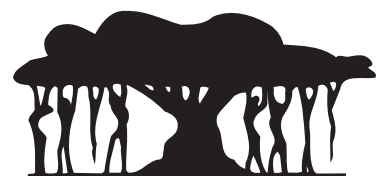




**Annual Report
2015-2016**



The Banyan
I exist therefore I am



VISION

An inclusive and 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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The Banyan Annual Report (2015-16) is a culmination of the collective efforts of several individuals. We thank each and every one of them. A special thanks to The Banyan staff, volunteers, donors and Board of Trustees whose support and guidance has helped in bringing out this report.

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Design : Lemongrass
Photographs Courtesy : Shiba Prasad Sahu, Kapil Ganesh & The Banyan Archives

Message from the Founders



**Dr. Vandana Gopikumar
and Vaishnavi Jayakumar**

Founder Trustees

2015-2016 has perhaps been one of the most impactful years of The Banyan's and BALM's life, where our contribution transitioned from direct services in the mental health and homelessness spaces to include a focus on social development in the communities that we worked in. As a result three critical programmes emerged: A skills initiative to ensure participation and self reliance amongst persons in distress and living in poverty, particularly those affected with mental health issues, a trial that offered inclusive living options for persons who experience long term mental health care needs and thus engaged with local communities in villages to promote social inclusion, and a programme with children and adolescents through tuition kiosks and youth clubs to promote abilities, help problem solve and pursue well being. All these programmes contribute significantly to our larger vision of social justice and equity promotion and locate mental health work within a broader canvas of development and capabilities promotion.

As a result, our senior leadership and their teams stretched to fulfil our immediate mandate of promotion of psychosocial care through our clinics and inpatient services and in parallel attempted to respond to the distress of members in communities that we worked in – typically low resource and often remote. Using NALAM (meaning well being) as the theme and umbrella under which much of this work was located, our

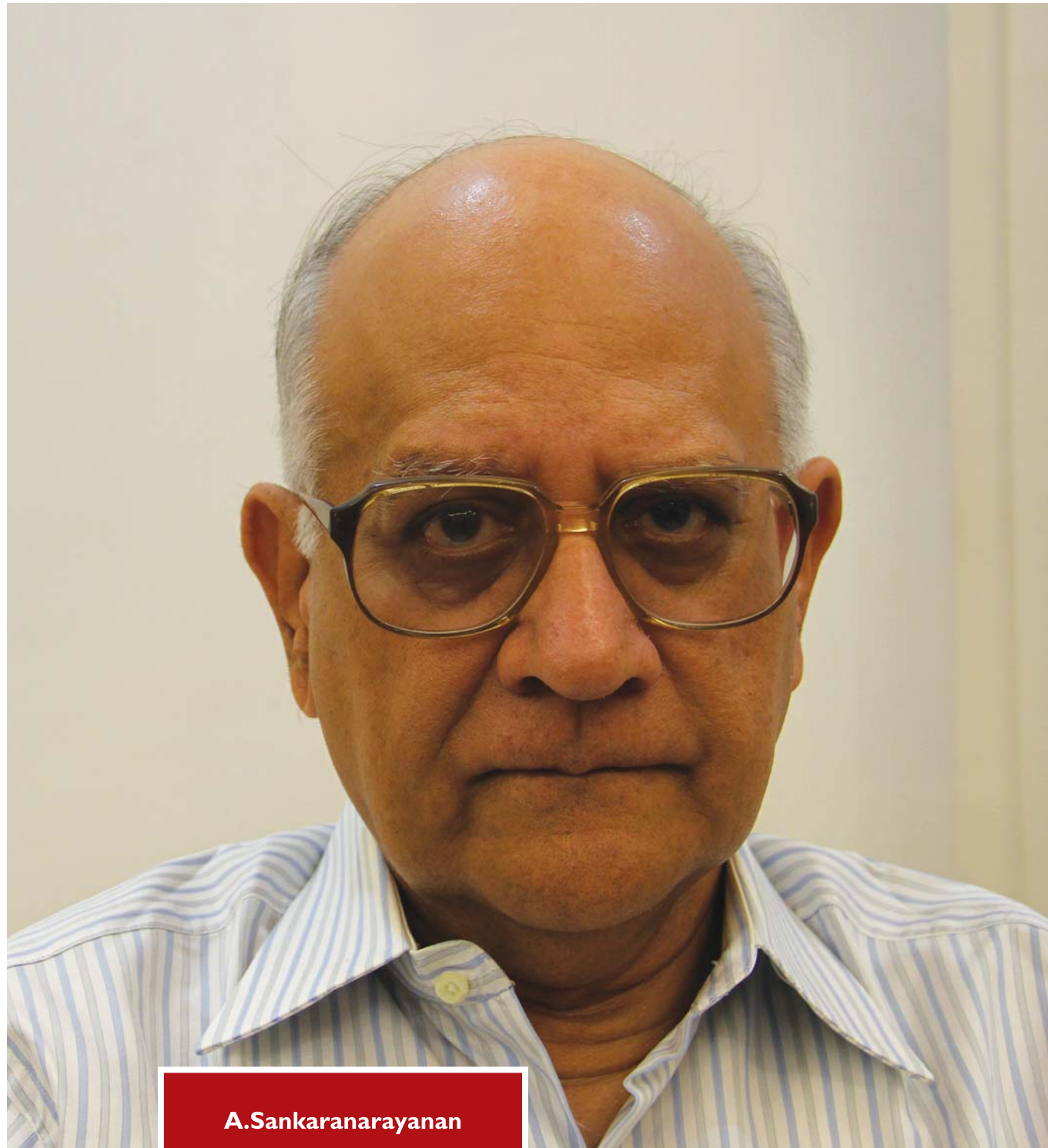
team of community mobilisers reached out to women subjugated and abused, men unable to shake off misuse of substances, the elderly depressed having to engage in tough labour for a living and unable to manage the shift in social structure and dynamic, children growing up in an environment of scarcity, deprivation and conflict etc.

The clear relationship established between poverty and mental ill health unfolded before us, this year, more than ever before, evidencing its complex, persistent and non-linear nature. As we build approaches to tackle these issues more effectively and advocate with the Government for deeper and meaningful engagement, using research as a tool and experiential experts as guides; we also hope that students and researchers who attend the BALM- TISS programme will gain from the wisdom and insights of this real world experience. We realize that multiple stakeholders need to participate in this journey of social transformation and with every person who comes our way, we realize that we have the opportunity to inspire, such that they may in turn touch lives and promote a kinder, inclusive and creative world.

**Dr. Vandana Gopikumar
and Vaishnavi Jayakumar**

Founder Trustees

Message from the Chairperson



A.Sankaranarayanan

Chairman

After a period of consolidation of work and experience in the last twenty years, new Initiatives and growth have been the hallmark of the year 2015-16. Both The Banyan and BALM extended the areas of service as well as education and training to new frontiers. The passion, care and dedication for clients continues.

The Banyan's NALAM project following successful implementation in Thiruporur taluk, is being replicated across both the rural and urban mental health programmes. A very strong network of NGOs called "Neithal" is now being incubated.

We are laying emphasis on Skill Development programmes across all our centers. There is a significant increase in the number of people working within and outside the organization. Most of the people using our residential services are gainfully employed. What is heartening is the progress made in the families of clients-many of their children have now gone to college. Many have taken to degrees in Social Work.

We have rolled out programmes focusing on mental health issues in many parts of Tamil Nadu and Maharashtra. We work with Central Prisons (Puzhal) and Missionaries of Charity. BALM is heading the training programme in all the centers of

Missionaries of Charity across India.

The response of our staff to the Chennai Floods especially in Thiruporur Block was much appreciated.

BALM education has expanded. There are nearly 100 students now from Diploma to Masters programme. We have collaborated with Rutgers University, Oxford University, New York University and Cornell University. All these collaborations have enhanced the scope and quality of our education. Our research has resulted in publication of papers in high impact international journals.

