

**ANJALI**

**ANNUAL REPORT**

**2017-2018**



## **Brief history**

It was 2001 when Ratnaboli Ray started working in the female ward of Kolkata Pavlov Hospital. What began as regular conversations with the women who were institutionalised there later went on to become full-fledged sessions on social inclusion. It is notable to mention here that these residents had, on an average, spent 7-10 years of their life in the institution, not because they were chronically ill, as is the general public discourse, but because they were abandoned and left with nowhere to go. Social welfare in the state has largely been non-existent in matters related to mental health. It was this void, this glaring injustice that formed the foundation for Anjali. Since inception, the idea has been to look at mental health from a developmental gaze, and to keep in mind the sustainability of any initiative undertaken, which explains the consistent collaboration with the Govt. of West Bengal.

## **Our Vision**

A world where the right to positive mental health is secured for all,

## **Our Mission**

- Make mental health institutions and systems inclusive
- Build community ecosystems for mental health care and wellness
- Secure progressive mental health laws, policies, and practice
- End stigma, violation, and discrimination that is associated with mental health.

# Map



## Director's desk

The year 2017 witnessed tremendous growth and expansion in Anjali's work. We took our work



to yet another District in Bengal; Purulia. Thus, making our presence felt in all four of the mental institutions in the state of West Bengal. Anjali also forayed into dialoguing with multiple stakeholders, users of psychiatric services and experts in the field on the theme of Sexuality and Mental Health' through an international conference called Pleasure, Politics and Pagalpan. This conference housed multifarious opinions on the

intersectionalities of sexuality and mental health. It focussed on pleasure and needs over pathology. The conference resulted in two outcomes- a film called "Love in the time of Madness" and a thematic paper titled, " Sexual Rights of Women with Psychosocial Disability: Insights from India. The film captured the narratives of two women one of whom was previously living in the hospital and is now happily married and settled; the other currently living in a district mental institution, forgotten and abandoned.

On an organisational front, 2017 began on very promising note for both in the programme teams and core team. Several young professionals joined the team and immersed themselves in the ongoing work of Anjali's. Some of the core team members, also bid us farewell to pursue their professional paths. We welcomed newer funders who showed remarkable faith in our endeavours and along with the existing funders have been instrumental in Anjali's path-breaking work.

## Who we are and what we do



We are a not for profit mental health rights organisation. We seek to establish humane mentalhealth systems in government institutions and in communities and make mental health a developmental priority in the country. Our work is grounded on the principles of the Rights ofPeople with Disability Act, India (2016) and the United Nations Convention on the Rights ofPeople with Disability (2006). We strive to move away from the biomedical control of mentalhealth and establish a new discourse where destigmatisation and wellness shall be thefocus. Our attempt is also to visibilise this ignored population and to make our governmentand the larger public accountable for the lives of these individuals. We employ a language ofdisability; instead of using mental illness in our discourse, we use psychosocial disability, tohighlight the social implications of a diagnosis, of institutionalisation and incarceration. We view disability through a feminist lens and persistently work to incorporate this into mainstream disability discourses.

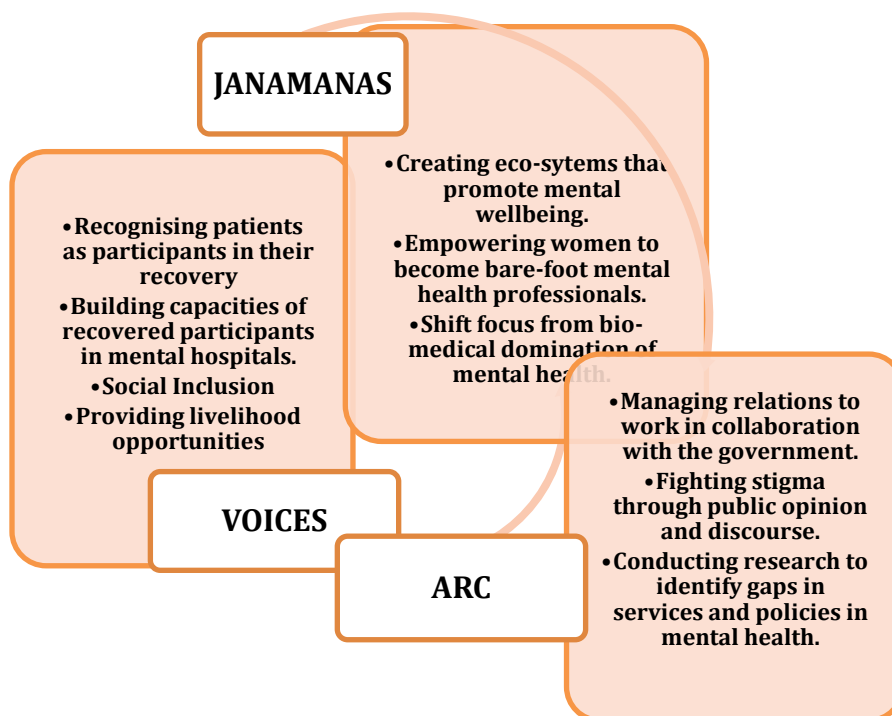
## Programmes

Our work is primarily divided into three programmes: **Voices, Janamanas and ARC.**

The **Voices** programme works hands-on with the mental hospital residents of West Bengal, with a focus towards facilitating social inclusion and citizenship rights for these residents.

