

German Leprosy & TB Relief Association – India

 **DAHW**  
Deutsche Lepra- und  
Tuberkulosehilfe e.V.



**Annual Report 2011**

*Transforming Lives and Restoring Confidence*

# GLRA INDIA

## Supported Projects



### KERALA

- 1.Pattuvam
- 2.Trichur
- 3.Cultes
- 4.Sherallay
- 5.Kottayam

### TAMILNADU

- 6.Tuticorin
- 7.Nilakottai
- 8.SPOD NILES
- 9.Chettipatty
- 10.Tharamangalam
- 11.Cheshire Homes
- 12.Chettupattu
- 13.Arni
- 14.Madras Rehab.
- 15.Gremaltes
- 16.TN Coordination
- 17.Thondamanthurai
- 18.Pullambady

### ANDHRA PRADESH

- 19.Bapatla
- 20.Jaggayapat
- 21.Eluru
- 22.Eluru Manna Home
- 23.Kurnool
- 24.Nalgonda
- 25.Sivananda

### MAHARASHTRA

- 26.Solapur
- 27.Pune
- 28.Vehloli
- 29.PR Unit
- 30.LSS
- 31.MLSM
- 32.Vimala

### DNH

- 33.DNH Coordination

### GUJARAT

- 34.Vadodara

### RAJASTHAN

- 36.Jaipur
- 37.Ramgarh

### UTTAR PRADESH

- 38.Ghaziabad
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- ### DELHI
- 40.MDR TB Delhi
- ### UTTARKHAND
- 41.Haridwar
  - 42.Kathgodam

- Offices at Chennai, Delhi & Kolkata
- Leprosy Hospitals
- Direct Projects

### BIHAR

- 43.Adhaura

### JHARKHAND

- 44.Belatanr

### WEST BENGAL

- 45.Mehendipara
- 46.Bam India
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- 51.NLEP WB
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- 54.VTC-Kolkatta

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## From the Desk of CEO

### Dear Stakeholders in pursuing common objectives,

Globally the CBOs in the development sector have been facing tremendous challenges in meeting the targets owing to resource crunch that started with global recession a few years ago. However GLRA Germany withstood this by good governance, careful financial management and the will to help the Persons Affected by Leprosy, TB and the differently abled.

I am pleased to announce that our parent organization, GLRA Germany reinvented its mission and vision which has qualified TB services as a mandate equal to Leprosy. Working for disabled and CBR has been identified to be another important sub mandate.

Mr. Barthell, the vice president from DAHW, Germany unveiled the new mandate in the presence of our project partners in a specially organised function at Chennai during January 2011.

In this year's review we would like to share the achievements of our organisation in different fields. We have also added a section on the individual achievement of our partners whom we are proud about.

For GLRA India it was a new era to collaborate with Global Fund in our mission against TB.

We could mobilize the society in West Bengal and advocated for the affected persons in getting treatment. The statistics narrated inside will give details.

I would like to share an important development in the structure of our organization. GLRA India and Swiss Emmaus India (SEI) shared a common office and staff for more than 40 years. Both the organisations mutually agreed to set up independent offices for future operations. GLRA and its staff continues to remain in Chennai, while SEI moved over to Gurgaon.

We would like to thank our stakeholders including project partners, networking organisations the Government of India and various state Governments that GLRA coordinates, who have enriched our efforts.

We thank our sponsors and donors whose investments have made these changes possible. We would like to thank GLRA Germany for their relentless support to fight our country's problem. We wish to thank our team of staff in Central office and 3 Regional offices, who invested their time in translating the vision of the organization into reality.

Last but not the least we would like to thank our governance leaders of the organization – our Board of Trustees who guided the organisation to attain its objectives.



Yours sincerely,

**J. Ravichandran**

# GLRA India Activities – An Introduction

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 54 years, GLRA has been giving sustainable assistance to sick and marginalized people in developing and emerging countries – irrespective of political or religious belief. Millions of sick people and stigmatised groups in Africa, Asia, Central and South America have availed medical treatment and social support through GLRA.

**GLRA India** was initiated in 1966, based its Central office in Chennai. Now it has three more regional offices in Chennai, Kolkatta and Delhi to monitor and support the activities in India. Currently GLRA India is supporting 45 NGO projects located in 15 states besides 9 direct projects / programs.

The core objective of GLRA is to cure people affected by leprosy, tuberculosis and transform the lives of physically challenged.

GLRA India has a vivid history with over 45 years of work mainly in the field of medical and social rehabilitation of people affected with Leprosy in India. The Founder of DAHW, Mr. Kober was a journalist and raised funds by writing human stories about the plight of leprosy affected people in Ethiopia and India. The first support to India was given in 1957 for a centre in Chettipatty, Salem District (Tamil Nadu State) to start a hospital for persons

affected with leprosy. Since then, GLRA India extended its services to millions of people and has changed the lives of 21 lakh people affected with leprosy by treating and curing them from disease and by restoring their dignity through medical and social rehabilitation.

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

GLRA works within strong national and international networks, such as International Federation of Anti-Leprosy Associations (ILEP), Stop TB Partnership, VENRO (Association of German Non-Governmental Development Organizations), National Leprosy Eradication Program (NLEP – India), Revised National Tuberculosis Control Program (RNTCP – India) and National TB Consortium.

Further GLRA provides substantial support to TB control activities through its 24 project partners by collaborating with RNTCP.

## Support to NLEP through Partner Projects

GLRA India is one of the pioneer organizations working among the people affected with leprosy. The service provision includes advanced medical care in tertiary hospitals where all complication of leprosy including reconstructive surgeries are managed. The field projects have also contributed their share by detecting and treating leprosy successfully.

After the integration of leprosy with General Health Services, the role of NGO's has been re-defined and GLRA ensured that the supported projects would play a significant role in integrating leprosy with GHC. At present GLRA India has been providing direct leprosy

services through our partners by undertaking awareness campaigns, diagnose / refer suspects to government health centers, disability assessment, POD care including provision of MCR foot wears and MDT management.

Twenty of our partner NGO's (hospitals) have in-patients facility where leprosy affected persons with complications are taken care of which 6 hospitals does reconstructive surgeries.

GLRA India emphasis on implementation of DPMR program in all supported projects which envisaged providing quality services to the most in need.

**Table - 1 NLEP support services by partner projects**

Services	Year 2010	Year 2011
New leprosy cases diagnosed & treated / referred to GHC	1848	1378
Gr 2 disability among new cases	174	92
Leprosy Affected Persons received medical care for leprosy complications	12,411	11,877
Treatment for leprosy reactions	671	572
Supply of aids and appliances	2133	1185
No. of Government health staff sensitized on leprosy diagnosis & management	986	893



# Disability Prevention and Medical Rehabilitation (DPMR)

Deformity in leprosy affects the image of disease and impact of health program in the minds of people. This has been one of the contributing factors to the stigma and discrimination of people with leprosy though millions of persons with leprosy have been medically treated. Even



after substantial by government and NGOs, still considerable number of cured persons with disabilities who need physical and social economic support. It is estimated that around one million people with leprosy disability exist in our country i.e. around 2,000 persons in every district.

NLEP has given priority to disability care and emphasis on strategic planning to tackle the situation, by initiating DPMR. Prior to integration, only specialized leprosy centers were involved in PoD care. Now other stake holders like PHCs are also involved in DPMR, where role of NGO's is very important and significant.

The rest of the partner projects are also supporting DPMR as secondary/primary level centers. The following table shows the DPMR activities by GLRA India projects



The DPMR activities are carried out in a three-tier system, primary, secondary and tertiary. Following 6 partner projects are recognized as DPMR tertiary care centers by GoI.

1. Damien Leprosy Centre, Eluru, Andhra Pradesh
2. Sivananda Rehabilitation Home, Hyderabad, Andhra Pradesh
3. Leprosy Relief Rural Centre, Chettipatty, Tamil Nadu
4. GREMALTES Hospital, Chennai, Tamil Nadu
5. Vimala Dermatological Centre, Mumbai, Maharashtra
6. Holy Cross Hospital, Belatner, Jharkhand



Table - 2 **DPMR activities by Partner Projects**

Services	Persons benefited in 2010	Persons benefited in 2011
Total disabilities	11,402	10,631
Patients underwent physio assessment	8265	8672
Re - Constructive Surgeries	197	179
Treated for Ulcer	3974	4721
MCR footwear supplied	4159	4366

## Hospital Services and 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. GLRA India supports twenty hospitals in 8 states with bed strength of 1214.

Over the years all these partner hospitals, with the support of GLRA have built necessary expertise and infrastructure for delivery of quality care to the needy affected persons.



Table - 3 **In-patient care**

Services	Beneficiaries in 2010	Beneficiaries in 2011
Total admissions	3749	3072
Occupied bed days	146,483	144,274
Bed occupancy rate	39.07	36.01
Average length of stay per patient	38 days	34 days



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

Table - 4 RCS performed by GLRA partner hospitals

Hospitals	No. of surgeries in 2010	No. of surgeries in 2011
Damien Leprosy Centre – Eluru	4	4
Sivananda Rehabilitation Home - Hyderabad	86	84
LRRC – Chettipatty, Salem	14	12
GREMALTES – Chennai & St. Thomas, Chettupattu	1	1
VDC – Mumbai	83	59
Holy Cross – Belatner, Jharkand	9	9
Total....	197	169



## ILEP State Co-ordination - 3 states & 1 UT

GLRA as a partner of ILEP India continues to provide state level coordination / technical support to NLEP to deliver quality services to the patients. GLRA India assists the state / districts to develop and plan NLEP activities and improve the supervisory and monitoring (S&M) by accompanying DNTs in supervisory visits. Also support the states to implement DPMR services at all levels by facilitating trainings, supplying guidelines and advocating the facts of the disease.

GLRA India extended state level coordination to NLEP in the states of Tamil Nadu, Gujarat, West Bengal and Union Territory of Dadra Nagar & Haveli. GLRA also assisted CLD to conduct regional State Leprosy Officers conferences as part of the MOU with GoI.

Of the coordination states Dadra Nagar Haveli yet to achieve leprosy elimination with highest proportion of child cases in the country.



## Participation in National Sample Survey

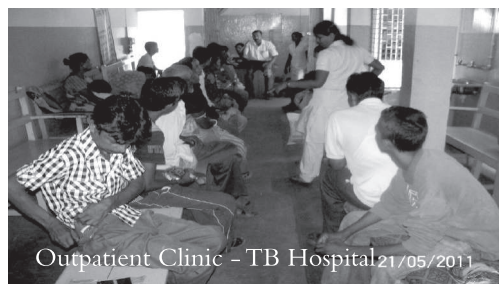
Based on the 131st report of the Committee on Petitions and the recommendations by the Rajya Sabha, the Ministry of Health & Family Welfare with the support of CLD conducted a multi – centric study to assess the burden of active leprosy cases, leprosy persons with grade - I & II disability and the magnitude of stigma & discrimination prevalent in the society.

The National Sample Survey (NSS) was carried out in 2010 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.

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

## RNTCP participation by Partner Projects

TB control efforts in India have achieved notable gains in the past decade by achieving the national average of 70% case detection and 85% treatment success rate. The revised



national tuberculosis control program (RNTCP) has implemented most of the components of WHO Stop TB strategy like TB-HIV collaboration, management of MDR TB, engagement of NGO's and private sectors, infection control and operational research. 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. By end of 2015, the program aims to achieve the following services:

- Early detection and treatment of at least 70% of estimated TB cases in the community, including HIV associated TB.
- Initial screening of all re-treatment smear - positive TB patients for drug-resistant TB and provision of MDR treatment.
- Offer HIV counselling and testing for all TB patients and linking HIV infected TB patients to HIV care and support.
- Successful treatment of 90% of new TB patients and 80% of Re- treatment TB Cases.
- Extend RNTCP services to patients diagnosed and treated in the private sector.

GLRA India has involved in RNTCP schemes through its 24 supported NGO's in different states by covering a population of over 6.6 million.

Table – 5 RNTCP support services by partner projects

Year	Population covered	New cases 2010	Outcome of smear +ve cases of 2009			Total NSP Cases cured from 2001	MDR cases	TB HIV cases
			Smear +ve	Cured & TC	Success rate			
2010	6,634,550	9887	3835	3257	84.92	66,578	193	343
2011	6,403,427	9033	3112	2731	87.75	70409	174	380

## AXSHYA INDIA (Global Fund Round 9 TB Project) West Bengal

GLRA India as one the founder member of National TB Consortium (NTC) is involved in 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). The project has 3 principal recipients, viz., the Central TB Division (Government of India), The Union(International Union against TB & Lung Diseases), and the World Vision India.



GLRA-India is implementing the project as a sub-recipient in the 8 districts of West Bengal. They are 1. Darjeeling, 2. Dakshin Dinajpur, 3. Birbhum, 4. Bardhaman, 5. North 24 Parganas, 6. Bankura, 7. East Midnapore 8. Purulia covering 38 TB Units (TUs) and 174 Designated Microscopy Centers with a population of approximate 18.5 million. The project has 4-objectives. GLRA as part of civil societies will be implementing objective 3 and 4 of the AXSHYA India project, which are:

- **Objective - 3** : Improve the reach, visibility and effectiveness of RNTCP through civil society support in 374 districts across 23 states by 2015.

