



Annual Report 2016 -17

Basic Needs India

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Basic Needs India

Reg. Under Indian Trust Act, No. 642 – IV 2000-01
Date of Registration: 22nd March 2001

TRUSTEES (2016 – 17)

Ms. Mallika Rama Rao – Chairperson
Mr. R. Ramachandran – Secretary
Mr. N.Thyagaraju – Treasurer
Ms. Vandana Bedi – Trustee

AUDITORS:

Gowthama & Co
Chartered Accountants
23/57, 41st Cross, East End ‘C’ Main
Jayanagar 9th Block,
Bangalore – 560 069
Ph: 080-26636042 / 26656194

BANKERS:

State Bank of India
Banaswadi Branch, Bangalore 560 043

FCRA Registration No: 094421170 dated 23.06.2005
(Renewed up to October 31, 2021)

Vision: *Basic Needs India seeks to satisfy the essential needs of persons with mental illness in India and to ensure that their basic rights are respected and fulfilled.*

Mission: *Initiate programmes in India which actively involve persons with mental illness and their carers and enable them to satisfy their basic needs and their basic rights respected. In so doing, stimulate supporting activities by other organisations and influence public opinion.*

BNI's role is that of a resource organization that works with partner agencies to implement programs to create a caring, accommodating and understanding environment to ensure service provision, social inclusion, livelihood options and the right to equal opportunities for persons with mental illness and their families.

It was another challenging and an intense year with changes and developments in the organisation. There was a change in leadership in BNI with Dr S. Rajaram taking charge as Executive Director from Dr. Mani Kalliath who left after serving in the organisation for eight years. Change in governance, Ms Mallika Ramarao was elected as the chairperson of BNI Trust. Programmes and strategy for fundraising were discussed and revised in view of the current working relationship with partners and finances in the organisation.

The work with partners in Odisha, Maharashtra and three States in south India – Karnataka, Andhra Pradesh and Tamil Nadu progressed satisfactorily as per the plan. The programme in Odisha and Maharashtra was revised due to the fact that financial support from SDTT is only till March 2018, hence the focus was on ways of continuation and sustainability of activities after the end of grant period.

The Field Workers Manual on mental health was translated into Odia and published. This was circulated to partners and field workers for use in their work. The Marati version of this handbook is already available, written by Dr Shyam Ashtekar and is being used by the workers in Maharashtra.

A video film titled “Breaking Barriers” with English sub-titles in 20 minutes duration was produced. The film presents the issues and challenges faced by persons with mental illness and their families in Odisha and Maharashtra, and the efforts made by the workers and partners to shift from individual centric approach to a larger community based participatory approach in dealing in mental health issues. Thanks to partners for their contribution in making this film.

BNI was also engaged jointly with CBR Forum and ADD India in publication of a booklet on inclusion of persons with disabilities in the community. The booklet showcases the positive impact of the efforts made by persons with disabilities, families and the community in their inclusion. BNI contributed by bringing in case studies of persons with mental illness from partners in south India. The publication was supported by Misereor and is available for distribution.

Findings from the mid-term review of the programmes in Maharashtra and Odisha done earlier helped in understanding the impact of the work done so far and also the limitations and challenges faced in the programme. Steps were taken to overcome the shortcomings and for further involvement of the community members, families and care givers to ensure sustainability of the programme after the withdrawal of active involvement by BNI in these programmes. Much emphasis was given on capacity building of carers and local volunteers to support the programmes.

Engagement of partners, staff of BNI, consultants and resource persons in supporting the work of BNI during the year was intense and much appreciated.

Activities during 2016 - 17

The programs in all the regions progressed satisfactorily during the year. The support from Sir Dorabji Tata Trust (SDTT), Misereor, Germany and CBR Forum/Caritas India helped greatly in continuing our work with persons with mental illness and families. The details of work done are described below, which focussed mainly on engaging, supporting and building the capacity of workers of partners to continue the work in a sustainable way.

