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Annual Report

2020 – 2021

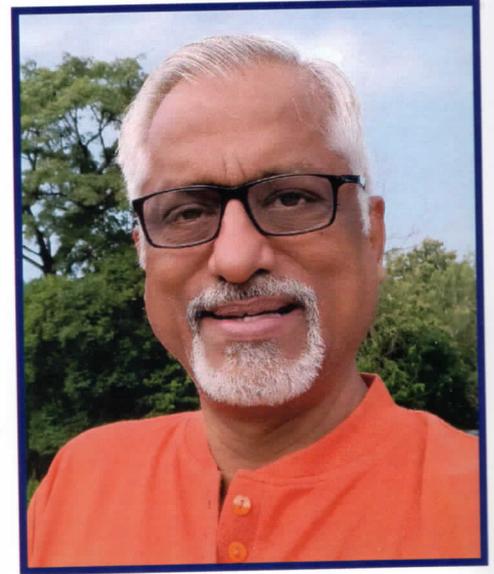


SANKALP

REHABILITATION TRUST

Never, never, give up!

Director's Note



Dear Friends,

The Year 2020-21 was a difficult year due to the Covid Pandemic and this was a tough period for us since the lockdowns and restrictions made it difficult for our staff to keep services at peak even though many couldn't make it to the centre regularly. To confound matters, we began 3 new projects- The TB prevention therapy with Treatment Action Group, The PWID (Person who Inject Drugs), Research with National AIDS Research Institute and new Drop-in-Centre at Kalyan through MSACS. We had a fourth grant that had to be pushed past April 21 which were the services for Street Adolescent Drug Users as we were unable to finalise an appropriate centre at Masjid Bunder which is one of the largest 'Hotspot' for this target population.

Needless to say a heavy pressure came on me personally to stay 'Active' in the setting up, hiring and having meaningful outcomes at the new centers. With physical strain of travelling around we have to sadly bring down the curtain on our Pune Rehabilitation Centre which was shifted to Vasai. Besides on counselor and 'yours truly' all our staff were spared from the 1st wave of Covid and it is a great achievement that only 1% of clients were directly affected by Covid 19.

Thank you!

A handwritten signature in black ink, appearing to read 'Eldred Tellis', written over a horizontal line.

Eldred Tellis
Executive Director

Impact of COVID-19 on street drug using population

On 24 March 2020, the Government of India under Prime Minister Narendra Modi ordered a nationwide lockdown for 21 days, limiting movement of the entire 1.3 billion population of India as a preventive measure against the COVID-19 pandemic in India. It was ordered after a 14-hour voluntary public curfew on 22 March, followed by enforcement of a series of regulations in the country's COVID-19 affected regions.

It is without doubt that COVID-19 has impacted the lives of many individuals; especially the marginalized and destitute living on the streets. COVID-19 has higher morbidities and mortalities in certain vulnerable populations. People Who Use Drugs are a marginalized and stigmatized group with weaker immunity responses, vulnerability to stress, poor health conditions, high-risk behaviours, and lower access to health care services including substance abuse intervention services.

Given Sankalp's endeavour to ensure universal access to care, the COVID-19 pandemic has required us to seriously reconsider the effectiveness of various measures that were being taken up at various levels to address the immediate needs of the PWID community in Mumbai. The full extent of the impact COVID-19 as well as measures undertaken to contain its spread has had on the community and their current challenges and needs are not known. Hence, Sankalp undertook a Rapid Situation Assessment to quickly identify the effects and gaps so that suitable responses could be developed, implemented and or advocated for.

Findings of the RSA Survey

With most clients (60%) being street dwellers, there continued to be access to the drug from 84% of the sample. This is 'good' from the point of not switching over to injecting which usually occurs where the supply is short.

The Covid pandemic also had an impact on people using in groups. Almost 64% of the sample used in groups and during the lockdown 44% of these changed from Group to alone. This would indirectly help in bringing down transmission of HIV & HCV since sharing would be less!

It is interesting to note that of the 40% who were not originally from Mumbai, HALF of them tried to return to their hometown but failed!

Again when we look at 40 from out of the city, 16 of them (40%) admitted that they had to change their place of residence.

Although clients on OST were not considered in the sample, almost 50% of the OST clients began living nearer to the Drop-in centre so that they could access the programme.

With 78% of the sample continuing to work but earning less than before and 12 % having lost their jobs, there was a 90% impact on earning within the group.

As high as 96% of the sample found it difficult to very difficult to pay for basic necessities while only 4% could manage. This made it imperative for the organization to respond and guarantee at least one meal a day for those attending the Drop-In-Centre.

From the sample, 62% said that they had access to clean needles and syringes of which 60% got them from a TI and 40% purchased from the chemist.

There was very little access to health care in the sample. 29% of the sample were ill during the lockdown but could not get care as the main BMC hospital being accessed by those clients was converted to a 'Covid' facility and they were unable to travel to those beyond their 2 km radius. Those who were HIV+ve could access their ART through the TI.

68% of those surveyed tried to quit drugs due to various factors that ranged from cost, purity etc. Being alone also caused disruption to network of access. 74% were aware of treatment services and 90% of the sample found it difficult to very difficult to access treatment. An important finding was that 80% felt the purity was reduced. This indicates and adulteration having increased and could have resulted increased injecting behaviors.

Police were either not seen or found to be ignoring drug taking behavior in 33%. This could be due to fear of Covid. Yet 51% felt more harassed and 16% reported receiving help from the police.

Regular Sex & Condom Use

60% were having regular sex and strangely 60% were also using condoms. This was not necessarily the same people. So although almost 80% had access to condoms only 60% were using it. 58% were buying condoms and about 20% were accessing them from the T.I. 56% of the sample admitted that they had accessed treatment in the past.

Knowledge of Covid and preventions

Everyone had heard of Covid 19 and 69% of them felt vulnerable. 77% said that they needed more information. Being predominantly street based, with no phone or TV, may felt the need for more information. Regarding taking precautions, 54% said they avoided crowds & public places. 43% said they maintained social distancing and 18% said they continued 'work as usual'. Many acknowledged that mask wearing was promoted by the police. 93% admitted to wearing masks. 76% admitted to receiving soaps for hand washing. 39% cancelled travel plans because they could not find means to go to their village.