The **Janamanas** team works with local communities, where it strives to enable and equip barefoot workers from within communities, to address mental health issues at a primary level.

The **ARC (Advocacy, Research and Campaign)** team is responsible for conducting research on mental health and its various intersectionalities with other social barriers. It is also involved in creating awareness towards mental health through various advocacy programmes and events.



## Voices

Anjali's programme in three government mental hospitals started as a rehabilitation initiative, but gradually evolved into a social inclusion programme where our participants are facilitated to become full citizens of this country. Voices is aptly named, to establish the visibility of people

living with psychosocial disability inside government mental hospitals, who are pushed to a corner. Over the years, they have become agents for change, ushering in change both within the institution and outside in the community.

The following is the mission and objectives of the programme:

**Mission statement:** Build a culture of human rights and ensure that people with psychosocial disability live with dignity and full citizenship within the mental hospitals.

**Objectives:**

- To develop and design all services from the institutions keeping the participants at the centre
- To facilitate in creating a human rights friendly environment
- To develop a replicable model and move the State to draft and adopt the programme

The specific programme components are as follows;

1. **Capacity Building & Skills Training:** The capacity building and skills training programmes are organized with the aim to provide cognitive and life skills input to ensure that people with psychosocial disability can be empowered to speak for their rights, choices and make decisions.
2. **Social inclusion:** Social inclusion includes understanding and accepting potentials and capabilities of a person with psychosocial disability and ensuring inclusion as rightful citizens- within their families, community, and society at large.
3. **Model livelihood initiatives:** Anjali has created specific livelihood opportunities with the State-run institution for recovered, long staying and abandoned participants languishing in the hospital to ensure gainful engagement of the participants and also to break the prevalent notion that people with severe mental illness are not employable.

The growth of the organization demanded expansion of the team. Anjali recruited new team members. Continuous handholding and supervision became an integral part of the induction, therefore. The new members became a part of the organization in the capacity of the following positions:

- Advocacy officer
- Associate Programme Manager, Voices Programme, Baharampur
- Associate Programme Manager, Voices Programme, Purulia
- Case worker
- Psychologist

Anjali has also felt the need to hire consultants to support in legal issues and finance and therefore,

- A professional lawyer is supporting the programme team
- A finance consultant is supporting the finance department

To ensure that the team functions effectively and cohesively, Anjali organised a two – day **team building** workshop on June 13 and 14, 2017 in Tinchuley, a small hill station, which is situated at the northern part of West Bengal. Over the two days, an exercise to re-visit the past 17 years of Anjali was facilitated by the Director of the organisation. The exercise aimed to capture the history of the organisation with a timeline to help the team members understand the journey of the organization. The team became aware of how and why the organisation came into being, what had been the major ups and down, the major learnings so far and thereby, the way forward. It unfolded as a narrative comprising of many personal and professional journeys. In the process many a faded memories were recollected, misplaced achievements were shared and critical challenges and learnings were reiterated.





The Anjali team with Betsy and Thomas Neuville, representing **Keystone Institute India**, conducted a visioning exercise, wherein Anjali mapped out her big dreams and laid down the possible ways to reach there. The process, known as **Planning an Alternate Tomorrow with Hope (PATH)**, helped us to identify our strengths; where we are right now and what will be our baby steps in realising those dreams. The map we created is to serve the purpose of being a reference to what Anjali aims to move towards and how. Few of the innovative ideas that the team came up with, to be achieved in the next few years, are the “Good Life Bus”, more publications, international conferences and creating spaces of healing (within and outside hospitals for people with psycho social disabilities).

Currently, Anjali is working with a pool of **112** women with psycho social disability languishing within the Mental Institutions.



## **Hospital Initiatives & Participant Narratives: Kolkata Chapter**

### ***Dhobi Ghar:***

Dhobi Ghar is one of our most important projects striving towards achieving autonomy for our participants. It's a laundry run by the participants, where they wash their own, as well as other participants' clothes. A total of 22 participants are currently working at *Dhobi Ghar*. Most of them agree, that being a part of an independent work space has been really empowering for them.



**Moushumi**, who has been working at *Dhobi Ghars* since 2014, says she likes working at *Dhobi Ghar*, not just because she gets to leave her ward for a couple of hours, but also the fact that it makes a working woman out of her. And that coming out to work everyday has been an integral part of her recovery process.

