



GLRA INDIA

Transforming Lives &
Restoring Confidence

Performance
REPORT
2014





GLRA INDIA

CONTENTS

CEO Speaks	03
GLRA India	04
Leprosy care	05
TB Prevention and Care	09
Inclusive Rehabilitation	12
Research	15
Fund Raising & Public Relation	17
Financial Highlights	20
Avenues for Donation.....	22
Acknowledgments	23
GLRA India Offices.....	24

ABBREVIATIONS

ACSM	: Advocacy Communication Social Mobilization
BMI	: Body Mass Index
BMZ	: Federal Ministry of Economic Corporation and Development
CIOSA	: Confederation of Indian Organization for Service & Advocacy
CLD	: Central Leprosy Division
CP	: Continuation Phase
DLO	: District Leprosy Officer
DMC	: Designated Microscopy Center
DOTS	: Directly Observed Treatment Short course
DPMR	: Disability Prevention and Medical Rehabilitation
EU	: European Union
GFATM	: Global Fund to fight AIDS, TB and Malaria
GHS	: Government Health Service
GLRA RF	: German Leprosy Relief Association Rehabilitation Fund
ICMR	: Indian Council of Medical Research
IDF	: Indian Development Foundation
IGCC	: Indo-German Chamber of Commerce
ILEP	: International Federation of Anti Leprosy Associations
IPGME & R	: Institute of Post Graduate Medical Education & Research
MCR	: Micro Cellular Rubber
MDR TB	: Multi Drug Resistant Tuberculosis
NGO	: Non-Government Organization
NLEP	: National Leprosy Eradication Programme
NTC	: National TB Consortium
PHC	: Primary Health Centre
PRI	: Panchayat Raj Members
PTCC	: Partnership for TB Care and Control
PWD	: People With Disabilities
RCS	: Re-Constructive Surgeries
RNTCP	: Revised National TB Control Program
ToT	: Training of Trainers
USAID	: United States Agency for International Development
UT	: Union Territory
WHO	: World Health Organization



J. Ravichandran
CEO



I am thankful to our Board of Trustees, implementing partners, my team, Parent Organization DAHW, Donors – both local and international for making this happen.



It is my pleasure and duty to say a few words about the activities undertaken by our organization GLRA India during 2014. At the outset, on behalf of beneficiaries, I would like to express my deep gratitude to our parent organization DAHW, Germany who have been relentlessly supporting Indian operations for the last half a century. Though there has been slight reduction of income as grant from Germany the interest, inclination and enthusiasm of our team did not reduce. It was a challenge to achieve what was planned, come what may! The routine work in Leprosy and TB through Project Partners continued in full swing, thanks to the untiring efforts of our partners!

Care for Disabled through CBR with the funding from BMZ and EU offered great scope to study the profile and confirm the number of People With Disabilities at block and district levels. It was a great insight learning the woes of the PWD and integrating their needs and demands with the schemes available at different levels of Governments. Thanks to the expert training and exposure made available by the donors viz. European Union and BMZ as well as for the commitment of the implementing partners.

Research activities in 5 states through ICMR, study on stigma reduction in Tamil Nadu and a clinical research on Leprosy in the Purulia district of West Bengal posed lots of challenges in convincing the government and stakeholders and in mobilizing human resource, but the data available from these researches soothed the pain faced in the initial phase. Similarly the analysis of data from the existing MDR TB home based care in Delhi and Jaipur slums gave an opportunity to bring out new and interesting information that will help the affected community in the long run. Our team has been always looking for Technology in coping with the technical management of activities. Use of tablets enabled E-compliance in TB drug adherence in 10 slums of Jaipur, opens a good scope for analysis and decisions for RNTCP.

GLRA India

GLRA India rendered 49 years of humanitarian services and is an organization recognized with the core objective to care and support people affected with Leprosy, Tuberculosis and transform the lives of people with disabilities through medical and social Rehabilitation.

Our vision is ‘A World in which no one suffers from Leprosy, Tuberculosis, poverty related diseases and the consequences they bring such as physical disability and social exclusion’.



GLRA India is ISO 9001: 2008 certified and is one of the leading non-government organizations in the country partnering with 35 NGOs and 20 Direct Projects in 14 states and 3 Union Territories to deliver quality leprosy and TB activities besides 4 Operational Research projects. GLRA collaborates with Govt. of India in states of Tamil Nadu, Gujarat, & West Bengal and UTs of Lakshadweep, Dadra Nagar & Haveli & Daman & Diu for supporting National Leprosy Eradication Program.

Over 5 decades of dedicated services, GLRA India has touched the lives of about 21,30,000 people affected by

Leprosy, 1,65,000 persons affected by TB and also provided rehabilitation to over 2,70,000 affected persons and their families. These milestones were achieved through the relentless support from hundreds of donors from Germany and committed workers across India.

GLRA India currently collaborates with International agencies like European Union, Federal Ministry of Economic Corporation and Development – Germany, Global Fund/World Vision and Indian Council of Medical Research (ICMR) to strengthen activities within its mandate besides our parent organization DAHW, Germany.

