



Saṅkalpa ^{ISWAR}
SUPPORT FOR THE MIND

Annual Report
2013-14





Our vision

Our vision is to create a mental health-friendly society where persons with psychosocial disability have access to their rights and the opportunity to grow to their fullest potential.

Our mission

To lend a helping hand to those with psychosocial disability, particularly from the underprivileged sections of society, and to do so in a humane manner

To empower people with psychosocial disability in attaining their rights

Background

Established in the year 2007, Iswar Sankalpa is a Kolkata-based not-for-

profit organisation. Run by a group of committed and socially-conscious mental health professionals, Iswar Sankalpa's primary objective is to reach out to one of the most uncared-for urban population segment – homeless persons with psychosocial disability. The organisation is led by Sarbani Das Roy, Director and Secretary, ably supported by the seven other members. Recently, the organisation has begun extending its services to Below Poverty Line (BPL) individuals living in the slums of Kolkata.

What we do

Iswar Sankalpa provides a holistic range of solutions aimed at the rehabilitation of psychosocially-disabled persons belonging to the marginalised sections. Iswar Sankalpa brings together agencies under a common banner to take care of their needs; it addresses discrimination, stigma and lack of awareness towards mental illness and provides professional psychiatric services, hygiene and nutritional care, skills development

training, restoration and employment support, to those who suffer from psychosocial disability.

Our goal

To increase access to community-based care and support for the homeless with psychosocial disability, through a network of community caregivers

To provide the homeless with psychosocial disability the access to institutional care like day care centres and long-stay facilities

To provide accessible and affordable mental healthcare services to the urban poor by guaranteeing early identification and awareness, addressing stigma and preventing homelessness

To utilise information collated to enhance decision-making and service delivery

To maximise efficient and effective use of human, fiscal and material resources

Secretary's message



"A nation's greatness is measured by how it treats its weakest members."

Mahatma Gandhi

One of the most important differences between a human being and all other species in this universe is the former's capacity to dream of a better future. This report of Iswar Sankalpa is all about the trial and tribulations, the joy and the accomplishments encountered by our team in their bid to create a better future for those who have been rendered homeless and those afflicted with psychosocial disabilities.

There have been three key issues that has affected us the most, these include:

Firstly, bridging the gaps related to treatment and care. For a person, who has wandered away from his or her home without any identification proof or papers, what are the choices of treatment available?

Secondly, every single day there are countless individuals arriving by train,

bus, boat, by foot crossing borders of districts, states, countries onto the streets of Kolkata. They come not due to the push and pull factors related to migration but the combined effects of an abysmal lack of mental health services in the country, poverty and ignorance. They come treading the pathways of broken familial, community and administrative structures.

Thirdly, with treatment and care there is a possibility that the homeless person with psychosocial disability can return to his/her family, their work, and to mainstream society. Yet there are hardly any options that exist for rehabilitation. There isn't any option to reduce the economic burden associated with long-term medical treatment. There aren't any shelter facilities either for persons who do not wish to return home and would like to continue an independent life.

A nation's greatness is measured by how it treats its weakest members - thus spake Mahatma Gandhi. Standing in the 21st century, these words echo

painfully loudly as we muse on the choices we have to offer to the most vulnerable person in our society- a person who has lost everything including his own identity. This report presents before you a few options that the team of Iswar Sankalpa has designed for those who till now had only one choice – that of between life and death.

Whatever we have achieved would not have been possible without the support of all our well-wishers, donors and volunteers. All that we have done would be meaningless without the trust, acceptance and deep bonds of relatedness that we have established with the individuals under our care.

Let us come together to build a more tolerant, inclusive and awakened society. A society which realises the oneness of all human life and works towards creating a life of dignity for all.

Sarbani Das Roy
Secretary, Iswar Sankalpa



01

Programme Naya Daur

Training and awareness on mental health and mental illness reduces stigma and improves positive attitude of community towards persons with mental illness.

Research Wing, Iswar Sankalpa

Iswar Sankalpa began its work in 2007 with its community-based outreach programme. This project is guided by the philosophy that a homeless person with mental illness can be successfully treated within the community with a little support from its people, supplemented by pharmacological and psychotherapeutic intervention administered by professionals. This programme provides treatment to a population that is invisible to the rest of the society. They are as often seen, endured severe mental distress and physical abuse, living in railway stations, bus stands and on street corners.