- **Objective - 4** : Engage communities and community-based care providers in 374 districts across 23 states by 2015 to improve TB care and control, especially for marginalized and vulnerable population including TB-HIV patients.

GLRA is implementing the project through a team of 3 Zonal Coordinators, 1 Finance and Administrative Officer (FAO) and an Accountant led by a Project Manager. Additionally GLRA has provided 5 vehicles with drivers, supplemented by 8 district coordinators to make the programme more effective.

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 State TB Office Government of West Bengal and controlled through GLRA Eastern Regional Office, Kolkata. The project is directly supervised by Regional Medical Coordinator in liaison with the GLRA Central Office. 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. The project Axshya under GLRA has made significant achievements by sensitizing 3232 Rural Health Care Providers, 9216 ASHAs, 3163 community sensitization programs, 12282 suspect referrals, training of 542 Govt. health workers in soft skill and also advocacy with 200 MLAs & MPs at West Bengal legislative assembly.

## IMPACT Project - USAID support through CARE

The goal of Initiative to Manage People Centred Alliances (IMPACT) is to support the RNTCP to decrease the morbidity and mortality caused by Tuberculosis (TB), Multi-Drug Resistant TB (MDR-TB) and HIV/AIDS co-infection in West Bengal. The IMPACT project is involved in community networking through NGO partners, community volunteers, non-qualified private practitioners (NQPPs) and other social networks such as self-help groups (SHGs) and Gram Panchayats.

CARE India in partnership with GLRA India implemented the project in the three districts of Howrah, Hoogli and Bardhaman. The project had been supported by USAID.

The project has been able to accomplish the activities in accordance to the objectives. Nonetheless it is difficult to attribute to any epidemiological indicators. The major accomplishments have been linking TB patients to social welfare schemes through networking with Gram Panchayats, active organization and participation in Public Private Mix,

contribution to case holding through initial home visits and counselling and case detection through identification and sensitization of Non Qualified Private Practitioners and volunteers.

## MDR-TB Project

### Gujarat:

GLRA India is proud that this project which was piloted by our organisation was proved with expected results which has prompted the state government to adopt it for whole state at a later stage. The prevalence of Multi Drug Resistance cases among TB patients is about 3% and 17% in new cases and retreatment TB cases respectively in 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”. As a pilot, three districts were selected in the state for the intervention and they were Surendranagar, Ahmedabad (rural) and Sabarkantha

The overall interventions are three: Direct patient support, strengthening the RNTCP and support to the general health system & enhancing community awareness.

The GLRA project developed a team of one medical coordinator and three trained paramedical staff and carried out 3 specific activities as below:

1. MDR treatment related counselling and health education of defaulter patient. It included pre-treatment and home based counselling.
2. Field training of ASHA workers, community DOT providers and

general health staff and RNTCP staff in Psycho-social counselling.

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, sensitization of 22 community based workers (ASHA), 24 DOTS providers and 24 general health staff were undertaken in respective area PHCs. Need based home visits for MDR TB patients was 73 and home visits for MDR suspects was 20. Resultant default retrieval action was successful for 12 patients in 3 districts in short span of project. During the above process numerous visits for Tuberculosis Unit and NGO was done including visits to private practitioners.

## Best Practices

- GLRA involved grass root NGOs, private practitioners, ASHA workers and community members, as DOTS Plus providers and prepared them as psycho-social counsellors.
- 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. Similarly GLRA formats were field tested by government and adopted after some changes.

## Current Situation

Under the DOTS Plus Expansion (PMDT - Programmatic Management of Drug Resistant TB), Gujarat State has covered all 30 reporting units (26 districts, 3 Municipal corporations & 1 RU of Chhotaudepur) by December 2011.

## Independent Evaluation of Gujarat Coordination Project:

Independent evaluation of Gujarat coordination project was undertaken during 9th June to 17th June by Dr R. N. Solanki with an objective to measure contribution of German Leprosy and Tuberculosis Relief Association (GLRA India) to Revised National Tuberculosis Program(RNTCP) of Gujarat State for the year 2009-2010.

The conclusion of evaluation is that: 'contribution of Gujarat coordination team is very helpful to Gujarat RNTCP program.'The recommendations based on this evaluation are as follows:

- (1) Gujarat state is preparing for XDR TB service for the needy patients as per national guideline. GLRA contribution to state can be significant in future initiatives for the same.
- (2) The future areas for GLRA contribution in Gujarat RNTCP can be prison TB, pediatrics TB and TB in tribal-hilly areas (hard to reach population).
- (3) To bridge gaps in MDR TB services, for e.g. Existing gaps between eligible MDR TB patients investigation and MDR TB treatment initiation.

## TB Slum Project, Delhi

### Project Rationale and Method (2009-2010)

In Delhi, 45% of total population (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.

### Objective of the project

- To strengthen community DOTS in Delhi slums 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) are 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.

### Results

During 2010, 489 TB patients received DOTS treatment from community TB volunteers at mutually convenient timings. All 489 patients were provided with packed high protein nutrition on weekly basis in collaboration with Delhi Govt. All the patients along with their family received nutrition counselling using nutrition display cards developed in the project.

A total 865 TB patients with high risk behaviour referred for HIV testing. Among these, 27 patients were found HIV-positive. 17 patients of 27 were placed on ART, 10 patients of 27 placed on CPT & 2 patients were found suffering from MDR-TB. A total 61 HIV-positive client tested for TB and 5 clients



found to be sputum positive TB and placed on treatment.

28 community meetings were held in different slums to spread TB awareness among slum community involving private practitioners and community leaders. 15 street plays were performed by volunteers in different slums to spread TB awareness. 5 women self help groups (SHGs) were sensitized on TB symptoms. 25 canopy exhibitions held in public places during evening markets in slums to make public aware on TB symptoms. The exhibition materials used for spreading awareness on TB control were prepared by students in schools during poster competitions facilitated by the project.

### 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.

### Transition rationale & methods

GLRA began community DOTS in the 15 target slums through community volunteers trained in DOT provision. During year 2005, these slums had few NGOs or other stakeholders active in DOTS 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 ensuring non-disruption of TB treatment to 187 patients enrolled in the project currently.



# Rehabilitation

## Socio Economic Rehabilitation

Since inception, for the past four decades German Leprosy and TB Relief Association Rehabilitation Fund (GLRARF) had been taking several Socio Economic Rehabilitation activities for the integration of leprosy affected persons in the community. The shift in the mandate for implementing Community Based

Rehabilitation (CBR) has brought in additional roles and responsibilities to the organization. Among the existing 37 partners, 7 partners have initiated the CBR process. GLRARF provides need based technical support to bring paradigm shift in the rehabilitation approach towards CBR. The achievements of GLRARF through partners are mentioned in the below table:

**Table – 6 Rehabilitation Achievements through partner projects (1978-2011)**

S.No.	Program	No. of Beneficiaries
1	Training placement	5,510
2	Job Placement	3,683
3	Educational support	36,096
4	Old Age assistance	18,868
5	Counselling	65,515
6	Self Help Group	876
7	Self Employment	6,992
8	Self Employment through Bank Loans	1,447
9	Housing	2,499
10	Assistance received through Govt. Sources	1,732
11	Other Beneficiaries	71,559
<b>Total Beneficiaries</b>		<b>214,777</b>

SER approach is focused towards the rehabilitation of leprosy affected persons. The approach has different types of activities implemented for the benefit of the families having leprosy background. The SER activities are mainly economic services which include micro credit for micro enterprises, interest

free loans for house construction, repair and renovation, educational services - placement for schooling and sponsorship for school/college/vocational education and other welfare activities.

District level SER is yet another new milestone activity in the history of GLRA. A total of 489

leprosy disabled persons residing in nooks and corners of 22 districts were helped with the help of respective district health officials.

### SHG Activities:

GLRA Rehabilitation Fund implemented special self help group program with an objective of integrating and empowering PWDs through NGO partners in 6 districts. From that initiative 410 SHGs are sustaining their activities savings and credit activities. Nearly 4,500 persons are getting benefit among them 154 persons are from leprosy background and 2,177 are from differently abled background. These groups have generated a group corpus. The seed money which was provided to these groups has helped to form and function as SHG.

### Transformation of SER into CBR among partners

Out of 51 GLRA supported projects 37 partners are engaged in SER activities. The following seven projects have taken initiatives to establish CBR activities. Though the transformation has been initiated, the SER activities are also continued in these projects.

1. Maria Nilayam Social Service Society, Kurnool, Andhra Pradesh
2. Sagaya Matha Hospital, Pullambadi, Tamilnadu
3. Gremaltes, Chennai, Tamilnadu
4. Damien Leprosy Control Centre, Nilakkotai, Tamilnadu

5. Ecomwel Othopedic Centre, Tharamangalam, Tamilnadu
6. Gandhi Memorial Leprosy Foundation, Balarampur, West Bengal
7. Sevathirth, Vadodara, Gujarat

The efforts of these projects need to be appreciated. However full fledged and well structured CBR program is yet to take place. 8 more partners are expected to shift their leprosy focused SER strategy into CBR in a phased manner.



As resource constraints in terms of finance as well as qualified manpower has been a major problem for the transition process from SER into CBR. GLRARF is planning to address this gap by tapping other resources through co-finance. The rehabilitation team has taken steps to evolve innovative concepts for full fledged CBR.

### Educational/Vocational sponsorship program

The educational / vocational assistances of the organization has got indirect or cascading effects in the process of Rehabilitation.

Through this program the organization has helped 123 deserving students in academic as well as in vocational training, during 2010-

2011. Apart from funds from GLRA RF, our team has also networked and sought funds from WG memorial fund in IDEA India.

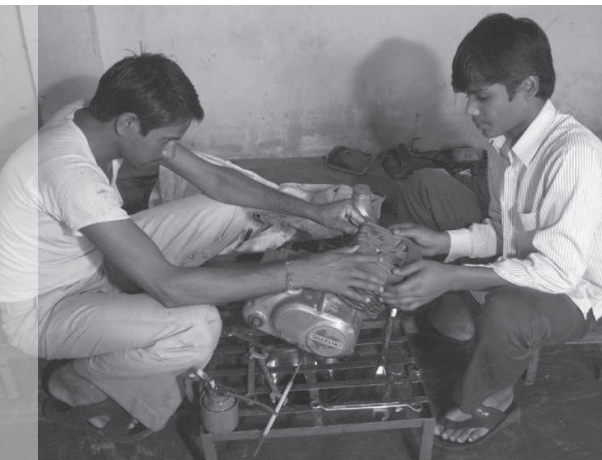


Table – 7 Educational Support by GLRA RF

Course	No. of students 2010	No. of students 2011
Engineering	7	11
College Education	21	27
School Education	16	45
Diploma & ITI	9	10
Nursing	4	6
Physiotherapy	2	-
Teachers Training	1	1
Optometry	1	1
Dance	1	-
Computer Training	1	-
Tailoring and Fashion designing course	-	8
<b>Total</b>	<b>63</b>	<b>60</b>

# Key Activities of GLRA NGO Partners

## ANDHRA PRADESH

### 1. Damien Leprosy Centre (DLC) – Eluru, West Godavari

This well renowned leprosy hospital was established in 1962 in West Godavari district. Leprosy was highly endemic in this district with several self settled leprosy colonies.

**Leprosy Services:** The project covers two urban areas covering a population of around 4.5 lakhs in Eluru and Bhimavaram. The project successfully cured 20,142 persons affected with leprosy in the last five decades. More than 1100 disabled people are under surveillance in this centre. The project is also contributing to the Government of India’s “Disability Prevention & Medical Rehabilitation Program”(DPMR) by serving two districts West Godavari & Khammam.

**TB Control:** Besides leprosy coverage the project is also engaged in TB control program in Eluru & Bhimavaram under RNTCP as Designated Microscopy Centers for serving 2 lakh population.

Services	2010	2011
New leprosy diagnosed and treated	108	96
Leprosy cases admitted	231	339
RCS conducted	4	4
Reaction cases treated	37	28
MCR footwear supplied	503	464
SER beneficiaries	95	79
Cataract surgeries	31	25
Old Age inmates	20	20
TB suspects examined	1268	1304
TB cases registered	238	204

**Fr. Manna Children’s Home:** Fr. Manna Childrens’ Home was established in 1977 as a unit of DLC, with a specific goal of holistic care and rehabilitation of children of leprosy patients specially from the leprosy colonies. Children in the age group of 3 to 18 are in the program. The home provides shelter and education up to 10<sup>th</sup> standard and later sends them for higher education at different places. The unique custom of the home is to prepare the female inmates for their marriage and to provide financial help for the same

**Facilities:** 60-bed hospital, DPMR recognized tertiary care centre with reconstructive surgery



facilities, Designated Microscopy centre for TB, Community Care Centre with 30 beds for HIV/AIDS, Home for aged and destitute leprosy persons, Blindness control program and Socio-economic rehabilitation.