OUR SERVICES

Leprosy Care

GLRA India has supported 35 NGOs (across 12 states in India) in 2014 to provide quality leprosy care through out-patient and in-patient services. Major activities done were in diagnosis, treatment, prevention of disability, surgeries and provision of aids & appliances including special (MCR) footwear. GLRA supported 18 leprosy hospitals to provide highest (secondary & tertiary) level of leprosy referral care.

GLRA India implemented two innovative district level leprosy disability care projects in Coimbatore (Tamil Nadu) and Malda (West Bengal) with an objective to prevent disability and provide Medical Rehabilitation through Govt. Health Centers. These projects aim to build the capacity of Government health staff in disability care, diagnosis, nerve assessment and reaction management. The team also organizes disability camps to demonstrate self-care practices to affected people with the help of Govt. Health Staff.



Child with Leprosy



Out-Patient consultation



Physiotherapy



In-Patient care



Making special footwear

LEPROSY STATISTICS

NEW
LEPROSY
CASES
IDENTIFIED
1319

OUT-PATIENT
CONSULTATIONS
10577

RE-CONSTRUCTIVE
SURGERIES
155

SPECIAL
FOOTWEAR
3016

Kolkata Urban Leprosy Project

Kolkata is endemic for leprosy and over the years there has been an increase in prevalence rate (PR), as new cases also continue to be detected. High proportion of grade-2 disability among new cases is being reported, thus implying lack of proper IEC. The treatment completion rates are low indicating poor follow-up of patients. In an endeavor to address challenging areas, GLRA has undertaken strengthening of Leprosy activities in Kolkata. As part of the strategy, all major hospitals in Kolkata are being supported with a Leprosy-trained supervisor.

In order to help patients adhere to long term Leprosy treatment, mobile telephony is being used. It is heartening to note that several patients have been using this technology to report early symptoms suggestive of complications, thereby enabling prompt, effective referrals for treatment. Flex banners have been prominently displayed in hospitals to create awareness of the disease.

Additionally to improve program management, a coordination committee has been formed with representation from various stakeholders. Such meetings allow dissemination of information and ensure provision of aids and appliances, MCR footwear and availability of MDT and other essential drugs.

Malda NLEP

One of the major activities of the Project is to strengthen delivery of disability prevention and medical rehabilitation services through the general health care system.

The strategy involves capacity building of general health care staff, re-training, on-site supervision. The activities include orientation of MOs and GP Supervisors, 1st and 2nd ANM with special emphasis on periodic nerve function assessment and its recording. Supportive supervision is provided for general health care staff in at least three blocks per month. As part of direct patient activity, disability prevention and medical rehabilitation camps are held at GP level, where persons affected by leprosy and trained in self-care practice. The Project was initially planned for a period of two years and activities were to be undertaken in six Blocks. With its successful implementation, the Project activities have now been extended to the entire district of Malda.



Malda Model - Involvement of Govt. Staff in disability care



Malda Model - Involvement of Govt. Staff in disability care



Disability care - Demonstration

Sustainable PoD Project – Coimbatore

Nilgiri Leprosy Eradication Scheme, a unit of GLRA India implementing this district level prevention of disability project from 2012 with an objective to ensure and promote quality DPMR through an integrated approach within the general health care system.

The key activities includes, sensitizing general health care staff in collaboration with District Nucleus Team / District Leprosy Office, assessment of all disability cases due to leprosy, Promoting self-care practices through PoD camps with demonstration, encourage in effective referral system for management of complicated ulcer, Reaction, customized footwear, aids & appliances & facilitate to avail social security benefits (pension, ID card, aids/appliances, bus/train pass etc..)

Key achievements are;

- District level training for PHC medical officers in DPMR
- DPMR training completed for GHC staff in 12 block PHCs and in Coimbatore corporation
- 336 leprosy affected persons with disability are under care
- Organized 21 DPMR camps, 299 patients attended and trained in self-care
- 60% (n=179) patients practicing self-care at home
- 81 patients completely free from ulcers
- 273 patients received MCR footwear supplied by DDL office & GLRA



DPMR Camp in PHC



Training session for Govt. staff

Life through the eyes of Jayesh - A living story

Jayesh Sona Monkar is a 21 year old from Thane, Maharashtra. He lost his father before his birth. Step father was an alcoholic and consistent poverty forced Jayesh to drop out of school after the 3rd standard. In 2009 he was brought to Vimala Dermatological Centre (VDC), Mumbai (a GLRA supported NGO) suffering with severe leprosy reaction and visible disabilities in both hands. He became normal after treatment and went back home after few months. Came back to VDC again in February 2012 in a very pitiful condition, could not walk and was suffering another episode of leprosy reaction and ulcers. His family left him outside his house at the mercy of his neighbours and passersby. At VDC he has undergone nerve decompression and claw hand surgery. He was treated for ulcers and stayed for a long period till he recovered completely. Jayesh showed steady improvement and started walking slowly, in spite of searing pain in the legs.

Jayesh says he will not return home because he felt his family did not want him around. He prefers to spend the rest of his life for the services of people affected by leprosy. He says if it had not been for the kindness and care the sisters showered on him, he wouldn't have been alive today. He feels happy and secure under their care.



