



The Banyan

ANNUAL REPORT
2017-18

25 YEARS OF THE BANYAN



VISION

An inclusive and humane world that promotes capabilities, equity and justice



about the cover

Nupur is one among the many homeless women with mental illness who have walked through the doors of The Banyan. Fiesty, ready to break into a dance at whim, she lit the place with her unhindered joy. Nupur made her journey back home to her family this year.

Photograph by [@everydayaintsame](#) (Instagram)

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Message from Founder Trustees



VANDANA GOPIKUMAR & VAISHNAVI JAYAKUMAR
FOUNDER TRUSTEES

It has been a year of tremendous learning and enriching experiences for us at The Banyan. We set out to streamline our services, documented care plans, and consolidated our programmes, with a clear vision for each in achieving our overall mission and goals. As we reach out to more people in need and expand our services to a diverse range of geopolitical settings with different stakeholders, independent chapters and teams, fundamentals of care mapping and role clarity of each provider emerged as an urgent necessity. The undertaking has been documented into a manual, with detailed structures and processes for our multidisciplinary team of clinical social workers, psychologists, psychiatrists, nurses, health coaches, personal assistants across Emergency Care and Recovery Centre, NALAM, and inclusive living options. The document has also been shared with our partners, other stakeholders including 3 state governments, interns and volunteers, and students from The Banyan Academy of Leadership in Mental Health.

The Banyan is and will always be a young, dynamic organization, engaged in learning, adapting and evolving to meet the unique needs of each client and their sociocultural environments. Our manuals will provide only the foundation on which innovations will be built, researched and audited. Care will always be collaborative, clients will continue to be at the centre of our operations, and pave the course of our growth, expansion and strategy through participatory action research studies, user-led programmes and advocacy efforts.

The work we are engaged in is complex, terrains challenging, oftentimes there are no answers, and no conceivable end to how far we need to go, and what counts as success. We want to thank all our funders, who have fully understood these complexities and

nuances in the continuum of care and have broadened their scope of support as thought partners and co-problem solvers. We are so thankful that we can always count on you and find ways for us to grow together.

We also want to thank our friends in the media for helping our residents speak to a larger audience, and share their stories of grit, resilience and perseverance in the face of unimaginable and impossible circumstances, as a result of which they directly and indirectly receive an outpouring of love and support from several quarters. We request you to continue your engagement, and encourage millions of others experiencing mental health issues to come forward, share their experience to build a community founded on the principles of acceptance, empathy and inclusion.

Lastly, we would like to express our gratitude to the entire Banyan team of mental health professionals, para professionals, administrative and finance teams, interns, volunteers and all others who were a part of our journey this year. We are so proud to see each and every member's commitment to the founding ethos of our organization - the client's wellbeing and actualization of capabilities. When distress becomes too overwhelming, and problems too intractable, it is heartening to know that we will come together as a team, infuse new energy and vigor towards a cause that is bigger than all of us, never forgetting the trust our clients have placed in us to carry out this mission with a sense of responsiveness, urgency and most importantly scrupulousness and transparency.

Here's to the next 25!

Vandana Gopikumar & Vaishnavi Jayakumar



A.SANKARANARAYANAN
CHAIRMAN

Message from The Chairman

This year marks The Banyan's entry into its 25th year of existence, and I am very proud to say that in this time, The Banyan and BALM have built a strong portfolio of programmes that includes a strong institutional collaborations with the Governments in Kerala and Tamil Nadu, research consultancies for some of the largest donor agencies, policy recommendations leading to State and National level changes, and national and international collaborations with a several civil society organisations to replicate relevant interventions in other contexts.