In stark contrast to the established methodology of administering institutionalised care for people afflicted with psychosocial disability, Iswar Sankalpa's efforts do not compromise on personal dignity. Naya Daur, the outreach programme of Iswar Sankalpa is based on a unique community-based care model where intervention is as minimal as necessary and ensures an optimal usage of community resources to support the persons' recovery. It's a humane approach which protects the dignity and freedom of the psychosocially disabled and is respectful of their right to self-determination. Every day, large numbers of homeless persons with psychosocial disabilities get care and support by the workers of the organisation.

The social workers at Iswar Sankalpa weave a network of community caregivers, other NGOs, the Kolkata Police and government welfare departments around the beneficiaries to ensure their holistic well-being. This process also helps sensitise stakeholders about psychosocial disability and de-stigmatise mental illness, keeping healthcare costs at a minimum and making the restitution of the person as a contributing member of the society as smooth as possible.

Outcome of the project in 2013-14

Better psychosocial disability management for homeless population

Treatment outcome improved

Participation by the different stakeholders increased

Awareness level of the community increased

Visibility of the disease decreased



CASE STUDY

A COMMUNITY THAT CHOSE TO CARE

Thirty-five year-old Gopal was found disheveled and starving by Iswar Sankalpa workers on a dreary November morning of 2012, near the Hastings' crossing. Our doctors diagnosed him with depression along with mental disability. Although depressed, Gopal showed immediate signs of recovery when he started responding positively to our interventions. He learned to keep himself clean and also engaged himself in vocational work every day.

However, fate was not yet ready to smile for Gopal. On the morning of August 26, 2013, our social workers found Gopal, yet again, crouched up on the dirty roadside and in severe pain. After questioning him,

it was discovered that only two nights ago, he had been sexually assaulted by an unidentified man.

Our team, along with the support of the local police, the local community and the hospital staff that treated Gopal, started investigating the matter and after prolonged inquiry encompassing several weeks, the accused surrendered himself to the police. The wrongdoer is currently in judicial custody and though Gopal is still homeless, he is currently being looked after by a community that chose to care and has found a sense of purpose in gardening and craft work.



Services provided during FY 2013-14

Activities	Total
Number of newly identified people	55
Number of dropouts from the programme	26
Re-entry into the programme	10
Number of visits paid by a psychiatrist	163
Number of health check-ups	386
Restored to family	2
Number of cases referred to government hospitals	78
Number of cases referred to private hospitals	5
Number of persons who received emergency treatment	7
Number of times nutritional care was provided	515
Number of times clothes were provided	345
Number of times hygienic care was provided	503
Counseling support	525
Number of awareness camps	20
Number of participants in awareness camps	335

Outreach client distribution - area-wise

	Sealdah	Rajabazar	Beniapukur	Tollygunge	Keoratala	Khidderpore	Majerhat	Total
Female	7	7	6	8	1	3	3	35
Male	13	13	14	14	19	22	20	115
Total number of clients	20	20	20	22	20	25	23	150

02
Programme
Sarbari



Quality of life and social functioning of homeless women with psychosis have shown visible improvement after ten months of continuous psychosocial and medical intervention.

Research Wing, Iswar Sankalpa

Sarbari is a 24X7 shelter-cum-rehabilitation centre for urban homeless women with psychosocial disability. It was founded by Iswar Sankalpa in collaboration with the Kolkata Municipal Corporation in April 2010. Sarbari is a safe haven for homeless women afflicted with psychosocial disability

where they stay protected from sexual, physical and/or social abuse. Every day, approximately 80 women in the shelter learn new skills and get involved in a wide range of activities, apart from receiving comprehensive therapeutic treatment, medical care, a balanced diet and clothing, which help them resettle back into the community, earn a livelihood and sustain themselves.

Outcome 2013-14

- Provided** 66 individuals with intensive psychosocial care
- Received** positive response from all

residents and registered measurable progress in functionality

Received increased number of referrals from law enforcement bodies

Increased participation from women in various vocational activities

Increased marketing opportunities for by-products produced at the vocational unit.