TB Prevention and Care



An affected family



Sputum Examination



Community DOTS

India has World's highest TB burden with 25% which remains a major public health problem in the country. Hard to reach population, inadequate infrastructure, and diverse health seeking behavior are some of the challenges in addition to issues regarding availability and access to preventive, curative and informative TB services.

GLRA India is providing substantial support to National TB Program through its 15 partner NGOs covering a population of 30 lakhs in 10 states. The services range from managing Sub-district level TB control unit, sputum examination & treatment, contact screening, sputum collection & transportation besides create awareness on TB through social mobilization campaigns. An overall 85% cure rate is reported among TB patients treated through our projects.

GLRA India also piloted few innovative direct projects to enhance TB control. A TB contact screening pilot project had been implemented in Kochi, Kerala and Home Based care projects for people affected with Multi Drug-resistant TB in Delhi & Jaipur slums. GLRA is a sub-recipient of Global Fund Round9 TB ACSM project in West Bengal – Axshya India.

TB STATISTICS

POPULATION COVERED

30 LAKHS

MDR TB
CARE & SUPPORT

537

NEW TB CASES
IDENTIFIED

3802

CURE RATE ACHIEVED

85.32%

MDR TB - Home based care

India is one of the countries in the world with the highest burden of Multi Drug Resistant Tuberculosis (MDR-TB). As per the WHO Global Report on Tuberculosis 2013, a total of 23,289 MDR TB cases were diagnosed in India, of which 20,763 were put on treatment; however mortality and lost to follow-up are 20%.

Prolonged treatment duration with large number of drugs and associated toxicity makes adherence difficult. Patients and family members, often require counseling on importance of treatment regularity, adverse effects, early reporting to treatment center, infection control practices, contact tracing, nutrition, and good hygienic practices. The aim of the GLRAs home based care projects are reduction in mortality and morbidity in MDR TB patients.

Home based Care & Counseling, Delhi & Jaipur

In Delhi, the project rolled out in Shastri Park and Malaviya Nagar districts of Delhi empathizing to counsel the MDR TB patients and their family members at their home. This 4-year project enrolled a total of 252 patients and success rate stands around 60% while default rate has been below 10%. The state RNTCP and treated patients, family members have acknowledged the project for providing invaluable psychological support to affected people.



Counseling Session

GLRA and Sarthak Manav Kusthashram (SMK) in close coordination with State and District RNTCP officials initiated a pilot project in Rajasthan on 'home based care and support to MDR TB patients in Jaipur city'.

In Jaipur, the project covers a population of 3.9 million and a total of 285 MDR TB patients are enrolled in the project. 106 have completed treatment and 51 have defaulted. As an innovative strategy project it also provides nutritional supplement in form of fortified grain flour to 15 MDR TB patients who had low Body Mass Index (BMI).

Nutrition Support to MDR TB patients

MDR TB cases are underweight with a BMI less than 18.5 due to continual co-infection and low socio-economic strata. Majority of patients are forced to leave their job or unable to work due to weakness, adverse effects, fear & stigma. This situation leads to poverty further affects the nutrition status of the patient and family adversely.

GLRA India in co-ordination with three district TB societies of Delhi rolled out Food supplement project funded by HCL Technologies Foundation in the month of August 2014. A total of 55 MDR TB patients are enrolled for food assistance and it has been observed that the BMI as well as drug adherence of majority of patients has increased after taking the supplement. Thanks to HCL technologies for their constant support to the under privileged people in Delhi.



Nutrition support

TB ACSM - Axshya India

Project Axshya India aims towards improving the reach, visibility & effectiveness of RNTCP and to engage communities and community-based care-providers, especially the marginalized & vulnerable populations including TB-HIV patients in TB care and control. GLRA is implementing this TB ACSM project as sub-recipient of Global Fund R9 across 8 districts of West Bengal.

The project has trained 4,910 non-qualified rural health practitioners through modules on TB, who have contributed 3,194 TB suspects. It has also trained 10,056 ASHA workers as Village TB Volunteers during the Project period.



Soft skill training

Until December 2014, the Project has referred 14,648 presumptive TB cases to designated microscopy centers; 1586 among them were confirmed with TB and promptly put on DOTS.

GLRA activities under the Project have been acknowledged in the annual TB report of the Central TB Division, Government of India.

Champion for the cause

Mr. Jobby is a 38 year old man from Vadakara, Kozhikode district, married and has two children. He was working as a tourist guide, active and jovial by nature. Over a period of time he started becoming lethargic and losing weight. His condition became worse as he was an alcoholic and chain smoker. The staff of St. Damien Leprosy & TB Project supported by GLRA India found him in a pathetic condition and he was consumed by depression. Sputum tests were positive, he was affected by Tuberculosis. Through family counseling and individual care by staff, Jobby learnt that taking DOTS (TB medication) for 6 months would help him cure completely. At the end of this period his test results were negative. This gave him a sense of immense strength and hope and he vowed to take care of himself and others.



Today, Jobby champions the cause of TB by educating people around him. He emphasizes the importance of taking medication punctually. His own life had become a story to reckon with and he has decided to dedicate extra time to tell people about the hazards of smoking and alcohol consumption.