## 2. Sivananda Rehabilitation Home (SRH) – Hyderabad

The Home was established in 1958 by Rani Kumudini Devi on a 51 acre campus at Kukatpally in the outskirts of Hyderabad, with the sole aim of providing a home for the needy leprosy patients. Being one of the major leprosy care centers in the country, SRH continue to provide holistic care to persons affected by leprosy.

**Leprosy services:** In 1976 the home was expanded to accommodate about 1000 leprosy patients and established small scale industries were started to support them for their daily living. In 1979 an Urban Leprosy Control Project covering a population of 0.5 million was started in Hyderabad City with support from German Leprosy Relief Association and it was increased to 1.5 million in 1987 under NLEP. Over the years a total of 11000 leprosy cases were detected and treated by this centre. The needy patients also were trained in Cottage industries like Handloom weaving, Candle making, Tailoring, Welders, Fitters, Electricians, Carpenters and Sheet Metal Workers as part of social rehabilitation

SRH has been adjudged by the Government of Andhra Pradesh as the “Best Non-Government Organization” award for the year 2001-02 in the field of leprosy

Services	2010	2011
New cases diagnosed and treated	107	131
Leprosy cases admitted	901	937
Reconstructive surgeries	86	84
Reaction cases treated	313	280
MCR footwear supplied	596	630
SER beneficiaries	55	51
Vocational training support	50	50
Old Age Care	461	465
TB suspects examined	2820	2572
TB cases registered	801	885

Sivananda Rehabilitation Home with state of art facility has been recognized as a nodal centre by the Government of India for the “Disability Prevention & Medical Rehabilitation Program”(DPMR) to cover six districts viz., Adilabad, Nizamabad, Medak, Ranga Reddy, Hyderabad Urban & Mahaboobnagar. Till now 6000 Reconstructive Surgeries have been performed for deformed hands and feet of leprosy patients.

**TB Activities:** SRH has also taken up a TU (Tuberculosis Control Unit – 5 lakh population) under the Revised National Tuberculosis Control Programme in 2004. An isolation Ward is also established in Community Care Centre for HIV/AIDS for patients with co-infection with TB & HIV.

**Facilities:** 200-bed hospital, DPMR tertiary care with Re-constructive surgery facilities, TB treatment Unit, Community Care Centre for HIV/AIDS, Home for aged and destitute

leprosy persons, vocational training centre and Socio-economic rehabilitation.

### 3. Leprosy Health Centre - Nalgonda

Leprosy Health Centre is located in the outskirts of Nalgonda town. Established in the year 1972 and served for 485,000 population. Nalgonda is well known for high prevalent district for leprosy even after many years of integration which results large inflow of affected people who require disability care.



**Facilities:** 200-bed hospital, DPMR secondary care centre with reconstructive facility. Colony for aged and destitute leprosy persons and high school for children from affected families

Services	2010	2011
New leprosy diagnosed and referred	93	139
Leprosy cases admitted	232	234
Ulcer in-patient care	221	229
MCR footwear supplied	198	200
Vocational training support	18	20

### 4. Bethany Colony - Bapatla, Guntur

Bethany Colony Leprosy Association is a self-run community established in 1965 for more than 600 leprosy patients and their families. Although many had been cured of their disease, the social stigma of leprosy is such that in many



cases it was impossible for these patients to return to their native homes and families. The association provides support to the inmates to access the basic human rights such as disability / old age pension, subsidies on essential food stuffs and other government social welfare schemes.

**Leprosy services:** The Bethany Colony Leprosy Association has 3 main objectives, which will directly or indirectly support all inmates and their dependents living inside the Colony.

- **Medical support** - for all Leprosy affected as well as general care for Tuberculosis and Eye care for the inmates including custodial care and care for the elderly to prevent them from begging.
- **Physical Rehabilitation** - prevention of disabilities and training them on self care practices to lead a normal life.
- **Socio – Economic Rehabilitation** - to all the patients and their dependants living in the Colony.

**Facilities:** 20 bedded hospital, Physiotherapy unit, Home for aged and destitute leprosy persons, vocational training centre.

Services	2010	2011
Patients received medical care	285	260
Provide in-patient care	232	74
Ulcer management	82	72
MCR footwear supplied	107	136
Educational assistance	60	135
Old Age care	278	269

## 5. Mariyanilayam Social Service Society - Gargeyapuram, Kurnool

This project is working in the field of leprosy eradication program in collaboration with the government since 1989 by covering 2.6 lakh population and has identified 4096 leprosy cases.

Services	2010	2011
New leprosy diagnosed and treated	10	7
Provide in-patient care	47	60
MCR footwear supplied	122	102
Cataract surgeries	497	800
Educational Assistance	40	16
Corrective surgeries PWD	17	10
Self employment support	20	29
Vocational training	6	12
Old age care	55	55

**Leprosy services:** After integration of leprosy into general health care, the society has set the priority for Disability Prevention and Medical Rehabilitation (DPMR) and by serving as a secondary care centre. The centre is also empowering the economic status of the affected people through integrated Community Based Rehabilitation.

The centre provides the ART therapy to the HIV/AIDS patients along with symptomatic treatment, Nutritional support & Supplementary food distribution, Individual Counselling, Psychological support, Orientation and training of Staff, Preventive Measures and Community awareness, Home & community based care, Sensitizing the community, Family counselling, Educational support to HIV affected, Capacity building, Mobilizing community resources & social support, PPTCT + program etc..

**Facilities:** 20-bedded hospital, Physiotherapy unit, Eye care, Integrated Community Based Rehabilitation for PWDs, Primary school, Leprosy colony and Community Care Centre for HIV/ ADS.

## 6. St. Ann's Hospital - Jaggayapet

This leprosy care centre founded by Fr. W. Meyer located in Guntur district is providing out-patient care for the affected people from near by areas. The hospital also runs a leprosy sanatorium with 16 inmates. The project specializes on socio-economic interventions to patients and their family members by supporting them in education, micro finance aid for establishing small scale business and construction / renovation of houses.



## KERALA

### 7. CULTES – Cochin

Cochin Urban Leprosy/TB Treatment and Education Scheme (CULTES) was established in the year 1980 at Perumpadappu, Cochin to support the people affected with leprosy in the coastal areas where majority of the catchment population are fisherman and most vulnerable community.

**Leprosy services:** Government of Kerala permitted the activities of CULTES to eradicate leprosy from the Cochin Corporation and the rural areas of Angamally block. Since then 3046 leprosy cases have been cured. Project also established a wood carving unit under the social rehabilitation and this unit has earned valid reputation in the industry.

Services	2010	2011
Manage leprosy complications	194	67
MCR footwear supplied	35	18
SER beneficiaries	7	9
TB suspects examined	523	401
TB cases registered	99	15

**TB services:** From 1992, CULTES started TB Treatment with the help of GLRA. CULTES is the only NGO that has been sanctioned a Microscopic Centre and DOTS centre for TB control work, when RNTCP was introduced in Ernakulam District. A total of 3667 new TB

cases were treated by this centre since then. CULTES also serves 1.5 million population under Advocacy Communication Social Mobilization in coastal areas.

**Facilities:** Hospital with 8 beds, Out-patient physiotherapy, Microscopy centre for TB, Sputum collection and transport facilities from rural areas, Treatment adherence, Vocational training and ACSM activities.

### 8. Poor Leprosy Hospital, Green Gardens, Cherthala, Alappuzha

This is one of the oldest leprosy care hospital in Kerala, started leprosy treatment program in the year 1942. There were about 300 leprosy affected people who were abandoned by the society. This hospital is situated in the coast of Bay of Bengal and most of the affected people are from the vulnerable fisherman community.

**Leprosy services:** The project has been running the asylum besides engagement in leprosy eradication program through Survey, Education and Treatment with the collaboration of Government. Over seven decades, the hospital could manage to treat 1545 cases. After the integration of leprosy, the project continues to arrange awareness programs, general health / eye / skin and cancer detection camps.

Services	2010	2011
Provide in-patient medical care	101	46
MCR footwear supplied	42	35
Old age care	20	20
Leprosy related surgeries	26	10

**Facilities:** The project runs a 100-bed hospital with all facilities including surgery besides physiotherapy. The centre provides holistic care for old age people with all medical facilities. With the income generated from general hospital they are able to meet most of the needs of Leprosy patient.

## 9. Damien Institute – Trichur

The Damien Institute was established in 1954 with hospital set-up in the out skirts of Trichur, the cultural capital of Kerala. This Institute is still one of the pioneer center rendering leprosy relief to the leprosy patients in the state. The project serves 4.5 lakh population in Trichur district besides significant migrants from neighbouring districts and also from Coimbatore district of Tamil Nadu

Services	2010	2011
New leprosy diagnosed and treated	14	
Provide in-patient care	298	
Manage complications	612	
MCR footwear supplied	128	
Leprosy related surgeries	15	
Self employment / educational support	107	
General OP	3674	
Old age care	32	

The Hospital has a total bed strength of 195 of which 60 beds are exclusively for leprosy. The projects provides rehabilitation to persons affected by establishing different units such as mechanical workshop, Orthopaedic workshop, Piggery, Tailoring centre and other IGP activities.

**Facilities:** 60 bed hospital, DPMR secondary level care centre, Orthopedic workshop (Prosthesis and Orthosis), Support to PWDs, Home for aged and destitute leprosy persons, vocational training and Socio-economic rehabilitation.

## 10. St. Damien’s Leprosy & TB Project - Calicut & Pattuvam

Deenasevana Sabha, a well known missionary congregation in Kerala started this project and enrolled in NLEP services in 1983 at Pattuvam, a small village in Kannur district of northern Kerala. Then on they have expanded its services to various parts of Kannur and Wayanad district. The project also runs old age home in Pattuavm

Services	2010	2011
New leprosy diagnosed and treated	21	29
Manage leprosy complications	47	45
MCR footwear supplied	9	13
<b>TB control support</b>		
TB suspects examined	4205	4305
TB cases diagnosed and referred	260	328

**TB services:** After integration of leprosy, the project embarked on RNTCP activities by covering 5 lakh population for ACSM in Calicut Corporation and Quilandy municipal areas.

The project also introduced Community Based Rehabilitation for people with multiple disabilities, T.B. nutritional support, mentally

challenged, hearing impaired and persons with locomotory disabilities. Surveys, awareness building seminars, referral services, surgical interventions, and distribution of aids and appliances are undertaken with the support of local Government hospitals and NGO's.

**Facilities:** 9-bed hospital, POD care, DOTS & ACSM for TB, Care centre for HIV/AIDS, Old age home, Institutional care for street children, Socio-economic/ Community based rehabilitation.

### 11. Leprosy Eradication and Community Health Centre - Kottayam

This project started leprosy eradication program in 1988 in a village (Amayannur) near Kottayam. Later expanded its services to Pambanar in Idukki district. A total of 336 leprosy cases have been registered and treated by this project.

**Achievement in TB services:** For the first time, the Evening DOTS was established in India:

In 2002 the project started RNTCP DOTS. This project was instrumental in starting the evening DOTs facility which became well accepted by all sections resulting in better treatment compliance. They have piloted this new strategy in 2005 to reduce defaulter rate and then on till now an evening DOTS centre is run by this project at District Hospital, Kottayam. From 2005 a total of 2467 TB patients were treated and cured.

**Facilities:** General OP dispensary, POD care, Designated Microscopy centre, Evening DOTS at District Hospital, ICTC for HIV/AIDS and Adoption centre.

Services	2010	2011
TB suspects examined	347	386
TB cases diagnosed and referred	274	228

## TAMIL NADU

### 12. St. Joseph's Convent Dispensary and Leprosy Centre - Arni

St. Joseph's Convent dispensary was started in the year 1928 to provide health care to the people who lived in and around of then North Arcot district.

Services	2010	2011
New leprosy diagnosed and referred	6	11
Manage leprosy complications	320	312
MCR footwear supplied	55	150
SER / educational support	22	13

**Leprosy services:** Leprosy work was started in the year 1964. This center's leprosy work was recognized by the government in the year 1985 by allotting SET work. After integration of leprosy, the project covered Arni and Cheyyar urban area for urban leprosy elimination program. Since its inception 2142 leprosy patients were treated and cured by this project. A special group for leprosy affected people was formed and linked with another NGO, WEL (Women Education for Liberation). The project also constructed 10 houses for the leprosy affected in Pyoor.

**Facilities:** POID activities, Rehabilitation work, Awareness program on Leprosy, TB DOTS, CBR/SHG activities, Care after cure, Vocational training, Job placement and leprosy colony.

### 13. St. Thomas Hospital and Leprosy Centre, Chettupattu, T.V. Malai

St. Thomas Hospital and Leprosy Centre, Chettupattu was established in the year 1960 by Dr. Maria Aschhoff with a small team of Medical Mission Sisters. In 1963, the number of leprosy patients was 7,271. In order to give proper treatment a 50 bedded hospital was constructed. In due course treatment for other illness was also started and gradually the strength extended to 250 bedded Hospital with all the wards. Besides leprosy and TB the hospital extended its specialities in Dermatology, ENT, Ortho, Urology, Ophthalmology and Dental. Project runs training courses in General Nursing & Midwifery and Laboratory Technician affiliated by Govt. of Tamil Nadu.