Ensured economic support through monetary incentives for women participating in vocational activities

Restored 43 women to their families

Provided disability cards to 42 women



Resettlement opportunities

	Absolute numbers
Received external training	
Ayah/ Caregiver training	1
Resettled in community	8
Resettled from shelter	8
Ayah/Caregiver	2
Domestic help	6
Resettled after restoration	8
Tea garden cleaners	1
Labourers	2
Biri binders	1
Housemaids	1
Greengrocers	1
Flower sellers	1
Beauticians	1
Participated in vocational therapy	83

Shelter occupancy figures for FY2013-14

Number of women residents (as of March 2013)	64
Number of new women residents in the past one year	63
Number of women residents in the past one year	127
Average residents per month	72
Total number of individuals restored to their families	37

CASE STUDY

SELF-HELP IS THE BEST HELP

Anita, a 30 year-old woman, became a member of our family after being rescued by the police. Dressed in tattered clothes, she thought everyone was out to get her. Her mind was clouded with confusion and suspicion. At times, she doubted that she was a woman and preferred dressing up as a man and at times, she believed that she was neither a man nor a woman, but an avatar of God, sent down to earth to be a helping hand for the needy.

Today, through her own zealous efforts, Anita has made her life better. Earlier, uncooperative and aggressive, she realised that it was she who needed her own help the most. From that day onwards, she became one of the most hardworking members of our shelter. She quickly learned the ropes and participated in each and every one of Sarbari's activities. Within a couple of weeks, she learned to operate a sewing machine and from then on, Anita never looked back.

Today, Anita is resettled as a domestic help and earns Rs. 1,500 per month. She is an amiable and loving person who always smiles back and even cracks jokes with her peers. And even though Anita has not been able to go back home, through her work, she has now found a new meaning to life.



03

Programme
Restoration

The restoration and rehabilitation unit of Iswar Sankalpa, strives to help recovering homeless people with psychosocial disability, either by restoring them to their families or by reintegrating them into the community through gainful employment.

As the intervention and therapeutic process progresses, these afflicted individuals begin to slowly recover their cognitive faculties, in particular their memory. Eventually they may remember their names, their family member's names, their home addresses and other identification details. With the help of the Kolkata Police and other state Police, attempts are made to locate their families. Of the approximately 2,000 homeless people with psychosocial disability whom Iswar Sankalpa has helped till date, it has managed to restore over 200 of them to their homes in West Bengal and in other states in India.

If the chances of the clients going back home are not too bright, Iswar Sankalpa tries to find jobs in the community where they can be placed and earn a livelihood.

Outcome 2013-14

Reunited 40 homeless persons with psychosocial disability with their families

38 of the rehabilitated individuals continue to remain functional

Improved quality of life of the beneficiaries

Improved socio-economic status of the beneficiaries

Decreased DALY (Disability Adjusted Life Year) of the beneficiaries

Increased acceptance of individuals with psychosocial disabilities in their families

Reduced stigma towards mental health challenges in the community



CASE STUDY

SUNDARI'S NEW BEGINNING

On a summer afternoon of May 2012, a lady of 35, extremely tired and hungry, came into the shelter along with one of our social workers. Kalu (outreach social worker) observed the lady, restless and shouting at top of her voice and throwing bottles here and there, near the Keoratala crematorium. On the way to the shelter she told that her name is Sundari(meaning 'the beautiful one').

Slowly she calmed down and started to relate to her with counsellor her past which was filled with physical and sexual abuse and severe economic stress. She was exploited a number of times by her employers in various ways, her husband used to beat her severely if she could not give him enough money. She was diagnosed to be suffering from paranoid schizophrenia.

From the very beginning Sundari seemed to be very active and participated in domestic chores. Although symptoms, like hallucination and persecutory delusion persisted. However, with regular medication and psychosocial support she could continue her daily activities undeterred. Meanwhile we were able to track down her mother in December 2012.

