



**ANNUAL
REPORT**
2021 - 22



The Banyan
I exist therefore I am



Remembering our dear “Mr. D”

To say that Mental Health in India underwent a complete structural and attitudinal transformation under Mr. Keshav Desiraju’s (fondly called Mr. D) leadership would be an understatement. He was one of those rare bureaucrats who approached the subject with utmost sensitivity, taking in all its nuances, layers and greys. Every voice in the mental health space was heard and considered, but he placed the voices and needs of service users and caregivers, who live and breathe the reality of psychosocial distress at the centre of all his executive decisions. Individual stories and needs mattered most to his vision.

The National Mental Health Policy was one of the greatest achievements of his tenure as Union Health Secretary, followed closely by the Mental Health Care Act of 2017, touted to be one of the most human rights adherent laws in the country.

For us at The Banyan and BALM, Mr. D was a mentor, friend, voice of reason, our genie in a bottle. As shy and understated as he was, he would never refuse our request to lead, host or speak at our seminars, conferences and lectures. It was second nature to him to do what’s most necessary to further the cause of mental health for ultravulnerable communities in the country. “Pleasseeee, Mr. D!” was all it took. We would get cursed no end, but he always agreed, albeit begrudgingly.

No words can effectively encapsulate how much he meant to us, and just how much we miss him. A unique combination of childlike impishness, innocence and astounding wisdom, there will never be another like him.

We love you so much, Mr. D We feel your presence guiding us every day.



VISION

AN INCLUSIVE HUMANE WORLD THAT PROMOTES CAPABILITIES, EQUITY AND JUSTICE.

MISSION

ENABLING ACCESS TO HEALTH AND MENTAL HEALTH CARE FOR PERSONS LIVING IN POVERTY AND HOMELESSNESS THROUGH COMPREHENSIVE AND CREATIVE CLINICAL AND SOCIAL CARE APPROACHES EMBEDDED IN A WELL-BEING PARADIGM. THE NEEDS OF THOSE WHO LIVE IN THE MARGINS ARE OUR COLLECTIVE RESPONSIBILITY.

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and Chair of Executive Committee 01

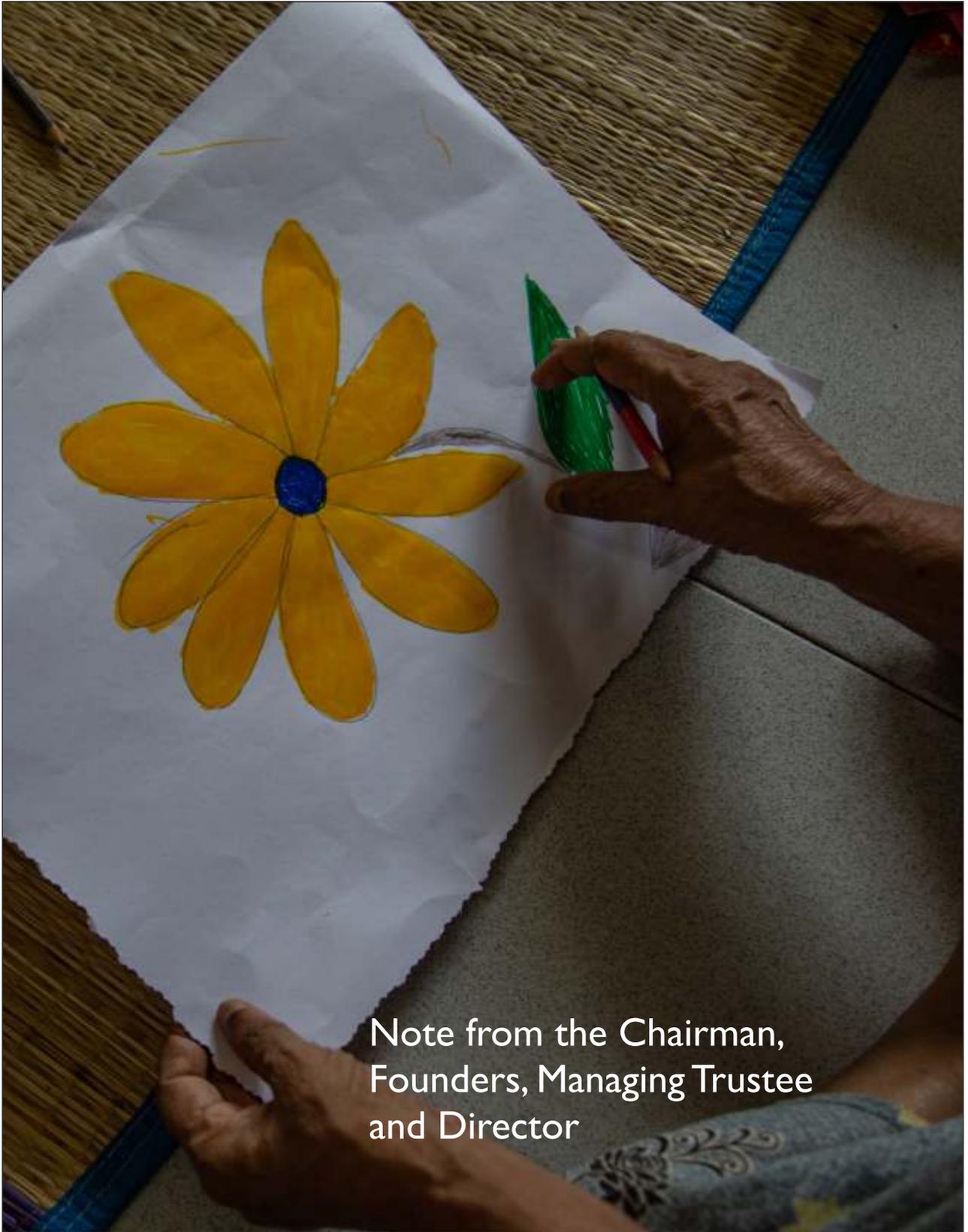
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Note from the Chairman,
Founders, Managing Trustee
and Director

While large swathes of the population continue to persevere in the face of a pandemic, conflict and ensuing crises, there have been several positive developments as a result of the global community coming together in solidarity towards distress alleviation. Over 4 billion people globally have been vaccinated against COVID-19, and disbursement has been rapid. Countries have identified deficiencies in the public health system and are working together to fix it through initiatives such as the High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response. This and other reports call for nations to come together in responding to new health threats, without waiting for COVID-19 to end. These recommendations include greater global investments from individual nations without compromising on existing programmes into a corpus that will fund research and development, build resilient national health systems and initiate a global governance mechanism[1]. The World Health Organisation (WHO) declared China malaria-free in 2021. Community-based approaches to eradicate malaria are being scaled up across global contexts.

Commitments to sustainability and economic stability are being made through state and non-state investments in sustainable energy. Corporates are magnifying focus on mental health through several employee wellbeing programmes and initiatives to promote inclusivity, and have begun to create safe spaces for neurodiverse individuals to thrive.

The pandemic has proven beyond a doubt that coordinated and multistakeholder participation are absolutely central for a robust crisis response. Mental health, a silent pandemic that has been around for decades if not centuries, is no exception. The causes and consequences of mental ill-health or psychosocial distress are multi-faceted, with poverty, social capital, education and living conditions contributing significantly to health and wellbeing indicators.

The Banyan and BALM, with their particular focus on vulnerable communities, have been able to build meaningful partnerships with a range of stakeholders equally committed to the cause of distress alleviation.

With the government of Tamil Nadu, towards establishing its first policy for homeless persons with mental health issues; and then scaling up Emergency Care and Recovery Centres in 13 districts. With the Differently Abled Department, for skilling and placement. With panchayats for community mental health programmes that includes disbursement of social entitlements, training and placement of NALAM workers. Similarly, with the governments of Kerala and Maharashtra, to create inclusive living options for persons incarcerated in mental hospitals or other custodial facilities such as beggars' homes. In the past year, both organisations have increased work with other civil society partners in the scale-up of home again and ECRC, and with academic partners for research and training.

Given the expanse of scale-up programmes and the introduction of new stakeholders, access to data and consensus on outcome measures is crucial.

The Banyan and BALM have spent the past year in developing these systems, consolidating outcome measures and developing tech-enabled solutions in data sciences, a long-term investment, so more time can be spent on core activities of client care and education. These innovations have been highly collaborative exercises with our philanthropic and CSR partners, who are equally invested in streamlining reporting and data systems. Focusing on this will help us with our scale-up across the country, where non-negotiables are established, and also set a template for other organisations to draw from. We are so grateful to our philanthropic, CSR, State and non-state partners for their unfettered commitment to the cause of mental health. We look forward to several more decades of meaningful collaboration.

Without the support of our internal services team upon which The Banyan and BALM rest, ably supported by our internal auditors TR Chaddha and Statutory Auditors Joseph and Associates, our work would not be able to continue, and our firm commitment to transparency would not be adhered to.

We are also extremely grateful to our Board of Directors and the Executive Committee for your steadfast support. We step into our third decade with pride, excitement and complete gratitude for the support we continue to receive from friends and colleagues invested in the development sector.



On October 14, 2021, The Banyan was awarded the Guislain 'Breaking the Chains Stigma Award' in the Science and Technology Category for the year 2021. The Guislain Award envisions an equal, inclusive and just world for persons with mental health issues and felicitates individuals and organisations that focus on these tenets through their programmes, research and advocacy efforts.

To know more, please visit: 2021 Winners - www.guislainaward.squarespace.com/2021-winners

SPOTLIGHT

Chapter I:

Emergency Care and Recovery Centre

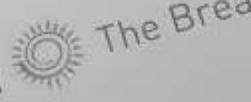
Dr. Archana Padmakar and Mrinalini Ravi



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ANNA NAGAR TIMES





Vision & goals

The vision of ECRC throws light on reconceptualizing responsive care frameworks that ensure availability and accessibility of mental health services through crisis support and continuity of care for individuals and communities experiencing persistent and complex psychosocial distress.

Notwithstanding the growing recognition of the principles of universal human rights for all, especially homeless persons with mental illness (HPWMI), at both the State and the Central government level, HPWMI continue to face challenges in accessing care, especially in the context of the Covid-19 pandemic and urbanization. The plight of HPWMI has been exacerbated with increased exposure to contracting diseases, aggravation of mental ill health, extreme isolation and further deprivation of access to basic amenities.

It is, therefore, incumbent upon the various governments and private bodies to work together and build a strong infrastructure to focus on mental health for HPWMI, capitalizing on the cost-effectiveness of reach and delivery of mental health care under the framework of the Mental Health Care Act, 2017 (MHCA) together with the District Mental Health Programs (DMHP), integrating mental health in general hospitals hosting the ECRC model with focus on early identification, less distress, better prognosis and recovery, after care, rehabilitation and overall reduction in mental health stigma.

The ECRCs are hospital-based settings with a multidisciplinary team offering clinical, psychological, and social care at these centres with a focus on personal recovery and social inclusion. These collaborative and user driven services also include open wards, user-led service audits, human rights cell and grievance redressal bodies to ensure accountability and transparency. In addition, our recovery services enable exit pathways to families of origin or working women's hostels, independent living and supportive housing in the community. Over 4000 individuals have accessed these services over the past 25 years and approximately 60% have returned home. This approach to care now stands as a benchmark for holistic and humane care for HPWMI. The Banyan runs ECRCs at Mogappair and KK Nagar, Chennai and Chengalpattu in Tamil Nadu and Ponnani in Kerala.

