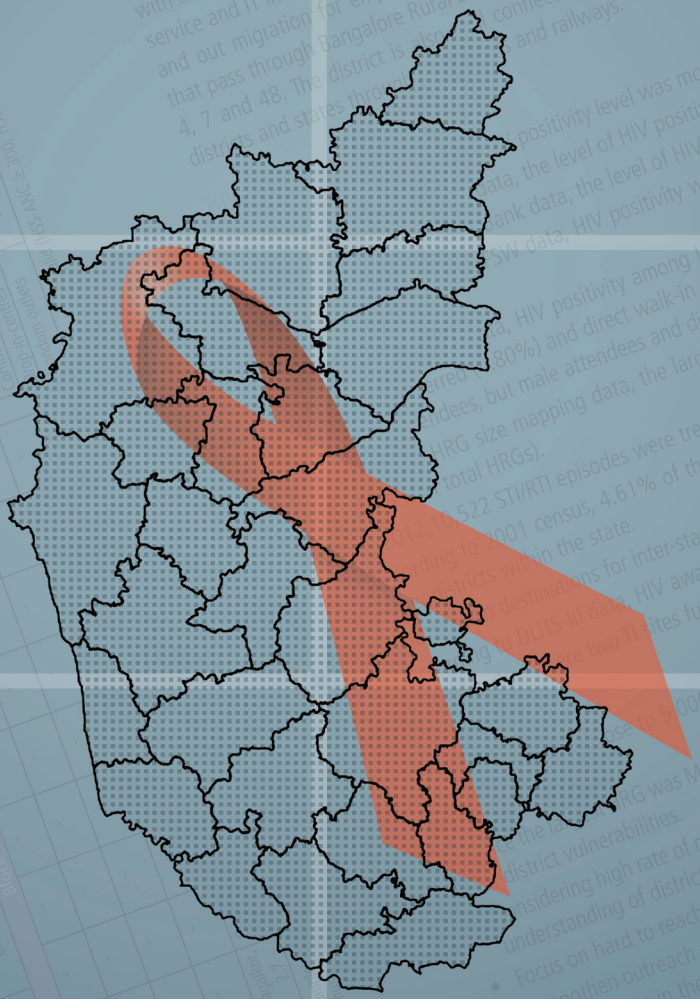
District HIV/AIDS Epidemiological Profiles

developed through Data Triangulation

FACT SHEETS

Karnataka



National AIDS Control Organisation

India's voice against AIDS

Ministry of Health & Family Welfare, Government of India

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

www.naco.gov.in

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FOREWORD

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

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

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

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

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

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

24/11/14

(Dr. Ashok Kumar)

Acknowledgement

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

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

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

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

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

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

Contents

Acronyms

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

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Introduction

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

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

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

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

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

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

Methodology

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

Table 1: Components of District Epidemiological Profiling

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

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

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

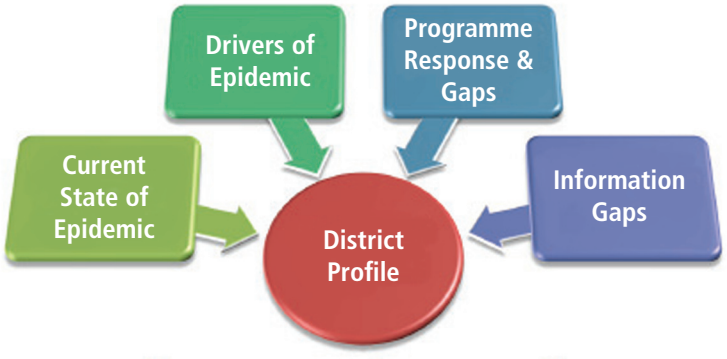


Fig. 1: Thematic Areas of District Profiling
Epidemiological Framework of HIV/AIDS Scenario in the District

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

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

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

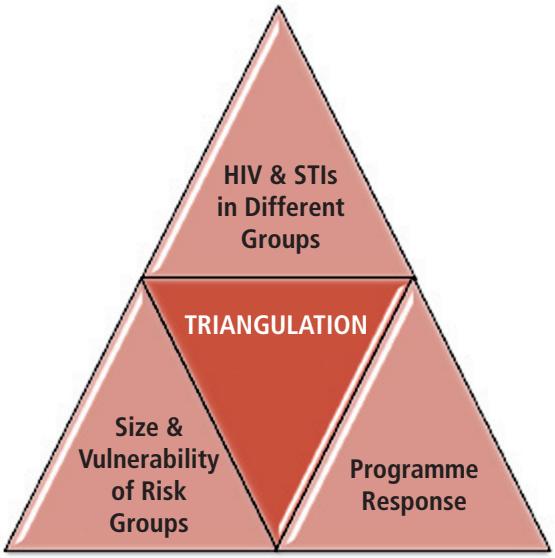


Fig. 2: Conceptual Framework of Data Triangulation
Synthesis of Epidemiological, Behavioural and Programme Data

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

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

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

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

Table 2: Data Sources used for District Epidemiological Profiling

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

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

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

Important Outcomes of District Epidemiological Profiling include:

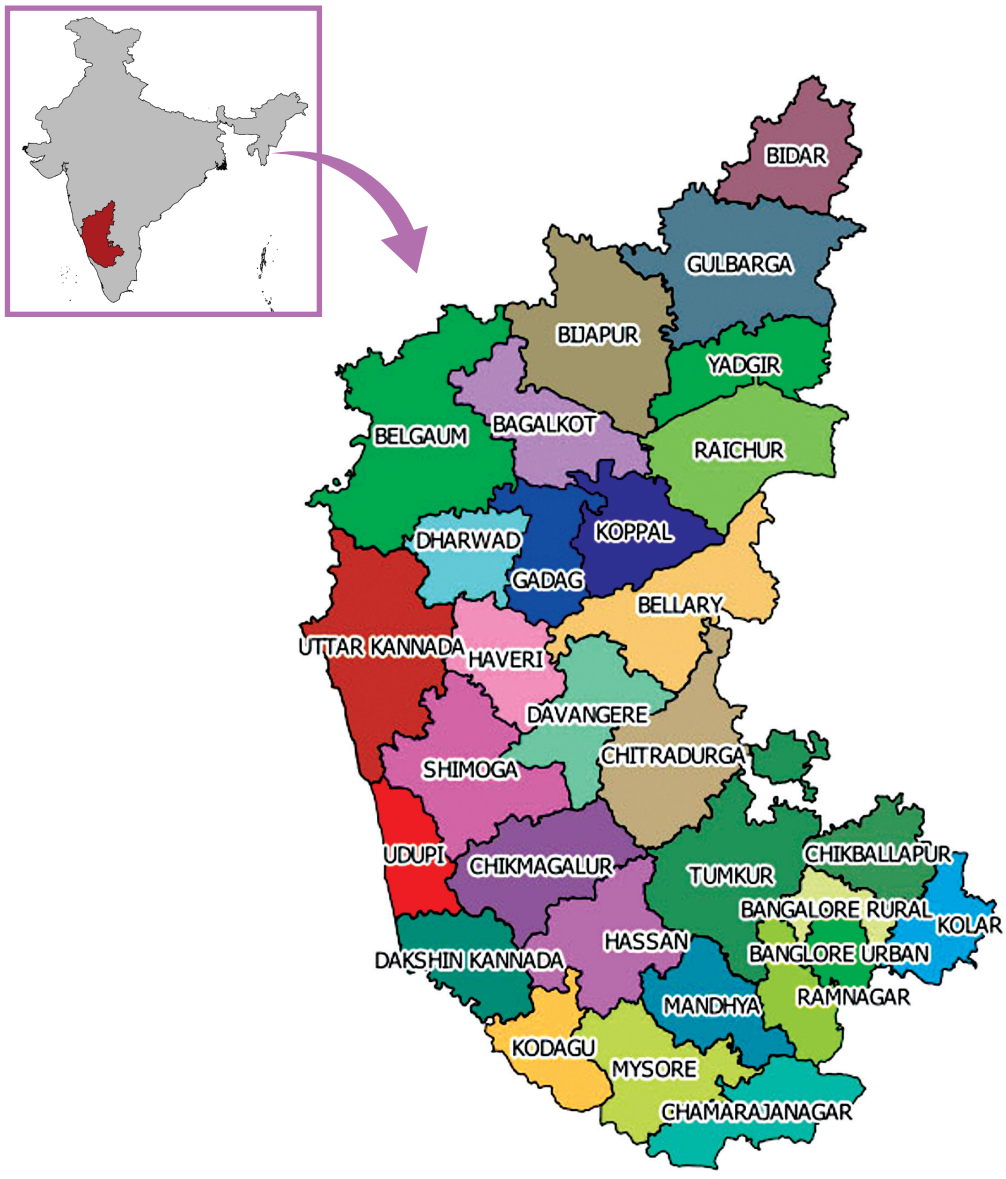
1. Cleaning and validation of programme data (since 2004)
2. Systematic compilation of all data related to HIV for each district at one place for routine use
3. District reports describing the profile of HIV epidemic and programme response in each district
4. Development of framework for re-prioritisation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

Specific Notes on Fact sheets

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

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

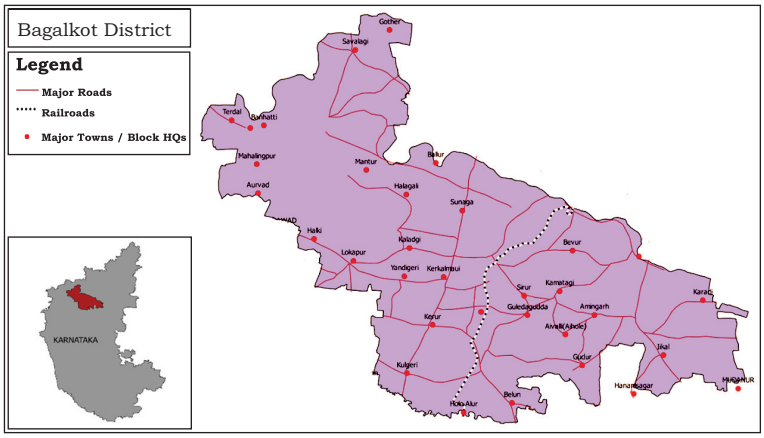
District Map of Karnataka



Bagalkot

Background:

Bagalkot is an administrative district in Northern Karnataka and borders Belgaum, Gadag, Koppal, Raichur, and Bijapur. The district has a population of 18.90 lakhs, a sex ratio of 984 females per 1,000 males, and a female literacy rate of 58.55% with an overall literacy rate of 69.39% (2011 Census). The district holds numerous historical and tourist locations, and a UNESCO World Heritage site. These attractions bring in many tourists throughout the year to Bagalkot. Over 65% of the working population is engaged in agriculture, either through cultivation or agro-industries. However, animal husbandry, sericulture, other factories and industries also contribute to the economy of Bagalkot. A large number of the immigrants in the district are comprised of money lenders or cloth merchants. The district is well connected via roads and railway, and National Highway 13 connects it to other districts of the state.



HIV Epidemic Profile:

- According to 2012 HSS-ANC data, HIV positivity was moderate at 0.58% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was moderateat 0.54% among the PPTCT attendees, with a declining trend.
- According to 2012 Blood Bank data, the level of HIV positivity was moderate at 0.58% among the Blood bank attendees, with a fluctuating trend.
- Based on 2010 HSS-FSW data, HIV prevalence was high (17.89%) among the FSWs, however, due to lack of previous years data, a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was moderate among male (9.74%) and female (7.99%) attendees. It was also moderate among referred (9.51%) and direct walk-in (6.22%) attendees. A declining trend was observed among all the ICTC attendees.
- According to 2009 HRG mapping data, MSM (1,542; 61.88% of total HRG) was the largest HRG in the district, followed by FSW (950; 38.12% of total HRG).
- In 2012, 28,191 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 2.06%.
- According to 2001 census, 9.61% of the males were migrants, among them 6.67% migrated to other states and 37.09% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Kolhapur in Maharashtra and South Goa.
- In 2012, HIV transmissions though parent to child accounted for 7.84% of the district's total HIV transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 83.90% and 38.50%, respectively.

Key Recommendations:

- There is a need for an increase in the number of targeted intervention (TI) sites for MSM in the district, since the current number of TI sites are not enough to deal with the large number of MSM in the area.
- Carryout disaggregated analysis of HSS-ANC data to identify risk factors responsible for the fluctuating HIV epidemic among general population.
- Carry out differential analysis of ICTC attendees (representative of vulnerable populations), owing to moderate HIV positivity rate. HIV prevalence among them can be explored by further analyzing the ICTC data.
- Conduct disaggregated analysis of PPTCT and Blood Bank data to assess risk factors in the district.
- Analyze risk factors and client profiles among FSWs due to the high level of positivity among the group. As well as focus on hard to reach sub groups like home-based FSWs.
- Review available differential analysis carried out by different agencies for evidence based planning since the HIV prevalence in the district was very high.

Bagalkot

District Population: 18,90,826 (3.09% of Karnataka Population); Female Literacy[1]: 58.55%; ANC Utilization[2]: 62.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	2.88	2.13	0.63	2.13		3.50		0.58
	NT[4]	800	800	800	800		800		1200
PPTCT	PP	-	-	3.26	2.50	1.60	1.30	0.63	0.54
	NT	-	-	5340	15509	7640	23034	37873	33899
Blood Bank	PP	0.72	0.87	0.99	0.61	0.71	0.38	0.64	0.58
	NT	2922	1263	6692	3764	10440	12872	13329	16170
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	34.33		17.89		-
	NT	-	-	-	233		246		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	38.23	25.31	33.12	27.00	27.00	24.80	15.39	9.74
	NT	2252	1920	2914	8156	2963	8074	13990	16623
ICTC Female	PP	39.81	25.31	28.06	23.48	21.97	19.98	10.67	7.99
	NT	1982	1861	3485	10072	3746	11634	18805	21392
ICTC Referred	PP	36.06	20.26	23.98	24.34	24.50	23.50	13.74	9.51
	NT	2543	2991	3915	11691	4342	12410	24632	29321
ICTC Direct Walk-in	PP	40.42	25.58	23.62	25.58	23.62	19.33	9.16	6.22
	NT	2484	6193	2367	6193	2367	7298	8163	8694
Total tested at ICTCs[5]	NT	4234	3781	11739	33737	14349	42742	70668	71914

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (25665)	36	9	79	54	21
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=3328)	91.56	0.21	0.12	0.06	7.84	0.21

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Bagalkot, 2.7	Badami, 1.3	Bilagi, 2.2	Hungund, 1.4	Jamkandi, 3.6	Mudhol, 3.4	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	950	1542	-
% Total HRG	38.12	61.88	-
% Total Pop.	0.05	0.08	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-84.70%; Brothel based-1.70%; Street based-13.60%	Kothi-NA; Panthi-NA; Double decker-100%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	22	49	-
% Married	10.20	31.30	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	80283	5357	29776	45150
% of male pop.	9.61	0.64	3.56	5.40
% total migration	100	6.67	37.09	56.24

Top 5 districts for inter-state out-migration

Kolhapur, Maharashtra	South Goa	Pune, Maharashtra	North Goa	Satara, Maharashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	5454	16652	20043	28191
% Syphilis positivity	-	-	-	2.06

Programme Response

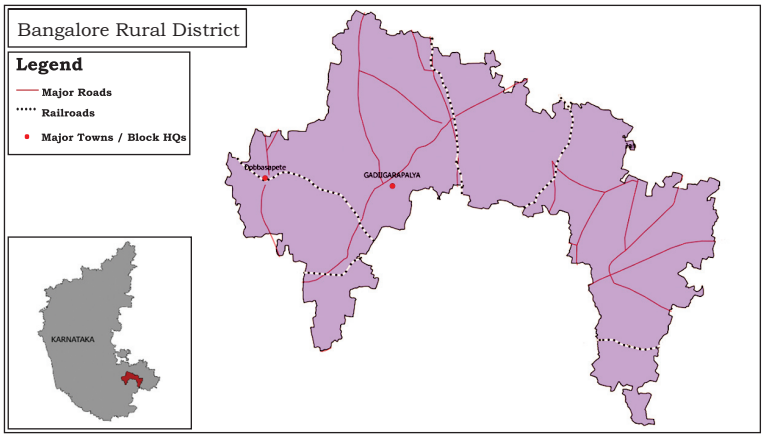
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	4	4
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	6	6	11	19	19	62	71	70	84
Blood Banks	1	1	3	3	3	4	4	4	4
STI clinics	-	1	1	1	1	1	1	3	3
ART centres	-	-	1	1	1	1	5	5	5
Link ART centres	-	-	-	-	2	5	7	10	10
PLHIV Networks	1	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	2	2	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Bangalore Rural

Background:

Bangalore Rural is a district in Karnataka formed in the year 1986, when Bangalore district was divided into Bangalore Rural and Bangalore (Urban). The district has a population of 9.87 lakhs, a sex ratio of 945 females for every 1,000 males, anda female literacy rate of 70.73% with an overall literacy rate of 78.29% (Census 2011). The economy in Bangalore Rural is dependent upon agriculture. Although, with the advent of socio-economic zones (SEZ) in the area, service and IT industries are booming, this lead to daily in and out migration for employment. The major highways that pass through Bangalore Rural are National Highways 4, 7 and 48. The district is also well connected to other districts and states through state roads and railways.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity level was moderate at 0.75% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was lowat 0.19% among the PPTCT attendees, with a declining trend.
- According to 2008 Blood Bank data, the level of HIV positivity was lowat 0.27% among the Blood bank attendees, with a stable trend.
- According to 2010 HSS-FSW data, HIV positivity was low at 4% among FSWs, but a trend could not be determined due to a lack of a historical data.
- According to 2012 data, HIV positivity among ICTCs attendees was low among male (1.51%) and female (1.97%) attendees, as well as among referred (1.80%) and direct walk-in (1.44%) attendees. Positivity levels showed an overall declining trend among female and referred attendees, but male attendees and direct walk-ins represented a stable trend.
- As per the HRG size mapping data, the largest HRG in the district was MSM (3,212; 65.85% of total HRGs) followed by FSW (1,666; 34.15% of total HRGs).
- In 2012,10,522 STI/RTI episodes were treated and the syphilis positivity rate among STI attendees was 0.48%.
- According to 2001 census, 4.61% of the males were migrants, among them 4.62% migrated to other states and 49.84% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Ratnagiri and Solapur, Maharashtra.
- According to DLHS-III data, HIV and STI/RTI awareness rate among women was 94.2% and 39.2%, respectively.
- In 2012, there were two TI sites functional in the district (one for FSW and one for MSM).

Key Recommendations:

- Since there were close to 5,000 individuals classified as high risk, increase the number of TI sites optimally to cover the large number of HRGs in the area.
- Since the largest HRG was MSM, better assessment of the size and profile of MSM and partner population, will help in better understanding of district vulnerabilities.
- Considering high rate of migration to high HIV prevalent districts, better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.
- Focus on hard to reach HRG subgroups like street-based FSWs, which was a prominent typology, among FSWs in the district.
- Strengthen outreach programs through awareness campaigns for HIV among migrants and women, as well as around truck halting points and highways in the district.
- Assess and analyze HIV positive people at HSS-ANC, ICTC/PPTCTand Blood Banks to understand the source and spread of HIV, since the rate of unknown HIV route of transmission was high.

Bangalore Rural

District Population: 9,87,257 (1.61% Karnataka's Population); Female Literacy[1]: 70.73%; ANC Utilization[2]: 95.6%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	0.38		0.13		0.75
	NT[4]	-	-	-	800		800		800
PPTCT	PP	-	-	0.40	0.29	0.29	0.25	0.22	0.19
	NT	-	-	6039	8613	3753	27585	33545	25445
Blood Bank	PP	0.26	0.40	0.30	0.27	-	-	-	-
	NT	162098	77421	202975	105603	-	-	-	-
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		4.00		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.98	2.75	1.74	1.41	1.51
	NT	-	-	-	9830	18332	21807	28286	20099
ICTC Female	PP	-	-	-	6.80	5.11	3.18	1.99	1.97
	NT	-	-	-	3736	6746	10318	15611	11725
ICTC Referred	PP	-	-	-	6.48	0	2.57	1.83	1.80
	NT	-	-	-	7688	0	16779	23730	20918
ICTC Direct Walk-in	PP	-	-	-	2.50	0	1.79	1.37	1.44
	NT	-	-	-	5878	0	15346	20167	10906
Total tested at ICTCs[5]	NT	-	-	6039	22179	28831	59710	77442	57269

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=540)	92.78	1.85	0.19	0.19	2.41	2.59

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)	1666	3212	-
% Total HRG	34.15	65.85	-
% Total Pop.	0.17	0.33	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-30.95%; Brothel based-2.62%; Street based-66.43%	Kothi-59.25%; Panthi-NA; Double decker-40.75%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	25.40	45.60	-
% Married	60.20	18.10	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	44360	2050	22109	20201
% of male pop.	4.61	0.21	2.30	2.10
% total migration	100	4.62	49.84	45.54

Top 5 districts for inter-state out-migration

Ratnagiri, Maharashtra	Solapur, Maharashtra	Raigarh, Maharashtra	Sindhudurg, Maharashtra	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	562	2068	4059	3779
% Syphilis positivity	-	-	0.71	-

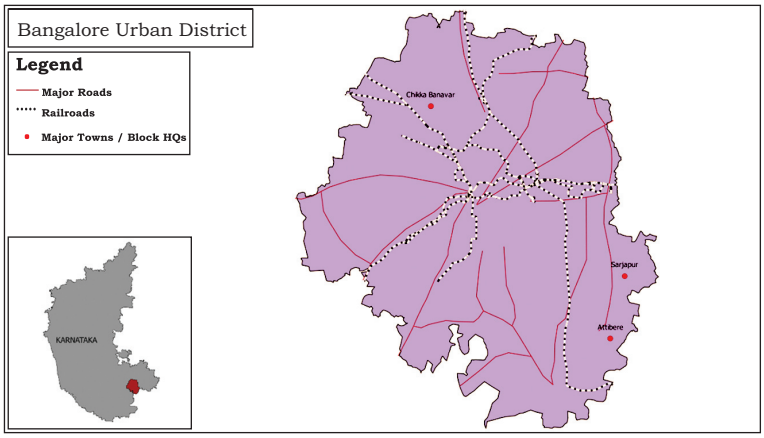
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	1	1
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	4	4	6	7	8	22	24	22	30
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	-	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	1	2	4	5
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Banglore Urban

Background:



Bangalore Urban is a district of Karnataka that was created in the year 1986 with the partition of the erstwhile Bangalore district into Bangalore Urban and Bangalore Rural. It has a population of 95.88 lakhs, a sex ratio of 908 female per 1,000 males, and a female literacy rate of 84.80% with an overall literacy rate of 88.48% (Census 2011). It is surrounded by the Bangalore Rural district on the west, east and north and the Krishnagiri district of Tamil Nadu on the south. Bangalore Urban is housing information technology (IT) industry; biotechnology sector and several other large and small-scale industries. The district attracts many tourists and youths seeking employment opportunities all throughout the year. Bangalore Urban is the fastest growing metropolis with the country's fourth largest economy. The district is well connected via National Highways 4 and 7, and also by state roads and railway, to the rest of the districts of the state.

