

Basic Needs India



Annual Report 2023-2024

Basic Needs India

...promoting mental health
and development



Changing Lives for the Better

Core Belief:

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 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 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.

A word of gratitude

We would like to record our gratitude to

- *Smt. Pramila Baral, Additional Director of Public Health, Odisha*
- *Mr. Rajanna, Former Disability Commissioner of Karnataka,*
- *CDMO and DMHP Teams of project areas,*
- *Sarpanches and GP members of all the local Panchayats of the project areas,*
- *Misereor, Germany, and Mariwala Health Initiative, Bombay,*
- *ADD India, The Association of People with Disability, Dwani Foundation, Maitreya Training Center and MS Chellamuthu Trust and Research Foundation,*
- *Dr. Swaminathan (Psychiatrist), Mr. Arun (trainer on livelihood) and Dr. Shobana H., Associate professor (LGBRIMH),*
- *Our auditors, Gowthama and Co. and A.R. Rao and Rajan and*
- *Several others for partnering us during the financial year 2023 – 2024.*

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From the desk of the Executive Director

Democratic India enjoys significant developments in many areas. However, it struggles to close the treatment gap that exists in mental health services for persons severely affected by mental illness. Its efforts through the National Mental Health Program (NMHP), to be effective, require close collaboration with Community Based Organizations.

Realizing the need, Basic Needs India (BNI) has committed to improve the lives of Persons with Mental Illness (PWMI) and their families through a Community Mental Health and Development approach. Most of BNI's programs are implemented in partnership with local NGOs and the respective District Mental Health Programs (DMHP), closely monitored by its staff team.

From its inception in 2001, BNI has identified and helped more than 25,000 PWMI to be functional and / or productive through this CMHD approach.

In the process, their access to mental health care, added with psychosocial support to PWMI and families with caregivers, is strengthened.

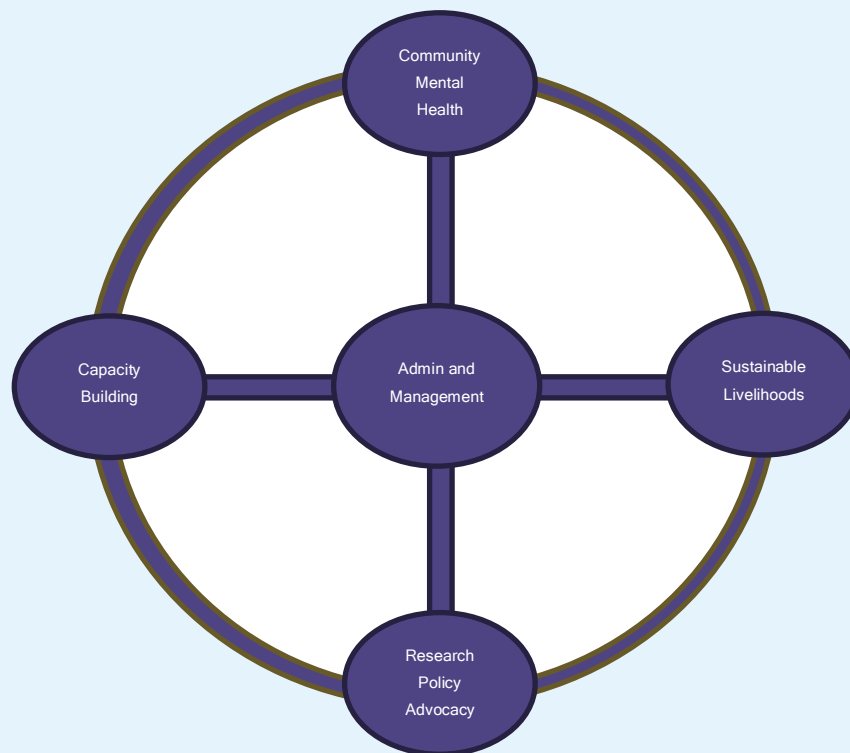
BNI has deep gratitude to Misereor, Mariwala Health Initiative, Spark and individual donors without whose support we wouldn't have accomplished this.

Dr. Rajaram Subbian
Executive Director
Basic Needs India

A word on Basic Needs India

BNI works in mental health, primarily through its CMHD approach. It also reaches out to others by imparting technical expertise, through one-off training programmes and by spreading awareness through seminars, workshops etc.

Through its *Community Mental Health and Development* (CMHD) program, for the past two decades,



BNI has been addressing the rights of people who experience mental illness and are poor, at individual level and also in the context of the wider world. BNI engages people living with mental illness, their care givers and other family members and the Government in mutually enhancing processes. All people involved in care and rehabilitation work, learn, grow and are strengthened together. BNI addresses both people's mental health concerns and situations of poverty to ensure sustainable recovery.

