

ANJALI



ANNUAL

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REPORT

2020 - 2021

ANNUAL

REPORT

FounderSpeak

Dear Readers,

I am proud, delighted and humbled to share with you that Anjali is in its 20th year. The years have flown by without giving me any warning, but has allowed me to cherish memories, people, and learnings of a lifetime. Anjali, like a human, has gone through its own development trajectory - stumbled, brushed its knees and risen again, had small wins, big victories, pain, heartbreak, loss, love, plans and a beautiful, ever growing community of supporters. I thank every one of you reading this, and thank you for being a part of Anjali.

There is an inevitability these days, since last year, when we speak of context. We stand on the precipice on what is, arguably, humankind's greatest challenge, to reorganise itself as a result of this pandemic. Human rights has always been a struggle, but the pandemic has revealed a broken system at the heart of the society we live in. For Anjali, at the centre of our fight for social justice is the realised human rights and self-determination of all individuals with disabilities. A key part of Anjali's constituency live in public mental hospitals, where their lives are in perpetual lockdown, and their vulnerabilities palpable.

Almost overnight this constituency had to readapt themselves to the idea that their beloved Anjali team, whom they have been used to seeing on



a daily basis for two decades, would no longer be physically present. They expressed fear, denial, even anger, but were welcome to adjust to newer, virtual ways of meeting us. Almost overnight, Anjali had to re-strategise, establish wellbeing as priority and go from being psychosocial intervention driven to raising funds for regular relief kits, dry ration, masks, PPE and sanitisers for our constituencies - both in hospitals and communities. We now recognise the urgent need for state-civil society partnerships in ensuring citizenry wellbeing. Really, there is no substitute. We have to be in this together.

What was eye-opening and heart-wrenching in equal measures was the lack of thought and subsequent provisioning of welfare components for people in institutions, and people with disabilities in general. There is empirical evidence to show that the interaction of institutionalisation and psychiatric medication causes immunodeficiency, thereby making the 2500 residents living in West Bengal's mental hospitals at increased risk of the virus. In spaces where there is overcrowding of more than 200% than capacity, one person infected would risk the lives of hundred others, as well as hospital caregivers and their families. These were some arguments we used to enable consistent safety measures for residents of the hospitals.

Like the rest of the world, shifting online was a big reprogramming for Anjali. We have been so used to meeting person, chatting, laughing, sharing food, sharing love and passion for work. From there to seeing one another occasionally on small boxes on our screens was new, but it was a strain. Anjali is a community that plays the role of home and safe space for everyone who works here. To not have that definitely took a toll on our mental health, even the way we envisioned our work. But what has come through, universally, is humankind's innate resilience. What has also come through is redefining what strength and resilience means. It is not about being stoically undeterred. It means allowing ourselves to break, alter, seek help, hold space for each other, demonstrate solidarity, and extend unconditional support.

We also learnt to redefine what success and accomplishments means to us. And today, when I look back at this horrific year, I realise that we achieved so much. There were some team members who left us, some who joined us with great vigour. I was able to redefine what leadership really means, understand that I am only a leader because of the wonderful group of people who work with me and carry on a vision I had held twenty years ago.

Ratnaboli Ray

Founder & Managing Trustee,
Anjali

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THANK YOU !

We are very thankful to all our funders and supporters for your continued encouragement and support.

We are also immensely thankful to the **Department of Health and Family Welfare, Department of Women & Child development and Social Welfare** and all our stakeholders including **the Hospital authorities and the Municipalities** we work with for recognising the significance of our work and supporting us.

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Navigating the Pandemic



The outbreak of the pandemic brought with it a myriad of challenges all over the world. With increasing numbers of infections and fatalities, a nation-wide lockdown since March 2020 brought the country to a complete standstill. The lockdown meant offices, both formal and informal sectors, completely shutting down for an unprecedented period of time. Recommendations of staying indoor and social distancing to contain the spread of the coronavirus was made and therefore following the regulations, Anjali's office also had to be shut down while the team started working from home.

However, as the primary part of Anjali's work is inside mental institutions and, in the communities, Anjali was faced with a huge challenge on how to navigate through the pandemic with no physical proximity. Anjali's sessions inside the institutions had to be suspended temporarily in order to prevent the plausible spread of the virus among the residents. Similarly, Janamanas, Anjali's community-based program, was also in a challenging spot. Janamanas centres had to be shut down completely for a few days before the barefoot mental

health professionals resumed work to support their communities while maintaining all the rules of social distancing and sanitisation.

Working with one of the most disenfranchised and marginalised sections, Anjali was aware of the debilitating impacts that the lockdown would have on its constituency. Notwithstanding how imperative social distancing and remaining indoors was as part of this 'new normal', there were several questions that daunted Anjali—what about all the people who cannot afford to or have the privilege to remain indoors? What about those who don't have this option? As mentioned, Anjali's constituency comprises a very vulnerable group of mostly resource poor people who either do not have the provision to stay put or are stuck inside mental institutions along with 600 other individuals.

Taking stock of the resources available, Anjali started reaching out to its constituency in order to get information from the field. Even this came with its own share of challenges. Several were



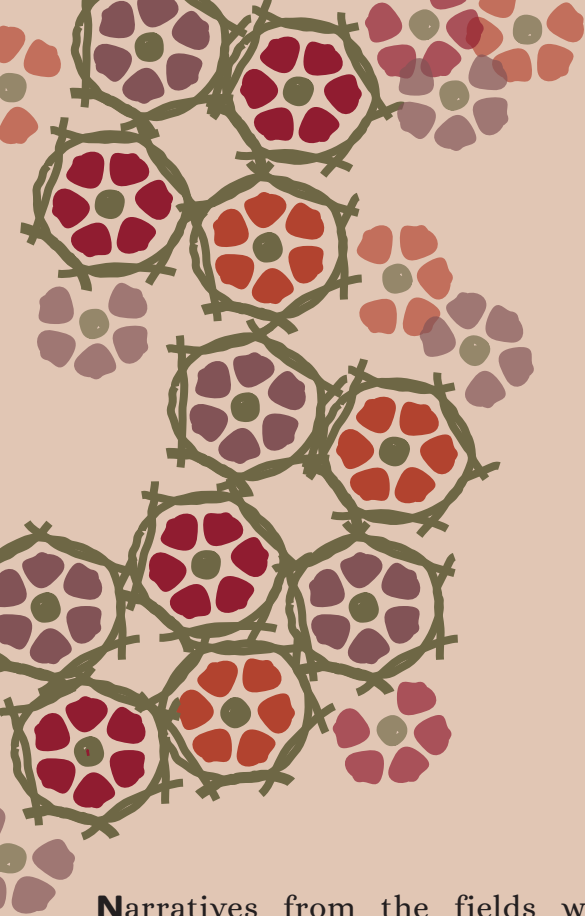




unreachable due to repeated change in phone numbers while several more did not possess a telephone. However, Anjali was not going to let these logistical challenges be a deterrent and started reaching out in every possible way, be it to their neighbours or relatives.



“ Surviving the pandemic with dignity ”



Instances from the field and the challenges associated with it

Narratives from the fields were filled with instances of loss of job and hence no income, no access to medicines, no access to essential supplies, increased stress and anxiety due to financial difficulties, increased caregivers' burden, general anxiety and relationship issues with immediate partners and children among others. What was most apparent from all these narratives was the impact that the pandemic and lockdown had on their financial and income earning possibilities leading to adverse implications on their well-being and mental health.

Hence, it was crucial for Anjali to re-strategise amidst this changed circumstance and act fast. Adapting and navigating through the logistical and human resource challenges of COVID-19, Anjali started reaching out to its funding organisations to raise funds to support its constituency, especially as people with psychosocial disabilities, being among one of the most disenfranchised and marginalised population are more likely to fall through the cracks and be discriminated further.

With instant response from its funding organisations, Anjali was able to provide financial support, ration and other essential supplies, sanitary napkins as well as medicines to its constituency. Financial support was provided in two ways: a stipulated amount (financial support) to the most vulnerable reintegrated participants for three months and a disability allowance to the most marginalised and deprived enable Anjali's constituency to survive the pandemic with dignity.

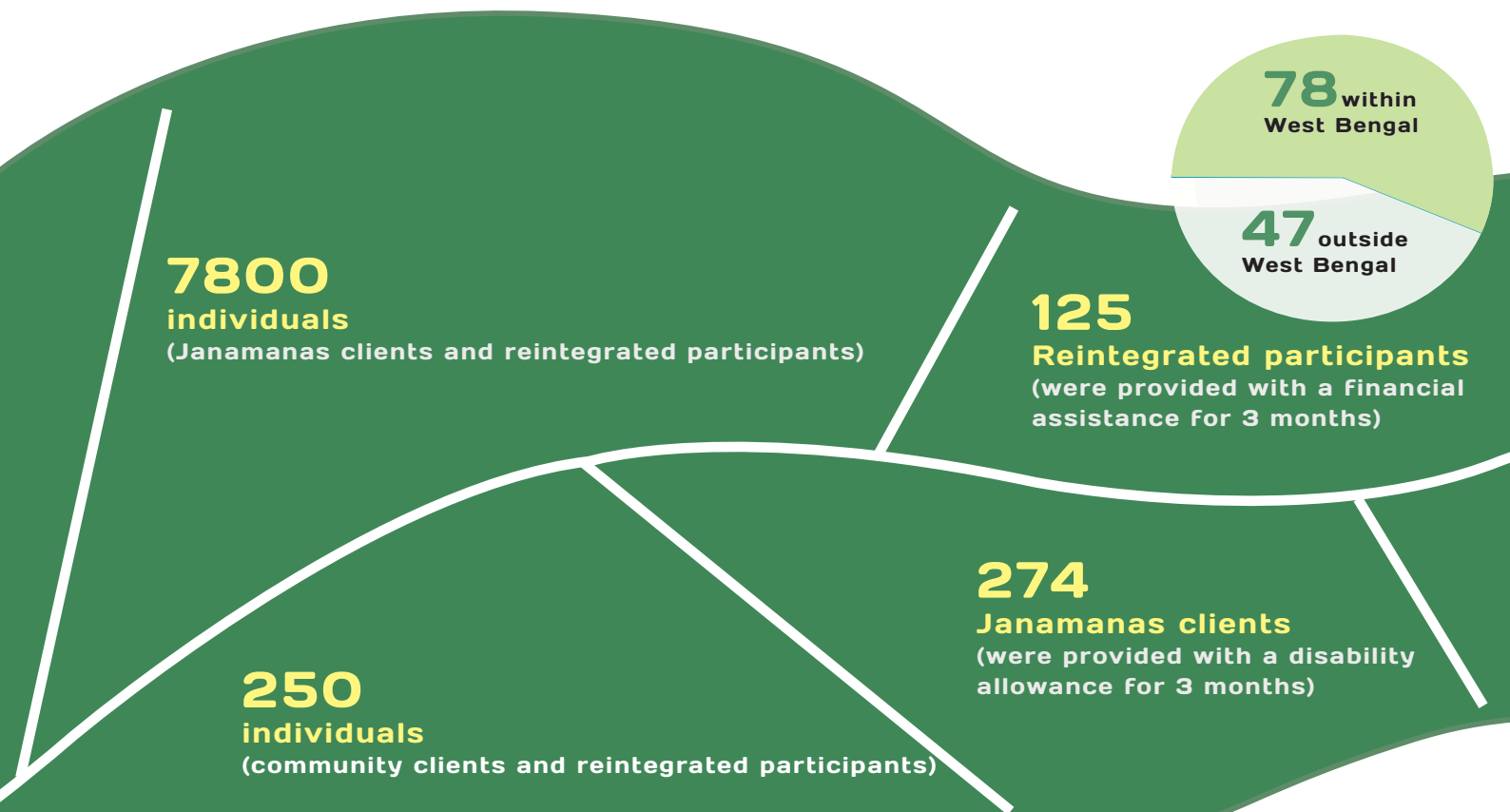
In the meantime, the challenges faced with respect to the impact of the pandemic inside the hospitals were different but equally significant. Anjali has been one of the pioneer organisations working inside government mental hospitals aiming at systemic changes and one of the requisites for the same was the physical presence of Anjali inside in order to advocate for its constituency and work with them along with the hospital authorities. As mentioned earlier, the lockdown limited Anjali's access inside the hospitals. Hence, with Anjali's team and trainers unable to visit the