HIV Epidemic Profile:

- According to 2012 HSS-ANC data, HIV positivity was moderate (0.75%) among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.25% among the PPTCT attendees, with a declining trend.
- According to 2008 Blood Bank data, the level of HIV positivity was low at 0.23% among the Blood Bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV positivity was low (1.40%) among the FSWs, with an overall declining trend, with a rise was observed in 2008.
- As per 2010 HSS-MSM data, HIV positivity levels were moderate (8.40%) among MSM, with a declining trend.
- According to 2010 HSS-IDU data, HIV prevalence was low among the IDUs, with a decreasing trend at low levels.
- As per 2012 ICTC data, HIV positivity was low among male (3.17%) are female (2.22%) attendees. It was also low among referred (2.52%) and direct walk in (3.17%) attendees. Positivity levels showed a declining trend among all the ICTC attendees.
- As per the HRG mapping data, the largest HRG in the district was FSW (21,621; 78.82% of total HRGs) followed by MSM (5,811; 21.18% of total HRGs). Among FSWs, 51.95% were home-based and 35.94% were street-based.
- In 2012, the syphilis positivity rate among STI attendees was 0.45% and the number of STI/RTI treated was 1,07,233.
- According to DLHS-III data, HIV and STI/RTI awareness rate among women was 97.4% and 46.9%, respectively.
- According to 2001 census, 6.79% of the males were migrants, among them 6.42% migrated to other states and 36.39% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dharmapuri, Tamil Nadu and Mumbai (Suburban), Maharashtra.
- As per 2012 ICTC data, unknown routes of HIV transmissions accounted for 8.67% of all the HIV transmissions in the district.
- In 2012, a total of 97 ICTCs were operational, which tested a total of 2,44,149 attendees for HIV in the district.

Key Recommendations:

- Strengthen HIV preventive measures through awareness campaign especially for women, in order to maintain a decreasing trend among ANC attendees.
- Continue HIV prevention strategies to maintain HIV a declining prevalence of positivity in among ICTC attendees.
- Assessment of the size and profile of attendees' population including migrants and truckers, will help in better understanding of district vulnerabilities, since the largest HRG was FSW.
- Focus on hard to reach sub groups like street and home-based FSWs, as these accounted as the largest typology among the group.
- Understanding of the dynamics of HIV transmission through further assessment and analysis of ICTC/PPTCT data is needed for focused interventions in the district.

Bangalore Urban

District Population: 95,88,910 (3.09% of Karnataka Population); Female Literacy[1]: 84.80%; ANC Utilization[2]: 98.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.50	1.38	1.25	0.75		0.25		0.75
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	1.25	0.60	0.50	0.49	0.24	0.25
	NT	-	-	33787	39079	15167	70081	85478	80009
Blood Bank	PP	0.26	0.40	0.30	0.27	0.26	0.20	0.17	0.23
	NT	162098	77421	202975	105603	228817	253798	236744	141674
HSS-STD	PP	13.20	5.60	1.60	16.74		-		-
	NT	250	250	250	221		-		-
HSS-FSW	PP	20.80	9.20	5.33	10.42		1.40		-
	NT	250	750	750	720		500		-
HSS-MSM	PP	-	19.20	17.60	16.60		8.40		-
	NT	-	250	250	247		250		-
HSS-IDU	PP	-	3.60	2.00	2.00		0		-
	NT	-	250	250	250		250		-
ICTC Male	PP	-	-	-	11.62	7.33	4.77	3.92	3.17
	NT	-	-	-	17159	38208	57806	77393	83299
ICTC Female	PP	-	-	-	10.17	6.66	3.73	2.76	2.22
	NT	-	-	-	12661	29530	52662	67086	80841
ICTC Referred	PP	-	-	-	11.28	-	4.27	3.21	2.52
	NT	-	-	-	17823	-	77111	105933	119884
ICTC Direct Walk-in	PP	-	-	-	10.59	-	4.26	3.82	3.17
	NT	-	-	-	11997	-	33357	38546	44256
Total tested at ICTCs[5]	NT	-	-	33787	68899	82905	180549	229957	244149

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (26877)	39	7	82	51	15
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=4430)	86.48	1.11	0.72	0.29	2.73	8.67

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)	21621	5811	-
% Total HRG	78.82	21.18	-
% Total Pop.	-	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-51.95%; Brothel based-12.11%; Street based-35.94%	Kothi-38.66%; Panthi-NA; Double decker-61.34%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	35.00	38.90	-
% Married	60.80	9.00	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	140198	38032	45888	56278
% of male pop.	4.10	1.11	1.34	1.64
% total migration	100	27.13	32.73	40.14

Top 5 districts for inter-state out-migration

Dharma-puri, Tamil Nadu	Mumbai (Suburban), Maha-rashtra	Chennai, Tamil Nadu	Thane, Maharash-tra	Pune, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	23127	66835	91155	107233
% Syphilis positivity	-	-	0.25	0.45

Programme Response

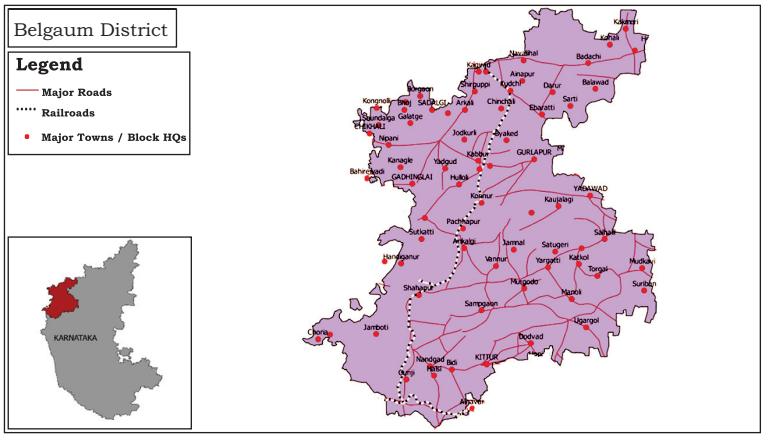
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	4	4	4	4	8	8	8	8	8
MSM TIs	-	-	4	4	6	6	6	6	8
IDU TIs	-	-	-	-	3	3	3	3	3
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1-	17	26	35	39	90	99	98	97
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	4	4	4	5	3	5	7	7
ART centres	1	1	1	2	5	5	5	6	6
Link ART centres	-	-	-	-	-	-	2	3	5
PLHIV Networks	1	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	4	-	-	5	4	5	5	4	4
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Belgaum

Background:

Belgaum district is nestled high among the Western Ghats in Karnataka. It is bordered on the west and north by Maharashtra state, on the northeast by Bijapur, on the east by Bagalkot, on the southeast by Gadaga, on the south by Dharawada and Uttar Kannada, and on the southwest by the state of Goa. It has a population of 47.78 lakhs, a sex ratio of 969 females per 1000 males, and a female literacy rate of 64.74% with an overall literacy rate of 73.94% (Census 2011). Belgaum has a predominantly agrarian economy, which is complemented by a multi-dimensional industrial base. Belgaum attracts many travelers with its verdant landscape. The district is well connected via roads and railway, and National Highway 4 and 4A connects it to other districts within the state.



HIV Epidemic Profile:

- According to 2012 HSS-ANC data, HIV positivity was moderate at 0.75% among the ANC attendees, with a declining trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.21% among the PPTCT attendees, with an overall decreasing trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.17% among the Blood Bank attendees, with a stable trend.
- According to 2010 HSS-FSW data, HIV positivity was moderate at 8.80% among the FSWs, although a trend could not be determined due to lack of data points.
- Based on 2010 HSS-MSM data, HIV prevalence was low at 0.80% among MSM, but a trend analysis could not be completed due to lack of historical data.
- In 2012, the level of HIV positivity among ICTC attendees was low among male (4.56%) and female (3.19%) attendees, as well as among referred (3.81%) and direct walk-ins (3.55%). An overall declining trend was exhibited among all the ICTC attendees.
- According to 2009 HRG mapping size data, FSW (2,038; 50.15% of total HRG) was the largest HRG in the district, followed by MSM (2,026; 49.85%of total HRG). Out of the FSWs, the major typology was street-based (87.20%).
- In 2012, 61,290 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.16%.
- According to 2001 census, 10.49% of the males were migrants, among them 22.04% migrated to other states and 13.79% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Kohlapur and Sangli in Maharashtra.
- According to 2012 ICTC data, HIV transmissions through parent to child accounted for 6.60% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 79.50% and 39.50%, respectively.
- In 2012, a total of 10 TI sites (eight for FSWs and two for MSM) for HRGs were operational in the district.

Key Recommendations:

- Increase the number of composite and MSM TI sites to enhance HIV preventive and referral services, considering the large number of HRG in the district.
- Conduct socio-demographic analysis of ANC attendees to understand risk factors for HIV epidemic among general population.
- Assess the size and profile of FSWs client population, including migrants and truckers, and also MSM and partner population, to provide better insights into district vulnerabilities, since there were a large number of individuals classified as HRGs in the district.
- Strengthen outreach activities for migrants at source and transit points and for truckers at all the major halt points, considering high rate of migration to high HIV prevalent districts.
- Conduct in-depth analysis of ICTC data, to understand the profile of these attendees, as the parent to child HIV transmission rate was high.

Belgaum

District Population: 47,78,439 (7.81% of Karnataka Population); Female Literacy[1]: 64.74%; ANC Utilization[2]: 71.5%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	3.63	3.13	2.00	1.50		0.88		0.75
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	1.40	1.00	0.90	0.72	0.29	0.21
	NT	-	-	13023	39331	16507	66667	92280	90042
Blood Bank	PP	0.31	0.00	0.31	0.35	0.39	0.28	0.20	0.17
	NT	5110	3109	6181	2843	22949	23364	24926	22408
HSS-STD	PP	23.60	3.60	10.80	14.76		-		-
	NT	250	250	250	210		-		-
HSS-FSW	PP	-	-	-	16.40		8.80		-
	NT	-	-	-	250		250		-
HSS-MSM	PP	-	-	-	5.69		0.80		-
	NT	-	-	-	246		250		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	27.10	16.86	27.09	19.12	15.77	9.84	6.27	4.56
	NT	1889	2011	3330	12466	5606	23216	37878	40497
ICTC Female	PP	21.73	16.89	13.69	14.72	11.64	7.62	4.37	3.19
	NT	1459	1652	6360	16087	7721	31454	51523	56096
ICTC Referred	PP	20.65	14.36	13.87	14.81	12.25	8.76	5.32	3.81
	NT	2528	3258	7844	21920	9884	39761	67046	79396
ICTC Direct Walk-in	PP	37.44	37.04	37.11	22.52	16.34	8.03	4.67	3.55
	NT	820	405	1846	6718	3537	14909	22355	17197
Total tested at ICTCs[5]	NT	3348	3663	22713	67884	29834	121337	181681	186635

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (28452)	38	11	74	44	21
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=3634)	93.12	0.19	0.03	0.03	6.60	0.03

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Athani, 1.67	Bailahon-gal, 0.55	Belagaum, 0.94	Chikodi, 0.78	Gokak, 0.96	Hukkeri, 0.93	Khanapur, 0.65	Raibagh, 0.91	Ramadurg, 1.95

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	2038	2026	-
% Total HRG	50.15	49.85	-
% Total Pop.	0.04	0.04	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-6.06%; Brothel based-6.74%; Street based-87.20%	Kothi-37.13%; Panthi - Na; Double decker -62.87%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	15.90	22.60	-
% Married	59.40	43.30	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	225359	49658	31075	144626
% of male pop.	10.49	2.31	1.45	6.73
% total migration	100	22.04	13.79	64.18

Top 5 districts for inter-state out-migration

Kolhapur, Maharash-tra	Sangli, Maharash-tra	Pune, Maharash-tra	North Goa	South Goa

STI/RTI

	2009	2010	2011	2012
No. episodes treated	10193	38046	53337	61290
% Syphilis positivity	-	-	0.28	0.16

Programme Response

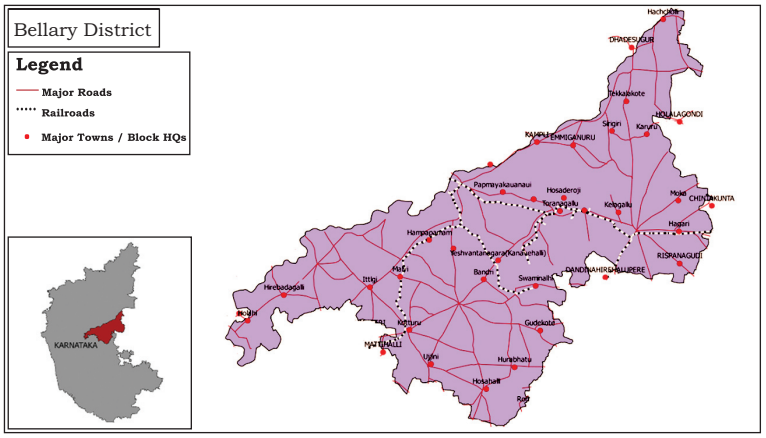
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	2	8	8
MSM TIs	-	-	1	1	1	1	2	2	2
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	7	7	7	24	32	83	107	120	139
Blood Banks	5	5	5	5	6	6	6	6	6
STI clinics	-	3	3	3	3	2	3	4	4
ART centres	-	-	1	1	2	2	2	2	4
Link ART centres	-	-	-	-	-	7	11	11	11
PLHIV Networks	1	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	2	2	2	2	2
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Bellary

Background:

Bellary is a district situated on the eastern side of Karnataka. This district is bordered by Raichur on the north, Koppal on the west, Chitradurga and Davanagere districts on the south, and Anantapur and Kurnool districts of Andhra Pradesh on the east. The district has a population of 25.32 lakhs, a sex ratio of 978 females per 1,000 males, and a female literacy rate of 58.28% with an overall literacy rate of 67.85% (Census 2011). Bellary is, presently, the second fastest growing city in the state of Karnataka after Bengaluru. Bellary district is rich in natural resources; the district has 25% of India's Iron ore reserves. The major occupation of this district is agriculture and 75% total labour force is dependent on agriculture for its livelihood. The district is well connected to other parts of the state by ways of railways and state roads and National Highway 13.



HIV Epidemic Profile:

- According to 2012 HSS-ANC data, HIV positivity was moderate (0.50%) among the ANC attendees, which showed a declining trend since 2008.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.17% among the PPTCT attendees, with a declining trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.19% among the Blood bank attendees, with a stable trend in the last three years.
- Based on 2010 HSS-FSW data, HIV prevalence was low (3.20%) among the FSWs, however, due to lack of previous year's data, a trend could not be determined.
- Based on 2010 HSS-MSM data, HIV prevalence was moderate at 9.76% among the FSWs, however, due to lack of previous year's data, a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was low among male (3.99%) and female (2.84%) attendees, as well as among referred (3.69%) and direct walk-in (2.63%) attendees. An overall decreasing trend was exhibited among the district's ICTC attendees.
- According to 2009 HRG mapping data, FSW (3,857; 87.50%of total HRG was the largest HRG in the district, followed by MSM (551; 12.50% of total HRG).
- In 2012, 23,258 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.20%.
- According to 2001 census, 6.79% of the males were migrants, among them 6.42% migrated to other states and 36.39% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Anantapur and Kurnool, Andhra Pradesh.
- In 2012, HIV transmissions though parent to child accounted for 5.45% of the district's total HIV transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 80.2% and 33.1%, respectively.
- In 2012, a total of five TI sites (four for FSWs and one for MSM) were operational in the district.

Key Recommendations:

- Carryout disaggregated analysis of ANC attendees to identify risk factors responsible for the rising HIV epidemic among general population.
- Increase and strengthen TI interventions for MSM population, as the level of HIV positivity is almost high.
- Establish a mechanism to understand the dynamics of HIV transmission among HRGs and migrant population, as HIV positivity at ICTCs suggests continuing transmission among the attendees along with risky behavior.
- Assess the size and profile of FSWs client population, including migrants and truckers, to better understand district vulnerabilities.
- Strengthen outreach programmes through awareness campaigns for STI for women, migrants and around truck halting points and highways in the district.
- Conduct in-depth analysis of ICTC data to understand the profile of the ICTC attendees.

Bellary

District Population: 25,32,383 (4.14% of Karnataka Population); Female Literacy[1]: 58.28%; ANC Utilization[2]: 64.3%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.88	1.38	0.38	1.13		1.25		0.50
	NT[4]	800	800	800	800		800		1200
PPTCT	PP	-	-	1.02	0.80	0.61	0.41	0.23	0.17
	NT	-	-	4196	16619	10068	30361	60617	45369
Blood Bank	PP	0.52	0.47	0.47	0.24	0.37	0.16	0.19	0.19
	NT	11888	6185	15190	9859	20215	21864	25297	20891
HSS-STD	PP	4.40	16.40	-	-		-		-
	NT	250	250	-	-		-		-
HSS-FSW	PP	-	-	-	-		3.20		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		9.76		-
	NT	-	-	-	-		246		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	24.15	33.39	32.43	25.51	17.98	9.47	5.34	3.99
	NT	2364	1863	1810	4638	3292	10467	17835	19979
ICTC Female	PP	28.22	35.22	22.95	12.97	10.74	6.26	3.39	2.84
	NT	1088	1252	2318	8289	4227	12679	23923	23611
ICTC Referred	PP	21.46	25.14	25.22	16.96	12.61	9.57	4.85	3.69
	NT	2656	2164	2883	8463	4823	11457	26755	30373
ICTC Direct Walk-in	PP	38.69	54.57	31.49	18.53	16.38	5.89	3.09	2.63
	NT	796	951	1245	4484	2704	11689	15003	13217
Total tested at ICTCs[5]	NT	3452	3115	8324	29546	17587	53507	102375	88959

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (13749)	31	81	55	17	15
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1468)	93.12	0.75	0.20	0.20	5.45	0.27

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos;ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Bellary, 1.02	Hagaribo-manahalli, 0	Hospete, 1.3	Huvina-Hadagali, 0.33	Kudligi, 0.6	Sandur, 0.56	Siruguppa, 0.68	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	3857	551	-
% Total HRG	87.50	12.50	-
% Total Pop.	0.15	0.02	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-43.20%; Brothel based-44.50%; Street based-12.30%	Kothi-62.54%; Panthi-NA; Double decker-37.46%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	40.40	51.10	-
% Married	37	17.80	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	69830	4482	25414	39934
% of male pop.	6.79	0.44	2.47	3.88
% total migration	100	6.42	36.39	57.19

Top 5 districts for inter-state out-migration

Anantapur, Andhra Pradesh	Kurnool, Andhra Pradesh	Mumbai (Suburban), Maharashtra	Pune, Maharashtra	Rangareddy, Andhra Pradesh

STI/RTI

	2009	2010	2011	2012
No. episodes treated	2219	18512	19130	23258
% Syphilis positivity	-	-	0.14	0.20

Programme Response

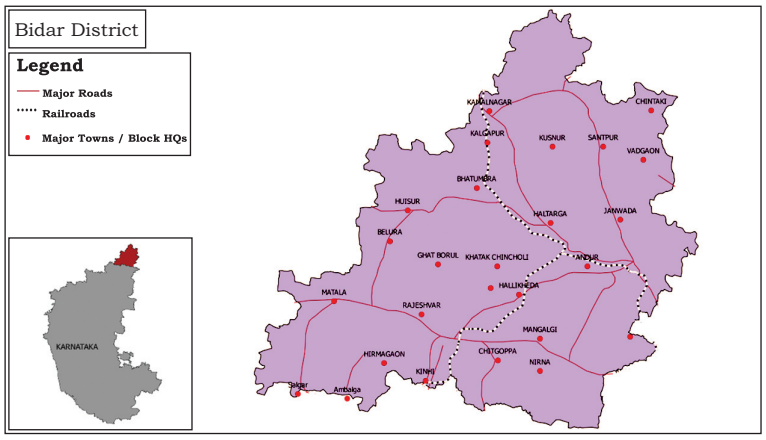
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	4	4
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	7	7	26	26	26	48	57	75	76
Blood Banks	5	4	5	6	5	5	5	4	4
STI clinics	-	3	3	3	3	3	3	3	3
ART centres	-	1	1	1	1	1	2	2	2
Link ART centres	-	-	-	-	-	4	4	4	9
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	1	2	2	2	2	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Bidar

Background:

Bidar is located in the northeastern corner of Karnataka and borders with Andhra Pradesh to the east, Maharashtra to the north and west, and Gulbarga district to the south. The district has a population of 17 lakhs, a sex ratio of 952 females per 1,000 males, and a female literacy rate of 61.66% with an overall literacy rate of 71.01% (Census 2011). Agriculture is the main occupation for the rural population. It is one of the five districts in Karnataka currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Bidar with its picturesque landscape and epigraphic edifices is a cultural mosaic, attracting tourists to the region. The district is well connected via roads, railways, and National Highway 9, which connects it to rest of the districts of the state.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity was low at 0.38% among the ANC attendees with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.25% among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.19% among the Blood bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV prevalence was low (1.20%) among the FSWs, however, due to lack of previous year's data, a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was low among male (2.49%) and female (1.58%) attendees, as well as among referred (2.09%) and direct walk-in (1.79%) attendees. An overall decreasing trend was exhibited among the district's ICTC attendees.
- According to 2009 HRG mapping data, FSW (1,354; 100% of total HRG) was the only HRG in the district.
- In 2012, 14,314 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.02%.
- According to 2001 census, 4.35% of the males were migrants, among them 53.99% migrated to other states and 17.19% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Pune and Latur, Maharashtra.
- In 2012, HIV transmissions though parent to child accounted for 6.51% of the district's total HIV transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 79.4% and 32.8%, respectively.
- In 2012, two TI sites (one for FSWs and one for MSM) were operational in the district.

