

**ANJALI**

Reimagining  
Recovery  
Beyond  
Survival

**ANNUAL**

2024 - 2025

**REPORT**





## Our vision

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

## Our mission

Inclusive mental health institutions & systems

Ecosystems for care & wellbeing

Progressive laws & policies

Ending stigma & discrimination

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We are 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, the Municipalities and the Gram Panchayats** we work with for recognising the significance of our work and supporting us.

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We would like to extend our heartfelt gratitude to all our funders who have stayed by our side through thick and thin and have supported our work and vision towards building an inclusive world.

**Azim Premji Philanthropic Initiative**

**Mariwala Health Initiative**

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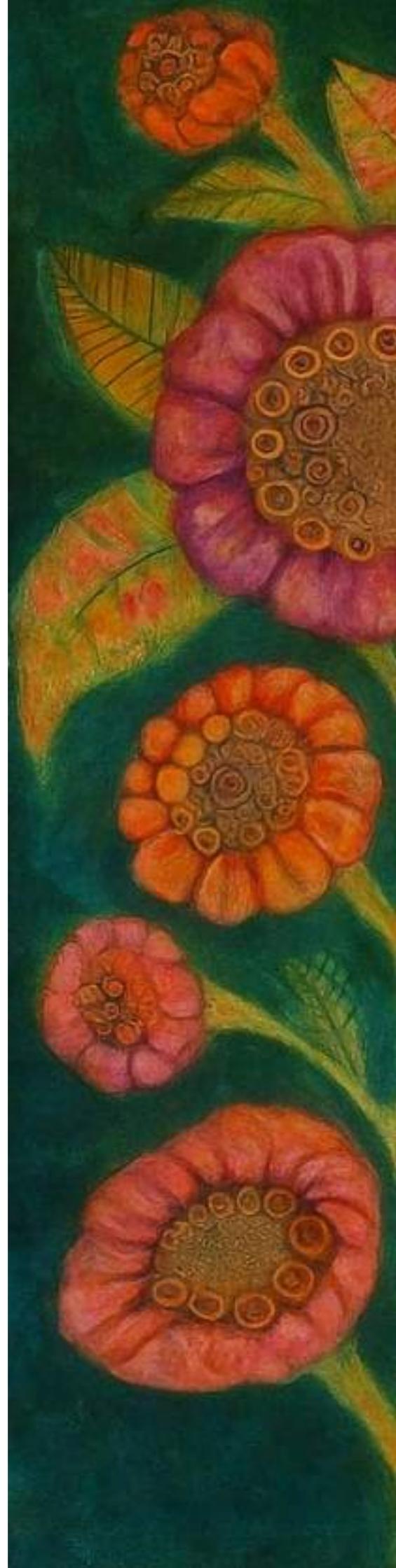
**Human Capabilities Foundation**

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**BCH Electric Limited**

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Thank you!





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## Director speak |

Ratnaboli

Ratnaboli Ray

Founder and Managing Trustee, ANJALI

This year did not always go the way we hoped. Some conversations we began did not grow as we wished. Some plans were delayed, some doors stayed closed, and there were moments when exhaustion overtook our best intentions. These were not small things. They reminded us that feminist mental health work is never smooth, never guaranteed, and that failure is part of its rhythm.

And yet, within this uneven road, we found what holds us steady. We gathered in rooms where dissent was risky but necessary. We argued, we laughed, we kept going. Our research, our dialogues, our community moments—big and small—showed us again that feminism is not an abstract banner. It lives in everyday gestures: in who is heard, in who is dismissed, in how we insist on rewriting that script.

We also cannot look away from the world around us. Inequalities have grown sharper, silences heavier, and democratic spaces smaller. These realities press on us. They shape our work, demanding clarity and courage, reminding us that the comfort of silence is never an option.

As we look forward, our plans are not grand declarations. They are commitments to deepen our roots, widen our circles, and bring in voices still kept at the margins. We want to nurture courage alongside care, to keep imagining feminist futures not as distant dreams but as everyday practice—messy, joyful, insistent.

This road is uneven. It can be exhausting. But it is also exhilarating. What keeps us moving is the knowledge that none of this is done alone. Thank you for walking with us, questioning with us, and believing—still—that change is possible, even when the world insists otherwise.



# Moving Beyond Clinical Recovery

For 25 years, Anjali has worked to make mental health a social and justice issue, not just a medical one. One of the biggest challenges has been to reshape the idea of “recovery.”

In mainstream mental health, recovery usually means treatment with medicine, hospital stays, and managing symptoms. While those are important, this narrow view puts the whole burden on the individual and ignores the larger issues—poverty, stigma, discrimination, broken systems—that create and worsen distress. Too often, this approach leads to dehumanisation, forced treatment, and exclusion.

Social recovery offers another way. Inspired by Mike Slade’s work, it shifts the focus from “curing illness” to building meaningful lives, rooted in dignity and rights. It’s not about going back to a “before illness” state or forcing people to fit into society’s idea of “normal.” It’s about changing society so that everyone has a rightful place in it.

For us, recovery is not just about the alleviation of symptoms. It is beyond that and hence, the social recovery approach has been at the centre of our work.

At Anjali, social recovery rests on four principles:

- **Inclusion:** People with psychosocial disabilities should take part fully in community life—local markets, meetings, gatherings—without stigma.
- **Justice:** We must challenge laws, policies, and daily practices that keep people excluded.
- **Citizenship:** More than legal status, this means real access to rights, responsibilities, and leadership.
- **Dignity:** Everyone deserves to be seen as a whole person, not reduced to a “patient.”

For us, recovery and human rights cannot be separated. We reject the idea that people with psychosocial disabilities are “others.” Instead, they co-create policies and programmes with us.



# Coming Home with Dignity

*For years, Shikha's life was contained within the walls of Calcutta Pavlov Hospital. Her discharge was blocked—not by doctors, but by family reluctance and financial strain. When Janamanas para-counsellors traced her story, they found her parents gone, her brother unwilling to take responsibility, and the family's only asset — a piece of land — tangled in dispute.*

*What shifted things was not medicine, but negotiation. With the local councillor and police at the table, an agreement emerged: Shikha would return home, her siblings signing in writing to uphold her rights and care, including her share of the property. Police escorted her back, ensuring safety and dignity. Today, she lives in her own room, with sisters close by.*

*Shikha's story is proof that recovery cannot be reduced to prescriptions—it is built through alliances of community, law, and care, all anchored in respect.*

## Voices and agency

lived experiences at the centre

At Anjali, people with psychosocial disabilities are not “recipients of care.” They are leaders. We follow the principle: Nothing about us without us.

This means real power, not token participation. From designing programmes to running campaigns, people with lived experience make decisions, lead peer support, and represent Anjali in public. Their voices—shaped by navigating both personal struggles and systemic barriers—are central to creating inclusive systems.

## The unseen wounds

a struggle for dignity

*Sholo Sikha saved new clothes for a special day. When she returned from a session, they were gone—handed to others by the ward nurses. When she was offered a worn, thin pair, she refused.*

*“I would rather stay naked than take those,” she said.*

*Her defiance wasn't about fabric. It was about dignity. In institutions where belongings are stripped and individuality erased, her protest declared: I am not invisible. What is mine matters.*

# Representation of their voices and experiences

a step toward inclusion

In 2024, several residents supported by Anjali were nominated to appear before the West Bengal State Mental Health Authority Board as non-official members. They were denied the chance—not because of lack of ability, but because they lived in government facilities and carried psychiatric histories.

Anjali pushed back. We argued that those most affected by the Authority's decisions have the right to shape them. Months of advocacy followed—letters, meetings, insistence. By 2025, the exclusion was overturned.

Residents walked into interviews not as “patients” but as leaders demanding a voice in governance. The outcome is still awaited. But the barrier has been broken.

## “Please just tell Barnali to take me home”

*For a decade, Nirmal has lived inside a government mental health facility. He remembers the clothing shop he once ran, his customers, the small profits. He speaks of a voice—the “father from Ghutiari Sharif”—that instructs him to write.*

*But through fragments of memory and hallucination, one plea rises clear: “Please just tell Barnali to take me home. Long time... long time I've been here. It's not right. I need to go.”*

## Community as infrastructure for recovery

For recovery to last, it must exist beyond hospital walls. In our Janamanas programme, mental health support is built into everyday community life. Para-counsellors and peer leaders meet people where they are—tea stalls, markets, schools, panchayat offices.

This isn't just “outreach.” It's a shift from expert-driven treatment to shared community responsibility. When neighbours, teachers, and shopkeepers see mental health as part of their role, recovery becomes stronger and more rooted.





# Listening circles

turning community space into care

In Birati, North Dumdum, on a warm afternoon, women gathered on a terrace. Not for chores. Not for bargaining over prices. For something rarer: to speak about what pressed on their hearts.

Organised by Janamanas karmis (community mental health professionals), the listening circle held grief, debts, domestic strain, exhaustion. Others nodded, offered small words, or just listened. Silence itself became a kind of care.

By the end, a sentence kept echoing: “We didn’t know we could talk about these things here.”

A terrace had been transformed into a place of belonging, showing that recovery isn’t only individual—it is a community’s willingness to hold space.

