District HIV/AIDS Epidemiological Profiles developed through Data Triangulation

FACT SHEETS Uttar Pradesh



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

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Lov Verma Secretary



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

FOREWORD

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

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

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

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

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

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PREFACE

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

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

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

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

Aradhana Johri

Acknowledgement

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

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

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

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

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

Stenter

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Acronyms

Acquired Immune Deficiency Syndrome
Antenatal Clinic
Anti-Retroviral Therapy
Behavioral Surveillance Survey
Community Care Centre
Computerised Management Information System
District Epidemiological Profile
Drop-in-Centre
District Level Health Survey
District Level Network for HIV positive people
Female Sex Workers
Human Immunodeficiency Virus
High Risk Group
HIV Sentinel Surveillance
Integrated Biological and Behavioral Assessment
Integrated Biological and Behavioral Survey
Integrated Counseling and Testing Centre
Injecting Drug Users
Information Education & Communication
Link ART Centre
Men who have Sex with Men
National AIDS Control Organisation
National AIDS Control Programme
National Family Health Survey
People Living with HIV
Prevention of Parent to Child Transmission
Red Ribbon Club
Reproductive Tract Infection
State AIDS Control Society
State Coordinating Agency
Sexually Transmitted Disease
Sexually Transmitted Infection
Tuberculosis
Targeted Interventions

Glossary

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

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

Introduction

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

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

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

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

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

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

Methodology

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

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

Table 1: Components of District Epidemiological Profiling

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

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



Epidemiological Framework of HIV/AIDS Scenario in the District

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

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

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



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

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



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

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

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

Table 2: Data Sources used for District Epidemiological Profiling

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

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

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

Important Outcomes of District Epidemiological Profiling include:

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

Specific Notes on Fact sheets

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

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

District Map of Uttar Pradesh



Agra

Background:

Agra is situated in western Uttar Pradesh; it is bordered by Hathras and Mathura in the north, Dhaulpur (Rajasthan) and Morena (Madhya Pradesh) in the south, Etawah and Firozabad in the east and by Bharatpur (Rajasthan) in the West. It has a population of 43.80 lakhs with a sex ratio of 859 females per 1,000 males; and a female literacy rate of 59.16% with an overall literacy rate of 69.44% (Census 2011). Agra is one of the major tourist destinations in India because of its many World heritage sites, including the Taj Mahal. Although tourism contributes a large extent to the economy of Agra, it also has a substantial industrial base. A lot of manufacturing plants and industry related wholesale markets are prominent in Agra. It is well connected to metro cities via roads and



railways; National Highways 2,3 and 25 connect Agra to Delhi, Mumbai and Lucknow respectively.

HIV Epidemic Profile:

- Based on 2011 PPTCT (0.41%) and Blood bank (0.23%) data, the level of HIV positivity was low among the attendees. There was a rising trend till 2009, followed by a declining trend among the PPTCT attendees. However, due to lack of previous years data for Blood Bank attendees a trend could not be determined.
- According to 2010 HSS-FSW data, HIV prevalence was low (1.61%) among FSWs, but trend could not be determined due to lack of data in the previous years.
- Based on 2011 ICTC data, HIV positivity was moderate among male (6.71%) clients, low among female (3.54%) clients, and also among referred (3.89%) clients and high among direct walk-in (10.02%) clients. Considering the data over the last three years, male and referred clients followed a stable trend, while female clients exhibited a fluctuating trend and direct walk-ins had a declining trend.
- According to HRG size mapping data, FSW (895; 55.01% of total HRG) was the largest HRG in the district followed by MSM (414; 25.45% of total HRG) and IDU (318; 19.55%).
- In 2011, the number of episodes treated for STI/RTI were 19,944 and the syphilis positivity rate among STI clinic attendees was1.14%.
- As per the 2001 Census, 3.90 % of male population were migrants, 56.08% of them migrated to other states and 18.12% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South Delhi and North-East Delhi.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 44.9% and 15.6%, respectively
- In 2009, of 1,559 PLHIV registered at the ART centres, 30% were on ART, 7% were 15-24 years of age, 79% were illiterate or had primary education, and 16% were widowed or divorced.
- In 2011, Heterosexual transmission accounted for 87.09% and parent to child route accounted for 5.98% of total transmissions in the district.
- There had been a gradual scale-up of ICTCs from 2006 onwards; the number of clients undergoing HIV testing at these sites has also gradually increased from 4,267 in 2007 to 19,950 in 2011.

- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations) owing to high positivity among them, consistently for the last three years.
- Since the largest HRG was FSW, better assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Expand coverage of HIV counseling and testing in the district to detect positive cases at early stage.
- Considering high rate of parent to child transmission, carryout in-depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.

District Populat	tion: 43,80	,793 (2.20%	of Uttar Prad HIV I	lesh Populat Levels and	ion); Femal Trends ³	le Literacy ¹	: 59.16%;	ANC Utiliz	ation ² : 33%				Vulner	abilities				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG Size				Male Migr	ation, 200	1 Census	
HSS-ANC	PP ⁴	,		,		,		,			FSW	MSM	NDI		Overall	Inter-	Intra-	Intra-
	NT ⁴															State	state	alstrict
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U12-201	NT	250	250	250	250	249		250						% total				
	ЪР	1	ı		ı	,		1.61		% Total Pop.	0.02	0.01	0.01	miaratio	n 100	56.08	18.12	25.80
HJS-F2W	NT							249		Program Target	ΔN	MAN	MA	TonT	i districts for	r inter-ctat	a out-miors	ation
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	NT					-				Program Loverage								
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HSS-IDU	NT					-					43 05%.		Daily					
ICTC Mala	РР	8.70	7.04	10.20	8.62	5.16	6.28	6.35	6.71	-	Brothel	Panthi-	Injectors-		:	-		
ורור ואומוב	NT	1012	867	559	1555	4318	6174	6723	6915	lypology	based-	NA:	NA;	South	North	North	Jaipur,	West
	РР	10.16	9.41	13.33	10.84	6.39	7.08	12.71	3.54		17.76%;	Double	Non-daily	Delhi	East	West	Kajas	Delhi
ICIC remaie	NT	443	425	240	655	1941	2739	5891	6915		Street	decker-	Injectors-		Delni	Delni	tnan	
	ЪР	5.17	6.19	10.05	8.62	4.08	4.62	3.68	3.89		based-	ΝA	M					
ורור גפופונפס	NT	793	614	378	1032	4168	7513	10314	11244		39.19%							
ICTC Direct	ЪР	13.90	9.29	12.11	9.85	8.46	16.79	12.83	10.02	% <25 yrs.	56.76	'	10.87					
Walk-in	NT	662	678	421	1178	2091	1400	2300	2983	% Married	83.59		72.49					
			PLF	HIV Profile	2009					STI/RTI								
					%						2008	2009	2010 20	11				
	% On	% 15-24	% III., Prim.	% Married	Widowec	75				No. episodes treated	27856	66920	6933 19	944				
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	Hetero-	Homo-	Blood	Needle/	Parent to		, I			MSM IIS	•	•	•		2	7	-,	
	sexual	sexual	Transfusion	Syringe	Child	UTIKTIUW					•	•	•	-	_	-	_	
% of Total	87.09	2.31	1.49	2.45	5.98	0.68				LOMP. 115	· -	- 6	- (- L	ی ،			
(N=/30)				al lovel 1	ato to					Total tested at		, , , , , , , , , , , , , , , , , , ,						
No HRG					CIUD					ICTCs ⁵	1400	01 C1	1001	CC46 /0.	0/071	C2461	00661	
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No HRG-										STI clinics	2	2	2	2 2	2	2	m	
MSM	ı				ı	I	•		ı	ART centres			,	•	-	-	-	
No HRG- IDU							,	,	,	Link ART centres		•		-		•	,	
										PLHIV Networks	1	ı		-	-	-	-	
% Pos., ICTC	ı				ı	ı	•		·	Red Ribbon Clubs	1			•		•	,	
										Comm. care centres	'	ı			-	-	-	
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Aligarh

Background:

Aligarh is situated in the northern part of Uttar Pradesh. It is surrounded by Bulandshahar in the north-west, Badaun in the east and Hathras and Mathura in the south. It has a population of 36.74 lakhs with a sex ratio of 876 females per 1,000 males; and a female literacy rate of 57.48% with an overall literacy rate of 69.61% (Census 2011). There are many small scale and large scale industries in Aligarh. It is amongst the largest manufacturers and suppliers of locks and hardware goods in India and also of brass fittings. The brass market of Aligarh employs thousands of skilled laborers that leads to in-migration of people for employment. Presence of renowned educational institutions attracts students from across the country. The district has an extensive network of roadways;



National Highways 91 and 93 connecting it to the rest of the districts within the state.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV prevalence was low among the ANC clients, with a stable trend.
- As per 2011 data, the level of HIV positivity was low among the PPTCT (0.33%) and Blood Bank (0.15%) attendees, with a stable trend.
- According to 2006 HSS-FSW clients data, HIV positivity was low among FSWs, there were not enough data from previous years to determine trend.
- Based on 2011 ICTC data, HIV positivity was near moderate among male (4.66%) and moderate among female (5.29%) clients. The positivity was low among referred (3.85%) clients and moderate among direct walk-in (8.34%) clients. A stable trend was observed among male and among referred, and an increasing trend was observed among female and direct walk-ins clients.
- According to the HRG mapping size data, FSWs (298;37.34% of total HRG) and MSM (298; 37.34% of total HRG) were the largest HRG in the district, followed by IDU (202; 25.31%).
- In 2011, the number of episodes treated for STI/RTI were 5118 among STI clinic attendees.
- As per 2001 Census, 5.03% of male population were migrants; 60.34% of them migrated to other states and 24.60% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Faridabad, Haryana and North-East Delhi.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 37.6% and 34.4%, respectively.
- In 2009, of 142 PLHIV registered at the ART centre, 34% were on ART, 6% were 15-24 years of age, and 16% were widowed or divorced.
- In 2011, Heterosexual transmission accounted for 66.56% of the HIV transmission and transmission rate through needle/syringe and through infected blood transfusion accounted for 12.34% and 8.12%, respectively.
- There had been an increase of the total number of clients undergoing HIV testing at ICTCs from 5,236 in 2010 to 13,274 in 2011.

- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations), owing to moderate positivity. An increasing trend among them can be explored by further analysing the ICTC data.
- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Generate information on typology of HRG population to understand district epidemiological profile.
- IEC programme for creating HIV and STI awareness should be strengthened in district among general population, especially women.
- Since infected needle/syringes accounted for a significant proportion of the HIV transmissions, in depth analysis of ICTC clients should be considered. Also, screening of blood at Blood Banks done diligently as transmission rate through infected blood was high.

4 2016 20	istrict Populati	1-1-2-1-10		NIH	Levels and	Trends ³								VUINERADI	lities				
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producted an and the start - Data flot available, 2011 Census, Jou positive, NT = number tested; ⁵ General clients & pregnant women

Allahabad

Background:

Allahabad is located in the south-eastern part of Uttar Pradesh. It is located at the confluence of Ganges, Yamuna and Saraswati, popularly known as Triveni Sangam. Allahabad is surrounded by the districts of Mirzaour, Sant Ravidass Nagar, Jaunpur, Partagarh, Kaushambi, as well as by the state of Madhya Pradesh. The total population of the district is 59.60 lakhs with sex ratio of 902 females per 1000 males, and a female literacy rate of 62.67% with an overall literacy rate of 74.41% (Census 2011). Allahabad is predominantly a rural district where agriculture is the main source of income. It is a famous pilgrimage site; millions of pilgrims come to visit the Kumbh Mela of Allahabad which is held once every twelve years. The district also has excellent educational facilities



attracting lakhs of people from across the country; there are universities that provide varied and specialized learning opportunities. The two national highways that connect Allahabad to other parts of the country are NH 2 and 27.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV prevalence was low among he ANC clients, with a decreasing trend for the past four years.
- According to 2011, the level of HIV positivity was low for PPTCT (0.06%) and Blood Bank (0.18%) attendees, with an overall declining trend among PPTCP attendees, while a stable trend among Blood Bank attendees.
- As per 2008 HSS-FSW data, the HIV positivity level was low (1.20%) among the FSWs, with a stable trend for the last three years.
- According to 2010 HSS data, HIV prevalence was low among MSM (1.40%) and IDU (1.27%), but due to the lack of data trend could not be determined.
- Based on 2011 ICTC data, HIV positivity was also low among male (2.72%) and female (3.04%) clients. It was also low among referred (1.99%) clients and moderate among direct walk-in (4.85%) clients, with a stable trend among all ICTC attendees.
- According to HRG size mapping data, MSM (825; 36.40% of total HRG) were the largest HRG in the district followed by IDU (758; 33.44% of total HRG) and FSW (684;30.17% of total HRG). Out of FSWs (40.28%) were home-based.
- In 2011, the number of episodes treated for STI/RTI were 14,731 and the syphilis positivity rate among STI clinic attendees was 0.14%.
- As per 2001 Census, 5.17% of the male population were migrants; among them 66.27% migrated to other states and 14.62% migrated to other districts within the state.
- The top two destinations for inter-state out migration were Thane and Mumbai (Suburban) in Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 48.8% and 22.2%, respectively.
- In 2009, of the 1357 PLHIV registered at the ART centre, 4% were on ART, 12% were 15-24 years of age, and 65% were widowed or divorced.
- In 2011, 88.39% of HIV infection was transmitted through heterosexual routes, and 5.76% of the transmissions were through parent to child.
- There has been rapid increase in total number of clients tested for HIV at the ICTCs from 8,947 in 2007 to 56,764 in 2011.

- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations) owing to moderate positivity with increasing trend among them, by further analysis of ICTC data.
- Strengthen outreach programmes through awareness campaigns around tourist spots, truck halt points and highways in the district.
- Since there was huge migration to high prevalent districts, outreach activities for migrants at source and transit points should be strengthened.
- Considering noticeable percentage of HIV transmission via parent to child, conduct in-depth analysis of ART and ICTC data and strengthen PPTCT program in the district.

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

Allahabad

Ambedkar Nagar

Background:

Ambedkar Nagar is located in the Faizabad division of Uttar Pradesh. It has a population of 23.99 lakhs with a sex ratio of 976 females per 1,000 males, and a female literacy rate of 64.62% with overall literacy rate of 74.37% (Census 2011). The major source of economy depends upon power looms, which produce Tanda Terikat, and agriculture, nearly 91% of the population of Ambedkar Nagar district is engaged in farming. The district also has a thermal power station, a power and distribution transformer manufacturing industry, a sugar factory near Mijhaura and many rice mills in Akbarpur. These industries give employment, not only to the local people, but also to the people from the nearby districts. Ambedkar Nagar attracts tourists due to presence of a pilgrimage sites



where many people come on regular basis. Ambedkar Nagar is well connected to surrounding districts and states by way of state roadways and railways.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC clients. A trend could not be determined due to lack of data from previous years.
- As per 2011 PPTCT data, the level of HIV positivity was low among the attendees, with a stable trend.
- Based on 2011 ICTC data, the HIV positivity among ICTC attendees was low among male (2.74%) and females (2.21%) clients, as well as among referred (1.73%) clients, whereas, HIV positivity was moderate among direct walk-in clients (5.94%). A stable trend was seen among male, female and referred clients. However, there was a rising trend among direct walk-in clients for the previous four years.
- In 2011, the number of episodes treated for STI/RTI were 3,610 and the syphilis positivity rate among STI clinic attendees was 0.17 %.
- As per 2001 census, 2.55% of the male population were migrants, 42.11% of whom migrated to other states and 23.34% migrated to other districts within the state.
- The top two destinations for inter-state out migration were Thane and Mumbai (Suburban) in Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 44.2% and 46%, respectively.
- In 2009, of 279 PLHIV registered at the ART centre, 31% were on ART, 8% were on 15-24 years of age, 48% were illiterate or only have a primary school education and 12% were widowed or divorced.
- In 2011, HIV transmission through heterosexual routes accounted for 90.53% and parent to child accounted for 9.47% of the total transmission.

- Carryout disaggregated analysis of ANC attendees to identify risk factors responsible for the increasing HIV epidemic among general population.
- Due to the moderate HIV prevalence among direct walk-in clients, analysis of risk profile of HIV positive individuals at ICTCs should be done to determine associated factors.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district, considering high in-migartion and out-migration in the district.
- Considering noticeable percentage of HIV transmission via parent to child, conduct in-depth analysis of ART and ICTC data and strengthen PPTCT program in the district.

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Ambedkar Nagar

Auraiya

Background:

Auraiya lies in the southwestern part of Uttar Pradesh. It has a population of 13.72 lakhs with a sex ratio of 864 females per 1,000 males, and a female literacy rate of 71.97% with an overall literacy rate of 80.25% (Census 2011). The district has alluviall soil, which makes agriculture the main occupation. Auriaya also manufactures steel furniture, cement products, and possess several small scale industries. The raw material from these small scale industries is imported from Agra and Kanpur, leading to in and out migration. The district is well connected via National Highway 2 and via railways to other districts of Uttar Pradesh, as well as other states.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients.
- According to 2011 PPTCT data, the level of HIV positivity was low (0.11%), with a stable trend among PPTCT attendees.
- Based on 2011 ICTC data, HIV prevalence was low among male (0.60%) and female (0.38%) clients, as well as among referred (0.16%) and direct walk-in (1.19%) clients. There was a stable trend among all the ICTC attendees.
- As per the HRG size mapping data, FSW (403; 81.74% of total HRG) was the largest HRG in the district.
- In 2011, the number of episodes treated for STI/RTI among STI clinic attendees was 2,076.
- As per 2001 Census, 2.23% of male population were migrants, 28.34% migrated to other states and 32.97% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South Delhi and North-West Delhi.
- According to DLHS-III data, among women, HIV and RTI/STI awareness rate was 40.2% and 40.9%, respectively.
- In 2009, of 79 PLHIV registered at the ART centre, 28% were on ART, 16% were 15-24 years of age, and 5% were widowed or divorced.
- In 2011, HIV transmission through heterosexual routes accounted for 88.24%, whereas, the route of transmission could not be ascertained for 11.76% of the total transmissions in the district.
- The number of clients undergoing HIV testing at the ICTC sites had continuously increased from 937 in 2007 to 6278 in 2011.

- The district should continue HIV prevention strategies to maintain HIV prevalence at low levels.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Since the largest HRG was FSW, assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Since the rate of unknown HIV route of transmission was high, data assessment and analysis of positive people at ICTC and PPTCT is recommended to understand the source and spread of HIV.

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producted an and the start - Data flot available, 2011 Census, Jou positive, NT = number tested; ⁵ General clients & pregnant women

Auraiya

Azamgarh

Background:

Azamgarh is situated in the eastern-most part of Uttar Pradesh and is surrounded by Ambedkar Nagar, Gorakhpur, Maunath, Ghazipur, and Jaunpur districts. The total population of the district is 46.16 lakhs with sex ratio of 1,020 females per 1,000 males, and a female literacy rate of 62.65% with an overall literacy rate of 72.69% (Census2011). The main occupation is agriculture, including cultivation of pulses, oil seeds, sugarcane and potato. The weaving of Banarasi Sari constitutes the most important industry in the district, and provides maximum employment to the local population. Azamgarh is well connected to other districts in the state via National Highway 233, which passes through the district.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV prevalence was low(0.25%) among the ANC clients. However, a trend could not be determined due to lack of previous years data.
- In 2011, the level of HIV positivity was low among PPTCT (0.30%) and Blood Bank (0.15%) attendees, with a declining trend for both.
- Based on 2011 data, HIV positivity was near moderate among male (4.72%) and moderate among female (7.94%) clients; it was also low among referred (2.56%) clients, but high among direct walk-in (13.20%) clients. An increasing trend over the past three years was exhibited by the male and female clients, as well among direct walk-in clients, whereas a stable trend was observed for referred clients.
- According to HRG size mapping data, FSWs (111; 71.15% of total HRG) were the largest HRG in the district. Out of FSW, majority were homebased (82.44%) followed by brothel-based (14.89%).
- In 2011, the number of episodes treated for STI/RTI among STI clinic attendees were 4,090 .
- As per 2001 Census, 7.17% of the male population were migrants, among them 74.59% migrated to other states and 11.78% migrated to other districts within the state.
- The top two destinations for inter-state out- migration were Thane and Mumbai (Suburban) in Maharashtra.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women (15-49 years of age) was 59.1% and 41.8%, respectively.
- In 2009, of 1,361 PLHIV registered at the ART centre 6% were on ART, 10% were 15-24 years of age, 50% were illiterate or had primary education and 60% were married.
- In 2011, Heterosexual transmissions of HIV reckoned at 83.90%, and homosexual transmission accounted for 7.87%, Parent to child HIV transmission accounted for 5.62% of the total transmissions in the district.
- There was a gradual increase in the number of clients undergoing HIV testing at the ICTC sites from 2,341 in 2007 to 7,188 in 2011.

- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations) owing to high positivity consistently for last two years.
- Focus on the outreach efforts for home based FSWs to keep HIV prevalence among them at low level.
- Considering high rate of migration to high prevalent districts, better assessment of the size and profile of migrants will further improve the understanding of district vulnerabilities.
- There needs to be an understanding of the dynamics of HIV transmission through further analysis of ICTC/PPTCT data.
- As parent to child HIV transmission rate was high, more needs to be done to understand the profile of these attendees through in depth analysis of PPTCT and ART data, and strengthen PPTCT program in the district.

Azamgar District Populat	n ion: 46,16	,509 (2.31%	of UP Popula HIV Le	ation); Fema	le Literacy ¹ rends ³	: 72.69%; A	NC Utiliza	tion ² : 35.1	%0				Vulr	erabiliti	sa				
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	РР	*	*	6.08	1.55	2.80	3.15	3.71	2.56		2.67%	23.72%				ashtra			
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ICTC Direct	РР	*	*	3.28	2.75	1.98	2.63	11.77	13.20	% Married	58.40	34.62	37.96			-			
Walk-in	NT	*	*	274	873	2020	3084	1181	1424	-	ST	/RTI		-			-		
			PLHI	IV Profile, 2	600	-					2008	2009	2010 2	011					
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widov Divore	red or ed				No. episodes treated	23002	23539	1264	4090					
ART (1361)	9	10	50	60	0					% Svahilis positi	vitv 20.00		0.05	0					
DLN (NA)					1								Progran	nme Res	oonse				
	Ro	ute of HIV T	ransmission	n, ICTC 201	_					No.	2004	2005	2006	2007	2008	2009	2010	2011	
	Hetero-	Homo-	Blood	Needle/	Parent to	Unknown				FSW TIs	•				-	-	1	-	
	sexual	sexual	Transtusion	Syringe	Child					MSM TIs	•			1	-	Ļ	1	-	
% of Total	83.90	7.87	1.87	0.75	5.62	0				IDU TIS	•		1		-	-	-	-	
(107-NI)			Bloc	k-level De	tails					Comp. Tls	•	•	•			-		-	
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No. HRG-		ı	1	ı			ı	ı	ı	lotal tested at ICTCs ⁵	235	465	819	2341	5111	7207	7549	7188	
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MSM	ı			,	ı	ı	ı	ı	,	STI clinics			,	-	-	-	1	-	
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ICTC							'			Red Ribbon Cluk		,	1	ı		13	11	4	
% Positive,										Comm. care cen	tres -	,	•				•		
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										Condom outlets							•		
* Inadeguate sa	mple size:	- Data not av	'ailable; ¹ 201	1 Census; 2	Source: DL	III: ³ Data	presented	only for ye	ears where	sample size is vali	id (HSS-ANC	> 300, HSS-	HRG/STD>	187. ICTC	> 600, PPT	CT> 900 a	nd BB> 9(00): ⁴ PP =	percent

positive, NT = number tested; ⁵ General clients & pregnant women

Baghpat

Background:

Baghpat is located on the banks of river Yamuna near New Delhi. It is surrounded by Muzaffarnagar in the north, Ghaziabad and Rohtak (Haryana) in the south, Meerut in the east and Sonipat (Haryana) in the west. It has a population of 13.02 lakhs with a sex ratio of 858 females per 1,000 males, and a female literacy rate of 61.22% with an overall literacy rate of 73.54% (Census 2011). Baghpat is famous for the agriculture industries. The principal crops of the region are wheat, paddy, sugarcane, pulses, potatoes and maize. The people of the region are also involved in the making and selling of gud and sugar. Pilgrims are a frequent source of in-migration to Baghpat, because of a famous pilgrimage site. Baghpat is close to Meerut City and Delhi; Saharanpur National Highway passes through the district, leading to frequent in and out-migration for education and employment.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV prevalence was low (0.25%) among the ANC clients, with a stable trend.
- As per 2011 data, the level of HIV positivity was low among PPTCT (0.16%) and Blood Bank (0.27%) attendees. A stable trend was observed for PPTCT attendees, while a trend could not be established for Blood Bank attendees due to lack of previous years data points.
- Based on 2011 data, HIV positivity was low among male (0.95%) and female (0.77%) clients, as well as among referred (0.83%) and direct walk-in (1.01%) clients. A stable trend was observed among all, except direct walk-ins exhibited a decreasing trend considering the data for the last three years.
- According to HRG size mapping data, MSM (127; 39.44% of total HRG) was the largest HRG in the district, followed by IDU (118; 36.65% of total HRG).
- In 2011, the number of episodes treated for STI/RTI among STI clinic attendees was 2,055.
- The top two destinations for inter-state out-migration were Mumbai and Mumbai (Suburban), Maharashtra.
- As per 2001 Census, 5.19% of the male population were migrants, 48.74% migrated to other states and 32.81% migrated to other districts within the state.
- In 2009, of the 62 PLHIV registered at the ART centre, 10% were on ART, 10% were 15-24 years of age, 52% were illiterate or had primary education, and 10% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 54.7% and 33.6%, respectively.
- There was a gradual increase in number of clients undergoing HIV testing at the ICTC sites from 1,469 in 2007 to 5,705 in 2011.

- Continue HIV prevention strategies to maintain HIV prevalence at low levels.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- There is a need to understand the dynamics of HIV transmission among MSM and IDUs through initiation of HRG sites for HSS. Availability of HSS data and bio-behavioural data will give a better insight to the district HIV vulnerabilities.
- Generate information on typology of HRG population to understand district epidemiological profile.
- Considering high rate of migration to high HIV prevalent districts, assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.

District Popu	ulation: 13,	02,156 (0.6	5% of UP Pop	ulation); Fen	nale Literac	y ¹ : 61.22%;	ANC Utiliz	ation ² : 3	4.4%				2	ie de la case de la cas	2				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG	Size	5		2	Jale Miorat	tion 2001	Census	
0	PP ⁴	-		0.33	0	0		0.25				715-0			<u> </u>		Inter-	Intra-	Intra-
H55-ANC	NT ⁴			307	400	400		398			FSW	MSM	NDI			Overall	state	state	district
PPTCT	РР			*	*	*	0.16	0.26	0.16	Size Est.,					tir.				
	NT		•	*	*	*	3159	3856	3191	(Mapping,	77	127	118	migra	ation	32734	15955	10741	6038
Blood Bank								2136	1852	IEGI. INA/				- %	olem :				
	Ы		•		,				7001	% Total HRG	23.91	39.44	36.65	pop.		5.19	2.53	1.70	0.96
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ICTC Male	РР		0.89	*	2.50	0.83	1.18	1.06	0.95		NA;	Kothi-	Daily						
	NT		337	*	520	1081	1352	1885	1470	-	Brothel	NA;	Injectors-	Nor	th East S	onipat	South	North	Panipat.
ICTC	РР		1.53	*	2.73	0.48	1.43	1.21	0.77	Typology	based-	Panthi-NA;	NA;		Delhi H	larvana	West	West	Harvana
Female	NT		326	*	549	825	769	827	1044		NA;	Double	Non-daily			n nd n	Delhi	Delhi	pup (pu
ICTC	РР		1.24	*	2.64	0.72	0.64	0.32	0.83		Street based	- aecker-NA	Injectors-IN						
Referred	NT		645	*	1061	1817	1884	2163	1918		NA								
ICTC Direct	ЪР		0	*	0	0	6.33	4.19	1.01	.27 CZ> %		•							
Walk-In	z	•	81	<	×	89	23/	549	596			TI/DTI		_					
			PLI-	IIV Protile,	2009	-								-					
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widow Divora	red or ed				No. episodes	2002	3 2009	2010 20						
ART (62)	10	10	52	60	10					treated	-	000	ر دار						
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% of lotal	100	0	0	0	0		0			MSM TIS	•	•	,	1	-	-,	-,	,	
177-11			Blo	ck-Level De	etails					Comp. TIS	•								
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No. HRG- FSW			ı					ı		Total tested a	' '	663	882	1469	2306	5280	6568	5705	
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Bahraich

Background:

Bahraich is a part of Devipatan division of Uttar Pradesh. It is bordered by the districts of Keri, Sitapur, Bara Banki, and Gonda, as well as Nepal. It has a population of 34.78 lakhs with a sex ratio of 891 females per 1,000 males, and a female literacy rate of 40.76% with an overall literacy rate of 51.10% (Census 2011). The economy of Bahraich district is mainly agrarian in nature, and the principal crops of the region are wheat, rice, sugarcane, pulse, and mustard. Sericulture is another main occupation of the region. Most of the industries in this region are based on agricultural and forest products like sugar mills, rice and daal mills. Nepal is a popular site for in and out-migration. The district is also well connected via railway and National Highway-28 to the other parts of the state.



