



## IN THIS ISSUE

- Directors Note
- A Snapshot of Sankalp
- Mission, Objective, Vision & Values
- Our Programmes
  - Targeted Intervention – NACO
  - Rehabilitation Centre
  - Halfway Home
  - Family Services Unit
  - Improving access to prevention and treatment of TB among drug users
  - NEW PROJECTS
    - ♦ Awareness, Testing & Treatment of Hep C among People who Inject Drugs
    - ♦ Drug Use, HIV & COVID-19 Prevention among Vulnerable Street Based Adolescents
- Networking & Advocacy
- Events & Highlights
- Staff & Management
- Finances
- Our Donors

# Annual Report

## 2021–2022



**SANKALP**  
**REHABILITATION TRUST**

***Never, never, give up!***

---

## Director's Note



One more year of the pandemic gone by and therefore with restrictions in place it has been difficult to host any fundraising event. The Mumbai Marathon was also cancelled due to various restrictions and Sankalp survived purely by digging into our corpus to keep all of our intervention afloat. We are truly grateful to all those who supported our efforts in these difficult times. The patent landscape has also changed considerably and new drugs for TB and Covid are likely to be out of reach of the common man. With the support of our partners like TWN and Lawyers Collective we continue to fight for access to these much needed drugs.

We had projects with National AIDS Research Institute and WHO (India) for research with People Who Inject Drugs (PWID) and those affected by Hepatitis C. This helped us reach and assist more of the hidden population of PWIDs and improve their access to care and treatment.

Our new project for adolescents using drugs finally took off in September '21 and we have reached out to much younger children as well, through this intervention.

We look forward to your continued support which gives strength to our mission.

Thank you!

A handwritten signature in purple ink, appearing to read 'Eldred Tellis'.

Eldred Tellis

Executive Director



---

# Snapshot of Sankalp

Website: [www.sankalptrust.org](http://www.sankalptrust.org) | Headquarter: Mumbai | Year Founded: 1995

Organization Type	Non-Profit
Sectors	Health & Education
Geographical focus	Maharashtra
Organization Expenditure 21-22	INR 76,13,087/-
Organization Expenditure 21-22	Sankalp has reached more than 23,500 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 January 2027.

## **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 such as 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 for the health and well-being of street-based populations. In early 1997, Sankalp began family therapy in New Bombay since there were many affected families unable to access help related to substance use. Sankalp also assisted with setting up a half-way home and skill building units for stand-alone rehabilitation centres 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 related to HIV and AIDS, Sankalp both successfully fought legal battles with government-run institutions for the right to healthcare for persons with HIV and AIDS, and has been instrumental in getting the ART treatment 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

drug-users and therefore provided treatment through models of abstinence, like detoxification, and rehabilitation centres. 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 Mumbai District AIDS Control Society & Maharashtra State AIDS Control Society
- Rehabilitation Centre
- Halfway Home
- Family Services Unit supported by DHL
- Improving access to prevention and treatment for TB among drug users supported by TAG
- Awareness, Testing & Treatment of Hep C among People who Inject Drugs supported by WHO
- Drug Use, HIV & COVID-19 Prevention among Vulnerable Street Based Adolescents supported by American Jewish World Service

### **Leadership**

Since its beginnings, Sankalp has reached more than 23,500 drug users directly, and has impacted many thousands 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.



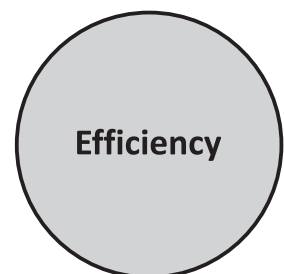
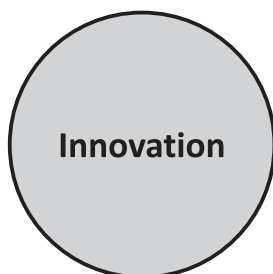
## OBJECTIVE

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 Interventions – NACO

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, counselling, 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.

Currently Sankalp runs 2 Drop-in-Centres (DIC) and 1 Satellite Centre. Sankalp Chhaya DIC is located in Mumbai Central near Tardeo RTO while the Satellite Centre is located in Malad. Sankalp Kiran, which covers areas of Navi-Mumbai, is located in Mumbra.

### Activities of the Targeted Interventions Projects

#### 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.



#### Counselling

The Drop-in Centre offers a range of counselling services that are integral to providing clients with holistic support. Each client is individually counselled to identify and examine the origin and patterns of their drug use, including contributing environmental and psychosocial factors, and HIV status and Hepatitis C triggers. Group counselling 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 counselled to bring about reconciliation, encourage healthy support, and thereby assist users' rehabilitation and reintegration into society.

