# District HIV/AIDS Epidemiological Profiles

## developed through Data Triangulation

# FACT SHEETS

# Delhi

NACO


**India's voice against AIDS**

**Department of AIDS Control**

**Ministry of Health & Family Welfare, Government of India**

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

www.naco.gov.in

## CONTRIBUTORS


**Department of AIDS Control**

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

Dr Yujwal Raj
NPO (Strategic Information)

Dr Chinmoyee Das
Epidemiologist

Dr Pradeep Kumar
Programme Officer (Surveillance)

Mr Ugra Mohan Jha
Programme Officer (Statistics)

Mr Ananta Basudev Sahu
Programme Officer (M & E)

Dr Mohan Kumar
EIS Officer



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**November 2013**

सत्यमेव जयते
लव वर्मा
सचिव
**Lov Verma**
Secretary

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

# FOREWORD

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

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

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

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

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

**Lov Verma**

सत्यमेव जयते

**Aradhana Johri,** IAS
*Additional Secretary*

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

# PREFACE

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

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

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

This technical document is a compilation of the HIV epidemic scenario in each of the nine districts of Delhi. 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.

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

# Contents

# Acronyms

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

# Glossary

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

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

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

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

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

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

# Introduction

The National AIDS Control Programme under 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.

**Table 1: Components of District Epidemiological Profiling**

| 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 |

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

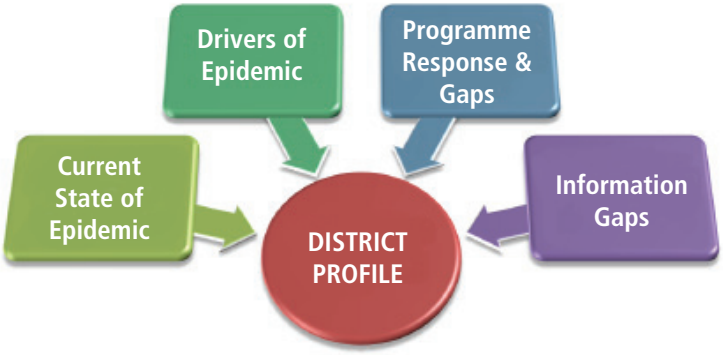



**Fig. 1: Thematic Areas of District Profiling**
Epidemiological Framework of HIV/AIDS Scenario in the District

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

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

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

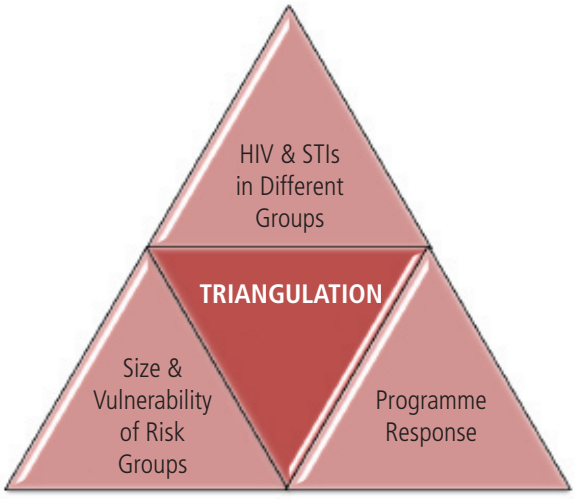



**Fig. 2: Conceptual Framework of Data Triangulation**
Synthesis of Epidemiological, Behavioural and Programme Data

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


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

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

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

**Table 2: Data Sources used for District Epidemiological Profiling**

| Thematic areas for HIV Epidemiological 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

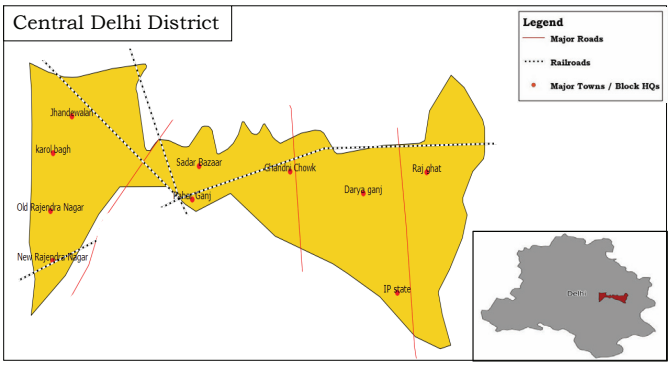
13. Information on size and profile (demographic or sub-typology) of HRG is available from mapping data. Size of HRG as a proportion of the districts population has been stated wherever available, for comparison purposes. The Taluks/ Blocks with high concentration of different HRGs have been given under 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 Delhi

# Central Delhi

## Background:

Central Delhi is bound by Yamuna River on the east and by the districts of North Delhi to the north, West and South West Delhi to the west, New Delhi district to the south and East Delhi to the east across the Yamuna. It has a population of 5.78 lakhs with a sex ratio of 892 females per 1,000 males, and a female literacy rate of 82.60% with an overall literacy rate of 85.25% (Census 2011). Central Delhi has many tourist attraction spots like Jantar Mantar, Birla Mandir, Red Fort, Jama Masjid, etc.




## HIV Epidemic Profile:

- Based on 2011 data, the level of HIV positivity was low among the PPTCT (0.14%) and Blood Bank (0.28%) attendees, with a stable trend.
- According to 2008 HSS MSM data, HIV positivity was moderate among MSM (7.60%), and the trend could not be determined due to lack of data in the previous years.
- In 2011, HIV positivity among ICTC attendees was moderate among male (6.37%) clients and low among female (2.69%) clients. It was also low among referred (3.46%) clients but high among direct walk-in (10.88%) clients. The HIV positivity trend declined for male and female clients, whereas, a rising trend was observed for referred and direct walk-in clients.
- As per mapping conducted in 2006, FSW (1,377; 42.74% of total HRG) was the largest HRG in the district, followed by MSM (1,095; 33.99% of total HRG) and IDU (750, 23.28% of total HRG).
- In 2011, the syphilis positivity rate among STI clinic attendees was 2.66%.
- In 2009, of the 191 PLHIV registered at the Anti-Retroviral Therapy (ART) centre; 73% were on ART, 49% were illiterate or had a primary education and 16% were married.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 89.2% and 50.8%, respectively.
- In 2011, five targeted intervention sites were operational in the district.

## Key Recommendations:

- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations) owing to rising HIV positivity among them.
- There is a need to understand the dynamics of HIV transmission among FSWs, IDUs and MSM either through initiation of HRG sites for HSS or further analysis of ICTC/ART data.
- Since the largest HRG was FSW, better assessment of the size and profile of clients' population, including migrants and truckers will further improve the understanding of district vulnerabilities.
- Improved data availability of migration will give better insight to district HIV vulnerabilities.

# Central Delhi

District Population: 5,78,671 (3.45% of Delhi Population); Female Literacy[1]: 82.60%; ANC Utilization[2]: 79.0%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | - | - | - | - | - | | - | |
| | NT[4] | - | - | - | - | - | | - | |
| PPTCT | PP | - | 0.23 | 0.29 | 0.26 | 0.29 | 0.29 | 0.16 | 0.14 |
| | NT | - | 10585 | 11432 | 13270 | 14438 | 21274 | 9175 | 10043 |
| Blood Bank | PP | - | 0.33 | 0.32 | 0.46 | 0.17 | 0.18 | 0.26 | 0.28 |
| | NT | - | 25860 | 35718 | 33710 | 53621 | 60842 | 25497 | 31169 |
| HSS-STD | PP | 9.20 | 9.20 | 8.80 | 5.60 | 3.14 | | 2.45 | |
| | NT | 250 | 250 | 250 | 250 | 223 | | 245 | |
| HSS-FSW | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-MSM | PP | - | - | - | - | 7.60 | | - | |
| | NT | - | - | - | - | 250 | | - | |
| HSS-IDU | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| ICTC Male | PP | - | 6.90 | 8.00 | 11.10 | 10.10 | 7.70 | 6.42 | 6.37 |
| | NT | - | 5377 | 4599 | 4263 | 5346 | 7593 | 6136 | 5759 |
| ICTC Female | PP | - | 16.30 | 5.70 | 9.10 | 5.50 | 4.70 | 3.04 | 2.69 |
| | NT | - | 2807 | 2645 | 2506 | 2995 | 5029 | 5065 | 5250 |
| ICTC Referred | PP | - | 1.90 | 2.70 | 1.30 | 0.60 | 1.20 | 3.64 | 3.46 |
| | NT | - | 1297 | 1551 | 2414 | 6082 | 9601 | 9358 | 9299 |
| ICTC Direct Walk-in | PP | - | 2.90 | 6.40 | 7.60 | 6.70 | 4.60 | 11.23 | 10.88 |
| | NT | - | 2359 | 2939 | 3779 | 4883 | 10343 | 1843 | 1710 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (191) | 73 | 1 | 49 | 16 | 1 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=508) | 94.09 | 0.79 | 0 | 0.20 | 3.54 | 1.38 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | - | - | - | - | - | - | - | - | - |
| No. HRG- MSM | - | - | - | - | - | - | - | - | - |
| No. HRG- IDU | - | - | - | - | - | - | - | - | - |
| % Positive, ICTC | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT | - | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 1377 | 1095 | 750 |
| % Total HRG | 42.74 | 33.99 | 23.28 |
| % Total Pop. | 0.24 | 0.19 | 0.13 |
| Program Target | NA | NA | NA |
| Program Coverage | 1000 | 1000 | 400 |
| Typology | Home based- NA; Brothel based- NA; Street based- NA | Kothi- NA; Panthi- NA; Double decker- NA | Daily Injectors- NA; Non daily Injectors- NA |
| % <25 yrs. | - | - | - |
| % Married | - | - | - |