# A grieving son’s journey back home

*After losing both parents, a young man spiralled into grief, wandering the streets despite owning his own flat. Hospital admission was refused.*

*Anjali and a partner organisation instead provided food, shelter, and counselling until he found steadiness. Returning home brought another hurdle: neighbours’ fear. Janamanas workers mediated, assuring rights and arranging support. Slowly, suspicion turned to small gestures—help with errands, tea shared across thresholds.*

*Recovery here was twofold: one man regaining his footing, and a community learning responsibility over fear.*

# Transforming institutions

Institutions have long been places of confinement, with locked doors and routines that erase choice. At Anjali, we work to turn them into places of connection, creativity, and dignity.

At Lumbini Park, Berhampore, and through Pratyay, residents are artists, bakers, hosts, and curators. They lead tours, sell art, and welcome visitors. Art and livelihood are not “extras”—they are recovery itself.



## Ko:QAM at Pratyay

collaborative recovery through clay  
ghosts and ghettos

Is a gallery, by definition, made up of a series of exclusions? The word 'ghetto' does come to mind, but that is surely too brazen a metaphor. Kolkata Queer Arts Month (Ko:QAM) 2.0 aims at a series of shifts in perspectives, renegotiating how we understand the concept of the gallery space as well as the ethical and cultural implications that define what gets put on display where; consequently, what gets devalued and brushed aside. One of their sites of exploration was Pratyay. Thus, in Dec 2024, queer artists, survivors, and community members gathered at Pratyay for a week of ceramics. Clay took shape in hands scarred by institutions and shaped by difference. Tiles, bowls, and sculptures emerged—not just as art, but as declarations of life beyond diagnosis.

When exhibited, Pratyay turned into a gallery of recovery. It challenges not only the notion of who can be artists and which site can be appropriate for a gallery but also brought diverse groups of marginalised communities together. Children performed, neighbours mingled with activists and officials. The message was unmistakable: art heals, and solidarity restores.

# Pratyay's 2nd anniversary

work as dignity, art as declaration



July 2024 marked two years of Pratyay. The celebration wasn't speeches—it was an exhibition curated entirely by residents. Walls filled with paintings, ceramics, poetry, and crafts.





Most of the artists had once been written off as “incurable.” Now, they led tours, answered questions, and spoke of futures to government officials. The anniversary was more than a milestone—it was a reclamation of selfhood, a refusal of invisibility.





## Ovens and open doors

pratyay's bakery pop-up

In December, Pratyay smelled of cinnamon and chocolate. Residents—long labelled only as “patients”—became bakers and hosts. Around flour-dusted tables, they mixed dough, swapped stories, and welcomed guests that included government dignitaries and neighbours.

The ovens gave rise to more than cake. They offered connection. Proof that dignity and policy attention can rise together when recovery is shared across a table.





## Gender, violence, and mental health

For many women with psychosocial disabilities, violence is not one event but ongoing—physical, sexual, emotional, or structural. It is multi-layered and often invisible—being silenced in one’s own home, having decisions made without consent, or being locked away in an institution under the guise of “care.”

Too often, this violence is reframed as illness. Distress is dismissed as “madness,” and survival strategies are misread as symptoms. In these moments, systems — from the family to the state — can become enablers of harm.

Anjali’s approach puts survivors at the centre. We focus on safety, choice, and dignity. We challenge wrongful confinement, confront gaslighting, and work with families to rebuild trust. Recovery here is about justice and freedom, not just symptom relief.

## From violence to self-reliance

She first saw Anjali’s name on a Janamanas leaflet. Quietly, she left her marital home, carrying years of abuse from in-laws. When the marriage ended, her natal home in North Bengal offered no refuge either.

With Anjali’s para-counsellors by her side, she built a new path. Work in a laboratory. A rented home. A plot of land. A scooter bought from her own earnings. Soon, a government-allotted house will stand on her land.

Her story shows that recovery is not only personal healing but economic freedom—and that sometimes, family is chosen, not inherited.

# Systemic shifts

our role in  
the ecosystem

Changing systems and enabling large framework shifts takes time and requires consistency and perseverance. It means rethinking how mental health care is structured—policies, funding, training, and accountability.

Anjali's role spans the local to the national. Within the National Mental Health Programme and the District Mental Health Programme, we work to embed community-led, rights-based approaches in public systems. At the municipal and gram panchayat level, we push for mental health to be woven into everyday governance rather than treated as a siloed medical issue.

Partnerships with the state give us influence and resources, but can also be daunting, bringing their own complexities. Sometimes success looks like a new clause in a policy, a revised training module, or a budget line for mental health. Other times, it looks like someone finally getting their rights recognised.

# Reframing suicide

the national dialogue

On 3–4 February 2025, Anjali convened Looking at Suicide through an Intersectional Lens — a landmark national conference at a time when India records the highest number of suicide deaths in the world. Public discourse remains narrowly medical, treating suicide as an individual crisis rather than a structural one.

From the opening call by Founder Ratnaboli Ray — “We must move beyond the language of chemical imbalances and ask: who is allowed to live, and who is made to feel that death is the only escape?” — the dialogue confronted how caste, class, gender, rural precarity, queerness, and violence shape vulnerability. The closing plenary became a manifesto: mental health systems must prioritise livability, not mere survival.

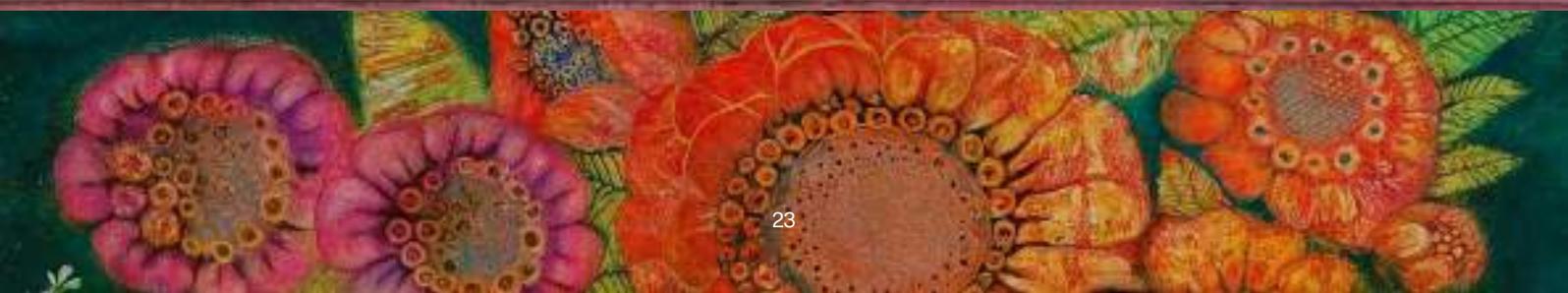
# SAMHI 2025

unlearning and reimagining structures

From 6–11 January 2025, the 4th Sexuality and Mental Health Institute brought together students, practitioners, lawyers, activists, and lived experience leaders for a residential workshop in Kolkata.

This was not about clinical training — it was about dismantling the very assumptions on which the system rests. Participants questioned psychiatric classification systems, explored how law can be used for autonomy instead of control, and challenged why recovery narratives exclude pleasure, play, and non-conformity.

By the closing circle, one participant said: “For the first time, I feel like I don’t have to be fixed to be seen.”



# Sadikul's Repatriation

the return of a name,  
a face, a son

For nearly twenty years, Sadikul lived confined in a foreign mental hospital, his identity reduced to paperwork and neglect. He had been working at Dhobi ghar and saved a considerable amount of money for his future, a hope that was alive and kept him going. In December 2024, after relentless efforts, his repatriation permit came through.

On a video call, he saw his father's white hair. "Yours too, my son," his father replied with a smile.

Back in Bangladesh, Sadikul walked again among mustard fields. Not as a patient. As a son, a worker, a man restored to place and belonging.

## বাংলাদেশে ঘরে ফেরাই সাদিকুলের 'বড় দিন'

কাজু বসু

বেনারসের সীমাস্তরের 'নোমেনস ল্যাবরেট' কিনারে তাঁর জেপেবুখে ধরা শব্দেছিল জন্মের অনিশ্চয়তা। এর কিছু জন বাজেই ভাইয়ের কোন থেকে শেষ সাদিকুল ইসলাম জানােন, বাংলাদেশে বাড়ির লোকের সঙ্গে দেখা হয়েছে তাঁর। গলার দুশি করে পড়ছে। মানসিক সমস্যার জেরে দিনাজপুরের দোমুন্ডা গ্রামের বাড়ি থেকে প্রায় দু'দশক আগে ছিটকে গিয়েছিলেন সাদিকুল। কোনও ভাবে সীমাস্তর পেড়িয়ে এ দেশে ঢুকে নানা বিপাকের পরে করে মলেক পাভলক হাসপাতালে আসেন তিনি। বুধবার, ২০২৪-এর বড়দিনটা তাঁর কাছে সত্যিকারের বড় দিন হয়ে থকা পড়ল।

মঙ্গলবার বিকেলে সীমাস্তরের দু'পায়ে অভিযানের লক্ষ্য আনুষ্ঠানিকতার পরে বাংলাদেশে আসেন ৫০ টিই সাদিকুল। সীমাস্তর