Services	2010	2011
New leprosy diagnosed and treated	48	51
In-patients care	298	343
Reaction cases treated	13	8
MCR footwear supplied	218	50
General out patients	36520	36340
TB suspects examined	955	666
TB cases Registered	114	22

**Leprosy services:** Over past five decades the project could diagnose and treated more than 15,000 leprosy affected people and at present continuing its services as a DPMR secondary care centre.



**TB services:** Project also works for Tuberculosis Control Program since 1975. From 2009 the project also works in RNTCP as Designated Microscopy Centre.

**Rehabilitation Activities:** Kshema Rehabilitation Training run for the children of leprosy affected families and girls from economically backward section, CODEP ITI, Sponsorship scheme and Special school for mentally challenged children are few of the activities of this project.

**Facilities:** 50-bed hospital, DPMR recognized secondary care centre with referral facility Designated Microscopy centre for TB, Community / Socio-economic rehabilitation, Nursing / Lab Technician courses

### 14. Leprosy Relief Rural Centre, Chettipattu, Salem

This centre was established in 1956 exclusively for leprosy services and also as the first NGO partner of GLRA India. They cover the whole of Omalur taluk with over 53 villages and a

part of Mettur Taluk. Over 15,600 patients have benefited from this project services. In 1993 this project received an award from the then President of India, as an organization that employed the most number of handicapped persons. In 1998 the hospital was diversified into a general hospital.

Services	2010	2011
New leprosy diagnosed and Treated	60	48
Management of complication	352	255
In-patients care	88	70
Reconstructive surgery performed	13	12
MCR footwear supplied	128	133
General out patients	18911	17088
TB suspects examined	3503	3669
TB cases Registered	540	500

**Leprosy services:** LRRC continues with same emphasis on leprosy care and has been recognized as a tertiary care for the “Disability Prevention & Medical Rehabilitation Program”(DPMR) to cover six districts viz., Coimbatore, Erode, Namakkal, Salem, Dharmapuri and Krishnagiri.

**TB Activities:** LRRC has also taken up a TU (Tuberculosis Control Unit – 5 lakh population) under the Revised National Tuberculosis Control Program in 2000.

**Facilities:** Besides leprosy (20 bed hospital) and TB unit, this hospital also offers specialized

services in General medicine, general surgery, Ophthalmology, Gynaecology, Orthopaedics and Physiotherapy services.

### 15. Sagayamatha Leprosy Hospital, (SMLH) Pullambadi, Trichy

This project was established in the year 1965. The total number of leprosy cases detected and cured as on December 2010 is 18,957 including 911 disabled due to leprosy. Currently 212 patients are under care for their deformity. SMLH is a pioneer in rehabilitating disabled people through self help groups.

**Leprosy services:** The hospital is located in the rural area – Pullambadi, Trichy District. Covering 2.7 lakh population spread across in 202 villages by providing health care in Leprosy, TB, HIV/AIDS and Rehabilitation. This hospital is a well recognized DPMR secondary care centre covering an additional population of 11.5 lakh in Perambalur and Ariyalur districts.

**TB services:** The tuberculosis services were started in 1995 through the National Tuberculosis Control Program with the support of GLRA. Later in 2002 SMLH launched designated microscopy centre under RNTCP and till now a total of 1500 TB patients were treated and cured.

**Facilities:** Out patient service, 40 bed hospital, surgery facility. Additional facilities like Skin, Ortho, Dental, ENT and Diabetes Mellitus, General Medicine, General Surgery and Maternity. SMLH also offered paramedical courses MPHW female & DMLT.

Services	2010	2011
New leprosy diagnosed and referred	15	15
Management of complication	474	327
In-patients care	173	117
MCR footwear supplied	83	82
General out patients	5323	5979
TB suspects examined	202	74
TB cases Registered	19	18

## 16. GREMALTES Hospital, Chennai

Gremaltes is a pioneer in Urban Leprosy control and it was established in 1971 in Chennai. North Chennai was allotted as the project area during urban leprosy control because of the slums and density of population. The inpatient facility was started in 1980 with 70 beds.

Services	2010	2011
New leprosy diagnosed and treated	57	74
Management of complication	508	541
In-patients care	135	127
MCR footwear supplied	441	673
Vocational / educational assistance	31	29
TB suspects examined	265	-
TB cases found positive	397	-
TB HIV co-infected	11	-

**Leprosy services:** NLEP activities started in 1980 by covering almost one million population. A total of over 60,000 patients were detected and treated by this well known institution.

**TB services:** Gremaltes started TB control activities in 1999 and later enrolled in RNTCP as designated microscopy center. A total of 4379 patients have been registered since then.

**Facilities:** Leprosy hospital, TB microscopy centre, Dermatology, Ophthalmology, Dentistry, Orthopaedics, TB/HIV, Diabetes, and STI clinic are some of the services in addition to Community Health & Development and Child Health and Protection.

## 17. Damien Leprosy Control Centre, Nilakottai, Dindigul

This centre was established in 1969 as a health care centre for leprosy patients. Since then it has expanded to a 120 bed hospital of which 15 are exclusively for leprosy. The hospital also extended the health related services into the field to serve more underprivileged and those afflicted by physical and mental disabilities. General hospital, eye care centre, school for mentally retarded children and a Bal Gurukul are few of the initiatives of this project. It is noteworthy that the project has been awarded for the rural uplift in 2010 from Gandhigram Trust.

**Leprosy services:** The project is part of NLEP's SET program from 1997 by covering a population of over 1.6 lakh people. Since then over 8750 people have been cured.



Services	2010	2011
New leprosy diagnosed and treated	35	17
Management of complication	478	484
In-patients care	131	71
MCR footwear supplied	81	128
Self employment support	19	34
General out patients	13329	21306
Cataract surgeries	1315	1139

**TB services:** The TB program through RNTCP started in 2002 and has treated over 1500 cases. Supplementary drugs, Nutritional food supplements, CMZ medication is also offered to TB patients under their care. They conduct mass rallies with students to spread awareness among youth and public at large.

**Facilities:** Leprosy hospital, Secondary level DPMR care, Designated Microscopy Centre General Hospital, Laboratory services, Eye care, School for MR children, Community Based Rehabilitation for PALs, School health education, awareness for slum population and TB-HIV counseling.

### 18. St. Joseph’s Leprosy Hospital and HIV/AIDS care centre, Tuticorin

St. Joseph’s Leprosy Hospital completed sixty one years of their yeomen service to the poor, the rejected, the neglected and the marginalized of society. This centre was established in 1949 for the care and treatment of leprosy patients and by 1958 had 300 inpatients. The activities in St Joseph’s Hospital revolve around Leprosy, Community Care Centre - HIV/AIDS, Malaria control, Tuberculosis, General Dispensary.

There are 63 old permanent inmates staying in the old age home.

SJLH has also undertaken ‘Access to Care and Treatment’ (ACT) services with the support of Population Foundation of India. This project aimed at improving survival and quality of life of the people affected and infected with HIV / AIDS. A total of 1,649 PLHA and their families benefited from this project.

**Leprosy services:** NLEP services started in 1971 by covering a population of about 2.2 lakhs in the sea shore of Tuticorin and treated over 8500 leprosy affected people. 100 beds maintained exclusively for the care of the affected.

**TB services:** The project runs a Designated Microscopy under RNTCP from 2001 for 50,000 population.

**Facilities:** Leprosy Hospital, TB microscopy, HIV AIDS community care centre, Old Age Home, Socio-economic rehabilitation and Malaria control

Services	2010	2011
Management of complication	231	229
In-patients admissions	42	75
MCR footwear supplied	230	126
Educational support	44	45
TB suspects examined	245	239
TB cases found positive	69	59



### 19. St. Pauls Leprosy Centre, Thondamanthurai, Perambalur

Leprosy care centre with minimal in-patient facility is located in Perambalur district. This rural centre is providing out-patient care and also in-patient disability care for the affected people. The project taken initiative for socio-economic well-being of the affected people and formation of Self Help Groups for community based rehabilitation.

### 20. Cheshire Home, Katpadi, Vellore

Cheshire home started in 1956 is situated in Mottur, Katpadi Vellore District of Tamilnadu mainly to take care of leprosy affected persons disowned by their community. At present 54 patients are accommodated in the home (30 Male and 20 Female) as inmates. Ulcer Care and medicines are provided for the inmates. The inmates are referred to Karigiri and CMC hospitals and receive treatment for complications related to diabetes, hypertension, general health etc., MCR and special foot wear is also provided.

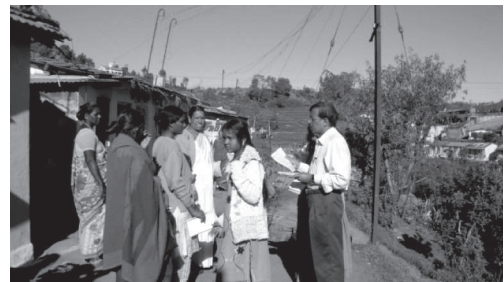
### 21. GLRA Rehabilitation Fund, Chennai

GLRA has been implementing leprosy focused SER activities for the past 4 decades with the help of partners across the country. This includes different types of activities such as Economic services which include Micro credit for micro enterprises, interest free loans for house construction, repair and renovation. Educational services such as placement for schooling and sponsorship for school/college/ vocational education and different types of charity activities.

### 22. Nilgiri Leprosy Eradication Scheme, Coonoor & Coimbatore

Silver Jubilee project of GLRA-India, NILES started at Coonoor, Nilgiri in 1991 for Leprosy eradication, rehabilitation, Health education and POD activities.

**Leprosy services:** NILES worked as field based project under vertical system of NLEP activities till integration (2005) by covering a population of around 7 lakhs in the entire



district including the tribal population. The services were extended in 327 villages including 4 urban areas and 386 schools. A total of 2500 leprosy affected people were treated in a span of 15 years.

Services	2010
TB suspects examined	1329
TB cases found positive	124
Treatment completion rate	
No of cases co-infected with HIV	12

**TB Services:** After integration of leprosy NILES diversified its activities into TB control service from 2006 by establishing a TB Treatment Unit in Coonoor and Kothagiri Taluk of Nilgiris covering 2.5 lakh population.



From 2011 April, government has taken over the activities of the TB Unit, NILES has switched over its activities to disability care in Coimbatore district.

### 23. Ecomwel Orthopaedic Centre, Tharamangalam, Salem

Ecomwel is a centre for Special Education and Rehabilitation of the disabled. This is an organization that provides holistic opportunities for the empowerment and overall development of the disabled and make them self reliant and responsible citizens. This centre was established in the year 1986 at Tharamangalam near Salem.

**Education:** Over the years the organization has served the disabled through educational programs for Mentally Challenged, Special Education and Rehabilitation Centre for the welfare of children with Autism, Cerebral Palsy and Multiple Disabilities. Residential hostel for the differently abled children, Industrial Training School for rural differently abled, children of leprosy patients and a Training Institute for Special Education.

**Community Based Rehabilitation:** Inclusive education for the differently abled in 16 blocks of Salem District, The project also runs few educational institutes such as residential school for girl children belonging to backward, Community Based Rehabilitation and Vocational training programs for persons with special needs.

**Facilities:** Rural Health Care Centre, Well-equipped physiotherapy unit for differently

abled and general public for physiotherapy management, Orthopaedic workshop to manufacture appliances for persons affected by leprosy and other disabilities, Sensory stimulation unit for early identification and early intervention of childhood disabilities and new born screening and vocational training for the differently abled adult children.

## MAHARASHTRA

### 24. Solapur Leprosy Centre, Solapur

Solapur project started functioning in 1980 as Solapur Comprehensive Leprosy Project initiated by Poona District Leprosy Committee. Basically this is a field based urban program operational in Solapur Municipal Corporation area. A total of 6,450 leprosy cases were cured by this project till 2005. After integration of leprosy into general health system the project has been playing a vital role in following NLEP supports services.

**Leprosy services:** Leprosy early diagnosis - through IEC, out-patient disability care and Socio Economic Rehabilitation through educational aids, support to housing, economic help to start business and vocational training.

**TB services:** From 2003 the project also participated as NGO in RNTCP program by covering 150,000 population for ACSM activities and also TB slum improvement scheme.

**Facilities:** Leprosy diagnosis, PoD care, Dermatology out-patient facility, IEC, CBR for leprosy affected, & TB control ACSM activities.

Services	2010	2011
Management of complication	337	294
Leprosy reaction treated	4	5
MCR footwear supplied	200	180
Self employment support	20	14
TB suspects examined	1400	1000
TB cases found positive	117	63

## 25. Sevadham Trust, Pune

This project also was initiated by the then Poona District Leprosy Committee. Project mainly focused on slum areas of Pune urban by covering a population of 160,000.

**Leprosy services:** Creating awareness about Leprosy amongst masses by various means to encourage people with suspected signs & symptoms of diseases, to report voluntarily to seek treatment.