### Male Migration, 2001 Census

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

Top 5 districts for inter state out-migration: - | - | - | - | -

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | 818 | 905 | 2662 | 9027 |
| % Syphilis positivity | 5.19 | 4.57 | 5.20 | 2.66 |

## Programme Response

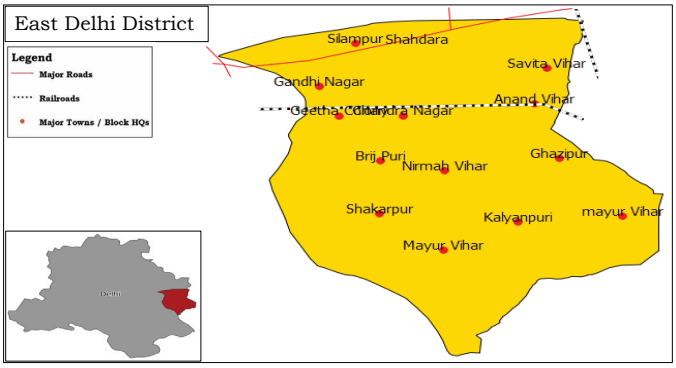
| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW TIs | 4 | 4 | 3 | 2 | 3 | 3 | 3 | 3 |
| MSM TIs | - | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| IDU TIs | - | - | - | - | 1 | 2 | 2 | 2 |
| Comp. TIs | - | - | - | - | - | - | - | - |
| ICTCs | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 |
| Total tested at ICTCs[5] | - | 18769 | 18676 | 20039 | 22779 | 33896 | 20376 | 21052 |
| Blood Banks | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 |
| STI clinics | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 |
| ART Centres | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | - | - | - | - | - | - | 1 | 1 |
| Red Ribbon clubs | - | - | - | - | - | - | - | - |
| Comm. Care Centres | - | - | - | - | - | 2 | 2 | 1 |
| Drop-in-Centres | - | - | - | - | - | - | 1 | 1 |
| Condom outlets | - | - | - | - | - | 1204 | 972 | 1149 |

* 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

# East Delhi

## Background:

East Delhi District is bound by Yamuna River on the west, North East district to the north, Ghaziabad district of Uttar Pradesh state to the east, and Gautam Buddha Nagar district of Uttar Pradesh to the south. It has a population of 17.07 lakhs, a sex ratio of 883 females per 1,000 males, and a female literacy rate of 84.55% with an overall literacy rate of 88.75% (2011 Census). East Delhi accommodates a large population of migrants from different parts of the country.




## HIV Epidemic Profile:

- Based on 2011 data, the level of HIV positivity was low among PPTCT (0.12%) and Blood Bank (0.25%) attendees, with a stable trend in last three years.
- In 2011, HIV positivity among ICTC attendees was low among male (2.35%) and female (0.71%) clients, as well as among referred (1.06%) and direct walk-in (2.30%) clients, with an overall stable trend in the last five years among all.
- As per 2010 HSS data, the level of HIV positivity was moderate among MSM (8.84%), but the trend could not be ascertained due to lack of previous years' data.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.89%.
- As per mapping conducted in 2006, FSW (7,027; 59.99% of total HRG) was the largest HRG in the district, followed by MSM (2,656; 22.86% of total HRG) and IDU (2,030; 17.33% of total HRG). Among the FSWs, majority were home-based (62.48%).
- In 2009, of the 144 PLHIV registered at the ART Centre, 3% were 15-24 years of age and 84% were on ART.
- The HIV and RTI/STI awareness rate among women was 81.8% and 41.8%, respectively (DLHS-III).
- In 2011, HIV transmission through needle/syringe accounted for 21.21% of the total transmissions in the district.
- In 2011, there were five FSW TIs, three MSM TIs and two IDU TIs in the district.
- There were 10 ICTCs functional in the district and they tested a total of 40,021 clients in 2011.

## Key Recommendations:

- Initiate Sentinel surveillance sites for all types of HRG considering large number of FSWs and IDUs in the district.
- There is a need to understand the dynamics of HIV transmission among MSM and FSWs, and focus on FSW-MSM sexual network. The dual risk that is posed due to high rate of infection among MSM and the district being a migrant destination and having large number of FSWs.
- Strengthen prevention efforts through TIs, considering moderate HIV prevalence among IDUs and high rate of HIV transmission through needle/syringes.
- Focus on outreach efforts to cover hard-to-reach sub-groups, such as home-based FSWs.
- Need to assess the size and profile of FSWs client population, including migrants and truckers in order to improve understanding of district vulnerabilities.

# East Delhi

District Population: 17,07,725 (10.19% of Delhi Population); Female Literacy[1]: 84.55%; ANC Utilization[2]: 73.2%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | - | - | - | - | - | | - | |
| | NT[4] | - | - | - | - | - | | - | |
| PPTCT | PP | - | - | 0.10 | 0.15 | 0.18 | 0.17 | 0.16 | 0.12 |
| | NT | - | - | 2869 | 8028 | 9027 | 15474 | 19204 | 20679 |
| Blood Bank | PP | - | 0.09 | 0.28 | 0.11 | 0.46 | 0.29 | 0.27 | 0.25 |
| | NT | - | 3202 | 5086 | 6228 | 10607 | 10929 | 11143 | 13004 |
| HSS-STD | PP | 4.71 | * | 2.00 | * | 2.99 | | - | |
| | NT | 361 | * | 250 | * | 201 | | - | |
| HSS-FSW | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-MSM | PP | - | - | - | - | - | | 8.84 | |
| | NT | - | - | - | - | - | | 249 | |
| HSS-IDU | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| ICTC Male | PP | - | 6.20 | 3.60 | 1.40 | 1.20 | 1.60 | 2.73 | 2.35 |
| | NT | - | 1631 | 1199 | 2954 | 9662 | 14571 | 10650 | 9619 |
| ICTC Female | PP | - | 1.80 | 2.70 | 0.50 | 2.50 | 0.90 | 0.89 | 0.71 |
| | NT | - | 1878 | 1762 | 3491 | 4141 | 5687 | 9795 | 9723 |
| ICTC Referred | PP | - | 2.90 | 4.80 | 0.80 | 0.80 | 0.60 | 1.49 | 1.06 |
| | NT | - | 1719 | 2504 | 731 | 6341 | 7903 | 11295 | 11923 |
| ICTC Direct Walk-in | PP | - | 4.10 | 2.60 | 0.40 | 0.50 | 0.90 | 2.30 | 2.30 |
| | NT | - | 1790 | 2027 | 2138 | 2402 | 4221 | 9150 | 7419 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (144) | 84.00 | 3.00 | 41.00 | 15.00 | 1.00 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=297) | 63.97 | 7.41 | 1.35 | 21.21 | 3.70 | 2.36 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | East Delhi, 2279 | - | - | - | - | - | - | - | - |
| No. HRG- MSM | East Delhi, 1637 | - | - | - | - | - | - | - | - |
| No. HRG- IDU | - | - | - | - | - | - | - | - | - |
| % Positive, ICTC | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT | - | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 7027 | 2656 | 2030 |
| % Total HRG | 59.99 | 22.68 | 17.33 |
| % Total Pop. | 0.41 | 0.16 | 0.12 |
| Program Target | NA | NA | NA |
| Program Coverage | 6000 | 3000 | 800 |
| Typology | Home based-62.48%; Brothel based-0.09%; Street based-37.43% | Kothi-53.63%; Panthi-20.83%; Double decker-25.53% | Daily Injectors-NA; Non daily Injectors-NA |
| % <25 yrs. | 26.46 | 51.13 | - |
| % Married | 65.29 | 27.18 | - |

### Male Migration, 2001 Census

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

Top 5 districts for inter-state out-migration

| | | | | |
|---|---|---|---|---|
| - | - | - | - | - |

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | - | 3126 | 3842 | 16777 |
| % Syphilis positivity | - | 2.43 | 1.29 | 0.89 |

## Programme Response

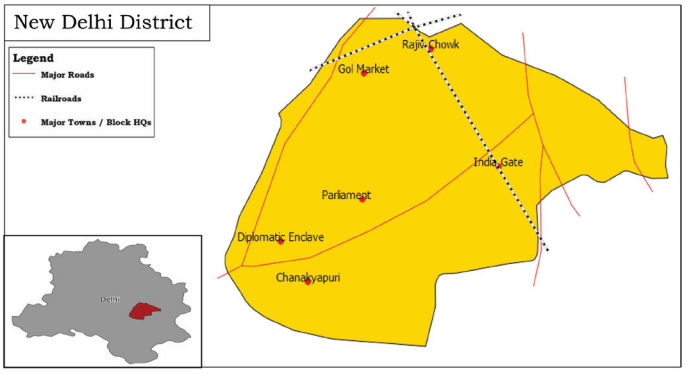
| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW -TIs | 2 | 2 | 1 | - | 4 | 5 | 5 | 5 |
| MSM TIs | - | - | - | - | 3 | 3 | 3 | 3 |
| IDU TIs | - | - | - | - | 2 | 2 | 2 | 2 |
| Comp. TIs | - | 2 | 1 | 1 | 1 | - | - | - |
| ICTCs | 1 | 2 | 4 | 4 | 11 | 11 | 11 | 10 |
| Total tested at ICTCs[5] | - | 3509 | 5830 | 14473 | 22830 | 35732 | 39649 | 40021 |
| Blood Banks | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |
| STI Clinics | - | - | - | - | - | 1 | 1 | 1 |
| ART Centres | - | - | - | - | - | - | - | - |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | - | - | - | - | - | - | - | - |
| Red Ribbon Clubs | - | - | - | - | - | - | - | - |
| Comm. Care Centres | - | - | - | - | - | - | - | - |
| Drop-in-Centres | - | - | - | - | - | - | - | - |
| Condom Outlets | - | - | - | - | - | 2061 | 2093 | 2074 |

* 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

# New Delhi

## Background:

New Delhi is situated within the metropolis of Delhi. It has a population of 1.33 lakhs with a sex ratio of 811 females per 1,000 males, and a female literacy rate of 84.83%, with an overall literacy rate of 89.38% (Census 2011). New Delhi is known as the microcosm of India and is the leading world's top global cities with strengths in the arts, commerce, education, entertainment, fashion, finance, healthcare, media, professional services, research and development, tourism and transport that all contributing to its prominence. The metropolis has the highest urban spread in the country with a total area of the city being 1,482 km.




## HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC attendees, with a stable trend.
- According to 2011 data, the level of HIV positivity was low among the PPTCT (0.25%) and Blood Bank (0.32%) attendees, with a stable trend among Blood Bank clients and a declining trend among PPTCT attendees over last three years.
- In 2011, HIV positivity among ICTC attendees was moderate among male (5.94%) and low among female (4.09%) clients. It was low among referred (4.35%) and moderate among direct walk-in (7.61%) clients. A decreasing trend was observed among all of the ICTC attendees.
- As per the mapping conducted in 2006, FSW (1,425; 49.09% of total HRG) was the largest HRG in the district, followed by MSM (954; 32.86% of total HRG) and IDU (524; 18.05% of total HRG).
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.56%.
- In 2009, of the 82 PLHIV registered at the ART centres; 62% were on ART, 56% were illiterate or only had primary school education, and 45% were married.
- The HIV and the RTI/STI awareness rate among women was 82.5% and 48.6%, respectively (DLHS-III).
- As per ICTC 2011 data, parent to child transmission of HIV was high at 7.29% of the total route of HIV transmissions in the district.
- In 2011, there were only three TI sites in the district; with one TI site for each type of HRG.
- A total of five ICTCs were operational in the district, testing a total of 28,713 clients for HIV in 2011.

## Key Recommendations:

- Analysis of risk profile of positive individuals needs to be done to determine associated factors, considering the moderate level of HIV prevalence among direct walk-in clients.
- The number of TI sites in the district needs to be increased for strengthening prevention strategies, which is necessitated by the presence of large size of HRGs and moderate level of HIV positivity among ICTC attendees (vulnerable population).
- Either through initiation of HRG sites for HSS or further analysis of ICTC/ART data, there is a need to understand the dynamics of HIV transmission among FSWs, IDUs and MSM.
- Strengthen PPTCT program in the district, considering higher rate of HIV transmission from parent to child.
- District vulnerability understanding can be improved with information on typology and profile of HRG population.

# New Delhi

District Population: 1,33,713 (0.79% of Delhi Population); Female Literacy[1]: 84.83%; ANC Utilization[2]: 69.5%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | - | - | 0 | 0.25 | 0.25 | | 0 | |
| | NT[4] | - | - | 400 | 400 | 397 | | 398 | |
| PPTCT | PP | - | 0.37 | 0.27 | 0.36 | 0.20 | 0.50 | 0.44 | 0.25 |
| | NT | - | 6152 | 7049 | 5327 | 6384 | 7134 | 9730 | 9910 |
| Blood Bank | PP | - | 0.42 | 0.45 | 0.35 | 0.74 | 0.28 | 0.38 | 0.32 |
| | NT | - | 30266 | 16853 | 43070 | 35384 | 45802 | 80977 | 85206 |
| HSS-STD | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-FSW | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-MSM | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-IDU | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| ICTC Male | PP | - | 8.50 | 9.50 | 10.60 | 7.80 | 7.50 | 5.48 | 5.94 |
| | NT | - | 3409 | 5427 | 5706 | 6717 | 7798 | 11265 | 11518 |
| ICTC Female | PP | - | 6.00 | 5.80 | 6.60 | 5.90 | 5.50 | 4.38 | 4.09 |
| | NT | - | 2757 | 4693 | 4554 | 4417 | 5236 | 7313 | 7285 |
| ICTC Referred | PP | - | 5.10 | 7.00 | 5.30 | 4.90 | 3.80 | 4.47 | 4.35 |
| | NT | - | 4013 | 7364 | 6104 | 7359 | 9072 | 12676 | 13585 |
| ICTC Direct Walk-in | PP | - | 11.70 | 13.30 | 14.10 | 11.20 | 13.30 | 6.27 | 7.61 |
| | NT | - | 2153 | 3712 | 4156 | 3775 | 3962 | 5902 | 5218 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (82) | 62 | 2 | 56 | 45 | 1 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=988) | 80.36 | 3.95 | 3.64 | 0.81 | 7.29 | 3.95 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | - | - | - | - | - | - | - | - | - |
| No. HRG- MSM | - | - | - | - | - | - | - | - | - |
| No. HRG- IDU | New Delhi, 303 | - | - | - | - | - | - | - | - |
| % Positive, ICTC 2009 | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT 2009 | - | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 1425 | 954 | 524 |
| % Total HRG | 49.09 | 32.86 | 18.05 |
| % Total Pop. | 1.07 | 0.71 | 0.39 |
| Program Target | NA | NA | NA |
| Program Coverage | 0 | 0 | 0 |
| Typology | Home based- NA; Brothel based- NA; Street based- NA | Kothi- NA; Panthi- NA; Double decker- NA | Daily Injectors- NA; Non daily injectors- NA |
| % <25 yrs. | - | - | 32.01 |
| % Married | - | - | 0 |

### Male Migration, 2001 Census

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

Top 5 districts for inter-state out-migration

| | | | | |
|---|---|---|---|---|
| - | - | - | - | - |

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | 499 | 612 | 1187 | 3341 |
| % Syphilis positivity | 4.17 | 2.32 | 1.39 | 1.56 |

## Programme Response

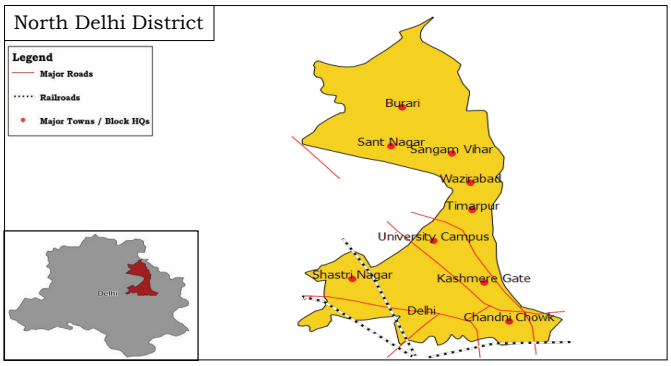
| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW TIs | - | - | - | - | 1 | - | 1 | 1 |
| MSM TIs | - | - | - | - | - | - | 1 | 1 |
| IDU TIs | - | - | - | - | 1 | 1 | 1 | 1 |
| Comp. TIs | - | - | - | - | - | - | - | - |
| ICTCs | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Total tested at ICTCs[5] | - | 12318 | 17169 | 15587 | 17518 | 20168 | 28308 | 28713 |
| Blood Banks | 5 | 7 | 7 | 7 | 8 | 8 | 8 | 9 |
| STI clinics | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| ART Centres | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | - | - | - | - | - | - | - | - |
| Red ribbon clubs | - | - | - | - | - | - | 1 | 1 |
| Comm. care Centres | - | - | - | - | - | - | - | - |
| Drop-in-Centres | - | - | - | - | - | - | - | - |
| Condom outlets | - | - | - | - | - | - | - | - |

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

# North Delhi

## Background:

North Delhi is bound by Yamuna River on the east and by the districts of North West Delhi to the north and west, West Delhi to the southwest, Central Delhi to the south, and North East Delhi to the east across the Yamuna. It has a population of 8.83 lakhs with a sex ratio of 871 females per 1,000 males, and a female literacy rate of 81.92% with an overall literacy rate of 86.81% (2011 Census). North Delhi houses some of the prominent landmarks of the city like the Delhi University campus, Azadpur Mandi, Jama Masjid, Red Fort and Inter State Bus Terminal. As one of the prime districts of Delhi, the northern region of the city is also famous for many old markets. Since North Delhi harbours the Delhi University Campus, there is an influx of students from all over the country for higher education.




## HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.75%) among the ANC clients and showed an increasing trend.
- According to 2011 data, level of HIV positivity among PPTCT (0.15%) and Blood Bank (0.29%) attendees was low, with a stable trend.
- According to 2008 HSS-FSW data, the level of HIV positivity was moderate among FSWs at 5.69%, and a trend could not exhibit due to lack of consecutive data points.
- As per 2010 HSS-IDU data, HIV positivity was extreme high among IDUs at 34.94%, with a rising trend.
- In 2011, HIV positivity among ICTC attendees was low among male (2.93%) and female (1.52%) clients, and also among referred (2.33%) and direct walk-in (2.59%) clients. All ICTC attendees represented a declining trend.
- As per mapping conducted in 2006, FSW (9,754; 58.36% of total HRG) was the largest HRG in the district, followed by MSM (4,236; 25.34% of total HRG) and IDU (2,724; 16.30% of total HRG). Among FSWs, majority were street-based (56.72%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.63%.
- In 2009, of the109 PLHIV registered at the ART centre, 3% were 15-24 years of age, 95% were on ART, 64% were illiterate or only had primary school education.
- In 2011, HIV transmission through needle and syringe (6.57%) and homosexual (9.94%) were major routes of HIV transmission in the district.
- The HIV and RTI/STI awareness rate among women was 84.2% and 51.8%, respectively (DLHS-III).
- In 2011, there were only nine targeted intervention (TI) sites in the district, which was not enough to cover more than 16,000 individuals identified as being at high risk.

