



The Dhobi Ghar Story
*Blueprint of a Unique Livelihoods Initiative
in the Mental Health Sector*

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Anjali refers to the persons with psychosocial disabilities that it works with as ‘participants’. This term has been used across this document for persons living in mental hospitals that are engaged in the programs of Anjali and those employed at Dhobi Ghar.

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Start Up!

Start Up! is an impact accelerator, ecosystem builder, and leadership springboard for social entrepreneurs.

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FOREWORD

We tell ourselves stories in order to live.

Joan Didion

I am honored to share the story of Dhobi Ghar, a social enterprise, nested inside a government mental health hospital in Kolkata.

Dhobi Ghar is a commercial laundrette that operates in the Pavlov Mental Hospital, the largest government mental hospital in West Bengal. It employs long-stay residents of mental health institutions, enabling them to earn, be part of a productive workforce, and experience livelihoods with dignity, every day.

Why Dhobi Ghar?

The seed of Dhobi Ghar was planted in our minds long before it came to fruition.

In 2015-16, we at Anjali had spent more than 15 years in government mental hospitals, working to transform the policies, practices, and processes of institutional care. Agency and personhood for our participants were at the center of all our programs. For over a decade-and-a-half, as we challenged biases, outdated laws, and social stigma in the wards of mental hospitals day in and day out, we saw how our recovered participants were unable to exercise true choice in their lives and relationships, without access to decent work and livelihoods.

As we reintegrated our participants into their families and dialogued with communities for their social inclusion, we were obstructed by the same barrier again, and again – i.e., the exclusion and/or devaluation of individuals who could not bring economic value to their families. Not that our participants *did not have the* skills, and confidence to engage in decent remunerative work. Several did. But most times their families and communities were too steeped in stigma to accept any such possibility.

In every way, we witnessed how the theory of **social role valorization** manifested for users of government mental health institutions. According to this theory, our behaviors and relationships are significantly dictated by the value we assign to individuals' societal roles. The role of a worker, a parent, or an employee tends to be more valued when compared with that of a dependent, a patient, or a person with a disability.

So, in 2015, when it was time to envision Anjali's next curve of innovation and impact, we were clear. We would demonstrate that people with psycho-social disabilities are capable of independent earning and living; that they are not a 'liability' for the family and society. We would open up the pathways to their economic stability, along with psychological, social, and political empowerment.

A Blueprint of Innovation

This led us to design our livelihood programs. Dhobi Ghar would be our flagship livelihood intervention. We had three goals for this initiative:

- a) Changing the normative expectations of what persons with psychosocial disabilities are capable of doing and achieving.
- b) Opening the world of work for long-stay residents of mental hospitals. This required facilitating their access and control over skills, technology, market, mobility, and resources.
- c) Taking the path of non-traditional livelihoods where our participants would be visible, not just as workers and earners, but as changemakers, who were transforming the culture of their trades and making them inclusive.

As an idea on paper, Dhobi Ghar was utterly exciting - a state-of-the-art laundrette, that would employ recovered residents, and provide services to government hospitals for a fee. But in setting it up as a functioning business, we learned some of our biggest lessons in hope, problem-solving, and perseverance.

Three factors ensured that we stayed on course and turned Dhobi Ghar from an idea into a stable livelihoods model:

- **A shared vision:** Dhobi Ghar is a resource-intensive business that required multiple stakeholders to join forces. This could have been a challenge, even a stumbling block.

We forged a shared vision for the program with our team, the leadership of the hospital, government officials, and our participants. It generated ownership and pride for the initiative among all stakeholders. This spirit of collaboration saw us through the three long years that it took to generate the resources and set up the physical and human infrastructure for the model to begin its operations.

- **Active learning:** Running a commercial laundry was a completely new domain for our team. We invested time to learn the technical and business ropes of the trade from experts. We had long meetings to re-draw the Standard Operating Processes (SOPs) to ensure inclusion, ease, and seamless workflow for our participants.
- **Agile problem-solving:** On the one hand we had to ensure high customer satisfaction through timely and high-quality service delivery at Dhobi Ghar. On the other hand, Dhobi Ghar had to function with a workflow that was in cadence with the capacities of our participants who had been on long-term psychiatric medication. This required us to innovate and problem-solve actively. By growing our problem-solving muscles, we learned to become agile.

Today, Dhobi Ghar services the entire laundry needs of three hospitals in Kolkata. 72 long-stay residents have been trained and employed with us. They have earned and have started to save. Of these, over 20 individuals have been reintegrated.

Doorway to a Dream

The stability and strengthening of Dhobi Ghar have been a win not only for our livelihoods vertical. It also gave us the impetus to launch another long-cherished dream of ours.

Pratyay is an assisted living facility for recovered residents who cannot be integrated into their families and communities. Bolstered by the ability of our participants to earn at the Dhobi Ghar, we set up Pratyay in 2022, in partnership with the state Government in 2022. Today, Pratyay, operates as a halfway home for 40+ male and female residents, of whom, close to 30% are gainfully employed currently.

An invitation to engage and collaborate

On behalf of Anjali, this manual on Dhobi Ghar is our offering to other practitioners who work in the domain of mental health. If you are seeking to launch a livelihoods program for persons with psychosocial disabilities, this manual could be a useful resource for you.

We also hope our story and learning will resonate with those outside the mental health sector, who work with individuals that have been affected by custodial state institutions or those who have been processed by the criminal justice system.

We look forward to opening up new dialogues, learning, unlearning, and collaborations with you.

As Dhobi Ghar enters its significant seventh year of operations, I am confident that we will find new mountains to climb and continue to expand our business and impact footprint. We extend our heartfelt gratitude to funders, team members, and individuals who have contributed to our growth story.

Ratnaboli Ray, Managing Trustee, Anjali

ANJALI – AN INTRODUCTION

Anjali is a pioneering CSO working to secure large-scale systemic changes in the mental health field, by making mental health institutions, systems, and communities intersectional and inclusive. Based in Kolkata, our work relies on cross-sectoral partnerships with the state government, the media, and other civil society organizations.

Vision

A world where positive mental health is secured for all.

Mission

Anjali seeks to secure large-scale behavioral and systemic changes in the field of mental health in India. It seeks to do so by:

- Empowering persons with psycho-social disabilities to experience personhood and citizenship.
- Enabling mental health institutions and systems to become inclusive and responsive.
- Expanding community networks and alliances to strengthen the 'Anjali Way.'
- Establishing progressive mental health laws, policies, and practices.
- Energizing local communities and citizen groups to build a progressive narrative on mental health stressors within, and in their immediate environment

Strategic approach

Anjali takes a four-pronged strategic approach that cuts across all its programs:

- Capacity building of all residents and stakeholders
- Collaboration with the health system and communities
- Catalyzing Policy Change
- Changing the frame through a positive narrative shift for persons with psychosocial disabilities

The 4Cs are interconnected and interrelated.

Key programs/ verticals

Anjali delivers its strategic approach through the following programs/verticals:

- **Voices:** India's first partnership with the state health and mental health system, Voices is a hospital-based capacity-building program that focuses on:
 - Building capacity of participants/users living in government mental hospitals
 - Transforming the quality and paradigm of care within these institutions
 - Providing livelihood opportunities inside the hospital system, in partnership with the state health department.
- **Janamanas:** A community mental health program, Janamanas is designed and implemented with government urban local bodies. The program focuses on:
 - Creating community eco-systems that promote mental well-being
 - Empowering women to become barefoot mental health practitioners
 - Demonstrating a community-owned social model of care and well-being for PWPSD
- **Pratayay:** West Bengal's first Assisted Living Project, Pratayay enables the journey of long-recovered, but abandoned users of the hospital systems. They are facilitated to move from patienthood to personhood by transiting into supported community life.

A collaboration with Anjali, the Department of Health and Family Welfare, and Department of Women and Child Development and Social Welfare, Government of West Bengal, the project seeks to:

- Strengthen independent living, communication, and relationships for the residents
- Build livelihoods and employability skills
- Seed self-advocates for the sector

Impact

Over two decades, Anjali's model has led to the following outcomes:

- 15,000 persons with psychosocial disabilities (PWSDs) provided psycho-social support.
- 1200 users of government mental health hospitals reintegrated back into families.
- 200 participants/users secure voter cards.
- 301 users of mental health services engaged in livelihood activities.
- 300 + self help groups trained to enhance awareness and build responsive communities for PWSDs.
- 40+ community barefoot professionals trained.
- 80,000 persons reached out in awareness programs and campaigns.
- 900 young persons engaged as volunteers and champions.