For **Chaitali**, who has been abandoned by her family, her co-workers at *Dhobi Ghar*, and the other friends she has made at Pavlov, have become family. Though she does aspire to go out in the world one day, and have an independent life.



**Anu**, who supervises the work at *Dhobi Ghar*, says she has seen participants open up to her over the years. The most important improvement, according to her, is their will to express, and ability to communicate their feelings. In the last four years that she has been supervising the work at *Dhobi Ghar*, more than 40 people have worked here, out of which, around 10 participants have been integrated. Her own personal achievement has been the relationship she has forged with the participants, and being able to be the listener they deserve, but often don't get.

On any given day, if one walks in to *Dhobi Ghar*, it is unlikely that one wouldn't find **AlamDa**, either folding clothes, or putting them for wash, or supervising a participant. He is the trainer at *Dhobi Ghar*, and has been working there for the last four years. For him, the most integral part of his work has been to see the participants make gradual improvement through the course of their



work at *Dhobi Ghar*, and grow from strength to strength. He shares how some of the participants, when they initially joined had quivering lips and unstable hands. He fondly remembers how learning to operate the iron box has made stable hands and confident people out of these same participants. Stories like these are, according to him, what make him the most proud of his job. Unlike his older job, which was solely commercial in nature, this, for him, is cathartic. And he says he no longer finds it hard to interact

with the participants; he is now their ally in the fight to undress mental health of stigma.

### **Visit by TATA Trust at *Dhobi Ghar***

PraveenaMocherla from the TATA group had visited the Dhobi Ghar programme on May 19<sup>th</sup> 2017. TATA is keen to replicate the Dhobi Ghar programme at Nagpur Mental Hospital. She came down to understand the programme so that the same programme can be replicated at Nagpur. She visited the site, interacted with the volunteers, interacted with the technical consultant and reviewed the documentation process. Some budgetary guidelines and estimated expenses of the Dhobi Ghar was shared with her on her request.

### ***Cha Ghar:***

*Cha Ghar*, the canteen at Pavlov Mental Hospital that Anjali was instrumental in setting up, continued to employ our participants from Pavlov, thus taking forward our vision of enabling them to achieve autonomy through livelihood opportunities. It not just employs our existing participants, but also reintegrated participants, who has continued their association with Anjali over the



years.

### **Block printing Class at Pavlov:**

The weekly block printing class, held at the male ward of Pavlov, is conducted by block printing artiste Saikat Chakraborty. Every class sees the participants churning out some interesting artwork, in the form of wrapping papers, diary covers, and such. For the participants involved in this, the few hours at the session are really about pouring about all the colours they have within them.



**Biplab**, who has been staying at Pavlov for the last 12 years, was abandoned by his family, is one of the most enthusiastic members of the block printing class. If one is lucky, one might just catch him singing *Tere Mere Sapney*, while staring out from the caged windows of the corridor. He is also a film enthusiast, and says that he always tries to be a part of something or the other - that is the only way of healing he knows. He has been involved in block printing for many years now; he refers to the couple of hours he gets to spend attending classes and session as *moner khabar*, which literally translates to food for the heart. The ethos behind these sessions and programmes couldn't have been summed up better.



### **The *Koshtipathor* Project: Lumbini Mental Hospital:**

The weekly classes at Lumbini Mental Hospital are conducted by Nabendu Sengupta. If one just walks in to one of these classes, one would get to see at least five different kinds of jewellery being made by the participants.



**Nandika**, who has been living in Lumbini since the beginning of 2018, wants to go back to her home in Malda as soon as she can. She has a lot of complaints about her stay at Lumbini. However, the couple of hours she gets to spend at the M Seal class, are one of the few things she looks forward to.

**Raveena**, who has been at Lumbini for just a month, believes that activities such as these are integral to the process of healing.

**Reba** has been a resident of Lumbini for almost a decade. She loves making lockets and chains at the M Seal class, and wants to write letters to home, telling them about the things she has made.

According to **Nabendu Sengupta**, who conducts these sessions, recovery is a complex process. It cannot be measure in tangible units. However, he believes the sessions he conducts have their own role to play within the larger spectrum of recovery. He says he has seen overwhelming improvements amongst a some of the participants. According to him, these sessions are also a way of finding out who likes what, and thus channelising their energies accordingly. These sessions are also a time for them to share their innermost thoughts - whether through words or art - something that is integral to the process of healing.



**Ward initiatives:**

**Kitchen garden:**





The male ward of Pavlov Hospital boasts of its very own kitchen garden, where the participants grow their own food. Other than being a tool for empowerment and autonomy, it is also a space for the participants to engage in regular physical activity - the scope for which is otherwise sparse.



**Siddhartha**, a resident of the male ward, has been a part of the kitchen garden since its inception. In his words, he has been since the time its “first seeds were sown”. Among other things, he has struggled with depression for too many years. And he believes that keeping himself involved in activities like kitchen garden and block printing have helped him cope with his depression. It has also strengthened his will to go back in the outer world and start working.