## Key Recommendations:

- Increase the number of TI sites in the district due to the presence of large number of HRGs and moderate to high HIV positivity among them.
- Socio-demographic analysis should be done to ascertain risk factors, considering rising prevalence among ANC and IDU attendees.
- Need to focus on IDU-FSW sexual networks and address the dual risk that is posed due to the high rate of HIV infection among IDUs, with the district having a large number of FSWs.
- Owing to high rate of HIV transmissions via homosexuals, and parent to child route, analysis of ICTC, PPTCT and ART data are needed to understand the profiles of these clinic attendees.
- Efforts needs to be made to increase early detection of HIV positive people, as well as strengthen immediate referrals to ART Centres upon confirmation of positivity.

# North Delhi

District Population: 8,83,418 (5.27% of Delhi Population); Female Literacy[1]: 81.92%; ANC Utilization[2]: 74.2%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | 0.50 | 0.25 | 0 | 0.25 | 0.50 | | 0.75 | |
| | NT[4] | 400 | 400 | 400 | 400 | 400 | | 400 | |
| PPTCT | PP | - | 0.15 | 0.10 | 0.29 | 0.30 | 0.27 | 0.21 | 0.15 |
| | NT | - | 2051 | 3143 | 3489 | 4403 | 7296 | 19881 | 18889 |
| Blood Bank | PP | - | 0.08 | 0.42 | 0.33 | 0.46 | 0.38 | 0.29 | 0.29 |
| | NT | - | 14632 | 17439 | 16379 | 16582 | 17174 | 56091 | 53406 |
| HSS-STD | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-FSW | PP | 8.00 | * | * | 9.96 | 5.69 | | * | |
| | NT | 250 | * | * | 251 | 246 | | * | |
| HSS-MSM | PP | - | * | - | - | - | | - | |
| | NT | - | * | - | - | - | | - | |
| HSS-IDU | PP | 17.60 | 22.80 | 18.80 | 20.00 | 30.40 | | 34.94 | |
| | NT | 250 | 250 | 250 | 250 | 250 | | 249 | |
| ICTC Male | PP | - | 8.80 | 8.50 | 8.50 | 5.40 | 2.60 | 3.44 | 2.93 |
| | NT | - | 3353 | 4422 | 6687 | 7114 | 8435 | 17030 | 17177 |
| ICTC Female | PP | - | 3.80 | 5.30 | 4.10 | 2.10 | 2.20 | 1.93 | 1.52 |
| | NT | - | 3259 | 3478 | 3840 | 4175 | 4640 | 9680 | 9727 |
| ICTC Referred | PP | - | 6.10 | 9.30 | 10.20 | 6.80 | 3.20 | 2.83 | 2.33 |
| | NT | - | 3325 | 3209 | 4478 | 3665 | 4939 | 14510 | 16166 |
| ICTC Direct Walk-in | PP | - | 6.60 | 5.60 | 4.50 | 2.90 | 2.00 | 2.97 | 2.59 |
| | NT | - | 3287 | 4691 | 6049 | 7490 | 8136 | 12200 | 10738 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (109) | 95 | 3 | 64 | 19 | 3 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=654) | 77.37 | 9.94 | 0.92 | 6.57 | 1.83 | 3.36 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | North Delhi, 2017 | - | - | - | - | - | - | - | - |
| No. HRG- MSM | North Delhi, 3495 | - | - | - | - | - | - | - | - |
| No. HRG- IDU | North Delhi, 862 | - | - | - | - | - | - | - | - |
| % Positive, ICTC | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT | North Delhi, 2017 | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 9754 | 4236 | 2724 |
| % Total HRG | 58.36 | 25.34 | 16.30 |
| % Total Pop. | 1.10 | 0.48 | 0.31 |
| Program Target | NA | NA | NA |
| Program Coverage | 4500 | 3000 | 0 |
| Typology | Home based-43.28%; Brothel based-0%; Street based-56.72% | Kothi-73.81%; Panthi-6.55%; Double decker-19.64% | Daily Injectors-NA; Non daily Injectors-NA |
| % <25 yrs. | 25.78 | 57.17 | 15.31 |
| % Married | 77.69 | 30.79 | 39.22 |

### Male Migration, 2001 Census

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

Top 5 districts for inter-state out-migration

| | | | | |
|---|---|---|---|---|
| - | - | - | - | - |

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | 234 | 2307 | 4708 | 32112 |
| % Syphilis positivity | 6.98 | 5.97 | 1.80 | 1.63 |

## Programme Response

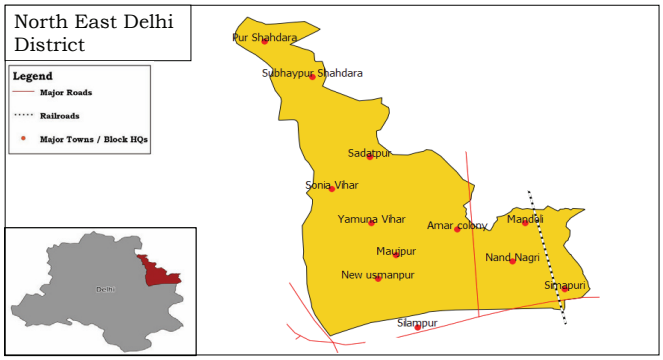
| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW TIs | - | - | - | - | 4 | 3 | 4 | 4 |
| MSM TIs | 1 | 2 | 2 | - | 3 | 4 | 4 | 4 |
| IDU TIs | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Comp. TIs | - | - | - | - | - | - | - | - |
| ICTCs | 2 | 6 | 8 | 9 | 9 | 11 | 9 | 10 |
| Total tested at ICTCs[5] | - | 8663 | 11043 | 14016 | 15692 | 20371 | 46591 | 45793 |
| Blood Banks | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 |
| STI Clinics | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| ART Centres | - | - | - | - | - | - | - | - |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | - | - | - | - | 1 | 1 | 1 | 1 |
| Red Ribbon Clubs | - | - | - | - | - | - | 11 | 11 |
| Comm. Care Centres | - | - | - | 1 | 1 | 1 | - | - |
| Drop-in-Centres | - | - | - | - | 1 | 1 | 1 | 1 |
| Condom Outlets | - | - | - | - | - | 2017 | 1776 | 1928 |

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

# North-East Delhi

## Background:

North East Delhi is bordered by the Yamuna river on the west, Ghaziabad district to the north and east, East Delhi to the south and North Delhi district to the west across the Yamuna. It has a population of 22.40 lakhs with a sex ratio of 886 females per 1,000 males, and a female literacy rate of 76.51% with an overall rate literacy rate of 82.80% (2011 Census). The three important administrative sub-divisions of North East Delhi are Seelampur, Seema Puri and Shahdara.




## HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC clients, with a rising trend.
- According to the 2011 data, the level of HIV positivity was low among PPTCT (0.13%) and Blood Bank (0.26%). A stable trend was observed for PPTCT attendees, and a declining trend was seen among Blood Bank attendees.
- As per 2010 HSS-FSW data, the level of positivity was low among FSWs at 0.40%, with a stable trend. According to 2007 HSS-MSM data, the positivity level was high at 30%, and the trend shown was stable.
- In 2011, HIV positivity among ICTC attendees was moderate among male (6.19%) clients and also among direct walk-in (6.23%) clients. However, positivity was low among female (1.90%) clients as well as among referred (2.37%) clients, with a decreasing trend among all.
- As per the mapping conducted in 2006, FSW (5,523; 65.69% of total HRG) was the largest HRG in the district, followed by IDU (1,620;19.27% oftotal HRG) and MSM (1,265;15.05% of total HRG). Among the FSWs, majority were home-based (67.62%) followed by brothel-based (21.79%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 2%.
- In 2009, of the 42 PLHIV registered at the ART centre, 93% were on ART, 50% were illiterate or only had a primary school education and 10% were 15-24 years of age.
- In 2011, HIV transmission through needle/syringe usage accounted for 9.62%, and MSM accounted for 6.72% of the total route of HIV transmissions in the district.
- The HIV and RTI/STI awareness rates among women was 83.6% and 38.1%, respectively (DLHS-III).
- In 2011, there were five Targeted Intervention sites exclusively for FSWs, two for IDUs and one for MSM in 2011.
- In 2011, there were eight ICTCs, two Blood Banks, two STI clinics and one ART Centre operational in the district.

## Key Recommendations:

- Conduct socio-demographic analysis of ANC attendees to understand the risk factors for HIV epidemic among general population.
- Carryout disaggregated analysis of HSS-MSM data to better understand the profile and network dynamics of MSM.
- Owing to moderate HIV positivity in ICTCs in 2011, carry out differential analysis of direct walk-in clients (representative of vulnerable populations).
- Strengthen prevention efforts through the Targeted Interventions, considering large number of IDUs and high rate of HIV transmission through needle/syringes.
- Improve the coverage of PPTCT programme with the expansion of facilities for HIV counseling and testing.

