



Transforming Lives &
Restoring Confidence



GLRA INDIA



Performance
REPORT 2016



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Message from CEO



*"2016
has become a
milestone
in the
journey of
GLRA India"*

The year 2016 has become a milestone in the journey of GLRA India – from different perspectives. Firstly, we have completed 50 years of successful contribution to the lesser privileged and marginalized people and communities in India. The organisation celebrated its Golden Jubilee in September 2016, availing the opportunity not only for celebration but to thank all those organisations and individuals who have supported us and made this long journey possible. The primary thanks goes to our parent organisation, GLRA Germany.

Secondly, 2016 marks the end of a system of routine support to our NGO partners, some of whom have travelled with us continuously since the inception of GLRA. We are grateful to people of Federal Republic of Germany for this long period of unquestioned support to work in India through the NGO partners who have transformed lives of millions of marginalized. DAHW, Germany will in

future switch to project mode to fund only deserving projects more systematically that will facilitate donors to understand the outcome and impact of their support.

Thirdly, the organisation is undergoing structural changes to cope with the challenging future work. There have been evaluations and introspections that lead to New Strategies being worked out. The Indian country office will give way for Asia Regional Office with bigger responsibility and geography, covering the Asia region. As the last CEO cum Country Representative, I will be handing over the mantle to my successor, Dr. Vivek Srivastava, as Asia Regional Representative.

Our team is fully aware that the fight for Leprosy, TB or Persons with disabilities is far from over. I am always amazed and humbled by the commitment evinced by my colleagues at different levels of the organisation. We are glad that now there is a huge political will and time frame at the national level to eliminate these diseases, which should hopefully ring in more resources from the Government – A succor and a solace when the International funds and support is on the decline.

I take the opportunity to thank once again all those responsible especially our donors and implementing partners who created an impact in the lives of the affected persons. I'm sure that GLRA India will continue to stick to its commitment for the Mission and Vision of the organisation.

J. Ravichandran,
Chief Executive Officer

Message from Regional Representative Asia

First and foremost, I express my sincere gratitude to my predecessors and those who toiled to bring GLRA India and DAHW to this position where it is a force to reckon with, in successfully tackling leprosy and other poverty related issues.

In 2016, GLRA India celebrated the 50th anniversary of its founding. This occasion was a moment to reflect upon our enduring values: a commitment to free, open, and rigorous inquiry; the freedom to express ideas and opinions, and to conduct challenging programmatic pursuits without interference or censorship; and the cultivation of a diverse and inclusive environment which embraces a multitude of perspectives, backgrounds, and experiences. Likewise, the anniversary was a moment to reflect upon our history and to consider how we renew and instantiate these values today and in the future.

In 2017, DAHW Germany will celebrate 60 years which is going to be yet another major landmark for us to globally reflect upon our impending transformation from a leprosy only organisation to one which is more versatile to address the overall needs of the people at the “bottom of the socio-economic pyramid.” This thought process has already been initiated across DAHW globally and is being led by the respective Regional Representatives in the regions while working closely with our counterparts in the headquarters.

DAHW in Asia opening up the newer thematic areas such as CBR



including WASH, Disability Based Inclusion, Humanitarian Aid & NTDs in addition to Leprosy, TB.....

Nonetheless, Asia regional scenario is quite unique from other regions of DAHW. In Asia, we have our strong presence in four countries despite which the concept of regionalization has never been there in the past unlike in other continents.

This gives us a double advantage, i.e. on one side, we have a cleaner slate to write our story on, while on the other, innovation possibilities to reach out to the poorest amongst the poor in world's most populous region are innumerable, especially when the resources in the development sector are depleting because of the prevailing global insecurities. Though amidst several unknowns the current scenario looks a bit complex it is definitely very hopeful.

2017 is already being called the “year of transition,” not only for GLRA India but for many other organisations across the entire socio-economic spectrum because of the dramatic changes in the development philosophy that bring accountability, cost-effectiveness, speed, quality, empathy and closer engagement to the forefront of our efforts.

Similarly, innovation is changing the business landscape at warp speed. We must change the way we operate if we are to survive. In this rapidly changing context, only those organisations will prosper that are willing to stay on the cutting edge of innovation to lead the way forward.

In this new phase of DAHW in Asia, my focus for the team will be to encourage them to continuously embrace new learning and skills to deliver their best and also to support the portfolio diversification by opening up the newer thematic areas in addition to Leprosy, TB and CBR which include, WASH, Disability Based Inclusion and Humanitarian Aid. With this diversification and newer geographies, we will not only expand our work by using the learnings from the previous phase but also increase the number of our beneficiaries many-folds, a Big-Win we are aiming at globally.

Actually, the problem with our businesses today is, there is no finite path you can follow to mirror the success of others, each path is different, each path leads down a different road. And it's a hard path to follow. But, what we can do is to learn from treading along them. Therefore, for DAHW Asia, it

is important to continuously learn and adapt to the changing landscape by implementing what is learnt more, quickly, sustainably and cost effectively.

Despite this rapid changing context giving us such goose bumps, we all know, the most powerful and enduring brands, like GLRA that are built from the heart are real and sustainable. Their foundations are stronger because they are built with the strength of the human spirit and not just any mass media campaign. The organisations that are lasting are those that are authentic and this instils more confidence in us to survive and grow together with our partners and employees.

Being the first Asia Representative, it has been a significant challenge to manage expectations in all directions upwards, downwards and laterally. It is quite evident that the expectations are very high and uncertainties are innumerable while our resources are very limited. Nonetheless, by embracing the ‘sense, empathize and respond’ work-culture, focus on cost-effectiveness while continuously challenging the conventional wisdom, we are aspiring to and are confident about exponentially increasing our beneficiaries across Asia in the coming years.