hospitals regularly, the capacity building sessions had to be suspended as well. This led to feelings of anxiety and stress among many. Several expressed feelings of abandonment as they felt Anjali would probably not return. They missed the sessions they attended every day as it was for most the only avenue to leave their wards, engage in different activities, explore their potential as well as express themselves in a safe space.

Hence, Anjali thought of piloting an innovative initiative in all hospitals and that was to encourage some participants who have been eager to engage others to conduct sessions in their own way inside the wards. What emerged from this motivation was that some participants in Pavlov (male ward) started conducting their own sessions- it began with story-telling followed by art, music, drama and ceramic as well. We could see an organic emergence of some peer leaders through

this. Further, one of Pavlov’s participants in the male showed interest in providing psychosocial support to his fellow residents as several had been going through distress. With support and guidance from Anjali’s psychologist, he started conducting group support sessions in his own way where various topics started being discussed- kindness, empathy, selfcare, well-being, importance of medicines along with discussions on contemporary issues like the pandemic, MHC Act and others.

Further, counselling sessions were stalled due to lack of physical accessibility as well and with lack of counselling sessions done by hospital psychologists, the required psychosocial support was unavailable for the residents. Hence, Anjali started contemplating on it and decided to start providing psychosocial support to the participants on telephone (telepsychosocial support). This too had its own limitations, especially when it came to the district hospital (Behrampore Mental hospital and



Institute of Mental Care, Purulia), providing psychosocial support to the participants on telephone (tele psychosocial support). This too had its own limitations, especially when it came to the district hospital (Behrampore Mental hospital and Institute of Mental Care, Purulia).

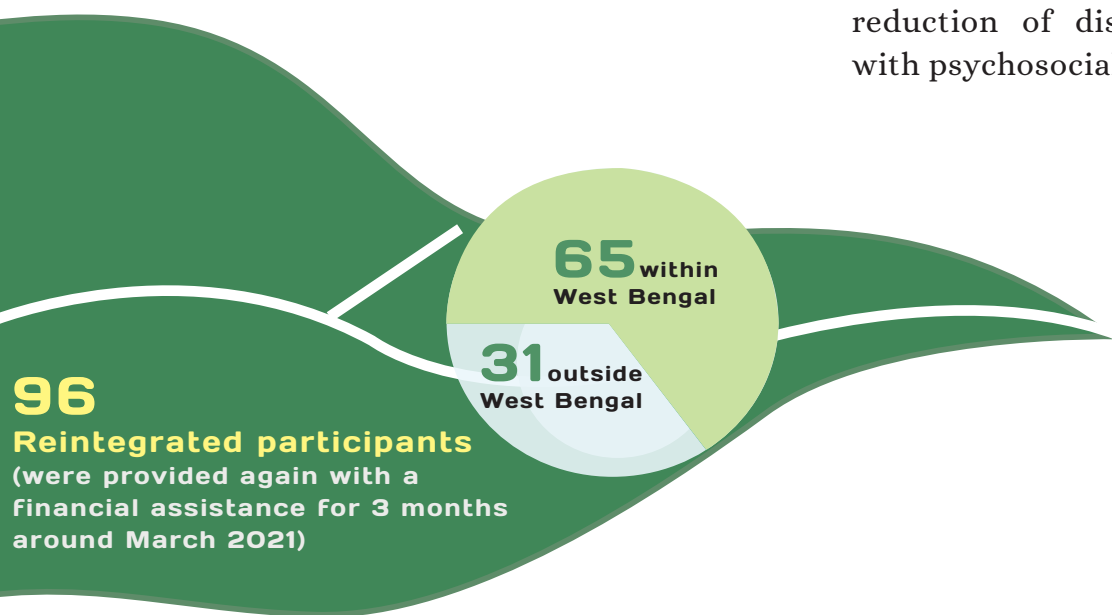
There were several limitations and challenges that we experienced: lack of privacy was an issue as the cellphone provided by the APMs could not be handed directly to them in order to avoid infection; unstable network connection, especially in the district hospitals; participants not versed with expressing themselves via telephone—some have not used a telephone in a long time thus making them uncomfortable to talk; conversing on a telephone can definitely affect the flow of a conversation where it has been noticed that responses were given to only certain questions

Adapting to the 'new normal'

asked by the psychologists; unavailability of a telephone for a long time also poses a limitation to a long conversation; in terms of group sessions involving many people at the same time, it may often lead to chaos and noise leading to a disruption in the conversation or the topic initiated for discussion.

Hence, Anjali also started advocating for the mandatory presence of hospital psychologists to provide counselling during this physical absence of Anjali's psychologists which has still not been regularized in the district hospitals due to lack of adherence and willingness to provide support.

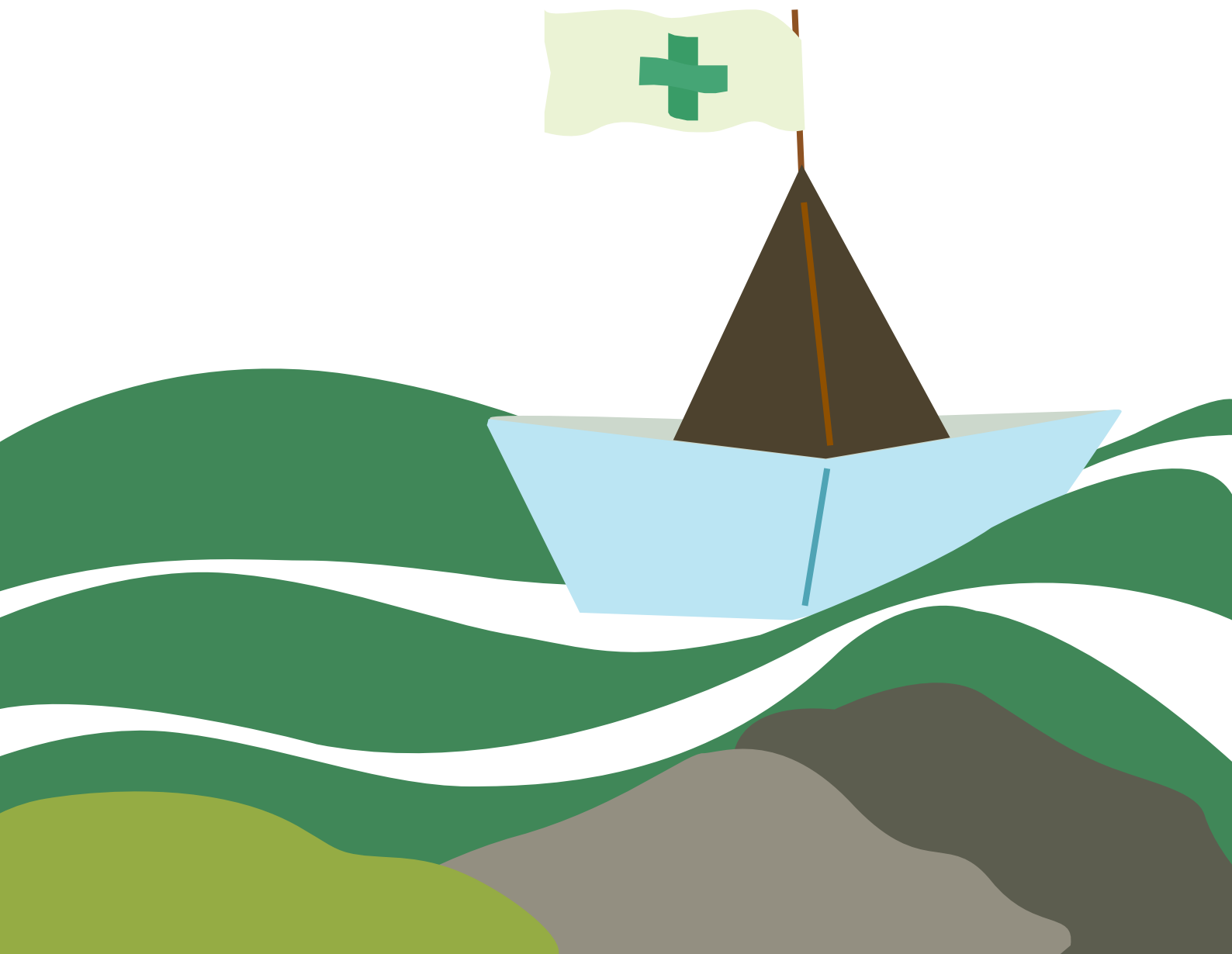
Along with navigating through the impacts of the pandemic on our constituency, Anjali has been adapting to this changing scenario and restructure its work accordingly. Anjali has been advocating and strengthening its online presence in order to reach out to a larger population. Despite the debilitating consequences, mental health has become, for the first time, important among state functionaries and it has thereby broadened Anjali's scope of work to make mental health a priority and works towards destigmatisation and reduction of discrimination of persons with psychosocial disabilities.