# North-East Delhi

District Population: 22,40,749 (13.37% of Delhi Population); Female Literacy[1]: 76.51%; ANC Utilization[2]: 64.0%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | 0 | 0.25 | 0 | 0 | 0.25 | | 0.50 | |
| | NT[4] | 400 | 400 | 400 | 400 | 400 | | 400 | |
| PPTCT | PP | - | 0.14 | 0.27 | 0.12 | 0.21 | 0.14 | 0.20 | 0.13 |
| | NT | - | 4344 | 5872 | 9927 | 12719 | 27519 | 23202 | 24029 |
| Blood Bank | PP | - | 0.33 | 0.44 | 0.33 | 0.53 | 0.34 | 0.32 | 0.26 |
| | NT | - | 1500 | 918 | 1517 | 26685 | 31133 | 26692 | 32892 |
| HSS-STD | PP | 7.50 | 10.00 | 6.40 | 5.31 | * | | 6.10 | |
| | NT | 200 | 250 | 250 | 207 | * | | 246 | |
| HSS-FSW | PP | | 1.60 | 1.60 | 1.60 | 0.80 | | 0.40 | |
| | NT | | 250 | 250 | 250 | 250 | | 250 | |
| HSS-MSM | PP | * | 39.60 | 32.80 | 30.00 | - | | - | |
| | NT | * | 250 | 250 | 250 | - | | - | |
| HSS-IDU | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| ICTC Male | PP | - | 5.90 | 8.00 | 9.00 | 9.90 | 7.80 | 6.82 | 6.19 |
| | NT | - | 2898 | 2866 | 3605 | 5801 | 7289 | 6862 | 6382 |
| ICTC Female | PP | - | 2.90 | 4.00 | 6.00 | 4.40 | 3.10 | 2.75 | 1.90 |
| | NT | - | 2901 | 3293 | 3597 | 6122 | 7461 | 6980 | 7885 |
| ICT C Referred | PP | - | 5.30 | 6.40 | 4.50 | 5.00 | 4.00 | 2.78 | 2.37 |
| | NT | - | 1712 | 2042 | 2775 | 7413 | 9118 | 9732 | 8763 |
| ICTC Direct Walk-in | PP | - | 4.00 | 5.60 | 9.40 | 11.10 | 7.70 | 9.46 | 6.23 |
| | NT | - | 4085 | 4117 | 4427 | 4442 | 5632 | 4110 | 5504 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (42) | 93 | 10 | 50 | 19 | 0 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=551) | 74.77 | 6.72 | 1.09 | 9.62 | 4.36 | 3.45 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | - | - | - | - | - | - | - | - | - |
| No. HRG- MSM | - | - | - | - | - | - | - | - | - |
| No. HRG- IDU | - | - | - | - | - | - | - | - | - |
| No. PLHIV | - | - | - | - | - | - | - | - | - |
| % Positive, ICTC | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT | - | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 5523 | 1265 | 1620 |
| % Total HRG | 65.69 | 15.05 | 19.27 |
| % Total Pop. | 0.25 | 0.06 | 0.07 |
| Program Target | NA | NA | NA |
| Program Coverage | 5000 | 1000 | 400 |
| Typology | Home based-67.62%; Brothel based-21.79%; Street based-10.59% | Kothi-NA; Panthi-NA; Double decker-NA | Daily Injectors-NA; Non daily Injectors-NA |
| % <25 yrs. | 21.40 | - | 34.18 |
| % Married | 61.30 | - | 66.82 |

### Male Migration, 2001 Census

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

Top 5 districts interstate for out-migration

| | | | | |
|---|---|---|---|---|
| - | - | - | - | - |

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | 445 | 2711 | 3146 | 15454 |
| % Syphilis positivity | 9.13 | 4.69 | 0.74 | 2.00 |

## Programme Response

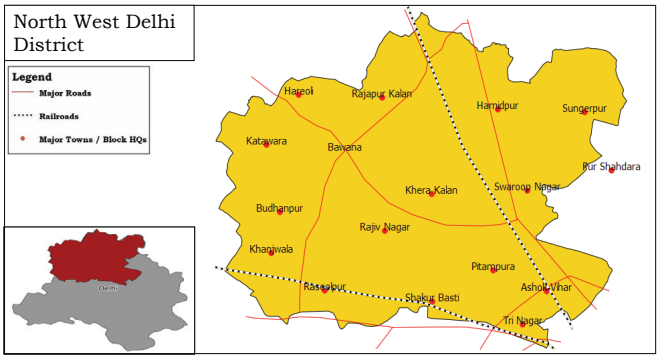
| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW TIs | 2 | 2 | 2 | 2 | 3 | 6 | 5 | 5 |
| MSM TIs | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| IDU TIs | 1 | 1 | 1 | - | 1 | 1 | 2 | 2 |
| Comp. TIs | - | 3 | 3 | 3 | 3 | - | - | - |
| ICTCs | 2 | 3 | 4 | 4 | 9 | 9 | 7 | 8 |
| Total tested at ICTCs[5] | - | 10143 | 12031 | 17129 | 24642 | 42269 | 37044 | 38296 |
| Blood banks | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| STI clinics | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 |
| ART Centres | - | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | - | - | - | - | - | - | - | - |
| Red Ribbon clubs | - | - | - | - | - | - | 2 | 2 |
| Comm. Care Centres | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Drop-in-Centres | - | - | - | - | - | - | - | - |
| Condom outlets | - | - | - | - | - | 1990 | 2072 | 2474 |

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

# North-West Delhi

## Background:

North West Delhi is bound by Yamuna River on the northeast, North Delhi district to the east and southeast, West Delhi to the south, Jhajjar district of Haryana to the west, Sonipat district of Haryana to the northwest and north, and Ghaziabad district of Uttar Pradesh to the northeast across the Yamuna. It has a population of 36.51 lakhs with a sex ratio of 862 females per 1,000 males, and a female literacy rate of 78.76% with an overall literacy rate of 84.66% (2011 Census). This district of Delhi is famous for its popular shopping malls as well as trendy entertainment zones. This region of the city has the largest number of economic enterprises.




## HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC attendees, with a declining trend.
- According to 2011 data, level of HIV positivity among PPTCT attendees was low (0.25%) and moderate among the Blood Bank (0.42%), with an overall stable trend among both.
- As per 2010 HSS data, the level of HIV positivity was low among FSWs (2%) and low among MSM. FSWs represented an overall rising trend and MSM showed a rising trend till 2008 with a sudden drop to zero percent in 2010.
- In 2011, HIV positivity among ICTC attendees was low among male (3.53%) and female (1.33%) clients, and also among referred (1.76%) and direct walk-in (3.24%) clients, with an overall stable trend for all ICTC clients.
- As per mapping conducted in 2006, FSW (11,994; 65.23% of total HRG) was the largest HRG in the district, followed by MSM (3,201; 17.41% of total HRG) and IDU (3,193;17.36% of total HRG). Among FSWs, majority were home-based (90.85%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.81%.
- In 2009, of the 409 PLHIV registered at the ART centre; 95% were on ART, and 65% were illiterate or only had primary school education.
- The HIV and RTI/STI awareness rate among women was 82.6% and 39.6%, respectively (DLHS-III).
- In 2011, route of HIV transmission through needle/syringe and homosexuals accounted for 11.89% and 7.35%, respectively, out of the total route of HIV transmissions in the district.
- In 2011, there were a total of 16 ICTCs providing HIV testing facilities in the district.
- Considering large number of IDUs, FSWs and MSM, there were eight TIs exclusively for FSWs and three each for IDUs and MSM.

## Key Recommendations:

- Efforts need to be made to increase early detection of HIV positive people, as well as strengthen immediate referrals to ART Centres upon confirmation of HIV positivity.
- An HSS-IDU site may be established in the district due to high HIV transmission through needle-syringe and focus on IDUs for wider programme coverage and outreach.
- Strengthen efforts and improve counseling towards assessing route of HIV transmission at the ICTCs since the unkown route of HIV transmission accounted for 9.51% of the total HIV transmission in the district.
- It is necessary to strengthen PPTCT program coverage in the district, as parent to child HIV transmission rate was high in the district.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, will help in understanding of district vulnerabilities. Focus on the outreach efforts for home based FSWs to keep HIV prevalence among them at low level.

