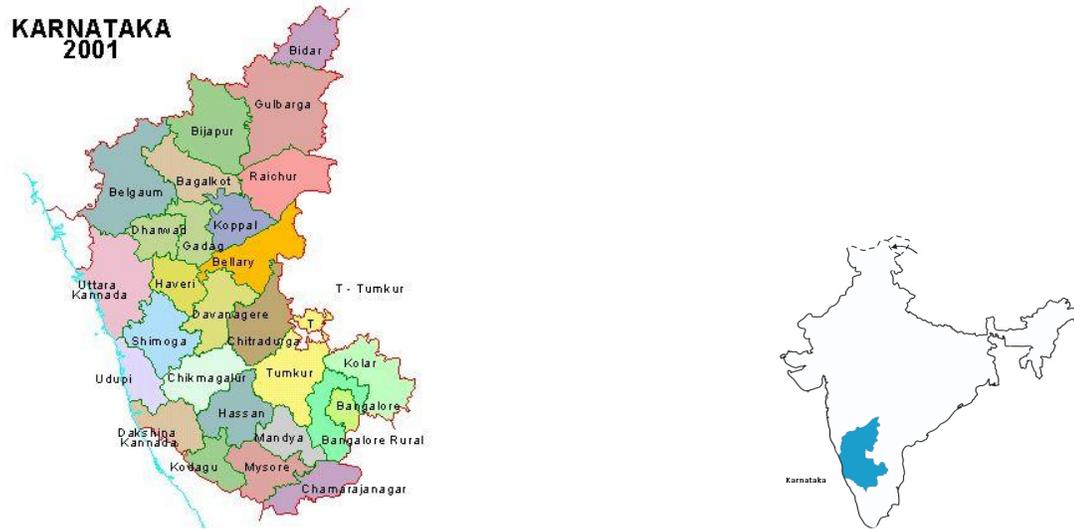


Karnataka State Profile



Population	52.8 million
Male Population	26.8 million
Female Population	25.9 million
Rural Population	34.8 million
Urban Population	17.9 million
Density (per Sq. Km)	275
Literacy rate	66.6%

* SRS – Sample Registration System of Government of India

HIV/AIDS Situation in Karnataka¹

Group (Number of sites in 2006)	HIV Prev. 1998 (%)	HIV Prev. 1999 (%)	HIV Prev. 2000 (%)	HIV Prev. 2001 (%)	HIV Prev. 2002 (%)	HIV Prev. 2003 (%)	HIV Prev. 2004 (%)	HIV Prev. 2005 (%)	HIV Prev. 2006 (%)	HIV Prev. 2007 (%)
STD (7)	14.60	14.60	15.10	17.10	13.50	13.40	15.5	15.70	9.4	7.15
ANC (27)	1.75	1.00	1.68	1.6	1.7	1.50	1.50	1.30	1.13	0.86
IDU (1)	-	1.30	4.23	2.00	2.26	2.80	-	-	3.6	2.00
MSM (1)	-	-	-	-	-	10.80	10.00	11.61	19.2	17.60
FSW (5)	-	-	-	-	-	14.40	21.60	17.4	8.6	5.83

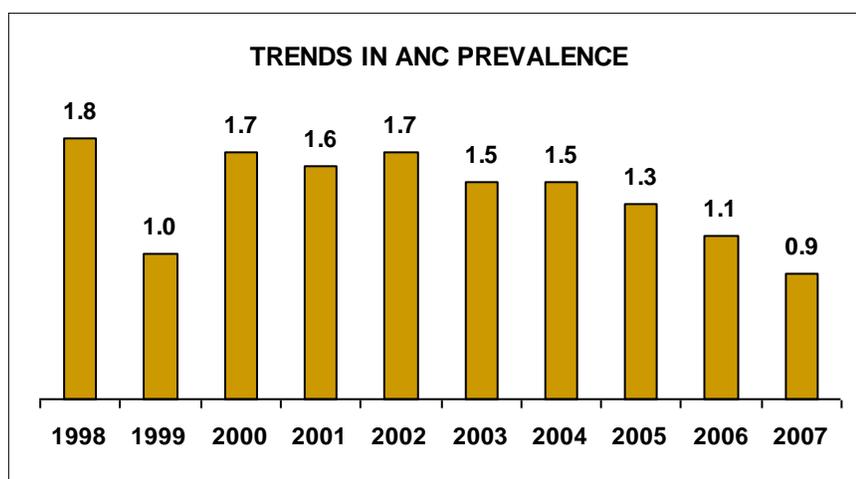
¹ HIV Sentinel Surveillance figures of 2008 are awaited

Karnataka is the eighth largest state in the country in terms of both geographical area and population (52.8 million) according to the 2001 Census. Divided into 29 administrative districts (two new districts were carved out in the last year), approximately 31% of the population is urban, with approximately five million living in the state's capital city of Bangalore. Information Technology is a thriving industry, concentrated in and around Bangalore, the 'silicon valley' of India and accounts for software exports in the range of \$8.5 billion annually.

The first case of AIDS in Karnataka was identified in 1988. In the general population, data from the antenatal clinic attendees suggest that the overall prevalence of HIV in the general population is high: approximately 0.86% according to the 2007 antenatal sentinel surveillance and 0.69 in the NFHS-3 survey. The sentinel surveillance data also pegs the HIV prevalence among those attending STI clinics at 7.15%. Based on the revised estimate of infected people, an estimated 276,000 people in Karnataka are infected with HIV (India HIV estimates, NACO, 2006).

Geographically, the HIV epidemic in Karnataka is well-established throughout the State.

