



GLRA India Annual Report 2010

**Changing lives of people affected with
Leprosy & TB**

Our Vision

“Our vision is a world in which no one suffers from Leprosy, Tuberculosis and poverty- related diseases and the consequences they bring, such as physical disability and social exclusion”

The core of our work:

- We actively assist on a global scale, people suffering from poverty-related diseases. We fight against leprosy, tuberculosis and other diseases that lead to marginalization, stigmatization and further consequences.
- The heart of our work consists of promoting medical and social projects. We focus on the needs of those with leprosy, tuberculosis, physically challenged and other socially excluding diseases.
- We support medical and social relief programs that allow affected individuals to live a life of dignity and become empowered to be equally integrated into society.
- We support research in the interests of improving prevention, diagnosis, treatment and medical-social rehabilitation for our target groups

Mission of our activities:

- ❖ We feel obliged to uphold the Universal Declaration of Human Rights.
- ❖ We assist and co-operate with people regardless of their ethnic and social origin, their religious and political belief, their age and gender.

Who We Are and What We Do

The German Leprosy Relief Association (GLRA) was founded by Mr. Hermann Kober in 1957 as the “Deutsches Aussätzigen-Hilfswerk” (DAHW) with its headquarters in Würzburg, Germany. Over the past 50 years, GLRA has been giving sustainable assistance to sick and marginalized people in developing and emerging countries. Millions of sick people and outcasts in Africa, Asia, Central and South America have got medical treatment and social support through GLRA.

GLRA India initiated in 1966, based its Central office in Chennai. Currently we are supporting 51 NGO projects located in 14 states besides a handful of direct projects / programs.

The core activity of GLRA is to cure people affected by leprosy, tuberculosis and physically disabled.

Our past-

GLRA India has a vivid history with over 50 years of work mainly in the field of medical and social rehabilitation of people affected with Leprosy in India. GLRA India expanded its services to millions and has changed the lives of 2.1 million people affected with leprosy by treating and curing them from disease and by restoring their dignity through medical and social rehabilitation.

Broad-Based support -

GLRA India in association with the National Leprosy Eradication Program (NLEP) provide a wide spectrum of activities such as early diagnosis, prevention of deformity, in-patient care, social rehabilitation, reconstructive surgery, educational assistance / vocational training, old age care and advocacy through its project partners besides providing technical support to the states of Tamil Nadu, Gujarat, West Bengal and the UT of Dadra & Nagar Haveli (DNH).

Currently we work through -

- 20 Hospitals
- 51 partners NGOs in 14 states
- 4 State level NLEP/ILEP Coordination
- 29 partner NGOs involving in TB control
- Several Vocational Training Centers
- Global Fund R9 projects in West Bengal
- TB slum project in New Delhi
- MDR TB project in Gujarat

Our Activities

NLEP facilitation

GLRA India is one of the pioneer organizations in the field of leprosy elimination. A total of 1.5 million people affected by leprosy have been diagnosed and treated during the post MDT era (after 1985). The provision for service includes advanced medical care in tertiary hospitals where all complications of leprosy and reconstructive surgeries are managed. The field projects have also contributed their share by detecting and treating leprosy successfully.

At present GLRA India has been providing direct leprosy services through **51 NGOs** by undertaking awareness campaigns, diagnose / refer suspects to government health centers, disability assessment and MDT management.

Disability Prevention and Medical Rehabilitation (DPMR)

Deformity in leprosy affects the image of the disease and impact of health programs in the minds of people. This has been one of the contributing factors to the stigma and discrimination of people with leprosy. It is estimated that around one million people with leprosy disability exist in our country and around 2,000 in every district.

From the beginning of 2008, NLEP has given priority to disability care and emphasis on strategic planning to tackle the situation, by initiating DPMR. The DPMR activities are carried out in a three-tier system, primary, secondary and tertiary. **Six** of our partner projects are recognized as DPMR tertiary care centers by Govt. The rest of the partner projects are also supporting DPMR as secondary/primary level centers.

Hospital Services & Re-Constructive Surgeries

In-patient care is an integral part of managing leprosy related complications such as ulcer care, reaction management, pre / post surgical care and the like. GLRA India supports **twenty hospitals** in 8 states with total bed strength of 1214.

