





Words: Lakshmi & Keerthana

Illustrations: Parvathy, [@prrrbutt](#) 

Layout: Ashok Kumar



## Vision

An inclusive humane world  
that promotes capabilities,  
equity and justice



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What is the sound of a city? The hum of an auto waiting at the signal, the sigh of the flyover weighted down by morning traffic, the static of the billboard ready to fade away. Memories of **homeless people with psychosocial disability** traverse through both the raucous and the sublime - chequered soundscapes of several cities that they have **intermittently inhabited, switching from one bus to another, one train to another**, and walking along never-ending roads. Accosted by scarcity at every turn, ruptures appear in relationships; **mental health dissipates, homes are left behind, and life takes a pause.**

For twenty-six years, we have worked at The Banyan to unpack these threads around **homelessness, poverty and mental health** and support people to **renew their lives.**

## From The Founders

2018-19 was a year of both scaling up services for underserved populations and that of consolidation and taking stock. It was especially satisfying to see our leadership thrive and drive our programmes with a sense of passion, commitment and ethicality.

Partnerships with a shared vision was our mantra, be it with individuals that we serviced, supporters and grant-making foundations as well as state and non-state actors.

Some of our models were taken to scale; prominent amongst them was Home Again (that now operates in 3 districts in Kerala, 3 in Tamilnadu and 2 in Maharashtra) and the Emergency Care and Recovery Centre, that was adopted by the Govt of Tamil Nadu and taken to scale in five districts. While the former offers a diverse range of inclusive living options for persons living with mild to moderate disability, the latter provides humane care in a hospital setting, addressing comprehensive needs of persons, homeless and poor, living with a severe mental disorder.

Engagement with Governments and strategic partnerships with foundations, community based organisations (CBOs) and corporates, we hope will result in sustainability and collective commitment to drive social inclusion, our principal goal.

This year, we paid greater attention to enabling access to livelihoods, enhancing incomes and social capital, ensuring greater participation opportunities in social, cultural and economic life, and certainly spurring greater representation in systemic and policy discussions. These changes in care paradigms and mental health treatment approaches, we believe, may ensure equitable growth and social development. This is only the beginning. We have to keep at this doggedly over the next few decades.

It is a source of great joy and contentment that the small movement that began 26 years ago is now owned by multiple stakeholders and led ably by our Board and Leadership team. The vision of social mixing and a just and equal society is not just The Banyan's mandate but that of all of its partners!

Many things came full circle this year, in a sense. The clients we serviced now serve others in distress, helping them challenge prejudice and access care, the caregivers we supported, support other caregivers, often sharing their stories, home, food and hope; the children who grew up in our corridors, as their mothers sought treatment, are now enrolled in social work programmes in colleges as they prepare to lead The Banyan, motivated and enthused by the opportunity to care for people like their mother, undeterred by their distress and pain!

*Vandana & Vaishnavi*

Vandana & Vaishnavi

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## From Our Leadership

Mental health is a social justice issue. Ensuring access to early, appropriate care, and increasing services through systematic demonstrations, partnerships and policy advocacy is one part of our endeavour. To truly support people along their journey to transform their lives that have been disrupted due to mental ill-health and poverty – social, economic, cultural and political resources need to be available on an equal basis. For this reason, we have reformulated our strategy continually to innovate solutions that allow people to lead a good life on their own terms. A key facet to achieving this is putting at the helm those with first-hand experience of living with mental illness against the background of socio-economic deprivation. More than ever, we are now led across levels of staff and the board by those who bring to the movement intimate, in-depth knowledge as experiential experts.

2018-2019 was a milestone year for The Banyan. We inched closer towards our goals of inclusion, full participation and meaningful lives for people with mental health issues. There was both internal churn to better our programmes, and external expansion with state and non-state partnerships to decisively alter realities for those living with mental illness who face additional jeopardies of homelessness and poverty. Throughout this report, you will read stories and features on our three core approaches, Emergency Care and Recovery Centres (ECRC), Home Again and NALAM, and on how we moved closer to our vision of an inclusive, humane world that promotes capabilities, equity and justice.

Our outstanding supporters, friends and partners have been with us in every step of the way. To all of you, we extend our deepest thanks. We look forward to your continued partnership in the coming years.

Dr.K.V.Kishore Kumar and the Senior Management Team



# Centres and Approaches

## EMERGENCY CARE AND RECOVERY CENTRE

Emergency Care and Recovery Centres (ECRCs) offer multidisciplinary, person-centred hospital-based care for homeless people with mental health issues to recover and re-enter stable housing and community living arrangements where they may pursue fulfilling lives. ECRCs attempt to re-imagine structures and processes of hospitals for mental health as geographies where service users can exert their ownership and participate in co-creation of a therapeutic community where people can reconnect with themselves and make personal journeys towards lives of their choosing.