পেরোনের আগে পুনর্বাসনের টাক ফেরৎ সংস্থা বা কেডাসেলী সংস্থার 'বিডি'দের কাছে বার বার, শেষে মা-বাবাকে লেখার ইচ্ছার কথা জানিয়েছেন তিনি। বাসে হংকং হয়ে বড়দিনের দুপুরেই খবর হলো দিনাজপুরে ঘরে ফিরলেন। ইখমিন বলেই সম্পূর্ণ মুখ সাদিকুল। শুধু বাতে একটি ওমুখ বেতে হয়। কিন্তু পড়শি শেষে বাড়ি বলেই ফিরতে পারছিলেন না তিনি। বাংলাদেশে পাশাপাশির পরে নানা টানাপড়নেও দু'দেশের বিপ্লব নাগরিকদের পুনর্বাসনের কাজটা জরি রেখেছে দু'দেশের যৌথ টাক ফেরৎ। মঙ্গলবারই সাদিকুলের সঙ্গে মোট ২৫ জনকে বাংলাদেশে পায়নো হয়েছে। তাঁর বেশির ভাগই বিভিন্ন হোমের আবাসিক বা পায়নকন্যা। কয়েক জন আবাসিক-নাগরিকও ছিল। তবে হাসপাতালের আনুষ্ঠানিক সাদিকুলের বেশির ভাগের বাবা কেটেছে জানার পরে আবেই



■ শেখ সাদিকুল ইসলাম।

ঠার বাড়ির লোকের সঙ্গে যোগাযোগ করে ফেরানের বশোবজ করতে চেয়েছিলেন পাভলক সত্যিক একটি কেডাসেলী সংস্থার অধিকারিকেরা। ওই সংস্থা 'অভি'র কর্তার, মানসিক পাছা অধিকার কর্মী বস্তানলী রায় বলেন, "অভিও

মানসিক হাসপাতালের কয়েক জন আবাসিককে বাংলাদেশে পঠিয়েও তাঁদের বাড়ি ফিরতে জটিলতা টেরি হয়েছে। এর থেকে শিক্ষা নিয়েই আমরা সাদিকুলের পরিবারের সঙ্গে যোগাযোগ করতে সক্রিয় হই। কাজটা মোজা ছিল না। তবে এ পার-ও পর দু'পায়ে বড়দিনে অতুত আনুষ্ঠানিকতা এগিয়ে আসেন।"

অভি'র কর্মীদের থেকে সাদিকুলের খবর পেয়ে কলকাতাবাসী সমাজকর্মী নাহালা আহমেদ (৫৪)সুয়ে ঢাকার মেয়ে) বাংলাদেশের স্ত্রিম গোটার নবীয়ান আইনজীবী মিজানুর রহমানের সঙ্গে যোগাযোগ করেন। শুধু দিনাজপুর আর সাদিকুলের জামের নাম শুনে অবশ্য ঠিকনা লের করা সম্ভব ছিল না। মিজানুর বলেন, "সাদিকুল দিনাজপুর শহরে আলুর হিমধরে পাশে ঠাে আলুর গড়ির কথা বলেছিলেন। সেই সূত্র ধরে এগোই। এর পরে জামের নির্দিষ্ট

এককটি চিহ্নিক করে লোক পঠি বীরগঞ্জ ডাকঘরের কাছে আমরা বা বাড়ি খোঁজ নিই। সাদিকুলের ব আড়িডুককে তখনই খুঁজে পাই।"

জিড়িয়ে কলে সাদিকুলের ে কটা পাল দেখেই বাড়ির লোক ট মেনে উঠে। বুলশক আগে সাদিকুলে ভাই নেহাতই ছোট। তবে ঠাে মা গোটার চিহ্ন দেখে সাদিকুলও টিন পায়েন। জিড়িয়ে কলে বাবার ম ভগ্না পুকা তুল দেখেও সাদিকুল আনক। তখন ভুলে গিয়েছেন, নি নিজেও গৌড়ের কিনারা। পুনর্নি শেষে দু'দেশের প্রশাসনকে কনা জানিয়ে বস্তানলী বলেন, "দু'বে বসিন্দারের মধ্যে বাবেমা দুটো জিড়ির হোলা হাসুক। দুই বায় মানুষকে পাল্পটিক সৌরা সহমর্মিতাই এখনও শেষ কথা বলতে বাজের মানসিক হাসপাতালগুলি আরও কনা মলেক বাংলাদেশে নিয়মক লেগেয়ে বনি।"



## Confronting Ownership and Stigma

*When Sweta returned to collect her documents and savings, it was the first time she had set foot in her home since her uncles institutionalised her and her brother. The rooms were frozen in memory—vegetables half-prepared, her brother reading before the police arrived.*

*As she gathered her things, her uncles stormed in, shouting she was “still sick.” One grabbed her shoulder, knocking her bag down. Sweta froze—until a social worker stepped forward, blocking them, citing her legal discharge, and declaring firmly: “You have no authority over her.”*

*That moment revealed how resistance often comes not from systems but families. And why recovery demands protection, not just treatment.*





# MAD stories

a public art campaign  
that reclaimed the  
power to tell

In the heart of one of Kolkata's most bustling commercial spaces—South City Mall—Anjali set up something unprecedented: an art and story installation titled MAD Stories, a public counter-narrative to the silence, erasure, and shame often surrounding mental health conditions.

Over five days in March 2025, shoppers, families, teenagers, students, and professionals wandered into a space where stories were laid bare. These weren't stories written by journalists or doctors. They were told by people who had lived them—individuals often dismissed as “mad,” rendered invisible by society, and institutionalized without consent.

Through collaborative art-making, handwritten notes, sculpture, photography, and audio, participants from Anjali's programs reclaimed the term “mad” as a marker of resilience, diversity, and human truth. What emerged was not just an installation—but a powerful challenge to ableist, medicalized narratives that have dominated mental health discourse for decades.

Visitors stood in silence, eyes welling up as they read about pain, abandonment, desire, dreams, and survival. Some were visibly unsettled. Others opened up about their own hidden struggles. A few returned the next day with friends, bringing more people to bear witness.



"I thought I was just coming here to pass time while my friend shopped," said one visitor. "But now I think I'll carry these stories with me for the rest of my life."

Nearly 7,000 people interacted with the installation. Several leading media outlets published features, amplifying the voices that had, for too long, been left out of the conversation.

For us, MAD Stories wasn't just an exhibition—it was a declaration: We are here. We remember. We recover. And we tell our own stories.





# Chai, Kappi & Jugaad

recovery in the  
everyday-ness

In February 2025, the Narrative Practices India Collective hosted a 4-day International Conference on Narrative Practices, Mental Health, and Community Well-Being, titled Chai, Kappi & Jugaad. It wasn't a series of formal panels or clinical dialogues—it was a celebration of the everyday. Chai, Kappi and Jugaad was a space of sharing, documenting and celebrating these 'little' things. Things as little as making chai for oneself in the quiet of your kitchen or sharing a cutting with a friend over tears, laughter or silences.

At the heart of this space was a quiet but radical idea: that everyday acts—those often dismissed as mundane—are rich with resistance, wisdom, and care. Whether it's making tea in solitude, sharing a biscuit over a whispered conversation, or offering a knowing nod in a support group, these "small" gestures become lifelines in the vast terrain of mental health recovery.

Participants from across the country came together to listen, share, and honour these overlooked rituals. Ratnaboli Ray, Founder and Managing Trustee, and Kathakali Biswas, Head of Programmes, were invited as keynote speakers to share Anjali's journey and the stories of the people we work with at the conference. Stories emerged of grief, humour, love, survival, resistance and possibility. The space became a collective testimony to how knowledge isn't always found in textbooks or therapy rooms—it lives in homes, kitchens, corridors, and street corners.

Chai, Kappi & Jugaad reminded us that recovery doesn't only happen in dramatic moments—it is stitched into the everyday. And that the so-called 'little things' may in fact be the foundation of wholeness.

For Anjali, being part of this gathering reaffirmed our own belief: that people are the experts of their own lives, and their stories—no matter how quiet—deserve to be heard, held, and celebrated.



# Measuring impact

Measuring impact in mental health work means holding two truths at once: numbers matter, but so do narratives. The figures tell us how far we have reached; the stories show us how deeply lives have been transformed. At Anjali, both are essential for understanding change.

Our indicators span three key dimensions:

- **Access** — more people receiving mental health care through Janamanas and other community-led interventions in both urban wards and rural blocks.
- **Participation** — persons with psychosocial disabilities taking active roles in decision-making spaces, from hospital committees to state-level boards.
- **Quality of Life** — tangible gains such as secure housing, livelihoods, restored family relationships, and increased self-reliance.

We track these shifts through a mixed-methods approach. Quantitative data — numbers reached, services delivered, policy changes achieved — are paired with qualitative insights from interviews, observation, and community feedback. This dual lens shows not just what changed, but how and why it changed.

## Recovery and CHIME

While conventional indicators remain important, Anjali draws on the CHIME framework — Connectedness, Hope, Identity, Meaning, Empowerment — in our capacity building sessions with residents in government mental health hospitals to capture dimensions of recovery that numbers alone cannot hold. It allows us to measure change in moments like:

- **Connectedness:** Residents initiating conversations and peer support after participating in group sessions.
- **Hope:** Individuals beginning to articulate personal goals for life beyond the hospital, including living arrangements and work aspirations.
- **Identity:** Residents sharing their skills, talents, and personal histories in group activities, reclaiming a sense of self beyond the patient role.