Key Recommendations:

- Increase TI sites exclusively for FSWs to further accommodate the large number of FSWs in the district.
- Strengthen prevention programs and outreach activities for migrants at source and transit points and for truckers at all the major halt points.
- Assess the size and profile of FSWs client population to understand the vulnerability aspects.
- Re survey of HRG population is needed as the presence of one TI for MSM demonstrate the availability of other HRGs in the districts, accordingly more TIs composite or HRG specific could be established.
- Conduct in-depth analysis of ICTC data to understand the profile of these attendees, as the parent to child HIV transmission rate was high.

Bidar

District Population: 17,00,018 (2.78% of Karnataka Population); Female Literacy[1]: 61.66%; ANC Utilization[2]: 81.7%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.88	0.88	1.13	0.13		0.50		0.38
	NT[4]	800	800	800	800		800		799
PPTCT	PP	-	-	2.53	0.40	0.25	0.28	0.24	0.25
	NT	-	-	5541	16435	9825	25280	33120	29678
Blood Bank	PP	0.79	0.15	0.21	0.42	0.18	0.24	0.21	0.19
	NT	2399	1990	4305	2366	5693	6323	7028	6705
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		1.20		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	10.55	8.88	9.29	7.75	7.25	3.45	2.98	2.49
	NT	673	732	990	4325	2111	11448	13634	15486
ICTC Female	PP	10.72	8.38	7.17	4.27	4.09	2.81	2.04	1.58
	NT	401	561	920	5742	2125	10323	13710	15469
ICTC Referred	PP	8.83	5.79	7.35	5.16	4.62	2.89	2.49	2.09
	NT	929	1210	1688	7481	3438	15641	21368	25251
ICTC Direct Walk-in	PP	22.07	50.60	15.32	7.50	10.15	3.80	2.56	1.79
	NT	145	83	222	2586	798	6130	5976	5704
Total tested at ICTCs[5]	NT	1074	1293	7451	26502	14061	47051	60464	60633

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (3027)	41	10	82	65	17
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=630)	92.70	0.00	0.16	0.16	6.51	0.48

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Aurad, 0.29	Balki, 0.5	Basavaka-lyana, 0.71	Bidar, 0.26	Humna-bad, 0.41	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1354	-	-
% Total HRG	100	-	-
% Total Pop.	0.08	-	-
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	33496	18085	5759	9652
% of male pop.	4.35	2.35	0.75	1.25
% total migration	100	53.99	17.19	28.82

Top 5 districts for inter-state out-migration

Pune, Maharash-tra	Latur, Maharash-tra	Mumbai (Suburban), Maha-rashtra	Ran-gareddy, Andhra Pradesh	Thane, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	4035	8714	13286	14314
% Syphilis positivity	-	-	0.29	0.02

Programme Response

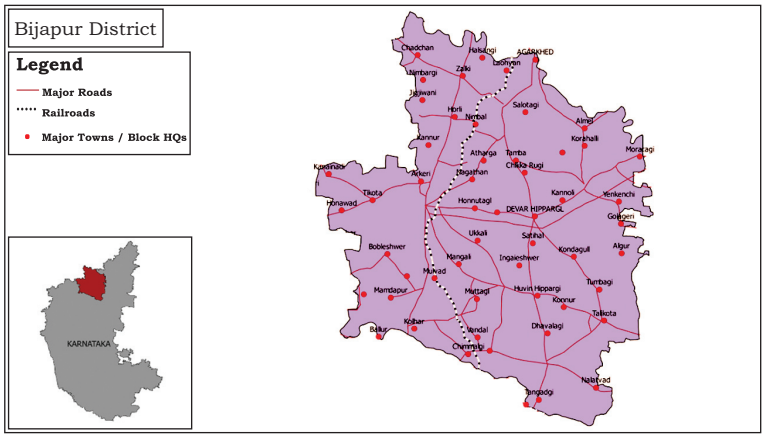
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	3	3	14	17	1	18	32	32	30
Blood Banks	1	1	2	2	2	2	2	2	2
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	3	4	6
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Bijapur

Background:

Bijapur district is located in Karnataka, bordered on the east by Gulbarga, on the southeast by Raichur, on the south and southwest by Bagalkot, and on the west by Belgaum, and on the northwest by Sangli and on the north by Sholapur (both are the districts of Maharashtra state). It has a population of 21.75 lakhs, a sex ratio of 954 females per 1,000 males, and a female literacy rate of 56.54% with an overall literacy rate of 67.20% (census 2011). Farming and agriculture related business are the main occupations for majority of the people in the district and are the main contributors to Bijapur's economy. The district is well connected via roads and railway, and National Highway 13 connects to the other districts of the state.



HIV Epidemic Profile:

- According to 2012 HSS-ANC data, HIV positivity was moderate at 0.50% among the ANC attendees with a declining trend.
- According to 2012 PPTCT data, the level of HIV positivity was lowat 0.28% among the PPTCT attendees, with a declining trend.
- According to 2012 Blood Bank data, the level of HIV positivity was lowat 0.24% among the Blood bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV prevalence was moderate at 5.24% among the FSWs, however, due to lack of previous year's data, a trend could not be determined.
- Based on 2010 HSS-MSM data, HIV prevalence was low at 3.66% among the MSM, however, due to lack of previous year's data, a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was low among male (4.88%) and female (3.80%) attendees, as well as among referred (4.17%) and direct walk-in (4.61%) attendees. An overall decreasing trend was exhibited among the district's ICTC attendees.
- According to 2009 HRG mapping data, FSW (985; 56.87% of total HRG) was the largest HRG in the district, followed by MSM (747; 43.13% of total HRG).
- In 2012, 25,663 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.91%.
- According to 2001 census, 13.82% of the males were migrants, among them 42.23% migrated to other states and 29.12% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Satara and Kolhapur, Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 87.5% and 45.2%, respectively.
- In 2012, a total of three TI sites, two for FSWs and one for MSMs, were operational in the district.

Key Recommendations:

- Conduct socio-demographic analysis of ANC data to understand risk factors for HIV epidemic among general population.
- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district, though HIV prevalence has declined from moderate to low levels among ICTC attendees.
- Strengthen outreach programmes through awareness campaigns around source and transit points for migrants like railway stations and bus stands and around truck halting points and highways in the district.
- Assess the size and profile of FSWs client population, including migrants and truckers, to better understand district vulnerabilities.
- Focus on hard to reach sub groups like home based FSWs (89.50% of the FSWs), which was the largest sub-typology in the district.

Bijapur

District Population: 21,75,102 (3.55% of Karnataka Population); Female Literacy[1]: 56.54%; ANC Utilization[2]: 65.2%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	2.13	1.23	1.00	2.00		1.75		0.50
	NT[4]	800	811	800	800		800		800
PPTCT	PP	-	-	1.57	1.20	0.80	0.56	0.29	0.28
	NT	-	-	5651	15060	7060	25346	41899	40025
Blood Bank	PP	0.73	0.26	1.33	0.22	0.28	0.18	0.21	0.24
	NT	5591	3462	7716	5061	10377	11594	10243	9775
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		5.24		-
	NT	-	-	-	-		248		-
HSS-MSM	PP	-	-	-	-		3.66		-
	NT	-	-	-	-		246		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	22.90	23.09	30.82	24.76	23.45	12.21	6.37	4.88
	NT	2860	1815	3640	4814	2307	10086	20393	22443
ICTC Female	PP	22.92	20.87	29.73	21.70	22.07	9.39	4.83	3.80
	NT	1754	1557	3024	5281	2198	13609	24538	26575
ICTC Referred	PP	22.13	20.77	27.41	23.38	20.55	10.48	5.96	4.17
	NT	4253	3043	5473	6915	2886	14911	31670	35349
ICTC Direct Walk-in	PP	32.13	34.04	43.74	22.72	26.73	10.79	4.46	4.61
	NT	361	329	1191	3182	1650	8784	13261	13669
Total tested at ICTCs[5]	NT	4614	3372	12315	25155	11565	49041	86830	89043

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (13503)	36	11	80	54	18
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

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

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Basavaa bagewadi, 0.97	Bijapur, 1.64	Indi, 0.73	Muddebi-hal, 0.68	Sindagi, 0.78	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	985	747	-
% Total HRG	56.87	43.13	-
% Total Pop.	0.39	0.29	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-89.50%; Brothel based-10.50%; Street based-0%	Kothi-46.66%; Panthi-NA; Double decker-53.34%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	26.30	19.80	-
% Married	27.80	2	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	128293	54173	37363	36757
% of male pop.	13.82	5.83	4.02	3.96
% total migration	100	42.23	29.12	28.65

Top 5 districts for inter-state out-migration

Satara, Maharash-tra	Kolhapur, Maharash-tra	Ratnagiri, Maharash-tra	Sangli, Maharash-tra	Pune, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	3564	13152	18000	25663
% Syphilis positivity	-	-	0.29	0.91

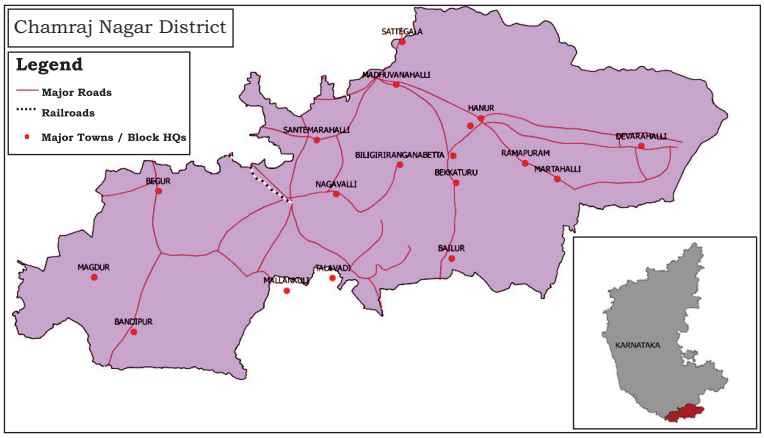
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	2	2
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	5	7	13	23	23	51	62	61	62
Blood Banks	6	6	6	6	6	6	6	6	6
STI clinics	-	2	2	2	2	1	2	3	3
ART centres	-	-	1	1	1	1	1	2	2
Link ART centres	-	-	-	-	-	3	4	4	6
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	1	1	2	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Chamaraja Nagar

Background:



Chamaraja nagar is located in southernmost part of Karnataka, which came into existence after the bifurcation of Mysore district into the new Mysore district and Chamrajnagar district. Being the southernmost district of Karnataka, Chamarajanagar district borders the state of Tamil Nadu and Kerala. The population of Chamarajanagar is 10.20 lakhs with a sex ratio of 989 females for every 1,000 males, and a female literacy rate of 54.32% with an overall literacy rate of 61.12% (Census 2011). The district is richly endowed in mineral deposits, much of the southern area of the district is dense forest. Agriculture forms the main economy of the district. Chamarajanagar has shrines and historical sites, as well as an annual car rally, all of which bring in numerous pilgrims and tourists each year. The district is well connected to other districts and states by railways, state roadways, and National Highway 766.

HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV prevalence was high at 1.25% among the ANC attendees, with an increasing trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.19%) among the PPTCT attendees, with a declining trend.
- According to 2012 ICTC data, HIV prevalence was low among male (2.13%) and female (1.70%) attendees, as well as among referred (2.10%) and direct walk-in (1.18%) attendees. A declining trend was observed among all the ICTC attendees.
- According to 2009 HRG size mapping data, FSW (570; 100% of total HRG) wasthe only HRG in the district.
- In 2012, 7,122 STI/RTI episodes were treated the syphilis positivity rate among STI clinic attendees was 0.41%.
- According to 2001 census, 4.68% of the males were migrants, among them 2.34% migrated to other states and 59.65% migrated to other districts within the state.
- The top destination for inter-state out-migration was Wayanad, Kerala.
- According to 2012 ICTC data, HIV transmissions from parent to child was high at 5.37% in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 80.10% and18.70%, respectively.
- In 2012, there were two TI sites functional, one for FSWs and one for MSM, in the district.

Key Recommendations:

- Analysis of risk profile of positive individuals among ANC attendees should be done to determine associated factors for increasing vulnerability of the district.
- Parent to child transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC and STI data.
- Further assess the size and profile of FSW's client population to better understanding of district vulnerabilities. As well as analysis of typology data is required for the assessment.
- Provision for outreach programmes during tourist season and strengthen out-reach activities around source and transit points like railway stations and bus stands.

Chamarajangar

District Population: 10,20,962 (1.67% of Karnataka's Population); Female Literacy[1]: 54.32%; ANC Utilization[2]: 97.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.63	1.38	1.00	0.50		0.88		1.25
	NT[4]	800	800	800	798		800		800
PPTCT	PP	-	-	1.86	0.50	0.28	0.27	0.30	0.19
	NT	-	-	4344	8668	12299	11300	15140	12557
Blood Bank	PP	-	-	-	-	-	*	*	*
	NT	-	-	-	-	-	*	*	*
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	6.89	3.90	3.41	2.36	2.13
	NT	-	-	-	4411	5083	7246	10245	10961
ICTC Female	PP	-	-	-	4.11	2.85	2.86	1.69	1.70
	NT	-	-	-	5154	6061	7059	10587	10323
ICTC Referred	PP	-	-	-	6.44	3.64	3.27	1.96	2.10
	NT	-	-	-	5108	6915	10434	18291	17214
ICTC Direct Walk-in	PP	-	-	-	4.17	2.81	2.79	2.44	1.18
	NT	-	-	-	4484	4229	3871	2541	4070
Total tested at ICTCs[5]	NT	0	0	4344	18233	29982	25605	35972	33841

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (2852)	43	12	87	67	15
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=410)	92.68	0.73	0	0.24	5.37	0.98

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)	570	-	-
% Total HRG	100	-	-
% Total Pop.	0.06	-	-
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	22919	537	13671	8711
% of male pop.	4.68	0.11	2.79	1.78
% total migration	100	2.34	59.65	38.01

Top 5 districts for inter-state out-migration

Wayanad, Kerala	-	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	456	1434	3865	7122
% Syphilis positivity	-	-	0.41	0.29

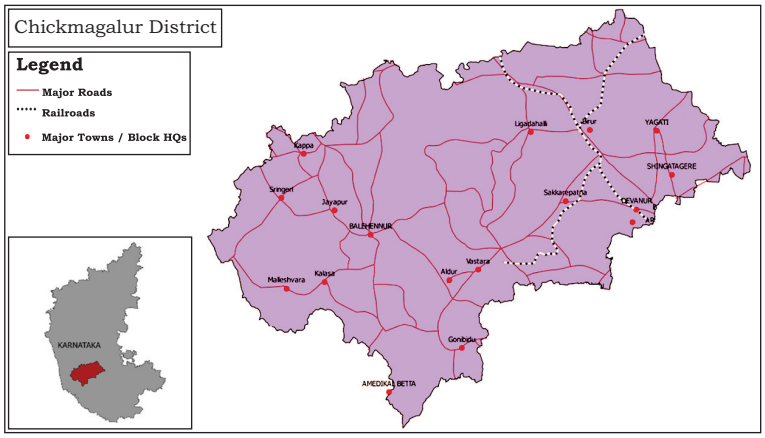
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	1	1
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	1	1	1	-	-
ICTCs	3	4	8	12	19	21	21	23	31
Blood Banks	-	-	-	-	-	-	1	1	1
STI clinics	-	-	2	2	2	-	2	2	2
ART centres	-	-	-	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	2	2	3
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Chikmagalur

Background:



Chikmagalur district of Karnataka borders Shimoga to the north, Davangere to the north-east, Chitradurga and Tumkur districts to the east, Hassan to the south, Dakshina Kannada to the south-west and Udupi to the west. Chikmagalur has a population of 11.37 lakhs, a sex ratio of 1,005 females for every 1,000 males, and a female literacy rate of 72.88% with an overall literacy rate of 79.24% (Census 2011). Agriculture, especially coffee cultivation is the economical backbone of Chikkamagaluru district. It is a popular tourist destination due to the mountains, which are a part of the Western Ghats and are the source of rivers like Tunga and Bhadra. Mullayanagiri, which is the highest peak in Karnataka, is located in the district. Wildlife enthusiasts are also attracted to the district for the Kudremukh National Park and Bhadra Wildlife Sanctuary. Chikmagalur is well connected to other districts in the state by railways as well as by National highway 206.

HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity was low at 0.38% among the ANC attendees, with a declining trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.26% among the PPTCT attendees, with a stable trend in the last three years.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.18% among the Blood Bank attendees, with a stable trend in the last three years.
- As per 2012 ICTC data, the level of HIV positivity was low among male (2.59%) and female (2.66%) attendees, as well as among referred (2.51%) and direct walk-in (2.04%) attendees. An overall decreasing trend was exhibited among the district's ICTC attendees.
- According to 2009 HRG mapping data, FSW (1,360; 76.66%of total HRG) was the largest HRG in the district, followed by MSM (414; 23.34% of total HRG).
- In 2012, 6,974 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.67%.
- According to 2001 census, 6.79% of the males were migrants, among them 2.66% migrated to other states and 59.64% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Mumbai and Thane, Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 92.3% and 39.3%, respectively.
- In 2012, a total of three TI sites (two for FSWs and one for MSM) were operational in the district.

Key Recommendations:

- A sustained approach is needed to check the incidence of HIV infection, since understanding the trends are difficult with the reported positivity levels, focused approach to strengthen programs and data is required.
- Strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands, considering most of the out-migration was to districts in a high HIV prevalent state.
- Assess the size and profile of FSWs client population to better understand district vulnerabilities and strengthen TI interventions for FSW population.

