Towards Brighter Tomorrows

ANNUAL REPORT
2018-2019
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The humble firefly is a small bit of inner magic that graces our world. Casting a momentary glow in the dark, it serves here as a metaphor for the magical spark that inspires change in every survivor’s life, making them a beacon of light to others.

This theme acknowledges the continuous work done by The Live Love Laugh Foundation to bring about a positive change, serving as a beacon of hope in the dark, while it moves forward in its quest to light up more lives.

Lighting the way forward
Can we do more?

The question that keeps us all at The Live Love Laugh Foundation up at night.

Can we do more for the millions struggling with mental illness who need our support to make it through the day and see a better tomorrow?

Can we do more for their families, who are trying to grapple with what their loved ones are going through?

Can we do more for our students and workers so they have access to the right information and resources, and are able to seek help when needed?

Can we, as a society, do more to create a safe environment for those affected by mental illness, so they can reach out for help, without the fear of feeling excluded and being ridiculed?

Can we do more?

Yes, we can!

And as we work collaboratively with you, we most definitely will.

Looking back at the last four years, I feel a deep sense of gratitude. To everyone who has been an important stakeholder in our journey – donors, partners, supporters, survivors, their families, and of course, the ever-enthusiastic team at TLLLF... thank you!

Each one of you has played a vital role in giving wings to TLLLF’s dreams and I look forward to your continued support in our long journey ahead.

Live, Love & Laugh

Deepika Padukone
Founder
The Live Love Laugh Foundation
This past year has been one of great learning and fulfilment for everyone at The Live Love Laugh Foundation (TLLLF). It has allowed us to consolidate our initiatives and sharpen our focus.

Our school programme, You Are Not Alone, passed a major milestone with 1,00,000 students covered since its launch three years ago. We are delighted at the response from students and school managements across the country. The programme has now covered 1,23,864 students, 16,145 teachers and 655 schools across 8 cities over the last three years and serves as an important intervention for our adolescents, given the increasing rate of teenage mental illness and suicide in India.

While family support is important throughout a child’s early years, having guardians who are equipped to identify, understand and assist with the challenges of stress, anxiety and depression in adolescents also becomes absolutely critical. Hence, this year, we introduced an online manual for parents as an important complement to our programme. This initiative has also been widely appreciated.

TLLLF’s commitment to focus on rural mental health has been underlined this year with the growth of our programme that now provides free psychiatric treatment to patients in all six taluks of Davangere district in Karnataka. It is our endeavour to continue to expand this support across remote areas of the country.

Another important landmark for us this year was the launch of #NotAshamed, the second large-scale public awareness campaign that TLLLF has undertaken nationally after Dobara Poocho in 2016. The launch of #NotAshamed, which was aimed at stigma reduction, coincided with World Mental Health Day on 10th October and the campaign featured across digital, print, outdoor, radio and television. Using stories of survivors of mental illness, the campaign highlighted the many shades of mental illness through deep, heartfelt narratives. #NotAshamed was an unqualified success, receiving nearly 100 million impressions across the media. More importantly, however, it encouraged many survivors to share their own stories.

Other initiatives during the year included submitting our application for Foreign Contribution Regulation Act (FCRA) approval, preparations to become General Data Protection Regulation (GDPR) compliant, as well as growing the size of our internal team across various verticals to support the expanding list of activities we plan to undertake going forward.

The range of activities and the scale we have achieved in these past four years would not have been possible without the support we have received from all of you. On behalf of the entire team at TLLLF, I would like to thank our donors, partners, friends and well-wishers, as well as survivors and their families, for your immense faith in us. Your encouragement is hugely inspirational, and we look forward to your continued support in the years ahead.