## Finding her voice, imagining a future

*For three years at Lumbini Park Hospital, Sujata barely spoke. A quiet “mone nei” or “jani na” was all she would say. She refused to step outside the ward.*

*Then came group sessions. At first, she sat silent. Slowly, she joined in. One day, she sang—her voice filling the room. Friendships followed. Conversations began.*

*Today, Sujata speaks of possibilities: working again, perhaps moving to a halfway home. Fear lingers, with no parents or house to return to. But what began as silence has become a tentative vision of a future she can claim.*

# Limitations and learnings

Recovery is never linear. It is ongoing work—both personal and systemic—that needs persistence, imagination, and care.

Our work has brought real shifts, but also clear struggles and failures. Recovery — both social and systemic — is fragile. It advances and retreats.

- **Systemic resistance:** Policy wins take years, and some get reversed. For example, despite our efforts, some hospital administrations continue to block issues of uniform, or reduce our partnership at times as just extended arms of the hospital services. We've had moments when pushing for change felt like hitting a wall—petitions unanswered, doors closed, and decisions taken without us.
- **Fragile community trust:** Even after successful reintegration, relapses or moments of visible distress often trigger fear. Families have sometimes returned residents to hospitals within weeks. In villages, one episode of violence or wandering can erase years of trust-building.
- **Shared work slipping into token gestures:** While we insist on “Nothing about us without us,” not all spaces live up to that. There have been committees where persons with lived experience were invited but not given real decision-making power, their voices sidelined by louder “experts.” We are still learning how to hold the line on true participation.
- **Staff burnout and turnover:** Project managers, counsellors and peer leaders often carry the emotional weight of whole communities. With turnover, gaps in continuity appear. We've lost skilled people who simply couldn't sustain the pace.
- **Gender and safety gaps:** Despite our person-centred approach, there have been times we failed to anticipate risks for women returning to unsafe homes. A few cases of violence and re-institutionalisation forced us to confront the limits of our protective systems.
- **Unmet needs:** Some residents have lived for decades in institutions, with no family, no home to return to, and very limited employment opportunities. For them, our vision of recovery often feels out of reach. We are still searching for real solutions beyond halfway homes and short-term work.

Each failure has forced us to adapt—sometimes by building stronger legal alliances, sometimes by slowing down and rebuilding trust, sometimes by accepting that progress is uneven. Our impact is not a neat graph climbing steadily; it is messy, shaped by setbacks as much as by breakthroughs.





# Networks of recovery and resistance

Anjali's engagement has stretched across two powerful networks, each pulling different threads of social recovery into focus. With the Disability Activists Forum, West Bengal, it has contributed to a network that blends NGOs, parent associations, and people with lived experience of disability—helping shape inclusive frameworks and mutual healing that expand recovery beyond clinical spaces.

Meanwhile, Anjali's role in Maitree—a feminist network born in the wake of the 1995 Beijing Conference and rooted in West Bengal's feminist movement—adds another layer. Through Maitree, Anjali has engaged in gender-justice conversations that infuse social recovery with a feminist lens: one that recognizes how recovery must reckon with power, gendered norms, and the ongoing structural work required for sustainable well-being. Taken together, these connections help Anjali anchor psychosocial recovery in both community flow and transformative feminist advocacy—creating space for repair, resistance, and the kind of resilience that ripples outward.

## Nari Dibas Udjapan Mancha

listening to women in informal work

Anjali is also a founding member of Nari Dibas Udjapan Mancha (NDUM), alongside Azad Foundation and Swati from SAWM. This network brings together women working in diverse informal sectors across West Bengal—women whose labour sustains households, markets, and cities, yet often remains invisible and undervalued.

The realities they face are layered with discrimination and oppression, shaping not only their working conditions but also their mental health. Exclusion, harassment, and economic precarity often carry hidden wounds of exhaustion, fear, and silence.

Through NDUM, we have begun a series of listening circles with these women—spaces where they can speak about their struggles, share knowledge, and find solidarity. Each circle reveals how deeply mental health is entangled with labour, gender, and justice.

For Anjali, NDUM is more than an alliance. It is a feminist space that insists on hearing the voices of women in informal work, recognising their expertise, and building a movement where well-being and dignity are not separate from livelihood.

# Non-traditional livelihoods

## work as recovery

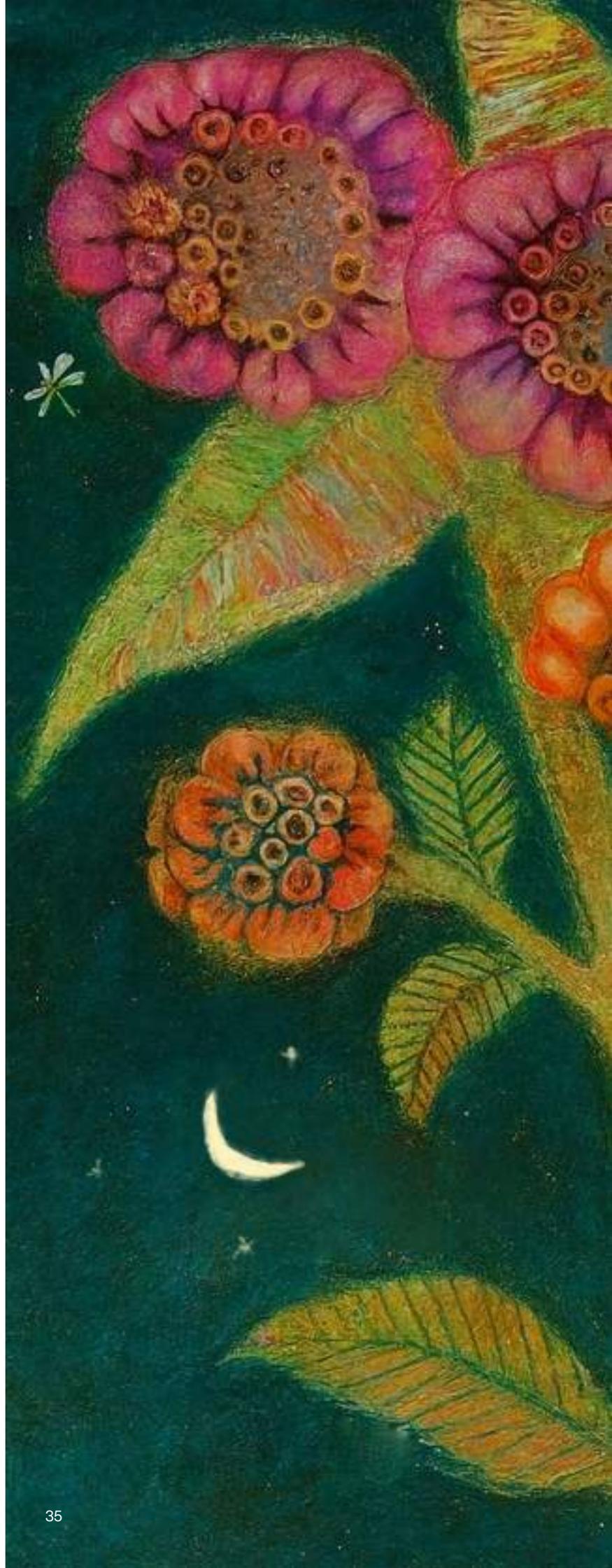
At Anjali, we believe that work and recovery cannot be separated or looked at in isolation. Dignity, independence, and community belonging are often woven through the ways people engage in meaningful work.

Recently, Anjali became a member of the national Non-Traditional Livelihoods (NTL) Network. This alliance strengthens our own vision: to move beyond conventional and restrictive ideas of employment, and to create opportunities that reflect the lives and aspirations of people with psychosocial disabilities.

Within state-run public mental health systems in West Bengal, Anjali has nurtured several such initiatives. Residents are trained and employed to run the Dhobi Ghar, the Cha Ghar, and the Block Printing Unit. These spaces are not just workplaces—they are declarations that people long confined to institutions can also be entrepreneurs, artisans, and hosts.

When we speak of non-traditional livelihoods, we speak of work that resists the “standard,” the gendered, and the socially expected. For women, queer persons, and people with psychosocial disabilities, these opportunities open up new spaces of dignity, independence, and creativity—challenging stereotypes that have long denied them visibility and rights.

Here, livelihood is not just an economic act. It is recovery itself—built on agency, imagination, and the refusal to be confined by society’s narrow definitions of what counts as work.



# An interview with Babita

On a rainy morning at Calcutta Pavlov Hospital, we sat down with Babita at the Dhobi Ghar— the laundry unit run by Anjali in collaboration with the Government of West Bengal.

**Babita, can you tell us about your work here at the Dhobi Ghar?**

**Babita:** “মজা লাগে...কুঁচকে যাওয়া জামা কাপড় তোকে আর একেবারে নতুন হয়ে বেরোয়।”  
 (“It’s fun... the wrinkled clothes go in, and they come out looking brand new.”)

I work on the big calendar machine. This place is very special to me because once I lived here as a hospital resident. Now I come every day from my home. Since 2023, I’ve been travelling alone — two trains and a long walk — just to get here. I also bring women from the wards to work with me.

**How did your journey of illness and recovery begin?**

**Babita:** After my husband passed away, “টেনশন আমাকে পুরোপুরি গ্রাস করেছিল।”  
 (“Tension took full control over me.”)

I was scared — what if I couldn’t feed my children? People started calling me names, and that hurt even more. My mother first took me to a baba near my in-laws’ house in Jharkhand. He performed tricks, confusing people into thinking illness was magic. I stayed there for a month.