HIV Epidemic Profile:

- Based on the 2010 HSS-ANC data, HIV prevalence was notably high(4.11%) among the ANC clients, with a rising trend.
- In 2011, the level of HIV positivity was low among PPTCT (0.05%) and Blood Bank (0.03) attendees, with a stable trend over the past four years.
- According to 2008 HSS-FSW data, the HIV positivity was low (0.44%) among the FSW, but trend could not be determined due to lack of adequate data.
- Based on 2011 ICTC data, HIV positivity was low among male (2.0%) and female (1.43%) clients and also among referred (0.85%) clients, whereas, it was high among direct walk-in (13.57%). Over the past four years, stable trend was observed for male and females clients, as well as for referred clients; in contrast there was an increasing trend among direct walk-ins.
- According to HRG size mapping, FSW (115; 49.36% of total HRG) was the largest HRG in the district, followed by IDU (100; 42.92% of total HRG). Among FSWs, majority were street-based (54.55%) followed by home based (45.45%) types.
- In 2011, the number of episodes treated for STI/RTI among STI clinic attendees was 3,169.
- The top two destinations for inter-state out migration were Mumbai and Mumbai (Suburban) in Maharashtra.
- As per 2001 Census, 1.96% of the male population were migrants, among them 38.68% migrated to other states and 27.18% migrated to other districts within the state.
- In 2009, of 129 PLHIV registered at the ART centre, 34% were on ART, 11% were 15-24 years of age, and 4% were widowed or divorced.
- According to DLHS-III data, the HIV and the STI/RTI awareness rate among women was 20.7% and 19.1%, respectively.
- There was a noticeable increase in number of clients undergoing HIV testing at ICTCs in the district from 2,062 in 2007 to 7,614 in 2011.

- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Since the largest HRG was FSW, assessment of the size and profile of client population, including migrants and truckers, will help in understanding district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Due to the high HIV prevalence among direct walk-in clients, analysis of risk profile of positive individuals in ICTC should be done to determine associated factors.
- Better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities, considering the high rate of migration to high HIV prevalent districts.
- An effort needs to be made to increase early detection among HIV positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.
- Considering noticeable percentage of HIV transmission via parent to child, conduct in-depth analysis of ART and ICTC data and strengthen PPTCT program in the district.

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PP = percent 300, HSS-HKG/SID2 18/, ICIC2 600, PPICI2 900 and BB2 900); * -ANC> ^a 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-positive, NT = number tested; ⁵ General clients & pregnant women

26 | District HIV/AIDS Epidemiological Profiles: Uttar Pradesh

Bahraich

Ballia

Background:

Ballia is a part of the Azamgarh division, situated in eastern part of Uttar Pradesh. It is bordered on the west by Azamgarh, on the north by Deoria, on the north-east and south-east by Bihar and on the south-west by Ghazipur. It has a population of 32.24 lakhs with sex ratio of 933 per 1,000 males, and a female literacy rate of 61.72% with an overall literacy rate of 73.82% (Census 2011). The main occupation is agriculture; however glass, ceramics, horticulture, sugar industry, manufacturing of mechanical equipment and a variety of small-scale industries share the economic map of the district. The transportation is good as there are many buses plying on roads connecting Ballia to other districts of Uttar Pradesh and Bihar. The district is also well connected via National Highway 19 to Ghazipur.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.75%) among the ANC clients, with an increasing trend.
- As per 2011 PPTCT (0.13%) and Blood Bank data, HIV prevalence was low among the attendees, with a stable trend.
- In 2011, as per the ICTC data HIV prevalence among ICTC attendees was moderate among males (5.64%) and low among female (3.86%) clients. It was near moderate among referred (4.34%) and the moderate among direct walk-in (7.84%) clients. A stable trend was observed among all except a declining trend among direct walk-ins, considering the last three years data points.
- According to HRG size mapping data FSW (270; 58.32% of total HRG) was the largest HRG in the district followed by MSM (102; 22.03% of total HRG). Among FSWs, the major typology was brothel-based (64.80%).
- In 2011, the number of episodes treated for STI/RTI was 7,115 and the syphilis positivity rate among STI clinic attendees was 3.56%.
- The top two destinations for inter-state out-migration were Thane (Maharashtra) and South Delhi.
- As per 2001 Census, 5.82% of the male population were migrants. Among them, 68.76% migrated to other states and 18.94% migrated to other districts, within the state.
- In 2009, out of 407 PLHIV registered at the ART centre, 7% were on ART, 19% were 15-24 years of age and 11% were widowed or divorced.
- According to DLHS-III data, among women, the HIV awareness rate was 30.6% and STI/RTI was 43.1%.
- In 2011, of the total transmissions, heterosexual routes accounted for 62.58%, though more importantly both unknown routes and needle/ syringe usage accounted for 15.48% of the total HIV transmissions in the district.
- From 2007 onwards, there was a noticeable scale-up in the number of clients undergoing HIV testing at the district's ICTCs from 3,888 in 2007 to 9,090 in 2011.

- Moderate HIV prevalence among HSS-ANC, ICTC males and ICTC direct walk-ins indicate a high vulnerability of the district. Analysis of risk profile of positive individuals should be done to determine associated risk factors.
- Since the largest HRG was FSW, assessment of the size and profile of client population as well as establishment of HSS site for HRG will help in better understanding of district vulnerabilities.
- Outreach efforts should be focused towards migrants at source and transit sites, as migration to high prevalent districts could be a driver of the HIV epidemic in the state.
- Considering high HIV transmission through needle-syringe usage in the district, an HSS-IDU site should be established, as well as further analysis of ICTC to better understand the risk profile of positive individuals.

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Ballia

Balrampur

Background:

Balrampur is a part of Devipatan division, and historic Awadh region. It is surrounded on the east by Siddharth nagar, Basti on the south, Gonda on the southwest, and Shravasti on the west and shares the northern border with Nepal. It has a population of 21.49 lakhs with a sex ratio of 922 females per 1,000 males, and a female literacy rate of 40.92% with an overall literacy rate of 51.76% (Census2011). It is currently receiving funds from the Backward Regions Grant Fund Programme. The district has many pilgrimage sites, which attract pilgrims across the country. Balrampur is known for temple of Pateshwari Devi, a Shakti Pitha, and for ruins of the ancient city of Sravasti, now a pilgrimage site for Buddhists and Jains. This leads to in-migration of the Buddhist and the Jain devotees to the district.



HIV Epidemic Profile:

- Based on 2011 PPTCT data, the level of HIV positivity was low (0.08%) among the ANC clients, with a stable trend.
- According to 2011 ICTC data, HIV positivity was low among male (0.85%) and female (3.92%) clients. It was also low among referred (1.87%) and directs walk-in (0.75%) clients. The trend for direct walk-in and female clients was declining, whereas male and referred clients showed a stable trend.
- In 2011, the number of STI/RTI episodes treated among STD clinic attendees was 5,396.
- The top two destinations for inter-state out-migration were Mumbai (Suburban) and Mumbai in Maharashtra.
- As per 2001 census, 2.41% of the male population were migrants, among them 60.48% migrated to other states and 15.3% migrated to other districts within the state.
- In 2009, of 329 PLHIV registered at the ART centre, 32% were on ART, 7% were 15-24 years of age, and 11% were widowed or divorced.
- According to DLHS-III data, among women, the HIV and STI/RTI awareness rate was 16.17% and 19.2%, respectively.
- In 2011, Heterosexual routes accounted for 50.70% of the district's HIV transmissions and unknown routes of transmission accounted for 33.80% and parent to child accounted for 9.86% of the total HIV transmission in the 2011.
- The number of clients undergoing HIV testing at the ICTCs noticeably increased from 146 in 2007 to 7,547 in 2011.

- The top two destinations for out-migration were to high prevalent districts, which could be a driver of the HIV epidemic in the state; therefore, outreach efforts should be focused towards migrants at source and transit sites.
- An effort needs to be made to increase early detection among HIV positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.
- IEC programme for creating HIV and STI awareness should be strengthened in district among general population, especially women.
- Since the rate of unknown transmission was high there needs to be data assessment and analysis of positive people at ICTC and PPTCT, to understand the source and spread of HIV.
- As parent to child transmission rate was high more needs to be done to understand the profile of positive people through in depth analysis of PPTCT and ART data, and also strengthen PPTCT program in the district.

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

Balrampur

Banda

Background:

Banda, a district of Uttar Pradesh state of India, is the eastern most district of Bundelkhand. The district has a population of 17.99 lakhs, a sex ratio of 863 females for every 1,000 males, and a female literacy rate of54.95% with an overall literacy rate of 68.11%. The economy is predominantly agricultural, with the main crops being paddy rice, wheat and vegetables. Banda is famous for its Shajar stone, used for making jewellery. The historically and architecturally significant sites are Khajuraho, a World Heritage Site famous for its elaborately carved temples and Kalinjar, for its war history and its glorious rock sculptures. National Highway 76 (India) 86 passes through Banda connecting to other districts.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV prevalence in the district was low among the ANC clients. There has been a stable trend among ANC clients since 2005, except for the year 2008, when positivity observed was at moderate level.
- As per 2011 PPTCT (0.07%) data, the level of HIV positivity was low among the attendees, with a decreasing trend.
- According to 2011 ICTC data, HIV positivity was low among male (1.61%) and female (0.93%) clients as well as among referred (1.09%) and direct walk-in (2.16%) clients. A decreasing trend was observed for all, considering the data for the past five years.
- As per the HRG size mapping data, FSW (299; 51.37% of total HRG) was the largest HRG in the district, followed by IDU (163; 28.01% of total HRG) and MSM (120; 20.62% of total HRG). Among FSWs, the major typology was home-based (78.21%).
- In 2011, the number of episodes treated for STI/RTI was 8,284 and the syphilis positivity rate was 0.15%.
- The top two destinations for inter-state out-migration were Surat, Gujarat and Hisar, Haryana.
- As per 2001 Census, 6.08% of the male population were migrants, among them 62.12% migrated to other states and 16.92% migrated to other districts within the state.
- In 2009, of 103 PLHIV registered at the ART centre, 43% were on ART, 9% were 15-24 years of age, 46% were illiterate or had primary school education, and 6% were widowed or divorced.
- According to DLHS-III data, among women, the HIV and STI/RTI awareness rate was 27.2% and 11.2%, respectively.
- There was an increase in number of clients undergoing HIV testing at the ICTC sites from 3814 in 2007 to 18,921 in 2011.

- Due to a low prevalence of HIV positivity in the district, continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low levels.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Since the largest HRG was FSW, assessment of the size and profile of client population, as well as establishment of HSS site for HRG will help in understanding of district vulnerabilities.
- Considering high rates of parent to child HIV transmission rate, carryout in-depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.
- IEC programme for creating HIV and STI awareness should be strengthened in district among general population, especially women.

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

Banda

Barabanki

Background:

Barabanki is one of the four districts of Faizabad division, which lies at the very heart of Awadh region of Uttar Pradesh. It is bordered by Faizabad to the east, Gonda and Bahraich to the north east, Sitapur to the north west, Lucknow to the west, Rae Bareli to the south and Sultanapur to the south east. It has a population of 32.58 lakhs with a sex ratio of 908 females per 1,000 males, and a female literacy rate of 54.10% with an overall literacy rate of 63.76% (Census 2011). The river Ghaghra forms then north eastern boundary separating Barabanki from Bahraich and Gonda. While the economy of Barabanki is largely dependent upon agriculture, bio-gas plants, animal husbandry, small-scale industries also provide direct and indirect employment to the people of Barabanki. The district is well connected to other districts of the state via railway and National Highway 28.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, HIV prevalence was low among the ANC clients, with a stable trend over the previous three years.
- According to 2011 PPTCT and Blood Bank (0.13%) data, the level of HIV positivity was low among the attendees, with a stable trend was observed among PPTCT attendees; however, a trend could not be determined for Blood Bank attendees, due to lack of prior data.
- Based on 2011 ICTC data, the level of HIV positivity was low among male (0.41%) and female (0.29%) clients. It was also low among referred (0.37%) and direct walk-in (0.30%) clients. A stable trend was observed among all ICTC clients.
- In 2011, among STI clinic attendees 5,183 STI/RTI episodes were treated.
- The top two destinations for inter-state out-migration were Thane and Mumbai (Suburban) in Maharashtra.
- As per 2001 Census, 2.08% of the male population were migrants, among them 27.83% migrated to other states and 39.18% migrated to other districts within the state.
- In 2009, of the 99 PLHIV registered at the ART centre, 43% were on ART, 10% were 15-24 years of age, and 11% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate was 41.9% and 42.3% among women, respectively.
- In 2011, HIV transmissions through heterosexual routes accounted for 87.50%, and through unknown routes accounted for 8.33% of the total HIV transmission in the district.
- There was a gradual increase in number of clients, undergoing HIV testing at the ICTC sites from 5,312 in 2007 to 14,036 in 2011.

- Continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low levels.
- Since migration to high prevalent districts could be a driver of the HIV epidemic in the state, therefore there should be strengthening of outreach programmes through awareness campaigns around truck halt points and highways in the district.
- A high number of people on ART is an indicative of the need to expand coverage of HIV counseling and testing in the district to detect HIV positive cases at an early stage.
- Strengthen efforts towards assessing route of HIV transmission at the ICTCs in order to understand routes of HIV transmission.

			Т	IV Levels	and Tren	ids ³							Vulnei	abilities				
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ILLI L Male	NT	*	*	*	1409	3371	2293	2092	3431	Typology	based-	60%;	NA;	Maha	rban),	South	Surat,	West
	РР	*	*	*	0.66	0.60	0.91	0.49	0.29	;	0%;	Double	ininctors	rashtra	Maha	nen	ujara	t Delhi
IICTC Female	NT	*	*	*	1211	1677	1765	1827	3448		Street	decker-	NIA NA		rashtra			
	ЬР	*	*	*		0.87	0.85	0.59	0.37		based-	22.22%						
ICIC Referred	NT	*	*	*		1488	1528	2212	4900	LC	9.09%		C L T					
ICTC Direct	ЪР	*	*	*	0.73	0.28	0.79	0.70	0.30	% <25 yrs.	41.50	8/./8	/.50					
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* Inadequate sample size; - Data not available; ¹ 2011 Census;² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Bareilly

Background:

Bareilly is bordered by Pilibhit and Shahjahanpur on the east, Rampur on the west, Udham Singh Nagar (Uttarakhand) in the north and Badaun in the south. Bareilly has a population of 44.65lakhs with a sex ratio of 883 females per 1,000 males, and a female literacy rate of 50.35% with an overall literacy rate of 60.52% (Census 2011). The district is a part of Bareilly division and it has many industries including sugar and food processing industries. It is well known for zardozi (a popular form of embroidery), handicrafts, bamboo artwork and wooden furniture. Bareilly is also known as the counter-magnet city, as it is equidistant from New Delhi and Lucknow and has a lot of potential in setting up of the industries to attract in-migrants. It is well connected via state roads, National Highways 24 and 87, and by railways to other districts within the state.



HIV Epidemic Profile:

- Based on 2011 PPTCT (0.04%) and Blood Bank (0.20%) data, the level of HIV positivity was low among the attendees, with a stable trend for both.
- According to 2011 ICTC data, the level of HIV prevalence was low among male (2.95%) and female (1.12%) clients. It was also low among referred (2.27%) and direct walk-in (2.40%) clients, with a stable trend among all ICTC clients.
- According to HRG size mapping data, FSW (915; 57.95% of total HRG) was the largest HRG in the district followed by IDU (371; 23.50% of total HRG) and MSM (293; 18.56% of total HRG). Among the FSWs, major typology was home-based (59.42%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.39% and the number of episodes treated was 3,489.
- The top two destinations for inter-state out-migration were Udham Singh Nagar and Nainital in Uttarakhand.
- As per 2001 Census, 3.26% of male population were migrants, among them 52.13% migrated to other states and 19.65% migrated to other districts within the state.
- In 2009, of the 105 PLHIV registered at the ART centre, 46% were on ART, 10% were 15-24 years of age, 41% were illiterate or had primary school education, and 10% were widowed or divorced.
- According to DLHS-III data, among women, the HIV and the STI/RTI awareness rate was 37.9% and 64.8%, respectively.
- In 2011, HIV transmissions through heterosexual routes accounted for 55.56%; whereas needle/syringe accounted for 36.75% of the total transmission.

- Continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low levels.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Since the largest HRG was FSW, assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Effort needs to be made to increase early detection among HIV positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.
- Considering the high rate of HIV transmission through needle and syringe usage, there is a need to strengthen prevention efforts through TIs. As well, there should be a focus on IDU-FSW sexual networks and address the dual risk that is posed due to the high rates of infection among IDUs and a large number of FSWs.

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"Inadequate sample size; - Data not available;" 2011 Census," Sol positive, NT = number tested; ⁵ General clients & pregnant women

Bareilly

Basti

Background:

Basti is a part of Basti division in Uttar Pradesh. It is sharing border with Ambedkar Nagar to the south, Faizabad and Gonda to the west, Sant Kabeer Nagar to the east, Siddharth Nagar to the north. Basti has a population of 24.61 lakhs with a sex ratio of 959 females per 1,000 males, and a female literacy rate of 58.35% with an overall literacy rate of 69.69% (census 2011). The district is mainly noted for many textiles, sugar and cottage industries, as well as for many small-scale industries. Basti is currently receiving funds from the Backward Regions Grant Fund Programme (BGRF). Basti is well connected to other districts of the state via roads and railways; National Highway 28 connects the district to the rest of Uttar Pradesh as well as other states.



HIV Epidemic Profile:

- As per 2010, HSS-ANC data, the level of HIV positivity was high among ANC (2.28%) clients. A trend could not be established due to lack of data from previous years.
- As per 2011 data, HIV prevalence was low among the PPTCT (0.40%) and Blood Bank attendees, with a fluctuating trend for both.
- According to 2010 HSS-FSW data, the HIV positivity was low among the FSWs, with a decreasing trend.
- In 2011, based on ICTC data, the level of HIV prevalence was moderate among male (6.52%) and female (4.56%) clients. It was low in referred (2.05%) clients but high among direct walk-in (10.90%) clients. A stable trend was noticed among the male clients and a decreasing trend was observed among the female and referred clients. However, a rising trend was observed among direct walk-in clients.
- According to HRG size mapping data, MSM (299; 64.03% of total HRG) was the largest HRG in the district, followed by FSW (96; 20.56% of the total)..
- In 2011, the number of episodes treated for STI/RTI was 6,354 and the syphilis positivity rate among STI clinic attendees was 0.26%.
- The top two destinations for inter-state out migration were Mumbai (Suburban) and Thane of Maharashtra.
- As per 2001 Census, 6.86% of the males populations were migrants, among them 73.06% migrated to other states and 14.32% migrated to other districts within the state.
- In 2009, of the 648 PLHIV registered at the ART centre, 47% were on ART which was high, 10% were 15-24 years of age, 46% were illiterate or had primary education, and 11% were widowed or divorced.
- According to DLHS-III data, among women, the HIV and the STI/RTI awareness rate was 44.4% and 16%, respectively.
- In 2011, HIV transmissions through heterosexual routes accounted for 83.7%, though more noteworthy was that parent to child transmissions accounted for 13.04% of the total HIV transmissions in the district.

- Conduct socio-demographic analysis of ANC attendees to understand risk factors for HIV epidemic among general population.
- Analyze risk profile of positive individuals to determine associated factors, due to high HIV prevalence among direct walk-in clients.
- Conduct in-depth analysis of PPTCT and ART data, and strengthen PPTCT program in the district to further understand the profile of these attendees, as parent to child transmission rate was high.
- Strengthen and improve the quality of outreach programme for FSWs and MSM.
- Assess the size and profile of MSM client and partner population, will help in understanding district vulnerabilities.

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Basti

Bijnor

Background:

Bijnor is situated in the north-west corner of the Moradabad division. It is surrounded by Saharanpur, Dehradun, Muzaffarnagar and Meerut in the west, Garhwal in the north and northeast, Nainital and Moradabad in the east, and Amroha in the south. It has a population of 36.84 lakhs with a sex ratio of 913 females per 1,000 males, and a female literacy rate of 61.45% with an overall literacy rate of 70.43% (Census 2011). Other than some small scale industries, the district's economy is supported by agriculture. The chief agricultural products grown are food grains, potato, tilhan and cane. Bijnor exhibits a number of places, which are of historic importance. It is connected to other districts in Uttar Pradesh, as well as other states via roads and railways. National Highway 74 connects Bijnor to Haridwar and Kashipur and National Highway 119 connects the district to Muzaffar Nagar and the neighbouring state of Uttarakhand.



HIV Epidemic Profile:

- Based on2010 HSS-ANC data, the HIV prevalence was low among ANC clients, however, there were not enough consecutive data points to determine a trend.
- As per 2011 PPTCT (0.09%) and Blood Bank (0.29%) data, the HIV positivity was low, with a stable trend for PPTCT and a decreasing trend for blood bank.
- In 2011, according to ICTC data, the level of HIV positivity was low among male (2.92%) and female (0.91%) clients. It was also low among referred (1.10%) clients, whereas the positivity level was high among direct walk-in (16.08%) clients. A stable trend was observed among male, female, and referred clients, whereas decreasing trend for direct walk-in clients was observed over the past three years.
- According to HRG size mapping data, FSW (441; 46.62% of total HRG) was the largest HRG in the district, followed by IDU (280; 29.60% of total HRG) and MSM (225; 23.78% of total HRG).
- In 2011, the number of episodes treated for RTI/STI was 4,967 and the syphilis positivity rate was 0.04%.
- The top two destinations for inter-state out migration were Mumbai (Suburban) in Maharashtra and North-East Delhi.
- As per 2001 Census, 3.84% of male population were migrants, among them 62.35% migrated to other states and 14.42% migrated to other districts within the state.
- In 2009, out of 107 PLHIV registered at the ART centre, 10% were on ART, 9% were 15-24 years of age, 66% were illiterate or had primary education and 22% were widowed or divorced.
- According to DLHS-III data, among women, the HIV and the STI/RTI awareness rate was 52.10% and 89%, respectively.
- Heterosexual routes of transmission accounted for 80.56% of the total transmission, whereas parent to child reckoned at 11.11%.
- There had been a gradual increase in number of clients undergoing HIV testing at the ICTC sites, from 4,109 in 2008 to 8,927 in 2011.

- Analyze risk profile of positive individuals to determine associated factors, due to high HIV prevalence among direct walk-in clients.
- Conduct special awareness campaign especially among pockets of out-migrants transit points and around truck halt points and highways in the district.
- Assess the size and profile of FSW clients as well as establish HSS site for HRG for better understanding of district vulnerabilities, since the largest HRG was FSW.
- Conduct in-depth analysis of ART and ICTC data and strengthen PPTCT program in the district, considering noticeable percentage of HIV transmission via parent to child.

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"Inadequate sample size; - Data not available;" 2011 Census," Sol positive, NT = number tested; ⁵ General clients & pregnant women

Bijnor

Bulandshahr

Background:

Bulandshahr is situated in Meerut region of Uttar Pradesh. It is near to Delhi and is in the National Capital Region (NCR). It has a population of 34.99 lakhs with a sex ratio of 892 females per 1,000 males, and a female literacy rate of 56.60% with an overall literacy rate of 70.23% (Census 2011). With the green revolution, the district is also a part of the white revolution in the form of milk production. The potteries of Khurja, a town in Bulandshahar, have earned a name around the world. There is a nuclear atomic power plant in the district; it is located in Narora town. Bulandshahar attracts numerous tourists every year from the surrounding areas and beyond, which bares testimony to many of the historical places located within the district. Bulandshahr is well connected by railway and state roadways to the other districts of the state.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC clients, with a stable trend.
- As per 2011 PPTCT (0.06%) and Blood Bank (0.08%) data, HIV prevalence was low among the attendees, with a stable trend for both.
- In 2011, according to the ICTC data, the level of HIV prevalence was near-moderate among male (4.52%) clients and low among female (0.88%) clients, as well as among referred (0.98%) and direct walk-in (4.19%) clients. An increasing trend was observed among male and direct walk-in clients, a declining trend was observed among female clients and referred clients had a stable trend.
- According to HRG size mapping data, IDU (343; 45.13% of total HRG) was the largest HRG in the district followed by FSW (236; 31.05% of total HRG) and MSM (181; 23.82% of total HRG).
- In 2011, 5,183 STI/RTI episodes were treated among STI clinic attendees.
- The top two destinations for inter-state out-migration were North-East Delhi and South Delhi.
- As per 2001 Census, 5.94% of the male population were migrants, among them 51.83% migrated to other states and 32.57% migrated to other districts within the state.
- In 2009, of the 96 PLHIV registered at the ARTcentre, 19% were on ART, 6% were 15-24 years of age, 66% were illiterate or had primary education and 22% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 34.60% and 24.50%, respectively.
- Of the total HIV transmissions in the district, 20.48% transmission was through homosexual route, and parent to child route accounted for 7.23%.
- A total of four TI sites were functional in the district in 2011.
- From 2007, there has been a scale-up in the number of clients undergoing HIV testing at the district's ICTCs.

- Carry out differential analysis of male and direct walk-in clients (representative of vulnerable populations), and high level of transmission through homosexual route. An increasing trend can be explored by further analyzing the ICTC data.
- Strengthen outreach programmes through awareness campaigns around trucking halt points and highways that run through the district.
- Understand migration patterns from in-district industries and agricultural occupation and explore its possible contribution fueling the epidemic.
- Conduct in-depth analysis of ICTC and ART data to understand the profile of MSM and their partner and strengthen TIs for MSM, considering high rate of HIV transmission through homosexual route.
- Conduct in-depth analysis of ICTC and ART data to understand the profile of ICTC attendees, as the parent to child HIV transmission rate was high.

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

Bulandshahr

Chandauli

Background:

Chandauli is a district in Uttar Pradesh and comes under the Varanasi division. Chandauli is bordered on east by Bhabhua district of Bihar, on the north-east by Ghazipur, on the south by Sonebhadra, and on the west by Mirzapur and Varanasi districts. The total population of the district is 19.53 lakhs with sex ratio of 913 females per 1,000 males, and a female literacy rate of 63.07% with an overall literacy rate of 73.86% (Census 2011). The various cereals from the district are paddy and wheat; its economy is based upon agriculture. The district is popularly known as the 'Dhaan Ka Katora of Uttar Pradesh' because of extreme fertile lands of the Gangetic Plain. Chandauli is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Chandauli is well connected by railway and road; National Highway 2 connects it to Sasaram and Varanasi, as well as to Bihar state.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the HIV positivity was moderate (0.50%) among the ANC clients; however, due to lack of data points from previous years, a trend could not be determined.
- As per 2011 PPTCT data, the HIV prevalence was low among the clients. A trend could not be set due to lack of previous years data.
- In 2011, according to the ICTC data, the level of HIV prevalence was low among male (2.21%) and female (1.65%) clients. It was also low among referred (1.39%) and direct walk-in (3.54%) clients, with a stable trend among all the ICTC clients.
- According to HRG size mapping data, FSW (159; 46.63% of total HRG) was the largest HRG in the district followed by IDU (126; 36.95% of total HRG). Among FSWs, the majority were home-based (65.49%), followed by brothel-based (34.51%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.68%.
- The top two destinations for inter-state out-migration were Thane and Mumbai (Suburban) in Maharashtra.
- As per 2001 Census, 2.06% of the male population were migrants, among them 26.24% migrated to other states and 28.85% migrated to other districts within the state.
- According to DLHS-III data, the HIV and RTI/STI awareness rate among women was 34.40% and 15.60%, respectively.
- In 2009, of the 242 PLHIV registered at the ART centre, 2% were on ART, 14% were 15-24 years of age, 44% were illiterate or had primary education and 14% were widowed or divorced.
- A total of three TI sites were functional in the district in 2010.
- There had been an increase in the number of clients undergoing HIV testing at ICTCs in the district from 2010 onwards.

- Carryout disaggregated analysis of ANC attendees to identify risk factors responsible for the stable HIV epidemic among general population.
- Strengthen outreach programmes through awareness campaigns around trucking halt points and highways that run through the district.
- Focus on outreach efforts among FSWs and IDUs, since their presence indicates an opportunity for HIV transmission.
- Strengthen outreach activities for migrants at source and transit points, as there was huge migration to high prevalent states.
- Improve understanding of district vulnerabilities by assessing the size and profile of migrants and truckers, who are the client population for the FSWs.

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Chandauli

Chitrakoot

Background:

Chitrakoot is a part of the Chitrakoot division in Uttar Pradesh and is the second least populous district in the state. It is bordered by Satna district of Madhya Pradesh in the south, Fatehpur in the north, Banda district in the west and Kaushambi in the east. Chitrakoot, known as 'the hill of many wonders', is a place of great mythological relevance and religious importance. The total population of the district is 9.90 lakhs with a sex ratio of 879 females per 1,000 males, and a female literacy rate of 54.03% with an overall literacy rate of 66.52% (Census 2011). As the land is rich in alluvial soil, farming is the chief occupation. Some small scale industries also exist in the district; it is also rich in cultural, religious, historical and archaeological heritage. It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Chitrakoot is well



connected via roads and railway; it has National Highway 76 connecting it to Banda and Allahabad.

HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC clients, with a fluctuating trend.
- Based on 2010 PPTCT data, HIV prevalence was low (0.05%) among the attendees, with a stable trend.
- As per 2011 ICTC data, the level of HIV prevalence was low for male (0.59%) and female (1.02%) clients, and also for referred (0.56%) and direct walk-in (0.88%) clients, with a stable trend among all the ICTC clients.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.67%.
- The top two destinations for inter-state out-migration were Satna, Madhya Pradesh and Surat, Gujarat.
- As per 2001 Census, 2.45% of the male population were migrants; among them 45.63% migrated to other states and 16.07% migrated to other districts within the state.
- According to DLHS-III data, the HIV and the RTI/STI awareness rate among women was 25.40% 12.30%, respectively.
- In 2009, of the 58 PLHIV registered at the ART centre, 12% were on ART, 9% were 15-24 years of age, 47% were illiterate or had primary education and 12% were widowed or divorced.
- There had been a gradual increase in the number of clients which had undergone HIV testing from 2007 onwards.