## Social Inclusion

### **Reintegration:**

And integral part of the work that Anjali does, is enabling our participants to go back to the mainstream, continue living their lives with autonomy and respect. One of the most effective ways to do that is to reintegrate our participants with their families. With sweat, toil, love, and determination of our Voices team members, we have been able to reintegrate quite a few of our participants over the years.



**Rohima** is one such person we're extremely proud of. She is currently working at *Cha Ghar*, has been working there since her stay in Pavlov. Admitted to Pavlov by her family, she was discharged after three months. Her association with Anjali has, however, continued even after her departure from Pavlov - through her work at *Cha Ghar*. According to her, being called "mad" has been an integral part of her growing up year. Over the years, she has learnt to own it up. She channelises all her energies to the work she does, and hopes to never stop healing.



### **Bank Accounts:**

Social inclusion and autonomy are inseparably connected to each other. One cannot exist without the other. It was thus an imperative for us to be able to arrange for basic things like bank accounts and voter ID cards for our participants. After a long fight, we have been able to arrange for voter ID cards for 50 residents of Pavlov Mental Hospital. What makes our win sweeter, is the fact that their voter ID cards do not mention the name of the hospital, but the name of the road where the hospital is situated. This has given an immense sense of autonomy to our participants.

**Mousumi**, a resident of Pavlov says she is extremely happy that she'll be able to exercise her right as an independent autonomous citizen. She also feels it is her responsibility as a citizen to cast her vote. She has also received a bank account her salary for her work at *Dhobi Ghar*. She says that having a bank account has given her more control over her money.

**Poonam** and **Chaitali**, who also work at *Dhobi Ghar*, say both the voter ID card and bank accounts have given them independence and autonomy - each in a different way.

## Voices Expands to Purulia

One of the biggest milestones of 2017 was the beginning of our association with Purulia Mental Hospital, which has now become an integral part of our work. Despite some initial barriers faced by the team, it has been a highly enriching journey for us navigate through the barriers and establish safe spaces for the participants.



In our short span of association with our participants at Purulia, we have had two important events:

### PHF Visit:

On 14th February, 2018, around 14 members of PHF, one of our funders, visited our premises in Purulia. They were felicitated by our participants with handmade bouquets and mementos, who also had *Chhou* and *Jhumur* performances for the visitors. This was a very productive visit, in the sense, that the PHF team patiently listened to our concerns and limitations, and helped us chalk out our way forward for the Purulia project.

### Basanta Utsav:

Our *Basanta Utsav* celebration with our participants at Purulia was one filled with colours, joy and, a lot of laughter. The event was a huge success. It was attended by the local hospital doctors, the CMOH Dr. Anil Dutta, and the ADM (Dr. Maity). The event saw enthusiastic participation from not just the hospital residents, but also the doctors and the staff present there. The event was not just about welcoming the winds of spring. But also about bringing together the hospital residents, doctors, and staff at the same platform, breaking the barrier between the caregivers and the residents.

## Behrampur



**Kitchen Garden:** Bahrampur Mental Hospital also initiated the Kitchen Garden project. An otherwise unfertile part of the hospital just outside the wards, was reconceptualised as the kitchen Garden of the hospital.

## Rabindra Jayanti:

Participants from the Bahrampur Mental Hospital performed at Rabindra Sadan, Behrampur in an event to commemorate Rabindra Nath Tagore's birth anniversary.



### Achievements: Voices

Initiation of a new **livelihood initiative, the tie and dye unit**, with the female residents of the Kolkata Pavlov hospital: The programme is in collaboration with a leading textile

house in Kolkata. A training of trainers was organised on June 6<sup>th</sup> and 7<sup>th</sup>, 2017 with few selected trainers and participants of Anjali at Kolkata Pavlov hospital. Trainers from the textile house had come down and spent two days demonstrating the technique and skill of tying and dying. Anjali has initiated work at the unit with the female residents inside the female wards. Approximately 10 – 15 women had showed their interest. They are now learning the process of work and will receive remuneration when the programme becomes a livelihood model.



The Department of Health and Family Welfare, Govt. of West Bengal had requested Anjali to initiate the Voices programme at the **Institute of Mental Care, Purulia**. Based on their request, Anjali had submitted a proposal with the Department and received an approval from the Government on May 2017. Anjali has started work at Purulia from May 2017. We are currently working with 15 – 20 female residents at the hospital, providing counselling support and organising recreational sessions with them. Anjali is focusing on working with the Doctors, Nursing and Group D staff, organising orientation sessions, discussions about Anjali's work and the kind of mutual support that is expected from each other.



## Janamanas

In 2007, when we set out to create Janamanas, we were like explorers without maps. We did not know how to transform ‘invisible’ women into barefoot mental health practitioners; how to build accountable collaborations with governments; how to design and embed a CMH program in uncontrolled community settings; how to measure impact and behaviour change within families. But over the last 12 years, the community has been our teacher and helped us not just to shape Janamanas, but to shape a new impact curve for Anjali.