Many people told me then, “তুমি এত সুন্দরী, আবার বিয়ে করা উচিত।”  
 (“You are so pretty, you should marry again.”)

But I always said no. Why should I? That would only mean leaving my children to satisfy someone else’s needs. When I spiralled again, my mother brought me here to Kolkata. I locked myself up for 21 days. That’s when Anjali found me and took me to Pavlov. That’s how my real journey began.





**Was it difficult to start working and travelling independently?**

**Babita:** Yes. At first, my mother would travel with me and wait outside while I worked. But her health was suffering. I told her: “তুমি বাড়ি ফিরে যাও, আমি একা সামলাব।” (“You go back home, I will manage on my own.”)

The first day I made a train card, I took the wrong train. I got lost and panicked, but I didn’t give up. I asked people, wrote down the train number, and found the right one. Since then, I travel alone every day.

**How has this work changed your life?**

**Babita:** This job has given me confidence and freedom. I earn, and I decide how to use that money — for my travel, household expenses, and for my daughter’s training. She is learning at a beauty parlour.

Sometimes she complains, “আমি কিছু শিখছি না, শুধু দাঁড়িয়ে থাকি।” (“I’m not learning anything, they only make me stand and watch.”)

I tell her, “দাঁড়িয়ে থাকলেও শেখা হয়।” (“Even standing there is learning.”)

I know she will get her chance. The same confidence I pass on to my daughter also helps me face challenges at home. My brother often says I should leave, blaming me for his not being married yet. But I stand firm and tell him: “এই বাড়ি আমারও, থাকার অধিকার আমার আছে।” (“This house is mine too, I have the right to stay here.”)

**And what do you dream of for the future?**

**Babita:** “আমি একদিন নিজের বাড়ি বানাবো।” (“One day I will build my own house.”)

# Dhobi Ghar

a non-traditional livelihood

*Babita's story is not only about recovery but also about livelihood that redefines possibility. The Dhobi Ghar offers real wages, skills, and responsibility — far from the token roles usually assigned to women with psychosocial disabilities.*

*By travelling daily on her own, operating heavy machines, and mentoring others, Babita challenges deep-set norms: that women must depend on family, that widows should remarry for stability, that recovery ends at the hospital gate.*

*Her ironing machine becomes a symbol of change — pressing not just gowns, but new possibilities. Babita's dream of building her own house rests on her own work and determination, proving how non-traditional livelihoods can turn recovery into independence, dignity, and choice.*



# Quantitative updates

We are currently directly working with about

145

Participants in all 4 hospitals of WB

We have been able to develop liaison and networks with about

55

stakeholders

We hosted

37

residents in Pratyay this year

We have been able to facilitate independent discharge of

12

residents from all 4 hospitals

We have been able to reintegrate

137

residents to their homes and families

We have been able to indirectly impact about

2004

residents in all 4 hospitals of WB

We have been able to reach out to about

53,452

people in the communities all across the community

Our director has contributed about

11

post editorials on mental health this year

Janamanas has been able to provide psychosocial support to

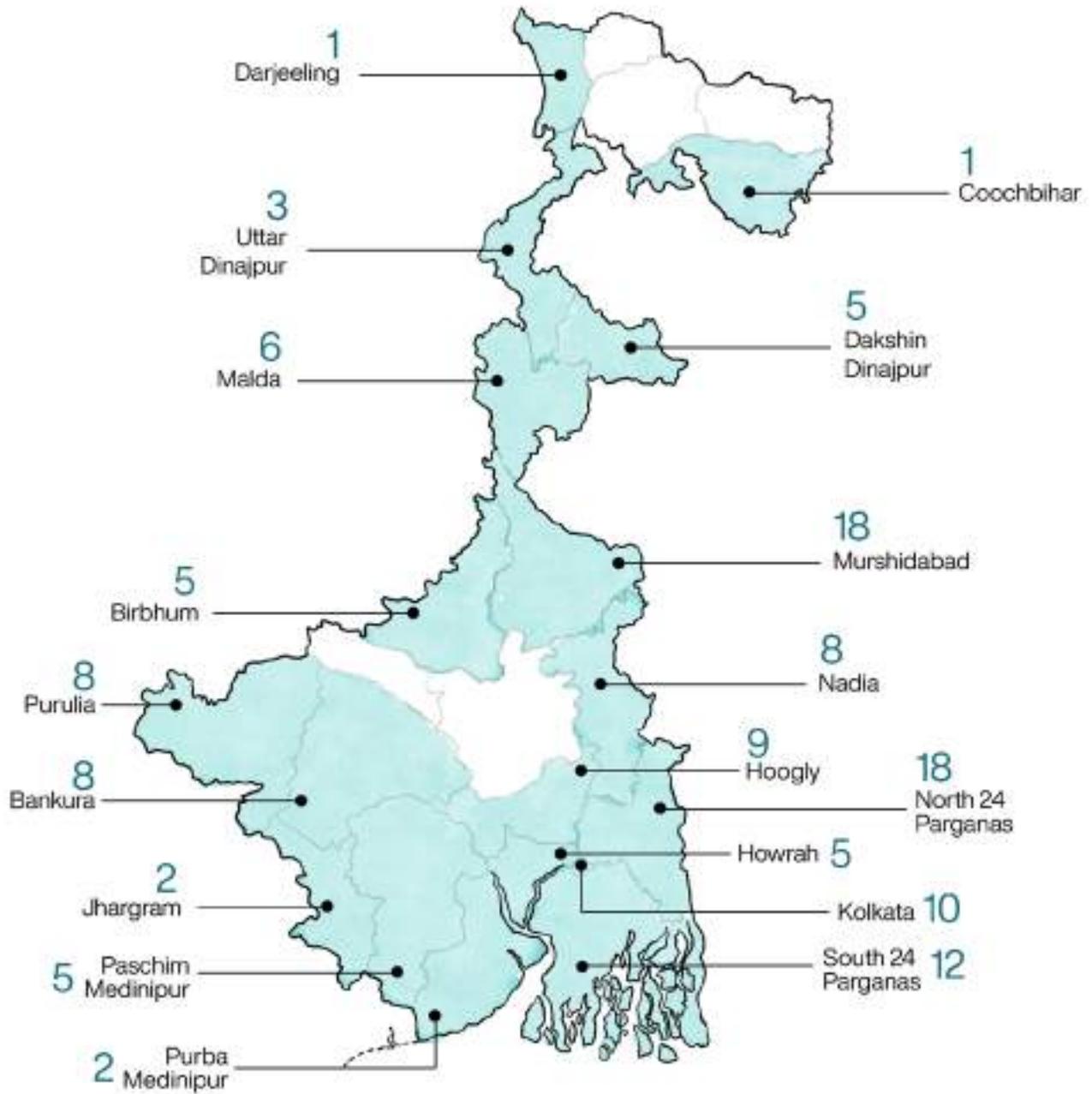
542

clients through talk listen talk therapy in communities work in

# Reintegration area

west bengal

april 2024 - march 2025



# Reintegration area

india, bangladesh, nepal  
april 2024 - march 2025



# Social media impact report

Over the past year, Anjali's social media presence has evolved into a dynamic space for advocacy, dialogue, and collective action. Through powerful storytelling, inclusive campaigns, and sustained engagement, we have deepened connections with audiences across platforms — advancing our mission to normalise conversations around mental health and rights.



A defining moment in this journey was the Dream Project: Mad Stories initiative, which marked an extraordinary phase of online and offline engagement. To amplify the campaign's visibility, we launched a dedicated Instagram handle, creating a vibrant space for new audiences to explore, share, and participate. Visitors at the physical installation scanned QR codes that seamlessly directed them to this page, linking art, experience, and activism. The campaign resonated widely — garnering over 65K+ views and a reach of nearly 1.3 lakh — as people engaged deeply with diverse audio-visual narratives that humanised mental health experiences and challenged stereotypes.

Between 1st January 2025 and 31st March 2025, Anjali's overall social media performance showed remarkable growth across key metrics:

Views **1.7M**

up by **67.9%** from the previous quarter

Reach **727.6k**

up by **76.6%** from the previous quarter

Followers **5.7k**

up by **32.1%** from the previous quarter

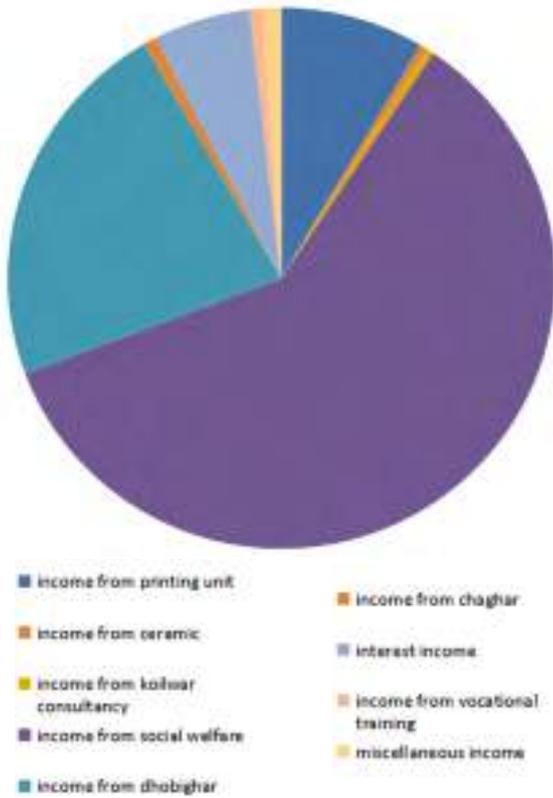
These milestones reflect more than numbers — they represent a growing community of individuals, allies, and advocates who stand with Anjali in envisioning a society that is empathetic, inclusive, and compassionate.