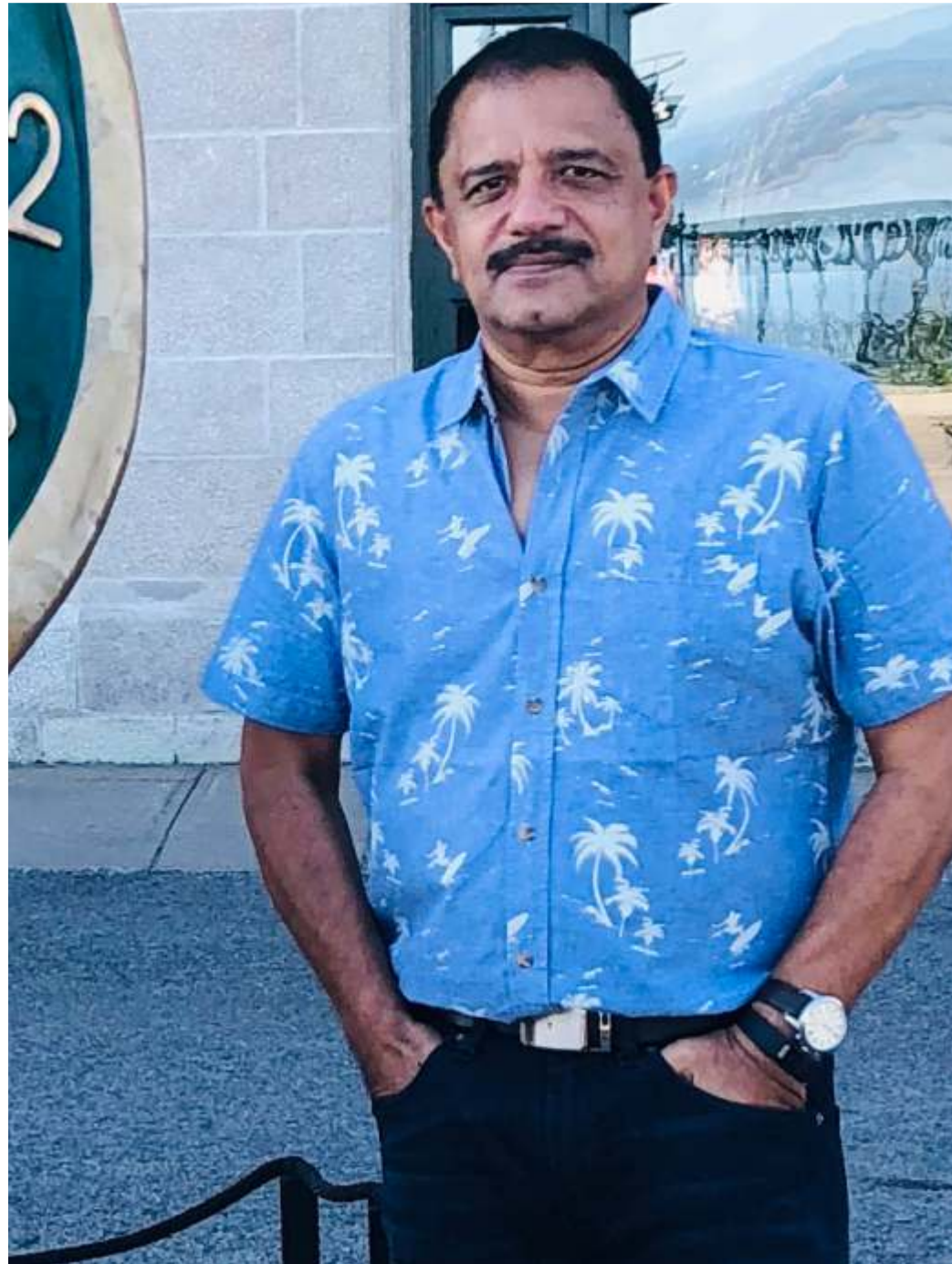
The Banyan's focus is on transformative social justice to ensure that those who are systematically marginalised on account of added burdens of mental illness, poverty and homelessness, are able to reclaim their agency and space to participate socially, economically and culturally. We work in the states of Tamil Nadu and Kerala with a population of 1 million servicing low-income households and homeless people through a range of approaches from acute hospital-based care, inclusive living and housing in rural and urban neighbourhoods to well-being oriented community and clinic-based comprehensive mental health solutions. Over 2,000 homeless people with mental illness have accessed the Emergency Care and Recovery Services and over three-quarters have journeyed successfully back to their families all over India. 10,000 have accessed proximal, comprehensive and personalised mental health and social services that are co-located in primary health and community facilities. 200 people with mental illness with long-term care needs across a cross-section of low to high disability

levels are living in homes as part of formed families in ordinary rural and urban neighbourhood with onsite staff support. In addition to clinical markers of recovery and reclaiming social relationships, over half of The Banyan's service users find pathways to meaningful work and employment.

The Banyan offers a highly robust learning arena for the students at BALM, where each student has the opportunity to access all sites operated by The Banyan and its partners across the country. They gain invaluable grassroots level experience through the entire duration of the programme, have the opportunity to work with expert practitioners, and have access to some of the most cutting-edge approaches in mental health today. In the same vein, BALM complements and augments The Banyan's vision by creating a platform wherein The Banyan 'DNA' and ethos can be shared with a range of stakeholders (civil society, and not for profit), across multiple levels (individual, intermediary, community, and policy).

I would like to use this opportunity to thank our extremely engaged and committed board members, donors, volunteers and staff of The Banyan and BALM. My deepest gratitude to you all for believing in and embracing our vision, sharing your expertise, offering unconditional support, and building The Banyan into the organisation that it is today. We would not be here without you.

A Sankaranarayanan



BALRAJ VASUDEVAN
HONORARY TREASURER

Message from Treasurer

This year marks the 25th year of The Banyan, and the 10th anniversary for the Banyan Academy of Leadership in Mental Health (BALM), the research and documentation arm of the Banyan. These have been extremely exciting years for us. A huge focus of our work this year has been on changing the landscape of mental health in India, within our own programmes and within the culture at large. Both institutions have begun scaling up many of their projects and forming new relationships (both public and private) which has increased The Banyan and BALM's reach significantly across India, and the globe.

The Banyan and BALM have been engaged in research to study the multiple collaborations with state governments in Tamil Nadu, Kerala and Maharashtra that has recently begun. Research also focuses on The Banyan's collaboration in Tamil Nadu with the National Health Mission, which aims to initiate starting three new emergency care and recovery centers for those who are mentally ill and homeless. Additionally, work is underway to include elements from The Banyan's NALAM approach into the District Mental Health Programme in Tamil Nadu, with the final sites of implementation being Kanchipuram, Cuddalore and Trichy districts.

