



Annual Report

Basic Needs India

2021 - 2022

Abbreviations

BNI = Basic Needs India

BSSO = Block Social Security Officer

CMHD = Community Mental Health and Development

DC = District Collector

DCPO = District Child Protection Officer

DM = District Magistrate

DMHP = District Mental Health Programme

FSG = Family Support Group

IGP = Inspector General of Police

JAVS = Janarth Adivasi Vikas Sanstha

NGOs = Non-Government Organizations

NIMHANS = National Institute of Mental Health and Neuro Sciences

PwMI = Person with Mental Illness

RARE = Research Academy for Rural Enrichment

SRUJAN = Society for Rural and Urban Joint Activities, Nagpur

SWATI = Social Welfare Agency & Training Institute

USS = Utkal Sevak Samaj

YCDA = Youth Council for Development Alternatives



FSG meeting in YCDA block during BNI field visit

Vision, Mission, Core Beliefs

Vision:

Basic Needs India envisions that the essential needs of all people with mental illness are satisfied and their basic rights are respected and fulfilled.

Mission:

To initiate programmes that actively involve persons with mental illness and their caregivers to enable them to meet their basic needs and to ensure that their rights are respected and fulfilled.

In doing so to stimulate and support mental health programs in other organizations that promote the cause and influence public opinion and public policy on mental health issues.

Core Beliefs

Basic Needs India (BNI) grew out of the belief that the rights of people who experience mental illnesses, especially those who are poor, must be addressed at individual level and also in the context of the wider world. BNI engages people living with mental illnesses and their carers in processes that are mutually enhancing. All people involved in care and rehabilitation work learn, grow and are strengthened together. BNI addresses both people's mental health concerns and the situation of poverty to ensure sustainable recovery.

The underlying conviction is that mental health issues must be seen not only in medical terms but just as importantly, as human rights issues.

BNI's main role is that of creating a caring, accommodating and understanding environment to ensure treatment of people living with mental illnesses. Such an effort involves liaising with and including a host of people such as people affected by mental illness, family members and other carers, community members, traditional healers, medical professionals, policy makers and government officials.

“However poor or ill a person is, s/he has the ability to manage her / his life”

From the desk of the Executive Director

During 2021-2022, our main project in Odisha and Maharashtra came to an end by December 2021 and another one began. BNI was busy confirming that we have achieved the project objectives, on advocacy for acceleration of mental health, on linking up with other entitlement authorities and on finding ways to achieve sustainability after the end of the project. YCDA and RARE succeeded in getting DMHP initiated in Boudh and Sonepur districts through constant advocacy with the authorities. They brought Government officials such as DMHP staff, the Govt Psychiatrist and BSSO on a virtual platform where FSG members interacted directly with the concerned officials and shared their experience. It helped the officials understand the situation of PwMIs and the challenges they were facing. Most of the officials responded positively, resolving the issues and extending cooperation.

The mid-term evaluation of the project was carried out by an external expert in September 2021.

Added to this, BNI responded to the request of Prajwala, Hyderabad in building their staff team and Counsellors in the counselling process. This was, in working with women and children rescued from trafficking, who go through psychosocial reintegration into the community.

As resource organization, we also offered training to a few NGOs working in India and Bangladesh, strengthening their capacity to support Deaf children and youth on psychosocial care and well-being. This consultancy was with the Deaf Child Worldwide.

BNI has also taken up a 'Psychosocial Well-being and Peer-support' program with SHAHI Garment Industry, in their Hassan Unit.

BNI offers technical support to MS Chellamuthu Institute of Mental Health and Rehabilitation (Madurai) in running Speak2Us Helpline on a voluntary basis addressing callers with suicidal ideas and psychosocial disturbances