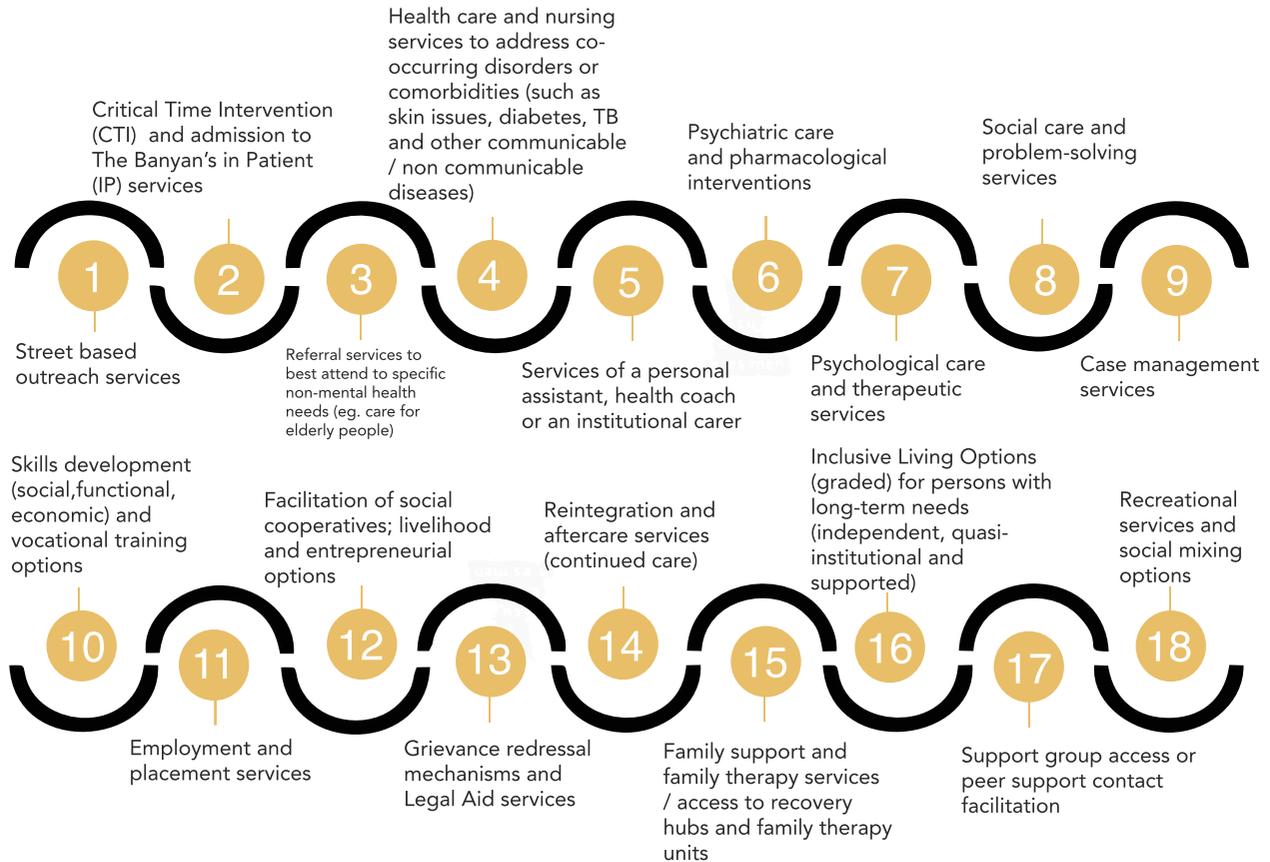
The National Mental Health Survey has highlighted strides made by the Government of Tamil Nadu (GoTN), such as the availability of essential psychotropic medication at primary health centres, higher density of health workforce and highest number of institutes offering postgraduate studies in psychiatry. Tamil Nadu has 121 non-governmental organisations (NGO's), working within the mental health sector. It has effectively formed a State Mental Health Authority (SMHA), has seasoned professionals in leadership posts and adequate financial resources for the DMHP. Based on The Banyan's ECRC model, there are currently ECRC facilities in hospitals, across five districts in Tamil Nadu (Tirupur, Vellore, Villipuram, Theni and Tiruvannamalai) that cater exclusively to the needs of HPWMI, through which more than 1393 homeless clients have been serviced between 2018 and 2020. This progressive action initiated by GoTN was established with 9 more ECRCs across Tamil Nadu in districts with low social indicators, given the growing need aggravated further by the Covid-19 pandemic. ECRCs have been replicated in Sivagangai, Madurai, Erode, Nilgiris, Tanjore, Tirunelveli, Gunaseelam and Tiruvallur. The Banyan sites and the replication sites have extended support to a total of **3308** people from December 2020 to April 2022.

- Dr. Archana Padmakar, Deputy Director, ECRC
Mrinalini Ravi, Deputy Director, Partnerships



13 new district ECRC hubs at Government Hospitals through protocol sharing, of which **8** through capacity building partnerships with The Banyan-BALM (Nilgiris, Erode, Madurai, Sivagangai, Thanjavur, Trichy, Tirunelveli, Tiruvallur)

ECRCs offer access to a range of services that best suit a client’s individual needs, with an objective of creating inclusive, healthy, resilient communities and societies and setting a precedent for other states and countries to follow. These include:



A pilot study to understand the impact of social determinants of homeless persons on the streets in 8 districts of Tamil Nadu

The study employed a mixed-method research methodology, through an outreach survey questionnaire and a case study approach. The study was carried out with homeless persons in 8 districts in Tamil Nadu namely - Chennai, Chengelpet, Sivagangai, Trichy, Tanjore, Coimbatore, Erode and Tiruvallur in the month of October 2021. 240 people were selected for the study. A purposive sampling technique was used to identify HPWMI. Community outreach was done for 5 days, each day approximately 5 - 6 persons were identified. This study was undertaken as a part of the Tamil Nadu Policy for Homelessness and Mental Health.



240

Number of homeless persons interviewed

82% (197) Homeless in psychosocial distress

18% (43) Homeless with mental health issues

Duration of Homelessness

41% homeless between 1 to 10 years

23% homeless between 10 to 15 years

Reasons for Homelessness

Lack of family support and poverty affected approx 27%

21% of the homeless face hardships while recovering from the loss of family members

7% became homeless due to substance use

Associated factors such as intergenerational homelessness accounted for 2%

Physical Disability

48% of them are physically disabled

Mental illness

18% of them suffered from severe mental disorders

Access to Education

65% of the participants have not received any formal education

Income and Employment

57% were unemployed

43% earn Rs 100 to Rs 500 daily

Access to Basic Needs

72% of the sample had access to drinking water

51% have access to toilet facilities while others defecated in the open space

42% of the sample had access to food (2 -3 meals a day)

33% & 34% have access to clothing and shelter respectively



The Banyan team submitted a policy document to the Tamil Nadu government in March 2022 solely focused on the needs of HPWMI. The policy was the result of collaboration between many governmental departments, peer leaders, decision-makers, and academics. Important aspects of this policy, which has been translated into Tamil and is presently being reviewed, include the need for an ecosystem-based approach to mental health care in keeping with the non-linear trajectory that mental illness frequently follows, so that an individual, based on emergent needs, always has access to acute, continued, and long-term care in the community, which has been brought into light through the policy. The policy focuses on sustainable development goals for homeless people through poverty reduction, inclusive livelihood, intersectoral collaboration and increase in food security. The aim of the policy is to preclude pathways into homelessness and offer crisis support services as well as enable dignified exit options from institutionalized settings to homes of one's choice or inclusive long term care options.

Visit from SAJIDA Foundation, Bangladesh: Sajida Foundation (Sajida), an NGO based in Bangladesh paid a visit to Guruvayur ECRC as well as Chengalpattu ECRC. Sajida works to improve health outcomes among its country's poor, through diversified social development interventions in order to help reach national and international targets for health with a mission to improve the quality of life in the communities where it works. Representatives of Sajida visited The Banyan's ECRC and observed that the ECRC model is "an ideal" setting when it comes to HPWMI.



Working women's hostel: Some clients at The Banyan's Chengalpattu ECRC conveyed their wish to continue to stay at The Banyan facilities and yet have independent living arrangements. A conundrum! Several of them are financially independent with jobs and others are care providers. Based on their feedback, the team in collaboration with the clients came up with the concept of setting up a working women's hostel. 6 clients are currently living in the hostel that was set up in one of The Banyan's centres. Excerpts of feedback from the residents:

“*The first day it felt strange without having staff around me. There was nobody around me to tell what to do and what not to do”,*

“*I was worried that I would forget my thyroid medicines, but Ms. J, reminds me of taking my thyroid medicine regularly and I feel about it”,*

“*Like everybody else, I go for work and come back to my room to take rest and sometimes during night time, I put a chair out and sit and stare at the sky. This is cool.*

Covid response during 2nd and 3rd wave: As part of gearing up for the Covid-19 pandemic, The Banyan's clients and staff were educated about Covid-19 and the safety protocols to reduce transmission. Following strict protocols of social distancing, the entire staff, including the clients across The Banyan network joined hands to ensure the smooth functioning of all in-patient clients. The staff and clients were able to keep a positive frame of mind by participating in various activities like yoga, reading, cooking, celebrating festivals together etc.

Grief and bereavement helpline initiative: The second wave of the Covid-19 pandemic brought about devastating levels of crisis and disruption in many lives, with over 300 deaths reported in Tamil Nadu alone. Many lost their livelihoods, moved to other cities/towns, lost their identities, roles or underwent multiple critical life events through the Covid-19 pandemic, in each case amplifying their psychological distress. In response to this increasing need for mental health counselling, the GoTN in partnership with The Banyan, BALM, and the National Health Mission initiated a tele-counselling service for mental health for families who suffered loss of loved ones through the Covid-19 pandemic. About 50 volunteers were identified and trained by experienced therapists from The Banyan and BALM team on various ethical principles in tele counselling and ways to address grief and bereavement in individuals. They were also trained in screening individuals in extreme distress, unable to cope and manage their day-to-day activities and refer them to experts. A WhatsApp group was set up to support the volunteers and supervisors for quality management, mentoring and problem-solving. This emergency programme ran for 2 months during the peak of the second wave of the Covid-19 pandemic from May 2021 to June 2021.

Highlights from Partner ECRC Sites

Mental Health Review Board meeting across sites: As per the MHCA, the Mental Health Review Board (MHRB) should consist of a multidisciplinary team with a district judge or an officer of the State judicial services who is qualified to be appointed as district judge or retired district judge as chairperson. psychiatrist, caregivers, peer leaders, persons with lived experience and NGOs working in the field of mental health. MHRB is intended to play a pivotal role in the treatment and rehabilitation of persons with mental illness at the district-level. The MHRB conducts periodic reviews of supported admissions/involuntary admissions. On March 29, 2022, retired District Judge Mr. Mohammed Ali representing Institute of Mental Health visited Tanjore ECRC and the partnering NGO for an MHRB meeting. He provided positive feedback about ECRC services and documentation process. He also donated a sewing machine for vocational training of the clients.

Sivagangai ECRC celebrated its first anniversary on December 22, 2021. Since its inception, the Sivagangai team has rescued almost 60 people and reunified 30 clients with families of origin. The day was celebrated by all stakeholders with colors and a special lunch.

Azim Premji Philanthropic Initiatives (APPI) team visited all the replication ECRC sites supported by them in partnership with local organisations. The purpose of the visit was to ensure that standardised systems and processes were being followed, including financial management. Mr. Azim Premji, founder of APPI also visited the Erode ECRC along with the rest of the APPI and The Banyan team in March 2022, where he reviewed the programme and engaged with the staff and service users.



Tiruvallur ECRC was inaugurated by the Tiruvallur District Collector, Dr Alby John Varghese in November 2021. This ECRC is a partnership by various stakeholders including The Banyan, St. Thomas Charitable Trust, Tiruvallur Collectorate, and Menadora Foundation.



Higher engagement with the leadership in a district, including the district collectors, medical officers, deans of the hospital etc. have shown to make the implementation and impact of the ECRC model more effective and streamlined. The Tirunelveli District Collector donated INR 1,00,000 to set up a new kitchen in the ECRC Tirunelveli. The Additional Collector Miss. Ekam Singh facilitated a small programme in the Erode ECRC where 5 clients were reunified with their families in March 2022.





Mr. Naveen Kumar
Founder
Atchayam Trust – Erode

“ ECRC was started by Perundurai Medical College Hospital under the care of Atchayam Trust on February 25, 2021. The ECRC has rescued a total of 50 people who were mentally ill and abandoned on the streets, including 35 men and 15 women. So far 17 clients, 12 men and 5 women, have been reunified with families of origin. The ECRC is well supported by the hospital and Atchayam Trust. Now the ECRC is running smoothly and very successfully. Thank you to The Banyan for supporting us to start and run our ECRC.



Ms. Revaleena Rajendran
Co-founder
Menadora Foundation

“ he Banyan is my family, my home, and the place where I developed into the mental health professional I am today. Working at The Banyan right after college was the best decision since it helped me develop empathy, patience, and care. This was a landmark milestone in my life that served as a catalyst by providing me enough strength, confidence, and experience to start a Menadora Foundation into what it is today. We will always be appreciative of The Banyan which we refer to as our first professional home

“ I'm proud to be part of The Banyan family. I am considered a role model within my community owing to The Banyan. It is an institution of learning, unlearning, practice and growth for all mental health professionals. I am delighted to be part of this organisation and contribute to the cause and mission of The Banyan



Ms. Gayathri Kannappan,
Lead, Trichy Chapter

“ The Banyan is a great platform to learn new things regarding mental health, I'm delighted to be associated with The Banyan for the past two years. The Banyan has given me the opportunity to transform many lives



Mr. A.Sakthivel Pille
Project Associate
Trichy Chapter

“ I am whole-heartedly thankful for the cooperation of The Banyan. I am fortunate enough to get an opportunity to work with an organization like The Banyan. The experience gained while working at The Banyan was beyond my expectations. This period was an extremely fulfilling time as I was able to immerse myself completely in the programmes and initiatives to understand and learn beyond what I had expected. I feel delighted to have been able to participate and contribute to the reunification of these clients. I want to express my gratitude for the various facilities and benefits which the organization provides to its employees. These benefits motivate me and encourage me to work wholeheartedly.