Re-constructive surgeries (RCS) have a vital role in DPMR program. RCS is done both in government institutions and in ILEP supported NGO hospitals. Govt has recognized 41 such centers including **6 hospitals** supported by GLRA India.

ILEP State Co-ordination

GLRA India extended state level coordination to NLEP in the states of Tamil Nadu, Gujarat, West Bengal and union territory of Dadra Nagar & Haveli. Of the coordinated states, Dadra Nagar Haveli is yet to achieve leprosy elimination with highest proportion of child cases in the country.

National Sample Survey

The Ministry of Health & Family Welfare with the support of CLD conducted a multi – centric study to assess the burden of active leprosy cases, leprosy persons with grade - I & II disability and the magnitude of stigma & discrimination prevalent in the society. The National Sample Survey was carried out in selected districts in all 28 states and 7 UTs. All ILEP India members including GLRA have actively participated in this exercise in collaboration with Central Leprosy Division and respective state leprosy societies.

The objective of the study was;

- ✓ To estimate new case load in the study population
- ✓ To assess leprosy burden by recording Gr1 & Gr2 disability cases
- ✓ To assess the magnitude of stigma and discrimination prevalent in the community

GLRA India participated in the entire process in its coordinated states of Tamil Nadu, Gujarat, West Bengal and Dadra Nagar Haveli (DNH).

TB Control

TB control efforts in India have achieved notable gains in the past decade by achieving the national average of 70% case detection and 85% success rate in treatment. RNTCP is in the process of developing the next phase of government of India's vision for '**TB-free India**' until it is no longer a public health problem. GLRA India also has contributed in RNTCP schemes through its 29 supported NGO's in different states by covering a population of over 6.6 million.

Transforming lives through Rehabilitation

GLRA has been implementing leprosy focused **Socio Economic Rehabilitation (SER)** activities for the past 4 decades with the help of partners across the country. This includes financial support, micro credit for micro enterprises, interest free loans for house construction, repair and renovation, educational assistance



for school/college/vocational education, job placement and different types of charity activities.

Transformation of SER into CBR among partners

Out of 51 GLRA supported projects 38 have been engaged in SER activities. Currently seven projects have taken initiative to transform their SER activities into CBR.

The efforts of these projects need to be appreciated. However, full fledged and well structured program are yet to take place. A constraint on resources in terms of finance as well as manpower has been a major problem in the process of transitioning. GLRA is planning to address this gap through co-financing and other resources.

Educational/Vocational sponsorship program

Educational/vocational sponsorship program has got an indirect and in some cases a cascade effect in the process of rehabilitation. Other than assistance to the children of leprosy affected persons, the organization has also extended similar support through local resources, to both children of physically challenged persons and children from poor economic background.

As higher/vocational/professional education has become more expensive there is a tremendous need to provide support to the children of affected persons. The organization has been implementing this sponsorship program for the past several years. From year 2000 a total of 498 children have benefited through this program. The dignity and social status of the families have enhanced significantly.

Direct initiatives

Global Fund Project – West Bengal :

GLRA-India, as one of the founder members of *NGO TB Consortium* (NTC) has launched the Round 9 TB Project of GFATM in West Bengal in 2010 as a sub-recipient of GF Grant Agreement IDA-910-G17-T. The project has been a follow through of *USAID TB ACSM Project* (2008 -2010). GLRA-India is implementing the project in the 8 districts of West Bengal , namely, Darjeeling , Dakshin Dinajpur, Birbhum, Bardhaman, North 24 Parganas, Bankura and Purulia covering 38 TB



Units (TUs) and 174 Designated Microscopy Centers with a population of approximately 18.5 million.

The project objectives;

- Improve the reach, visibility and effectiveness of RNTCP through civil society support
- Engage communities and community-based care providers to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients.

In addition , there are 14 partner NGOs called **Sub Sub Recipients (SSR)** who undertake a number of activities at the district level through an MoU with GLRA-India. All activities are planned and executed in coordination with the Department of Health and Family Welfare, Government of West Bengal, and controlled through a State Coordination Cell of the project, based at GLRA Eastern Regional Office in Kolkata. *The Government has already acknowledged GLRA-India to be one of the major partners of state RNTCP for its successful support to TB care and control services in West Bengal.*

MDR TB Project Gujarat

Gujarat:

The prevalence of Multi Drug Resistance cases among TB patients is about 3% and 17% in new cases and retreatment TB cases respectively for Gujarat State. GLRA India undertook this project with a specific objective "*To promote improved treatment adherence and reduce defaulters among patients under DOTS Plus program*".