Adapting our services to COVID-19

COVID-19 impacted the lives of many individuals, especially the marginalized and destitute living on the streets. Many organizations shut operations, but Sankalp kept going. The Sankalp team has been ceaselessly in the forefront to assist and provide services to those in need. We adapted our services to try and cater to the needs of our beneficiary in these trying times.

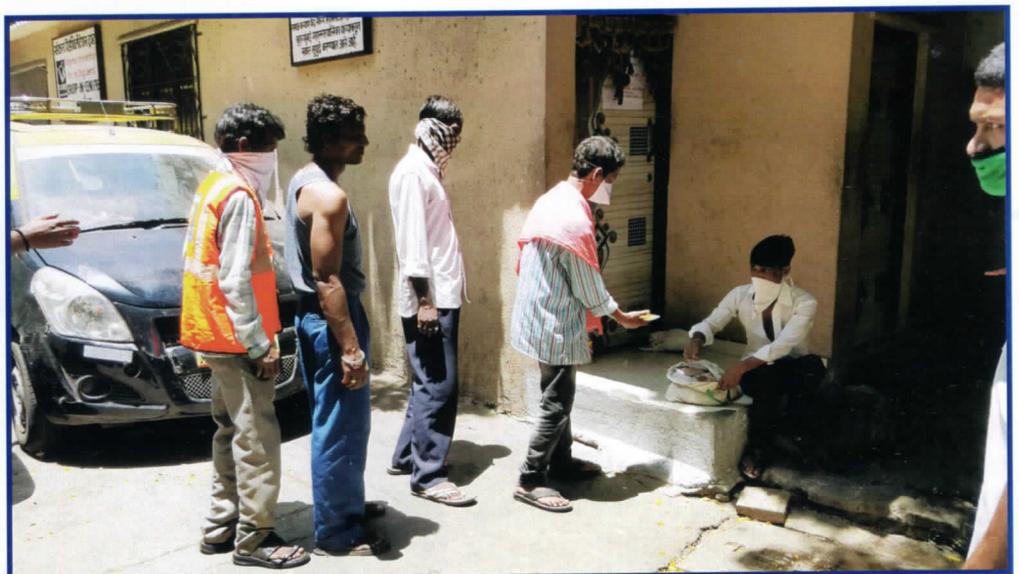
Our Drop-in-Centre (DIC) was kept open to cater to the 70-80 clients who come daily to take Buprenorphine and other medicines. Permission was sought to give clients take home, doses for 7 days to reduce chances of exposure.

Clients on Opioid Substitution Therapy (OST) who did not have ID cards were issued IDs to help them get through police checks and reach the center. Clients who were staying far from the center, wherever possible, home deliveries of Buprenorphine were made to ensure least number of clients miss their dose. **We were able to reach out and provide services to 91% of our clients who are on OST.**

Clients were made aware of the precautions they need to take to protect themselves from the COVID-19 virus. Clients were given masks and requested to wear them whenever outside or next to people. **Over 1000 masks were distributed.** Staff were adequately trained on the guidelines and recommendations when handling patients amidst COVID-19. Markings of circles 1 meter apart were made on the floor outside the DIC to ensure social distancing and safety while giving the medicines. It was made sure that clients on ART had adequate medicines and were adhering to their treatment. There are currently **53 HIV positive clients** who are active on ART and are regularly taking their medications.

Those injecting were requested to come to the DIC to get their needles and syringes. Peers who stay close to the DIC were given commodities like needle syringe and condoms to distribute to clients when required. Our Ambulance would also go out in the field once a week to distribute Needles, Syringes and Condoms during the lockdown, ensuring client's needs are met. During the initial days of lockdown, an average of **48 Needles, 23 Syringes and 36 condoms** were distributed daily.

Nutrition was a major concern for our clients during the lockdown as shops had exponentially increased price of items. There were various social organizations distributing food to the needy. Sankalp got in touch with the social organizations to ensure client's basic nutrition needs were met.





Soaps were distributed to our clients and the homeless over the lockdown period and educating them about the value of good handwashing practices. These soaps were sourced from Reckitt & Colman through UNAIDS Delhi. **Over 600 soaps were distributed to the needy.**

Police were a challenge and we had to constantly sensitize and explain to police officers about the work we are do and the adverse effects on society if we are unable to continue.

During the initial days of the lockdown, our family counsellor was working from home, calling our past and current clients either through telephonic

counselling and or Zoom meeting. She has reached out to 113 families and clients. She has been guiding all the families and clients about keeping safe from the virus and following up on if they are substance free or not. It was good to know that during follow-up calls to past clients, many of them were sober and doing well. Some were frustrated with being locked up at home, and some were going through a difficult time financially as they and their families were not able to earn their usually salary or attend to their own small businesses. We tried to support them through referrals and providing nutrition support wherever we could. Many were happy that we were supporting them and that they could rely on Sankalp during difficult times. Those that let the lockdown affect them and started using again were motivated to come back to treatment.

Due to the logistical difficulties, we shifted our patients from our Rehabilitation Center in Pune to our Detoxification Center in Vasai. This made it easier for the senior management to visit and supervise the center. A lot of Rehabilitation Centers were not admitting new patients, but Sankalp never declined anyone admission post April 2020 (when some restrictions were relaxed) and sought ways to ensure they get the treatment they require while also ensuring utmost safety and health of patients and staff.

Regular checking of guidelines and instructions from the Government/local bodies and international bodies like WHO made sure we were up-to-date with instructions and guidelines to ensure compliance by organization, staff and clients. The staff at the center were provided guidelines and thoroughly trained on ways to protect themselves while providing appropriate care to patients during COVID-19. They were also provided enough protective gear i.e. gloves, sanitizers and masks.