- Conduct demographic analysis of ANC attendees to understand risk factors for HIV epidemic among general population, considering the moderate levels of HSS-ANC prevalence.
- Strengthen IEC programme for creating HIV and STI awareness in the district among general population, especially women.
- Review and monitor routine programme data for completeness and accuracy to understand HIV transmission dynamics in the district.
- Since there was migration to the high prevalent states, outreach activities for migrants at source and transit points should be strengthened.

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Chitrakoot

Deoria

Background:

Deoria is a district in the Gorakhpur division of Uttar Pradesh. It is surrounded by Kushinagar in the north, Gopalganj and Siwan districts of Bihar in the east, Mau and Ballia districts in the south and Gorakhpur in the west. It has a population of 30.99 lakhs with a sex ratio of 1,013 females per 1,000 males, and a female literacy rate of 61.34% with an overall rate of 73.53% (Census 2011). Agriculture is the backbone of the Deoria economy. It also has a large number of temples, which attract tourists as well as local people from surrounding areas. Deoria is well connected via state roads and railways to the neighbouring state of Bihar, and also to other districts of Uttar Pradesh.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV prevalence was low among the ANC clients, with a stable trend.
- According to 2011 PPTCT (0.12%) and Blood Bank (0.09%) data, HIV prevalence was low among the attendees, with a decreasing trend among both.
- Based on 2010 HSS-FSW data, the level of HIV positivity was low (0.41%) among FSWs, however, due to lack of data in the previous years a trend could not be determined.
- As per 2011 ICTC data the level of HIV prevalence was near-moderate among male (4.30%) and direct walk-in (4.34%) clients, whereas low among female (2.79%) and referred (3.19%) clients. Over the past three years, a rising trend was observed among all the ICTC clients.
- According to HRG size mapping data MSM (465; 46.13% of total HRG) were the largest HRG in the district, followed by FSW (353; 35.02% of total HRG) and IDU (190; 18.85% of total HRG). Among FSWs, the majority were home-based (44.19%), followed by 43.85% street based FSWs.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.51%.
- The top two destinations for inter-state out-migration were Mumbai (Suburban) and Thane in Maharashtra.
- As per 2001 Census, 6.22% of the male population were migrants, among them 67.24% migrated to other states and 20.65% migrated to other districts within the state.
- In 2009, of the 1,106 PLHIV registered at the ART centre, 21% were on ART, 11% were 15-24 years of age, 13% were widowed or divorced, and 47% were illiterate or had primary education.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 42.40% and 31.80%, respectively.
- In 2011, HIV transmissions through parent to child route accounted for 7.16% of the total HIV transmissions in the district.
- A total of four TI sites were functional in the district in 2011.
- There had been a rapid increase in the number of clients undergoing HIV testing at the ICTC sites from 4,044 in 2007 to 24,207 in 2011.

- Considering moderate level of HIV positivity and rising trend among ICTC clients, focus on prevention strategies and conduct in-depth analysis of ICTC and ART data to understand the dynamics of HIV transmission.
- Assess the size and profile of FSWs client population, including migrants and truckers, and MSM and partner population. This will provide insights to district vulnerabilities.
- Create awareness through regular campaigning among women and hard-to-reach sub-groups, such as home-based FSWs.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Conduct in-depth analysis of ICTC and ART data to understand the profile of these attendees and strengthen PPTCT programme in the district, as the parent to child HIV transmission rate was high.

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Deoria

Etah

Background:

Etah district is a part of the Aligarh division in Uttar Pradesh. It is bordered by Kanshiram Nagar in the north, Farukkabad in the east, Mainpur, Firozabad and Agra districts in the south, and Mahamaya Nagar in the west. The total population of the district is 17.61 lakhs with sex ratio of 863 females per 1,000 males, and a female literacy rate of 61.72% with an overall literacy rate of 73.27% (Census 2011). The primary occupation in Etah on which the economy is based is agriculture; various varieties of crops are grown in large amounts. Etah is currently receiving funds from the Backward Regions Grant Fund Programme. There are a few pilgrimage sites in Etah that attract pilgrims around the country on regular basis, leading to in and out migration in the district. Etah is well connected to other districts of Uttar Pradesh via roads and railway; National Highway 91 connects it to neighboring district of Aligarh and Kannauj.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, and a stable trend was observed.
- Based on 2011 PPTCT data, the HIV positivity was low (0.15%) among the PPTCT attendees, with a stable trend.
- According to 2010 HSS-IDU data, the HIV prevalence was low among the IDUs; a trend could not be set due to lack of previous year's data.
- As per 2011 ICTC data, the level of HIV prevalence was low among male (0.96%) and female (0.90%) clients; it was also low among referred (1.28%) and direct walk-in (0.79%) clients. An overall stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, IDU (560; 41.82% of total HRG) was the largest HRG in the district, followed by MSM (445; 33.23% of total HRG) and FSW (334; 24.94% of total HRG). Among FSWs, the majority was brothel-based (53.18%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.36%.
- The top two destinations for inter-state out-migration were South Delhi and North-West Delhi.
- As per 2001 Census, 4.30% of the male were migrants, among them 50.47% migrated to other states and 24.82% migrated to other districts within the state.
- In 2009, of the 118 PLHIV registered at the ART centre, 28% were on ART, 2% were 15-24 years of age, 24% were widow or divorcee and 78% were illiterate or had primary education.
- According to DLHS-III data, the HIV and RTI/STI awareness rate among women was 26.70% and 25.40%, respectively.
- In 2011, HIV transmissions through blood transfusions accounted for 7.69% and parent to child accounted for 5.77% of the total HIV transmissions in the district.
- A total of four TI sites were functional in the district 2011.
- There had been a gradual increase in number of clients undergoing HIV testing at the ICTC sites from 2,475 in 2007 to 9,518 in 2011.

- Considering large number of IDUs in the district, there is a need to understand the dynamics of HIV transmission among IDUs, either through initiation of HSS-IDU sites or further analysis of ICTC/PPTCT and ART data.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages, especially among women.
- Conduct in-depth analysis of ICTC and ART data analysis to understand the profile of the positive individuals, and more diligent screening of blood in Blood Banks since HIV transmission rate through blood transfusion was relatively high.
- Continue HIV prevention strategies to maintain HIV prevalence at low levels in the district.
- Analyze the profile of the ICTC attendees and their spouses through ICTC and ART data and strengthen PPTCT programme, as parent to child HIV transmission was high in the district.

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Etah

Etawah

Background:

Etawah is located in the southwestern part of Uttar Pradesh. It is a part of Kanpur division of the state. It has a population of 15.79 lakhs with a sex ratio of 867 females per 1,000 males, and a female literacy rate of 71.16% with an overall literacy rate of 79.99% (Census 2011). The district exports substances like fish, oil-seeds, jaggery, ghee, different food-grains, handloom clothes and Ayurvedic medicines to the nearby districts. The National Chambal Sanctuary is a tourist spot, and attracts many visitors each year; it has in its store a good number of birds and animals, including the rarely found Gangetic dolphin. Etawah is well connected via roads and railway; the National Highway 92 and 2 connect Etawah to other parts of the country.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC attendees, with a stable trend.
- As per 2011 PPTCT (0.08%) and Blood Bank (0.25%) data, HIV prevalence was low among the attendees. A stable trend was seen among the PPTCT attendees, however, a trend could not be determined for Blood Bank clients due to lack of previous years data.
- In 2011, according to the ICTC data, the level of HIV prevalence was low among male (1.03%) and female (0.72%)clients. It was also low among referred (1%) and direct walk-in (0.54%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (491; 72.21% of total HRG) was the largest HRG in the district followed by IDU (133; 19.56% of total HRG). Among FSWs, the majority was home-based (75.19%) typology.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.06%.
- The top two destinations for inter-state out-migration were South Delhi and North-West Delhi.
- As per 2001 Census, 7.13% of the male population were migrants, among them 59.69% migrated to other states and 26.69% migrated to other districts within the state.
- In 2009, of the130 PLHIV registered at the ART centre, 20% were on ART, 6% were 15-24 years of age, 12% were widowed or divorced and 63% were illiterate or had primary education.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 38.60 % and 24.10%, respectively.
- In 2011, HIV through needle/syringe usage accounted for 6.29% of the total HIV transmissions in the district.
- A total of four TI sites, one each for all HRGs, and one composite TI, were functional in the district in 2011.
- There had been a rapid increase in number of clients, who had undergone HIV testing at these sites from 3,942 in 2007 to 29,110 in 2011.

- Continue HIV prevention strategies to maintain HIV prevalence at low levels in the district.
- Strengthen outreach programmes through awareness campaigns around trucking halt points and highways in the district.
- Assessing the size and profile of FSWs client population, including migrants and truckers, will improve to understand district vulnerabilities, since the largest HRG was FSW.
- Strengthen prevention efforts through TIs, as the rate of HIV transmission through needle/syringes was notable.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages, especially among women.
- Strengthen screenings at Blood Bank to ensure supply of safe blood for medical procedures, since HIV transmission through blood transfusion was high.

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Drop-in-centres
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Etawah

Faizabad

Background:

Faizabad district in Uttar Pradesh is situated on the bank of the river Saryu, about 130 km west of Lucknow. It has a population of 24.68 lakhs with a sex ratio of 961 females per 1,000 males, and a female literacy rate of 60.72% with an overall literacy rate of 70.63% (Census 2011). Agriculture is the main occupation of the district; the crops mainly grown are sugar cane, tilhan and some important food grains. Faizabad hosts numerous tourists from across the country for its renowned temples.. The district is well connected via roads and railways; National Highway 28 connects it to Basti and Barah Banki.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC clients, with a stable trend for the past three years.
- Based on 2011 PPTCT (0.15%) and Blood Bank (0.03%) data, HIV prevalence was low among the attendees, with a stable trend for both.
- According to 2011 ICTC data, the level of HIV prevalence was low among male (2.30%) and female (2.27%) clients. It was also low among referred (2.15%) and direct walk-in (3.90%) clients. There had been a decreasing trend among all the ICTC attendees.
- According to HRG size mapping data, IDU (195; 42.76% of total HRG) was the largest HRG in the district, followed by FSW (142; 31.14% of total HRG) and MSM (119; 26.10% of total HRG). Among FSWs, the majority was street-based (79.51%) typology.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.18%.
- The top two destinations for inter-state out-migration were Surat in Gujarat and Mumbai (Suburban) in Maharashtra.
- As per 2001 Census, 5.54% of the male population were migrants, among them 70.82% migrated to other states and 18.22% migrated to other districts within the state.
- In 2009, of the 253 PLHIV registered at the ART centre, 41% were on ART,11% were 15-24 years of age, 46% were illiterate or had primary education and 11% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 42.80% and 33.20%, respectively.
- In 2011, HIV transmissions through parent to child infection accounted for 12.94% of the district's total HIV transmissions.

- Strengthen outreach activities through awareness campaigns around pilgrimage sites, trucking halt points and highways throughout the district.
- Focus on street-based FSWs, as they constitute the highest percentage of FSWs for better assessment of size and client population.
- Expand coverage of HIV counseling and testing in the district to detect positive cases at an early stage.
- Strengthen IEC programme for creating HIV and STI awareness in the district among general population, especially women.
- Considering high rate of parent to child HIV transmission rate, carryout in depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.
- Strengthen prevention efforts through TIs, considering a moderate rate of HIV transmission through needle/syringes.
- Strengthen outreach activities for migrants at source and transit points, since there was considerable percent of migration to high prevalent states.

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

Faizabd

Farrukhabad

Background:

Farrukhabad is a part of Kanpur division of Uttar Pradesh. It is bordered by Badaun and Shahjahanpur on the north, Hardoi on the east, Kannauj on the south, and Etah and Mainpuri districts on the west. The holy rivers Ganges and Ramganga are located to the east, while river Kali is in the south. Farrukhabad has a population of 18.88 lakhs with a sex ratio of 874 females per 1,000 males, and a female literacy rate of 60.51% with an overall literacy rate of 70.57% (Census 2011). On the agricultural front, the district is engaged in cultivating a fairly large quantity of potato and it is also well known for producing sunflower. Farrukhabad can boast of some places of historical importance like Kampil and Sankisa, both famous among the tourists. Kaimganj is also a well-known place for being the home of a sugar mill and a tobacco industry. It is connected to all the nearby districts via roads and railways.



HIV Epidemic Profile:

- In 2011, the level of HIV positivity rate was low among PPTCT (0.12%) and Blood Bank attendees; with a stable trend for both.
- As per 2011 ICTC data, the level of HIV prevalence was low among male (0.80%) and female (1.04%) clients. It was also low among referred (0.51%) and direct walk-in (2.74%) clients. A stable trend was seen among all the ICTC clients.
- According to HRG size mapping, FSW (196; 85.22% of the total HRG) was the largest HRG in the district.
- In 2011, the number of episodes treated for STI/RTI was 2,990 and the syphilis positivity rate among STI clinic attendees was 1.41%.
- The top two destinations for inter-state out-migration were South Delhi and North-East Delhi.
- As per 2001 Census, 3.64% of the male population were migrants, among them 51.15% migrated to other states and 31.91% migrated to other districts within the state.
- In 2009, of the 54 PLHIV registered at ART centre, 30% were on ART, 9% were 15-24 years of age, 37% were illiterate or had primary education, and 11% were widowed or divorced.
- As per DLHS-III data, the HIV and STI/RTI awareness rate among women was 27.8% and 17.3%, respectively.
- In 2011, a total of two ICTCs were operational, which tested a total of 6,377 clients for HIV in the district.

- Continue HIV prevention strategies to maintain prevalence at low levels.
- Strengthen outreach programmes through awareness campaigns around industries, trucking halt points and highways in the district.
- Generate information on typology of HRG population to understand district epidemiological profile.
- An effort needs to be made to increase early detection among HIV positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.
- IEC programme for creating HIV and STI awareness should be strengthened in district among general population, especially women.

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/// ULIUIAI (N=28)	92.86	3.57	0	0	3.57	0				Comp. TIs									
			Blo	bck-Level D	etails					ICTCs	,	,		-	2	2	2	2	
No. HRG- FSW							,			Total tested at ICTC ⁵	351	177	252 4	.118	7133	9014	7510	6377	
No. HRG-										Blood Banks	-	-	-	-	-	-	-	-	
MSM	ı	ı	ı	,	ı	ı		,	ı	STI clinics	1	-	-	1	1	-	-	-	
										ART centres									
	1				,					Link ART centres	,	,			,		•	-	
% Positive,										PLHA Networks	•	•			,		•	,	
ICTC		ı	1		1	1	ı	ı		Red ribbon clubs	-			1				,	
% Positive,										Comm. care centres	1	,			,				
PPTCT		ı	I		ı	ı	ı			Drop-in-centres	•		1	1					
										Condom outlets	•				,		•		
* Inadequate s	ample size	; - Data not	available; ¹ 20	11 Census; ²	Source: DL	HS III; ³ Data	presente	d only for y	ears where	sample size is valid (H	SS-ANC≥ ∃	300, HSS-H	IRG/STD≥	187, ICT0	≥ 600, PP	TCT≥ 900	and BB≥ 9	900); ⁴ PP =	= percent
positive, NI = .	number tes	ted; ⁵ Gener	al clients & pre	egnant wom	en														

Farrukhabad

Fatehpur

Background:

Fatehpur is situated between two important cities (Allahabad and Kanpur) of Uttar Pradesh. The district is bordered by Badaun and Shahjahanpur on the north, Hardoi on the east, Kannauj on the south, and Etah and Mainpuri districts on the west. It has a population of 26.33 lakhs, with a sex ratio of 900 females per 1,000 males, and a female literacy rate of 57.76% with an overall literacy rate of 68.78% (Census 2011). It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The district of Fatehpur witnesses many important upcoming Information & Technology projects, thus attracting in-migrants. Some places in Fatehpur like Bhitaura, Renh and Shivrajpurare of high tourism value. Fatehpur is well connected via roads and railway; National Highway 2 connects it to Kanpur and Allahabad.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a stable trend.
- As per 2011 PPTCT data, positivity level was low for (0.06%) the attendees, and a stable trend was observed.
- According to 2011 ICTC data, the level of HIV prevalence observed was low among male (2.68%) and female (2.41%) clients. It was also low for referred (1.48%) but moderate for direct walk-in (7.73%) clients. In the period 2008-2011, an increasing trend at varying levels has been observed among all the ICTC clients.
- As per the HRG size mapping data, FSW (335; 52.76% of total HRG) was the largest HRG in the district followed by IDU (155; 24.41% of total HRG) and MSM (145; 22.83% of total HRG). Among the FSWs, majority was home based (65.20%) typology.
- In 2011, the number of STI/RTI episodes treated was 5,919 and the Syphilis positivity rate was 0.33%.
- The top two destinations for inter-state out-migration were Surat (Gujrat) and Mumbai Suburban (Maharashtra).
- As per 2001 Census, 3.77% of the male population were migrants, among them, 44.38% migrated to other states and 27.44% migrated to other districts within the state.
- In 2009, of the 194 PLHIV registered at the ART centre; 29% were on ART, 10% were 15-24 years of age, 7% were widow or divorcee and 45% were illiterate or had primary education.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 26% and 7.5%, respectively.
- In 2011, needle/syringe route of HIV transmission accounted for 6.56% of the total HIV transmissions in the district.
- A total of four TI sites were operational in the district in 2011.

- Strengthen outreach programmes through awareness campaigns around tourist spots, trucking halt points and highways in the district.
- As parent to child HIV transmission rate was high, more needs to be done to understand the profile of the positive persons through in-depth analysis of PPTCT and ART data, and strengthen PPTCT program in the district.
- Considering the high rate of HIV transmission by needle/syringe, there is a need to map IDU population to give insight to the problem.
- Since the largest HRG was FSW, better assessment of the size and profile of client population, as well as establishment of HSS site for HRG will help in understanding of district vulnerabilities.
- Since there was migration to high prevalent states, there is a need to strengthen outreach activities for migrants at source and transit points.

Fatehpu District Popula	r ation: 26,3	2,684 (1.319	% of Uttar Pre	adesh Popula	ition); Feme	ale Literacy ¹ :	57.76%; /	ANC Utiliza	ation ² : 16%										
		1000		Levels and	2007	2008	2000	2010	2011		HRG SI	20	IN	nerabilit	es	ale Miorat	ion 2001	Cencils	
	PP4	+007		0007	007	0007	6007	0 0	1107				-				Inter-	Intra-	Intra-
HSS-ANC	NT ⁴			400	400	400		381			FSW	MISIM	nni			Uverall	state	state	district
F.C.F.G.G	РР	,			0	0.12	0.08	0	0.06	Size Est.,					lo out-				
PPICI	NT	,		1	2687	4216	4723	4705	3444	(Mapping, Year:	335	145	155		nigration	45999	20416	12623	12960
	ЪР	*	*	*	*	*	*	*	*	NA)									
Blood Bank	NT	*	*	*	*	*	*	*	*	% Total HRG	52.76	22.83	24.4	-	% of male	3.77	1.67	1.04	1.06
	ЪР														oop.				
	NT				1			,		% Total Pop.	0.01	0.01	0.01		% OT TOTAL	100	44.38	27.44	28.17
HCC_FC/M	РР				ı	ı		ı		Drocrom Torgot	VIV	VIN	VIV			ctricte for is	ator ctato	- mior	tion
NAC 1-CCI 1	NT									Program	AN	M	AN				IILEI-SLALE		
MSM-22H	РР	,								Program		•	'						
	NT	,			1	,				COVELAGE	Home								
HSS-IDU	dd !	,									based-	Kothi-	-						
	Z						0				65.20%;	32.14%	5; Daily		2 -	um :			
ICTC Male	d L	¢ ,	< ,	< ,	3.31	0.01		1.60	2.08	Tunology	Brothel	Panthi	- Injecto	-2	C /C	Dal Lu	dh Th	ane, N	1umbai,
	Z	ĸ →	ĸ →	ĸ →	393	1038	1511	1498	1420	Iypology	based-	67.86%	Non-do	vlic	C) () Surat, ()	iar (ner	na, M	ahar	Mahar
ICTC Female	ЧЧ	¢ .	¢ .	c .	09.c	0	Э	1.23	2.41		32.80%;	Double	iniorto	ally .		nho Pun	ijab as	htra	ashtra
	TN	* *	* +	* +	271	594	1119	1058	956		Street	decker		- 2	IN.	chtra			
	дд	ĸ	ĸ	ĸ	4.59	0	0	1.12	1.48		based-	NA			2	5			
Referred	NT	*	*	*	523	1165	2151	1778	1962		2.00%								
ICTC Direct	ЪР	*	*	*	3.55	0	0	2.19	7.73	% <25 yrs.	28.00	34.62	8.33						
Walk-in	NT	*	*	*	141	467	479	778	414	% Married	75.60	60.00	51.6	_	_	_	_	_	
			P	LHIV Profile	a, 2009						STI	RTI							
	% On ART	% 15-24 Wrs	% Ill., Prim. Edu	% Married	% Widow	ed d				No anisodas	2008	2009	2010	2011					
ART (194)	20	10	45	41	7	5				treated	6527	4046	1720	5919					
DLN (NA)	J	2 -	2 .							% Syphilis positivity	y 95.83	,	1.91	0.33					
	Ro	ute of HIV	Transmissio	n, ICTC 201									Progra	mme Res	ponse				
	Hetero-	Homo-	Blood	Needle/	Parent to					No.	2004	2005	2006	2007 2	2008	2009	2010	2011	
	sexual	sexual	Transfusion	Syringe	Child	UNKNOWN				FSW TIs	•			,	-	-	-	-	
% of Total	83.61	C	3 28	6 56	4 97	1 64				MSM TIS	•	,		,					
(N=61)	0.00	>	0.4.0	00.0	40.4	5				IDU IIS	•	,	'	,		-	-		
			8	ock-Level	Details					Comp. IIs	•	,			-	_	-	_	
											•	,	-	-	7	7	n	n	
No. HRG- FSW			I	ı	I	ı			ı	Iotal tested at	89	80	59	3351	5848	7353	7261	5820	
No. HRG-										Blood Banks		-	-	-	-	-	-	-	
MSM	•									STI Clinics	-	-	-	-	-	-	-	-	
										ART centres	1			ı		1			
No. HRG-	,	,	ı	ı	ı	ı	ı	ı	ı	Link ART centres	•			,			1	1	
IDU										PLHIV networks			-			-			
% Positive,										Red Ribbon Clubs	1	•		1					
ICTC										Comm. care centres	-			,					
% Positive,			I						I	Drop-in-centres	1	•	'	1					
PPTCT										Condom outlets	•	,	•	'	,	'		•	
*			1 - 1 - 1 - 1					- Julia Par		()			TOTO O	UTUL COP		- 000 - Lu			-

Firozabad

Background:

Firozabad is located in the western Uttar Pradesh. The district borders Etah to the north and Mainpuri and Etawah to the east, with the Yamuna River forming the southern boundary separating it from Agra. It has a population of 24.97 lakhs with a sex ratio of 867 females per 1,000 males, and a female literacy rate of 64.80% with an overall literacy rate of 74.60% (Census 2011). This district has a long history of glass industries and the major products are glass hard ware, chandelier, and domestic light ware. Firozabad has been attached to the Indian Freedom Movement and occupies an important place in the map of India. Firozabad district has good transportation links due to National Highway 2 and a busy railway route.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a stable trend.
- In 2011, the positivity was low among PPTCT (0.21%) and Blood Bank (0.02%) attendees. A stable trend was seen among PPTCT attendees, however, a trend could not be observed for Blood Bank due to lack of previous years data.
- According to 2011 ICTC data, the level of HIV prevalence was low for male (4.12%) and female (1.78%) clients, and also for referred (2.04%) clients but moderate for direct walk-in (5.57%) clients. All the ICTC clients had a stable trend, except an increasing trend was observed among direct walk-in clients.
- In 2011, the number of episodes treated for STI/RTI among STI clinic attendees was 2,327.
- The top two destinations for inter-state out-migration were South Delhi and North-East Delhi.
- As per 2001 Census, 2.62% of the male population were migrants, among them37.15% migrated to other states and 22.03% migrated to other districts within the state.
- In 2009, of the 244 PLHIV registered at the ART centre, 28% were on ART, 13% were 15-24 years of age, 27% were widowed or divorced and 69% were illiterate or had primary education.
- As per DLHS-III data, the HIV and STI/RTI awareness rate among women was 36.9% and 34.5%, respectively.
- A total of four TI sites were operational in the district in 2011.

- There is a need to focus on establishing mechanism for regular recording of PPTCT-ICTC and Blood Bank data.
- Strengthen outreach programmes through awareness campaigns around tourist spots, trucking halt points and highways in the district.
- Generate information on size and typology of HRG population to understand district epidemiological profile.
- Considering the rising trend among ICTC clients, focus on prevention strategies and conduct in-depth analysis of ICTC and ART data to understand the dynamics of HIV transmission.

ſ	evels al		0000	0000	0100	1100		HRG S	ize	IDA	nerabilit	es 	Aale Miora	ation 200	1 Census	
000	+	7007	2002	5003	7010	7011				┝		-		Inter-	Intra-	Intra-
100	4	. 8	397		401			FSW	MSN	DO N	_		Overall	state	state	district
- 0.	Ö	4	0.06	0.33	0.12	0.21	Size Est., (Manning Year:	,	1			No. out-	78984	10767	6386	11831
- 211	211	_	3288	4286	3476	3760	NA)					migration				
•	1			•	* +	0.02	% Total HRG			,		% of male	767	0 97	0 58	1 07
•	•		•	'		5059	2			_		pop.	4.04	2.5	2.5	<u>>-</u>
							% Total Pop.	ı	1	'		% of total minration	100	37.15	22.03	40.82
,	•						Program Target	NA	NA	N		Top 5 d	listricts for	inter-sta	te out-mi	gration
•	,		,		,		Program									
	-						Coverage		1	'						
•	,		,		,			Home								
					ı			based-	Kothi-I	VA; Dai	y					
	,							Rrothal	Panth	ii- Inject	ors-		North	North	South	
*	*		1.73	2.47	2.29	4.12	Typology	based-	AN .	dΝ		South	Fast	West	West	East
*	*		925	1174	1179	1358		NA;	Dout	le Non-c	aily	Delhi	Delhi	Delhi	Delhi	Delhi
*	*		1.01	1.35	1.21	1.78		Street	deck	er- Injecti	ors-					
*	*	0,	989	743	1241	1352		based-		Z						
* * 2	*	2	.17	1	1.13	2.04		NA		_						
*	*		30		1065	2010	% <25 yrs.	ı	1	'						
* *	*	-	36	2.03	2.21	5.57	% Married		'	'	_					
* *	*	-	914	1917	1355	700		STI	/RTI							
Profile, 2009	le, 2009							2008	2009	2010	2011					
Married Widowed or	d Widowed or	d or					No. episodes treated	40984	47411	3395	2327					
Divorced	Divorced	5					% Syphilis positivity	0	0.23	0.34	0					
55 27	27						QN	2004	2005	Progra	2007	sponse 2008	2009	2010	2011	
	1	_					FSW TIS					-				
rc 2011	1	-					MSM TIS	•	,				•	'	-	
dle/ Parent to Unk	Parent to Unk	^o Unki	nwon				IDU TIS	•	•		-			•	-	
nge Lniia	CUIID						Comp. Tls	•	•				•	'	-	
2.50 1.25	1.25		0				ICTCs Total tacted at	-	-	-	-	5	7	7	5	
Level Details	Details	-					ICTCs ⁵	61	191	216	2676	5202	6203	5896	6470	
							Blood Banks	-	-	-	-	-	-	-	2	
_							STI clinics	,	,	-	1	-	-	-	-	
							ART centres	1	1		1		1	•	•	
		\downarrow					Link ART centres		•				ı	-	-	
•	•	-	1	,			PLHIV Networks	,	,					•	•	
	,						Red Ribbon Clubs	1	1	1	1	1	1	1	1	
							Comm. care centres	-	•					•		
					1		Drop-in-centres	•	,				•	•		
							I ICondom outlate									

300, HSS-HKG/SLD2 18/, ICIC2 600, PPICI2 900 and BB2 ANCN * Inadequate sample size; - Data not available; ' 2011 Census; ' Source: DLHS III; ' Data presented only for years where sample size is valid (HSS-positive, NT = number tested; ⁵ General clients & pregnant women

Firozabad
Gautam Buddha Nagar

Background:

Gautam Buddha Nagar (GB Nagar) is a largely suburban district of Uttar Pradesh, bordered by Ghaziabad to the north, Bulandshahr to the east, and Aligarh to the south. It has a population of 16.75 lakhs with a sex ratio of 852 females per 1,000 males, and a female literacy rate of 72.78% with an overall literacy rate of 82.20% (Census 2011). The importance of Gautam Buddh Nagar and its major industrial areas increases all the more because of its inclusion in the proposed Delhi Mumbai Industrial Corridor. There has been rapid growth of industries in this district, industrial lands/ areas are being developed in the district in the areas of Greater Noida, Dadri, and Yamuna Express Highway from Greater Noida to Agra. The district is well connected via roads and railway; National Highway 91 connects it to Ghaziabad and Aligarh.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, and showed a stable trend.
- As per 2011 data, the positivity was low among PPTCT (0.13%) and Blood Bank (0.21%) attendees, with a stable trend for both.
- According to 2011 ICTC data, the level of HIV prevalence was low for male (2.75%) and female (1.04%) clients. It was low for referred clients (1.32%), whereas it was high among direct walk-in (11.19%) clients. An increasing trend was seen among male and direct walk-ins, whereas stable trend was observed among female and referred clients.
- According to HRG size mapping data, FSW (356; 58.55% of total HRG) was the largest HRG of the district followed by MSM (178; 29.28% of total HRG).
- In 2011, the number of episodes treated for STI/RTI was 3,337 and the syphilis positivity rate among STI clinic attendees was 0.16%.
- The top two destinations for inter-state out-migration were Faridabad (Haryana) and South Delhi.
- As per 2001 Census, 2.65% of the male population were migrants, 37.32% of them migrated to other states and 20.19% migrated to other districts within the state.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 44.9% and 60.3%, respectively.
- In 2011, needle/syringe route of HIV transmission accounted for 10.42%, parent to child for 10.42% and blood transfusion accounted for 6.25% of the total HIV transmissions in the district.
- In 2011, one TI site for FSWs was operational in the district.