Chikmaglur

District Population: 11,37,753 (1.86% of Karnataka Population); Female Literacy[1]: 72.88%; ANC Utilization[2]: 92.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.88	1.50	2.38	0.75		0.38		0.38
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	0.74	0.60	0.50	0.26	0.19	0.26
	NT	-	-	5813	9434	3602	13516	16290	12610
Blood Bank	PP	0.37	0.55	0.41	0.22	0.41	0.12	0.22	0.18
	NT	2136	1091	2904	1383	2932	4118	4570	5092
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	13.78	13.00	11.76	7.58	6.22	2.84	2.01	2.59
	NT	820	600	2075	4211	1849	10689	13519	10300
ICTC Female	PP	18.72	11.76	10.13	5.23	4.19	2.86	2.14	2.26
	NT	438	544	1855	3955	1935	9280	12215	9895
ICTC Referred	PP	15.57	11.97	10.99	5.82	4.44	2.76	2.03	2.51
	NT	970	994	3203	6906	3264	15342	20476	16623
ICTC Direct Walk-in	PP	15.28	15.33	11.68	9.76	9.81	3.16	2.24	2.04
	NT	288	150	728	1271	520	4627	5258	3572
Total tested at ICTCs[5]	NT	1258	1144	9743	17600	7386	33485	42024	32805

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (6336)	33	6	63	38	13
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=491)	92.26	0.20	0	0	3.26	4.28

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Chikm agalooru, 0.7	Kadur, 0.9	Koppa, 0.8	Mudigere, 0.4	NR Pura, 0.2	Sringeri, 0	Tharikere, 0.2	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1360	414	-
% Total HRG	76.66	23.34	-
% Total Pop.	0.12	0.04	-
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	38968	1037	23242	14689
% of male pop.	6.79	0.18	4.05	2.56
% total migration	100	2.66	59.64	37.70

Top 5 districts for inter-state out-migration

Mumbai (Suburban), Maharash-tra	Thane, Maharash-tra	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1756	5003	5801	6974
% Syphilis positivity	-	0.56	0.95	0.67

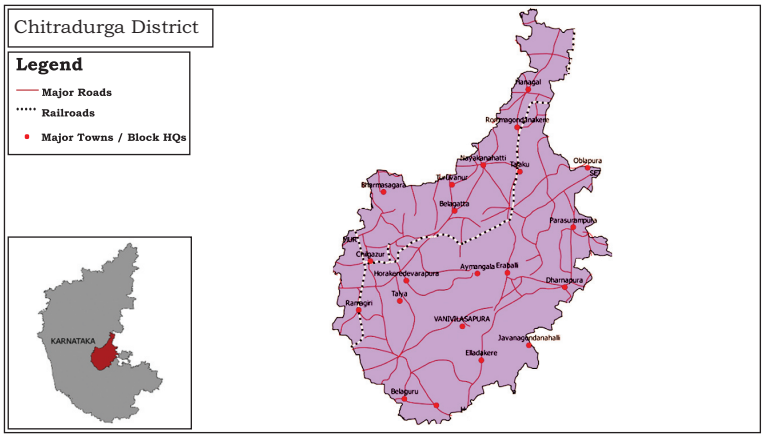
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	2	2
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	1	1	1	-	-
ICTCs	3	3	6	13	14	23	40	48	66
Blood Banks	3	3	3	3	3	3	3	3	3
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	3	3	5
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Chitradurga

Background:



Chitradurga is an administrative district of Karnataka andlies in the valley of the Vedavati River, with the Tungabhadra River flowing in the northwest. Tumkur borders the district to the southeast and south, Chikmagalur to the southwest, Davanagere to the west, Bellary to the north, and Anantapur of Andhra Pradesh state to the east. Chitradurga has a population of 16.60 lakhs, a sex ratio of 969 females to every 1,000 males, anda female literacy rate of 66.05% withan overall literacy rate of 73.82% (Census 2011). The district has many historical landmarks, forts, and a hill station, which attract numerous tourists every year. The district has a distinctly agrarian economy complemented by industries related to its rich mineral deposits. However, in 2006, the Ministry of Panchayati Raj named Chitradurga one of the country's 250 most backward districts; it is one of the five districts in Karnataka currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Chitradurga is well connected to other districts in Karnataka by way of rail and road, including National Highways 4 and 13, which pass through the district.

HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity was moderate at 0.88% among the ANC attendees with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.26% among the PPTCT attendees, with a fluctuating trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.18% among the Blood bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV prevalence was moderate at 9.20% among the FSWs, however, due to lack of previous year's data, a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was low among male (3.44%) and female (2.89%) attendees, as well as among referred (3.31%) and direct walk-in (2.77%) attendees. An overall decreasing trend was exhibited among the district's ICTC attendees.
- According to 2009 HRG mapping data, FSW (1,890; 85.91% of total HRG) was the largest HRG in the district, followed by MSM (310; 14.09% of total HRG).
- In 2012, 14,348 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.09%.
- According to 2001 census, 7.29% of the males were migrants, among them 3.07% migrated to other states and 49.70% migrated to other districts within the state.
- The top destination for inter-state out-migration was Anantapur, Andhra Pradesh.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 89.3% and 42.6%, respectively.
- In 2012, a total of three TI sites (two for FSWs and one for MSM) were operational in the district.

Key Recommendations:

- Conduct socio-demographic analysis of ANC data to ascertain risk factors, considering fluctuating prevalence among the ANC attendees.
- Strengthen TI interventions for FSWs, as the percentage of HIV positivity was nearing high.
- Strengthen outreach programmes through awareness campaigns around truck halting points and highways, around migrant's source and transit points and during tourist season in the district.
- Analyze risk factors and client profiles among FSWs as they were the largest HRG in the district. As well as focus on hard to reach sub groups like home-based FSWs.

Chitradurga

District Population: 16,60,378 (3% of Karnataka Population); Female Literacy[1]: 66.05%; ANC Utilization[2]: 81.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.63	0.25	0.25	0.50		1.25		0.88
	NT[4]	799	800	800	800		799		800
PPTCT	PP	-	-	1.70	0.30	0.20	0.42	0.18	0.26
	NT	-	-	3391	15181	7228	18580	23318	19434
Blood Bank	PP	0.42	0.23	0.15	1.50	0	0.13	0.10	0.18
	NT	2384	1282	3346	2734	4783	6202	6871	9294
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		9.20		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	17.40	11.71	16.40	7.91	6.82	4.95	3.02	3.44
	NT	684	888	494	3754	2068	7217	12829	11234
ICTC Female	PP	8.66	19.40	15.31	6.89	3.52	4.77	2.80	2.89
	NT	774	933	516	3497	2616	5822	10515	10476
ICTC Referred	PP	10.17	13.15	13.18	6.29	4.33	4.40	2.78	3.31
	NT	1210	1589	592	5521	3306	9391	17243	16291
ICTC Direct Walk-in	PP	25.40	32.76	19.62	11.04	6.60	6.09	3.29	2.77
	NT	248	232	418	1730	1379	3648	6101	5419
Total tested at ICTCs[5]	NT	1458	1821	4401	22432	11912	31619	46662	41144

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (2862)	47	9	92	62	24
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=689)	95.65	0.87	0	0	3.34	0.15

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Challakere, 0.33	Chitradurga, 0.33	Hiriyur, 0.46	Holalkere, 0.31	Hosadurga, 0.25	Molakalmur, 0.39	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1890	310	-
% Total HRG	85.91	14.09	-
% Total Pop.	0.11	0.02	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-62.90%; Brothel based-0%; Street based-37.10%	Kothi-33.70%; Panthi-NA; Double decker-61.80%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	28.10	65.20	-
% Married	53.80	4.50	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	56328	1727	27994	26607
% of male pop.	7.29	0.22	3.62	3.44
% total migration	100	3.07	49.70	47.24

Top 5 districts for inter-state out-migration

Anantapur, Andhra Pradesh	-	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	2805	9916	14224	14348
% Syphilis positivity	-	-	0.12	0.09

Programme Response

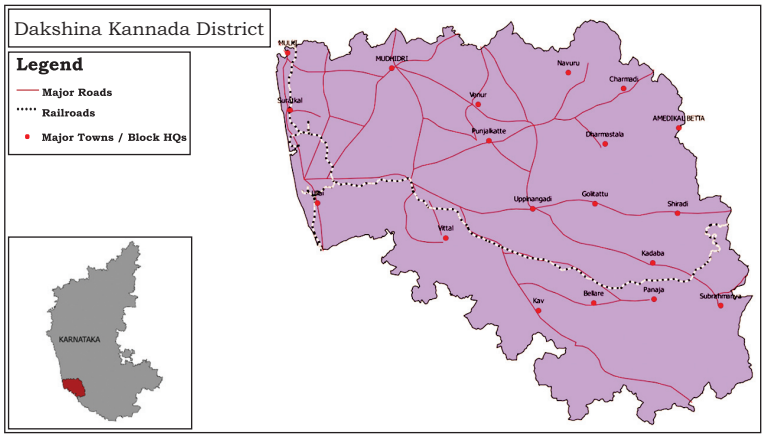
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	2	2
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	2	2	2	16	16	35	35	37	35
Blood Banks	3	3	3	3	3	3	3	3	3
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	1	1	1	1
Link ART centres	-	-	-	-	-	-	2	4	5
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Dakshina Kannada

Background:

Dakshina Kannada, also known as South Kanara, is a coastal district in the state of Karnataka in India. It is bordered by Udupi to the north, Chikkamagaluru to the northeast, Hassan district to the east, Kodagu to the southeast, and Kasaragod in Kerala to the south; the Arabian Sea bounds it on the west. The district has a population of 20.83 lakhs, a sex ratio of 1,018 females for every 1,000 males, and a female literacy rate of 84.04% with an overall literacy rate of 88.62% (Census 2011). The coastal tract is the most thickly populated part of the district, as the land is fertile and there are trading facilities. The middle belt consists of hills and dales and forms into an undulating terrain. Dakshina Kannada is well connected to other states and districts within Karnataka by way of National Highways 17 and 48, roads and railways.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV prevalence was moderate at 0.50% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.11% among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.24% among the Blood Bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV positivity was low at 3.60% among the FSWs, with a declining trend over the past four recorded years.
- Based on 2010 HSS-MSM data, HIV positivity was low at 2.81% among the MSM, although due to lack of previous data a trend analysis could not be conducted.
- According to 2012 ICTC data, HIV positivity was low among male (2.53%) and female (2.15%) attendees, as well as among referred (2.76%) and direct walk-in (1.52%) attendees. The positivity levels showed an overall declining trend among all the ICTC attendees.
- According to 2009 HRG size mapping data, FSW (1,992;100% of total HRG) was the only HRG in the district.
- In 2012, 20,300 STI/RTI episodes were treated the syphilis positivity rate among STI clinic attendees was 0.58%.
- According to 2001 census, 14.24% of the males were migrants, among them 14.79% migrated to other states and 20.31% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai (Suburban) and Thane in Maharashtra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 93.8 % and 73.9%, respectively.
- In 2012, a total of three TI sites (two for FSWs and one for MSM) were operational in the district.

Key Recommendations:

- Carryout disaggregated analysis of ANC data to identify risk factors responsible for the fluctuation in the HIV epidemic among general population.
- Though HIV prevalence has declined from high to low levels among ICTC attendees, sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Assess of the size and profile of FSWs client population including migrants and truckers, for better understanding of district vulnerabilities.
- Strengthen outreach activities for migrants at source and transit points as the top two destinations for inter-state migration were to a high prevalent state.

Dakshina Kannada

District Population: 20,83,625 (3.41% of Karnataka Population); Female Literacy[1]: 84.04%; ANC Utilization[2]: 97%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.38	0.75	0.13	0.75		0.25		0.50
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	0.55	0.30	0.25	0.20	0.15	0.11
	NT	-	-	12769	20616	5890	23589	26607	21863
Blood Bank	PP	0.48	0.27	0.17	0.17	0.25	0.16	0.18	0.24
	NT	34126	13609	30711	19718	43200	62582	47211	43056
HSS-STD	PP	4.00	3.60	3.04	5.94		-		-
	NT	250	250	230	202		-		-
HSS-FSW	PP	-	6.64	5.20	3.74		3.60		-
	NT	-	256	250	214		250		-
HSS-MSM	PP	-	-	-	-		2.81		-
	NT	-	-	-	-		249		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	13.54	13.79	14.50	8.13	6.83	3.31	2.62	2.53
	NT	3124	2285	4614	9163	3222	18654	21698	21482
ICTC Female	PP	24.14	12.35	14.24	6.10	6.83	3.21	2.43	2.15
	NT	812	1620	2872	7101	1946	11024	13174	15028
ICTC Referred	PP	25.86	12.05	15.53	7.10	7.83	3.89	3.32	2.76
	NT	1578	3087	2916	6944	2083	17717	19885	25011
ICTC Direct Walk-in	PP	8.95	17.48	13.38	7.34	6.16	2.37	1.54	1.52
	NT	2358	818	4670	9330	3085	11961	14987	11499
Total tested at ICTCs[5]	NT	3936	3905	20255	36880	11058	53267	61479	58373

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (2388)	43	8	84	64	21
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=866)	90.88	1.27	0.58	0.12	3.93	3.23

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Bantwal, 0.2	Belthang-adi, 0.3	Manga-lore, 0.3	Puttur, 0.1	Sulya, 0.3	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1992	-	-
% Total HRG	100	-	-
% Total Pop.	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.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	133568	19749	27134	86685
% of male pop.	14.24	2.11	2.89	9.24
% total migration	100	14.79	20.31	64.90

Top 5 districts for inter-state out-migration

Mumbai (Suburban), Maharash-tra	Thane, Maharash-tra	Kasaragod, Kerala	Mumbai, Maharash-tra	Pune, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	3762	8025	14378	20300
% Syphilis positivity	-	-	1.08	0.58

Programme Response

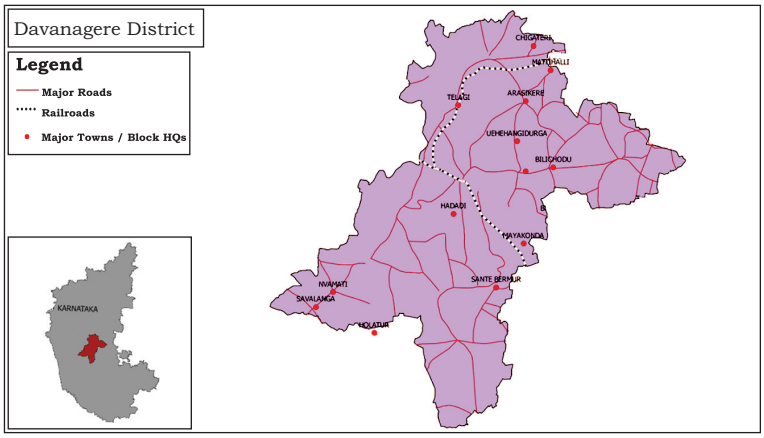
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	2	2	2	2	2
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	3	5	15	18	19	27	33	41	48
Blood Banks	11	11	11	12	12	12	11	13	13
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	1	1	1	1	1	1	2
Link ART centres	-	-	-	-	1	3	3	3	4
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	1	-	-	2	2	2	2	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Davanagere

Background:

Davanagere is a district located in Karnataka, it was carved out of the erstwhile three districts namely Chitradurga, Shimoga and Bellary in the year 1997. It is bordered by Shivamogga and Haveri on the west, Chitradurga on the east, Bellary on the north and Chikmagalur on the south. Davanagere has a population of 19.46, a sex ratio of 967 females out of 1,000 males, and a female literacy rate of 69.39% with an overall literacy rate of 76.30% (Census 2011). The district's economy is predominantly based on agriculture. In 2006, the Ministry of Panchayati Raj named Davanagere one of the country's 250 most backward districts. Davanagere is one of the five districts in Karnataka currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). National Highway 4, state road and railways connect Davanagere with the rest of Karnataka.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, HIV positivity was moderate at 0.75% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.18% among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.29% among the Blood Bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV prevalence was moderate at 5.60% among the FSWs; however due to lack of previous data a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was low among male (4.44%) and female (3.29%) attendees. It was also low for referred (4.25%) and direct walk-in (2.27%) attendees. An overall declining trend was exhibited among all the ICTC attendees.
- According to 2009 HRG mapping size data, FSW (1,365; 77.03% of total HRG) was the largest HRG in the district, followed by MSM (407; 22.97% of total HRG).
- In 2012,10,589 STI/RTI episodes were treated.
- According to 2001 census, 5.98% of the males were migrants, among them 1.75% migrated to other states and 50.48% migrated to other districts within the state.
- The top destinations for inter-state out-migration were South and North Goa.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 84.80% and 34.60%, respectively.
- In 2012, a total of three TI sites (two for FSWs and one for MSM) were operational in the district.

Key Recommendations:

- Conduct socio-demographic analysis of HSS-ANC data to understand risk factors for HIV epidemic among general population.
- Strengthen TI interventions for FSWs, as the percentage of HIV positivity was notable among them.
- Increase availability of typology data for FSWs to improve analysis of risk factors and better understand the district's vulnerabilities.
- Increase availability of data regarding profile and pattern of migration and truckers, to gain better insight to district HIV vulnerabilities.

Davanagere

District Population: 19,46,905 (3.18% of Karnataka Population); Female Literacy[1]: 69.39%; ANC Utilization[2]: 82.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.38	1.38	0.75	2.00		0.75		-
	NT[4]	800	800	800	800		800		-
PPTCT	PP	-	-	1.02	0.40	0.20	0.14	0.17	0.18
	NT	-	-	7761	20166	7396	24721	31488	27580
Blood Bank	PP	0.56	0.38	0.34	0.41	0.24	0.23	0.23	0.29
	NT	16116	9969	16944	11893	27784	30523	28819	20118
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		5.60		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	34.48	25.40	35.31	23.17	20.99	6.04	3.78	4.44
	NT	4791	3449	2552	5731	2149	11053	15226	12083
ICTC Female	PP	36.44	25.16	36.68	15.47	14.12	4.46	3.00	3.29
	NT	3246	2587	2091	7221	2515	12817	16182	14634
ICTC Referred	PP	31.47	17.27	32.61	18.15	15.53	4.96	3.76	4.25
	NT	5529	4691	2530	7278	3116	17855	21934	20804
ICTC Direct Walk-in	PP	43.66	53.31	39.90	19.81	20.80	5.87	2.48	2.27
	NT	2508	1345	2113	5678	1548	6015	9474	5913
Total tested at ICTCs[5]	NT	8037	6036	12404	33118	12060	48591	62896	54297

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (8936)	32	10	88	63	20
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1020)	94.02	0.39	0.29	0	3.82	1.47

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)	1365	407	-
% Total HRG	77.03	22.97	-
% Total Pop.	0.07	0.02	-
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	54880	961	27704	26215
% of male pop.	5.98	0.10	3.02	2.86
% total migration	100	1.75	50.48	47.77

Top 5 districts for inter-state out-migration

South Goa	North Goa	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1810	7796	8415	10589
% Syphilis positivity	-	-	0	0

Programme Response

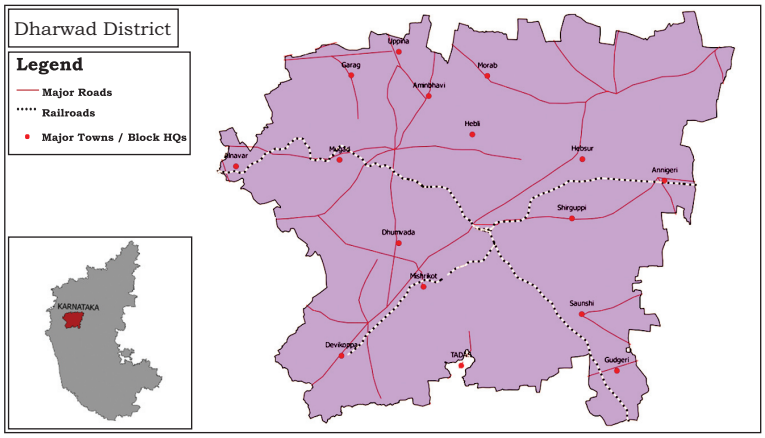
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	1	2
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	12	13	10	12	17	45	54	56	55
Blood Banks	3	3	3	3	5	5	5	5	5
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	1	1	1	1	1	2	2
Link ART centres	-	-	-	-	-	2	4	4	5
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	1	-	-	1	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Dharwad

Background:

Dharwad is bordered on the north by Belgaum, on the east by Gadag, on the south by Haveri and on the west by Uttara Kannada. It has a population of 18.46 lakhs, a sex ratio of 967 females per 1,000 males, and a female literacy rate of 73.57% with an overall literacy rate of 80.30%. Dharwad has been a renowned centre of learning, with many famous high schools, colleges and universities. Hubli in Dharwad, is an important industrial centre, with the presence of more than 1,000 allied small and medium industries. There are industries for machine tools, electronics, steel furniture, food products, rubber, leather and tanning. People are also involved in agriculture and other commercial activities. The district is well connected via roads and railway, and National Highways 67 and 4 connects it to the rest of the districts of the state.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, positivity was low at 0.13% among the ANC attendees, with a declining trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.23% among the PPTCT attendees, with a declining trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.28% among the Blood Bank attendees, with a stable trend.
- According to 2010 HSS-FSW data, the HIV positivity was nearing high (9.60%) among FSWs, but a trend analysis could not be conducted due to lack of historical data.
- Based on 2010 HSS-MSM data, HIV prevalence was moderate (8.81%) among MSM, however, due to lack of previous data points a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was near moderate among male (4.82%) but low among female (3.96%) attendees. It was near moderate among referred (4.90%) but low among direct walk-in (3.32%) attendees. A decreasing trend was seen among all the ICTC attendees.
- According to 2009 HRG mapping size data, FSW (2,602; 56.69% of total HRG) was the largest HRG in the district, followed by MSM (1,757; 40.31% of total HRG).
- In 2012,10,105 STI/RTI episodes were treated the syphilis positivity rate among STI clinic attendees was 0.11%.
- According to 2001 census, 10.46% of the males were migrants, among them 13.71% migrated to other states and 46.82% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South Goa and North Goa.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 90.30% and 43.60%, respectively.
- In 2012, a total of three TI sites (two for FSWs and one for MSM) were operational in the district.

Key Recommendations:

- Carryout disaggregated analysis of HSS-FSW and HSS-MSM data to find out HIV risk factors in the district, as the level positivity was moderate among them.
- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Assess the size and profile of FSW's client populations, including migrants and truckers, to provide better insights into district vulnerabilities.
- Analysis of typology would also help to analyze risk factors, since the largest HRG wasFSW.