In addition, Anjali has secured more than 30 critical government orders to make government mental hospitals humane and dignified. These orders have had a far-reaching impact on the mental health policy of India.

The more critical orders include:

- Abolition of isolation cells in government hospitals
- Prohibition of direct administration of ICT
- Post-discharge free medication for three months
- Inclusion of patients-users in the hospital diet committee
- Ensuring Leave of Absence for users
- Ease of discharge facilities for patients
- Recognition of participants/patients as citizens with voter rights
- Securing Aadhar cards for users/patients/participants

A NOTE FOR READERS: HOW TO USE THIS MANUAL

This document details the journey, impact, and operations of Dhobi Ghar.

Dhobi Ghar – a unique livelihoods initiative was launched in June 2016 in partnership with the Government of West Bengal and Anjali, with the philanthropic support of the Hans Foundation. Located on the premises of Calcutta Pavlov Hospital, Dhobi Ghar is a state-of-the-art laundry service run by recovered residents.

The audience/reader

This manual would be of interest to individuals/organizations who are seeking to launch non-traditional livelihood models for persons with psychosocial disabilities such that they can engage with the world of work with dignity, and be recognized as professionals and active citizens.

Our audience includes, but is not limited to:

- CSOs working to bring dignity, professionalism, and positive mental health practices to persons with psychosocial disabilities.
- CSOs providing treatment, care, and rehabilitation to people with developmental disabilities.
- State-run mental health Institutions, government and private hospitals that provide mental health services and residential care to people with psycho-social and/or developmental disabilities.
- Non-traditional livelihood models interested in working with persons with psychosocial disabilities and/or individuals that have been institutionalized in custodial homes.

Navigating the manual

By weaving data, stories, and voices from the ground, this manual maps the 7Ss of Dhobi Ghar: Shared values, strategy, structure, systems, skills, staff, and style of leadership.

Here is what you can expect from each chapter:

Dhobi Ghar: A Non-Traditional Livelihoods Model - We present the conceptual framework of Dhobi Ghar as a non-traditional livelihoods(NTL) model.

An Overview of the Dhobi Ghar Manual- We unpack the goals, objectives, and core business model of Dhobi Ghar.

From Seed to Stability- We trace the program history, challenges encountered, and the process of seeding, starting, and strengthening the model

Dhobi Ghar: Impact and Outcomes -We outline and illustrate the key outcomes and the impact on participants, their families, and the larger hospital ecosystem.

Dhobi Ghar: An Operations Manual - We focus on the Program architecture and Operations, roles, and responsibilities of the Dhobi Ghar and Anjali team members.

Dhobi Ghar : Process Maps and Templates - We share the process maps for the key operations of the laundry. Also included, wherever possible are additional details, do's and don'ts, possible challenges, and their mitigation.

We make available templates for the program process, reporting, business, and communication internally as well as externally with clients. These templates and process maps comprise a rich resource that has been fine-tuned over the years by the Dhobi Ghar team.

We hope you enjoy reading this manual and look forward to your feedback!

DHOBI GHAR : A NON-TRADITIONAL LIVELIHOODS MODEL

“We wanted to challenge the stigma and the notions of ‘incompetence’ and ‘liability’ associated with those living with psychosocial disability. So, we intentionally identified a non-traditional livelihood -the laundry business- for our participants. It is inherently demanding and requires long working hours and being on one’s feet.”- Ratnaboli Ray, Founder, and Managing Trustee, Anjali,

Setting the context

The Rights of Persons with Disability Act (RPWD, 2016) includes mental illness, as a condition of disability. However, there is ample evidence that the Act has not been responsive to the needs of Persons living with Mental Illness (PLMI).

Consider the following data points:

- Among all sources of disability, mental health conditions are associated with the highest rates of unemployment, commonly between 70 and 90 %.
- Under the Skill India Mission, the National Skill Development Corporation (NSDC), as part of the Pradhan Mantri Kaushal Vikas Yojana (PMKVY), skilled 49,000 PwDs across India in 2021. But there was no data available on the number of PLMIs that had received training within this segment¹.
- Vocational programs of NGOs for PwDs, continue to emphasize traditional crafts like re-caning of chairs, candles, and incense stick-making activities, which yield woefully low wages².
- The Central Statistics Organization has reported that 87.3% (873 out of 1,000) of persons with psychosocial disabilities in India are out of the labor force. ³
- Employment plays a critical role in the life and recovery of persons with mental illness in terms of clinical improvement. However, research reveals that most employers hold deeply ingrained negative stereotypes of workers with psychosocial disabilities. They believe that such individuals lack the technical competence to meet the demands of work, that they need excessive supervision, and that working is not healthy for them.

A vacuous life

Labeled as ‘patients’, residents of mental health institutions in India lead isolated and empty lives where hours fade into days, and days meld into years. Individuals move through time, holding on to a thread of basic daily activities that are limited to the physical upkeep of oneself, consuming meals, sporadic interactions with fellow residents, and hospital staff, and occasional phone calls from family.

Prolonged medical treatment keeps these individuals attached to their perceived ‘sick roles’. Years of institutionalization increase their dependence on the hospital system, erode their life skills and social skills, and reduce their ability to cope with the world outside. The inherent bias and tendencies of the caregivers to infantilize and ‘manage’ the residents aggravate this challenge.

But for a few exceptions like the states of Maharashtra and Madhya Pradesh, not much effort has been made to provide structured learning engagements or livelihood skills to recovered residents of mental health institutions. For all these reasons, a majority of persons with psychosocial disabilities are abandoned by their families. Self-stigma and a lack of viable options obstruct the individuals from developing the confidence to imagine a life outside the hospital walls. They languish as long-stay residents of mental health institutions.

A HANS Foundation survey in 2019 painted a grim picture of institutionalized care. It reported that 93% of the residents had never stepped out of the hospital and 86% had never had a visitor. It termed long stays as one of the most profound manifestations of social exclusion where the residents are “segregated and removed from the outside world”.

¹ Source: Press Information Bureau

² Kumari S, Ojha GJ. Employment status of persons living with mental illness in India: ground reality. International Journal of Research and Review. 2020; 7(10): 394-401

³ ³ Rashi Juneja, Anuja Kapoor and Rashmi Pandey. Employment Status of Mental Health Patients in India. Biomed J Sci & Tech

Pathbreaking and non-traditional

For Anjali, Dhobi Ghar was the missing link that demonstrated the potential for employment of recovered residents who had been institutionalized in mental health institutions for years.

After long-term residents had experienced self-discovery and self-expression through ‘Voices’ (Anjali’s key program inside government mental health hospitals), gainful employment would be their next logical milestone on the path of self-reliance and social acceptance.

Not content with designing vanilla training programs that would skill the residents in making festive diyas, candles, and corporate gifts, the Anjali team embarked on the path of non-traditional livelihoods, one that would challenge both the participants and the organization.

Defining Non-Traditional Livelihoods (NTL)

Anjali designed and developed Dhobi Ghar much before clear definitions of NTL had been articulated and shaped in the sector. It emphasized the following dimensions of livelihoods, marking a departure for, and locating Dhobi Ghar in non-traditionality.

- Dhobi Ghar would break the stereotypes and expectations around the nature of work that persons with psychosocial disabilities were considered capable of doing.
- This livelihoods intervention would move from providing insecure to secure, devalued to valued, low to decent work to Anjali’s participants.
- It would introduce persons with psychosocial disabilities to the future of work. This implied enhanced mobility, and access to technology, skills, markets, and resources. Over time, these factors would open up pathways to upward mobility for participants.
- Dhobi Ghar would celebrate and make its participants visible – not just as working and earning individuals, but as changemakers that were transforming the culture of their trade and making their occupations more inclusive⁴.

“Running a laundry is not easy. It’s time-bound, and physically demanding, requiring participants to engage for long hours. Workers need to be well-trained and at ease with the heavy machinery. While the daily tasks may be repetitive, they need a high degree of focus in order to be completed,” the manager of Dhobi Ghar concurred.

Most critically, Anjali had to expand its repertoire of competencies, by learning to engage with markets, acquiring and retaining customers, and embracing the culture and rigor of a social business. For the team, it was clear that skilling alone would not move the needle for its participants unless the organization could generate work and wages for them, year-on-year.

⁴ Vikalp: An Exploratory Study on Non-Traditional Livelihoods, ICRW, Pg 11-13

AN OVERVIEW OF THE DHOBI GHAR MODEL

Lopa Burman's (name changed) father worked in a flour mill in Howrah in the North 24 Parganas, district in West Bengal. She was very close to him. Her mother worked as a domestic help. Lopa was their only child.

