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Drop-in-Centres

Sankalp Chhaya

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Transport Office, Mumbai Central (W)
Mumbai 400034 Tel.: +91 22 6575 9545

Sankalp Saarthi

Room No. 2, 1st Floor, Mustafa Chawl,
Opp. Gajora Shop, Jarimari, Kurla (W),
Mumbai 400070 Tel.: +91 22 3262 4560

Sankalp Kiran

Basement, Meena Apartment,
Sant Kanwarram Chowk, Station Road,
Ulhasnagar 3 Tel.: 9224246047

Sankalp Aarzo

Room No. 506, Aass B B Marg,
Khadanmarg, Kalyan Road,
Bhiwandi. Tel.: 89761 63856.

Project Nischay - Prison Intervention

Arthur Road Jail, Mumbai 400 011.

Project Disha - Detoxification Centre

Father Bombacha Ashram, Bamboo House,
Near Huseini Colony, Behind Manick Tiles,
Babola Bangli Road,
Vasai (W). Tel.: 0250-2021270



Annual Report 2012-2013

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HIV/AIDS Bill Rally

Director's Note

This year, after having participated in Dasra Cohort 6, and have been exposed to different NGO scale up, it was evident that in our kind of work, quality assurance was important before any scale up. With this intention we at Sankalp Rehabilitation Trust began to work at recruiting people with motivation and a desire to serve for a considerable period of time.

Although our funding ended for our Community Care Centre and Prison Project we continued with both through our local fundraising efforts. Our event "Dance Pure" helped to keep our efforts in Arthur Road Jail alive and other donors including the Inner Wheel Club of Bombay North helped us at Project Nivara.

Our work with Karvy (for Tata Telecom Services) was prematurely stopped since we were not being treated fairly and our partner in Bangalore AMBA CEEIC, took on the responsibility to pursue the possibility of directly sub-contracting with Tata Tele Services. Since we were lucky to find a suitable premise for our Detox Centre in Vasai, we were also able to shift part of Project Hunar to this new location. There are challenges like fluctuation in electricity which hampers our online work, but we are sure that these will soon be sorted out and our unit will run even more efficiently than before.

We opened a new Drop-In Centre at Bhiwandi with the assistance of PHFI and MSACS. This has been well received by the community there, since no other NGO has shown interest in working with injecting drug users.

Sankalp Overview

Sankalp Rehabilitation Trust seeks to improve the quality of life of Drug Users and their families.

Sankalp Rehabilitation Trust was founded in 1995 to address the issue of drug abuse in Mumbai, India. Further, with the advent of HIV/AIDS Sankalp seeks to minimize the spread of blood borne viruses like HIV & HCV (Hep.C). Since inception Sankalp has provided services to more than 17,000 Drug Users (DUs).

Sankalp believes in the philosophy of 'Harm Reduction'. Their aim is to reduce the negative impacts of drug use and drug-related activities on individuals, families and communities. Understanding that abstinence is not always possible, they strive to create a safe environment for DUs by providing them with information on safe injecting practices, access to medical care, as well as opportunities for long-term recovery.

To meet these goals, Sankalp is working with a model in which a team of Outreach Workers (ORWs) and Peer Educators (PEs), who are former or current DUs reach out and provide health education to the street based drug using community, motivating drug users to seek additional support. Sankalp manages low-threshold programmes at

our Drop-In Centres (DIC's) where DUS have easy access to Sankalp's services including Opioid Substitution Therapy (OST), Needle & Syringe Exchange Program (NSEP), Abscess Management and Counselling.

While these low-threshold programmes are the first entry points for many of the clients, they are provided with a continuum of care across a range of services and circumstances. From detoxification centre and prison intervention to close ties with hospitals and rehabilitation centres, Sankalp makes this goal possible. Finally, through our sustainable livelihood training programme and peer educator positions, our are encouraged to contribute to society and help others in need.

Objectives:

- To reduce the rate of HIV and Hepatitis infection among injecting DUs.
- To provide medical support and counselling to DUs.
- To empower DUS to be self-reliant through informal education and sustainable livelihood training
- To advocate on behalf of DUs and those who are HIV positive
- To lower the number of drug related crimes and sensitize police to the issues facing Drug users.



Opening of new DIC in Bhiwandi

Drug Use and Hepatitis C

The World Health Organisation (WHO) calls Hepatitis C a 'Viral Time Bomb' as transmission, morbidity and mortality rates are on the rise. Hepatitis C is also known as the "silent epidemic" due to its lack or slow development of symptoms which can take years to manifest. Among Injecting Drug Users (IDUs) HCV is more than three times as prevalent as HIV, yet, many IDUs have never heard of HCV. A lack of HCV awareness both among people at risk, particularly healthcare providers, in low and middle-income countries, contributes to the low number of people who know their HCV serostatus; even fewer have access to treatment.