BNI's underlying conviction is that mental health issues must be seen not only in medical terms but just as importantly as an issue to be tackled at family and community level. BNI's main role is that of creating a caring, accommodating and understanding environment to ensure treatment, recovery and reintegration of people living with mental illnesses within their homes and in the community. This is done through its CMHD Programme so as to ensure service provision, social inclusion and livelihood support. All of this in view of reintegrating persons with mental illness in the community and building the capacity of various stakeholders, including the partner organizations, to bring impactful changes and ensure future sustenance.

BNI, along with its partner CBOs, holds consultation meetings with the stake holders including local community representatives, PwMI, their families and 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 also looks into the issues faced by the carer and the family and addresses the same.

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 too 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 the quality of programs and ensure optimum utilization 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, moving towards sustainability and continuity of services.

BNI also engages in research to elicit information that can be used effectively to promote its advocacy with the policy makers to ensure sustainable change and to educate the public vis a vis issues related to Mental Health.

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 programs 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 policy on the mental health issue.

CMHD Project 2023-2024

(Orissa/ Maharashtra and Karnataka)



BNI, in a phased manner, has been covering different states of India from 2001. In its **previous projects**, spanning over two decades, it has worked with 15 partners in **Karnataka**, 5 partners in **Maharashtra**, 10 partners in **Odisha**, 18 partners in **Tamil Nadu**, 8 partners in **Andhra Pradesh**, 3 partners in **Kerala**, 14 partners in **Bihar** and 11 in **Jharkhand**.

All the partners were local grassroots NGOs, rooted in the community and passionate about Mental health besides development of the local community.

For the **project starting from January 2022**, BNI has been working extensively in the geographical areas of **Odisha** in Belpada (Balangir), Birmaharajpur (Sonepur), Harbanga (Boudh) Phulbani & Phiringia Blocks (Khandhamal) covering a total population of three lakhs. In Odisha, BNI works with *Research Academy for Rural Enrichment (RARE)*, *Youth Council for Development Alternatives (YCDA)*, & *Social Welfare Agency and Training Institute (SWATI)* as ground partners

Nandurbar in **Maharashtra** with a population of 75,000 was also identified to carry out project activities. The partner NGO *Janarth Adivasi Vikas Sanstha (JAVS)* has been carrying out project activities effectively in Dhadgaon Block of Nandurbar.

On a request from its Funding partner, Mariwala Health Initiative, an area for implementation was identified in the south. Through *Karunalaya Charitable Trust (KCT)* the community mental health and development program is being implemented in Nanjangudu, Mysore District, **Karnataka**.

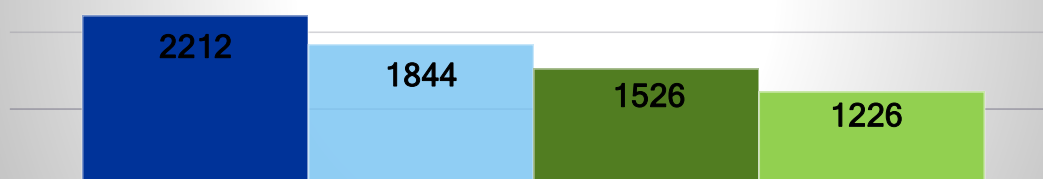
COMMUNITY MENTAL HEALTH



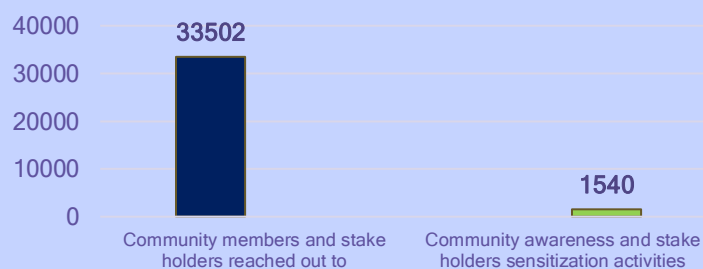
BNIs Presence	
States	3
Districts	6
Blocks	7
Grama Panchayats	149
Villages	1,231
Population Served	557,163

Impact on PwMI

- Male PwMI identified and under intervention
- Female PwMI identified and under intervention
- Male PwMI in compliance with treatment
- Female PwMI in compliance with treatment



Work with the Community



CAPACITY BUILDING



Preparing a meal

Residential Re-integration Camps

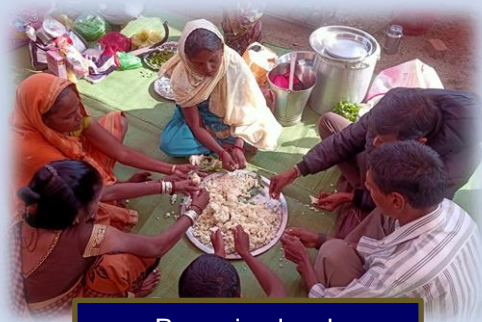
Residential Re-integration Camps help with the objective of equipping the recovering PWMLs with the basic activities of daily living and other skills which would make their reintegration into the family, community and the society smoother. They help carers, family members, volunteers and staff learn to facilitate this process after experiencing the camp. They are an integral part of the program and the camps were led by experienced and resourceful individuals.