Anisha Padukone
Director
Deepika Padukone highlights mental health during her address at the ‘TIME 100 Most Influential People’ gala in New York

24th April, 2018

Deepika Padukone and Anna Chandy jointly address FICCI Ladies Organisation (FLO) in New Delhi

8th September, 2018

School mental health awareness programme hits 1,00,000 students

14th November, 2018

Developed online manual on mental health for parents as a complement to our school programme

25th February, 2019

1st workshop for school programme implementation partners conducted at the Foundation

24th May, 2018

1st Board meeting

27th August, 2018

2nd Board meeting

11th October, 2018

#NotAshamed campaign launch

10th October, 2018

2nd Board meeting

16th March, 2019

3rd Board meeting

26th January, 2019

4th Board meeting

25th February, 2019

2018-19 Milestones
Initiated in 2016, the You Are Not Alone programme has continually worked towards promoting mental health awareness and guidance in schools across the country. It aims to help students develop a basic understanding of mental illnesses and their symptoms, and provides them with resources to reach out for professional help.

In 2018-19, the programme was delivered in schools across Mumbai, Bangalore, Pune, Chennai, Cochin, Kolkata, Ahmedabad and Goa by the implementing partners in each city.

### Languages used in programme delivery

- English
- Hindi
- Gujarati
- Tamil
- Malayalam

### Reach

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<tr>
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<th>2017-18</th>
<th>2018-19</th>
</tr>
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<tbody>
<tr>
<td>No. of students reached</td>
<td>34,292</td>
<td>55,549</td>
</tr>
<tr>
<td>No. of teachers reached</td>
<td>5,372</td>
<td>4,293</td>
</tr>
<tr>
<td>No. of schools reached</td>
<td>151</td>
<td>228</td>
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</table>

**2017-18**  **2018-19**
Milestones

2018-19 saw the programme reach over 1,00,000 students, 15,000 teachers and 500 schools across 8 cities in India.

Programme overview for 2016-19

- Total number of students who have participated in the programme between March ’16-March ’19: 1,23,864
- Total number of teachers who have participated in the programme between March ’16-March ’19: 16,145
- Total number of schools that have participated in the programme between March ’16-March ’19: 655

Way forward

- In 2019-20, the You Are Not Alone Programme will be conducted in Chennai, Ahmedabad, Bangalore, Mumbai, Delhi NCR, Hyderabad, Pune, Cochin, Kolkata and Goa
- A Phase 2 reinforcer session has been developed for students and teachers who attended the first session of the programme. The reinforcer session is aimed at gauging recall of information from the first session, while also serving as a platform to discuss participants’ conceptions on mental health and illnesses in light of the information they received
- New implementing partners have been brought on-board for Delhi NCR and Hyderabad
School Programmes

The Heritage School, Bangalore

Vidya Niketan, Bangalore

St. Xavier’s Collegiate School, Kolkata

Lady Andal School, Chennai

Caldwell Academy, Bangalore
Continuing work on RMHP

To facilitate accessibility to the State Government of Karnataka’s District Mental Health Programme, TLLLF has been supporting the Rural Mental Health Programme (RMHP) — an initiative launched by the Association of People with Disabilities (APD) — since 2016. The programme aims to remedy the lack of awareness about mental health and address the socio-economic challenges that deter members of the rural population from seeking help.

The goals for 2018-19 were to:
- Expand the programme’s reach to at least two more taluks
- Impact approximately 1,000 patients

Additionally, last year, a signed memorandum was submitted to the District Commissioner, Lokayukta, Panchayat Executive Officer and Deputy District Welfare Officer requesting for:

a) Prioritisation of People with Mental Illness (PwMI) in Aadhaar schemes
b) Allocation of 5% of the government budget towards PwMI
c) Provision of special status for PwMI in other government schemes

These were given official recognition this year.
The year in numbers:

384 new (male -180, female - 204) PwMI were identified through door-to-door surveys, networking with the public, treatment camps, hospital visits and public awareness programmes in Davangere district. With a follow-up of 700 patients from last year, the programme now lists 1,084 PwMI as beneficiaries.