Mr. Vivek Srivastava,
Regional Representative for Asia, DAHW

A brief History and Accomplishments

GLRA India was founded in 1966 by Mr. Hermann Kober and Mr. William Gershon and has been working in India since last 50 years with the core objective of care and support to people affected by Leprosy, Tuberculosis and Disabilities through medical treatment and social rehabilitation. In collaboration with NGO partners we have been implementing quality health care, disability prevention and rehabilitation oriented projects. We are also implementing innovative and need based projects including research through co-funding support. In 2016, we partnered with 32 NGOs and implemented 11 direct initiatives in 15 states. Over the last 5 decades GLRA India has touched the lives of millions of affected people and their family members.

We work closely with state governments in Gujarat, DNH, Tamil Nadu and West Bengal by providing technical assistance to implement National Leprosy Eradication Programme.

GLRA India is registered under Trust Act with its central office in Chennai and regional offices in Delhi and Kolkata. GLRA follows Quality Management System as an ISO 9001: 2008 certified organization by TuV Nord India.

We collaborate with National Leprosy Eradication Programme and ILEP for Leprosy, Revised National TB Control Programme, National Health Consortium & Global Fund for TB and co-morbidities, European Union and BMZ Germany for Disability based projects.

Our parent organization DAHW Germany works in 21 countries around the globe and we are proud to be a part of this association.

Our vision is a world in which no one suffers from Leprosy, TB and poverty-related diseases, and the consequences of physical disability and social exclusion

Our 50 years accomplishment

338

Projects supported

350 million

Population covered (approx.)

22,92,890

Leprosy cured and supported

2,63,849

TB diagnosed and treated

2,76,178

Rehabilitation (SER & CBR) beneficiaries

635 crores (Rs) Approx.

Overall project investment

Leprosy Projects

In 2015-16 India reported about 60% (127334 new cases) of the global leprosy, about 5% of new cases had visible disability indicating delayed detection or reporting for treatment. This adds to the pool of existing millions of people living with leprosy related disabilities who need continuous medical and social rehabilitation. 9% of the new cases were children (below 14 years) that indicated continued transmission of leprosy infection among the community.

Currently, GLRA India supports 24 NGO partners including 17 hospitals to provide quality leprosy care through in-patient and field based activities.

The hospital projects provide secondary and tertiary level referral services through specialized leprosy care, skin clinic, physiotherapy, reconstructive surgery, general health care and also address the affected people's social needs.



Physiotherapy Clinic



Self-Care Demonstration

Out-patient consultation	Leprosy care	New leprosy cases	Inpatient admissions	Reconstructive surgeries	MCR Footwear supplied
1,89,546	9,640	902	2,799	124	2,631

Support to NLEP State Coordination



GLRA India continued to support NLEP at the national and state level through our teams in 3 states and 1 UT (Gujarat, Tamil Nadu, West Bengal & DNH). These teams assist state leprosy office in implementation of routine programme PIP and special campaigns such as Leprosy Case Detection Campaign and SPARSH. The state coordination aims to build the capacity of government health staff in disability care, diagnosis, and management of complications. Teams also provide monitoring supervision at the field level.

Capacity Building-Health Staff in 3 states

Medical
Officers
507

Other Govt.
Health Staff
6314

I'll fight against the disease and disability



The will power of a 15 year old girl Chitra (name changed), has made her overcome the barriers of social stigma & disease. She is from a remote village of Talasari in Palghar district, Maharashtra. Chitra was born to leprosy affected parents. Her mother discovered symptoms of leprosy in Chitra's body when she was 13. Gradually the disease spread and she developed claw hands and wrist drop.

She was referred to Vimala Dermatological Centre, Mumbai, which is supported by GLRA India. Here, she was diagnosed with severe lepra reaction. She underwent decompression procedure of left radial and ulnar nerves and is currently on MB MDT with steroids. The family which had at one point lost all hopes of her recovery are glad to have specialized services to take care of their child. Chitra, is determined to fight against all odds, complete her school education and support her parents.

District Level DPMR Project

Malda NLEP Project, West Bengal

Malda NLEP Project was started by GLRA India in close coordination with the government NLEP officials of Malda district with the overall objective of ensuring the delivery of quality DPMR services to persons affected by leprosy. The interventions under the project are aimed at ensuring proper management of all cases through capacity development of general healthcare (GHC) staff and to carry out Nerve Function Assessment (NFA) for the prevention or worsening of further disabilities.

The strategy was two-pronged, organizing self-care camps to directly benefit persons affected with leprosy, strengthening delivery of DPMR services by GHC staff training, re-training and on-site supervision. Self-care camps were conducted at block level, where all patients were made comfortable & taught self-care through demonstration; NFA done for every patient and effective referral provided for complications. Ulcer care provided through self-care practices and provision of self-care kits. Such camps provided opportunity to build the capacity of GHC staff (GP Supervisors and ANMs) to follow-up with periodic NFA. The delivery of DPMR services by GHC staff is reviewed periodically by district leprosy cell & GLRA team.



Capacity building for GHC staff

Sustainable Prevention of Disability (SPOD), Coimbatore, Tamil Nadu

The overall objective of the SPOD Project is to ensure the quality Disability Prevention and Medical Rehabilitation (DPMR) program is implemented in all health care facilities (PHC & UHP) through an integrated approach.

The project team closely works with the District Leprosy Office and conducts self-care demonstration camps for general health staff in all 14 block PHCs and 2 urban health posts.

737 health staff including 80 Medical officers were trained in leprosy care and disability prevention. 369 leprosy affected people benefitted through these camps and practicing self-care.

The Govt. health system in Coimbatore district is now capacitated to sustain the DPMR services and a nodal staff for NLEP & DPMR is identified at all PHCs & UHCs.