In the early 2000s, Anjali was training government doctors and hospital care givers on mental health and human rights of persons with mental illnesses. One of the psychiatrists asked a pertinent question: why were we focusing on the mental health and human rights of less than 2% of those who end up in hospitals? Why were we not thinking about the 40-50% of those with some form of mental distress who were living with their families, or were out there in the community? At that time, Anjali was obsessed with the idea of transforming mental health hospitals. But this was a powerful question. It prodded us to think, ‘why not?’

As mental health professionals, we would often talk to women in deep psychological distress in safe addas (meeting places). These were women who were struggling with failed marriages, failed careers, failed aspirations - they were living a life that, according to them, was defined by failure. We knew that this class would not end up in hospitals. It would end up in clinics, may or may not take medication for their suffering and go deep into distress. So another question started to prod us. ‘If this was the scenario with upper class, upper caste, urban women, how it would be for women who are disadvantaged by class, caste, poverty, cultural positions?’





Article 19 of the CRPD stated that persons with psycho-social disabilities could live in their communities as equal citizens. But, for this to happen, partnerships needed to be forged between many different actors – from persons with disabilities to their representative organisations, governments, service providers, local communities and families. Article 19 seeded an audacious question in our minds – ‘Could we transform this global development into local action and build inclusive communities with the purpose of providing full citizenship to persons with psycho-social disabilities?’

Our heads were buzzing with these questions, when we were invited by Change Management Unit (Municipal Affairs Department, Government of West Bengal) to pilot training for community women of Rajarhat, a neighbourhood of Kolkata, located in the North 24 Parganas of West Bengal, funded through Innovative/Challenge Fund (KUSP). The purpose of the training was to equip women to become barefoot mental health professionals. But quickly, very quickly, we floated the possibilities of setting up CMH kiosks within the wards of Rajarhat, from where these barefoot mental health professionals would operate. We envisioned these kiosks not just as spaces that would address mental health issues of community members; but also as spaces where our barefoot women mental health professionals could forge new friendships, find new meaning and normalize different ways of behaving, relating, and dreaming.

*A young boy of 25 years, who had been recently married, came to the kiosk to address alcoholism, lack of sleep and other difficulties. However, after some rapport building and*

conversations around his life, he started divulging his true feelings that were bothering him. He had an elaborate idea of sex in his head, which was rich in fantasies and experimentations. He wanted all this to realize in his sexual interactions with his wife. However, his simple, homely Bengali wife was not as adventurous in bed. He drew parallels between his friends' girlfriends and between his own wife. Gradually, this led to distance and lack of affection between the two of them. When he discussed these issues with the Kiosk workers, it became apparent that alcohol was just a reliever in this case. The Kiosk workers had repeated conversations with him where they encouraged the man to assess if the situation was as bad, or if the situation could be looked at differently, if there were other ways to bond with his wife which would make him feel attracted towards her again, to consciously try and desist comparison between the others and his wife. Finally, the man was asked to make a list of all the activities he had fantasized about and discuss it with his wife. This strategy helped both of them and they have been happily cohabiting for the last two years.



An unmarried 55 years old man approached the counselling team at the Kiosk with an initial complain of attention deficit and difficulty to remember things. Gradually through exploration, introspection, and enquiry it was revealed that the man never got married as he is incapable of being committed to one woman. He finds himself desirous and craving for different women and is easily bored with the same company. When the Kiosk workers engaged in more conversations they

were told that the man finds himself inexplicably attracted to young girls and boys. When he cannot find women for company he often molests and experiments with young girls and boys. The Kiosk workers explained to him how paedophilia is unethical and anything without consent of the other person is illegal. Underage children are incapable of providing consent in such situations and thus what the man was engaging in would have legal repercussions. He disclosed to the counsellors that the parents in his locality now forbid children from mingling with him which depresses him further. The Kiosk workers tried to channelize his understanding of sexuality, focusing on how to satisfy himself and not through illegal ways

### **Achievements: Janamanas**

The greatest achievement in this year, was for a lay counsellor of the Janamanas programme to be nominated and awarded the **CII women Exemplar Award 2017**. **Monika Majumdar**, a grass root level counsellor in the Janamanas programme from Rajarhat was nominated from Anjali, in

the Health Category, for the CII Woman Exemplar Awards 2017. CII (Confederate of Indian Industries) recognises the achievements of women from the community, who does exceptional work in the field of health, livelihood and education. There was a rigorous screening process which included an interview, field visits, interaction with the team and the Director of the organisation. She was one of the 16 women nominated from all over the country. She travelled to Delhi on 24th of April 2017 for a Capacity Building workshop, which was followed by the award ceremony. Towards the end of the workshop, she came to know that she will be receiving the award in the Health category. The award was accompanied by a prize-money of 3 lakh rupees. She received the award from the President of India on 27th of April 2017 at New Delhi.