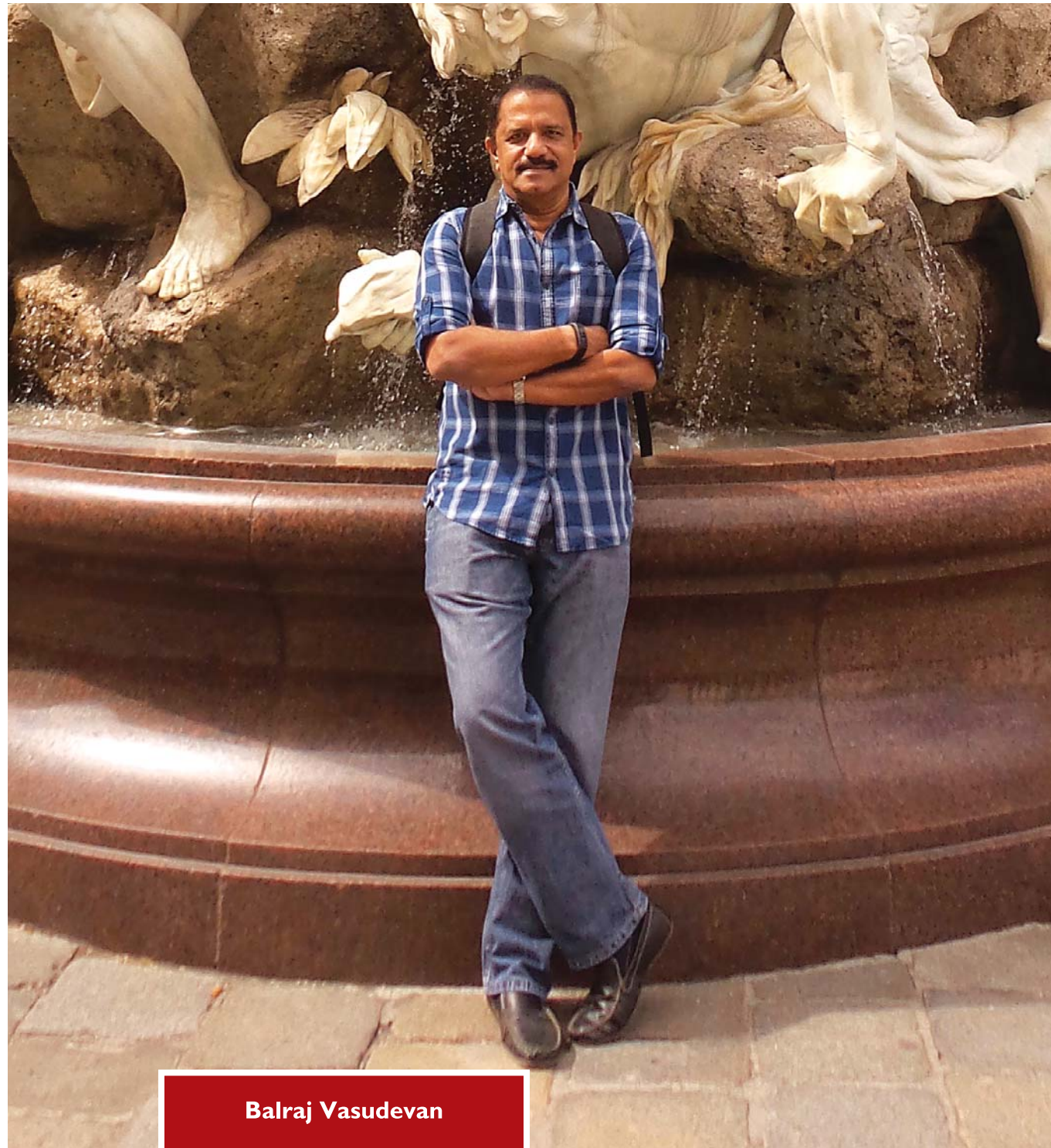
I must compliment our dedicated staff led by Dr. Kishore for all the enthusiasm, passion and hard work.

On behalf of the Board of Trustees I would like to extend our heartfelt gratitude to our donors, institutional collaborators, volunteers and well wishers. The tasks ahead are immense and so is the opportunity for service and help. The zeal and enthusiasm of the people in The Banyan and BALM will take us to greater heights.

A.Sankaranarayanan

Chairman

Message from the Treasurer



Balraj Vasudevan

*Managing Trustee and
Honorary Treasurer*

There are no uneventful moments at The Banyan and The Banyan Academy of Leadership in Mental Health (BALM), and this past year was no exception!

We have rolled out two programmes focused on tribal mental health in extremely low resource settings in rural Tamil Nadu (the Nilgiris), and Maharashtra (Aghai), launched a new clinic with a focus on life skills education, and training of lay health workers in collaboration with Stella Maris College, systematically increased our focus on skills development and self-reliance amongst persons with mental health issues and created multiple avenues for employment, welcomed a whole new set of inspired and passionate students who are eager to affect change, and most importantly seen two children whose mothers access care at The Banyan graduate high school and enroll in social work programmes at college!

Amidst all this, I am very proud to note the immediate empathetic response of The Banyan and BALM teams and students towards rescue, relief and recovery operations in the wake of the December 2015 Chennai Floods. Amidst extremely difficult conditions, the teams and students not only ensured the safety and wellbeing of the clients at The Banyan, and seamless operations, but also reached out in a systematic and effective manner to the rest of the community around, and supported over 3500 individuals and families through this extremely traumatic period.

At The Banyan and BALM, we strive to ensure that every activity we pursue, is meaningful, and reflective of our ethos and culture, of equity, inclusion, participation, and responsiveness. This philosophy is observed across all organisational functions including internal services (finance, human resources and administration, and resource mobilisation), and I am very pleased to say that our transparency, keen attention to detail, and strict adherence to norms have ensured that we enjoy query free auditing. We have also hired KPMG as our internal auditors to ensure the highest degree of compliance to statutory norms, and I am proud to say that to this day neither The Banyan nor BALM have ever been questioned by authorities in this regard.

I'd like to take this opportunity to extend my heartfelt gratitude to all our institutional and corporate donors, and countless philanthropists and volunteers for never turning us away, always believing in our work, pushing us to strive for more, and championing the cause of mental health! We would not have the courage to push our boundaries if not for all of you.

I wish the teams the very best for the great opportunities, and exciting times that lie ahead!

Balraj Vasudevan

*Managing Trustee and
Honorary Treasurer*

Message from the Director



Dr. K.V. Kishore Kumar

Director

It gives me great pleasure to be part of The Banyan. I have stepped into the fourth year of my work and I have taken into my stride the opportunities, challenges that have come my way as part of The Banyan family. I will certainly fail in my duty if I do not mention the support I have received from the founders, the board, the executive committee, donors, supporters, volunteers and staff of the Banyan all through this period. We, The Banyan family have completed twenty three years of our service to the most neglected sections of the society, the voiceless and the vulnerable. It is important to realize that the Banyan is performing a duty which is primarily the responsibility of health care, social welfare, urban development, housing and other ministries of both the state and the central government. Despite moving from one crisis to the other in terms of matching resources required to meeting this ever widening need, we are able to successfully work hard towards that end.

In 2014-2015, carrying forward our spirit of responsiveness and evolution, we have launched several new initiatives and expanded our work beyond the state of Tamil Nadu. Skills development with a focus on employment of people with mental illness through micro enterprises and training for service sector jobs was a large thrust area this year. The launch of NALAM Cafe at Adaikalam was a significant milestone in two ways – starting up of a small business led by people with mental health issues and challenging the common notion of a mental hospital as a walled entity by encouraging the public to engage. The NALAM programme in the urban area

was expanded to cover Teynampet in collaboration with Stella Maris College. In addition to clinical and social care services, this initiative offers a unique lay counselling programme for various people from the community in an effort to create easily accessible resources for care in the community. Further this year, our NALAM approach was extended to two tribal areas – Aghai in Maharashtra and Kotagiri in Tamil Nadu through partnerships with Tata Institute of Social Sciences and Keystone Foundation. To carry forward the positive results emerging from The Home Again trial for people with mental illness with long term care needs, we fostered several partnerships across the country with government and with not for profit agencies to replicate the approach in other states of India. Despite packed schedules and several new directions, our staff, students and faculty across all locations did not hesitate to respond with urgency during the December 2015 floods and undertook a significant amount of relief work.

The Banyan has been striving to fill gaps in care, particularly for the vulnerable, by raising resources and offering services. However we cannot do it alone. I urge Governments, corporates, not for profit organisations and members of the general public to come forward and join us in this journey to care for the most marginalised in this country.