DPMR camp at PHC

Kolkata Urban Leprosy Project

The overall objective of the project is to strengthen the delivery of leprosy services in the urban set-up of Kolkata. GLRA-India as the ILEP Coordinator for West Bengal assumed the responsibility to bridge the existing gaps in delivery of services to the persons and complement the efforts of the government and other organizations.

The following activities are being implemented under the project. Ensuring availability of skilled staff at all major hospitals in Kolkata through NLEP supervisors of GLRA and government-supported para-medical workers; Periodic NFA by skilled staff and teaching self-care practice; Provision of physiotherapy and appropriate, effective referral in case of complications; Patient-provider meeting at each of the major hospitals; Regular meetings of coordination committee comprising of government and NGO stakeholders for streamlining of MDT, MCR supply & other logistics.

A major success has been through the use of mobile telephony as helpline (“AamiAchhi” meaning “I am there” in Bengali), whereby mobile numbers of NLEP supervisors of GLRA are shared with patients. Mobile telephony allowed patients to freely express their fears and anxieties and promoted coping skills. This led to improved adherence to treatment and also enabled early identification of reaction which helped in timely decision-making and response.



Urban stakeholders meeting

Research

1. Leprosy Post-Exposure Prophylaxis (LPEP), Dadra & Nagar Haveli

The operational feasibility of administration of single dose of Rifampicin (SDR) as chemoprophylaxis in the contacts of leprosy patients was initiated in the Union Territory of Dadra & Nagar Haveli, in 2015. It is a collaborative study by Central Leprosy Division Government of India, DHS - Government of Dadra & Nagar Haveli, Netherlands Leprosy Relief, and German Leprosy and TB Relief Association.

This study actively enrolled households, neighborhood, and social contacts of index leprosy cases registered from April 2013 and administered single dose Rifampicin to the eligible contacts.

By December 2016, total 29540 participants (index cases 1263 and 28277 contacts) were enrolled in the study and 21263 contacts were given Single Dose of Rifampicin (SDR). There was no case of serious adverse effect reported during the study period.

2. Reasons for Delayed Presentation among Persons Affected with Leprosy

The study was designed as a case-control study with the objectives to determine the risk factors associated with delayed presentation among adult leprosy patients with disability (grade 1 and grade 2) and to measure the association of potential risk factors for delayed presentation. The study was funded by the Indian Council of Medical Research (ICMR).

A total of 1400 leprosy affected individuals (700 cases and 700 controls) across 5 states participated in the study. The study revealed that those presenting with disability had a median patient delay of 8 months

and median health care provider delay of 2 months as against controls who had a median patient delay of 4 months and median health care provider delay of 1 month. Further, when the patient delay was more than 3 months, the risk of disability at the time of diagnosis was almost twice.

3. Healthcare Providers Attitude towards Persons affected with Leprosy

Attitudes of health care professionals (HCPs) can seriously influence how patients and communities perceive leprosy with negative attitudes acting as barriers and deterrents to care and positive attitudes facilitating better access to health services by people affected with leprosy. We conducted a study to explore HCPs attitudes towards and beliefs about persons with leprosy to inform the development of a questionnaire to measure attitudes of HCPs towards such persons.

The study involved the use of qualitative methods of semi-structured interviews (SSIs) and focus group discussions (FGDs) with HCPs and Interviews with persons affected with leprosy to understand their experiences with regard to accessing care and any discriminatory behaviour they might have faced from HCPs. The data so generated informed the development of the questionnaire and thereafter validity and reliability assessments were carried out on a sample of HCPs.

4. Molecular Epidemiological Study in Purulia, West Bengal (PuMEL Project)

Despite the successful implementation of Multidrug therapy (MDT) for eradication of leprosy, rising trends in the number of leprosy cases in certain geographical pockets of West Bengal (Purulia district

reporting an alarmingly high ANCDR) indicated that an epidemiological exploration was necessary. We initiated a molecular epidemiological study to evaluate the role of some host factors as potential markers of susceptibility of leprosy.

The specific objectives of the study are to assess TLR1, TLR2, TLR4, NRAMP1 and TAP1, TAP2 polymorphisms in patients presenting with leprosy and to compare TLR1, TLR2, TLR4, NRAMP1 and TAP1, TAP2 polymorphisms between patients and normal individuals (genetically related and non-genetically linked) from the same community in the study area.

The field component of the study has been completed. The results are expected in 2017.

5. Research on Strategies for Early Detection of Leprosy Cases

The study essentially seeks to answer: Which of the following three community based methods will be the most effective in promoting early case detection- Training Local practitioners (non allopathic healers); Health education to newly diagnosed leprosy patients; Increasing awareness in the community regarding early signs of leprosy.

The research is supported by Leprosy Research Initiative and is a multi-centric collaborative study being undertaken by TLMTI, NLR and GLRA. GLRA is undertaking the research study in selected endemic blocks of Uttar Dinajpur and Dakshin Dinajpur districts of West Bengal.

The interventions under the three arms of the community trial are underway.