As Anjali was navigating through the challenges and obstacles and adapting to this changed circumstance, West Bengal was hit by one of the biggest super cyclones in a century! Aamphan came in with its rage and left behind trails of destruction and devastation. With power loss in several parts of West Bengal, it took Anjali's team a few days to cope with the devastation. Getting back, Anjali started reaching out to its constituency again, well aware of the areas the super cyclone had hit. Several

Impact of the super cyclone, Aamphan

had their homes broken down, roofs flown away, valuable documents washed away, agricultural lands flooded with saltwater, etc. Coupled with the pandemic, they had no financial backup as a recourse. Identifying individuals facing devastating implications of the super cyclone, Anjali reached out to its funders and with their support, Anjali provided financial assistance to repair the damages of several of its constituencies.



We finally voted!



Persons with psychosocial disabilities have been long neglected and discriminated against and this gets exacerbated for individuals living within government mental healthcare settings/institutions. Along with other deprivations that they encounter on a daily basis, they are deprived of their citizenship rights and recognition as rightful citizens as well. Through the years of working within mental healthcare setups, we have realised that there has been no existing system to facilitate voting by hospitalized residents and that hospitalization is often a barrier to full participation in citizenship. It was time to break this existing discriminatory system where despite the fact that voting laws trend towards universal suffrage, some people keep falling through the cracks.

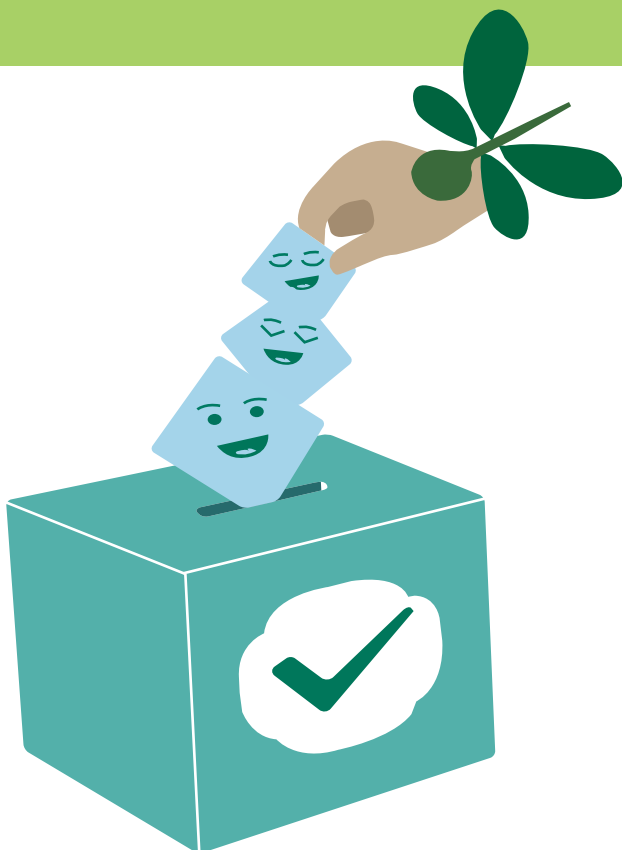
Thereby, through thorough advocacy with government stakeholders, Anjali

was able to establish the importance of the constitutional right to vote and expand the residents' access to the polls. Last year, 64 residents of Behrampore Mental hospital [BMH] and 54 residents of Calcutta Pavlov hospital received their voter identity cards and cast their votes. Due to delayed procedure, residents of Lumbini Park mental hospital could not receive voter cards within time but 33 received their voter cards later. This year too, more residents in all the three hospitals have received their voter cards and are ready to cast their votes in the upcoming election.

However, Anjali also works in another government mental institution, Institute of Mental Care, Purulia [IMCP]. Last year, when the submission of voter cards was under process, there was a roadblock as the applications at IMCP were cancelled by the SDO stating the Representation

of Persons Act 1950 (Sec 16) according to which a person is disqualified in an electoral role if he is declared to be of 'unsound mind' by a competent court. We vehemently countered it stating that the term 'unsound mind' has not been defined anywhere in the Constitution or any law. Also, a person's name cannot be denied in the electoral register solely on the grounds of him/her having mental illness and the onus of proving is not on the person concerned but on those refusing inclusion. Following a series of rigorous conversations and advocacy, we were finally able to establish our rationale and argument with the SDO as well as the Chief Electoral Office.

However, there was another roadblock awaiting us that we had to overcome. The Superintendent of IMCP mentioned his apprehensions about allowing the residents out of the hospital to cast their votes. He was not cooperative about making transport and other arrangements



for the residents to go and further mentioned that no hospital staff would be available on that day and that Anjali can take all responsibilities. We realised that these were means that the hospital was using to avoid accountability and responsibility that they are liable for. The simple question was: wasn't this another way of trying to control their agency and right? Wasn't this another means to deprive them and yet again disguise it with the pretence of 'protection' and 'thinking for them'? Do they really need to be thought for, especially when we have proved time and again that they can exercise their right of choice and make a decision for themselves?



We, therefore, directly contacted the ADHS, Dr. Debashish Haldar and the Joint Secretary, Mr. Rupam Banerjee for the issue to be resolved. However, even after that, the Superintendent and CMOH did not take any initiative to make arrangements. We contacted the ADHS and Joint Secretary again and through their support, an emergency meeting was arranged with the DHS who then sent an official order to the Superintendent. Even after that, the Superintendent insisted on the voting process being done inside the hospital coupled with the indifference of the CMOH.

However, we didn't get bogged down by this resistance and stood our ground. The Superintendent then mentioned that he would help with the arrangements but is still wary about the risks. Further, the Nursing staff demanded that sign for the residents when they leave on the day of election. We denied that as well as it is the hospital's responsibility and not Anjali's prerogative to sign for the residents. Overcoming these unnecessary yet ordeal hurdles, we started preparing the residents on EVM machines and the voting process. Further, we shared with them the information and details of all the candidates, the symbols and their manifestos.

Finally, on 27th March, 29 voters finally left the confinements of the hospital to cast their votes, unfortunately, 3 other voters were unable to go due to health issues. Unable to arrange for any vehicle, the Superintendent provided us with the hospital's car. The residents reached the booth, patiently waited their turn in queue and then cast their votes.

This was a very significant success for Anjali as we were finally able to convince the government authorities and make them recognise the residents' citizenship rights. It was also breaking years of stigma and discrimination and a step towards social inclusion.



“

I am very happy as I never thought that I would be able to exercise this right despite staying in the hospital.

”

“

Whoever wins will hopefully work for us and will bring about changes in our lives, in the lives of people with mental health issues

”

Empowering our constituency

Building a continuum of Care

With the country grappling with the devastating impacts of the pandemic and lockdown, Anjali's constituency that comprises an extremely vulnerable group of people belonging to resource poor backgrounds but also are stigmatised, marginalised and discriminated against for being psychosocially disabled were further at risk. Like most vulnerable communities, the lockdown led to most of Anjali's constituency, reintegrated participants and Janamanas clients, losing their jobs and livelihoods, especially those working in the informal sectors, thus reducing their chances to survive the pandemic, avail and access medicines, essential supplies and sustain themselves. What this led to is increased mental distress, anxiety and confusion.

Despite several efforts, be it through essential supplies, ration, financial support and psychosocial support, which most definitely helped them cope with this unprecedented crisis, the lingering pandemic and repeated extensions of lockdown did not make it easier for them. All the support, though essential and crucial, could not have a lasting impact on their lives, especially as we increasingly realised that the pandemic was here to stay. Hence, it was imperative for Anjali to think of a way to support its constituency in the long run.

We therefore conceptualised the provision of seed money which would be a much-needed support for the vulnerable population to initiate their own small business ventures or grow/expand

business ventures or grow/expand existing business to support themselves and become independent individuals. It would further be an excellent opportunity to tap into their potential and capacities and a crucial step towards promoting social inclusion and financial decision making and independence of persons with psychosocial disabilities.