The family struggled to make ends meet. Lopa's mother stitched clothes in her free time to supplement their income. Lopa would pitch in by making 'jhumjhum' (rattle toys) at home. The sale of the toys netted INR 700-800 every month.

Lopa was 13 years of age when her father passed away, leaving her shattered. This was the beginning of her mental health problems. She spiraled into the dark alleys of depression and silence. She stopped talking to her friends and took to wandering from place to place.

On one such instance, Lopa found herself at the Howrah Station, from where she was sent to the Kolkata Pavlov Hospital by the police. Lopa has been a resident at Pavlov for over 12 years now. She refers to it as 'home'.

She says, "I don't like the hospital, we are shut inside all the time. Working at Dhobi Ghar is the only time when I step out into the world. I come here, work every day, and feel better. Before Dhobi Ghar, we had nothing to do in our hospital ward, except maybe chat with some friends or sleep."

Five years back when she started as an employee of Dhobi Ghar, Lopa was racked with tension and self-doubt. She was afraid of failing, of being unable to learn, of making mistakes. "But at Dhobi Ghar, everybody was patient with me," she says. "I learned my tasks gradually, at my pace. I was encouraged to speak to my supervisor about any new area of training that my heart desired to learn. For example, I wanted to learn how to use the ironing machine, because everyone else could operate it, except for me. My wish was respected, and I got trained in operating the machine." Not surprisingly, Lopa's favorite task at Dhobi Ghar is folding and ironing the laundry.

Lopa works six days a week at the Dhobi Ghar. She describes her work as a site of constant learning from her supervisors and teamwork with her peers. Overall, work enables her to focus and feel better.

Paydays are special. Lopa buys street food with her salary. "I buy egg rolls, chowmein, and Biryani as we don't get these delicacies inside the hospital. I also buy cosmetics during the Pujos."

For Lopa, Dhobi Ghar is her window to the world. "I like working in Dhobi Ghar because it is outside the hospital, it is open, and it makes me feel good as a person."

Small steps to big impact

Tucked away in the corner of the sprawling grounds of the Pavlov Mental Hospital, you could almost miss the Dhobi Ghar. An ordinary white building with an extraordinary mandate, Dhobi Ghar is India's first commercial laundrette, run by long-stay residents of the Kolkata Pavlov Hospital.

Dhobi Ghar is a unique model that rests on a three-way collaboration:

- Anjali, a CSO that brings insights and expertise in innovative programming for mental health systems;
- Pavlov Mental Hospital, a government hospital, that is mandated to provide services to patients across a range of income groups at a nominal cost.
- Hans Foundation, which brings its philanthropic capital to the venture.

In this unique trio, the government provided the basic infrastructure of land, building, electricity, and water lines; Hans Foundation allotted a grant towards the expense of the heavy machinery and other business set-up costs; and Anjali took the responsibility of turning the idea of Dhobi Ghar into a reality.

"In my 20-year career, I have worked in many hospitals across West Bengal. Pavlov has been my most prized posting, in most parts due to Anjali's work in this hospital. I have learned from Anjali that our inmates are 'Pravasi' (residents), not patients.

"The relationship between Anjali and our hospital is a relationship of symbiosis; where we leave, Anjali picks up, and vice versa. We complement each other. We provide medicine, shelter, security, and administrative support to our residents, while Anjali adds value to their life experiences. Employment in Dhobi Ghar is critical for our residents, as it prepares them for a life outside the hospital. It's a 'win-win' for everyone.

"When residents are on the road to recovery, they need to recover their self-identity and their dignity. On the surface, Dhobi Ghar could be a laundry business that trains individuals to wash, iron, and fold linen. But for the recovered patients, it is about a turn-around. The experience of employment and earning a wage enables them to tell themselves, their families, and the world, 'Yes I can'. I am a human being and I have my rights; I am not different. This feeling of financial empowerment and confidence is something that our medicines or doctors cannot provide.

"Most importantly, we have seen how effective Dhobi Ghar has been in the reintegration of our long-stay residents. Dhobi Ghar is a unique project, and we are privileged to be a part of it."

Deputy Superintendent, Calcutta Pavlov Hospital

Core beliefs

Passion, resilience, and empathy mark the everyday culture and behavior of all team members at Dhobi Ghar. These traits have enabled them to progress, despite the paperwork and the slow-moving government systems.

Dhobi Ghar runs on the following belief systems:

- **Self-determination:** This non-traditional livelihood model is premised on the unshakable belief that persons with psychosocial disabilities have the right to determine their life choices, including their occupation.
- **Trust, relationship building, and mutual respect:** These beliefs are practiced across client/customer relationships, and between participants, team members of Dhobi Ghar, and the central office of Anjali. There is a high degree of transparency in Dhobi Ghar's relationship with the hospital staff and other government functionaries.
- **Autonomy and accountability:** The employees of Dhobi Ghar exercise their choice, whether it's around their working hours, or the choice to reintegrate with their family, or stay at the Assisted living facility, Pratyay. However, their sense of autonomy is balanced and offset by their accountability to customer commitments.

"At Dhobi Ghar, we continuously revisit and refocus on our values so that they inform our behavior and communication with all the stakeholders. For example, we insist on cutting through clutter, and on being clear and respectful in our communication with everyone. The supervisors of Dhobi Ghar bring trade-specific skills. Most would not have prior experience of working with people with psychosocial disabilities or interacting with governments as their customers. So, we focus a lot on orienting them from day one. They are trained, coached, and supervised on effective language, terminologies, verbal, and non-verbal communication, as well as on how to balance between behaviors of empathy and accountability."

Ratnaboli Ray, Founder and Managing Trustee, Dhobi Ghar

Goal, objectives, and strategic activities

Goal

Dhobi Ghar's goal is to enable the economic empowerment of persons living with psychosocial disability, through which they experience social inclusion and full personhood.

Objectives

Dhobi Ghar is committed to delivering the following objectives:

- Enabling persons with psychosocial disabilities to engage with the world of work with dignity and confidence.
 - Facilitating their access and control over skills, technology, market, mobility, and resources.
- Celebrating the participants of Dhobi Ghar, not just as workers and earners, but as changemakers, role models, and active citizens.
- Breaking stereotypes and transforming the normative expectations of what persons with psychosocial disabilities are considered capable of achieving.

Strategic interventions and activities

The strategic interventions and activities of Dhobi Ghar include the following:

- Training recovered residents of the Calcutta Pavlov Hospital in all activities of running a professional laundry service (washing, steaming ironing, folding, and packing).
 - Facilitating the productive engagement of all participants in the business, such that they display tangible progress in workplace skills and behavior.
- Managing timely, and high-quality service delivery to customers.
- Ensuring a steady and fair income for the participants who work at the laundry.
- Continuously documenting and disseminating stories of Dhobi Ghar to a wider audience to build greater awareness and opportunities for livelihood.
- Changing perceptions through continuous engagement and dialogue with partners in the government so they become advocates for the Dhobi Ghar mode.

Profile of participants

Dhobi Ghar is open to all residents of the Pavlov Mental Hospital. They join the enterprise after being carefully vetted by the doctors and support staff of the hospital.

Over six years, 72 long-stay patients have been trained and employed at Dhobi Ghar, of which 20 have been re-integrated back into their families and community. Currently, 20 participants are actively engaged, of which 12 are women.

The age Dhobi Ghar employees range from 21 years to 68 years. The average age of employees is 38 years. All of them come from low-income backgrounds. A majority have been long-term hospital residents; with the tenure of residency ranging from 5 years to 15 years.

Prakash Mondal (name changed) is 35 years old. He belongs to a middle-income family from Tollygunge, in the southern fringes of Kolkata. His father, now retired, worked in a pharmaceutical company. His mother is a housewife, and his sister is a teacher.

Prakash had developmental delays as a child and was brought up by his aunt. He has no memories of his parents from his growing-up years. Prakash developed some neurological issues when he was 18 years of age and has been a user of psychiatric services since then. Although he enrolled in college, he could not continue. "Due to the strong medication, I could not concentrate in class and felt sleepy all the time," Prakash explained. After dropping out of college, he worked in an electronics company for about 18 months

Prakash has been a resident of the Pavlov Hospital since 2019, and an employee of Dhobi Ghar for one-and-a-half years. His only visitor at the hospital is his brother-in-law who comes to see him occasionally.