Dr. K.V. Kishore Kumar

Director

The Context

Globally, mental disorders are widely acknowledged as a growing public health priority contributing to 7.5% of the Global Burden of Disease.¹ In a sharp contrast to the magnitude of the issue, less than quarter of the people requiring mental health care receive necessary services in both Low and Medium Income Countries (LMICs) and High Income Countries (HICs).² Despite nearly thirty years of global calls for action in enabling access to mental health, gross inequities continue to persist at the grassroots level across the globe. In India, home to 17.5% of the world's population, nearly 65-70 million people are estimated to have mental disorders.³ Studies indicate that only 40% of people with schizophrenia, 12% of people with common mental disorders and 10% of people with dementia receive care.^{4,5} Acknowledging this large gap in treatment for mental disorders the WHO's Mental Health Action Plan, has set targets for increasing service coverage for severe mental disorders by 20% and reducing the rate of suicide worldwide by 10%.⁶

ONLY
40%
of people with schizophrenia receive care

Several barriers persist in the context of countries such as India in reaching these intended targets to reduce burden of mental disorders. Deficiencies in public health and social care infrastructure hinder the scale up of community based interventions. The District Mental Health Programme (DMHP) in India has therefore remained largely on paper and implemented in the form of overburdened and isolated camps.⁷ Substantial deficits are present in the quantum of human resources available to offer mental health services - as per data from a 2002 nationwide survey India has only 2 psychiatrists, 1.5 clinical psychologists and 2 psychiatric social workers per 100,000 population.⁸

25%
of homeless people have
mental health issue

Educated in largely didactic paradigm that relies heavily on a biomedical construct of mental health, in the context of a population with complex social realities that are intertwined with their mental health narratives, such human resources often fall short of necessary knowledge and skills. Besides supply side factors

that affect availability, affordability and quality of services, demand side factors such as low perceived need for services and their effectiveness, stigma, incongruence of services with prevailing sociocultural norms and socio-economic structural barriers may be persistent deterrents to addressing mental health. Structural barriers of poverty and marginalisation are particularly relevant to note in the context of mental health - association with mental ill-health for those at the margins higher than the general population and recovery process is substantially linked to addressing these intractable barriers.^{11,12} A quarter of people living in homelessness have mental health needs and nearly 20-30% of people with serious mental disorders living in poverty experience homelessness at least once in their lifetime. Only between 5-25% of people affected by schizophrenia worldwide are in active employment. The convergence of appropriate medication and therapies with personalised social care in the form of justice oriented interventions, social inclusion, work, entitlements and so on is fundamental to addressing mental health needs of vulnerable populations.

Further, less than 1% of the budget in India is allocated for mental health¹³ with an overwhelming bias towards state tertiary care

services that more often than not carry the legacy of asylums from the colonial era.

ONLY
5-25%
of people affected by schizophrenia
worldwide are employed/eve care

These facilities that serve as training and work grounds for a majority of the human resources for mental health ironically may contribute to prevailing stigma against mental health by promoting an ethos of care grounded in a biomedical paradigm. An overwhelming 38% of beds in these state mental health hospitals, intended for acute care, are occupied by people who are living for over a year or more.¹⁴ There is an urgent need to revitalise hospital based care in mental health by inspiring and re-orienting these services to focus on enabling personal recovery and responsible transitions out of the institution through appropriate community supports.

30%
of people with mental illness living in poverty
experience homelessness atleast
once in their lifetime.

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5. Dias, Amit, and Vikram Patel. "Closing the treatment gap for dementia in India." *Indian Journal of Psychiatry* 51.5 (2009): 93 | 6. WHO. Mental health action plan 2013–2020. Geneva: World Health Organization, 2013 | 7. Jain, S., & Jadhav, S. Pills that swallow policy: clinical ethnography of a community mental health program in Northern India. *Transcultural Psychiatry* 2009; 46(1), 60-85 | 8. Goel, D. S., et al. "Mental health 2003: the Indian scene." *Mental Health: An Indian Perspective (1946–2003)* (2004):12-14.

The Banyan's Response



In this context, The Banyan proposes a four component approach to addressing mental health particularly for marginalised populations.

Emergency and therapeutic services for homeless people with mental health issues

Our work in mental health started at Adaikalam, an acute care facility for homeless women with mental illness. Over 23 years of running this facility, we have seen that it is possible to see favourable outcomes - 1409 of 1855 women outreached to so far have reintegrated back with their families. These initiatives inspire a shift away from the traditional notion of psychiatry as a brain and solely biological science to it being a social and human experience, and offer a care paradigm that values individual human experiences, and stimulates empathy and responsiveness. This vertical also includes the Shelter facility for homeless men with psychosocial needs run in collaboration with the Corporation of Chennai.

9. Clement, S., et al. "What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies." *Psychological medicine* 45.01 (2015): 11-27 | 10. Jorm, Anthony F. "Mental health literacy: empowering the community to take action for better mental health." *American Psychologist* 67.3 (2012): 231 | 11. Lund, Crick, et al. "Poverty and mental disorders: breaking the cycle in low-income and middle-income countries." *The Lancet* 378.9801 (2011): 1502-1514 | 12. Lund, Crick, et al. "Poverty and common mental disorders in low and middle income countries: A systematic review." *Social science & medicine* 71.3 (2010): 517-528.

13. WHO Mental Health Atlas (2014), retrieved from http://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2014/en/ | 14. WHO Mental Health Atlas (2011), retrieved from http://www.who.int/mental_health/publications/mental_health_atlas_2011/en/



Inclusive eco-systems for people with mental health issues experiencing long term care needs

There is evidence from high income countries that initiatives to enable the transition of people staying long in institutional spaces into community care can accomplish favourable outcomes if carried out with adequate creation of supports and a diverse allocation of services across a continuum of care from hospital to community based. These remain inadequately applied or tested in low income countries, more so for a population that has lived for long within institutions. In this context, the shared housing with supportive services intervention, is particularly relevant. Our housing interventions, congregate and non-congregate, foster choice based, inclusive living spaces through rented homes in rural or urban neighbourhoods with a range of supportive services for people with persistent mental health issues living long term in institutions. People form affinity groups and live together in homes in a community, creating a shared space of comfort, that mimics a familial environment. Along with housing, programmes feature allied supportive services such as opportunities for a diverse range of work, facilitation of government welfare entitlements, problem solving, socialisation support, leisure and recreation and on site non-specialist personal assistants.



NALAM: Comprehensive well being oriented packages of care in the community

A growing body of intervention research, such as the Friendship Bench in Zimbabwe, indicates that it is feasible and effective to offer services in the community through task shifting to non-specialist workforce. More recently the RAISE trial for schizophrenia that undertook a comprehensive care approach combining social interventions such as jobs, schooling and family counseling with drugs and therapy, has demonstrated better outcomes than as usual care. The Banyan's own community programme titled NALAM (Tamil for 'wellness') offers a multi-interventional framework of services delivered by grassroots non-specialist (wellness or NALAM mobilisers) that combines social care with mental health care to improve well being.

Social inclusion, skills development and wellness initiatives

Skills development and wellness initiatives are spread across our urban and rural programmes and cater to both women and men, across our residential and community based initiatives. People participate in trainings aimed at hospitality and similar service sector jobs or participate in creating unique products using block printing, hand weaving, patch work, needlework, tailoring and other skills.

The Banyan's Response

Emergency and therapeutic services for homeless people with mental health issues



Transit Care Center (TCC): Adaikalam

160 bed facility that offers critical time interventions, clinical and social care services for homeless women with mental health issues

Inclusive eco-systems for people with mental health issues experiencing long term care needs



Clustered Group Homes (CGH)

8 cottages with living spaces for 50 women co-located with the campus of The Banyan Academy of Leadership in Mental Health (BALM)

NALAM: Comprehensive well being oriented packages of care in the community



NALAM (Urban)

5 Centers, 10 NALAM Mobilisers covering 4.5 lakh urban population

Community clinics, social care, skills development, employment, day care services, user-carer self advocacy

Social inclusion, skills development and wellness initiatives



Skills Development and Social Enterprise

Skills Development Kiosks, Home based work options, Micro enterprise initiatives - NALAM Cafe and Bakery, The Banyan Bistro



The Shelter

30 bed facility for homeless men with psychosocial needs, street engagement and personal services in collaboration with Corporation of Chennai



Home Again

Housing with supportive services across 15 homes in rural and urban neighbourhoods



NALAM (Rural)

6 Clinics and 65 NALAM Mobilisers covering 4 lakh rural population

Community clinics, social care, skills development, employment, day care services in 100 villages in Kundrathur Taluk in collaboration with Pudhu Vaazhu Project and Thiruporur Taluk. Kancheepuram district