Over the past few months, The Banyan and BALM teams have been working extremely hard to manualise processes and create protocols that can be shared across stakeholders. Banyan's Skills Development unit has seen a massive overhaul, with our team making sure that vocational and skills training are being offered across all projects in a systematic, yet tailor-made manner. Moreover, the products being created by the skills unit are now available for order online.

The BALM-Sundram Fasteners Centre for Research and Social Action in Mental Health was launched in Sept. 2017. Through this centre we will work on training, scaling up programmes and engaging in research to test the efficacy of our current approaches.

Dr. Vandana Gopikumar was awarded The Penn Nursing Renfield Foundation Award for Global Women's Health, and along with this award came the formation of a partnership with the University of Pennsylvania through which we have reassessed and improved our Diploma in Community Mental Health Programme with the help of a visiting nursing fellow who visited us from UPenn. Additionally, collaborations with Boston Medical Center, New York University and Cornell University have also been initiated. These collaborations will make room for institutional exchanges, transdisciplinary research, teaching activities and much more.

We continue to make strides towards ensuring organisational sustainability by pursuing various funding options, including research grants, corporate social responsibility (CSR) programmes, institutional funders or government schemes. As the Managing Trustee, I work closely with the second line of leadership at both The Banyan and BALM to ensure that our programmes are running smoothly.

As always, our priority and focus has and always will be towards the individuals that benefit from the work of The Banyan and BALM. As Managing Trustee, I would like to extend my gracious thanks to all our institutional funders, supporters and well-wishers for having faith in our work and encouraging us to lead through values, make bold strides, and continue doing the work that we do.

Balraj Vasudevan



Emergency Care and Recovery Services

A quarter of homeless people are estimated to experience concurrent mental illness. In the Indian context by conservative estimates, this translates into half a million people living a disenfranchised existence in extreme deprivation that is left unaddressed in a scenario of limited mental health services. For this population, the Emergency Care and Recovery Services offer crisis intervention to reintegration and aftercare supports.

Beginning as a safe restorative home in 1993 for homeless women with mental illness, The Banyan’s Emergency Care and Recovery Services are offered today in three locations - 120-bed facility at Mogappair (Chennai), a 12-bed facility at Covelong (Thiruporur Taluk), and a 30-bed Shelter facility at Dooming Kuppam (Chennai). The two Emergency Care and Recovery Centres (ECRCs) and The Shelter for homeless men with psychosocial disability offer an alternative paradigm in institutional mental health care that imagines a social architecture that offers the opportunity for people living with mental illness with histories of homelessness to renew themselves, find a supportive community and carve their paths to recovery.

Engagement on the streets with homeless people with mental illness leads to admission in one of the three centres. Departments of Social Work, Psychology, Nursing, Medicine and Psychiatry provide co-ordinated interventions through a case management structure where units of multidisciplinary staff service needs of their assigned cohorts. When self-defined recovery markers direct discussions around the desire to leave

the acute care facility, a Recovery hub serves as the space for people to reconnect with skills necessary for living in the community (such as use of transport, preparing meals and so on) and to reflect on family dynamics and personal needs and challenges (such as coercive dependance with carer, stigma in neighbourhood, recognising symptom resurgence). Diverse options for exit - going back to family, independent living, sharing a home with peers alongside personalised supports - are facilitated. Bespoke packages of continued care are offered to take action on socio-economic disadvantages concomitant to mental ill-health - in addition to continued clinical care, conditional cash transfers, supports for housing, livelihood and education are offered to households.

Beyond these defined structures and processes of care, ECRCs and The Shelter are therapeutic communities that offer people safe spaces to be as they are and reformulate relational identities by forging friendships and roles in these facilities. People entering the facility are welcomed by peers who have navigated the care process, and their illness and homelessness narratives, friendships beyond the rudimentary transactions of care are forged, companion animals are adopted as part of the community and several initiatives of those recovering in these facilities are seeded whether it a Cafe or a Beauty Parlour or an after school program for children from the community. Organic facets of communities that reside within these facilities are defining aspects of the acute care paradigm that ECRCs and The Shelter attempt to engage in as an alternative to the normative notion of mental health hospitals as monolithic, inaccessible institutions.



Relationships at ECRC

SUGUNAMMA AND ASHOK / PORSELVI AND ARCHANA

Relational disruptions characterised by unequal power dynamics are often present in stories of homeless people with mental illness. In this context, forging friendships is an act of self-assertion to counteract these negative experiences and build familiar, kind, simple relationships with non-biological family members. Sugunamma has been a service user of The Banyan since its inception. She continues to live in ECRC, the hospital facility for homeless women with mental illness. Generally, users with long term care needs who have reached a defined point of recovery (such as Sugunamma) move to more inclusive living options developed by the organisation over the years. But Sugunamma remains where she is. She doesn't want

to try any of these options because they do not come along with the literal presence of Ashok. Home for Sugunamma is where Ashok is, for they share an older sister-younger brother connect.

This is also mirrored in the more fluid relationship that exists between another user Porselvi (who used to work as a peer personal assistant) and Archana (staff at The Banyan). Porselvi and Archana are there for each other – they update each other on personal achievements, mundane and interesting life happenings, buy gifts for each other, share cups of coffee, engage with each other's family members and more. These relationships transcend supposed

hierarchies and geographies. Maybe they don't necessarily address each other by the socially constructed typology, such as terms accorded to relatives but the meaning behind their combined relationships is purposive, kinship oriented and as real.