For Prakash, the capacity-building sessions at Dhobi Ghar marked the start of new possibilities. While he was a focused and attentive learner, Prakash learned the importance of physical fitness for an employee in a commercial laundry.

So, he exercises diligently. "We are on medication which slows us down and makes us drowsy. It's good to exercise for an hour every day to stay active. I had gained a lot of weight earlier, but I take care of myself now. At work, one must be strong, because I have to push heavy trolleys," Prakash said. He can work long hours and can do 8-9 hour shifts if there is a need.

Prakash demonstrates high levels of competency across all tasks, from sorting and folding of linen to operating the machines. "One has to be careful while adding the detergents and softeners- all the chemicals have to be in the right quantity, based on the machine capacity", he says.

Prakash feels that this work experience in Dhobi Ghar will jump-start his search for alternate employment if he eventually gets to join his family, a possibility that he feels may never manifest, yet work keeps him hopeful.

FROM SEED TO STABILITY – THE JOURNEY OF DHOBI GHAR

“There is an inherent risk in any innovation. You must be prepared to deal with any exigency that comes with it. For us, the biggest exigency in the last seven years of running Dhobi Ghar has been the breakdown of machines, never the breakdown of people who work there.” - Ratnaboli Ray, Founder and Managing Trustee, Anjali

Dhobi Ghar took shape 13 years after Anjali’s flagship program, ‘Voices’, had made inroads into, and created systemic changes in the state-run mental hospitals of West Bengal.

It all started with a gentle nudge.

A leading Delhi-based psychiatrist and prominent advocate for mental health rights, Dr. Achal Bhagat, who served as an advisor to Anjali, asked a simple suggestion to the Voices team. **“How about starting a livelihood program?”**, he enquired. The idea carried audacity and promise. It moved Anjali to venture into the uncharted territory of non-traditional livelihoods for persons with psychosocial disabilities.

- Could a new role, a new identity of a working, income-earning person, advance agency among Anjali’s participants?
- To what extent would earn an income foster independence and self-determination among persons with psychosocial disabilities?
- Could products and services delivered by those within institutional care become a lever to overturn social stigma?

These were some of the questions that propelled Team Anjali.

A steep climb, a tricky road

The resources for Dhobi Ghar came through with the philanthropic commitment of the Hans Foundation.

But it was an uphill task for Anjali to convince the government authorities that Dhobi Ghar could be a viable idea. Health officials, doctors, and the hospital staff lobbed multiple questions and contrarian viewpoints at the Anjali team.

“It’s too dangerous.”

“Who will ensure the safety of the participants?”

“What if the residents escape?”

“Where is the space for us to allocate to a laundry?”

“Do we have less work, that we are now venturing into new territory?”

“Can we just stick to their reintegration?”

The team at Anjali had anticipated these roadblocks. Yet, it took two years of email exchanges, dialogues, and discussions before it could secure the government’s buy-in for Dhobi Ghar.

“That the residents are not able, that running a laundry business would be dangerous, that accidents could happen, or the participants could become violent or escape between work shifts...these were the fears of the duty bearers of a public health institution,” Ratnaboli Ray, said, as she remembered the early years of seeding Dhobi Ghar.

“The fears of the government officials emerged from their *ableist* gaze,” she explained. “We understood that these duty bearers were custodians of the hospital. So, they were wary of taking a risk, and could not see beyond the challenges.

“We had to shift their perception. We had to reinforce to the government officials that the hospital residents were individuals with agency. We repeatedly emphasized that access to livelihoods could be a significant boost to their growth and self-esteem. When we received the final approval for Dhobi Ghar, we knew that we achieved a massive mindset shift,” Ratnaboli Ray concluded.

Aligning, co-creating, problem-solving

Internally, within the Anjali team, individuals had to align, iron out their misconceptions, and meet each other on common ground, before they could start building the foundations of Dhobi Ghar.

This was the first time that any team member of Anjali was venturing into a business idea. Initially, most team members concurred that setting up a commercial laundry would be as simple as installing many domestic washing machines in a large room and then, multiplying the effort that went into doing household laundry, several times over.

But one look at the enormous commercial washers and dryers sent them hurtling into the real world of the laundry business. Quickly, technical experts were onboarded. Exposure visits to other commercial laundries led to the realization that Dhobi Ghar would need a separate building that could accommodate the large washing, drying, and ironing units.

Getting the infrastructure right

Putting the physical infrastructure in place was a tedious process. For two years after the sanction of the funds, there was nothing to show on the ground for Dhobi Ghar. The donor of the project politely requested Anjali to return the grant money. Ratnabali Ray then, wrote a compelling, and powerful email to the government officials, expressing her anguish over the situation. A supportive, young bureaucrat took up the matter and got the wheels of the system moving.

At first, the government proposed an old derelict building as the site for Dhobi Ghar. The option was shot down by Anjali. With no other alternative, the government agreed to construct a new building exclusively for the laundry.

High-quality ionized water is a critical requirement for running a commercial laundry. The municipal water supply at Pavlov Hospital failed the quality test for Dhobi Ghar. Additionally, a viable electricity connection that could withstand the heavy machinery load was also required.

Anjali rolled up its sleeves to get official permission from the Public Works Department (PWD) for new electricity and water supply lines. This meant more official communication, added cycles of paperwork, and further delays. To add to the chaos, the machines arrived way before the building was ready and Anjali had to rent a space to house them temporarily. The rental increased the financial burden on Anjali.

It took three years of patience and dexterous management of government relationships before the brick-and-mortar of Dhobi Ghar was put in place. That the new water line would now supply better quality potable water to the entire hospital was a big plus for the staff.

Dhobi Ghar was finally inaugurated in 2016 and the real work of running a professional laundry began.

What worked: Developing a business case for Dhobi Ghar

Dhobi Ghar was pitched as an idea that would be an asset to the entire hospital.

- It would engage the recovered residents, provide them with training and employment, and establish Pavlov as a progressive mental health institution. That it was a unique and pioneering initiative in the state, and probably the country, was an added advantage for the Hospital.
- That it would provide high-quality laundry service, free of cost to the hospital made sound business sense.
- Pavlov Hospital was recognized as an equal partner in Dhobi Ghar as it was housed on its campus. This strengthened institution-wide ownership and pride in the initiative.

What worked: Infusing a new life force among the hospital staff

More than anything else, the launch of Dhobi Ghar infused new energy across the hospital staff. "The project inspired us because mental health hospitals often present dismal and gloomy scenarios for its staff that works with long-stay residents day in and day out," the Deputy Superintendent of Pavlov Hospital explained.

“We see how individuals are abandoned by their families. Most don’t have a home they can go back to. Nobody comes to visit them. But when these same folks, on Christmas Eve, purchase cakes from their earnings from Dhobi Ghar and tell me, ‘Maam, here is a festive gift for you, we feel uplifted and motivated.’”

Building work readiness among the participants

It is common knowledge that persons living with psychosocial disabilities face significant social stigma and discrimination. However, self-stigma, which is the prejudice that they turn against themselves, can be just as destructive.

How then would residents of Pavlov respond to the demands of training and disciplined work in a commercial laundry with real customers and concrete services to deliver? This was the top concern on everyone’s mind in Anjali.

Early conversations with Pavlov residents revealed that they were keen and committed to the prospect of taking on a new role, earning an income, having access to a bank account, providing a service to others, learning new skills—and most significantly, going beyond their identity as ‘residents of a mental health institution’.

A balanced training program was developed in Dhobi Ghar to equip participants with two kinds of skills:

- **Technical or domain-related skills**, that were specific to working in a commercial laundry. Participants visited other laundry service centers and familiarized themselves with the work environment.
- **21st century skills**, that would prepare them for the world of work outside the institution. These included the skills of self-discipline, responsibility, negotiation, communication, relationship management, and time management. Etiquette training was another critical component, especially because the residents now had to spend extended hours in proximity with each other, as well as with ‘external’ staff.

The following practices were put in place to make capacity building and the workflow processes responsive to the needs of the participants of Dhobi Ghar:

- Rules around personal and workplace hygiene and sharing of common spaces were shared and internalized.
- Care was also taken to minimize dynamics in the hospital wards between residents that had the potential to spill over into a work setting.
- Close to 10 hours of training was provided over 2 weeks and care was taken to limit the session to 1-1.5 hours to match the participants’ attention span and ability.
- This was followed by 2 weeks of ‘on the job’ training where they learned to operate all the machinery under the watchful eye of the supervisors.
- Based on their proficiency, each participant was then onboarded to the Dhobi Ghar team.