Monika's win has given an additional mileage to the Janamanas program and has helped in capturing a larger audience and stakeholders for the programme. This has also paved the way for new opportunities for both Monika and Anjali. The New Zealand Embassy had got in touch with Anjali and requested for a small proposal to contribute towards the Janamanas programme, which will be beneficial both for the community and the volunteers who are associated.

**Quantitative achievement of the period –**



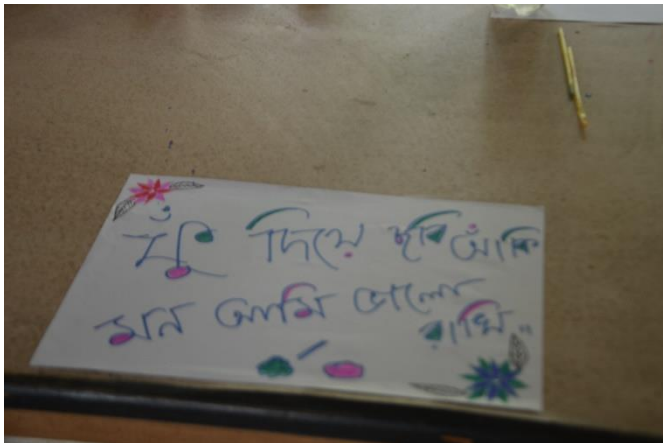
In one of the women's meets in Coochbehar the focus was on 'Expression of your current situation/ future' through drawing/sketching. For most of the women, it was the first time that someone had told them to look within and think about their life. One of them drew her current situation as being within a cage, and reflected on her suffocation.



### **ARC- Advocacy, Research and Campaign**

Anjali partakes in several advocacy initiatives that involves continued conversations with government representatives, hospital authorities, local governing bodies and other organisations with the primary objective of ensuring humane treatment, care and reinstating of rights of persons with

Anjali has been advocating with the Department for **individual lockers** for the residents of the Mental Institutions so that the residents at least have a space of their own, where they can store their belongings. Alternatively, all residents of the hospitals carry their belongings in carry bags where ever they move around, in and outside the wards, because otherwise they fear that their belonging will be stolen. This would be the first step towards autonomy and independent living.



The Janamanas team advocated with Shri Sabyasachi Dutta, **Major, Bidhannagar Corporation** regarding initiation of Janamanas programme in the Rajarahat area, involving other wards, which the existing programme cannot reach out to.

## **Pleasure, Politics, Pagalpan**

Anjali, in collaboration with ARROW (The Asian-Pacific Resource and Research Centre for Women) co-convoked 'Pleasure, Politics and Pagalpan' - a national level conference on sexuality, rights and psychosocial disability with support from CREA. The two-day conference was organized on May 13 and 14, 2017 in Kolkata, India. The aim of the conference was to address the oft ignored discourse of sexuality and desire in the context of mental health; to try to think of newer paradigms that give as much importance to sexuality and desire, as is given to medical interventions, in the context of mental health.

The conference commenced with a keynote address titled Sexuality, Psychosocial Disability and Psychosocial Wellbeing. It helped in establishing the rationale for the conference and setting the context for discussion on psychosocial disability and sexuality. Speakers focused on the current paradigm, politics and conflicts around sexuality. This was followed by the second session Practice: The concerns and dilemmas in dealing with sexual expressions of persons living with psychosocial disability. The panel consisted of caregivers and mental health professionals. The discussion focused on strategies and approaches used by individuals and organizations to bring together the issues of sexuality within the mental health framework. The third session of the day was Sexuality and its connects. The session brought out the intersections, pathways and possible connections between sexuality and psychosocial disability. Discussion during this session also focused on consent, diversity in sexual expressions and made its connections to the existing discourse on sexuality and disability. The second day of the conference started with the session Pleasure, danger, eroticism and fantasy. The session explored various forms of sexual expressions, pleasure, consent, agency, access and autonomy. The second session for the day, Determinants, focused on social, cultural, legal, medical factors that act as barriers to sexuality and its expression. The Concluding session, provided a summary of the discussions that took place over two days and looked at ways forward. The conference brought together the three issues of sexuality, rights and psychosocial disability and created a dialogue where intersections of these three issues can be viewed together. It brought together mental health professionals, academicians, women's rights activists, filmmakers, lawyers, writers, and social justice activists together on one platform to locate sexuality and rights within the realm of mental disability. During the conference a range of evidences from personal and professional spaces were shared to substantiate the existing gaps in the current discourse around sexuality and psychosocial disability. The conference also helped in substantiating the relevance of these issues and various challenges were discussed around addressing sexuality and rights within the mental health framework. Focusing on the lacunae, the conference established that there is a need to have a holistic and inclusive conversation on sexuality and sexual expressions within the mental health framework. It was agreed that going forward, the conversation must be taken out of the academic and intellectual spaces to reach out to more number of people.