Ms. Sweetlin Silviya
Program Associate
ECRC Sivagangai

Review meetings across all ECRCs: Various review meetings are conducted across all ECRC sites, with the objective of taking forward the ECRC vision of reconceptualizing responsive care frameworks that ensure availability and accessibility of mental health services through crisis support and continuity of care for individuals and communities experiencing persistent and complex psychosocial distress. These include:

Pulse meetings: There were two Pulse meetings conducted during this reporting period, which discussed the working of all ECRC's, their challenges and future course. Pulse meetings are pragmatic reviews to assess the progress of all ECRC's and fill in the gaps. The ECRC team members provide performance information on the ongoing projects, reasons for any deviations and quality checks of the functioning of all ECRC's, while senior leadership provide feedback and plans for improvements.

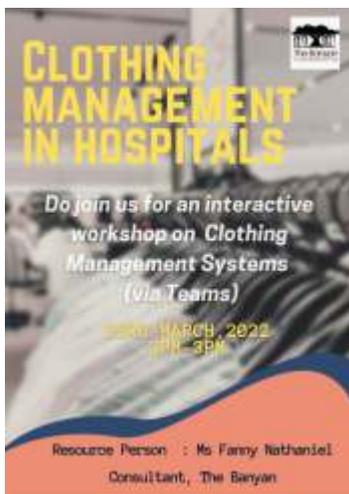
Weekly MDT rounds: Multi-disciplinary teams (MDT) are comprised of health care workers from different disciplines who work together to provide specific care to the clients. These are conducted weekly to address challenges, highlight achievements and problem-solving.

Quality audits to sites: Audit checklists are created, and the sites are reviewed by the team. Quality audits are carried out every 3 months to ensure proper standards of care and safety. The centres are given feedback on both positive aspects and where improvements may be necessary.

MHCT quarterly visit- Mental Health Care Teams (MHCT) are comprised of members of the MDT and senior management team. These reviews are conducted every quarter with a focus on quality-of-care reviews ranging from infrastructure to various social and psychological interventions being offered to clients. After visits from the MHCT, quality audit report is shared with the on-ground teams identifying things that are going well, and areas requiring improvement. In addition to clinical services, systems in internal services and partnerships are also monitored on a regular basis.

Case conferences: Case conferences are formal and structured discussions around diagnosis, case conceptualization, treatment fidelity, outcome assessment, and ethical and cultural issues in treatment. The goal is assisting the case managers to better understand the assessment process. Quarterly case conferences and case discussions are fed into Mental Health Resource Hub repository. 52 case studies have been collated across ECRCs - social action, out of which 10 key case studies will be coded thematically to understand the intersectionality between homelessness, social determinants and severe mental health issues. The programme associates of respective sites provide a 20-minute presentation which provides a useful forum for discussion of concerns and situations towards the goal of problem solving and promoting cross-learning across sites.

Workshops & capacity building: Capacity building is an important process for individuals and organizations to obtain, improve and retain skills, knowledge, tools and other resources needed to do their jobs competently or to a greater capacity to obtain better results. Capacity building training was conducted at regular intervals to address the necessary institutional skills gap. Most of the training was done in a hybrid mode.



Ms. Fanny Nathaniel conducted a **‘Cloth Management’** session for all the ECRC teams. In general, clothing can be viewed as an embodiment of the self, closely associated with the individual’s identity, personality, self-esteem, and self-confidence. All the teams participated in this webinar and discussed their challenges regarding management of client's clothes and the trainer provided solutions to their problem.

Studies have shown that art therapy, coloring mandalas, and drawing, in general, can minimize anxiety and combat negative moods. The Dept of Psychology conducted group sessions on **"Stress Management"** through Art Therapy. **Ms. Sangavi Soundarya**, Clinical Psychologist at The Banyan, took the sessions on Stress Management in two batches with 15 participants each. The participants gave positive feedback, "This session is very useful and a great opportunity to understand stress management and related things. We want more sessions like this".

Dr. Geetanjali Natarajan, conducted a 2-hour workshop on **"Acceptance & Commitment"** Therapy. This workshop was curated for mental health professionals to help them gain a good insight into the theory and practice of acceptance and commitment therapy. Dr. Natarajan is a professor and Head of the Department of the Department of Clinical Psychology, Amrita Institute of Medical Sciences, Kochi.



Dr. Keerthi Pai conducted a workshop on **'Orientation to Grief Therapy'**. The aim of the training was to help the participants grieve, to understand and cope with emotions people experience and ultimately find a way to move on in a healthy way. Dr. Keerthi Pai is the joint secretary of Tamil Nadu Association of Clinical Psychologists (TNACP).

Indicators	Banyan Sites	Replication Sites
Outreach	651	1124
Admission	73	434
Community Reintegration	60	189
Aftercare	29	165
Social Entitlement	247	84

Indicators	Mogappair	Kovalam	Kerala	Total
Total Admission	2059	137	19	2215
Total Reintegration	1559	68	5	1632

Case Study: Reclaiming life

Mr. A (25 years, male) suffered from intellectual disability with psychosis, and due to his mental condition, he sometimes “misbehaved” with the community, and expressed “aggressive behavior” towards family and friends. Due to lack of awareness, instead of getting medical help, Mr. A was locked up in chains for 8 years in his home. He was fed only once during the daytime to limit the use of the toilet – the only time he was unchained. As luck would have it, one day a passerby noticed Mr. A with both his hands and legs in chains. When he made further enquiries in the community, he learnt that Mr. A had been tied for several years. The passerby took videos and photos and posted them on social media, and it was brought to the notice of the Tanjore ECRC team. Mr. A’s rescue was one of the most difficult ones, as the parents of Mr. A had to be convinced to let Mr. A seek treatment. Due to the perseverance and patience of the ECRC team, Mr. A was finally rescued and brought to the ECRC.

The initial days were difficult for him with memories from his traumatic past. With time and healing, he came out of his seclusion and slowly embraced the world outside. Though he fails to be expressive, he unfailingly wears an innocent childlike smile. With continuous interventions and treatment at the ECRC, Mr. A has started interacting with fellow clients and no longer stays alone and isolated.



Case Study: Finding Meaning

It's been a year since Ms. N and her family have been living in ECRC Mogappair. Mr. R (Ms. N's husband) is a Software Engineer and was diagnosed with obsessive compulsive disorder (OCD) 15 years ago. Post his diagnosis, Mr. R moved to Bengaluru with his wife, son and daughter for work, but the cost of living was high in the city, and they lived under certain financial constraints. During this time, his young 15-year-old daughter unexpectedly died of cardiac arrest. This devastating loss precipitated mental health issues in the mother. Mr. R was unable to afford a funeral for his daughter and donated her body to the Government Medical College for educational purposes. Subsequently, Mr. R lost his job and the family decided to move back to Uttar Pradesh (UP) into a dharamshala under the assumption that accommodation and food was free. However, this was not so. Mr. R managed to raise funds through a crowd-funding portal to get them through this phase. One of Mr. R's friends saw his post on of his family sleeping on the railway station on Twitter and tagged The Banyan. The Banyan team approached them through video and audio calls. After constant communication with them for 2 months, the team was able to convince them to come to ECRC Mogappair and receive treatment. At ECRC Mogappair, the family was offered shelter and an opportunity to work. Mr. R was able to relate to other clients in Mogappair which made him feel more confident. He was given a job as the file room manager where he organized the files and was able to distribute the files during other sessions.

The family was later shifted to Home Again as Mr. R's wife had started to show improvement. Mr. R's son expressed his wish to continue his studies. With the support of The Banyan team, he enrolled into the National Institute of Open Schooling and scored 437/500 in his 10th board exams and The Banyan team continues to work with him to pursue higher education.

While the family still struggles with coming to terms with the tragedy and displacement they have gone through, Mr. R and his son are doing much better. His wife continues to struggle with coping with the loss of her daughter but is on the road to recovery with regular medication, and employment in the tailoring unit at ECRC Mogappair. Mr. R continues to work at The Banyan, and his son works part-time with the monitoring and evaluation team for data entry.



Chapter 2:

Centre for Mental Health
and Inclusive Development

Vanitha Rajesh, Salih PM and Pallavi Rohatgi

Vision & goals

The vision of the Centre for Mental Health and Inclusive Development (CMHID) is to enable access to health to HPWMI through comprehensive and creative clinical and social methods and innovations embedded in a well-being paradigm, ensuring an enhanced quality of life.

Working towards the vision of CMHID, The Banyan team has been working on scaling up the Home Again model. Home Again as an innovation enables people to come together to form affinity groups and live in homes in a community, creating a shared space of comfort that mimics a familial environment. Along with housing, the intervention features allied supportive services including social care support and facilitation (opportunities for a diverse range of work, facilitation of government welfare entitlements, problem solving, socialization support, leisure and recreation), access to healthcare, case management (detailed biopsychosocial assessments and personalized care plans), and onsite personal assistance.

The innovation is executed by a multidisciplinary team, the majority of whom are non-specialist personal assistants. A typical home has 4-5 residents with 1-2 onsite personal assistants visiting or living with them based on need. Access to community resources in a vibrant neighborhood such as varied work and recreation options, banks, and such utilities are essential. This approach has been featured as a successful model in the (i) Lancet Commission on Global Mental Health and Sustainable Development, and more recently, in 2021 by the (ii) World Health Organisation (WHO) in its "Guidance on Community Mental Health Services", a comprehensive guidance document accompanied by a set of seven supporting technical packages which contain detailed descriptions of the showcased mental health services, including "Supported Living for Mental Health".

The Banyan is scaling up (Scale-up) the Home Again model pursuant to the Grand Challenges Canada (GCC) Transition to Scale Grant 3 (TTS3 Grant) in 3 states where operations currently exist (Tamil Nadu, Maharashtra and Kerala) and across 4 new

States (Andhra Pradesh, Gujarat, Karnataka, and Odisha), the northeast region in India (Assam and Nagaland) and 1 new country (Sri Lanka). Pursuant to the Scale-up, Home Again intervention will be provided to an estimated 400 plus individuals presently living in mental health institutions who will be supported by approximately 250 staff (personal assistants, peer users, nurses and care coordinators) across approximately 90 plus homes supervised in each region by a mental health and social care expert team trained by The Banyan. The intervention has previously been implemented in neighbourhoods in Chennai, villages in Trichy and Kancheepuram districts of Tamil Nadu, Malappuram and Thrissur in Kerala, Ratnagiri and Navi Mumbai in Maharashtra, and Guwahati and Boko in Assam with a partner, Ashadeep. Starting with Andhra Pradesh in September 2021 under the Scale-up, till date an additional 123 have moved out of various institutions in Andhra Pradesh, Gujarat, Karnataka, Maharashtra and Tamil Nadu into Home Again, of these 9 have been re-integrated with families of origin. These transitions have occurred directly with The Banyan or through Implementing Partners. Currently over 493 people live across 75 homes in Tamil Nadu, Kerala, Maharashtra, Gujarat, Assam, Andhra Pradesh, Karnataka and Sri Lanka.

As we work towards the scale-up, we continue building collaborations with local partner towards the goal of creating a coalition of like-minded partners who share a common vision with The Banyan to ensure an inclusive and neurodiverse world. Towards this, as we move into 2023, we are moving towards an eco-system approach to care – such that as we go deeper into each region, we are able to offer a complete continuum of care to all HPWMI who are serviced either directly by The Banyan or through its collaborators – from ECRC, to social needs care and inclusive living options like Home Again for HPWMI to meet long term needs. Towards this end, two districts in Tamil Nadu, Tanjore and Tirunelveli has already adopted the ecosystem model pursuant to ECRCs that were established there in collaboration with local partners, the National Health Mission and Azim Premji Foundation.