- Considering noticeable percentage of HIV transmission via parent to child, conduct in-depth analysis of ART and ICTC data and strengthen PPTCT program in the district.
- Considering high rate of HIV transmission through needle/syringes, conduct in-depth analysis of ICTC data and strengthen the IDU TIs.
- Strengthen outreach programmes through awareness campaigns around industries, trucking halt points and highways in the district.
- There is a need to strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands.
- There is an urgent need to analyse the data at ICTCs, to profile the direct walk-ins due to high level of HIV positivity as they are the representatives of high risk population.

Gautam District Popula	BuddF ation: 16,7 ²	a Naga 1,714 (0.80%	r of Uttar Prac	desh Popula	tion); Fema	le Literacy ¹ :	72.78%; A	NC Utilizat	ion²: 23.7%										
	-		VIH	Levels an	d Trends ³								z	ulnerabili	ities				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG	oize 			M	ale Migrat	ion, 2001	Census	
	PP ⁴	,	,	0	0	0		0			FSW	MSM				Overall	Inter-	Intra-	Intra-
	NT^4	1		399	400	400		399									state	state	district
TOTOO	РР	1			*	0.05	0.05	0.17	0.13	Size Est.,			1		No. out-				
L LICI	NT		,		*	2163	4065	3516	4512	(Mapping,	965	~	/4		nigration	<i>دد</i> ۲/۱	C750	3459	1.87/
Jacob Doold	РР				0.07	0.24	0.13	0.21	0.21	וכמו. ועאל					l of malo				
BIOOD BANK	NT				15792	12482d	21279	24138	24821	% Total HRG	58.55	29.2	8 12.1	-		2.65	0.99	0.53	1.13
	ЪР		•												% of total				
UI <- << H	NT	1	,		1			,		% Total Pop.	0.02	0.0	0		miaration	100.00	37.32	20.19	42.49
1012 2311	РР		,							Program	•							.	
M61-66H	NT		,							Target	NA	AN M	AN		sib c qol	tricts for I	nter-state	out-migr	ation
LLCC NACNA	ЪР	1	,							Program									
MICIMI-CCH	NT	1	,		ı	ı				Coverage		'	'						
	РР	1	,		ı	ı					Home hase	d- Koth							
	NT	1	,		1	1		,			NA:	NA .	. Injecto	y Drs-					
	РР	0.27	*	0.25	,	0.11	0.94	2.09	2.75	Tvpology	Brothel base	ed- Pant	NA NA		Faridabad.	South	East	North	South
ICI C Male	NT	377	*	402		879	635	1101	1201	6	NA;	AN C	Non-d	aily	Harvana	Delhi	Delhi	East	West
	dd	0	*	0.15		1.50	1.54	1.01	1.04		Street base		ie injecto	ors-				Delni	Delni
ICTC Female	NT	254	*	650		399	715	1287	1438		NA	N∆ N	NA NA						
	dd	0	*	0.11		0.39	1.40	0.96	1.32	0/2 /75 VIC									
ICIC Reterred	NT	499	*	921		1018	856	1989	2505	% Married	1	'	'						
ICTC Direct	ЬЬ	0.76	*	0.76		1.15	1.01	4.26	11.19		ST	I/RTI	-						
Walk-in	NT	132	*	131		260	494	399	134		2008	2009	2010	2011					
			PI	HIV Profil	e, 2009					No. episodes	2676	1111	1577	TCCC					
	% 0. ABT	% 15-24	% III., Drim Edu	% Moziod	% Widowed	or				treated % Syphilis posit	tivity -		69.0	0.16					
	UII AKI	yrs.	MIIM. EQU.	Marrieu	Divorced								Progr	amme Re	sponse				
ART (9)	11	44	67	56	0					No.	2004	2005	2006	2007 2	2008	2009	2010	2011	
DLN (NA)	1	1	,	,	'					FSW TIS	•	1			-	-	1	-	
	Ro	ute of HIV T	ransmission), ICTC 201	-					MSM TIS	•	•			1	-			
	Hetero-	Homo-	Blood	Needle/	Parent	amordal				IDU TIS	•	1				•		ī	
	sexual	sexual	Transfusion	Syringe	to Child					Comp. Tls	•				-	-	,		
% of Total	64.58	4.17	6.25	10.42	10.42	4.17				ICTCs	-	-	-	2	2	2	2	2	
(N=48)				ock Loval	- Control					I otal tested at	631	419	1052	668	3441	5415	5904	7151	
					CIBID					Rlood Banks	6	~	4	ſ	7	2	2	~	
FSW										STI dinics	1 1) ·		n -				-	
No. HRG-										ART centres	•	•				•	•	1	
MSM	1	1								Link ART centre	- Se				-		1	ı	
No. HRG- IDU	1	ı			,	,	ı			PLHIV Network.	- S	I				·	ı	ı	
% Positive,										Red Ribbon Clu	- sqr	ı	-			•	2	ı	
ICTC										Comm. care cei	ntres -							ı	
% Positive,					,		,			Drop-in-centres		ı					ı	ı	
PPICI										Condom outlet.	-	•	,			1	1	•	
* Incolocitation	in the second	Date and	1001.01401-014	1 Cancillan	U . Control	11C 111. 3 Doto	00400000	for in	and or other and	And since is visited /1	ICC ANC-			TUL LOF		- 000 - L.		001.400	+000000

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

Ghaziabad

Background:

Ghaziabad is largely a suburban district of Uttar Pradesh in the National Capital Region, and a part of Meerut division. It is bordered on the northwest by Baghpat, on the north by Meerut, on the east by Hapur, on the southeast by Bulandshahr, on the southwest by Gautam Buddh Nagar, and on the west by Delhi state across the Yamuna River. It has a population of 46.61 lakhs with a sex ratio of 878 females per 1,000 males, and a female literacy rate of 81.42% with an overall literacy rate of 85% (Census 2011). It is commonly known as the industrial hub of Uttar Pradesh. The Garhmukteshwar Ganga Fair is a very popular fair in the district and thousands of people come to visit it. It is well connected to roads and railway, National Highway (NH- 24, 58 and 91) connect it to other districts of the state.



HIV Epidemic Profile:

- In 2011, the level of HIV positivity was low among PPTCT (0.17%) and Blood Bank (0.08%) clients, with a stable trend for both.
- As per 2010 HSS-MSM data, the level of HIV prevalence was low among (3.21%) MSM attendees, however a trend could not be determined due to lack of prior year data.
- Based on 2011 ICTC data, the level of HIV prevalence was low among male (1.40%) and female (0.74%) clients. It was also low among referred (0.62%) and direct walk-in (2.84%) clients. A declining trend was observed for all the ICTC clients, except a fluctuating trend was observed among direct walk-in clients.
- According to HRG size mapping data, MSM (516; 41.05% of total HRG) was the largest HRG in the district, followed by FSW (496; 39.46% of total HRG) and IDU (245; 19.49% of total HRG). Majority of FSWs were brothel based (99.83%).
- In 2011, the number of episodes treated for STI/RTI was 7,935 and the syphilis positivity rate was 10.06%.
- The top two destinations for inter-state out-migration were North-East Delhi and South Delhi.
- As per 2001 Census, 4.05% of the male population were migrants, 41.51% of them migrated to other states and 15.78% migrated to other districts within the state.
- In 2009, of the 200 PLHIV registered at the ART centre, 10% were on ART, 11% were 15-24 years of age, 55% were illiterate or had primary education, and 18% were widow or divorcee.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 61.4% and 42.2%, respectively.
- In 2011, needle/syringe route of HIV transmission accounted for 21.88% of the total transmissions in the district.
- In 2011, there was one TI for MSM and one TI for IDUs.

- Considering large percentage of HIV transmission through needle/syringes in the district, there is a need to understand the dynamics of HIV transmission among IDUs, either through initiation of HSS-IDU site or further analysis of ICTC/PPTCT and ART data.
- Strengthen outreach for brothel-based FSWs, as they were the largest typology in the HRG of the district. Initiate TI-FSW and HSS-FSW sites to understand district vulnerabilities.
- There was a high percentage of the syphilis positivity, thus strengthen the screening activities and management of the same.
- Considering migration to high HIV prevalent districts, strengthening of outreach programme through awareness campaigns around source and transit points like railway stations and bus stands needs to be done.

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

Ghaziabad

Ghazipur

Background:

Ghazipur is a part of Varanasi division; east side is bordered by Ballia and Bihar state, west side by Jaunpur, Varansi and Azamgarh districts. South side is bordered by Chandauli and the North side is bordered by Mau and Ballia. It has a population of 36.23 lakhs with a sex ratio of 951 females per 1,000 males, and a female literacy rate of 62.29% with an overall literacy rate of 74.27% (Census 2011). Ghazipur is mainly famous for production of its unique Rose scented Spray (GulabJal). It borders the important spiritual city of Varanasi and is located about 80 km east of Varanasi and 40 km from Buxar (Bihar). Ghazipur is well connected via roads (NH-19, 29 and 97) and railways to the other districts.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients; a trend could not be observed due to lack of previous year's data.
- In 2011, the level of positivity was low among PPTCT (0.12%) attendees, with a stable trend.
- According to 2011 ICTC data, the level HIV prevalence was low among male (2.69%) and female (2.63%) clients. It was also low among referred clients (1.27%) but moderate among direct walk-in (5.25%) clients. A decreasing trend was observed among all the ICTCs clients, except a stable trend was observed for direct walk-in clients.
- According to HRG size mapping data, IDU (149; 67.42% of total HRG) was the largest HRG in the district.
- In 2011, the number of episodes treated for STI/RTI was 10,401 and the syphilis positivity rate was 0.25%.
- The top two destinations for inter-state out- migration were Thane and Mumbai (Suburban) in Maharashtra.
- As per 2001 Census, 4.78% of the male population were migrants, 65.15% of them migrated to other states and 20.81% migrated to other districts within the state.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 48.7% and 29.2%, respectively.
- In 2009, of the 780 PLHIV registered at the ART centre, 3% were on ART, 14% were 15-24 years of age, 11% were widowed or divorced and 45% were illiterate or had primary education.
- In 2011, parent to child route of HIV transmission accounted for 5.41% of the total HIV transmissions in the district.
- A total of four TI sites were operational in the district in 2011.
- The number of clients tested for HIV in the ICTCs in the district increased from 1,256 in 2007 to 9,661 in 2011.

- As parent to child HIV transmission rate was high more needs to be done to understand the profile of the attendees through in-depth analysis of PPTCT and ART data, and strengthen PPTCT program in the district.
- Strengthen outreach programmes through awareness campaigns around tourist spots, trucking halt points and highways in the district.
- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations) by further analysis of ICTC and ART data, since there was moderate positivity level among them,.
- Since there was migration to the high prevalent states, strengthen outreach activities for migrants at source and transit points.

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Ghazipur

Gonda

Background:

Gonda is the district headquarters, and also the administrative centre for the Devipatan division. Gonda is bordered by Shrawasti to the north, Balrampur and Siddharth nagar to the northeast, Basti to the east, Faizabad to the south, Bara Banki to the southwest, and Bahraich to the northwest. It has a population of 34.31 lakhs with a sex ratio of 922 females per 1,000 males, and a female literacy rate of 49.13% with an overall literacy rate of 61.16% (Census 2011). Gonda is blessed with several lakes and tourist places. Gonda is categorised as one of the socially and educationally backward districts of Uttar Pradesh. It is well connected via roads and railway to the nearby and places within the state.



HIV Epidemic Profile:

- As per 2007 HSS-ANC data, the level of HIV positivity was low (0.30%) for ANC clients; however, a trend could not determined due to lack of data.
- In 2011, the positivity was low among PPTCT (0.02%) and blood bank attendees. A stable trend was seen for PPTCT clients but a trend could not be determined for Blood Bank due to lack of previous years data.
- According to 2011 ICTC data, the level of HIV prevalence was low among male (1.72%) and female (4.33%) clients. It was low for referred (1.84%) and direct walk-in (3.55%) clients. A decreasing trend was observed for all the ICTC clients.
- In 2011, the number of STI/RTI episodes treated for STI clinic attendees was 2593.
- The top two destinations for inter-state out-migration were Mumbai (Suburban) in Maharashtra and Ludhiana in Punjab.
- As per 2001 Census, 4.58% of the male population were migrants, among them 69.38% migrated to other states and 17.25% migrated to other districts within the state.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 25% and 18.4%, respectively.
- In 2009, of the 382 PLHIV registered at the ART centre, 40% were on ART, 9% were 15-24 years of age, 10% were widowed or divorced and 49% were illiterate or had primary education.
- In 2011, HIV transmission from parent to child accounted for 5% of the total HIV transmissions in the district.
- A total of four TI sites were operational in the district in 2011.
- There had been a gradual scale-up in 2008 of the number of clients which had undergone HIV testing at these sites.

- Strengthen outreach programmes through awareness campaigns around tourist spots, trucking halt points and highways in the district.
- As parent to child HIV transmission rate was high, more needs to be done to understand the profile of the attendees through in-depth analysis of PPTCT and ART data, and strengthen PPTCT program in the district.
- Carry out differential analysis of ICTC clients, owing to moderate positivity among female clients consistently for last three years and high positivity noticed in 2010 for direct walk-in clients (representative of vulnerable populations).
- Since there was huge migration to high prevalent district, outreach activities for migrants at source and transit points should be strengthened.

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

Gonda

Gorakhpur

Background:

Gorakhpur district lies in the eastern part of Uttar Pradesh. The district is bordered by districts of Mahrajganj in the north, Ambedkar Nagar, Azamgarh and Mau in the south, Kushinagar and Deoria in the east and Sant Kabir nagar in the west. It has a population of 44.36 lakhs with a sex ratio of 944 females per 1,000 males, and a female literacy rate of 61.50% with an overall literacy rate of 73.25% (Census 2011). Gorakhpur's economy depends on agriculture; the crops grown are rabi, kharif and jayad. It is currently receiving funds from the Backward Regions Grant Fund Programme. The district is well connected to almost every major city in India via roads and railways; Gorakhpur's railway station is the headquarters of India's North Eastern Railway and it is also connected through National Highways 28 and 29.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was moderate (0.75%) among the ANC clients, with an increasing trend in the three recordings.
- In 2011, HIV positivity was also low among PPTCT (0.45%) and Blood Bank (0.29%) attendees. A decreasing trend was observed for PPTCT attendees and a stable trend was seen among Blood bank attendees.
- According to 2010 HSS data, the level of HIV prevalence was low among FSWs (3.21%) and IDUs (0.85%). Due to lack of data, a trend could not be found for both.
- Based on 2011 ICTC data, the level of HIV prevalence was moderate for male (8.47%) and female (8.34%) clients, as well as among referred (6.39%) clients, whereas it was high among direct walk-in (16.94%) clients. Considering last five years data, a decreasing trend was observed among all the ICTC clients, except, an increasing trend was seen among direct walk-in clients.
- According to HRG size mapping data, IDU (769; 58.43% of total HRG) was the largest HRG in the district followed by FSW (482; 36.63% of total HRG).
- In 2011, the number of STI/RTI episodes treated for STI clinic attendees was 12,856 and the Syphilis positivity rate among them was 0.84%.
- The top two destinations for inter-state out-migration were Mumbai (Suburban) and Thane in Maharashtra.
- As per 2001 Census, 7.35% of the male population were migrants, among them 77.42% migrated to other states and 13.68% migrated to other districts within the state.
- In 2009, of the 1478 PLHIV registered at ART centre, 26% were on ART, 12% were 15-24 years of age, 52% were married, 47% were illiterate or had primary education and 12% were widowed or divorced.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 51.4% and 26.9%, respectively.
- As per ICTC 2011 data, route of HIV transmission through homosexual mode accounted for 13.02% and parent to child route accounted for 7.95% of the total HIV transmissions in the district.
- A total of five TI sites were operational in the district in 2011.

- Strengthen outreach programmes through awareness campaigns around tourist spots, trucking halt points and highways in the district.
- As IDU was the largest HRG, assessment of size and profile of the IDU group would help in understanding the district vulnerabilities.
- Carry out differential analysis for ICTC attendees (representative of vulnerable populations), owing high to moderate positivity for last five years.
- There needs to be a better understanding of the dynamics of HIV transmission through further analysis of ICTC/PPTCT data as a noticeable proportion of transmissions occur through the homosexual route.
- Since there was huge migration to the high prevalent districts, outreach activities for migrants at source and transit points should be strengthened.
- PPTCT programme should be strengthened in the district, considering the noticeable HIV transmission rate through parent to child route in the district.

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900); * PP = percent YUU and BB≥ 18/, ICIC> 600, PPICI> 300, HSS-HKG/SLD≥ -ANC> cch) uiidv S aris Sdl ^a inadequate sample size; - Data not available;¹ 2011 Census;² Source: DLHS III;³ Data presented only for years where positive, NT = number tested;⁵ General clients & pregnant women

70 | District HIV/AIDS Epidemiological Profiles: Uttar Pradesh

Gorakhpur

Hamirpur

Background:

Hamirpur is a part of Chitrakoot division in Uttar Pradesh. It is surrounded by Mandi to the east, Una to the west, Kangra to the north and Bilaspur to the south. It has a population of 11.04 lakhs with a sex ratio of 860 females per 1,000 males, and a female literacy rate of 57.19% with an overall literacy rate of 70.16% (Census 2011). It is currently receiving funds from the Backward Regions Grant Fund Programme. The major crops produced in Hamirpur are sugar cane, tilhan and potato along with some important food grains. Some small scale industries can also be seen in the district. City Forest is the most popular tourist destination in Hamirpur; there are also many temples and places of religious importance in the district. It is well connected to other districts via roads; National Highways 86 and 76 connect Hamirpur to other districts of the state.



HIV Epidemic Profile:

- In 2011, the level of HIV positivity was low among PPTCT (0.03%) clients, and a stable trend was observed.
- Based on 2011 ICTC data, HIV prevalence was low among male (0.30%) and female (0.33%) clients. It was also low among referred (0.26%) and direct walk-in (1.17%) clients. A stable trend was observed among all the ICTC clients except, a decreasing trend was seen for direct walk in clients.
- As per HRG mapping conducted, FSW (226; 38.50% of total HRG) was the largest HRG in the district, followed by IDU (219; 37.31% of total HRG) and MSM (142; 24.19% of total HRG).
- In 2011, the number of episodes treated for STI clinic attendees was 5,060 and the syphilis positivity rate was 5.97%.
- The top two destinations for inter-state out migration were North-West Delhi, and Surat in Gujarat.
- As per 2001 Census, 4% of the male population were migrants, 25.74% of them migrated to other states and 43.70% migrated to other districts within the state.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 35.7% and 17.1%, respectively.
- In 2009, of the 53 PLHIV registered at the ART centre, 28% were on ART, 13% were between 15-24 years of age, 6% were widowed or divorced and 45% were illiterate or had primary education.
- A total of four TI sites were operational in the district in 2011.

- As the HIV epidemic was low and with few PLHIV recorded, prevention strategies may remain the main component of HIV programme. There is a need to continue to focus on people with high risk behaviour in the district.
- Since the largest HRGs were FSW and MSM, assessment of the size and profile of clients population, including truckers and migrants, MSM and partner population, will help in better understanding of district vulnerabilities.
- As syphilis positivity was high, it is required to perform the differential analysis of the profile of infected population.
- Since migration to high prevalent districts could be a driver of the HIV epidemic in the state, outreach efforts should be focused towards migrants at source and transit sites.
- Focused IEC for general population with STI/RTI awareness and sexual risk reduction messages is recommended.

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

Hamirpur

Hardoi

Background:

Hardoi district is contiguous of Shahjahanpur and Lakhimpur Kheri on the north, Lucknow and Unnao districts on the south, Kanpur and Farrukhabad on the west and Sitapur on the east. It has a population of 40.91 lakhs with a sex ratio of 856 females per 1,000 males, and a female literacy rate of 59.10% with an overall literacy rate of 68.89% (Census 2011). Generally people of the district depend upon the agriculture for economy. The land of Hardoi has undergone the sodium land reclamation project, which has increased its fertility. The main crops are wheat, pulses, vegetables, paddy and sugar cane; fruits like mango and guava are also cultivated. Hardoi is located at 110 km from Lucknow and 394 km from New Delhi and therefore having many truck halting points on highways.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, but a trend could not be found due to lack of previous year's data.
- In 2011, the positivity level was low among PPTCT (0.11%) and Blood Bank (0.04%) clients, and a stable trend was observed among both.
- According to 2010 HSS-MSM data, HIV positivity was low (0.40%) among the attendees, but a trend could not be found due to lack of data.
- Based on 2011 ICTC data, the level of HIV prevalence was low among male (0.50%) and female (0.33%) clients. It was also low among referred (0.26%) and direct walk-in (1.21%) clients. A stable trend was seen among all the ICTC clients.
- According to HRG size mapping data, FSW (571; 81.57% of total HRG) was the largest HRG in the district followed by MSM (127; 18.14% of total HRG). Out of the FSWs, majority was brothel based (62%) typology.
- In 2011, the number of STI/RTI episodes treated for STI clinic attendees was 6,656.
- The top two destinations for inter-state out-migration were North-West Delhi and South Delhi.
- As per 2001 Census, 2.32% of the male population were migrants, 31.43% of them migrated to other states and 37.04% migrated to other districts within the state.
- In 2009, of the 42 PLHIV registered at the ART centre, 40% were on ART (which was on a higher side), 7% were 15-24 years of age, 14% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 31.2% and 45%, respectively.
- A total of four TI sites were operational in the district in 2011.
- There had been rapid scale-up of total number tested and ICTCs from 2008 onwards in the district.

- There is a need to understand migration patterns from in-district industries and/or agricultural occupation and explore its possible contribution fueling the epidemic.
- As parent to child HIV transmission rate was high, more needs to be done to understand the profile of the attendees through in depth analysis of PPTCT and ART data, and strengthen PPTCT program in the district.
- Since the largest HRG waas FSW, assessment of the size and profile of client population, as well as establishment of HSS site for HRG will help in understanding of district vulnerabilities.
- Generate information on typology of HRG population to understand district epidemiological profile.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.

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Hardoi

Hathras

Background:

Hathras was earlier also known as Mahamaya Nagar; it incorporates parts of the Aligarh, Mathura and Agra division of Uttar Pradesh. It is bordered by Aligarh on the north, Etah on the east, Agra on the south and Mathura on the west. It has a population of 15.66 lakhs with a sex ratio of 870 females per 1,000 males, and a female literacy rate 60.79% with an overall literacy rate of 73.10% (Census 2011). The major crops cultivated here are jowar, bajra, pulses and potato. The people of Hathras are also engaged in various industries like that of chemicals, readymade garments, carpet and brass. Hathras, also has many tourist spots, attracting people from across the country. It is well connected via National Highway 93 and railways to the other districts of the state.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC attendees, and a fluctuating trend.
- In 2011, the positivity was low among PPTCT (0.03%) attendees, with a stable trend.
- Based on 2011 ICTC data, the level of HIV prevalence was low among male (1.01%) and female (0.49%) clients. It was also low among referred (1.34%) and direct walk-in (2.05%) clients. A stable trend prevailed among all the ICTC clients.
- In 2011, the number of episodes treated among STI clinic attendees was 8,172 and the syphilis positivity rate was 11.66%.
- The top destinations for inter-state out-migration were Faridabad in Haryana and South Delhi.
- As per 2001 Census, 2.32% of the male population were migrants, among them 38.01% migrated to other states and 33% migrated to other districts within the state.
- In 2009, out of the 140 PLHIV registered at the ART centre, 29% were on ART, 9% were 15-24 years of age, 66% were illiterate or had primary education, and 19% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 36.6% and 63.4%, respectively.
- In 2011, HIV transmission through parent to child accounted for 5.45% and needle/syringe route of HIV transmission accounted for 10.91% of the total HIV transmissions in the district.
- In 2011, a total of two ICTCs were operational in the district, which tested a total of 6,926 clients for HIV.

- Outreach programmes and awareness campaigns need to be focussed around pilgrimage sites, trucking halt points and highways in the district to keep a tab on the possible drivers.
- There is a need to establish mechanism for regular monitoring of HSS-ANC and Blood bank data, since the HSS-ANC data showed a fluctuating trend.
- Considering the high rate of HIV transmission by needle/syringe, IDU population should be mapped to give better insight to the problem.
- Considering high rate of HIV parent to child transmission rate, carryout in depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.
- As syphilis positivity was at a high level, it is required to perform the differential analysis of the profile of infected population.

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"Inacequate sample size; - Uata not available;' 2011 Census; * Sou positive, NT = number tested; ⁵ General clients & pregnant women

Hathras

Jalaun

Background:

Jalaun is located in the southwestern part of Uttar Pradesh. The district lies entirely within the level plain of Bundelkhand, north of the hill country, and is almost surrounded by the Yamuna river, which forms the northern boundary of the district, and its tributaries the Betwa, which forms the southern boundary, and the Pahuj, which forms the western boundary. It has a population of 16.70 lakhs with a sex ratio of 865 females per 1,000 males, and a female literacy rate of 63.88%, with an overall literacy rate of 75.16% (Census 2011). Agriculture had been abundant in the area; however, Jalaun has experienced severe drought conditions for the past four years. There are a number of pilgrimage sites enhancing in-migration of tourists and many local people migrate to other districts and states in search of employment opportunities. The major highway that runs through Jalaun district is National Highway 25.



HIV Epidemic Profile:

- According to 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC clients, with a stable trend.
- Based on 2011 PPTCT data, the level of HIV positivity was low (0.07%), representing a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (1.05%) and female (0.28%) clients, and as well as among referred (1.29%) and direct walk-in (1.40%) clients. The attendees at ICTCs showed a decreasing trend among all the clients; though there was a surge in 2010 for female clients and direct walk-in clients.
- As per mapping conducted, IDU (294; 54.04% of total HRG) was the largest HRG in the district followed by FSW (250; 45.96%). Among FSWs, 55.60% were home-based followed by street based (34.40%).
- As per 2001 Census, 3.54% of the male population was migrant population; 43.37% of them migrated to other states and 27.57% migrated to other districts within the state.
- The top destinations for out-of-state migration were Bhind and Gwalior in Madhya Pradesh and Thane in Maharashtra.
- In 2011, the number of STI/RTI episodes treated among STI clinic attendees was 4,136 and the syphilis positivity rate was 0.25%.
- In 2009, of the 93 PLHIV registered at the ART centre; 43% were on ART, 41% of them were illiterate or only had a primary school education, and 9% were either widowed or divorced.
- According to DLHS-III data, the HIV and RTI/STI awareness rates among women was 38.7% and 25.4%, respectively.
- In 2011, HIV transmission through needle/syringe accounted for 39.58% of the total HIV transmissions in the district.
- Although there was no mapped HRG data available, there were one FSW TI, one IDU TI, and one composite TI operational in the district in 2011.

- There is a need for additional data on HIV vulnerability, HRG size and profile to be made available, to get understanding of HIV epidemiological profile of the district.
- Considering the fact that there was a surge in HIV positivity among female clients and direct walk-in clients of ICTC in 2010, in-depth analysis of ICTC data may be done, since these groups represent vulnerable population of the community.
- Since a large contribution to the route of HIV transmission was through needle and syringe, indicating the role of drug sharing among IDUs, therefore, focus should be on studying profile of ICTC clients and establishing HSS-IDU sites in the district to understand the transmission dynamics.
- Strengthen outreach programs through awareness campaigns for STI and HIV among general population, especially women and around trucking halt points and highways in the district.
- Outreach efforts should be focused towards migrants at source and transit sites, since migration to high prevalent districts could be a driver of the HIV epidemic in the state.

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Jaunpur

Background:

Jaunpur is located in the northwest of the Varanasi division in the eastern part of Uttar Pradesh. The district is surrounded by Sant Ravidas Nagar in the north, Allahabad, Mirzapur and Varanasi in south, Allahabad & Pratapgarh in the east, and Ghazipur & Azamgarh in west. It has a population of 44.76 lakhs with a sex ratio of 1,018 females per 1,000 males, and a female literacy rate of 61.70%, with an overall literacy rate of 73.66% (Census 2011). Jaunpur is a rural area and its economy is predominately dependent upon agriculture. However, under the initiative of the Uttar Pradesh government, an Industrial area had been set up in the Sathariya region of the district to promote industrial growth and expansion with the hope that the region will develop more industries. During the past three years Jaunpur city has experienced a growing



corporate presence in financial services as well as in the organized retail sector. The district is well connected to other districts by National Highway 56 and state highway 36.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.76%) among the ANC clients, with a rising trend.
- Based on 2011 data, the level of HIV positivity among the PPTCT (0.23%) and Blood Bank (0.32%) attendees was low. Positivity levels showed a decreasing trend among PPTCT attendees, however, Blood Bank attendees observed a stable trend.
- As per 2011 ICTC data, HIV prevalence among ICTC attendees was near-moderate among male (4.61%) and low among female (4.11%) clients, it was near-high among referred (9.95%) clients and low among direct walk-in (0.16%) clients. HIV positivity levels showed a fluctuating trend among male and female clients while an increasing trend was seen among referred clients, and a decreasing trend was observed among direct walk-ins.
- As per mapping conducted in 2008, the largest HRG was FSW (768; 92.64% of total HRG). The major typologies for FSW were street based (71.82%) followed by home based (18.33%).
- In 2011, 3,574 episodes of STI/RTI were treated in STI clinic.
- As per 2001 Census, 7.43% of the male population was migrant population; 79.85% of them migrated to other states and 9.44% 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, the awareness rate of HIV and RTI/STI among women was 54.2% and 18.3%, respectively.
- As per 2009 PLHIV profile, of the 1,427 PLHIV registered at the ART centre; only 5% were on ART, 11% were between the ages of 15-24 years, 58% were illiterate or only had a primary education (which was on a higher side), 66% were married and 20% were widowed or divorced.
- According to 2011 data, HIV transmissions from parent to child accounted for 8.96% of the total HIV transmissions in the district.
- There was a significant increase in the number of clients undergoing HIV testing at ICTCs in the district in 2009.
- There were a notable number of RRCs established 2010 onwards to create awareness about HIV/AIDS among youths.