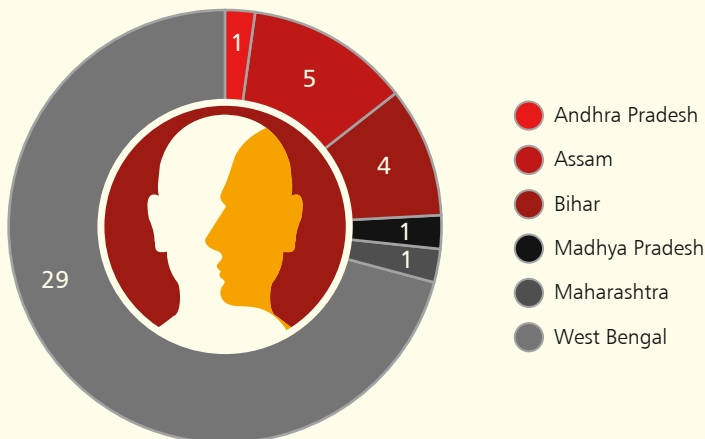
Thus began the second part of the journey. Sundari visited her parents' home and also her in-laws' house but could not stay for long as she needed money. She came back to the shelter determined to do something productive. At first she started looking after two old women who were physically unwell and also constantly supported our residential caregivers whenever special care was needed for any woman in the shelter. Eventually April 2013 onwards, she started her ayah training in a private hospital and after six months she started to earn Rs. 1,000 per month which has increased to Rs. 2,000 per month at present.

As her in-laws didn't permit her working as an ayah, she didn't go back there but preferred to live in a community which gave new meaning to her life. She feels empowered to work and care for people in pain.

Restoration cases: 2013-14

Project	First-time restoration cases		Re-restoration cases		Total
	Male	Female	Male	Female	
Naya Daur	2	0	0	0	2
Emergency	1	0	0	0	1
Sarbari shelter	0	37	0	1	38
Total number of restorations	40		1		41

States to which clients were restored



04

Programme
Arogya



Project Arogya is an emergency response unit, which has been instrumental in providing immediate treatment and auxiliary services to emergency street-based cases involving individuals with psychosocial disabilities. Arogya functions within the Kolkata metropolitan area and is a joint-collaborative effort between Iswar Sankalpa and the Kolkata Police, along with a number of state-run psychiatric and general hospitals.

Outcome 2013-14

Ensured safety of 52 homeless women with mental illness wandering on the streets

Increased chances of recovery of aforementioned 52 homeless women

Restored 29 homeless women to their families

Provided 17 women with psychosocial intervention at Iswar Sankalpa shelter

Increased awareness of city traffic personnel and law enforcement bodies

Dr. K L Narayanan Rehabilitation Centre [DIC]

The drop-in day care centre (DIC) is located within the premises of Hastings Police Station where outreach clients of the neighborhood find a home during the day. Here they bathe, cook, learn new hobbies and skills, play games or simply chat in a group. The rehabilitation activities involve teaching them vocational skills and finding employment for them in the community.

Number of individuals served by DIC in 2013-14: 25

Clients rescued in total	52
Male clients rescued	0
Female clients rescued	52
Clients delegated to mental health hospitals	1
Clients delegated to Sarbari - Shelter for the Urban Homeless	17
Clients restored to family	29
Handed over to police	5
Clients referred to other NGOs	0
Number of police stations who participated	30

The desire to provide homeless persons with psychosocial disability with tools for self-sustenance, propelled Iswar Sankalpa to plan and implement Project Sakhyam, meaning 'able'. This project comprised of vocational training units for urban homeless women at our shelter and for the men at our daycare centre. Vocational activities that were carried out included green therapy, needlework therapy, art therapy and cooking. The amount generated through sale of the products made by the beneficiaries, was distributed amongst them as incentive for participation.

Outcome 2013-14

Clients' functional status, behavioural responses and engagement in simple to complex tasks palpably improved

Imparted training in activities which residents could meaningfully engage and also pursue as a profession

Developed a suitable marketing strategy for the products put together by the women residents

Provided a stipend to residents for at least six months in the training services

Provided ex-residents the opportunity to continue earning after their restoration/resettlement back into family and/or community

CASE STUDY

STITCHING BACK PARTS OF LIFE

Brindan, the wife of tailor from Punjab, was suffering from a schizoaffective disorder, hallucinations and delusions. The sewing machine in the vocational unit caught her interest. Every morning, Brindan took her seat at one of the sewing machines after the morning sessions and never left it until the vocational unit ended for the day. Although Brindan's illness is likely to always have the upper hand, keeping herself engaged in vocational work gives her a sense of purpose.

05

Programme
Sakhyam



06
Programme
UMHP



More than 95% service users of the Urban Mental Health clinic strongly agreed with the statement:

As this clinic is very near to my residence, I can continue with my treatment easily.