Snapshot of Sankalp

Website: www.sankalptrust.org | Headquarter: Mumbai | Year Founded: 1995

Organization Type	Non profit
Sectors	Health & Education
Geographical focus	Maharashtra
Organization Expenditure 20-21	INR 77,34,331 /-
People reached till date	Sankalp has reached more than 23,000 drug users directly, and has impacted many more family members.
Legal Certification	Sankalp Rehabilitation Trust is registered as a Charitable Society under the Bombay Public Trust Act 1950 Registration Number E15459 (Mumbai), and is also registered under Sec 12A. Sankalp Rehabilitation Trust also has tax exemption under Section 80G of the Income Tax Act. Further, Sankalp Rehabilitation Trust has certified clearance to receive foreign funding under the Foreign Contributions Regulation Act Registration Number No. 083780842 up to November 2021.

Organization Overview

Founded in 1995, Sankalp Rehabilitation Trust provides care and support to street-based drug users and seeks to prevent the spread of HIV/AIDS in Mumbai, India. These drug users, 70% of whom are migrants, mostly inject 'brown sugar', a crude form of heroin. Blood-borne infections constitute a major health issue for Injection Drug Users (IDUs), with major implications for the rest of society as well. From among Sankalp's own patients, approximately 9.5% of IDUs were HIV-positive and another 34% were infected with Hepatitis C.

Since most of the street-based drug using population uses brown sugar, and since it is often administered by injection, steps need to be taken to keep these users free from infection, healthy, and alive until they can find help and make the decision to quit drugs. That's where Sankalp's philosophy of Harm Reduction comes in, providing users with healthcare services to reduce rates of transmission and prevalence of HIV and Hepatitis C, monitoring other infections (especially TB), and lowering levels of crime. Finally, this work helps many drug users connect to a network of support and programs like detoxification and rehabilitation which are available when each person is ready.

Program Overview

Since its inception in 1995, Sankalp has been providing much needed and otherwise non-existent services. In early 1997, Sankalp began family therapy in New Bombay since there were many affected families unable to access help. Sankalp also assisted with setting up a halfway home and skill building units for stand-alone rehabilitation centers which were not previously offering any follow up.

After a 5-city Rapid Situation Assessment in 1999, Sankalp began its harm reduction activities in Mumbai and has till date engaged more than 80% of the IDU population in the city with its activities.

During early years of discrimination, Sankalp both successfully fought legal battles with government-run institutions for the right to healthcare, and has been instrumental in getting the ART program started in the country. The activism through legal battles with big pharma companies like Roche and Gilead helped make drugs accessible and affordable for those suffering from Hepatitis C.

Sankalp was also committed to supporting the non-injecting population and therefore provided treatment through models of abstinence, like detoxification, and rehabilitation centers. With the strong need to reintegrate into society, livelihood programs also took shape. Sankalp can boast of many of its support group members having benefited from these interventions and becoming productive citizens of the country.

Sankalp Rehabilitation Trust ran the following projects in Mumbai throughout the year

- Targeted Intervention for IDUs supported by MDACS&MSACS
- Improving access to prevention and treatment for TB among drug users supported by TAG
- Study on Network Dynamics among PWID by NARI-ICMR
- Detoxification & Rehabilitation Centre with T.C. Model
- Halfway Home supported by Inspirasia
- Support Don't Punish Campaign
- Family Services Unit supported by DHL
- Community Care Centre through crowdfunding

Leadership

Since its beginnings, Sankalp has reached more than 23,000 drug users directly, and has impacted many more family members. From helping clients return to and support their families, to become productive members of society, or even to die with dignity, Sankalp has contributed to improvement in the quality of its clients' lives and the lives of their family members in numerous ways. Legal decisions achieved through Sankalp's activism and litigation have impacted millions, not only in India but around the world.



Mission, Objective, Vision & Values



MISSION

Sankalp Rehabilitation Trust seeks to improve the quality of life of drug users and their families.



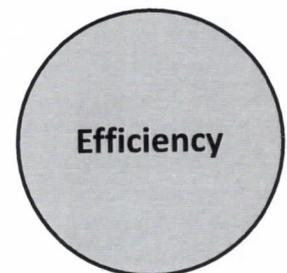
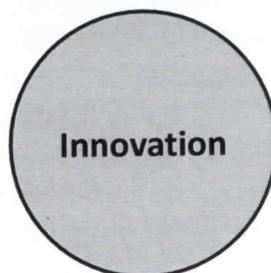
OBJECTIVE

To dramatically reduce the rate of infection from HIV and Hepatitis C amongst injecting drug users in Mumbai, to aid drug users in rehabilitation by providing informal education, sustainable livelihood training, and medical support, and to advocate on behalf of the drug users and their families.

VISION

Adhering to a progressive harm reduction strategy of outreach and education, needle and syringe exchange, drug substitution, detoxification and rehabilitation, personal and group counseling, and continuous care, Sankalp aims to diminish the number of people addicted to drugs in Mumbai, minimize the spread of blood borne viruses, and reintegrate users into society.

VALUES



Our Programmes

Targeted Intervention – Drop-In Centre

Sankalp's Drop-in Centre (DIC), spearheaded by outreach workers and peer educators, is at the heart of our harm reduction efforts in the community of injecting drug users (IDUs). The centre offers a multitude of low-threshold services including health education, counseling, and Opioid Substitution Therapy (OST), all designed to lower the negative consequences and risks associated with drug use. The environment of acceptance, peer support, and continued care is vital in motivating IDUs towards recovery and reintegration into society. Staff members follow up with clients to provide consistent support, offer guidance in managing illnesses like TB, HIV, and Hepatitis, and hold daily community meetings to facilitate reflection and sharing about users' experiences. The Drop-in Centre is a lifeline to Sankalp's holistic continuum of care that supports the health and rehabilitation of IDUs. This year, we had 63 new registrations, taking the total number of IDUs who benefited from our Harm Reduction programme to 1668.

Key Outreach Services

Sankalp's initial point of contact with the IDU community is through our staff of Outreach Workers (ORWs) and Peer Educators (PEs), many of whom are former or current drug users, and who themselves are on the road to recovery. Through persistent follow up and daily field visits, they educate users about safe injecting practices and abscess management, and carry out needle and syringe exchange. The latter program, in which IDUs return used and dirty needles and syringes to Sankalp staff in exchange for new, sterile ones, is a cornerstone of our harm reduction strategy. It helps reduce the spread of blood-borne viruses, decreases the risk of developing abscesses, and creates health awareness amongst the target population. Our outreach efforts also include bi-monthly community meetings in 'hot spots' frequented by IDUs, where staff raise awareness and encourage new clients to utilize Sankalp's key services. Throughout the year, a total of 4943 needles and 2265 syringes were distributed among IDUs.