Services	2010	2011
Management of complication	149	32
MCR footwear supplied	48	5
TB suspects examined	433	68
New TB cases	67	62
TB HIV co-infected cases	10	14

**TB control:** After integration of leprosy the project diversified its activities by taking up RNTCP scheme for ACSM. A total of 224 IEC programs were conducted by the project during the year.

**Facilities:** Leprosy diagnosis, POD care, IEC slum areas, TB control through ACSM.

## 26. Maharashtra Lokahita Seva Mandal Leprosy Control Project, Mumbai

MLSM was formed in 1970 by late Mrs. Florie Freitas as a social service organization in the slums of Golibar and Santacruz East of Mumbai metro city. The prime objective is concern for leprosy patients and consequently of the slum dwellers in the area. In 1976, MLSM was allotted the H Ward East, P Ward and the island of Manori to carry out the Urban Leprosy Control program under the aegis of the German Leprosy Relief Association.



**Leprosy services:** MDT program was started in 1991 covering 1.9 million population in 21 urban health posts since then a total of 23,554 cases of leprosy were identified and treated. In addition to SET program the project also extended its hands to rehabilitate hundreds of affected families.

**TB services:** RNTCP support services started in 2003 with a population of 115,000 by opening 3 DOTS centres, 3 sputum collection centres and 1 Microscopy centre.

MLSM continued TB activity by running DOTS centres at Nivara Health Centre run by Shabana Azmi and at Aarey Milk Colony. Since

inception of RNTCP, 1415 TB patients have been registered for treatment out of which 1147 are cured.

Services	2010	2011
New cases diagnosed and treated	128	109
Management of complication	242	336
Leprosy reaction treated	40	49
MCR footwear supplied	106	126
Supply of assistive devices	68	81
TB suspects examined	540	192
TB cases found positive	43	44
No. of TB HIV cases	21	4

Other Major activities for slum dwellers: The project also engaged in slum development programmes for 1.9 million people such as Child sponsorship, Typing & English classes, Tailoring, Job placement, Rehabilitation projects – Box making & Paper bag unit, Micro finance assistance for small businesses, Housing project – repairing houses of Leprosy & TB patients & other needy people of the slums, establishing Balwadis, Adult education, Tuition classes and Creche to prevent malnutrition in slum children and providing support to poor working parents.

**Facilities:** Leprosy diagnosis, DPMR care at three centers (Santacruz and Malad), DOTS provision, Community development for slum population.

## 27. Lok Seva Sangam (LSS) Mumbai

The organization was started in 1976 to take care of the needs of leprosy affected people

in the L and M wards of Mumbai city. The project also initiated several community development activities in the city specially for the marginalized people in the society.

**Leprosy services:** Being a field based urban leprosy control unit, project expanded its services to 1.9 million people under SET program. A total of 28,879 cases were registered since the beginning of which 23,005 cases were cured.

**TB services:** The project also established TB control activities from 2003 under RNTCP with 1 lab and 5 DOT centers. At present the project runs 4 DMC's and 4 sputum collection centers and 19 DOT centers with 1023 cases of TB detected during the year 2010. Sputum positive patients treated since beginning is 3993 of which 3226 successfully completed their treatment.

Services	2010	2011
New cases diagnosed and treated	238	180
Management of complication	350	415
Leprosy reaction treated	92	28
MCR footwear supplied	117	188
Supply of assistive devices	78	44
TB suspects examined	3153	4835
TB cases detected	1023	625
No. of TB HIV cases	40	46

Project also conducted massive community awareness programs among school children, sensitization for general health staff and training for general practitioners.

## 28. Vimala Dermatological Centre (VDC) - Mumbai

Services	2010	2011
New leprosy diagnosed and treated	73	50
Leprosy cases admitted	585	439
Reconstructive surgeries	83	59
Reaction cases treated	47	53
MCR footwear supplied	253	228
Self employment support	13	18
Old Age institutional care	23	20
TB suspects examined	316	325
TB cases registered	101	120

Vimala Dermatological Centre is engaged in Leprosy Control Programme since 1976 in K Ward West of Greater Mumbai. It's an urban area consisting of 42 slums with a population of 815,864. Being one of the major leprosy care centres in the country, VDC continue to provide holistic care to people affected with TB also. The centre also runs a small home and school for children of affected patients.

**Leprosy services:** Vimala Dermatological Centre has a well equipped 75 bedded hospital with state of art facility. This has been recognized as a nodal centre by the Government of India for the "Disability Prevention & Medical Rehabilitation Program" (DPMR). A total of 16,279 leprosy affected people have been cured by this centre. As one of the pioneer institution in the country, the hospital performed almost 6700 re-constructive surgeries for the leprosy affected people.

**TB Activities:** VDC has also taken up a DMC by covering a population of 200,000 under the Revised National Tuberculosis Control Program. An isolation ward with 5 beds exclusively established for TB affected people under the nutrition and medical care.

**Facilities:** 75-bed hospital, DPMR tertiary care with Re-constructive surgery facilities, TB Microscopy, Home for aged, Hostel cum School for 75 affected children and Socio-economic rehabilitation.

## 29. Mukta Jivan Society, Vehloli, Thane District

Mukta Jeevan was established in 1987 by the sisters of the Society of the Helpers of Mary. It is situated in Thane district 90kms away from Mumbai. Thane District is predominantly a tribal area changing its face with several fast growing townships due to its proximity to Mumbai. However the rural areas are not developed. Mukta Jeevan is a dream fulfilled where dignified life is provided to the patients affected with leprosy. The society runs a leprosy colony (Pushpa Vihar Leprosy colony) in Dahisar slum since 1964.

Services	2010	2011
New cases diagnosed and treated	99	50
In-patient admission	101	476
Self employment assistance	14	18
MCR footwear supplied	36	228
Supply of assistive devices	13	157

**Leprosy services:** NLEP support started in 1991. The project has a 150 bedded hospital. A total of 4325 leprosy affected people have been cured by this centre from its inception. The hospital has all facilities to cater to the need for

leprosy affected people. The project also runs a specialized rehabilitation unit for weaving bed spreads and other linen items.

**Facilities:** Leprosy diagnosis, Hospital, Physiotherapy, Out patients dispensary Occupational therapy, Counselling, Outreach village clinics, School and home for HIV positive children, Old Age Home.

## GUJARAT

### 30. Gujarat Raktapitt Nivaran Seva Sangh, Vadodara

This project works with a vision to rehabilitate cured leprosy persons and help them to lead a self confident and respectful life in the main stream of society.

“Gujarat Raktapitt Nivaran Seva Sangh” established in 1979, functioning as a state level voluntary centre for leprosy diagnostic, treatment, prevention of disability care and settling the affected people within the community to live with family after providing educational assistance, job training and social & economical rehabilitation.

The project has a mobile physiotherapy unit for urban and rural areas. The project also provides SER and CBR support to the underprivileged and disabled people through interest free loan scheme. Skin Camps are conducted and patients are examined. The project runs a MCR footwear making unit, which meets the bulk requirement of the State.

Services	2010	2011
Vocational training	22	3
Self employment	8	6
Other SER assistance	82	0

MCR supplied	4000	4000
Institutional old age care	31	172
School educational assistance	84	70

Specialized trainings are given through I.T.I in computers, book binding, Cutting and Tailoring, Embroidery and needle work. Trainings such as screen printing, candle making, nursery, and foot mat making, Clay work, Jewellery etc. are given to encourage self employment.

Brail Computer education and training: The project runs an I.T.I for visually impaired children. This ITI is recognized by Govt. of India and sponsored By MEDIA LAB ASIA in collaboration with WEBEL MEDIATRONICS Ltd, Kolkata

**Facilities:** Leprosy diagnosis, Mobile Physiotherapy, Out patients dispensary Occupational therapy, Counselling, Outreach village clinics, Old Age Home, school for visually impaired, vocational training.

## CHHATTISGARH

### 31. Pushpa Hospital & Leprosy center, Dallirajhara, Durg

This centre began as a dispensary in 1966 in a most backward district in the then state of Madhya Pradesh. By 1968 it was upgraded to a 30 bedded Hospital. Currently it holds 90 beds including 70 beds for general medical care. Majority of the population are tribals. Dallirajhara is predominantly known for its iron mines. People live in remote areas with

minimal facility for transportation and other medical facilities. Most of them live in small huts and malnutrition is common. This makes them more prone to contagious diseases like TB, Leprosy and Malaria.

**Leprosy services:** The SET program was launched under NLEP in 1983 to cater to the need of around 150,000 population in Dondi block spread in 118 remote villages. From this designated area, a total of 3327 people affected with leprosy were treated and hundreds of their family members were benefited through rehabilitation.

**TB services:** TB eradication program was started in 1997 with GLRA support. In 2003 RNTCP recognized and upgraded this hospital as a DMC and treatment centre. Since then DOTS medication & lab materials are provided by the government. A population of over 41000 are covered through this program. Management of TB HIV co-infection is a concern since the nearest ART centre is located 83 km away at Durg.

Services	2010	2011
New leprosy diagnosed and treated	22	23
Leprosy cases admitted	41	130
Reaction cases treated	10	14
MCR footwear supplied	45	30
Self employment	3	12
Rehabilitation for business	23	18
Old Age institutional care	12	4
TB suspects examined	480	510
TB cases registered	60	35

**Other services:** Project established an Anaemia Eradication Project for tribal children and total of 675 children are receiving benefit out of this project. The hospital also conducted 6 months multi-purpose training course for tribal girls.

**Facilities:** 20 bedded leprosy hospital, 70 bedded General Hospital with department of medicine, OBs & Gynaecology, Family Medicine, ENT, Orthopaedic, 24 hour laboratory, HIV tri- dot testing, physiotherapy and Ultrasound scanning.

From 2010 the government of India has recognized this hospital for the facility of 'Rashtriya Swasthya Bhima Yojana' (RSBY) scheme and from 2011, the Government of Chattisgarh is recognized under the facility of "Janani Suraksha Yojana" (JSY).

## RAJASTHAN

### 32. Sartak Manav Kushtashram (SMK) Jaipur

SMK has been working for total elimination of leprosy in Rajasthan from 1992 under the National Leprosy Eradication Program (NLEP). The Management of the organization is run by the persons affected by leprosy through an elected body. The centre always give priority on empowering the disabled and



cured persons affected by leprosy. Project has full fledged medical dispensaries in Jodhpur and Ajmeer besides Jaipur. Project also runs ‘Ashram’(leprosoia) in Jaipur (Galta road & Jhotwara – Jaipur) and in Ajmeer.

**Leprosy services:** Under SET program, the project covered a population of 1.4 million and a total of 3935 people affected by leprosy were detected and treated.

**TB services:** The project started TB activities since 2003 under RNTCP scheme DMC. SMK is also having another branch at Jhotwara, which is also functioning for RNTCP under drug adherence scheme. Additionally SMK is running 16 DOTS centres with help of public private partnership. A total of 4368 TB cases has been treated by this project of which 1219 were sputum positive cases.

Services	2010	2011
TB suspects examined	1044	1087
TB cases registered	704	786
Treatment completion rate		
MCR supplied for PALs	320	310
No. of IEC programs	1485	1260
Old age care for PALs	91	136

**Facilities:** Leprosy diagnosis, TB microscopy and treatment, Ashram for leprosy disabled, Old age home, Rehabilitation and Awareness creation.

### 33. Ramgarh Reintegration Centre, Ramgarh, Jaipur

Ramgarh reintegration centre (RRC) is a unit of Sarthak Manav Kushtashram (SMK) was formally established in 1997. The unit

is rehabilitating downtrodden people from different parts of India through employment based training program. The services are extended to Persons living with disability, leprosy cured person and their dependents, women & below poverty line persons.

Job oriented trainings such as tailoring, women skill camp at village level, basic computer education, electronics items repair unit, Handicraft unit including perfumes, incense sticks and candle making, glass painting other Dairy & agro based training, spices and floor mill, two wheeler repair unit, Corrugated paper box manufacturing, Career Counselling & Support Services for disabled youth, Self Help Group of Leprosy cured inmates, dispensary to provide medical attention to RRC residents and near by villages. These are the major activities of the project. About 2000 persons have benefited through these services from its inception.

The project also has a Library and conducting arts entertainment, people with disabilities (PWDs) Tournament organized in RRC. The empowerment school has been providing an opportunity to 135 very poor & tribal students from 1<sup>st</sup> to 6<sup>th</sup> class in Lanagadiwas & Nonpura villages.

## ORISSA

### 34. Puri Urban Leprosy Project – Puri

The Puri Urban Leprosy Project started its work in Leprosy Control at Puri from 1981 with the support of German Leprosy Relief Association, Germany with the collaboration of the State Government of Orissa. MDT

was introduced in this project area from 1985 under SET activities of NLEP. From the year 2003 the project involved in RNTCP (TB) by establishing a DMC (Designated Microscopic Centre.) The Project is also involved in SER/ CBR and providing micro finance loans to the cured persons for their self development to bring them back to the main stream of the society. The Project is involved in different health related activities of the Government like pulse-polio immunization program, MDA (Mass Drug Admn.), Malaria Control program in co-operation with the District Health Authority.