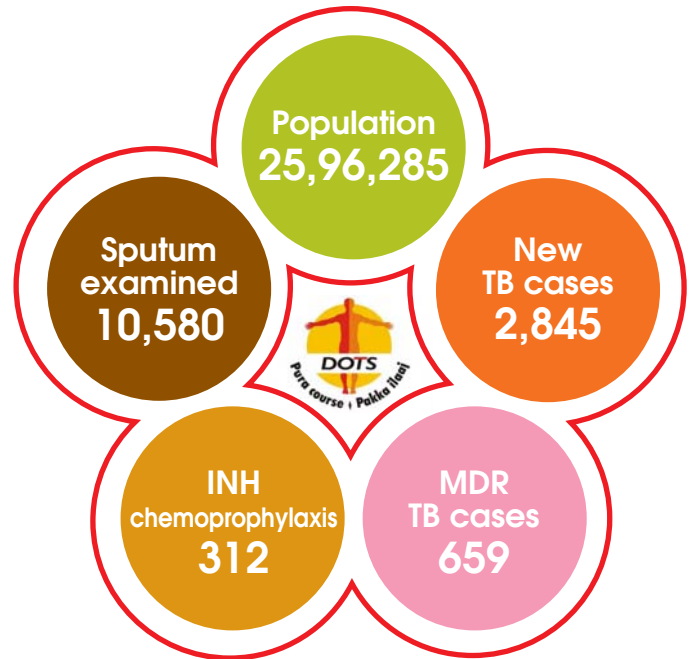
Tuberculosis Projects

TB Prevention and Care

TB remains one of the world's biggest threats. 9.6 million people are estimated to have fallen ill with TB in 2015 but only 6 million TB cases were reported for treatment. India reported 2.2 million new TB cases, 79000 Drug-resistant cases and close to 300000 deaths. TB is India's silent epidemic.

Tackling TB in India requires both strengthening the public sector, engaging the private sector and civil society organizations. Early diagnosis and correct treatment are the easiest ways to reduce transmission. Access to quick and reliable diagnosis and treatment needs to be accessible to every patient, irrespective of whether they go to the public or private sector.

GLRA India provides support to RNTCP schemes through 15 NGO partners covering 30 lakhs population in addition to direct projects such as MDR TB home based care, Contact screening, E-compliance adherence and also implementing Global Fund Round9 Axhsya-NFM project in West Bengal.



DOTs Provision



School Awareness



Patient Provider Meeting

GLRA India Golden Jubilee

German Leprosy and TB Relief Association (GLRA) India celebrated 50 years of its services for Leprosy and TB affected people and for poverty related diseases. This memorable function was organized on 3rd & 4th September 2016 in Chennai. Deutsche Lepra- und Tuberkulosehilfe e.V. (DAHW) also known as German Leprosy and TB Relief Association (GLRA) was founded by Mr. Herman Kober in 1957 who started his journey in India with country office in Chennai in 1966. From then on the organization took a journey of challenges especially towards reduction of leprosy through medical and social interventions. 338 projects with various stakeholders were implemented including renowned leprosy hospitals, civil society organizations, educational institutions, vocational training centers, socio economic rehabilitation schemes to support the affected people and their family members to redeem their self-esteem and live in dignity. In the later years, GLRA expanded to many new themes such as TB prevention and care and Community Based Rehabilitation for Persons with Disabilities.

The golden jubilee celebration was kick started with a symposium on Leprosy, TB and Disability at Hotel Ambassador Pallava on 3rd September 2016. Dr. S.K. Noordeen, former head - WHO Leprosy chaired the session. Dr. Anil Kumar, DDG Leprosy, Dr. Showkath Ali, Director – CLTRI, Dr. Amar Shah, National Consultant WHO (TB/HIV), Dr. Indumathi, State Leprosy Officer – Tamil Nadu, Dr. Himangshu Das, Director – NIEPMD were the speakers. Earlier the founders were fondly remembered by Mr. Pius Kalathil-Director, Gremaltes and Mr. Patrick Miesen-Vice President, DAHW Germany.

The jubilee felicitation was arranged at the Museum Theatre, Egmore, Chennai. The Chief Guest was Professor M.S.Swaminathan, UNESCO Chair in Eco Technology who addressed the gathering and released the jubilee souvenir. A film on the journey of GLRA India through the last 50 years was launched by Mr. D.R. Mehta, I.A.S (Retd), Founder, Bhagavan Mahavir Vikalanga Sahayata Samiti, Jaipur.

Mr. Patrick Miesen, Mr. U. Sagayam, IAS, Dr. Anil Kumar, DDG (Leprosy), Dr. A.R.K Pillai, Founder IDF, and Ms. Lisa Eichhorn, Consular Attachée-German Consulate felicitated and congratulated GLRA for their great efforts towards Leprosy elimination in India. Mrs. Gudrun von Wiedersperg, President DAHW, Germany also sent her felicitation through a video message.

J Ravichandran, CEO, GLRA, while welcoming the audience mentioned advocacy as the need of the hour. Guests from different walks of life participated including ILEP member representatives, corporates, social workers, our NGO partners and many more. Cultural programmes of students were organized specially by children with disabilities.

On 4th September a get together was arranged with our partners to commemorate 50 years of togetherness from a small beginning to a nationwide organization and to thank all stake holders on behalf of beneficiaries. The event was a joy of sharing life experience from old to new generation of staff and partners, and an expression of gratitude to our NGO partners as without them our vision could not have been accomplished.

Glimpses of Golden



SYMPOSIUM ON LEPROSY, TB, DISABILITY



Jubilee Celebrations



Our NGO Partners - 50 years of association



MDR TB Home Based Care

Treatment adherence is a challenge among MDR TB patients due to various factors like prolonged treatment and adverse effects of drugs. GLRA initiated home based care support to MDR TB patients in the slums of Delhi and Jaipur with an objective to promote treatment adherence.

MDR TB patients require constant counseling support to augment treatment adherence and emotional support. Our team does home visits, counseling sessions for patients and care givers on different aspects of MDR TB treatment including adverse side effects and infection control. They also conduct contact screening, provide nutritional support and link patients with social welfare schemes.

A total of 520 MDR TB patients were enrolled and benefitted through this project. This initiative significantly increased treatment success rate to 64% and brought down lost to follow-up rate to 9%. GLRA now plans to scale up this intervention in New Delhi and across high MDR TB burden sites in India.