PARIMALA AUNTY

Parimala aunty defines herself through the food she cooks. On a typical day, one can find her leading a group of users to execute an elaborately planned menu in a home in the community that she shares with four other women like her. Women from the ECRC in Mogappair who are ready to leave to their families, spend the days before making this journey in Parimala aunty's home relearning and reconnecting with household tasks, adherence towards medication and managing goals / expectations of self and carers. Women identify with Parimala aunty as they would with the elderly matriarch in the family, their adoptive motherly figure if you will. And they do so because of Aunty's experiences - a failed marriage and domestic violence precipitated her mental illness and homelessness. Abandoned by her family, forced to part with her two young sons and having to witness her husband's remarriage without her consent, exacerbated Aunty's condition, rendering her homeless, desperately ill and in need of care. Aunty has been at The Banyan for close to two decades now. She has made peace to the extent possible with her fractured family - she is on talking terms with her husband who helps her out financially and is known, visited and acknowledged by her two sons – grown up and married now.

Aunty's narrative resembles every user, here and there, in some form or the other. Except for one difference – she has been in this for longer years than them and continues to navigate the system undeterred. Perhaps, this is why conflict resolution and addressing interpersonal dynamics comes naturally to Aunty. She is widely accepted and the go-to confidante in the house

and beyond. She advises with restraint whenever there is a need – accompanied by straightforward and wry humour at times - spreads out a delicious meal as succour and steers the ship.

Aunty says, "Some years back, my family called me back to live with them. I rejected that and chose to live alone in rented a house in Kovalam and worked to meet my expenses. Living alone was contagiously comforting – I could engage and disengage as per my emotional needs and preferences. However, when the Wardha Floods damaged the house along with all my belongings, I decided to return to living with The Banyan. Shared homes as part of Home Again have been an extension of the life I was getting used to. I get to live life on my terms, with support being available when required."





MULLAI

Faced with diminishing prospects of any change in her banal marriage and fed up with the verbal violence that constantly degraded her for not meeting the 'good' woman archetype, Mullai took to living on the streets. Initially, she sought shelter in the corridors of a low-income housing board, moving out later to a more defined public place, a platform on a busy road where others like her lived. The onset of her mental illness is less clear. One morning, when Mullai was vandalising cars parked on the street in a neighbourhood, a member of the public called The Banyan to request a crisis intervention for a homeless woman who possibly had mental health issues. Subsequently, she was diagnosed with schizophrenia and spent some time recovering at The Banyan.

When the time came for her to choose from among several options to return to the community, she expressed ambivalence towards the choice of going back to the family. She refused to



go home with her daughter, citing her financial troubles and the fact that her daughter was a reluctant carer. Brief attempts at alternate options, with her husband and his second wife and later at a home for older women, failed. She did not want to stay at The Banyan; she did not want a supported housing option in the community either, she resisted the very thought – all Mullai wanted was to be left back on the streets where she said she was sure of surviving. Notions of home and homelessness are diverse and personal. Homelessness no doubt reflects a failure of society, a consequence more often than not of critical life events combining with institutionalised, systemic social disadvantage. The flaw of normative gaze can depict homelessness in overly simplistic ways, subsuming diverse identities and narratives of not just suffering but living, fighting to make a home on the streets.

Mullai's preferences led the choice of exit option that may have the best outcome – even if it meant living homeless, bereft of the comforts a stereotypical home may presumably offer. She did not want her family. Instead, she has forged a new family

with other people who live and work on the streets and those who offer her odd jobs. Mullai lives on a platform in a quiet and safe area of her choice and does odd gardening jobs to sustain herself. She regularly visits her caseworker and doctors for her mental and physical health needs. She has a mobile phone, handy for urgent calls, acquaintances to help her charge the device. She has identified resources – public restrooms, transportation, safe storage choices and options to store money safely. Sometimes the precariousness of her situation does cause difficulty, such as when there are excessive rains or when she comes to earn a substantial amount of money. She prefers supports that can help her continue her lifestyle – temporary shelters, a tarp, an account at the internal bank at The Banyan. She is best friends with a tailor, Sethu, who works out of the same street, he looks out for her, they exchange personal news periodically, and he does not think twice to help in time of need. Most importantly she lives the way she wants to, with a sense of relief and comfort associated with this agency.





Inclusive Living Options: Clustered Group Homes and Home Again

32% of people with mental illness living across hospitals for mental health in India for over a year or more. 10-12% of homeless people with mental illness who enter acute care do not exit the system in the typical reunion with family pathway. While some choose not to return to these relationships were disruptions have been characterised by trauma, for others failure of existing therapeutics necessitates high levels of support.