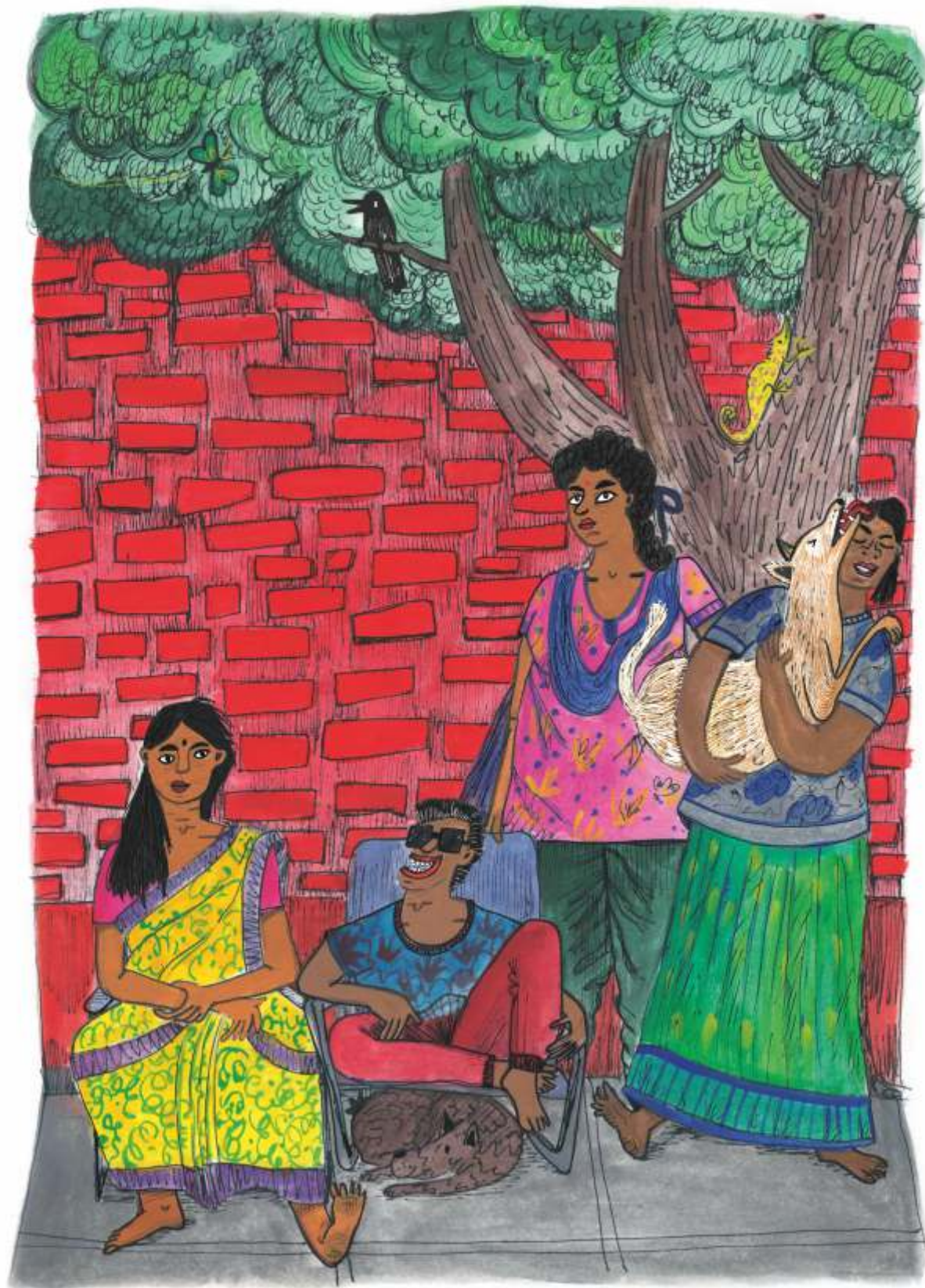
Crisis intervention, health services and social and psychological therapies are offered in tandem with individualised care plans that are delivered through a case management system. Micro aspects of experiences related to safe and dignified living such as culturally resonant, fitted and colour coordinated clothes, access to menstrual hygiene products of choice, control over one's care and so on, receive attention. User-led initiatives such as a café, a beauty salon, a fish

and vegetable stall, welcome the broader community to transact with the hospital. Children of service users and staff run around the premises, after school or during holidays, leaving imprints of their joy and companionship. Animals walk into this ecosystem sometimes, either at the behest of an interested human carer or by themselves.

In this social architecture, as people recover, they make choices about returning back to families or communities so that lives disrupted by homelessness may resume. Therapeutic relationships continue to anchor necessary continued care support post these transitions from ECRCs. These include clinical continuity, cash transfers, familial relationships and social role re-formulations and so on, both at the individual and household level to arrest descent into ill-health, homelessness or re-institutionalisation. Since 1993, about 2500 people with mental illness and histories of homelessness have accessed ECRCs, and three-quarters have moved back to live with their families or independently in the community.







## CENTRE FOR MENTAL HEALTH AND INCLUSIVE DEVELOPMENT : Home Again

Home Again is a housing with supportive services intervention that offers rental support for accommodations in rural or urban neighbourhoods along with diverse, personalised support across daily living, health, leisure, social ties and finance. People come together to form affinity groups, with friends or with children and live in homes in a community, creating a shared space of comfort, that mimics a familial environment.

Along with housing, bespoke support services are offered for health, household management, socialisation, economic transactions, work, leisure and pursuits with personal meaning. Such support services are focused on helping people achieve their own sense of well-being, rather than normalising towards a mandated archetype of recovery.

Diverse lived experiences pepper the landscape of homes supported under the programme – home purchases are self-directed, social roles are assumed and enacted, pups in need of care are adopted into these families of choice, public transports are navigated, and children visit for after school lessons or for time with grandmothers.

Through this programme, those systematically marginalised on account of mental illness, poverty and homelessness can regain agency over their care and lives and claim space to participate socially, economically and culturally.

Close to 200 people with histories of homelessness and mental illness live as part of formed families across Tamil Nadu, Kerala and Maharashtra. Home Again presents an alternative to the continued long-term institutionalisation of people with mental illness, including those with persistent and high levels of support needs, with demonstrated gains for community integration and disability.





CENTRE FOR MENTAL HEALTH AND LIVELIHOODS: NALAM

NALAM is a community mental health approach that combines clinical interventions with social entitlements through grassroots action by locally recruited and trained mobilisers and outpatient services by multidisciplinary teams at proximal locations such as Primary Health Centres. Recognising the vital role of concomitant socio-economic factors that determine trajectories into ill-health and recovery prospects, NALAM attempts to broaden the narrative of the outpatient mental health clinic towards collaborative social formulations of presenting psychosocial distress and subsequent care plans.

NALAM mobilisers based in villages and urban wards engage with the community, identify those with psychosocial distress and if in need of clinical care escalate referral to the closest outpatient clinic. Home visits and home-based care are conducted to engage with households and people with the mental health issues, link them with necessary entitlements and offer supportive counselling and problem solving to unpack dynamics involved in the process of navigating the mental health issue.

Employment placements, via skills development or supported employment pathways, are offered to help people return to work and better personal incomes. Besides employment NALAM offers select households in extreme socio-economic distress packages of social care including basic income transfers, disability allowance, housing support and educational and mentorship assistance for children living with parental mental illness.

NALAM is presently active in 9 wards of Chennai city (including two that are in collaboration with Stella Maris College and Loyola College), Thiruporur Taluk, Kattumannarkoil and Sriperumbudur Taluks (in partnership with National Health Mission, Tamil Nadu) in Tamil Nadu, Shahapur Taluk in Maharashtra (in collaboration with Integrated Rural and Human Development Project, Tata Institute of Social Sciences) and Ottapalam (in collaboration with Ottapalam Welfare Trust).

Over 10,000 people have benefitted from NALAM's services across these geographies.