A PEEP INTO THE RESIDENTIAL RE-INTEGRATION CAMPS

... at Maharashtra



Visit to a tribal museum



Preparing lunch



Game in progress



Sharing session

During the year, 5 Residential Re-integration Camps were held at 5 project locations in Odisha and Maharashtra. 134 PWMI and their care givers / family members participated. It is a kind of community living and a lab to learn. The recovering PWMI are encouraged to cook, clean, exercise, participate in games and other group activities along with all other members. Members share positive changes they observed in PWMI and discuss about challenges in caring. They also share their feelings during the whole process. It creates a positive and supportive environment for PWMI to involve in each activity and learn various skills. The experiences bring visible changes in them, motivating the family and team to further work with them and other PWMI in the community.

... and at Orissa



Sharing Session



Gardening



Exercise

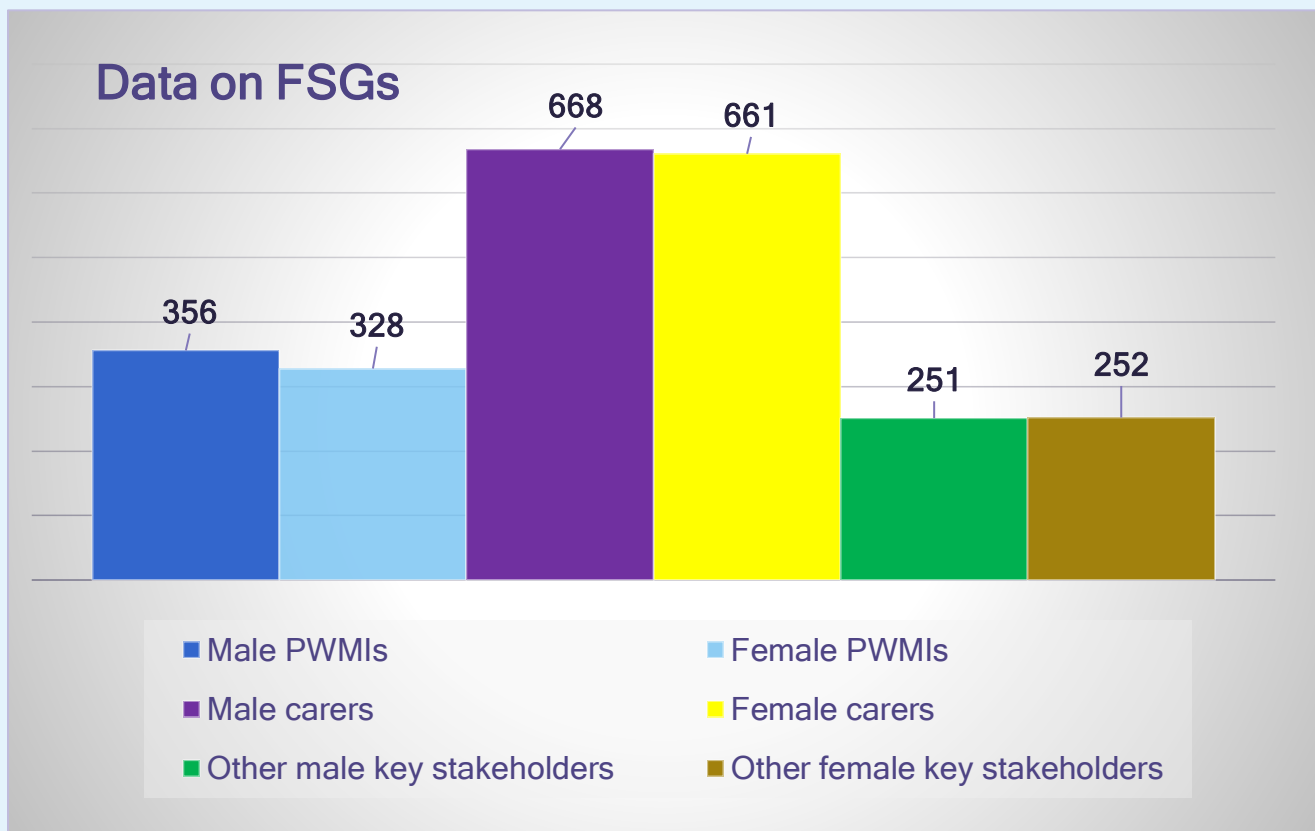


Activity in progress

Initiation of a Federation of FSGs

Keeping in mind the progress made by FSGs, BNI initiated the Block Level Federation (BLF) of FSGs. Talks with the concerned leaders were initiated to execute the idea. A BLF meeting was organized in one of the project areas, Harbhanga, where 30 FSG members participated. A core committee was formed and a tentative plan for three months was prepared spelling out specific actions to progress ahead.