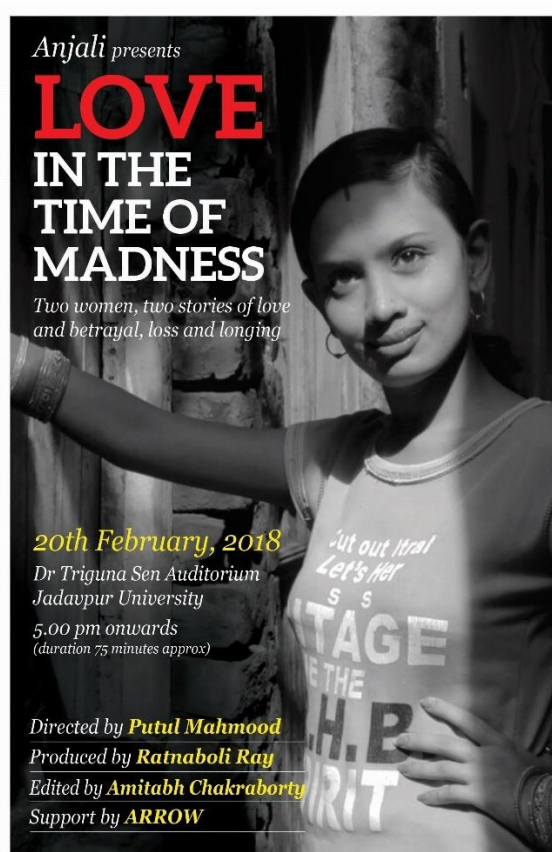






## Love in the Time of Madness

Love in the time of Madness, is a documentary film produced by Anjali and directed by award winning director Putul Mahmood. The documentary revolves around two women who live/lived in a mental hospitals in West Bengal. The film is a story about their love and losses, story of their desires and betrayal. This film also brings to the fore the interplay between sexuality and family, society and mental health institutions in our country.



An event was organized by Anjali Mental Health Rights Organization on the 20<sup>th</sup> of February at 4:30 pm to officially launch the thematic paper “Sexual Rights of women with Psychosocial Disabilities: Insights from India” and premiere the film “Love In The Time Of Madness” which is a compilation of two real-life stories of Kajal and Atasi.



Through the feedback forms that Anjali had circulated to understand the general/overall satisfaction of the audience not only about the film, but also the entire evening- several thought-provoking insights have emerged.

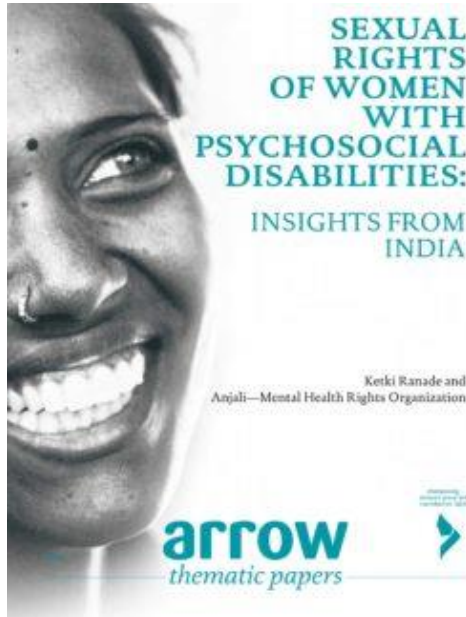
Some have commented on how the sexuality angle of Atasi's story should have been highlighted more, yet others have commented on how Atasi's story has overshadowed Kajal's.

One feedback received was how the film stayed true to the realism that it intended to without compromising on bringing out the emotional complexities of the characters. Many members of the audience showed interest in knowing what happened to the stories of each of the two women. Another feedback highlighted on how this film brought out the natural expectation and needs of pleasure and intimacies against a backdrop of psychosocial disability successfully.





- **Thematic paper-**



Anjali co-authored a thematic paper with support from ARROW called “ Sexual Rights of Women with Psychosocial Disabilities: Insights From India” along with Dr.Ketki Ranade who is Ranade is Chair, Center for Health and Mental Health, School of Social Work, TISS, Mumbai. The thematic paper focussed on the rights extended to women with psycho social disability and how the medical and social establishments situate such women in the larger discourse on rights.

Anjali has initiated providing **legal support** to the participants of the Voices programme, since last year. A legal consultant is working with the team, focusing on issues related to property, matrimonial suit and child custody.



**Inter-Country Strategic meeting on enhancing State's accountability for Sexual and Reproductive Rights of women living with disability at Geneva on August 22 and 25<sup>th</sup>, 2017**



Ratnaboli Ray attended the Inter-Country Strategic meeting on enhancing State's accountability for Sexual and Reproductive Rights of women living with disability at the office of The United Nations High Commissioner For Human Rights, Geneva, Switzerland. She was part of the panel in the category South Asian perspective on SRHR and disability. The panel introduced and discuss the realisation of SRR of women with disabilities in various countries in the context of State accountability. It also shared the lack of sexual and reproductive rights and sexuality of women with psychosocial disabilities. Elaborate discussion happened on sexuality is looked at

within UNCRPD.

