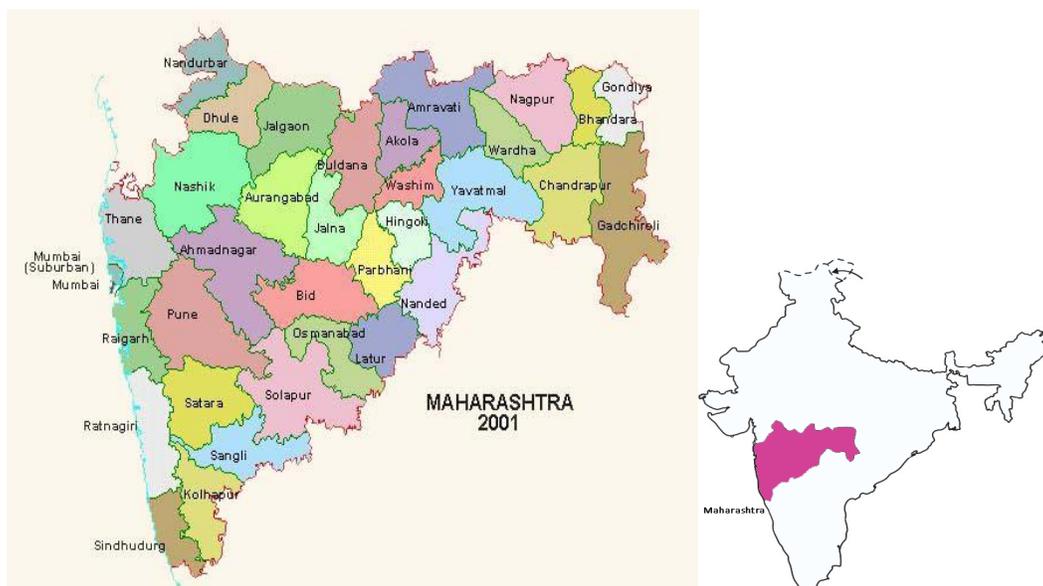


Maharashtra State Profile



Maharashtra, located on the west coast of India, is the second largest state in terms of population and the third largest in terms of area. As per the Census 2001, its population is 9.42 per cent of the Indian population and is spread over 307,713 square kilometers.

Maharashtra also has the country's second largest urban population, with about 43 persons out of every 100 living in towns and cities. It has a large migrant population, of which nearly 72 per cent speak Marathi, which is the most widely spoken language. With a per capita income 40 per cent higher than the all-India average, Maharashtra's income is derived more from the secondary and tertiary sectors.

The rural economy is not diversified, though the mineral base is abundant-coal, manganese, iron ore and tin being some of the important minerals. Mumbai, Maharashtra's capital city is the principal financial centre and a major commercial hub of the country.

Despite Maharashtra's higher level of economic growth and being one of the higher-income States with growth rates that exceed that of several States, in terms of Human Development Index (HDI) Maharashtra was ranked fourth in 2001 with a HDI value of 0.532.

Population (2001 Census)	96.9 Million
Rural Population	55.8 Million
Urban Population	41.1 Million
Density (per Sq. Km)	314.42/km ²
Literacy Rate	76.9%
District Hospitals (Directorate of Health Services)	23
Primary Health Centers (Rural Health Survey Bulletin, 2007)	1,800
Health-Sub Centers (Rural Health Survey Bulletin, 2007)	10,453

Source: SRS 2007 – Sample Registration System 2007
NFHS 3 – National Family Health Survey 3rd Round (2005 -06)

HIV/AIDS Situation in Maharashtra

Only Mumbai

State	Number of sites in 2007	2003	2004	2005	2006	2007*
Mumbai	STD 3	31.33	15.65	16.00	11.17	27.43
	ANC 9	1.25	1.12	1.00	1.00	1.30
	IDU 1	22.89	29.20	12.80	20.40	24.4
	MSM 1	18.80	9.60	6.00	7.60	8.40
	FSW 3	54.29	44.76	30.70	12.80	11.20
	Transgender 1			43.90	29.60	40.04

(Source: MDACS)

Note: The prevalence of HIV among brothel-based FSW is 44% and non-brothel based is 4%. Mumbai has a high proportion of brothel based sex workers - 60 to 70% out of the 25,000 are brothel-based sex workers.