Though the WHO made a resolution in 2010 to target IDUs for HCV prevention and treatment, a mere 2.4% currently have access to HCV therapy and less than 4% of PWID globally have access to needle and syringe (NSEP). Negative attitudes from providers about drug dependence fuel the misconception that IDUs cannot adhere or do well on HCV or (HIV) treatment. However, evidence

shows that, with appropriate support, they have the same treatment success as non-users. HCV treatment is also effective in HIV/HCV co-infected IDUs. Hepatitis C can be treated and cured; newer drugs in the pipeline and soon to be approved will dramatically simplify the treatment regimen and lead to more cures. Injecting Drug Users must access them too.

Sankalp's challenge of the patent given to Roche was upheld in their favour on 2nd November 2012 which helped bring down the prices by 70% in the following period. Yet numerous hurdles from healthcare setting discrimination to the drug prices, still need to be overcome so that treatment access is equitable and that people who use drugs can be cured.



Care for IDUs at our Community Care Centre

Our Programs

Targeted Intervention-Drop-In Centres

The Drop-In Centres are the lifeline of Sankalp's work, offering low-threshold Harm Reduction services to the drug using community.

The centres occupy an essential place in Sankalp's unique continuum of care providing DUs with an accepting environment and a multitude of services from street to home and prison to hospital. These centres, along with the support of the outreach work connected with each of them spearheads Sankalp's progressive strategy of Harm Reduction. The DICs introduce DUs to a variety of Harm Reduction initiatives, including Health Education, Counselling and Opioid Substitution Therapy, all designed to lower the negative consequences and risks associated with drug use. Through acceptance, peer support and continued care, these centres help motivate DUs for recovery and reintegration into society. Currently, Sankalp runs three DICs. Sankalp Chhaya located near Mumbai Central Station, Sankalp Saarthi located in Sion, and Sankalp Kiran located in Ulhasnagar.

Key Services:

Outreach

Community outreach is Sankalp's initial point of contact. Our staff comprising of ORWs and PEs former and current DUs on the road to recovery, themselves reach out to the drug-using community on a daily basis. With persistent follow up they initiate many of the components of Harm Reduction, including Safe Injecting education, Abscess management and the Needle & Syringe Exchange Programme (NSEP). In this programme, the DUs return the used, dirty needles and syringes to Sankalp staff and are given new clean ones in exchange. This is an effort to reduce the spread of blood borne viruses, decrease risk of developing abscesses, and create a safe environment for the

users. In catchment areas and areas frequented by DUs bi-monthly hot spot meetings are held to raise awareness among new clients.

Counselling

Counselling is an integral part of the services offered to clients at all the DICs. Each client is individually counseled to identify the origin of his habit, examine the contributing environmental factors, emotional quotient, their present drug using habit level/HIV status etc. including relapse triggers. In addition group counselling is also held where Harm Reduction strategies, family relationships are discussed and experiences shared. These sessions help to motivate clients on the road to recovery. The family is also counseled and wherever possible, efforts are made to bring about a reconciliation, rehabilitation and reintegration into society.

Personal Health

Each centre is equipped with a clinic with a doctor and a nurse in attendance daily. At these clinics, all the medical needs of clients, ranging from diagnostics and distribution of medicine to abscess management are attended to. The main responsibilities of the doctor is to monitor each client's induction progress and possible tapering off of OST. For additional care, the doctors also refer patients to community care centres, critical care facilities and local government hospitals for HIV and T.B. treatment. Those who are referred to public hospitals are given access to bathing facilities and fresh clothing at the DIC to diminish discrimination they may face and help ensure that they are not refused treatment. In addition to medical attention, clients are provided with a highly subsidized mid-day meal.



DICs are the life-lines of Sankalp's Work

Opioid Substitution Therapy (OST)

This therapy greatly helps in reducing injecting drug use and its associated harms and is the backbone of Sankalp's Harm Reducing Mission efforts. It also provides a means to safely and effectively taper off opioid use, and ultimately guide clients towards rehabilitation and re-entry into mainstream

society. The injecting DUs are helped to make a transition and weaned out of the habit by giving them an oral substitute as an alternative, eliminating the transmission of blood-borne infection. The effects of the oral substitute of Buprenorphine given are long lasting and do not cause euphoria, and has a lower risk of dependency and addiction.

Drop-in-Centres Performance Indicator ^{4s} FY 12-13				
	Sankalp Saarthi	Sankalp Chhaya	Sankalp Kiran	Sankalp Arzoo
Total Clients Registered	337	570	554	130
Services				
Clients Receiving Medical Consultations	108	275	334	167
Clients Receiving Counselling	153	354	312	168
Clients Provided with Nutrition	63	105	272	0
Clients Participating in 'Needle/Syringe Exchange Program'	55	200	180	65
Clients on 'Opioid Substitution Therapy'	81	201	212	75
Clients Benefiting from Abscess Management	21	138	87	12
Referrals				
Integrated Counselling and Testing Centre (ICTC)	417	354	225	66
Directly Observed Treatment Short course (DOTS)	94	45	14	2
Sankalp Disha (Detoxification Centre)	35	47	49	2
Good Shepherd Recovery Home (Rehab Centre)	8	15	13	0
Project Nivara	9	35	12	0
Other Referrals	10	179	148	0
Clients affected by Blood-Borne Viruses				
New HIV+ clients	9	16	8	0