Counseling

TB? “What would happen to me now?”

Vikas (name changed) is a 26 year old daily wage laborer in Delhi. When he learnt that he was suffering from TB, he was depressed and would think “What would happen to me now”.



After being diagnosed he did not disclose it at his workplace due to the fear of discrimination or losing the job. However his health started deteriorating due to which his co-workers came to know that he was TB infected and he lost his daily wage of Rs 250 per day.

This had an adverse effect on him, he says, “They would speak to me very less and would not eat food with me, which made me feel bad”. Since he lived in a rented house and he had not disclosed his medical status due to the social stigma, therefore he also feared that if his landlord came to know about it, then he might ask him to vacate the house.

The awareness programme on TB organised by GLRA India and HCL Foundation in the slum where he lived helped in reducing the social stigma and discrimination. As a result, his neighbours and landlord who came to know about his medical condition, started to approach him positively. He was put on nutrition supplement to normalize his BMI besides regular TB treatment due to which his health improved and now he resumed work.

Bio-metric solution for TB adherence

TB is curable but it depends on treatment regularity. Every missed dose takes the patient closer to treatment failure and drug resistance. Tracking and monitoring missed doses is an essential part of TB treatment.

GLRA India introduced a bio-metric based ECompliance project in 10 DOTS centres in Jaipur slums using android based technology to monitor proper adherence among TB patients. This technology helps generate SMS alerts, benefits 300 patients & program managers and gives pop-up notifications as reminders to the counselors.

Nutrition Support to TB

Adequate nutritional intake is an important determinant for TB prevention and cure. Nutritional interventions are associated with better outcomes in TB with reduced mortality, improved weight gain, sputum conversion, and adherence to treatment. Under-nutrition is a widely prevalent co-morbidity with potentially serious and even lethal implications for patients with TB and MDR TB.

GLRA in collaboration with HCL Foundation, Delhi implemented MDR TB and general hygiene project in the slums of Madanpur Khaddar, South Delhi. The key objectives of the project were nutritional supplement to patients with BMI less than 18.5, awareness on community health, personal hygiene and sanitation practices.

In this project 57 underweight TB & MDR TB patients were benefitted through nutrition support besides 4933 presumptive TB referred for TB investigation.

Reduction of TB burden in India and its elimination will require improving the nutritional status of the affected person and community as a whole.....

Project Axshya / NFM

GLRA India has been implementing Global Fund TB project under New Funding Model of GFATM in the 9 administrative districts (Darjeeling, Dakshin Dinajpur, Birbhum, Hooghly, East Medinipur, North 24 Parganas, Bardhaman, Bankura, Purulia) of West Bengal covering 26 cities and 2700 villages with a project goal for universal access to quality TB diagnosis & treatment. The major activities are;

- TB case detection through active case search and community referrals
- TB case notification to RNTCP from private sector
- Referral of presumptive TB cases for diagnosis
- Counselling, nutritional support for MDR TB
- X-ray and INH prophylaxis
- Training of care providers and qualified medical practitioners
- Prison intervention through TB, HIV, diabetes screening

1,378

TB case detected through active search & community referrals

1,823

Villages and slums covered

9,683

Referred for sputum examination

3,122

Health providers trained in TB

Rehabilitation Projects

Leprosy has tormented humans throughout its history, has been feared and misunderstood, affected people were stigmatized and ostracized, considered as incurable disease and a lifetime of progressive disfigurement. This subconscious stigma leads to social exclusion and forced them to live in asylums and prevented from mainstream community results complete isolation in the economic, social and political life in which they live.

Over 42 years GLRA has supported and rehabilitated millions of people and later expanded to community based approach by forming exclusive self-help groups of leprosy affected people. Since 2010, GLRA has widened its scope of disability and rehabilitation activities to care all type of disabilities using CBR as tool in addition to two large scale CBR inclusive projects supported by European Union and BMZ Germany.

Social inclusion and rehabilitation is all about supporting individuals specially persons with disabilities by providing equal opportunities for their socio-economic development. GLRA India supports them in formal education, vocational trainings, facilitate access to public schemes and empowering through livelihood besides catering to their medical needs. In association with National Institute of Empowerment of Persons with Multiple Disabilities (NIEPMD), vocational trainings were arranged for PWDs.

A total of 1722 PwDs are enrolled in our CBR pilot projects and 958 received the social security pension.



Vocational Training Beneficiaries



World Disability Day



“Sammalit Vikas Jankari (SVJ) Information on Inclusive Development“

This European Union funded community based rehabilitation project is implemented in backward districts by NGO partners (BPA - Banaskantha-Gujarat, SASSS - Barwani-Madhya Pradesh, ASHA - Balangir-Orissa, Duncan Hospital - East Champaran & VSK - Kaimur-Bihar) with an objective to increase access to information on public schemes for people with disabilities and to uphold their rights. The project envisaged to support about 270,000 persons with disabilities (PWD) and their family members by collaborating with government departments, other stake holders and by formulating DPOs, advocacy and conducting training sessions

At the end of third year (2016), the project partners experienced novelty and positive changes among persons with disabilities, government officials and other stakeholders. International disability day celebrations were observed in all 5 intervention districts.