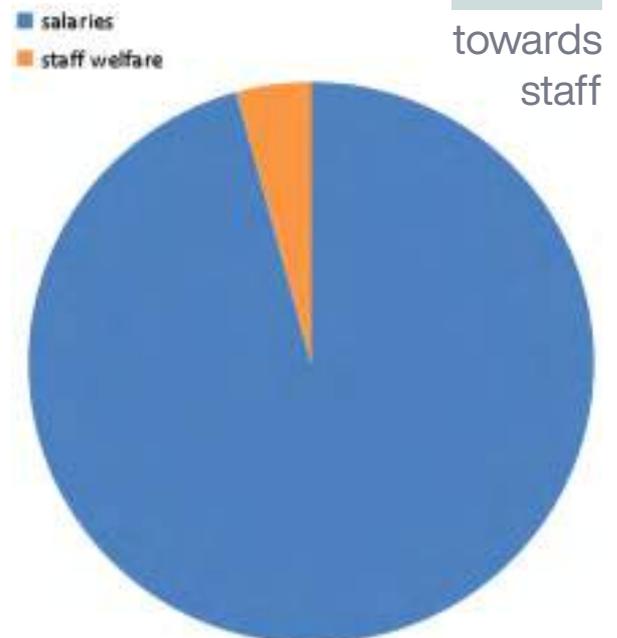
# Accounts and finances

unrestricted incomes fy 24-25

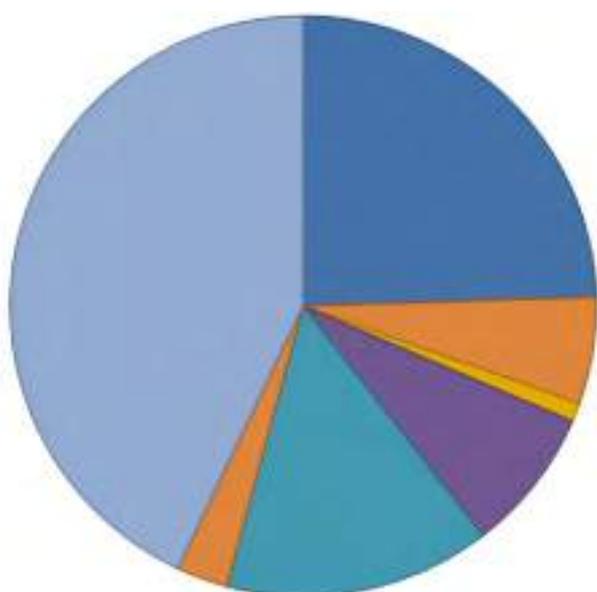


SI no.	Unrestricted Incomes	Amount
1	income from printing unit	₹ 1,347,320
2	income from ceramic	₹ 68,591
3	income from koilwar consultancy	₹ 68,200
4	income from social welfare	₹ 9,488,729
5	income from dhobighar	₹ 3,540,548
6	income from chaghar	₹ 127,800
7	interest income	₹ 904,315
8	income from vocational training	₹ 117,112
9	miscellaneous income	₹ 178,804

SI no.	Towards Staff	Amount
1	salaries	₹ 11,379,866
2	staff welfare	₹ 506,324



## overheads

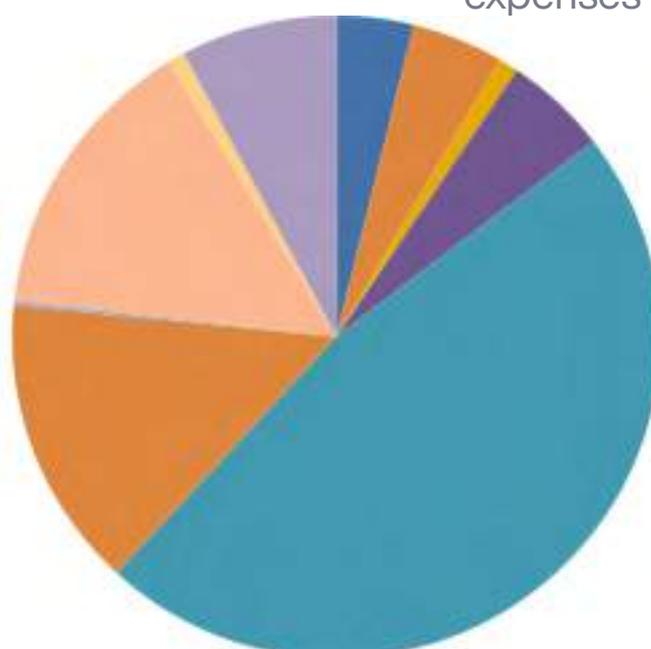


- office rent
- telephone, fax & internet
- printing & stationery
- electricity
- office maintenance
- audit fees
- travelling & conveyance

Sl. no	Overheads	Amount
1	office rent	₹ 1,074,000
2	telephone, fax & internet	₹ 259,615
3	printing & stationery	₹ 46,773
4	electricity	₹ 350,110
5	office maintenance	₹ 644,390
6	audit fees	₹ 124,060
7	travelling & conveyance	₹ 1,882,885

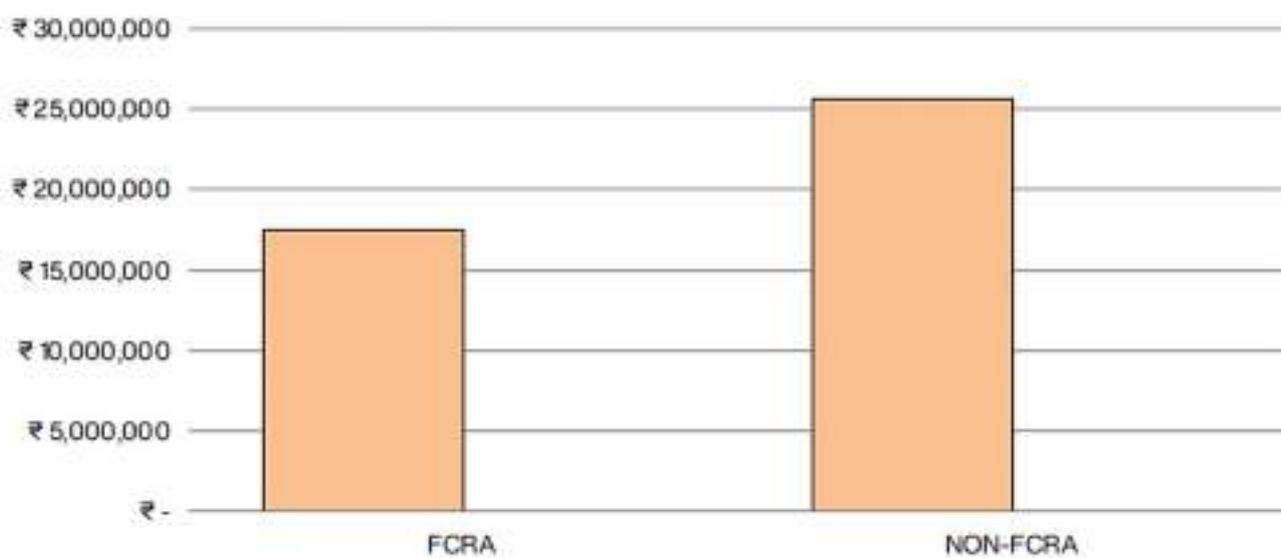
Sl. no	Programme Expenses	Amount
1	honorarium (volunteers)	₹ 1,362,872
2	fooding expense	₹ 1,631,011
3	alliance building expense	₹ 339,706
4	outreach activities	₹ 1,838,002
5	facilitators & consultancy fees	₹ 16,732,555
6	programme running expense	₹ 5,213,212
8	training expenses	₹ 76,200
9	conference & workshop	₹ 5,170,074
10	documentation & publication	₹ 285,479
11	events & programmes expenses	₹ 2,765,891

## programme expenses



- honorarium (volunteers)
- facilitators & consultancy fees
- conference & workshop
- fooding expense
- programme running expense
- documentation & publication
- alliance building expense
- training expenses
- events & programmes expenses
- outreach activities

