the ICTC clients.
- As per the HRG size mapping data, the only HRG in the district was FSW (285;100% of total HRGs).
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 62.2% and 38%, respectively.
- In 2012, HIV infections through heterosexual accounted 85.23% and through parent to child route accounted for 5.37% of all the HIV transmissions in the district.
- There was one TI sites in the district functioning for FSWs, in 2012.
- In 2012, thirteen ICTCs were operational, which tested a total of 18,022 attendees for HIV in the district.

Key Recommendations:

- Strengthen TI intervention services for the FSW population, as the percentage of HIV positivity was nearing-high among FSWs.
- Conduct in-depth analysis of ICTC data to understand the profile of these attendees, as the parent to child transmission rate was notable.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Availability ART or DLN data will help in understanding the district vulnerabilities.
- Make additional data on HIV vulnerability available like migration to get a better understanding of HIV epidemiological profile of the district.
- Strengthen outreach programmes through awareness campaigns around truck halting points and highways in the district.

Purba Medinipur

District Population: 50,94,238 (5.58% of West Bengal Population); Female Literacy[1]: 81.81%; ANC Utilization[2]: 74.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0	0	0	-		-		-
	NT[4]	399	400	400	-		-		-
PPTCT	PP	-	-	-	0.16	0.03	0.08	0.05	0.07
	NT	-	-	-	5069	5816	7545	14980	9564
Blood Bank	PP	-	-	-	0.24	0.13	0.07	0.15	0.11
	NT	-	-	-	25521	30875	34197	19045	26232
HSS-STD	PP	1.60	-	-	-		-		-
	NT	250	-	-	-		-		-
HSS-FSW	PP	8.00	8.80	5.20	6.72		9.24		-
	NT	250	250	250	253		249		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.08	2.44	1.87	1.64	1.75
	NT	-	-	-	1720	1599	2935	5049	5086
ICTC Female	PP	-	-	-	3.59	4.58	3.56	2.14	1.78
	NT	-	-	-	1227	895	1853	3175	3372
ICTC Referred	PP	-	-	-	3.17	3.10	2.24	1.35	1.58
	NT	-	-	-	1862	1708	2765	4663	4820
ICTC Direct Walk-in	PP	-	-	-	3.50	3.44	2.92	2.47	2.01
	NT	-	-	-	1085	786	2023	3561	3628
Total tested at ICTCs[5]	NT	-	-	-	8016	8310	12333	23204	18022

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=149)	85.23	1.34	5.37	1.34	5.37	1.34

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	285	0	0
% Total HRG	100	0	0
% Total Pop.	0.01	0	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	0.23	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	-	-	-	-
% of male pop.	-	-	-	-
% total migration	-	-	-	-

Top 5 districts for inter-state out-migration

-	-	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	6341	-	-	10865
% Syphilis positivity	-	-	-	0.08

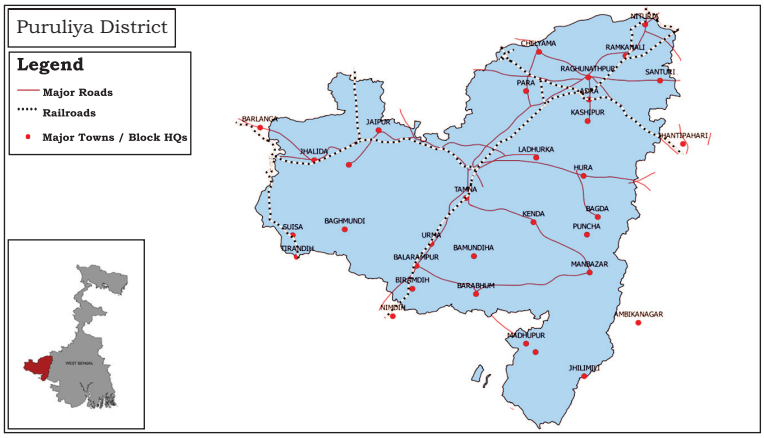
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	3	3	3	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	4	5	6	10	12	13
Blood Banks	-	-	-	3	3	3	3	3	3
STI clinics	-	-	-	2	2	2	2	2	2
ART centres	-	-	-	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	2	2	2
PLHIV Networks	-	-	-	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	10	12	12	12	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	2635	4821	5171

* 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.