132 PwMI were able to receive government benefits.

Of them, 94 received disability ID cards and are now eligible for bus and train passes.

They can now also avail self-employment (Aadhaar) schemes and 5% reservation for

People with Disabilities under Municipality and Gram Panchayat.

5 of them were able to avail housing schemes.

14 of them benefitted from 5% allocation of the government budget toward PwMI.
The team conducted treatment camps at:
5 taluk hospitals — Channagiri, Honnalli, Harapanahalli, Harihara and Jagaluru.

18 Primary Health Centres (PHCs) — Mallapura, Musturu, Kalledevarapura, Bidarakere, Asagodu, Billichodu, Pallagate, Hallekalu, Sokke, Basavanakote, Arasikere, Telagi, Mayakonda, Anagodu, Lokikere, Kulambi, Ukadagathri and Mallebenuru.

Doctors from district hospitals, NIMHANS and DMHP extended their support to complete the camp.

983 PwMI were provided access to psychiatric treatment and were enabled to continue their medication through these camps.

29 mental health capacity-building programmes were held for Accredited Social Health Activist (ASHA) workers, Village Rehabilitation Workers (VRWs), college students, anganwadi teachers and parents, with the aim of reducing stigma, promoting mental health acceptance, encouraging volunteerism and identifying more PwMI.

2,003 stakeholders benefitted from these capacity-building programmes.

41 caregivers’ meetings were held during the year, at Harapanahalli, Harihara, Davangere, Honnalli, Channagiri and Jagaluru taluks, to build parents’ capacity. Regular monthly meetings were organised to discuss their issues and address them collectively.

4 street exhibitions promoting mental health awareness programmes were conducted by the Community Mental Health Programme team at Harapanahalli, Honnalli, Nyamathi and Uchangidurgha marketplaces. The stalls were visited by approximately 1,032 people.

22 wall writings in public places were created in collaboration with Gram Panchayats and PHCs.
Residential camps

6 residential camps were held, which saw the participation of 496 persons in total, of whom 265 were parents and caregivers, and 231 were PwMI.

Feedback from participants

Parents said they:

- Gained information about mental illness, its causes, symptoms, treatment, side effects of medication, emotional problems and the advantages of the Federation
- Developed a better appreciation of their role in PwMI rehabilitation
- Understood Federation members’ roles and responsibilities better

- Gained knowledge about different government schemes and bank loans
- Experienced peace of mind due to cultural programmes, exposure visits and morning exercises
Mrs. M is a 45-year old woman hailing from a remote village called Madihalli in Davangere district. She is a widow and lives with her son, daughter-in-law and two granddaughters. M is a tailor by profession and she is one of the earning members of the family. She has been suffering from depression for three years, displaying symptoms such as sleeping disorder, loss of appetite, talking loudly to herself in the presence of others and abusing family members and neighbours. At times, she even displayed violent tendencies, prompting the family to take her to Shimoga for treatment in 2014, where she showed some improvement but relapsed when she discontinued medication.

In 2016, APD identified M in a door-to-door survey and she was made aware of mental health issues. She now regularly takes medication. The APD staff provides her with counselling support and free medication on a monthly basis. As a result of these measures, M’s symptoms of depression gradually reduced, and people in the community accepted her once again. She is now able to take care of her personal needs, household activities and community activities. Currently, she has gone back to her profession as a tailor and is earning to support her family.

The way forward

Through 2019-2020, TLLLF intends to further its rural mission in the following ways:

- Continuing the Rural Mental Health Programme in Davangere for 1,000 patient beneficiaries across 6 taluks
- Launching a new project in association with APD in 2 taluks in Gulbarga for 400 patient beneficiaries
- Creating a partnership with Carers Worldwide for a rural mental health project in Laxmipur block, Koraput, Orissa. The project will focus on addressing mental health needs and providing access to treatment for caregivers of PwMI. This project aims to impact 400 patient beneficiaries
- Bringing focus to research initiatives. A baseline and a mid-term impact measurement survey will be conducted with the help of an external agency to document the learnings from all three projects.