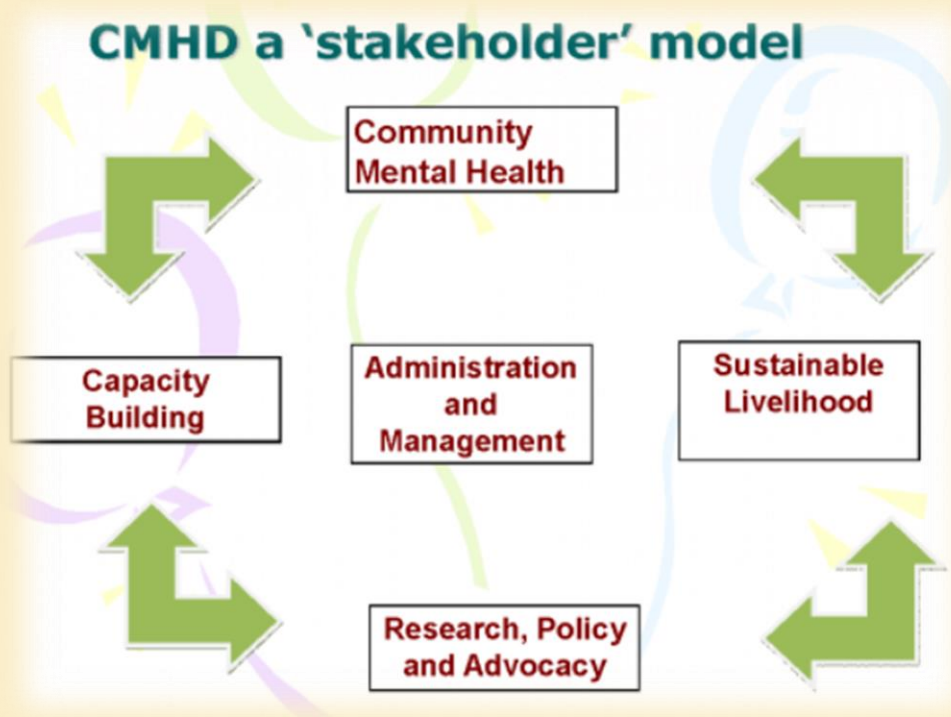
With all these rich experiences, BNI is expanding its scope within the sphere of mental health with the support of Misereor, Mariwala Health Initiative, True North, Spark Capital and individual donors.

We march ahead!

Rajaram Subbian PhD

Executive Director

The CMHD Approach



BNI has evolved a unique Community Mental Health and Development program (CMHD) that promotes Quality Mental Health Care and reintegration within communities.

The objective of the CMHD model is that PWMI realize their entitlements, utilize government health services to access medicines, and are included in the social and economic activities to lead lives with dignity and full citizenship.

BNI's strategy in implementation of the programs:

BNI, along with its partner CBO, holds consultation meetings with the stake holders including local community representatives, PWMI, their families, and the field workers. The discussions form the basis for evolving a relevant and meaningful CMHD intervention.

BNI initiates activities that give the PWMI access to medical and psychosocial care and also focuses on their inclusion and economic rehabilitation.

BNI offers intensive field support to the partner CBOs, and offers specially designed training modules to facilitate an efficient implementation of the CMHD program. BNI also builds capacities of various community groups like the health workers, teachers, police, faith healers, panchayat officials Self Help Group leaders etc., who are critical to the success of the rehabilitation of PWMI.

BNI has evolved systems of review and feedback, to maintain quality of programs and optimum utilisation of resources.

As the program matures, BNI promotes the stakeholder groups to independently and actively engage in addressing their entitlements and rights issues with the public provider system and in the community, thus moving towards sustainability and continuity of services.

Partnering NGOs in Community Mental Health and Development

Despite the intensity of the pandemic, our CMHD program continued with an added component to cover the impact of COVID 19. BNI took forward the programme with five partners in five Districts of Odisha and Maharashtra:

1. **RARE** - Binka Block, Subarnapur District, Odisha
2. **YCDA** - Kantamal Block, Boudh District, Odisha
3. **USS** - Salepur Block, Cuttack District, Odisha
4. **SRUJAN** - Kelapur Block, Yavatmal District, Maharashtra
5. **JAVS** - Nandurbar Block, Nandurbar District, Maharashtra



Community Awareness Meeting by RARE

Each partner team consisted of 10 Community Volunteers, 01 Project Coordinator and 01 Field Staff. This team of 50 Volunteers 5 Project Coordinators and 5 Field Staff took the project forward at field level. During the year, adequate inputs were given to the team through timely training (virtual) and quarterly field reviews (online/offline). Apart from CMHD key topic training inputs, we also offered a special training (10 sessions from December 2020 to January 2021) on psychosocial care and well-being for the CMHD team and the partners' core team in view of enabling them to address the mental health and psychosocial well-being of target populations in other programs of the organization. We even addressed the impact of COVID 19, involving NIMHANS professionals.