The overall interventions were carried out with three specific activities:

1. MDR treatment related counseling and health education of defaulter patient. It included pre-treatment, initial treatment and home treatment counseling.
2. Field training of ASHA workers, community DOT providers and general health staff and RNTCP staff in Psycho-social counseling.
3. Establishment of network for treatment adherence.

The direct patient support of supplementary nutrition was effectively linked by GLRA through a local NGO. GLRA has also assisted the state in defaulter retrieval actions.

Results

The project was in operation from January to April 2010. During this short period, sensitisation of 22 community based workers (ASHA) , 24 DOTS providers and 24 general health staff were undertaken in respective areas of PHCs. Need based home visits for MDR TB patients was 73 and home visits for MDR suspects was 20. This resulted in successful default retrieval action for 12 patients in 3 districts in short span of the project. During the above process numerous visits for Tuberculosis Unit and NGO was done including visits to private practitioners. On seeing the success and the result of the programme in such a short duration, Govt of Gujarat has taken over and adopted the project.

Best Practices

- GLRA involved grass root NGOs, private practitioners, ASHA workers and community members, as DOTS Plus providers and prepared them as psycho- social counselors.
- General hygiene measures including cough etiquette was promoted among patients and family members.
- Contact Screening was facilitated
- MDR TB morbidity and mortality cause-effect diagram, MDR TB follow up schedule and few components in data collection tool were adopted by Delhi MDR TB project

Transition

- All the patients enrolled in the project and their records were transitioned to DOTS plus staff and hand holding technical assistance was provided to DTOs and other field staff by State Coordinator, GLRA. Similarly GLRA formats were field tested by Government of Gujarat (GoG) and adopted after some changes.

Current Situation

- Under the DOTS Plus Expansion, Gujarat State is covering 17 out of the 30 reporting units (26 districts, 3 Municipal corporations & 1 RU of Chhotaudepur) as of December 2009 and is expected to cover the entire state by May 2011.

TB Slum project, Delhi

Project Rationale and Method (2009-2010)

In Delhi, 45% of total populations (17 million) live in slums or slum like conditions. Most of the inhabitants are poor daily wagers. As daily wagers, people living in slums leave early in the morning to earn their livelihood and return late in the evening. Although the DOTS (Direct Observed Treatment Short course) centres for TB treatment are accessible during regular OPD hours, the patients living with TB are not able to receive their medicines due to the fixed timing of the government run DOTS centre. Often patients avail the TB treatment at the cost of their wages, or they skip the treatment to meet their livelihood. Quite often they may curtail their essential needs like food and child education, or may go into debt or loan against material possessions. Patients irregular on treatment due to varied reasons are predisposed to MDR-TB in the future. The project envisages preventing patients from becoming resistant by making TB treatment centers patient friendly.

Objectives of the project

- To strengthen community DOTS in slum through community participation, thus preventing the development of resistant Tuberculosis.

The GLRA TB slum project with a team of one medical officer, two TB trained paramedical workers and volunteers from the slum promoted 15 TB treatment clinics (community DOT centres) accessible at mutually convenient timings within the slums of New Delhi. The project was in operation from July 2005 to March 2011 with 2940 TB patients successfully treated.

Best Practices

- 2940 TB patients in slums treated till date, most daily wagers otherwise would have defaulted.
- Painting Competition on TB facilitated in schools. These paintings adapted by State TB office, Govt. Of Delhi to develop TB calendar for 2010.
- 288 private practitioners sensitized for early referral of TB suspects.
- Comic designed on TB for school children

Transition rationale & methods

GLRA began community DOTS in the 15 target slums through community volunteers trained in DOT provision. A preliminary analysis of data showed that the above model improved DOT outreach in these slums and default rate remained consistently below 5% among the patients availing DOT at these centers. Now the current changed situation suggests presence of ASHAs or other similar workers of other NGOs involved in DOT provision in these slums. Hence, GLRA India in close coordination with Delhi State TB Control Society transitioned the existing model during 1st quarter 2011.

