

"Delays of funds created insecurity which effected Peer Educators and Outreach Workers creating higher turnover"

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VIEWS AND VOICES

Sharing of TI Partners in Maharashtra Workshop

In early November, the core group of AIDS momentum western region met with Shri N.S. Kang to discuss the delay in funding and repercussions on the work. During the observation of World AIDS Day, the Mumbai AIDS Forum and the Western Harm Reduction Network highlighted how NGOs/CBOs had suffered in various different capacities.

On 28th December 2015, a meeting was then held with Non-Governmental Organizations/ Community Based Organizations in Maharashtra, which work with TIs, to further discuss the issue so that 'evidence-informed' advocacy could be carried out purposefully.

A survey was distributed prior to this meeting to a select group of 50 NGOs in Maharashtra based on their work with TIs for at least 5 years. Out of 22 responses, 9 were from Mumbai and 13 were from other districts of Maharashtra. Within Mumbai, all NGOs lost trained staff as well as peer educators due to the funding crisis. Only 5 out of 12 NGOs in Maharashtra did not lose staff because

loans were taken out, while 6 lost their trained staff and 1 shut down 2 of their active projects in September 2015. About 4 out of 13 NGOs have had to turn to loans to provide consumables as per the needs of the project whereas the other 9 could not provide consumables. Amongst the NGOs, they felt that new cases of HIV infections were increasing in younger populations, but could not conduct research due to lack of funding.

Funding related issues were clarified in this workshop consisting 27 organizations (22 from Mumbai, 5 of areas in Maharashtra) with recommendations that advocacy has to be done at the state level in Maharashtra to accelerate release of funds. Although Sankalp was able to use reserves and keep all activities as planned, smaller NGOs were incapable of functioning without funding. Although NGOs such as Sankalp could generate these funds, the small delays of funds created insecurity which effected Peer Educators and Outreach workers creating higher turnover.

(Contd. on page 3)



Discussions during the UNAIDS sponsored sharing meeting of Maharashtra NGOs

Client Story - Md. Shahbaj Shaikh



Md. Shaikh participates in the Hunar Training Programme with others

I am Md. Shahbaj Shaikh. Born and raised in Kolkata, I'm 35 years old and have one younger sister. My father was the bread winner of the family; he was a bus driver while my mother stayed at home and kept up with the house work. I did decent in my studies, and my father pushed me to finish, but I did not want to. Instead I wanted to follow my father's footsteps and become a bus driver as well. After I completed the 10th std. I started learning how to drive and slowly started getting involved with bad company. I started smoking at first but then gradually went on to using hash, and marijuana. My father tried to get me to stop this bad habit, but I didn't listen at all.

Against my family's wishes, I got married at the age of 18 and moved away with my wife. After a couple of months, she became pregnant and delivered a baby boy. When I was still becoming a driver a man who was helping me, used to 'chase' brown sugar. At the time I was unaware of what it was, but out of curiosity I asked. He explained it as medication that would get rid of all the sadness, problems, and pain that life handed him. At first I wasn't interested in trying it, but as fights broke out between my wife and I, one day I finally caved in. I thought it was just going to be a one-time thing where I would try it, and that would be the end of it. At the first hit, instantly my outlook on everything that was going on in my life changed.

To me, brown sugar was the missing part of the puzzle that would make my life whole. Slowly I started using it more frequently, and before I knew it I needed it every day. After two years of managing to live separately from my family, I left my wife because of our constant arguing.

My father tried to help me over come my addiction by sending me to treatments. I was in and out of 8 to 10 treatments that lasted periods of 8 to 14 months. I ran away from these places because the pull from the brown sugar was too strong. Because of the dependency on the drug, I wasn't able to drive properly and it ultimately affected my job. With no income, I resorted to stealing. I would steal from railways, people, and even my own home. I went to jail at least 6 times, and I would convince myself that I was done with this lifestyle, but sure enough within hours to days I would be back to the same cycle. After numerous times stealing from my house and getting into trouble, my father couldn't take it any more causing him to throw me out on the streets. Life on the streets was hard and I stole to survive. When I was put in jail for a serious crime, I reflected very seriously this time around and my reasons for getting clean were much stronger than before.

When I was finally released, I was still very focused on getting clean and my family saw the change of mindset I had. They accepted me and gave me one more chance to get my life back on track. My parents sent me to my sister's

house in Bihar and then later to Delhi where I worked at a laundry mat. Every time I used to work I would see people smoke on the roadside, I didn't give in but in the back of my mind the wanting was still there. After 4 months, I was back on brown sugar. I became good friends with another user, and we both thought life would be better in Bombay because there anything was possible. We both moved to Bombay where we stayed in Pila House, which is in a well known red light district.