Youth Clubs and Learning Centers

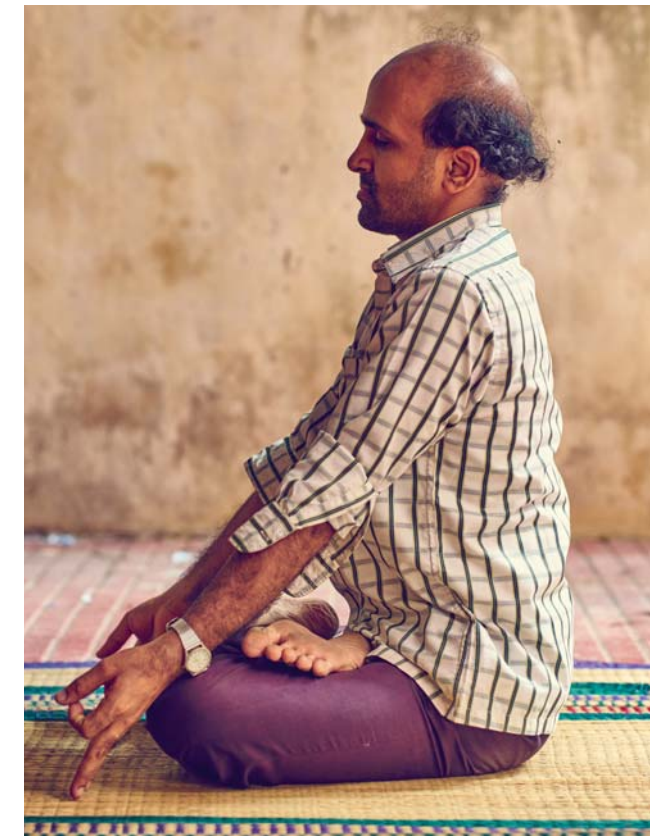
Youth Clubs and Learning Centers in rural and urban communities with a focus on life skills education and developing resilience

Emergency and therapeutic services for homeless people with mental health issues



Transit Care Center (TCC) - Adaikalam is a restorative space that helps women transition from homelessness and mental ill health to rediscovering themselves. Adaikalam offers a comprehensive, multidisciplinary approach to enabling personal recovery - both mental and physical, for homeless women with mental illness. The 160 bed facility offers a range of services - general health care, psychiatric and psychological services, social care, occupational and vocational therapeutic interventions - to progress towards goals for personal recovery which are decided collaboratively by a designated case manager and the client. They work together to improve quality of life of the client and to enable reentry into community, either through reintegration with their families or through alternate living options with supportive services, if necessary. Human Rights Cell and Legal Aid services are available for effective redressal mechanisms.

The Shelter for homeless men with psychosocial needs, run in collaboration with the Corporation of Chennai and HCL Foundation is an open, inclusive living option that caters to homeless men with psychosocial needs. The team also engages actively with the community in Dooming Kuppam to offer outpatient mental health services, shelter and personal care through street engagement with homeless people living in the vicinity, youth club initiatives to promote positive mental health among adolescent males through engagement in sports.



1824

homeless people with mental illness have received critical time interventions

77%

reintegrated with their families all over india

The Buzz At Adaikalam!

The seemingly quiet exterior of Adaikalam may intimidate you, but walk through the gate and you will be transported to a world filled with the warm, welcoming smiles of our women, hustle and bustle of hundreds of people going on with their daily lives, the vibrant ambience of NALAM Cafe, the enticing aroma of delicacies on sale. The Mor Kadai, a buttermilk stall outside the premises, NALAM Bakery, for those wishing to indulge their sweet tooth in guilt free healthy bakes and Potti kadai, a shop selling accessories, knick knacks as well as essentials, create an atmosphere of a bustling community.



Yalini

Name Changed



Yalini's name instantly brings to mind memories of her singsong voice, contagious smile and the impression that she is teasing you. Living at the Banyan for the past thirteen years, from the time Yalini reached Chengalpet railway station after her husband abandoned her on the way to Assam, she had settled in quite well, living independently with a group of women, making friends beyond linguistic barriers and earning through multiple jobs - housekeeping, basket weaving, engaging in earth work at the Mahatma Gandhi Rural Employment Guarantee Scheme (MNREGS) site.

Discovery of Yalini's hometown was serendipitous. A student from the MA in social work program at BALM recognised the dialect that Yalini speaks and was able to identify her native place, despite her difficulty in speech. Our team reached Odisha, intent on locating Yalini's

home, without knowing a word of the local language, trusting in the compassion and magnanimity of the general public, volunteers and networks built with other organisations. It took two days, two NGOs, help from the police, visits to convents and homes for women with disability, walks through several streets, talking to countless people and using their suggestions to guide our search to finally find Yalini's family. Her family was overjoyed, they had lost hope that she would be alive after all these years and were speechless when they finally met her after thirteen years. Yalini continues to be in touch with The Banyan through our after care programme enabled by local partners near her home.

Guna

Name Changed



Efforts of the shelter team to reintegrate Guna were constrained by lack of information. Although they realised that he was from Bengal as he perked up when he heard Bengali words, they couldn't locate his family due to his difficulty in speech and mild intellectual disability.

People-watching through the gates of the shelter, Guna's favourite past time for the three years since he arrived at the shelter lost and disoriented, he was thrilled by the unexpected sight of his mother walking towards him. The sequence of events that led to this joyful family reunion seem too incredible to be true. A person from Guna's village in West Bengal, who works in Chennai was on his way to the neighbouring beach with his colleagues. He saw Guna by chance at the gates of the Shelter. Astonished to

find Guna, who was believed to be dead by his entire village, the neighbour immediately informed Guna's family. The Shelter team was as overjoyed as Guna that he finally found his family.

Social Inclusion, Skills Development and Wellness Initiatives



Studies demonstrate that gains in recovery are achieved and sustained if people with mental illness are offered opportunities to engage in work. Further, social and economic processes concomitant to work widen the exposure to a range of lived experiences - discovering new sights and sounds, acquiring skills, making friends, buying things with money earned, demonstrating competency and earning appreciation and respect. The Banyan believes that participation in work including the running of social enterprises, owned by people living with mental illness, tied to a services such as a mental health hospital or housing in the community, is critical to changing the social narrative on mental health and achieving true gains in inclusion. Putting people with mental illness at the forefront of defining their experiences as entrepreneurs and members of the community who transact widely both in economic and social terms, may alter widely held perceptions of the abilities and lives of people with mental illness. Our approach is to diversify work and engagement options to suit recovery priorities and interest of clients, and locate these in spaces that encourage social transactions. We offer several options to participate in work, learn new skills and pursue goals with personal meaning for clients across projects in the rural and urban locations. People may choose from among various vocational training units engaged in production of handicrafts, supported employment in internal and external services such as housekeeping, hospitality service, data management and so on, placements in wide range of jobs from a Shell Petrol Bunk to or even work on small assignments from home.

Each day at our Transit Care Center sees clients busy working at the file room, reception, housekeeping, kitchen and several other internal services. Elsewhere in the same neighbourhood, women who live as part of a shared home, are busy making the latest batch of their locally famous dosa batter meticulously delivered at the doorstep on a cycle. Freshly brewed tea flies off the counter at a client run kiosk at our KK Nagar clinic, while The Banyan Bistro at our rural Clustered Group Homes facility (CGH) is teeming with students. A few kilometers away, some women are moving earth at the MNREGS worksite and some others are leaving for jobs in companies in the vicinity.

We take this opportunity to thank committed employers who did not flinch to offer people with mental health issues opportunities to work.

Mr. Mahadevan, Oriental Cuisines

Mr. Godwin Jebakumar,
Shell Fuel Station, Padi

Ms. Tanya Dutt, Atmanirbhar, Aasha

Mr. Jaisimhan, Pastor

Dr. Rani Raj, General Practitioner

Mr. Sujatha Vijayakumar, Film Producer

Mrs. Anna Mayil, Beauty Boutique

The Banyan Academy of Leadership in
Mental Health (BALM)

PS Apparels

MGM Beach Resorts

Naturals



220

people received skills development services in the last one year

84%

of people using residential services are engaged of varied work options

37%

of people who are working are engaged in full time employment , internally or externally

“Being able to take up a task and see to finish, having a can-do attitude, instead of saying I am unwell and cannot do, feeling well and saying that I can do.”

V, block printing pundit at a vocational training unit



“My work helps me express myself, I receive a lot of encouragement and as a Librarian, I get to read many many books.”

S, star librarian at an academic institution



“Participating in VT has motivated me to find the rhythm to get back to work. Everyone tastes what I cook and appreciates me, and I get to cook a variety of dishes.”

S, aspiring chef at the NALAM Cafe



“My mind is distracted from negative thoughts, I am able to forget my past wounds because I am able to work regularly. I feel like I am pursuing something, have something to centre my day around.”