Advocacy with Police

Our Centres:

Sankalp Chhaya

Sankalp Chhaya, started in 1999 was one of the first drop-in centres. Due to its strategic location near the Mumbai Central Railway station it is well known. The outreach workers cover the area in and around Dadar, Churchgate and Chatrapati Shivaji Terminus. Because of the proximity and travelling convenience clients come regularly. Besides, the atmosphere in the centre is so congenial that regular clients experience a great sense of belonging. Since a multitude of the DUs are homeless and live or loiter around the railway tracks and stations, they are victims of police wrath. Sankalp Chhaya builds a rapport with the Railway Police personnel in an effort to sensitise them and bring about a change in their perception and attitude towards this problem. This centre has had an appreciable number of clients who have remained clean and who are now working at the centre as ORWs and PEs. This centre is funded by Mumbai District AIDS Control Society (MDACS) since 2007. During the year 2012-13, there were 570 registered clients at the centre against a target of 400.

Sankalp Saarthi

Sankalp Saarthi was established in 2008 and was originally located at Kurla. In August 2011 it was shifted to Sion. This is another drug using hotspot. The new location has attracted far more clients than it did when operating from the old location at Kurla. The outreach workers have infiltrated all the surrounding areas viz. Kurla, Sakinaka, Kamani, GTB Nagar, and Govandi. There is an appreciable increase in the number of clients on OST as compared to the previous four years. This centre is funded by Mumbai District AIDS Control Society (MDACS).

An added advantage is that the police in these areas are very receptive to the idea of assisting DUs to access support services and with this goal in mind are more than willing to work in

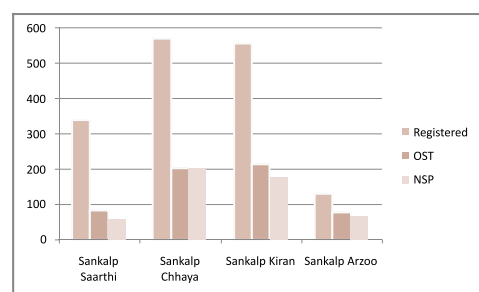
close co-ordination with SANKALP. As a start, they have already referred a few clients to the Sion centre. Most of the clients in this area are home-based, family members are actively involved in the recovery process by monitored counselling. During the year 2012-13 there were 337 registered clients at the centre against a target of 200.

Sankalp Kiran

Sankalp Kiran started in 2007 and originally situated at Kalyan shifted to Ulhasnagar in 2010. The Ulhasnagar station and the five hotspots around renders it easily accessible to DUs and thus helps to facilitate the outreach coverage. PEs from this centre cover the area from Thane to Ambernath. In October 2011 there was a fire in this place as a result of which the operations of this centre had to be shifted to a nearby building. This centre which was originally funded by Maharashtra AIDS Control Society (MSACS) and AVERT. Though MSACS continues to fund this DIC, AVERT has discontinued and is replaced by Public Health Foundation of India (PHFI) since July, 2012.

The closure of the Bhiwandi centre in 2010 compelled clients who were being attended to by the Bhiwandi centre to travel all the way to Ulhasnagar. In order to save time, energy and money, they were encouraged to take advantage of the close proximity of Sankalp DISHA (our detoxification centre) and undergo a more permanent recovery process by way of detoxification or rehabilitation. This would eliminate their hardship and provide a better recovery plan. During the year 2012-13 there were 554 registered clients at the centre against a target of 400. Bhiwandi closed down in 2010, many of Bhiwandi's clients began traveling to Ulhasnagar. Since the travel from Bhiwandi to Ulhasnagar is long and costly, Sankalp Kiran has been encouraging these clients to go through a more permanent recovery process at either the Detoxification or Rehabilitation centre where they do not have to travel back-and-forth on a daily basis.

	Sankalp Saarthi	Sankalp Chhaya	Sankalp Kiran	Sankalp Arzoo
Registered	337	570	554	130
OST	81	201	212	75
NSP	55	200	180	65



Project Nivara Performance Indicators FY12-13	
Total Clients Admitted	102
HIV+ Clients	56
Clients on Opioid Substitution Therapy	63
Services/ Referrals	
Specialized Care at Municipal Hospitals	90
Orthopaedic Follow-Up	1
Life Force, Homeopathy Center	0
Integrated Counselling and Testing Centre (ICTC)	5
Tuberculosis (TB) Screening	14
CD4	9
Directly Observed Treatment Short course (DOTS)	2
Municipal Hospitals for Critical Illnesses	0
Pre registration for Antiretroviral Therapy (ART)	9
Sexually Transmitted Infections (STIs) Screening / Treatment	2
Sankalp Disha (Detoxification Centre)	1
Psychiatrist	7
Antiretroviral Therapy (ART)	9
Terminal Care Centre	1

Sankalp Arzoo

Ever since the closure of the centre in 2010, there has been a demand from the community to re-start it. It had been earlier run for three years with the assistance of UNESCO through the European Commission of Deutsche Ordens International (DOI) which had an extended one year run when Sankalp put its own funds in anticipation of the Government taking over. It was the

latest evaluation done in 2011 for Thane District that brought the recommendation to re-start the centre. With the opening of this new centre in Bhiwandi in October 2012, Thane District will now have two Drop in Centres. Sankalp Arzoo is funded by MSACS and PHFI. They have been given a target of 200 DUs, and have registered 130 during the nine month of existence.