## donation utilised

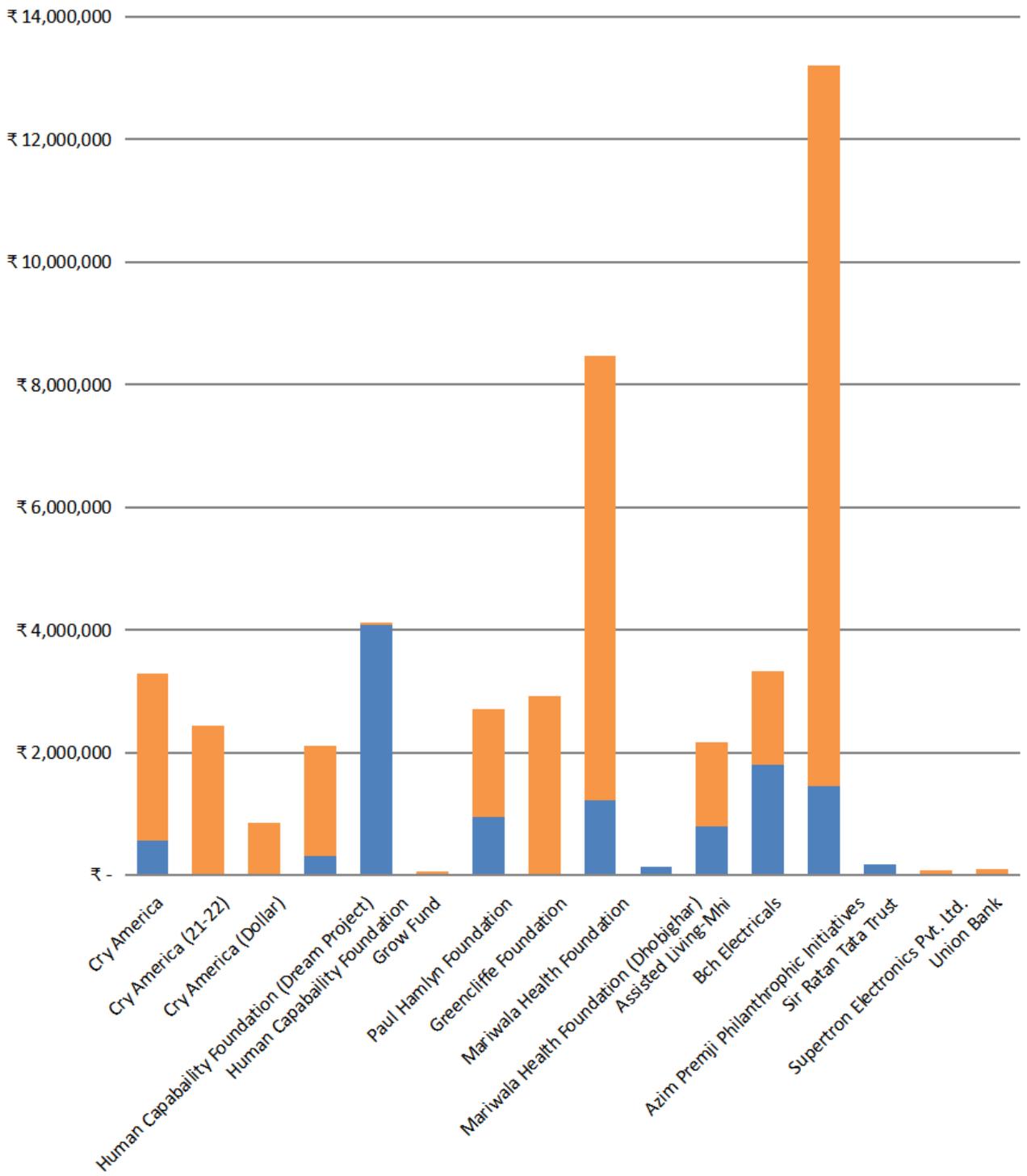


Sl no.	Name of Donors	Donation Utilised during the year
1	fcra	₹ 17,542,288
2	non-fcra	₹ 25,595,430



## funds available

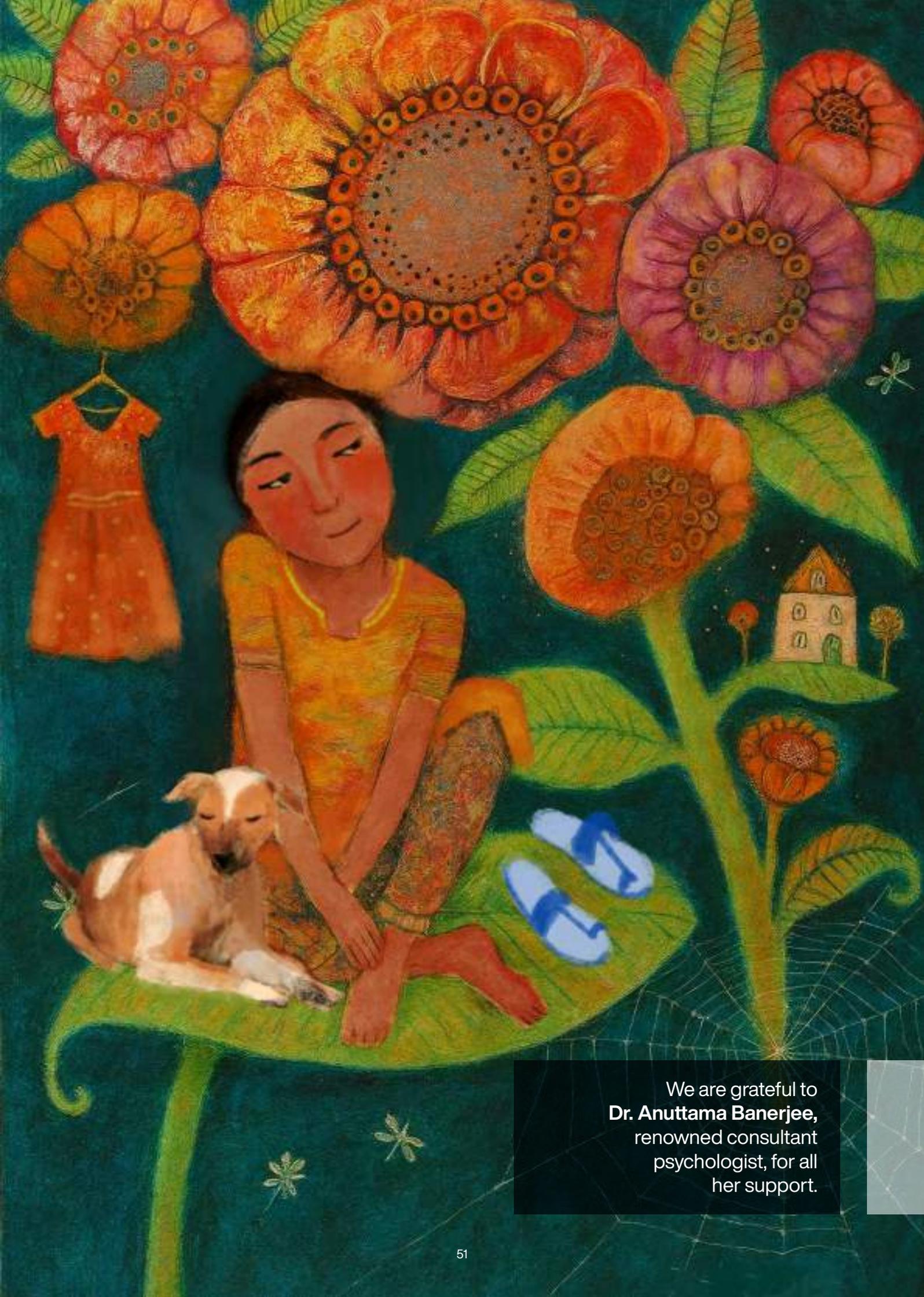
Sl no.	Name of Donors	Opening Balance of Unutilised Fund of Donation	Donation Receipt in FY 2024-25
1	Cry America	₹ 561,798	₹ 2,733,851
2	Cry America (21-22)		₹ 2,441,684
3	Cry America (Dollar)		₹ 841,960
4	Human Capabaility Foundation (Dream Project)	₹ 299,302	₹ 1,808,743
5	Human Capabaility Foundation	₹ 4,082,732	₹ 15,000
6	Grow Fund	₹ 14,046	₹ 14,789
7	Paul Hamlyn Foundation	₹ 944,591	₹ 1,758,043
8	Greencliffe Foundation		₹ 2,923,149
9	Mariwala Health Foundation	₹ 1,218,823	₹ 7,250,000
10	Mariwala Health Foundation (Dhobighar)	₹ 130,443	
11	Assisted Living-Mhi	₹ 791,481	₹ 1,366,963
12	Bch Electricals	₹ 1,797,173	₹ 1,531,305
13	Azim Premji Philanthropic Initiatives	₹ 1,452,293	₹ 11,753,401
14	Sir Ratan Tata Trust	₹ 179,255	₹ -
15	Supertron Electronics Pvt. Ltd.		₹ 82,000
16	Union Bank		₹ 102,066



■ opening balance of unutilised fund of donation  
■ donation receipt in fy 2024-25

# Our board of trustees

Name	Board Position	Country (where they are based)	Affiliated Organization & Designation
<b>Debashis Chatterjee</b>	Trustee Emeritus	India	Consultant Psychiatrist
<b>Ratnaboli Ray</b>	Founder & Managing Trustee	India	Anjali, Founder & Managing Trustee
<b>Paromita Chakravarti</b>	Trustee	India	Professor, Dept. of English, Jadavpur University
<b>Kalpana Kaul</b>	Trustee	India	Development Consultant
<b>Ruchira Goswami</b>	Trustee	India	Faculty Member, National University of Jurisical Sciences
<b>Ranjini Mukherjee</b>	Trustee	India	Special Educator, Project Head of Tomorrow's Foundation, NLP Master Practitioner
<b>Aniruddha Deb</b>	Trustee	India	Consultant Psychiatrist



We are grateful to  
**Dr. Anuttama Banerjee**,  
renowned consultant  
psychologist, for all  
her support.