MCR manufacturing – PROFOMA

PROFOMA is a unit of GLRA, set up for manufacturing MCR and post operational support materials like MCR cushion, pad for the treatment of leprosy patients. PROFOMA is located in Palakkad district of Kerala, with state of art facility. PROFOMA produces high quality MCR sheets. This is supplied to national and international institutions and to national government health programs in different countries in Asia and Africa. For more details visit PROFOMA at www.profoma.com or write to profoma_glra@dataone.in

Vocation Training Centre - Kolkatta

This Vocational Training Centre is a joint venture of GLRA India and Sasakawa Memorial Health Foundation, started in 2007 aiming at skill development for economic independence and livelihood program of the leprosy affected persons and their families. The admission was prioritized for women as a part of woman empowerment program.

Old Age Home construction

The Indian culture of joint family system is giving way to the Modern way of living with satellite families. In the increasingly expanding small family system, the older generation is losing its traditional support of children on whom older people in India depend.

Almost 65% of the leprosy deformed patients are old and most of them are rejected by their families. We have come across many such leprosy patients who were denied their basic rights of food and shelter. On a number of occasions GLRA has intervened with the family members to accommodate them. Being old and sick (mostly bed ridden) they are in need of food, shelter, medical aid, loving care, emotional support and respect.

Considering these facts and circumstances, GLRA India initiated construction of 'Old Age Homes' with the support of "Aussätzigen-Hilfswerk Österreich" (Austrian Leprosy Relief Association). The homes are built in the following seven project sites with an overall cost of about 34 million Indian rupees. A total of 335 old and disabled people will get the benefit once the construction is over.

1. Deenasevana Sabha – Pattuvam, Kannur district, Kerala
2. Sagayamatha Hospital – Pullambady, Trichy district, Tamil Nadu
3. St. Joseph's Leprosy Hospital – Arogyapuram, Tuticorin district, Tamil Nadu
4. Mukta Jeevan Society, Vehloli, Thane district, Maharashtra
5. Sarthak Manav Kushthashram - Ramghar, Jaipur district, Rajasthan
6. KNEUS – Noida, Goutham Budth Nagar district, Uttar Pradesh
7. Manipur Leprosy Colony – Adra, Purulia district, West Bengal

Fund Raising & Public Relations

The fundraising and public relation activities were spearheaded jointly by GLRA and Swiss Emmaus India and all activities in fundraising were a result of combined efforts of both the organizations. From 2011 GLRA will initiate its own resource mobilization to provide sustainable services to people affected with leprosy and TB.

Corporate fundraising was pursued with more zest through letters of Intent and proposals which helped in contacting many corporate bodies. Other activities such as Direct mailers, Lucky draw, College Fund Raising, Charity dinner and Musical Event also substantially contributed to reach masses.



MAJOR CORPORATE DONORS

A few charitable corporate donors contributed to the cause of people affected by leprosy and also to support the education of children of leprosy affected parents.

Sl. No.	Listed Donors	Support for
1	Cognizant Foundation	Mobile Medical Van
2	SRA Systems	Support for Rehabilitation
3	Sulekha.com	Care of a leprosy affected child
4	Sarvodaya Trust	Medical care
5	Caring Hearts (Team of Sutherland Employees)	Educational assistance for two students

DIRECT MAILING

A total of 6 direct mailers were sent out within India and abroad targeting different festivals, occasions and specific times like the pre tax season.

MUSIC EVENT – COIMBATORE

A musical night was organized at Coimbatore in association with PSG CULES (PSG is a nodal centre and hospital for the care of Leprosy & Tuberculosis) to raise funds for people affected by leprosy. Leading play back singers like Harish Ragavendra, Anuradha Sriram of Tamil film industry, PSG Doctors and some fresh talent from among the students participated in the event. 8000 spectators flocked to the grounds that evening.

LUCKY DRAW

This was a successful event because of the participation and cooperation of our partner projects across the country. The prizes for the winners were announced during the charity dinner on 31st August, 2010 and subsequently distributed through our offices in Chennai, Mumbai, Delhi and Kolkatta.

COLLEGE FUNDRAISING

This pilot program was initiated in few colleges in Chennai and Mangalore in order to create awareness among the younger generation about the impact of leprosy and TB and also to motivate them to donate to the community through 'Charity giving day'. A total of 2450 students from different student fraternities (MBBS, Nursing, Post graduate and under graduate) were oriented about the signs and symptoms of both the diseases.