Programmes in South India

BNI was engaged with five partners in East Godavari district in Andhra Pradesh; eight in Tiruvallur district in Tamil Nadu; and six in Gulbarga district in Karnataka. These partners are supported by CBR Forum. BNI is engaged in promotion of mental health and inclusion of persons with mental illness in their programmes and activities.

The programmes at East Godavari, Thiruvallur and Gulbarga are at different levels. In East Godavari district the program focuses on working with Block level DPOs, where the DPO members are engaged in identification, referral for treatment, follow-up, inclusion of PwMI in DPOs, livelihood activities and their entitlements. BNI supported them to raise awareness and learn further about mental health issues and in capacitating the care givers groups. A camp for reintegration of persons with mental illness in families was organised and the response from family members was very positive.

In Tiruvallur, the strategy adopted in rehabilitating persons with mental illness is very positive. The staff have gained knowledge on mental illness and understand mental health issues well. They are building the skills of village level DPOs in identification, referral for treatment and follow-up, inclusion of PwMI in DPOs, and in advocating for their entitlements. They are regular in home visits, building rapport with families and good at supporting in medical rehabilitation of persons with mental illness.

At Gulbarga, persons with mental illness are still being identified, and referred for treatment and being followed-up. The partner staffs are putting efforts in strengthening their skills with a holistic approach.

Areas focused and support given during the field visits

- Knowledge of partner staff on psycho social areas
- Communication and interaction skills
- Facilitation, planning and organizing skills
- Inclusion of PwMI and family members in DPOs and other support groups
- Team work

- Knowledge on entitlements and enabling PwMI and families in accessing the same
- Networking with officials and panchayat representatives

The staff of partners have built good rapport with PwMI, families, Community leaders, local panchayath, health officials and other support groups in the community. Persons with mental illness are involved in livelihood activities and in 100 days in MGNREG work.

The mental health work in all the three districts is proceeding according to the plan. Attention is also given towards in-depth sensitization on mental health issues, the role of DPOs and building staff skills toward facilitating this process and strengthening caregivers forums.

Programmes in Odisha and Maharashtra

The programmes with six partners in Odisha and five partners in Maharashtra continued with much vigour and enthusiasm. Being in the final stage of completion of the current phase, partners in both states looked at ways of continuing the programme with emphasis on some aspects for eg., increasing the community involvement and ownership to ensure that persons with mental illness and families are included in the various programmes undertaken in the community.

At the partner level - In Maharashtra the program at the ground is progressing as per the plans. The data is being collated and the following activities were carried out successfully: - community awareness meetings, facilitating medical treatment, organising camps, livelihoods support to selected families, orientation to local government personnel, local advocacy initiatives and initiation of family support groups (FSG). As a result of these activities, there have been significant outcomes with the affected populations.

In Odisha, the six partners have identified 2,925 persons with mental illness. In Maharashtra, the figure is 1,898 in the working areas of five partners. Totally 4,823 persons with mental illness and their families are being engaged and supported for their medical, social and economic rehabilitation.

In Odisha, despite deficiency of service under the District Mental Health Program (DMHP), the partners put in efforts to carry on the mental health work. Often the supply of medicines from the district hospitals to registered persons with mental illness is irregular. Partners being aware of the need of continuity in medication, raised adequate resources on their own to give medicines to those in need along with follow up support. During our field visits it was observed that several families had bought medicines on their own when there was no supply from the district hospital. This indicates the increase in awareness level on the regular need of

medication and moreover the support and care given to persons with mental illness by family members was also encouraging.

From BNI, the emphasis both in Orissa and in Maharashtra has been on review and planning meetings, training partner teams, volunteers and training of trainers (TOT) and providing psychosocial support to persons with mental illness and their families.

Full report on the programme in two states is available with tabulated data.