The Banyan Reach

2,500

homeless people with mental health issues reached through emergency care and recovery services

75%

of homeless people with mental health issues reintegrated back to families and communities of origin

200

people with psychosocial disabilities transitioned from long-term institutionalisation to inclusive housing options in the community

10,000

people with mental illness and their families supported through proximal, comprehensive community mental health services through grassroots cadre of wellness mobilisers

35-40%

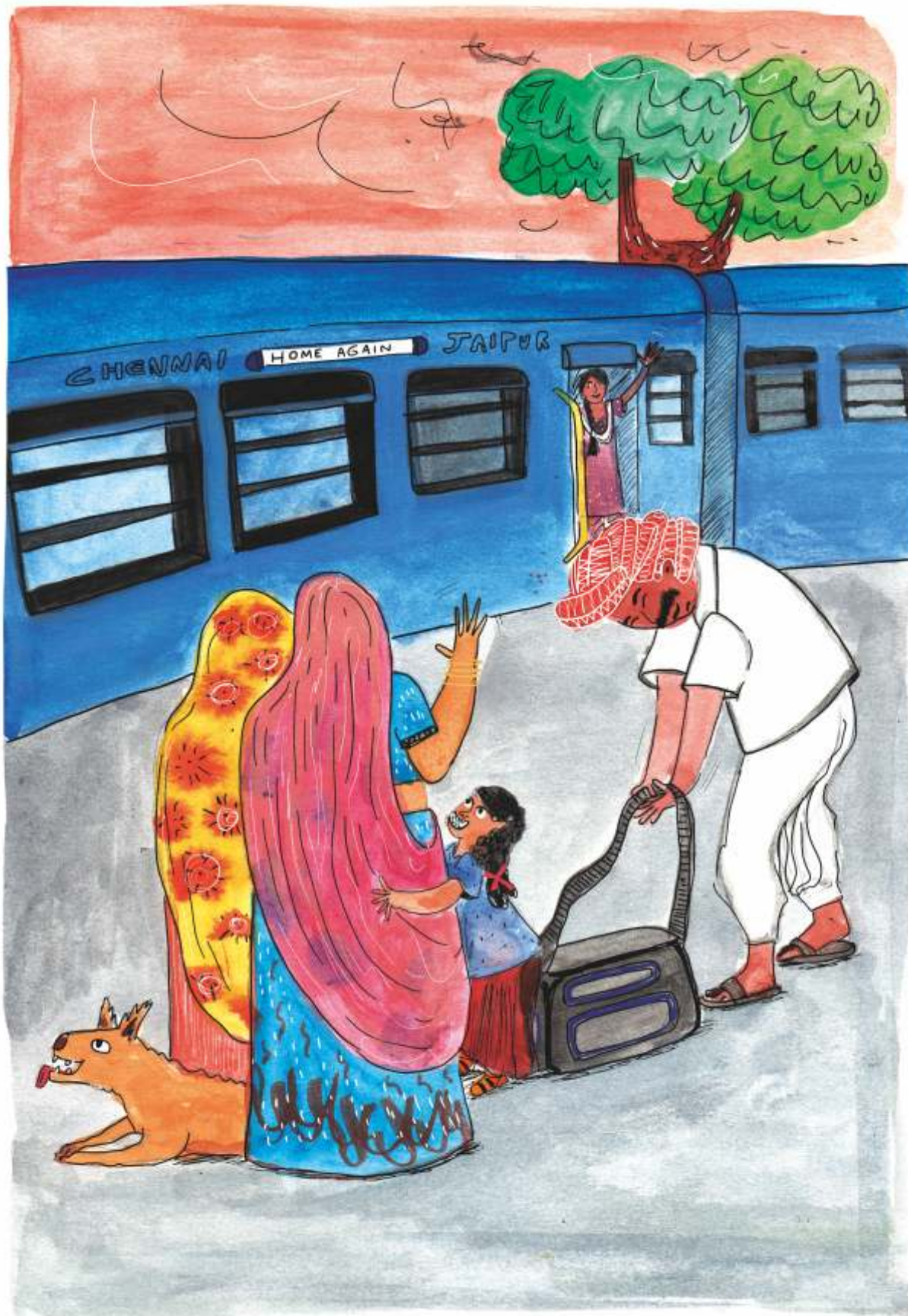
of service users across programmes engaged in employment through diverse work options

11

strategic partnerships including Government of Tamil Nadu, Kerala and Maharashtra and diverse non-profit stakeholders across India to collaboratively replicate successful approaches and scale impact







## Integrating Mental Health Services for Homeless People at District Hospitals

For months Ruksana spent every minute of each day attempting to seek help at the Magistrate Court at Tiruppur. Her property had been usurped and occupied. With nowhere left to go, she had taken to living outside the institution of justice in the hope that one day she may be heard. However, despite her persistence, her plea was sidelined – no one wanted to engage with a homeless woman, who was visibly in mental health distress.

Angered by the consistent dismissal of her narrative, Ruksana hollered at the person in charge and demanded an audience to hear her case. Her incoherent, asymmetric presentations, along with manifest verbal aggression, led to a call to the team at the Emergency Care and Recovery Centre (ECRC) at Tiruppur District Hospital.

About a quarter of the estimated 1.77 million homeless people in India experience serious mental health issues – a similar predicament as Ruksana. They are foisted with multiple social disadvantages, outrightly dismissed or ignored and receive no care for their mental health.

In 2018, the National Health Mission (NHM) of Tamil Nadu and The Banyan collaborated to establish Emergency Care and Recovery Centres (ECRC) at select District Hospitals in Tamil Nadu, in an attempt to bring necessary care close to people who face homelessness and mental ill-health concurrently. Apart from sharing protocols for implementation across five District Hospitals, we entered into a MOU to offer ongoing support to ECRCs in Walajapet and Tiruppur. These centers engage with service users to provide self-directed care, allowing them to progress towards designated goals of mental health, autonomy and wellbeing.

For Ruksana, the entry into the ECRC at Tiruppur proved transformative and offered her the much needed validation she was seeking for many months. With time, health care and social support services she progressed towards recovery and re-established contact with her family. Her two daughters were working at a garments factory. Bringing the family together helped understand the property dispute and the interplay of this event with Ruksana's mental health issue. The team thereafter linked the family with local care resources and legal aid to help with the property issue.



A proximal ECRC at the District Hospital allowed Subayya to finally find the supportive environment he needed after a decade of homelessness. He was found on the Vellore highway, unwell and exhausted due to the pernicious effect of multiple disadvantages that life had imposed upon him. Subayya says, "After escaping from bonded labour as a child, my life was dominated by homelessness. I did not have the opportunity to educate myself and lived in constant fear of being uncovered."

The ECRC environment gave Subayya the opportunity to regain some purpose in life - relationships, conversations, work pursuits and leisure such as breaking into a dance at a whim. Volitionally he assumed roles in the facility such as cooking, care work and supporting user needs. He invested in mutually supportive relationships through organic conversations both inside and outside the facility. Soon he independently started a kiosk to sell vegetables within the facility.

As the technical partner in the NHM initiative to set up ECRCs in District Hospitals, we have over the course of last year collaboratively set mutual goals and values and offered support to build capacities of staff. Emphasis was placed on modules that allow focus to be reinstated on social recovery - returning to work, establishing relationships, finding a purpose and more. Specific efforts were made to support staff and the larger community unlearn acculturated deficit-oriented perspectives and move towards strengths based engagement with people living with mental health issues.