Counseling



The Drop-in Centre offers a range of counseling services that are integral to providing clients with holistic support. Each client is individually counseled to identify and examine the origin and patterns of their drug use, contributing environmental and psychosocial factors, and HIV status and Hepatitis C triggers. Group counseling sessions enable peers to motivate themselves and each other by sharing their life experiences, family relationships, and understanding of harm reduction strategies. Wherever feasible, clients' families are also counseled to bring about reconciliation,

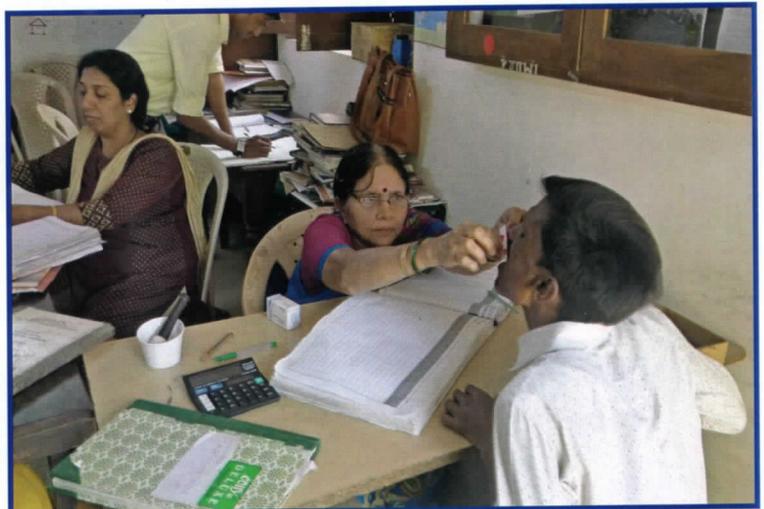
encourage healthy support, and thereby assist users' rehabilitation and reintegration into society. During the year 357 individuals were counselled.

Personal Health

Our Drop-in Centre is equipped with clinics that are attended daily by a doctor and nurse. The medical staff takes care of the various medical needs of our clients, ranging from diagnostics and distribution of medicine to abscess management. The doctor's main responsibility is to monitor each client's induction process and possible tapering off of Opioid Substitution Therapy (OST). Patients who need additional care and treatment for HIV or TB are referred to appropriate community care centers, critical care facilities, and local government hospitals. We make sure that those referred to public hospitals are given access to bathing facilities and fresh clothing at the DIC, in order to minimize any discrimination they may face there and to help ensure they are not refused treatment.

Opioid Substitute Therapy

This therapy is the backbone of Sankalp's mission of Harm Reduction, as it helps reduce injecting drug use as well as its associated health risks. It enables IDUs to taper off their opioid use in a safe and effective manner, using an oral substitute that eliminates the use of needles and syringes, and thus eliminates the risk of spreading blood-borne infections and developing abscess. The effects of the oral substitute we dispense, known as Buprenorphine, are long-lasting, do not cause euphoria, and come with a lower risk of dependency and addiction. OST is a fundamental part of the process of helping clients move towards rehabilitation and re-entry into mainstream society. This year there were 36 new registrations on OST, taking the total count to 656 clients registered.



Referral Services

Various specialized medical referrals take place at the DIC. Before referring clients for HIV testing, our counselors perform a risk assessment and educate them on how to interpret test results. Clients are then directed to 'Integrated Counseling and Testing Centre' at Nair Hospital or Gaurabai Hospital. Those who test positive are then assisted by peer educators throughout the pre-registration process for antiretroviral therapy (ART), and are asked to repeat CD4 tests every six months. Until recently, only clients with CD4 levels below 350 were referred for ART, however recent UN recommendations have called for a "test and treat" protocol; Sankalp has been creating this awareness in the community.

Those with complaints of persistent cough are referred to nearby DOTS centers, where they undergo TB screenings. We are also grateful to our network partners, Médecins Sans Frontières (MSF), who helped us with Hepatitis C testing and treatment. This year, 665 STI screenings were conducted, out of which 2 individuals were found to be positive. 402 HIV tests were done, of which 2 people were reported positive and put on treatment.

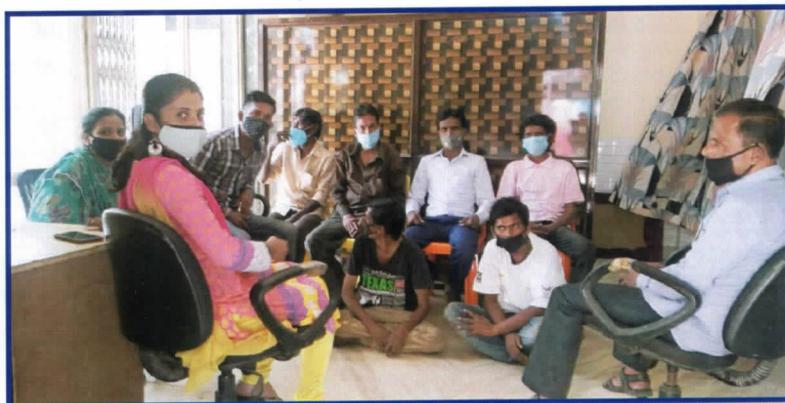
Mumbai Central Drop-in-Centre Performance Indicator – 1 st April 2019 – 31 st March 2020	
Outreach Services	
Total clients ever registered	1668
New registrations for the year	68
STI & ICTC	
Screened for STI	665
Tested for HIV	402
Condom Distribution	
Condoms Distributed	3217
OST	
Ever registered on OST	656
New registrations of OST	36
Average individuals regular on OST	77%
NSEP	
Needles were distributed	4943
Syringes were distributed	2265



Opening of Malad Satellite Centre

Through our network it was brought to our notice that there were a lot of injectors in Malad Malvani area. Due to the distance, our Outreach Workers are not covering that area. It was then decided to investigate and carry out an assessment of area to gauge the validity of the information. The Assistant Director, Mr. Jamshir Bagwadia visited the area with an ORW and a local member of the community. He went to various potential hotspots and saw a lot of used insulin injections (ones easily available at the chemist) and other injecting paraphernalia lying on the ground. After enquiring with a few locals and few injecting drug users (some who were injecting brown sugar and others who were injecting MD), it was evident that there are many injectors that are not being serviced by any TI/NGO.