Efficiency, effectiveness and relevance:

Presently the mainstream governmental mental health services are available only at the district head quarters (not even at this level in some partner's districts). The interventions at different levels of stakeholders are effective in the given situation. They are helping to strengthen structures and systems for community and family level rehabilitation. The capacity of workers from the partner consortium level to the volunteers and the affected community members are being built.

The affected community members are also being mobilised for greater ownership of their concerns, an important objective of this 'withdrawal phase'. This relates to three critical interventions: - capacity building of community volunteers to be resources in mental health – Developing intensive interventions in one 'pilot panchayat per partner, focussing on ownership of the affected groups – Initiating mobilization of the affected groups towards being able to engage with the governance structures and push the government system towards greater accountability and transparency.



Persons with mental illness and carers in training and for social gathering

Management and Finances in BNI during the year

BNI had eight staff members during the year.

Dr. S. Rajaram	Executive Director
Guru Raghavendra	Associate Director
Venkatesh	Prog Coordinator for South India
Rajeeb Karmi	Prog Coordinator for Odisha
Ganesh Mandekar	Prog Coordinator for Maharashtra
R. Ramachandran	Finances and Communication
Firdaus Easa	Admin and Finance Officer
Sujatha	Training officer (part time)

Persons with experience and knowledge on mental health issues were taken as Associates and as Resource persons to guide in development of specific programmes and to support the staff as and when required. Staff members participated in training programmes and had gone on visit to other organisations for exposure and to gain knowledge to carry out their work. Persons who had undergone training in BNI were taken as resource persons for training and field support to partners in south India.

Finances during the year have been adequate with only a small deficit in funding for programmes and management cost. 81% was received as grant from donors and the balance 19% from donations, bank interest and from own efforts.

The main donors to our work are Sir Dorabji Tata Trust (SDTT) and Misereor, Germany for the programme in Odisha and Maharashtra; CBR Forum / Caritas India for the capacity building of mental health workers in south India.

Thanks and gratitude to Spark Capital Advisors Pvt Ltd, Chennai for their generous contribution as CSR support to our work. Donations were also received from individuals and other supporters.

The organization managed the finances judiciously during the year. The excess of expenditure over income is small. More efforts however are needed to raise fund for programmes and also for management of the organization. The website of the organization is updated and some contacts have been made with persons from corporate sector towards this effort.

Acknowledgement and appreciation

BNI expresses its deep gratitude to all those who have contributed to sustain our work which has helped thousands of families to improve their quality of life. Our

sincere thanks to Misereor, Germany; Sir Dorabji Tata Trust; CBR Forum/ Caritas and ADD India for the support received. Special thanks to Dr Nina Urwanzof of Misereor Germany for her unflinching support for our work.

Thanks to Ms Valli Seshan, Dr Shirdi Prasad Tekur and Vandana Bedi for their invaluable guidance and support to our programme. Thanks are also expressed to mental health professionals, Advisors, Associates and resource persons who have supported and guided our work with much enthusiasm.

We also express our thanks and appreciation to M/s Gowthama & Co, the auditor for auditing our accounts and dealing with the statutory requirements.

Thanks to the Trustees of BNI, who guided and supported the work of the organisation in difficult times and in taking decisions and to guide the work towards the purpose of the organisation.

Thanks to our staff for their involvement; partner NGOs and most importantly, persons with mental illness and their families for their active participation in programmes and for sharing their experiences.

In conclusion, I am happy that our work continues to draw the attention of NGOs and the government on the needs and rights of persons with mental illness and to include them in the process of development. A lot has been achieved and great strides have been made in last sixteen years of BNI working in this field. BNI's approach to include persons with mental illness in the family and community and for their development is now well recognised.

The Mental Health Care Act provides persons with mental illness their share of dues and establishes their rights. The provisions by the government for their well being should bring them out of their disadvantaged situation. The issues affecting persons with mental illness are complex and require combined effort from families and communities to work with the Government authorities and system to overcome them. BNI will continue to support and strive with perseverance for this cause.

Thanking everyone.

R. Ramachandran
Secretary – Basic Needs India