A, basket weaving ninja at a vocational training unit

“I feel free - travelling by bus, going as a group of friends and tasting a variety of food, it makes me happy.”

B, expert kitchen assistant at a restaurant



“Now everyone treats me with respect, I am approached for small loans in the community.”

M, rock solid deliverer of home based work assignments



Inclusive eco-systems for people with mental health issues experiencing long term care needs



Throughout our journey, we have faced seemingly insurmountable challenges, leading to the development of innovative, culturally and socio politically sensitive solutions for recovery.

One such challenge is the sizable percentage of women who remain in the institution beyond the time needed for recovery. In the last twenty three years of running a restorative care service

focused on personal recovery for homeless women with mental illness, The Banyan has found that, while a majority choose to and are able to go back home with the efforts of The Banyan's dedicated reintegration team, approximately 11% of women do not exit the system in any way. A majority of these women are those with high clinical needs and/or concurrent intellectual disability, who are unable to inform about their family, have no family or choose not to go.

For such women with mental illness experiencing long term care needs, The Banyan enables choice based, inclusive living spaces with a range of supportive services. Along with housing, allied supportive services such as opportunities for diverse range of work, facilitation of government welfare entitlements, problem solving, socialisation support, leisure and recreation and on site non-specialist personal assistants for those with higher needs are offered as necessary prerequisites to enhance wellbeing and quality of life.

Our Clustered Group Homes (CGH) facility is a thriving community of 48 women who live in a group of cottages, located in the idyllic village of Thiruvadanthai off the East Coast Road. Co-existing within this community, is BALM (The Banyan Academy of Leadership in Mental Health) campus where postgraduate programs in psychology, social work and research, management and public policy are offered. In the mornings, women go about their daily lives, working within the campus, engaging in basket weaving, listening to songs over the radio while students attend lectures in classrooms located in the campus. Evenings at the CGH are fun-filled,

when the labours of the day are over, the area is filled with impromptu dance competitions, games with students, while others can be found bonding over quiet conversations.

Through the Home Again housing with supportive services project, our women have rediscovered joys and perils of living in a home and forming a family unit, negotiating new identities and roles, creating bonds between members, re-entering life in a community. In these homes, women form affinity groups and live together in homes in a community, creating a shared space of comfort, that mimics a familial environment.

48 women live with their friends in 8 cottages as part of Clustered Group Homes co-located with The Banyan Academy of Leadership in Mental Health (BALM)

10 Women live independently

64 Women live with their friends in 15 homes in urban and rural neighbourhoods.

7 Children live with their mothers in these homes and the extended family of aunts grandmothers, supported by wellwishers of the Banyan

Home Again: Preliminary results from trial of housing with supportive services for homeless women with mental illness experiencing long term needs



Home Again is being evaluated using a quasi experimental design with two groups (non-random assignment based on choice), with repeated measures over 18 months to examine effects (once every 6 months) on multiple outcome measures of interest. Ethnographic observations, focus group discussions and in-depth qualitative interviews are being conducted to offer directions, complement and nuance the quantitative enquiry.

67 women were shifted into shared housing; 50 women continue to sustain this over the last 12 months, across 11 homes

Preliminary analysis of data at 12 months from intervention, reveals significant gains in community functioning as indicated by scores on CIQ (Community Integration Questionnaire).

90% of women demonstrate gains in community functioning over a 12 month period, with more participation in leisure, shopping and cohesion-co-operation for running of home.

Ethnographic observations reveal a growing sense of independence and interdependence within and outside of home. Benefits of shared housing are predominantly observed in relation to participation in home, work and community with more women undertaking a role in day to day household running, pursuing part time or full time work, going out for shopping and leisure, opening a bank account and even exercising their franchise in the recently concluded elections in the state.

Variegated experiences are observed, with a minority actively planning and pursuing aspirations, and others considering their sense of well-being in the now. In a new space unconstrained by the schedules of an institution, self directed pursuits of varying levels such as cooking of a recipe from childhood, taking up an avocation, displaying a self portrait of choice and so on, have taken root.

Social interactions and inclusion in experiences within the home and with neighbourhood are observed – children visit regularly to learn, play or be taken care of while parents run errands; dinner invitations are exchanged; milk, considered auspicious, from a cow that has given birth in the neighbourhood is shared; a neighbour visits regularly to learn basket weaving and converses in the process; another offers help to a shared housing user in finding a suitable spouse.

These inclusion experiences are complex and coloured by various actors sense of social norms and order that are applied to judge people, their 'normality' and abilities. Despite the apparent acceptance of women who may be symptomatic and organic interactions in the neighbourhoods, conformity to social identities as a yardstick to designate 'normal' versus the 'abnormal' is observed. Further evaluation of such complex factors will add to the understanding of recovery and social inclusion pathways for people with mental illness.

Gloria

Name Changed



Gloria's story in part mirrors that of several women in India who struggle to come to terms with decisions that have been forced upon them as a result of familial obligations and societal norms. Married to a man, with harmful and chronic alcohol use, who was physically violent towards her, Gloria was unable to reconcile with the dreariness and harshness of an unkind and mundane life. She eventually ran away, and ended up homeless and alone.

She was offered support by an actor and began working in his house. But the baggage of the past and a life of hardship and uncertainty had taken its toll. Gloria began to slip away from reality and was soon brought to The Banyan. A course of treatment helped her reintegrate with reality and she traveled back to her husband's home. Unfortunately, he refused to accept Gloria back into the family. Gloria instead went to live with her parents briefly. After the demise of her parents, Gloria returned to The Banyan and moved to the

Clustered Group Homes (CGH) in Thiruvидanthai, on the outskirts of Chennai.

Gloria used to find joy in cooking for her fellow residents who occupy the cottages in this sheltered community. She was often called upon to make her unique excellent chicken curry. According to her, during her stay at The Banyan she earned the moniker 'Actor Gloria' due to her close and enduring relationship with the actor who continued to support her for many years.

Seventeen years later, Gloria wished to reunite with her husband and attempted to contact him over telephone. This communication was surprisingly smooth. Fearing that she may jinx her luck by waiting, Gloria left immediately after the conversation without informing her friends. Her fears turned out to be unwarranted as her husband welcomed her back happily. Gloria continues to live with her husband and keeps in touch with her friends at The Banyan.

Congratulations Vicky and Preethi!



Vicky and Preethi came to The Banyan ten years ago, as young children having experienced distressing circumstances far beyond what even most adults face. Preethi was separated from her mother, who had wandered away from home during her encounter with mental ill health and was living in The Banyan. Reunion with her mother was facilitated in the year 2007. Today, Preethi's mother works in a nearby beach resort in the gardening unit and earns Rs. 5000 per month. Vicky's mother, a single parent with two children and no familial support, became unwell and Vicky and his younger sister were looked after by the community and did not attend school for a few

months till The Banyan intervened. His mother is now employed as a healthcare worker, works in the Health center at Kovalam, and earns salary of Rs. 7000 per month.

Both the mothers and their children who live with parental mental illness have overcome their adversities with a resilience that is awe-inspiring. Vicky and Preethi have just completed their board examinations and are stepping into a new chapter of their lives. Inspired by the numerous social workers who have been with them throughout their lives, they have chosen to pursue a degree in social work and will be starting their journey this year.

Nalam: Comprehensive well being oriented packages of care in the community

NALAM's Urban and Rural programmes offer community based mental health services in nine urban wards of Chennai and two rural taluks – Thiruporur and Kandrathur taluks in Kanchipuram district through weekly clinics in eleven locations. In addition to medication and counselling, in cash disability allowance and in kind benefits are offered. Such complementary social care includes after school activities, welfare entitlement facilitation, general health referrals, day care, skills development and employment placements. This combination of clinical mental health care and social care is frontlined by members from the community recruited as wellness mobilisers called NALAM paniazharas. In Kandrathur Taluk, grassroots workers of the Government of Tamil Nadu's Pudhu Vaazhu Project play the role of NALAM mobilisers. Clinics are staffed by a Psychiatrist, Case Managers and Community workers.

Home visits are conducted as a part of outreach activities linked to the various clinics. Home visits are employed to assess client progress on many domains – from symptoms and work to personal aspirations and socio-economic difficulties. Such assessments help to identify client and household social realities and consequent needs that are concomitant to recovery. These are addressed by linking with government entitlements such as ration card, insurance, disability aids, Aadhar card, government allowances and so on; or appropriate non-government resources for health, education scholarship, skills development, employment placements etc are identified. Home visits are also a means to offer

care at home. For select families that are in extreme distress, medicines and social care benefits of The Banyan such as the disability allowance and in kind ration and occupational therapy services are delivered at home. NALAM mobilisers identify and seek those most marginalised in extreme distress - those living below poverty, marginalised communities such as the Irulas and Dalits, people living with disabilities, people living with mental illness, elderly with no social support, single women with no familial support. Those in need of clinical care including specialist counseling are referred to the nearest clinics. Community resources are linked with to address other needs such as government entitlements, poverty alleviation schemes and other such.