**Leprosy Services:** The project covered 2 lakh population in Puri municipality spread across in 26 wards. Over a period of 26 years the project could successfully treat 8,547 leprosy affected persons.

**TB services:** The project has been involved in the Tuberculosis Programme from 1997 under guidance of GLRA India and later in 2003 the project established DMC under RNTCP. A total of 1668 TB cases have been identified and treated by this project.

Services	2010	2011
New case detected and treated	33	41
Management of complication	135	137
MCR supplied to PALs	65	115
Educational assistance	25	30
TB sputum suspects examined	498	328
TB cases detected & treated	217	198

Facilities: General and specialized OPD, TB Microscopy and treatment, Disability care for leprosy affected, micro finance assistance.

## UTTAR PRADESH

### 35.KNEUS - Ghaziabad Leprosy & TB Eradication Project

Ghaziabad Leprosy & TB Eradication Project was established in 1996 as a direct project of GLRA India and later in 2008 it was handed over to KNEUS – Noida, another NGO partner. Gaziabad is located in the outskirts of Delhi. It has several self settled colonies where people from different parts of the country have settled down. Substandard living condition and poverty is very common among the marginalized slum community.

**Leprosy services:** The project started anti leprosy SET program from 1997 by covering a population of 270,000. Project could diagnose and treated around 6530 leprosy affected people till the time of integration in 2005.

**TB services:** The project has two microscopy and treatment centers under RNTCP at Sector-10, Noida of Gautam Budh Nagar and Khora colony of Ghaziabad district respectively. The TB services started in 2003 and the center is situated in the midst of migrated population. A total of 5414 TB affected people were detected and treated by this project till 2010.

Services	2010	2011
TB suspects examined	2080	2410
New TB cases	1070	367
Sputum positive cases	321	492
No. of TB cases with HIV co-infection	3	5



**Facilities:** TB sputum microscopy and treatment, HIV counselling, IEC campaigns

### 36. Kusht Niyran Evum Unmoolan Samiti (KNEUS) - UP (6 districts)

KNEUS is a well known NGO in Uttar Pradesh, started its Survey Education and Treatment (SET) program in 1992 with the financial assistance from GLRA. KNEUS implemented field based leprosy eradication program under NLEP in 7 districts of U.P. through 10 centers (20 blocks) by covering almost 2 million population.

Services	2010	2011
New cases diagnosed and referred	197	134
Management of complication (OP)	1286	1031
MCR footwear supplied	56	34
No. of IEC campaigns	371	355
TB suspects examined	4240	4678
TB cases detected	1407	1513
No. of TB HIV cases	7	5

**Leprosy services:** A total of 41,500 people affected with leprosy including 2100 disabled cases were detected and treated by this project until integration in 2003. Since then KNEUS is involved in the IEC program for leprosy.

**TB services:** KNEUS is also involved in TB control activities from 2003 running one microscopy centre in each of the 6 districts of Bijnor, J.P. Nagar, Gautam Budh Nagar, Jhansi, Jaunpur and Maharajganj. KNEUS is member of District TB society in all 6 districts. Over

the past 8 years KNEUS could treat 7644 TB affected people. TB HIV co-infected are referred to ICTC/ART Centers. MDR cases are referred to Delhi, Agra and Varanasi for Diagnosis.

**Facilities:** TB microscopy and treatment, IEC campaigns, Leprosy suspects referral and community development

## UTTAR KHAND

### 37. Jeevandhan Medical Centre, Kathgodam, Nainital

Jeevandhan Medical Centre, known as Jeevandhan Hospital, is run by the congregation of the Missionary Sisters of the Immaculate. Situated at a remote location, around 8-kms from Haldwani town in the Nainital district, this 50 bedded hospital started leprosy work in the year 1992 under NLEP initially covering adjacent parts of the 2 districts of Nainital and Udamsingnagar covering a population of about 4.25 lakhs. The project area consists of 7 leprosy colonies with over 150 treated patients that are being supported by the hospital.

**Leprosy Services:** There had been a significant decline in the leprosy work since 2003 after the district achieved elimination. There is no supply of MDT from the Govt. and the centre has been purchasing separate blisters from the market and combining the same to dispense to the patients still receiving treatment from the centre. DPMR component is weaker in Govt system.

**TB Services:** The centre started TB control work under RNTCP in the year 2004 following an

MoU with the Govt., as designated microscopy centre (DMC). The confirmed TB cases are initiated on DOTS by the centre as well as some patients referred to Govt. centre (area specific) for the provision of DOT near to their residence. The health workers of the hospital were trained in RNTCP.

Services	2010	2011
New leprosy diagnosed and treated / referred	32	30
Leprosy cases admitted	56	43
MCR footwear supplied	41	40
Rehabilitation support for housing	12	5
TB suspects examined	594	422
TB cases registered	72	42

**Facilities:** Leprosy in-patient care, Operation Theatre, Obstetrical and Gynaecology department, Eye care and general health care.

### 38. KNEUS – Haridwar

This project was commenced under NLEP in the year 2001 in district of Haridwar in 6 blocks of Uttarkhand State.

Leprosy services: KNEUS was involved in SET program by covering a population of 100,000. Over the years 1,786 persons affected by leprosy were detected and treated.

**TB services:** After integration of leprosy, KNEUS took up TB control work in the same area in the year 2005. A total of 860 TB patients were treated till now. MDR cases are

referred to Dehradun hospital for diagnosis and management.

Services	2010	2011
Management of complication (OP)	54	48
MCR footwear supplied	19	12
No. of IEC campaigns	82	75
TB suspects examined	733	804
TB cases detected	184	125

## BIHAR

### 39. Vanavasi Seva Kendra, Adhaura, Kaimur

Vanvasi Seva Kendra had started leprosy eradication activities among forest dwellers and villages of Kaimur plateau in 1980 with its own resources and the ideologies of great freedom fighter Late Jaya Prakash Narayan. Impact of work convinced the then Govt. Health Authorities who recommended for funding to the Govt. of India. The support from Govt. of India started in 1984 for Adhaura block. Later in 1987, GLRA India joined hands with Govt. of India to support the project activities expanded in two blocks (Adhaura and Nauhatta.)



Services	2010	2011
New leprosy cases diagnosed and Treated	97	135
Management of complication (OP)	289	277
Self employment support / training	23	55
No. of IEC campaigns	189	1292
TB suspects examined	1516	2043
TB cases detected	412	390

**Leprosy services:** SET under the NLEP program was started in 1987 with majority of tribal population of 385,000. Since then a total of 4,253 new leprosy affected people were treated successfully.

**TB services:** The project also initiated TB control activities under RNTCP from 2007 by establishing a TB unit for 390,000 population spread across five remote blocks. Till now a total of 1576 affected people were treated.

**Other activities:** Project is also involved in different community development activities in remote rural villages with help of local government and other like minded NGO's. The major activities are eye camps, skin camps and arranging family planning operation campaigns.

**Facilities:** Leprosy diagnosis, TB microscopy and treatment, IEC campaigns, Eye care.

## WEST BENGAL

### 40. Gandhi Memorial Leprosy Foundation (GMLF) Balrampur, Purulia

GMLF Balrampur leprosy control unit was established in 1977 comprising 341 high

leprosy prevalent villages in Purulia district covering a population of 360,000. Activities were diversified after integration to TB control, HIV/AIDS, Women Empowerment & CBR programs. The vision & mission are leprosy & TB free society, main streaming of disabled persons through CBR.

**Leprosy services:** Purulia district is known to be high endemic to leprosy in the country. Over a period of thirty four years a total of 19,300 leprosy cases were treated by this project. After integration of leprosy, project is actively participating in IEC campaigns in 3 districts.

**TB control support services:** The project also supports RNTCP activities by deputing lab technicians in remote government health centers (RNTCP LT scheme)

Services	2010	2011
Management of complication	853	861
Management of reaction	10	8
No. of patients admitted	131	80
MCR supplied to PALs	334	296
Self employment support / training	19	36
No. of IEC campaigns	2023	3886

**Facilities:** Leprosy hospital, POID activities, RNTCP LT scheme, Awareness program on Leprosy, TB, HIV/AIDS, Treatment for the leprosy affected persons, CBR/SHG activities, Care after cure, Vocational training and Job placement.

## 41. BAM India - Kolkatta

Being a field based project, Bam India started its leprosy work from 1978 in Kolkatta. Later in the year 1987 the project established SET work in Kolkatta Corporation areas and also in 24 North Parganas district. Project is also actively participating in community development programs such as Safe Mother Hood, Promotion of modern Family Planning, RCH etc.

Services	2010	2011
New leprosy cases diagnosed and referred	43	42
Management of complication	178	136
Management of reaction	9	10
MCR supplied to PALs	33	66
TB suspects sputum examined	2155	2508
TB cases detected	508	514

**Leprosy services:** Project covered population of 2.2 million and treated almost 8000 persons affected with leprosy. After integration of leprosy the project provides support service to NLEP in 4 State Hospitals in Kolkatta.

**TB services:** At present project has two microscopy centers, one in Kolkata and another at North Barrackpur Municipality of North 24 Parganas by covering a population of approximately 2 lakh. A total of 5200 new TB patients were treated and cured since the inception of TB work.

**Facilities:** Leprosy out patient services, POID activities, TB microscopy, Community development, IEC activities

## 42. Nirmala Leprosy Centre, Mehendipara, South Dinajpur

Nirmala Leprosy Centre, Mehendipara is a branch of the Siliguri Nirmala Nivas Samiti. Nirmala Leprosy centre was started in the year 1995 at South Dinajpur District. The project is involved in multi centric activities such as alleviating poverty, sickness, support to destitute, literacy education to illiterate and economical uplift of the most downtrodden and the underprivileged sections.

Project also gave emphasis on leprosy elimination and TB control activities through its Rural Development and Social Welfare Programme. A twenty bedded hospital is run for three districts for the treatment of the complicated cases of leprosy. Apart from above activities a general OPD is attached to the hospital.

Services	2010	2011
New leprosy cases diagnosed and referred	15	15
Management of complication	42	47
MCR supplied to PALs	34	38
Self employment support / training	15	48
Support with aids & appliances	35	44
TB cases detected & treated	78	82

**Leprosy services:** The Govt. of West Bengal has allotted Gangarampur Municipality for the Leprosy work covering a population of 95,000 in 18 wards. NLEP support started in the year 1995. Number of patients treated from the beginning is 1824.

**TB services:** TB control activities started in 2004 in Gangarampur with 95,000 population. The project involves in DOTs program and a total of 330 TB patients received benefits till now.

**Facilities:** Leprosy hospital, General out patient services, Community development, TB treatment, Rehabilitation for leprosy affected

### 43. Ramakrishna Mission, Pallimangal, Howrah

Ramakrishna Mission Pallimangal Kamarpukur started the NLEP program in the year 2001. The main activities of Ramakrishna mission are in the sphere of Health and Education. The motto of the activities is to uplift the common people mostly backward classes, illiterate, downtrodden people.

**Leprosy Services:** The project covered 3.38 lakh population in Gohat and Arambagh municipalities of Hoogly district. A total of 1369 new leprosy cases have been treated by this centre till integration.

**TB services:** The project has been involved in the Tuberculosis Programme from the year 2002 in collaboration with CARE India. Later attached with RNTCP Scheme II from 2004 and established microscopy centre from 2006. A total of 922 TB patients have been identified from the allotted area.

**Facilities:** General and specialized OPD, TB Microscopy and treatment, Disability care for leprosy affected, Mobile Medical Service, free eye operation camp, Health and agricultural development, women groups' development, school, hostel, vocational training

Services	2010	2011
Management of complication	364	339
MCR supplied to PALs	77	50
Educational assistance	16	13
TB sputum suspects examined	516	568
TB cases detected & treated	66	55

### 44. St. Thomas Home, Howrah

St. Thomas Home was founded in 1976 to help the poor and needy female patients suffering from Tuberculosis. This project is exclusively for TB care with in-patient facility.

**TB services:** From the year 2005 onward the PPM project has been started. Under this project RMP doctors refer TB patients for diagnosis and treatment. Apart from medical help these patients also get social and educational help. In turn project is arranging regular training on RNTCP to RMP's to encourage their work. Project also started microscopy and treatment centre in 2006 and a total of 2839 TB patients were treated till now. This hospital is specializing in treating very complicated TB cases and MDR TB patients.

Services	2010	2011
TB sputum suspects examined	1108	770
TB cases detected & treated	635	559
New sputum positive cases	183	170
Treatment completion rate	78	79

**Facilities:** TB microscopy, TB hospital, Education assistance, Micro finance for Small business, Nutritional support to poor TB patients.

## JHARKHAND

### 45. Holy Cross Hospital, Belatner, Giridih

Holy Cross Hospital is situated in Deori Block of Giridih district in Jharkhand run by popularly known Holy Cross Congregation. The project was started as a dispensary in 1974 and later expanded to eighty bedded hospital including 12 beds for leprosy.