Community Care Centre: Project Nivara

Drug Users in crisis can receive 24-hour medical attention at Project Nivara.

Project Nivara is a residential medical care facility for DUs in need of round-the-clock support and supervision. This is an extension of the services extended by Sankalp's DICs. Since most of our clients are street based and are prone to medical and psychological complications, thus retarding the recovery process, in acute cases, the DICs refer them to the Community Care Centre.

At Nivara they are kept under strict night and day surveillance and are attended to by a nurse who is present during the day and a doctor who is on call and is also present during the day and conducts bi-weekly check ups. As the need arises, the clients are then made to undergo blood tests,

screening, xrays. A line of treatment plan is drawn up and followed for each client. A follow up with ART (Anti Retroviral Therapy) is recommended on a continuous basis. Clients are also hospitalized and operated upon if the need arises. Abscesses and other infections resulting from HIV are also treated.

The clients' mental health needs are also attended to with regular counselling sessions in groups and on a one to one basis as well. Family counselling and home visits are also undertaken. Clients are motivated to pursue long term recovery and reintegration into society through livelihood training at Project Hunar which is located at the centre.



Income Generation for Nivara clients

Detoxification Centre: Sankalp Disha

Sankalp Disha inaugurated in March 2011 at Vithalwadi with the support of INSPIRASIA is a 12 bed residential detoxification centre. The aim of SankalpDisha is to provide clients with an intensive 15-day program to address their physical addiction in a supportive and non-judgemental environment. Here under trained personnel clients receive comprehensive medical and psychological care. The use of the drug Buprenorphine in OST is tapered off and a doctor oversees the medical management of withdrawal symptoms such as tremors, insomnia, hallucinations and vomiting. All clients regularly meet with the psychiatrist for consultation.

Sankalp Disha resorts to Cognitive Therapy, Rational Emotive Therapy and follows the 12-Step Recovery Program successfully tried out by Alcoholics Anonymous and Narcotics Anonymous. Relapse triggers, emotional and stress management and behavioural and cognitive skills to stay sober are all common topics for daily group counselling sessions. In addition individual sessions are held with clients to delve into the circumstances responsible at the starting point of the

clients' drug using habit, family relationships, finances, and motivation for recovery. Since successful recovery of the client depends to a large extent on the support of client,s family, the staff conducts home visits as well as joint client-family counselling sessions.

A large number of clients are referred for long-term residential Rehabilitation Programs at Good Shepherd Recovery Home, built by our networking partner, the Lord's Ranch Trust. Regardless of whether clients continue on to formal rehabilitation treatment continues after leaving the centre through different follow up initiatives.

While the centre at Vithalwadi is fully functional, we continue our efforts to work with the government to secure a more centrally located and accessible facility within Mumbai.

Sankalp Disha FY 12-13	
Total Clients Admitted	182
New Clients Admitted	139
Clients Readmission	43
Services / Referrals	
Clients Admitted to Good Shepherd Recovery Home (Rehab Centre)	45
Clients referred to Project Hunar	3
Clients referred to Hospitals (Nair, Central etc.)	2
Home Visits	23
Individual Counselling	916
Group Counselling	313
Joint Family Counselling Sessions	131



Sustainable Livelihood Program: Project Hunar

Project Hunar equips recovering drug users with marketable professional skills that enhances their recovery and enables their transition into mainstream society.

This Program was initiated in the year 2009 with the help and support of Sugandha Sukrutaraj of the Bangalore-based NGO AMBA CEEIC. Project Hunar serves as Sankalp's primary Sustainable Livelihood Program. This program aims to enhance the rehabilitation of recovering DUs by equipping them with marketable professional skills to make them self-reliant and thus transit smoothly into mainstream society. Clients in this project continue to receive medical and psychological support within the communal living environment that is conducive to holistic healing, recovery and growth.

Project Hunar is a six to eight month residential program in which clients are taught the basic English language data entry. Using a model of visual recognition, predominantly illiterate participants learn to recognize and name each letter through a combination of matching activities, interactive group projects and newspaper readings. Once they have mastered the English alphabet, they learn to operate the computer through both non-computer and computer-based activities, eventually learning to convert hard copy

documents to an electronic form. Following Sankalp's peer-based model, previous graduates of Project Hunar have an active role as peer-trainers.

Since 2009 three batches of clients have successfully completed this training and the fourth batch is underway. Project Hunar secured a contract with Karvy Data Management Services to process all of Tata Teleservices' Customer Application Forms for new connections in South Mumbai. The clients conduct a second-level verification of these forms which are 900 daily, six days a week. This programme was temporarily discontinued in November 2012 because M/S Karvy Data Management Services went back on their contract. Sankalp was hoping to revive the contract with another contractor but this did not happen till the year end..