Case study

Mrs. M is a 45-year old woman hailing from a remote village called Madihalli in Davangere district. She is a widow and lives with her son, daughter-in-law and two granddaughters. M is a tailor by profession and she is one of the earning members of the family. She has been suffering from depression for three years, displaying symptoms such as sleeping disorder, loss of appetite, talking loudly to herself in the presence of others and abusing family members and neighbours. At times, she even displayed violent tendencies, prompting the family to take her to Shimoga for treatment in 2014, where she showed some improvement but relapsed when she discontinued medication.

In 2016, APD identified M in a door-to-door survey and she was made aware of mental health issues. She now regularly takes medication. The APD staff provides her with counselling support and free medication on a monthly basis. As a result of these measures, M’s symptoms of depression gradually reduced, and people in the community accepted her once again. She is now able to take care of her personal needs, household activities and community activities. Currently, she has gone back to her profession as a tailor and is earning to support her family.
A light in the dark

The #NotAshamed campaign was launched in 2018 by TLLLF to inspire public dialogue on a subject steeped in ignorance and stigma — the very real issue of mental illness and those who live with it in silence.

These illnesses are commonly attributed to causes such as oversensitivity, overthinking and a lack of willpower, creating an unreceptive environment that discourages People with Lived Experiences (PwLE) from speaking out. Seeking professional help and taking prescription drugs subjects them to judgement as mental illness isn’t considered significant the same way a physically visible disease is.

Therefore, the goal of the campaign was to:

• Increase awareness on the matter in order to absolve the stigma attached to it
• Encourage PwLE to speak out and seek external help
• Equip people with the knowledge to identify symptoms among friends and family members
Reach of the campaign

*Spreading the light*

The campaign was greatly successful in spreading its message among its core target demographic — People with Lived Experiences. The deliberated, first-person narrative, bereft of bells and whistles, promoted a sense of accessibility that is seldom witnessed on the small screen. The vulnerable and personal nature of the campaign struck a chord with PwLE and the general population alike, driving traffic to the Foundation’s YouTube channel, generating retweets and most importantly, inspiring PwLE to share their stories without shame. The campaign didn’t only succeed in gaining the attention of the target demographic — analysis showed that it also had greater than average rates of message retention among them.

Over 1/3rd of those the campaign reached were exposed to it in both traditional and digital media. These multiple points of exposure helped reinforce the campaign’s message.
Takeaways
• The campaign succeeded in gaining the attention of the core target group — PwLE — who also showed greater message retention
• Multiple points of exposure also helped facilitate retention of the message
• Using multiple mediums proved extremely beneficial as a large group of people had been exposed to the campaign over both traditional and digital media

Impact of the campaign

Echoes from far and wide
• Changes in attitude toward depression
• Campaign’s effectiveness in encouraging sharing and action — difference of attitude between those ‘exposed’ and ‘unexposed’

Changes in attitude toward depression
Overall, while basic awareness and stigma remained the same among both exposed and unexposed members of the general public, a noticeable impact was found in the promotion of the idea that people who suffer from mental illnesses should get help.

*General Public

<table>
<thead>
<tr>
<th>Question</th>
<th>Exposed (353)</th>
<th>Unexposed (978)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anyone can suffer from depression</td>
<td>65</td>
<td>31</td>
</tr>
<tr>
<td>If I thought I had depression, I would be ashamed to tell my friends and family</td>
<td>32</td>
<td>29</td>
</tr>
<tr>
<td>If I thought I had depression, I would be ashamed to tell a professional</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>I am not comfortable meeting with people suffering from depression</td>
<td>57</td>
<td>51</td>
</tr>
</tbody>
</table>

*Exposed (50) Unexposed (32)