- Carry out differential analysis of referred clients owing to near high positivity among them by further analysis of ICTC/PPTCT and ART data.
- Considering high rates of parent to child HIV transmission rate, carryout in depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.
- Since the largest HRG was FSW, assessment of the size and profile of client population, as well as establishment of HSS site for HRG will help in understanding of district vulnerabilities.
- As there are major highways that intersect through Jaunpur, there should be a strengthening of outreach programs through awareness campaigns around trucking halt points and highways in the district.
- Considering the 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.

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Jaunpur

Jhansi

Background:

Jhansi district is bordered on the north by Jalaun, on the east by Hamirpur and Mahoba, on the south by Tikamgarh (Madhya Pradesh state), on the southwest by Lalitpur and Shivpuri (Madhya Pradesh), and on the west by the Datia and Bhind districts of Madhya Pradesh. It has a population of 20 lakhs with a sex ratio of 885 females per 1,000 males, and a female literacy of 64.88%, with an overall literacy rate of 76.37% (Census 2011). Jhansi's economy is based on agriculture, tourism, and some industries. The district is well connected to all other major towns in Uttar Pradesh by road and railway networks. Jhansi is approximately 415 km from New Delhi and 292 km from Lucknow, located at the junction of National Highways 25, 26, and 76. Thus, the district commands a strategic position in the roadways network as highways in five different directions diverge



from Jhansi, thereby increasing the risk for HIV transmission through migrants and long-distance truckers.

HIV Epidemic Profile:

- Based on 2011 data, the level of HIV positivity was low among the PPTCT (0.07%) and Blood Bank (0.16%) attendees. While PPTCT attendees had a stable trend, there was not enough data from previous years to comment for a trend analysis for Blood Bank attendees.
- According to 2010 HSS-FSW client data, HIV positivity was low (0.40%) among FSWs. However, due to unavailability of data from previous years, a trend could not be drawn.
- As per the 2011 ICTC data, HIV prevalence among ICTC attendees was low among male (0.55%) and female (0.35%) clients, as well as among referred (0.35%) and direct walk-in (2.39%) clients. A stable trend was observed for all the ICTC attendees.
- According to HRG size mapping data, FSW (523; 56.48% of total HRG) was the largest HRG in the district followed by MSM (237; 25.59% of total HRG) and IDU (166; 17.93% of total HRG). The major typologies of the FSW were home-based (79.85%) and brothel based (19.43%).
- In 2011, the number of STI/RTI episodes treated was 9,907 and the syphilis positivity rate among STI clinic attendees was 0.53%.
- As per 2001 Census, 4.32% of the male population were migrants; 54.82% of them migrated to other states and 16.87% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Tikamgarh and Gwalior districts in Madhya Pradesh.
- In 2009, of the 96 PLHIV that were registered at the ART centre, 23% were on ART, 9% were between the ages of 15-24, 53% were illiterate or only had a primary level education, and 18% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 33.1 % and 13.4%, respectively.
- In 2011, HIV transmission through needle/syringe accounted for 11.40% and blood transfusions accounted for 7.02% of the total HIV transmissions in the district.
- A total of five ICTCs were functional in 2011 in the district. There has been a gradual increase in the number of clients that underwent HIV testing at ICTCs from 4,442 in 2007 to 23,873 in 2011.
- There were targeted intervention (TI) sites for all HRGs, including a composite TI.

- Strengthen outreach programmes through awareness campaigns around industries, trucking halt points and highways in the district.
- Route of HIV transmission through blood transfusion is a cause of concern, since they contribute to a significant proportion of the total transmissions; necessary actions like proper screening of blood and its products should be done at the Blood Banks to curb the spread.
- Considering the high HIV transmission through needle-syringe usage in the district, an HSS-IDU site should be established, as well as further analysis of ICTC should be done to understand the profile of positive individuals.
- Focused IEC for general population with STI/RTI awareness and sexual risk reduction messages is recommended.

Jhansi District Populat	tion: 20,00	,755 (1.01%	of Uttar Prad	lesh Populat	ion); Femal	e Literacy ¹ : (54.88%; A	NC Utilizat	tion²: 24.8%										
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### Jyotiba Phule Nagar (Amroha)

#### **Background:**

Jyotiba Phule Nagar (Amroha) was found in April 1997. It is bordered by Bijnor in the north, Moradabad on the east and southeast, Badaun on the south, and on the west by the River Ganges, across which lie Bulandshahr, Ghaziabad, and Meerut districts. The district has a population of 18.38 lakhs with a sex ratio of 907 females per 1,000 males, and a female literacy rate of 53.77%, with an overall literacy rate of 65.70% (Census 2011). Agriculture is the pre-dominant occupation in the district for the majority of people in Jyotiba Phule Nagar. Besides crop-growing, cottage industry is also an important source of revenue in Jyotiba Phule Nagar. Lakhs of devotees visit Jyotiba Phule Nagar each year on Kartik Poornima to take a holy dip in the Ganga River. The main highway that passes through Jyotiba Phule Nagar is the National Highway 24.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a stable trend.
- According to 2011 PPTCT data, the level of HIV positivity was low (0.12%) among the clients, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity among FSWs was low, but due to lack of data, a trend could not be determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.69%) and female (0.62%) clients, as well as among referred (0.67%) clients, with all three groups having a stable trend. HIV positivity level for direct walk-in clients, however, was moderate (6.05%), with a rising trend.
- In 2011, the number of STI/RTI episodes treated among STI clinic attendees was 5,684 and the syphilis positivity rate was 0.20%.
- As per 2001 Census, 1.70% of the male population was migrant population, 25.67% of them migrated to other states and 26.45% migrated to other districts within the state.
- The top two destinations for out-of-state migration were North East Delhi and South Delhi.
- According to DLHS-III data, the HIV and STI/RTI awareness rates among women was 31.6 % and 15.5%, respectively.
- In 2011, HIV transmission though blood transfusions accounted for 10.53%, and transmissions through homosexual route and needle/syringe route accounted for 5.26% each, of the total transmissions in the district.
- There was no HRG mapping data available, though there were TIs for each typology operational in the district.

- As the HIV transmission through Blood Bank was high, screening process should be strengthened before blood transfusion.
- Availability of ART, DLN data would increase the understanding of district vulnerabilities.
- Generate information on size and typology of HRG population to understand district epidemiologic profile.
- Considering the high HIV transmission through needle-syringe usage in the district, an HSS-IDU site should be established, as well as further analysis of ICTC should be done to understand the profile of positive individuals.
- Higher HIV transmission rate through homosexual route necessitates strengthening of TI interventions for MSM population and establishing HSS-MSM site.

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**Jyotiba Phule Nagar** 

### Kannauj

#### **Background:**

Kannauj is one of the newest district spilt from Farrukhabad on September 18, 1997, and now forms a part of the Kanpur division. Farrukhabad and Hardoi districts border Kannauj on the north and north-east, Kanpur on the east, Kanpur Dehat on the south-east, Auraiya on the south, Etawah on the south-west, and Mainpuri on the west. The district has a population of 16.58 lakhs with a sex ratio of 879 females per 1,000 males, and a female literacy rate 64.46%, with an overall literacy rate of 74.01% (Census 2011). It is known for the industry of distilling of perfumes and is a market center for tobacco, perfume, and rose water. The district is surrounded by many ancient temples and holy places and is easily accessible by bus and railway; the district is connected by National Highway 24.



#### **HIV Epidemic Profile:**

- As per 2010 HSS-ANC data, the level of HIV positivity was moderate (0.75%) among the ANC attendees, with a rising trend.
- As per 2011 data, the level of HIV positivity was low among the PPTCT (0.06%) clients, with a stable trend.
- According to 2011 ICTC data, HIV prevalence among ICTC attendees was low among male (0.21%) and female (0.15%) clients, as well as among referred (0.23%) and direct walk-in (0.58%) clients. The trend was stable for all the ICTC clients.
- According to the HRG size mapping data, FSW (171; 50.15% of total HRG) was the largest HRG in the district followed by MSM (104; 30.50% of total HRG).
- In 2011, the number of STI/RTI episodes treated were 3,696 and the syphilis positivity rate was 0.05%.
- As per 2001 Census, 2.17% of the male population was migrant population, 42.83% of them migrated to other states and 32.38% migrated to other districts within the state.
- The top two destinations for out-of-state migration were South Delhi and North West Delhi.
- In 2009, of the 80 PLHIV registered at the ART centre, 35% were on ART and 63% were illiterate or only had a primary level of education and 8% were widowed or divorced.
- According to the DLHS-III data, the HIV and STI/RTI awareness rate among women was 36.6 % and 31.3%, respectively.
- There has been a gradual increase in the number of clients that underwent HIV testing at ICTCs from 1,191 in 2007 to 6,899 in 2011, and there are two ICTCs.
- There was no targeted intervention site in the district, although HRGs of all typologies have been mapped in the district.

- Profile of HIV positive individuals should be understood through in-depth analysis of ICTC and ART data.
- Outreach efforts should be focused towards migrants at source and transit sites, since migration to high prevalent districts of other states could be a driver of the HIV epidemic in the state.
- Considering noticeable percentage of transmission via parent to child, conduct in-depth analysis of ART and ICTC data and strengthen PPTCT program in the district.
- Generate information on typology of HRG population to better understand district epidemiological profile.
- IEC programme for creating HIV and STI awareness should be strengthened in district among general population, especially women.

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

Kannauj

# Kanpur Dehat

#### **Background:**

Kanpur Dehat was created in 1977 when Kanpur district was divided into two, namely Kanpur-Nagar and Dehat. The two were reunited again in the year 1979 and subsequently separated in the year 1981. Uttar Pradesh government decided to rename Kanpur Dehat as Ramabai Nagar on 1 July 2010, and again in July 2012, it was renamed as Kanpur Dehat. It has a population of 17.95 lakhs, with a sex ratio of 862 females for every 1,000 males, and a female literacy rate of 68.48%, with an overall literacy rate of 77.52% (Census 2011). It has a predominately rural population that is largely dependent upon agriculture. It is well connected by three broad gauge railways linking the district with all main cities in the surrounding districts and states. The main roadways to pass through Kanpur Dehat are National Highways 2 and 25, as well as state roadways.



#### **HIV Epidemic Profile:**

- As per 2010 ANC data, the HIV positivity level was moderate (0.50%) for ANC attendees, with a rising trend.
- Based on 2011 data, the level of HIV positivity was low among PPTCT (0.06%) attendees, positivity levels showed a stable trend.
- As per 2011 data, HIV prevalence among ICTC attendees was low among male (0.70%) and female (0.35%) clients. It was also low among referred (0.44%) clients, where as HIV positivity level was high among direct walk-in (12.82%) clients. There was a stable trend among male, female and referred clients, while HIV positivity levels indicated a rising trend among direct walk-in clients, (a steep rise was observed in 2010).
- According to HRG size mapping data, FSW (163;41.16% of total HRG) was the largest HRG in the district followed by MSM (123; 31.06% of total HRG) and IDU (110; 27.78% of total HRG).
- In 2011, 4,868 STI/RTI episodes were treated among STI clinic attendees.
- As per 2001 Census, 5.33% of the male population were migrants, 24.58% of them migrated to other states and 47.71% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai (Suburban) and Thane in Maharashtra.
- In 2009, of the 55 PLHIV registered at the ART Centre, 45% were on ART, 67% were illiterate or had primary school education and 71% were married.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 47.5% and 20.1% respectively.
- According to 2011 ICTC data, besides 72.73% HIV transmissions being of the heterosexual route, the other predominate routes of HIV transmission in the district were from parent to child transmission, which accounted for 18.18% and unknown routes accounted for 9.09% of the total HIV transmissions in the district.

- Considering noticeable percentage of transmission via parent to child, conduct in-depth analysis of ART and ICTC data and strengthen PPTCT program in the district.
- Carry out differential analysis of direct walk in clients owning to high positivity among them in recent years by further analysis of ICTC/PPTCT and ART data.
- Presence of HRGs and high positivity among vulnerable group (direct walk-in clients) should be considered for the initiation of composite TI site in the district.
- Generate information on typology of HRG population to understand district epidemiological profile.
- IEC programme for creating STI/RTI awareness should be strengthened in district among general population, especially women.

Kanpur C District Populati	Jehat ion: 17,95	,092 (0.89%	of Uttar Prac	lesh Populat	ion); Femal	le Literacy ¹ :	68.48 %; /	ANC Utiliza	tion ² : 21.8%										
			VIH	/ Levels an	d Trends ³								Vul	nerabilit	ies				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG Siz	a)			2	Aale Migra	ition, 2001	Census	
	PP⁴			0.25	0	0.25		0.50			10101	NACAA					10+01 0+010	Intra-	Intra-
	NT ⁴			400	400	400		400			AAC 1		20			Ovelall	ווורבו-2ומוב	state	district
TUTU	РР			,	*	0.17	0.13	0.06	0.06	Size Est., (Mapping,	163	173	110	Z	. out-	15571	11187	21718	17616
	NT				*	2864	5308	4908	4696	Year: NA)		C 7	2	. <u> </u>	gration	1700+	/01	01/17	01071
رامدم لمحمام	ЪР			,	,					% Total HRG	4116	31.06	77 78	%	of male	5 33	131	754	1 48
	NT						1					2	01.14	<u>a</u>	b.	00.0		F 0.3	P
	РР	,	ı		1					% Total Pon.	0.01	0.01	0.01	%	of total	100	24.58	47.71	77.71
лю-ссн	NT				,					5				Ē	gration				
	РР									Program Target	NA	AN	AN		Top 5 d	listricts for	inter-state	out-migra	tion
	NT			-	-					Program Coverage		'							
	РР		ı								Home								
	NT			,	1						based-	Kothi-	Daily						
	РР			-	-			-			NA;	NA;	Injectors		Vum				
001-001	NT			,	,			,		T	brothel b 2 2 2 4	Pantni.	, NA;		Dal	lhane,	Pune, 1	Vashik,	Jaipur,
	РР	,	ı	*	*	0.20	0.43	0.76	0.70	Iypology	NA-	Double	Non-dai	<u>&gt;</u>		Maha	Maha	Maha	Rajas
ורור ואומוב	NT			*	*	1537	1862	1981	1760		Street	decker	injectors			ashtra	rashtra	ashtra	than
ICTC Famala	ЪР		ı	*	*	0.44	0.45	1.10	0.35		hased-	NA	AN		shtra				
	NT			*	*	906	1122	1267	1364		NA								
	РР			*	*	0.29	0.20	0.29	0.44	% <25 vrs.		,		1					
ורור עפופוופח .	NT			*	*	2063	2558	3057	2968	% Married		,	'						
ICTC Direct	ЪР		ı	*	*	0.26	1.88	10.47	12.82		STI/R	E	_						
Walk-in	NT		ı	*	*	380	426	191	156		2008	2009	2010	011					
			•	LHIV Profil	e, 2009					No. episodes	0								
	7/0	%	III %0	70	%					treated	282	219/	1361 4	808					
	On ART	15-24	Prim. Edu.	Married	Widowe	ed or				% Syphilis positivity	•		0.17	0					
ADT /EE/	ΥE	.cly	67	11	חואחור	n					-	-	Progra	mme Res	ponse	-	-		
	04	7	/0	-	•					No.	2004	2005	2006	2007	2008	2009	2010	2011	
		T VIII 20 04		ICTC 204		_				FSW TIS	,		•						
	2									MSM TIS	,								
	-OJAJAH	-OIIIOH	Trancfucion	Sviringe	to Child	Unknown				IDU TIS	,					,			
0/ of Total	SCAUGI	эсулаг		ayınıyc						Comp. Tls									
70 UL 10141 (N=33)	72.73	0	0	0	18.18	9.09				ICTCs			-	-	2	2	2	2	
			8	lock-Level	Details					Total tested at			49	1239 5	307	8292	8156	7820	
No. HRG-				'	,					Blood Banks									
										STI clinics					-	-	-	-	
MSM			I	,	ı		ı	ı	ı	ART centres	,								
										Link ART centres	•								
No. HRG- IDU				'	'		·	,		PLHIV Networks							1	1	
% Positive,										Red Ribbon Clubs	,	ı		,	,	,	'	,	
ICTC 2009				'	'		'			Comm. care centres	,								
% Positive,		,	ı	,	,	,	ı	1		Drop-in-centres	,	,			,		,	,	
PPTCT 2009										Condom outlets	,							,	
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* Inadequate sample size; - Data not available; 1 2011 Census; 2 Source: DLHS III; 3 Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HKG/SID≥ 187, ICIC≥ 600, PPICI≥ 900 and BB≥ 900); 4 PP = percent positive, NT = number tested; 5 General clients & pregnant women

# Kanpur Nagar

#### **Background:**

Kanpur Nagar is the twelfth-most populous city in India, and the major industrial hub in the state of Uttar Pradesh. It is one of the oldest industrial townships of North India. Kanpur Nagar is surrounded by Hardoi and Kannauj in the north, Fatehpur & Hamirpur in the south, Unnao in the east, and Kanpur Dehat in the west. It has a population of 45.72 lakhs with a sex ratio of 852 females per 1,000 males, and a female literacy rate of 76.89% with an overall literacy rate of 81.31% (Census 2011). Kanpur Nagar ranks 9th among the top 10 Industrial cities in India. It is one of the biggest producers of textile and leather products exported in bulk, which gives employment to many local people and attracts in-migrants. It is located on the most important National Highways 2 and 25 and state highway and on the main Delhi-Howrah railway trunk line.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients and has maintained a stable trend in previous years.
- In 2011, the level of HIV positivity was low among the PPTCT (0.06%) and Blood Bank (0.05%) attendees, with a stable trend for both.
- In 2011, HIV prevalence among ICTC attendees was low among male (2.18%) and female (1.28%) clients, as well as among referred (1.98%) clients, though HIV positivity among direct walk-in (5.13%) clients was moderate, with a decreasing trend.
- According to 2010 HSS clients data, the level of HIV positivity was low among female sex workers at 1.20% and MSM at 0.95%.
- According to 2008 HSS-IDU data, a low HIV prevalence was noted among IDUs (2.08%). HRG FSW represented a stable trend but due to nonavailability of data among MSMs and IDUs, a trend was not determined.
- According to HRG mapping, IDU (1,372; 43.92% of the total HRG) was the largest HRG followed by FSW (1,161; 37.16% of the total HRG) and MSM (591;18.92% of the total HRG). The major typologies for FSWs were home-based (56.05%) followed by brothel-based (43.95%).
- In 2011, the number of STI/RTI episodes treated were 14,081 and the Syphilis positivity rate among STI clinic attendees was 0.11%.
- As per the 2001 Census, 3.25% of the male population was migrants, 55.03% of them migrated to other states and 29.96% migrated to other districts within the state.
- The top two destinations for out-of-state migration were South Delhi and North West Delhi.
- According to DLHS-III data, the HIV and STI/RTI among women was 68.5 % and 26.3%, respectively.
- In 2009, of the 639 PLHIV registered at the ART centre, 46% were on ART, 10% were of age 15-24 years, 42% were illiterate or only had a primary education, and 8% were widowed or divorced.
- According to 2011 ICTC data, heterosexual transmissions accounted for 71.96% of transmissions and transmission through needle/syringe accounted 18.50% of the total HIV transmissions in the district.
- There were 13 Blood Banks, six TI sites and seven ICTCs were operational in the district.

- Outreach efforts should be focused towards migrants at source and transit sites.
- Focus on IDU-FSW sexual networks and address the dual risk that is posed due to the high rate of transmission among IDUs and the district being a major area for industry, education and thus in-migration, with the presence of large numbers of FSWs.
- Considering high rate of parent to child HIV transmission rate, carryout in depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.
- Since the largest HRG was IDU followed by FSW, better assessment of the size and profile of clients' population including migrants and truckers, will help in better understanding of district vulnerabilities.

		Intra-	district	10790		0 10	0.1.0		15.02	ration						Surat,	Gujarat																								
	Census	Intra-	state	21525		0 07	10.0		29.96	e out-migi	)					West	Delhi										2011	7	- (	-	7	32747	13	e N	1	ı	1	,	-	,	
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.1%					4		6										~																								
ation ⁴ : 28	201			0.06	1726	0.05	6311									2.18	8133	1.28	735(	1.98	823.	5.13	725										'		'	'		•		'	
NC Utiliz	2010	0	799	0.13	13878	0.09	60392	1		1.20	249	0.95	211	·	ı	2.14	11824	2.19	6029	0.44	11252	5.07	6601										,		ı			•		·	
6.89%; A	2009	1		0.21	10145	0.10	33332									4.09	4787	1.81	5141	2.64	3106	3.03	6822								1		,		·						
e Literacy': 7	2008	0.50	400	0.11	6151	0.15	28509			0.41	246	1	1	2.08	240	4.41	4379	2.02	3810	2.31	2204	3.66	5985	-	d or	p				Unknown	131										
on); Female Trande ³	2007	0.25	400	0.07	7062	0.14	25397	,		*	*	*	*		ı	6.07	2275	4.01	1995	4.33	1592	5.56	2678	2009	% Widoweo	Divorce	×	•	Parent to	Child	5 05	etaile	-								
esh Populati	2006	0.25	400	0.13	1504	0.09	25285	1	1	0	250	ı	ı	4.63	216	16.26	738	9.42	573	6.91	593	18.52	718	HIV Profile	% Married	Č	2	- ICTC 201	Naadla/	Syringe	18 50										
of Uttar Prad	2005	0.25	400	*	*	0.14	21433	1		0.40	250		ı		1	13.69	628	6.32	649	1.94	670	18.78	607	2	% III., Prim.	, Lau.	47		Rlood	Transfusion	2 62		,							ı	
51 (2.29% (	2004	0.25	401	1			,	ı			ı	ı	ı	ı	ı	14.81	547	9.25	400	5.04	357	16.95	590		% 15-24 vrc	.016 F 2 01	2	A of HIV To	Homo-	sexual	0.56		,								
on: 45,72,9		PP4	NT ⁴	РР	NT	РР	NT	РР	NT	РР	NT	РР	NT	РР	NT	РР	NT	РР	NT	РР	NT	Ъ	NT		% On ART		40	Point	Hataro-	sexual	71.96										
District Populatic			HSS-ANC	DTCT						HCC-FC/M	VVC 1-CC11				001-001				ורור נפווומע	ICTC Raf	5				0						% of Total	(N=535)	NO HRG- FSW	No. HRG-	MSM	No. HRG- IDU	% Positive,	ICTC	% Positive,	PPTCT	

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

Kanpur Nagar

## Kanshiram Nagar

#### **Background:**

Kanshiram Nagar is a newly formed district in the Aligarh division in Uttar Pradesh. It came into existence in April, 2008 by combining Kasganj, Patiali and Sahawar Tehsils from the Etah. The district is surrounded by Farrurkhabad in east, Aligarh in west, Etah in north and to the south is Budaun. It has a population 14.38 lakhs with a sex ratio of 879 females for every 1,000 males, and a female literacy rate of 50.20%, with an overall literacy rate of 62.30% (Census 2011). The River Kali is a prominent geographical feature. The major tourist attraction here is the modern civil architecture. The district has very rich soil which helps sustain the agriculture industry in the district. There are no National Highways passing through Kanshiram Nagar, the railway does connect the district with surrounding areas.



#### **HIV Epidemic Profile:**

- In 2011, the level of HIV positivity was low among the PPTCT and Blood Bank (0.03%) attendees, with a stable trend for PPTCT attendees, but due to non-availability of sufficient data from previous years for Blood Bank attendees, a trend could not be drawn for HIV positivity.
- As per 2011 ICTC data, HIV prevalence among ICTC attendees was low among male (1.14%) and female (0.51%) clients. It was also low among referred (1.34%) clients, while positivity level among direct walk-ins (6.82%) clients was moderate. There was a stable trend observed among all the ICTC clients, except an increasing trend was observed in direct walk-ins.
- In 2010, 3,069 STI/RTI number of episodes were tested and syphilis positivity rate was 1.83.
- In 2009, of the 17 PLHIV that were registered at the ART centre, 29% were on ART, 12% were between the age group of 15-24, 65% were illiterate or only had a primary level education, 76% were married, and 18% were widowed or divorced.
- According to 2011 ICTC data, the HIV transmission through needles and syringes was 30.77% and through blood transfusion 7.69%, of the total HIV transmissions in the district.
- Though there was no HRG mapping information available, there were four TI sites operational in the district in 2011.

- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- In the absence of HSS sites, routine program data from the district need to be strengthened for completeness and accuracy, and should be examined regularly to understand HIV transmission dynamic in district.
- Considering high HIV transmission through needle-syringe usage in the district, further analysis should be done at ICTC to understand the profile of positive individuals.
- Availability of data regarding migration, including inter-state and intra-state migration, as well as profile and pattern of migration will provide better insight to district HIV vulnerabilities.

* 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

Kanshiram Nagar

### Kaushambi

#### **Background:**

Kaushambi is situated in the west of Allahabad division, was carved out of the Allahabad district. It is surrounded by Chitrakoot in the south, Pratapgarh in the north, Allahabad in the east & Fatehpur in the west. It has a population of 15.96 lakhs with a sex ratio of 905 females per 1,000 males, and a female literacy rate of 50.76% with an overall literacy rate of 63.69% (Census 2011). Kaushambi is about 65 km from Allahabad and is considered as a major tourist destination because of its ancient heritage and also attracts Buddhist pilgrims. Kaushambi is mainly an agricultural district in which the main crops are wheat and rice. The major highway that passes through Kaushambi is National Highway 2.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the positivity was low among the ANC clients, but trend was not determined due to lack of data.
- According to 2011 PPTCT data, the level of HIV positivity was low (0.20%) among the PPTCT clients, with a stable trend.
- As per 2011 ICTC data, HIV prevalence among ICTC attendees was low for male (1.46%) and female (0.92%) clients, and also among referred (1.41%) clients, with a declining trend for the past three years. However, the percentage positive for direct walk-in clients was high (10.70%), with a rising trend.
- As per mapping conducted, FSW (91; 54.82% of total HRG) was the largest HRG in the district, followed by IDU (51; 30.72% of total HRG). The major typology of FSW was home-based (82.58%).
- In 2011, the number of episodes treated for STI/RTI attendees was 4,282 and the syphilis positivity rate among STI clinic attendees was 0.13%.
- As per 2001 Census, 1.16% of the male population were migrants, 22.02% of them migrated to other states and 31.82% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Thane and Mumbai (Suburban) in Maharashtra.
- In 2009, of the 128 PLHIV registered at the ART centre, 5% were on ART, 18% were 15-24 years of age, 62% were illiterate or had a primary school education, 62% were currently married and 20% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women were 30.1 % and 11.8%, respectively.
- According to 2011 data, heterosexual transmission accounted for 70.97% of HIV transmission, parent to child transmission accounted for 14.52% and needle/syringe accounted for 11.29% of the total HIV transmissions in the district.
- There has been a significant increase in the number of clients undergoing HIV testing at the ICTCs since 2009.

- Establish mechanisms for regular tracking of Blood Bank data, since no data was available for Blood Banks.
- Considering the high rate of HIV transmission through needles and syringes, focus on IDU-FSW sexual networks to address the dual risk that is posed and the district being a pilgrimage and tourist area.
- Considering high rates of parent to child transmission rate, carryout in depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.
- Strengthen outreach programmes through awareness campaigns around industries, institutions and highways in the district, for prevention of STD and HIV.