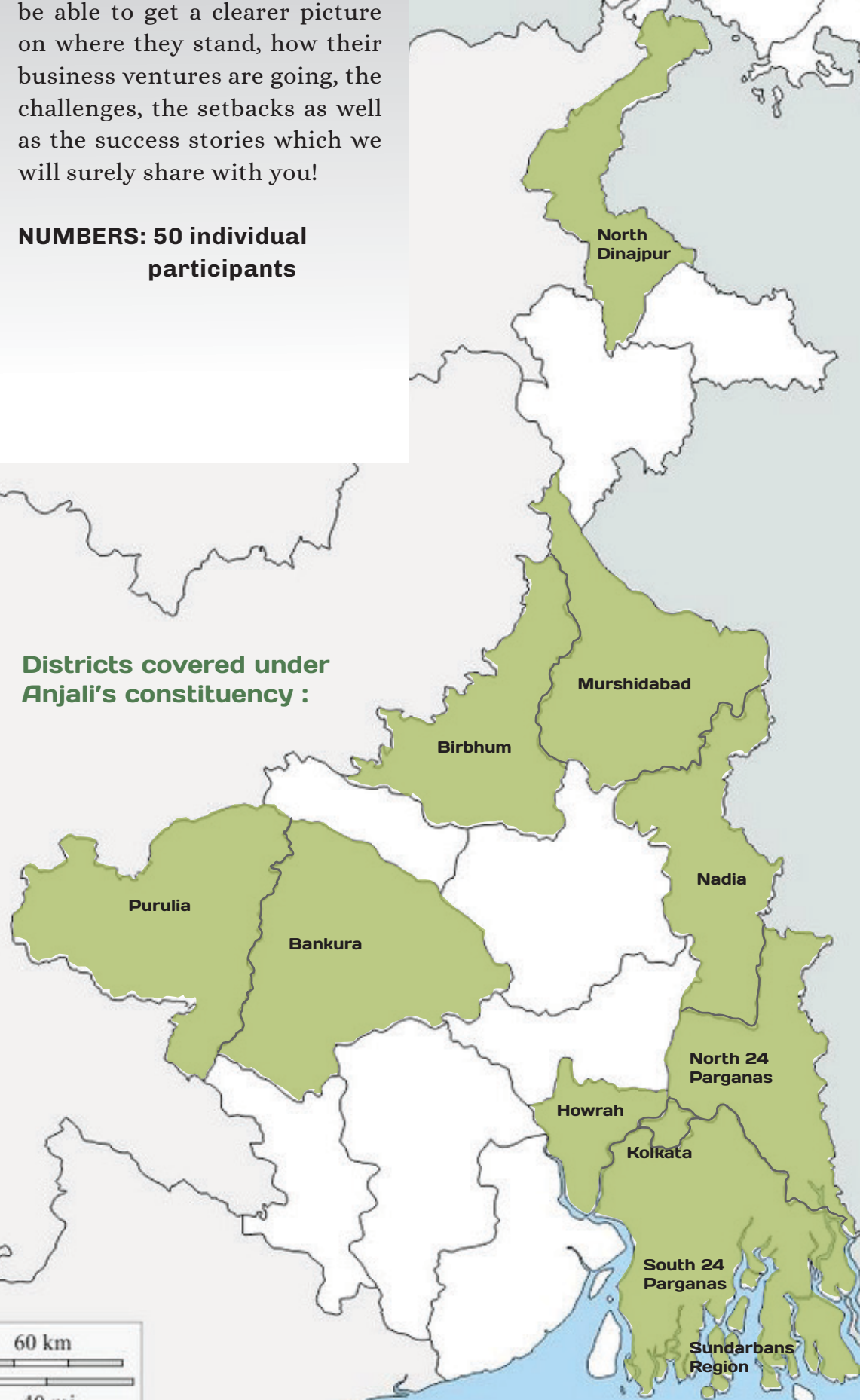
It was followed by thorough conversations within the team to develop a template capturing the whole process. The process was: nomination, assessment and selection, each of which contained various steps in order to keep the process transparent and systematised.

Following a rigorous assessment procedure, a list was prepared of the selected applicants who would receive the seed money. A final list of recipients was made, their bank account details were collected and the disbursement procedure was initiated.

We have been in regular conversations with the recipients of the support in order to be updated on the progress of the ventures. With time, we will be able to get a clearer picture on where they stand, how their business ventures are going, the challenges, the setbacks as well as the success stories which we will surely share with you!

NUMBERS: 50 individual participants

Districts covered under Anjali's constituency :



Building capacities of our core staff

With the pandemic creating havoc all over, its impact on the mental health of our constituency has been immeasurable.

The mental health needs of persons living inside mental institutions were experiencing. It made it crucial for us to equip the Program Managers and develop among them a deeper understanding of the dynamics of trauma and the key steps in trauma counselling and also to build confidence to support persons suffering from trauma, due to natural calamities, domestic violence and sexual abuse, with special reference to those at risk of suicide. The same was needed for the community mental health professionals who interact with several clients/ service users on a daily basis.

Steps of Trauma Counselling

This is when Anjali decided to conduct workshops on Trauma counselling for the staff of Anjali working in the field in

different capacities. We commissioned Samikshani for this purpose. Through the course of the training, the participants of the workshop further learnt about the core experiences of trauma and how the process of recovery can begin to unfold through various phases/processes. This workshop or training will enable our staff with the necessary skills to cater to our constituency who they work with on a daily basis.



Janamanas, Purulia Chapter takes off

The Janamanas project in partnership with Purulia Municipality started in January 2020, right before the pandemic changed our entire world view. In the last two year, with successive lock-downs and travel restrictions, the project has slowly and steadily progressed. Anjali, in a hybrid model of online and face to face method has completed the Janamanas Training with a total of 23 women from Self Help Group.

The MOU with the municipality has been signed. The Janamanas center yet to be inaugurated will be within a public health center at Dhobghata, Purulia. 12 community mental health professionals are scheduled to be active on ground from May 2021. They will be conducting extensive outreach through door to door and awareness camps about the need for mental health care.





A counselling training in partnership with Samikshani, scheduled in May will enable the team to provide talk listen talk services from the center. Anjali feels

**a promise of hope
and exuberance of
energy with its fresh
batch of community
professionals.**

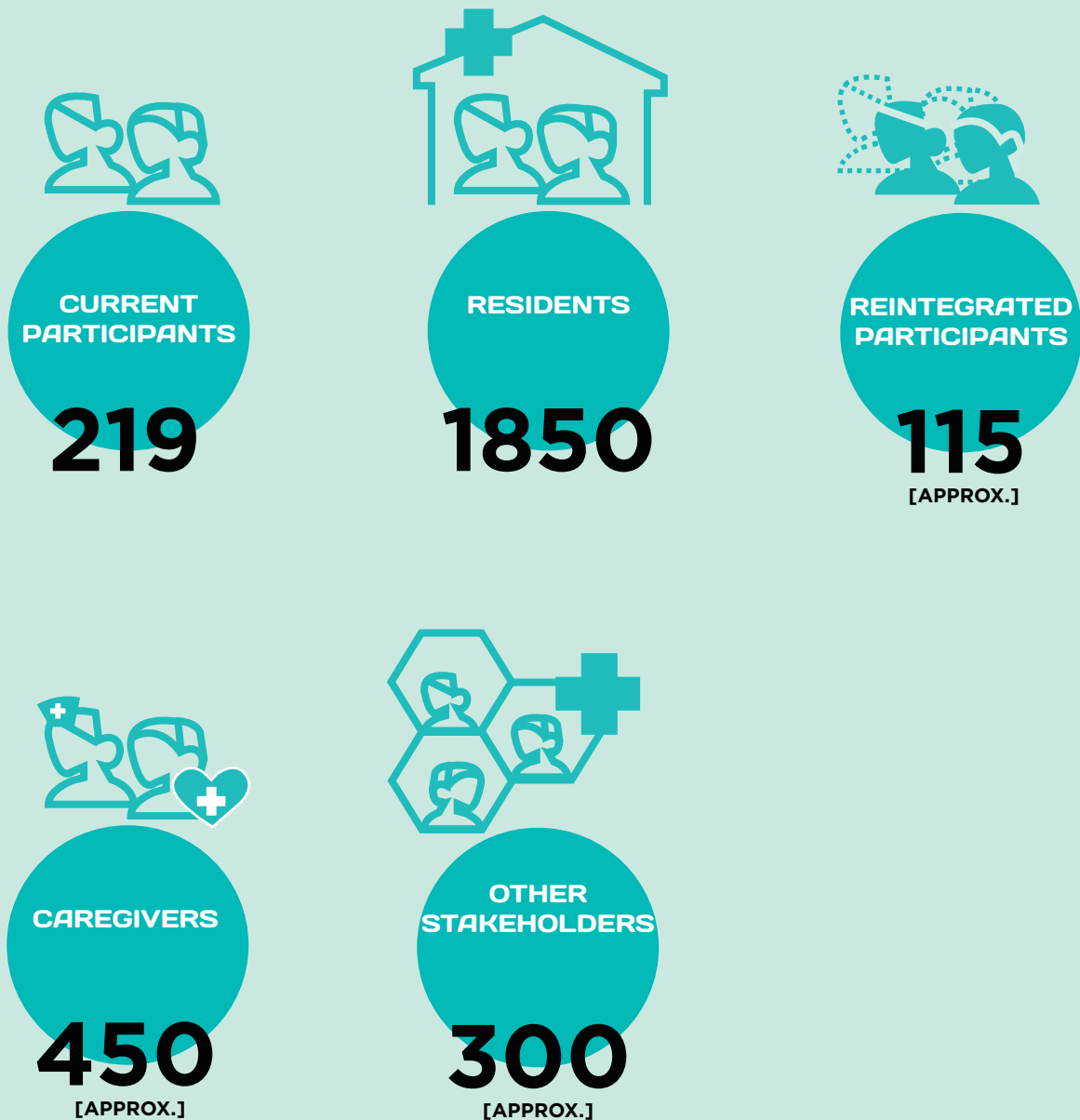
They will ensure our larger dream of safe empathetic care and support for last mile resource poor communities, bridging the mental health care gap.



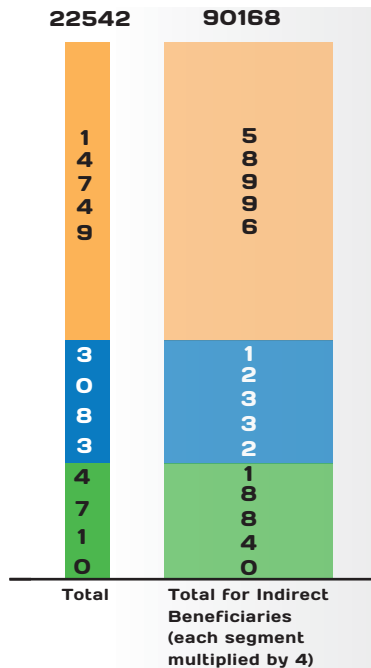
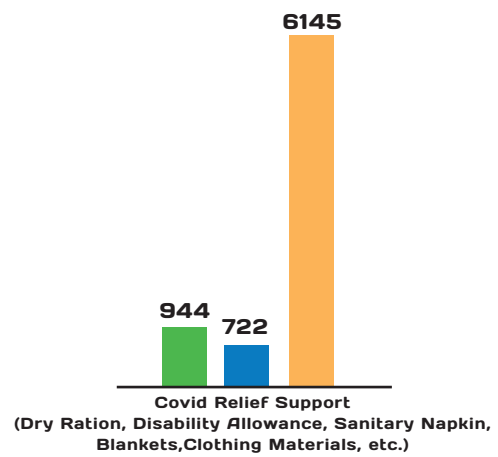
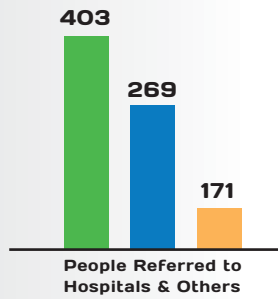
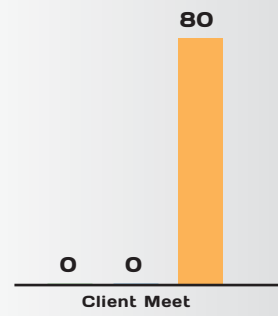
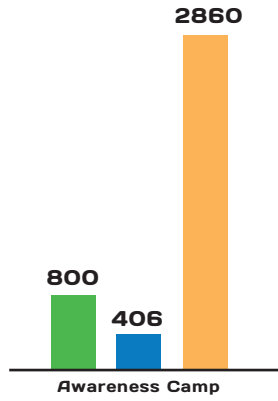
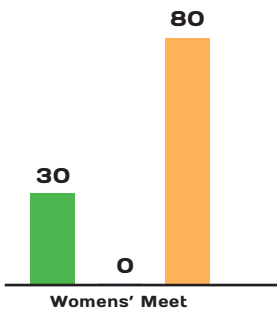
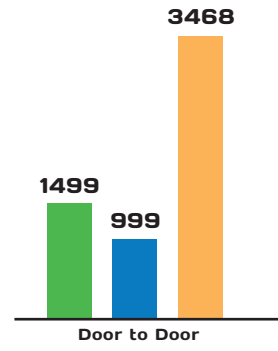
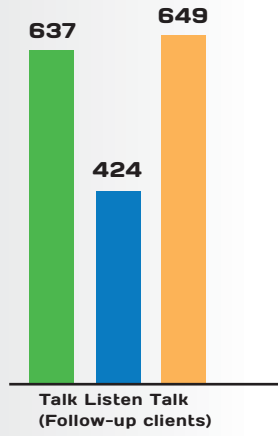
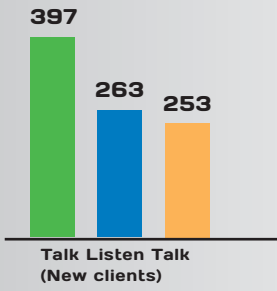