Inclusive Rehabilitation

Community Based Rehabilitation [CBR] projects having limited range of coverage [few gram panchayats to block] is implemented by 9 partners. These projects facilitated rehabilitation services to 2,341 Persons with Disability [PWD]. Among them 145 are leprosy affected people.

Besides them, two large scale CBR Projects were implemented through the co-finance support of BMZ [German Govt.] & European Union in 5 backward districts which is in progress to serve 5,135 and 2.7 lakhs PWDs respectively. Capacity development of all the officials/ volunteers involved in the CBR projects were done with the collaboration of Blind People's Association, Ahmedabad & National Institute for the Empowerment of Persons with Multiple Disabilities [NIEPMD], Chennai.



Skill development training



Community participation



Empowerment and advocacy

Advocacy through CBR

In the European Union supported project "SAMMALIT VIKAS JANKARI" [SVJ - Information for Inclusive Development] the following advocacy activities were undertaken.

- Information on 8,526 PWDs has been profiled and 208 PWD groups were formed. Periodic meeting & training knowledge about existing entitlements were provided to the PWDs. In the process 8,595 Govt. entitlements were facilitated & accessed by PWDs [3,505-received Disability certificate, 4,143 received Antyodaya Anna Yojana Card, 174 received scholarship, 773 participated in Employment Guarantee Scheme - MGNREGS]
- DPO building guide & PWDs scheme booklet were published. DPO building training was given for 29 DPO leaders & 217 DPO members and 208 PWD groups were functional and advocating for the rights of PWDs
- 992-parents were counselled and 1,062 girls with disability trained on their rights, safety & self-esteem
- Grassroot Govt. functionaries, the ASHA & Anganwadi workers [2,627 functionaries] were sensitized on disability schemes; 861 PRI members trained on rights & entitlements of PWDs. As a result 34 Gram Panchayats adopted 3% reservation for PWDs

Support to People with Disabilities – A model CBR project

GLRA India in association with St. Augustine Social Service Society [SASSS], BMZ (Federal Ministry for Economic Cooperation and Development [BMZ] and GLRA Germany jointly established an “Inclusive Community Based Rehabilitation [CBR] project” for People with Disabilities among the tribal communities in Sendhwa block in Madhya Pradesh from November 2013. The core objective is “To improve the quality of life of the tribal people with disabilities including Leprosy, who are marginalized in many fronts and to ensure equity in development”. This project was developed based on ‘Sociological and Holistic Rehabilitation Model’ and is being implemented to address the needs of PWDs. Key features of the Project area;



CBR Community meeting

- Sendhwa largest block among 7 blocks of Barwani district
- 2,87,803 population spread in 190 Villages & one Municipality
- 80% of population are Tribals, living in interior hamlets
- Sendhwa block contributes 5,135 PWDs (1.78% PR)
- Literacy rate is 63%
- Agriculture is the main livelihood

- This project benefits 5,135 Persons with Disabilities (PWD) & facilitated access of 3,408 Govt. social security benefits to PWDs [1,501 received Disability certificate, 1,155 received disability pension, 191 received housing benefits through Indira Awas Yojana]

- 150 inclusive SHGs were formed & functions with 1,850 members including 321 PWD members. Also 29 DPOs were formed which is a cluster of SHGs & functions with 800 members
- Through the BMZ supported CBR Project, skill development training was given to 122 PWDs [84 PWDs were trained in tailoring, 12 trained in masala packing, 18 trained in vermin compost making etc]



Mobility support



Income generation activities

Sustainable Livelihoods through Socio-Economic Rehabilitation:

In the year 2014, with GLRA India's financial support 15 partners implemented Socio Economic Rehabilitation [SER].

These projects provided 10,159 rehabilitation services to leprosy affected persons and PWDs. Educational assistance was distributed to 99 candidates (Children affected by Leprosy, Children with Disabilities, Children of parents affected by leprosy and children of parents having disabilities) through 14 project partners. Three of our project partners were supported by National Institute for the Empowerment of Persons with Multiple Disabilities [NIEPMD] to implement skill development training [6 months training] which benefited 75 youth having disability.

S. No.	Types of Interventions	Beneficiaries
1	Vocational Training	161
2	Job Placement	146
3	Self-Employment	120
4	Housing	146
5	Institutional care	548
6	Counseling	6,957
7	Education & other welfare	2,081
	Total	10,159

Empowering through livelihood support – a success story

Johnson, a victim of leprosy for over 35 years, lives in Thrissur, Kerala, abandoned by his wife and children due to perceived stigma of the disease. A painter by profession, he finds no jobs due to developed disabilities in legs and hands with presence of non-healing wounds. He managed to live in an asylum for 4 years and later was admitted many times in Damien institute, Thrissur.



10 years he spent his life in Damien Institute to overcome the physiological barriers and also for ulcer treatment. Now he is remarried and lives with his wife but to make ends meet he works as a helper in a local cable network for Rs. 50 day. This has aggravated the occurrence of wounds on his feet. GLRA made a significant change in his life through an alternative means of livelihood by gifting him a sewing machine which made him re-start his tailoring skills once again. Today Johnson is able to earn a small living from home without letting his wounds get worse. GLRA joins with Mr. Johnson to thank the kind donor who donated the sewing machine for improving the quality of Mr. Johnson's life.