My health was slowly diminishing; I couldn't care less about my health or my diet at that time. All that mattered to me was where I could get my next high and how could I get money for it, creating a cycle. One of the usual places to score was Bombay Central. There, Sankalp Outreach Workers (ORWs) found me in bad condition. They took me to the Drop-In Center (DIC) where they did a general check up, gave me medicine, and put me on the Opioid Substitution Treatment (OST). They tried to get me tested for all the diseases, but whenever they tried to take me I would either run away or escape. It wasn't until the ORWs spoke with me, and counselors gave me information about the benefits of getting tested, did they persuaded me to take the tests. They performed an ICTC and Sputum test, I was shocked to know that I tested positive for both TB and HIV. The counselor spoke to me about the situation I was in, and I realized how low had come in my life. The staff helped in any way they could, and nursed me back to health. I stayed around the DIC and helped out in anyway I could, sweeping or cleaning. After

months another check up was done, and my CD4 levels had dropped. I was then shifted to the Nivara Center where care and support was given to me until I could manage out in the world on my own. I was started on Anti Retroviral Therapy (ART) there. Because I was both TB and HIV positive, I was shifted to the Shivri Hospital. My stay there was unpleasant. They were unhospitable and the doctors were not helpful. I was brought back to Nivara to continue my treatment, and I regained, my health. As I was getting healthier, through counseling I found out more about myself, life management, how to deal with depression and disappointments amongst other things. I was repeatedly told to stop smoking because of the circumstances I was in, so eventually I stopped smoking as well. After getting back to health, I was given the opportunity to participate in the Sustainable Livelihood Program where I was taught job work for back office data entry. Although I'm apprehensive about getting back in touch with my family, Sankalp is helping me trace where they currently are. It may not be the right time, but eventually I want to get in contact with them. And as for my son, I dream of being a part of his life, but I know that in order to better his life, I must help myself first. As of now, my TB treatment is complete, and my CD4 is back to normal. I'm in good health, and helping with peer work at Sankalp with addicts that are in a similar same position I was in. As one chapter of my life comes to a close, I am ready to start my new chapter. ■

(Contd. from page 1)

Sharing of TI Partners in Maharashtra Workshop....

Representative of each NGO was given a chance to share the issues they were facing due to this crisis. Within each issue, the most common problems that were brought up were: the loss of staff, lack of funds for an immense period of time, loss of trust between NGO and clients, limited amount of medication/supplies provided, transportation for testing almost non-existent, CIMS report not accurately reflecting the situation to show that targets have been achieved, and SACS/DACS were not cooperating with the NGOs. With the lack of funding, the issue of HIV cases has risen causing the work of the NGOs to be nullified. Instead of Zero New HIV Infections, Zero Discrimination, and Zero AIDS-Related Deaths, the numbers are increasing due to funding crisis. NGOs can no longer be counted on as a reliable partner by the community since staff, commodities, medication, and quality have diminished.

NGOs created resolutions for this occurring problem. They felt that there was a need for a strong network/ federation of CSOs that met regularly with SACS/DACS in a cohesive role, as well as quarterly discussions with NACO on up-coming issues. Financial support was to be strengthened along with better financial planning, diversification of donor base, segmented funding, and stable continuous funding if quality was to be sustained. The importance of regular capacity building, and technical support to do so, especially given the attrition of trained staff, as well as new developments in prevention, management and treatment. Development of a research agenda for bio-medical and social science as well as operational research, conduction research and sharing the findings, so they can be used for better programming; along with transparency and access to data as well as fuller utilization of data for programming. In addition, review of policies, program guidelines and communication strategy as well as materials, given the evolving epidemic, changing aspirations and global goals, as well as rapidly growing technology. ■

Awareness in Thane Jail

- Eldred Tellis

For the International Day Against Drug Abuse & Illicit Trafficking 2016, Sankalp Rehabilitation Trust along with Western Harm Reduction Network organized a program in Thane Jail. Ever since we closed our Arthur Road Prison programme due to the 'redevelopment' of our barrack there (which incidentally has been 'stuck' for lack of funds), we have sought to offer similar services in a prison where drug users have been incarcerated in large numbers. Since we were given a 'ballpark' figure of 600 drug users in Thane Jail, we could easily consider this one off awareness program as a recce of sorts. This would enable us to understand the needs of this population and plan accordingly for the future.