Our Janamanas Team at Work

Our Impact this Year



[According to Voices Data]



Direct Beneficiaries

- Cooch Behar Municipality
- Rajarhat-Gopalpur Municipality
- North Dum Dum Municipality

Janamanas' Reach

(April 2020-March 2021)



Bulti, one of our Community Mental Health Professionals, shares her experience

Born into a poor village family, I was an unplanned and unwanted late child. I lived with my farmer parents and 3 older siblings. I always wanted to pursue education and become self-dependent. That differentiated me from the other girls in the village. As I was the youngest in a poor family, my father was very old and could not support me financially. My younger brother took up my responsibility from a very young age. When I was preparing for my matriculation examination, my family started looking for a groom for me. My father and younger brother always supported me in this regard. Although my mother and older brother wanted to get me married, my father and younger brother prevented it from happening by saying that they would arrange my marriage only after my graduation. With their support I eventually graduated. I wished to get into a Master's degree course, but I was married off in an arranged marriage in 2010, just a year after my graduation, to a less educated man in a city, which I was okay with.

That was the beginning of struggle in my life. When I was younger, my family protected me from the harsh world by providing me with a peaceful environment, which was missing in my marital home. My husband, mother-in-law, and unmarried older sister-in-law were all addicts. They used to sit together and get unrecognisably drunk. There was no limit to their substance abuse. I did not know what alcoholism looked like before. They always used abusive language when under the influence, and beat me when I protested.

I was distressed because of this stark difference in my lifestyle and the ongoing abuse. Within 3 months of marriage, I got pregnant. The abuse continued. My father-in-law, along with his brother and sister-in-law supported me throughout, and they are the reason I am here today. My mother-in-law and sister-in-law had a bitter relationship with my father-in-law. They did not care about him, and did not hesitate to beat him as well. He passed away after 5 years of my marriage. My father-in-law used to work in a bank at a high post. His brother was a professor, and nephew and niece-in-law are high school teachers. They gave me all their support. I could not tell everything to my natal family either, as my mother reminded me that no daughter in the family had a broken marriage, and me returning home would bring shame to my family. My parents were also aged, and my siblings were engaged in their own family units. I also attempted suicide several times. Then I gave birth to a son. When he was 8 months old, I heard about the Janamanas training from the local Self Help Group who referred me to the municipality. I wanted to do something for myself and by myself for a long time, and I also wanted to get out of the abusive home. So, I agreed. I joined the training, and was selected. We were trained on self, mind, sex and gender, and other issues which were extensively applicable to my life at that point. I was being extremely abused at that time, and nobody had told me how to get myself out of there, or look after my own well-being. After joining the training, I understood that I had landed in the correct place and found a way to solve my problems. Then, when I started full time work, I was worried because my young son was at home. I used to finish all my chores in the morning before leaving for work, came back in the afternoon to tend to my child, and then after returning in the evening, I had to finish my chores again. If

there were issues in the morning, I used to tell the others to leave my chores for me to finish in the evening. That is how time went on. Sometimes we used to get delayed because of the nature of our work. On such days I used to be extremely scared of returning home, because my in-laws would accuse me of having another relationship and beat me whenever I returned late. I used to request my colleagues to drop me at my doorstep, so that my in-laws would see them, and believe me. My colleagues are very understanding, and cooperated with me as they knew about the issues. Along with it, the training and personal counselling sessions we received helped me a lot as well.

I found strength in the training. The person that I am today is completely different from the person I was 10 years ago.

This was made possible by Anjali Janamanas that helped me to turn over a new leaf. When the others left for work every day, I started working with my in-laws regarding their issues with addiction. At first, we used to fight a lot - physically and verbally. Then I understood the addiction as a mental health crisis and tried to look for ways in which I could help them as a Community Mental Health Professional. Then I started having sessions with them individually. Now my mother-in-law and sister-in-law have stopped getting intoxicated altogether. My husband now consumes only 20% of the amount of alcohol he used to consume before. Now the house feels much more peaceful. 10 years ago, I was young and naïve, and did not know the ways of the world. Now my age and experience have also helped me to deal with this situation. Sadly, my father-in-law passed away before

this transformation, and I miss him every day. Now, as the days go by, I feel that just like I can handle my home life well, I can also help my clients in the same way by approaching the issues in ways that suit them. I have many success stories as well. Recently a 26-year-old woman got rid of her addiction, finished her studies, and turned over a new leaf in her life. Then I suddenly heard that the programme was closing down and that we would have to work as fellows. I was temporarily scared, but I realised that I had the capacity to work as a fellow and take this forward. I can do that under any circumstances. I was confident that I would get selected because I had faith in my work. When I worked as a centre operator, I had to work with children's issues, domestic violence, menopause, mental illness, etc. When we were told about the fellowship, we were told to choose a topic. Srija suggested that I could work with domestic violence. I thought that I could also use my own experience in this work, and agreed as I understood the issues clearly. I feel that domestic violence can lead to mental illnesses. So, I submitted my proposal and started working accordingly with women and children who suffer from domestic violence. When I was selected, the entire country was under lockdown and I worried about what might happen if I could not continue with the fellowship work and how to continue my work under this lockdown. While working, I understood that it was not just the women and children, anybody and everybody could be a victim of domestic violence. Therefore, for most cases I need to conduct home visits and speak to the entire family, which helps to bring out the core issues more effectively. I had proposed that for

Recently a 26-year-old woman got rid of her addiction, finished her studies, and turned over a new leaf in her life.

the 1st year I would sit at Coochbehar's DLSA office twice weekly to provide counselling services. When I applied for their permission, they said that they did not offer mental health services. So, I was free to sit there, speak to their clients, and offer them support as I saw fit. That is what I did for the entire year. I provided in-office services, tele counselling sessions, and conducted home visits, according to the needs of the clients. I have already applied for permission to the secretary of Coochbehar DLSA for the 2nd year to expand my services to other locations. He called me himself and permitted me to sit at their other locations as well. He has given permission for all 5 subdivisions of Coochbehar. I have also applied to the CMOH office to seek permission to conduct awareness programmes with all ASHA workers in Coochbehar Block 1, so that they can also spread awareness. Janamanas closing down has worried me, because I only have 2 more years of fellowship. For now, I am expanding my work to Dinhata and Mathabhanga. I am planning to open a centre in either of the 2 subdivisions to help the people there. I want to continue to expand my services geographically and work with the issue of domestic violence in the entire district. I am worried about the funding. It is a very rural area, so not many funders are available. I would require Anjali's help. A local school teacher has

teacher has shown his eagerness to fund, saying that the issue I work with here, does not receive so much attention from other individuals, governing bodies, or organisations, although it is very important work. But one funder is not enough. Anjali must remain by my side. Otherwise, it will be impossible for me.

I will give my 100% to serve clients, but fundraising will be a problem. One of my clients, who suffered from domestic violence before, has shown interest in working with me. In Dinhata, many women have expressed that they want to work with me without any remuneration. But I cannot allow that as they are unemployed at present, and they need conveyance charges at least. In the future I wish to take my work forward and employ a few others as well. I do not want to stop this work ever. My work with domestic violence and mental health will go on. Now Adrika from Anjali guides my work. I wish to receive such guidance in the future as well.

Problems will come and go in life. You cannot lose yourself in your problems. Come what may, you have to hold on to your identity in order to reach your life's goal. I have learnt this from my own life experiences. Working for others was a dream I nurtured from childhood. I did not dream of marriage like other girls. I wanted to have my own organisation. I wanted to spend time on my work and help to make other women self-dependent as well, so that they do not lose sight of their inner capacity. They can express it whenever they wish to. I wanted to study as well. After I started working in Janamanas, I completed another Bachelor's degree in Sociology. Now I am in the first year of my Master's degree. I am also getting a Diploma in Psychology. I also encourage my clients to continue their studies. 5-6 of my clients have now picked up their education where they had left it off earlier.





Interview:

Rohima Sardar shares her journey of becoming a worker at Cha ghar

I: Please introduce yourself for our readers.

R: My name is Rohima Sardar and I'm 23 years old. I live in Baruipur.

(Momentary pause)

I: And who do you live with at home?

R: There are 5 people at home. Mother, father, 2 brothers and myself. My brothers are 17 and 7 years old.

I: And they're both studying in school?

R: Yes

I: Okay. And what about your grandparents? Don't they stay with you?

R: Not with us, but our houses are in the same neighbourhood.

I: Do you meet them frequently?

R: My maternal grandfather died years back, grandmother is still alive. Even my paternal grandmother is alive, but grandfather passed away.

I: Okay, and what does your mother do?

R: She used to work previously. She used to sell chicken, meat. Now she's just staying at home.