7781 PWDs received support

3187 Received disability certificate

3729 Girls & Women trained

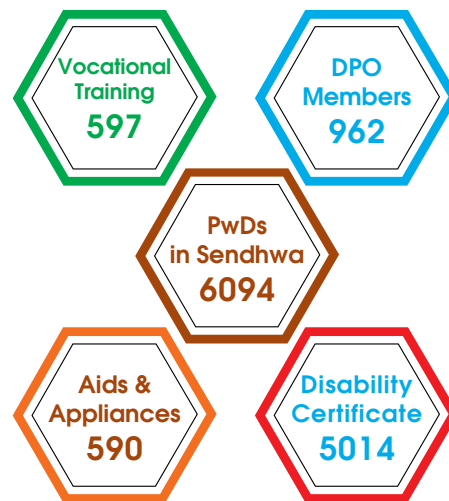
2167 Panchayat Raj leaders trained

4454 ASHA Anganwadi workers trained

“Support to People with Disabilities“

St. Augustine Social Service Society (SASSS) is implementing this CBR project Support to People with Disabilities in Sendhwa Block, Madhya Pradesh with the financial support from BMZ – Germany and DAHW. This disability and rehabilitation project aims at improving the quality of life of People With Disability (PwD) through WHO CBR strategies and guidelines. In turn the affected people are engaged in their family, social life in the community by gaining equal rights in the society.

Project ensures all people with disabilities in Sendhwa block to participate equally in the process to avail and access public schemes entitled for PWDs. The project facilitated formation of inclusive SHGs, DPOs and constituted a federation of disabled people which was also registered as a separate entity. The initiative has been unique and ensures sustainability.



Social inclusion - a Story

Anitha, a girl born with cerebral palsy, has shown strong determination to overcome her physical barriers and lead a successful life. At an early age, she underwent corrective surgeries of her lower limbs without any positive results. Our field worker identified the girl and was impressed to see her determination and will power. Anitha was brought to St. Judes School for Mentally Challenged, Salem, Tamil Nadu where she received intensive training on daily living and physiotherapy. This resulted in improvement in her mobility and she started managing her daily activities independently.

Now, after four years of training, she is enrolled in a government school and studying in 9th standard under Rashtriya Madhyamik Shiksha Abhiyan. She is now skilled in several vocational trades and participates in sports and other activities. Anitha has vowed to complete a university degree and intends to work at field level in order to help other girls who may be suffering the same way she did.



PROFOMA- Micro-Cellular Rubber Manufacturing Unit

Footwear made out of micro cellular rubber is a vital part of leprosy disability care. Keeping this in view, German Leprosy Relief Association had set up a factory in Kerala for manufacturing micro cellular rubber sheets and post operational support materials.

MCR is widely used for the footwear and post operational support for people affected by Diabetic and Orthopaedic disorders also. This unit produces quality MCR sheets and supplies to various leprosy hospitals / organizations in India and other diabetic and orthopaedic centres besides supplying to different state government through ILEP member organizations.

Avenues for Donation

Donation Options	Amt (Rs)
Leprosy Re-constructive surgery	16,000
Admission for wound care (leprosy)	6000
Customized footwear (MCR)	600
Old age care for leprosy affected/month	3000
College educational support	10000
Nutritional supplement to TB affected	3000
Hearing aids	8000
Walkers / Crutches	2000

Fundraising & Public Relations

GLRA took a conscious decision to strengthen its domestic fundraising by creating a new function at Chennai, developing a strategy to identify corporate resources and increased public relation. However, individual fundraising continue to bring income through already created database and those who donate once, became regular givers.

Highlights

Public Relation: GLRA India's 50 year celebration gave the opportunity to reach out to many people, associated with corporates and developed new relationships. GLRA India is profiled and is listed on the Indian Institute of Corporate Affairs.

Visibility: Talk on Anna University Community Radio, Interview in Kalaignar TV for TB Awareness, registration with Charities Aid Foundation, participation in Daan Utsav with SPI Cinemas and Indian Oil bunks are few visibility activities implemented this year.

Corporate fundraising: Registered on Gujarat CSR Authority for the engagement of corporates.

Individual donations: Mailers were sent out for educational scholarships beginning of the academic year.

Our fundraising efforts bring transformation in the lives of few affected people and their family members only because of the support and continuous involvement of our few but committed donors.

We thank them all for their relentless support and hope that our relationship continues for many more years.



Publications

Title	Publication	Authors
"I Wasted 3 Years, Thinking It's Not a Problem" - Patient and Health System Delays in Diagnosis of Leprosy in India: A Mixed-Methods Study"	PLOS NTDs - January 2017	Mr. Thirumugam Muthuvel Mr. Srinivas Govindarajulu Petrosaakidis Mr. Hemant Deepak Shewade Dr. VasudevRokade, Dr. Rajbir Singh Dr. SanjeevKamble.
Continued Challenges of Leprosy Control: An Epidemiological Perspective	Your Health of Indian Medical Association. February 2017	Dr. Vivek Lal
National Leprosy Eradication Programme in West Bengal	Your Health of Indian Medical Association. February 2017	Dr. Sukumar Das Dr. Vivek Lal

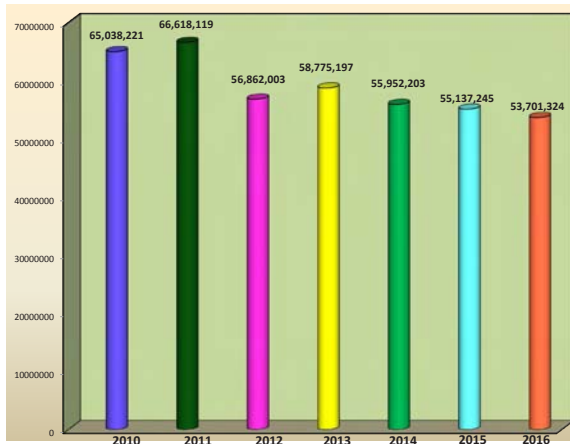
Meetings / Conferences

Participant	Event	Place
Mr. J. Ravichandran Dr. Vivek Lal Mr. Shibu George	ILC Beijing 2016 (2 oral & 3 poster presentations)	Beijing
Shibu George	TB Advocacy Meeting, PTCC	Bangalore
Ms. Anita Rafi Mr. Charles Livingston Mr. Paul Calap Ms. Archana Chandrikadevi	CSR Training	Coimbatore
Mr. V. Venkateswaran Ms. Uma Kannan Ms. Uma Selvamani Ms. Belina Murthy Mr. Suvankar Mr. Tarun	WINPACCS in-house training	Delhi & Chennai