Quickly it was proposed to MDACS to open a satellite centre at Malad Malvani to cater to these injecting drug users. A suitable location for the Drop in Centre was identified and selected and outreach was started almost immediately. Currently we are catering to approximately 50 Injecting Drug Users from Malad Malvani area.



Sankalp Kiran

Sankalp Kiran was started in 2007. It was originally situated at Kalyan, shifted to Ulhasnagar in 2010, then to its current location in Vithalwadi in 2013. In 2015 the Drop in Centre was shut down as we had successfully managed to reduce the number of injectors to such a marginal number that it did not make sense for Public Health Foundation of India (PHFI) and Maharashtra State AIDS Control Society (MSACS) provide the funding for our centre. This was despite us warning them that there were still a number of clients who were on OST and stopping services for them would mean that they would once again start injecting and soon the number of injectors would start rising again.

Fast forward 5 years to 2020, we heard from our networks, that the cancellation of our targeted Intervention programme had led to a disruption on health services including HIV Testing, and Needle Syringe and Condom distribution among IDUs. A proposal was then sent to Maharashtra State AIDS Control Society, which saw two joint visits and a positive response due to which the Targeted Intervention programme was reinstated in the month of February 2021.



Repositioning our Rehabilitation Centre due to COVID-19

The Covid-19 pandemic had its effect on people and programs. In the 3 months of initial lockdown from March 25th to 15th June we had innumerable problems from staff being unable to take leave to our own inability to admit new residents with threats from locals who feel that we were likely to bring "Covid concerns" from Mumbai to Pune. It was without any justification since Pune seemed to have more cases than Mumbai.

Our Executive Director, who had been handling all the projects, Drop-in-centre, Detox and Rehab including driving of the ambulance, found it very taxing and stressful and it was only to manage things efficiently that the Rehab in Pune and Detox in Vasai were merged. The picturesque Mulshi will always be remembered as a wonderful place for Rehabilitation and we will all miss going there.

The Detox & Rehabilitation Centre now located at Vasai (west) in Palghar, district is spacious, calm and serene environment, thus providing a good atmosphere for healthy recovery of the clients.

Here, clients undergo a four-month long structured and comprehensive rehabilitation experience, which includes fifteen days detoxification. During the detoxification period a trained Physician works to minimize the effects of withdrawal and make the treatment process smoother for clients. Clients are treated for the variety of withdrawal conditions such as vomiting, body ache, abdominal cramps, diarrhea, tremors, weakness, insomnia, and substance - induced delirium, hallucinations, etc.

Post detoxification, the clients are slowly weaned into the rehabilitation program, where our well-trained, experienced, and dedicated staff introduces them to a range of therapeutic approaches to recovery. We accept clients from every strata of society and age group, from 18 to 70 years of age, but primarily aim to serve the most marginalized individuals, including HIV positive drug users.

The rehabilitation programme is based on Evidence Based Programmes (EBPs) that are designed to restore the self-image and self-respect that drug users or alcoholics tend to lose during their using period. The residential programme includes individual and group counseling sessions, therapeutic listening and problem solving programmes, and tackles individuals' specific life situations with tailored strategies. The staff also organizes a range of therapies and tutorials for the mind, body, and soul through team games, physical exercises, meditation sessions, intensive group therapy, and exposure to the Narcotics Anonymous programme.



In addition to the psychological and social support that clients receive, work therapy is an important part of the rehabilitation process. Clients participate in gardening, poultry farming, cooking, maintenance, and cleaning. During these work therapy sessions, the supervisor or counselor's keen eye easily detects clients' hidden talents, aptitudes, and skills. This is essential for encouraging, training, and further equipping clients when they are ready to enter mainstream society.

Individual counselling sessions are focused on dealing with craving and management of withdrawals, acceptance, dealing with thoughts, emotions & feelings, and sexually transmitted diseases e.g. HIV/AIDS, HCV etc. Group counselling sessions are focused on understanding addiction as a disease, behavioral and cognitive strategies to deal with cravings, relapse prevention, motivation and information to maintain sobriety, techniques for stress and anger management, etc.

In conjunction with clients' participation, family involvement is highly recommended, since positive and healthy relationships are a vital source of support during an addict's recovery process. Therefore, a trained family counselor from Sankalp Rehabilitation Trust holds monthly meetings with families following a self-help model, with the counselor acting as a facilitator and encouraging family members to cooperate and help each other. These activities help family members learn to address their own issues that may have contributed to the patients' drug use, and provide a positive environment for clients returning home from the rehabilitation centre.

This year, we had a total of 28 new clients enter the rehabilitation programme. A majority of those clients are still in touch with Sankalp, and are living clean, responsible and healthy lives.



Halfway Home

Many who are recovering from substance abuse issues find that in order to remain sober immediately following treatment, they must immerse themselves in a sober living environment. For many patients, living in a Halfway Home that offers a positive, drug and alcohol-free, group living environment can be a helpful and crucial step along the way to ultimate recovery. Whether referred to as a 'sober living home', a 'halfway home' or a 'sober house', all these names refer to a drug and alcohol-free, community living environment intended as a transitional living phase for those who have attended a residential rehab facility for drug or alcohol addiction.

Those in recovery who have lost a lot during active addiction benefit greatly from having a transitional period, to ensure that they are stable in their recovery before going home to deal with the stressful situation left behind. Most of those coming to Sankalp Rehabilitation Trust are street drug users and need to start life from scratch. Spending time at a Halfway Home can increase the chances of long-term recovery, because it further prepares a person for dealing with real-life situations once again.

With this need in mind, we decided to utilize additional space above our Detoxification Centre premises as a Halfway Home, to support those in treatment who are without a home in Mumbai. A top floor was constructed which houses 6 beds for these clients.