## Consultation on Violence Against Women with Psycho Social Disability-

Anjali organised a day-long consultation on Violence against women with psycho social disability on the 31<sup>st</sup> of October, 2017. The event was organised in collaboration with The Shanta Memorial Rehabilitation Centre and The Commonwealth Foundation. There was extensive discussions on rights, mental health and perpetuation of violence.



### Events attended by Anjali:

- A workshop on Developing/Strengthening Your Child Safeguarding Policy and Procedures organized by OAK Foundation for their grantees at The Gateway Hotel, Kolkata, on November 16<sup>th</sup> – 18<sup>th</sup>, 2017.
- A workshop on Mapping Critical Material for Gender-just Schools organized by EbongAlap with partial support from ICSSR on 24<sup>th</sup> April 2017.
- A day long workshop on transgender issues organized by Association of Transgender/Hijra in Bengal on 29<sup>th</sup> April, 2017.
- A Victim Compensation scheme workshop by Kolkata Sannidhya on the 23<sup>rd</sup> June, 2017 at an auditorium in the Rabindra Sadan complex.
- Inter-Country Strategic meeting on enhancing State's accountability for Sexual and Reproductive Rights of women living with disability at Geneva on August 22 and 25<sup>th</sup>, 2017

## Sangath, Goa



Representatives of Sangath, Goa visited the Janamanas locations at Rajarhat and Coochbehar on September 19<sup>th</sup> – 22<sup>nd</sup>, 2017 to understand the objective, design and strategic approach of Anjali's community based mental health programme. They met with the Jananmanas team, visited the field, interacted with the community and attended some outreach activities like door to door visits and outreach camps. After the visit, the Sangath team expressed their interest in partnering with Anjali in a collaborative programme with implementation sites at Goa and West Bengal.

## Networks

**Anjali has been an active contributor to several state-wide and national networks.**

**Maitree-** Maitree is a autonomous network of women's rights organisations, groups, and individuals. Maitree comprises of over 60 organisations and individuals working across West Bengal. Maitree collectively advocates for the rights of women and protests against violations of the same.

**Das Theke Das Hajaar-** DTDH is a network that protests rapes and other forms of sexual violence that have been growing in an alarming way over the years. This made a campaign, focusing only on rapes and sexual violence, and on violence specifically associated with such rape (e.g., the killing of victims, the assault or killing of people who try to defend those being attacked, the renewed threats on rape survivors, etc), essential.



**RACSHA-** RACSHA (Rise Against Child Sexual Harm and Abuse) is a discussion forum on Child Sexual Abuse. RACSHA raises relevant issues and continues advocacy on child rights and prevention of abuse.

## Funders

Anjali has received continued support from existing funders in 2017. However, two new funders have demonstrated remarkable faith and astute understanding of Anjali's work.



**The Paul Hamlyn Foundation** is an independent funder working to help people overcome disadvantage and lack of opportunity, so that they can realise their potential and enjoy fulfilling and creative lives. The Paul Hamlyn Foundation funds crucial aspects of the VOICES Programme in Kolkata and programme in its entirety in Purulia.



**ARROW- The Asian-Pacific Resource and Research Centre for Women** provided extensive financial and conceptual assistance to the Pleasure, Politics and Pagalpan Conference, Love in the Time of Madness and the thematic paper. ARROW has been tremendously involved in the planning and execution of the conference and its two outcomes.

**Anjali is indebted to the funders for their feedback, support and belief in Anjali's work.**

### **Trustees**

Ms. Ratnaboli Ray-Founder and Managing Trustee- a trained psychologist and mental health activist, who envisioned to transform India's state mental institutions, into centres of inclusive, empathetic professional care.

Dr. Debashis Chatterjee- Dr. Chatterjee has been practicing as a consultant psychiatrist with 20 years of experience. His interest is in the areas of mental health and human rights, gender and sexuality. He is also involved with mental health institutions like Mon Foundation.

Dr. Paromita Chakravarti- Currently, teaching at Jadavpur University, Department of English. She is also a visiting professor in several esteemed education institutes in Canada, USA and UK and has several publications in Indian and International Academic Journals.

Ms. Ruchira Goswami- She is a professor at National Institute of Juridical Sciences, Kolkata. She has keen interest in the discourses on mental health, human rights, gender and sexuality and collaborates with Anjali frequently.

Ms. Kalpana Kaul- Ms. Kaul has worked with International agencies like Ashoka Changemakers. She is now an independent consultant with many organizations and provides able guidance and suggestions to Anjali consistently.

Ms. Ranjini Mukherjee- She is a Master Practitioner of Neuro Linguistic Programming certified by ANLP India. She is currently the Director of Public Relations at REACH, Kolkata.