#### 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 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 centres, 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.

### Referral Services

Various specialized medical referrals take place at the DIC. Before referring clients for HIV testing, our counsellors perform a risk assessment and educate them on how to interpret test results. Clients are then directed to 'Integrated Counselling 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.

Description	Sankalp Chayya	Sankalp Kiran
Total registered (Ever)	1754	149
New Registration during the year	86	117
Avg. Active population	403	148
Total Clinic Visit (GMC+PT+STI Treated + Abscesses)	897	295
Syphilis screening	631	116
Syphilis Reactive & Treated	2	0
Tested for HIV	574	116
HIV reactive & put on ART	2	0
Total clients counselled	511	405
Total Condom Distribution	9152	2235
Needle Distributed	11429	665
Needle Returned	6652	278
Syringes Distributed	6968	587
Syringes Returned	4959	268

## Rehabilitation Centre

The Detox and Rehabilitation Centre located at Vasai (west) in Palghar, district is a 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, diarrhoea, 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 counselling 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 counsellor'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, behavioural 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 counsellor from Sankalp Rehabilitation Trust holds monthly meetings with families following a self-help model, with the counsellor 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.

Rehabilitation Centre	
Total Clients Admitted	23
Group Counselling Sessions	317
Individual Counselling sessions	836
Family Counselling Sessions	38





---

## Half – Way 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 counsellor, doctor, or therapist can help analyse it. This year we had a total of 8 individuals who benefited from this service.



---

## 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.

### **The Family Services Unit primarily –**

#### **Helps Families of Addicts**

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.

#### **Creates a Stronger Family Unit**

At Sankalp Rehabilitation Trust, we 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.

#### **Helps with the Treatment Process**

From the first inquiry, engagement of family members in the loved one's treatment; they remain part of the process throughout inpatient rehab and beyond. 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.

Our family programs and treatment are tailored to help both families and patients understand the emotional consequences of addiction, the recovery process, and the enormous impact that addiction has on the family. Families also learn how their behaviors and attitudes can enable addiction to progress and gain tools for eliminating enabling behaviors.

#### **Activities Undertaken**

- Home Based family Counselling
- Individual Family Counselling
- Group Family Counselling
- Visits to the Rehabilitation Centre
- Visits to outpatient programs
- Referrals based on needs
- School awareness programmes
- Community awareness programmes





Description	Outcome FY 21-22
Individual Drug Users Counselling	583
Family Group Sessions	7
Visits to Rehabilitation Centre	86
Families of Drug Users Counselling	73
Individuals counselling for Detox / Rehab treatment	153
Referral to treatment services based on needs	30
Number of Student Awareness Programs Conducted	4
Students reached through awareness programmes	298
Number of Community Awareness Programmes Conducted	8
Individuals reached through public community awareness programmes	181



---

## 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.

During the year we held a virtual National Level Workshop on TB Preventive Therapy with a Focus on Operational Research. Several meetings were held with Deputy Executive Health Officer (DEHO) & City TB Officer (CTO), MCGM to advocate for 3HP for vulnerable population. Our Director was part of a Focus Group Discussion on Public Private Mix for DRTB Management. Several Support Group Meetings were organized for those affected within the community as well as awareness and feedback sessions among our client base who were undergoing treatment for TB. Another activity that was conducted was a training session on Programmatic Management of TPT for NGOs and CBOs working on TB. This training was in partnership with and conducted by WHO consultant at the TB CTO office.

A Mumbai TB Collective was also formed which comprised of different stakeholders, including survivors, treatment activists working on TB, Civil Society Organisations (CSOs) working in the area of child rights, women rights and treatment providers such as MSF. Frequent meetings and discussions were held ever quarter which invoked participants to share their experiences and challenges from the ground that they witness in their day-to-day engagement with beneficiaries such as children, drug users, patients, patient's families, and healthcare providers and strategize different ways to deal with them.





---

# NEW PROJECTS

## Awareness, Testing & Treatment of Hep C among People who Inject Drugs

Hepatitis C infection is an emerging public health threat in India. About 1.2 crore people are reported to be infected with Hepatitis C in India — six times the number infected with HIV/AIDS. Hepatitis C spreads through the use of injectable drugs, unsafe injection practices, unsafe health care, and transfusion of unscreened blood and blood products. It is also the leading cause of death in people co-infected with HIV. People living with HIV/HCV co-infection are at a greater risk for progression of liver fibrosis but it is HCV, not HIV that is the cause of a significant number of deaths in co-infected people because while there are combination antiretroviral drugs widely available to treat HIV, HCV testing and treatment remains out of reach for most who need it.