These efforts hope to strengthen mental health care for homeless people in public health systems and create several more stories such as Ruksana and Subayya.



## To return home, again

Aisha's recollections of life before her decade long confinement in a state psychiatric hospital are patchy, often presenting in bursts of non-linear details. She remembers leaving home, pregnant and with a toddler in tow, to escape a marriage filled with never-ending violence. After a journey across the breath of the country, she gave birth to a baby at one of the railway stations, where members of the public and the police finally noticed her. She was separated from her children and sent to the closest state psychiatric facility where she spent the next ten years, surrounded by a vocabulary she could not understand.

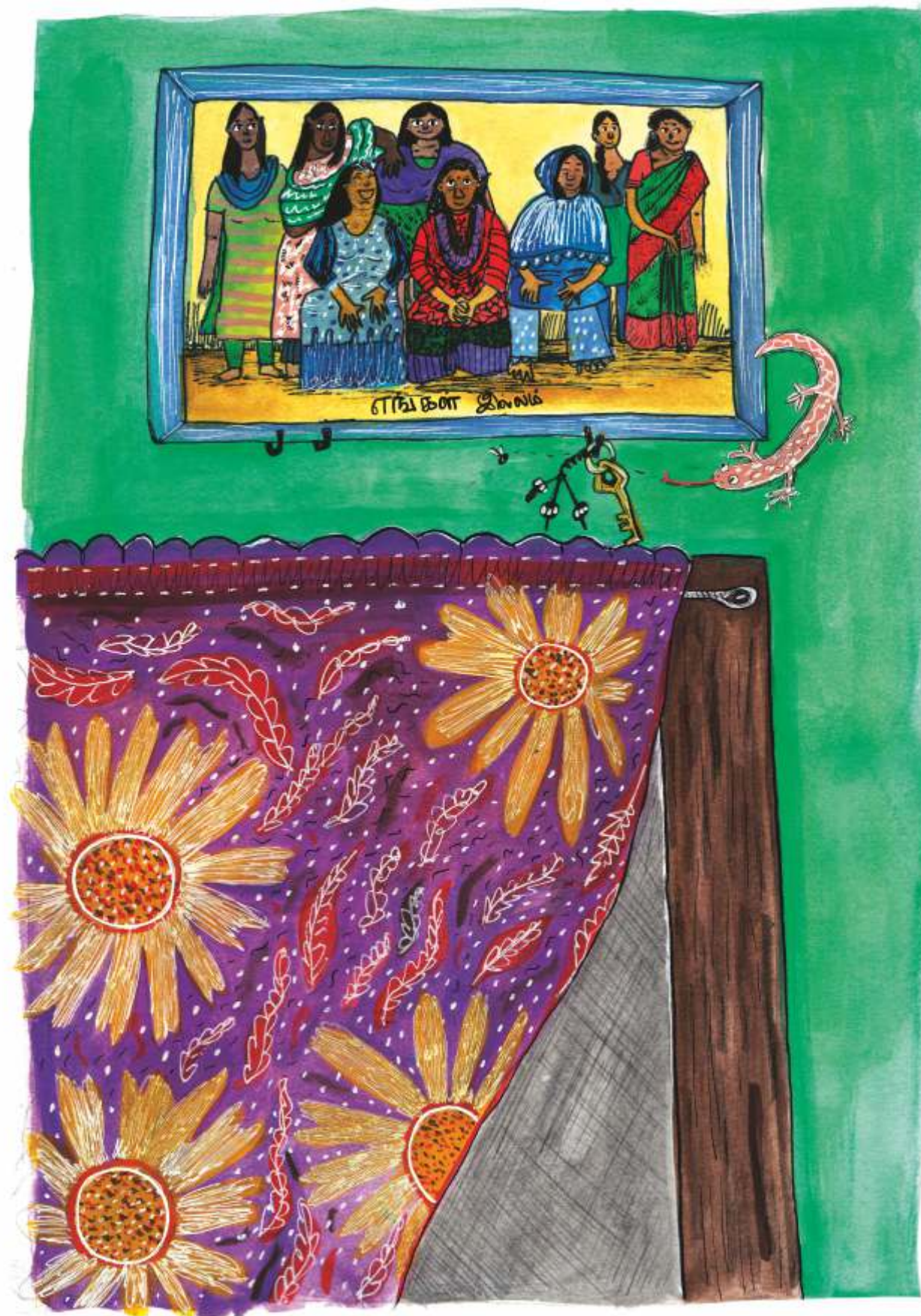
Aisha's narrative is a familiar arc for several women with mental health issues who face social and economic deprivations. Worldwide 18% of those living in psychiatric facilities have been institutionalised for a year or more. In India, 36.25% of people in state psychiatric hospitals have spent a median of six years living their lives within the confines of these facilities.

In 2018, to address the needs of people like Aisha, a collaborative project was initiated with the Government of Kerala to offer community-based living options for those institutionalised for long periods in psychiatric facilities. These include Family Placements and Home Again, a housing with supportive services approach. In early 2019, The Banyan and the Government of Maharashtra entered into a similar collaboration to offer Home Again as an option to those who have been institutionalised long-term at Regional Mental Hospital, Ratnagiri.

Since the launch of these collaborative initiatives, over 200 people have exited the hospitals across Kerala and Maharashtra; with nearly 80 returning to families of origin and 50 moving into Home Again.

Aisha was among the several women who moved into a home in the community this year. In the new shared space of comfort, despite the profound loss of her children and the cultural distance, she found the rhythm to reconnect with a routine of choice, lead the household in all aspects and support others like her.