Data on Family Support Groups



Strengthening of Family Support Groups

Support groups are an important component of any community mental health interventions. Under the 'Comprehensive care and reintegration of People with Mental illness' project, Family Support Groups (FSGs) were initiated in the first year of the project (2022). Stable PWMI along with one or two family members and other stakeholders constitute a FSG. Community volunteers and the project staff actively initiate the FSG's, assist the members in maintaining the registers and facilitate the discussions in the groups.

One Gram Panchayat usually hosts one FSG. Currently there are 102 FSG's with 2517 members. Monthly meetings are carried out regularly at these FSG's with the support of the team. Discussions on Mental health issues, issues of the care giver, treatment and compliance, creating awareness in the community and providing support to each other are the prominent topics in these meetings. The focus is to regularize the meetings and build the strength of the FSGs to take up ownership and tackle their issues such as availing treatment, getting entitlements and addressing their rights.

In order to further strengthen and make the FSGs effective, two model FSGs were selected in each Implementing Organization area with intensive and focused support. The learnings from managing these two model FSGs are further applied and disseminated to other FSGs.

As a result of these and other efforts, the latter half of 2023-2024 saw the FSGs working hard with their leaders actively involved in raising issues, meeting with the Sarpanch at Panchayat level, the BDO at Block level and the CDMO and Collector at District level. They left no stone unturned in sending applications and letters, supporting the project team in mobilizing families and supporting other PWMI families.



FSG meeting

Residential Training for Project Staff and Volunteers



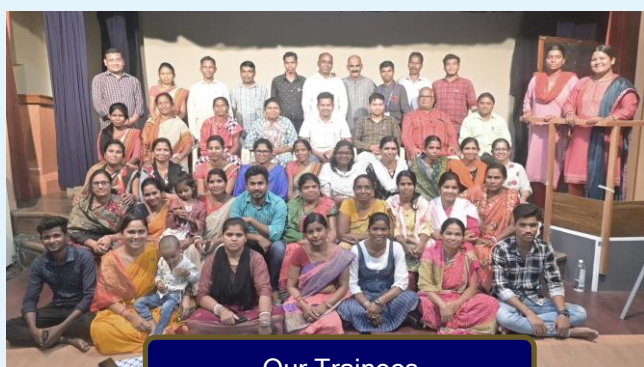
Role Play in progress

An intensive five-day residential training was conducted in two batches, in February and March 2024 for staff and volunteers of the six Implementing Organizations (IOs) in Bangalore. 65 Community volunteers and 5 field workers and 6 Project Coordinators participated from Odisha, Maharashtra and Karnataka.

In addition to an Annual Review and Planning, the following key topics among others were covered in the training: Rights of Persons with disabilities, Facilitating formation of Federations, Basic counselling skills, Psychotropic medicines and their side effects and Goonjan - the data entry platform for the project.



Session on Acts and Rights



Our Trainees



Our Trainees

Capacity building of Project staff

As part of our efforts to build capacities of the project staff, training programmes (online and offline) were conducted by the BNI team. A series of weekly online training programmes were held in July and August 2023 focusing on life skills, emotions, collectivistic and individualistic society, community mobilization, Family Support Groups (FSGs) and Federations of FSGs. A two-day offline training was conducted at Bolangir, Odisha in October 2023 to improve the capacity in livelihood survey, livelihood trends, mobilizing and managing resources for livelihood (Raw materials and human resources), book keeping and monitoring and documentation of livelihood projects where 5 project coordinators and 5 field workers participated.

Continued capacity building of the BNI team in CMHD

- John Fernandes joined the team in Feb 2024. A month before he joined, he was invited to attend a residential reintegration camp as part of his induction into the programme.
- BNI meets every Monday to review and plan - these meetings are another source of support to the team.
- Sessions were given by Dwani Foundation to upgrade skills in the proper use of the Gunjan software.
- There is a continuous process of helping team members as they do their day-to-day work so that they learn / improve their skills.
- The Annual Review of 23-24 was yet another occasion for the team members to understand the nuances of the programme and add their views and perceptions for all to profit from.
- Mr. Rajeeb Karmi, State Mental Health Coordinator, Odisha completed his PG Diploma in Community Health conducted by SOCHARA, Bengaluru in association with Martin Luther Christian University, Shillong, Meghalaya. It was a one year course from April 23 to March 24.