Dharwad

District Population: 18,46,993(3.02% of Karnataka Population); Female Literacy[1]: 73.57%; ANC Utilization[2]: 81%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	6.75	0.88	0.38	0.63		0.50		0.13
	NT[4]	800	800	800	800		799		800
PPTCT	PP	-	-	1.20	0.90	0.60	0.52	0.27	0.23
	NT	-	-	9058	22059	9369	26865	33275	32252
Blood Bank	PP	0.38	0.26	0.29	0.12	0.21	0.26	0.23	0.28
	NT	14893	9174	18311	9307	21171	23798	27698	18924
HSS-STD	PP	30.40	13.60	8.40	-		-		-
	NT	250	250	250	-		-		-
HSS-FSW	PP	-	-	-	-		9.60		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	15.20		8.81		-
	NT	-	-	-	250		227		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	34.48	25.40	35.31	23.17	20.99	8.57	5.98	4.82
	NT	4791	3449	2552	5731	2149	11038	15863	18545
ICTC Female	PP	36.44	25.16	36.68	15.47	14.12	6.44	5.20	3.96
	NT	3246	2587	2091	7221	2515	12352	14954	18160
ICTC Referred	PP	31.47	17.27	32.61	18.15	15.53	6.54	5.62	4.90
	NT	5529	4691	2530	7278	3116	17000	19787	24974
ICTC Direct Walk-in	PP	43.66	53.31	39.90	19.81	20.80	9.86	5.55	3.32
	NT	2508	1345	2113	5678	1548	6390	11030	11731
Total tested at ICTCs[5]	NT	8037	6036	13701	35011	14033	50255	64092	68957

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (16191)	22	9	44	38	18
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1614)	93.80	0.37	0.68	0.31	3.59	1.24

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Dharwad, 0.8	Hubali, 1.24	Kalaghat-gi, 0.45	Kundagol, 0.41	Naval-gund, 0.5	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	2602	1757	-
% Total HRG	59.69	40.31	-
% Total Pop.	0.14	0.10	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-22.68%; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	17.20	50	-
% Married	-	28.50	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	86136	11812	40327	33997
% of male pop.	10.46	1.43	4.90	4.13
% total migration	100	13.71	46.82	39.47

Top 5 districts for inter-state out-migration

South Goa	North Goa	Pune, Maharash-tra	Mumbai, Maharash-tra	Thane, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1583	8157	9536	10105
% Syphilis positivity	-	0.89	0.07	0.11

Programme Response

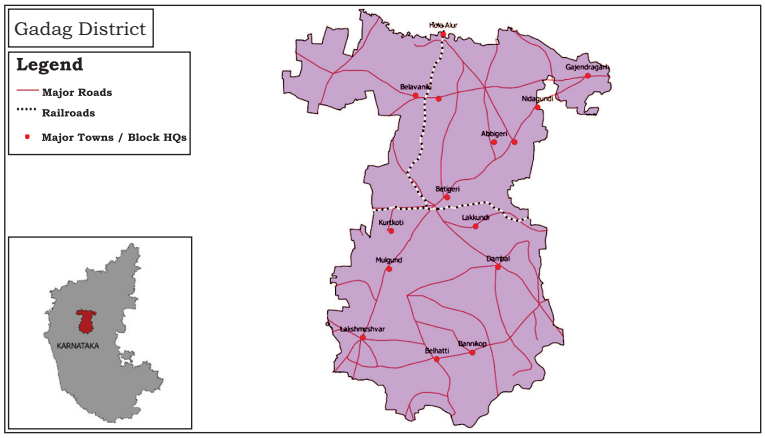
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	2	2
MSM TIs	-	-	1	1	1	1	1	2	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	18	18	18	18	18	18	49	49	41
Blood Banks	7	7	7	6	8	7	8	10	10
STI clinics	-	2	2	2	2	2	2	2	2
ART centres	1	1	1	1	1	1	2	2	2
Link ART centres	-	-	-	-	-	3	3	3	3
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Gadag

Background:

Gadag was formed in the year 1997, when it was split off from Dharwad district. Gadag borders Bagalkot on the north, Koppal on the east, Bellary on the southeast, Haveri on the southwest, Dharwad on the west, and Belgaum on the northwest.Gadag has a population of 10.65 lakhs, a sex ratio of 978 females per 1,000 males, and a female literacy rate of 65.29% with an overall literacy rate of 75.18% (Census 2011). The district has many historical sites and temples which attracts tourism. Agriculture, however, is the primary source of economy in Gadag. The district is well connected via roads and railway; National Highway 67 connects Gadag to other districts of the state.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, the level of positivity was low at 0.38% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.30% among the PPTCT attendees, with a declining trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.15% among the Blood bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV prevalence was moderate at 7.63% among the FSWs, however, due to lack of previous year's data, a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was low among male (4.75%) and female (4.58%) attendees, as well as among referred (3.99%) and direct walk-in (7.95%) attendees. An overall decreasing trend was exhibited among the district's ICTC attendees.
- According to 2009 HRG mapping data, FSW (1,304; 88.89% of total HRG) was the largest HRG in the district, followed by MSM (432; 55.56% of total HRG).
- In 2012, 8,657 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.19%.
- According to 2001 census, 10.99% of the males were migrants, among them 4.46% migrated to other states and 48.12% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North and South Goa.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 85.3% and 39.9%, respectively.
- In 2012, a total of three TI sites were operational in the district.
- In 2012, there was one blood bank, one STI clinic and one ART center. The district also had six link ART centers, one PLHIV network and one community care center.

Key Recommendations:

- Conduct disaggregated analysis of HSS-ANC data to identify risk factors responsible for the stable HIV epidemic among the general population.
- Strengthen and improve quality of outreach program for FSWs and MSM due to its substantial presence in the district. . The typology of HRG would help to analyze risk factors among these group.
- Analyze the risk profile of positive individuals to determine associated factors due to the moderate HIV prevalence among all the ICTC attendees.
- Strengthen routine programme data from district for completeness and accuracy, and examine it regularly to understand HIV transmission dynamics in district.
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands.

Gadag

District Population: 10,65,235 (% of Karnataka Population); Female Literacy[1]: 65.29%; ANC Utilization[2]: 80.6%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.13	0.88	0.50	0.50		1.13		0.38
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	1.00	0.90	0.50	0.54	0.24	0.30
	NT	-	-	3882	11754	5288	19289	23750	22296
Blood Bank	PP	0.45	0.20	0.41	0.33	0.21	0.04	0.15	0.15
	NT	1341	981	1957	903	1907	2477	2590	2713
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		7.63		-
	NT	-	-	-	-		249		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	27.67	15.75	25.28	15.23	11.79	8.84	5.97	4.75
	NT	965	819	1503	3007	1247	6400	9753	9279
ICTC Female	PP	27.48	15.96	25.13	15.24	12.05	7.32	5.64	4.58
	NT	604	727	1174	2737	1187	6816	9385	10220
ICTC Referred	PP	29.55	15.22	27.84	15.01	12.44	7.81	5.91	3.99
	NT	1039	1334	1674	3510	1712	9588	15278	16192
ICTC Direct Walk-in	PP	23.77	19.81	20.84	15.58	10.66	8.71	5.39	7.95
	NT	530	212	1003	2234	722	3628	3860	3307
Total tested at ICTCs[5]	NT	1569	1546	6559	17498	7722	32505	42888	41795

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (4064)	49	9	86	54	29
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=909)	94.50	0.55	0.11	0	4.84	0

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Gadag, 1.25	Mundargi, 0.8	Naragund, 0.9	Ron, 0.36	Shirahatti, 0.44	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1304	432	-
% Total HRG	88.89	55.56	-
% Total Pop.	7.06	2.34	-
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	54280	2422	26118	25740
% of male pop.	10.99	0.49	5.29	5.21
% total migration	100	4.46	48.12	47.42

Top 5 districts for inter-state out-migration

North Goa	South Goa	Pune, Maharash-tra	Kolhapur, Maharash-tra	Ratnagiri, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1318	6639	5569	8657
% Syphilis positivity	-	-	0	0.19

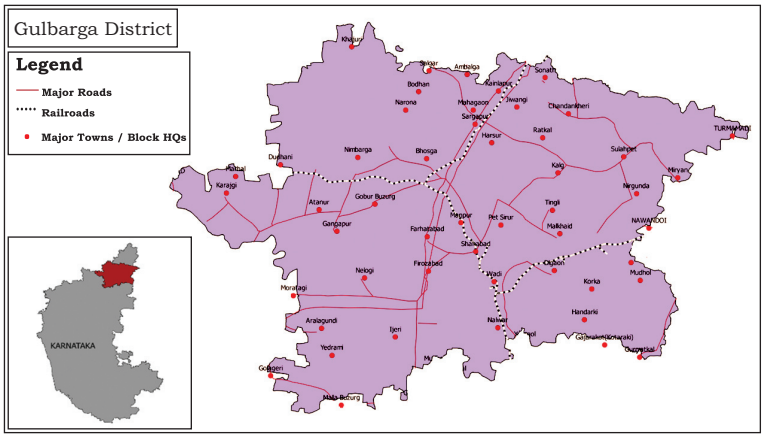
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	2	2
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	3	3	6	11	11	11	25	28	30
Blood Banks	2	2	2	2	2	2	2	1	1
STI clinics	-	-	1	1	1	1	1	1	1
ART centres	1	1	1	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	1	3	4	6
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Gulbarga

Background:



Gulbarga district is located in the northern part of Karnataka. It is one of the three districts that were transferred from Hyderabad to Karnataka at the time of re-organization of the states in the year 1956. The district has a population of 25.64 lakhs, a sex ratio of 962 females for every 1,000 males, and a female literacy rate of 55.87% with an overall literacy rate of 65.65% (Census 2011). Gulbarga is bordered on the west by Bijapur district of Karnataka and Sholapur district of Maharashtra, on the west by Bijapur district of Andhra Pradesh, on the north by Bidar district of and Osmanabad district of Maharashtra and on the south by Richur district of Karnataka. Gulbarga district has an agrarian economy supplemented by a handful of cement, textile, leather and chemical industries.Tourism is also a significant revenue-generating sector in Gulbarga; there are many temples, mosques, and historical sites that bring tourists to the district. Gulbarga is well connected to its surrounding districts and other states by railways and state highways.

HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV prevalence was low at 0.38% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, HIV positivity was low at 0.17% among the attendees, with a stable trend in the last three years.
- According to 2012 Blood Bank data, HIV positivity was low at 0.22% among the attendees, with a declining trend.
- As per 2010 HSS-FSW data, HIV positivity was moderate at 5.63% among the FSWs, but a trend analysis could not be conducted due to lack of historical data.
- Based on 2010 HSS-MSM data, HIV positivity was low at 3.61% among the MSM. A trend could not be determined due to lack of data from previous years.
- According to 2012 ICTC data, HIV positivity among was low among male (3.76%) and female (2.08%) attendees, as well as among referred (3.08%) and direct walk-in (0.59%) attendees. The positivity levels showed a declining trend among all the ICTC attendees.
- According to 2009 HRG size mapping data, FSW (3,212; 73.74% of total HRG) was the largest HRG in the district followed by MSM (1,144; 26.26% of total HRG). The only typology of FSWs was street-based (100%).
- In 2012, 24,419 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.11%.
- According to 2001 census, 6.34% of the males were migrants, among them 46.91% migrated to other states and 22.44% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Pune and Thane, Maharashtra.
- According to 2012 data, HIV transmission through parent to child accounted for 6.94% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 71 % and 27%, respectively.
- In 2012, a total of three TI sites (two for FSWs and one for MSM)were operational in the district.

Key Recommendations:

- Increase the number of TIs in the district in order to support the large number of HRGs.
- Sustained approach is needed to limit the spread of the infection, though HIV prevalence has declined from high to low levels among both, ANC and ICTC attendees.
- Conduct in-depth analysis of ICTC data to understand the profile of attendees, as the parent to child HIV transmission rate was notable.
- Considering high number of FSWs and MSM in the district, assessment of the size and profile of their client including migrants and truckers, will help in better understanding of district vulnerabilities.
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach programs through awareness campaigns among women and around truck halting points and highways in the district.

Gulbarga

District Population: 25,64,892 (4.19% of Karnataka's Population); Female Literacy[1]: 55.87%; ANC Utilization[2]: 65.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	2.63	0.88	2.74	1.25		0.25		0.38
	NT[4]	800	800	802	798		800		800
PPTCT	PP	-	-	1.17	0.70	0.40	0.29	0.19	0.17
	NT	-	-	5405	25244	13766	56079	84493	63793
Blood Bank	PP	0.55	0.75	0.57	0	0.10	0.35	0.15	0.22
	NT	7137	1468	4892	846	5822	14005	12911	11367
HSS-STD	PP	20.40	7.57	5.20	5.62		-		-
	NT	250	251	250	249		-		-
HSS-FSW	PP	-	-	-	-		5.63		-
	NT	-	-	-	-		231		-
HSS-MSM	PP	-	-	-	-		3.61		-
	NT	-	-	-	-		249		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	21.34	19.74	27.79	17.98	14.71	5.40	4.34	3.76
	NT	1354	1135	1418	5349	2543	23226	26823	24836
ICTC Female	PP	15.84	17.90	27.01	11.32	10.01	3.57	2.61	2.08
	NT	1111	849	1355	7323	3385	29589	36764	37422
ICTC Referred	PP	17.33	18.04	26.69	13.42	12.58	4.38	3.38	3.08
	NT	1725	1580	1742	8898	4834	45571	54420	54100
ICTC Direct Walk-in	PP	22.43	22.52	28.61	15.85	9.68	4.38	2.98	0.59
	NT	740	404	1031	3780	1095	7244	9167	8158
Total tested at ICTCs[5]	NT	2465	1984	8178	37916	19694	108894	148080	126051

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (10614)	28	12	34	40	15
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1715)	90.44	0.70	0.17	0.17	6.94	1.57

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Afzalpur, 0.6	Aland, 0.5	Chincholi, 0.28	Chittapur, 0.57	Gulbarga, 0.95	Jevargi, 0.45	Sedam, 0.22	Shahpur, 0.51	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	3212	1144	-
% Total HRG	73.74	26.26	-
% Total Pop.	0.13	0.04	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-0%; Brothel based-0%; Street based-100%	Kothi-91.35%; Panthi-NA; Double decker-8.65%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	36.20	30.80	-
% Married	62.90	19.80	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	100954	47361	22655	30938
% of male pop.	6.34	2.98	1.42	1.94
% total migration	100	46.91	22.44	30.65

Top 5 districts for inter-state out-migration

Pune, Maharashtra	Thane, Maharashtra	Mumbai (Suburban), Maharashtra	Raigarh, Maharashtra	Mumbai, Maharashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	3116	16491	21226	24419
% Syphilis positivity	-	-	0.14	0.11

Programme Response

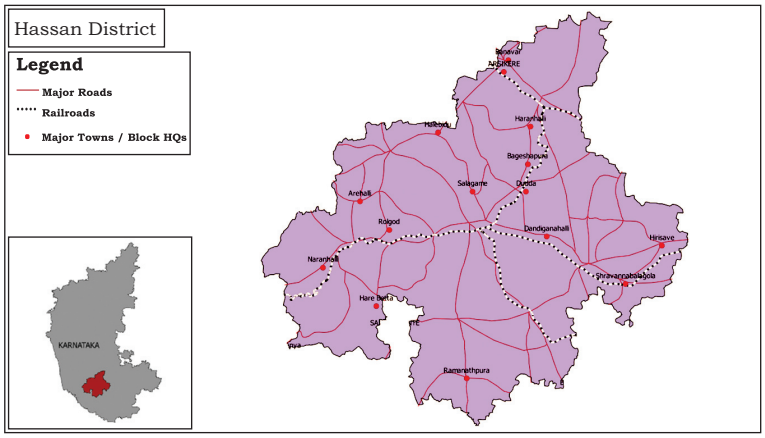
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	2	2
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	4	5	12	27	30	36	101	71	107
Blood Banks	4	4	4	4	3	4	4	4	4
STI clinics	-	2	2	2	2	1	2	1	1
ART centres	-	-	1	2	2	2	2	2	2
Link ART centres	-	-	-	-	-	2	4	6	6
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Hassan

Background:

Hassan is a district located in the southwestern part of Karnataka. The district is surrounded by Chikmagalur to the north west, Chitradurga to the north, Tumkur to the east, Mandya to the south east, Mysore to the south, Kodagu to the south west and Dakshina Kannada to the west. Hassan has a population of 17.76 lakhs, a sex ratio of 1,005 females for every 1,000 males, and a female literacy rate of 68.30% with an overall literacy rate of 75.89% (Census 2011). Tourism and agriculture, specifically coffee, are the two main sources of income of that make up Hassan's economy. Hassan is easily accessed by National Highway 48, as well as by state railways and roadways.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, positivity was low at 0.68% among the ANC attendees, with a declining trend.
- According to 2012 PPTCT data, HIV positivity was low at 0.12% among the attendees, with a decreasing trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.09% among the attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV prevalence was moderate at 0.80% among FSWs, but a trend could not be determined due to lack of previous data.
- As per 2012 ICTC data, the level of HIV positivity was low among male (1.99%) and female (1.75%) attendees. It was also low for referred (1.83%) and direct walk-in (2.16 %) attendees. An overall decreasing trend was exhibited among all the ICTC attendees.
- According to the HRG mapping size data, FSW (1,420; 100% of total HRG) was the only HRG in the district. The major typology for FSWs was home-based (93.47%).
- In 2012,11,071 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 1.02%.
- According to 2001 census, 9.06% of the males were migrants, among them 2.08% migrated to other states and 49.21% 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 83.80% and 53%, respectively.
- In 2012, a total of two TI sites, one each for FSWs and MSM, were operational in the district.
- In 2012, there were two blood banks, one STI clinic and one ART center. The district also had six link ART centers and one PLHIV network.

Key Recommendations:

- Increase the number of TIs in the district in order to support the large number of HRGs.
- Sustained approach is needed to limit the spread of the infection, though HIV prevalence has declined from high to low levels among both, ANC and ICTC attendees.
- Assess the size and profile of FSW's client, including migrants and truckers, to better understand district vulnerabilities.
- Considering high number of home based sex workers, the prevention program should be customized to reach this hard to reach population
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach programs through awareness campaigns among women and around truck halting points and highways in the district.

Hassan

District Population: 17,76,221 (2.90% of Karnataka Population); Female Literacy[1]: 68.30%; ANC Utilization[2]: 94%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.38	2.38	1.25	0.88		0.75		0.63
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	0.79	0.50	0.50	0.23	0.19	0.12
	NT	-	-	5703	14973	5704	18419	25726	22731
Blood Bank	PP	0.23	0.19	0.18	0.21	0.10	0.17	0.10	0.09
	NT	5670	2676	7136	3751	8092	8654	8876	8124
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		0.80		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	16.21	11.51	10.48	6.13	5.32	3.18	2.30	1.99
	NT	1104	843	1574	8358	3776	15648	23082	24993
ICTC Female	PP	11.97	8.50	5.93	5.01	4.28	2.48	1.90	1.75
	NT	760	753	1620	7812	4015	14046	20327	21009
ICTC Referred	PP	12.53	7.85	6.97	5.75	4.64	2.59	2.11	1.83
	NT	1349	1248	1579	9521	5109	20684	33435	38271
ICTC Direct Walk-in	PP	19.61	18.10	9.35	5.37	5.07	3.44	2.11	2.16
	NT	515	348	1615	6651	2682	9010	9974	7731
Total tested at ICTCs[5]	NT	1864	1596	8897	31143	13495	48113	69135	68733

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=1715)	94.57	0.58	0.12	0.00	3.00	1.73

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Alur 0.3	Arakalgud 0.4	Arasikere 0.1	Belur 0.8	Chanaray-apatna 1.1	Hassan 0.8	Holenara-sipura 0.2	Sakalesh-pur 0.3	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1420	-	-
% Total HRG	100	-	-
% Total Pop.	0.08	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-93.47%; Brothel based-1.17%; Street based-5.36%	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	5.10	-	-
% Married	78.00	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	77810	1621	38287	37902
% of male pop.	9.06	0.19	4.46	4.41
% total migration	100	2.08	49.21	48.71

Top 5 districts for inter-state out-migration

Mumbai (Suburban), Maharashtra	Thane, Maharashtra	Mumbai, Maharashtra	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1904	5865	11126	11071
% Syphilis positivity	-	-	0.21	1.02

Programme Response

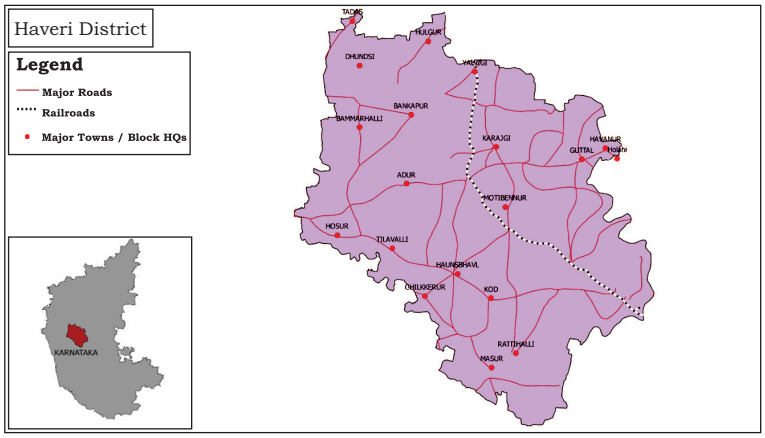
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	4	6	7	8	8	9	48	54	54
Blood Banks	2	2	2	2	2	2	2	2	2
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	-	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	5	9
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	1	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Haveri

Background:

Haveri is bordered by Dharwad on the north, by Gadag in the northeast, by Bellary on the east, by Davangere on the south, by Shimoga in the southwest and by Uttar Kannada on the west and northwest. It has a population of 15.98 lakhs, a sex ratio of 951 females per 1,000 males, and a female literacy rate of 70.65% with an overall literacy rate of 77.60% (Census 2011). The local residents reap crops and indulge in industrial enterprises and other allied ventures to earn their living. The district is also trying to exploit its gold and silver deposits in order to earn revenue. Haveri's tourism industry is dependent on the majestic and revered shrines at Byadgi, Rannibennur and Savanur. It is well connected via roads and railway, and National Highway 4 connects it to other districts within the state.