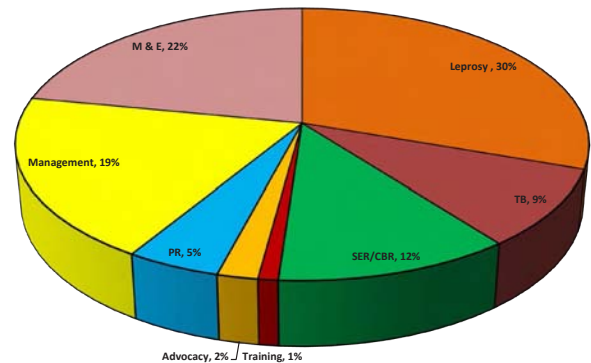
Financial Highlights

GLRA India is extremely grateful to its parent organisation DAHW, which continues to support the majority of the activities. However due to efforts taken by the Indian office, co-finance with other agencies has been strengthened during 2016. EU & GF were the important agencies which have supplemented the contribution of DAHW.

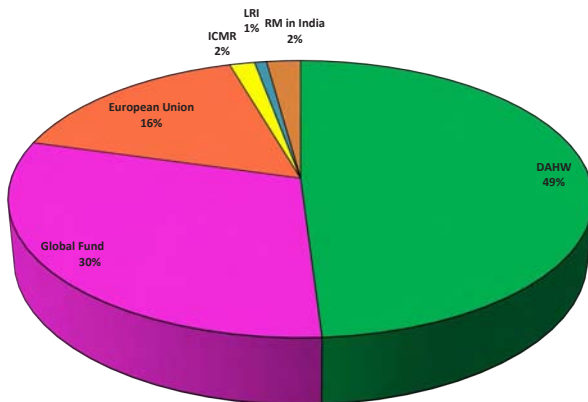
Trend of DAHW Support 2010-2016



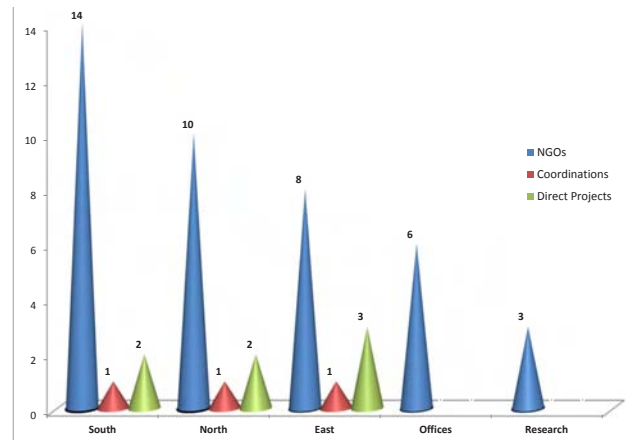
Utilization of DAHW Funds in 2016



Overall Resources For 2016



GLRA India -Projects at a Glance



Receipts & Payments as on 31st December, 2016

GERMAN LEPROSY and TB RELIEF ASSOCIATION - INDIA
Old No.4, New No.94, Gajapathy Street, Shenoy Nagar, Chennai - 600 030

CONSOLIDATED RECEIPTS and PAYMENTS ACCOUNT FOR THE YEAR ENDING 31st DECEMBER, 2016 (FC)

Receipts	Amount (in Rs.)	Amount (in Rs.)	Payments	Amount (in Rs.)
To Opening Balance		28,893,570.80	By Management Expenses on Co-ordination, Monitoring & supportive supervision to Proj.	26,669,510.73
First Receipt:			By Activities of Fund Raising Unit	3,936,807.54
To Grants from Germany for Other Programmes	23,468,003.96		By Activities of State Level Co-ordination Prog.	1,563,608.08
To Grants from Germany for for Office / Projects	25,883,589.07		By Support to Innovative TB Programmes	1,630,294.00
To Grants from European Commission for EU SVJ Projects	13,113,669.00	62,465,262.03	By Support to NLEP Activities in India	1,547,054.00
Subsequent Receipt:			By Support to Research Activities in India	3,066,297.30
To Grants from TLM INDIA		838,938.00	By Support to Innovative CBR & NGO Projects	38,083,933.93
Bank Interest and Other Receipts:			By Loans & Advances (net)	55,464.69
To Bank Interest Received	1,425,620.90		By Closing Balance	17,457,695.46
To Sale of Old Assets	63,730.00	1,812,894.90		
To Consultancy from SASSS	323,544.00			
... Total ...		94,010,665.73	... Total ...	94,010,665.73

"As per our report of even date annexed"
For Ramachandran & Murali,
Chartered Accountants
Reg. No. 002867S

Place : Chennai
Date : 17/03/17


J. Ravichandran
Chief Executive Officer


R. Ramachandran
Partner
M.No.026660



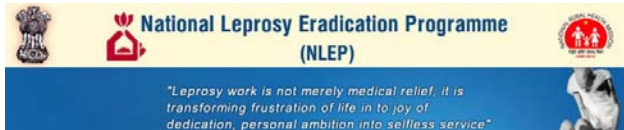
Networking with



60 Jahre Stoppt Krankheiten der Armut



European Union



ELSE KRÖNER-FRESENIUS-STIFTUNG
Forschung fördern. Menschen helfen.

Acknowledgements

We are indebted to small and large contributions, those listened in patience and lent helping hand. We wish to thank our parent organization DAHW Germany, co-funding donors European Union, BMZ Germany, GFATM, ICMR, HCL for their continuous support to deliver our activities.