PRESS MEET

A press meet was held in the Taj conference hall on the 30th August 2010 followed by the Lucky Draw and Charity Dinner on the 31st August.

Mr. Vijay Adhiraj, popular TV artist steered the meeting into a very interesting event that ended with a dinner under the stars. A few unexpected guests like the Senior Branch manager of Just Dial along with actor friend Mr. Anand Babu and his wife, son of late veteran tamil comedian Nagesh graced the occasion.

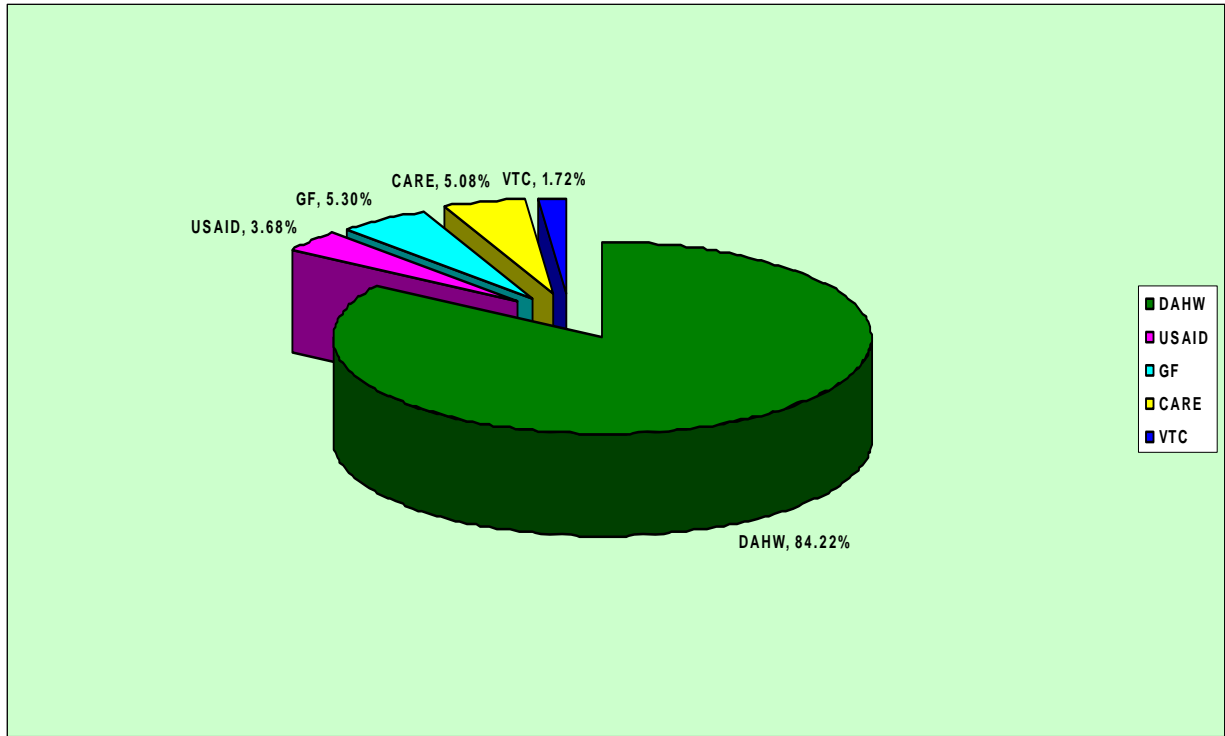
STALLS

The objective of conducting these stalls was to create a market for the items produced by our beneficiaries and also to encourage our project partners through vocational training programmes.