Ensuring that capacity building is ongoing and responsive to the needs of the employees of Dhobi Ghar is a key consideration of the project team.

“We use icebreakers and fun games in between work breaks to reiterate an important piece of information or work process for our participants,” the project manager of Dhobi Ghar explained. “For example, when they first started working, the participants were unfamiliar with managing and sorting garments of different colors. For sorting and washing it is vital that they know what colors can be washed together or those that are most likely to bleed. So, we often play color-based games to reinforce this skill.”

“It is not always conducive for participants to maintain eye contact and stay focused on a routine task for prolonged periods,” explains the technical head of Dhobi Ghar. “So we plan short training periods, combined with hands-on activities to make the process seamless for them.”

When the rubber hits the ground: Ensuring business growth

The MOU between Anjali and the State Government of West Bengal stipulated the provision of free laundry services for Pavlov Hospital by Dhobi Ghar for a minimum of 200 kg linen per day, exceeding which, a fee would be charged. Within three years, Dhobi Ghar was successfully providing high-quality, timely laundry services for the entire linen load of the hospital, which grew to over 300kgs. This bolstered the confidence of the Dhobi Ghar team. It started planning the expansion of its customer base.

In 2019, the Health Secretary of West Bengal offered new business to Dhobi Ghar. The team procured the contract for delivering laundry services to the Baruiপুর Super Speciality Hospital. This required Dhobi Ghar to augment its capacity. New machines were procured to meet the additional daily demand of managing 300-400 kgs of linen. In 2020, a new technical consultant, with over 20 years of industry experience in managing commercial laundries at scale, was recruited.

By now, the Dhobi Ghar team had learned that pitching to other government hospitals was a reliable business development strategy. By 2020, by signing an MOU with Lumbini Park Mental Hospital in Kolkata, Dhobi Ghar had grown its customer base to three large government hospitals.

“We pitch to hospitals and inform them that ours is a government project. We share our track record of serving other hospitals and present the high levels of customer satisfaction with Dhobi Ghar,” the senior project manager of Anjali’s Voices program in Pavlov said. “It’s an art to negotiate and procure government tenders on pure merit. There are competitors out there that have been in the business for much longer than us. But we are learning and growing.”

“The feedback from our clients is that our wash quality is superior in comparison with that of our competitors, some of whom are the biggest names in the laundry business,” concurred the Head of Finance in Anjali. “Our linen loads have increased in all hospitals.”

The Facility Manager of a client hospital agreed. “The service from Dhobi Ghar is always timely. The warmth in their interactions, and their customer relationship skills, place them a notch above any other commercial laundry service,” he testified.

Currently, with three partner hospitals, Dhobi Ghar is the sole laundry service provider for three government hospitals. It delivers an impressive 800 kg of wash load every day.

Growing new wings to fly

Six years of successful operations and 72 participants later, the Dhobi Ghar model has demonstrated that access to livelihoods can open up pathways to financial inclusion and decision-making for persons with psychosocial disabilities. But for a business (in this case, a commercial laundry) to demonstrate change, its essential ethos, business workflow, and operational processes need to first change.

Dhobi Ghar has also demonstrated that the experience of earning enhanced the confidence of its participants to take critical decisions for their own lives. For example, it enabled them to say ‘yes’ to the option of moving out of the hospital to a facility for assisted and community living.

Thus in 2022, for those unable or unwilling to rejoin their families, an assisted living facility – ‘Pratyay’ was started by Anjali in partnership with the State Government. This was a significant milestone in their journey towards independence. It was also a major milestone for the larger rehabilitation discourse in the mental health sector and demonstrated the crucial role the state can play in facilitating inclusion for persons with psychosocial disabilities.

Dhobi Ghar fed into the assisted living program. We could now prove to the government that they could work, earn and be diligent workers – Ratnabali Ray, Founder and Managing Trustee, Anjali

DHOBI GHAR: IMPACT & OUTCOMES

Naveen (name changed) studied till higher secondary and worked in many different jobs across trades. He was employed in a local automobile parts business, then worked in a garments shop, and even kept accounts at one point for a small entrepreneur. He came from a middle-income family in a small town and lived with his parents and four siblings.

When Naveen became unwell, he had to quit working. “It was a difficult time and my family decided to admit me to the Pavlov Hospital for treatment,” he said. Since then, Naveen’s family has not kept any contact with him.

Work is Naveen’s source of connection and meaning. “Even if I am unhappy I like to come to work. It is good to come unhappy, the hospital and be busy. A person has a certain prestige when he works. Now I can tell people with confidence that I have worked in a washing company,” Naveen concurred.

Naveen’s family had committed to taking him back when he got better. To explore reintegration, he visited his home with Anjali’s support for a day recently. Unfortunately, he didn’t feel welcome, so he returned with a heavy heart.

But all is not lost for Naveen. Rather than focus on the parts of his life that are broken, he thinks of the aspects that are healthy and hopeful. Naveen has been at Dhobi Ghar for 5 years and feels that the experience will come in handy when he is looking for a job in the future. He holds a bank account, where he saves a major part of his earnings.

“I am saving to start a business,” he said, as a powerful reminder that hope keeps everyone moving.

Naveen’s journey highlights the many layers of seen and unseen impact that Dhobi Ghar has demonstrated over time. The participants of this program have experienced shifts across the realms of self-esteem, the acquisition of new skills, financial access, relationship, and even challenging stigma. The intervention also demonstrated that livelihood interventions should be a critical component of all recovery and rehabilitation strategies for persons with psychosocial disabilities.

We map the core outcomes of Dhobi Ghar, at the level of self, and the government system.

Enhancing personhood

- **Enhanced confidence:** This was the most noticeable change as participants embraced their work roles, earned salaries, and exercised simple, but significant choices such as spending their own money to purchase a favorite snack or treating their workmates and friends. Work allowed them to step out of their hospital wards, wear a uniform and step into a daily rhythm of tasks six days a week. This routine and discipline instilled a sense of purpose in them. That they were employees who were trusted by their supervisors, enabled their healing.
- **Financial access-** On average, the employees of Dhobi Ghar earned INR 4000 per month. Their salaries could range from INR 1000 to INR 10,000 per month, based on the daily working hours that they clocked. Now they could open and operate a Bank account, save money, and plan for the future for themselves and their family members.
- **Enhanced competencies—** At Dhobi Ghar, the participants gained basic laundry skills like washing and ironing in a commercial setup and honed their interpersonal and teamwork skills. They learned to maintain collegiality and decorum with workmates which prepared them for future work roles and the possibility of reintegration with their families. Further, managing their moods and medication alongside work deliverables prepared them for a productive life beyond the hospital walls.
- **Enhanced possibilities of re-integration:** Sometimes even though their symptoms were not severe, families would sever connections with, and abandon the resident of a family member. The possibility of a real job and an income helped convince family members to be more open to frequent visits, phone calls, and the possibility of a reintegration.

Enhancing government ownership participation

- **Shift to a rights-based approach** - On an institutional level, by setting up Dhobi Ghar, the Kolkata Pavlov Hospital recognized the rights of its residents to access training and livelihoods-related opportunities, as an integral component of their re-integration. The system accommodated work schedules and supported Anjali's efforts in training and providing a safe and nurturing work environment.
- **Putting skin in the game** -With the state government contributing vital physical infrastructure, it emerged as an equal partner with its skin in the game in the idea of Dhobi Ghar. For the mental health sector, Pavlov Hospital showed that skilling and employment initiatives were not only possible but were also a great value add.
- **Emerging as a progressive institution** -Dhobi Ghar also transformed the image of government mental health Institutions as progressive and forward-looking. Soon two other hospitals joined its client roster.