Project Hunar is central to our mission. The recovery and rehabilitation of DUs is incomplete without proper attention paid to the process of reintegrating DUs back into society. With Project Hunar and the opportunity to learn a marketable skill, such integration becomes a reality for our clients.



Prison Therapeutic Community: Project Nischay

The 'Therapeutic Community' at Arthur Road Jail addresses the needs of highly marginalized incarcerated Drug Users through access to health care and peer-based support.

Sankalp began its intervention in Arthur Road Jail in 2003 at which time American Jewish World Service supported Sankalp in this endeavour. Since prison inmates belong to the highly stigmatized group of DUs and are denied every opportunity to reform, Sankalp took it upon themselves to service these clients.

Project Nischay aims to create a supportive environment for incarcerated DUs which includes curbing the spread of blood borne viruses and encouraging a disciplined, clean and healthy lifestyle. The Therapeutic Community Model brings DUs together in an educational and encouraging environment, utilizing positive peer pressure to help DUs address their addiction.

The programme was held in a barrack at the Arthur Road Jail. Due to the re-development work being carried out Sankalp is allotted a much smaller area to carry out activities. Due to the prison environment those inmates not infected with HIV may be dangerously exposed to the transmission of the HIV virus, as there is a high rate of unprotected consensual and nonconsensual sex within the prison. Sankalp therefore focuses on providing

basic support and services to its clients, concentrating on counselling, medical care, Narcotics Anonymous meetings, and group sessions focusing on health education. Sessions also cover relapse prevention and provide information about Sankalp's DICs and OST programs. Once clients are released from jail, Sankalp staff conducts follow-ups and works to connect them with the DICs for continued support in their recovery.

A visiting doctor offers care and consultation for the inmates, providing necessary treatment for HIV-positive clients as well as those experiencing withdrawal symptoms. Sankalp also helps to provide basic amenities such as bath, food, and tea which is particularly important, given the fact that the DUs are often excluded from these basic necessities.

Sankalp also works to sensitize the prison staff on issues relating to DUs, through awareness programs and workshops. Sankalp hopes to lessen the stigma DUs face and increase support provided to them. The prison staff at Arthur Road refer imprisoned DUs to Sankalp's services for appropriate care.

Project Nischay Performance Indicators Fy 12-13	
Total Clients Registered (IDUs Only)	158
Services	
Clients Receiving Medical Consultations (IDUs & Non IDU HIV+)	285
Clients Receiving HIV Counselling Sessions	114
Clients in HIV Ward	50
Clients Benefiting from Home /Family Visits	22
Individual Counselling Sessions	340
Group Counselling Sessions	420
Legal Issues	
Clients Convicted under NDPS Act for Drug Use	54
Clients Convicted under Indian Penal Code for Theft	104
Clients with ongoing Legal advice from Lawyer's Collective	90
Clients Released from Prison	53
Clients who have pleaded guilty	15
Clients Receiving Legal Advice from Lawyers Collective	15

Our Rehab Partner: Good Shepherd Recovery Home

The Good Shepherd Recovery Home (GSRH) which runs a four month rehab programme is under the trusteeship of The Lord's Ranch and Mr. Hilary DeVeiga is the founder and managing trustee. The Rehab started in January 2010 and is located in the peaceful surroundings of Pune, near the Warasgaon Dam. In February 2011, GSRH moved into a specially designed facility within the rolling campus of Lord's Ranch. Sankalp's partnership is limited to the running of the rehab centre, although the Lord's Ranch has other activities of its own.

Sankalp refers a number of its clients from various programs, including DICs and Project Nivara for onward rehabilitation to this Home. Here, they have to undergo a four month structured and comprehensive Residential Program which includes individual and group counselling sessions and are also exposed to the Narcotics Anonymous program. These sessions assist counsellors to examine each individual client and compile a dossier on their past

histories, assess their present status taking all factors into account and plan a line of treatment to help and motivate them to stay healthy and clean.

In addition clients participate in work therapy which includes activities such as working in the vegetable garden, cooking, poultry farming, maintenance and cleaning. During these work therapy sessions a keen eye of a supervisor or any of the people in charge could easily detect hidden talents, aptitudes and skills of the clients and recommend that they be encouraged, trained and equipped when they are ready to enter into the mainstream society. To complete the circle, family reunion is a must. The counselors therefore hold monthly meetings with the families following a self-help model with the counselor acting as a facilitator, encouraging families to work together and help each other. The family members learn to address their own issues and provide a positive environment for clients returning home from the Rehabilitation Centre.



Learning Site: The Global Fund

The Global Fund to Fight AIDS, TB and Malaria is an international organisation that provides financial aid to support public health initiatives that address these diseases. A grant was given to the National AIDS Control Organisation (NACO) in India to support organisations dealing with injecting DUs (IDUs). The Emmanuel Hospital Association (EHA) was the primary recipient of the grant, which was then further distributed to 13 learning sites. Sankalp was chosen as one of these Learning Sites, the only site in the Maharashtra, Gujarat, and Goa region.

