



Annual Report 2015 -16

Basic Needs India

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Basic Needs India

Reg. Under Indian Trust Act, No.
Date of Registration:

642 – IV 2000-01
22nd March 2001

TRUSTEES (2015 – 16)

Dr. S. Rajaram – Chairperson
Mr. R. Ramachandran – Secretary
Mr. N.Thyagaraju – Treasurer
Ms Sanghamitra Iyengar – Trustee
Ms. Vandana Bedi – Trustee
Ms. Mallika Rama Rao – Trustee
Ms. Valli Seshan – 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
Banawadi 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 key developments. The work with partners in Odisha, Maharashtra and the three States in south India – Karnataka, Tamil Nadu and Andhra Pradesh progressed as per the plan and satisfactorily.

It was reassuring to see the efforts put in by the partners in Odisha to carry on the mental health work despite the deficiency of service under the District Mental Health Program (DMHP). 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. The support and care given to persons with mental illness by family members was also encouraging.

The Field Workers Manual on mental health based on the CMHD approach of BNI was published last year in English. This has now been translated into Odia and is under print. This will be 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 mid-term review of the programmes in Maharashtra and Odisha was done during the year, conducted with active involvement of all stakeholders in both states. The findings helped in understanding the impact of the work done so far and also the limitations and challenges. Steps have been 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. A report on the mid-term review is available.

The learning from the study in south India done earlier helped in making some changes in the focus of support given to the partners in East Godavari district in Andhra, Tiruvallur district in Tamil Nadu and Gulbarga district in Karnataka. The focus now is on promoting and strengthening the care givers associations to have a greater role in supporting the families and playing a proactive role in accessing the services they are entitled to.

BNI was also engaged jointly with CBR Forum and ADD India in the publication of a booklet on inclusion of persons with disabilities in the community. The booklet aims to showcase 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.

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

Activities during 2015 - 16

The programs in all the regions progressed satisfactorily during the year. The support from Sir Dorabji Tata Trust (SDTT), Misereor, Germany and Caritas helped greatly in continuing our work with persons with mental illness and families with some ease. The details of work done are described below, which focussed mainly on involving and building the capacity of our 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 work.

The programmes at East Godavari, Thiruvallur and Gulbarga are at different levels. In East Godavari district the program is at withdrawal stage. The partner staffs have built the capacities of DPOs in intervention strategies for PwMI. DPO members are taking lead role in identification, referral for treatment, follow-up, inclusion of PwMI in DPOs, livelihood activities and their entitlements. In Tiruvallur, the strategy adopted by partners in rehabilitating PwMI is very positive. The staff 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. At Gulbarga, the focus is on identification, referral for treatment and follow-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. DPO members are participating in Grama Sabha to discuss issues of persons with disabilities including those of PwMI.

The mental health work in all the three districts is proceeding according to the plan. They focus on strengthening block and district level DPOs to cater to the needs of PwMI and families and inclusion of mental health in to DPO objectives. 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.

At BNI level - 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 participatory mid-term review of the CMHD program.

A video on the CMHD program in Maharashtra and Odisha is being made which is in the final stage of completion.

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.

During the year, in Odisha, 440 old identifications and 552 new identifications were made and support initiated. In Maharashtra, 42 re-identifications and 172 new identifications made and supports initiated.

Efficiency, effectiveness and relevance:

Presently the mainstream governmental mental health services are available only at the district head quarters (or 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 capacities 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.

Management and Finances during the year

BNI had eight staff members during the year.

Dr. Mani Kalliath	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 Communications
Firdaus Easa	Admin and Finance Officer
Sujatha	Training officer (part time)

Persons with experience and knowledge on mental health issues have been taken as Associates, who guide in development of specific programmes and also support the staff as and when required. Staff have participated in training programmes and have gone on exposure visits to gain knowledge and to develop skills to carry out their work.

Finances during the year have been healthy with adequate funding for programmes and management cost. 87% was received as grant for programmes and the balance 13% from donations, bank interest and own sources.

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 for the capacity building of mental health workers in south India. Donations were received from Apex Foundation and other supporters.

The organization managed the finances judiciously during the year. The excess of income over expenditure is moderate. However, more efforts are needed to raise fund for programmes and also for management of the organization.

Acknowledgement and appreciation

BNI expresses its deep gratitude to all those who have been contributing to sustain our work which has helped thousands of families to improve their quality of life. Our sincere thanks to Misereor Germany; SDTT, Apex Foundation USA; CBR Forum and ADD India for the support received. Special thanks to Dr Nina Urwanzof of Misereor Germany for her unflinching support for our work.

Special thanks to Ms Valli Seshan, Dr Shirdi Prasad, Vandana Bedi and Dr Rajaram for their invaluable guidance and support to our programmes. 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 have guided and supported the work of the organisation in difficult times and in taking decisions to 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 fifteen years of BNI working in this field. BNI's approach to include persons with mental illness in the community and for their development is now well recognised.

The Mental Health Care Bill which is in the process of becoming an Act is expected to provide persons with mental illness their share of dues and establish 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 with perseverance to strive for the best.

Thanking everyone.

R. Ramachandran
Secretary – Basic Needs India