In 2015-2016, the NALAM approach was replicated in two tribal areas – Aghai (Maharashtra) and Kotagiri (Tamil Nadu) in partnership with Tata Institute of Social Sciences and Keystone Foundation and in Teynampet (Chennai) in collaboration with SMC Drive of Stella Maris College. The success of these initiatives in generating community buy in for the cause of mental health as well as in promoting psychological well being among clients has led to the thinking that community mental health initiatives may be well served in their aims for localised access if embedded in a system where mental health services begin with general well-being activities in the community with appropriate referrals to stepped up clinical care and associated social care based on systematic protocol driven assessments.



5394
people registered at NALAM clinics since the inception of community based mental health programmes

1883
people accessed NALAM clinics in the last one year

50%
of people facilitated social entitlements in addition to clinical care



Lokesh

Name Changed



Lokesh, about 36 years old, lives with his two brothers and elderly mother.

As a young child, Lokesh remembers being sprightly although his scholastic skills were average. He did his schooling at Ramakrishna Mission. Philosophy and religion were deeply ingrained into him since childhood. With many aspirations he enrolled at Madras Community College in 1998. He loved his college and soon was besotted with the looks of his professor; he found her body language enchanting. Lokesh soon fantasised about her. He was enthralled by her beauty and deeply felt she responded. When

the faculty started to notice the love struck student, she complained to the Head of the department. Her rebuke offended him. Lokesh felt cheated and ever since this incident he couldn't forget her. Soon this obsession took toll on his mental health. Delusions made him spiral down. He started hearing voices of the Head of the department (HOD), faculty, and actors like Rajinikanth and Kamalhaasan. The HOD's voice was asking Lokesh to call him as "Father", the faculty's voice was very tempting and romantic, Rajinikanth was telling him that after the 20th he will admit Lokesh somewhere, Kamalhaasan was

commanding him to go and see his wife. Lokesh grew increasingly terrified and frightened. One instruction or the other seemed to be pounding in his head all the time about the date "20th". He didn't know whether after the 20th he will rise or fall from his current ill health. One day he was told by one of the voices to commit suicide, so he jumped into the well near his house.

His family panicked and rushed him to a psychiatric hospital. ECT was administered. When he asked his psychiatrist if he can go to college he was told he can never go to college. He was devastated. He felt his life was over. Yet, he found the will to move on and started looking for jobs. Consistency was a huge challenge. He would work for 3 to 4 months quit and start picking up fights with his family members. Then he joined a courier company as delivery boy on an income of Rs 1500 per month. In 2011 his father died of cardiac arrest and the family plunged into financial hardship. Lokesh continued his work as delivery boy in courier company for 8 years though he was disturbed. When he quit his job in 2013, he was earning Rs 8000 per month. He couldn't cope with the stress at work. He would often go on religious tours, stay for couple of days and return home. He felt worthless and felt he needed someone to help him financially. Whenever he closed eyes he saw images of Yasser Arafat, Sandalwood smuggler Veerappan and Abdul Kalam. He was terrified to close his eyes and stayed awake at night. Each image was plodding on with some message or the other and confusing him.

He wanted to start a petty shop but his family members were not supportive. This enraged him. He attended a meditation course for three months. After a while, with no respite from life circumstances in sight, he finally approached the State Resource and Training

Center (SRTC), a Government body which offers assistance to people with disabilities to avail welfare schemes. All he wanted was INR 1000 per month from the government's disability pension scheme because he felt incapable of earning even a single penny.

He was referred by SRTC to the KK Nagar day care center run by The Banyan in October 2014. He started attending the day care center and soon registered at the outpatient clinic of The Banyan. Slowly, his drug adherence improved and his outlook towards life changed.

Day care center served as the ultimate icebreaker in Lokesh's life. He found new happiness in relating to others who had the same health condition. He was adept in learning new tasks. He learnt to prepare tea on induction stove at the center. Soon he started selling tea and made a good margin. He was encouraged to step out of his comfort zone and stretch his horizons, and was referred to a shoe company as an assistant. But the attempt turned futile because Lokesh was not confident of sustaining this job. He was then referred to Atmanirbhar, a private provision store inside The Banyan, enabled by AASHA, a not for profit collective of carers of people with mental illness. The supportive, encouraging and yet firm approach adopted by Atmanirbhar helped Lokesh to find slowly find the rhythm to get back to work.

Today, Lokesh travels 46 kilometers by public bus to and fro to report to work cheerfully. He has already been given INR 1000 per month raise (from 3,000 to 4,000) excluding breakfast, lunch and tea twice. He also works in a musician's place and earns. Lokesh now dreams of getting married and climbing up the ladder at his workplace, from an assistant to administrator of the store.

Learning centres



The rural chapter of the NALAM initiative has identified several marginalised communities within Thiruporur taluk, and developed specialised programmes for each one based on their expressed needs. Among those identified are children coming from vulnerable backgrounds including single or absentee parents, parents with mental health issues or substance abuse, poverty and caste based discrimination. 250 such children now regularly engage in the 7 learning centers set up with support from Oracle and HCL Foundation across the taluk. Since the majority of the students are first generation learners, the centers involve educated members from the village teaching them and helping them complete their homework.

The centers also encourage sports, dance, art and other life-skills imparting activities. Teachers are trained quarterly in academics and providing extra-curricular support. Teachers across have also taken up the initiative to call a meeting with parents every month and share additional information on basic health, nutrition and hygiene. The centers come together once a year for a cultural activity that attempts to break the communities' rather strict socio-cultural barriers by including children from all strata of society.

Flood relief



Floods in December 2015 due to heavy rains in Tamil Nadu had devastated many of the communities that The Banyan works with. Besides the widespread water logging in Chennai city, Thiruporur taluk and Kundrathur taluk suffered loss of homes, livestock, possessions and lives. Access to some villages had been affected because roads were badly damaged. Many villages were completely submerged. The worst affected were people most marginalised already, those living in high poverty, in kuccha homes. No relief had reached these areas and in some instances we found people living on one loaf of bread or rice kanji. The narrative emerging from field visits and feedback from our ground team reiterated the role of systematic social, economic and cultural marginalisation of the poorest, that deprives them of their basic right to resources, attainment of capabilities and

choices. Our facilities at Mogappair and Thiruvидanthai were severely affected as well.

In this background, the Banyan-BALM-TISS coalition offered relief to 2098 households in Thiruporur block, 800 households in Kundrathur and 200 households in urban Chennai in weeks following the disaster.

Our relief activities were as follows:

- Provision of standard relief kits consisting of provisions, a mat and a blanket
- Clothes, Kitchen Kits (vessels, stoves), in areas with extensive loss of possessions and damage to homes
- Medical camps, basic hygiene products and medicines, in areas with extensive water logging
- Distribution of livestock for select families
- Housing support for select families



Governance

Nature of the organization

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

Trust Registration Details

No. I589/4, Year of Establishment – 1993, Place – Chennai

Board of Trustees

| | |
|--|--------------------------|
| *Dr. Vandana Gopikumar | – <i>Founder Trustee</i> |
| Ms. Vaishnavi Jayakumar | – <i>Founder Trustee</i> |
| Mr. Sankara Narayanan | – <i>Chairperson</i> |
| Mr. Balraj Vasudevan [MD, Autopumps & Bearing Co.P Ltd] | – <i>Treasurer</i> |
| *Mr. Senthil Kumar [Director, Real Image Media Technologies Private Limited] | – <i>Trustee</i> |
| Ms. Sujatha Paulose [MD, V S & B Containers] | – <i>Trustee</i> |
| Mr. Amarnath Ready [MD, Shoetek Agencies] | – <i>Trustee</i> |
| Mr. K.C. Mohan [Retd] | – <i>Trustee</i> |
| Mr. P.S. Raman [Advocate] | – <i>Trustee</i> |
| Mr. V.S. Pradeep, MD, Cholayil Group | – <i>Trustee</i> |
| Ms. Arathi Krishna, Joint Managing Director, Sundram Fasteners | – <i>Trustee</i> |
| Mr. N.K.Ranganath, Managing Director, Grundfos Pumps India Pvt Ltd | – <i>Trustee</i> |
| Mr. T.K. Gowrishankar | – <i>Trustee</i> |