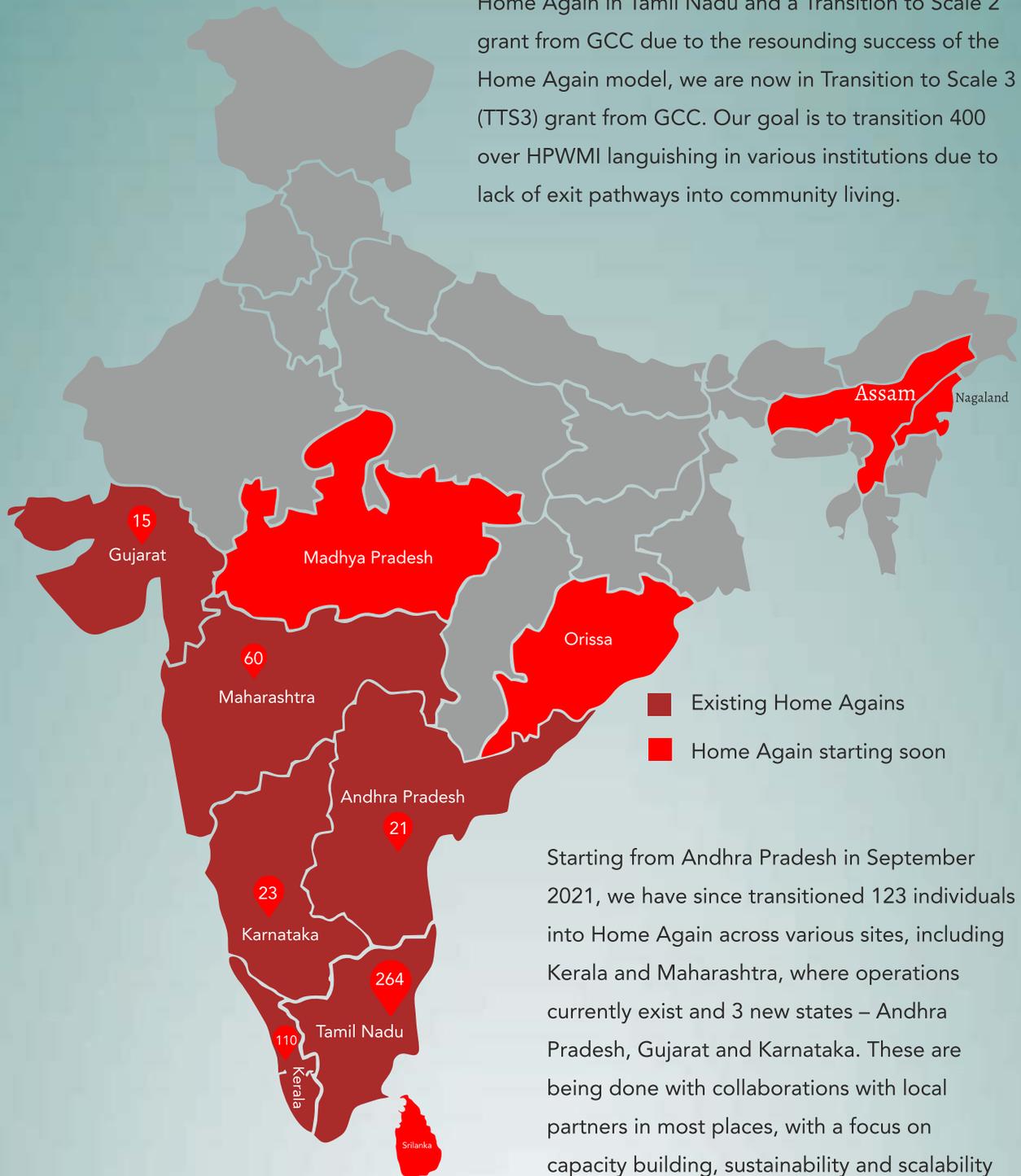
The CMHID team is excited to share some more highlights with you and are extremely grateful for the opportunity and the ability to continue to work towards our vision.

- Vanitha Rajesh, Deputy Director, CMHID, Tamil Nadu

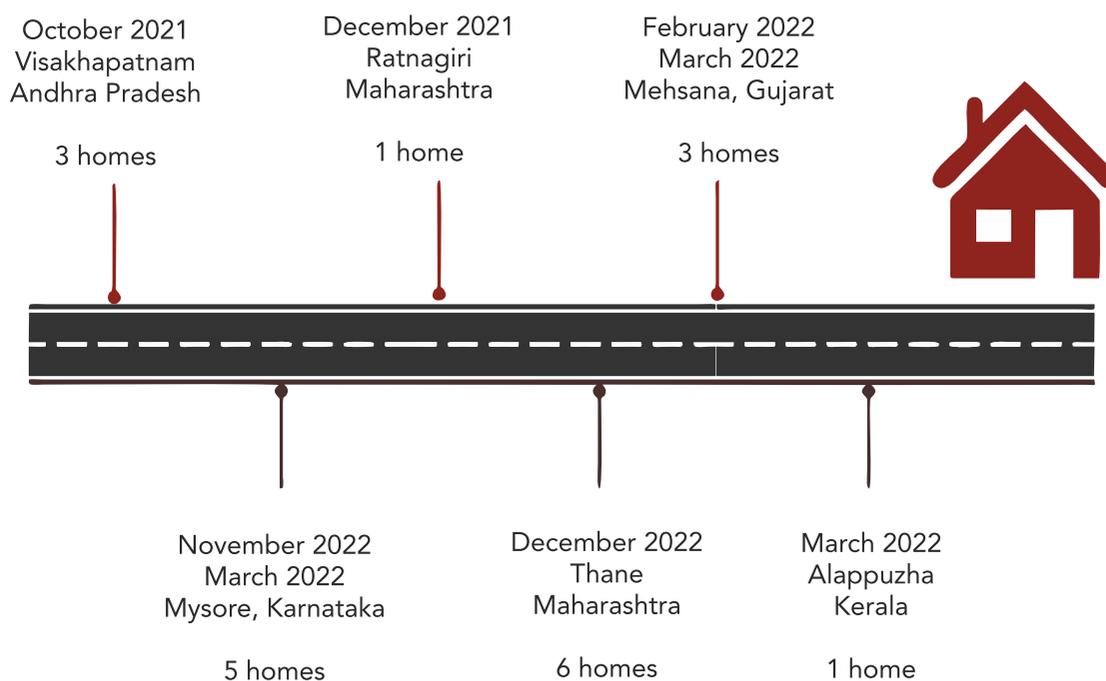
- Salih PM, Deputy Director, CMHID, Kerala

- Pallavi Rohatgi, Executive Director, Partnerships

Since the original grant from GCC in 2014 to pilot Home Again in Tamil Nadu and a Transition to Scale 2 grant from GCC due to the resounding success of the Home Again model, we are now in Transition to Scale 3 (TTS3) grant from GCC. Our goal is to transition 400 over HPWMI languishing in various institutions due to lack of exit pathways into community living.



Starting from Andhra Pradesh in September 2021, we have since transitioned 123 individuals into Home Again across various sites, including Kerala and Maharashtra, where operations currently exist and 3 new states – Andhra Pradesh, Gujarat and Karnataka. These are being done with collaborations with local partners in most places, with a focus on capacity building, sustainability and scalability of the model.



In addition to the intervention, the scale-up also involves a mixed-methods research study to understand and document the experiences of clients and the care team, and to understand the efficacy of the programme. As part of this study, quantitative and qualitative data collection was initiated across the scale-up locations. Data is collected in two forms –

- At specific points of the one-year study – for instance, at baseline, midline and end line time points
- On an ongoing basis, throughout the study timeline – through daily and weekly reports from personal assistants and social workers

Quantitative data collection began at most sites including – Maharashtra, Andhra Pradesh, Karnataka and Gujarat. These assessments will continue over the next few months. On the qualitative front, focus group discussions were conducted in Andhra Pradesh, and will soon follow at other locations.

A comprehensive training programme was organised by the research team in September 2021 for social workers, case managers and data collectors from all home again sites. The session focused on the quantitative and qualitative elements of the study. Subsequently, qualitative data collection training sessions were also conducted with the teams in January 2022, as new scale-up locations were established.

Quotes from Home Again collaboration partners



“

For us at Mehac Foundation, the support of The Banyan is extremely significant. The Banyan's approach to working with partners - nurturing, supporting, enabling and treating them with equality is unique. We find this one of the greatest strengths of The Banyan. It is an honor and privilege to work with such a team.

“

We at Chiguru are grateful to The Banyan for giving us the chance to partner with them. With their visible presence in the field of Mental Health, we were happy to start Home Again with them. We feel proud to help people to live a dignified life under the project.



“

Home again is a holistic and unique approach that has helped more than 40 homeless mentally ill persons return back to the community with the help of its housing interventions and care in Mysore, Karnataka. It has been a great experience for us to partner with The Banyan, and to set up and run 6 home again units.

GREEN DOT TRUST (R)

“

We were working in the field of mental health through Altruist but working in the Home Again programme through The Banyan was completely new to us. We initially found it a big challenge – right from getting finding a house, convincing landlords to rent them out to us, to helping PAs adapt to their roles. We gradually settled and now, at all our homes, our clients do most of their work themselves, we receive good support from the community, people from the community visit home again, and our clients also go to their neighbours' homes. When there are festivals or any other events, our clients participate actively and the community also welcomes them. We are very thankful to The Banyan for giving us the opportunity to run Home Again. We have learned a lot and have had a great experience.

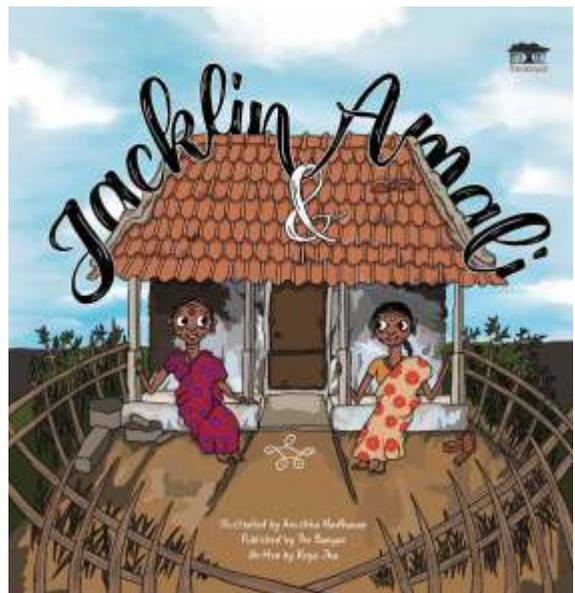
Altruist



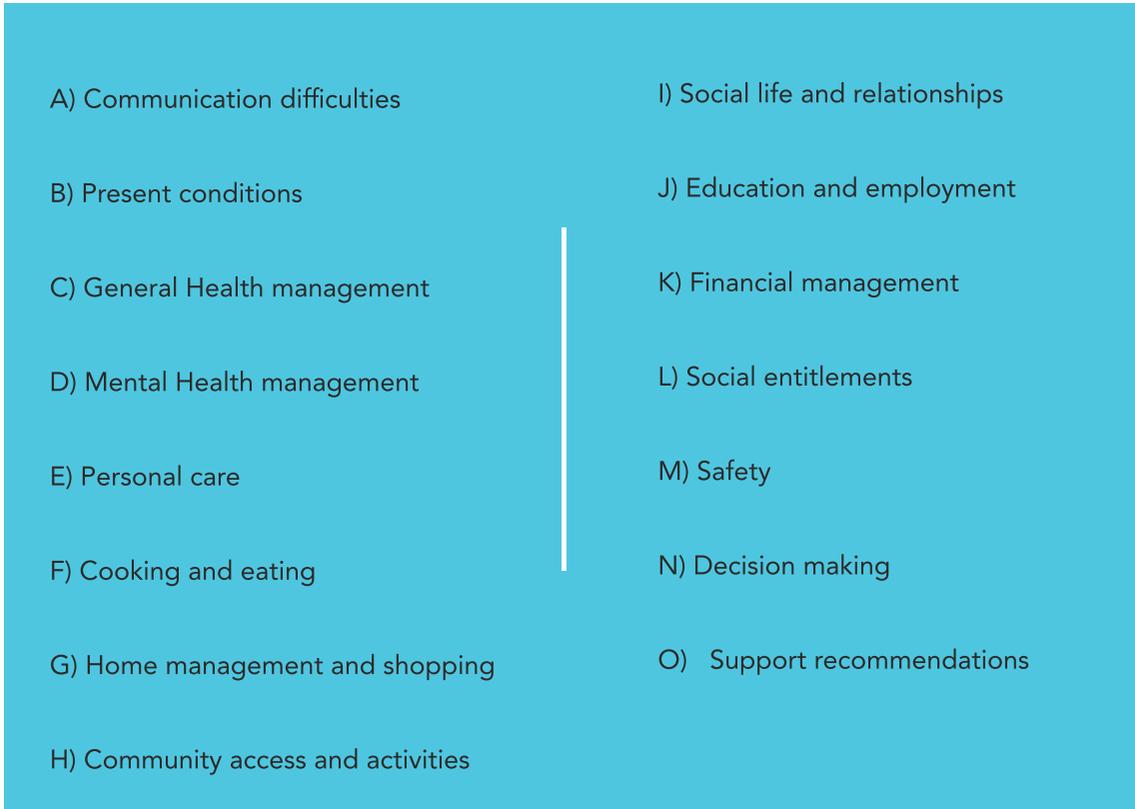


Launch of 'Jacklin & Amali' - A

children's book: The Banyan launched a book for children - 'Jacklin & Amali', authored by Rega Jha and illustrated by Anushka Madhavan. The book narrates the story of Jacklin and Amali, two sisters, who overcame homelessness, accessed services at The Banyan and were instrumental in setting up the Home Again programme. The sisters now live in Tiruchirappalli (their hometown) and have serviced 60 women over the years, through the programme in Kovandakurichi and nearby villages in Trichy. The book launch was organised online on August 27, 2021.