As a learning site, we have utilized these funds are utilized to create a capacity building program to train PEs from all organisations working with IDUs within

the region. This program involves a five day residential training component in which the PEs are educated on a wide variety of topics relating to IDUs, including the drugs they use, the medical complications they may face, and legal issues they may encounter. Additionally, the PEs are trained in fieldwork and community outreach services including the NSEP, condom distribution and health education. Currently, there are 6 organisations in the region involved in this training. Regular reporting is done from the 4 units of Sankalp which provides an insight as to how this training is improving the services. During the year Sankalp has held four residential training sessions and trained 59 PEs.

Networking and Advocacy

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

We are glad to approach the BMC for 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 DU 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. Nirmay Niketan at Trombay, for positive clients needing extended stay, has also been a partner we greatly appreciate. Alert India Trust helped with Hepatitis C Virus (HCV) testing for our IDU clients.

However, we still have a long way to go as far as prevention of Hepatitis C is concerned.

Medecins Sans Frontieres (MSF) has shown great interest in reviving the Mumbai AIDS Forum so that there is better understanding and support for those working alone. Sankalp has been networking with MSF to access treatment for Multi-Drug Resistant Tuberculosis (MDR-TB) clients and also 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 Novartis and Roche.

The Lawyers Collective have helped us through our 'Right to Health Care' cases to negotiate the phasing out of Stavudine by NACO as well as take on the post grant opposition of Pegasus against Roche.

We will continue to strive for better treatment of our clients by actively extending our networking activities with a larger group of organisations.



Dinesh Kumar (name changed)

Age: 48 years, Origin: Tamil Nadu

When 17 year old, Dinesh came to Mumbai. He started his drug use with ganja and charas, later he turned to brown sugar. At first he chased (on a tin foil), but then switched to injecting it. His first contact with Sankalp was at Bhendi Bazar, in 2007 where he got clean needles & syringes from the outreach workers. At some point he found himself very weak and was suffering from dysentery. He went to Sankalps Mumbai Central Drop-in Centre. They sent him to J.J Hospital where he was detected to be HIV positive.

Dinesh was then brought to Nivara where he was treated. He remained clean and even went for NA meetings. He stayed clean for 4 years before he relapsed and took charas, ganja and alcohol and even started fixing again a few months later. In January 2011, he was brought to Nivara again, this time for TB treatment. In April he started on Anti Retroviral Therapy. Dinesh started attending meetings and got in touch with his family in Chennai. He even told them about his positive status and they accepted him. He plans to go back and live with his family.

He finished his electricians course from Yuva Parivarthan and wants to work with this skill and earn his living.

Ganesh, Singh (name changed)

Age: 36 years

His family moved to Mumbai in 1985 and ten years later he lost both his parents. He was lonely and had an unemployed group of friends. He started taking charas and ganja, while he was working at a catering company, along with others who were his colleagues. In 2005 he started chasing brown sugar, two years later, he was injecting it.

In 2012 he was brought to Kurla DIC, because he was sick. There he was diagnosed with TB and HIV. He was sent to Nivara, where he was given a 6 months treatment and was started on ART. He attends support group meetings regularly and wants to be involved in his treatment. He is presently doing housework and looking after 2 dogs which he has grown to love.

He now wishes to develop some skills, so that he can start working and living a decent life.

Testimonials



Manoj before admission and after

Bipin Kumar 40 years

Origin: Nepal

Bipin came to work in Mumbai about 20 years ago. He worked here for 3 years, before he went back to his village. He decided to come back to Mumbai after some time and joined the catering business, After 5 years of work he gave in to peer pressure of those working with him and started doing drugs. Initially he thought he would only do marijuana but he got back to brown sugar, which he injected for the last 5 years.

He came into contact with Sankalp through a peer, where he learned about the various services Sankalp had to offer. In 2004, he found out that he was HIV positive and was started on antiretroviral treatment. They also tested him for HEP C and found that he was co-infected and he now receives treatment through a networking partner of Sankalp. Normally this treatment is very expensive, and he would never be able to afford it, but he was lucky to get it entirely free.



HCV test

Annual Highlights

Events & Celebrations

Special Occasions

On 7th of April 2012 at an awards function organized by Americares India, Director, Mr Eldred Tellis received the "Spirit of Humanity" award on behalf of Sankalp. This award was for Sankalp's outstanding contribution towards healthcare for society in the infection category.

World Aids Day

On 28th June 2012 Two separate programs on Drug Awareness in Byculla Jail for male and female inmates were held. The purpose was to make them aware of Drug Abuse and HIV/AIDS.

On 29th June 2012 a program was held at the Thane jail on Drug Abuse, Prevention and Treatment.

On December 18th 2012 World Aids Day was observed by the Bhiwandi and Ulhasnagar DICs with Street Exhibitions and programs for police personnel.

World Environment Day

5th June 2012 Sankalp participated in a rally and public meeting held at Carter Road, Bandra, Mumbai.

Workshops

30th April 1st May 2012 Director Mr. Eldred Tellis and Asst. Director Dr. Surendra Yadav attended a 2 day Western Harm Reduction Workshop in Pune.