When we reached Thane jail -myself along with 2 ex-addict staff, Ramesh and Raju - the gatekeeper would not allow Raju to get in as he recognised him as a former

inmate. Even the superintendent at first agreed with his staff but we had to explain that Raju being an ex-inmate was specifically brought to show others how he had changed and inspire them with his testimony. Finally we were granted entry but without cameras as it was a rule. The Guruji promised to share his photographs with us and an interactive program followed. Almost 250 drug users attended -and at least 7-8 came forward and said they would like to volunteer in Sankalp and become like Raju and Ramesh. The entire 2 hour program which included a Film (Ek Roz), testimonies by Raju and Ramesh, an awareness talk on addiction and Sankalp's response, by myself was well received by the inmates and staff as well. It will surely be beneficial to ALL if Sankalp were to run a unit here on the lines of our 8 year project at Arthur Road. ■



Director & Team addressing drug using inmates at Thane Jail

National HIV Programme is Failing

- An alarm raised by Civil Society in Mumbai



Sankalp Participates at the Mumbai AIDS Forum rally on World AIDS Day

In December 2015, on the occasion of International Human Rights Day, Sankalp Rehabilitation Trust, Network of People Living with HIV, Médecins Sans Frontières (MSF) and other HIV organizations held a series of events to highlight unmet needs in the current National AIDS Control Programme. This included delayed funding to Community Based Organizations (CBOs) to implement prevention programmes, disrupted supply of needles, syringes and condoms, unavailability of gold standard tests like routine viral load for treatment monitoring and the high levels Drug shortages of HIV medicines and tools in Maharashtra.

The campaign started with a "Postcard Protest" from 1st Dec onwards where HIV organizations got maximum number of individuals to flood the Chief Ministers office with postcards petitioning urgent needs of the community. These postcards had 4 individual standardized messages - "National HIV Programme is failing - ensure consistent supply of Needles, Syringes and condoms for preventing new transmission", "National HIV Programme is failing - Release our funds to carry out Preventive activities", "National HIV Programme is failing - we want access to routine viral load for treatment monitoring" & "National HIV Programme is failing - ensure availability of new drugs and uninterrupted drug supply". All postcards had the message ACT NOW!!! in bold capitals and were hand written and signed personally by HIV positive people, TI Workers and affected family members. The intention was to pressurize the relevant authority into putting more focus into HIV prevention activities and making it one of the priorities.

Numerous postcards were sent every day from various NGOs and CBOs leading up to 10th December where we had organized a rally from Churchgate Station to Azad Maidan. The rally was attended by more than 300 activists, members of the community their families as well as students. The participants carried banners and placards and wore specially designed t-shirts seeking urgent governmental action. The rally ended at Azad Maidan where select representatives from the Mumbai AIDS Forum addressed participants and the public.

Several issues were brought to light on how certain government policies and actions are critically affecting our Targeted Intervention programs and how this could mean a reversal of the good work done over the past 2 decades. CBOs expressed concern about the situation as failing to provide funds and other resources might increase the number of new cases amongst youngsters. As far as the treatment is concerned, CBOs demanded the decentralization of 2nd line ARVs, in order to make the treatment accessible to many more people living with HIV who are failing 1st line ARVs.

The Viral Load testing issue was also highlighted wherein in an RTI filed in the month of June, it was revealed that not a single viral load test was done from July 2014 to February 2015 due to non-availability of kits. In April 2015 again there were no kits available for conducting the viral load test and in May 2015 only 1 kit was available.

After addressing the participants, 3 representatives of the MAF went to hand over a 'Charter of Demands' to the State of Maharashtra and National AIDS Control Organization and the Ministry of Health. The programme came to an end by 5pm. On behalf of MAF, the secretariat thanked all the supporters for their wonderful work and wished them a bright future.■

Participation in Standard Chartered Mumbai Marathon

It was a bright sunny Sunday morning on the 17th January 2016, when Sankalp Rehabilitation Trust made its debut at one of the best long-distance races in the world; the 13th Standard Chartered Mumbai Marathon (SCMM). Apart from being Asia's premier distance running event, SCMM is also considered the frontrunner in charity. Sankalp's participation was aimed at raising additional funds to run our critical care shelter for migrant drug users and people living with HIV / AIDS, as well as our Sustainable Livelihood program, as this has been our most urgent need.

like to thank Sankalp for inviting us and we hope to continue being a part of the Dream Run on behalf of Sankalp in the years to come." Similarly, for Jamshir Bagwadia, and his wife Madhu, taking part in SCMM was an experience of a life-time, more so to see an enthusiastic crowd and participants supporting various social causes.