<table>
<thead>
<tr>
<th>Question</th>
<th>Exposed</th>
<th>Unexposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who suffer from depression need professional help</td>
<td>84</td>
<td>63</td>
</tr>
<tr>
<td>If I thought I had depression, I would know how to get help</td>
<td>69</td>
<td>60</td>
</tr>
</tbody>
</table>

Net Distance = Exposed - Unexposed

*Source: TLLF-Karvy Impact Assessment Report
**Campaign's effectiveness in encouraging sharing and action — Difference of attitudes between PwLE and general public**

Emotions evoked by the campaign: Positive emotions evoked both among the general public and PwLE

**Share Ability**
- *General Public - Exposed (353)*
  - Freedom 44%
  - Hope 59%
  - Empowerment 68%
  - Empathy 65%
  - Interest 58%
  - Sadness 49%
  - Embarrassment 48%
  - Net Impact = Average of all Positive - Average of all Negative = 5%

- *PwLE - Exposed (50)*
  - Freedom 54%
  - Hope 58%
  - Empowerment 68%
  - Empathy 58%
  - Interest 42%
  - Sadness 48%
  - Embarrassment 40%
  - Net Impact = Average of all Positive - Average of all Negative = 12%

**Action Ability**
- *General Public - Exposed (353)*
  - After seeing this ad/campaign, I will openly talk about depression, if I or anyone else in the family is suffering from it: 52%
  - After seeing this ad/campaign, I will be more sensitive and understanding towards people suffering from depression: 32%
  - This ad/campaign has been able to generate interest and made me think about this issue: 58%
  - I don’t think this ad/campaign has changed my attitude towards depression in any way: 8%

- *PwLE - Exposed (50)*
  - After seeing this ad/campaign, I will openly talk about depression, if I or anyone else in the family is suffering from it: 45%
  - After seeing this ad/campaign, I will be more sensitive and understanding towards people suffering from depression: 34%
  - This ad/campaign has been able to generate interest and made me think about this issue: 6%
  - I don’t think this ad/campaign has changed my attitude towards depression in any way: 4%

% figure = association with the emotions after seeing the campaign

*Source: TLLLF-Karvy Impact Assessment Report*
A light at the end of the tunnel
Here is the personal journey of a survivor exposed to the #NotAshamed campaign

Jhanvi*, 25
Started visiting the psychologist recently for depression and has been following the #NotAshamed campaign online for several weeks

From Depression
- Diagnosed with depression due to work-related stress
- Was finding it difficult to talk to family or friends due to fear of judgement

To Recovery
- Sought medical help after seeing an online video about depression
- Therapy helped her deal with her symptoms

To Empowerment
- #NotAshamed made her feel connected with Deepika
- Validated her condition by comparing her story with that of a celebrity

To Public Acknowledgement
- Feels she has found the right forum to express her feelings without the fear of judgement

“The moment relatives got to know that I am suffering from depression, they started avoiding me, saying ‘ye toh satiya gayi hai’.”

“I was able to tell my psychologist things I could not tell my family... she helped me understand what I was going through.”

“It was so nice to see Deepika talk about it online. If she can, so can I.”

“I no longer feel an inferiority complex that I am taking medicines for depression.”

“I can go online and post comments on the #NotAshamed campaign. A lot of people are doing it and I see no problem in it.”

*Name changed

From Depression
To Recovery
To Empowerment
To Public Acknowledgement
Social media response

Goldie Shawel
Glad that you are speaking up to help others. Let’s also distinguish between many different types of depression. Women who give birth and have post partum depression with crazy thoughts etc... must go for help. Recognising that the chemicals in your brain have changed is so important and not to be taken lightly. I suffered in silence for two years after the birth of my second child. I was so frightened on a daily basis and basically stayed silent in shame... #noshame, thanks!