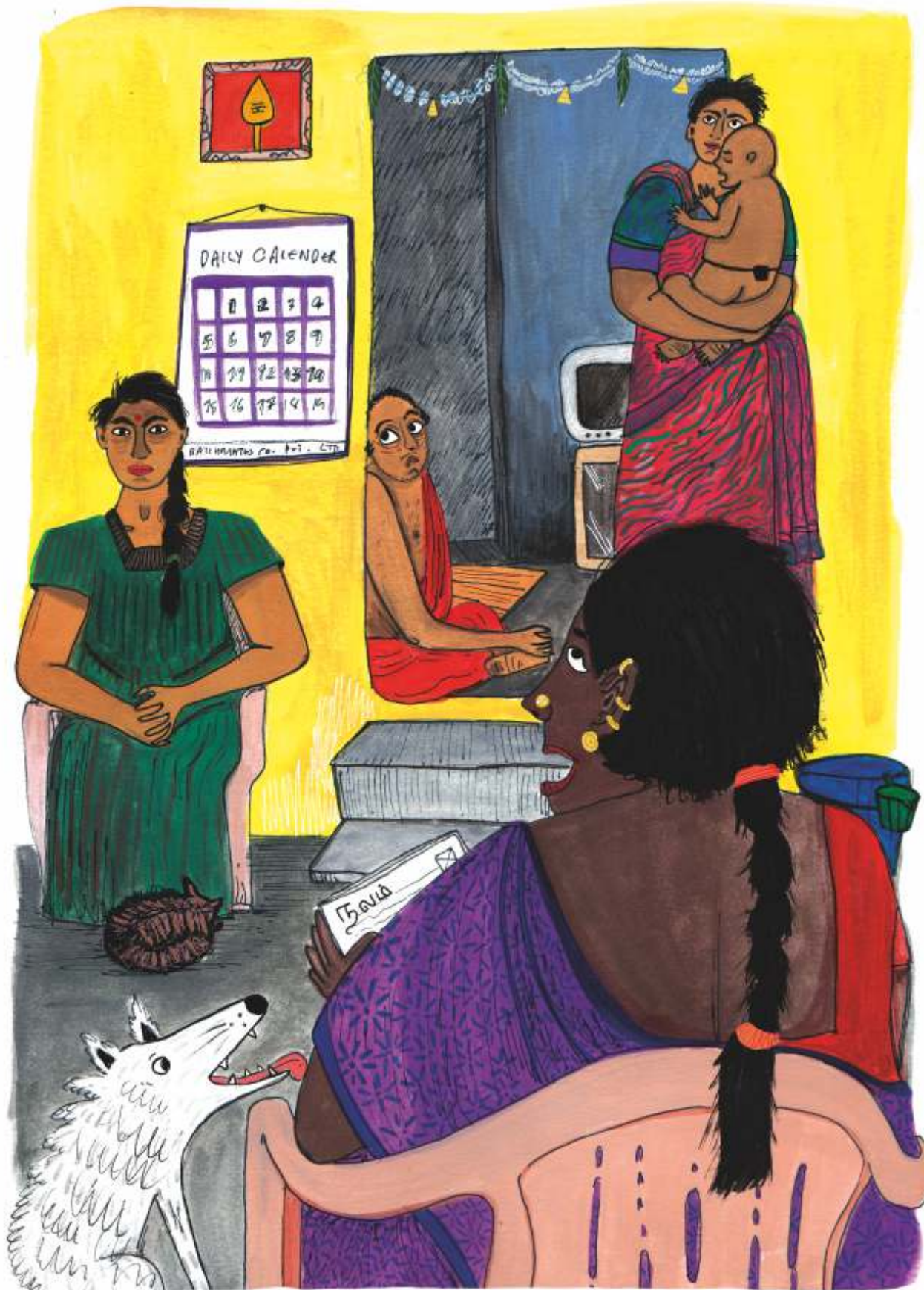


Not unlike Aisha, Sarala's history follows a similar trajectory of marriage, followed by disruption and homelessness. Sarala has no clear recollections of where her family and home are located. Instead, she curates her selfhood around the present day as a member of a women-only family at Home Again. "This chori keeps me company," she says, pointing to Resna with a mischievous smile. In this friendship, she finds a safe space to share and disclose without compunctions associated with revealing claims about one's past, present or future.

The opportunity to shape aspirations beyond preordained scripts for recovery and life is central to diverse paths people choose for themselves as part of these homes. Aisha's next milestone in focus is to rediscover her children who were separated from her and establish a life with them. Meanwhile Sarala says, "I want to remain as I am now".







## Collaborations for Community Mental Health

Ilavarasan arrived at the District Hospital's psychiatric outpatient clinic with frayed photos of his three sons clutched in his hand. A narrative of utter despair unraveled before the team, as he spilled the contents of a bag filled with documents detailing a futile history of seeking help.

All three sons, in their late 30s and 40s, were living with mental health issues that were brought on by unforgiving encounters with violence. Ilavarasan and his wife, both in their 70s, had spent several years trying seeking conceivable source of help - faith healers, institutions, outpatient clinics - all in quick succession as their poverty did not allow them to stay committed to any for long. Their sons remained not only unwell, but had progressively taken to wandering in the village. Exhausted and caught in a vicious cycle of interpersonal blame and abuse, the couple held together with nothing but the constant thought of securing basic shelter for their sons after their deaths.

Like Ilavarasan's sons, 83% of the estimated 150 million Indians with mental health issues remain out of the care they need. Our foray into community mental health was guided by

experiences of homeless people with psychosocial disabilities - while the majority had attempted to seek help, they often did not receive early, appropriate care. Further, we understood from many such narratives that people with mental illness living with social disadvantage experience higher liabilities and therefore risks for becoming homeless. In response, NALAM began as a field-based trial that combined grassroots social action through locally recruited and trained mental health mobilisers with comprehensive outpatient services.

In the last one year, in collaboration with the National Health Mission (NHM), Tamil Nadu, NALAM's grassroot action components were replicated in the taluks of Kattumannarkoil and Sriperumbudur to strengthen the District Mental Health Programme (DMHP). Taluk level social workers worked alongside the DMHP teams to reach out and build linkages across a variety of community-level stakeholders, refer people to care and follow up with supportive services (using both state and non-state resources) for families to help them stay engaged in care.