Assessment and support planning: In December 2021, to ensure that our services are consistently rights-based and person-centred across all our sites, The Banyan introduced a structured 'assessment and support plan'. Such a care plan is drawn collaboratively with a service user, highlighting their needs, preferences and the types of support they require across various domains. This is done to ensure that each person has the agency to decide what their needs are, and how they would like to be cared for. A template for this assessment was created for our clients. Between December 2021 and March 2022, 85 assessments were conducted across our different Home Again locations. The assessments primarily focused on the following domains of clients' lives -

- 
- A) Communication difficulties
 - B) Present conditions
 - C) General Health management
 - D) Mental Health management
 - E) Personal care
 - F) Cooking and eating
 - G) Home management and shopping
 - H) Community access and activities
 - I) Social life and relationships
 - J) Education and employment
 - K) Financial management
 - L) Social entitlements
 - M) Safety
 - N) Decision making
 - O) Support recommendations

“

I like this place, because the people around me are similar to me. It feels like at home. In my house also, I have a small place in the front area and I used to sit and enjoy my evening there and this place reminds me of that.

”

Review Meetings across all Home Again sites: Various review meetings are conducted across all Home Again sites. These include:

Pulse meetings: There were two Pulse meetings conducted during this reporting period across all The Banyan's Home Again chapters. During these meetings, the team discusses insights from focus group discussions, community inclusion, access to social entitlements of the clients, family visits, recurring issues like documentation, challenges, management of interpersonal relationships, hygiene practices, any reunifications of clients with families of origin, livelihood opportunities etc.

Weekly MDT meetings: Similar to the ECRC MDT, Home Again MDT are comprised of health care workers from different disciplines who work together to provide specific care to the clients, including personal assistants and peer leaders. These are conducted weekly to address challenges, management of comorbidities and any client-management or personnel management issues.

Quality audits of sites: Audit checklists are created, and the sites are reviewed by the team every 3 months with the objective of ensuring best practices are being followed, and to understand how the services can be improved. These are conducted across sites either in the form of surprise rounds or planned reviews by The Banyan's senior management team. Reports of the quality audits are shared with the staff and include reviews of the state of the home, quality of care, quality of food, client welfare, community engagement etc.

Training

Over the last year 50+ capacity building sessions were held for our staff personal assistants (Pas) and social workers (SWs)



These sessions focused on a rangr of themes and skills, including -

Orientations	<ul style="list-style-type: none"> Understanding the Home Again Programme Valus, ethos and practices Objectives of the programme
Care protocol training	<ul style="list-style-type: none"> Understanding mental health and mental illnesses Working with persons with mental illnesses Conducting mental status examinations Performing basic physical assessments and vital checks Addressing emergencies Promoting home care, skill development among clients, and fostering community inclusion
Research training	<ul style="list-style-type: none"> Quantitative tool administration Qualitative data collection – Daily voice notes from PAs and Weekly reports from SWs
Assessment and support planning	<ul style="list-style-type: none"> Person – centered care delivery Communications skills Using the support plan templates
Administration	<ul style="list-style-type: none"> Day-to-day administration Documentation Protocols Accounts processing

Our staff also offered several training sessions to clients across chapters, ranging from informational conversations on Covid-19 safety protocols, to vocational training activities.





Case study: Agency

One morning, Ms. M found herself in the middle of the road in Kerala. She did not understand the language people were speaking and could not remember how she even reached a place where she did not know anyone. Her life turned upside down when police personnel took her to a mental hospital. She tried to tell people who she was, and where she was from, but to no avail. She was admitted to the institution and ended up staying there for two years.

Ms. M had lost all hope when our staff reached her and helped her exit the hospital. She was brought to Home Again, where she told us about her family background. After much enquiry, we got hold of her home address and her family. Her family informed us that she was divorced and was living with her family but left home after a quarrel and did not return since. Her family was willing to take her back, but Ms. M was firm in not wanting to go back. She spoke about her past experiences. Having been a survivor of domestic abuse, she hoped that things would change after the divorce. However, when she was blamed and taunted for the divorce, she decided to leave home in search of peace.

Ms. M is now in contact with her family but is creating a life of her own through Home Again. She is now saving up by stitching clothes and selling them and is looking forward to buying a scooter of her own.

Case Study: Independence

Mr. G at 27 years, began experiencing some mental health challenges and as a result, was facing severe conflict with his family. They then admitted him to a psychiatric hospital in Visakhapatnam, Andhra Pradesh, as they were unable to take care of him.

In 2021, he was transitioned into the Home Again programme, as his family was unable to take him back. Initially, he faced some issues adjusting to the home and the other residents and would get into arguments with them over different issues. Over time, with the support of the other residents and the programme staff, he



was able to build a routine for himself. He began taking more initiative at home to help out with chores, was able to step out of the house to buy some groceries, and also engage in recreational activities that interested him, for instance, playing cricket.

However, despite having a keen interest in working outside the house, Mr. G was struggling to find a job. Gradually, with continued effort, he got a job as a security guard and now earns INR 10,000 per month. He is able to take care of his own physical and mental health needs and is able to also travel to work independently. Reflecting on his experiences, he describes Home Again as "home".

Chapter 3:

Centre for social needs and Livelihoods

Preetha Krishnadas & Dr. K.S. Ramesh

Vision & goals

Promoting social wellbeing of people with psychosocial distress by educating, engaging, and empowering them to co-exist in their communities, advancing their quality of life by facilitating opportunities and bridging gaps in their access to mental health care.

The Centre for Social Needs and Livelihoods (CSNL) provides care through social entitlements and livelihoods to the clients of The Banyan with the objective of addressing their social needs. Social needs are identified in this context as inclusive living opportunities, prevention of stigma and discrimination, educational opportunities for children, livelihood options for adults, social entitlements and citizenship identities. CSNL therefore promotes goals of community inclusion, enhancement of support networks and participation.

This year CSNL focused on creating alternative livelihood options like social cooperatives and self-help groups. This is an innovative way to support clients who feel isolated and face challenges sustaining employment. Social cooperatives and self-help groups provide peer support and help in mitigating these challenges which are faced independently in other employment contexts. Since last year, these initiatives have helped clients take a step forward to financial independence.

CSNL will continue to serve the ultravulnerable through social care and will keep innovating to support them in multiple ways. It believes that these interventions will help our clients have a lifetime of security and independence.

-Preetha Krishnadas, Deputy Director, CSNL

Dr. K.S. Ramesh, Lead, VSNL

Some key achievements of the CSNL team over the year are

Voting rights: Municipality elections, Chennai were held in February 2022. Peer leaders and former service users of The Banyan conducted a meeting on voting rights and their importance. This year, 67 clients from The Banyan voted with the support of the Commissionerate for Persons with Disabilities, despite multiple challenges, including being verbally abused and police preventing them from voting, even though they had voter Ids.

Health insurance: Under the Ayushman Bharat scheme, the Government of India provides universal health coverage. The Pradhan Mantri Jan Arogya Yojna (PM-JAY), a component of the above, is a health insurance scheme that provides health care cover of INR 5,00,000 per family per year for secondary and tertiary care hospitalisation to vulnerable families. The CSNL team has registered 54 families in this scheme, which will help them reduce medical costs and secure their future.

The Tamil Nadu Chief Minister's Kalaingar Insurance Scheme for life-saving treatments is for the poorest of the poor/low income/unorganised groups and offers INR 1,00,000 for each family per year for 4 years. The CSNL team registered 16 families for the same.

Vaccination camps: The Nalam workers in the Chengalpet region organised a vaccination drive for the Irular community in November 2021. They also created awareness of the importance of vaccination. Irular community is a scheduled tribe that doesn't have access to social entitlements like Aadhar cards or access to any government hospital.

Patta distributions: Nalam workers referred the scheduled tribe community to get patta which is a revenue record of a piece of land. It is issued by the government and is also known as the Record of Rights (ROR). In November 2021, families from Mambakkam received Patta from the Chief Minister, Tamil Nadu. The tribe lived near a pond for two decades; now, they have a place to build their house and stay safe. This event was also featured in the news as 33 families received land after 15 years.



Thinnai Café at Kovalam

In February 2022, 8 female service users of The Banyan started a café called Thinnai Café in Kovalam with support from Paul Hamlyn Foundation. Before starting the café, they underwent training in cooking, housekeeping and customer service etiquette. The cafe serves breakfast, lunch and evening snacks and is completely managed by the service users. The café now boasts a diverse clientele ranging from the local community, government offices, students and The Banyan / BALM staff, with a daily sales average of INR 800-1000.

“ Initially I thought it was another routine shop opened up for sale. But when I approached them for buying Idlis I came to know that the shop is run by women who are mentally ill and I couldn't believe that. I have always thought that any person with mental illness, is bound to stay in hospital away from the community. But what I saw here was completely opposite to what I believed

“

I earn my own money. What a feeling it is, you know. Once I earn, I go out and shop for my own needs. This was always my wish - Ms. Malliga, Thinnai Café Team

”





“

I run this shop. This statement is so powerful and I feel empowered when somebody calls me madam. That is the point I understood that work is always not about money, it's about roles and relationships

- Ms. Annamary.

”



D'Lite masala: Delight is an all-women's cooperative that makes spices founded by The Banyan in 2021. The women make six varieties of handmade spices and condiments. The cooperative has received a seed grant from Tamil Nadu Rural Transformation Project (TNRTP), enabling them to expand their production through expert machinery. They have also launched a website to market their products.

Udhayam tailoring unit: Udhayam is a self-help group that designs women's clothes like night suits, salwar and blouses. They also make cloth and jute bags to order. Udhayam started in February 2022 and comprises 12-women who are service users of ECRC Kovalam and Home Again. All of these women underwent rigorous training in tailoring and business development. The clients chose the name 'Udhayam' which means the rising sun in Tamil.

Community mental health trainings: These are short training programmes conducted by the CSNL team on community mental health (CMH) across districts in Tamil Nadu and Kerala. These are structured as 1 or 2-day trainings focusing on mental health promotion, community mapping, psychological first-aid role plays and advocacy. These trainings were conducted in Pullambadi block, Tiruchirapalli, Alambakkam and Kovandakurichi. 9 panchayat members, 2 block panchayat counselors, and 41 self-help group members attended. The programme was inaugurated by DMHP Psychiatrist Dr. Krishnamoorthy. Sivagangai and Vyampatti districts in Tamil Nadu have been identified as target areas for upcoming trainings. Initial conversations with panchayat heads about the importance of training and gaining an understanding of the local context through a quick walk around the villages, have already taken place. The training is set to happen in the second half of 2022.

Kudumbashree: Kudumbashree is the poverty eradication and women empowerment programme implemented by the State Poverty Eradication Mission (SPEM) of the Government of Kerala. The name Kudumbashree in Malayalam language means 'prosperity of the family'. Kudumbashree comprises of 40,00,000 community workers, and The Banyan in collaboration with BALM will be offering a Training of Trainers (TOT) programme to them across the state of Kerala.

Access to mental healthcare: CSNL has supported outpatient clinics running across Tamil Nadu, Kerala and Maharashtra to provide medical and psychological support to the people of that region. These clinics are free of cost and help in spreading awareness on mental health and providing delivery of care in remote areas.

Sl.NO	STATE	Total Beneficiaries
1	Tamil Nadu	2145
2	Kerala	162
3	Maharashtra	415
4	Karnataka	30
5	West Bengal, Bihar, Orrisa	31
6	Andhra Pradesh & Telangana	31
7	Other States	33
8	Total	2847

Social entitlements: Social Entitlements refers to the individual's entitlements to a range of benefits like disability, work and citizenship granted by the state. These include identity cards, bank accounts and other certificates issued for the welfare of the state.