In this context, Inclusive Living Options (ILO) at The Banyan offer the opportunity for people with mental illness, irrespective of their disability levels, to live in a home in ordinary rural or urban neighbourhoods, shared with peers from similar circumstances. The housing is complemented with the option of an onsite personal assistant to assist in diverse domains of living from caring for self, finding jobs, use of transport, socialisation support to pursuit of leisure in ways that service desire. People come together to form affinity groups and live together in homes

in a community, creating a shared space of comfort, that mimics a familial environment. While Clustered Group Homes (CGH) offer cottages co-located with the immersive learning environment of The Banyan Academy of Leadership in Mental Health, Home Again (HA) offers rented accommodations across villages and urban localities. Research on ILO implementations demonstrates that people who were once living for several years in institutions transition from a sick role of a patient in a hospital to taking charge of their households, forming relationships, casting their vote in elections and even being invited as chief guests at local community events. In a landscape dominated by incarceration of people living with mental illness where several remain institutionalised for life, CGH and HA present alternatives that effect significant gains on social inclusion at less than half of what it costs for life-long stay in an institutional facility. Besides mitigating long-stay across The Banyan's ECRCs and The Shelter, ILO has been replicated in partnership with Ashadeep in Assam and the Government in Kerala.





JACQUELINE

Ten-year-old Thomas rushes into one of the homes in Kovandakurichi. He enquires about Jacqueline's whereabouts when she comes out of one of the inner rooms. Thomas immediately fills her in on her grandmother who has been feeling dizzy - says that he fears that the sugar levels might have dropped. Nodding along, Jacqueline grabs her kit of medicines and walks with the child to attend to the unwell community member.

Every time there is a medical need or query in Kovandakurichi, the villagers do not turn to the doctor. They cannot - because Kovandakurichi does not have a resident doctor and the nearest hospital is in the next village. It is Jacqueline who is called upon instead. Auxiliary nurses having become part of the generic village health scene over the years, this seemingly typical occurrence may not seem particularly outstanding. However, it is the backstory to Jacqueline's life, that makes all the difference. Hailing from Kovandakurichi, Jacqueline developed mental illness at a young age. The older among two daughters, Jacqueline's father put his everything in educating her in the belief that she would help them break the cycle of poverty. An unwanted marriage, the onset of mental illness and persistent stigma despite having sought treatment soon culminated in homelessness. Jacqueline ended up on the streets of Chennai and was soon brought to The Banyan.

As is often the case, recovery was not linear for Jacqueline, but the opportunity to integrate as a valued member of the hospital community proved vital for her mental health. She began to learn about medication, symptoms identification, first aid deliverance and more, eventually working in The Banyan's pharmacy and nursing department. She moved out into a rented accommodation shared with peers often acting as the leader of the group, the older sister who brought everyone together and helped them with their purpose. As time elapsed, Jacqueline moved back to Kovandakurichi and began practising as a nurse - the process of forging leadership roles as a valued member of The Banyan helped her negotiate and alter transactions with the community towards an equitable dynamic. After a few years, Amali (her sister) and Jacqueline came together to set up Home Again in their native village of Kovandakurichi. Establishing intersectoral linkages in the field, diffusing care, negotiating with the villagers to elicit their cooperation - the duo initiated groundwork across various levels. The peer support that they have been able to offer service users has strengthened coping mechanisms and kinship leading to bidirectional relationships that offer hope, a sense of agency and a belief in personal control over one's future directions or aspirations. The same community that once responded with apprehension towards Jacqueline's illness turns to her for health interventions of all types. Jacqueline has not only been able to progress longitudinally, but she has been able to assert her identity in a landscape whose gaze was once defined by illness.



VANITHA

Familiarity in social relationships, intimacy akin to kinship, can be forged with non-family members as well. These can be neighbours, friends, a grandmother in the opposite house, a shopkeeper down the road - anyone literally. Vanitha used to live in the Kovalam HA before she chose to one fine day move to the Trichy HA for a fresh perspective having grown bored of her routine in Kovalam. In Kovalam, Vanitha was notoriously famous in the good sense of the word - her routine used to be structured across the people and places outside the home, that it seemed that she imbibed more from outside environs than the inside. Her day started with going to the Anganwadi next door to engage with the children - teachers - she even used to participate in the lessons. Apart from this, she used to go from one neighbour's home to another, to chit chat, catch a spot of TV, share her fantasy to visit Ooty.

The companionship that she had formed with them was simple, understandable and looked forward to mutually. So much so that on the day she was scheduled to leave to Trichy, groups of people, scattered friends of Vanitha across the village gathered to try and convince her not to move. Although Vanitha went ahead with the plan - her friends from Kovalam still remember her and keep in touch and vice versa. Vanitha's ensuring friendships demonstrate that barriers of social distance can be transcended through mutually dependent relationships.



THAMARAI

Central to transitions from the hospital to the community is the premise that a change spatially helps in building narratives of personal triumphs - sometimes these changes are dramatic, visible and identifiable and hence easily documentable. However, there are times when changes happen implicitly and more organically in small increments as well. Thamarai is one such service user with multiple disabilities whose move to CGH is marked by small changes that are significant given her high needs. There are certain traits to Thamarai which remain but are magnified in environs unbound by routines and necessities of acute care - her love for tea, adorning herself with ornaments, the habit of blessing you when everyone who initiates a conversation with her. She initiates conversation and symbiotically connects with other users - these aspects to Thamarai's life were earlier thought of as impossible. Usage of space is centrally tied to autonomy - subjective increase in mobility automatically translates to the possibility of more significant transactions. Thamarai dancing away by herself to the song blaring from the radio is a sight that argues by itself the reason why geographies have to be responsive.