The objective is to offer a positive place for recovering addicts to find recovery support in their peer group, and allow residents to work on their unique recovery program towards becoming completely self-supportive and reintegrated into mainstream society. The services available at the Halfway Home are very similar to what is offered through treatment, but because the home allows the freedom to live a normal life, clients have the opportunity to take what they are learning and immediately apply it to real-life situations. Whether one is successful or not in their daily dealings, they can take their experiences back to a stable and positive environment where a counselor, doctor, or therapist can help analyze it.



This Halfway Home is yet another step closer to delivering a comprehensive and integrated continuum of services to our clients. During the year, we had a total of 14 individuals utilizing this service and greatly benefiting from it.

Support Don't Punish

In a resolution passed in December 1987, the UN General Assembly proclaimed 26th June as the "International Day Against Drug Abuse and Illicit Trafficking". In pursuance of this declaration, this day is observed all over the world to raise public awareness against the menace of drugs. During the month-long function, various events are organized worldwide to sensitize various sections of society to the consequences of drug abuse, prevention methods, as well as treatment services available



One day meeting with drug users from Maharashtra.



Support. Don't Punish Street Art



Distribution of Printed Masks



Advocacy with Police Personal



Strategic Placement of banners with SDP Logo and Messaging



SDP banner on our ambulance



Family Services Unit

When recovering from addiction, family engagement is key. The family needs to heal from damages caused by addiction. At the same time, the family plays an integral role in their loved one's rehabilitation and recovery process. Studies show that treatment approaches that involve the family have better engagement, higher rates of success, and increased aftercare participation.



At Sankalp, we believe that to treat the addicted person, we need the knowledge, experience, and support of the entire family. We understand that families affected by drugs and alcohol need healing just as much as the addict. We firmly believe that dealing with family problems forms the basis for a lifelong recovery—for everyone.

What We Do

Help Families of Drug Users – Addiction to drugs or alcohol affects entire family systems. Every family member experiences pain and dysfunction that must be addressed and treated in order for the family to have a chance of healing and becoming whole. We will involve family members in an individual's drug and alcohol treatment to help them achieve a better understanding of addiction, family dynamics, relationships, the cycle of enabling, and other issues that affect recovery. As family members achieve a better understanding of why and how addiction occurs, they can begin to forgive the addicted family member and begin healing.

Help with the Drug User's Treatment – From the first inquiry through inpatient rehab and beyond, family members remain part of their loved one's treatment process. Through the intense involvement of family members, clinical staff can come to understand family dynamics and address dysfunction, which is essential to treating drug and alcohol problems.

Outcome of Family Services Unit	
Individual Drug Users Counselling	457
Families of Drug Users Counselling	340
Individuals counselling for further treatment at Detox / Rehab	419
Individuals referred to Nair Hospital for further check-up	185
Students reached through awareness programmes	315
Individuals reached through public community awareness programmes	1041

NEW PROJECTS

Improving access to prevention and treatment for TB among drug users

The prevention, diagnoses and treatment of Tuberculosis among drugs-users is critical to the national effort to control the spread of Tuberculosis, which in recent years has become a significant public health problem. Compromised immune system coupled with vulnerability of drug-users to HIV has led to outbreaks of DS and DR-TB in this group. Low level of TB diagnosis and treatment as well as the rapid spread of DR-TB among this key population has contributed to an increasing number of deaths among drug-users. These outbreaks and deaths are ignored at the policy level in the TB Control Programme of the Ministry of Health, which does not list drug-users as a key vulnerable population. Organizations like ours who provide basic TB treatment as part of the package of Harm-Reduction are not integrated as stakeholders by the TB programme.

Innovative strategies by the TB programme - such as adapting currently functioning harm-reduction services, introduction of daily fixed dose combinations, treatment literacy and counselling – could contribute to addressing TB in this vulnerable group. Open dialogue on policy in this area should be encouraged, and a coordinated programme response from stakeholders working in harm-reduction, HIV and TB is the need of the hour.

Given our commitment to comprehensive care for drug users, advocacy for universal access to treatment, and out-reach to those who are often left out of the health-care system, Sankalp, with financial support from the Treatment Access Group, TAG, has undertaken a project to improve access to prevention and treatment for TB among drug users. The project is an advocacy initiative, aimed at increasing the body of evidence about TPT and creating momentum for a change in policy to include TPT, specifically the 3HP or 12 dose regimens into harm-reduction services for drug users, along with HIV and TB treatment.



Study on Network Dynamics among PWID by NARI-ICMR

Since its inception Sankalp has been providing much needed and otherwise non-existent services. After a 5-city Rapid Situation Assessment in 1999, Sankalp began its Harm Reduction and HIV prevention and treatment activities in Mumbai and has till date engaged more than 85% of the Injecting Drug User (IDU) population in the city with its activities. However, effective Harm Reduction requires knowledge of the structure and dynamics of the social networks through which diseases are transmitted. A large body of research demonstrates that injection network characteristics play an important role in the spread of HIV and shape risk/protective behaviors among PWID. Among people who use or inject drugs, network data can provide essential information for assessing the context in which risk occurs, examining transmission patterns and dynamics, and using those learnings to develop interventions and policies.

Although there is a large literature on how aspects of social networks contribute to HIV infection and risk behaviors among substance-using populations, recent research demonstrates that there is still much to be learned about how we can utilize network information to improve harm reduction and public health responses to HIV. ICMR-NARI was undertaking in Mumbai. Sankalp Rehabilitation Trust partnered with NARI to undertake a "Study of Network Dynamics among People who inject drugs (PWID) in context of HIV and access to services in India" study for the Mumbai region.

The objectives of the study is to understand the social and sexual network dynamics of PWIDs (network size, density, stability, structure, relationship of the members), to explore contextual network (social and sexual) factors influencing HIV transmission vulnerability among PWIDs (High risk behavior, treatment seeking and accessing HIV prevention services), to assess factors contributing in switch over from non-injecting to injecting drug use among PWIDs and to understand needs of PWIDs and social and structural barriers in accessing health services [including opioid substitution therapy (OST)] among PWIDs.

The study used qualitative methods in the first Pre-Assessment phase and RDS methodology in the second phase to reach out to the hidden PWID population. We hope the findings of this study would help in gaining insights into the PWID network in various high prevalence settings of India for the first time and thus help support the health and rights of substance-using populations and ensure the development of high-impact HIV programs and policies.