SI.NO	SOCIAL ENTITLEMENTS	Tamil Nadu
1	Banyan DA	382
2	Aadhar card	198
3	Ration card	32
4	Voter ID	106
5	PAN Card	20
6	Bank Account	143
7	Disability Card	420
8	Disability Pension	78
9	Disability Aids	51
10	UDID	206
11	Insurance	185
12	Others (Bus pass, Funeral expenses, Govt certificates, Job card)	372

Livelihoods: CSNL facilitates livelihoods in the form of internal, external and social cooperatives, including offering skill training to the clients to help them find and sustain jobs.

SOCIAL CARE		
1	Banyan Disability allowance	382
2	No. of social care supported	583
3	Peer Leads	14
4	Peer Group members	53
LIVELIHOODS		
1	Employment Facilitated	64
2	Total Social Cooperatives	7
3	Clients Trained in Social Cooperatives	40
4	No. of Self-Help Groups (SHG)	3
5	No. of SHG members	23

Support networks: Support networks are run by the service users at The Banyan. These include both clients and their caregivers who decide to meet periodically. This space is used by the group to discuss challenges faced by them and seek support. Nammak Nammae is one such peer-led group run by caregivers in Kerala.

SUPPORT NETWORK (ACROSS REGIONS)		
1	Total number of peer leaders	14
2	Total number of peer group members	85



“ I find solace and Livelihood through block printing ”

Case Study: Finding Solace

Our peer leader Ms. Anuradha won the state award for the best trainer in December 2021. Anuradha is a block print trainer at Kovalam and she received the award from the Commissionerate for Welfare of the differently Abled.

“I find livelihood and solace through block printing” - Anuradha heads the block printing unit at our Kovalam campus. Anu had a tough childhood marked by violence and loss. Having lost her parents at a very young age, she was looked after by her grandparents. With the demise of her grandparents and the rest of the family abandoning her, Anu reached the Banyan. Here she was introduced to block printing. What started as an engagement and fun activity, is today one of the most revenue-generating units at Kovalam, all under the leadership of Anu. “The first purchase I make for any auspicious day is blockprints from Anu. The colour combinations, patterns and precisions, it is beautiful.” says one of Anu’s regular customers.

A girl once abandoned by family now leads an independent life, making a living out of what she loves, sharing experience and expertise, co-creating with the organisation, and providing livelihood options for others. “Once upon a time all I had was only loneliness. Now I train people and pass on this knowledge and make a difference to their lives.” Anu is a source of inspiration to all of us.







Case Study: Peer Leader

A lover of books, a great athlete and a keen orator, Balakrishnan or Balettan as he's fondly called, has taught us that even the toughest of battles in life can be won. A passionate sportsperson ending up in a mental health institution and then fighting all odds to become an inspiration, Balettan's story is no less intriguing than a movie. Back in the '80s, a bad investment took away all his savings. Peer and societal pressure began to take a toll on his mental health. In 1999, he was forced to leave his hometown and reached Bangalore, where another traumatic incident happened to him. He was arrested and jailed by the Bangalore traffic police. The scar to his mind was bigger than the injury to his body. With the intervention of some good samaritans, Balettan was released and admitted to a mental health institution. Though battling with fear, insecurity and depression, Balettan slowly and gradually recovered.

The recovery process molded him in a different person. "The life I lived and the experiences I had are my greatest strengths" he says. He started working with different establishments in Tamil Nadu and Telangana. An accident at his workplace at the time affected his vision and he still undergoes treatment for that. Traversing through all these hardships, both physical and mental, he found his life's purpose. He realized he could help people struggling with similar mental health issues. In 2010, he started working with palliative care organisations. By 2013, he was active in rehabilitation and reintegration processes in different sectors of mental health. In 2018, Balettan joined The Banyan as a welfare coordinator and continues to be a huge support to the various initiatives undertaken by The Banyan. He writes beautifully and has been published in reputed magazines and newspapers.

Balettan was once invited to the inauguration of a mental health awareness programme, where he shared the dais with reputed doctors and professionals. A doctor approached Balettan, impressed with his insights on mental wellbeing; he wondered if they had met before. Balettan smiled and replied "You are right doctor, we have met before. At your institution, I was your patient!"

Chapter 4:

Centre for Homelessness and Social
Vulnerabilities

Mrinalini Ravi and Preetha Krishnadas

Vision & goals

Our vision for the Centre for Homelessness and Social Vulnerabilities (CHSV) is to bridge the gap between research, policy and practice. CHSV addresses distress associated with homelessness by supporting policies and programs with real-time data and evidence-based approaches in outreach, referrals, employment and housing strategies, and prevention of recurrence of homelessness in the case of housed individuals, owing to lack of support systems.

In alignment with the vision, CHSV partners with academicians, policy and decision makers, corporate institutions, and people with lived experience of homelessness to design and sustain impactful solutions that aim to alleviate distress and promote social inclusion and civil society participation. We intend to build profiles of people's experiences of homelessness as an advocacy platform to mobilize cross-sectoral awareness and support.

In addition, CHSV focuses on capacity building for key stakeholders including partners from the state, municipalities, and non-governmental organizations working with the homeless. The aim of these initiatives is to facilitate rights based and person-centric interventions built on equity-oriented policies for this most vulnerable community. Training will also be supported by evidence through publications and case studies that highlight experiences, needs, and demonstrate impact resulting from empowering service offerings.

CHSV is therefore a platform for elevating the needs and voices of people experiencing homelessness, in local, national, and global dialogue.

-Preetha Krishnadas, Deputy Director, CHSV

-Mrinalini Ravi, Deputy Director, Partnerships

The homeless community is a heterogeneous, diverse, and mobile one. A majority of the homeless have little or no social networks and support systems to whom they can reach out or feel connected. This population is often conflated with criminal populations and become victims of false cases or mass incarcerations, under the will of archaic beggary laws. Life on the streets can be isolating, and of course, disempowering. Many have lost or don't have identity cards, bank account information, or any other form of documentation that are now fundamental in accessing any public good.

CHSV addresses the bridge between homeless people and society. There are two shelters, one in Chennai and the other in Tiruchirappalli, each through the National Urban Livelihood Mission (NULM) which aims to reduce the risk of poverty through sustainable employment opportunities. The shelter in Chennai is a 30-bedded facility and was started in 2012 in Santhome, but has currently been relocated to KK Nagar. The shelter works on a public-private partnership model with HCL Foundation and the Greater Chennai Corporation (Chennai Corporation). The second shelter started in Tiruchirappalli in 2021 and works in partnership with the Trichy Corporation and Anbalayam, an NGO. It is a 40 bedded therapeutic facility for both men and women with psychosocial needs.

	Chennai	NULM Trichy
Overall Admission	426	49
Overall Reintegration	189	13
Outreach	282	79
Bed Capacity	30	40
Social Entitlement	44	0

Covid protocols: Covid-19's third wave was a particularly challenging period for the shelters. During the Covid-19 pandemic, the team worked in double shifts, created an isolation room in the limited spaces available to them, restricted movement to within the shelter, while maintaining social distance. This was possible by following protocols, training and sensitisation of both staff and clients.

Youth club: The CHSV team worked with the local community to create a youth club for the community residents. Some of the achievements through the youth club have been stigma reduction and integration of youth in the community into shelter activities. Shelter staff and youth club members distributed food to homeless people in the community.

Soup kitchen: A soup kitchen is run at the KK Nagar shelter, which has become very popular with service users, who bring their friends and co-workers. The place acts as a hotspot for people to gather around and share their concerns about the shelter. It also emerged as a space by which new members joined the shelter.

Model shelter: CHSV has been instrumental in bringing about changes to the Chennai Corporation's approach towards rescuing and engaging with street homeless people. Prior to The Banyan's engagement with the Chennai Corporation, the concept of shelter management was very limited and narrow, shelters were conceptualized as segregated spaces to keep the homeless away from the streets. There was little or no commitment to draw them out or rehabilitate them. However, now the shelter offers vocational trainings, understands the concept that the persons accessing its services are service users, there is increased community engagement and overall, a positive change in the way the Chennai corporation engages with the homeless populations.

Unseen City - a lecture: CCHSV organized an invigorating lecture by Professor Ankhi Mukherjee of Professor of English and World Literature, University of Oxford based on her book Unseen City Psychic lives of the Urban Poor.

Shelter monitoring committee: Shelter Monitoring Committee meetings with the Chennai Corporation officials are organized regularly. The interactive session between the officials and the clients is to understand the functioning of the shelter along with the clients' opinions of the shelter's administration. Clients shared their experiences with the officials as they exhibited the products, they made during the training sessions. Officials appreciate and provide feedback on the clients' efforts in making the products



Vocational training and capacity building: The shelter vocational team works hard to arrange several new, income-generating activities for the service users at the shelter. The clients are engaged in sambrani making, chapati training, and paper bag making. Training is provided based on the interest of the clients.

Self-help groups: Self-help Groups (SHGs) are informal associations of people who come together to find ways to improve their living conditions. Through support group sessions in collaboration with NULM, the team succeeded in inaugurating 2 SHGs within the community – **Banyan Abdul Kalam Maatruthirunaaligal Special SHG and Banyan Ambedkar Maatruthirunaaligal Special SHG.**

Corporation stall : As a part of the Republic Day celebrations on January 26, 2022, Chennai Corporation set up stalls where various NGOs could sell their products. The CHSV team along with the clients set up a stall and sold products worth INR 10,000 over a course of 5 days. .



Ruchi café: Due to the Covid-19 pandemic, clients were not able to go out to eat snacks – a regular pass time for the residents of the shelter. In 2022, CHSV along with Banyan Abdul Kalam Maatruthirunaaligal SHG opened a café inside the KK Nagar Shelter – the Ruchi Café. The Ruchi café is run by the clients, and the stocks are inventoried and requested by the clients. The clients can now get all their favorite snacks and beverages from Ruchi Café and it also offers them a spot to hang out with each other. What started as a café for the clients soon became a social intervention for helping them learn financial accountability and management, i.e. by regulating the amount they spent on snacks, they sent rest of the money to their family or saved for their own futures.

Mock Tamil Nadu election: Voting is the fundamental right of people and is critical for our democracy, and training was provided to the clients to help them to participate in the council elections, including which political parties were participating and their election symbols. The entire voting process was illustrated using a dummy voting machine. By this engagement, there was greater clarity of voting processes amongst our residents.



Case Study: Happy Reunion

A photograph showing a man in a teal shirt sitting on a wooden stool in a room with brick walls. He is looking down at his hands. To his left, a woman in a blue shirt and a red headscarf is leaning over him, touching his hands. In the foreground, the back of a person wearing a black shirt and blue jeans is visible. The room contains various items, including a yellow bag and some hanging clothes.

Mr. K stayed in the shelter for three years. There was very little information regarding his family, but based on the little information that was available, the CHSV team was able to trace him to a village in Bihar. However, when the team visited the police station there, there was no missing complaint registered regarding Mr. K and the police were not able to place him. Coincidentally, while at the police station, Mr. K saw a person who turned out to be his relative. The relative passed the information to Mr. K's family and within ten minutes his father and brother came to meet him at the police station. His father was in tears as he saw his son after 12 years! The entire village came to welcome Mr. K back home and thanked The Banyan for bringing him back.

Financial Reports

Thank You!

The Banyan is able to operate thanks to the generosity of our partners, supporters and friends.