I: Okay. But why did she stop selling those goods?

R: Because the lockdown started. And it's hot again, so the meat doesn't stay good for long.

I: Hmm yes, okay and what about your father? What does he do?

R: Father? He does whatever work he gets. Garden cleaning and all that, whatever he gets.

I: Oh okay. So where does he get these jobs from? Like, contacts or friends?

R: His friends inform him.

I: Okay. Btw, till which level are you educated?

R: Till class 9 from Paddapukur Madhyavidyalay.

I: Why didn't you continue after class 9?

R: I failed and then I didn't like it anymore.

I: After failing didn't you want to try again?

R: I thought about it, but it didn't happen.

I: Any specific reason why it didn't happen? Someone at home said something or you didn't wish to? I mean, did you like to study?

R: yes.

I: you liked going to school?

R: yes.

I: What did you like the most about it?

R: going to school everyday (nods and smiles)

I: and did you have any favorite subject?

R: life science.

I: life science? So what were you taught in it?

R: about life, biological, scientific stuff, about plants and animals. But, after failing

class 9, I didn't want to study anymore. My mother was hesitant because she was scared that it might be too much mental pressure, that's when I became violent. I started fighting with people, screaming at my parents. Then I was admitted to Antara a few days later for 3-4 months. My mother can recall better. I do not remember that well.

(Brief pause)

I: How was it at Antara? What did you do there?

R: We were all kept together there. We had to pay for baths, food and everything else needed to stay there. We had to give everything. I had to stay with other children my age.

I: How did you feel over there?

R: I didn't like it. We were always kept in locked rooms. They would give this, that and all other stuff to eat. Roti, rice, vegetables, bananas, eggs. There was no shortage of food there. They gave me so many injections, on my hands and behind. Everyday! Ever since I came here, I was never given injections except only once when I had fever. Because when I became violent, there was a lot of strength in me for fighting and all. In order to reduce that, they gave injections.

I: Didn't they teach you anything at Antara?

R: Teaching? No. Nothing of that sort over there. We just stayed there and 'sister didi' came for medicines. 'Training didi' used to come, tell us stories and talk to us, that's it. I didn't get better. I went back home because a lot of money had been spent. Doctor's visit used to be Rs. 500-600 a month. Then we had to buy medicines. Antara didn't give the medicines for free, we had to buy everything. It cost a lot of money. When I went again, they told me to get a CT scan done. I didn't go there. When

it got extreme again, my mother told me about it. Although I don't know how my mother got to know about it. I was admitted again by the police. A lot of things happened in the neighborhood.

I: *What do you mean by "a lot of things"?*

R: I mean, I used to cause havoc, fight with people, scream and all that. People in the neighborhood raised objections. I don't remember all that. After taking the signatures of people at high posts, then the police took me. I was in that phase then, I didn't know all this.

I: *So, you came to Pavlov after that?*

R: Yes, it was nice here. I told the doctor I wanted to study. He said that it won't be possible now, he told me to go to 'Chaghar' and work there, earn some money. Since then, I'm working here. I stayed for 3 months. I am still working here.

I: *How do you commute from home to here?*

R: I take the train. 45 minutes in train and then 30 minutes walking home.

I: *Do you travel on your own?*

R: yes. Initially my mother used to come with me, but now I do it myself.

I: *Apart from home and work, do you travel anywhere else? Like out with friends or on your own?*

R: No, I don't have friends. Just childhood friends.

I: *Do they stay in your neighborhood itself?*

R: Yes. A lot of them are even married now. Now it's better to talk less to people in the neighborhood. The more you stay within yourself, the better. The more friends you have, the more your problems will increase. I don't like it. After working the entire day, I just want to go back home and watch TV or rest. I like to watch 'Nondini' with my

family. So, then I come here. I open my heart to the didi here. I only tell her what happened in my day, this that. My relationship with her is good.

I: *Do you take your medicines from here?*

R: I took the medicines myself last week itself. My mother told me to show them the card at the counter and take the medicines. Do you want to see the medicines?

I: *No, it's okay. You're the one who takes?*

R: No, usually my mother comes to take the medicines, but when she can't, I do it. I take them myself, without any supervision.

I: *Oh and what about your father? How is he?*

R: He's also nice. He oversees whether I'm taking the medicines properly or not, whether there is enough in stock. Some time back when I came to take the medicines, my father said "why just 3 months? Get medicines for 6 months. Mother said, "No, get for 3 months now, we'll see later". Father said "again we'll have to travel and wait in an ambulance, it'll cost a lot of money". He could not come to the hospital with me. My brothers were really young then. He had to take care of them. He would cook for them.

R: how could he come?

I: *Did you go out during puja?*

R: Yes, I go out with my parents, and sometimes with friends. Not so much with them. How would we talk? They've work and they're married. Even I have work and I come back home by 7 or 8.

I: *How do you keep it your salary?*

R: I have a bank account. But it's not getting updated now, so I don't know if the money is getting deposited or not. The machine isn't working.

I: *Have you ever used that money to buy stuff for yourself? Went shopping?*

R: Yes, clothes, bags, and other stuff.

Whatever people need for themselves; I buy all that. I go with my mother. I also buy food for myself. I even went to a restaurant once, on my own, to eat biryani. Then I brought some home for my family too. I buy clips, rubber bands, all those tiny things.

I: *Here at 'Cha-ghar', you can cook a variety of stuff. Do you cook all that at home too?*

R: No not that much. Sometimes I make rice, but my mother does the rest. And I wake up late at home, so she already does all the work by then.

I: *Are there any talks of your marriage?*

R: There have been talks, that someone would come to see me, but that's it.

I: *And what about you? Do you want to get married?*

R: Not now. Later.

I: *What about your education? Do you wish to study now?*

R: I want to study but who'll do it?

I: *If you want to study, I'm sure there can be ways.*

R: I'm the eldest daughter. In our Muslim community girls are married off before they turn 18. My mother didn't do that at least. She got me educated. I can see all this what happens after marriage. I'm better this way (chuckles).





Developing a Social Recovery Handbook

Tracing the history of mental healthcare in India as well as the world in general, one can gauge the influence of the biomedical model and henceforth the dominance of medicines in treating persons with mental health conditions and psychosocial disability. The biomedical approach taken by most mental health professionals and institutions posits that mental disorders are brain diseases and emphasizes pharmacological treatment to target presumed biological ‘disorders’.

What this model does is it puts the complete onus of the mental illness on the individual alone thus absolving the responsibility and accountability of the society and its associated factors altogether. The focus of the biomedical model is primarily on the illness and diagnosis per se with limited or no focus on the individual, thus depriving them of the care they may need. So, what it leads to is vehement human rights violations, incarceration, pathologizing, lack of any kind of person-centric care and increased stigma, discrimination and marginalisation. Working within government mental health setups, it became overtly apparent that the institutions were largely dependent on the biomedical model, which also meant overt pathologization of residents compelled to fit into society’s notion of the normative or ‘normal’. It has been about two decades since then and it must be admitted that there have been

significant changes over the years through various levels of advocacy and hands-on dialogue with the authorities and the government but the overdependence on the medicinal model still remains a concern. While the need and importance of medicines for certain situations cannot be ignored, it has been proved time and again that medicines alone cannot in any way cater to an individual’s well-being or recovery, especially when other factors contributing to the individual’s distress remain underserved. Further, it is equally crucial to focus and reflect on the nuances of diagnosis when discussing the biomedical model. Diagnosis has both positive as well as negative implications: in terms of its potential, diagnosis encourages the individual to seek help, manage their condition, alleviate symptoms as well as develop a better understanding of oneself to communicate with others on it. However, what diagnosis also leads to is increase

in prejudice and judgement, bias, stigma and discrimination. Further, it raises a few questions as well: Why, as social workers, do we need to diagnose people at all? Will these labels eradicate the structural barriers that may have led to it? Will these labels justifiably define the lived experiences of these individuals surviving and coping with poverty, abuse, family loss and the pandemic?

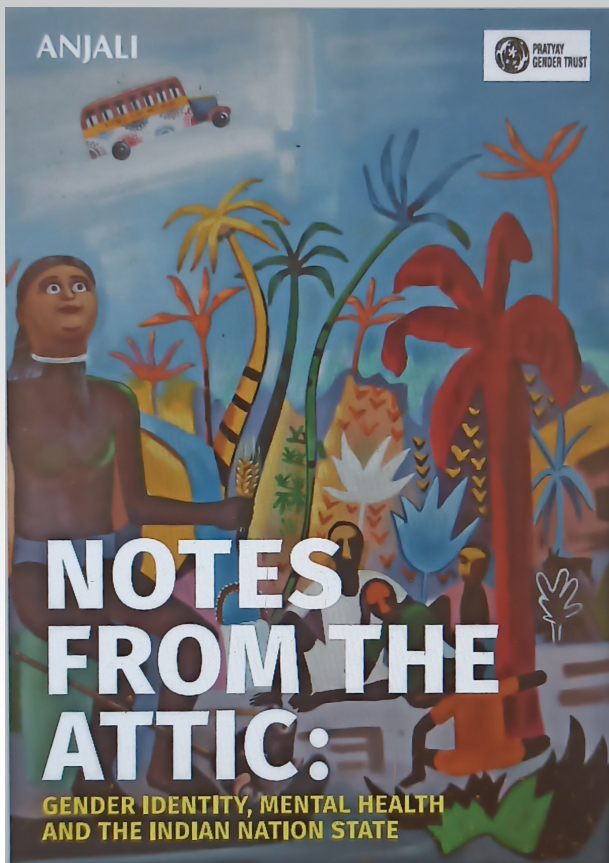
So, when Anjali was founded, it was crucial to ensure holistic care for persons with psychosocial disabilities. This led towards looking into alternative models of recovery and turn the gaze towards the distress and difficulties experienced and work towards dismantling those structural barriers causing it rather than only focusing on the illness.

The social recovery model is that counterbalance of the biomedical model that propels society and other factors' responsibility to acknowledge the systemic changes imperative for the well-being of persons with psychosocial disability. The social recovery model, though often neglected within the

conceptual framework of recovery, is a key dimension of mental health recovery. This approach propels person-centric care and focuses towards regaining social recognition, acceptance, participation and identity, i.e., the holistic well-being of the individual. In contrast to the biomedical model, it takes into consideration all the socio-economic-environmental factors that may contribute towards the individual's experiences of exclusion, discrimination and marginalisation, thus making the community and other stakeholders accountable for the same. Also, the biomedical model has better chances of success if it is complimented by the social recovery model, both working in tandem to ensure a continuum of care.