Puruliya

Background:



Puruliya is the western most district of West Bengal. Bankura and Paschim Medinipur borders Puruliya on the east, by Bardhaman and Dhanbad of Jharkhand on the north. Puruliya is bounded by Bokaro and Ranchi districts of Jharkhand on the west and on the south by West Singhbhum and East Singhbhum of Jharkhand state. The population of the district is 29.27 lakh, and has a sex ratio of 955 females for every 1,000 males; a female literacy rate of 51.29%, and an overall literacy rate of 65.38% (2011 Census). Puruliya acts as a gateway between the developed industrial belts of West Bengal and the hinterlands in Orissa, Jharkhand, Madhya Pradesh and Uttarpradesh. For its convenient location, this place has acquired an important place in the tourist map in India. The economy of the Puruliya district is mainly driven by the industrial sector; however, tourism is also an important contributing factor to the economy of Purulia. It is well connected with surrounding districts and neighbouring states by road and rail transport. National Highways 2,9 and 60A pass through the district.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV positivity was low among the ANC attendees,. Aoverall decreasing trend was observed among ANC attendees.
- As per the 2012 PPTCT (0.03%) and Blood Bank (0.14%) data, HIV positivity was low among them. There was an overall stable trend observed among PPTCT and Blood Bank attendees.
- As per the 2012 ICTC data, HIV positivity was low among male (0.22%) and female (0.28%) clients. It was also low among referred (0.23%) and direct walk in (0.26%) clients. Positivity levels showed a stable trend at low levels among all the clients.
- As per the HRG size mapping data, the largest HRG in the district was FSW (117; 82.98% of total HRGs).
- In 2012, the syphilis positivity rate among STI attendees was low.
- According to the 2001 census, out of the male population, 3.49% of males were migrants; among them 29.02% migrated to other states and 34.77% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dhanbad and Purbi Singhbhum, Jharkhand.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 18% and 22.80%, respectively.
- As per 2012 ICTC data, 91.30% of HIV transmissions in the district were through heterosexual routes, while 4.35% of HIV transmissions were through blood transfusions and HIV infections through parent to child accounted for 4.35 % of all HIV transmissions in the area.
- In 2012, there were 15 ICTCs and 17,447 attendees were tested for HIV testing in the district.
- RRCs were established from 2009 onwards to create awareness about HIV/AIDS in the youth.

Key Recommendations:

- Improve screening practices of blood at medical facilities to ensure the blood is not infected, as well as a analyze ICTC data to understand the profile of positive individuals.
- Strengthen PPTCT program coverage in the district, as parent to child HIV transmissions were notable in the district.
- Continue HIV prevention strategies to maintain HIV prevalence at low levels in the district.
- Conduct special awareness campaign especially among pockets of out-migrants, transit points and around truck halting points and highways in the district.
- Strengthen routine programme data from district for completeness and accuracy, and review periodically to understand HIV transmission dynamics in the district.

Puruliya

District Population: 29,27,965 (3.21% of West Bengal Population); Female Literacy[1]: 51.29%; ANC Utilization[2]: 66.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.50	0.25	0	0		0		0
	NT[4]	400	400	400	380		395		400
PPTCT	PP	-	-	0.11	0.10	0	0.01	0.04	0.03
	NT	-	-	902	2938	3667	6750	13139	7869
Blood Bank	PP	0.41	0.20	0.20	0.20	0.13	0.16	0.09	0.14
	NT	4295	4371	5262	5768	6197	6085	6336	6530
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	0.53	0.41	0.31	0.39	0.22
	NT	-	-	-	1700	1453	2936	5119	6703
ICTC Female	PP	-	-	-	0.95	1.47	0.46	0.73	0.28
	NT	-	-	-	527	614	1731	2183	2875
ICTC Referred	PP	-	-	-	0.61	0.82	0.17	0.43	0.23
	NT	-	-	-	661	850	2933	4644	6910
ICTC Direct Walk-in	PP	-	-	-	0.64	0.66	0.69	0.60	0.26
	NT	-	-	-	1566	1217	1734	2658	2668
Total tested at ICTCs[5]	NT	-	-	902	5165	6348	11417	20441	17447

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=23)	91.30	0	4.35	0	4.35	0

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	117	16	8
% Total HRG	82.98	11.35	5.67
% Total Pop.	0	0	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	0.23	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	45311	13148	15755	16408
% of male pop.	3.49	1.01	1.21	1.26
% total migration	100	29.02	34.77	36.21

Top 5 districts for inter-state out-migration

Dhanbad, Jharkhand	PurbiSinghbhum, Jharkhand	Ranchi, Jharkhand	Bokaro, Jharkhand	PashchimiSinghbhum, Jharkhand

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1106	1867	3450	2249
% Syphilis positivity	-	-	0.11	0