29th to 31st October 2012 Director Mr. Eldred Tellis attended the orientation workshop for AJWS V olunteers in

India. This workshop was held in Ahmedabad. This would be the last time that AJWS would send a World Fellow for 11 months as the program was to be discontinued.

Training

11th April 2012 Our Director Mr. Eldred Tellis was a resource person at a six month training course for volunteers, conducted by ICICI Learning centre at Khandala.

Fund Raising Efforts

11th June 2012 Five consultants from Thompson Renters assisted Sankalp to draw up a plan for Fund Raising Projects.

27th June 2012 Annual fund raising event entitled "Dance Pure" was held at F-Bar in Mumbai This even served a dual purpose. Raising funds and giving out a strong message that one does not need to get 'high' to dance. Instead, dance could be a positive alternative.

Meetings Attended

18th July 2012 Director Mr. Eldred Tellis attended the Board Meeting of Indian Harm Reduction Network at New Delhi.

23rd to 27th September 2012 Director Mr. Eldred Tellis attended an international meeting in Paris on "Increasing Awareness to Hep.C Treatment" organized by Medicine Sans Frontiers.

7th to 9th December 2012 Director Mr. Eldred Tellis attended meetings at Lawyers Collective, New Delhi, with regard to Lawsuit with Supreme Court and HIV/AIDS Bill.



Family Counselling

Looking Forward

Sankalp's beneficiaries have constantly guided the path of our growth plan. It is with their support that we have been able to expand from one single unit to the full continuum of care we provide today. Following the grassroots model, Sankalp will endeavour to spread its tentacles far and wide and cater to the needs of clients and fill in identified gaps from time to time.

Within the next year Sankalp plans to look at needs of Female Injecting Drug Users (FIDUs) Due to the small number of FIDUs it is not possible to have a separate project for them. Yet, at the same time they need attention on a different level. In order to make the group cohesive,

there was a plan to also involve all the spouses of the male clients.

Sankalp has plans to work in the Thane prison as well. The Government is very receptive to this plan and has even voiced their support.

Finally, with the new projects coming up at the Lord's Ranch in Pune, Sankalp hopes to engage some of the rehabilitated clients to work in different capacities like, farming, welding, carpentry etc. on this new projects at Mulshi. Getting the IDUs involved for a longer period of time, will definitely strengthen their Sankalp and bring them success.

Our Staff & Management

Staff Details:

Gender	Paid (Part Time)	Paid (Full Time)
Male	6	28
Female	0	15

Volunteer Details:

Gender	Paid	Unpaid
Male	41	3
Female	2	3

Distribution of staff according to salary levels (as of March 31, 2013)

	Male	Female	Total
<=5000	4	1	5
5001-10000	27	11	38
10001-25000	3	3	6
	34	15	49

- During the year the highest paid full-time regular staff earned Rs. 2,42,000/- annually. The lowest paid full time regular staff earned Rs. 42,000/- annually.
- Except for Eldred Tellis (Trustee & NGO Head) Rs. 26,027/- towards travel costs for day to day monitoring of all centres (including railway pass and auto fares), Rs. 966/- for Medicines, no other Board Member received any remuneration or reimbursements.
- Total Cost National Travel by Board Members/Staff/Volunteers on behalf of organisation Rs.2439/-
- Total Cost of International Travel by Board Members/Staf/Volunteers on behalf of organisation : Nil

Our Finances

Balance Sheet as on 31st March 2013

LIABILITIES	2012 - 2013		ASSETS	2012 - 2013	
	Rs.	Ps.		Rs.	Ps.
Trust Funes or Corpus			Computer		
Balance as per last Balance Sheet	1,650,913		Balance as per last Balance Sheet	27,547	
Additions during the year	137,480	1,788,393	Add: Addition during the year	40,150	
				67,697	
			Less: Depreication for the year	28,573	39,124
Income and Expenditure Account			Electrical & Other Equipments		
Balance as per last Balance Sheet	3,830,678		Balance as per last Balance Sheet	77,503	
Add: Assets incorporated of Closed Projects			Add: Addition during the year	28,990	
				106,493	
Add/Less: Surplus /Deficit	436,203	4,266,881	Less: Depreication for the year	13,800	92,693
Endowment Fund			Furnitures & Fixtures		
Balance as per Balance Sheet	-	853,313	Balance as per last Balance Sheet	167,471	
Additions during the year	-	-	Add: Addition during the year	24,125	
Current Liabilities & Provisions				191,596	
Unutilised Grant- LS		303,245	Less: Depreication for the year	17,953	173,643
Unutilised Grant- MDACS Unit I		34,231	Motor Vehicle		
Unutilised Grant- MDACS Unit II		71,980	Balance as per last Balance Sheet	154,299	
Unutilised Grant- PHFI Unit I		8,898	Add: Addition during the year	-	
Unutilised Grant- PHFI Unit II		5,861		154,299	
Unutilised Grant- Give India		99,959	Less: Depreication for the year	23,145	131,154
Audit Fees Payable		28,090	Investments		
Duties & Taxes		2,203	Accued Interest on Investment	110,023	
			FD with Railway	5,000	
			Fixed Deposit with Syndicate Bank	400,000	
			Fixed Deposit with Axis Bank	280,222	
			Fixed Deposit with Citizen Credit Co Op Bank Ltd.	350,000	
			Fixed Deposit with Deutsche Bank	221,190	
			Fixed Deposit with HDFC Bank	1,100,000	
			Fixed Deposit with Shriram Transport Finance Co. Ltd.	100,000	
			Birla SI Capital Protection Oriental Fund S2	200,000	2,766,434
			Current Asset		
			TDS Receivable AY 12-13		18,339
			TDS Receivable AY 13-14		8,661
			Prepaid Rent		160,000
			Grant in Aid Receivable		
			DFID_Challenge Fund through Sharan		58,000
			HIV/AIDS and STD Treatment_ NACO through Sharan		216,338
			Deposits		
			Deposits for Milk Supply	500	
			Deposits for security deposit	1,860	
			Courier Contract Deposit	300	
			Deposits for Nutan Gas Agency	2,900	
			Deposit for Office Premises	150,000	
			Deposit for Bharat Gas	950	156,510
			Cash and Bank Balances:		
			Cash-in-Hand	28,509	
			Cash at Bank	3,613,649	3,642,158
Total		7,463,054	Total		7,463,054