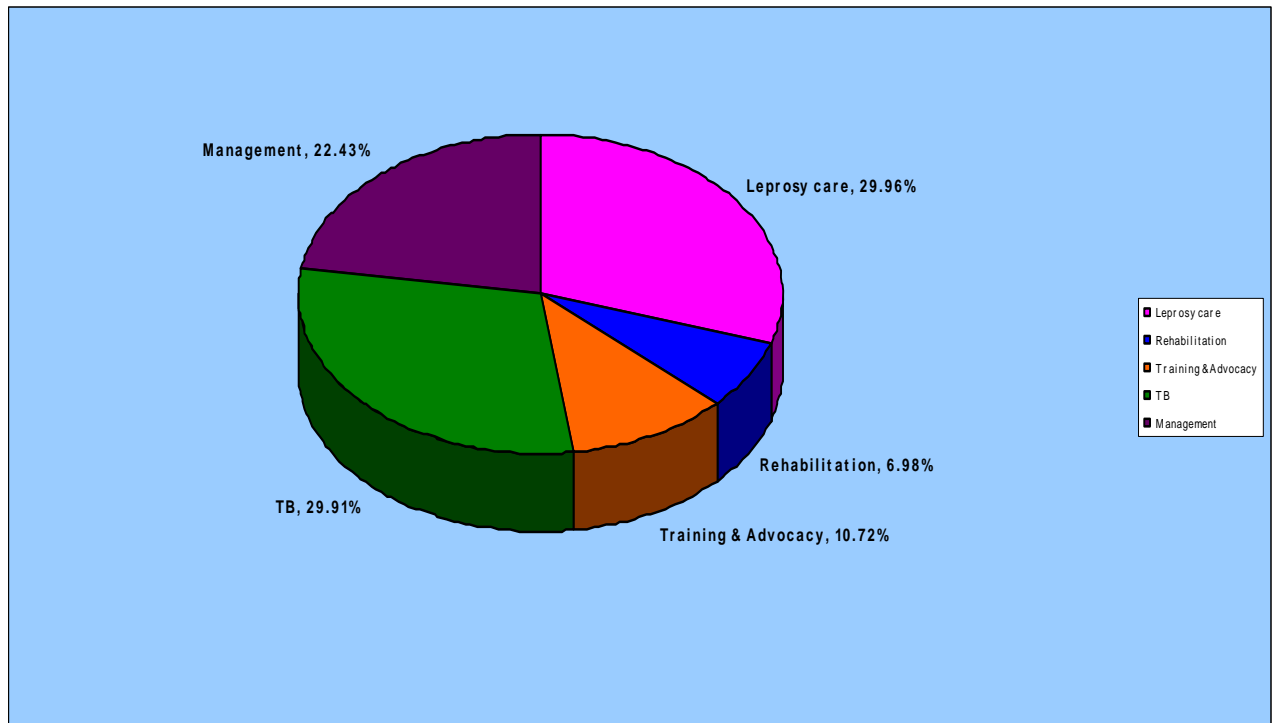
A Christmas Fair stall was held at the Madras Seva Sadan School on the 4th December 2010. Besides the sale proceeds, some donations were also received for the ulcer care of a leprosy affected person. A stall was also held at YWCA on 15 the December 2010 for the Members of the institution.

Finance

Income



Expenditure



Our partners Globally -

International

International Federation of Anti-Leprosy Associations (ILEP)

Stop TB Partnership

Action against AIDS

VENRO (Association of German Non-Governmental Development Organizations)

National

International Federation of Anti-Leprosy Associations - India

National Leprosy Eradication Program (NLEP – India),

Revised National Tuberculosis Control Program (RNTCP - India)

National TB Consortium

Our Partner NGOs

NGO	District	State
Damien Leprosy Centre, Eluru	West Godavari	Andhra Pradesh
Leprosy Health Centre, Nalgonda	Nalgonda	"
Sivananda, Kukatpally	Ranga Reddy	"
Bethany Colony, Bapatla	Guntur	"
St. Annes, Jaggayapet	Krishna	"
Marianilayam, Gargeyapuram	Kurnool	"
Vanavasi Seva Kendra	Kaimoor	Bihar
Gujarat Rakshapeet, Vadodara	Vadodara	Gujarat
Cochin Urabn, Perumbadappu	Ernakulam	Kerala
Poor Leprosy Hospital, Cherthala	Alappuzha	"
Damien Institute, Mulayam	Trichur	"
St. Damien Kozhikode / Pattuvam	Kozhikode/ Kannue	"
Japamala, Amayannur	Kottayam	"
St. Joseph's, Arni	Thiruvannamalai	Tamil Nadu
St. Thomas Hospital, Chettupattu	"	"
Leprosy Rural Health Centre, Chettipatty	Salem	"
Sagayamatha Hospital, Pullambady	Trichy	"
Gremaltes, Chennai	Chennai	"
Ecomwel, Tharamangalam	Salem	"
Damien Centre, Nilakottai	Dindigul	"
St. Paul's, Thondamanthurai	Perambalur	"
Cheshire Home, Katpadi	Vellore	"
GLRA Rehabilitation Fund, Chennai	Chennai	"
NILES, Coonoor/ Coimbatore	The Nilgiris/ Coimbatore	"
Stigmatized Disease Unit, Pune	Pune	Maharashtra
Solapur Leprosy & TB project	Solapur	"
Maharashtra Lokahita Seva Mandal	Mumbai	"
Lok Seva Sangam, Sion	"	"
Vimala Dermatological Centre, Versova	"	"
Mukta Jeevan, Vehloli	Thane	"
Puri Urban Leprosy, Puri	Puri	Orissa
Sarthak Manv Kushthshram	Jaipur	Rajasthan
Ramgarh Re-integration Centre	"	"
Gaziabad Leprosy & TB project	Gaziabad	Uttar Pradesh