**Leprosy services:** Holy Cross Hospital started leprosy services in 1990, since then a total of 1743 persons with leprosy has been treated. Introduction of Reconstructive Surgery (RCS) became the milestone of this hospital in such remote area and received recognition from GoI as DPMR tertiary care centre. 36 RCS has been conducted so far.

**TB Activities:** Holy Cross Hospital has taken up TB Microscopy Centre under the Revised National Tuberculosis Control Program by covering a population of 80,000. A total of 810 TB affected persons has been treated since then.

**Socio- Economic Activities:** Project has extended economic support to 96 affected clients to find their lively hood in addition to formation of Self Help Groups (SHG) in 46 villages of 7 Panchayats. A total of 1123 members are involved in these SHGs.

**Facilities:** Besides leprosy (12 bed hospital) and TB Microscopy centre, this hospital also

offers specialized services in General medicine, general surgery, Malaria Control, Gynaecology, Orthopaedic, Ultra sound and Radiology.

Services	2010	2011
New leprosy diagnosed and treated	26	28
Leprosy cases admitted	15	18
Reaction cases treated	6	11
Reconstructive Surgery Performed	9	9
MCR footwear supplied	36	37
TB suspects examined	779	534
TB cases registered	131	122

## Fund Raising & Public Relation

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

Subsequently, the PR department conducted a press meet to reach out to the masses and enlighten them about GLRA initiatives in health care for people affected with leprosy, TB and disabilities. Mr. Ramamoorthy a rehabilitated patient from Chennai, was felicitated for being conferred the National award as Best Disabled Employee.

PR department observed International World Disabled Day on 8th December jointly with HCL Technologies. Few special artists showcased their talents in singing and dancing and they returned home with a sense of confidence and broad smiles.

## 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.

Table – 8 Corporate Donors

Sl.No.	Listed Donors	Support for
1	Cognizant Foundation	Mobile Medical Van
2	SRA Systems	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

## MCR Manufacturing Centre – PROFOMA

PROFOMA is a unit of GLRA rehabilitation fund, 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 the best and quality MCR sheet, supply to national and international institutions and to national government health programs in different countries in Asia and Africa.

In the past PROFOMA has exported its products to different leprosy projects situated in countries like Ethiopia, Tanzania, Uganda, Yemen, Sudan, Turkey, Belgium, Netherlands,

Thailand, Sri Lanka and Nepal to mention a few. PROFOMA is also supplying MCR sheets to various leprosy institutions and diabetic / orthopaedics centers within the country.

## Senior Citizen Homes

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. If old people are rich enough, they opt for the paid-old age home after being fed up with the perpetual neglect and insult heaped upon them by their own children.

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. Even these old people were deprived of drinking water from their own houses because they are affected by leprosy. In 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.

Keeping the above fact and circumstances, GLRA India initiated construction of 'Old Age Home' with the support of "Aussätzigen-Hilfswerk Österreich" (Austrian Leprosy Relief Association). The homes are built in following seven projects

with an overall cost of about 34 million Indian rupees. A total of 335 old and disabled people receiving benefits by these homes.

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.



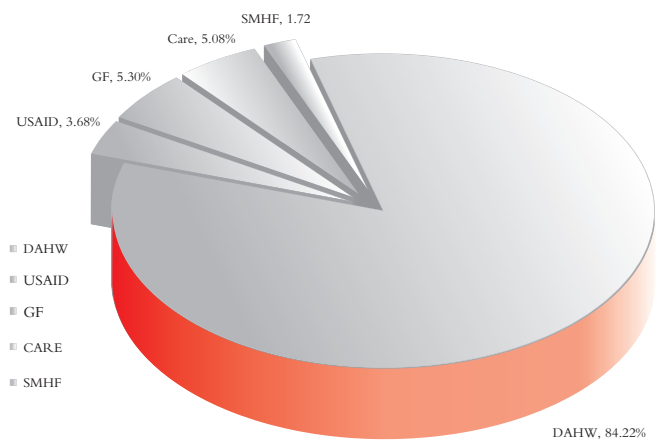
Home at Pattuvam, Kannur, Kerala

Dining Hall at Tuticorin, Tamil Nadu

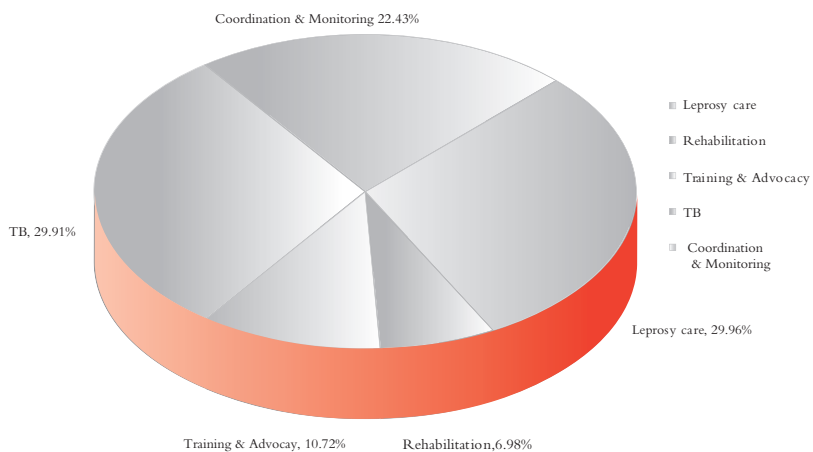


# Finance Report

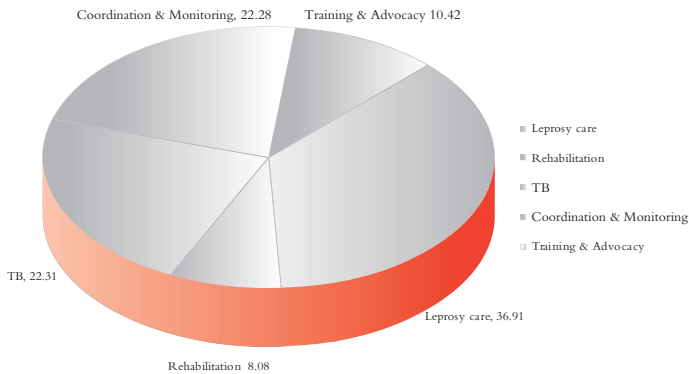
## Diagram I - Income 2010



## Diagram II - Expenditure 2010



### Diagram III - Utilization Of Funds In 2011

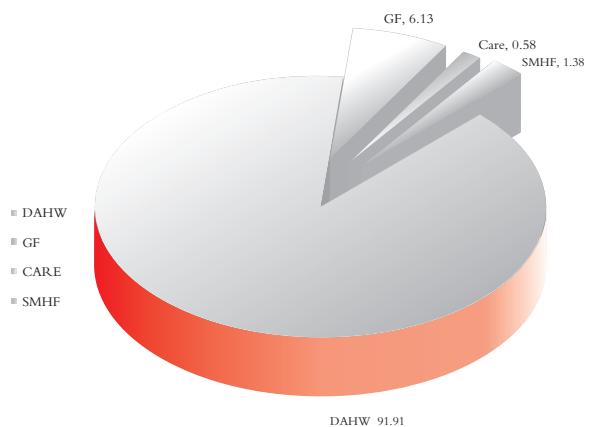


True to our name, the organisation is still investing 37% of its funds on Leprosy Care. This includes all activities carried out for Leprosy including hospital inpatient and outpatient care, DPMR etc.

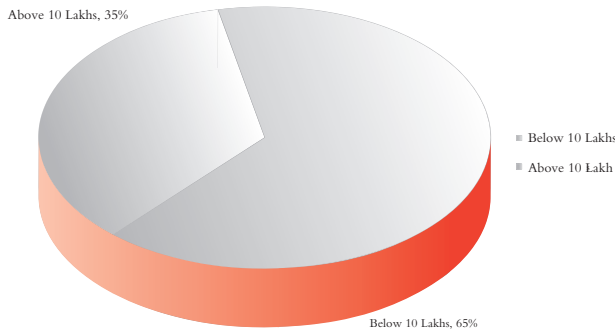
TB being an equal mandate, the next chunk of 22% has been defrayed on RNTCP support. Management cost includes coordination, monitoring and the cost of resource mobilisation.

### Diagram IV - Resources - 2011

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 have been strengthened during 2011. GF Round 9, USAID support through CARE and Sasakawa foundation were the important agencies who have supplemented the contribution of DAHW.



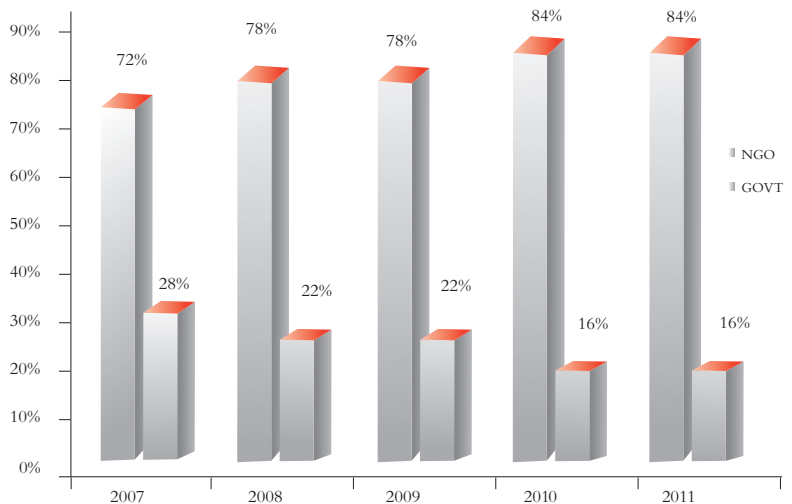
**Diagram V -**  
Fund-wise categorization of Projects



The strength of GLRA India is through the strong and active partnership with NGOs who have been associated since SET days. Though the quantum of support to each partner has come down significantly GLRA continues the partnership with several number of NGO partners by enabling them to diversify and network with other funding agencies. It can be seen from the annexed picture that majority of the partners receive grant of less than INR 10 lakhs but continue to turn out significant quantum of output.

Immediately after the Integration of Leprosy with GHS, GLRA enhanced its support to Govt activities by way of coordination and DTST. However the handholding weaned away gradually since 2007 which is evinced by the increase in support to NGOs from 72 to 84% of the deployment of funds.

**Graph I - NGO vs GOVT.**



## Meetings & Conferences

### NTP Managers and Partners Meet, Bangkok, Thailand

Countries in the WHO South East Asia (SEA) Region have made significant progress towards the TB related MDGs. The estimated incidence of all forms of TB, estimated prevalence of all forms of TB and the estimated TB mortality all continue to show a downward trend. The treatment success rate among new smear positive pulmonary TB cases has remained above 85% since 2005, and is 89% in 2010.

Most countries in the region have been observing an incrementing or stabilizing trend of smear positive case notifications and nationwide prevalence surveys have been identifying that TB burden in most countries is much bigger than what was previously estimated. A growing number of MDR-TB diagnosis and treatment sites being established in the region, and in 2010, almost 4,000 MDR-TB patients have been put on treatment. However, this represents only a fraction of the estimated 130,000 MDR-TB cases in the region.

The collaboration between TB and HIV control programmes is improving. However, this collaboration needs further strengthening to ensure universal HIV counselling and testing for all TB patients, the availability of co-trimoxazole preventive therapy and ART for all eligible TB patients co-infected with HIV as well as INH prophylaxis, and air-borne infection control in health care facilities.

The fragile funding situation, health system constraints and critical unmet capacity needs

for universal access to high quality care for all people with TB, including children, introduction of new/rapid diagnostics for TB, taking TB control beyond the health sector, scaling up civil society involvement and addressing TB-diabetes and other co-morbidities all pose major challenges to TB control programmes.

### Recommendations for National TB Control Programs

Continue and intensify efforts to strengthen the capacity of the public health system to provide high quality services for early and increased case notification. Revise/update laboratory expansion plan, including the revision of diagnostic algorithms and establishment of specimen transportation systems, in line with introduction of newer diagnostics and synchronize with the PMDT and TB-HIV expansion plans (alignment of diagnostic and treatment capacity).

#### Scale up Programmatic Management of Drug resistant TB (PMDT)

- Develop, mobilize resources for and implement a cost plan aiming at universal coverage by 2015 and in line with SEARO regional response plan 2011-2015, particularly for introduction of rapid diagnostic services, treatment provision and related care services.

## Scale up access to TB/HIV diagnosis and treatment services

- Ensure health facilities with TB services are prioritized for expansion of HIV screening promoting universal access to counselling, testing and treatment services and better reporting of HIV screening in TB patients.

## Quality Assured Drugs and supply chain management:

Involve National Drug Regulatory Authorities in establishing & enforcing Quality Control and Quality Monitoring systems and adherence to common Quality Assurance standards for TB drugs and supplies procured with funding from all sources.

## Scale up community TB care and civil society involvement

- Develop and strengthen the national strategy to scale up of community TB care and civil society involvement and include monitoring and evaluation mechanisms and tools for measuring results.

## Prevalence surveys and surveillance (impact measurement)

- Countries with plans to conduct a TB disease prevalence survey protocols should

proceed in its preparation to timely launch the field operation in 2012.