# North-West Delhi

District Population: 36,51,261 (21.79% of Delhi Population); Female Literacy[1]: 78.76%; ANC Utilization[2]: 71.5%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | 0.25 | 0.75 | 0.25 | 0.50 | 0 | | 0 | |
| | NT[4] | 400 | 400 | 400 | 400 | 400 | | 415 | |
| PPTCT | PP | - | - | 0.10 | 0.38 | 0.30 | 0.23 | 0.23 | 0.25 |
| | NT | - | - | 3164 | 7533 | 24324 | 33321 | 32402 | 30063 |
| Blood Bank | PP | - | 0.37 | 0.45 | 0.38 | 0.42 | 0.38 | 0.45 | 0.42 |
| | NT | - | 18068 | 12228 | 44231 | 42789 | 58122 | 27073 | 30353 |
| HSS-STD | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-FSW | PP | - | - | 1.20 | 0.40 | 2.40 | | 2.00 | |
| | NT | - | - | 250 | 250 | 500 | | 250 | |
| HSS-MSM | PP | - | - | 2.00 | 3.20 | 7.20 | | 0 | |
| | NT | - | - | 250 | 250 | 250 | | 250 | |
| HSS-IDU | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| ICTC Male | PP | - | 4.00 | 3.80 | 4.30 | 3.70 | 3.10 | 3.44 | 3.53 |
| | NT | - | 6949 | 8842 | 10752 | 18814 | 29546 | 25515 | 19203 |
| ICTC Female | PP | - | 1.00 | 1.50 | 1.90 | 1.90 | 2.10 | 1.44 | 1.33 |
| | NT | - | 11369 | 10464 | 12208 | 15847 | 19315 | 20051 | 18526 |
| ICTC Referred | PP | - | 1.70 | 2.30 | 2.00 | 2.60 | 2.50 | 1.92 | 1.76 |
| | NT | - | 10048 | 8877 | 10160 | 17396 | 21261 | 18062 | 20121 |
| ICTC Direct Walk-in | PP | - | 2.80 | 3.10 | 3.80 | 3.10 | 2.90 | 2.98 | 3.24 |
| | NT | - | 8799 | 10481 | 12800 | 17265 | 27600 | 27504 | 17608 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (409) | 95 | 4 | 65 | 21 | 1 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=925) | 66.49 | 7.35 | 0.43 | 11.89 | 4.32 | 9.51 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | - | - | - | - | - | - | - | - | - |
| No. HRG- MSM | - | - | - | - | - | - | - | - | - |
| No. HRG- IDU | - | - | - | - | - | - | - | - | - |
| % Positive, ICTC | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT | - | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 11994 | 3201 | 3193 |
| % Total HRG | 65.23 | 17.41 | 17.36 |
| % Total Pop. | 0.33 | 0.09 | 0.09 |
| Program Target | NA | NA | NA |
| Program Coverage | 7000 | 4000 | 800 |
| Typology | Home based-90.85%; Brothel based-0%; Street based-9.15% | Kothi-64.79%; Panthi-13.9%; Double decker-21.31% | Daily Injectors-NA; Non daily Injectors-NA |
| % <25 yrs. | 39.65 | 43.87 | 10.00 |
| % Married | 79.45 | 41.35 | 22.53 |

### Male Migration, 2001 Census

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

Top 5 districts for inter-state out-migration

| | | | | |
|---|---|---|---|---|
| - | - | - | - | - |

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | 7 | 3733 | 6476 | 27508 |
| % Syphilis positivity | 0 | 2.94 | 0.42 | 0.81 |

## Programme Response

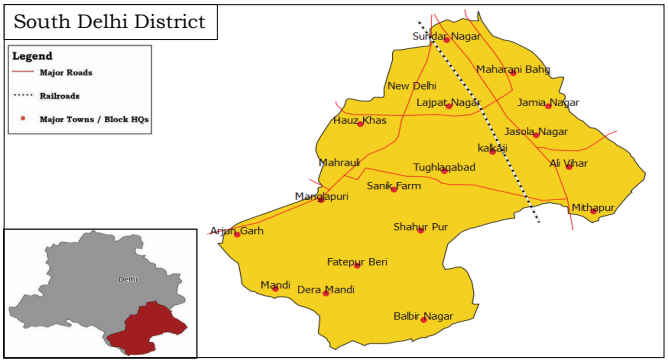
| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW TIs | 1 | 1 | - | 3 | 7 | 5 | 8 | 8 |
| MSM TIs | - | 1 | 1 | 1 | 3 | 3 | 3 | 3 |
| IDU TIs | - | - | - | - | 2 | 2 | 4 | 3 |
| Comp. TIs | - | 4 | 5 | 2 | 1 | 1 | - | - |
| ICTCs | 2 | 7 | 8 | 9 | 17 | 17 | 17 | 16 |
| Total tested at ICTCs[5] | - | 18318 | 22470 | 30493 | 58985 | 82182 | 77968 | 67792 |
| Blood Banks | 4 | 6 | 8 | 8 | 8 | 8 | 9 | 9 |
| STI Clinics | - | - | - | - | 1 | 3 | 3 | 3 |
| ART Centres | - | - | - | 1 | 1 | 1 | 1 | 1 |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Red Ribbon Clubs | - | - | - | - | - | - | 11 | 11 |
| Comm. Care Centres | - | - | 1 | 1 | 1 | 2 | 1 | 1 |
| Drop-in-Centres | - | - | - | - | 1 | 1 | 1 | 1 |
| Condom Outlets | - | - | - | - | - | - | 3003 | 3922 |

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

# South Delhi

## Background:

South Delhi is bound by Yamuna River to the east, Faridabad district of Haryana to the southeast, Gurgaon of Haryana to the southwest, and South West Delhi to the west. It has a population of 27.33 lakhs with a sex ratio of 859 females per 1,000 males, and a female literacy rate of 80.99% with an overall literacy rate of 87.03% (2011 Census). South Delhi is a vast area in the city of Delhi with many important locations. It is also well known for its economic, historical, cultural and social significance. Chanakyapuri in South Delhi is home to all the international embassies in India.




## HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low at 0.25% among the ANC clients, with a stable trend in the past few years.
- In 2011, the level of HIV positivity was low among PPTCT (0.19%) and Blood Bank (0.30%) attendees, with a stable trend over the past years .
- In 2011, HIV positivity among ICTC attendees was at moderate level among male (6.18%) and direct walk-in (8.82%) clients. It was low among female (3.39%) as well as among referred (3.27%) clients, with a gradual declining trend among all the ICTC attendees.
- As per mapping conducted in 2006, FSW (9,843; 68.17% of total HRG) was the largest HRG in the district, followed by IDU (2,613; 18.10% of total HRG) and MSM (1,983;13.73% of total HRG). Among FSWs, majority was home-based (56.35%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.02%.
- In 2009, of the 258 PLHIV registered at the ART Centre; 6% were 15-24 years of age, 83% were on ART, and 43% were either illiterate or only had a primary school education.
- In 2011, the major route of HIV transmission was the 'unknown route' accounting for 9.13% of all the HIV transmissions in the district.
- Among women, the HIV and RTI/STI awareness rate were 78.5% and 43.5%, respectively (DLHS-III).
- A total of ten TI sites were functional in the district in 2011.
- There were 11 ICTCs and 45 Red Ribbon Clubs operational in the district during 2011.

## Key Recommendations:

- Carryout socio-demographic analysis of ICTC clients to assess the risk profile of HIV positive individuals.
- Considering large number of HRGs in the district, there is a need to establish a mechanism for understanding the dynamics of HIV transmission among HRGs, either through initiation of HRG sites for HSS or further analysis of ICTC and ART data.
- Assessment of the size and profile of FSW clients will help in understanding district vulnerabilities, since FSW was the largest HRG in the district. Also, hard to reach sub- groups like home-based FSWs may be targeted for preventive interventions.
- Expand coverage of HIV counseling and testing in the district to detect positive cases at early stage.
- There is a need for more data related to mapping of HRGs, profile and pattern of migration and truckers for better understanding of HIV vulnerability of the district.

# South Delhi

District Population: 27,33,752 (16.32% of Delhi Population); Female Literacy[1]: 80.99%; ANC Utilization[2]: 69.5%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | 0.50 | 0 | 0.25 | 0 | 0 | | 0.25 | |
| | NT[4] | 400 | 400 | 400 | 400 | 400 | | 397 | |
| PPTCT | PP | - | - | - | 0.36 | 0.23 | 0.29 | 0.23 | 0.19 |
| | NT | - | - | - | 9453 | 15641 | 17018 | 19330 | 22265 |
| Blood Bank | PP | - | - | - | 0.29 | 0.30 | 0.28 | 0.33 | 0.30 |
| | NT | - | - | - | 158674 | 180058 | 192845 | 182264 | 182617 |
| HSS-STD | PP | 4.80 | 3.20 | 2.00 | 5.20 | 1.60 | | 1.85 | |
| | NT | 400 | 250 | 250 | 250 | 250 | | 216 | |
| HSS-FSW | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-MSM | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-IDU | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| ICTC Male | PP | - | 14.90 | 14.50 | 12.50 | 8.60 | 8.80 | 6.68 | 6.18 |
| | NT | - | 4314 | 6241 | 9420 | 11750 | 11412 | 21607 | 20679 |
| ICTC Female | PP | - | 11.90 | 14.40 | 12.50 | 7.00 | 5.80 | 3.87 | 3.39 |
| | NT | - | 2362 | 2584 | 3792 | 5557 | 6744 | 14841 | 16536 |
| ICTC Referred | PP | - | 11.70 | 8.90 | 6.20 | 5.80 | 4.60 | 3.51 | 3.27 |
| | NT | - | 4763 | 5567 | 7061 | 9903 | 11656 | 23543 | 25951 |
| ICTC Direct Walk-in | PP | - | 12.50 | 18.80 | 16.60 | 11.40 | 13.20 | 9.23 | 8.82 |
| | NT | - | 2947 | 4145 | 7421 | 7404 | 6500 | 12905 | 11264 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (258) | 83 | 6 | 43 | 15 | 0 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=1841) | 78.98 | 1.63 | 3.15 | 2.39 | 4.73 | 9.13 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | - | - | - | - | - | - | - | - | - |
| No. HRG- MSM | - | - | - | - | - | - | - | - | - |
| No. HRG- IDU | - | - | - | - | - | - | - | - | - |
| % Positive, ICTC | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT | - | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 9843 | 1983 | 2613 |
| % Total HRG | 68.17 | 13.73 | 18.10 |
| % Total Pop. | 0.36 | 0.07 | 0.10 |
| Program Target | NA | NA | NA |
| Program Coverage | 5000 | 1000 | 800 |
| Typology | Home based-56.35%; Brothel based-0%; Street based-43.65% | Kothi-74.07%; Panthi-15.74%; Double decker-10.19% | Daily Injectors-NA;Non daily Injectors-NA |
| % <25 yrs. | 33.28 | 65.74 | - |
| % Married | 45.24 | - | - |