STAKEHOLDER SPEAK

- *"I don't have a home, a TV, or relationships like you all, but I have a bank account and also a bank balance."*
An employee of Dhobi Ghar
- *"One of our long-stay participants who passed away recently, wrote a letter to his family members, asking them to visit and collect the money that he had saved through his earnings at Dhobi Ghar. Since his family had school-going children, our participant urged them to see his savings as a contribution to the education of the children. This created a deep mindset shift. When family members recognize that our Dhobi Ghar employees have savings of INR 50,000-100,000 in their bank account, they also start to recognize that an individual who was once a burden, is now a contributor to the family."*
Sukla Das Baruah, Senior Project Manager, Voices, Anjali
- *"During the first COVID-19 Lockdown, Dhobi Ghar was shut down for a brief period. The participants were not pleased at all. They came and told us, please open the laundry, we are willing to work, we cannot stop earning. Shortly after, the government identified laundry as an essential service. Our participants were thrilled to get back to work. Everyone got their vaccinations and emergency service badges and we opened for business!"*
Ratnaboli Ray, Founder, and Managing Trustee, Anjali
- *"Our other partner hospitals have been telling us that they would extend complete support if we were to launch Dhobi Ghar-like laundries in other locations."*
Piya Chakraborty, Head Voices
- *"We are working with about 25 participants now in Dhobi Ghar. Another 60 are waiting in our wards. Whenever I go to their wards, they keep telling me, I also want to work with Anjali and in Dhobi Ghar."*
Deputy Superintendent, Partner Hospital

Future pathways

Driving business sustainability

Moving forward, the Dhobi Ghar team is now focused on reaching operational break-even and demonstrating its viability as a business. Balancing business efficiencies with employee needs/realities while also navigating multiple government stakeholder relationships is a complex challenge. Though onboarding new government hospitals is a slow-moving process, the Dhobi Ghar team is committed to growing its customer base.

Scaling the business model

Even as Anjali consolidates its model, it is paving the pathway to train and collaborate with other CSOs and institutions interested in initiating non-traditional livelihood interventions with a similar audience or with those with intellectual disabilities.

Dialogue for policy change

Dhobi Ghar is emerging as a platform to lead the Employability discourse for people with psychosocial disabilities in the state and the country.



DHOBI GHAR

THE OPERATIONS MANUAL

SECTION 1: BUSINESS- THE NUTS AND BOLTS

Dangerous,’ ‘unclean’, and ‘incapable’ were just some of the words we had heard over the years and we decided to defy this by delivering a high-quality laundry service that could compete with the best in the business. We simply wanted to prove all the ‘naysayers’ wrong. Ratnabali Ray, Founder Anjali, Dhobi Ghar

Dhobi Ghar operates daily, 6-9 hours a day based on the service delivery load. As recovered residents are its primary employees, it helps that the location of the laundry is on the same campus as the partner and client hospital.

“Working in a laundry is tiring and one has to stand throughout, “ explained Santanu Saha, Head of Finance, Anjali. “We employ recovered participants from the hospital who have the capacity and are willing to work three-to-eight hours a day. In every cohort, there are five to six of our residents are very efficient and we make space for them to do extra shifts. They have earned well. They go on to earn INR 10,000-11,000 per month. But we have to balance work allocation in a way that others also get their hours. So, the work roster is set in a way that everyone gets an opportunity.”

Customer segments

Dhobi Ghar primarily caters to government hospitals, meeting their entire laundry requirements. While two pay Dhobi Ghar for the services. The Pavlov Mental Hospital has entered an MoU with Anjali according to which they would invest in the infrastructure for the project and in return up to 200kg of their wash-load would be serviced free of cost.

Service details

It is projected that Dhobi Ghar can break even if it can service 1000kg load every day at the rate of Rs 18 per kg of laundry. The current load that it delivers is about 800 kgs per day.

Current wash load

Customer	Quantity
Calcutta Pavlov Hospital	300- 400 kg
Baruipur General	400 -500 kg
Lumbini Mental Hospital	150-200 kg

Service rate

Dhobi Ghar provides Laundry service currently at a standard rate of 18 Rs per kg to all its customers. The wash-load includes bed linen, curtains, blankets, Hospital uniforms/gowns, and clothes.

Equipment Needed

Machine type	Number of units
Washers	
60 kg	1
30 kg	2
25 kg	1
Dryers	
60kg, 30 kg, 25 kg	1 of each
Calendar machines (Ironing)	2

Our laundry is environmentally friendly as we don't burn any fossil fuel. This is completely electric while most laundries that I have managed earlier would burn diesel. It's something I am very proud of. **Prasanta Kar,**
Technical Consultant

Business model

As a multi-stakeholder partnership, all partners have contributed to the setting up of the business. Below are the details -

	Cost type	Contributor	Amount	
Fixed Costs				
1.	Infrastructure (Land, Building, Electricity connection, water line)	Government of West Bengal	-	
2.	Machinery	Hans Foundation	Rs 60 Lakhs approx.	
Variable Costs				
3.	Resident worker wages	Anjali	Rs 80,000 approx. per month	
4.	Annual Machine Maintenance	Anjali	Rs 4.6 Lakhs	
5.	Operational Costs, (Transportation, Technical consultant, fees, electricity charges, Supervisor wages)	Anjali	Rs 43 Lakhs	

Employees (Participants)

Dhobi Ghar currently employs 20 recovered residents from the Calcutta Pavlov Hospital. Each day, 8-10 participants work in daily shifts according to a roster that ensures that all of them get an opportunity to work on an hourly basis. Based on their medication and physical ability they work between 4-8 hours, 3-6 days a week. The participants are overseen by 5 supervisors (4 male and one female) who also pitch in with the daily tasks as needed.

Participant wages

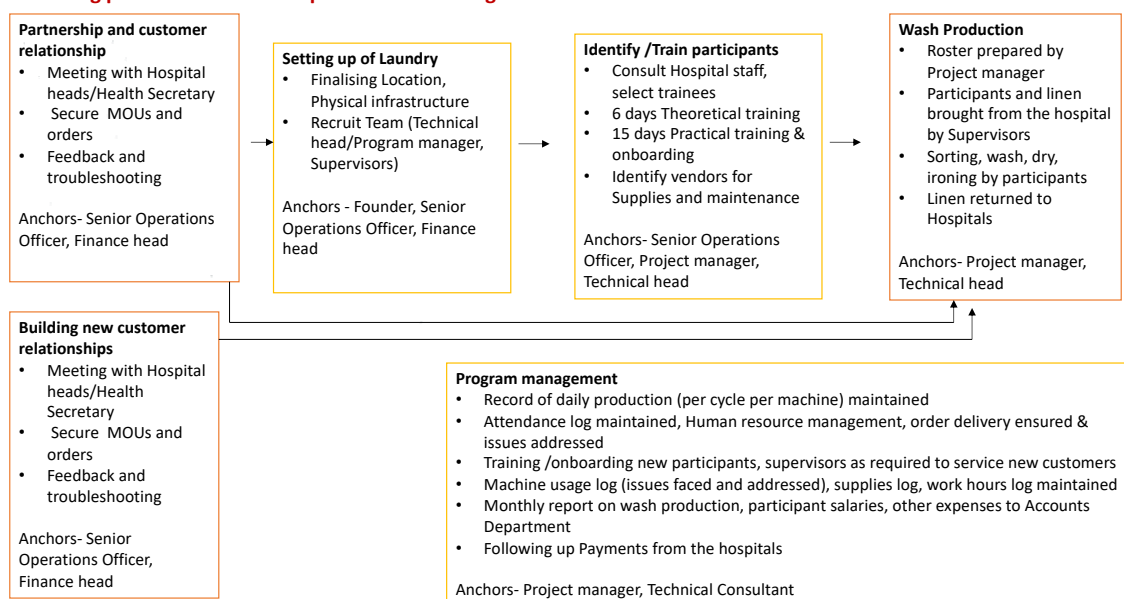
In compliance with the Minimum Wages Act 2022, participants are paid @Rs 44.37 per hour, and on average each participant works 3-5 hours every day. The work hours are uniformly distributed between all participants so that each may get a minimum of 100 days of work. They earn on an average between Rs 3000- 10,000 per month.

“Compared to employees of other laundry services, our workers operate at 60% efficiency. Being on medication also impacts their pace of work and moods. However, in terms of work ethics, commitment, and discipline, our participants show up with 200% effectiveness. To balance and accommodate these variables, the workflow of Dhobi Ghar has been designed such that we have a wider pool of workers on our roster, who are ready to work in shifts,” explained Prasanta Kar, Technical head, Dhobi Ghar.