BNI's commitment towards the wellbeing of PwMIs and their family members, the unwavering efforts of our partners and the dedicated work of the CMHD team resulted in an effective implementation of the project and its successful completion despite COVID 19.

Sanjana Entrepreneur and Wage Earner

Sanjana (name changed) is 38-year-old women with mental illness of village Padhan Pali, Gram Panchayat-Mahadevpali, Block- Binka under Subarnapur District. Her family consists of her mother, elder brother and sister-in-law, a nephew and a niece.

She got married at the age of 17 and just after 4 days of marriage she started having severe headache and showed sign of drastic changes in her behavior. She remained silent and spent most of the time in solitude and did not speak to any person other than herself. Seeing her troubled behavior, her husband took her to his mother's home and asked her to spend some time there. The family members did poojas (rituals) in the hope that she recovers from her condition, all to no avail.

She was identified as a person with mental illness through the help of volunteer, Babita Nayak on 04th May 2019. Awareness on mental illness was given to the family members and they were invited to attend the health camp at Sonepur in July 2019. Free medicines worth Rs. 470/- were provided in the camp. Seeing the improvement, her parents attended the camps regularly and ensured that she took her medication regularly. The symptoms decreased and there was improvement in her mental health.

Now Sanjana is independent and able to do all the household work. She even works as a daily wage-earner. She was supported with Rs. 4,300, with which two goats were bought. This is yet another means of livelihood.



Living a Dignified Life

Rashmi Padhan (name changed) is a 40 years old woman with mental illness from a village in Binka Block, Subarnapur District. She lives with her husband, a farmer from a poor family, and her son. Before her illness, Rashmi lived happily with her family, caring for the daily needs of her family. One night, she felt uneasy. Some days later her behavior changed and she showed symptoms of mental illness. Her husband took her to Burla Hospital, Sambalpur, where they met the psychiatrist. Her treatment began and slowly her condition improved. Having improved, she stopped the medicine. She was fine for the next one year, but then there was a relapse.

The community volunteer identified Rashmi in February 2019. “When we interacted with Rashmi, we found that she was not sleeping, not doing her daily work on time, sitting silently, angry, fearful & suspicious of others. After repeated visits, they came for treatment to RARE health camp in April 2019. After continuous treatment and regular medication, she became stable and is now able to do all her work.

Looking at her improvement and poor financial condition, she was selected for livelihood support. The NGO partner raised Rs. 10,000 for her livelihood support with which she bought a cow. Rashmi sells the daily produce of 8 litres of milk for rupees 240. Now she lives a confident and dignified life.



COLLATED QUANTITATIVE DATA OF ALL FIVE PARTNERS OF THE CMHD PROGRAMME
September 2018 to December 2021