Sustainable Livelihoods

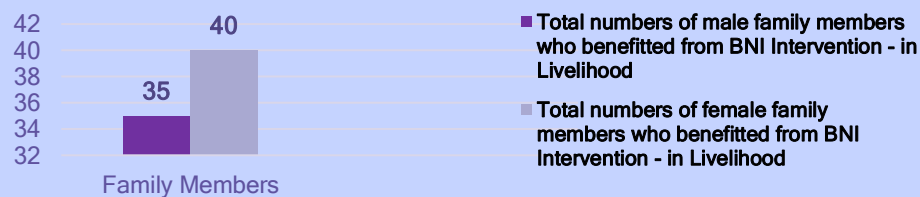
The ultimate objective of the CMHD project is the reintegration of PWMI into the society with dignity. This means that they are able to contribute to the society and to the community in a meaningful manner by engaging in income generating activities. After a certain extent of recovery of PWMI, the family members are encouraged to involve the PWMI in small household activities with step-by-step guidance from the project team. Once the PWMI becomes functional, s/he is slowly nudged towards productive hours or work. If the PWMI is able to do so, s/he is encouraged to participate in income generating activities. The project team helps out by exploring opportunities within the community to engage the PWMI in livelihood activities.

Prior to the implementation of the livelihood project in the current project, an analysis of the livelihood data of the three implementing organizations from the previous project (2019-2021) was done to assess the need and the status of livelihood.

It was observed that 67% of the PWMI under treatment went back to their professions without any requirement for financial support while 33% required external support for income generation activities. Of these 33%, 21% were linked to various livelihood opportunities in the area and the remaining 12% PWMI were neither in a position to initiate livelihood on their own nor received any support due to lack of resources. Based on this observation it was envisaged that 15% of the target population and their families for the project envisaged for the period 2022-2024 would require some kind of support to initiate income generation activities.

During the project period starting 2022, a total of 501 PWMI - 315 males and 186 females were initiated into the livelihood project and a total of 212 family members (116 male and 96 females) were also supported in situations where the PWMI were not in a position to engage in work. For the year 2023-2024 alone, 299 PWMI and 75 family members were involved in livelihood activities.

Families of PwMI supported with livelihoods



PwMI supported with livelihoods

- Male PwMI who have commenced livelihoods
- Female PwMI who have commenced livelihoods

195

104

RESEARCH,
ADVOCACY,
POLICY



Ms Vandana at the State Level Consultation

Livelihood Support for Persons with severe Mental Illness and their Families: An Impact Study

A study to evaluate and understand the impact of the livelihood support provided to persons with mental illness as a component of the project, is being undertaken. The main objective of the study is:

- To study the impact on 'functional aspects' of the PWMI.
- To study the outcome in terms of stigma reduction and acceptance in the community.
- To examine the impact on reduction of carer & family burden.
- To examine the role of treatment compliance, psycho-education, follow up and FSG.

Out of the 400 members who would receive the support, a sample of 150 members was taken up for the study. It was planned that pre and post study would be carried out to analyse the impact. Required formats were prepared by the BNI team with the support from a senior research consultant who undertook to finalise and carry out the study. The pre-study data has been gathered and compiled.

Sikkim Need Assessment

With the desire to commence work in the NE, the *Sikkim Study* was initiated following BNIs visit to Mangan, North Sikkim to explore the region and its multicultural environment. The visit was made possible by Fr. Samuel of Anugyalaya, heading an NGO that is associated with Darjeeling Diocese Social Services Society that was involved in the Childline project in Mangan.

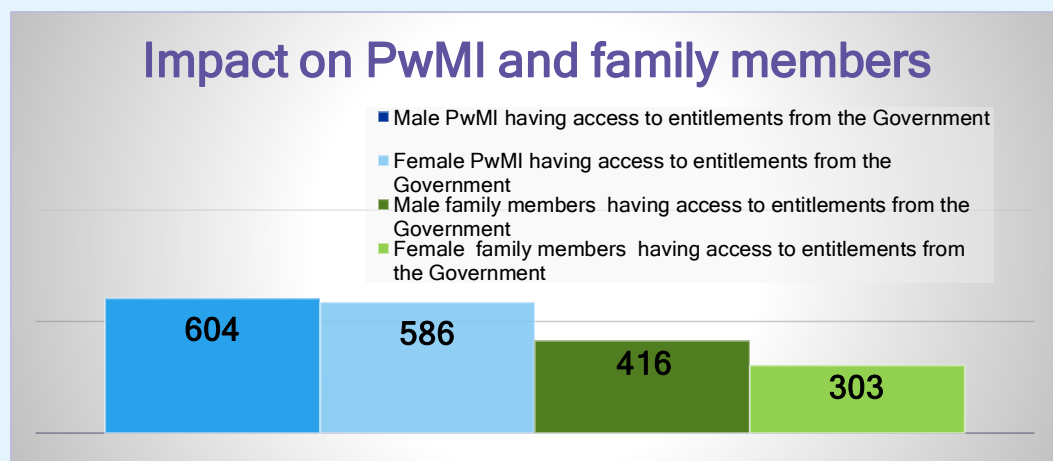
The *Sikkim Study* has taken up by two Social Research Consultants - Dr. Jobin from IMHANS (Institute of Mental Health and Neuro Sciences, Kozhikode) and Dr. Alphonsa of Chennai. The work is in its final stage of planning and will be executed soon. The Sikkim Study is supported by Mariwala Health Initiatives, Mumbai.