Process maps and Frameworks

This section presents an overview of the processes implemented by and at the Dhobi Ghar

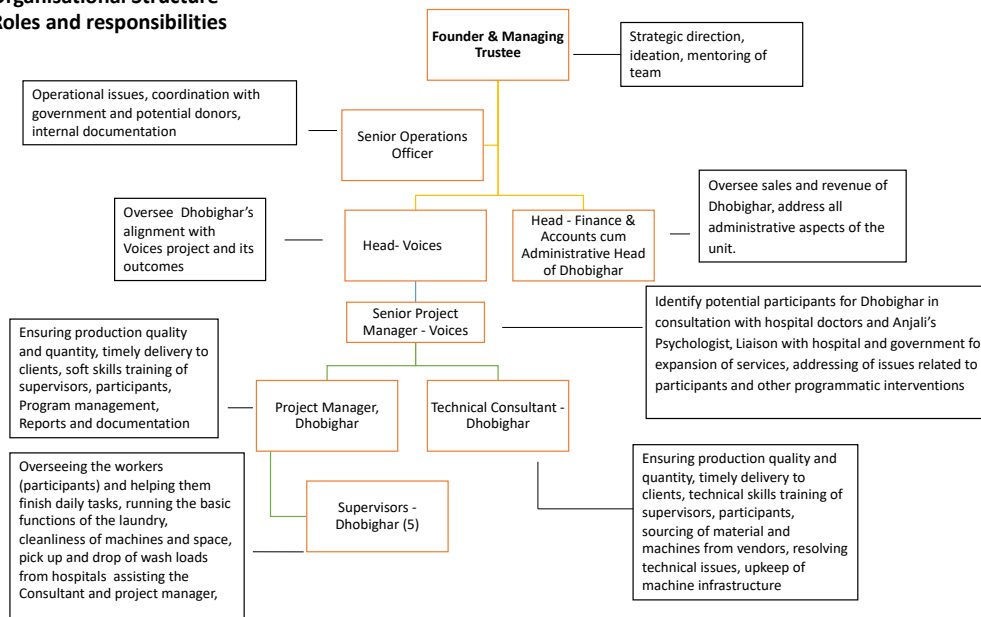
The big picture – overview of processes at Dhobighar



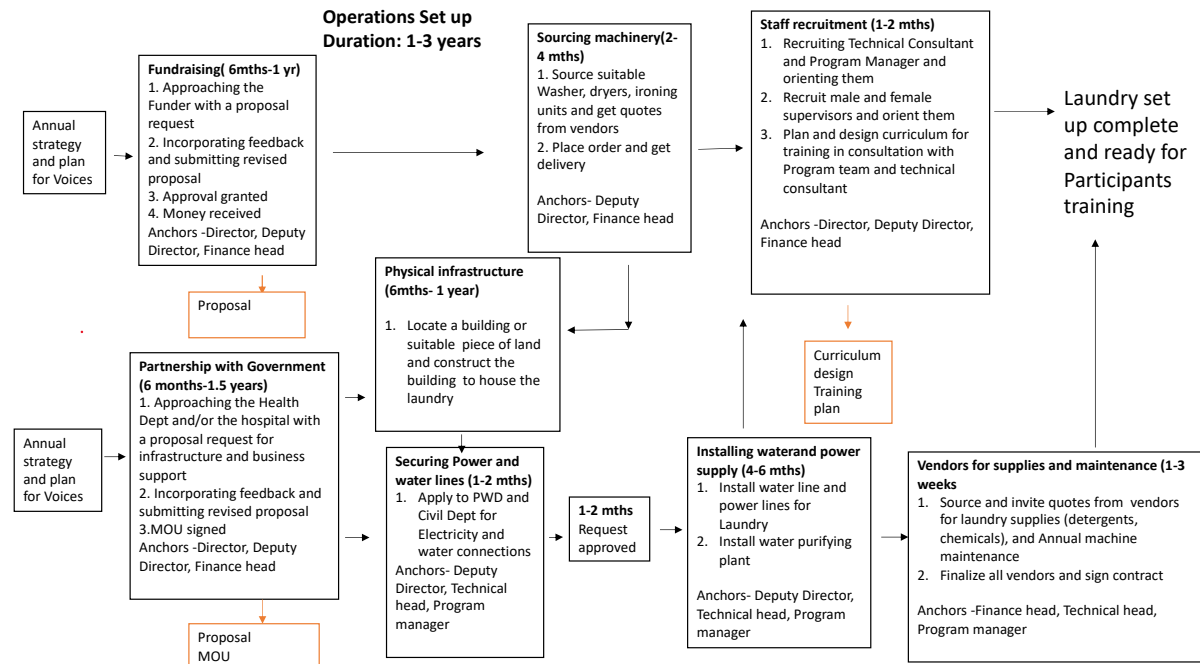
Additional notes:

- As the Government was a primary stakeholder and partner, Dhobi Ghar had a ready customer (Calcutta Pavlov Hospital) to service as soon as the Laundry was set up and operationalized. In the following years, new customers (Lumbini and Baruiapur Government Hospitals) were added.

Organisational Structure Roles and responsibilities



Note: Detailed job descriptions in Annexures



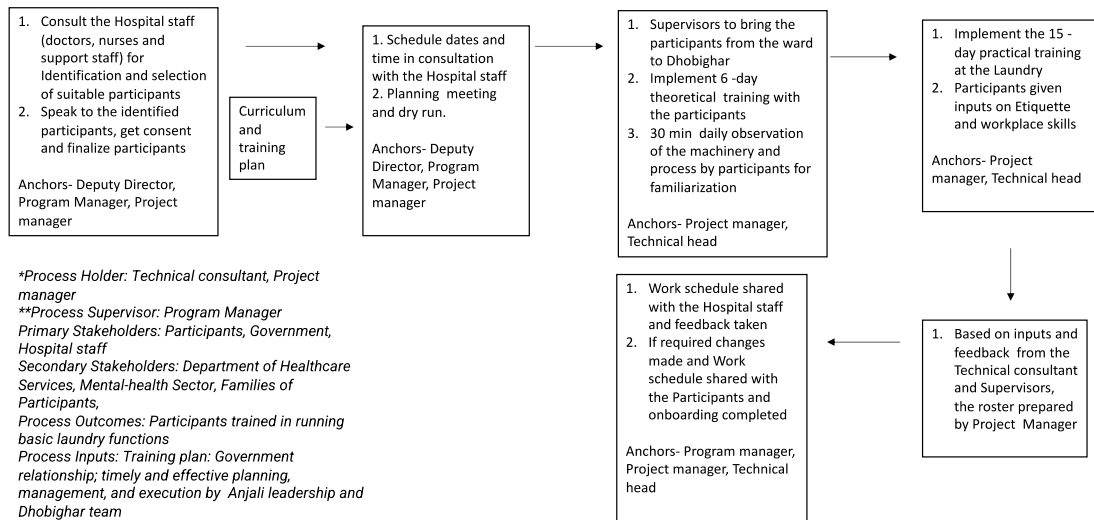
Additional notes

- This is a one- time first level set up for the Laundry after which the day-to-day operations can start.
- The inputs come from the Annual strategy plan on setting up in the first year. Following which the Laundry will function basis its annual strategy and business plan. The red boxes (Proposals, MOUs, Curriculum) are the outputs for the corresponding process.
- The Fundraising and the partnership building with the Government processes occur simultaneously, culminating into the setting up of physical infrastructure.
- Based on the business given by the Client (in this case one hospital), the team is recruited and participants selected for training in consultation with the hospital

*Process Holder: Senior Operations Officer, Finance head
**Process Supervisor: Technical Consultant, Project Manager
Primary Stakeholders: Participants, Government, Hospital staff
Secondary Stakeholders: Department of Healthcare Services, Mental-health Sector, Families of Participants,
Process Outcomes: Setting up of a modern, state of the art Laundry in partnership with the Government
Process Inputs: Annual strategic plan: Government relationship; timely and effective planning, management, and execution by Anjali leadership and

Participants selection and Training (1-2 months)

*This was done for the first batch. Since then, new workers are selected and trained on need basis through the year.