Rest of Maharashtra (excluding Mumbai)

State	Number of sites in 2007	2003	2004	2005	2006	2007*
Maharashtra	STD 9	10.00	10.40	10.40	10.00	13.20
	ANC 66	1.25	1.25	1.25	0.75	0.75
	MSM 1		12.80	14.80	23.60	15.20
	FSW 10		40.40	20.00	16.00	10.80

(Source: MSACS)

Whole of Maharashtra (including Mumbai)

State	Site Type	2003	2004	2005	2006	2007*
Maharashtra + Mumbai	STD	12.00	10.80	12.80	10.00	13.20
	ANC	1.25	1.25	1.25	0.75	1.00
	MSM	18.80	11.20	10.40	15.60	11.80
	FSW	54.29	42.80	20.00	12.80	11.20

(Source: MSACS)

* Data not published

Maharashtra HIV services - 2007

HIV Services	Total
Number of ART centers	28 Government centers - 27 Private centre - 1
Number of ICTC centers	678
Number of prevention programs	
1.) Most at risk population	89 (MSACS, MDACS, Avert Society, BMGF)
2.) Work place Intervention	10 (Avert Society)
Number of care and support programs	31
Number of STI clinics	67 (Mumbai – 43)
Total Number of Blood banks	258
NACO assisted	94

Source: Maharashtra responds to HIV/AIDS – July 2008

**1 private ART center at BILT Chandrapur*

USG Activities in Maharashtra

The population of Maharashtra is over 96.9 million and the HIV prevalence is 1.0% (2007). Based on this number, Maharashtra State has estimated that there are over 455,688 HIV-positive persons. The prevalence of HIV infection is high among most-at-risk populations (MARPs) with 11.2% among female sex workers (FSW), 40% among transgender, 24.4% among injecting drug users (only for Mumbai) and 11.8% among men who have sex with men (MSM) (Source: State PIP). Out of 35 districts, 32 are classified as high prevalence as measured by sentinel surveillance. Maharashtra State has three zones (10 districts) where the prevalence ranges from 2% to 4%.

There are a number of factors that contribute to Maharashtra's vulnerability to the HIV epidemic. It is bordered by other states that have well-established and growing HIV epidemics (Karnataka, Andhra Pradesh, and Goa). There is extensive migration to and from these states, and there are major transportation routes connecting Maharashtra to the states. Among the Indian States, Maharashtra registers a large volume of migration, and Mumbai is a major destination hub for migrants from various states of India as well as neighboring Nepal. In Maharashtra State, out of the 96.9 million population, 6.2 million are migrants and the highest proportion of migrants are from Uttar Pradesh (28.5%) followed by Karnataka (14.7%), Madhya Pradesh (8.5%), Gujarat (7.6%), Bihar (7.1%) and Andhra Pradesh (6.0%). Additionally, Mumbai and several other districts have well recognized places where sex workers operate.

The Maharashtra State AIDS Society (MSACS) is implementing a comprehensive HIV prevention, care and treatment program throughout the entire state of Maharashtra that is

supported by the Mumbai District AIDS Control Society (MDACS). The Avert project and the Bill and Melinda Gates Foundation are the two other major programs that complement the efforts of MSACS in scaling up HIV prevention, care and treatment programs. UNICEF provides technical assistance on prevention of mother to child transmission. The Clinton Foundation is supporting pediatric ART services. The state also receives funds from the Global Fund for AIDS, Tuberculosis, and Malaria for scaling up care and treatment programs including counseling and testing and programs for mother to child transmission.

Under the National AIDS Control Program, phase three (NACP-III), Maharashtra has rapidly scaled-up HIV/AIDS services. Currently, there are 89 prevention programs among MARPs, 678 integrated counseling and testing centers (ICTC), 28 ART centers and 31 care and support programs. Under NACP-III, existing counseling and testing centers and facilities for PMTCT are re-modeled within one hub that integrates all HIV-related services, renamed as Integrated Counseling and Testing Centers (ICTCs). ICTCs are envisaged as a key entry point for both men and women for a range of HIV/AIDS services. Despite these efforts, the coverage of prevention programs is low at 41% among FSW; coverage is somewhat higher among MSM, at 60%, but it needs to be further scaled-up. Coverage of care and treatment programs is similarly inadequate. The number of HIV-positive persons on ART has more than doubled from 15,000 in 2006 to over 38,000 in 2007, but still needs strengthening. Of the estimated high-risk population in six districts, only 27% have been counseled and tested. There is paucity of data on the number of MARPs utilizing care and treatment, including counseling and testing services. The NGO experience reveals that the proportion of these groups utilizing HIV/AIDS services is less than 5%.

Keeping in line with the national priorities of decentralizing the programs for increasing the coverage and efficiency of services, MSACS plans to establish 30 district AIDS prevention and control units (DAPCU). DAPCUs will also support the integration of HIV services into the National Rural Health Mission programs.

NACO has selected Avert Society as the Technical Support Unit (TSU) in Maharashtra to support the scale-up and strengthening of HIV/AIDS programs. As part of the TSU, the Avert project will support MSACS in strategic planning and scaling up prevention programs among MARPs, including ensuring quality, public-private-partnership programs, capacity building and mainstreaming.

USG-supported programs with the Health Communication Partnership/Johns Hopkins University will provide technical assistance to Maharashtra and the national program in developing evidence-based communication strategies and activities. Similarly, USG-supported programs with Hindustan Latex Family Planning Promotion Trust (HLFPPT) will provide support to the state in implementing condom social marketing programs.