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

Sankalp Rehabilitation Trust
Eldred Tellis, Founder & Director

Income and Expenditure Statement for the year ending 31st March 2013

INCOME	2012 - 2013	EXPENDITURE	2012 - 2013
	(Rupees)		(Rupees)
By Interest (accrued)		To Establishment Expenses (See Annexure B)	2,987
On Bank Accounts		To Depreciation	83,471
Fixed deposit with Banks		To Expenditure on objects of the trust	
Bank accounts	386,954	(a) Religious	
By Grant Received	6,656,759	(b) Educational & Meical Relief(See Annexure C)	8,649,293
By Income from other sources		(c) Relief of poverty	
Profit on sale of Bonds		(d) Other Charitable Objects	
Other receipts- (See Annexure A)	2,128,242	To Surplus carried over to Balance Sheet	436,203
Total	9,171,954	Total	9,171,954

Receipts & Payments for the year ending 31st March 2013

RECEIPTS	2012 - 2013	PAYMENTS	2012 - 2013
	(Rupees)		(Rupees)
Opening Balance		Expenses for the object of the Trust	8,652,280
Cash	32,731	Purchase of Fixed Assets	93,265
Bank	3,682,084	Investment	886,728
Grants Received	6,656,759	Closing Balance	
Other Receipts	2,128,242	Cash	28,509
Bank Interest	148,934	Bank	3,613,649
Interest on Investments	238,020	Increase In Assests	229,761
Corpus Fund Received	137,480		
Unutilised Grants	479,943		
Total	13,504,192	Total	13,504,192

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

Sankalp Rehabilitation Trust
Eldred Tellis, Founder & Director

Donors



Awareness prog at Ambani school



Family visit to Rehab

Thank You

Organisational Donors

Inner Wheel Club of Bombay North
Global AID Committee
Mumbai District AIDS Control Society (MDACS)
Maharashtra State AIDS Control Society (MSACS)
Public Health Foundation of India (PHFI)
American Jewish World Service
Inspirasia
AVERT

1000 Club Donors

Q. Fernandes
Ms Loretta Alleluia
Ms. Doris Saldana
Ms. Colin Saldana
Mr. Ian Saldana
Mr. Kevin Saldana
Ms. Dominic Saldana
Ms. Olive Saldana
Ms. Winifred Desouza
Ms. Sujata Ganega
Gerard Murzello
Fr. Joaquim Tellis

Partners

AMBA-CEEIC
Being Human Foundation
Dasra
GiveIndia
iVolunteer
Lawyers Collective
Lord's Ranch Trust
Marine Drive Residents Association
Medecines Sans Frontieres
Narcotics Control Bureau
Atma Samman Kendra
Life Force Homeopathy Centre

Volunteers

Premnath Rajak
Rebecca Stern
Joanna Percher
Urvi Gupta
Maisie D'Souza

Individual Donors

Mr. Anand Prabhu
Ms. Roshan Mistry
Mr. Pravin Amin
Mrs. Frances Tellis
Dean D'Souza
Mr. Subodh Paddar
Sonu Tours & Travels
T T K Healthcare Ltd
R D Theatre Management
Larsen & Toubro
Murzello Metal Finish System
Digital Control Equipment
Yeskey Industries
Videocon Industries Ltd.
Precision Cutting Instruments
Mildred D'Abreo
Mintu Ratan Chakravarthy
Ashwani Kumar
Mr .Pratyush Kumar
Ebco Private Limited
Citizen Credit Co Op Bank
Averina International Resorts Pvt Ltd
KEM Hospital
ALERT India for Support Group
Piaggio Vehicles Pvt
Paragon Hospitality Pvt Ltd
Yvonne Baker
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