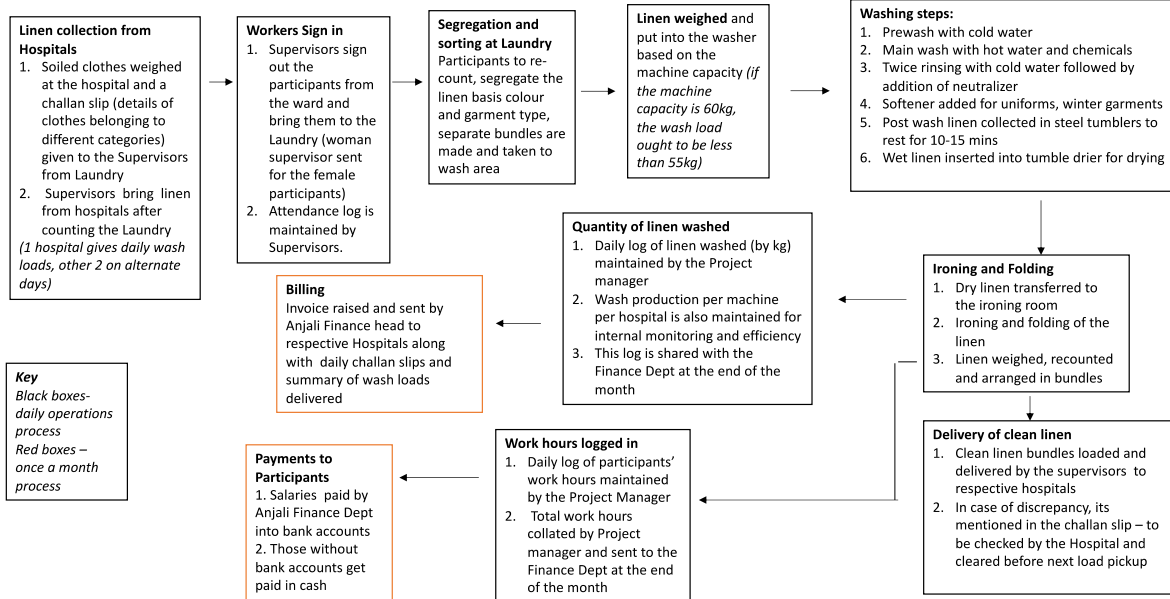


Note: Curriculum details in the annexures

Additional notes

- The 15-day training comprises daily sessions, averaging at 1-1.5 hours, keeping in mind participants' attention spans.
- Participants are oriented to all the machines and the washing process- machine operations, cleaning agents/disinfectants and their usage, sorting based on color and linen type, linen collection and washing, ironing, folding, and bundling.
- The project supervisor and technical consultant make note of specific tasks/procedures that some participants have difficulty managing due to their physical ailments or medication. They are either provided further training on the same or their job profile is adjusted accordingly.
- At the end of 15 days, participants are slowly inducted into different tasks and based on individual abilities they are assigned short (under 3 hours) and long shifts (from 4-8 hours).
- Depending on the work load 6-10 participants work in the Laundry on a daily basis. Participants are supported and counselled when they are unable to complete their shift due to medication side effects or mood swings. If they are unable to manage the issue then the Supervisors pitch in to complete pending orders. (There are 5 supervisors at Dhobi Ghar in addition to the Project Supervisor and the Technical consultant)

Business operations of Dhobighar



- The laundry works 6 days a week, and shifts are between 10 and 6 pm. However depending on the service loads, the shifts are extended and staff work on Sundays and holidays too; in which case special permission is sought from the Hospital.
- Basis their medication and physical ability, on an average most participants work 3-5 hours a day. A few can work longer hours. In periods of heavy wash loads, the supervisors need to pitch in to meet the demand.
- Linen pick up is a daily activity for only one hospital as it is located on the same campus. It is picked and delivered to the other customers on alternate days as they are further off and a roundtrip is 3-4 hours. Resource wise, linen collection and delivery needs to be factored into the schedule.
- Close to 25 recovered residents from Pavlov hospital are currently involved in the Laundry operations on a rotation basis. Every day, 10-12 participants are needed for all the activities. They are closely monitored by a team of supervisors (5 in all).

***Process Holder:** Senior Operations Officer, Finance head

****Process Supervisor:** Project Manager, Technical consultant

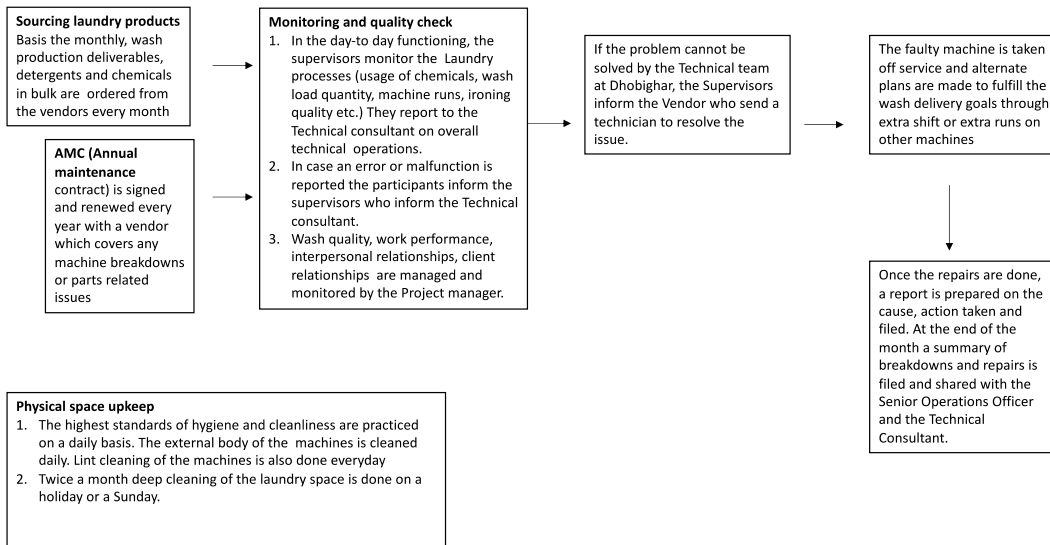
Primary Stakeholders: Participants, Government, Hospital staff

Secondary Stakeholders: Department of Healthcare Services, Mental-health Sector, Families of Participants,

Process Outcomes: Efficient service delivery of the Laundry in partnership with the Government,

Process Inputs: Annual strategic plan: Government relationship; Government MOUs, timely and effective planning, management, and execution by Dhobi Ghar team

Maintenance of Infrastructure and machines



***Process Holder:** Technical Consultant, Project Officer

****Process Supervisor:** Dhobi Ghar supervisors

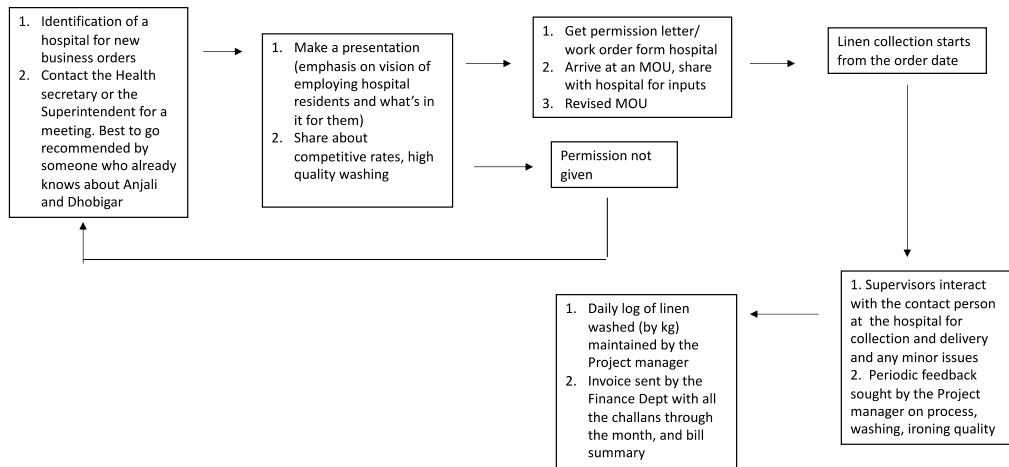
Primary Stakeholders: Participants, Government, Hospital staff

Secondary Stakeholders: Department of Healthcare Services, Mental-health Sector, Families of Participants,

Process Outcomes: Setting up of a modern, state of the art Laundry in partnership with the Government

Process Inputs: Annual strategic plan: Government relationship; timely and effective planning, management, and execution by Dhobi Ghar managing team

Business development/New Hospital relationship
Time frame – 1-3 years



Additional notes:

- Business development and especially arriving at a partnership with the Government is time consuming and mired in red tape. Decision making takes long as multiple departments and individuals are involved and organizations have to be extremely persistent.
- Even after MOU's are signed, the order process can take several months. Sometimes in spite of MOU's things remain stalled inexplicably.
- As officials change frequently, often conversations and relationships have to be freshly initiated.

Tip – One favourable official can make all the difference and that relationship can be leveraged to open doors in other institutions/departments

***Process Holder:** Senior Operations Officer, Finance head

****Process Supervisor:** Technical Consultant, Project Manager

Primary Stakeholders: Participants, Government, Hospital staff

Secondary Stakeholders: Department of Healthcare Services, Mental-health Sector, Families of Participants,

Process Outcomes: Signing of MOU and partnership agreement

Process Inputs: Annual strategic plan: Government relationship; timely and effective planning, management. and execution by