Kaushan District Populat	tion: 15.96	%08.0) 606	of Uttar Prad	esh Populati	on): Female	Literacv ¹ : 5	0.76%: AN	JC Utilizat	ion ² : 20%									
			HIV L	evels and ¹	[rends ³								Vul	nerabilities				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG Size				Male Mid	gration, 200	Census	
HSS-ANC	PP ⁴	1	ı	ı		0		0			EC I/VI	NAC NA				Inter-	Intra-	Intra-
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DIC-CCII	NT	ı		ı							- 0.0	>	>	migratio		70.77	70°-1 r	
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ורו ר ואומוב	NT	1		ı		387	470	1154	1210		9.85%;	Double	iniectors-	rashtra	rban),			
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ICTC Dofowood	РР	1	ı	ı		3.52	2.88	2.00	1.41	10	0/.00.1							
ורור עפופוופח	NT	ı	1			284	867	1852	2335	% <25 yrs.	1/.85	1	10./4					
ICTC Direct	РР	1	,			4.24		5.42	10.70	% Married	66.29	1	98.35					
Walk-in	NT					425		332	271		STI/RT	_						
			PLH	IIV Profile,	2009						2008	2009	2010 20	11				
	%	%	% III., Prim.	F - : F 4 /0	гг:/// %					No. episodes treated	1179	2695	2504 4.	282				
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(N=62)	10.01	,	0.4.0	77.11	70°E	,				ICTCs	ı	,		- 2	2	2	2	
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MON HKG-	ı	ı	ı	ı		ı	ı	,	ı	STI clinics	ı	'		-	-	-	-	
										ART centres	1	-	-	•	-			
No HRG-IDU							ı			Link ART centres	ı			-	1	1	1	
% Positive										PLHIV Networks			,	•				
ICTC	ı	I	ı	ı		ı	ı	1	ı	Red Ribbon Clubs		,	-	•				
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* Inadequate sample size; - Data not available;¹ 2011 Census;² Source: DLHS III;³ Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); ⁴PP = percent positive, NT = number tested;⁵ General clients & pregnant women

## Kheri

#### **Background:**

Kheri is situated in the Lucknow division, along the border with Nepal in Uttar Pradesh; it is the largest district in terms of area in the state. It has a population of 40.13 lakh with a sex ratio of 887 females per 1,000 males, and a female literacy rate of 52.62% with an overall literacy rate of 62.71% (Census 2011). It is a popular tourist destination due to Dudhwa National Park, the only national park in Uttar Pradesh, as well as for natural beauty; lush green scenery and its many rivers. The main industry in the district is centered on sugar; Kheri satisfies a large part of the world's sugar demands. It is also famous for its cottage industries of incense sticks. These industries are the main cause of in-migration of local and intra-district population. Kheri is well connected to other districts via railways and buses; the main roadway that passes through it is the Nation Highway 15.



#### **HIV Epidemic Profile:**

- Based on 2011 PPTCT (0.02%) and Blood Bank data, the level of HIV positivity was low among the attendees with a stable trend.
- As per 2011 HSS-FSW data, the level of HIV positivity was low among female sex workers, with a stable trend.
- According to 2011 data, HIV prevalence among ICTC attendees was low for male (0.11%) and female (0%) clients, and also among referred (0%) and direct walk-in (0.14%) clients. There was a stable trend among all the ICTC attendees.
- As per the HRG mapping, IDU (714; 46.24% of total HRG) was the largest HRG followed by FSW (708; 45.85% of total HRG) and MSM (122; 7.90% of total HRG).
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.07%.
- As per the 2001 Census, 1.37% of the male population were migrants, 7.53% of them migrated to other states and 9.86% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Belgaum in Karnataka and North West Delhi.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 23.1 % and 24.2%, respectively.
- According to 2009 data, of the 44 PLHIV registered at the ART centre, 52% were on ART which was on a higher side, 14% were 15-24 years of age, 39% were illiterate or had only a primary school education.
- There were large number of HRGs in the district and five targeted interventions (TI) were operational since 2008.

- There is a need to better understand the dynamics of HIV transmission among MSM and IDUs through analysis of ICTC and ART data.
- Since the largest HRG was MSM, assessment of the size and profile of clients' population including migrants and truckers, will help in better understanding of district vulnerabilities. As well as availability of typology data would help to analyze risk factors.
- Generate information on typology of HRG population to better understand district epidemiological profile.
- Strengthen outreach programs through awareness campaigns around truck halting points and highways in the district.
- IEC programme for creating HIV and STI awareness should be strengthened in district among general population, especially women.
- Migration to high prevalent districts should be a driver of the HIV epidemic in the state, outreach efforts should be focused towards migrants at source and transit sites.

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Kheri
# Kushinagar

#### **Background:**

Kushinagar is bordered on the east by Bihar state, on the south-west by Deoria, on the west by Gorakhpur, and on the northwest by Maharajganj. It has a population of 35.60 lakhs with a sex ratio of 955 females per 1,000 males, and a female literacy rate of 54.74% with an overall literacy rate of 67.66% (2011 Census). It is known as one of the four holiest places for followers of the Buddhist faith; Buddha, founder of Buddhism, delivered his last sermon at Kushinagar. It has an International Buddhist Pilgrimage. The district is predominately rural with approximately 95% of the population participating in agriculture as the primary occupation. Crops in the regions are mainly prepared for large scale exportation; primary export crops include sugarcane, paddy, and wheat. Most of the money that comes into the area, however, comes from the tourism trade.



The district is well connected to other districts by rail and motorways. The major roadways that pass through Kushinagar are National Highway 28 and 28B.

#### **HIV Epidemic Profile:**

- As per 2010 HSS ANC data, the level of positivity was low for ANC clients however, a trend could not be observed due to lack of previous year's data.
- Based on 2011 PPTCT data, the level of HIV positivity was low (0.15%) among the attendees, but due to data inconsistency, a trend could not be drawn.
- According to 2010 HSS-FSW data, HIV positivity was at low (1.16%) among FSWs, but due to lack of prior data, a trend was not determined.
- As per 2011 data, HIV prevalence among ICTC attendees was moderate among male (5.03%) and low among female (3.69%) clients. It was low among referred (3.97%) while moderate among direct walk-in (6.06%) clients. On the basis of last four years, HIV positivity levels showed a stable trend among male and decreasing trend among female and referred clients. However, direct walk-ins showed a stable trend.
- According to the HRG size mapping data, FSW (194; 87.39% of total HRG) was the largest HRG in the district. Of the FSWs, majority were street based (86.80%) followed by brothel based (8.40%) and home based (4.80%).
- In 2011, the number of episodes treated for STI/RTI was 3,711 and the syphilis positivity rate among STI clinic attendees was 2.92%.
- As per 2001 Census, 2.89% of the male population were migrants, 68.45% of them migrated to other states and 13.04% migrate to other districts within the state.
- The top two destinations for out-of-state migration were Thane and Mumbai (Suburban), Maharashtra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 39.9 % and 35.8%, respectively.
- In 2009, of the 679 PLHIV registered at the ART centre, 28% were on ART, 14% were between the ages of 15-24, 45% were illiterate or only had a primary education which was on higher side, while 10% were either widowed or divorced.
- In 2011, Heterosexual transmission accounted for 92.63% for HIV transmission, it should be noted that 7.37% of total transmissions were from parent to child in the district.
- In 2011, a Blood Bank and ART centre were established in the district.

- Migration to high prevalent districts could be a driver of the HIV epidemic in the state, outreach efforts should be focused towards migrants at source and transit sites.
- As major highways intersect through Kushinagar, as well as being a pilgrimage site, there should be a strengthening of outreach programs through awareness campaigns around truck halting points and highways in the district.
- Considering high rates of parent to child HIV transmission, carryout in depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.
- Due to the moderate HIV prevalence among direct walk-in clients, analysis of risk profile of positive individuals should be done to determine associated factors.

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

Kushinagar

# Lalitpur

#### **Background:**

Lalitpur came into being in 1974 and is a part of the Jhansi division. It is connected to Jhansi by a narrow corridor to the northeast and is also surrounded by Madhya Pradesh state. The district has a population of 12.18 lakhs with a sex ratio of 905 females per 1,000 males, and a female literacy rate of 52.26% with an overall literacy rate of 64.95% (Census 2011). Lalitpur is well known for its culture, peace and natural beauty making it a popular tourist spot with nature lovers. As well, the district has many pilgrimage sites and a number of historical places for tourists. It is well versed by railways and road transport connecting the major cities of India. Bus facilities to major cities and daily trains are available to all almost all states of India; the major roadway passing through Lalitpur is National Highway 26.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients consistently, showing a stable trend among pregnant women in the district.
- Based on 2011 PPTCT and Blood Bank data, the level of HIV positivity for PPTCT (0.07%) and Blood Bank (0.15%) attendees was low, with a stable trend for both.
- According to 2011 ICTC data, HIV prevalence among ICTC attendees was low among all the ICTC clients. There was not enough data from previous years to analyze a trend.
- According to HRG size mapping data, FSW (202; 89.78% of total HRG) was the largest HRG in the district. Major typologies for FSWs were street-based (88.40%) followed by home-based (11.60%).
- In 2011, the number of episodes treated for RTI/STI was 4,760 and the syphilis positivity rate among STI clinic attendees was 0.83%.
- As per 2001 Census, 2.70% of the male population were migrants; 48.94% of them migrated to other states and 8.49% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Sagar and Indore in Madhya Pradesh.
- In 2009, of the 40 registered at the ART centre, 15% were on ART, 78% were illiterate or only had a primary level education which was on a higher side.
- According to 2011 ICTC data, heterosexual transmission accounted for 63.16% for HIV transmission, though more notably both unknown routes of transmission and parent to child transmission, each accounted for 15.79% of total HIV transmissions in the district.
- According to the DLHS-III data, the HIV and STI/RTI awareness rates among women was 36.4% and 21.3%, respectively.
- Though there were less than 300 HRGs in the district, there was one targeted intervention (TI) each for FSWs and IDUs, as well as a composite TI site.

- Considering high rate of parent to child HIV transmission, carryout in depth analysis of PPTCT and ART data to understand the profile of these attendees, and strengthen PPTCT program in the district.
- Strengthen outreach programmes through awareness campaigns around industries, truck halting points and highways in the district.
- Since the largest HRG was FSW, assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities. As well as availability of typology data would help to analyze risk factors.
- Focused IEC for general population with STI/RTI awareness and sexual risk reduction messages is recommended.

District Populat	101: 12, 18	,002 (0.60%	OT UTTAT PLAC	tesh Populati Levels and	Ion); remai Trends ³	e Literacy :: 5	L 'N' N2.2						Vuln	erabilities				
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* Inadequate sample size; - Data not available;¹ 2011 Census;² Source: DLHS III;³ Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900);⁴ PP = percent positive, NT = number tested;⁵ General clients & pregnant women

# Lucknow

#### **Background:**

Lucknow district, located in central Uttar Pradesh, is the capital of the state, and is the administrative headquarters of Lucknow division. On its eastern side lies Barabanki, on the western side is Unnao, on the southern side Raebareli, and on the northern side are the Sitapur and Hardoi districts. It has a population of 45.88 lakhs with a sex ratio of 906 females per 1,000 males, and a female literacy rate of 73.88% with an overall literacy rate of 79.33% (2011 Census). Lucknow has a strong handicraft sector that accounts for 60% of the total exports from the state. The major export items are marble products, textiles, handicrafts, art pieces, gems and jewellery. The possible epidemic vulnerabilities include in-migration of trading communities as well as others seeking employment opportunities.



National Highways, 24, 25, 28, and 56 run through Lucknow, with a large number of trucks passing through the district and several halting points for them at various locations within the district.

#### **HIV Epidemic Profile:**

- According to 2010 HSS-ANC data, the level of HIV positivity among the ANC clients was low at 0.25%, with a stable trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.07%) and Blood Bank (0.20%) attendees, with a declining trend for PPTCT clients but a stable trend for blood bank attendees.
- As per 2011 HSS data, the level of HIV positivity among FSWs and MSM (3.21%) was low. A rising trend of positivity was observed among MSM but due to lack of data points for FSWs, a trend could not be determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (2.27%) and female (1.06%) clients, and also among referred (2.96%) clients, while HIV positivity amongst direct walk-ins was moderate (7.22%). The HIV positivity levels showed a declining trend among male and female clients, and also among referred clients, while it was fluctuating among direct walk-ins.
- As per mapping conducted, MSM (1,078; 55.83% of total HRG) was the largest HRG in the district, followed by FSWs (643; 33.30% of total HRG) and IDU (210; 10.88% of total HRG). The major typologies of FSW were home-based (53.34%) and street-based (46.03%).
- In 2011, 1,728 STI/RTI episodes were treated among STI clinic attendees
- As per 2001 Census, 3.22% of the male population were migrants, 57.38% of them migrated to other states and 21.92% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai Suburban in Maharashtra, and South Delhi.
- Of the 464 PLHIV registered at the ART centre in 2009, 48% were on ART, 12% were 15-24 years of age, 35% were illiterate or had primary education and 10% were either widowed or divorced.
- Heterosexual transmission accounted for 76.41% of the transmissions, but more importantly, transmission through needle and syringe usage accounted for 9.63% of total HIV transmissions.
- As per the DLHS-III, the HIV and RTI/STI awareness rate was 71.4% and 67.1% among women, respectively
- In 2011, there were 15 ICTCs and 54,505 clients tested for HIV in the district.

- Strengthen prevention efforts through IDU-TIs, as the rate of HIV transmission through needle/syringes was notable.
- Conduct socio-demographic analysis to ascertain risk factors among ANC attendees.
- Carryout disaggregated analysis of HSS-MSM data to determine the district's HIV risk factors, since MSM was the largest HRG in the district and a rising HIV positivity was observed among them.
- Analyze risk profile of positive individuals to determine associated factors, due to the moderate HIV prevalence among direct walk-in clients.
- Expand coverage of HIV counseling and testing in the district to detect HIV positive cases at an early stage.
- Establish another TI site exclusively for MSM to provide HIV preventive and referral services, considering their large number in the district.

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

Lucknow

# Maharajganj

#### **Background:**

Maharajganj district of Uttar Pradesh achieved autonomy in October 1989. Demarcated by the Indo-Nepal border, Maharajganj is flanked by Nepal in the north, Gorakhpur in the south, Padrauna in the east and Siddharth Nagar and Sant Kabir Nagar districts in west. It has a population of 26.65 lakhs with a sex ratio of 938 females per 1,000 males and a female literacy rate 50.14% with an overall rate of 64.30% (2011 Census). It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Maharajganj is well connected with other districts by road; the major roadway being National Highway 29.



#### **HIV Epidemic Profile:**

- Based on 2009 PPTCT data, the level of HIV positivity was low (0.18%) among the PPTCT clients, with a stable trend.
- As per 2010 HSS-FSW data, the HIV positivity was low among FSWs, with a fluctuating trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (2.85%) and female (2.25%) clients, as well as among referred (0.56%) clients, whereas direct walk-ins (16.25%) had a considerably high positivity level. An overall declining trend was observed among male and female clients, as well as among and referred clients. Positivity levels showed an increasing trend among direct walk-ins, with a steep rise in 2011.
- In 2011, 3,522 STI/RTI episodes were treated among STI clinic attendees.
- As per 2001 Census, 2.37% of the male population were migrants, among them 44.97% migrated to other states and 13.39% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Thane and Mumbai (Suburban) districts in Maharashtra.
- According to 2011 ICTC data, heterosexual transmission accounted for 95.45% for HIV transmissions, and parent to child transmission accounted for 4.55% of the total HIV transmissions.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 39.3% and 30.5%, respectively.

- To understand the dynamics of HIV transmission, further analysis of ICTC/PPTCT data is required.
- Focus on establishing mechanism for routine monitoring of HRG data in the existing TIs, since there was no HRG mapping data.
- Strengthen outreach activities for out-migrants and strengthen PPTCT program coverage in the district especially for spouses of out-migrants to high prevalent districts of other states.
- Analyse the data at ICTC especially for direct walk-in clients due to the high levels of positivity in 2011, as they are representative of high-risk populations.

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

### Mahoba

#### **Background:**

Mahoba is a small district in Uttar Pradesh, which was carved out from the former Hamirpur district in February 1995; it is located in the Bundelkhand region. It has a population of 8.76 lakhs with a sex ratio of 880 females per 1,000 males, and a female literacy rate of 54.65% with an overall literacy rate of 66.94% (2011 Census). Mahoba is known for its closeness to Khajuraho, Laundi and other historic places. The existence of the sacred "Ram-Kund" and "Seeta-Rasoi" cave at the Gokhar hill located in the district are monumental and main tourist attractions for Mahoba. Mahoba is connected by road to all major districts by the National Highways 76 and 86. It is also connected by railway.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients which remained stable over the past four years.
- As per 2011 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, with a stable trend.
- According to 2011 ICTC data, the level of HIV prevalence was low among male (0.11%) and female (0.11%) clients. It was low among referred (0.17%) and direct walk-in (0.32%) clients as well. ICTC clients represented an overall stable trend.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.13%.
- As per 2001 Census, 3.99% of the male population were migrants; among them 57.95% migrated to other states and 20.83% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Chhattarpur, Madhya Pradesh and North West Delhi.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 25% and 10.3%, respectively.
- In 2011, 6,182 clients were tested for HIV at two ICTCs in the district.
- In 2011, there were three TIs operational in the district.

- Continue HIV prevention strategies to maintain HIV prevalence at low levels.
- Strengthen outreach programs on HIV and STI through awareness campaigns especially for women, around railway junction area, truck halt points and highways in the district.
- Additional data on HIV vulnerability like HRG size and profile should be made available to get a better understanding of HIV epidemiological profile of the district.
- Strengthen mechanisms for collecting sufficient Blood Bank and ART/DLN data to better understand district vulnerabilities.

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

Mahoba

### Mainpuri

#### **Background:**

Mainpuri is an administrative district of the Agra Division; it is bordered by the districts of Etah, Farrukhabad, Kannauj, Etawah and Firozabad. Mainpuri has a population of 18.47 lakhs with a sex ratio of 876 females per 1,000 males, and a female literacy rate of 68.35% with an overall literacy rate of 78.26% (2011 Census). Within the district there are some very old and popular Hindu temples, which attract tourists. The basis of Mainpuri's economy is almost wholly dependent upon agriculture. The district is the centre of trade for mainly agricultural products. Mainpuri is well connected with other parts of the state by road and railways. National Highway 91 passes through Mainpuri.



#### **HIV Epidemic Profile:**

- Based on 2008 HSS-ANC data, the level of HIV positivity was low among the ANC clients, and represented a stable trend in the previous years.
- According to 2011 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, but due to a lack of data trend was not determined.
- According to 2011 ICTC data, the level of HIV prevalence was low among male (0.27%) and female (0.24%) clients. The HIV positivity level was also low for referred and directs walk-in (0.53%) clients. A stable trend was observed among all the ICTC attendees .
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.31%.
- As per the 2001 Census, 3.80% of the male population were migrants, among them 48.69% migrated to other states and 31.67% migrated to other districts within the state.
- The top two destinations for out-of-state migration were South Delhi and South West Delhi.
- According to the DLHS-III data, the HIV and STI/RTI awareness rate among women was 31.1 % and 43.7%, respectively.
- In 2011, there were four TIs were operational in the district.

- Focus on establishing a mechanism for regular monitoring of programme data on demographics and geographic parameters. Conduct data assessment and analysis of positive people at HSS-ANC, ICTC/PPTCT, and Blood Bank to understand the source and spread of HIV.
- Strengthen outreach programs through awareness campaigns around truck halting points and highways in the district.
- Assessing of the size and profile of HRG population will help in better understanding the district's vulnerabilities, as the epidemic is concentrated in the high risk groups.
- Strengthen routine program monitoring for the district for completeness and accuracy; it should also be examined regularly to understand HIV transmission dynamic in the district.

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Mainpuri

### Mathura

#### **Background:**

Mathura district is located approximately 50 km north of Agra, and 145 km south-east of Delhi. It has a population of 25.41 lakhs with a sex ratio of 858 females per 1,000 males, and a female literacy rate of 58.93% with an overall literacy rate of 72.65% (2011 Census). Mathura is one of the seven most holy places for Hindus in India. There are many historical and pilgrimage sites of importance in Mathura and its neighboring towns which attract many migrants from all over the globe. Mathura is well connected by road to the rest of Uttar Pradesh and other states of India. National Highway 2 (Delhi-Howrah) passes through the city and connects to National Highway 3 (to Mumbai), a part of which is known as Mathura Road. National Highway 11 (Agra to Bikaner) and National Highway 93



(to Moradabad) are also prominent arterial highways. Yamuna Expressway from Delhi also connects to Mathura. These highways enhance the HIV burden from other states to Mathura because of frequent in and out migration and many truck halt points.

#### **HIV Epidemic Profile:**

- According to 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC clients, with a fluctuating trend.
- In 2011 the level of HIV positivity was low among the PPTCT (0.07%) and Blood Bank (0.22%) attendees, with a stable trend for Blood Bank clients. Due to non-availability of PPTCT data from the previous years, a trend could not be determined.
- As per 2011 ICTC data, the level of HIV prevalence was low among male (2.84%) and female (1.46%) clients, and also among referred (3.91%) clients. HIV positivity levels were moderate for direct walk-in (9.20%) clients. ICTC male, female clients and referred clients experienced a stable trend but direct walk-ins showed a fluctuating trend.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.51%.
- As per 2001 Census, 5.21% of the male population were migrants, 59.5% of them migrated to other states and 13.82% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Faridabad in Haryana and South Delhi.
- In 2011, heterosexual route of HIV transmission accounted for 37.23%, via needles and syringes was 9.57% and through blood it was 8.51% of all HIV transmissions. More importantly the routes for 38.80% of the total transmission could not be ascertained.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 37.7% and 23.3%, respectively.

- Explore the possibility of vulnerability along truck halt points, highways, as well as tourist spots, and strengthen awareness campaigns in the district around these areas.
- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations), owing to moderate positivity in 2011. An increasing trend among them can be explored by further analyzing ICTC data.
- Availability and assessment of the size and profile of HRG population is needed to better understand the district's vulnerabilities.
- Strengthen efforts towards assessing route of HIV transmission at the ICTCs, as the route of HIV transmission for a major group was unknown.
- Conduct in-depth analysis of ICTC and ART data and TIs may be strengthened, as HIV transmission was considerable through needles and syringe usage, as well as through blood transfusions; there is a need to better understand the profile of these positive individuals.

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Mathura

### Mau

#### **Background:**

Mau district is a part of Azamgarh Division, situated in the south-eastern part of the state, with the district headquarters at Mau town. The district is surrounded by Ghazipur on the south, Ballia in the east and Azamgarh in the west, and Gorakhpur district in the north. The river Ghagra forms its northern boundary and the Tamsa River forms the south boundary. It has a population of 22.05 lakhs with a sex ratio of 978 females per 1,000 males, and a female literacy rate of 65.59% with an overall literacy rate of 75.16% (2011 Census). The main Industrial setup here is of cloth making by power loom; clothes prepared in Mau are exported all over the globe. The major roadway that passes through Mau is National Highway 29.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of positivity was moderate (0.27%) among the ANC clients, with a decreasing trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.23%) and Blood Bank (0.02%) attendees. A decreasing trend was observed for PPTCT attendees; however, due to lack of sufficient data from previous years, a trend was not determined for the Blood Bank attendees.
- As per 2011 ICTC data, the level of HIV prevalence was low among male (1.14%) and female (0.72%) clients. It was also low for referred (1.63%) clients, although the HIV positivity among direct walk-ins (4.69%) was near to moderate level. There was a decreasing trend among all the ICTC clients.
- According to HRG size mapping data, MSM (580; 60.86% of total HRG) was the largest HRG in the district followed by FSW (193; 20.25% of total HRG) and IDU (180; 18.89% of total HRG). Majority of FSWs were street based (56.57%).
- In 2011, a total of 5,880 STI/RTI episodes were treated among STI clinic attendees
- As per 2001 Census, 4% of the male population were migrants, among them 63.99% migrated to other states and 20.80% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Thane and Mumbai (suburban) in Maharashtra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 47.6 % and 46.1%, respectively.
- In 2009, of the 250 PLHIV registered at the ART centre, 16% were on ART, 3% were 15-24 years old, 35% were illiterate or had primary education and 4% were either widowed or divorced.
- According to 2011 ICTC data, heterosexual transmission accounted for 92% for HIV transmission and parent to child transmission accounted for 6.46% of total HIV transmissions in the district.
- There was a scale-up in the number of ICTCs in the district from 2 in 2008 to 10 in 2009.

- Conduct special awareness campaign especially among pockets of out-migrants at transit points and around truck halt points and highways in the district to decrease and limit the spread of the infection further, even though HIV prevalence has declined among both ANC and ICTC attendees.
- Assessing the size and profile of the partners of MSM, will improve the understanding of districts vulnerabilities, since MSM was the largest HRG in the area.
- Understand migration patterns from in-district industries and/or agricultural occupation and explore its possible contribution fueling the epidemic.
- Strengthen outreach activities for migrants at source and transit points, since there was migration to high prevalent states.
- More needs to be done to understand the profile of the ICTC/ART centre attendees through in depth analysis of ICTC, PPTCT and ART data and strengthen PPTCT program coverage in the district, as parent to child transmission rate was high.

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

Mau

### Meerut

#### **Background:**

Meerut district is a part of Meerut division. It is bordered on the north by Muzaffarnagar, in the south by Bulandshahar while Ghaziabad and Baghpat form the southern and western limits respectively. River Ganga forms its eastern boundary and separates it from the districts of Moradabad and Bijnore. It has a population of 34.47 lakhs with a sex ratio of 885 females per 1,000 males, and a female literacy rate of 65.69% with an overall literacy rate of 74.80% (2011 Census). Meerut has the 2nd largest army cantonment in the country. The district is one of the largest producers of sports goods, and the largest producer of musical instruments in India as well as one of the largest producers of bicycle rickshaws in world. It also has a strong tourism industry as well. By road Meerut is well-connected to major cities like Delhi, Noida, Faridabad,



Ghaziabad, and Hardwar, for which a large number of people commute daily for work. National Highways 58 and 119 pass through Meerut.

#### **HIV Epidemic Profile:**

- As per 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC clients, with a stable trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.22%) and Blood Bank (0.09%) attendees, with a stable trend among both.
- As per 2010 HSS-IDU data, HIV prevalence was low among IDUs (4.24%); however, due to non-availability of data from the previous years, a trend could not be drawn.
- Based on 2011 ICTC data, the level of HIV prevalence was low among male (2.39%) and female (0.97%) clients and also among referred (2.18%) clients; however, the level of HIV positivity was high among direct walk-ins (14.13%). While male and female clients, as well as referred clients showed a decreasing trend, a fluctuating trend among the direct walk-ins observed.
- According to HRG size mapping data, FSW (707; 68.84% of total HRG) was the largest HRG in the district followed IDU (289; 28.14% of total HRG). All the FSWs were brothel-based.
- In 2011, a total of 21,929 STI/RTI episodes were treated among STI clinic attendees.
- As per 2001 Census, 5.31% of the male population were migrants, among them 50.41% migrated to other states and 31.21% migrated to other districts within the state.
- The top two destinations for out-of-state migration were North East Delhi and South Delhi.
- In 2009, of the 338 PLHIV registered at the ART centre, 13% were on ART, 8% were 15-24 years old, 54% were illiterate or had primary education and 12% were either widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rates among women was 62.4 % and 77%, respectively.
- As per 2011 ICTC data, heterosexual transmission accounted 83.37%, needle and syringe usage accounted 6.24% and parent to child transmission accounted 5.77% of the total HIV transmissions in the district.
- A total of three TI sites were operational in the district in 2011.

- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations) owning to the high levels of positivity among them. The fluctuating trend among them can be explored by further analysis of ICTC/PPTCT and ART data.
- Strengthen outreach activities around tourist destinations, industries and migrants. As well as around the army cantonment, truck halting points and highways in the district.
- Assess the size and profile of FSWs client population, such as migrants and truckers, to improve the understanding of district vulnerabilities, since the largest HRG was FSW. Also, there is a need to better understand the dynamics of HIV transmission among FSWs, either through initiation of HRG for HIV Sentinel Surveillance or better analysis of ICTC/PPTCT and ART data.
- Focus on IDU-FSW sexual networks and address the dual risk that is posed due to high HIV transmission rate among IDUs since the district is a major tourist spot with the presence of large numbers of female sex workers.
- Strengthen PPTCT program coverage in the district, as parent to child HIV transmissions was high in the district.

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

Meerut

# Mirzapur

#### **Background:**

Mirzapur district is bordered on the north by the Sant Ravidas Nagar and Varanasi, on the east by Chandauli, on the south by Sonbhadra and on the northwest by Allahabad district. It has a population of 24.94 lakhs with a sex ratio of 900 females per 1,000 males, and a female literacy rate of 58.77% with an overall literacy rate of 70.38% (2011 Census). This district is famous for its pilgrimage sites, waterfalls and several Ghats where historical sculptures are still present. Due to its hard rocky terrain, there is low soil fertility and poor industrial investment in the district, though the carpet industry in Mirzapur is world famous. A very strong caste system still exists in Mirzapur affecting the socio-economic structure. Mirzapur district is connected to all major cities in Uttar Pradesh, as well as the rest of India, by National Highways 7 and 76.



#### **HIV Epidemic Profile:**

- As per 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC clients, with a stable trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.05%) and Blood Bank (0.03%) attendees, with a stable trend.
- According to 2011 ICTC data, the level of HIV prevalence was low among male (1.30%) and female (1.04%) clients, and also among referred (0.74%) clients, while the HIV positivity level was moderate among direct walk-ins (7.48%) clients. The trend was stable for ICTC male, female and referred clients; but direct walk-in client data showed an increasing trend.
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.95%.
- As per 2001 Census, 2.53% of the male population were migrants, among them 47.66% migrated to other states and 31.89% 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 2011 ICTC data, the HIV transmission through needles and syringes was 4.29% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rates among women was 39.1 % and 22%, respectively.
- In 2011, a total of two ICTCs were operational in the district and 7,190 got tested at the ICTCs.

- Strengthen outreach activities for migrants at source and destination sites, especially those out-migrating to high prevalent districts.
- Conduct socio-demographic analysis to ascertain risk factors, considering rising prevalence among the ANC attendees.
- Analyze the risk profile of positive individuals to determine associated factors, due to the moderate HIV prevalence and a rising trend among direct walk-in clients.
- Assess the size and profile of migrants to improve understanding of district vulnerabilities, considering high rate of migration to high HIV prevalent districts.
- Availability of HRG size mapping data, typology data and PLHIV data would help to better understand the district's vulnerabilities.
- Strengthen prevention efforts through establishment of TIs, as the rate of HIV transmission through needle/syringes was notable.