SL No.	Indicators	USS	YCDA	RARE	JAVS	SRUJAN	GRAND TOTAL
1	PWMI Identification (During the Year)						
	Male	37	161	143	87	210	638
	Female	49	125	109	102	117	502
	Total	86	286	252	189	327	1,140
	PWMI Identification (Cumulative)*						
	Male	335	282	292	271	259	1,439
2	Female	214	251	234	266	284	1,249
	Total	549	533	526	537	543	2,688
	No. of PWMI taking regular Medicine (During the Year)						
	Male	129	73	89	63	65	419
	Female	112	41	64	69	72	358
	Total	241	114	153	132	137	777
3	No. of PWMI taking regular Medicine (Cumulative)						
	Male	266	219	247	214	218	1,164
	Female	210	153	202	199	227	991
	Total	476	372	449	413	445	2,155
	Home visits by volunteer (During the Year)						
	Male	3,933	1,845	1,438	2,267	248	9,731
4	Female	2,939	1,560	1,050	2,540	212	8,301
	Total	6,872	3,405	2,488	4,807	460	18,032
	Home visits by volunteer (Cumulative)						
	Male	9,412	6,132	5,719	3,969	4,625	29,857
	Female	6,723	4,896	4,411	4,383	5,808	26,221
	Total	16,135	11,028	10,130	8,352	10,433	56,078
5	Home visits with Field staff (During the Year)						
	Male	275	835	985	584	207	2,886
	Female	243	641	732	513	95	2,224
	Total	518	1,476	1,717	1,097	302	5,110
	Home visits with Field staff (Cumulative)						
	Male	913	2,802	3,964	1,839	2,871	13,389
6	Female	800	2,248	3,171	1,600	2,752	10,571
	Total	1,713	5,050	7,135	3,439	5,623	22,960
	Home visits with coordinator (During the Year)						
	Male	367	834	563	199	82	2,045
	Female	328	652	436	197	44	1,657
	Total	695	1,486	999	396	126	3,702
7	Home visits with coordinator (Cumulative)						
	Male	1,225	2,331	2,159	1,119	1,376	8,210
	Female	1,138	1,966	1,742	1,171	1,506	7,523
	Total	2,363	4,297	3,901	2,290	2,882	15,733
	No. got entitlement (During the Year)						
	Male	56	62	39	35	00	192
8	Female	44	27	27	36	00	134
	Total	100	89	66	71	00	326
	No. got entitlement (Cumulative)						
	Male	122	139	130	54	33	478
	Female	92	115	81	58	26	372
	Total	214	254	211	112	59	850

*Cumulative denotes the total for period September 2018 to December 2021



Home visit for medicine compliance by JAVS



Community Awareness Rally

SL No.	Indicators	USS	YCDA	RARE	JAVS	SRUJAN	GRAND TOTAL
7	No. of community awareness (During the Year)	80	124	91	85	363	743
	No. of community awareness (Cumulative)	161	382	288	166	304	1,301
8	No. of participants (During the Year)						
	Male	641	1,117	719	1,219	334	4,030
	Female	924	1,142	551	2,238	239	5,094
	Total	1,565	2,259	1,270	3,457	573	9,124
	No. of participants (Cumulative)						
	Male	883	3,711	1,854	1,749	1,082	9,279
9	No. of new FSG (During the Year)	00	03	05	00	00	08
	No. of FSG -Cumulative	20	10	10	24	11	75
10	Members (During the Year-2021)						
	PWMI:	12	00	22	70	00	104
	Carers:	12	00	28	93	00	133
	Others:	00	00	13	40	00	53
	Members (Cumulative)						
	PWMI:	165	131	40	151	78	565
11	No. of FSG meeting (During the Year)	108	27	23	01	31	190
	No. of FSG meeting (Cumulative)	167	145	109	119	260	800



Covid relief to PWMI and Families by RARE



Follow up home visits by JAVS

Other Initiatives of BNI

ANTARANGA

SHAHI EXPORTS is engaged in the business of manufacture of garments. It operates 65 factories and has 3 processing mills across 9 States of the country. Discussions and site visits were made to assess the need and develop the *“Antaranga” Peer Support Project* in **SHAHI Unit 60** (Hasan unit). We rolled out the project by conducting two training programmes:

1. a three-day training for the HR team and executives of SHAHI in November 2021 and



TRAINING AT SHAHI

2. a two-day training for the HR team in December 2021.

Training was imparted in core topics: Self-awareness, Understanding human behaviour, Basic helping skills, Counselling steps and practice of skills, Mental health and Mental Illness, Life Skills, Life span, Support circle etc.

DEAF CHILDREN WORLDWIDE

BNI has been working with **Deaf Child Worldwide (DCW)**, UK to build the capacity of Deaf Role Models (DRM) and the Community Mobilizers (CM) of their partners in Odisha, Karnataka, WB and Bangladesh to strengthen the psychosocial care of deaf children and youth. This work will be extended in 2022. 13 sessions have been completed during this

first Phase which will end with an offline booster session in May 2022. The mode of taking this program forward (Phase two) is under discussion with DCW, UK.