Though the antenatal prevalence has decreased from 1.3 (2005) to 0.86 (2007), prevalence of HIV exceeds 1% in antenatal clinic attendees in 11 of the total 27 districts. The prevalence is relatively higher in the northern districts of the state. While overall prevalence among sex workers is believed to have decreased, there is an



alarming increase in prevalence rate among MSM (10.8% in 2003 to almost 19.2% in 2006), though marginally declined in 2007 (17.6%). Specific analysis done on the reported demographic data from the sites shows HIV prevalence among rural women exceeds that of urban women in many of the districts (11 districts).

The annual budget approved by NACO for KSAPS for the year 2009-10 is about Rs. 53 crores (USD 10.6 million) and the Government of Karnataka provides an additional fund to the tune of Rs. 50 lakhs (USD 100,000) from the state budget towards HIV/AIDS. In Karnataka, there a total of 583 voluntary counseling and testing centers are functioning, as of April 2009, of which most (579) provide integrated counseling and testing services to both the pregnant and non-pregnant populations. Additionally, the National Rural Health Mission (NRHM) is in the process of establishing ICTCs in about 596 24X7 Primary Health Centers (PHCs) throughout the state. Besides testing services, the Karnataka State AIDS Prevention Society (KSAPS) provides STI treatment and supports 43 STI clinics. Over two thousand (2,524) STI clinics are being set up in partnership with the National Rural Health Mission (NRHM) to cover all Primary Health Clinics and CHC hospitals and 129 private sector clinics are to be set up through a PPP initiative supported by PSI and NACO. KSAPS also implements HIV/AIDS targeted intervention activities in ten districts. Currently, ART is available in 30 locations (district hospitals, medical colleges and privately-owned hospitals). As of May 2009, 27,375 persons were on ART in Karnataka, 44% of who are women. There are currently 40 Adult Community Care Centers (CCC) in the

entire state (36 funded by GFATM-VI and 4 are funded by USAID-SAMASTHA). The uptake of services at the ART centers is improving, with around 83,227 PLHA registered in the ART centers (May 2009). The state has a network of 27 Drop-in-Centers for the PLHA (16 funded by USAID-SAMASTHA and 11 funded by NACO).

There are several important issues related to the HIV epidemic in Karnataka:

- Widespread HIV epidemic and vulnerability
- Rural vulnerability
- Importance of reaching scale with focused prevention interventions
- Growing care and support needs

Traditionally, the state of Karnataka has not attracted major donors in the development sector, including donors for HIV/AIDS. The Canadian International Development Agency funded a limited bilateral program with the Government of Karnataka that ended in June 2006. Besides the Government and USG, the Bill and Melinda Gates Foundation is the only other donor in the state, though it is focused in urban areas and only in prevention among most-at-risk populations (MARPs). Most interventions continue to focus on sex workers. There are limited interventions for MSM and IDUs with limited understanding of the evidence related to their sexual behaviors. The state has well-established medical and research institutions that are accredited ART centers (St John's Medical College, Kempegowda Institute of Medical Sciences) and counseling institutions (the National Institute of Mental Health and Neurosciences [NIMHANS]) as well as vibrant local NGO and CBO networks like Myrada and the Swami Vivekananda Youth Movement, and a faith-based hospital chain coordinated by Snehadaan, all of which are associated with USG support.

Besides KSAPS, the Karnataka Health Promotion Trust (KHPT) is the only other parastatal institution that implements all three non-governmental programs in Karnataka, two of which are supported by the Gates Foundation and one by USG. Currently, USG supports a comprehensive prevention and care program operational in 15 districts that includes a prevention intervention with rural female sex workers in 1089 villages across 9 districts as well as community-based care, support and treatment – including counseling and testing services for adults and children – in 15 districts. USG also supports the link worker plan through USAID and CDC in 12 districts. The USG-funded rural mapping exercise helped prioritize the villages for the prevention interventions and the tool is now used as a national protocol for the roll-out of the link worker scheme under Global Fund Round 7 Funds. USG assists local faith-based and community-based organizations to provide care and treatment services for PLHA including palliative care and specific OVC programs. USG continues to support community-based interventions through women's self-help groups to increase community mobilization and demand creation for services, workplace interventions for mobile populations, and the development of a cadre of district-level counselors.

USG also supports three centers as experiential learning sites, where participating government and NGO/CBO staff receive on-the-job training and supportive supervision to learn about provision of quality clinical and non-medical counseling, including the use of COPE® Quality Improvement tools to ensure high quality ART services at the ART and CCC sites. In 2008, NACO endorsed the USG-supported rural interventions site at Bagalkot as a national learning site for participating NGOs/CBOs to have access to on-the-job knowledge and develop skills for rural interventions. USG is now assisting the national program in the scale-up of the link worker scheme in the development of operational guidelines based on the field experience. USG continues to support prevention interventions among mobile populations with informal workers

at the Mangalore port and to support access to CT services. Additional USG support aimed at increasing private sector engagement in HIV/AIDS is helping corporations and small and medium-sized businesses in Karnataka enroll in workplace programs, providing technical assistance to expand corporate social responsibility by advocating with them to include HIV/AIDS services to the communities, and developing a model of service delivery in the private sector for replication by the government.

At the state level, USG is a member of the State Project Steering Committee, chaired by the Health Secretary. USG plays a significant role in the capacity building and system strengthening of KSAPS. USG contributed to the finalization of the State Implementation Plan through the placement of technical consultants. USG also supports a cadre of Supportive Supervision Teams that assist the KSAPS in monitoring and evaluation of the various integrated counseling and testing centers and ART centers. USG has supported the structural strengthening of systems through the formation of nearly 200 Village Health Committees which are now being integrated with the NRHM initiative as the Village Health and Sanitation Committees. The State AIDS Council supported by USG provides a platform for elected legislative representatives chaired by the Chief Minister to increase advocacy and address stigma and discrimination related to HIV/AIDS.