A R Charitable Trust	IRIS KPO Resourcing India Private Limited
Akhila Srinivasan	K.C.Mohan
Ashwin Thomas	L.Lakshman
Asia (Chennai) Engineering Company Pvt Ltd	Lakshmikanth
Azim premji Philanthropic Initiatives	Museum Dr. Guislain
Bajaj Allianz General Insurance Company Limited	Nilpeter India Private Limited
Baman K. Mehta & Co	P.S.Raman
Breadsticks Foundation	P. Vanaja
Chaturbhuj Jivandas Religious & Charitable Trust	Paul Hamlyn Foundation
Cholayil Trust	Pradeep Cholayil
CMS Info Systems Ltd	R V Industries
Cognizant Foundation	Rachel Stephens
Colour The World Stiftung	Rajivi Renganath
Corporation of Chennai	Rural India Supporting Trust
Daiwa Corporate Advisory India Private Limited	Saravanaa Bhavan
DASRA, USA	Shrishti
District Collectorate - Thiruvallur	Srinath Ramarathnam
Dr.K.V.Kishore Kumar	T.G.G.Raman
Friends of The Banyan USA	District Collectorate - Tiruvallur
Frigorifico Allana Private Limited	The Sathyanarayana Charitable Trust
Give Foundation	Time Links
Grand Challenges Canada	VS&B Containers Pvt Ltd
HCL Technologies Foundation	World Health Organisation

Governance

Nature of the organization

A secular Indian Registration Public Charitable Trust reaching out to the marginalised sections of society

Trust Registration Details

No. 1589/4, Year of Establishment – 1993, Place – Chennai

Board of Trustees

*Prof.Dr. Vandana Gopikumar – Founder Trustee

Ms. Vaishnavi Jayakumar – Founder Trustee

Mr. A. Sankara Narayanan – Chairperson

Mr. Balraj Vasudevan [MD, Autopumps & Bearing Co.P Ltd] – Treasurer

*Mr. Senthil Kumar [Director, Qube Cinema Technologies Private Limited] – Trustee

Mr. Amarnath Reddy [MD, Shoetek Agencies] – Trustee

Mr. K.C. Mohan [Retd] – Trustee

Mr. P.S. Raman [Advocate] – Trustee

Mr. V.S. Pradeep, MD, Cholayil Group - Trustee

Ms. Arathi Krishna, Joint Managing Director, Sundram Fasteners - Trustee

Mr. N.K.Ranganath, Managing Director, Grundfos Pumps India Pvt Ltd – Trustee

Mr. Vijay Hinduja – Trustee

Mr. Vijay Anand – Trustee

* Note that Dr. Vandana Gopikumar is married to Mr Senthil Kumar.Both were independent members prior to their marriage

Salary Details

Gross salary plus benefits (INR per month)	Men	Women	Total
10,000-25,000	57	214	271
25,000-50,000	9	18	27
50,000-1,00,000	6	9	15
1,00,000>	1	0	1
Total	73	242	314

Head of the Organisation: Rs. 1,80,000 Per month | Highest paid staff Member: Rs. 1,80,000 per month
Lowest paid staff member: Rs.10,000 per month

Total monthly payments made to consultants (in Rs)	Number of consultants
5,000 - 10,000	2
10,000 - 25,000	11
25,000 - 50,000	9
50,000 - 1,00,000	5

Travel Details

Total cost of National travel by Board members/staff/volunteers on behalf the organisation for 2021 -22 is INR 62,84,246.00

Total cost of International travel by Board members/staff/volunteers on behalf the organisation for 2021 -22 is NIL

Board of Trustees Meeting 2021-22

Date	Attendance
12 th June 2021	9
18 th September 2021	7
11 th December 2021	10
26 th March 2022	6

Registrations

Permanent Account Number(PAN)/GIR No: AAATT0468K

Donations are tax exempt under Section 80 (G) of the Income Tax Act

Registered u/s 12A, Application No: 291/93-93 dated 8/12/1993

FCRA Registration No: 075900624, dated April 1998

Darpan Unique ID :TN/2017/01 16803

Auditor

Mr. Viji Joseph, Chartered Accountant
G Joseph & Co,
Chennai – 600 031

Internal Auditor

T R Chadha & Co LLP
Anna Salai
Chennai 600 002

How can you help?

Every penny towards our work counts. The Banyan's work since 1993 is built on the foundation of unwavering support from countless individuals and key institutional donors, who have partnered with us in our journey to transform lives. Some options to donate are:

Donation Options	Details
Meals on Time Initiative	INR 700,000 Covers meals for 100 clients for 52 days in a year, one day per week
Special Occasion Scheme All meals in a day Breakfast Lunch or Dinner	INR 13,500 INR 3,000 INR 5,500/INR 13,500 (with a meat dish of choice) Fresh meals cooked and served in our premises for 100 residents to celebrate or in memory of an occasion.
Monthly Membership Scheme	Starting from INR 1,000 onwards to any amount that you choose credited monthly to the cause of The Banyan for 12 months
Stay Well Incentive	INR 18,000 per client Covers an incentive equivalent to a disability allowance for one client for a year
Support Medicine for a Client	INR 6000 Covers medicines of one client for a year
Stay in School Scheme	INR 20,000 to INR 50,000 covers annual tuition fees for school/higher education of one child or young adult living with parental mental illness
No Strings Attached	Any amount of your choice

Gently used clothes, accessories and household articles

FCRA Money Transfer Details

For FCRA Name & Address of the Beneficiary
Account No.
Type of A/c (CA / SB)
Name&Address of Bank Branch

The Banyan
40121845535
Saving Bank
State Bank of India
FCRA Cell, 4th Floor
Sansad Marg, New Delhi 110 001

Branch Name & CodeCode :

New Delhi Main Branch, 00691

SWIFT No.

SBININBB104

IFSC Code of the Bank Branch for RTGS mode
IFSC Code of the Bank Branch for NEFT mode

SBIN0000691
SBIN0000691

NON – FCRA Money Transfer Details

Name and address of the Beneficiary
Account Number of Beneficiary
Account Classification (CA/CC/SB)
as per Cheque leaf
Name and address of the Bank Branch

The Banyan
0287104000117616
Saving Bank
IDBI Bank
No.80,New Avadi Road
Opp to Lifeline Hospital, Kilpauk,
Chennai - 600010,Tamil Nadu

Branch Name/Code

Kilpauk Branch, Chennai (TN)
Code:287

The 9 Dight MICR code of the Branch

600259012

IFSC Code of the Bank Branch for RTGS mode
IFSC Code of the Bank Branch for NEFT mode
Swift Code

IBKL0000287
IBKL0000287
IBKLINBB005

Send your contributions by Cheque/Demand Draft/Money Order in favour of "The Banyan".
To donate through Credit Card or Net banking visit www.thebanyan.org.
For more information write to ashok.kumar@thebanyan.org

The Banyan - Non FCRA
Balance Sheet as on March, 2022

LIABILITIES	As on March 31,2021	As on March 31,2022
General Fund	1,47,83,853	1,34,58,999
Corpus Fund - NRTT	6,35,94,072	6,35,94,072
Corpus Fund - Bajaj	6,00,00,000	6,00,00,000
Corpus Fund - Others	1,82,30,540	1,82,30,540
TOTAL	15,66,08,465	15,52,83,611
ASSETS	As on March 31,2021	As on March 31,2022
Fixed Assets	3,47,45,278	3,48,54,613
CURRENT ASSETS , LOANS & ADVANCES		
Current Assets	54,40,877	48,95,344
Balance in Banks & Cash-in-hand	14,94,33,771	14,82,67,173
Total Current Assets (A)	15,48,74,648	15,31,62,517
Less : Current Liabilities	3,30,11,461	3,27,33,519
Total Current Liabilities (B)	3,30,11,461	3,27,33,519
Net Current Assets [(A) - (B)]	12,18,63,187	12,04,28,998
TOTAL	15,66,08,465	15,52,83,611

As per our report of even date
for **G . JOSEPH & CO**
Chartered Accountants
Firms registration number :

Viji Joseph
Partner
Membership No : 027151

For and on behalf of the Board
The Banyan

Dr KV Kishore Kumar
Director

Place : Chennai
Date : September 21,2022

The Banyan - Non FCRA
Income & Expenditure as on March, 2022

INCOME	As on March 31,2021	As on March 31,2022
Donation and Programme Receipts	7,26,27,263	9,74,70,183
Interest Income	1,03,76,631	1,03,66,313
Food Cost Deduction From Staff	19,56,436	-
Rent Income	13,50,000	12,10,000
Other Income	6,19,487	3,36,950
TOTAL	8,69,29,817	10,93,83,446
EXPENDITURE	As on March 31,2021	As on March 31,2022
Emergency Care & Recovery Centre- Mogappair	2,36,82,110	2,80,57,396
Emergency Care & Recovery Centre- Trissur	27,61,130	29,08,108
Emergency Care & Recovery Centre- Kovalam	52,15,393	1,07,30,718
Emergency Care & Recovery Centre- Replication Sites	-	40,98,369
Centre for Social Needs and Livelihoods - Rural	70,71,847	57,78,488
Centre for Social Needs and Livelihoods - Urban	30,02,689	15,24,383
Centre for Social Needs and Livelihoods Maharashtra	20,57,654	45,37,420
Home Again - Thiruporur	15,91,675	2,76,637
Home Again - Chennai	12,61,832	10,37,017
Home Again - Trichy	6,03,717	4,67,690
Home Again - Kerala	10,35,514	10,15,413
Home Again - Maharashtra	45,42,952	86,68,485
Home Again - Gujarat, Karnataka, A P, Etc	-	90,424
Shelter for Men	55,35,474	63,34,377
Kovalam CGH (P C) project expenses	36,14,593	11,88,941
Aftercare / Rehab.project expenses	20,39,456	30,29,880
Kerala Chapter	1,45,422	-

EXPENDITURE	As on March 31,2021	As on March 31,2022
Skills Development	34,94,595	20,15,299
Research and Training	10,81,997	6,14,382
Flood Relief Expense	85,000	-
Emergency Care & Recovery Centre- Thiruppur	43,680	-
Emergency Care & Recovery Centre- Vellore	1,46,936	-
Other Programme Expense	6,95,393	7,14,427
Administrative Expenses	71,07,237	1,16,93,217
Assets Maintenance	36,70,590	44,50,450
Fund Raising & Communication	8,83,480	-
Emergency Care & Recovery Centre - Sivagangai & Madurai	11,46,259	-
Covid 19- Expenses	24,51,853	1,64,764
Long outstanding balances written off	2,19,631	-
Sub - Grant	-	1,13,12,014
TOTAL (B)	8,51,88,109	11,07,08,300
EXCESS OF EXPENDITURE OVER INCOME [(B) - (A) = C]		13,24,854
EXCESS OF INCOME OVER EXPENDITURE [(A) - (B) = C]	17,41,708	

As per our report of even date
for **G . JOSEPH & CO**
Chartered Accountants
Firms registration number :

Viji Joseph
Partner
Membership No : 027151

Place : Chennai
Date : September 21,2022

For and on behalf of the Board
The Banyan

Dr KV Kishore Kumar
Director

The Banyan - Non FCRA
Receipts & Payments Account as on March, 2022

RECEIPTS	As on March 31,2022	As on March 31,2022
Opening Balances :-		
Cash-in-hand		1,10,370
Bank Accounts		
Axis Bank- 016010100372572 Rangoonwala	70,427	
Axis Bank- 083010100136983 Rec	1,03,649	
HDFC Bank Ltd - 50100092343049	15,853	
ICICI Bank-602701202072 Corpus	55,292	
ICICI Bank-602701209343 Rec	31,151	
ICICI Bank A/C : 032901000114	17,196	
ICICI Grameena Bank : 602705038223	29,349	
IDBI Bank -0287104000117616	79,54,957	
IDBI Bank - 0287104000256308 - APPI	91,95,294	
Kotak Bank-A/C:-8413114703- Bajaj	10,191	
Kotak Mahendra - 6011581033 NRTT Corpus Grant	15,24,570	
Kotak Mahendra Bank - 6011155807	-70,56,603	
Kotak Mahendra Bank - 6011291253 HCL	10,57,861	
RBL Bank - 300040004004 (CTS)	3,72,721	
RBL Bank - 400040004004	1,00,000	
SBI - 10408452644 Rec	38,718	
SBI 10408452859 Building Fund	23,953	
SBI - 10408453115- SWADHAR	1,01,888	
Total Bank Balance		1,36,46,465
Donations & Programme Receipts		9,56,75,577
Interest Income		1,18,44,750
Rent Income		12,10,000
Other Income		3,36,950

The Banyan - Non FCRA
Receipts & Payments Account as on March, 2022

RECEIPTS	As on March 31,2022	As on March 31,2022
Fixed Deposits		78,28,523
Loans & Advances Recovery		13,74,526
Outstanding Liabilities		27,46,260
Sundry Creditors		4,66,484
Expenses Payable		15,41,286
Loan Taken from TNPf		1,40,00,000
TOTAL (A)	1,36,46,465	15,07,81,191
PAYMENTS	As on March 31,2022	As on March 31,2022
Emergency Care & Recovery Centre- Mogapair		2,80,57,396
Emergency Care & Recovery Centre- Trissur		29,08,108
Emergency Care & Recovery Centre- Kovalam		1,07,30,718
Emergency Care & Recovery Centre- Replication Sites		40,98,368
Centre for Social Needs and Livelihoods - Rural		57,78,488
Centre for Social Needs and Livelihoods - Urban		15,24,383
Centre for Social Needs and Livelihoods - Maharashtra		45,37,420
Aftercare / Rehab.project		30,29,880
Home Again - Thiruporur		2,76,637
Home Again - Chennai		10,37,017
Home Again - Trichy		4,67,690
Home Again - Kerala	-	10,15,413
Home Again - Maharashtra		86,68,485
Home Again - Gujarat, Karnataka, A P, Etc		90,424
Shelter for Men		63,34,377
Kovalam CGH (P C) project expenses		11,88,941