Research Wing, Iswar Sankalpa

The Urban Mental Health programme or UMHP is a three year-long pilot project designed to offer mental health services from the ward health units (WHU) of ward(s) 78 and 82. The project entails training and handholding of medical officer(s) and health worker(s) while enhancing mental health awareness in the community. The programme is developed in such a way that it fits into the existing health structure – Ward Health Centres managed by Kolkata Municipal Corporation (KMC). Both the WHU’s offer psychiatric counseling and vocational training

services to BPL individuals and slum dwellers. The programme aims to build an integrated mental health and general healthcare service in the municipal ward health clinics. It also endeavours to create a community that understands the importance of mental health and provides a congenial environment for the concerned individuals.

Outcome 2013-14

Integrated physical and mental healthcare at a primary urban health centre

Built capacity on mental health through training to 13 medical officers and 31 health workers of the KMC

Increased registration from 226 to 840 people in 2013-14

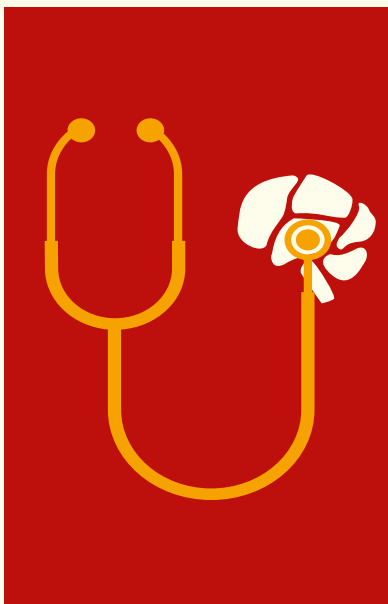
Held four events with the support of religious leaders

Engaged 19 people in some form of employment in this period

CASE STUDY

A STORY OF CHANGE

Noor, a 52 year-old woman, was a victim of domestic violence and suffered from several psychological disorders. Our team of counsellors, psychiatrists and social workers helped her recover from the grips of her depression. Today, Noor feels capable of dealing with her condition and has been instrumental in not only bringing positive change into her own life, but also helping others in vocational programmes at the ward health unit. Noor is a classic example of how a little support at the right time can prevent homelessness caused due to mental disorders.



Clinics at WHU’s 78 and 82

Activities	Numbers
Number of people who have visited the clinic for mental health related services	1,017
Number of people registered as clients under the programme in the clinic (receiving medical and counseling services)	840
Number of awareness events done in the community	46 (2012-14)
Number of people in the community covered through awareness events	23,000 (approximately)
Number of people provided with vocational training	10
Number of people provided with supportive employment	19
Number of people under follow-up through phone calls	276
Number of people under follow-up through home visits	271
Number of advocacy initiatives	2



months of continuous intervention. An overall improvement was found in the four domains of WHOQOL and social functioning of the individuals from the outreach and shelter programmes while compared with the findings of the baseline study.

b) Another study was conducted to find out whether there is any effect of training on mental health and to gauge any change in attitude of the workers' towards people with psychosocial disabilities. The findings showed that there was a significant decrease in authoritarian and socially restrictive attitude in the community as well as among the health workers after having undergone training on mental health. It has also been observed that the respondents who 'have had personal contacts with people with psychosocial disabilities' reported to have lesser fear of the aforementioned individuals and greater level of acceptance compared to their counterparts.

c) The third study was conducted to assess the levels of satisfaction of those serviced by the urban mental health clinics. Though, regarding few issues like, supply of medicines, there has been considerable dissatisfaction. More than 95% of them were quite satisfied with the manner in which their illness-related information was communicated to them by the doctors; the level of attention bestowed on them by the health workers'; the speed with which the workers addressed their symptoms and also the easy accessibility they had to the clinics.

The mental health research ethics committee was established in 2013-14 and its SOPs and guidelines were also formulated during this tenure.

A five day in-house training drill on research methodology was conducted during the year.

Research

The research wing at Iswar Sankalpa started operations in 2012 with the intention to systematically document all the projects and collate data in an organised manner. The research wing intends to conduct studies on various aspects of the different intervention programmes undertaken by the organisation and to find out whether the intervention strategy has had a positive, if not, then suggest ways and means to improve the intervention strategy. The research wing has also taken the initiative to publish research papers in different well-known academic journals for disseminating

information on the works of Iswar Sankalpa to the world at large.

Highlights

MIS (Monthly Information System), VITS (Vital Information Tracking System), occupancy register are developed and are well-maintained.