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

Salary Details

| Slab of gross salary plus benefits (Rs. Per month) | Male (Nos) | Female (Nos) | Total (Nos) |
|---|------------|--------------|-------------|
| < 5000 | 0 | 1 | 1 |
| 5,000 – 10,000 | 5 | 101 | 106 |
| 10,000 - 25,000 | 25 | 39 | 64 |
| 25,000 - 50,000 | 1 | 8 | 9 |
| 50,000 - 1,00,000 | 2 | 1 | 3 |
| 1,00,000 > | 1 | 0 | 1 |
| Total | 34 | 150 | 184 |

Head of the organisation Rs. 1, 59,000 per month
Highest paid staff member Rs. 1, 59,000 per month
Lowest paid staff member Rs. 5,884 per month

| Total monthly payments made to consultants (in Rs) | Number of consultants |
|---|-----------------------|
| < 5000 | 0 |
| 5,000 – 10,000 | 0 |
| 10,000 - 25,000 | 1 |
| 25,000 - 50,000 | 6 |
| 50,000 - 1,00,000 | 1 |

Travel Details

Total cost of National travel by Board members / staff / volunteers on behalf of the organisation for 2015 -16 is Rs 5, 46,545
Total cost of International travel by Board members / staff / volunteers on behalf of the organisation for 2015 -16 is Rs 1, 16,194

I. April 2015, Ms. Lakshmi Narasimhan travelled to Toronto for GCC meeting Rs. 1,16,194

Board of Trustees Meeting 2015-16

| Date | Attendance |
|---------------------------------|------------|
| 20 th June 2015 | 7 |
| 19 th September 2015 | 7 |
| 19 th December 2015 | 7 |
| 19 th March 2016 | 7 |

Bank Accounts

| | | |
|--|---|--|
| Axis Bank – Anna Nagar Branch 016010100372572 | ICICI Bank – Anna Nagar Branch 602701202072 Corpus 602701209343 Recurring 602701223975 Tata Trusts 032901000114 | SBI – Anna Nagar Branch 10408452644 Recurring 10408452859 Building Fund 10408453115 Swadhar |
| Axis Bank – Madipakkam Branch 016010100372572 | ICICI Grameena Bank – Krishnan Karanai Branch 602705038223 | IDBI – Kilpauk Branch 0287104000117616 |
| Kotak Mahindra Bank - Anna Nagar Branch 6011155791 – FC 6011155807 6011291253 – HCL 6011581033-Tata Trusts Corpus Grant | Axis Bank- Mogappair Branch 083010100136983-Recurring | HDFC Bank-Mogappair 5100092343049 |

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
Donations are tax exempt under Section 35(AC) of the Income Tax Act.
Notification No: 630(E) dated 12.03.2013
FCRA Registration No: 075900624, dated April 1998
This sanctions The Banyan to receive donations in foreign currency.

Auditor

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

Internal Auditor

KPMG
Nungambakkam
Chennai 600 034

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 500,000 Covers meals for 52 days in a year; one day per week |
| Special Occasion Scheme | |
| <i>All meals in a day (Vegetarian)</i> | INR 13,500 |
| <i>All meals in a day (NonVegetarian)</i> | INR 22,000 |
| <i>Breakfast</i> | INR 3,000 |
| <i>Lunch or Dinner (Vegetarian)</i> | INR 5,500 |
| <i>Lunch (with Sweet)</i> | INR 7,000 |
| <i>Lunch (NonVegetarian)</i> | INR 13,500 |
| <i>Fruits for a week</i> | INR 6,000 <i>Fresh meals cooked and served in our premises for 250 residents to celebrate, or in memory, of an occasion.</i> |
| 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 12,000 per client covers a incentive equivalent to a disability allowance for one client for a year |
| Support Medicines for a Client | INR 6,000 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 living with parental mental illness |
| No Strings Attached | Any amount of your choice |

FCRA MoneyTransfer Details

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

Branch Name & Code

MICR No.
IFSC Code of the Bank Branch for RTGS mode
IFSC Code of the Bank Branch for NEFT mode

The Banyan
909010038293721
Saving Bank
Axis Bank Ltd
Madipakkam, Chennai (TN)
No- 2, Medavakkam High Road
Madipakkam Chennai - 600 091
Madipakkam, Chennai (TN),
Code :083
600211007
UTIB0000083
UTIB0000083

NON - FCRA MoneyTransfer 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

Branch Name / Code

The 9 Digit MICR code of the Branch

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

The Banyan
0287104000117616

Saving Bank
IDBI Bank
No.6/11, Pattery Square ,
Balfour Road, Kellys, Kilpauk,
Chennai - 600 010 ,Tamil Nadu ,India
Kilpauk Branch, Chennai (TN),
Code :287
600259012

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 kamala@thebanyan.org

Note of thanks to our partners



The Banyan is able to operate thanks to the generosity of our partners, supporters and friends. In particular we would like to thank:

- | | |
|--|---|
| Bajaj Group | Allanasons Pvt Ltd |
| Tata Trusts | L.Lakshman |
| The Breadsticks Foundation | T.G.G.Raman |
| Azim Premji Philanthropic Initiatives | Ghala Golf Club |
| HCL Foundation | K.C.Mohan |
| Kotak Group | Pradeep Chalayil |
| N. Subramaniam | Karl Monz - Stifung |
| Friends of The Banyan - USA | Grundfos Pumps India Pvt Ltd |
| Grand Challenges Canada | P.S.Raman |
| BMW India Pvt Ltd | Pudhu Vaazhvu Project |
| SPI Cinemas Pvt Ltd | J. Ray McDermott Engineering Services Pvt Ltd |
| Sathyanarayana Charitable Trust | Corporation of Chennai |
| Tonga Suedhi | Myntra Designs Pvt Ltd |
| Swadhar, Ministry of Women and Child Development | Kriyative Theatre Trust |
| Oracle | Convergys |
| Paul Hamlyn Foundation | Kalpana Visweswaran |
| VS & B Container Solutions Pvt Ltd | Sabina Narayan |
| Give India Foundation | Subha Raghavan |
| AR Real Estate Developers Pvt Ltd | Josef Gerspitzer Erika |
| ARR Charitable Trust | Center for Addiction |
| AVM Charities | IBM India Pvt Ltd |
| K.K. Venugopal | A. Sankara Narayanan |
| Toshiba Group | AR. Chandrika |
| Rangoonwala Foundation (India)Trust | Krishnan Ramachandran |
| Readers of Anna Nagar Times | |

BALANCE SHEET

AS ON MARCH 31, 2016

| LIABILITIES | SCHEDULE NO. | AMOUNT (Rs) AS ON 31.03.15 | AMOUNT (Rs) AS ON 31.03.16 |
|---|-----------------|---------------------------------|---------------------------------|
| General Fund | 1 | 50297422.21 | 55913075.66 |
| Corpus Fund - Tata Trusts | | 60000000 | 61131774.00 |
| Corpus Fund - Bajaj | | | 20000000.00 |
| Corpus Fund - Others | | 17796988.54 | 17839488.53 |
| Other Fund | | | |
| - Earmarked Fund Tata Trusts | 2 | 3434413.00 | 4418759.00 |
| - Capital Fund Tata Trusts | | 27450.87 | 11100.33 |
| TOTAL | | 131556274.62 | 159314197.52 |
| ASSETS | | | |
| Fixed Assets | 3 | 51258123.81 | 48058692.50 |
| CURRENT ASSETS, LOANS & ADVANCES | | | |
| Deposits | 4 | 928921.00 | 921921.00 |
| Other Current Assets | 5 | 2239377.19 | 2253562.89 |
| Balance in Scheduled Banks & Cash-in-hand | 6 | 84079925.74 | 116980674.25 |
| | | 87248223.93 | 120156158.14 |
| Less : Current Liabilities | 7 | 6950073.12 | 8900653.12 |
| Net Current Assets [(A) - (B)] | | 80298150.81 | 111255505.02 |
| TOTAL | | 131556274.62 | 159314197.52 |

[Schedules 1 to 7 and Notes in Schedule 19 form a part of this Balance Sheet]

For THE BANYAN

For G .JOSEPH & CO.,
CHARTERED ACCOUNTANTS .