NALAM

60% of people living with serious mental disorders in India remain out of care they need to regain health. In addition to this enormous gap in care, the already limited community-based services remain trapped in a curative paradigm with little focus on interventions that address concomitant social distress such as gender-based violence, chronic poverty and caste-based disadvantages that perpetuate descent into homelessness among people living with mental illness. In this scenario, the NALAM Community Mental Health Programmes aim to develop and demonstrate comprehensive care in the community approach that combines clinical and social interventions to mitigate pathways to mental ill-health and arrest descent into poverty and homelessness among people with mental illness.

NALAM is implemented across rural panchayats and urban wards in Tamil Nadu, Kerala and Maharashtra servicing a population of nearly 1 million. Grassroots mobilisers trained and supervised by a multidisciplinary team of social workers, community workers, psychologists and psychiatrists, drive NALAM. Services offered under NALAM include Outpatient and Inpatient clinical care, Home-based services, Social Entitlement Facilitation, Livelihood Interventions, Education and Housing Support, User-Carer Support Groups and Mental Health Promotion with Children and Youth.



SETHU

For as long as he can remember, Sethu had struggled to manage his seizures. In a context where masculinity was socially constrained within boundaries of physical strength, Sethu's epilepsy attracted ridicule and contempt from his family and fellow villagers. Their mocking gaze constantly reiterated a perceived failure to curb and control his bodily weakness and of being a coward. These transactions were mirrored in his first marriage, where every episode of seizure was only berated as his inability to perform masculinity as expected. In response to this persistent social ostracism, Sethu withdrew from work, family and spent his days in isolation. After his wife left him for another man, his family pushed him into another marriage with a significantly younger woman, in a desperate attempt to fix the situation with what they believed to be the best remedy. A similar pattern of daily marital conflict followed, exacerbated by additional responsibilities of care for two children and poverty as Sethu remained mostly out of work. The combined effects resulted in complete familial neglect and the older son dropped out of school unable to cope with the negative environment at home.

Two years ago Sethu walked into one of NALAM clinics, as a man who wanted to attempt healing one last time even if he was feeling hopeless. Sessions with the assigned social worker revealed the underlying psychosocial distress of poverty and ridicule that interfered with recovery. Sethu and his wife were counselled individually and together in both clinic and home settings to help them reflect on relationship dynamics and the pressure of external institutional forces so that they can move towards a mutually supportive alliance. Children were offered financial and academic support to reenter schooling.

With consistent engagement and range of supports from the rural NALAM services, this year Sethu has harvested a crop of greens from his land which remained barren for several years. His relationships with his wife and children are visibly more supportive and affectionate. More than anything else, he is relieved that for the first time in his life, he has been free of seizures for the last twelve months.



MALLIGA

For Irulas in Kottamedu deprivation is all-encompassing and consistently aggregating across generations. Developing interlinkages with people from the community forms a substantive part of efforts to address mental health needs amidst such entrenched social disadvantage. Malliga was introduced to The Banyan during a visit to the community. Malliga has a brief history of leadership, before her engagement with The Banyan. She represented the community in the local taluk office and lobbied for infrastructure and other social entitlements. Being astute and having a political voice to her choices has helped Malliga control her life and ask relentlessly for rightful resources which have been denied. Having been subsumed as a part of a society that has relegated and written them off, Malliga tells me that she has had to fight hard to resist the pressure to keep quiet and conform. This is perhaps why when Malliga says something, people in the community trust her directions and rally around organically.

Malliga has helped in identifying people in the community with possible mental illness and linking them with the rural clinics that The Banyan operates. Cognizant of her struggles, Malliga has able to convince, counsel people on a personal basis. On any given day, one can see people sit with her, explain difficulties that they want resolved and more, and even if the hope for that is less, somewhere they experience peace of mind from ventilating shared distress. Building on her experiences has allowed Malliga and the Banyan to further interactions and offer care in the community beyond basic clinical attention to encompass socio-economic determinants. Malliga identifies people who need support for other determinants of well-being, such as housing, education and nutrition. Recently, The Banyan facilitated low-cost housing, using participatory methods and Malliga was a principal facilitator of this process. She also focuses her efforts on equipping the community with livelihood skills and learning resources that can translate to sustainable work and better futures.

Years of existence **25** **1993 / 2018**

Operate and partner in

7 Districts **3** States

Chennai
Kanchipuram
Sriperumpudur
Cuddalore

Trivandrum
Thrissur
Calicut

Maharastra
Kerala
Tamilnadu

Service a population of
across states

10,00,000

Reached **2,500** homeless people with mental illness over the years

75% reintegrated with families

40% employed

Reached **10,000** via community mental health services

4,000 in active care across **17** service access points

130 currently in hospital-based services

30 in shelter services

200 people with long term needs in independent and supported housing the community

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. T.K. Gowrishankar – 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	20	61	81
10,000-25,000	18	81	99
25,000-50,000	8	15	23
50,000-1,00,000	1	1	2
1,00,000>	1	0	1
Total	48	158	206

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.5,250 per month

Total monthly payments made to consultants (in Rs)	Number of consultants
<5000	0
5,000 - 10,000	1
10,000 - 25,000	3
25,000 - 50,000	6
50,000 - 1,00,000	2

Travel Details

Total cost of National travel by Board members / staff / volunteers on behalf the organisation for 2017 -18 is Rs. 22,50,533.00

Total cost of International travel by Board members / staff / volunteers on behalf the organisation for 2017 -18 is Rs. 3,50,638.00