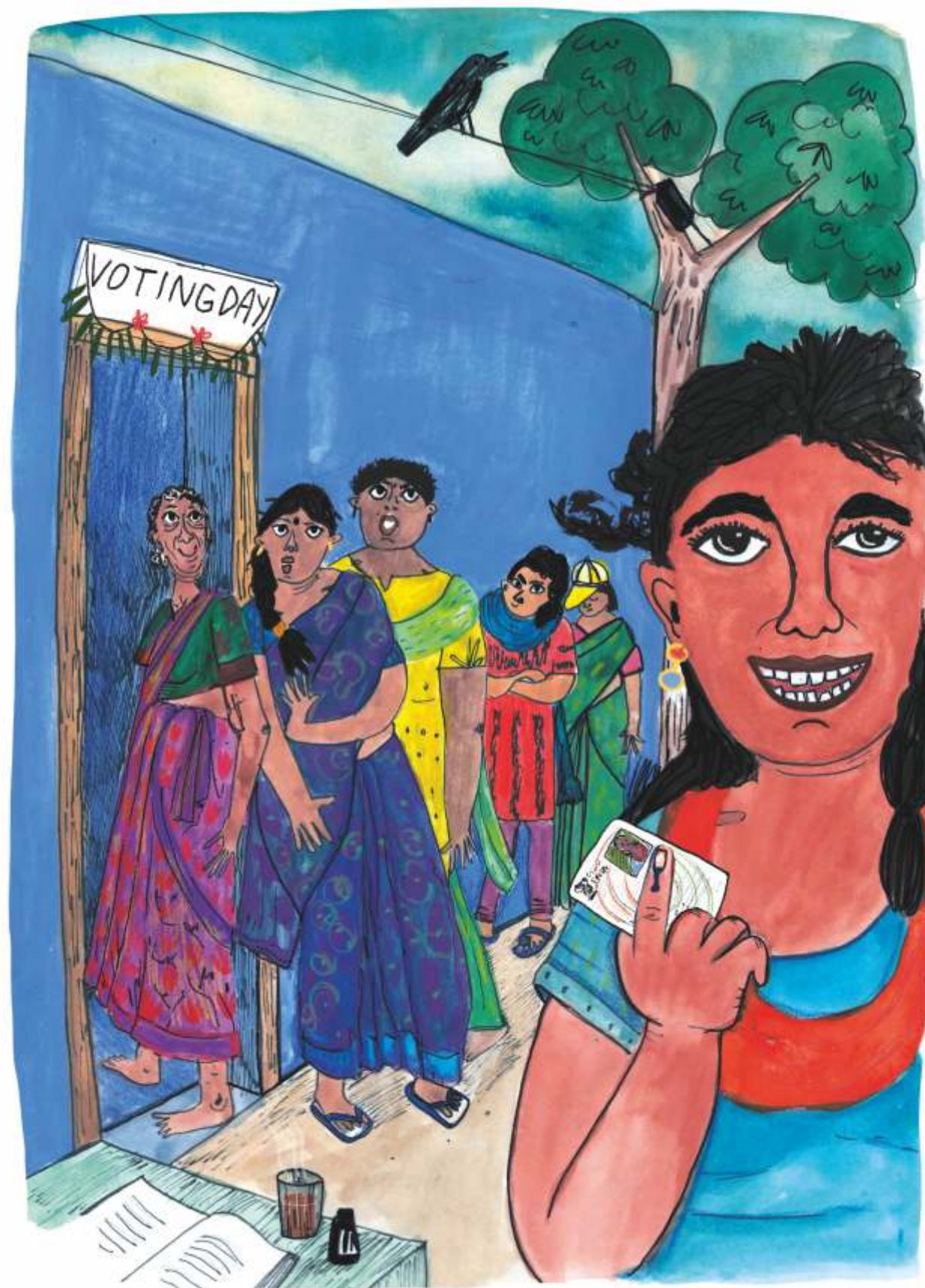


Alliances at the community level were made with village health nurses (VHNs), people who access the MGNREGS work, teachers and children in schools, local government functionaries, and grassroots workers appointed by state for implementation of various schemes. Balwadi workers in particular emerged as an important bridge to the community, recognising those in psychosocial distress and connecting them with care resources. About 400 people have been identified since inception, and many like Ilavarasan have been connected with social care.

Visible poverty and associated disadvantage, not being able to earn a livelihood, lack of decent housing, hunger - these are one part of narratives we encounter in the community. These are reflections of an inheritance of generational oppression festered by fault lines of caste and gender, that are amplified when combined with social exclusion of people with psychosocial disabilities.

When Muthammal lost her son, son-in-law and husband in succession, her grief was met with sarcasm from the community. It was not deemed proper for a woman to return to work soon after loss of her spouse; it was even more improper for a woman in her 60s to mourn a dead husband as it reflected her sexual cravings. Individual sessions with Muthammal at places in the community of her choosing were one part of the support the team offered. The team also worked with the neighbourhood and those in her immediate social encounters, especially at work, to dispel notions around what constituted accepted performances of grief.

Building alliances in the community means going beyond the customary mental health education for identification - towards building tangible, safe, solidarity circles for people with mental health issues, who often face additional erosion of social capital. With solidarity and support, Muthammal hopes to build a better future for her grandchildren. Meanwhile, Ilavarasan and family look towards rebuilding their house in the new year and finding home-based care for their sons with financial support







## Friendships at The Banyan

Srimati did not plan on becoming friends with Dharani. They were two opposites: Srimati was reticent and occasionally short tempered while Dharani was more social and spontaneous. Their friendship formed during what Srimati terms as “a period of personal turbulence” in her life. She had returned home after a period of inpatient care only to encounter old patterns of blame and conflict ridden communication. Dharani had proved to be of help by offering a listening ear sans judgement and sharing her own anecdotes, grouses in her relationships which had been less than idyllic.

As a single woman caring for her child and aged mother, the older Dharani is in all ways, someone Srimati has come to appreciate. Although they do not spend a lot of time together due to their work engagements, they prioritise and meet on outpatient days over tea.

Apart from these simple and enabling friendships that happen over asymmetrical spaces, we see other several other contrarian bonds being forged.

Many are expected associations that fall within a typeset of mutual sharing, support and responsibility. Some stories like Sushila and Chaya's, and Clara and Lalli's stand out.

Sushila did not profess a great love for cooking. She saw it as a necessary activity which culminated in a form that kept away hunger. Her relationship with food reminded her of the problematic control food's absence was used to wield when she lived with her mother on the city's platforms. As single women traversing the city alone, she and her mother had encountered a number of difficulties on a daily basis.

The social, economic disadvantages and longitudinal distress implicated in homelessness led to an adverse effect on her mental health. Sushila left her mother, reached The Banyan and started living in the home she currently shares with her friends. Reticent by nature, she initially found the idea of living together with other women from diverse languages, cultures and backgrounds atypical.



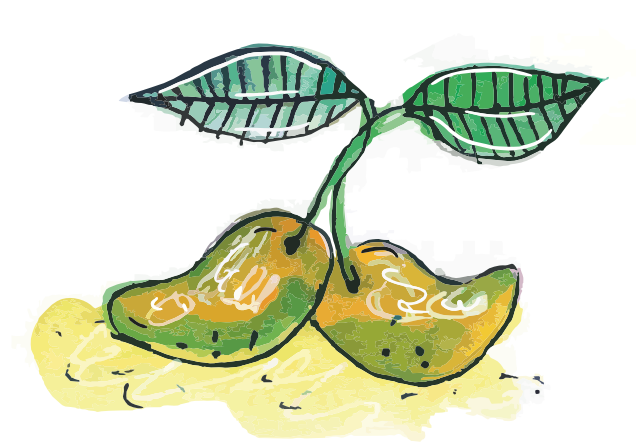
However, with time Sushila started acknowledging each individual for the intrinsic space and role they occupied at home. If she liked to work away at the kitchen, there was Bala who took care of Gulabi, the dog who lived with them. Rati pursued a job as a security in a building nearby, old Nafisa was the matriarch of the household and Preeti was the person who helped them all whenever needed.