Research

1

A case control study to measure reasons for delayed presentation of adult leprosy in 5 major states – funded by Indian Council of Medical Research



Leprosy is one of the major causes of preventable disability; Longer the delay between the appearance of the first symptom and start of treatment, the more likely nerve damage & disability (indicated delay in diagnosis or case detection in untouched leprosy pockets); India accounted for almost 60% of South East Asia's total number of new cases grade 2 disabilities & grade-2 disability among new cases is around 4.6% in 2014-2015 (n= 5,794 cases are disabled among 1,25,785). The expected outcome of the study:

- To determine the risk factors associated with delayed presentation among adult leprosy patients with disability in 4 different regions of India and measure the association of potential risk factors for delayed presentation
- Provide appropriate recommendations to reduce delay and promote early reporting and diagnosis; thus the study is expected to assist Indian NLEP program to contribute to achieve WHO's target 'Enhanced Global Strategy for further reducing the disease burden due to leprosy'.

2

Leprosy Post Exposure Prophylaxis, Dadra and Nagar Haveli

GLRA joins in Leprosy Post Exposure Prophylaxis (LPEP) with Single Dose Rifampicin to contacts exposed to active leprosy patients in the UT of Dadra & Nagar Haveli (DNH). This feasibility study is jointly supported by Novartis, NLR, GLRA and is implemented by Health Administration, Government of DNH. The study has ethical clearance by NIE-ICMR and promoted by Director General Health Services (DGHS), Government of India.

The purpose of the LPEP is to reduce the incidence of new Leprosy cases and to interrupt transmission of M. leprae. About 12,000 contacts of index leprosy cases will be covered under this pilot project.



3

Molecular epidemiological study for evaluating role of potential host factors as markers of susceptibility of leprosy in West Bengal, India (PuMEL Study)

The PuMEL research study aims to assess the reasons for persistence of high leprosy burden in Purulia district of West Bengal. Understanding the fact that no strain difference is noted in *Mycobacterium leprae* till date, the investigators intend to explore the plausible host factors (polymorphism of TLR1, 2, 4, NRAMP 1 and TAP 1, 2) for this serious condition in the district of Purulia, West Bengal.

The specific objectives of the study include assessment of TLR1, TLR2, TLR4, NRAMP 1 and TAP1, TAP 2 polymorphisms in patients presenting with leprosy from areas where ANCDR is rising to measure the susceptibility for developing leprosy; comparison of TLR1, TLR2, TLR4, NRAMP 1 and TAP1, TAP 2 polymorphisms between the patients and normal individuals (genetically related and non-genetically linked) from the same community in the study area and correlation of the polymorphism with clinico-histological profile so as to look for surrogate biomarkers (clinico-histological) for susceptibility of leprosy.

The study is a collaborative effort between GLRA-India, Medical College, Kolkata and IPGME & R, Kolkata.



PROFOMA

Micro-Cellular Rubber Manufacturing Unit

Footwear out of Micro-cellular Rubber is a vital part of leprosy disability care. Keeping this in view German Leprosy Relief Association set up a Factory 'PROFOMA' for manufacturing Micro Cellular Rubber sheets and post operational support materials for the Leprosy patients in Kerala. MCR is widely used for the footwear & post operational support for people affected by Diabetic and Orthopaedic disorders also.

This unit produces quality MCR sheets and supply to various leprosy hospitals / organizations in India and diabetic and orthopaedic centers besides supply to government health programs in different states through ILEP member organizations.

Fund Raising and Public Relation

Connectivity with the World

Public relations and building relationship is by far the steed on which visibility rides. Today public relations, transparency and visibility are essential for the existence and credibility of organizations. GLRA extends its public relation in many forums as we are one of the founding members of the International Federation of Anti-Leprosy Associations (ILEP), the consortium that changed the history of leprosy in our country and still look forward to a leprosy free India.

Constant updates and communication help us to maintain a relationship with our funding agencies. With reports, letters and post cards, we touch the hearts of our donors and well-wishers. We engage and acknowledge our vendors and bank associates in the activities we do from time to time.

Public relations are an integral part of fundraising. Traditional media still plays a vital role in spreading our message beyond the realms of social media and continues to add credibility to our stories. People give to people they like and with whom they have built trust and a relationship, GLRA perceives this need by bringing into the fore the people whose stories speak of our work.

Individual donors give away the largest part of all voluntary income to organizations they have known and in whom they bestow trust.

Social media has widened our reach and significantly added to the list of relationships we must maintain. This means we need to work harder and smarter at building those ever important relationships. Exchange of information must be meaningful and must put us at the center of the community. "Being ready to engage by being able to steer conversation at right time".