### Male Migration, 2001 Census

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

Top 5 districts for inter-state out-migration

| | | | | |
|---|---|---|---|---|
| - | - | - | - | - |

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | 456 | 2104 | 4262 | 28213 |
| % Syphilis positivity | 1.57 | 5.73 | 0.71 | 1.02 |

## Programme Response

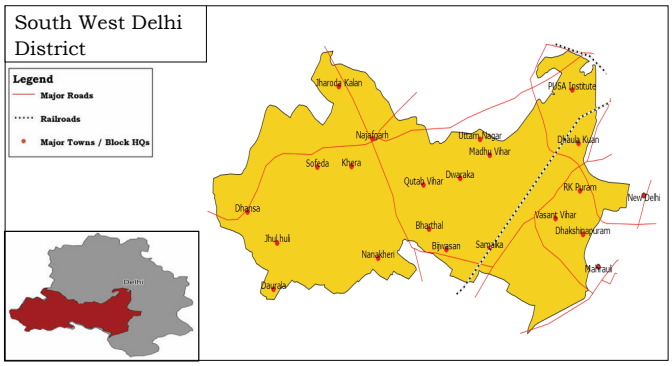
| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW TIs | - | - | - | 1 | 5 | 4 | 5 | 6 |
| MSM TIs | - | - | - | - | 1 | 1 | 1 | 1 |
| IDU TIs | - | - | - | - | - | 2 | 3 | 3 |
| Comp. TIs | - | 3 | 3 | 1 | 1 | - | - | - |
| ICTCs | 3 | 6 | 8 | 9 | 11 | 14 | 12 | 11 |
| Total tested at ICTCs[5] | - | 6676 | 8825 | 22665 | 32948 | 35174 | 55778 | 59480 |
| Blood Banks | 13 | 14 | 14 | 14 | 14 | 13 | 14 | 14 |
| STI Clinics | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ART Centres | - | 1 | 2 | 2 | 2 | 2 | 2 | 2 |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | - | - | - | - | 1 | 1 | 1 | 1 |
| Red Ribbon Clubs | - | - | - | - | - | 27 | 45 | 45 |
| Comm. Care Centres | 1 | 1 | 1 | - | - | - | - | - |
| Drop-in-Centres | - | - | - | - | 1 | 1 | 1 | 1 |
| Condom Outlets | - | - | - | - | - | - | 2432 | 3190 |

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

# South-West Delhi

## Background:

South West Delhi is bound by the districts of West Delhi to the north, Central Delhi to the north-east, New Delhi and South Delhi to the east, Gurgaon district of Haryana to the south, and Jhajjar district of Haryana to the west. It has a population of 22.92 lakhs with a sex ratio of 836 females per 1,000 males, and a female literacy rate of 83.07% with an overall literacy rate of 88.81% (2011 Census). An important aspect of the South West Delhi is both the airports of Delhi - the Indira Gandhi International Airport and the domestic airport are stationed here. To the south of this district is Dwarka, which is the biggest Asian colony.




## HIV Epidemic Profile:

- In 2011, the level of HIV positivity was low among PPTCT (0.11%) and Blood Bank (0.12%) attendees, with a stable trend for PPTCT attendees, and a decreasing trend for Blood Bank attendees.
- As per 2010 HSS data, the HIV positivity was low among FSWs (0.40%) and IDUs (1.61%), with a stable trend among IDUs but due to non-availability of data among FSWs, a trend was not determined.
- In 2011, HIV positivity among ICTC attendees was low among male (0.30%) and female (0.59%) clients, and also among referred (0.23%) and direct walk-in (0.54%) clients, with a stable trend for all the ICTC attendees.
- As per 2006 mapping, FSW (6,154; 67.84% of total HRG) was the largest HRG in the district, followed by IDU (1,613; 17.78% of total HRG) and MSM (1,304; 14.38% of total HRG). Among FSWs, majority were street-based (50.25%) followed by brothel-based (29.74%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.44%.
- In 2009, of the 207 PLHIV registered at the ART Centre; 86% were on ART, and 49% were either illiterate or only had a primary school education.
- According to 2011 ICTC data, 26.17% routes of HIV transmissions were classified as 'unknown' routes in the district.
- The HIV and RTI/STI awareness rate among women was 82.0% and 33.7%, respectively (DLHS-III).
- A total of seven TI sites were operational in the district in 2011.
- In 2011, there were 15 ICTCs functional in the district.

## Key Recommendations:

- Vulnerability factors in the transmission of HIV needs to be analysed from ICTC and ART data, even though there was a low level of HIV epidemic in the district.
- For better insight to district HIV vulnerabilities, availability of data regarding profile and pattern of migration and truckers is recommended.
- Strengthen counseling at ICTCs to assess vulnerability factors.
- Expand coverage of HIV counseling and testing services in the district to detect positive cases at an early stage and strengthen immediate referrals to ART Centres upon confirmation of positivity.
- There is a need to characterize and profile the IDU population to understand their networks and interactions with the other HRGs.
- Considering the large number of MSM in the district, HRG site for MSM group may be established to provide additional information for better HIV epidemiology.

# South-West Delhi

District Population: 22,92,363 (13.68% of Delhi Population); Female Literacy[1]: 83.07%; ANC Utilization[2]: 73.1%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | - | - | - | - | - | | - | |
| | NT[4] | - | - | - | - | - | | - | |
| PPTCT | PP | - | 0.02 | 0.11 | 0.13 | 0.13 | 0.16 | 0.11 | 0.11 |
| | NT | - | 4366 | 8344 | 12594 | 17508 | 26878 | 11358 | 15255 |
| Blood Bank | PP | - | 0.41 | 0.38 | 0.32 | 0.35 | 0.35 | 0.09 | 0.12 |
| | NT | - | 34479 | 40957 | 47861 | 49034 | 48729 | 21919 | 26341 |
| HSS-STD | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-FSW | PP | - | - | 0.40 | * | 1.60 | | 0.40 | |
| | NT | - | - | 250 | * | 250 | | 250 | |
| HSS-MSM | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| HSS-IDU | PP | - | - | 1.20 | 0.39 | 6.80 | | 1.61 | |
| | NT | - | - | 250 | 255 | 250 | | 249 | |
| ICTC Male | PP | - | 1.70 | 1.40 | 2.10 | 2.00 | 1.40 | 0.44 | 0.30 |
| | NT | - | 24733 | 42516 | 30936 | 41713 | 48025 | 39898 | 36102 |
| ICTC Female | PP | - | 1.20 | 0.90 | 2.00 | 1.90 | 2.50 | 0.90 | 0.59 |
| | NT | - | 9300 | 18046 | 11413 | 11995 | 11404 | 4794 | 7086 |
| ICTC Referred | PP | - | 1.10 | 0.80 | 1.80 | 2.60 | 1.90 | 0.65 | 0.23 |
| | NT | - | 30610 | 57850 | 23048 | 19400 | 21282 | 18860 | 27180 |
| ICTC Direct Walk-in | PP | - | 6.30 | 10.40 | 2.40 | 1.60 | 1.50 | 0.38 | 0.54 |
| | NT | - | 3423 | 2712 | 19301 | 34308 | 38147 | 25832 | 16008 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (207) | 86 | 4 | 49 | 20 | 0 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=149) | 63.76 | 1.34 | 0.67 | 3.36 | 4.70 | 26.17 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | - | - | - | - | - | - | - | - | - |
| No. HRG- MSM | - | - | - | - | - | - | - | - | - |
| No. HRG- IDU | - | - | - | - | - | - | - | - | - |
| % Positive, ICTC 2009 | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT 2009 | - | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 6154 | 1304 | 1613 |
| % Total HRG | 67.84 | 14.38 | 17.78 |
| % Total Pop. | 0.27 | 0.06 | 0.07 |
| Program Target | NA | NA | NA |
| Program Coverage | 4000 | 0 | 0 |
| Typology | Home based-20.02%; Brothel based-29.74%; Street based-50.25% | Kothi-NA; Panthi-NA; Double decker-NA | Daily Injectors-NA; Non-daily Injectors-NA |
| % <25 yrs. | 33.22 | - | - |
| % Married | 86.95 | - | - |

### Male Migration, 2001 Census

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

Top 5 districts for inter-state out-migration

| | | | | |
|---|---|---|---|---|
| - | - | - | - | - |

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | 1344 | 3616 | 2458 | 10555 |
| % Syphilis positivity | 0.57 | 0.80 | 0.55 | 1.44 |

## Programme Response

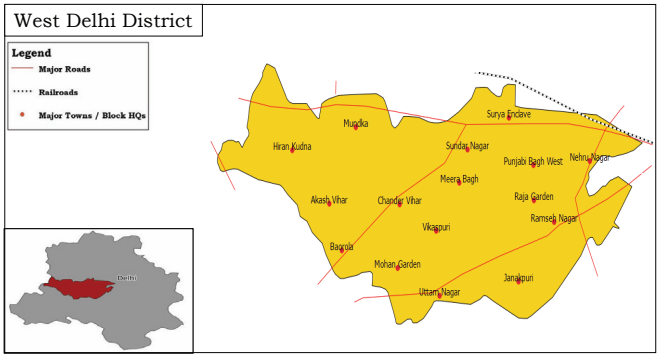
| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW TIs | 1 | 1 | 2 | 2 | 4 | 4 | 4 | 4 |
| MSM TIs | - | - | - | - | - | - | 1 | 1 |
| IDU TIs | - | - | - | - | - | - | 2 | 2 |
| Comp. TIs | - | 1 | 1 | 1 | - | - | - | - |
| ICTCs | 3 | 4 | 6 | 6 | 13 | 15 | 12 | 15 |
| Total tested at ICTCs[5] | - | 38399 | 68906 | 54943 | 71216 | 86307 | 56050 | 58443 |
| Blood Banks | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 6 |
| STI Clinics | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 |
| ART Centres | - | - | 1 | 1 | 1 | 1 | 1 | 1 |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | - | - | - | - | - | - | - | - |
| Red Ribbon Clubs | - | - | - | - | - | 3 | 8 | 8 |
| Comm. Care Centres | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 |
| Drop-in-Centres | - | - | - | - | - | - | - | - |
| Condom Outlets | - | - | - | - | - | - | - | - |

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

# West Delhi

## Background:

West Delhi is bound by the districts of North West Delhi to the north, North Delhi and Central Delhi to the east, South West Delhi to the south, and Jhajjar district of Haryana to the west. It has a population of 25.31 lakhs with a sex ratio of 876 females per 1,000 males, and a female literacy rate of 82.50% with an overall literacy rate 87.12% (2011 Census). People across the city come here and visit specialized markets in the region.The region encompasses many renowned schools, colleges and cinema halls.