Three research studies have already been completed, including:

a) One study was conducted on the quality of life and social functioning of the homeless and restored women with psychosis. This was a longitudinal study. A follow-up study was done after 10

Events



August, 2013

Raksha bandhan

Abir Chatterjee attended the *raksha bandhan* celebration at Sarbari



November, 2013

Annual Day Function at ICCR

The programme included a performance of the dance drama – Tagore’s Chandalika, acted out by homeless women with psychosocial disability.



January, 2014

Annual Picnic

The organisation had its annual outing on January 17, 2014. Cooking, games, music and dance made for a fun day out for everyone.



September, 2013

Advocacy meeting

Police officers at an advocacy meeting



December, 2013

Medical camp

Medical camp in Hastings.



October, 2013

Pujo parikrama

Residents went *pandal* hopping around the city on MahaShashthi, accompanied by their caregivers



► **For Iswar Sankalpa**
Dr. Srikumar Mukherjee
Treasurer
Kolkata, 10-09-2013

► **For Biswajit Dutta & Associates, Chartered Accountants**
B. Dutta
Partner
(M. No. 053167)

BALANCE SHEET AS ON SEPTEMBER 10, 2014

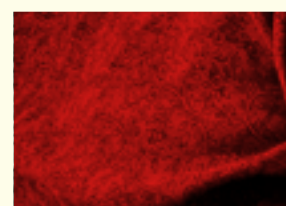
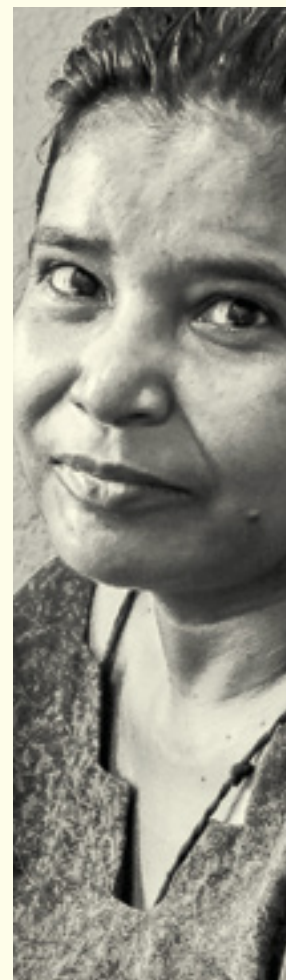
ASSETS	AMOUNT (₹)
Liquid Assets	6537516.73
Tangible Fixed Assests	1540929.04
TOTAL ASSETS	8078445.77
LIABILITIES	AMOUNT (₹)
General Fund	1688300.02
Corpus Fund	942369.3
Unutilised Grant	5406527.45
Statutory Liabilities	41249
TOTAL LIABILITIES	8078445.77

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR 2013-14

PARTICULARS	AMOUNT (₹)
Income	
Institutional Grant	3304377
Foreign Contribution	7973552.66
General Donation	705389.91
Government Grant	175000
Interest Income	44141.57
Other Income	320204
TOTAL (A)	12522665.14
Expenditure	
Payments	
Naya Daur	1415524
Sarbari	5167137
Sambandhan	2958920
Sakhyam	995039
Arogya	82062
Shelter For Urban Homeless	344332
Vocational Unit	154033
Ascent	206404
Restoration Programme	38346
Depreciation	220241.12
General	278427.22
Statutory Due Payment	160896
TOTAL (B)	12021361.34
EXCESS OF INCOME OVER EXPENDITURE [(A-B)= C]	501303.8

RECEIPTS & PAYMENT ACCOUNT FOR THE YEAR 2013-14

RECEIPTS		AMOUNT (₹)
Cash in hand	82126.55	
Synd. Bank A/C No 95032010048521	3240319.33	
Synd. Bank A/C No 95032010054251	7589.70	
Synd. Bank A/C No 95032010054140	383134.43	
SBI A/C No 30169297950	703029.91	
Axis Bank A/C No 910010048707207	128261.00	4544460.92
Corpus Fund Received		21000
Institutional Grant		4312000
Foreign Contribution		8446195.66
General Donation		705389.91
Government Grant		175000
Interest Income		268750.24
Other Income		320204
Statutory Due Received		631797
		19424797.73
PAYMENTS		
Naya Daur	1419524	
Sarbari	5167137	
Sambandhan	2958920	
Sakhyam	982807	
Arogya	82062	
Shelter For Urban Homeless	344332	
Vocational Unit	154033	
Ascent	206404	
Restoration Programme	38346	
General	280652	
Statutory Due Payment	800584	
Purchase of Fixed Assets	452480	
Closing Balance		
Cash in Hand	96857.55	
Synd. Bank A/C 95032010048521	3486436.28	
Synd. Bank A/C 95032010054251	50696.98	
Synd. Bank A/C 95032010054140	1200123.10	
SBI A/C 30169297950	1433371.82	
Axis Bank A/C 910010048707207	270031.00	19424797.73