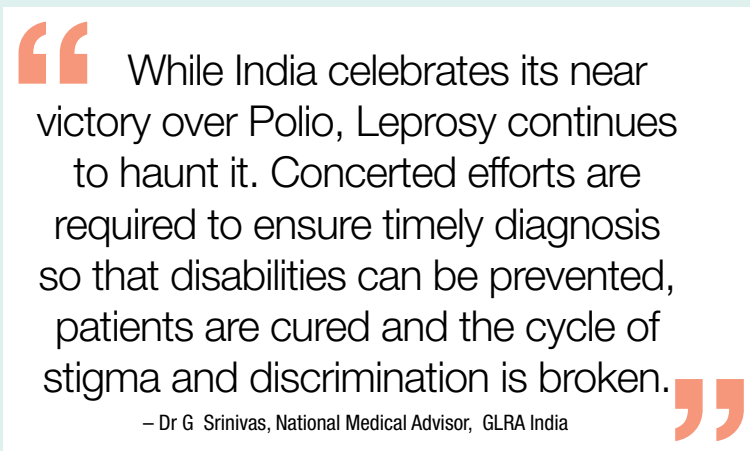
Staff of GLRA are involved and positioned directly in all public events and they become our immediate brand ambassadors, accessible and open to engagement.

The success stories will be entwined with PR when we empower everyone in our organisation to partake in brand building. We are the torch bearers of our organization.

Media coverage

On the 8th April 2014, a day after World Health day, a press meet was conducted to launch the European Union's support to GLRA India to implement inclusive information services for differently abled people in five backward districts in India. The concerted efforts will network the differently able communities to have access to more information regarding schemes and other facilities available to them.

On the 9th February 2014, we contributed an article to The Hindu newspaper on leprosy as a persisting challenge. An extract from the article reads:



Donor Relations

GLRA have been sending "thank you" notes and "greeting cards" to all donors to keep them informed about the work.

GLRA in Social media

GLRA have become active on the Social media channels and gradually hope to establish visibility and a significant presence through this medium to reach communities for support.

Corporate Connection

Over 50 corporate bodies have been reached seeking support in the areas of Reconstructive surgery, Aids & Appliances for the disabled, Solar Power units, Nutritional support for TB patients and many more. Most of the corporate bodies have been receptive and few among them have come forward to help under their Corporate Social Responsibility.

Video Shoot

A short video was sent to Germany. It was a thanking and Christmas greeting message from children from leprosy affected families, who have received educational assistance through GLRA India in the past.

Participation in Joy of Giving Week

Max Retail stores helped to accommodate three Wish Trees in 12 outlets and yielded a little over Rs 26,000 which will be used to distribute sustenance materials for people affected by leprosy

Students Connect

'Save a Hand Campaign' was conducted in Ethiraj College, Chennai with handouts printed with information on Leprosy and Disability. These were given to students for feedback. An artist Mr. Lawrence opened the stall by printing his hand on a canvas to show his support to "Save the hand" of a leprosy patient. The stall was visited by over 200 students who filled in slogans to endorse their support to GLRA India.

Mumbai Christmas Fest by IGCC

GLRA Germany & GLRA India together participated in the Indo German Chamber of Commerce Mumbai Christmas Fest, annual exhibition to support NGOs. GLRA managed to exhibit promotional and handcrafted materials / products by project partners from Mumbai, Tamil Nadu and Andhra Pradesh.

Donors / Trusts and Foundations

GLRA continues to receive support from individual donors, Trusts and foundations who have come forward with support for surgeries, special footwear and care of senior leprosy patients.

Events - Art Show:

An art show was organized at Lakshana Art Gallery with the participation of 40 artists and over 100 works displayed. The show was inaugurated by Industrialist Mr. Kailash Mull Dugar with a brief musical programme by school children and a budding vocalist Ms. Sowparnika to open the gallery. We had invited our donors to attend the inaugural function and it was a refreshing experience for them.

Fundraising efforts are undergoing drastic changes that are positive. Ways and means of receiving donations and responding have become more professional. Corporate expectations from the NGO pave the way to more accountability and transparency.

Most importantly GLRA India is privileged with a history of five decades of service which will reach its pinnacle with the celebration of the Golden Jubilee in August 2016.