BUZZ INDIA TRUST

Buzz India Trust enables underserved women by making knowledge, skills and tools available at their doorsteps towards economic, social, personal and ecological empowerment through various training inputs. BUZZ India Trust, Bangalore requested BNI to conduct a training programme to build their staff's capacity to cope with the impact of the COVID 19 pandemic. The same was completed in June 2021.

PRAJWALA

BNI also worked with **Prajwala**, based in Hyderabad. Prajwala is a pioneering anti-trafficking organization working on the issue of sex trafficking and sex crime. Prajwala works on the five pillars of Prevention, Protection, Rescue, Rehabilitation & Reintegration. On their request, BNI is offering training to enhance the counselling skills of the team.

KARUNALAYA

Karunalaya Trust is charity-based organization in Nanjanagudu block, Mysuru district of Karnataka. It is located in Sinduvallipur village, near Nanjanagudu – Mysore. BNI, during this period, initiated discussion and made a field visit to understand the work of Karunalaya, all this in view of forging a new partnership. A plan is in place and BNI hopes to



DISCUSSION WITH KARUNALAYA TRUSTEES

take this partnership forward shortly.

FORAY INTO THE NORTH EAST OF INDIA

In view of extending the mental health project partnership in North East India, BNI screened a few organizations and shortlisted **Anugralaya** in Sikkim. BNI had discussions with them in March 2022 on the possibility of partnership.



**First steps of BNI in Sikkim:
Meet with DC / DM, IGP, DCPO, NGOs and Govt Officers of Mangan District**

PROMOTING LIVELIHOODS

One of BNIs priorities is the promotion of livelihoods for persons with mental illness. This priority has been realized with the assistance of various funding partners.

Spark has given BNI an amount of Rs. 500,000 in March 2021 to support livelihoods of PwMI. The same has been used to promote livelihoods in local communities with the assistance of BNIs collaborators RARE, YCDA and JAVS.

Mariwala Health Initiative has also agreed to give BNI an additional amount of Rs. 500,000 for the promotion of livelihoods of PwMI. The proposal for the same is being prepared.

New Horizons – stepping into the future

The planning and preparations for the next project from January 2022 to December 2024 started in the last quarter of 2021. The proposal was submitted to donors and with their suggestions, changes have been made. In this phase, BNI parted ways with two of its partners **SRUJAN** and **USS**, while a new partner **SWATI** has been included in Odisha.

Presently, BNI's partners are:

1. **YCDA – implementing two projects in Boudh and Bolangir Districts (Odisha)**
2. **RARE – Sonepur District (Odisha)**
3. **SWATI – Phiringia Block, Kandhamal District (Odisha)**
4. **JAVS – Dhadgoanv Block Nandurbar District (Maharashtra)**

A preparatory meeting (virtual) was held with all partner Directors in December 2021. At that meeting we reviewed the proposal, its objectives, its activities, the structure of the team, etc. The project commenced in January 2022 after the selection of suitable volunteers and staff. Then, identification of PwMIs was done. The team is now getting the PwMIs to visit mental health OPDs.

Another meeting with the CMHD staff team was organized in February 2022 to orient them on the key activities of the project, on the use of the fund obtained from Mariwala Health Initiative, on finance related matters, on immediate activities to be carried forward, on the mode of reporting etc. The capacity building training for the CMHD team was conducted from 7th March to 18th March 2022 in Odisha for all partners.

Finances Apr 2021 – Mar 2022

Recommended good practices on accountability and transparency of Credibility Alliance are followed in this report

Abridged Receipts and Payments As on 31st March 2022	
RECEIPTS	31.03.2022
	INR (Lacs)
Opening Balance	
— SBI A/c No. 10258325793	11.45
— SBI A/c No. 37005976700	0.46
— SBI A/c No. 10258325748	1.65
—Cash on hand	0.01
To Grants Received	73.98
Bank Interest Received	0.50
Donations received	5.00
Fixed Deposit Matured	6.00
Training Fees Received	6.67
Interest on Income Tax Refund	0.005
Income Tax Refund	0.07
TOTAL	105.80

PAYMENTS	31.03.2022
	INR (Lacs)
Personnel Cost Program	43.52
Employee Cost	32.18
Training Expenses	1.13
Office Admin Expenses	4.30
Fixed Deposits Reinvested	8.00
Closing Balance	
— SBI A/c No. 10258325793	11.50
— SBI A/c No. 37005976700	3.38
— SBI A/c No. 10258325748	1.70
— SBI A/c No. 40053893210	0.05
—Cash on hand	-
TOTAL	105.80

This is a summary of information extracted from the audited financial statement.