BALRAJVASUDEVAN
HONORARY TREASURER

Viji JOSEPH.
PARTNER.
(Membership No : 027151)

PLACE : CHENNAI
DATE : SEPTEMBER 21 , 2016

RECEIPTS & PAYMENTS

ACCOUNT FOR THE YEAR ENDED MARCH 31, 2016

| PARTICULARS | AMOUNT (Rs) | |
|--|---------------|------------------|
| | Year | Ended 31.03.2016 |
| RECEIPTS | | |
| Opening Balances :- | | |
| Cash-in-hand | | 164484.00 |
| Bank Accounts | | |
| Axis Bank- 016010100372572 RF(I)T | 73788.41 | |
| Axis Bank- 083010100136983 Rec | 649659.04 | |
| Axis Bank - 909010038293721 FCRA | 3363291.98 | |
| ICICI Bank-602701202072 Corpus | 885877.99 | |
| ICICI Bank-602701209343 Rec | 699787.82 | |
| ICICI Bank - 602701223975 Tc Grant A/C | 109165.82 | |
| ICICI Bank A/C : 032901000114 | 14859.08 | |
| ICICI Grameena Bank : 602705038223 | 29348.89 | |
| IDBI Bank -0287104000117616 | 1262173.62 | |
| Kotak Mahindra - 6011581033 c Corpus Grant | 60019721.00 | |
| Kotak Mahindra Bank - 6011155791 - F C | 2862310.87 | |
| Kotak Mahindra Bank - 6011155807 | 86460.00 | |
| Kotak Mahindra Bank - 6011291253 HCL | 942659.98 | |
| SBI - 10408452644 Rec | 45253.99 | |
| SBI 10408452859 Building Fund | 19563.24 | |
| SBI 10408453115- SWADHAR | 27246.01 | 71091167.74 |
| Corpus Fund received | | 20042499.99 |
| Sale of Fixed Assets | | |
| Donations & Programme Receipts | | 84125057.46 |
| Interest Income | | 7299180.00 |
| Other Income | | 402136.00 |
| Rent Deposit Recovered | | 10000.00 |
| Loans & Advances | | 114339.00 |
| Fixed Deposit Matured | | 10322447.00 |
| TOTAL (A) | | 193571311.19 |
| PAYMENTS | | |
| Transit care project | | 26222040.00 |
| NALAM (Rural)-Thiruporur | | 14239832.00 |
| Clustered Group Homes | | 4653604.00 |
| NALAM (Urban) | | 8971206.00 |
| Aftercare | | 1844477.00 |
| Home Again | | 7233506.00 |
| Administration | | 2871946.31 |
| Assets Maintenance | | 5211597.00 |

RECEIPTS & PAYMENTS

ACCOUNT FOR THE YEAR ENDED MARCH 31, 2016

| PARTICULARS | AMOUNT (Rs) | |
|---|-----------------------|--------------|
| | Year Ended 31.03.2016 | |
| Fund Raising & Communication | | 1315821.63 |
| Research and Training | | 1179338.00 |
| NALAM (Kundrathur) collaboration with PVP | | 263393.00 |
| Flood Relief | | 1490046.00 |
| Sub - Grant to BALM Trust | | 1285281.00 |
| Purchase of Fixed Assets | | 2310376.00 |
| Fixed Deposit Invested | | 80000000.00 |
| | | |
| Closing Balances :- | | |
| Cash-in-hand | | 59721.00 |
| Bank Accounts | | |
| Axis Bank- 016010100372572 RF(I) T | 115401.66 | |
| Axis Bank- 083010100136983 Rec | 519118.04 | |
| HDFC Bank Ltd - 50100092343049 | 1457482.04 | |
| Axis Bank - 909010038293721 FCRA | 2006499.51 | |
| ICICI Bank-602701202072 Corpus | 1214046.98 | |
| ICICI Bank-602701209343 Rec | 710680.68 | |
| ICICI Bank - 602701223975 Tata Trusts Grant A/C | 6677449.12 | |
| ICICI Bank A/C : 032901000114 | 15928.08 | |
| ICICI Grameena Bank : 602705038223 | 29348.89 | |
| IDBI Bank -0287104000117616 | 7507296.7 | |
| Kotak Mahindra - 6011581033 Tata Trust Corpus Grant | 1409041.5 | |
| Kotak Mahindra Bank - 6011155791 - F C | 5987405.3 | |
| Kotak Mahindra Bank - 6011155807 | 5605595.37 | |
| Kotak Mahindra Bank - 6011291253 HCL | 1084486.14 | |
| SBI - 10408452644 Rec | 30874.99 | |
| SBI 10408452859 Building Fund | 20239.24 | |
| SBI 10408453115- SWADHAR | 28232.01 | 34419126.25 |
| TOTAL (B) | | 193571311.19 |

For THE BANYAN

BALRAJ VASUDEVAN
HONORARY TREASURER

PLACE : CHENNAI
DATE : SEPTEMBER 21, 2016

For G . JOSEPH & CO.,
CHARTERED ACCOUNTANTS .

Viji JOSEPH.
PARTNER.
(Membership No : 027151)

INCOME & EXPENDITURE

ACCOUNT FOR THE YEAR ENDED MARCH 31, 2016

| PARTICULARS | SCHEDULE | AMOUNT (Rs) | AMOUNT (Rs) |
|---|----------|---------------------|---------------------|
| | NO. | Year Ended 31.03.15 | Year Ended 31.03.16 |
| Donation and Programme Receipts | 8 | 71479251.38 | 83165162.46 |
| Interest Income | | 1229095.55 | 6237930.70 |
| Other Income | | 294459.00 | 463136.00 |
| Appropriation to I & EA/C (Capital Fund NRTT) | | | 16650.54 |
| TOTAL (A) | | 73002805.93 | 89882879.70 |
| EXPENDITURE | | | |
| Transit care center expenses | 9 | 23335510.00 | 26407443.00 |
| NALAM (Kundrathur) project expenses | 10 | 11777048.53 | 14653416.00 |
| Clustered Group Homes project expenses | 11 | 3619663.00 | 5265644.00 |
| NALAM (Urban) project expenses | 12 | 6622134.50 | 9304942.00 |
| Aftercare and Reintegration project expenses | 13 | 1623192.00 | 1876077.00 |
| Home again project expenses | 14 | 1741162.00 | 7536858.00 |
| Administrative Expenses | 15 | 2377585.18 | 2978795.31 |
| Assets Maintenance | 16 | 8950870.84 | 10666717.31 |
| Fund Raising & Communication | 17 | 1762427.76 | 1358975.63 |
| Research and Training | 18 | 1178355.00 | 1179338.00 |
| NALAM (Kundrathur) collaboration with PVP | | 231436.00 | 263393.00 |
| Flood Relief Expense | | | 1490046.00 |
| Loss on sale of Fixed Asset | | 12013.57 | |
| Sub - Grant to BALM Trust | | | 1285281.00 |
| TOTAL (B) | | 63231398.38 | 84266926.25 |
| EXCESS OF INCOME OVER EXPENDITURE [(A) - (B) = C] | | 9771407.55 | 5615953.45 |

[Schedules 8 to 18 and Notes in Schedule 19 form a part of this Income and Expenditure Account]

For THE BANYAN

BALRAJ VASUDEVAN
HONORARY TREASURER

PLACE : CHENNAI
DATE : SEPTEMBER 21 , 2016

For G . JOSEPH & CO.,
CHARTERED ACCOUNTANTS .

Viji JOSEPH.
PARTNER.
(Membership No : 027151)

Independent auditor's report

REPORT ON THE FINANCIAL STATEMENTS

We have audited the accompanying financial statements of The Banyan which comprise the Balance Sheet as at March 31, 2016, Receipts and Payments Account and Income and Expenditure Account for the year ended on that date, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT'S RESPONSIBILITY 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 organisation in accordance with the Accounting Standards issued by the Institute of Chartered Accountants of 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.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organisation's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

We report that :

1. We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
2. In our opinion, proper books of accounts have been kept by the organization in so far as it appears from our examination of those books;
3. The balance sheet, income and expenditure and the receipts and payments account referred to in this report are in agreement with the books of accounts.

Place : Chennai
Date : September 21, 2016.

OPINION

In our opinion and to the best of our information and according to the explanations given to us, the financial statements give the information required by the Act in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India:

a) in the case of the Balance Sheet, of the state of affairs of the organisation as at March 31, 2016; and

b) in the case of the Income and Expenditure Account, of the excess of income over expenditure for the year ended on that date.

For G. JOSEPH & CO.,
CHARTERED ACCOUNTANTS,
FRN: 001383S

Viji JOSEPH.
PARTNER.
(Membership No. : 027151)

THE BANYAN
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For further information please contact:
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Financial statements given in this Annual Report are as on
March 2016 and the achievements are as of March 2016