HIV Epidemic Profile:

- As per 2012 ANC data, HIV prevalence was low at 0.13% among the ANC attendees, with a declining trend.
- According to 2012 PPTCT data, HIV positivity was low at 0.11% among the attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.11% among the attendees, with a declining trend in the last three years.
- Based on 2010 HSS-FSW data, the level of HIV positivity was low (2.80%) among FSWs.
- According to 2012 ICTC data, the level of HIV positivity was low among male (2.71%) and female (2.54%) attendees. It was low among referred (2.78%) and direct walk-in attendees (1.59%). A decreasing trend was encountered among all the ICTC attendees.
- According to 2009 HRG mapping size data, FSW (1,079; 71.13% of total HRG) was the largest HRG in the district, followed by MSM (438; 28.87% of total HRG). Out of FSWs, the majority were home-based (54.80%).
- In 2012, 6,549 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.62%.
- According to 2001 census, 8.40% of the males were migrants, among them 3.54% migrated to other states and 44.58% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North and South Goa.
- According to 2012 ICTC data, HIV transmissions though parent to child accounted for about 6.50% of the district's total HIV transmissions.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 74.70% and 47.60%, respectively.
- In 2012, a total of three TI sites were operational in the district.
- In 2012, there was one blood bank, one STI clinic and one ART center. It also had 10 link ART centers, one PLHIV network and one community care center.

Key Recommendations:

- Sustained HIV prevention strategy is required to keep HIV prevalence at check.
- Increase the number of TIs, considering the large number of FSWs and MSM population.
- Conduct in-depth analysis of ICTC data to understand the profile of attendees, as the parent to child HIV transmission rate was notable.
- Assess the size and profile of FSWs clients including migrants and truckers, to better understand district vulnerabilities.
- Focus on hard to reach sub-groups like home-based FSWs, as they were the largest typology in the district. Prevention program should be customized to benefit them.
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach through awareness campaigns around tourist areas, truck halting points and highways in the district.

Haveri

District Population: 15,98,506 (2.61% of Karnataka Population); Female Literacy[1]: 70.65%; ANC Utilization[2]: 89.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.38	0.63	0.25	0.63		0.13		0.13
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	0.67	0.50	0.20	0.25	0.18	0.11
	NT	-	-	6717	15553	12621	28342	28823	26566
Blood Bank	PP	-	-	0	0	0	0.60	0.38	0
	NT	-	-	56	77	253	335	527	509
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		2.80		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	17.18	11.50	15.16	11.06	11.28	5.30	3.86	2.71
	NT	885	809	1557	3371	1206	8974	11847	11214
ICTC Female	PP	17.87	11.07	12.51	7.02	7.55	5.03	3.18	2.54
	NT	649	605	1647	4305	1643	9592	12184	11666
ICTC Referred	PP	12.96	9.59	13.09	7.61	8.14	4.62	3.76	2.78
	NT	1088	1168	2322	5820	2237	16211	20186	19796
ICTC Direct Walk-in	PP	28.48	19.51	15.65	12.50	12.75	8.87	2.18	1.59
	NT	446	246	882	1856	612	2355	3845	3084
Total tested at ICTCs[5]	NT	1534	1414	9921	23229	15470	46908	52854	49446

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (4403)	42	10	84	55	27
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=600)	92.17	0.50	0	0.50	6.50	0.33

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Byadagi, 0.66	Hangal, 0.29	Haveri, 0.79	Hirekerur 0.34	Ranebennur, 0.47	Savanur, 0.47	Shiggaon, 0.18	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1079	438	-
% Total HRG	71.13	28.87	-
% Total Pop.	0.07	0.03	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-54.80%; Brothel based-0%; Street based-45.20%	Kothi-38.34%; Panthi-NA; Double decker-61.66%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	11.90	40.50	-
% Married	59.50	0	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	62198	2204	27725	32269
% of male pop.	8.40	0.30	3.75	4.36
% total migration	100	3.54	44.58	51.88

Top 5 districts for inter-state out-migration

North Goa	South Goa	North West Delhi	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1004	5287	7556	6549
% Syphilis positivity	-	-	4.92	0.62

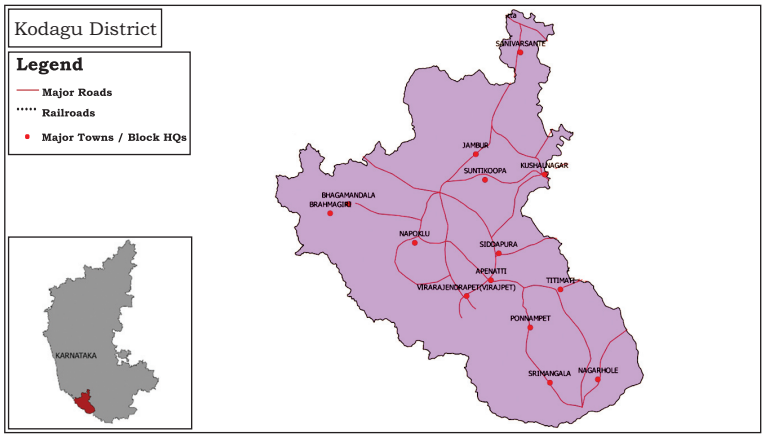
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	2	2
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	4	5	8	13	13	13	25	28	34
Blood Banks	-	-	-	1	1	1	1	1	1
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	3	6	10
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Kodagu

Background:



Kodagu, also known by its anglicized former name of Coorg, is the least populous district in Karnataka. The district is bordered by Dakshina Kannada to the Northwest, Hassan to the North, Mysore to the East, Kannur district of Kerala to the Southwest, and the Wayanad district of Kerala to the South. It has a population of 5.54 lakhs, a sex ratio of 1,019 females for every 1,000 males, and a female literacy rate of 77.91% with an overall literacy rate of 82.52% (Census 2011). Kodagu is a rural region with most of the economy based on agriculture, plantations and forestry, as well as one of the more prosperous parts of Karnataka. Due to coffee production and other plantation crops; coffee processing is also becoming a major economic contributor. The district attracts lot of tourist due to its scenic beauty. Eco-tourism, such as walking and trekking tours, bring multitudes of tourist into the district each year. Kodagu is connected to other districts in Karnataka by way of state highways.

HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity was moderate at 0.50% among the ANC attendees, with a decreasing trend.
- According to 2012 PPTCT data, HIV positivity was low at 0.14% among the attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low among the attendees, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (1.21%) and female (1.36%) attendees.It was also low among referred (1.42%) and direct walk-in (0.92%) attendees.There had been an overall declining trend observed over the past five years.
- According to HRG size mapping data, FSW (499; 66.71% of total HRG) was the largest HRG in the district followed by MSM (249; 33.29% of total HRG).
- In 2012, 6,218 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.19%.
- According to 2001 census, 12.05% of males were migrants, among them 8.38% migrated to other states and 35.87% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Wayanad and Kannur, Kerala.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 86.9 % and 27.8%, respectively.
- In 2012, one composite TI site was operational in the district.
- In 2012, a total of 21 ICTCs were operational, which tested a total of 23,988 attendees for HIV in the district.
- In 2012, there were one blood bank, one STI clinic and one ART center. The district also had three link ART centers and one PLHIV network.

Key Recommendations:

- Conduct socio-economic analysis of HIV positive people to understand the reasons for HIV positivity among ANC attendees.
- Increase the number of TIs in the district in order to support the large number of HRGs.
- Assess the size and profile of the clients of FSWs and MSM, including migrants and truckers, to help in better understanding of district vulnerabilities.
- Information on typology of HRG population will help to appropriately design the prevention program for these vulnerable population.
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach programs through awareness campaigns among women and around truck halting points and highways in the district.

Kodagu

District Population: 5,54,762 (0.91% of Karnataka Population); Female Literacy[1]: 77.91%; ANC Utilization[2]: 94.5%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.75	0.50	0.75	2.63		0.63		0.50
	NT[4]	800	800	800	799		800		800
PPTCT	PP	-	-	0.47	0.30	0.60	0.27	0.09	0.14
	NT	-	-	2963	6969	2882	8664	9095	7865
Blood Bank	PP	0.51	0.46	0.30	0.37	0.08	0	0.12	0
	NT	783	647	1349	538	1232	1578	1643	1558
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	10.22	12.22	7.26	4.05	3.27	1.59	1.46	1.21
	NT	372	573	1833	3261	1222	8537	9381	8117
ICTC Female	PP	3.84	4.44	4.50	3.97	3.35	2.22	1.40	1.36
	NT	886	900	2269	2975	776	5229	5512	5217
ICTC Referred	PP	4.81	6.69	5.28	3.87	2.84	2.14	1.60	1.42
	NT	1144	1405	3316	5089	1550	8533	10083	9294
ICTC Direct Walk-in	PP	14.91	23.53	7.63	4.62	4.91	1.32	1.08	0.92
	NT	114	68	786	1147	448	5233	4810	4040
Total tested at ICTCs[5]	NT	1258	1473	7065	13205	4880	22430	23988	21199

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(903)	44	10	92	63	19
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=169)	96.45	0	0	0	3.55	0

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Madikeri, 0.1	Somvar-pete, 0.3	Virajpete, 0.4	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	499	249	-
% Total HRG	66.71	33.29	-
% Total Pop.	0.09	0.04	-
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	32919	2758	11809	18352
% of male pop.	12.05	1.01	4.32	6.72
% total migration	100	8.38	35.87	55.75

Top 5 districts for inter-state out-migration

Wayanad, Kerala	Kannur, Kerala	Kasaragod, Kerala	Chan-digarh, Chandi-garh	Ludhiana, Punjab

STI/RTI

	2009	2010	2011	2012
No. episodes treated	502	2421	5645	6218
% Syphilis positivity	-	-	0.10	0.19

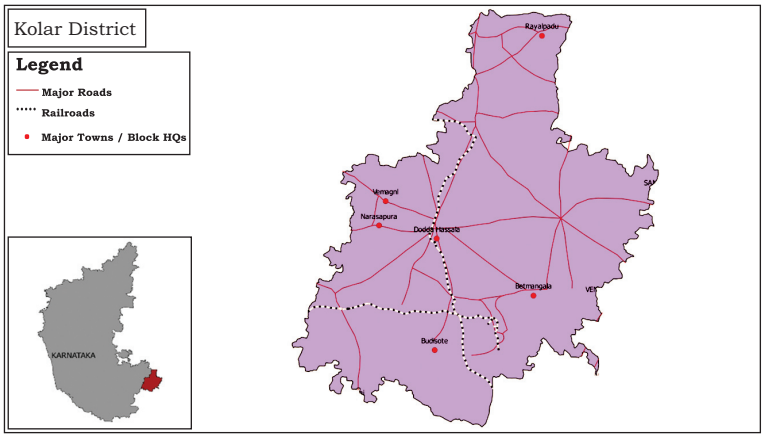
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	1	1	1	1	1
ICTCs	4	4	6	10	10	17	17	21	28
Blood Banks	1	1	1	1	1	1	1	1	1
STI clinics	-	1	1	1	1	0	1	1	1
ART centres	-	-	-	-	-	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	2	3
PLHIV Networks	-	-	-	-	-	-	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Kolar

Background:



Kolar is located in the southern region of Karnataka and is the eastern-most district of the Karnataka. The district is bordered by Bangalore Rural in the west, Chikballapur in the north, Chittoor district of Andhra Pradesh in the east and on the south by Krishnagiri and Vellore district of Tamil Nadu. The population of Kolar is 15.40 lakhs, a sex ratio of 976 females for every 1,000 males, and a female literacy rate of 66.56% with an overall literacy rate of 74.33% (Census 2011). The major sources of employment are agriculture, dairy and sericulture, floriculture hence, it is popularly known as the land of "Silk, Milk and Gold". The gold mines until recently supplied the major portion of gold for India; the economy of Kolar also depends on silk farming and wool spinning. The district is well connected to other parts of the state by railways, roadways, as well as National Highways 4 and 234.

HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV prevalence was low at 0.25% among the ANC clients, with a declining trend.
- According to 2012 PPTCT data, HIV positivity was low at 0.17% among the attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.28% among the attendees, with a declining trend.
- As per 2010 HSS-FSW data, HIV positivity was low at 3.20% among FSWs, but a trend could not be determined due on lack of data.
- According to 2012 data, HIV positivity among ICTC attendees was low among male (2.18%) and female (1.88%) attendees, as well as among referred (2.08%) and direct walk-in (1.87%) attendees. The positivity levels showed a declining trend among all the ICTC attendees.
- According to 2009 HRG size mapping data, FSW (2,228; 73.36% of total HRG) was the largest HRG in the district followed by MSM (809; 26.64% of total HRG).
- In 2012, 21,912 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.31%.
- According to 2001 census, 5.25% of the males were migrants, among them 6.48% migrated to other states and 46.25% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Chittoor and Anantapur, Andhra Pradesh.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 68.4 % and 14.5%, respectively.
- In 2012, a total of three TI sites, one each for FSW, MSM and IDUs were operational in the district.
- In 2012, there were five blood banks, two STI clinic and one ART centers. The district also had three link ART center.

Key Recommendations:

- There is a need for an increase in the number of targeted interventions (TI) sites in the district, the current number of TI sites is not enough to deal with the large number and diverse HRGs in the area.
- A sustained approach for HIV prevention programs is needed to keep a check on HIV prevalence in the district.
- Assess the size and profile of FSWs clients' population and MSM and their partners, to help in understanding the district vulnerabilities.
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach programs through awareness campaigns among women and around truck halting points and highways in the district.

Kolar

District Population: 15,40,231 (2.52% of Uttar Pradesh Population); Female Literacy[1]: 66.56%; ANC Utilization[2]: 92.5%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.00	1.50	0.25	0.50		0.25		0.25
	NT[4]	400	400	400	799		800		800
PPTCT	PP	-	-	0.80	0.40	0.40	0.25	0.23	0.17
	NT	-	-	6212	16998	7126	39254	49477	35243
Blood Bank	PP	0.71	0.37	0.24	0.17	0.33	0.22	0.10	0.28
	NT	5769	2435	7204	2896	7861	8200	9473	14457
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		3.20		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	20.73	13.43	11.29	6.31	6.03	3.24	2.57	2.18
	NT	936	871	2330	7318	2704	19555	27657	26138
ICTC Female	PP	13.92	9.74	12.15	3.48	3.45	2.34	1.97	1.88
	NT	1135	801	1638	9603	3567	20803	27537	25801
ICTC Referred	PP	13.32	9.24	9.15	3.81	3.93	2.61	2.32	2.08
	NT	946	1071	2612	10418	4476	30394	39309	39637
ICTC Direct Walk-in	PP	20.09	15.97	16.45	6.12	6.13	3.28	2.13	1.87
	NT	1125	601	1356	6533	1795	9964	15885	12302
Total tested at ICTCs[5]	NT	2071	1672	10180	33919	13397	79612	104671	87182

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(4921)	32	14	95	73	16
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1059)	94.71	1.23	0.38	0.19	1.89	1.61

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Bangarpet, 0.3	Kolar, 0.5	Malur, 0.73	Mulabagi-lu, 0.05	Shrini-vaspura, 0.32	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	2228	809	-
% Total HRG	73.36	26.64	-
% Total Pop.	0.14	0.05	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-28.20%; Panthi-NA; Double decker-67.50%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	30.50	-
% Married	-	15.70	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	67207	4356	31085	31766
% of male pop.	5.25	0.34	2.43	2.48
% total migration	100	6.48	46.25	47.27

Top 5 districts for inter-state out-migration

Chittoor, Andhra Pradesh	Anantapur, Andhra Pradesh	Dharma-puri, Tamil Nadu	Vellore, Tamil Nadu	Mumbai (Suburban), Maha-rashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	7821	17140	19948	21912
% Syphilis positivity	-	-	0.31	0.31

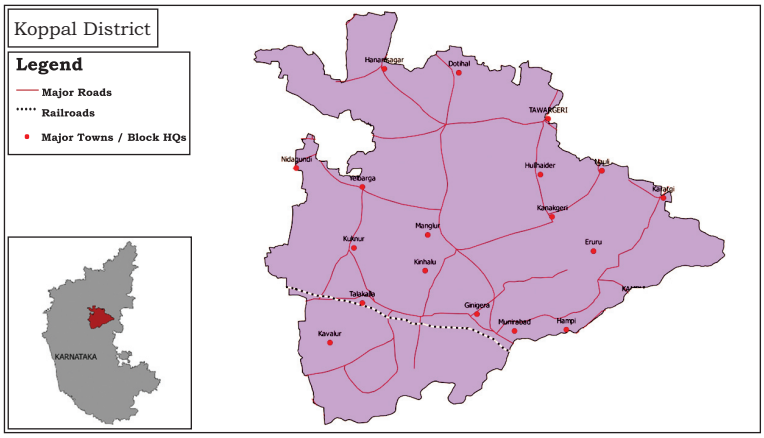
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	1	1
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	1	1	1	1	1
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	2	2	8	17	16	33	37	54	70
Blood Banks	3	3	3	3	5	4	4	4	5
STI clinics	-	2	2	2	2	2	2	2	2
ART centres	-	-	1	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	2	3
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Koppal

Background:



Koppal, previously referred to as 'Kopana Nagara', was formed after the split of Raichur district. It has a population of 13.91 lakhs, a sex ratio of 983 female per 1,000 males, and a female literacy rate of 56.22% with an overall literacy rate of 67.28% (Census 2011). Agriculture and industries of this district comprises the economy of the district. Koppal, now a district headquarters is ancient Kopana, a major holy place of the Jainas. Koppal district is surrounded by Raichur district in the east, Gadag district in the West, Bagalkot district in the north, Bellary district in the south. Koppal district headquarters is closest to the world heritage Hampi which attracts numerous tourist and pilgrims each year to the district. District is well-known for its iron, steel, tourism, and artisan industries. It is well connected via roads and railway, National Highways 13 and 63 connects it to other districts of the sate.

HIV Epidemic Profile:

- As per 2012 HSS-ANC data, positivity was low at 0.38% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, HIV positivity was low at 0.29% among the attendees, with a stable trend in the last three years.
- According to 2012 Blood Bank data, HIV positivity was low at 0.16% among the attendees, with a declining trend in the last three years.
- Based on 2010 HSS-FSW data, HIV positivity was low at 3.61% among the attendees. Although, due to lack of historical data a trend could not be determined.
- According to 2012 ICTC data, the level of positivity was low among male (4.82%) and female (4.50%) attendees. It was near moderate for referred (4.89%) attendees and low among direct walk-ins (3.83%). An overall decreasing trend was observed among all the ICTC attendees.
- According to 2009 HRG mapping size data, FSW (1,500; 66.96% of total HRG) was the largest HRG in the district, followed by MSM (740; 33.04% of total HRG).
- In 2012, 10,162 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.10%.
- According to 2001 census, 5.15% of the males were migrants, among them 5.44% migrated to other states and 50.14% migrated to other districts within the state.
- The top two inter-state out-migration destinations were Ratnagiri, Maharashtra and North Goa.
- According to 2012 ICTC data, HIV infections though parent to child accounted for 8.16% of the district's total HIV transmissions.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 62% and 18.30%, respectively.
- In 2012, a total of three TI sites one each for FSW, MSM and IDUs were operational in the district.
- In 2012, there were one blood banks, two STI clinic and one ART center. The district also had nine link ART centers.

Key Recommendations:

- Increase the number of TI sites in the district as to accommodate the presence of a large number of diverse HRGs.
- Carryout disaggregated analysis of HSS-ANC data to identify risk factors responsible for the HIV epidemic among general population.
- Conduct socio-economic analysis of ICTC data to understand the profile of attendees, as the parent to child HIV transmission rate was quite notable.
- Assess the size and profile of FSW's client including migrants and truckers, to better understand district vulnerabilities.
- Availability of data on typology of HRGs would help to analyze risk factors, so that appropriate intervention can be planned.
- Strengthen outreach programmes through awareness campaigns for STI for women, migrants and around truck halting points and highways in the district.