The event gave a platform to spread various social messages; our runners wore specially designed Sankalp t-shirts and were seen holding banners printed with various slogans and messages. The banners and t-shirts



Director along with NGO partner & Sankalp participants at the Mumbai Marathon

While there were a total of 6 categories of races in which to participate, representatives of Sankalp ran in 3 of those categories: Half Marathon (21.097 km), Dream Run (6 km) and Champions with Disability (2.4 km).

The runners were a diverse group of participants, including a financial analyst, a CEO, an investment banker, a pastor, and students- among others. One of the participants was Selvaraj Naidu, one of the many beneficiaries of Sankalp, who lost both his legs and a hand during his drug using days. Selvaraj ran the Champions with Disability race with the new found zest and enthusiasm he had found for life.

"Thank you so much for the opportunity to take part in the Dream Run of the SCMM - this was my first ever participation and we all enjoyed ourselves thoroughly," said Father Suren Abreu, one of the runners participating for Sankalp. "On behalf of Augustine and Denise, I would

showcased Sankalp's new logo design and the new catchy and apt tag line "Never, Never, Give Up!" The new tagline is meant to clearly communicate Sankalp's positioning statement, value proposition and long standing commitment in the field. It also emphasizes that our board and staff are dedicated to helping IDUs affected by HIV / AIDS live fuller, healthier, longer lives. The tagline not only accentuates our motto but also provides inspiration for those working inside the organization, and in the community to never give up!

While our aim was to raise around 10 lakhs from donors, we managed to raise over 5.5 lakhs in donation from our supporters and well-wishers. In all, the event was a success for Sankalp as we reached so many people in the community and among our partners. We look forward to even more support in future and look forward to improving our efforts in the next edition in January 2017.■

Visit to the Rehabilitation Centre

- Geeta Sethi

The car lurched and bumped up the “kuccha” road, kicking up a trail of billowing dust clouds as it climbed, protesting and groaning, up the last few kilometres and passed through the gates of the Good Shepherd Recovery Home. I slowly uncurled myself from the seat, and stepped out, to an enthusiastic reception by an assortment of welcoming dogs, hens, turkeys, a very pregnant cat, and the group who stay at the Centre. The view was breath-taking – seemingly endless ranges of hills stretching into the distance, a beautiful home, with a well laid-out rock-garden, a duckling devotedly following its “mother” hen around, and not another structure or vehicle in sight, except for the roofs of “The Lord’s Ranch” in the distance! Pure peace and quiet, bliss!

I was privileged to spend about 24 hours at this residential rehab centre, joining in on the activities I could, and came back enriched and rejuvenated.

The Centre is run as a Therapeutic Community, where all residents take part in the day to day running of the establishment, as well as in enhancing their own well-being and that of the other residents. There is equality with all residents doing all the work involved in running a community – cleaning, cooking, gardening, nurturing the animals and birds, and other chores around the establishment, and creating a beautiful clean and green locale for themselves.

A few points really stood out for me: the rehab centre instils a sense of self and self-respect. Everyone dresses in formal clothes for meetings, respecting oneself, each other,

and the process they are all living and growing through. The therapeutic process stresses taking responsibility for ones’ actions and “owning” the Centre. Residents are made conscious of being mindful and alive to anything that needs attention, and proactively attending to it, in a true spirit of community. I witnessed a community meeting where residents shared and brought attention to instances where people had literally walked past opportunities for doing their bit – a leaky tap not closed; a loose clothes-line not re-tied, rooms not tidied. I was very impressed at how various persons stood up and acknowledged that they had ignored these various needs, and vowed to respond whenever they noticed anything that needed doing.

I was also part of a family-counselling session, where the client was made aware of how his drug/alcohol use had impacted his family. He had to peel away years of denial and face what his behaviour did to his wife and children: years of living in fear, with no parental support, and facing stigma for his alcoholism.

The programme also provides skill training to expand opportunities after discharge.

On the whole, I found the Centre provides a methodology and the support to grow into truly caring, mature, responsible citizens, based on respect and a consciousness of one’s role and obligation to one’s community and family. It is transformational and a true inspiration – I came back much more aware of my own actions and behaviour, and deeply grateful for the opportunity to visit the Good Shepherd Recovery Home. ■



Ms. Geeta Sethi along with Director, staff and patients at Good Shepherd Recovery Home



Director assessing the Punjab situation



Last Global Fund training in Dec 2015



UNGASS preparatory meeting with Ms. Saloni Shah, Dr Samiran Panda & Dr. Suresh Kumar




World HCV day at Institute of Liver and Biliary Sciences (ILBS)

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