Dr. K.V.Kishore Kumar, Dr. Vandana Gopikumar & Ms.Kamala Easwaran travelled to UK in July 2017

Board of Trustees Meeting 2017-18

Date	Attendance
08 th July 2017	6
16 th September 2017	6
20 th January 2018	6
17 th March 2018	6

Bank Accounts

Axis Bank Mogappair Branch 016010100372572 083010100136983	ICICI Bank Anna Nagar Branch 602701202072 Corpus 602701223975 Tata Trusts Grant 602701209343	Kotak Mahindra Bank Anna Nagar Branch 6011581033 Tata Trusts Corpus Grant 6011155791 FC 6011155807 6011291253 HCL
Axis Bank - FCRA Madipakkam Branch 909010038293721	ICICI Bank Krishnankaranai Branch 032901000114	State Bank of India Anna Nagar Branch 10408452644 Recurring 10408452859 Building Fund 10408453115 Swadhar
HDFC Bank Ltd Mogappair Branch 50100092343049	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

This sanctions The Banyan to receive donation in a 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.

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 All meals in a day (Vegetarian)	INR 13,500
All meals in a day (Non Vegetarian)	INR 22,000
Breakfast	INR 3,000
Lunch or Dinner (Vegetarian)	INR 5,500
Lunch (With Sweet)	INR 7,000
Lunch (Non Vegetarian)	INR 13,500
Fruits for a Week	INR 6,000 Fresh meals cooked and served in our premises for 250 residents to celebrate or in memory of an occasion
Monthly Membership Scheme	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 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
No Strings Attached	Any amount of your choice
Gently used clothes, accessories and household articles	

For more information write to ashok.kumar@thebanyan.org

FCRA Money Transfer Details

For FCRA Name & Address of the Beneficiary Account No.	The Banyan 8411876887
Type of A/c (CA / SB)	Saving Bank
Name&Address of Bank Branch	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	KKBK0008488
IFSC Code of the Bank Branch for NEFT mode	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	The Banyan 0287104000117616
Name and address of the Bank Branch	Saving Bank IDBI Bank No.6/11,Pattery Square Balfour Road, Kellys 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	IBKL0000287
IFSC Code of the Bank Branch for NEFT mode	IBKL0000287
Swift Code	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 murugan.k@thebanyan.org

THANK YOU !

The Banyan is able to operate thanks to the generosity of our partners, supporters and friends. In particular we would like to thank the following for their contributions for the financial year April 2017 - March 2018:

Azim Premji Philanthropic Initiatives	Canara Bank
Tata Trusts	ABCO Advisory Services India Pvt Ltd
Bajaj Finserve	Tamil Community of St Louis
Ashok Leyland Ltd	Give India Foundation
Grand Challenges Canada	PIL (India) Pvt Ltd
University of Pennsylvania School of Nursing	Medifocus Lelystad Consulting BV
HCL Technologies Foundation	Mr.Van Eeghenstraat
Paul Hamlyn Foundation	Corporation of Chennai
The Hans Foundation	Mr.Kavalam Balakrishnan
Breadsticks Foundation	ARR Charitable Trust
Frigerio Conserva Allana Pvt Ltd	Mr.Pradeep Cholayil
Friends of The Banyan USA	Mr.TGG.Raman
Mr. Jagdev Singh Gill	Qube Cinema Technologies Pvt Ltd
SPI Cinemas Private Limited	A1 Fence Poducts Co Pvt Ltd
Madras Engineering Industries Pvt Ltd	Mr.G.Narayanan
Rangoonwala Foundation (India) Trust	Cardindia Reunion
The Sathyanarayana Charitable Trust	AVT
Charities Aid Foundation	AR Foundations Pvt ltd
Cognizant Foundation	Mr.K.C.Mohan
Ms.Harpriya Hajela	Mr.M.M.Menon
Help Alliance	Dr.Vanita Rajagopal
Mr.Krishnan	Mrs.Subha Raghavan
Swadhar Greh, Govt of India	Mr.R.Ravi Kumar
Bhoomika Trust	Mr.Rajasekaran Balasubramanian
Bharat Heavy Electricals Ltd	The Mrs Madhuram Narayanan Charitable Trust
	Mr.S.Viswanathan

BALANCE SHEET

AS ON MARCH 31.03.2018

LIABILITIES	SCHEDULE NO	AMOUNT (Rs) AS ON 31.03.17	AMOUNT (Rs) AS ON 31.03.18
General Fund	1	51906048.28	50316091.55
Corpus Fund - Tata Trusts		61988803.00	62511188.00
Corpus Fund - Bajaj		40000000.00	60000000.00
Corpus Fund - Others		17997488.53	18077488.53
Other Fund			
Capital Fund Tata Trusts		4440.11	1776.02
TOTAL		171896779.92	190906544.10
ASSETS			
Fixed Assets	2	48084893.13	45315295.05
CURRENT ASSETS , LOANS & ADVANCES			
Deposits	3	1620671.00	1653231.00
Other Current Assets	4	2686106.42	3494722.51
Balance in Scheduled Banks & Cash-in-hand	5	133082234.94	53400008.10
		137389012.36	158547961.61
Less : Current Liabilities	6	13577125.57	2956712.57
Net Current Assets [(A) - (B)]		123811886.79	145591249.05
TOTAL		171896779.92	190906544.10