Koppal

District Population: 13,91,292 (2.27% of Karnataka Population); Female Literacy[1]: 56.22%; ANC Utilization[2]: 65.7%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	2.88	1.63	1.25	0		0.63		0.38
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	1.28	0.84	0.65	0.39	0.33	0.29
	NT	-	-	1719	9211	7977	21055	31478	26594
Blood Bank	PP	-	-	-	-	-	0.46	0.21	0.16
	NT	-	-	-	-	-	2611	3305	3844
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		3.61		-
	NT	-	-	-	-		249		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	34.27	20.79	39.22	25.24	19.57	10.56	5.02	4.82
	NT	642	611	1053	3606	1691	6314	12532	14218
ICTC Female	PP	38.88	23.59	35.44	21.69	18.23	9.35	4.38	4.50
	NT	427	462	948	3918	1624	6714	13919	15551
ICTC Referred	PP	22.33	29.21	34.84	19.92	36.33	22.45	4.57	4.89
	NT	1388	1010	976	994	1770	6315	22350	23130
ICTC Direct Walk-in	PP	49.46	48.10	45.89	28.29	21.30	13.30	5.29	3.83
	NT	93	79	231	1209	277	1647	4101	6639
Total tested at ICTCs[5]	NT	1069	1073	3720	16735	11292	34083	57929	56363

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(7633)	43	8	77	51	25
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1385)	90.40	0	0	0	8.16	1.44

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Ganga-vathi, 1.16	Koppal, 0.88	Kushtagi, 0.83	Yelburga, 0.3	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1500	740	-
% Total HRG	66.96	33.04	-
% Total Pop.	0.11	0.05	-
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	30980	1686	15532	13762
% of male pop.	5.15	0.28	2.58	2.29
% total migration	100	5.44	50.14	44.42

Top 5 districts for inter-state out-migration

Ratnagiri, Maharash-tra	North Goa, Goa	South Goa, Goa	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	798	5406	8965	10162
% Syphilis positivity	-	-	0	0.10

Programme Response

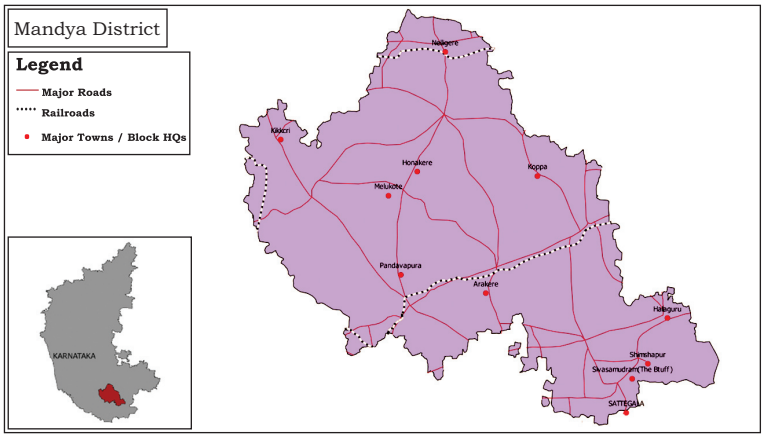
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	1
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	1	1	8	14	41	42	60	58
Blood Banks	-	-	-	-	-	-	1	1	1
STI clinics	-	2	1	2	2	1	2	2	2
ART centres	-	-	-	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	3	4	5	9
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Mandya

Background:

Mandya is an administrative district of Karnataka and Hassan borders it on the north and Tumkur on the east, by Tumkur and Bangalore on the south by Mysore and on the west by the districts of Hassan and Mysore. The district has a population of 18.08 lakhs, a sex ration of 989 females for every 1,000 males, and a female literacy rate of 62.10% with an overall literacy rate of 70.14% (Census 2011). Since Mandya is located on the banks of the river Cauvery, agriculture is the main occupation and is the single largest contributor to its economy. The district is well connected with rail and road network which connects it to other districts of the state. The National Highways 48 and 209 passes through this district.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity was high at 1.13% among the ANC attendees, with an increasing trend.
- According to 2012 PPTCT data, HIV positivity was low (0.22%) among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low (0.21%) among the Blood Bank attendees, with a stable trend.
- As per 2012 ICTC data, HIV positivity was low among male (2.49%) and female (3.31%) attendees. It was also low for referred (2.70%) and direct walk-ins (3.12%) attendees. An overall decreasing trend was exhibited among all the ICTC attendees.
- According to the 2009 HRG mapping size data, FSW (810; 82.91% of total HRG) was the largest HRG in the district, followed by MSM (167; 17.09% of total HRG).
- In 2012,16,266 STI/RTI episodes were treated the syphilis positivity rate among STI attendees was 2.29%.
- According to 2001 census, 8.16% of the males were migrants, among them 1.93% migrated to other states and 49.73% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Mumbai (suburban) and Mumbai, Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 85% and 27.2%, respectively.
- In 2012, two TIs, one for FSWs and one for MSM, were operational in the district.
- In 2012, there were three blood banks, one STI clinic and one ART center. The district also had eight link ART centers.

Key Recommendations:

- Increase the number of TIs in the district in order to support the large number and diverse HRGs.
- Carryout disaggregated analysis of HSS-ANC data to identify the factors the high HIV prevalence among the general population.
- Assess the size and profile of FSW's client including migrants and truckers, to better understand district vulnerabilities.
- Availability of data on HRGs typology will help to understand the district's vulnerability.
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach programs through awareness campaigns among women and around truck halting points and highways in the district.

Mandya

District Population: 18,08,680 (2.96% of Karnataka Population); Female Literacy[1]: 62.10%; ANC Utilization[2]: 97.2%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.00	0.25	1.25	0.13		0.50		1.13
	NT[4]	800	800	800	799		800		800
PPTCT	PP	-	-	0.82	0.30	0.40	0.31	0.23	0.22
	NT	-	-	14746	16583	5775	18681	22595	19380
Blood Bank	PP	0.48	0.50	0.52	0.36	0.25	0.24	0.26	0.21
	NT	5643	3985	7493	3895	8527	11255	11344	9464
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	17.27	18.22	13.21	6.51	6.84	3.58	2.61	2.49
	NT	1529	719	1514	8776	2925	15883	18158	19191
ICTC Female	PP	18.39	15.30	13.06	8.36	8.37	5.36	3.38	3.31
	NT	892	608	965	4833	1733	8026	9804	11338
ICTC Referred	PP	13.59	11.90	11.45	7.12	7.11	4.39	3.04	2.70
	NT	1714	840	1877	9986	3233	15792	20179	24223
ICTC Direct Walk-in	PP	27.58	25.46	18.44	7.31	8.00	3.76	2.48	3.12
	NT	707	487	602	3585	1425	8117	7783	6306
Total tested at ICTCs[5]	NT	2421	1327	17225	30192	10433	42590	50557	49909

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(4127)	49	9	91	61	23
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=852)	96.95	0.82	0.47	0.35	0.23	1.17

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	K.R.Pet, 0.46	Maddur, 1.88	Malavalli, 1.14	Mandya, 0.35	Nagamangala, 0.38	Pandavapura, 0.19	Shrirangapattana 0.4	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	810	167	0
% Total HRG	82.91	17.09	0
% 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	72414	1400	36012	35002
% of male pop.	8.16	0.16	4.06	3.94
% total migration	100	1.93	49.73	48.34

Top 5 districts for inter-state out-migration

Mumbai (Suburban), Maharashtra	Mumbai, Maharashtra	Thane, Maharashtra	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	968	4771	13411	16266
% Syphilis positivity	-	-	2.29	0.63

Programme Response

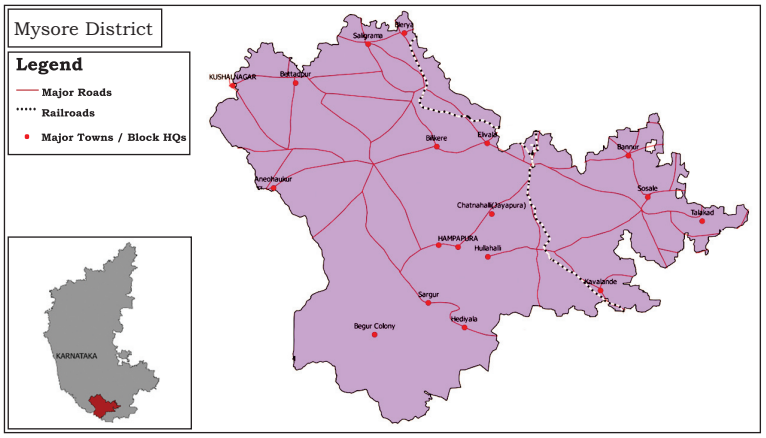
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	1
MSM TIs	-	-	-	-	-	-	-	-	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	1	1	1	1	1	1	1	1	0
ICTCs	3	5	11	17	17	17	31	36	26
Blood Banks	3	3	3	3	3	3	3	3	3
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	1	1	1	1
Link ART centres	-	-	-	-	-	2	5	6	8
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Mysore

Background:

Mysore is an administrative district located in the southern part of Karnataka and is the third most populous district in Karnataka after Bangalore and Belgaum. The district is bordered by Mandya to the North-east, Chamrajanagar to the Southeast, Wayanad (Kerala) to the South, Kodagu to the West, and Hassan to the North. Mysore has a population of 29.94 lakhs, a sex ratio of 982 females for every 1,000 males, and a female literacy rate of 66.59% with an overall literacy rate of 72.56% (Census 2011). The district has multiple monuments and historical sites making it a popular tourist destination. While, tourism is an important industry in Mysore, the economy is based primarily on agriculture. However, there are various large industries in the district. As well, Mysore is proving to be the next IT hub in Karnataka after the phenomenal success of Bangalore. The district is well connected to other districts and states by National Highway 212, as well by state roadways and railways.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV prevalence was moderate at 0.50% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, HIV positivity was low at 0.16% among the attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.21% among the attendees, with a declining trend in the last three years.
- According to 2012 ICTC data, HIV positivity was low among male (2.51%) and female (3.34%) attendees. HIV positivity levels were near moderate among referred (4.71%) attendees and low among direct walk-ins (1.65%). For the previous five years there had been an overall declining trend among all the ICTC attendees.
- According to 2009 HRG size mapping data, FSW (4,255;100% of total HRG) was the only HRG in the district. Among FSWs, the major typology was home-based (66.67%).
- In 2012, 15,825 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.37%.
- According to 2001 census, 6.23% of the males were migrants, among them 7.11% migrated to other states and 43.90% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Nilgiris, Tamil Nadu and Mumbai (suburban), Maharastra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 76.2% and 24.9%, respectively.
- In 2012, a total of five TI sites (four for FSWs and 1 for MSM) were operational in the district.
- In 2012, there were 95 ICTC centers which tested 1,06,569 attendees. There have been consistent increase in number of ICTCs in the district.
- In 2012, there were 11 blood banks, one STI clinic and two ART centers. The district also had eight link ART centers.

Key Recommendations:

- Sustained approach is needed to keep a check on HIV incidence as it has shown a sharp increase in 2012.
- Assess of the size and profile of FSWs client's, including migrants and truckers, to help in better understanding the district's vulnerabilities.
- An up to date information on profile and size of migrants will improve understanding of district vulnerabilities. Strengthen IEC programme for creating awareness on HIV prevention in the district among general population, especially women, considering relatively higher prevalence among ANC attendees.

Mysore

District Population: 29,94,744 (4.50% of Karnataka Population); Female Literacy[1]: 66.59%; ANC Utilization[2]: 91.5%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.13	1.00	0.88	0.88		0.13		0.50
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	0.43	0.49	0.40	0.25	0.17	0.16
	NT	-	-	12086	32838	10671	36373	43916	41221
Blood Bank	PP	0.50	0.37	0.39	0.35	0.34	0.30	0.23	0.21
	NT	23272	13844	25725	12312	27506	33422	36211	34630
HSS-STD	PP	13.60	14.00	10.00	-		-		-
	NT	250	250	250	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	20.36	16.83	13.73	9.09	9.16	4.86	3.64	2.51
	NT	4893	2846	5745	15974	6351	24499	34250	43972
ICTC Female	PP	23.10	16.11	14.87	10.02	10.68	6.65	5.28	3.34
	NT	2364	1782	3517	9065	3061	10819	14387	21376
ICTC Referred	PP	20.49	12.94	15.93	10.94	10.50	5.44	4.71	3.27
	NT	4530	3726	6215	16869	6399	25129	35411	45462
ICTC Direct Walk-in	PP	22.52	31.49	10.57	8.06	7.92	5.33	2.63	1.65
	NT	2727	902	3047	8494	3016	10189	13226	19886
Total tested at ICTCs[5]	NT	7257	4628	21348	57877	20083	71691	92553	106569

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(19374)	37	11	77	56	15
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1815)	94.60	1.71	0	0.06	2.09	1.54

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	H.D.Kote, 0.19	Hunsur, 0.43	K.R. Nagar, 0.24	Mysore, 0.73	Nanjan-gud, 0.27	Periyap-atna, 0.14	TN Pura, 0.34	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	4255	-	-
% Total HRG	100	-	-
% Total Pop.	0.14	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home-based-66.67%; Brothel-based-2.87%; Street-based-30.46%	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	16.50	-	-
% Married	80.00	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	83172	5910	36511	40751
% of male pop.	6.23	0.44	2.73	3.05
% total migration	100	7.11	43.90	49.00

Top 5 districts for inter-state out-migration

Nilgiris, Tamil Nadu	Mumbai (Suburban), Maha-rashtra	Coim-batore, Tamil Nadu	Wayanad, Kerala	Thane, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	1272	9477	15592	15825
% Syphilis positivity	-	-	0.00	0.37

Programme Response

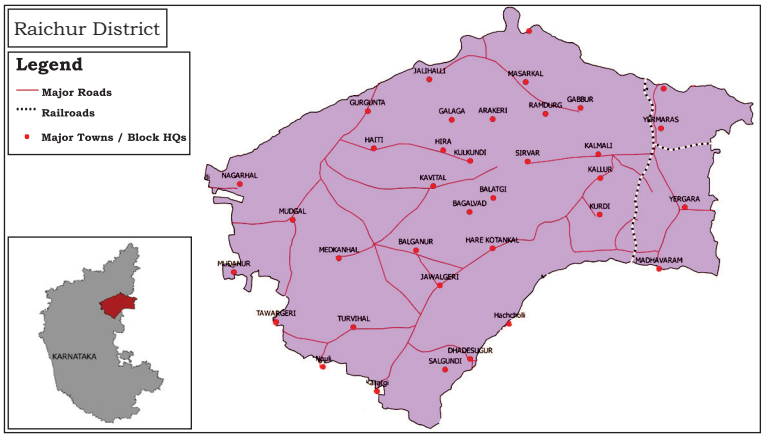
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	4
MSM TIs	-	-	-	-	-	-	-	-	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	1	1	1	1	1	1	1	1	-
ICTCs	7	12	17	24	24	26	53	60	95
Blood Banks	9	9	8	9	12	10	11	11	11
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	1	1	1	1	1	1	2	2	2
Link ART centres	-	-	-	-	-	1	4	7	8
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	1	2	2	2	2	2
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Raichur

Background:

Raichur is located in the northeast part of the state and is bordered by Yadgir in the north, Bijapur and Bagalkot district in the northwest, Koppal in the west, Bellary in the south, Mahabubnagar and Kurnool districts of Andhra Pradesh in the east. It has a population of 19.24 lakhs, a sex ratio of 992 females per 1,000 males, and a female literacy rate of 49.56% with an overall literacy rate of 60.46% (Census 2011). Agriculture is the main source of economy for the district. It also has a good trading market in cotton and oil seeds industry. The district is well connected to the other districts of the state by roads and railways.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity was moderate at 0.50% among the ANC attendees, with a decreasing trend.
- According to 2012 PPTCT data, HIV positivity was low at 0.30% among the attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.18% among the attendees, with a declining trend.
- Based on 2010 HSS-FSW data, HIV positivity was moderate (6.80%) among FSWs. Although, due to lack of previous data points a trend could not be determined.
- According to 2012 ICTC data, the level of HIV positivity was low among male (4.64%) and female (4.34%) attendees. It was also low among referred (3.81%) attendees but moderate among direct walk-ins (8.11%).A decreasing trend was seen among all the ICTC attendees.
- According to 2009HRG mapping size data, FSW (1,744; 68.82% of total HRG) was the largest HRG in the district, followed by MSM (790; 31.18% of total HRG). Among the FSWs, the majority were home-based (57.90%).
- In 2012, 10,018 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.54%.
- According to 2001 census, 5.43% of the males were migrants, among them 17.39% migrated to other states and 42.17% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Pune in Maharashtra and Mahbubnagar in Andra Pradesh.
- In 2012, HIV transmissions though parent to child accounted for about 6.92% of the district's total HIV transmissions.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 76.30% and 36.20%, respectively.
- In 2012, there were three TIs (two for FSWs and one for MSM) functional in the district.
- In 2012, there were 60 ICTCs which tested 59,475 attendees.
- In 2012, there were six blood banks, two STI clinic and two ART centers. The district also had four link ART centers.

Key Recommendations:

- Increase the number of TIs in the district in order to support the large and diverse number of HRGs.
- Carry out in-depth analysis of ICTC data to understand the profile of attendees, as the parent to child HIV transmission rate was notable.
- Assess the size and profile of FSW's client including migrants and truckers, to better understand district vulnerabilities.
- Prevention program should be focused on hard to reach sub-groups like home-based FSWs.
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach programs through awareness campaigns among women and around truck halting points and highways in the district.

Raichur

District Population: 19,24,773 (% of Uttar Pradesh Population); Female Literacy[1]: 49.56%; ANC Utilization[2]: 55.7%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.63	1.38	0.50	0.50		0.25		0.50
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	5.94	0.60	0.60	0.49	0.35	0.30
	NT	-	-	2391	11283	7487	21392	32206	24459
Blood Bank	PP	0.58	0.43	0.38	0.26	0.21	0.19	0.13	0.18
	NT	7453	6497	9818	4945	12394	14390	15747	10846
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		6.80		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	27.80	14.84	28.42	18.95	18.15	10.51	5.49	4.64
	NT	626	1024	2509	4856	1736	9708	18009	18648
ICTC Female	PP	28.21	12.46	28.23	17.31	21.38	11.30	5.26	4.34
	NT	397	843	2044	3963	1258	7399	16171	16368
ICTC Referred	PP	38.66	11.53	23.27	14.20	14.51	9.25	4.75	3.81
	NT	569	1579	3197	6494	2247	12919	28031	29416
ICTC Direct Walk-in	PP	14.54	26.04	40.27	29.46	34.63	15.78	8.15	8.11
	NT	454	288	1356	2332	748	4188	6149	5600
Total tested at ICTCs[5]	NT	1023	1867	6944	20102	10481	38499	66386	59475

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (9795)	37	8	78	54	20
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1576)	91.69	0.25	0.00	0.19	6.92	0.95

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Deva-durga, 0.48	Lingsugar, 0.38	Manvi, 0.29	Raichur, 0.78	Sindhnur, 0.87	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1744	790	-
% Total HRG	68.82	31.18	-
% Total Pop.	0.09	0.04	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-57.90%; Brothel based-0%; Street based-42.10%	Kothi-25.58%; Panthi-NA; Double decker-74.42%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	15.80	33.10	-
% Married	15.80	22.90	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	45161	7854	19287	18020
% of male pop.	5.43	0.94	2.32	2.16
% total migration	100	17.39	42.71	39.90

Top 5 districts for inter-state out-migration

Pune, Maharash-tra	Mahbub-nagar, Andhra Pradesh	Mumbai (Suburban), Maha-rashtra	Thane, Maharash-tra	Kurnool, Andhra Pradesh

STI/RTI

	2009	2010	2011	2012
No. episodes treated	2209	3585	8221	10018
% Syphilis positivity	-	-	-	0.54

Programme Response

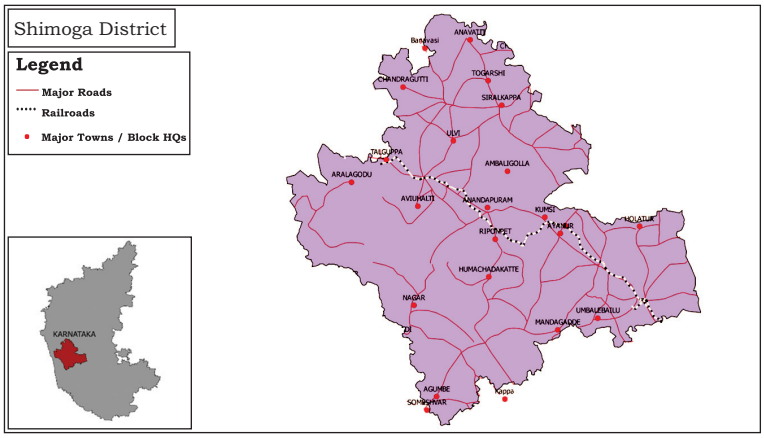
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	1	1	1	2
MSM TIs	-	-	-	-	-	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	21	24	43	43	62	60
Blood Banks	5	5	5	5	6	6	6	6	6
STI clinics	-	1	2	1	1	1	1	2	2
ART centres	-	-	1	1	1	1	2	2	2
Link ART centres	-	-	-	-	-	4	4	4	4
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Shimoga

Background:

Shimoga is located in the center of Karnataka map. It is the rice bowl of the State. It is bordered by Haveri , Davanagere , Chikmagalur , and Uttara Kannada. It has a population of 17.55 lakhs, a sex ratio of 995 females for every 1,000 males, and a female literacy rate of 74.89% with an overall literacy rate of 80.50% (Census 2011). Foundry, agriculture and animal husbandry are the major contributors to the economy of Shimoga. Shimoga is well connected to other parts of the states by state roadways and broad gauge railways, it also has National Highways 13 and 206 passing through the district.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, positivity was low at 0.25% among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.17% among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.32% among the Blood Bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV prevalence was low (3.20%) among FSWs; however due to lack of previous data a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was low among male (1.83%) and female (2.12%) attendees. It was also low for referred (1.91%) and direct walk-in (2.11%) attendees. An overall decreasing trend was exhibited among all the ICTC attendees.
- According to the HRG mapping size data, FSW (1,588; 82.02% of total HRG) was the largest HRG in the district followed by MSM (348; 17.98% of total HRG). The major typology for FSWs was home-based (68.80%).
- In 2012, 9,515 STI/RTI episodes were treated and the syphilis positivity rate among STI attendees was 0.41%.
- According to 2001 census, 8.55% of the males were migrants, among them 2.66% migrated to other states and 53% 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 90.20% and 33.90%, respectively.
- In 2012, there were three TIs functional in the district.
- In 2012, there were 44 ICTCs which tested 54,840 attendees.
- In 2012, there were five blood banks, two STI clinics and one ART center. The district also had six link ART centers, one PLHIV network and one community care center.