Sewing machine to Murugesan



Save a hand Campaign



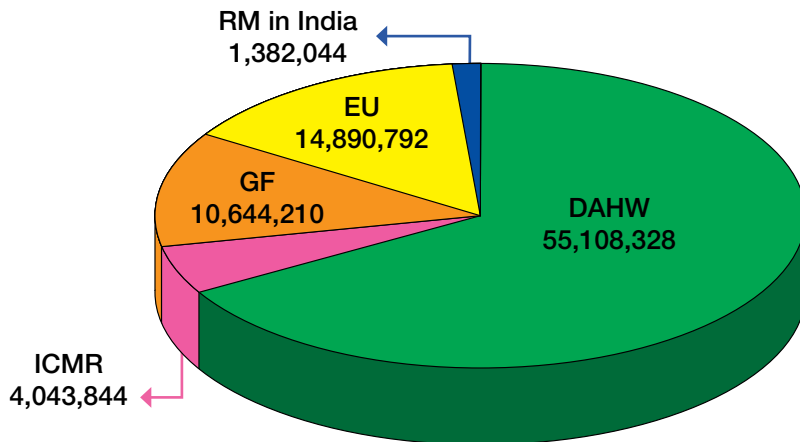
IGCC Stall at Mumbai



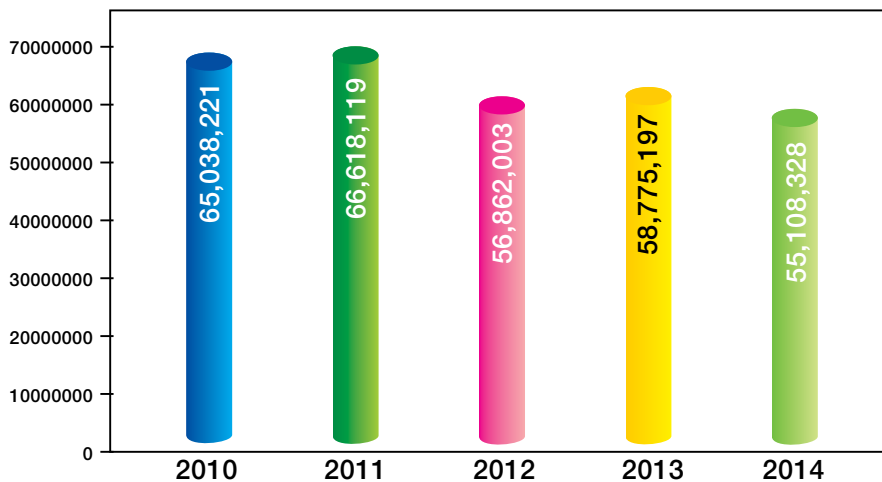
Inauguration of the Art Show

Financial Highlights

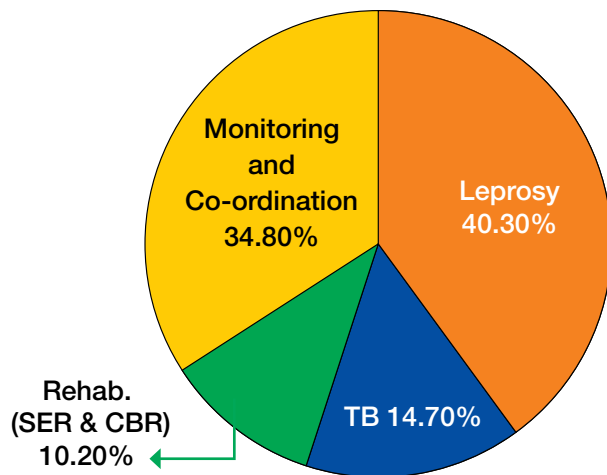
OVERALL RESOURCES IN 2014



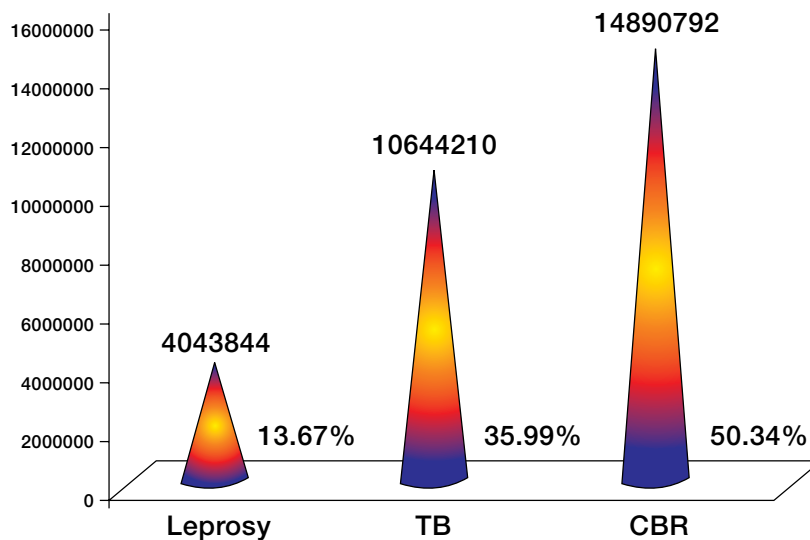
TREND OF SUPPORT 2010-2014 FROM DAHW



UTILIZATION OF FUNDS



CO-FINANCE SUPPORT



Avenues for Donation

S. No	Donation Options	Amount (Rs.)
1	Leprosy :	
	Special Footwear per pair	450
	Hospital Care for a leprosy affected	2500
	Complicated ulcer care for a leprosy affected per patient	5000
	Prevention of an amputation	10000
	Reconstructive Surgery per patient	15000
	Care of a senior leprosy patients per year	30000
	Education of a child in higher secondary school per year	5000
	Education of a youth in college per year	10000
2	TB :	
	400 gms. of Protein powder for a TB patient per month for 6 months (400 gms. X 6 months)	2400
	Livelihood support for a TB affected family per month	5000
3	Disabilities : Aids & Appliances	
	Sustenance material (Rice, Dal, Oil, Soap,) for Old & disabled	1000
	Crutches	1500
	Walkers	2500
	Hearing Aids	5000
	Tricycles	6500
	Wheel Chairs	9000

Acknowledgment

Year 2014 has been a mix of change and achievements where GLRA India has been able to bag co- funding projects and work hand-in-hand with Government authorities in a paradigm shift into the world of the differently abled, as Community based rehabilitation scores with a renovated extension center in Chennai in collaboration with NIEPMD (National Institute for Empowerment of People with Multiple Disabilities).

Change and progress is possible only through cooperation and kindness. GLRA India wish to acknowledge the contributions, small and large. We wish to thank those that have shared their income with us inspite of their own burdens. We wish to acknowledge those that listened in patience and lend a helping hand.