Viral Hepatitis impacts the general population, but disproportionately affects key populations including People Who Inject Drugs. In India, the HCV prevalence rate is 44.7% among PWIDs, almost double that of any other high-risk group. Therefore there was a need to prioritise interventions to People Who Inject Drugs, to reduce the incidence of viral hepatitis.

With the support of World Health Organization Regional Office for South-East Asia we carried out activities with the objective of increasing awareness regarding prevention, early diagnosis and treatment of Hepatitis C. We also tested current PWIDs being served by our various projects, as well as those who have quit injecting and are part of our follow-up. The project covered western line of the Mumbai Suburban Railway from Churchgate to Borivali, which is catered to by our 2 centres at Mumbai Central & Malad.

An intensive training workshop was organized for Peer Educators and Outreach Workers on Hepatitis C at Bombay YMCA. The aim of the workshop was to educate field workers on prevention, early diagnosis and treatment of Hepatitis C among Injecting Drug Users. At the workshop topics like Hepatitis and the liver, transmission, prevention, symptoms, diagnosis and making treatment decisions, side effects during treatment and treatment issues for HIV/HCV-co-infected people were covered.

Through advocacy with the National Viral Hepatitis Control Program (NVHCP), 2 HCV testing camps were organized wherein 77 HCV and HBV tests were conducted among the IDU population. 68 Males and 9 females were tested. 25 tested positive for the Hepatitis C virus and 3 tested positive for the Hepatitis B virus. It was noted that approximately 32% of those tested turned out to be Hepatitis C positive.



Support group meetings were then organized with those that were HCV and HIV positive where they were briefed on the disease. Information was provided and there were discussions around making treatment and lifestyle changes such as initiating or ceasing treatment, eliminating alcohol consumption, increasing openness with family and friends, as well as discussing side effects of medicines. Participants were encouraged to develop a strong bond with each other, so that information can be shared and members can be there for each other in times of need. One to one counselling was also conducted for those who reported positive for HCV as well as those who were positive from before but had not initiated treatment. We will soon be following up with these individuals and ensure they start their treatment.

## Drug Use, HIV & COVID-19 Prevention among Vulnerable Street Based Adolescents

In March 2020, India confined its whole population trying to stop the spread of the Covid-19. This lockdown was extended for months. Street adolescents and their families in Mumbai faced a terrible situation, not having a proper home to stay confined, and not being able to earn any money.

Although the lockdown has been gradually raised, vulnerable adolescents and children who live on the streets still face severe difficulties, threatened by both disease and hunger. To help them overcome these problems, Sankalp Rehabilitation Trust partnered with American Jewish World Service to provide crucial support to adolescents on the streets and help them access the services, information, and protection they need throughout the pandemic.

The project which started in the month of September 2021 provided support to approximately 56 street adolescents and their families during the year. This project made it possible to distribute face masks and educate these adolescents about Covid-19 and how to prevent its spread, so they can protect themselves and remain safe from the disease.

In addition to direct COVID-19 related support, other support was also provided for their general health and well-being. Access to games, sports and team activities helped provide adolescents the right opportunities to develop skills in communication, learn to exercise judgment and think critically while finding solutions to problems. Counsellors worked with the adolescents to encourage them to be active and take responsibility for their lives, reduce their stress and provide the right emotional support and guidance based on their needs. Access to medical check-ups helped with the early detection of deficiencies and general health problems while nutritional support ensured that they get their basic nutritional needs.



Thanks to these efforts, and the funding provided by AJWS, these adolescents are being supported to survive during these hazardous times, and will have a chance to improve their future opportunities for a healthier and more productive life.