We got Chandana Baksi on board, to lead this piece of work. She has been a therapist for many years with constant exposure to intersecting social issues that perpetuate psychosocial disabilities. It's a rare feat in most clinical practitioners. Chandana is also willing to be challenged and welcomes critical perspectives, which further enriched the collaboration. We hope that the handbook will establish a much-needed discourse on rights of persons with psychosocial disabilities.





The pathologization of transpersons' identity has meant that their sense of self is always already tied to questions of mental health. Despite the growing discourse on transgender persons' rights and visibility in India currently, deepening the conversation on trans persons' mental health realities seems to have gathered less traction than what the communities have been flagging for some time now. It is crucial that efforts are mobilised and resources are allocated that puts a high priority on mental health care and intervention for transgender and gender non-conforming persons.

Anjali and Pratyay Gender Trust (A frontrunner transgender rights organisation based in Kolkata) came together to facilitate an exploratory conversation on the emotional landscape and lived experiences of trans and gender non-conforming persons in West Bengal. We would like to extend our deepest

gratitude to Applied Research Works, Inc for supporting this project and for also being extremely considerate throughout the duration of the project. It is based on the empirical trust that like all individuals, trans and gender non-conforming persons have agency and decision-making capacities to take control of our lives.

This report has been prepared by using qualitative interviews and secondary research. We have conducted focus group discussions and in-depth qualitative interviews with about 60 trans and gender non-conforming persons from all across West Bengal. An effort was made to ensure that they were from different regions in the state and across registers of class, caste and mental health status. We used a purposive sampling method where we identified each of the interviewees keeping in mind the objective of this study where we wanted representational narratives, but also through these, have the opportunity to reflect upon the collective concerns and the power dynamics which affect the life experiences of transgender and gender non-

conforming persons. For the group discussions and in-depth interviews, we used a semi-structured interview by having a set of guideline questions which would allow us to guide and develop a conversation on identity-based experiences with particular regard to mental health and associated concerns.

Notes From the Attic: A Research Project

We also conducted a research study on The Right to Food in the landscape of mental illness.

While there is a lot of scholarly work on understanding the nature of mental illness and institutionalisation, very little is available on the relationship between food and mental illness within the public health system in India. Persons with mental illness already experience marginalization within their homes and in the public sphere. Their identity is reduced to being a patient and neglect towards their physical well-being and their right to food heavily contributes to this experience. Through a Right to Information inquiry, Anjali felt the need to look into the budget allocation in diet in all the four government mental institutions Anjali works with. As per the response of the RTI, huge deficits were revealed. Hence, it was important to go deeper in order to address the need to review how the right to food is viewed and implemented in mental hospitals. Anjali thereby conducted an exploratory study across four Mental

Hospitals in West Bengal. During Anjali's research on the state of food and nutrition in mental hospitals across West Bengal, it was found that none of their kitchens followed the diet charts provided by Swasthya Bhavan for mentally challenged patients as per a standardised nutritional and dietary guidance. Food was being served with nutrition in mind but neglected aspects such as freshness, taste, or cleanliness. The nutritional value of the food is also questionable due to poor quality raw materials and cooking methods. Neither did the hospitals provide alternative dietary requirements for residents, irrespective of any medical history or chronic conditions, nor were there any vegetarian alternatives. Dietary diversity and taste are extremely important considering the length of time some of the residents have been staying in these hospitals. This brings to light the disorganized systems surrounding the nutrition plans at mental hospitals and the need for a dietician as part of management to be able to prescribe appropriate meals for residents.

DEFICIT IN FOOD BUDGET (IN INR)	Year	CPH	LPH	IMC	BMH
	2014-2015	Not Mentioned	-2416232	872253	4096291
2015-2016	6382187	2634196	781339	5417363	
2016-2017	9935110	697543	526540	12213037	
2017-2018	4428392	297875	2006596	2652101	
2018-2019	8372526	88993	617334	-1173292	
2019-2020	597164	-225956	240291	2083310	

A CASE STUDY





Voices Replication Manual/ Blueprint

Making the best of the challenges posed by the pandemic and lockdown and turning them into an opportunity, we developed a manual/blueprint of our hospital-based program, Voices in collaboration with StartUp!. The manual gives us a detailed roadmap of the program, the journey, the paths and most importantly, the challenges we faced and how we overcame them, how we turned each barrier into another opportunity to break stereotypes and reduce stigma.



VolunteerSpeak

I have been interning at Anjali mental health right organization, a reputed NGO for a month. I have been placed at Anjali Janamans centre, North Dum Dum. This program was initiated to de-institutionalize mental health services and make it available, affordable, and accessible to marginalized sections of the community. It works in partnership with municipalities.

This program is run by a group of women who go from door to door and work with immense zeal to spread mental health awareness specially among the inadequately resourced population. On the first day I went door to door where basic information related to mental illness was imparted along with distribution of pamphlets. To my observation, a lot of the people were extremely interested about the program and asked questions regarding various problems they have been facing. They had a good understanding of the basic mental illnesses like depression, anxiety and even addiction.

From the next day onward I along with other social workers went for “door to door visits”. Here people who were unable to go to centers for therapy and counselling were paid a visit at their own homes. This seemed to be especially beneficial for the older clientele and people who were not ready to start with their treatments yet. Talking to them at the comfort of their own home helped them to get over the stigma attached with mental illness. Another great aspect of this program is the fact that the social workers visiting clients are localities. This makes them even more approachable to the masses and they are able to relate to them to a certain level and open up without any hesitation. It was such an enriching, humbling and heart-warming experience for me to see how much work is being put by this organization for people’s mental wellbeing.



Anooshka Banerjee

Challenges and feedback

- Considering the current pandemic situation, it was quite difficult to go door to door and reach out to the clients physically
- It would be really helpful if Anjali could come up with more offices specially in the southern part of the city since the work being done is remarkable and it would be great if they could expand to other parts of the city too.

The staffs were extremely nice and patient and they were successful in bringing smile in everyone's faces. The way they empathized with their clients made them feel heard and understood and that in itself works wonders in people's lives. Moreover, the organization runs in an extremely systematic fashion where I have noticed each and every information is well documented and kept.

I am grateful for the opportunity given to me to work as an intern here. From my previous experiences with other reputed mental organizations, I was a little disheartened. However, after working here, my faith in mental health organization has been restored. I have received a lot of exposure to not only very interesting cases but also a very realistic picture of the status of mental health awareness among the general population in India.



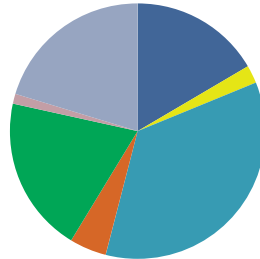
**Vartika
Arora**

I interned with Anjali from August through October 2020. Though I worked remotely during this entire tenure, it was a truly insightful experience for me. I documented various narratives of people who recovered from psychosocial disabilities. These accounts filled me with both hope and despair. It was eye-opening to learn about the challenges faced by the team while trying to facilitate every participant's journey to personhood. Documenting the reintegration narratives

especially expanded my understanding of the rights-based approach to mental health, which Anjali strives to follow. Learning about the peer-led capacity building and support sessions at Kolkata Pavlov Hospital made me conscious of my own biases. However, I do believe that my experience would have been more insightful if I had the chance to interact with the participants in person. It also took me a while to improve my understanding of the intricacies of various programmes implemented by Anjali, but I always received able support from my supervisor and other team members.

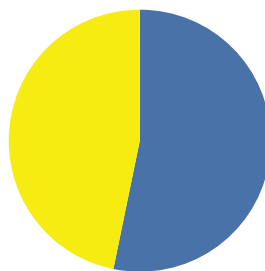
Anjali's efforts to deinstitutionalize mental health services through its Janamanas program made me see the social aspects of mental health in a different light. It also helped me understand that true inclusion can be achieved only by building bridges with the marginalised communities. These reflections are important to me as an individual, especially because I want to work in the mental health field. Interning with Anjali has thus definitely contributed to my personal development. I am very thankful for this opportunity and I hope that Anjali continues to empower many more people for many more years to come.

Finances



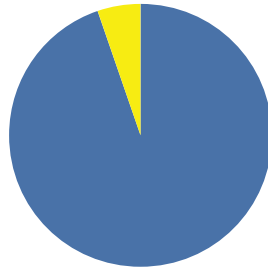
- PAUL HAMLYN FOUNDATION
- AMERICAN JEWISH WORLD SERVICE
- MARIWALA HEALTH FOUNDATION
- HANS FOUNDATION
- TECH MAHINDRA
- APPLIED RESEARCH WORKS (I) PVT LTD
- AAPI

SI no.	Name of Donor	Donation utilised in FY 2020-21
1	PAUL HAMLYN FOUNDATION	₹ 4275470
2	AMERICAN JEWISH WORLD SERVICE	₹ 583600
3	HANS FOUNDATION	₹ 9111558
4	TECH MAHINDRA	₹ 1205000
5	MARIWALA HEALTH FOUNDATION	₹ 5109738
6	APPLIED RESEARCH WORKS (I) PVT LTD	₹ 325000
7	AAPI	₹ 5244617



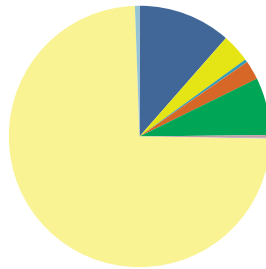
- OAK FOUNDATION
- HUMAN CAPABILITY FOUNDATION

SI no.	Name of Donor	Donation utilised in FY 2020-21
1	OAK FOUNDATION	₹ 5572672
2	HUMAN CAPABILITY FOUNDATION	₹ 4896818



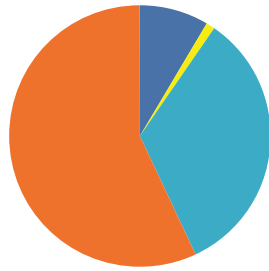
■ Salaries and Allowances ■ Welfare of Employees

SI no.	Towards Staff	Amount
1	Salaries and Allowances	₹ 10316066
2	Welfare of Employees	₹ 576794