Sushila was busy cooking chicken in the home she shared with her friends, when she met Chaya for the first time who had moved in to share the house as well. Although the latter was silent, she started to help her dice onions and that is how their friendship started. They were starkly different as people could be. If Sushila was quick, calculative, unassuming and highly efficient, Chaya was impish, walked with a deliberate delay, definitively more social and was prone to worrying.

They bonded over stories of their past, relationships, children in their lives, recipes of food and more. Sushila had made her peace and actively chose to continue living here and this allowed her to be there for the latter who wanted to desperately make her journey back home. Chaya especially drew comfort from Sushila's presence,

for she was a viable support system. Whenever Chaya felt disgruntled with the wait of having to subsist in unfamiliar quarters, till the process for family reunion finished, she withdrew from people. In these times of distress, Sushila remained a continual source of love and familiarity which helped the days go by.

As is often the case with friendships at The Banyan, Clara and Lalli bonded over their shared histories of violence, abuse, neglect and subsequent isolation. Both of them do not like to conform to anything but their self-directed choices. Their daily routine involves fishing in the nearby water bodies, going on impromptu long walks, entering into conversations with the larger community and taking care of Chilli and Kulfi, the dogs on campus. Most importantly they are there for each other come what may.



# Thank You!

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

Azim Premji Philanthropic Initiatives	Ramco Cements Limited
The Hans Foundation	Sapthirshi Buildcon LLP
Rural India Supporting Trust	Cognizant Foundation
Bajaj Finserv	Harpriya Hajela
Paul Hamlyn Foundation	Tonga Suedhi
Grand Challenges Canada	Corporation of Chennai
HCL Technologies Foundation	Bijoy Paulose
Breadsticks Foundation	Krishnan
School of Nursing, University of Pennsylvania	Bhoomika Trust
Friends of The Banyan, USA	Bharat Heavy Electricals Ltd
Madras Engineering Industries Pvt Ltd	AVM Charities
Rangoonwala Foundation (India) Trust	Murugappa Educational and Medical Foundation
The Sathyanarayana Charitable Trust	ABCO India Pvt Ltd
Oracle	A R Foundation Pvt Ltd
Qube Cinema Technologies Pvt Ltd	Canara Bank
Frigerio Conserva Allana Pvt Ltd	Sathyabama Institute of Science and Technology
Give India	VVA Hotels Pvt Ltd
Charities Aid Foundation	Vikram Aggarwal
Shobhana Ramachandhran	Jagdev Singh Gill
SPI Cinemas Private Limited	PIL (India) Pvt Ltd
Swadhar, Ministry of Women and Child Development, Government of India	Catalyst Consulting
Cholayil Trust	P.S.Raman
	Grundfos Pumps India Pvt Ltd



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Rajasekaran Balasubramanian

Swaminathan Shencotta Ramayya

Santha Venkatramanan

Saaraa Uppli Trust

Subha Raghavan

C.R. Sumana

Arun Dorai Raj

Vanita Rajagopal

Stella Maris College

Loyola College

# 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, Real Image Media 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

Lt. Col. Surinder Mohan Mehta (Retd) - CEO, Hans Foundation - 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
5,000-10,000	5	16	21
10,000-25,000	32	148	180
25,000-50,000	9	14	23
50,000-1,00,000	6	7	13
1,00,000>	1	0	1
Total	53	185	238

Head of the Organisation: Rs. 1,50,000 Per month

Highest paid staff Member: Rs. 1,50,000 per month

Lowest paid staff member: Rs.10,956 per month

Total monthly payments made to consultants ( in Rs)	Number of consultants
<5000	0
5,000 - 10,000	1
10,000 - 25,000	6
25,000 - 50,000	3
50,000 - 1,00,000	5



Travel Details

Total cost of National travel by Board members/staff/volunteers on behalf the organisation for 2018 -19 is Rs. 14,03,604.00  
Total cost of International travel by Board members/staff/volunteers on behalf the organisation for 2018 -19 is Rs. 1,85,203 00

Dr. Lakshmi Narasimhan travelled to New York, USA in November 2018

Board of Trustees Meeting 2018-19

Date	Attendance
09 th June 2018	8
08 th September 2018	8
09 th December 2018	11
09 th March 2019	8

Bank Accounts

Axis Bank Mogappair Branch 016010100372572 083010100136983 917010022974356	ICICI Bank Anna Nagar Branch 602701202072 Corpus 602701209343 602705038223	Kotak Mahindra Bank Anna Nagar Branch 6011581033 Tata Trusts Corpus Grant 6011155791 FC 6011155807 6011291253 HCL 8411876887 FCRA Main
HDFC Bank Ltd Mogappair Branch 50100092343049	ICICI Bank Krishnankaranai Branch 032901000114	State Bank of India Anna Nagar Branch 10408452644 Recurring 10408452859 Building Fund 10408453115 Swadhar
IDBI Bank Kilpauk Branch 0287104000117616		

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

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 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  
8411876887  
Saving Bank  
Kotak Mahindra Bank Ltd  
No.5107, H2, Second Avenue  
Annanagar, Chennai 600 040

Branch Name & CodeCode :

Anna Nagar

MICR No.

600485023

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

KKBK0008488  
KKBK0008488

### 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, India  
Kilpauk Branch, Chennai (TN)  
Code:287

Branch Name/Code

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](http://www.thebanyan.org).  
For more information write to [jjrajendran@thebanyan.org](mailto:jjrajendran@thebanyan.org)

## Balance Sheet As on 31st MARCH 2019

LIABILITIES	SCHEDULE NO	AMOUNT (Rs) AS ON 31.03.18	AMOUNT (Rs) AS ON 31.03.19
General Fund	1	50316091.55	53800098.17
Corpus Fund - RIST			148923991.92
Corpus Fund - Tata Trusts		62511188.00	63094072.00
Corpus Fund - Bajaj		60000000.00	60000000.00
Corpus Fund - Others		18077488.53	18213488.53
Other Fund			
Capital Fund Tata Trusts		1776.02	1065.59
<b>TOTAL</b>		<b>190906544.10</b>	<b>344032716.21</b>
<b>ASSETS</b>			
Fixed Assets	2	45315295.05	44528617.31
<b>CURRENT ASSETS , LOANS &amp; ADVANCES</b>			
Deposits	3	1653231.00	2151231.00
Other Current Assets	4	3494722.51	4815742.13
Balance in Scheduled Banks & Cash-in-hand	5	153400008.12	313647371.02
		158547961.62	320614344.15
Less : Current Liabilities	6	12956712.57	21110245.25
Net Current Assets [ (A) - (B) ]		145591249.05	299504098.90
<b>TOTAL</b>		<b>190906544.10</b>	<b>344032716.21</b>