## HIV Epidemic Profile:

- Based on 2011 data, the level of HIV positivity was low among PPTCT (0.21%) and Blood Bank (0.26%) clients, with a stable trend.
- As per 2010 HSS data, the level of HIV positivity was low among FSWs, but moderate among MSM at 7.36%. While FSWs showed a stable trend of HIV positivity, a rising trend was observed among MSMs.
- In 2011, HIV positivity among ICTC attendees was low among male (2.80%) and female (1.54%) clients and also among referred (1.20%) clients. Direct walk-in clients had a near-moderate HIV positivity level (4.46%). The ICTC attendees showed a declining trend among male and referred clients but female and direct walk-in clients represented a stable trend.
- As per mapping conducted in 2006, FSW (8,524; 69.25% of total HRG) was the largest HRG in the district, followed by IDU (2,106; 17.11% of total HRG) and MSM (1,679; 13.64% of total HRG). Among the FSWs, majority were home-based (73.39%).
- In 2011, the syphilis positivity rate among STI clinic attendees was 5.54%.
- In 2009, of the 742 PLHIV registered at the ART centre; 93% were on ART, 64% were either illiterate or only had a primary school education and 21% were married.
- In 2011, HIV transmission through sharing needle/syringe accounted for 11.04%, parent to child HIV transmission was 6.15% and homosexual transmission accounted for 5.05% of the district's route of HIV transmission.
- The HIV and RTI/STI awareness rate among women was 78.5% and 56.6%, respectively (DLHS-III).
- A total of nine TI sites were operational in the district in 2011.
- In 2011, there were eight ICTCs in the district. A gradual rise in the number of clients tested at ICTC has been observed over the years.

## Key Recommendations:

- Carry out differential analysis of HSS-MSM data and direct walk-in clients (representative of vulnerable populations) to assess HIV vulnerability factors.
- An effort needs to be made to expand coverage of HIV counseling and increase early detection among positive people with immediate referrals to ART Centres at confirmation of positivity.
- An HSS-IDU site may be established, considering large number of IDUs and the high HIV transmission rate through needle-syringe in the district.
- Strengthening of TI interventions for MSM population is necessitated by higher HIV transmission rate through homosexual route.
- There is a need to understand the profile and dynamics of ICTC attendees and their spouses at PPTCT centres and strengthen PPTCT programme in the district.
- Strengthen efforts towards counseling, to assess route of HIV transmission at the ICTCs, since the route of HIV transmission was unknown in a large proportion of HIV positive individuals.

# West Delhi

District Population: 25,31,583 (15.11% of Delhi Population); Female Literacy[1]: 82.50%; ANC Utilization[2]: 75.7%

## HIV Levels and Trends[3]

| | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|
| HSS-ANC | PP[4] | - | - | - | - | - | | - | |
| | NT[4] | - | - | - | - | - | | - | |
| PPTCT | PP | - | 0.22 | 0.15 | 0.20 | 0.21 | 0.30 | 0.14 | 0.21 |
| | NT | - | 3981 | 6517 | 6953 | 15932 | 22521 | 28099 | 26677 |
| Blood Bank | PP | - | 0.32 | 0.27 | 0.55 | 0.43 | 0.28 | 0.32 | 0.26 |
| | NT | - | 32723 | 37137 | 37524 | 38431 | 43452 | 40999 | 38601 |
| HSS-STD | PP | - | - | 1.20 | 3.27 | 4.00 | | * | |
| | NT | - | - | 250 | 245 | 250 | | * | |
| HSS-FSW | PP | 1.20 | 1.20 | 0.80 | 0.80 | 0.40 | | 0 | |
| | NT | 250 | 250 | 250 | 250 | 250 | | 249 | |
| HSS-MSM | PP | - | 1.20 | 2.00 | 2.00 | 8.80 | | 7.36 | |
| | NT | - | 250 | 250 | 250 | 250 | | 231 | |
| HSS-IDU | PP | - | - | - | - | - | | - | |
| | NT | - | - | - | - | - | | - | |
| ICTC Male | PP | - | 5.10 | 6.80 | 6.50 | 3.50 | 3.80 | 2.13 | 2.80 |
| | NT | - | 3386 | 2938 | 4271 | 8708 | 10237 | 21578 | 16477 |
| ICTC Female | PP | - | 1.70 | 2.60 | 1.50 | 1.80 | 2.10 | 1.43 | 1.54 |
| | NT | - | 2280 | 3616 | 6675 | 5962 | 5946 | 11171 | 10943 |
| ICTC Referred | PP | - | 5.60 | 7.60 | 6.50 | 3.00 | 1.90 | 1.16 | 1.20 |
| | NT | - | 2070 | 2652 | 2258 | 5870 | 7413 | 16512 | 18056 |
| ICTC Direct Walk-in | PP | - | 2.60 | 3.80 | 3.00 | 2.70 | 4.30 | 2.64 | 4.46 |
| | NT | - | 3596 | 4654 | 9421 | 8526 | 8770 | 16237 | 9364 |

## PLHIV Profile, 2009

| | % On ART | % 15-24 yrs | % Ill., Prim. Edu. | % Married | % Widowed or Divorced |
|---|---|---|---|---|---|
| ART (742) | 93 | 5 | 64 | 21 | 1 |
| DLN (NA) | - | - | - | - | - |

## Route of HIV Transmission, ICTC 2011

| | Hetero-sexual | Homo-sexual | Blood Transfusion | Needle/ Syringe | Parent to Child | Unknown |
|---|---|---|---|---|---|---|
| % of Total (N=634) | 55.21 | 5.05 | 3.79 | 11.04 | 6.15 | 18.77 |

## Block-Level Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| No. HRG- FSW | West Delhi, 4953 | - | - | - | - | - | - | - | - |
| No. HRG- MSM | West Delhi, 2035 | - | - | - | - | - | - | - | - |
| No. HRG- IDU | - | - | - | - | - | - | - | - | - |
| % Positive, ICTC | - | - | - | - | - | - | - | - | - |
| % Positive, PPTCT | - | - | - | - | - | - | - | - | - |

## Vulnerabilities

### HRG Size

| | FSW | MSM | IDU |
|---|---|---|---|
| Size Est., (Mapping, 2006) | 8524 | 1679 | 2106 |
| % Total HRG | 69.25 | 13.64 | 17.11 |
| % Total Pop. | 0.34 | 0.07 | 0.08 |
| Program Target | NA | NA | NA |
| Program Coverage | 3000 | 2000 | 0 |
| Typology | Home based-73.39%; Brothel based-0.45%; Street based-26.16% | Kothi-81.88%; Panthi-18.12%; Double decker-0% | Daily Injectors-NA; Non daily Injectors-NA |
| % <25 yrs. | 26.11 | 49.78 | - |
| % Married | 79.40 | 36.50 | - |

### Male Migration, 2001 Census

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

Top 5 districts for inter-state out-migration

| | | | | |
|---|---|---|---|---|
| - | - | - | - | - |

### STI/RTI

| | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|
| No. episodes treated | 332 | 3621 | 3971 | 13880 |
| % Syphilis positivity | 0 | 0 | 0.86 | 5.54 |

## Programme Response

| No. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|
| FSW TIs | - | - | 2 | 3 | 4 | 4 | 4 | 4 |
| MSM TIs | 2 | 2 | 2 | - | 2 | 2 | 2 | 2 |
| IDU TIs | - | - | - | - | 1 | - | 3 | 3 |
| Comp. TIs | - | 2 | 2 | - | - | - | - | - |
| ICTCs | 3 | 4 | 5 | 5 | 8 | 8 | 7 | 8 |
| Total tested at ICTCs[5] | - | 9647 | 13071 | 17899 | 30602 | 38704 | 60848 | 54097 |
| Blood Banks | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |
| STI Clinics | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ART Centres | - | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Link ART Centres | - | - | - | - | - | - | - | - |
| PLHIV Networks | - | - | 1 | 1 | 1 | 2 | 2 | 3 |
| Red Ribbon Clubs | - | - | - | - | - | - | 4 | 4 |
| Comm. Care Centres | - | - | - | - | - | - | - | - |
| Drop-in-Centres | - | - | 1 | 1 | 1 | 2 | 2 | 3 |
| Condom Outlets | - | - | - | - | - | - | - | - |

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

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.

NACO

**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