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

Mirzapur

### Moradabad

#### **Background:**

Moradabad is situated at a distance of 167 km from the national capital, New Delhi, on the bank of River Ganga in the western part of Uttar Pradesh and to the west of Rampur district. According the 2011 census, it is the second most populous district of the state, only after Allahabad. Moradabad has a population of 47.73 lakhs with a sex ratio of 903 females per 1,000 males, and a female literacy rate of 49.63% with an overall literacy rate of 58.67% (2011 Census). Though there is an important agrarian market in the district, Moradabad is known worldwide for brass works and glassware. Metal ware, handicrafts, electroplating, sugar industry are the other industries. There are over 400 factories in the district from which foreign retailers source their merchandise. Due to its



large export industry, Moradabad is very well connected with cities like Delhi, Lucknow, Indore, Patna, and Hardwarby railways, as well as National Highway26.

#### **HIV Epidemic Profile:**

- As per 2007 HSS-ANC data, the level of HIV positivity was low among the ANC client, but due to lack of data, a trend could not determined.
- In 2011, the level of HIV positivity was low among the PPTCT (0.05%) and Blood Bank (0.07%) attendees, with a stable trend for PPTCT clients and a declining trend among Blood Bank attendees.
- In 2011, the level of HIV prevalence was low among male (1.29%), female (0.36%) and referred (1.29%) clients, while direct walk-ins (4.22%) had a moderate positivity level. Positivity levels showed a fluctuating trend for male, referred and direct walk-in clients, while female clients observed a decreasing trend.
- According to HRG size mapping data, FSW (245; 42.91% of total HRG) was the largest HRG in the district followed by IDU (172; 30.12% of total HRG) and MSM (154; 26.97% of total HRG). Out of the FSWs, majority were home-based (37.42%), followed by brothel-based (36.75%) and street-based (25.83%).
- In 2011, a total of 7,178 STI/RTI episodes were treated among the STI clinic attendees
- As per the 2001 Census, 2.83% of the male population were migrants, among them 50.99% migrated to other states and 24.77% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Udham Singh Nagar, in Uttarakhand and North East Delhi.
- In 2009, of the106 PLHIV registered at the ART centre,11% were on ART, 13% were 15-24 years of age, 52% were illiterate or had primary school education, 18% were widow or divorced.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 31.80% and 15.60%, respectively.
- As per 2011 data, heterosexual transmission accounted 70.59% of the total HIV transmission, though more notably the transmission via needle and syringe accounted 23.53%, out of the total transmissions in the district.

- Conduct disaggregated analysis of ICTC direct walk-in clients to assess risk factors.
- Assess the size and profile of FSWs client population to improve the understanding of district vulnerabilities.
- Focus on the outreach efforts for home based FSWs, to keep HIV prevalence among them at low level.
- Strengthen outreach programmes through awareness campaigns for STI and HIV, especially among women.
- Focus on IDU-FSW sexual networks and address the dual risk that is posed due to the high rate of transmission among IDUs and the presence of FSWs in a district with multiple industries.

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

Moradabad

# Muzaffarnagar

#### **Background:**

Muzaffarnagar lies in the western part of Uttar Pradesh. The district has two major holy rivers; in the east there is the Ganges and in the west there is the Yamuna. The neighbouring districts are Shamli to the west, Bijnor to the east, and Saharanpur and Meerut districts are to its north and south respectively. Muzaffarnagar has a population of 41.38 lakhs with a sex ratio of 886 females per 1,000 males, and a female literacy rate of 60% with an overall literacy rate of 70.11% (2011 Census). Muzaffarnagar is one of the important sugarcane producing regions in the world and one of the biggest jaggery trading markets in the whole of Asia. Muzaffarnagar is an education hub for the nearby towns and villages leading to in-migration of students every year. Muzaffarnagar is



well connected by road and railway networks; National Highway 58 passing through Muzaffarnagar, provides connections towards Delhi on the southern direction and to the Himalayas in the Uttarakhand state on the northern direction.

#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, but due to lack of sufficient data from the previous years, a trend could not be determined.
- In 2011, the level of HIV positivity was low among the PPTCT (0.09%) and Blood Bank (0.17%) attendees. While, there was a declining trend for PPTCT, a stable to rising trend was recorded for Blood Bank attendees.
- As per 2011 data, HIV prevalence among ICTC attendees was low among male (1.77%) and female (0.86%) clients, as well as among referred (2.05%) clients, whereas HIV positivity among direct walk-in (5.37%) clients was moderate. A stable trend was observed for male and referred clients, whereas female clients observed a declining trend in the previous years. Direct walk-in had a rising trend .
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.27%.
- According to 2001 Census, 5.62% of the male population were migrants, among them 56.49% migrated to other states and 18.72% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Panipat in Haryana and North East Delhi.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 51.9 % and 59.3%, respectively.
- According to the 2011 data, heterosexual transmission accounted for 86.36% of the total HIV transmission, though more notably parent to child transmission accounted 10.61% and blood transfusion route accounted for 2.27% of the total transmission in the district.

- Strengthen outreach programs through awareness campaigns around educational institutions, and factories, and for migrants at source and destination sites, truck halting points and highways in the district.
- Analyze risk profile of positive individuals to determine associated factors, due to the moderate HIV prevalence among direct walk-in clients.
- Compile and analyze the ICTC-PPTCT data with focus on characteristics like age, migration, occupation and geographic areas of positive people to provide knowledge on sexual dynamics and spread of HIV in this district.
- Strengthen PPTCT program coverage in the district, as parent to child HIV transmission was high in the district.
- Better understand the HIV profile of the district through availability of additional data on HIV vulnerability like HRG size and profile, and ART or DLN data.

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

Muzaffarnagar

# Pilibhit

#### **Background:**

The district of Pilibhit is located in the northeastern part of Rohilkhand division. It is situated along the sub-Himalayan belt on the boundary of Nepal. Pilibhit has a population of 20.37 lakhs with a sex ratio of 889 females per 1,000 males, and a female literacy rate of 52.43% with an overall literacy rate of 63.58% (2011 Census). The economy of Pilibhit is based mainly on small industry and agriculture; the main crop in this area is sugar cane. National Highway 87 runs through the district connecting major cities within the district to neighbouring states. The district is well connected with Shahjahanpur in the south, Nepal in east, Nanital and the town of Khatima in north, and the city of Bareilly in the west by state roadways and railway network.



#### **HIV Epidemic Profile:**

- As per 2010 HSS-ANC data, the level of positivity was low among the ANC clients with a stable trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.02%) and Blood Bank (0.04%) attendees, with a stable trend among both.
- According to 2011 data, HIV prevalence among ICTC attendees was low among male (1.02%) and female (0.09%) clients, as well as among referred (1.36%) and direct walk-in (0.37%) clients. HIV Positivity levels showed a declining trend among all the ICTC clients.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.16%.
- As per 2001 Census, 2.32% of the male population were migrants, among them 35.6% migrated to other states and 23.37% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Udham Singh Nagar and Champawat in Uttarakhand.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 25% and 11.1%, respectively.
- According to 2011 ICTC data, heterosexual transmissions accounted for 21.62% of HIV transmission, though more importantly, 72.97% of all transmissions were through needle and syringe, thus indicating the strong impact of IDUs on the epidemic. Also, 5.41% of all transmissions were through parent to child.
- There was no data for HRGs; though there were targeted intervention (TI) sites for HRGs operational in the district since 2008.

- Strengthen prevention efforts through IDU-TIs, considering the high rate of transmission through needle and syringe usage.
- Additional data on HIV vulnerability like ART or DLN data, HRG size and profile is needed to better understand the HIV epidemiological profile of the district.
- Strengthen outreach programs through awareness campaigns for HIV and STI among migrants and women, as well as around truck halting points and highways in the district.
- More needs to be done to understand the profile of ICTC attendees through in-depth analysis of ICTC and PPTCT data, as the parent to child transmission rate was notable.

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² 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

#### 122 | District HIV/AIDS Epidemiological Profiles: Uttar Pradesh

Pilibhit

# Pratapgarh

#### **Background:**

Pratapgarh is a part of the Allahabad division. The district is bordered by districts of Rae Bareli, Allahabad, Sultanpur, Jaunpur, and Kaushambi. Pratapgarh has a population of 31.73 lakhs with a sex ratio of 994 females per 1,000 males, and a female literacy rate of 60.99% with an overall literacy rate of 73.10% (Census 2011). The economy in Pratapgarh is predominately agrarian and it is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). However, Pratapgarh is a leading producer of Amla fruit which has been discovered to have medicinal properties and its export is helping Pratapgarh's economy flourish. The district is well connected to the rest of the state through National Highways 96 and 56 and other local road and rail networks.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the HIV positivity level was low (0.25%) among the ANC clients, and a fluctuating trend had been exhibited among the attendees.
- In 2011, the level of HIV positivity was low among PPTCT (0.23%) and Blood Bank attendees. A declining trend over the past five years was observed among PPTCT attendees; however, due to lack of previous year's data a trend could not be determined for Blood Bank clients.
- According to 2011 ICTC data, HIV positivity was low among male (1.28%) and female (1.06%) clients. It was also low among referred (1.64%) and direct walk-ins (4.18%) client. A declining trend was observed among male clients, whereas it remained stable among female clients. Referred clients also experienced a decreasing trend, while direct walk-ins had a fluctuating trend.
- According to HRG size mapping data, FSW (457; 61.67% of total HRG) was the largest HRG group in the district, followed by IDU (169; 22.81% of total HRG) and MSM (115; 15.52% of total HRG). Among FSWs, 50% were home-based and 50% were street-based typologies.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.44%.
- As per 2001 Census, 6.23% of male population were migrants, among them 75.11% migrated to other states and 14.32% migrated to other districts within the states.
- The top two destinations for inter-state out-migration were Mumbai (Suburban) and Thane in Maharashtra.
- In 2009, of the 721 PLHIV registered at the ART centre, 16% were on ART, 9% were of ages 15-24 years, 62% were illiterate or had a primary education, and 22% were either widowed or divorced.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 46% and 15.30%, respectively.
- In 2011, HIV transmission through heterosexual routes accounted for 87.88% of the total, though more notable was parent to child accounted for 6.67% of total transmissions in the district.
- From 2008 onwards, there had been a sharp scale-up in the number of clients undergoing HIV testing at the one ICTC operational in the district.

- Established TI site in the district to provide HIV preventive and referral service to HRGs.
- Analyse vulnerability factors in transmission of HIV from ICTC/ART and STI data, even though there was a low level of HIV epidemic in the district.
- Assess the size and profile of FSWs client population, including migrants and truckers, to better understand district vulnerabilities, since FSW was the largest HRG in the area.
- Focus on hard to reach sub-groups like home-based FSWs.
- Strengthen IEC programmes that create HIV and STI awareness in the district among general population, especially women.
- More needs to be done to understand the profile of the ICTC attendees through in-depth analysis of ICTC data, as parent to child HIV transmission rate was high.
- Increase the number of ICTCs in operation in the district in order to accommodate the number of clients that are undergoing testing at these sites.

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

Pratapgarh

### Rae Bareli

#### **Background:**

Rae Bareli district is located in the Awadh region. It has a population of 34.04 lakhs with a sex ratio of 941 females per 1,000 males, and a female literacy rate of 58.06%, with an overall literacy rate of 69.04% (2011 Census). The principal crops are rice, pulse, wheat, barley, millet and poppy. Rae Bareli is well-connected to other districts and states via National Highway 24B, 231 and 232. The district is just 70 km away from the state capital, Lucknow; therefore there is frequent in and out migration of people from Rae Bareli.

#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of HIV positivity was low, with a stable trend among the ANC attendees.
- In 2011, the level of HIV positivity was low among the PPTCT (0.07%) and Blood Bank (0.02%) attendees, with a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.83%) and female (0.55%) clients, as well as among referred (0.87%) and direct walk-in (3.01%) clients, with an overall stable trend.
- According to HRG size mapping data, FSW (640, 83.12% of total HRG) was the largest HRG in the district followed by MSM (130;16.88% of total HRG). The major typology for FSWs was home-based (57.36%).
- In 2011 the syphilis positivity rate among STI clinic attendees was 0.82%.
- As per 2001 Census, 4.04% of the male population were migrants, 59.88% of them migrated to other states and 17.58% migrated to other districts within the state.
- The top two destination districts for out-of-state migration were Ludhiana in Punjab and Mumbai (Suburban), Maharashtra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 31.4% and 18.1%, respectively.
- In 2009, of 295 PLHIV registered at the ART centre, 41% were on ART, 9% were in the age-group of 15-24 years, and 6% were either widowed or divorced.
- According to 2011 data, heterosexual transmission accounted for 88.89% for HIV transmission. More notably, parent to child transmission accounted for 8.89% of total transmission in the district.
- In 2011, there were five ICTCs and four TI sites operational in the district.

- Continue HIV prevention strategies to maintain HIV prevalence at low levels.
- Better assessment of the size and profile of HRG client populations, including migrants and truckers, is needed to better understand the district's vulnerabilities.
- Focus on the outreach efforts on home-based FSWs, which was the largest typology, to keep HIV prevalence among them at low level.
- Strengthen outreach programs through awareness campaigns especially for women and out-migrants, around industries, truck halting points and highways in the district.
- Increase efforts to strengthen immediate referrals to ART centres upon confirmation of positivity.
- Better understand the profile and dynamics of ANC and STI clinic attendees and their spouses, through analysis of ART and ICTC data, as the percentage of HIV transmission from parent to child was high.



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

#### 126 | District HIV/AIDS Epidemiological Profiles: Uttar Pradesh

**Rae Bareli** 

### Rampur

#### **Background:**

Rampur is surrounded by Udham Singh Nagar in the North, Bareilly in the East, Moradabad in the West and Badaun in the South. It has a population of 23.35 lakhs with a sex ratio of 905 females per 1,000 males, and a female literacy rate of 46.19% with an overall literacy rate of 55.08% (2011 Census). Due to the district's extremely fertile land, the economy of Rampur is predominately based upon agriculture. However, there are industries in Rampur, the main being wine making, sugar processing, textile weaving and manufacturing of agricultural implements; menthol oil industry is also a well flourishing sector in Rampur. Rampur is well connected by railways and road; the National Highway 24 passes through the district connecting Rampur with the state capital, Lucknow, and national capital, Delhi.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC, the level of HIV positivity was low and the data represented a stable trend among ANC attendees.
- In 2011, the level of HIV positivity was low among the PPTCT (0.10%) and Blood Bank attendees, with a stable trend.
- According to the 2011 data, HIV prevalence among ICTC attendees was low among male (0.56%) and female (0.40%) clients, as well as among referred (0.35%) and direct walk-in (2.96%) clients. The HIV positivity levels showed an overall stable trend among all the ICTC attendees.
- According to HRG size mapping data, IDU (268; 40.61% of total HRG) was the largest HRG in the district, followed by FSW (201; 30.45% of total HRG) and MSM (191; 28.94% of total HRG). The only typology mapped for FSWs was home-based (100%).
- In 2011 the syphilis positivity rate was 0.32%, and 7,864 STI/RTI episodes were treated among STI clinic attendees.
- As per 2001 Census, 3.35% of the male population were migrants, 50.23% of them migrated to other states and 22.09% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Udham Singh Nagar and Nainital in Uttarakhand.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 86.7 % and 39.8%, respectively.
- In 2009, of the 37 PLHIV registered at the ART centre, 11% were on ART, 16% were of the age 15-24 years, 57% were either illiterate or had primary education and 14% were either widowed or divorced.
- According to the 2011 data, heterosexual transmission accounted for 82.76% of all HIV transmission and parent to child accounted for 13.79% of total transmissions.
- In 2011, a total of four TI sites were operational in the district.

- Strengthen outreach programs through awareness campaigns around industries, truck halting points and highways in the district.
- Focus on hard to reach HRG subgroups like home-based FSWs, which was the dominate typology in the district.
- Better understanding of the dynamics of HIV transmission among IDUs, as well as FSWs and MSM is needed, either through initiation of HRG sites for HIV Sentinel Surveillance or better analysis of ICTC/PPTCT and ART data
- Better assessment of the size and profile of FSWs client populations, including migrants and truckers, will improve the understanding of district vulnerabilities.
- More needs to be done to understand the profile of the ICTC and ART centre attendees through in depth analysis of ICTC and ART data as the parent to child HIV transmission rate was high.

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

Rampur

# Saharanpur

#### **Background:**

Saharanpur is the northern most district of Uttar Pradesh. Bordering the states of Haryana and Uttarakhand, it is close to the foothills of the Shivalik range; Saharanpur lies in the northern part of the Doab region. It has a population of 34.64 lakhs with a sex ratio of 908 females per 1,000 males, and a female literacy rate of 63.30% with an overall literacy rate of 72.03% (2011 Census). The district is primarily agriculture based with many related industries, of which the most important are the sugar, cigarettes, jaggery and cotton industries. It has a national fame because of its wood carving industry. The district of Saharanpur is famous for its religious significance. Many Hindu pilgrims visit the religious places in Saharanpur. Saharanpur is well-connected to all the major cities by bus and train, the main roadway connecting it to other districts is the National Highway 73.



#### **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC, the level of HIV positivity was low (0.25%) among the ANC clients, with a stable trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.22%) and Blood Bank (0.15%) attendees, with a stable trend among both.
- According to 2011 data, the HIV prevalence among ICTC attendees was low among male (3.34%) and female (0.92%) clients and also among referred clients (3.94%), whereas the HIV positivity level among direct walk-ins (4.59%) was near moderate. ICTC male, female and referred clients observed a stable trend but direct walk-ins showed a rising trend.
- The syphilis positivity rate among STI clinic attendees in 2011 was 0.88%.
- As per 2001 Census, 4.08% of the male population were migrants, 60.99% of them migrated to other states and 10.80% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Yamuna Nagar in Haryana and Haridwar in Uttarakhand.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 49.6% and 24.3%, respectively.
- According to the 2011 data, heterosexual transmissions accounted for 62.22% of transmissions, homosexual transmissions accounted for 20%, and transmissions though needle/syringe accounted for 11.85% of the total transmission.
- Although there was no given data on HRGs in the district, in 2011 the number of TI sites reduced to one from two in 2010 for each HRG group.
- In 2011, there were two ICTCs operational in the district.

- Better understanding of the dynamics of HIV transmission is needed through initiation of HSS-MSM site or through further analysis of ICTC/ PPTCT data.
- Strengthen routine monitoring of program data of the district for completeness and accuracy, and examine ICTC/PPTCT data to understand HIV transmission dynamics in the district, since the district has no recorded evidence of HRGs.
- Availability of HRG size mapping data and analysis of ART or DLN data is needed to better understand district vulnerabilities. HIV Sentinel Surveillance sites may be considered considering the moderate prevalence among ICTC attendees.
- Strengthen outreach programs through awareness campaigns around industries, pilgrimage sites, truck halting points and highways in the district.
- Strengthen prevention efforts through IDU-TIs, considering the high rate of HIV transmission through needle/syringes.

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

Saharanpur

### Sant Kabir Nagar

#### **Background:**

Sant Kabir Nagar district is a part of Basti Division located in Uttar Pradesh. The district is bordered on the north by Siddharthnagar and Maharajgani districts, on the east by Gorakhpur district, on the south by Ambedkar Nagar district and on the west by Basti district. Sant Kabir Nagar has a population of 17.14 lakhs with a sex ratio of 969 females per 1,000 males and a female literacy rate of 56.99%, with an overall literacy rate of 69.01% (Census 2011). Agriculture forms the backbone of the economy in the district. Food grains, sugarcane, and potato are the main agricultural products of the area, there are few small scale and cottage industries as well in the district. It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is well connected to other districts of Uttar Pradesh by railway and National Highway 28.



#### **HIV Epidemic Profile:**

- As per 2007 HSS-ANC data, the level of HIV prevalence was low among the ANC clients however, there was not enough data to determine a trend.
- Based on 2011 PPTCT data, the level of HIV positivity was low (0.32%) among the attendees, positivity levels showed a fluctuating trend.
- According to 2011 data, HIV prevalence among ICTC attendees was low among male (2.38%) and female (2.35%) clients, as well as among referred (1.68%) clients, whereas the HIV positivity levels among direct walk-in clients was notably high (24.20%). HIV positivity levels showed a declining trend among male and female clients, as well as for referred clients, while direct walk-ins maintained a fluctuating trend.
- According to HRG size mapping data, FSW (378; 66.55% of total HRG) was the largest HRG in the district followed by MSM (117; 20.60% of total HRG). The majority of FSWs were street-based (39.13%), followed by brothel-based (33.20%) and home-based (27.67%) typologies.
- In 2011, the number of STI/RTI episodes treated were 2,588 among STI clinic attendees.
- As per 2001 Census, 3.07% of the male population were migrants, 63.06% of them migrated to other states and 16.51% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai (Suburban) and Thane in Maharashtra.
- In 2009, of the 409 PLHIV registered at the ART centre, 27% were on ART, 11% were in 15-24 years of age, 47% were illiterate or had a primary school education, and 12% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 42.6 % and 39%, respectively.
- According to 2011 data, predominate routes of HIV transmission in the district were heterosexual route (90.18%), followed by parent to child transmission which accounted 9.20% of total HIV transmission in the district.

- Considering the high HIV prevalence among direct walk-in clients, in-depth analysis of positive individuals in ICTC is needed to determine associated risk factors.
- Strengthen outreach programs through awareness campaigns around truck halt points and highways in the district.
- Considering the size estimates of HRG mapping, better understand the dynamics of HIV transmission among FSWs and MSM is needed, through initiation of HRG sites for HIV Sentinel Surveillance and further analysis of ICTC/PPTCT data
- Assess the size and profile of client populations of FSWs and MSM to improve the understanding of district vulnerabilities.
- More needs to be done to understand the profile of ICTC and ART centre attendees through in-depth analysis of PPTCT and ART data, and strengthen PPTCT program in the district, as parent to child HIV transmission rate was high.

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

#### 132 | District HIV/AIDS Epidemiological Profiles: Uttar Pradesh

Sant Kabir Nagar
# Sant Ravidas Nagar

## **Background:**

Sant Ravidas Nagar district is situated in the plains of the Ganges river, which forms the southwestern border of the district. The district is surrounded by Jaunpur to the north, Varanasi to the east, Mirzapur to the south, and Allahabad district to the west. It has a population of 15.54 lakhs with a sex ratio of 950 females per 1,000 males, and a female literacy rate of 57.79% with an overall literacy rate of 71.10% (2011 Census). The district, created on June 30, 1994 as the 65th district of the State, is the smallest district by area of Uttar Pradesh. Sant Ravidas Nagar (also known as "Bhadohi") is known by the name Carpet city as it is home to the largest hand-knotted carpet weaving industry hubs in South Asia. The tourist attraction of Sant Ravidas Nagar is a historical place called 'Sitamadhi'. National Highway 28 passes through the district.



# **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC, the level of HIV positivity was low among the ANC clients, but due to lack of data from the previous years, a trend could not be determined.
- According to 2011 data, the HIV prevalence among ICTC attendees was low among male (2.75%) and female (3.78%) clients. Whereas, the positivity level among direct walk-ins (6.52%) was moderate. ICTC male and female clients represented a declining trend, whereas direct walk-ins didn't have sufficient data from which a trend could have been drawn.
- In 2011, 519 STI/RTI episodes were treated among STI clinic attendees.
- As per 2001 Census, 3.03% of the male population were migrants, 75.90% of them migrated to other states and 11.71% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai and Thane in Maharashtra.
- According to the 2011 data, heterosexual transmissions accounted for 90.79% of the total transmissions, though more importantly, parent to child transmission accounted for 7.89% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 47.1% and 21.6%, respectively.
- There was one ICTC in the district in 2011, and a total of 1,169 clients were tested for HIV.

- Strengthen outreach programs through awareness campaigns around industries, truck halting points and highways in the district.
- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations), owing to moderate HIV positivity in 2011.
- Improved data availability with mapping for HRGs, migrants and truckers for risk behaviour, will provide more information regarding district vulnerabilities. Also, mechanisms need to be put in place in order to collect more data on HRG typologies.
- Availability of ART or DLN data is needed in better understanding of district vulnerabilities.
- Strengthen positive prevention and PPTCT programmes in order to curb the possible spread of HIV to migrant's spouses, due to the high rate of parent to child HIV transmission as well as large numbers of migrants to high prevalent districts.

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

Sant Ravidas

# Shahjahanpur

## **Background:**

Shahjahanpur is one of the historical district of Uttar Pradesh, established in 1813 and was founded by Bahadur Khan and Diler Khan, the sons of a soldier in the Mughal army under the Emperor Jahangir. Shahjahanpur is a part of the Bareilly division which is situated in South East of Rohilkhand division in Uttar Pradesh. Shahjahanpur has a population of 30.02 lakhs with a sex ratio of 865 females per 1,000 males, and a female literacy rate of 51.73% with an overall literacy rate of 61.61% (2011 Census). The main occupation of the people of Shahjahanpur is agriculture. The major cash crops of the district are gram, wheat, millets and potatoes. Three major rivers irrigate the lands of district: Garrah, Ramganga and Gomti. Shahjahanpur is well connected with other parts of Uttar Pradesh and other states via National Highway 24, as well as railways.



# **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a stable trend.
- In 2011, the level of HIV positivity was low among the PPTCT and Blood Bank (0.15%) attendees, with a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low for male (0.15%) and female (0.13%) clients, as well as among referred (0.09%) and direct walk-in (0.62%) clients, with a stable trend among all ICTC clients.
- According to HRG size mapping data, FSW (467; 48% of total HRG) was the largest HRG in the district followed by IDU (368; 37.82% of total HRG) and MSM (138;14.18% of total HRG). The major typology of the FSWs was home-based (46.5%).
- In 2011, a total of 6,395 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.04%.
- As per the 2001 Census, 2.11% of the male population were migrants, among them 30.70% migrated to other states and 29.98% migrated to other districts within the state.
- The top two destinations for out-of-state migration were North-East Delhi and East Delhi.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 19% and 13.3%, respectively.
- In 2009, of 50 PLHIV registered at the ART centre in 2009, 26% were on ART, 20% were of the age 15-24 years, 26% were illiterate or had primary education and 4% were widowed or divorced.
- According to 2011 ICTC data, 57.89% of HIV transmissions were through the heterosexual route and 15.79% were through infected blood transfusion.

- Strengthen outreach programs through awareness campaigns around truck halting points and highways in the district.
- Analyse ICTC/ART and STI data to determine vulnerability factors in transmission of HIV, even though there is a low level of HIV epidemic in the district.
- Better assess the size and profile of FSWs client populations, including migrants and truckers, which will help in better understanding the district's vulnerabilities, since the largest HRG was FSW. As well as focus on hard to reach sub groups like home based FSW.
- Focus on IDU-FSW sexual networks and address the dual risk that is posed due to the large number of FSWs and IDUs in the district.
- Strengthen IEC programme for creating HIV and STI awareness in the district among general population, especially women.
- Improve counseling at ICTCs in an effort to better assess the route of HIV transmission.
- Conduct in-depth analysis of ICTC and ART data to better understand the profile of these positive individuals, since HIV transmission rates through blood transfusion were high.

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Shahjahanpur

# Shravasti

## **Background:**

Shravasti district is a part of the Devipatan division of Uttar Pradesh. It was carved out from Gonda district on the south and Bahraich on the west, Balrampur on the east, Nepal's Dang-Deukhuri to the northeast and Banke district to the northwest. Shravasti has a population of 11.14 lakhs, with a sex ratio of 875 females per 1,000 males and a female literacy rate 37.07%, with an overall literacy rate of 49.13% (2011 Census). The district has a substantial portion of its land mass as dense forest which has flora and fauna of various kinds. The forests of the district have Sal, Sheesham, Mahua and many other important varieties of trees; Shravasti earns its revenue primarily from the forest products. There are no major highways or railways that pass through the district.



# **HIV Epidemic Profile:**

- Based on the 2011 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, however there was not enough data from previous years to determine a trend.
- As per 2011 ICTC data, HIV prevalence was low among male (0.47%) and female (0.56%) clients, as well as among referred (1.02%) and direct walk-in (1.35%) clients. Positivity levels showed a stable trend among male, female, and referred clients. While direct walk-in clients also had a stable trend, except a surge in 2010.
- In 2011, a total of 3,787 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.12%.
- As per the 2001 Census, 0.83% of the male population were migrants, among them 17.93% migrated to other states and 26.38% migrated to other districts within the state.
- The top two destinations for inter-state out migration were Mumbai and Mumbai (suburban), Maharashtra.
- In 2009, of the 81 PLHIV registered at the ART centre, 41% were illiterate or had primary education, 20% were on ART, 11% were 15-24 years of age, and 11% were either widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 14.1% and 20.3%, respectively.
- According to 2011 data, heterosexual transmission accounted for 87.50% for HIV transmission and parent to child transmission accounted for 8.33% of total HIV transmissions in the district.
- In 2011, one ICTC was operational, which tested a total of 4,044 clients were for HIV in the district.

- Create HIV and STI awareness through regular campaigning among women and hard-to-reach sub-groups, such as home-based FSWs.
- Continue HIV prevention strategies to maintain HIV prevalence at low levels in the district.
- Focus outreach efforts towards migrants at source and transit sites as migration to high prevalent districts of other states could be a driver of the HIV epidemic in the state.
- Further analysis needs to be done to understand the profile of the ICTC and ART centre attendees through in depth analysis of PPTCT and ART data as the parent to child transmission rate was high.
- Strengthen routine monitoring of programme data from district for completeness and accuracy, and ensure periodic review to understand HIV transmission dynamics in the district.