We also thank Central & State governments, programme offices in districts, staff in periphery level and organizations such as ILEP in India, NHC, IDF, World Vision, NIEPMD, Rotary and many other trusts and foundations.

A special thanks to Dr. V.P. Macaden who resigned as a trustee after serving the board for several decades. Also we are grateful to our board of trustees for their vision and guidance, our NGO partners, our staff across offices and projects in India for their relentless effort to serve those in need.

GLRA ASIA & INDIA OFFICES

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Chief Executive Officer
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Email: shibu@glraindia.org

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Regional Office East - Kolkatta

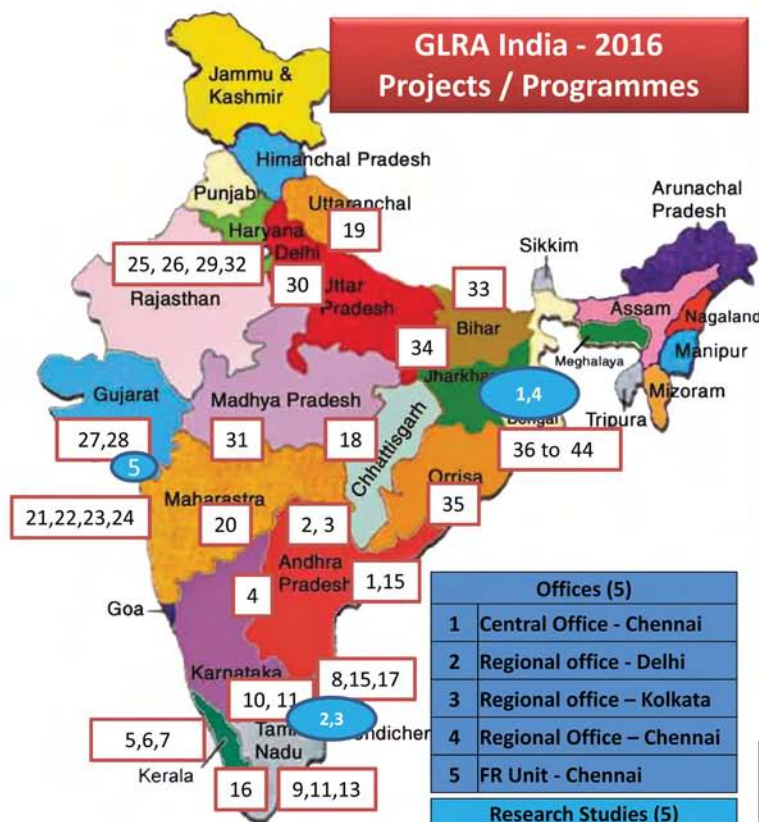
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ABBREVIATIONS

ANM	: Auxiliary Nurse Midwife
BMI	: Body Mass Index
BMZ	: Federal Ministry of Economic Corporation Development
CBR	: Community Based Rehabilitation
DHS	: Directorate of Health Services
DOTS	: Directly Observed Treatment Short course
DPMR	: Disability Prevention and Medical Rehabilitation
GHC	: General Health Care
GFATM	: Global Fund to Fight AIDS, TB and Malaria
GP	: Gram Panchayat
HCP	: Health Care Provider
I Lep	: International Federation of Anti-Leprosy Associations
ICMR	: Indian Council of Medical Research
LCDC	: Leprosy Case Detection Campaign
LRI	: Leprosy Research Initiative
NLEP	: National Leprosy Eradication Scheme
NFA	: Nerve Function Assessment
NFM	: New Funding Model
NLR	: Netherlands Leprosy Relief
MDT	: Multi-Drug Therapy
MDR-TB	: Multi-Drug Resistant Tuberculosis
MCR	: Micro Cellular Rubber
PoD	: Prevention of Disabilities
PHC	: Primary Health Centre
PLWL	: People Living with Leprosy
RNTCP	: Revised National Tuberculosis Control Programme
TLMTI	: The Leprosy Mission Trust India
UHP	: Urban Health Post
WASH	: Water Sanitation and Hygiene



GLRA INDIA



**GLRA India - 2016
Projects / Programmes**

Offices (5)	
1	Central Office - Chennai
2	Regional office - Delhi
3	Regional office - Kolkata
4	Regional Office - Chennai
5	FR Unit - Chennai

Research Studies (5)	
1	Molecular Epi - Kolkata
2	ICMR - Chennai
3	HCP - Chennai
4	LRI - Kolkata (TLMI)
5	LPEP - DNH

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

Northern Region (15)	
18	Pushpa - Dallirajhara
19	Jeevandhan - Kathgodam
20	Sevadham - Pune
21	MLSM - Mumbai
22	LSS - Mumbai
23	VDC - Mumbai

Northern Region	
24	MJS - Vehloli
25	SMK - Jaipur
26	RRC - Ramgarh - Jaipur
27	Gujarat Coordination
28	DNH Coordination
29	MDR TB - Jaipur
30	MDR TB - Delhi
31	SASSS - Sendhwa
32	E-Compliance - Jaipur

Eastern Region (12)	
33	Vanavasi - Adhaura
34	Holy Cross - Belatanar
35	PULP - Puri
36	Bam India - Kolkata
37	Nirmala - Daulatpur
38	RKM - Hoogly
39	St. Thomas - Howrah
40	WB Coordination
41	DAHW RNTCP/ Axshya
42	Malda NLEP Project
43	Kolkata Urban NLEP
44	Project SVJ - EU

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 All donations to GLRA India are eligible for Tax deduction u/s 80G of IT Act 1961



GLRA India is an ISO 9001 :2008 certified organisation