Kusht Niyantaran Evoom Unmoolan Samiti	Noida	"
Gandhi Memorial, Balrampur	Purulia	West Bengal
Bam India	Kolkatta	"
Nirmal Hospital, Doulatpur	South Dinajpur	"
Ramakrishna Mission, Kamarpukur	Hoogly	"
St. Thomas Home, Howrah	Howrah	"
Holy Cross Hospital, Belatner	Giridh	Jharkhand
Pushpa Hospital, Dallirajhara	Durg	Chattisgarh
Jeevandhan Medical Centre, Kathgodam	Nainital	Uttar Khand

Our Board of Trustees

<i>Dr. P. V. Macaden</i>	<i>- Member</i>
<i>Dr. AJW Jacob</i>	<i>- Member</i>
<i>Mrs. Sarah Chenada</i>	<i>- Member</i>
<i>Mr. J. Ravichandran</i>	<i>- Managing Trustee</i>
<i>Dr. G. Srinivas</i>	<i>- Member</i>

Our core group

Mr. J. Ravichandran	- Chief Executive Officer
Dr. G. Srinivas	- National Medical Advisor
Dr. P.K. Mitra	- Regional Medical Coordinator (East)
Dr. Rajbir Singh	- Regional Medical Coordinator (North)
Dr. P. Vijaykumaran	- Regional Medical Coordinator (South)
Mr. Suhakar Bandyopadhyay	- Regional Secretary (East)
Mr. G. Isaac	- Coordinating Rehabilitation Officer

Acknowledgements

We acknowledge with deep gratitude the support of all our donors, friends and well wishers for helping us to work towards eradication of leprosy and control of TB.

GLRA India expresses thanks to the functionaries of our parent organization, DAHW – Germany for their constant support and guidance.

We would also like to acknowledge the support of the central and state governments, IDF, ILEP India, NTC, CCM for their valued inputs and we realize the importance of working together to achieve a world without leprosy and TB.

We also like to record our sincere thanks to our NGO partners working at the grass-root level for their dedication and effort at all times.

Finally, our sincere thanks to our board of trustees, colleagues at central office and at regional offices who have relentlessly helped us to serve better for the benefit of most in need.

Retirements – 2010

Dr. Thomson Sugumaran – Regional Medical Coordinator (South)

Mr. Kirubakaran Samuel Raj – Regional Secretary (South)

Impact of our work – 2010

Leprosy:

New leprosy case diagnosed, treated / referred	: 1848
Consultation for leprosy complications	: 12,411
Provided physiotherapy assistances	: 11,402
Reconstructive surgeries	: 197
Supply of MCR footwear	: 4159
Leprosy in-patient care	: 3749
Persons received aids & appliances	: 2133

Tuberculosis:

New TB cases diagnosed and treated	: 9987
TB treatment success rate	: 88.7%
Follow up services to MDR TB	: 193
Follow up services to TB HIV	: 1213

Rehabilitation:

Training placement	: 333
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Job Placement	: 296
Educational support	: 6647
Old Age assistance	: 2015
Self Employment	: 378
House construction / renovation	: 225
Other Beneficiaries	: 20,821
Self Help Group	: 83
Educational Sponsorship	: 63

Our Network