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District Populati				PPTCT		Blood Bank			710-001		VVC 1-CC11	MSM_221				ICTC Malo												ART (81)	DLN (NA)		1		% of lotal {	1-7-11	No. HRG-	FSW	No. HRG-	MSM	No. HRG-	IDU	% Positive,	ICTC 2009	% Positive,	PPICI 2009

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

**Shravasti** 

# Siddharthnagar

## **Background:**

Siddharthnagar district is a part of Basti division in Uttar Pradesh. The district is part of Purvanchal, borders Nepal's Kapilvastu on the north and Rupan dehi on the northeast. Otherwise it is surrounded by other districts of Uttar Pradesh: Maharajganj on the east, Basti and Sant Kabir Nagar on the south, and Balrampur on the west. Siddharthnagar has a population of 25.53 lakhs with a sex ratio of 970 females for every 1000 males, and a female literacy rate of 49.61%, with an overall literacy rate of 61.81% (2011 Census). Siddharthnagar does not have a strong economy; it is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The district is best known for Kapilvastu, a site believed to house the bone relics of Lord Buddha. This brings lakhs of



tourists and pilgrims from all over the world, even though there aren't any major roads or railway systems in the district.

# **HIV Epidemic Profile:**

- In 2011, the level of HIV positivity was low among the PPTCT (0.16%) and Blood Bank (0.10%) attendees, with an overall declining trend.
- As per the 2011 data, HIV prevalence among ICTC attendees was near moderate among male (4.84%) and female (4.41%) clients. Positivity levels were moderate among referred (5.33%) clients and significantly high among direct walk-ins (30.65%), given that the number tested was also significantly a smaller number than previous years. The positivity levels showed a stable trend among male clients and a declining trend over the past female clients. A fluctuating trend was observed among referred clients, while a rising trend was seen for direct walk-in clients.
- According to HRG mapping data of 2008, FSW (148; 55.22% of total HRG) was the largest HRG in the district.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.58%.
- As per 2001 Census, 4.86% of the male population were migrants. among them 78.50% migrated to other states and 9.37% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai (Suburban) and Thane, Maharashtra.
- In 2009, of the 521 PLHIV registered at the ART centre, 38% were on ART, 12% were 15-24 years of age and 10% were widowed or divorced.
- According to 2011 data, routes of HIV transmission in the district were through parent to child and unknown routes which accounted for 9.09% and 18.55%, respectively, of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 41.2 % and 38.6%, respectively.
- In 2011, there was one ICTC operational in the district and 4,263 clients were tested for HIV.

- Strengthen IEC programme for creating HIV and STI awareness should be in district among general population, especially women.
- Carry out differential analysis of direct walk-in clients owning to high positivity among them by further analysis of ICTC/PPTCT and ART data.
- Put mechanisms in place in order to further collect data on HRG typologies, which will help to better under the district's vulnerabilities.
- Conduct more in-depth analysis of ICTC, PPTCT, and ART data, as well as further understanding the profiles and behaviours of migrants and truckers in order to understand the unknown route of HIV transmission.
- Strengthen positive prevention and PPTCT programmes in order to curb the possible spread of HIV to migrant's spouses, due to the high rate of parent to child HIV transmissions as well as large number of migrants to high prevalent districts.

District Populati	ion: 25,53	,526 (2.39%	of UP Popula	ition); Femal	le Literacy ¹ :	49.61%; AN	JC Utilizat	ion ² : 21.2	%										
			HIV Le	vels and Tr	ends ³								>	ulnerabil	ities				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG	Size	-		-	Male Migra	ation, 200	Census	
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	NT ⁴									4-L							state		district
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ורור אפו	NT	783	761	736	1061	1133	1228	2638	2513				-	-		_			
	РР	4.78	5.95	6.16	5.99	6.09	4.61		ı		2008	2009	2010	2011					
	NT	795	824	606	1151	1396	1865	ı		No. enisodes									
			PLHIV	V Profile, 2	600					treated	1748	2565	3847	9591					
	%	%	% Ⅲ.,	%	% Widow	ed or				% Syphilis pos.	•		1.77	0.58					
	On ART	15-24 yrs	Prim. Edu.	Married	Divorc	eq							Prog	ramme R	esponse				
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% of lotal (N=275)	72.36	0	0	0	9.09	18.55				ICTCS Total tested at	-	-	-	-	2	2	-	-	
		-	Block	k-Level De	tails					ICTCs ⁵	1578	1585	1645	2349	3015	4251	4663	4263	
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"Inadequate sample size; - Data not available;" 2011 Census," Sol positive, NT = number tested; ⁵ General clients & pregnant women

# Sitapur

## **Background:**

Sitapur is located in the Lucknow division of Uttar Pradesh. The district has a population of 44.74 lakhs with a sex ratio of 879 females per 1,000 males, and a female literacy rate of 52.80%, with an overall literacy rate of 63.38% (Census 2011). Sitapur is an ancient pilgrimage site due to its historical and mythological importance, thus an influx of in and out-migration. It is believed that the journey of the five main religious Hindu sites would not be completed without visiting the Neemsar or Namisharanya, an ancient religious site in Sitapur. The economy of Sitapur is largely based on agriculture and it is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The district is well connected by road and railway to larger cities such as Lucknow and to Delhi by the National Highway 24.



# **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC attendees, with a stable trend.
- In 2011, the level of HIV positivity was low among the PPTCT (0.16%) and Blood Bank attendees, with a stable trend.
- According to 2011 data, the HIV prevalence among ICTC attendees was low among male (0.36%) and female (0.17%) clients, as well as among referred (0.41%) clients and moderate among direct walk-in clients (6.58%). The positivity levels for all the ICTC clients showed a stable trend.
- According to HRG size mapping data of 2006, IDU (403; 47.52% of total HRG) was the largest HRG in the district followed by FSW (265; 31.25% of total HRG) and MSM (180; 21.23% of total HRG). The major typologies of the FSWs were home-based (64.81%) and street-based (21.70%).
- In 2011, there were 7,089 STI/RTI episodes of syphilis treated among STI clinic attendees.
- As per 2001 Census, 1.99% of the male population were migrant, among them 15.67% migrated to other states and 38.52% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Panipat in Haryana and Mumbai in Maharashtra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 24.7 % and 25.4%, respectively.
- In 2009, of the 46 PLHIV registered at the ART centre, 65% were on ART, 13% were 15-24 years of age, 33% were illiterate or had only a primary school education, 33% were married, and 7% were either widowed or divorced.
- According to 2011 ICTC data, heterosexual transmission accounted 27.27% of the total, transmission through needles and syringes accounted 45.45% of transmissions, while parent to child accounted 22.73% of the total HIV transmissions in the district.
- As of 2011, there were four TIs and two ICTCs functional in the district.

- Strengthen outreach programs through awareness campaigns around truck halting points, bus and railway stations, pilgrimage sites and highways in the district.
- Carry out differential analysis of data on ICTC/PPTCT/ ART attendees.
- Focus on hard to reach subgroups in the district like home-based FSWs, as they were the largest typology among FSWs.
- Focus on IDU-FSW sexual networks and address the dual risk that is posed due to high transmission among IDUs and FSWs in the district.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages, especially among women.
- Expand coverage of HIV counseling and testing in the district to detect positive cases at an early stage.
- More needs to be done to understand the profile of these attendees through in-depth analysis of ICTC and ART data, due to the parent to child HIV transmission and needle-syringe transmission rates being high.

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Sitapur

# Sonbhadra

# **Background**:

Sonbhadra is the second largest district of Uttar Pradesh based on land mass, and lies in the extreme southeast of the state. It is the only district in India which borders four states, namely Madhya Pradesh, Chhattisgarh, Jharkhand and Bihar. Sonbhadra has a population of 18.62 lakhs with a sex ratio of 913 females per 1,000 males and a female literacy rate of 54.11%, with an overall literacy rate of 66.10 % (Census 2011). The district is known as the 'energy capital of India' as it has numerous electrical power stations, coal-based thermal power plants and dams. This region is also a hub for industries of limestone and coal. The district also boasts of three cement factories, one of the biggest aluminum plants, a carbon plant, and a chemical factory. The district is well connected to other districts and states by road and railway and National Highway 68.



# **HIV Epidemic Profile:**

- Based on 2010 HSS-ANC data, HIV positivity level was moderate (0.51%) among the ANC attendees, though due to lack of data from previous years a trend could not be determined.
- As per 2011 Blood Bank data, HIV prevalence was low (0.38%) among th attendees. However, there was not enough data from previous years to determine trend.
- According to 2011 data, HIV prevalence among ICTC attendees was low among male (0.82%) and female (0.49%) clients and also among referred (0.99%) and direct walk-in (2.05%) clients. The positivity levels showed an overall declining trend among all the ICTC clients.
- According to HRG mapping data, FSW (142; 52.59% of total HRG) was the largest HRG in the district, followed by IDU (82; 30.37% of total). The major typologies of the FSW were home-based (67.87%) and street-based (28.83%).
- In 2011, a total of 4,267 STI/RTI episodes were treated and the positivity rate among STI clinic attendees was 0.12%.
- As per 2001 Census, 2.08% of the male population were migrants, among them 27.94% migrated to other states and 14.26% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Sidhi, Madhya Pradesh and Surguja, Chhattisgarh.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 26.5% and 8.6%, respectively.
- In 2009, of the 156 PLHIVs registered at the ART centres, 1% was on ART, 48% were illiterate or had primary education, 19% were 15-24 years of age and 7% were either widowed or divorced.
- According to 2011 ICTC data, heterosexual transmission accounted for 33.87% of transmission routes and homosexual transmission accounted for 54.84% of all the transmissions. Also, parent to child route of HIV transmission accounted 8.06% of the all HIV transmissions in the district.

- Strengthen IEC programmes in district for creating HIV and STI awareness among general population, especially women.
- Analyse ICTC/ART and STI data to understand vulnerability factors in transmission of HIV even though there was a low level of HIV epidemic in the district.
- More needs to be done to understand the profile of the ICTC and ART centre attendees through in depth analysis of ICTC and ART data as the parent to child HIV transmission rate was high.
- Initiate of HRG sites for HIV Sentinel Surveillance and analyze ICTC/PPTCT and ART data, to better understand the dynamics of HIV transmission among FSWs and IDUs.
- Assessment of the size and profile of FSWs client population, such as truckers and migrants, would improve the understanding of district vulnerabilities, since the largest HRG is FSW.
- Strengthen TI interventions for MSM population due to higher HIV transmission rate through homosexual route, and also may consider dual risk factors for IDU and MSM.

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

Sonbhadra

# Sultanpur

# **Background:**

Sultanpur district bordered by Faizabad in the north, Pratapgarh in south, Azamgarh, Ambedkar Nagar, Jaunpur in the east and Barabanki and Rae Bareli districts in the west. Sultanpur has a population of 37.90 lakhs with a sex ratio of 978 females per 1,000 males, and a female literacy rate of 60.17%, with an overall literacy rate of 71.14% (Census 2011). The economy of Sultanpur is predominantly dependent upon agriculture. Some of the main crops cultivated in Sultanpur are rice, wheat, barley, sugarcane and poppy. The main industrial center in Sultanpur is Jagdishpur. It is well connected via road and railway, National Highways 56 and 96 connect it to other districts of the state and major cities in other states.



# **HIV Epidemic Profile:**

- In 2011, the level of HIV positivity was low among PPTCT (0.07%) and Blood Bank (0.02%) attendees. A declining trend was observed among PPTCT attendees, while there was a stable trend for blood bank attendees, with an increase in 2008.
- According to 2011 data, HIV prevalence among ICTC attendees was low among male (1.50%) and female (1.18%) clients, as well as among referred (1.26%) clients, while positivity level was moderate among direct walk-ins (6.69%). Positivity levels showed a stable trend among male, female and referred clients. However, direct walk-in clients followed an increasing trend.
- According to HRG size mapping data, FSW (255; 57.95% of total HRG) was the largest HRG in the district followed by MSM (185; 42.05% of total HRG). Among the FSWs, the majority were street-based (44.55%).
- In 2011, 8,724 STI/RTI episodes were treated among STI clinic attendees.
- As per 2001 Census, 5.39% of the male population were migrants, among them 65.66% migrated to other states and 13.79% migrated to other districts within the state.
- The top two destinations for inter-state out migration were Mumbai (Suburban) and Thane in Maharashtra.
- Of the 533 PLHIV registered at the ART Centre in 2009, 33% were on ART, 8% were 15-24 years of age and 12% were widowed or divorced.
- In 2009, heterosexual transmissions accounted for 84.40% of all the routes of HIV transmissions, and parent to child transmission accounted for 11.93% of the total transmission.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 39.7% and 16.7%, respectively.
- There was an increase in the number of clients being tested at ICTCs in the district, from 1,905 in 2007 to 9,645 in 2011.

- Conduct outreach campaign on STI awareness and sexual risk reduction messages especially among women.
- Carry out differential analysis of direct walk-in clients, owing to moderate positivity in 2011. An increasing trend among them can be explored by further analysing the ICTC data.
- Assess the size and profile of FSWs client populations to improve the understanding of district vulnerabilities, since the largest HRG was FSW.
- Strengthen outreach programs through awareness activities around railways, truck halting points and along highways in the district.
- Strengthen positive prevention and PPTCT programmes in order to curb the possible spread of HIV to migrant's spouses, due to the high rate of parent to child transmissions as well as large numbers of migrants to high prevalent districts of other states.
- Further needs to be done to understand the profile of these attendees through in-depth analysis of ICTC and ART data.

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Sultanpur

# Unnao

#### **Background:**

Unnao district is situated between Kanpur and Lucknow. It has a population of 31.10 lakhs and a sex ratio of 901 females per 1,000 males; and a female literacy rate of 58.54%, with an overall literacy rate of 68.29% (Census 2011). Unnao is a popular destination for medical tourists and patients from nearby villages and surrounding communities due to the presence of several large hospitals. Tanning is the biggest industry in Unnao, which is also well known for its leather industry and leather goods. Unnao also has a wildlife sanctuary which enhances the in-migration of tourists to the district. Unnao is connected to Lucknow and Kanpur by roadway as well as by railway; the major roadway that passes through Unnao is National Highway 25, which connects it to other districts within UP, as well as other states.



# **HIV Epidemic Profile:**

- Based on 2011 PPTCT data, the level of HIV positivity was low (0.09%) among the PPTCT attendees, with a stable trend.
- According to 2011 data, HIV prevalence among ICTC attendees was low among male (1.09%) and female (0.30%) clients, as well as among referred (1.46%) and direct walk-in (1.26%) clients, with a stable trend for all the ICTC attendees.
- According to HRG mapping data, FSW (333; 63.67% of total HRG) was the largest HRG in the district followed by IDU (111; 21.22% of total HRG).
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.08%.
- As per the 2001 Census, 3.71% of the male population were migrants; among them 40.77% migrated to other states and 26.70% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai (Suburban) in Maharashtra and Chandigarh.
- In 2009, of the 322 PLHIV registered at the ART centre, 32% were on ART, 45% were illiterate or had only a primary school education and 6% were either widowed or divorced.
- As per 2011 ICTC data, heterosexual HIV transmission accounted for 52.70% of all HIV transmissions and the transmission through needle and syringe drug use accounted for 43.24% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 30.8% and 12.3%, respectively.
- In 2011, there were three ICTCs operational in the district and 10,940 clients were tested for HIV.

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC/ART and STI data.
- Since the largest HRG was FSW, better assessment of the size and profile of client populations will improve the understanding of district vulnerabilities. Availability of typology data for HRG would help to better understand the HIV vulnerabilities in the district for prevention measures.
- A large contribution to the route of HIV transmission was through needle and syringe, indicating the role of drug sharing among IDUs. Thus, there needs to be a focus on IDU-FSW sexual networks and address the dual risk that is posed due to the high rate of transmission among IDUs and the district being a tourist spot with a large number of FSWs.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages, especially among women.
- Strengthen outreach programmes through awareness campaigns around industries, truck halting points and highways in the district.

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Unnao

# Varanasi

#### **Background:**

Varanasi district is located in the Gangetic plain of Uttar Pradesh; the district has one of the oldest existing cities in the world. Varanasi has a population of 36.82 lakhs with a sex ratio of 909 females per 1,000 males, and a female literacy rate of 68.20%, with an overall literacy rate of 77.05% (Census 2011). Varanasi is an important pilgrimage center of the Hindus. Varanasi is famous for its hand-woven silk saris and shawls, which have a huge international market; cottage industry and tourism play a major role in the economy. The district is well connected via railways and National Highways 2, 7, 29 and 56 that connect it to the other districts in the state.



# **HIV Epidemic Profile:**

- According to 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC attendees, but due to lack of data from previous years, a trend could not be determined.
- Based on 2011 data, the level of HIV positivity was near moderate (0.46%) among PPTCT attendees, whereas HIV positivity was low for Blood Bank (0.21%) clients. The positivity levels showed fluctuating trend among PPTCT and Blood Bank attendees.
- As per 2006 HSS-FSW data, the level of HIV positivity was low among the FSWs, with a stable trend in the previous years.
- Based on 2010 HSS-IDU data, the level of HIV positivity was also low (3.60%) among the IDUs, with a rising trend.
- According to 2011 ICTC data, HIV prevalence was low among male (4.17%) and female (2.29%) clients. Whereas positivity was moderate among referred (6.63%) and direct walk-in (5.72%) clients, with a declining trend among all the ICTC clients in the last five years.
- According to HRG size mapping data, FSW (384; 55.41% of total HRG) was the largest HRG in the district followed by IDU (159; 22.94% of total HRG) and MSM (150; 21.65% of total HRG). Of the FSWs, the majority were home-based (66.40%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.98%.
- As per 2001 Census, 5.86% of the male population were migrants, among them 67.48% migrated to other states and 17.53% migrated to other districts within the state.
- The top two destinations for inter-state out migration were Mumbai (suburban) and Thane in Maharashtra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 61.4% and 30%, respectively.
- In 2009, of the 924 PLHIV registered at the ART Centre, of whom 1% was on ART, 53% were illiterate or had primary education, 17% were 15-24 years of age and 17% were either widowed or divorced.
- According to the ICTC data in 2011, heterosexual HIV transmission accounted for 72.92%, parent to child transmission accounted for 6.01% of the total HIV transmission and 17.9% of HIV transmission route was unknown.
- In 2011, there were 11 ICTCs operational in the district and 32,643 clients were tested for HIV.

- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district, as there was a fluctuating trend of HIV prevalence among the attendees.
- Since the largest HRG was FSW, there is a need for better assessment of the size and profile of client population, including migrants and truckers, to help in better understanding of the district's vulnerabilities. Focus on hard to reach sub groups like home-based FSWs as this was the largest typology among FSWs.
- More in-depth analysis of ICTC, PPTCT, and ART data needs to be conducted, as well as further understanding of the profiles and behaviours of migrants and truckers in order to understand the unknown routes of transmissions in the district.
- Outreach efforts should be focused towards migrants at source and transit sites, to strengthen positive prevention programmes and curb the possible spread of HIV to migrant's spouses considering the high rate of parent to child HIV transmissions as well as large numbers of migrants to high prevalent districts of other states.

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	HRG Size	FSW	1 JVV	Voc	40 C	55.41		0.01	NA			ome based-	66.40%;	Brothel	based-	16.40%; reet hased-	17 20%	40.60	67.80	STI/RT	2008	7838	y 11.57		2004	•		1	,	-	7196	6	2	•	•	1		-	•	
				Size Est.,	Viriappilig, Year: NA)	% Total HRG		% Total Pop.	Program Target	Program	Coverage	H			Typology	St		% <25 yrs.	% Married	-		No. episodes	% Syphilis positivit		No.	FSW TIs	MSM TIS	IDU TIS	Comp. Tls	ICTCs ± · · · · ·	lotal tested at	Blood Banks	STI clinics	ART centres	Link ART centres	PLHIV Networks	Red Ribbon Clubs	Comm. care centre	Drop-in-centres	
0/_ /	2011			0.46	6273 0.71	56565									4.17	17900	2.29	8470	0.03	2128 مر	21.0	4042										ı		1						
LIUII 22.1 70	2010 2011	0.25	399	0.27 0.46	7421 6273 0.56 0.21	50438 56565	0	245				,	3.60	250	6.98 4.17	15125 17900	9.38 2.29	7571 8470	8./U 0.03	156U2 21528	21.C C1.C	1034 4042									-	•		,					,	
	2009 2010 2011	0.25	399	0.65 0.27 0.46	6272 7421 6273 031 056 021	34578 50438 56565	0	245				,	3.60	250	8.30 6.98 4.17	14221 15125 17900	13.74 9.38 2.29	6063 7571 8470	12.33 0./0 0.03	1354/ 15002 21528 1371 575 572	27.C C/.C 17.P	7404 4601 1010										•		•		•		•	•	
. 00.2070, ANG UUIIZAUUIF. 22.170	2008 2009 2010 2011	- 0.25	- 399	0.25 0.65 0.27 0.46	4705 6272 7421 6273 0.21 0.31 0.56 0.21	28801         34578         50438         56565	0 0	247 245		1	1	1	2.82 3.60	248 250	8.44 8.30 6.98 4.17	1279 14221 15125 17900	14 13.74 9.38 2.29	693 6063 7571 8470	0.03 0.75 0.70 0.03	8969 1354/ 15602 21528 14.40 4.71 5.75 5.72	21.C C1.C 11.F CF:FI 6007 7573 7003	7404 4601 1010 1660	d or					Unknown		17.90	-	•		•		1			•	
de Litelacy . 00.20%, ANC Utilization". 22.778 ends ³	2007 2008 2009 2010 2011	0.25	399	0.39 0.25 0.65 0.27 0.46	3237 4705 6272 7421 6273 050 0.21 0.31 0.56 0.21	29134 28801 34578 50438 56565	1.21 0 0 0	248 247 245	•		1		0 2.82 3.60	204 248 250	21.28 8.44 8.30 6.98 4.17	6505         1279         14221         15125         17900	20.51 14 13.74 9.38 2.29	4223 693 6063 7571 8470	22.15 15.39 12.35 8.70 0.03	9484 8969 1354/ 15602 21528 1214 1440 4-71 5-75 5-72		009 1244 039/ 0/2/ 7034 4042	% Widowed or			•		Child Unknown		6.01 17.90	tails	1		•		1 1 1		•		
lation), retitate Literacy. 00.2076, ANC Utilization 22.776 .vels and Trends ³	2006 2007 2008 2009 2010 2011	0.25	399	1.84         0.39         0.25         0.65         0.27         0.46	2219 3237 4705 6272 7421 6273 017 050 021 031 056 021	0.10         0.20         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21         0.21 <th0.21< th="">         0.21         0.21         <th0< td=""><td>0.80 1.21 0 0</td><td>250         248         247         245</td><td> 0</td><td>225</td><td></td><td>•</td><td>- 0 2.82 3.60</td><td>- 204 248 250</td><td>23.81 21.28 8.44 8.30 6.98 4.17</td><td>3654         6505         1279         14221         15125         17900</td><td>18.58 20.51 14 13.74 9.38 2.29</td><td>2734 4223 693 6063 7571 8470</td><td>20.20 22.13 13.09 12.03 6./U 0.03</td><td>5012 9484 8969 1354/ 15602 21528 8.36 17.1 14.40 1.71 5.75 5.72</td><td>21:C CV:C 11:F CF:FI F1:21 00:0 CN8N NONT TSTA T08A NACT 3751</td><td>15/0 1244 039/ 0/3/ 7/034 4642 IV Profile,2009</td><td>% Married % Widowed or</td><td></td><td>04 1/</td><td></td><td></td><td>Needley Parent to Unknown</td><td></td><td>1.25 6.01 17.90</td><td>k-Level Details</td><td>•</td><td></td><td>•</td><td></td><td>· · · ·</td><td></td><td></td><td>•</td><td></td></th0<></th0.21<>	0.80 1.21 0 0	250         248         247         245	0	225		•	- 0 2.82 3.60	- 204 248 250	23.81 21.28 8.44 8.30 6.98 4.17	3654         6505         1279         14221         15125         17900	18.58 20.51 14 13.74 9.38 2.29	2734 4223 693 6063 7571 8470	20.20 22.13 13.09 12.03 6./U 0.03	5012 9484 8969 1354/ 15602 21528 8.36 17.1 14.40 1.71 5.75 5.72	21:C CV:C 11:F CF:FI F1:21 00:0 CN8N NONT TSTA T08A NACT 3751	15/0 1244 039/ 0/3/ 7/034 4642 IV Profile,2009	% Married % Widowed or		04 1/			Needley Parent to Unknown		1.25 6.01 17.90	k-Level Details	•		•		· · · ·			•	
o ut of ropulationly, relitiate Literacy : 06.20%, ANC Utilization: 22.1% HIV Levels and Trends ³	2005 2006 2007 2008 2009 2010 2011	0.25	399	0.84 1.84 0.39 0.25 0.65 0.27 0.46	1943 2219 3237 4705 6272 7421 6273 0.24 0.17 0.50 0.21 0.31 0.56 0.21	0.17         0.10         0.10         0.10         0.11         0.10         0.11           32256         27554         29134         28801         34578         50438         56565	1.20 0.80 1.21 0 0	250         250         248         247         245	0.80 0	249 225	•		0 2.82 3.60	204 248 250	16.92 23.81 21.28 8.44 8.30 6.98 4.17	3884         3654         6505         1279         14221         15125         17900	11.66 18.58 20.51 14 13.74 9.38 2.29	3165 2734 4223 693 6063 7571 8470	10.79 23.20 22.13 13.39 12.33 0.70 0.03	5033         5012         9484         8969         1354/         15602         21528           F.E.         8.36         17.1         11.40         17.7         57         57	Z1.C C1.C 11.4 C4.41 41.21 0C.0 C0.C C0.C C0.C C0.C C0.C C0.C C0.	1410 1370 1244 2337 2737 7034 4042 PLHIV Profile,2009	% III., Prim. % Married % Widowed or					Blood Neeale/ Parent to Transfiision Svringe Child Unknown		1.53 1.25 6.01 17.90	Block-Level Details	•		•		•			•	
r 134 (1.047% of UF reputation), relitiate Literacy. 00.207%, ANC Utilization: 22.77% HIV Levels and Trends ³	2004 2005 2006 2007 2008 2009 2010 2011	0.25	399	0.84 0.84 1.84 0.39 0.25 0.65 0.27 0.46	1131 1943 2219 3237 4705 6272 7421 6273 010 024 017 050 021 031 056 021	135801 32256 27554 29134 28801 34578 50438 56565	0.40 1.20 0.80 1.21 0 0	250         250         248         247         245	0 0.80 0	202 249 225		•	0 2.82 3.60	204 248 250	9.69 16.92 23.81 21.28 8.44 8.30 6.98 4.17	3231         3884         3654         6505         1279         14221         15125         17900	5.40 11.66 18.58 20.51 14 13.74 9.38 2.29	2834 3165 2734 4223 693 6063 7571 8470	7.00 10.79 23.20 22.13 13.39 12.33 6.70 0.03	2291 5033 5012 9484 8969 13547 15602 21528 6.46 5.65 8.36 13.14 14.40 4.71 5.75 5.73	2/:C C/:C 1/:F CF:F1 F1:21 0C:0 C0:C 0F:0 C1:C 0F:0 C1:C 1/:F CF:F1 F1:21 0C:0 7:C 9:C 0F:0 0F:0 0F:0 0F:0 0F:0	7.14 1410 15.00 15.44 0337 07.57 7034 4042 PLHIV Profile,2009	% % Wild, Prim. % Married % Widowed or			to of HIN Technological International International Provided and the second secon		Homo- Blood Needle/ Parent to cevual Transfrision Svringe Child Unknown		0.40 1.53 1.25 6.01 17.90	Block-Level Details	· · · · · · · · · · · · · · · · · · ·		· · ·		•		· · ·	· · · ·	
uon. 30,02,134 (1.04 % ur ur reputation), reinale Litetacy . 00.20%, ANV. Unization - 22.770 HIV Levels and Trends ³	2004 2005 2006 2007 2008 2009 2010 2011	PP4 0.25	NT ⁴ 399	PP         0.84         0.84         1.84         0.39         0.25         0.65         0.27         0.46	NT 1131 1943 2219 3237 4705 6272 7421 6273 PD 0.10 0.24 0.17 0.50 0.21 0.31 0.56 0.21	NT 135801 32256 27554 29134 28801 34578 50438 56565	PP 0.40 1.20 0.80 1.21 0 0	NT 250 250 248 247 245	PP 0 0.80 0	NT 202 249 225	· · · · · ·	NT	PP 0 2.82 3.60	NT 204 248 250	PP 9.69 16.92 23.81 21.28 8.44 8.30 6.98 4.17	NT 3231 3884 3654 6505 1279 14221 15125 17900	PP 5.40 11.66 18.58 20.51 14 13.74 9.38 2.29	NT 2834 3165 2734 4223 693 6063 7571 8470	FF         1.30         10.79         23.20         24.13         13.39         12.35         6.70         0.03           .1.         F20.4         F20.5         F20.5         F20.5         5.70         5.70	NI 5291 5033 5012 9484 8969 15547 15002 21528 DD 6.46 5.65 8.36 12.14 14.40 4.71 5.75 5.72	21.C C1.C 11.4 C4.41 41.21 0C:0 C0.C 04.0 11 C104 ADD 22.C 21.C 11.4 C40.4 ADD 21.C 21.C 21.C 21.C 21.C 21.C 21.C 21.C	NI / //4   1410   1244   033/   0/3/   7034   4042 PLHIV Profile,2009	% % Willy, Prim.   % Married % Widowed or	UII ANI 1.2-24 yis Edu. Divolceu		Doute of HIV Transmission Left 2014		Hetero- Homo- Blood Needley Parent to Unknown cevital cevital Transfrision Svringe Child Unknown		72.92 0.40 1.53 1.25 6.01 17.90	Block-Level Details	· · · ·		•		•		· · · · · · · · · · · · · · · · · · ·	· · · ·	

150 | District HIV/AIDS Epidemiological Profiles: Uttar Pradesh

Varanasi

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

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

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

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



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