Abridged Balance Sheet as on 31 st March 2022									
Liabilities	2022		2021		Assets	2022		2021	
	INR (Lacs)	%	INR	%		INR (Lacs)	%	INR (Lacs)	%
Funds	25.08	93.01	21.35	98.56	Fixed Assets	0.75	2.80	0.94	4.37
Current Liabilities	1.88	6.99	0.31	1.44	Current Assets Loans and Advances	26.21	97.20	20.72	95.63
Total	26.96	100.00	21.66	100.00		26.96	100.00	21.66	100.00

Abridged Income and Expenditure Statement as on 31 st March 2022									
Expenditure	2022		2021		Income	2022		2021	
	INR (Lacs)	%	INR (Lacs)	%		INR (Lacs)	%	INR (Lacs)	%
Personnel Cost Programme	34.74	40.17	30.32	47.60	Grants Received	73.98	85.55	49.32	77.41
Program Cost	8.84	10.22	1.29	2.04	Donations	11.67	1.349	4.50	7.08
Admin Cost	38.97	45.07	31.95	50.14	Interest from Banks	0.82		0.84	1.31
Depreciation	0.19	0.22	0.14	0.22	Excess of Expenditure			9.04	14.20
Excess of Income	3.73	4.32							
Total	86.47	100	63.70	100		86.47		63.70	100

Running A Thriving Tea Stall

Siddappa's mental illness started when he was over 37 years. Sitting alone, he whispered to himself, laughed and wandered from place to place. Such behaviour brought lots of grief and agony to his wife who resorted to witchcraft in the hope of curing him. She took him to a number of priests, who solemnized rituals. But all such efforts were of no avail, his mental illness increased with time.

YCDA came to know about him in the year 2018, through the Anganwadi Worker. At first, they held discussions with his wife and helped her understand the possibility of improvement through proper treatment. She was persuaded to bring him to the health camps organized by YCDA at regular intervals where he was given free medicines.

Gradually, positive changes were observed. The team planned to create a supportive environment in the village by forming a Family Support Group (FSG) in his village. He and other Persons with Mental Illness and their Carers joined as members. After the formation of the group, awareness on mental illness and reintegration aspects was provided. Through regular meetings, members were empowered and they got involved in advocacy with the Government to ensure that regular mental health services and entitlements were provided.

After that, there was no looking back. Siddappa continued to be on medication without any interruption. Joy made its appearance in the family, once again. Siddappa was identified for livelihood support and a sum of Rs. 5000/- was given to him to open a tea stall which would bring him a regular income.

Chowan Tea Shop was inaugurated in December 2020 and it proved to be the game changing decision as he was successful in managing it perfectly. **Today, he is making a reasonable profit and leading a happy life by earning 4000 to 5000 per month.**

The sarpanch also extended a helping hand to Siddappa and provided 5 chairs from the panchayat which are being used in the tea shop.

We fondly remember:



Dr. Shiradi Prasad Tekur, Board Member, Basic Needs India, we will fondly remember your dedication and valuable contributions to Basic Needs India.



Mr. R. Ramachandran, Secretary and Communication Officer, Basic Needs India, we will fondly remember your dedication, unflinching value base and your untiring efforts to take Basic Needs India ahead in its journey.



Donate to help Persons with Mental Illness at:

<https://www.basicneedsindia.org>



Basic Needs India

Address: #4005, 19th Cross Rd (off K.R. Road), Banashankari Stage II,
Banashankari, Bengaluru, Karnataka 560070

Phone: **080 2676 5855**

Email: basicneedsindia2001@gmail.com

Website: <https://www.basicneedsindia.org>