FSG grievances

FSG members utilize the formal Grievance platform at the District level for voicing out and addressing the grievances related to Government Services. Every month, half a day (on a specific day) is earmarked for Grievance Redressal of public issues presided over by the District Collector & other officials of different departments. FSG Representatives visit, give their appeals and discuss issues. Sometimes a few FSG representatives go together and when required, representatives from all the FSGs represent and act together. It is one of the effective ways of redressal as the issues are looked at instantly by different department representatives sitting together. It requires regular follow-up, which is also taken up by the FSG with staff and volunteer support. Through 16 grievance meetings during the year, FSG members met 14 officers & submitted 15 grievances. 12 of these grievances were taken up resulting in positive changes.

Linking with Entitlements

The consequences of a mental illness in a family are many. The illness impacts not only the person, but it also drains the energy of the carer and resources of the family. Beside identification, treatment and compliance to the treatment, it was considered important to address the economic well-being of the family under the CMHD approach. PWMI & family members are linked to Government Social Security Schemes. The Project team, is actively involved in obtaining these entitlements for the identified PWMI and their families. They organize meetings where PWMI, their families and other community stakeholders like Panchayat Raj Institutes (PRIs), DMHP, Block Social Security Officers (BSSOs), District Social Security Officers (DSSO), Tahsildar, Block Development Officers and elected representatives participate and discuss about the available schemes and the procedures for obtaining them. During the past year, 9 such meetings have been organized. As a result, 1,557 PWMI and 1,012 family members benefitted.



State Level Consultation

A State level consultation, a BNI Initiative in collaboration with Dept. of Public Health, Government of Orissa, was organized on 22nd February 2024, at the Centre of Excellence, Mental Health Institute, Srirama Chandra Bhanja Medical College and Hospital, Cuttack. The participants included People with Mental Illness and their caregivers, District Mental Health Program (DMHP) Staff from 28 districts, representatives of NGOs working on mental health in the state and students from Mental Health Institute and the directors of the implementing organizations working with BNI, their staff and team members.

The consultation was chaired by Smt. Pramila Baral, Additional Director of Public Health, Odisha. She shared the dais with the Special Secretary, Public Health, Government of Odisha, Deputy Secretary, Social Security and Empowerment of Persons with Disabilities, Government of Odisha, Additional Director, Horticulture, Government of Odisha, Joint Director, Veterinary, Dept of Animal Husbandry, Government of Odisha, Joint Director, Dept of Agriculture, Government of Odisha, Additional Director, Public Health cum SPO, Mental Health, Government of Odisha, Director, Mental Health Institute, Srirama Chandra Bhanja Medical College and Hospital, Cuttack and Vandana Bedi, Chairperson, BNI, Bengaluru.

The State Level Consultation was designed with the following Objectives:

- To share civil society organization's work & learnings.
- To come out with intersectoral strategies to mainstream the PWMI and their families.
- To explore possible collaboration with the Government for comprehensive community-based rehabilitation & re-integration of persons living with mental illness.



State Level Consultation in progress

Key Outcomes / Impact of the Consultation

- All Psychiatric Medicines will be made available at DMHP and also up to CHC level. NGOs who are working on Mental Health can also keep medicines for their PWMI with permission → There has been improvement in the situation.
- Disability certificates will be provided to all treated PWMI.
- PWMI families can avail ambulance services to take PWMI for treatment. It cannot be denied and if such instances happen, it should be reported to the department.
- An e-Sanjeevani and Tele-Manas portal be launched shortly for better care and treatment in Boudh, Sonapur and Kandhamal → This has been initiated
- PWMI and their families be encouraged to get themselves included in government schemes under Horticulture, Veterinary, Fisheries & such departments related to livelihood support for those PWMI who intend to start a business.
- PWMI who intend to start businesses should also apply for Government assistance for commencing the same.
- A WhatsApp group will be created including NGOs, DMHP staff and Govt representatives to share success stories and challenges faced by PWMI and families. It would be a platform to instantly resolve small issues and create mutual support → it has been formed and is active.
- The representatives of the state departments will share the decisions with their directors on how to integrate PWMI and their families in existing schemes and programs.
- One medical officer from each district will be trained on mental health treatment.
- The follow up of all the decisions will be carried out periodically to know the progress.