Age	Boys	Girls	Types of Drug Abused	Has Family Support	Education		
					None	Primary School	Secondary School +
8-12 years	18	11	Gutka, Tobacco, Solvent abuse Gutka, Tobacco, Solvent abuse,	29	10	15	4
13-17 years	16	8	Alcohol, Prescription Pills, Ganja	23	5	6	13
18+ years	3	0	Gutka, Tobacco, Solvent abuse, Alcohol, Prescription Pills, Ganja	3	1	1	1
TOTAL	37	19		55	16	22	18

---

## 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



Celebrating Diwali with Clients from Mumbai Cental DIC



Celebrting Sankalps 27th year Anniversary with Staff and Trustees



Conducting Training Session on Injecting Drug Users among MSM, TG and FSW TI's



Conducting Programmatic Mapping and Population Size Estimation Survey



Community Awarness Program among Women Whose Husbands Use Drugs



Drug Awarness Program among the Community



# Events & Highlights



Hepatitis C Screening Camp at Mumbai Central DIC



Hepatitis C Screening Camp among IDUs in Hotspots around Mumbai



Hepatitis C Screening Camp in Malad DIC



Hepatitis C Awareness Session among Injecting Drug User Community



# Events & Highlights



Hepatitis C Training Workshop for Outreach Workers and Peer Educators



Meeting on TPT, LTBI and DR-TB Access with Mumbai TB Collective



Meeting on Advocacy Roadmap for Roll-out of TPT



Spreading Awareness among the community on World TB Day



Observing World Drug Day with our clients from Mumbai Central DIC



Observing World Drug Day in Mumbra DIC



# Events & Highlights



Hepatitis C Screening Camp at Malad



HEP C Screening Camp at Mumbra



Drug Awareness Program



Treatment Literacy Workshop with Fight AIDS Coalition



TB Screening of our Clients in Mumbai Central



Training on Programmatic Management of TPT for Members of Mumbai TB Collective



# Our Staff & Management



## Staff Details:

Gender	Paid (Part Time)	Paid (Full Time)
Male	17	15
Female	0	10
Total	17	25

## Volunteer Details:

Gender	Paid	Unpaid	
Male	0	1	Premnath
Female	1	0	Jagruti Gupta

## Distribution of staff according to payment levels (as on March 31, 2022)

	Male	Female	Total
<=5000	13	0	13
5001-10000	7	3	10
10001-25000	9	6	15
25001-40000	1	3	4
Total	30	12	42

- \* Except for Eldred Tellis (Founder Trustee and Executive Director) Rs 28,482/-towards travel costs for day to day monitoring of all centres (including railway pass and auto fares) Rs. 11706/-for medicines
- \* Total cost National Travel by Board Members/Staff/ Volunteers on behalf of organisation Nil
- \* Total cost of International Travel by Board Members/Staff/ Volunteers on behalf of Organisation Nil

# Our Finance

## Balance Sheet as on 31 MARCH 2022

LIABILITIES	2021 - 2022				ASSETS	2021 - 2022			
	Rs.	Ps.	Rs.	Ps.		Rs.	Ps.	Rs.	Ps.
Trust Funds or Corpus					Computer				
Balance as per last Balance Sheet	3150105.75				Balance as per last Balance Sheet	16405.41			
Additions during the year	125000.00		3275105.75		Add: Addition during the year	79200.00			
						95605.41			
					Less: Depreciation for the year	30392.16		65213.25	
Income and Expenditure Account					Electrical & Other Equipments				
Balance as per last Balance Sheet	6433725.37				Balance as per last Balance Sheet	28937.84			
Add: Assets incorporated of Closed Projects					Add: Addition during the year	22496.00			
						51433.84			
Less : Unutilised Grant Returned					Less: Depreciation for the year	6027.88		45405.96	
Add/Less: Surplus /Deficit	1952575.23		4481150.14		Furniture & Fixtures				
					Balance as per last Balance Sheet	133468.48			
Endowment Fund					Add: Addition during the year	29050.00			
Balance as per Balance Sheet	853313.35					162518.48			
Additions during the year	0		853313.35		Less: Depreciation for the year	15899.35		146619.13	
Current Liabilities					Motor Vehicle				
Payable - OTHERS			4500.00		Balance as per last Balance Sheet	286410.32			
PT- March 22			2925.00			0			
Unutilised Grant - MDACS I			202045.20		Less: Depreciation for the year	42961.55		243448.77	
Audit Fees Payable			88500.00		Investments				
					Accrued Interest on Investment	346321.52			
					Fixed Deposit with Canara Bank	1417541.09			
					Fixed Deposit with Axis Bank	2001590.00			
					Fixed Deposit with Citizen Credit Co Op Bank Ltd.	860183.00			
					Fixed Deposit with Kotak Mahindra Bank	300000.00			
					Fixed Deposit with HDFC Bank	1045340.00			
					Interest receivable Kotak Mahindra Bank	2,485.00			
					Interest receivable HDFC Bank	2,618.59		5976079.20	
					Current Asset				
					TDS Receivable AY 22-23			24524.00	
					TDS Receivable AY 21-22			27396.00	
					Advance PT			75.00	
					Prepaid Rent			247750.00	
					Receivable from NARI			3864.00	
					Deposits				
					Deposits for Gas Agency	5868.00			
					Deposit for Office Premises	125000.00		130868.00	
					Cash and Bank Balances:				
					Cash-in-Hand	2841.00			
					Cash at Bank	1993455.13		1996296.13	
TOTAL			8907539.44		TOTAL			8907539.44	