# Meet the team

## **Ratnaboli Ray**

Founder & Managing Trustee

## **Santanu Saha**

Head Finance & Accounts

## **Kathakali Biswas**

Head Of Programs

## **Piya Chakraborty**

Head  
(Voices)

## **Anindita Chakraborty**

Case Support Manager  
(Kolkata - Voices)

## **Sukla Das Barua**

Senior Project Manager  
(Voices)

## **Tanusree Dasgupta**

Project Manager  
(Janamanas, North Dumdum)

## **Satyajit Majumdar**

Project Manager  
(Pratyay)

## **Swarupendra Nath Roy**

Case Support Manager  
(District - Voices)

## **Biswajit Pati**

Project Manager  
(Imc, Purulia - Voices)

## **Srijita Sen**

Psychologist

## **Priyanka Gunin**

Junior Manager Accounts

## **Deepjyoti Sardar**

Junior Manager Accounts



**Rakhi Dutta**  
Office Assistant

**Pampa Singha Roy**  
Project Assistant  
(Lpmh - Voices)

**Bapi Dey**  
Project Assistant  
(Dhobighar)

**Sonali Arinda**  
Junior Manager Accounts

**Soma Chakraborty**  
Project Assistant  
(Berhampur - Voices)

**Rohini Bose**  
Documentation Associate and Hr

**Tushi Majumdar**  
Project Assistant  
(Pavlov - Voices)

**Riya Ghosh**  
Project Coordinator

**Pampa Mudi**  
Project Assistant  
(Purulia -Voice)

**Manjima Chatterjee**  
Project Coordinator  
(Janamanas, Purulia)

**Sharmistha Sarkar**  
Project Coordinator  
(Janamanas, Berhampur)

**Rajesh Chowhan**  
Office Supervisor





# In frame

our year in focus





**8<sup>th</sup>**  
December

INDIATA QUEER ARTS MONTH 2021

CHINING AT PRATYAY WITH ROOM AN THUKLA

GHOSTS AND GHOSTS

SUNDAY 8 DECEMBER 4-8 PM

at  
**PRATYAY**  
মনের মতন ঘর





**মেয়েদের শ্রমের মূল্য  
নারী শ্রমিকের মর্যাদা**



**শ্রমজীবী নারী দিবসের আনোচনা**  
৮ মার্চ, ২০২৫ | সকাল ১০টা-১টা  
রামমোহন নারীত্রেণি প্রেক্ষাগৃহ  
২৬৬ মধ্যম স্টোরের বহু হোল, কলকাতা-৫৬

নারী নিবস  
উদযাপন সমিতি





**ANJALI**  
Mental Health Rights Organization PRESENTS...  
**MAD STORIES**

**GUESTS**

**INAUGURATION**  
**31ST MARCH**  
**6 PM**  
VENUE  
**SOUTH**  
**CITY**  
**MALL**



**SUBESHNA ROY**



**KONEENICA BANERJEE**



**SAIJY PRASAD CHATTERJEE**



**WILL COME TO OUR WORLD OF 'MADNESS'!**















শহরের পাঁচতারা মলে  
‘খ্যাপামি’-র উদযাপন

অঞ্জলি - মানসিক স্বাস্থ্য অধিকার সংগঠনের আয়োজনে

# শহরের পাঁচতারা মলে ‘খ্যাপামি’-র উদযাপন

বিস্তারিত পড়ুন [ওয়েবসাইটে](#)

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## ক্ষমতার রাজনীতি ও নারী

মৌলিক ক্ষমতা হলে অনেক ক্ষমতা হতো। যে শক্তিহীন হলে তার উপস্থিতিতে ক্ষমতা অনুভবিত  
করতে হয়। নারী-সুশিক্ষিত সম্পন্ন ও নারীকে নিয়ন্ত্রণে রাখার ক্ষমতা হলে ক্ষমতাসীন  
মানুষেরাও নারী **হয়ানুষ্ঠি হয়**। নারী স্বাধীনতার ক্ষমতা হলে ক্ষমতাসীন মানুষের ক্ষমতা হলে  
ক্ষমতাসীন **শহরী দেশ**, নিয়ন্ত্রণে **নারী হয়**।

দেখাচ্ছেন কি শক্তিহীনতা... এই শক্তিহীন  
দেশে নারীরা ক্ষমতাসীন হতে পারবে  
না, তবে দেশের ক্ষমতা হলে নারী  
ক্ষমতাসীন হতে পারবে। শক্তিহীন দেশে  
নারী ক্ষমতাসীন হতে পারবে না, তবে  
দেশের ক্ষমতা হলে নারী ক্ষমতাসীন  
হতে পারবে। শক্তিহীন দেশে নারী  
ক্ষমতাসীন হতে পারবে না, তবে দেশের  
ক্ষমতা হলে নারী ক্ষমতাসীন হতে  
পারবে।

এই ক্ষমতা হলে ক্ষমতা হলে, ক্ষমতা হলে  
ক্ষমতা হলে, ক্ষমতা হলে ক্ষমতা হলে  
ক্ষমতা হলে ক্ষমতা হলে ক্ষমতা হলে

## মনোরোগীদের আত্মকথন উদ্ভাসিত অন্য ক্যানভাসে

সুনীতা কোলে

মৌলিক ক্ষমতা হলে অনেক ক্ষমতা হতো। যে শক্তিহীন হলে তার উপস্থিতিতে ক্ষমতা অনুভবিত  
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মানুষেরাও নারী **হয়ানুষ্ঠি হয়**। নারী স্বাধীনতার ক্ষমতা হলে ক্ষমতাসীন মানুষের ক্ষমতা হলে  
ক্ষমতাসীন **শহরী দেশ**, নিয়ন্ত্রণে **নারী হয়**।



■ মনোরোগীদের কথা নিয়ে 'মায়ার স্টোরি' উদযাপন। সেমথার, মৌলিক  
কলকায়ার একটি শক্তি মনো। ছবি: সোফিয়া রটমার

এই বছর বসন্তের ছায়ে মনসিক  
রোগী। বৃষ্টির সময়ের গাছ ফালাই  
যেতে 'প্যামি' বলে জানতে অভ্যস্ত।  
সেই জানতে মনে আসতে করতেই  
'মায়ার স্টোরি' নামে এই উদযাপনের  
ছবিতে মনোরোগীদের কথা নিয়ে  
জানতে আসতে ছবিতে। মনোরোগীদের  
কথার ছবিতেই বসে আসে, "প্যামি  
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এই জানতে জানতে জানতে  
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বসন্তের সময়ের গাছ ফালাই  
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ক্ষমতাসীন দেশে ক্ষমতা হলে, ক্ষমতা হলে  
ক্ষমতা হলে, ক্ষমতা হলে ক্ষমতা হলে  
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■ **পদ্মক্ষেপ:** মানসিক হাসপাতালের রোগীদের পুনর্বাসনের লক্ষ্যে তৈরি 'স্বভাৱ'-এর আনান্দিকদের হাতে তৈরি জিনিসের অংশশী। সোমবার, সংস্কার করা হয়েছে। ছবি: বিশ্বনাথ কণিক



A modern city mall, which would otherwise have teemed with Pujas shoppers, during the BJP's health on Wednesday. Photo by Shikha Das

## Reclaim women: Robbed by political muscle

**JHANSUK MAZUMDAR**

**Calcutta:** A social awakening for women's rights has been underway by a "massive demonstration" of political opposition to the road, with many women who took to the streets in favour of Independence Day to reclaim the right in the wake of the rape and murder of a junior doctor at IIS (For Medical College and Hospital).

Inwards for a few investigations and justice for the 25-year-old victim who was killed at the top end of a sprawling right shift had triggered the protests that continued far beyond Calcutta.

At least half a dozen women who were part of the initial protests said the demands had been relayed to the authorities.

"The agenda was to make the spaces accountable and transparent and talk about the safety of all women. Safety does not mean protection of women," said

Debasree Ray, head of Anjali - Women's Health Rights Organisation.

"But the women's rights narrative has been subverted by an extremely massive demonstration of political opposition," she said.

Her allude to the religious remarks in circulation that are obscuring the disparity of women.

Purnima Chowdhury, who was at the Indraprastha on the intervening night of August 14 and 15, said she saw on the street to protest violence against women, which has been overshadowed by violence on the streets.

"Women are being subjected not just to physical violence but verbal attacks online and in public discourse. Traditional symbols of womenhood like sarees are being used as a system to signs of weakness," she said.

"The political system has reached such a point that nobody is bothered about the investigation," she added.

Debasree Lahiri, 38, said a 10-hour bandh by a political party does not answer the questions of women's safety.

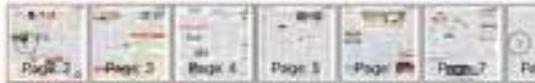
Hemansree Lahiri had joined the midnight walk in Bagmati with her six-year-old daughter and eight-year-old son.

"I am not in favour of protests that would inconvenience common people. The one on August 14 took place at night and was not meant to produce flowers," she said.

CONTINUED ON PAGE 9B

# আজকাল

সংস্করণ: সোমবার, ৯ জুলাই, ২০১৪



**স্বনির্ভরতার আত্মপ্রত্যয়**

স্বনির্ভরতার আত্মপ্রত্যয়

স্বনির্ভরতার আত্মপ্রত্যয়



**স্বনির্ভরতার আত্মপ্রত্যয়**

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স্বনির্ভরতার আত্মপ্রত্যয়





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