Changes on the Ground

Dibakara

Dibakara (name changed), a 22 years young man with mental illness, is a physically fit person staying with his parents in a remote village in Orissa. His mental illness started during 2018 when he was studying in college. He was studying well when suddenly he started to exhibit symptoms of illness. Initially he didn't talk to anyone. He remained silently at his home in a closed room. His family didn't understand what was happening. He was not sleeping at night because he had hallucinations of tigers, bears and evil spirits. During the day, he would go out and sit under a tree. If he found any papaya tree, he destroyed the tree and its fruits. The villagers were upset with his behaviour.

Dibakara's parents were helpless. As days progressed, he became very violent and his Activities of Daily Living were disturbed. They admitted him in the Mental Health Department in SCB Medical Hospital, Cuttack where he was treated for 15 days. After returning from Cuttack, he was on regular medication. He discontinued his medicine after three months because he felt he had recovered from his illness. Volunteers from BNI provided psycho socio education to Dibakara and his family, requesting them not to stop the medicine until the doctor advised them to do so. Dibakara restarted his medication. Dibakara has been coming to the DMHP regularly since May 2022 and is taking the medication on his own. He is now involved in vegetable farming with his father.



Changes on the Ground

Maina Kanhar



Maina Kanhar (name changed), 40 years old, stays with her father and mother in a village in Odisha. Having completed Class 10, she discontinued her studies. She would help in household work, collect fire wood and work in the fields with the family.

When she was around 26 she went for a festival with her friends but she didn't return. Her aged father searched for her everywhere, finally finding her in a nearby village. She was unkempt and was talking and singing to herself. Her father was able to take her back home but was unable to comprehend what had happened to his daughter. As days passed, the symptoms increased. She started wandering in nearby areas. He approached faith healers and started traditional black magic hoping for a cure. She became violent and hence they had to put shackles on her feet to ensure her safety.

In 2022, a BNI volunteer visited their home and requested them to come to DMHP. On his advice, they visited the DMHP with the help of some of the villagers but found it difficult to administer the medication on a regular basis as she would not cooperate. So, the symptoms didn't reduce. After consulting the Psychiatric again, she was referred to MKCG, Berhampur. After the treatment she continued her medication on a regular basis. Now there are no symptoms of mental illness. Today she is able to manage her life on her own and she is very happy.



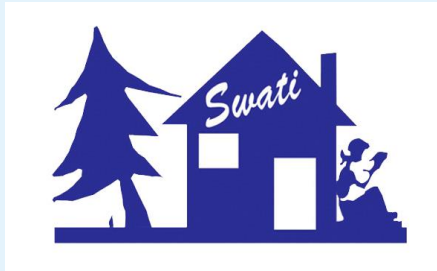
Our CMHD Partners: YCDA, RARE, SWATI and JAVS



Youth Council for Development Alternatives, Orissa



Research Academy for Rural Enrichment, Orissa



Social Welfare Agency & Training Institute, Orissa



Janarth Adivasi Vikas Sanstha, Maharashtra



Karunalaya Charitable Trust, Karnataka

OTHER ACTIVITIES

Capacity building of external organizations:

Project Speak2Us: BNI has been the technical resource to the Mental Health Helpline, Speak2Us that's being run by the MS Chellamuthu Institute of Mental Health & Research Foundation, from its inception in September 2020 on a voluntary basis. This entire Helpline is run with the help of professional and non-professionals offering services from 9 a.m. to 6 p.m. every day. BNI monitors the quality of services provided, induction of new batches of volunteers, running up of daily services and strengthening of the system that evolved.

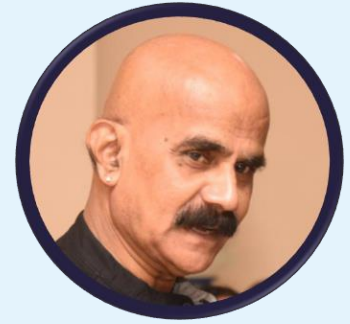
Deaf Child Worldwide: During the year, BNI continued to explore the possibility of including MH in the programmes of Deaf Child Worldwide. A number of on line meetings were held to explore the same.