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 2022

INCOME	Total Amt in Rs.	EXPENDITURE	Total Amt in Rs.
By Interest (accrued)		To Establishment Expenses	15,074.17
On Bank Accounts	299,473.59	To Depreciation	95,280.94
Fixed deposit with Banks	116,676.00	To Expenditure on objects of the trust	
Bank accounts		(a) Religious	
By Grant Received	4,224,776.80	(b) Educational & Medical Relief	7,467,331.51
By Income from other sources		(c) Relief of poverty	
Other receipts	1,019,585.00	(d) Other Charitable Objects	
By Deficit carried over to Balance Sheet	1,952,575.23	To Audit Fees	35,400.00
.			
Total	7,613,086.62	Total	7,613,086.62

## Receipt & Payment Account for the year ending 31 MARCH 2022

RECEIPTS	Total Amt in Rs.	PAYMENTS	Total Amt in Rs.
Opening Balance		Expenses for the object of the Trust	7213974.68
Cash	4727.00	Purchase of Fixed Assets	130746.00
Bank	4149764.81	Decrease in Current Liabilities	295916.00
Grant Received	4182692.00	Increase in Current Assets	100000.00
Other Receipts	418696.00	Closing Balance	
Bank Interest	116676.00	Cash	2841.00
Interest on Investments	96712.00	Bank	1993455.13
Interest on IT Refund	2951.00		
Donations	595274.00		
Corpus Fund Received	125000.00		
Investments	23807.00		
Decrease in Current Assets	20632.00		
Increase in Current Liabilities	1.00		
Total	9736932.81	Total	9736932.81

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

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

# Thank you

## Organisational Donors

Omprakash Foundation  
TAG (Treatment Action Group)  
Mumbai District AIDS Control Society  
Maharashtra State AIDS Control Society  
DHL Express India Pvt Ltd  
World Health Organisation  
Shree Gauseva Charitable Trust  
Paragon Property Enterprises Pvt Ltd  
The India Fitness Connect Pvt Ltd  
National AIDS Research Institute

## 1000 Club Donors

Prabhu Oilfield Services  
Fatima Guha  
Amal Sethi  
Eldred Tellis

## Individual Donors

George D'Souza  
Vivek Devan  
Late Eustace Dsouza  
Ernest Joseph Fernandes  
Roshan Mulla  
Marcelina Mingali Dsouza  
Gloria Vaz  
Leonard Noronha  
Alice Mendes  
Ashwin Widge  
Priyanka Vieira  
Randhir Vieira  
Ramesh M Shani  
Bina M Shani  
Bharati R Shani  
Cyril Pereira  
Blossom Coutinho  
Prescilla Elizabeth Sequeira

## Volunteers

Premnath Rajak  
Jagruti Gupta





**SANKALP**  
**REHABILITATION TRUST**

*Never, never, give up!*

## **Contact Us**

### **Registered and Administrative Office Halfway Home**

1st Floor, S S Bengali Municipal School, Thakurdwar Road,  
Charni Road (E), Mumbai - 400002, India.  
Tel : +91 80977 02685 email: sankalp.trust@gmail.com

## **DROP-IN-CENTRES**

### **Sankalp Chhaya**

(I) Bodyguard Lane RTO, Mumbai - 400 034.  
Tel: +91 89767 59545

### **Satellite Centre**

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

### **Sankalp Kiran**

G-2 Dalvi Villa, Charni Pada,  
Near Kausa Masjid,  
Mumbra (E) – 400 612  
Contact No: 8097702685

### **Sankalp Aarzo**

No. 1, Pote Apartment No. 3,  
Near Mahad Samaj Hall Station Road,  
Kalyan(E) -421306  
Contact No: +91 80977 02685

## **REHABILITATION CENTRE**

### **Sankalp Disha**

Father Bobacha Ashram, Bamboo House,  
Near Huseini Colony, Babola Bangali Road, Vasai (W), Thane.  
Contact No: 9579760645