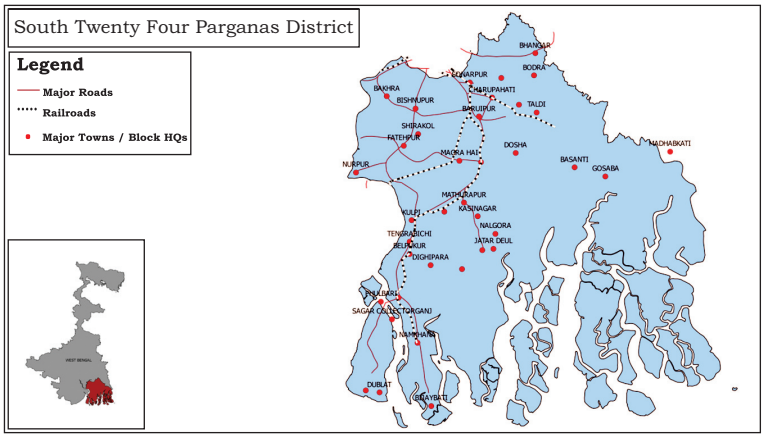
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	2	3	3	14	15	15
Blood Banks	-	-	-	2	2	2	2	2	2
STI clinics	-	-	-	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	1	1	1	1
PLHIV Networks	-	-	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	13	13	13	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	955	2285	1679

* 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.

South Twenty Four Parganas

Background:



South Twenty-Four Parganas, located in the south-eastern part of West Bengal is the sixth most populous district in India and is the second most populous district in the state. The population of South Twenty-Four Parganas is 81.53 lakh, with a sex ratio of 949 females for every 1,000 males; a female literacy rate of 72.09% and an overall literacy rate of 78.57% (2011 Census). South 24 Parganas is surrounded by North 24 Parganas to the north, Haora to the northwest, Purba Medinipur to the west, Bay of Bengal to the south, and to the north east is North 24 Parganas and to the east is Bangladesh. South 24 Parganas boasts of great tourism industry and is known as a tourist destination. As 84% of the population lives in the rural areas, the main occupation in the district is agriculture, while in west side of the district there is a Falta Special Economic Zone (SEZ). The district is well connected to other districts in the state by road, rail, and sea ways, as well National Highway 117 passes through the district.

HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV positivity was low among the ANC attendees,.
- As per the 2012 PPTCT (0.10%) and blood bank (0.44%) data, HIV positivity was low among them. There was an overall stable trend observed among PPTCT attendees, whereas a decreasing trend was determined among Blood Bank.
- Based on the 2010 HSS-FSW data, the positivity level was low (0.40%), with a declining trend.
- As per the 2012 ICTC data, HIV positivity was low among male (1.90%) and female (2.09%) clients. It was also low among referred (1.33%) and direct walk in (3.68%) clients. Positivity levels showed a stable trend at low levels among male and female clients. A declining trend at low levels was observed among referred clients and direct walk-ins attendees exhibited a rising tend at low levels.
- As per the HRG size mapping data, the largest HRG in the district was FSWs (639; 54.99% of total HRGs), followed by MSM (523; 45.01% of total HRGs).
- In 2011 the syphilis positivity rate among STI attendees was 0.30%.
- According to the 2001 census, out of the male population, 2.57% of males were migrants; among them 4.73% migrated to other states and 29.57% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Andamans, Andaman and Nicobar Islands and Raipur, Chhatisgarh.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 53.20% and 26.50%, respectively.
- As per 2012 ICTC data, 81.78% of HIV transmissions in the district were through heterosexual routes, while transmissions through parent to child accounted for 7.20% of all HIV transmissions in the area.
- From 2008 onwards, there had been a sharp increase in the number of individuals undergoing HIV testing at ICTCs. In 2012, there were 20 ICTCs and 23,941 clients were tested for HIV in the district.

Key Recommendations:

- Conduct outreach campaigns on STI awareness and sexual risk reduction messages to the general population, especially among women.
- Conduct in-depth analysis of PPTCT data to understand the profile of these attendees, as the parent to child HIV transmission rate was notable.
- Availability of typology data for FSWs data would help in better understands the district's vulnerabilities.
- Carryout disaggregated analysis of HSS-FSW data to find out HIV risk factors in the district.
- Make additional information on HIV epidemic profile of the district available to improve the understanding of district vulnerability.