Aryansh Mishra
Many people think depression is just a sadness thing or an excuse people make, but it is actually a feeling that makes you an emotionless creature... I was in depression.... it’s like living is so hard... you no longer have hope...you no longer like to live... like going to school without liking it... just do the work lifelessly... it’s like a toxin spreading in your body,... nobody can understand actually...

Alex Peguero
As a psychiatric mental health professional, I just want to thank you for sharing this. There is hope and sucessful treatment. Never be afraid to ask for help.

A persevering glow
Over the course of the campaign, we have been blessed with the honour of witnessing real courage in action as survivors and affected persons have embraced our message and spoken out about their struggles. The resolve of those speaking out has served, in turn, to inspire even more people to share their stories.

The #NotAshamed Campaign has been an unprecedented, courageous venture that has met with appreciable success. More than eight months on, the core message of #NotAshamed still echoes, with many PwLE continuing to share their narratives. The campaign has given rise to a trend that is gradually but noticeably shifting general attitudes towards mental illnesses.
Since its inception, TLLLF has laid special emphasis on leveraging the digital sphere to engage with communities. Over the course of the last year, the Foundation has emerged as a digital thought leader, sparking online conversations on matters relating to mental health and voicing a relevant issue that is rarely spoken about — in no small part thanks to the digitally driven #NotAshamed campaign.

As part of our continued mission to provide reliable resources to affected persons, new **helpline partners and therapists** (counsellors, psychiatrists, psychologists) have been verified and added to the website.

This year, TLLLF released content in 10 regional languages, including Assamese, Oriya, Punjabi and Bengali, to widen its reach and impact larger audiences across India.

We also saw continued growth in **Social Media**. With the #NotAshamed campaign focussing on outreach through video content, the Foundation’s YouTube channel showed exponential growth in subscribers this year.
The #NotAshamed campaign was rolled out in two phases. Pre-launch, teasers were published in print and on hoardings. The video campaign had a primary emphasis on digital media, where it had a significant impact, organically generating retweets from well-known personalities across the entertainment and social media world with no behind-the-scenes influencer marketing involved.

As a result of the campaign, the Foundation’s social media handles received more than 50 stories from People with Lived Experiences, talking about how they were able to embrace the message of the campaign. Consequently, the Foundation’s YouTube page grew 306% as a result of the #NotAshamed campaign.
Media Outreach

TLLLFF has emerged at the forefront of the movement to spread awareness on mental health and destigmatise mental illness. Here is a look at some of the media coverage TLLLFF has received during the year.

**Media Outreach**

TLLLFF has emerged at the forefront of the movement to spread awareness on mental health and destigmatise mental illness. Here is a look at some of the media coverage TLLLFF has received during the year.

**Quint website, 16th January, 2019**

**Time 100's Deepika Padukone: 'We're All in This Together'**

**TIME website, 25th April, 2018**

**World Economic Forum website, 30th April, 2018**

**BW Healthcareworld, October 2018 issue**
KEEP talking

Because communication is the only way we can get to a place of awareness, acceptance, action

- We need to talk about depression.

"Seek solace in loved ones, but also from your own self." -Sujoy Dey

The way we talk about depression, the way we talk about problems, the way we talk about our feelings, all make a difference.

"I felt like I was alone in my pain. But when I started talking about it, I realized I wasn't alone. I found a community of people who understood what I was going through." -Ananya Dey

When you named therown (On the Reel)

"I feel like I was alone in my pain. But when I started talking about it, I realized I wasn't alone. I found a community of people who understood what I was going through." -Ananya Dey

The right communication

The Ministry of Health and Family Welfare, Government of India, has launched a helpline number "1070" for people suffering from depression. People can call this number to talk about their feelings and get support.

"Don't be afraid to reach out for help. You're not alone. You have a community of people who understand and care." -Dipika Palit

The Hindu, 9th August, 2018
1. We have examined the Balance Sheet of The Live Love Laugh Foundation, Bangalore as on 31st March, 2019 and the annexed Income and Expenditure account and Receipts and Payment account for the year ended that date. These financial statements are the responsibility of the management. Our responsibility is to express an opinion on these financial statements based on our audit.