PAYMENTS	As on March 31,2022	As on March 31,2022
Skills Development		20,15,299
Research and Training		1,45,951
Capacity Building / Replication Travel expenses		4,68,431
Other Programme Expense		7,14,427
Administrative Expenses		1,13,77,048
Assets Maintenance		17,20,515
Covid 19- Expenses		1,64,764
Sub - Grant		1,13,12,014
Fixed Assets		28,39,270
Rent Deposit		5,41,100
Gas Cylinder Deposit		3,050
Milk Deposit	-	71,280
Loan refund to HDFC		1,49,00,000
Sundry Creditors		29,30,380
Expenses Payable		12,01,593
Loans & Advances (Asset)		2,13,564
Closing Balances :-		
Cash-in-hand		99,678
Bank Accounts		
Axis Bank- 083010100136983 Rec	6,29,900	
HDFC Bank Ltd - 50100092343049	5,97,398	
ICICI Bank-602701202072 Corpus	57,069	
ICICI Bank-602701209343 Rec	5,20,033	
ICICI Bank A/C : 032901000114	17,196	
ICICI Grameena Bank : 602705038223	29,349	
IDBI Bank -0287104000117616	9,63,395	
Kotak Bank-A/C:-8413114703- Bajaj	7,64,167	

PAYMENTS	As on March 31,2022	As on March 31,2022
Kotak Mahendra - 6011581033 NRTT Corpus Grant	16,25,155	
Kotak Mahendra Bank - 6011155807	-72,44,925	
Kotak Mahendra Bank - 6011291253 HCL	27,757	
RBL Bank - 300040004004 (CTS)	3,74,751	
RBL Bank - 400040004004	1,00,000	
SBI - 10408452644 Rec	39,773	
SBI 10408452859 Building Fund	24,606	
SBI - 10408453115- SWADHAR	1,04,666	
IDBI Bank - 0287104000256308 - MAIN	2,16,88,792	
Total Bank Closing Balance		2,03,19,082
TOTAL (B)	2,03,19,082	15,07,81,191

As per our report of even date
for **G . JOSEPH & CO**
Chartered Accountants
Firms registration number :

Viji Joseph
Partner
Membership No : 027151

Place : Chennai
Date : September 21,2022

For and on behalf of the Board
The Banyan

Dr KV Kishore Kumar
Director

The Banyan - FCRA
Balance Sheet as on March, 2022

LIABILITIES	As on March 31,2021	As on March 31,2022
General Fund	1,51,81,034	3,08,31,776
Corpus Fund - RIST	14,89,23,992	14,89,23,992
Corpus Fund - Others	949	949
TOTAL	16,41,05,974	17,97,56,716

ASSETS	As on March 31,2021	As on March 31,2022
Fixed Assets	1,02,24,353	1,06,79,334
CURRENT ASSETS , LOANS & ADVANCES		
Current Assets	35,34,805	56,02,069
Balance in Banks & Cash-in-hand	15,47,98,870	17,05,05,781
Total Current Assets (A)	15,83,33,675	17,61,07,850
Less : Current Liabilities	44,52,053	70,30,467
Total Current Liabilities (B)	44,52,053	70,30,467
Net Current Assets [(A) - (B)]	15,38,81,621	16,90,77,383
TOTAL	16,41,05,974	17,97,56,716

As per our report of even date
for **G . JOSEPH & CO**
Chartered Accountants
Firms registration number :

Viji Joseph
Partner
Membership No : 027151

Place : Chennai
Date : September 21,2022

For and on behalf of the Board
The Banyan

Dr KV Kishore Kumar
Director

The Banyan - FCRA
Income & Expenditure as on March, 2022

INCOME	As on March 31,2021	As on March 31,2022
Foreign Contribution	2,26,44,643	5,51,59,072
Interest Income	1,28,70,933	1,25,58,283
TOTAL	3,55,15,576	6,77,17,355
EXPENDITURE	As on March 31,2021	As on March 31,2022
Emergency Care & Recovery Centre- Mogappair	7,18,139	10,14,339
Emergency Care & Recovery Centre- Chenglpet	5,53,010	4,57,620
Emergency Care & Recovery Centre- Others	-	73,448
Home Again - Thiruporur	73,50,930	88,91,905
Home Again - Chennai	50,00,729	54,88,663
Home Again - Trichy	51,14,410	54,27,109
Home Again - Kerala	86,69,932	86,90,073
Home Again - Gujarat, Karnataka, A P, Etc	-	66,85,162
Urban outreach project (NALAM - Urban)	19,50,912	4,38,404
NALAM Maharashtra	9,07,795	11,65,139
Kovalam CGH (P C) project expenses	3,92,626	65,887
Aftercare / Rehab.project expenses	27,64,687	-
Kerala Chapter	6,92,998	28,29,824
COVID 19 Expenses	-	8,80,080
Skills Development	13,48,248	27,49,380
Research and Training	9,00,060	15,91,307
Administrative Expenses	30,69,276	24,590
Assets Maintenance	7,02,934	47,73,714
Fund Raising & Communication	4,69,504	8,19,969
TOTAL (B)	4,06,06,190	5,20,66,613
EXCESS OF EXPENDITURE OVER INCOME [(B) - (A) = C]		13,24,854
EXCESS OF INCOME OVER EXPENDITURE [(A) - (B) = C]	17,41,708	

The Banyan - FCRA
Receipts & Payments Account as on March, 2022

RECEIPTS	As on March 31,2022	As on March 31,2022
Opening Balances :-		
Cash-in-hand	-	1,40,560
Bank Accounts		
Axis Bank - 917010022974356 FCRA - GCC	1,35,912	-
Kotak Mahendra Bank - 6011155791 - F C	23,31,189	-
Kotak Mahendra Bank - 8411876887-FCRA Main	5,92,792	-
Total Bank Balance		30,59,893
Foreign Contribution		5,51,59,072
Interest Income		1,14,07,853
Fixed Deposit		96,04,643
TOTAL (A)	30,59,893	7,93,72,021
PAYMENTS	As on March 31,2022	As on March 31,2022
Emergency Care & Recovery Centre- Mogapair	-	7,06,860
Emergency Care & Recovery Centre- Chenglpet	-	5,67,775
Emergency Care & Recovery Centre- Others	-	71,448
Home Again - Thiruporur	-	87,80,111
Home Again - Chennai	-	54,40,167
Home Again - Trichy	-	53,46,647
Home Again - Kerala	-	84,58,040
Home Again - Gujarat, AP , Karnataka, Etc	-	54,49,775
Kovalam CMHP (NALAM - Rural)	-	6,35,379
Urban outreach project (NALAM - Urban)	-	11,48,419
NALAM Maharashtra	-	65,887

PAYMENTS	As on March 31,2022	As on March 31,2022
Aftercare / Rehab.project expenses	-	21,00,416
Kerala Chapter	-	8,80,080
COVID 19 Expenses	-	28,92,380
Skills Development	-	15,60,911
Research and Training	-	30,590
Administrative Expenses	-	44,02,268
Assets Maintenance	-	1,276
		-
Purchase of Fixed Assets	-	15,06,733
Loans & Advances	-	1,24,395
Rent Deposit	-	6,90,456
		-
Closing Balances :-		-
Cash-in-hand		51,430
Bank Accounts		-
SBI Bank - 40121845535 - FCRA Ac	6,07,876	-
RBL - 309015735955	24,11,086	-
Kotak Mahindra Bank-8411876887	1,41,32,742	-
Kotak Mahendra Bank (F C) - 6011155791 - GCC	1,13,08,873	-
Total Bank Balance		2,84,60,577
TOTAL (B)	2,84,60,577	7,93,72,021

As per our report of even date
for **G . JOSEPH & CO**
Chartered Accountants
Firms registration number :

Viji Joseph
Partner
Membership No : 027151

Place : Chennai
Date : September 21,2022

For and on behalf of the Board
The Banyan

Dr KV Kishore Kumar
Director

INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the financial statements of The Banyan ("the Trust") which comprise the Balance Sheet at March 31st 2022, and the Income and Expenditure Account for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Trust as at March 31, 2022 and of its excess of income over expenditure for the year then ended in accordance with the Accounting Standards issued by the Institute of Chartered Accountants of India (ICAI).

Basis for Opinion

We conducted our audit in accordance with the Standards on Auditing (SAs) issued by the Institute of Chartered Accountants of India (ICAI). Our responsibilities under those Standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Trust in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India and we have fulfilled our other ethical responsibilities in accordance with the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation of these financial statements that give a true and fair

view of the financial position and financial performance of the Trust in accordance with the accounting principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Trust or to cease operations, or has no realistic alternative but to do so.

The Trustees are responsible for overseeing the Trust's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SAs, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or,

if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

for **G . JOSEPH & CO**
Chartered Accountants

Viji Joseph
Partner
Membership No : 027151

Place : Chennai
Date : September 21,2022

THE BANYAN

1. SIGNIFICANT ACCOUNTING POLICIES :

- (a) Accounting convention : The financial statements are prepared under historical cost convention. Revenues are recognised and expenses are accounted on their accrual with necessary provisions for all known liabilities and losses.
- (b) Fixed Assets : Fixed assets are stated at written down value inclusive of all expenditure related to acquisition less depreciation.
- (c) Depreciation : Depreciation on fixed assets has been provided on the basis of the rates prescribed in the Income Tax Act.
- (d) Investments : Investments are stated at cost plus accrued interest, if any.
- (e) Inventories : Nil.
- (f) Revenue Recognition : Donations and other receipts are recognised on receipt.
- (g) Foreign Currency Transactions: Receipts are accounted at the values at which they are realised.
- (h) Employees retirement benefits : Liabilities towards employees retirement benefits would be accounted as and when such liability arises.

2. NOTES ON ACCOUNTS

- A. Contingent Liabilities not provided for/not considered : Nil (Previous Year : Nil)
- B. Liabilities disputed not provided for and under appeal : Income Tax : Nil (Previous Year : Nil)
- C. No Provision for taxation has been made as there is no taxable income under the provisions of Income Tax Act, 1961 as computed by the management.

As per our report of even date
for **G . JOSEPH & CO**
Chartered Accountants
Firms registration number :

Viji Joseph
Partner
Membership No : 027151

Place : Chennai
Date : September 21,2022

For and on behalf of the Board
The Banyan

Dr KV Kishore Kumar
Director

SUPPORT THE NUTRITIONAL NEEDS OF HOMELESS PEOPLE WITH MENTAL ILLNESS

During their time on the streets, many of our clients have gone days without a meal. Others have had to resort to rummaging through garbage and waste, in order to survive.

It is no wonder that most of our clients have chronic malnutrition and anaemia at the time of their admission.

Meals at The Banyan, go well beyond the basics. Not only do we provide freshly cooked meals that are tailored to the diverse cultural roots of the people we serve, but we also mitigate chronic nutritional deficits by providing food that is healthy and nutritious.

They are a collective experience through which staff and residents alike partake in one of the most basic acts of human connections and bonding. At any given point of time, there are 350 homeless persons with mental health issues at our programmes.



Partner with The Banyan and support the nutritional needs of our clients by committing to our food donation scheme!

The cost of food per client per day is ₹ 120

This includes:

- Breakfast, lunch, dinner
- Tea & snacks twice a day
- Special meals for those with health problems

	ECRC	SHELTER	CGH	HOME AGAIN	TOTAL
# OF CLIENTS	120	30	50	500	700
COST PER PERSON / MONTH	₹3,600	₹3,600	₹3,600	₹3,600	₹3,600
TOTAL COST / MONTH	₹4,32,000	₹1,08,000	₹1,80,000	₹1,80,000	₹2,52,000
TOTAL COST / YEAR	₹5,184,000	₹1,296,000	₹2,160,000	₹21,600,000	₹30,240,000



Please provide a cheque payable to "The Banyan" with "Food Scheme" in the memo line along with this slip. You can also make your donation online at thebanyan.org/donate

- Cheque
- Online*
- Bank Transfer

The Banyan, 6th Main Road, ERI Scheme, Mogappair West, Chennai - 600 037, TN, India
 Acc #: 0287104000117616
 Name & Address of Bank: IDBI Bank, No. 6/11, Pattery Square , Balfour Road, Kellys, Kilpauk, Chennai - 600 010, TN, India.
 Branch/Code: Kiplauk Branch, Chennai (TN), Code: 287
 IFSC Code/NEFT: IBKL0000287
 Swift Code: IBKLINBB005



The Banyan

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6th Main Road
Mogappair Eri Scheme
Mogappair West
Chennai 600 037
www.thebanyan.org