- Develop/strengthen clear linkages in strategic plans for TB control with health policies.

## Infection control

- Prepare and implement an operational plan for airborne infection control in all health facilities.

## Recommendations to WHO and technical partners:

- Provide technical assistance and support the Global Laboratory Initiative (GLI) for introduction newer tools and EXPAND TB Project in eligible countries.
- Collect and publish replicable best practice models of community based interventions for TB care and control in the region.
- Support countries in conducting a health systems rapid assessment to identify gaps and determine needs for new short term priorities and strategies at national level.
- Provide technical assistance to countries to conduct operational research for sound and strategic policy development.

## Our partners across globe –

International	National
<ul style="list-style-type: none"> <li>International Federation of Anti-Leprosy Associations (ILEP)</li> </ul>	<ul style="list-style-type: none"> <li>International Federation of Anti-Leprosy Associations – India</li> </ul>
<ul style="list-style-type: none"> <li>Stop TB Partnership</li> </ul>	<ul style="list-style-type: none"> <li>Indian Development Foundation</li> </ul>
<ul style="list-style-type: none"> <li>Action against AIDS</li> </ul>	<ul style="list-style-type: none"> <li>National Leprosy Eradication Program (NLEP – India)</li> </ul>
<ul style="list-style-type: none"> <li>VENRO (Association of German Non-Governmental Development Organizations)</li> </ul>	<ul style="list-style-type: none"> <li>Revised National Tuberculosis Control Program (RNTCP – India)</li> <li>National TB Consortium</li> </ul>

### 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, Adhaura	Kaimoor	Bihar
Gujarat Raktapit, Vadodara	Vadodara	Gujarat
Cochin Urban, Perumpadappu	Ernakulam	Kerala
Poor Leprosy Hospital, Cherthala	Alappuzha	“
Damien Institute, Mulayam	Trichur	“
St. Damien Kozhikode / Pattuvam	Kozhikode/ Kannur	“
Japamala Bhavan, Amayannur	Kottayam	“
St. Joseph's, Arni	Thiruvannamalai	Tamil Nadu
St. Thomas Hospital, Chettupattu	Thiruvannamalai	Tamil Nadu

NGO	District	State
Leprosy Relief Rural 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 Manav Kushthashram	Jaipur	Rajasthan
Ramgarh Re-integration Centre	“	“
Ghaziabad Leprosy & TB project	Ghaziabad	Uttar Pradesh
Kusht Niyantaran Evum Unmoolan Samiti	Noida	“
Gandhi Memorial, Balrampur	Purulia	West Bengal
Bam India	Kolkatta	“
Nirmala Hospital, Daulatpur	South Dinajpur	“
Ramakrishna Mission, Kamarpukur	Hoogly	“
St. Thomas Home, Howrah	Howrah	“
Holy Cross Hospital, Belatner	Giridih	Jharkhand
Pushpa Hospital, Dallirajhara	Durg	Chattisgarh
Jeevandhan Medical Centre, Kathgodam	Nainital	Uttar Khand

## Acknowledgement

We acknowledge with deep gratitude the support of all our donors, friends and well wishers in India and abroad for helping us to work towards eradication of leprosy and control of TB. GLRA India would like to thank the functionaries of our parent organization, DAHW – Germany for their outstanding support and guidance.

We would also like to acknowledge the support of the Central and State Governments, Indian Development Foundation, ILEP India, NTC, CCM, CARE India, SMHF 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 and regional offices who have relentlessly helped us to serve better for the benefit of most in need.

## Visitors

### Mr. Florian Hundhammer

Mr Florian Hundhammer, from the PR department of GLRA Germany visited during the first quarter of 2010 and worked along with fund raising team to formulate a clear cut structure for the Database Management System. GLRA India is grateful for this technical support.

## Our Board of Trustees

<b>Dr. V.P. Macaden</b>	Member
<b>Ms. Sarah Chanda</b>	Member
<b>Mr. J. Ravichandran</b>	Managing Trustee



## GLRA India Offices

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## Abbreviations

ACSM	Advocacy Communication and Social Mobilization
ART	Anti Retroviral Treatment
ASHA	Accredited Social Health Activist
CBO	Community Based Organization
CBR	Community Based Rehabilitation
CCM	Country Coordinating Mechanism
CLD	Central Leprosy Division
DMC	Designated Microscopy Centre
DNT	District Nucleus Team
DOT	Directly Observed Treatment
DPMR	Disability Prevention & Medical Rehabilitation
GHC	General Health care
GLRARF	German Leprosy Relief Association Rehabilitation Fund
GOI	Government of India
ICTC	Integrated Counseling and Testing Centre
IDF	Indian Development Foundation
IEC	Information, Education and Communication
IGP	Income Generation Program
ILEP	International Federation of Anti-Leprosy Associations
MCR	Micro Cellular Rubber
MDG	Millennium Development Goal
MDR-TB	Multi Drug Resistant Tuberculosis

MDT	Multi Drug Therapy
MPHW	Multi Purpose Health Worker
NGO	Non Government Organization
NTC	National TB Consortium
OPD	Out patient Department
PAL	Persons affected by Leprosy
PHC	Primary Health Centre
PoD	Prevention of Disabilities
PPM	Public Private Mix
PPTCT	Prevention of Parent To Child Transmission
PWD	People with Disability
RCS	Re-constructive Surgery
RMP	Registered Medical Practitioner
SEARO	South East Asia Regional Office
SER	Socio Economic Rehabilitation
SHG	Self Help Group
SMHF	Sasakawa Memorial Health Foundation
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development
UT	Union Territory
WHO	World Health Organization

## OBITUARY

### REV. DR. ERNEST PAUL FRITSCHI

Former Director SLRTC, Karigiri

After dedicating his life to work for patients affected by leprosy, Dr. Fritschi served at the Schieffelin Leprosy Research and Training Centre, Karigiri from 1974 and retired as its Director in 1987.

Dr. Fritschi was a Surgeon, Teacher, Research Scientist, Environmentalist, leader and a Pastor all rolled in to one. He was respected and looked up to as an eminent leader in the leprosy field, mentor and a role model for all at Karigiri and was a blessing to scores of patients. Above all he was a gentle soul who embodied and reflected Christ qualities in his life and service. GLRA India join with SLRTC, Karigiri to thank God for all Dr.Fritschi achieved and left behind for his Lord.



### DR. P. HRISHIKESH

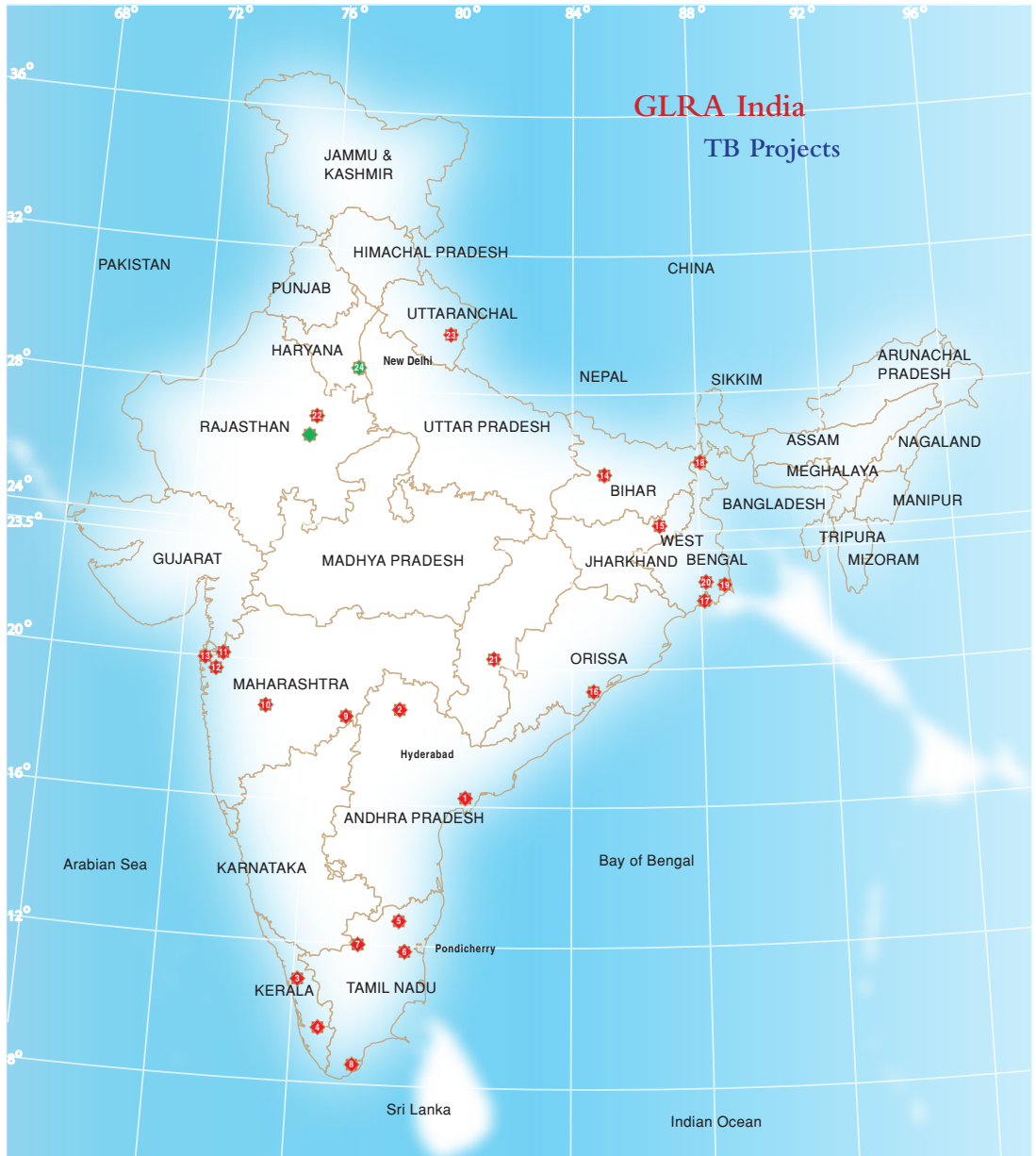
Chief Administrator, Sivananda Rehabilitation Home (SRH), Kukatpally

It is with deep regret to announce the sad demise of Dr.P. Hrishikesh on 12th September 2011. Dr. Hrishikesh was born in Chennai and graduated in Medicine from Andhra Medical College. In 1959, on a WHO Fellowship, he did his Masters in Public Health specialising in Epidemiology from the Harvard School of Public Health. Later he worked as Professor in Department of Community Health at Gandhi and Osmania Medical Colleges. In 1976 Dr. Hrishikesh was transferred to the Public Health Department and was promoted as Additional Director and later became as Director of Health, Government of Andhra Pradesh.



After his retirement in 1985, Dr. Hrishikesh joined SRH as Chief Administrator. During his tenure, Dr. Hrishikesh was responsible for the phenomenal growth of the SRH and its recognition by the Government's as a nodal institution for Leprosy under the DPMR program for six districts in the Telangana region. SRH also received the best NGO Award for the year 2001-2002 from government of Andhra Pradesh for its excellent work in leprosy. Sivananda Rehabilitation Home today is considered as the leading institution in the Country in the field of Leprosy. Further Sivananda Rehabilitation Home has diversified its activities and has taken up Tuberculosis Control Program and HIV/AIDS projects in recent years. Dr. Hrishikesh leaves his foot prints in SRH with his excellent leadership qualities.

Dr. Hrishikesh's association with GLRA India was outstanding and he was a great supporter to us always. GLRA India thank the God almighty for all his benevolent work towards the needy in the society.



- |                                    |                                 |  |
|------------------------------------|---------------------------------|--|
| 1 Damien Leprosy Centre            | 9 Sevadham Trust, Solapur       | 17 Bam India                                     |
| 2 Sivanandha Rehabilitation Home   | 10 Sevadham Trust, Pune         | 18 Nirmala Leprosy Centre                        |
| 3 CULTES                           | 11 MLSM                         | 19 Ramakrishna Mission                           |
| 4 Japamala Community Health Centre | 12 Lok Seva Sangam              | 20 St. Thomas Home                               |
| 5 St. Thomas Hospital              | 13 Vimala Dermatological Centre | 21 Pushpa Hospital                               |
| 6 Sagayamatha Hospital             | 14 Vanavasi Seva Kendra         | 22 Sarthak Manav Kushtashram                     |
| 7 LRRC                             | 15 Holy Cross Hospital          | 23 Jeevandhan Medical Centre                     |
| 8 St. Joseph Leprosy Hospital      | 16 Puri Urban Leprosy Project   | 24 GLRA MDR - TB Direct Project (Delhi & Jaipur) |

## **German Leprosy & TB Relief Association - India**

Resource Mobilization & PR Unit

### *Transforming Lives & Restoring Confidence*

‘Fundraising to make a difference in the daily lives of persons affected by Leprosy and Tuberculosis (TB) and Physical Disabilities’

#### **We raise funds through:**

- Face to face
- Events
- Corporate Associates
- Individuals
- Friends & Family
- Publicity

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