Networking and Advocacy

Sankalp puts great emphasis on networking with other NGOs. In fact, this is one of the strengths of the organization; that we do not aspire to do everything ourselves, but rather, go to those who have experience and strength in their primary field.

We are glad the BMC provides space wherever possible to be able to reach many more from this marginalized population. Also, through the Directly Observed Treatment Short (DOTS) program, we can make TB treatment available to those who need it among the drug using population. The specialized care provided by B.Y.L. Nair Hospital, L.T.M.G. Hospital, J. J. Hospital, Central Hospital (Ulhasnagar) and TB Hospital at Sewree is of immense help to our clients, as well.

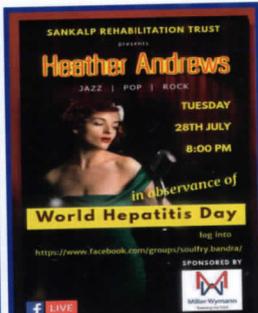
Sankalp has been networking with Medicines Sans Frontiers (MSF) to access treatment for clients with Multi-Drug Resistant Tuberculosis (MDR-TB), and for those with HIV and HCV Co-infection. There is also a strong bond with MSF in their Access Campaign, where we work to get justice from multinational pharmaceutical companies such as Gilead and Roche. Lawyers Collective has helped us through our litigation with many pharma companies, to challenge patents or file pre-grant oppositions. We will continue to strive for better treatment of our clients by actively extending our networking activities with a larger group of organizations.



Events & Highlights



Education and Awareness Program with Reena & Lindsay - 24th June 2020



Observance of World Hepatitis Day Performance by Heather Andrews - 28th July 2020



Online Fundraiser with performances by Carlton Breganza and Sheridan Brass, commemorating 25 years of saving lives - 6th Aug 2020



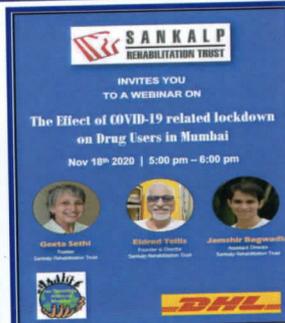
Rotary Club of Bombay Hills South Members in conversation with Eldred Tellis on Drug Abuse in India with specific issue & Focus on Mumbai - 22ns Aug 2020



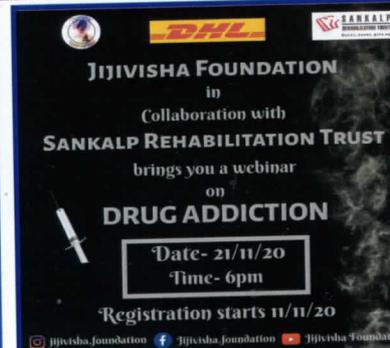
Sankalp Rehabilitation Trust awarded Certificate of Merit at the World CSR Day Congress & Awards - 19th Feb 2021



Meeting with Mumbai zonal director of the Narcotics Control Bureau, Mr. Sameer Wankhede - 8th November 2020



Disemination of findings on the effect of COVID-19 related lockdown on Drug Users in Mumbai - 18th Nov 20



A webinar on Addiction with Jijivisha Foundation - 21st Nov 2020



World AIDS Day Program in Malwani - 1st Dec 2020



Certificate of appreciation awarded to Ms. Reshma Haldankar, Nurse, Sankalp Chhaya - 12th Jan 2021

Events & Highlights



Members of the Lions Club visit Sankalp Nivara - 1st Nov 2020



INDIAN CIVIL SOCIETY AND COMMUNITY MEMBERS MEETING ON PATENT OPPOSITION FOR NEW TB DRUGS

Date: 21 August, 2020
 Time: 4.00 p.m.
 Join zoom meeting: <https://bit.ly/2PKPl4w>
 Meeting Id: 844 1223 1064
 Password: 168402

Note: The meeting is for Indian CSOs and community members.

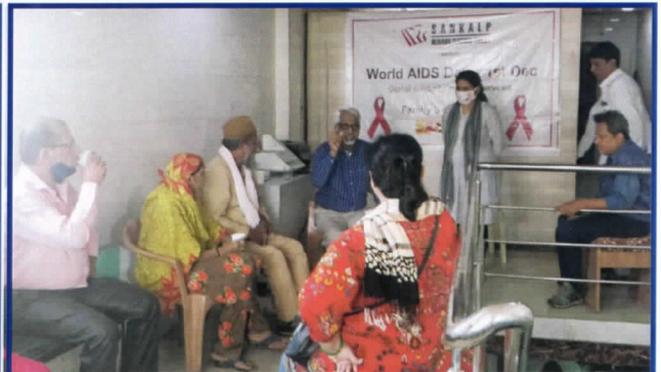
Meeting on patent opposition for new TB drugs - 21st August 2020



Mr. Eldred Tellis presenting at the National Level HCV Literacy Workshop in New Delhi - 25th - 26th March 2021



Educational program with special invitee Mr. Ganesh Acharya, TB Survivor and activist on World TB Day - 24th March 2021



World AIDS Day Programme with families of drug users at Malad DIC - 1st Dec 2020



HSS (HIV Sentinel Surveillance) camp at Mumbai entral DIC - 10th March 21



Drug Awareness Programme with DU community at Malad DIC -

Our Staff & Management



Staff Details:

Gender	Paid (Part Time)	Paid (Full Time)
Male	16	16
Female	0	9
Total	16	25

Volunteer Details:

Gender	Paid	Unpaid
Male	0	1
Female	0	0

Distribution of staff according to payment levels (as on March 31, 2021)

	Male	Female	Total
<=5000	12	0	12
5001-10000	7	4	11
10001-25000	12	4	16
25001-40000	1	1	2
Total	32	9	41

* Except for Eldred Tellis (Founder Trustee and Executive Director) Rs.6,961/-towards travel cost for day to day monitoring of all centres (including railway pass and auto fare) Rs.7,717/- for Medicines

* Total cost National Travel by Board Members/Staff/ Volunteer on behalf of organisation Nil

* Total cost International Travel by Board Members/Staff/ Volunteer on behalf of Organisation Nil