With the new government and the focus to do better work, we are projected by the choices we make. Some of those choices are far from being comfortable yet we wish to thank those that stood by us and accepted our choices gracefully.

WE THANK

Our donors, friends and well-wishers in Germany and in India, their continued support and encouragement make our work meaningful.

Our board members, management and staff in DAHW Germany, for their guidance and pro-activeness.

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Our Bankers, vendors, associates, auditors, volunteers for their support and advice.

Finally to our staff across offices in Chennai, Kolkata & Delhi for their relentless effort to serve at all times.

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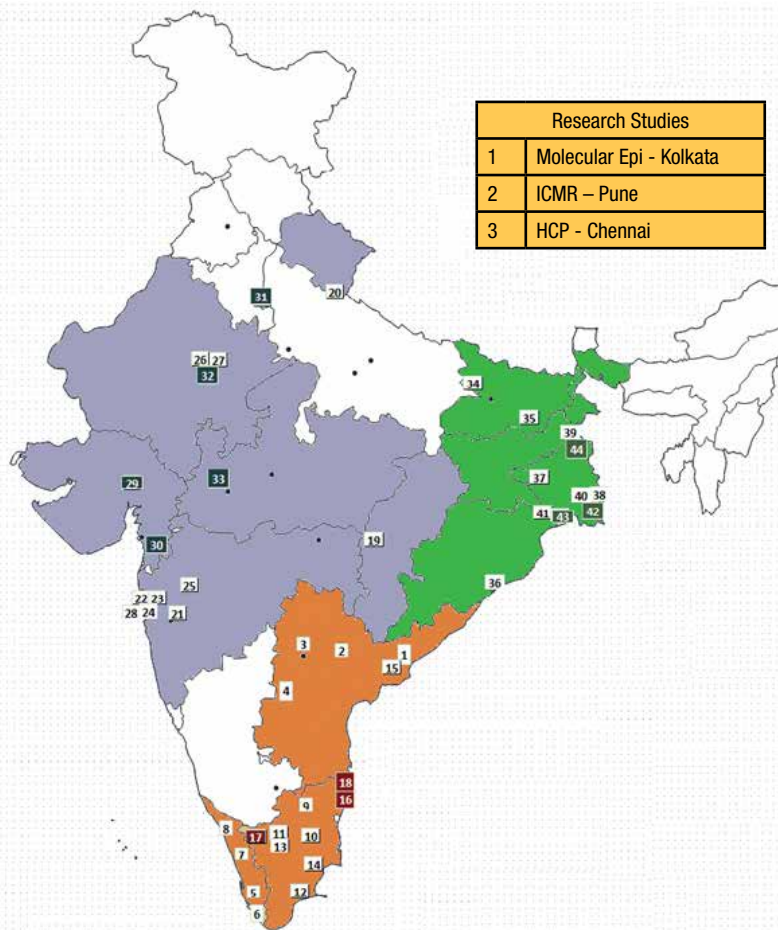
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Mr. Kailash Mull Dugar

Mr. J. Ravichandran

Partner Projects / Programmes



Research Studies	
1	Molecular Epi - Kolkata
2	ICMR – Pune
3	HCP - Chennai

Offices	
1	Central Office - Chennai
2	Regional office - Delhi
3	Regional office – Kolkata
4	Regional Office – Chennai
5	Fund Raising Unit - Chennai

Southern Region (18)	
1	DLC - Eluru
2	LHC - Nalgonda
3	Sivananda - Hyderabad
4	MNSSF - Kurnool
5	CULTES - Cochin
6	Poor Hospital - Shertallai
7	Damien - Trichur
8	DSS Pattuvam/ Kozhikode
9	St. Joseph's - Arni
10	Sagayamatha - Pullambady
11	LRRC - Chettipatty
12	St. Joseph's - Tuticorin
13	Ecomwel - Tharamangalam
14	DLCC - Nilakottai
15	Fr. Manna Home - Eluru
16	GLRA RF - Chennai
17	NILES-SPoD - Coimbatore
18	TN Coordination - Chennai

Northern Region (15)	
19	Pushpa – DalliRajhara
20	Jeevandhan Kathgodam
21	Sevadham – Pune
22	MLSM - Mumbai
23	LSS - Mumbai
24	VDC - Mumbai
25	MJS - Vehloli
26	SMK – Jaipur
27	RRC – Ramgarh -Jaipur
28	P.R. Unit - Mumbai
29	Gujarat Coordination
30	DNH Coordination
31	MDR TB - Delhi
32	MDR TB - Jaipur
33	SASSS - Sendhwa
34	E-Compliance - Jaipur

Eastern Region (13)	
35	Vanavasi - Adhaura
36	Holy Cross - Belatanar
37	PULP - Puri
38	GMLF – Balrampur
39	Bam India - Kolkata
40	Nirmala - Daulatpur
41	RKM - Hoogly
42	St. Thomas - Howrah
43	WB Coordination
44	DAHW/ Axshya
45	Malda NLEP Project
49	Kolkata Urban NLEP
47	Project SVJ - EU

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GLRA India is an ISO 9001:2008 certified organisation