► For Iswar Sankalpa
Dr. Srikumar Mukherjee
Treasurer
 Kolkata, 10-09-2013

► For Biswajit Dutta & Associates, Chartered Accountants
B. Dutta
Partner
 (M. No. 053167)

Acknowledgement

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Paul Hamlyn Foundation

Oak Foundation
The Hope Foundation

Controller Of Vagrancy
Tarun Sinha Memorial Trust

Tractors India Pvt. Ltd.
Mani Devi Jhunjhunwala
Charity Trust

For donation in cash

Donor's names

Joint Plant Committee
Give India
FD/Block Sarbojonin Puja
Committee
Rajeev Jhawar
Tridib Das Roy
Rinku Soni
Women In Public Sector
Ramswarup Bimla Kumari
Dhoot Trust
Mrinal Kumar Chatterjee
Jugal Kishore Jiwan Dass
Kakrania Charitable Trust
Shipra Kundu
Prof. Kumkum Roy
Rotary Club Of Calcutta, New
Alipore
Dhanwantary Medicare &
Research Centre Pvt. Ltd

Dr. Prabir Kumar Banerjee
Bikash Ranjan Bhattacharya
Banshidhar Baijanath Jalan
Seva Trust
Asit Sinha
Sayantan Dutta
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Pinaki Roy
Uma Chakravorty
Kuber Memorial Charitable
Trust (Asit Kumar Das/Manju
Das)
A.I.W.C (GMJ. branch)
Jodhpur Tea & Industries Pvt.
Ltd.
Kreative Fingers Pvt. Ltd
View Point
Anindita

Ajit Kumar Dey & Papia Dey
Sephali Maitra
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Nibedita Sadhukhan
Rahul Kumar Bysack
Kanad Roy
Sephali Maitra
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Yagabrata Mukherjee
Shreyasi Ray
Tamal Pal
Debanshu Saha
Ranadip Ghosal
Ram Bibhas Ganguly
Sanjib Ghosh
Hindol Lahiri

Special thanks

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Mudar Patherya for publication of annual report

Governing body

Dr. Ranadip Ranjan Roy (President)

A psychiatrist by profession, he has been associated with few NGOs. He was the past secretary, Indian Psychiatric Society. He is interested in Organizational Developmental activities

Dr. Prabir Paul (Vice-President)

A psychiatrist, working in the field since 1978. Has been associated with Indian Psychiatric Society, Indian Association of Social Psychiatry, and Indian Association of Private Psychiatry for last 20 years.

Sarbani Das Roy (Secretary)

She holds a post graduate degree in Business Management and has experience working in the development sector as an Executive director of an International Funding Agency. She is also a trained psychotherapist.

Dr. Debashish Chatterjee (Assistant Secretary)

A psychiatrist by profession. He was the past secretary of Mon Foundation. Has received his PhD from Department of Philosophy, Jadavpur University

Dr. Srikumar Mukherjee (Treasurer)

He has been in the field of psychiatry since 1986, with special interest in community psychiatry and geriatric psychiatry. He is involved with the Indian Psychiatric Society actively in various capacities.

Kalpana Basu Mazumder (Member)

She is a Post Graduate in Modern History from the University of Kolkata. She has been a lecturer in Rani Birla College before taking up psychotherapy as a profession.

Surajit Ray (Member)

He is a mechanical engineering graduate from IIT, Kharagpur and has been trained in Advanced Personnel Management from Royal Institute of Public Administration, London. He is a professional member of Sumedha's and ISTD

Avik Saha (Member)

He is a well-known Advocate at Calcutta High Court and managing partner at Saha & Ray, a premier multi-specialty law firm based out of Kolkata

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