Our Finance

Balance Sheet as on 31 MARCH 2021

LIABILITIES	2020 - 2021		ASSETS	2020 - 2021	
	Rs.	Rs.		Rs.	Rs.
Trust Funds or Corpus			Computer		
Balance as per last Balance Sheet	2,825,105.75		Balance as per last Balance Sheet	27,342.35	
Additions during the year	325,000.00	3,150,105.75	Add: Addition during the year	-	
				27,342.35	
			Less: Depreciation for the year	10,936.94	16,405.41
Income and Expenditure Account			Electrical & Other Equipments		
Balance as per last Balance Sheet	5,233,654.18		Balance as per last Balance Sheet	29,909.22	
Add: Assets incorporated of Closed Projects	-		Add: Addition during the year	3,800.00	
Less : Unutilised Grant Returned	-			33,709.22	
Add/Less: Surplus /Deficit	1,200,071.19	6,433,725.37	Less: Depreciation for the year	4,771.38	28,937.84
Endowment Fund			Furniture & Fixtures		
Balance as per Balance Sheet	853,313.35		Balance as per last Balance Sheet	83,612.76	
Additions during the year	-	853,313.35	Add: Addition during the year	61,860.00	
				145,472.76	
			Less: Depreciation for the year	12,004.28	133,468.48
Current Liabilities			Motor Vehicle		
Payable - OTHERS		4,400.00	Balance as per last Balance Sheet	336,953.32	
PT- March 21		4,775.00		-	
Unutilised Grant - MDACS I		244,130.00	Less: Depreciation for the year	50,543.00	286,410.32
Audit Fees Payable		59,000.00			
Outstanding Payment - MSACS		94,914.00	Investment		
			Accrued Interest on Investment	118,376.52	
			Fixed Deposit with Canara Bank	1,417,541.09	
			Fixed Deposit with Axis Bank	2,074,155.00	
			Fixed Deposit with Citizen Credit Co Op Bank Ltd.	860,183.00	
			Fixed Deposit with Kotak Mahindra Bank	300,000.00	
			Fixed Deposit with HDFC Bank	1,045,340.00	5,815,595.61
			Current Asset		
			TDS Receivable AY 21-22		27,396.00
			TDS Receivable AY 20-21		36,999.00
			Other Current Asset		500.00
			Prepaid Rent		225,000.00
			Receivable from NARI		13,291.00
			Deposits		
			Deposits for Gas Agency	5,868.00	
			Deposit for Office Premises	100,000.00	105,868.00
			Cash and Bank Balances:		
			Cash-in-Hand	4,727.00	
			Cash at Bank	4,149,764.81	4,154,491.81
TOTAL		10,844,363.47	TOTAL		10,844,363.47

Chartered Accountants
S D Medadkar & co.
Mr. Sandeep S Shrikhande , Partner

Sankalp Rehabilitation Trust
Mr. Eldred Tellis, Founder & Executive Director

Income and Expenditure Account for the year ending 31 MARCH 2021

EXPENDITURE	Total Amt in Rs.	INCOME	Total Amt in Rs.
To Establishment Expenses (See Annexure B)	8,905.10	By Interest (accrued) — On Bank Accounts	4,30,103.21 1,11,800.77
To Audit Fees	29,500.00	Fixed deposit with Banks Bank accounts	
To Depreciation	78,255.60	By Grant Received	65,19,385.75
To Expenditure on objects of the trust (a) Religious (b) Educational & Meical Relief (See Annexure C) (c) Relief of poverty (d) Other Charitable Objects	6,417,599.84	By Income from other sources Profit on sale of Bonds Other receipts- (See Annexure A)	6,73,042.00
To Surplus carried over to Balance Sheet	1,200,071.19		
		Total	77,34,331.73

Receipt & Payment Account for the year ending 31 MARCH 2021

RECEIPTS	Total Amt in Rs.	PAYMENTS	Total Amt in Rs.
Opening Balance		Expenses for the object of the Trust	61,36,371.36
Cash	11,154.08	Purchase of Fixed Assets	65,660.00
Bank	25,80,769.57	Decrease in Current Liabilities	1,17,210.00
Grant Received	64,78,677.75	Increase in Current Assets	1,67,134.00
Other Receipts	3,54,913.00	Closing Balance	
Bank Interest	1,11,800.77	Cash	4,727.00
Interest on Investments	1,60,856.00	Bank	41,49,764.81
Donations	3,08,129.00		
Corpus Fund Received	3,25,000.00		
Investments 307581.00			
Increase in Current Liabilities	1986.00		
Total	1,06,40,867.17	Total	1,06,40,867.17

Chartered Accountants
S D Medadkar & co.
Mr. Sandeep S Shrikhande , Partner

Sankalp Rehabilitation Trust
Mr. Eldred Tellis, Founder & Executive Director

Thank
you

Organisational Donors

Medecins Sans Frontieres
American Jewish World Service
IDPC Consortium
Inspirasia Foundation
The India Fitness Connect Private Ltd
Mumbai District AIDS Control Society
Maharashtra State AIDS Control Society
DHL Expres (India) Private Limited
Omprakash Foundation
Treatment Action Group
Sahara Aalhad Care Home
Rusan Pharma Ltd
Sujatha Sanjeeva Reddy Foundation
Sonu Tour and Travels

1000 Club Donors

Prabhu Oilfield Services
Sujata Ganega

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Nirmal R Shani
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Fr. Leonard Noronha
Leandro Bosco Dsylva
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Dominic Saldanha

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Randhir Vieira
Leonard Anthony Noronha
Samir Vieira
Sachin Tarker
Suren Abreu
Rajiv Netto
Eldred Tellis

Inspirasia
FOUNDATION





SANKALP

REHABILITATION TRUST

Never, never, give up

Contact Us

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Charni Road (E), Mumbai - 400002, India.
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DROP-IN-CENTRES

Sankalp Chhaya

(I) Bodyguard Lane RTO, Mumbai - 400 034.
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Satellite Centre

2nd Flr, Bluecross Diagnostic, Gate No. 7, Malvani,
Malad (W), Mumbai – 400 095

Sankalp Kiran

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Contact No: 8097702685

REHABILITATION CENTRE

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