[Schedules 1 to 6 and Notes in Schedule 22 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)

RECEIPTS & PAYMENTS

ACCOUNTS FOR THE YEAR ENDED MARCH 21, 2018

PARTICULARS	AMOUNT (Rs) Year Ended 31.03.2018	
RECEIPTS		
Opening Balances :-		
Cash-in-hand		59381.00
Bank Accounts		
Axis Bank- 016010100372572 Rangoonwala	45731.03	
Axis Bank- 083010100136983 Rec	59728.04	
Axis Bank - 909010038293721 FCRA	1715546.03	
Axis Bank - 917010022974356 FCRA - GCC	1502466.00	
HDFC Bank Ltd - 50100092343049	3358314.88	
ICICI Bank-602701202072 Corpus	1471929.98	
ICICI Bank-602701209343 Rec	407182.55	
ICICI Bank - 602701223975 Tata Trusts Grant A/C	1493938.12	
ICICI Bank A/C : 032901000114	15928.08	
ICICI Grameena Bank : 602705038223	29348.89	
IDBI Bank -0287104000117616	2235162.50	
Kotak Mahindra - 6011581033 Tata Trusts Corpus Grant	912835.00	
Kotak Mahindra Bank - 6011155791 - F C	11162884.72	
Kotak Mahindra Bank - 6011155807	1217675.89	
Kotak Mahindra Bank - 6011291253 HCL	5362852.99	
SBI - 10408452644 Rec	34514.99	
SBI 10408452859 Building Fund	21269.24	
SBI 10408453115- SWADHAR	32514.01	31079822.94
Corpus Fund received		20602385.00
Donations & Programme Receipts		112887178.33
Interest Income		9300765.45
Other Income		643834.00
Loans & Advances Recovery		45776.00
Bank O D from Kotak bank a/c		4334186.12
TOTAL (A)		178953328.84
PAYMENTS		
ECRC project		27191083.67
Rural NALAM		16502706.29
Kovalam CGH project		7952496.29
Urban NALAM		15621911.04
Aftercare / Rehab.project		1934562.50

PARTICULARS	AMOUNT (Rs) Year Ended 31.03.2018	
Home Again - Thiruporur		5088483.40
Home Again - Chennai		4938729.68
Home Again - Trichy		3840931.24
Home Again - Kerala		3363677.84
Administration		4972607.75
Assets Maintenance		2615591.00
Fund Raising & Communication		11169817.09
Research and Training		5569327.60
Flood Relief		2328308.12
Cyclone Relief		564625.00
Other Programme Expense		259624.00
Sub - Grant to BALM Trust		2624600.00
Sub - Grant to Ashadeep		4186423.00
Purchase of Fixed Assets		2402611.09
Fixed Deposit Invested		27035166.00
Rent Deposit		24250.00
Electricity Deposit		8310.00
Closing 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 - 6011155807	0.00	
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
TOTAL (B)		178953328.84

INCOME & EXPENDITURE

ACCOUNT FOR THE YEAR ENDED MARCH 21, 2018

PARTICULARS	SCHEDULE NO	AMOUNT (Rs) Year Ended 31.03.17	AMOUNT (Rs) Year Ended 31.03.18
Donation and Programme Receipts	7	89083605.81	113846820.33
Interest Income		8759422.68	10192557.53
Other Income		587956.00	627834.00
Appropriation to I & E A/C (Capital Fund Tata Trusts)		6660.22	2664.09
TOTAL (A)		98437644.71	124669875.95
EXPENDITURE			
ECRC project expenses	8	27797461.00	27577060.00
Rural NALAM project expenses	9	14485873.00	16264422.00
Kovalam CGH project expenses	10	8016976.00	7833988.00
Urban outreach project expenses	11	13075150.00	15913542.00
Reintegration project expenses	12	2016463.00	1928611.00
Home Again			
Home Again - Thiruporur	13	7708678.00	4832165.00
Home Again - Chennai	14	2020095.00	5214947.00
Home Again - Trichy	15	1975233.00	3716565.00
Home Again - Kerala	16	845491.00	3347878.00
Research and Training	17	3406451.00	5173747.00
Pudhu Vaazhvu Collaboration Project		121809.00	
Flood Relief Expense	18	4104029.00	2328308.00
Cyclone Relief Expense		537559.00	564625.00
Other Programme Expense		277400.00	259624.00
Administrative Expenses	19	3665785.75	5099412.30
Assets Maintenance	20	8322833.37	8144467.08
Fund Raising & Communication	21	1656384.97	11249448.30
Sub - Grant to BALM Trust		2411000.00	2624600.00
Sub - Grant to Ashadeep			4186423.00
TOTAL (B)		102444672.09	126259832.68
EXCESS OF EXPENDITURE OVER INCOME		-4007027.38	-1589956.73

[Schedules 7 to 21 and Notes in Schedule 22 form a part of this Income and Expenditure Account]

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)

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, 2018, 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.

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, 2018; and b) in the case of the Income and Expenditure Account, of the excess of expenditure over income for the year ended on that date.

PLACE : CHENNAI
DATE : September 27 , 2018

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

VIJI JOSEPH
(Membership No : 027151)



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www.thebanyan.org

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