2. We have conducted the audit in accordance with auditing standards generally accepted in India. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Our audit included examining on a test basis, evidence supporting amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

3. We further report that:
   a) We have obtained all the information and explanations, which to the best of our knowledge and belief, were necessary for the purpose of our audit
   b) In our opinion proper books as required by law have been kept by the Trust so far as appears from the examination of those books
   c) The Balance Sheet, Income and Expenditure account and Receipts and Payment account dealt with by this report are in agreement with the books of accounts
   d) In our opinion and to the best of our information and according to the explanations given to us during our audit, the said accounts give a true and fair view of the state of affairs of the Trust as on 31st March, 2019

Bangalore

Yadu & Co
Chartered Accountants
Firm registration number: 004795S

Sd/-
VN Yadunath
Proprietor
Membership Number: 021170
Bangalore
## Balance Sheet 2018-19

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<th>Category</th>
<th>Amount</th>
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<td>Advance from Trustees</td>
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<td>Sundry Creditors/Provisions</td>
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<td>Fixed Assets</td>
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<td>Advances and Deposits</td>
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<td>Investments</td>
<td>₹ 33,168,630</td>
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<td>Cash and Bank Balances</td>
<td>₹ 4,104,642</td>
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<td><strong>Total</strong></td>
<td>₹ 38,751,666</td>
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## Income and Expenditure

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<td>Donations Received</td>
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<td>Other Income</td>
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<td><strong>Total</strong></td>
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<td>Educational Awareness Programme</td>
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<td>Development Expenses</td>
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<td>Administrative Expenses</td>
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<td>Depreciation</td>
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<tr>
<td>Excess of Income over Expenditure</td>
<td>₹ 2,377,955</td>
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<tr>
<td><strong>Total</strong></td>
<td>₹ 37,604,481</td>
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Board of Trustees

Anna Chandy
Anna has over 18 years of experience in developmental work, counselling, coaching and mentoring. She is the first Certified Transactional Analyst from Asia accredited to the International Transactional Analysis Association, and has specialised in Counselling. She is also certified in Neuro Linguistic Programming and Art Therapy. Anna works with organisations as well as practices in private.

Kiran Mazumdar-Shaw
Kiran is the Chairperson and Managing Director at Biocon. She is a pioneering biotech entrepreneur and a recipient of the Padma Bhushan (2005) and the Padma Shri (1989). She is committed to providing affordable access to healthcare with several global recognitions to her credit. Recently, she became the second Indian to sign the ‘Giving Pledge’ of the Gates Foundation.
Nina Nair
Nina has about 30 years of work experience in teaching, learning and developmental activities, human resources, and organisational development. She has played an eclectic mix of roles — from being a high school teacher, entrepreneur, trainer, to the head of HR. She is currently VP and Head HRD (India and LatAm) at [24]7 Inc.

Dr. Shyam Bhat
Dr. Shyam is a psychiatrist and physician, with postgraduate training and board certifications in Psychiatry, Internal Medicine and Psychosomatic Medicine. He has over 20 years of experience and has a special interest in the integration of eastern and western methods of healing.

Dr. Murali Doraiswamy
Dr. Murali Doraiswamy is a professor and doctor at the Duke University Health System (USA) and one of the world’s leading clinical experts in the area of brain and mental health. He is also a member of the Duke Institute for Brain Sciences and directs a renowned clinical trials unit that has been involved in the development of many therapies used widely today in mental health. Murali has received numerous awards for his work, including a Fellowship by Distinction from the Royal College of Physicians and a special US Congressional recognition for his services to the community. He has been an advisor to leading government agencies, businesses and advocacy groups, and serves as the Co-chair of the World Economic Forum’s Global Future Council on Neurotechnologies and Brain Sciences.
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