[ Schedules 1 to 6 and Notes in Schedule 25 form a part of this Balance Sheet ]

For THE BANYAN

BALRAJ VASUDEVAN  
HONORARY TREASURER  
PLACE : CHENNAI  
DATE : September 27 , 2018

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

VIJI JOSEPH  
(Membership No : 027151)



# Receipt & Payment Accounts for the year ended 31st March 2019

PARTICULARS	AMOUNT (Rs) Year Ended 31.03.2019	
RECEIPTS		
Opening Balances		
Cash-in-hand		153094.00
Bank Accounts		
Axis Bank- 016010100372572 Rangoonwala	59081.53	
Axis Bank- 083010100136983 Rec	105973.04	
Axis Bank - 917010022974356 FCRA - GCC	5984052.53	
HDFC Bank Ltd - 50100092343049	1833169.06	
ICICI Bank-602701202072 Corpus	1671909.98	
ICICI Bank-602701209343 Rec	556742.11	
ICICI Bank - 602701223975 Tata Trusts Grant A/C	75999.12	
ICICI Bank A/C : 032901000114	17196.08	
ICICI Grameena Bank : 602705038223	29348.89	
IDBI Bank -0287104000117616	3142504.30	
Kotak Mahindra - 6011581033 Tata Trusts Corpus Grant	719403.40	
Kotak Mahindra Bank - 6011155791 - F C	93421.72	
Kotak Mahindra Bank - 6011291253 HCL	4150156.99	
Kotak Mahindra Bank - 8411876887 FCRA Main	9904584.25	
SBI - 10408452644 Rec	35298.99	
SBI 10408452859 Building Fund	21881.24	
SBI 10408453115- SWADHAR	203669.01	28604392.24
Corpus Fund received		149642875.92
Donations & Programme Receipts		103290400.10
Interest Income		14712608.47
Other Income		3978347.00
Bank O D from Kotak bank a/c		2289213.58
Loan Taken from Tamil Nadu Power Finance Ltd		7500000.00
Sale of Fixed Assets		430.00
TOTAL ( A )		310171361.31
PAYMENTS		
ECRC		23985628.44
Rural NALAM		15214412.71
Clustered Group Home		7203053.71
Urban NALAM		9873443.66
Reintegration and Aftercare - TN		3350636.50
Home Again - Thiruporur		3866410.60
Home Again - Chennai		4305793.32

PARTICULARS	AMOUNT (Rs) Year Ended 31.03.2019	
Home Again - Trichy		3466139.76
Home Again - Kerala		4067202.48
Shelter for Men		5569278.78
Research and Training		1145726.28
Reintegration and Aftercare - Kerala		2320771.00
Skills Development		7883721.00
Flood Relief		677990.88
NHM District Mental Health programme Collaborartion		219239.00
Emergency Care & Recovery Centre- Tiruppur		46720.00
Emergency Care & Recovery Centre- Vellore		129041.00
Other Programme Expense		488896.00
Administration		8084639.52
Assets Maintenance		5155713.00
Fund Raising & Communication		5458165.21
Purchase of Fixed Assets		4332497.00
Fixed Deposit Invested		146636425.80
Rent Deposit		408000.00
GST Deposit		90000.00
Loans & Advances		219937.00
Tax Deducted at Source		1315731.52
Closing Balances :-		
Cash-in-hand		154134.00
Bank Accounts		
Axis Bank- 016010100372572 Rangoonwala	61176.53	
Axis Bank- 083010100136983 Rec	598802.04	
Axis Bank - 917010022974356 FCRA - GCC	5459469.73	
HDFC Bank Ltd - 50100092343049	6712371.71	
ICICI Bank-602701202072 Corpus	348360.98	
ICICI Bank-602701209343 Rec	59526.11	
ICICI Bank A/C : 032901000114	17196.08	
ICICI Grameena Bank : 602705038223	29348.89	
IDBI Bank -0287104000117616	18187052.32	
Kotak Mahindra - 6011581033 Tata Trusts Corpus Grant	1088144.60	
Kotak Mahindra Bank - 6011155791 - F C	476140.62	
Kotak Mahindra Bank - 6011291253 HCL	3777675.99	
Kotak Mahindra Bank-8411876887-FCRA Main	7592552.3	
SBI - 10408452644 Rec	36428.99	
SBI 10408452859 Building Fund	22536.24	
SBI 10408453115- SWADHAR	35230.01	44502013.14
TOTAL ( B )		310171361.31



# Income & Expenditure Account for the year ended 31st March 2019

PARTICULARS	SCHEDULE NO	AMOUNT ( Rs ) Year Ended 31.03.18	AMOUNT ( Rs ) Year Ended 31.03.19
Donation and Programme Receipts	7	113846820.33	105005317.10
Interest Income		10192557.53	14372960.36
Other Income		627834.00	4044836.00
Appropriation to I & E A/C ( Capital Fund Tata Trusts )		2664.09	710.43
<b>TOTAL ( A )</b>		<b>124669875.95</b>	<b>123423823.89</b>
<b>EXPENDITURE</b>			
ECRC expenses	8	27577060.00	24618532.00
Rural NALAM project expenses	9	16264422.00	15793756.00
Kovalam CGH project expenses	10	7833988.00	7412769.00
Urban outreach project expenses	11	15913542.00	9766274.00
Reintegration and Aftercare - TN	12	1928611.00	3433689.00
Home Again			
Home Again - Thiruporur	13	4832165.00	4054956.00
Home Again - Chennai	14	5214947.00	4359056.00
Home Again - Trichy	15	3716565.00	3369454.00
Home Again - Kerala	16	3347878.00	4150902.00
Shelter for Men	17		5613183.00
Reintegration and Aftercare - Kerala	18		2452325.00
Skills Development	19		8444706.00
Research and Training	20	5173747.00	1021135.88
Flood Relief Expense	21	2328308.00	763051.00
Cyclone Relief Expense		564625.00	
NHM District Mental Health programme Collaboration			238473.00
Emergency Care & Recovery Centre- Tiruppur			46720.00
Emergency Care & Recovery Centre- Vellore			129041.00
Other Programme Expense		259624.00	488896.00
Administrative Expenses	22	5099412.30	8472709.97
Assets Maintenance	23	8144467.08	9915088.74
Fund Raising & Communication	24	11249448.30	5395099.68
Sub - Grant to BALM Trust		2624600.00	
Sub - Grant to Ashadeep		4186423.00	
<b>TOTAL ( B )</b>		<b>126259832.68</b>	<b>119939817.27</b>
<b>EXCESS OF INCOME OVER EXPENDITURE</b>		<b>-1589956.73</b>	<b>3484006.62</b>

[ Schedules 7 to 24 and Notes in Schedule 25 form a part of this Income and Expenditure Account ]