South Twenty Four Parganas

District Population: 81,53,176 (8.93% of West Bengal Population); Female Literacy[1]: 72.09%; ANC Utilization[2]: 67.5%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0
	NT[4]	-	400	400	400		400		400
PPTCT	PP	-	-	-	0.08	0.09	-	0.10	0.11
	NT	-	-	-	14194	20151	-	30514	12027
Blood Bank	PP	-	-	-	*	0.61	0.54	0.48	0.44
	NT	-	-	-	*	3749	4062	2709	2728
HSS-STD	PP	3.24	0.40	0.80	-		3.23		-
	NT	247	250	250	247		248		-
HSS-FSW	PP	8.00	3.20	5.20	1.60		0.40		-
	NT	250	250	250	250		249		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.62	1.85	1.86	2.04	1.90
	NT	-	-	-	6121	4479	5757	8314	7092
ICTC Female	PP	-	-	-	2.41	2.84	2.99	2.05	2.09
	NT	-	-	-	3324	2680	3111	5604	4822
ICTC Referred	PP	-	-	-	2.51	3.09	1.53	1.41	1.33
	NT	-	-	-	4975	2878	6067	10390	8595
ICTC Direct Walk-in	PP	-	-	-	1.21	1.64	3.82	3.91	3.68
	NT	-	-	-	4470	4281	2801	3528	3319
Total tested at ICTCs[5]	NT	-	-	-	23639	29894	8868	44432	23941

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=236)	81.78	2.97	1.27	0.42	7.20	6.36

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	639	523	-
% Total HRG	54.99	45.01	-
% Total Pop.	0.01	0.01	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	91730	4341	27124	60265
% of male pop.	2.57	0.12	0.76	1.69
% total migration	100	4.73	29.57	65.70

Top 5 districts for inter-state out-migration

Andamans, Andaman & Nicobar Islands	Raipur, Chhatis-garh	Sundar-garh, Orissa	Kanker, Chhati-garh	Jagatsin ghapu, Orissa

STI/RTI

	2009	2010	2011	2012
No. episodes treated	2649	-	7480	6905
% Syphilis positivity	-	-	0.30	-

Programme Response

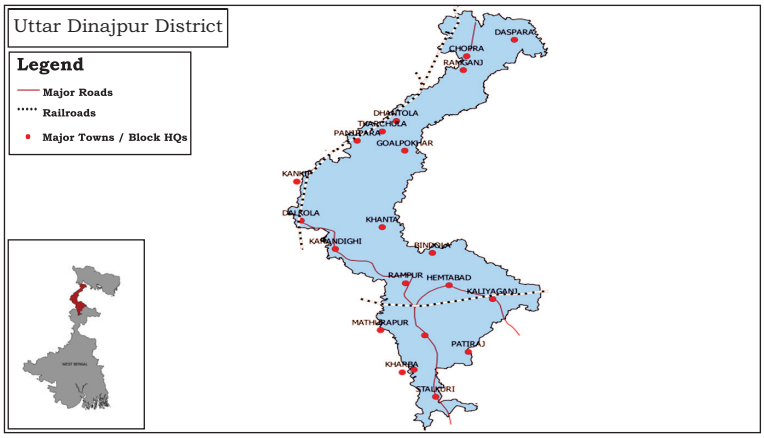
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	4	4	4	3
MSM TIs	-	-	-	-	-	1	1	2	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	5	9	10	20	20	20
Blood Banks	-	-	-	2	2	2	2	2	2
STI clinics	-	-	-	1	1	2	1	1	1
ART centres	-	-	-	-	-	1	1	1	1
Link ART centres	-	-	-	-	-	1	2	3	3
PLHIV Networks	-	-	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	6	19	19	15	-
Comm. care centres	-	-	-	1	1	2	2	2	2
Drop-in-centres	-	-	1	1	1	1	1	1	1
Condom outlets	-	-	-	-	-	-	5828	10256	10464

* 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.

Uttar Dinajpur

Background:

Uttar Dinajpur or North Dinajpur a district located in West Bengal and was created on 1st April 1992, by the division of the erstwhile West Dinajpur district. Uttar Dinajpur is surrounded by Panchagarh, Thakurgaon and Dinajpur districts of Bangladesh on the east, Kishanganj, Purnia and Katihar districts of Bihar on the west, Darjiling district and Jalpaiguri district on the north and Malda district and Dakshin Dinajpur district on the south. Uttar Dinajpur has a population of 30 lakh, and a sex ratio of 936 females for every 1,000 males; a female literacy 53.15% and an overall literacy rate of 60.13% (2011 Census). The district has several major tourist attractions that bring tourist to area each year. Uttar Dinajpur has a primarily agricultural economy and is receiving funds from the Backward Regions Grant Fund Programme (BRGF). Uttar Dinajpur is well connected with the rest of the state through National Highways, State Highways and Railways. National Highways 31 and 34 pass through the district.