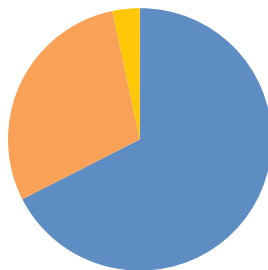
■ Office Rent ■ Telephone, Fax & Internet ■ Office Stationery
 ■ Electricity ■ Maintenance Charges ■ Audit Fees
 ■ General Charges ■ Covid-19 Expenses ■ Certification Charges

SI no.	Towards Staff	Amount
1	Office Rent	₹ 960000
2	Telephone, Fax & Internet	₹ 295649
3	Office Stationery	₹ 30947
4	Electricity	₹ 197797
5	Maintenance Charges	₹ 594376
6	Audit Fees	₹ 28000
7	General Charges	₹ 8136
8	Covid-19 Expenses	₹ 6209848
9	Certification Charges	₹ 47000



- Promotion of Products
- Project Related Service Through Cha Ghar
- Through Interest
- Through Washing from Dhobi Ghar

SI no.	Towards Staff	Amount
1	Promotion of Products	₹ 162136
2	Project Related Service Through Cha Ghar	₹ 20300
3	Through Interest	₹ 634847
4	Through Washing from Dhobi Ghar	₹ 1083562

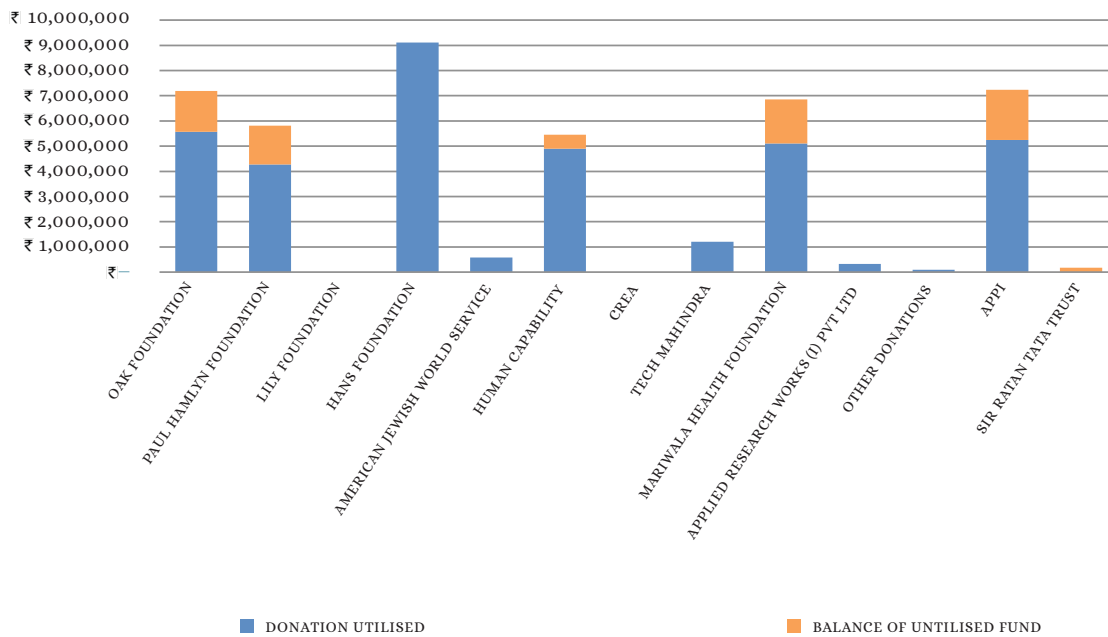


- VOICES
- JANAMANAS
- ADVOCACY & CAMPAIGN

SI no.	Towards Staff	Amount
1	VOICES	₹ 19091237
2	JANAMANAS	₹ 8250049
3	ADVOCACY & CAMPAIGN	₹ 948652

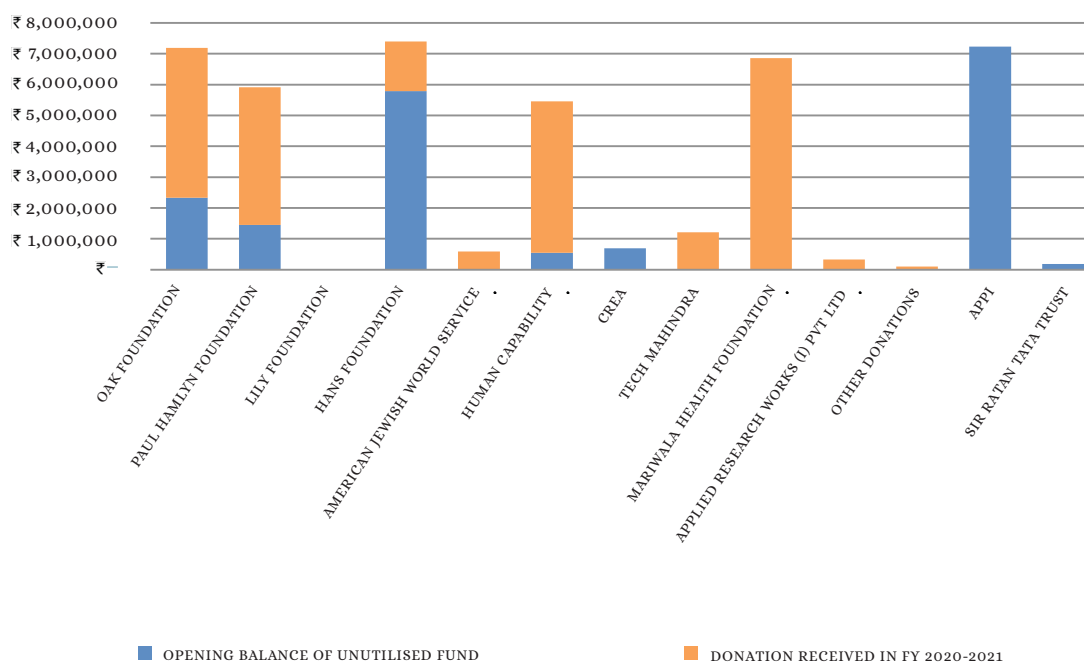
Sl no.	Name of Donor	Donation Utilised in FY 2020-21	Balance of Unutilised Fund
1	OAK FOUNDATION	₹ 5572672	₹ 1618384
2	PAUL HAMLIN FOUNDATION	₹ 4275470	₹ 1533688
3	LILY FOUNDATION	₹ -	₹ -
4	HANS FOUNDATION	₹ 9111558	₹ -
5	AMERICAN JEWISH WORLD SERVICE	₹ 583600	₹ -
6	HUMAN CAPABILITY	₹ 4896818	₹ 558144
7	CREA	₹ -	₹ -
8	TECH MAHINDRA	₹ 1,205,000	₹ -
9	MARIWALA HEALTH FOUNDATION	₹ 5109738	₹ 1747309
10	APPLIED RESEARCH WORKS (I) PVT LTD	₹ 325,000	₹ -
11	OTHER DONATIONS	₹ 99,060	₹ -
12	APPI	₹ 5244617	₹ 1986172
13	SIR RATAN TATA TRUST	₹ -	₹ 179225

Donations Utilised



SI no.	Name of Donor	Donation Utilised in FY 2020-21	Balance of Unutilised Fund
1	OAK FOUNDATION	₹ 2334874	₹ 4856182
2	PAUL HAMLYN FOUNDATION	₹ 1450559	₹ 4465052
3	LILY FOUNDATION	₹ -	₹ -
4	HANS FOUNDATION	₹ 5792765	₹ 1608093
5	AMERICAN JEWISH WORLD SERVICE	₹ -	₹ 583600
6	HUMAN CAPABILITY	₹ 543149	₹ 4911813
7	CREA	₹ 690175	₹ -
8	TECH MAHINDRA	₹ -	₹ 1205000
9	MARIWALA HEALTH FOUNDATION	₹ -	₹ 6857047
10	APPLIED RESEARCH WORKS (I) PVT LTD	₹ -	₹ 325000
11	OTHER DONATIONS	₹ -	₹ 99060
12	APPI	₹ 7230789	₹ -
13	SIR RATAN TATA TRUST	₹ 179255	₹ -

Funds Available



Board Members

S/L No.	Name	Role	Occupation
1	Ms. Ratnaboli Roy	Founder & Managing Trustee	Clinical Psychologist, Director- Anjali
2	Dr. Debasish Chatterjee	Co-founder & Trustee	Practicing Psychiatrist
3	Ms. Paromita Chakravarti	Trustee	Professor & Director, Dept. of Womens' Studies, Jadavpur University
4	Ms. Kalpana Kaul	Trustee	Development Consultant
5	Ms. Ruchira Goswami	Trustee	Professor, National University of Juridical Sciences
6	Ms. Ranjini Mukherjee	Trustee	Special Educator
7	Dr. Aniruddha Deb	Trustee	Practicing Psychiatrist

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Team ANJALI

APRIL 2020 - MARCH 2021

Ratnaboli Roy

Founder &
Managing Trustee

Manidipa Ghosh

Deputy Director

Debatri Das

Senior Operations Officer

Adrika Sengupta

Head- Programmes

Santanu Saha

Head- Accounts

Sukla Das Baruah

Senior Program Manager

Chandrabarna Saha

Senior Program Manager

Aditi Basu

Program Manager

Rittika Ray Das

Associate Program Manager

Tanusree Dasgupta

Program Manager

Ipsita Mukherjee

Associate Program Manager

Sananda Gupta

Associate Program Manager

Biswajit Pati

Associate Program Manager

Bapi Dey

Office Assistant

Monalisa Sen

Office Assistant

Swarup Roy
Program Associate

Anindita Chakraborty
Case Support Manager

Mohini Banerjee
Psychologist

Aditi Ganguly
Psychologist

Kathakali Biswas
Research, Documentation &
M&E Associate

Srabastee De Bhowmik
Research Associate

Esha Das
Program Coordinator

Rohit Mukherjee
Senior Manager, Accounts

Rajesh Chowhan
Office Supervisor

Oliviya Chakraborty
Junior Manager, Accounts

Dipankar Nath
Office Assistant

Soma Chakraborty
Office Assistant

Prasenjit Manna
Assistant

Pampa Singha Roy
Assistant

Tushi Majumdar
Assistant



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The MIND Matters Anjali Mental Health Rights Organisation



@AnjaliMHR



anjali_mentalhealth



Anjali MHRO

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