Training initiated by MHI for BNI Staff and others:

In its endeavour to promote Diversity and Inclusion in the workplace, Mariwala Health Initiative organized a 16-hour training on TFC (The Fault of CHAI) in the months of August and September 2023. The curriculum was divided into 4 modules: Casteism, Heteronormativity, Ableism & Islamophobia, which was developed by individuals having experienced such issues. The training aimed at guiding organizations towards creating affirmative ways of working and inclusive workplaces. Following this training, Basic Needs India has reframed its policies to include the learnings from the sessions given by MHI.



Program Head
Ms. Sujatha V



Executive Director
Dr. Rajaram Subbian



Finance & Communication Consultant
Mr. John Nicholas Guida Rebelo

CORE TEAM



Program Coordinator
– Odisha
Mr. Rajeeb Karmi



Program Coordinator
– Maharashtra & Karnataka
Mr. Juvam Fernandes



Finance & Admin
Mr. Ajeya Mandayam

**Project Coordinator**

Maharashtra
Vaijayanthi

**Project Coordinator**

Belpada, Odisha
Tofan Parida

FIELD TEAM

**Project Coordinator**

Harbhanga, Odisha
Girish Meher

**Project Coordinator**

Khandamal, Odisha
Baikuntha Chandra Das

**Project Coordinator**

Sonapur, Odisha
Biswambar Sahu

Finances

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

This is a summary of information extracted from the Audited Financial Statement as on 31 Mar 2024

Abridged Balance Sheet as on 31st March 2024

Liabilities	2024		2023		Assets	2024		2023	
	INR	%	INR	%		INR	%	INR	%
Funds	18,71,046.41	88.71	34,79,948.26	99.84	Fixed Assets	2,34,215.87	11.11	2,77,059.70	7.95
Current Liabilities	2,37,991.00	11.29	5,350.00	0.16	Current Assets, Investments, Loans and Advances	18,74,821.54	88.89	32,08,238.56	92.05
Totals	21,09,037.41	100.00	34,85,298.26	100.00	Totals	21,09,037.41	100.00	34,85,298.26	100.00

Abridged Income and Expenditure Statement as on 31st March 2024

Expenditure	2024		2023		Income	2024		2023	
	INR	%	INR	%		INR	%	INR	%
Programme Costs: Personnel	39,26,646.00	32.66	20,12,052.00	19.35	Grants Received	1,02,99,135.00	85.68	97,41,168.75	93.72
Program Cost: Direct	66,63,158.00	55.43	61,00,096.24	58.68	Other Income	1.00	0.04	5,42,000	5.21
Admin Cost	13,86,886.00	11.53	12,77,423.00	12.29	Interest from Banks including FD Interest	69,647.00	0.57	68,757.00	0.66
Depreciation	42,843.85	0.38	33,223.92	0.31	Interest on Income Tax Refund	0.00	0.00	465.00	0.05
					Interest on Disbursement	13,742.00	0.11	7,950.00	0.07
					Accrued Interest on FD	26,757.00	0.22	33,549.00	0.29
Excess of Income over Expenditure	0.00	0.00	9,71,094.59	9.37	Excess of Expenditure over Income	16,08,901.85	13.38	0.00	0.00
Totals	1,20,19,533.85	100.00	1,03,93,889.75	100.00	Totals	1,20,19,533.85	100.00	1,03,93,889.75	100.00

Abridged Receipts and Payments as on 31 st March 2024	
RECEIPTS	31.03.2024
	INR
Opening Balance	
SBI A/c No. 40053893210	5,925.40
SBI A/c No. 37005976700	3,14,383.76
SBI A/c No. 10258325748	3,76,290.53
SBI A/c No. 10258325793	21,46,864.87
Cash on hand	0.00
Receipts	
To Grants Received	1,02,50,571.00
Bank Interest Received	69,647.00
Other Income	1.00
Fixed Deposit Matured	4,74,605.00
Refund of Advance	1,10,543.00
TOTAL	1,37,48,831.56

PAYMENTS	31.03.2024
	INR
Payments	
Program Cost	1,05,46,873.00
Training Expenses	9,000.00
Office Admin Expenses	12,76,279.02
Fixed Deposits Reinvested	7,84,605.00
Closing Balance	
SBI A/c No. 10258325793	7,98,645.89
SBI A/c No. 37005976700	3,16,641.53
SBI A/c No. 10258325748	9,636.72
SBI A/c No. 40053893210	7,150.40
Cash on hand	0.00
TOTAL	1,37,48,831.56

Trustees of BNI



Chairperson

Ms. Vandana Bedi



Secretary

Mr. John Nicholas Guia Rebelo



Treasurer

Mr. Gururaghavendra



Member

Ms. Rama Krishnamachari

Our Core Donors



for supporting us in CMHD



for supporting us in CMHD and Livelihoods



PwMI on the way to the tribal museum

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Banashankari Stage 2,
Bangalore 560070.

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