HIV Epidemic Profile:

- Based on the 2012 HSS-ANC data, HIV positivity was low among the ANC attendees.
- As per the 2012 PPTCT (0.19%) and Blood Bank (0.15%) data, HIV prevalence was low among the attendees. There was a declining trend observed among PPTCT attendees from last four data points and a stable trend among Blood Bank attendees.
- Based on the 2010 HSS-FSW data, the positivity level was low (2.10%) among the FSWs, with a declining trend.
- As per the 2012 ICTC data, HIV positivity was low among male (3.85%) and moderate among female (5.45 %) clients. It was also low among referred (3.85%) clients and moderate among direct walk ins (5.13%). Positivity levels showed a declining trend at low levels among male and direct walk-in clients. Whereas a fluctuating trend among referred clients was observed and a declining trend among direct walk-ins was seen.
- As per the HRG size mapping data, the largest HRG in the district was FSW (791; 98.26% of total HRGs).
- In 2012, the syphilis positivity rate among STI attendees was low.
- According to the 2001 census, 3.04% of males population were migrants; among them 30.08% migrated to other states and 16.52% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Panipat, Haryana and Thane Maharashtra.
- According to DLHS-III data, HIV awareness rate and RTI/STI awareness rate among women was 25.20% and 21.80%, respectively.
- As per 2012 ICTC data, HIV transmissions through heterosexual routes accounted for 81.51% of the district's HIV infections and12.65% of HIV transmissions were through parent to child.
- RRCs were established from 2008 onwards for creating awareness about HIV/AIDS in the youth.

Key Recommendations:

- InitiateTI site exclusively for FSW, to provide HIV preventive and referral services, considering their numbers in the district.
- Establish a mechanism to understand the dynamics of HIV transmission among HRGs and migrant populationas HIV positivity at ICTC suggests continuing transmission among the attendees along with risky behavior.
- Focus on sub-group brothel-based FSWs, as they were the largest typology in the district.
- Strengthen positive prevention and PPTCT programmes and conduct in-depth analysis of ICTC and ART data to understand the profile of these attendees.
- Strengthen HIV preventive measures through awareness campaigns on HIV and STI awareness and sexual risk reduction messages especially for women and out-migrants to curb the epidemic at low level.

Uttar Dinajpur

District Population: 30,00,849 (3.29% of West Bengal Population); Female Literacy[1]: 53.15%; ANC Utilization[2]: 53.3%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.49	2.25	0	0		-		0
	NT[4]	407	400	400	400		-		400
PPTCT	PP	-	-	-	0.55	2.70	0.25	0.38	0.19
	NT	-	-	-	1992	1472	6816	7927	5370
Blood Bank	PP	0.25	0.11	0.20	0.09	0.19	0.28	0.19	0.15
	NT	3876	4601	6999	6893	8434	8471	10309	11255
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	12.40	7.41		2.10		-
	NT	-	-	250	243		238		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	11.83	11.09	5.84	4.19	3.85
	NT	-	-	-	879	1037	3748	5252	6338
ICTC Female	PP	-	-	-	4.83	7.67	8.06	4.40	5.45
	NT	-	-	-	1533	991	2023	3344	3064
ICTC Referred	PP	-	-	-	3.57	7.05	5.52	3.75	3.85
	NT	-	-	-	1681	1134	3731	4954	5582
ICTC Direct Walk-in	PP	-	-	-	16.14	12.42	8.63	4.97	5.13
	NT	-	-	-	731	894	2040	3642	3820
Total tested at ICTCs[5]	NT	-	-	-	4404	4859	12587	16523	14772

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (1663)	38	17	-	68	12
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=411)	81.51	0	2.68	0	12.65	3.16

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	791	14	-
% Total HRG	98.26	1.74	-
% Total Pop.	0.03	0	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-0%; Brothel based-75.49%; Street based-24.51 %	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	49.51	-	-
% Married	10.78	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	38374	11542	6339	20493
% of male pop.	3.04	0.92	0.50	1.63
% total migration	100	30.08	16.52	53.40

Top 5 districts for inter-state out-migration

Panipat, Haryana	Thane, Maharash-tra	Kishan-ganj, Bihar	Mumbai (Suburban), Maha-rashtra	South Delhi, Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	5121	8795	3693	1860
% Syphilis positivity	-	-	5.56	0

Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	2	1	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	3	4	5	8	9	9
Blood Banks	-	-	-	2	2	2	2	2	2
STI clinics	-	-	-	1	2	2	2	2	2
ART centres	-	-	-	-	-	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	9	13	13	13	-
Comm. care centres	-	-	-	-	-	1	1	1	1
Drop-in-centres	-	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	1212	2001	2274

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

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

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

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

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

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