Key Recommendations:

- Increase the number of TIs, considering the large and diverse group of HRG population
- Assess of the size and profile of FSWs client's, including migrants and truckers, to help in better understanding the district's vulnerabilities.
- An up to date information on profile and size of migrants will improve understanding of district vulnerabilities.
- Considering high number of home based and street based sex workers, the prevention program should be customized to reach this hard to reach population
- Considering high rate of migration to high HIV prevalent districts, strengthen outreach programs through awareness campaigns among women and around truck halting points and highways in the district.

Shimoga

District Population: 17,55,512 (2.87% of Karnataka Population); Female Literacy[1]: 74.89%; ANC Utilization[2]: 91.8%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.88	0.50	0.38	1.00		0		0.25
	NT[4]	800	800	800	800		799		800
PPTCT	PP	-	-	0.30	0.40	0.48	0.27	0.20	0.17
	NT	-	-	10534	17704	7011	17564	24450	20652
Blood Bank	PP	0.33	0.64	0.31	0.35	0.40	0.41	0.32	0.32
	NT	10683	6373	13541	5383	15336	19459	19852	17890
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		3.20		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	15.92	9.77	10.12	5.23	4.52	3.10	2.06	1.83
	NT	999	1290	2925	8624	4050	12598	19175	19769
ICTC Female	PP	21.40	10.13	9.07	5.19	5.41	3.22	2.43	2.12
	NT	486	1056	2513	6085	2386	9763	13031	14419
ICTC Referred	PP	15.03	6.74	10.97	4.66	4.61	2.90	2.13	1.91
	NT	1091	2017	3818	10903	4775	17173	24256	27025
ICTC Direct Walk-in	PP	25.13	29.48	6.38	6.82	5.54	3.97	2.47	2.11
	NT	394	329	1630	3811	1661	5188	7950	7163
Total tested at ICTCs[5]	NT	1485	2346	15972	32413	13447	39925	56656	54840

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(3444)	44	8	87	57	23
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=668)	94.01	1.05	0	0.15	4.79	0

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Bhadra-vathi, 0.2	Hosana-gar, 0.2	Sagar, 0.5	Shikar-ipura, 0.3	Shimoga, 0.4	Shimogga, 0.2	Thirtahalli, 0.3	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1588	348	-
% Total HRG	82.02	17.98	-
% Total Pop.	0.09	0.02	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-68.80%; Brothel based-1.30%; Street based-29.90%	Kothi-38.34%; Panthi-NA; Double decker-61.66%	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	20.80	25.00	-
% Married	57.10	0	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	70900	1887	37575	31438
% of male pop.	8.55	0.23	4.53	3.79
% total migration	100	2.66	53.00	44.34

Top 5 districts for inter-state out-migration

Mumbai (Subur-ban), Maharash-tra	Thane, Maharash-tra	South Goa, Goa	North Goa, Goa	Kolhapur, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	2630	9366	7206	9515
% Syphilis positivity	-	-	1.50	0.41

Programme Response

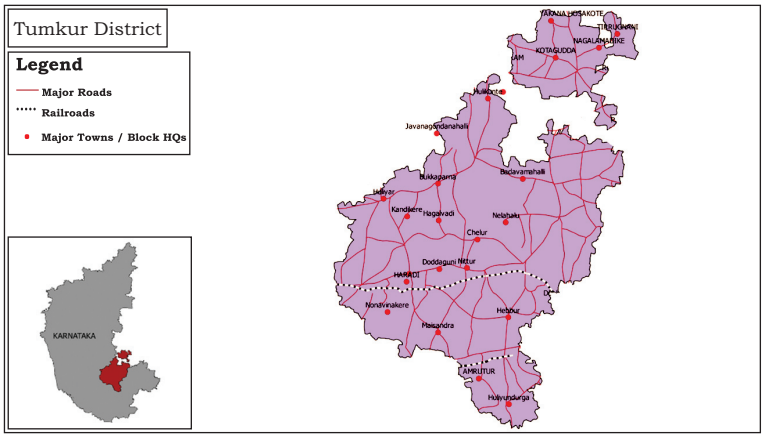
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	1	2
MSM TIs	-	-	1	1	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	4	0	10	13	13	14	22	42	44
Blood Banks	6	6	7	7	6	5	5	5	5
STI clinics	-	1	1	1	1	1	1	1	2
ART centres	-	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	4	6	6
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	1	-	-	1	1	2	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Tumkur

Background:

Tumkur is an administrative district of Karnataka and is only 70 kilometers from the capital city, Bangalore. The district is bound by Chitradurga, Hassan, Mandya, Ramanagara, Bangalore Rural, Chikaballapura, and Anantapur of Andhra Pradesh. It has a population 26.81 lakhs, a sex ratio of 979 females for every 1,000 males, and a female literacy rate of 66.45% with an overall literacy rate of 74.32% (Census 2011). The main source of economy in Tumkur is agriculture. There are, however, medium and large scale industries in the district. Tumkur is also rich in natural resources such as limestone and iron ore. The district also has many historical sites and temples which attracts large number of tourists. The district is well connected by road and Railways. National Highways 4 and 48 pass through Tumkur.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity was moderate at 0.50% among the ANC clients, with a declining trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.19% among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low 0.19% among the Blood Bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV prevalence was low (4.05%) among FSWs; however due to lack of previous data a trend could not be determined.
- As per 2012 ICTC data, the level of HIV positivity was low among male (2.18%) and female (2.10%) attendees. It was also low for referred (1.76%) and for direct walk-in (3.31%) attendees. An overall decreasing trend was exhibited among all the ICTC attendees.
- According to the 2009 HRG mapping size data, FSW (1,501; 100% of total HRG) was the only HRG in the district. The major typology for FSWs was home-based (90.70%).
- In 2012,14,240 STI/RTI episodes were treated and the syphilis positivity rate among STI attendees was 0.50%.
- According to 2001 census, 7.64% of the males were migrants, among them 1.86% migrated to other states and 48.74% migrated to other districts within the state.
- The top destination for inter-state out-migration was Anantapur, Andhra Pradesh.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 82% and 43.8%, respectively.
- In 2012, there were three TIs (two for FSWs and one for MSM) functional in the district.
- In 2012, there were 98 ICTC centers which tested 97,911 attendees.
- In 2012, there were five blood banks, one STI clinic and one ART center. The district also had eight link ART centers, one PLHIV network and one community care center.

Key Recommendations:

- Carryout disaggregated analysis of HSS-ANC data to understand the profile of people who are infected with HIV. This is important as the prevalence of HIV was relatively higher.
- Sustained approach is needed to keep a check on HIV incidence as it has shown a sharp increase in the year 2012
- Assess the size and profile of FSW's client including migrants and truckers, to better understand district vulnerabilities.
- Focus on sub groups like home based FSWs, as they are hard to reach population. An updated estimate would help to design intervention plan appropriately.
- Strengthen outreach programs through awareness campaigns around source and transit points like railway stations and bus stands.

Tumkur

District Population: 26,81,449 (4.39% of Karnataka Population); Female Literacy[1]: 66.45%; ANC Utilization[2]: 93.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	1.00	0.75	1.13	1.13		1.50		0.50
	NT[4]	800	800	800	800		799		800
PPTCT	PP	-	-	0.90	0.49	0.30	0.34	0.22	0.19
	NT	-	-	8659	24344	14312	31573	42785	37585
Blood Bank	PP	0.27	0.12	0.36	0.19	0.20	0.23	0.16	0.19
	NT	6302	4335	10510	4210	11820	11192	11577	11821
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		4.05		-
	NT	-	-	-	-		222		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	20.50	12.37	11.96	7.12	5.41	4.11	2.63	2.18
	NT	1010	849	2667	13487	5623	19038	30720	32822
ICTC Female	PP	16.34	8.64	9.90	5.93	5.03	3.83	2.64	2.10
	NT	808	752	2253	11605	5151	16895	25667	27504
ICTC Referred	PP	11.67	2.73	9.71	5.33	4.64	3.31	2.26	1.76
	NT	771	1099	2091	12937	5836	20470	38471	45415
ICTC Direct Walk-in	PP	23.78	27.89	11.98	7.90	5.91	4.86	3.42	3.31
	NT	1047	502	2829	12156	4938	15463	17916	14911
Total tested at ICTCs[5]	NT	1818	1601	13579	49436	25086	67506	99172	97911

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART(6233)	48	11	79	57	17
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1293)	92.11	2.32	0.77	0.15	2.24	2.40

Block-Level Details

No. HRG- FSW	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Pos; ICTC	-	-	-	-	-	-	-	-	-
% Pos; PPTCT	Chik-kanaya-kanahalli, 0.63	Gubbi, 0.48	Korat-agere, 0.26	Kunigal, 0.77	Madhugiri, 0.12	Pavagada, 0.57	Sira, 0.47	Tiptur, 0.25	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1501	-	-
% Total HRG	100	-	-
% Total Pop.	0.06	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-94.38%; Brothel based-1.35%; Street based-4.27%	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	8.00	-	-
% Married	55.50	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	100273	1864	48871	49538
% of male pop.	7.64	0.14	3.73	3.78
% total migration	100	1.86	48.74	49.40

Top 5 districts for inter-state out-migration

Anantapur, Andhra Pradesh	-	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	3117	9599	15506	14240
% Syphilis positivity	-	-	0.00	0.50

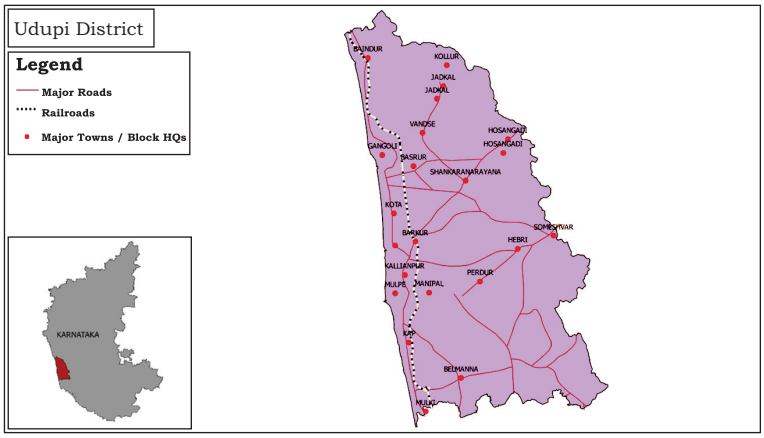
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	2	2	2	2	2
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	4	4	23	23	23	47	74	75	98
Blood Banks	4	3	3	4	5	5	5	5	5
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	4	8	8
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Udupi

Background:



Udupi was created in August 1997. The three northern taluks, Udupi, Kundapur and Karkal, were separated from Dakshina Kannada districtto form Udupi. It is surrounded by Uttara Kannada in the north, Dakshina Kannada in the south. Shimoga borders on northeast side and chikamagalur on the east and the Arabian sea is on the west of Udupi. The district has a population of 11.77 lakhs, a sex ratio of 1,093 females for every 1,000 males, and a female literacy rate of 81.41% with an overall literacy rate of 86.29% (Census 2011). Udupi's economy depends mainly on agriculture and fishing. Small-scale industries like the cashew, other food items and milk cooperatives are the most prominent. It attracts tourist each year for it's temples. Udupi district has National Highways 13 and 17 passing through it, making it accessible to other districts within the state, as does state roadways and railways.

HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity level was low at 0.38% among the ANC attendees, with a declining trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.24% among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.08% among the Blood Bank attendees, with a stable trend.
- According to 2012 data, HIV positivity among ICTCs attendees was low among male (2.71%) and female (2.52%) attendees, as well as among referred (2.75%) and direct walk-in (2.10%) attendees. Positivity levels showed an overall declining trend among ICTC attendees over the previous five years.
- In 2012, 10,664 STI/RTI episodes were treated the and the syphilis positivity rate among STI attendees was 0.33%.
- According to 2001 census, 14.86% of the males were migrants, among them 16.06% migrated to other states and 28.38% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Mumbai (suburban) and Thane, Maharashtra.
- In 2012, HIV transmissions through unknown routes accounted for 5.30% of all the districts HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 97% and 43%, respectively.
- In 2012, a total of two TI sites (one for FSWs and one for MSM) were operational in the district.
- In 2012, there were 37 ICTCs which tested 39,927 attendees.
- In 2012, there were two blood banks, one STI clinic and one ART center. The district also had three link ART centers and one PLHIV network.

Key Recommendations:

- Conduct socio-cultural and economic analysis of ANC data to understand the profile of HIV positive people. This will help to strengthen the prevention plan
- Assess the size and profile of FSW's clients, including migrants and truckers, to better understand district vulnerabilities.
- Availability of data on typology of FSWs would help to design appropriate prevention plan for this high risk group.
- Focus outreach efforts towards migrants at source and transit sites, as migration to high prevalent districts could be a driver of the HIV epidemic in the state.
- Increase the availability of data regarding profile and pattern of migration to gain better insight to district HIV vulnerabilities.

Udupi

District Population: 11,77,908 (1.93% of Uttar Pradesh Population); Female Literacy[1]: 81.41%; ANC Utilization[2]: 96.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.63	0.75	0.13	0.63		0.50		0.38
	NT[4]	800	800	800	800		800		800
PPTCT	PP	-	-	1.90	0.49	0.29	0.37	0.23	0.24
	NT	-	-	3872	8821	4559	10879	13132	13493
Blood Bank	PP	0.14	0.13	0.12	0.13	0.11	0.10	0.09	0.08
	NT	12225	7410	16634	8513	18635	21823	25669	19957
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	11.94	6.34	13.51	9.19	8.43	6.02	3.73	2.71
	NT	3803	4036	6308	9130	2823	11059	13645	15886
ICTC Female	PP	5.55	3.43	10.41	6.40	5.98	4.72	3.11	2.52
	NT	4038	3499	4487	6699	2125	7563	8714	10548
ICTC Referred	PP	7.67	3.74	9.01	6.63	5.89	5.40	3.34	2.75
	NT	7466	7296	8750	12065	3905	13881	18000	21718
ICTC Direct Walk-in	PP	28.00	43.10	25.97	12.43	12.57	5.76	4.06	2.10
	NT	375	239	2045	3764	1050	4741	4359	4716
Total tested at ICTCs[5]	NT	7841	7535	14667	24650	9507	29501	35491	39927

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (3990)	55	5	84	49	21
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=679)	90.72	0.74	0.59	0	2.65	5.30

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	504	-	-
% Total HRG	100	-	-
% Total Pop.	0.04	-	-
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	77486	12444	21989	43053
% of male pop.	14.86	2.39	4.22	8.25
% total migration	100	16.06	28.38	55.56

Top 5 districts for inter-state out-migration

Mumbai (Suburban), Maharashtra	Thane, Maharashtra	Pune, Maharashtra	Mumbai, Maharashtra	Kannur, Kerala

STI/RTI

	2009	2010	2011	2012
No. episodes treated	823	2737	5638	10664
% Syphilis positivity	-	-	2.59	0.33

Programme Response

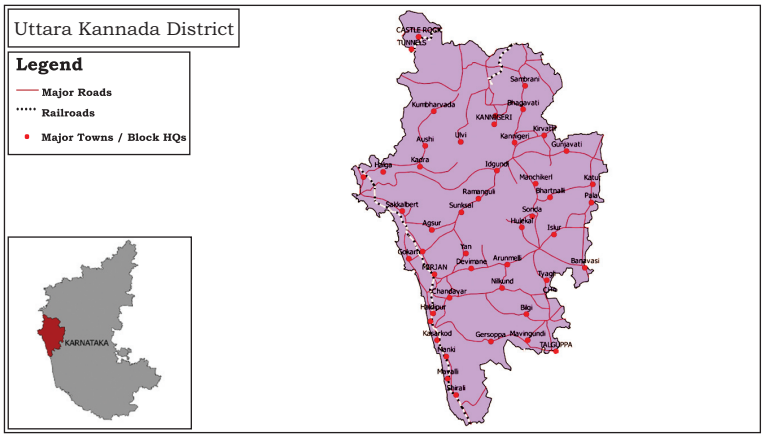
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	4	4	13	13	13	13	22	26	37
Blood Banks	2	2	2	2	2	2	2	2	2
STI clinics	-	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	2	2	3
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	1	1	1	1	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Uttara Kannada

Background:

Uttara Kannada, also known as north Kanada or north Canara, is a Konkan district. It is bordered by the state of Goa and Belgaum district to the north, Dharwad and Haveri to the east, Shimoga and Udupi to the south and Arabian Sea to the west. It has a population of 14.36 lakhs, a sex ratio of 975 females per 1,000 males, and a female literacy rate of 78.21% with an overall literacy rate of 84.03% (Census 2011). The district's high rainfall supports lush forests, which cover approximately 70% of the district. The main stay of the economy is agriculture but it also has small scale industries. This district is well connected via roads and railway, National Highways 17 and 4A pass through it and connects it to rest of the districts of the state.



HIV Epidemic Profile:

- As per 2012 HSS-ANC data, HIV positivity was low (0.25%) among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.16% among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low at 0.03% among the Blood Bank attendees, with a stable trend.
- Based on 2010 HSS-FSW data, HIV positivity was low at 3.20% among FSWs, however, due to lack of data points a trend could not be determined.
- According to 2012 ICTC data, the level of HIV positivity was low among male (1.18%) and female (1.57%) attendees. It was also low among referred (1.47%) and direct walk-in (1%) attendees. A decreasing trend was seen among all the ICTC attendees.
- According to the HRG mapping size data, FSW (1,588; 100% of total HRG) was the only HRG in the district. Among FSWs, the majority of typology was street-based (77.10%) followed by home-based (22.90%).
- In 2012, 4,537 STI/RTI episodes were treated.
- According to 2001 census, 13.74% of the males were migrants, among them 10.55% migrated to other states and 20.14% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South and North Goa.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 89.40% and 45%, respectively.
- In 2012, a total of two FSW TI sites were operational in the district.
- In 2012, there were 34 ICTCs which tested 45,633 attendees.
- In 2012, there were five blood banks, two STI clinics and one ART center. The district also had nine link ART centers, one PLHIV network and one community care center.

Key Recommendations:

- Sustained approach for HIV prevention and treatment program is needed to keep acheck on HIV in the district.
- Assess the size and profile of FSW's clients, including migrants and truckers, to better understand district vulnerabilities.
- Focus on sub groups like home based FSWs, as they are hard to reach population. An updated estimate would help to design intervention plan appropriately.
- Strengthen outreach programs through awareness campaigns around source and transit points, like railway stations and bus stands, considering significant number of migrant population.
- Availability of DLN data would help in better understanding of district vulnerabilities.
- Availability of data at the block level would help to understand the spatial distribution of vulnerable and at risk population.

Uttara Kannada

District Population: 14,36,947 (2.35% of Karnataka Population); Female Literacy[1]: 78.21%; ANC Utilization[2]: 91%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0.75	1.35	0.50	0.13		0.38		0.25
	NT[4]	800	816	800	799		800		799
PPTCT	PP	-	-	0.50	0.50	0.30	0.16	0.14	0.16
	NT	-	-	5771	8821	4559	16409	20373	18061
Blood Bank	PP	-	-	0	0.11	0.21	0.07	0.17	0.03
	NT	-	-	1103	926	2343	3065	3471	2878
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		3.20		-
	NT	-	-	-	-		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	9.69	5.91	5.89	3.75	4.21	2.21	1.32	1.18
	NT	619	728	883	6339	2542	12260	17723	15949
ICTC Female	PP	9.23	3.16	10.65	6.16	5.52	3.39	1.44	1.57
	NT	336	506	526	3490	1467	7546	12581	11623
ICTC Referred	PP	8.06	3.62	5.84	4.89	5.56	3.00	1.60	1.47
	NT	794	1134	788	4743	1977	12029	17737	20538
ICTC Direct Walk-in	PP	16.77	18.00	9.98	4.36	3.84	2.13	1.04	1.00
	NT	161	100	621	5087	2032	7777	12567	7034
Total tested at ICTCs[5]	NT	955	1234	7180	18650	8568	36215	50677	45633

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (2013)	52	7	83	55	24
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=371)	92.99	1.62	0.54	0	4.85	0

Block-Level Details

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

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1588	-	-
% Total HRG	100	-	-
% Total Pop.	0.11	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-22.90%; Brothel based-0%; Street based-77.10%	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	9.50	-	-
% Married	71.40	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	94424	9958	19020	65446
% of male pop.	13.74	1.45	2.77	9.53
% total migration	100	10.55	20.14	69.31

Top 5 districts for inter-state out-migration

South Goa	North Goa	Thane, Maharash-tra	Mumbai (Suburban), Maharash-tra	Pune, Maharash-tra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	6602	8514	6470	4537
% Syphilis positivity	-	-	0.13	0

Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	1	1	1	1	1	1	1	2	2
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	-	-	-	-	-	34
Blood Banks	2	2	2	2	3	3	4	5	5
STI clinics	-	2	2	2	2	1	2	2	2
ART centres	-	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	2	8	9
PLHIV Networks	-	1	1	1	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); 4PP = 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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