Annual Performance Report



TRANSF©RMING Lives &

Lives & RESTORING Confidence

www.glraindia.org

Table of **Content**

Message from

Asia Regional Representative	2
About GLRA India	4
Mission & Vision	4
Areas of Our Project	5
Leprosy	6
NLEP	8
NTDs	9
Tuberculosis	11
Project HOPE	12
Disability Inclusive Development	14
Humanitarian Aid Work	16
Trainings & Conferences 2018	18
Publications 2018	19
Human Resource (HR) Policies	19
Acknowledgements	19
Overall Resources in 2018	20
GLRA India Fundraising Team	21
Partners & Network	21
Abbreviations	22
GLRA ASIA & INDIA OFFICES	23

Board of Trustees

Fr. Felix Wilfred
Dr. Nalini Krishnan
Mr. Suresh Kaul
Dr. Vivek Srivastava

Team India & Asia

Dr. Vivek Srivastava (Managing Trustee) **Regional Representative for Asia, DAHW** Dr. Vivek Lal **Director-Health** CBID Consultant – Asia Mr. V. Venkateswaran Finance Manager for Asia, DAHW Mr. Shibu George Head- Project Partnership & CBID Ms. Jagpreet Kaur Communication & PR – Asia Lead Mr. Charles Livingston Head- HR & Admin Mrs. Uma Kannan Assistant Manager - HR & Admin

Message from **Asia Regional Representative**



Taj Tashi



AS IT

INNO

PARTICIPATION, EQUALI NON-DISCRI ACCESSI

For more details : www.absbhu



ON MATTERS DRIVES



RIGHTS & PROTECTION MINATION.

BILITY

tan org

Dear partners and friends,

During our 52-years long journey as a non-profit, we have successfully sailed through winds of extreme volatility and global recession in development sector funding and my confidence in our organisation and in all of you has never been greater.

2018 was marked as another record-setting year-with our experience in continuum of care and in differentiated beneficiary and donor segments. We are making a profound impact in the communities we serve around India, Asia and the World; which has only been possible through the pipeline of our new projects; breakthrough innovation, and unwavering support from our partners.

I assure you that we will continue to lead DAHW Asia and GLRA India through the lens of humanity, doing everything possible, to make you proud of our partnership and all that we stand for.

Today's financial market volatility and political uncertainty, both in Europe and Asia will undoubtedly have an effect on NGOs like us and also on the beneficiaries' confidence; and perhaps even our donors' attitudes. Let's be responsive to our beneficiaries and do everything we can, collectively, to transcend their expectations.

Our growth plans for the future shall not be impacted by the turmoil in the influx of funding in the development sector. We will triumph through today's challenging environment just as we did in the past. The experience we deliver in our projects, the strength and equity of our brand, and the primary reason for our current and future success are because of you. With this, I am pleased to present to you our key collective achievements for 2018.

Always striding together with you in an onward and exhilarating journey.

Annual Report 5





About GLRA India

German Leprosy and TB Relief Association (GLRA) India was founded in 1966 by Mr. Hermann Kober, a passionate journalist from Germany who decided to start the fight against leprosy in India and his adjutant Mr. William Gershon. Since then, GLRA has been working in India with the core objective of care and support to people affected by leprosy, tuberculosis, humanitarian crisis and disabilities through health interventions and socioeconomic assistance.

Currently, we work directly as well as in collaboration with more than 20 local partners to facilitate a catalytic change in the lives of millions affected across India.

GLRA India implemented 4 thematic (leprosy, tuberculosis, disability & NTD – filariasis) projects in 31 locations in 12 Indian states besides post disaster rehabilitation activities in Assam & Kerala. GLRA directly Implements projects in 10 locations and 20 places through partner NGOs. Over 14.65 million people are benefitted through various activities. This includes 9 secondary/ tertiary care leprosy hospitals, 11 community based disability projects, 6 MDR-TB home based care programmes, 1 TB hospital and 2 NTD-filariasis projects besides technical support to National Leprosy Eradication Programme in the states of Gujarat & West Bengal.

Mission & Vision

A world in which no one suffers from leprosy, TB & other poverty-related diseases and their consequences such as physical disability and social exclusion.





Areas of **Our Projects**

Leprosy



Hospital Care

Reconstructive Surgeries

Physiotherapy

Wound Care

Provision of Special MCR Footwear

Water, Sanitation & Hygiene





Advocacy & Communication

Empowerment of Persons with Disabilities

Livelihood Support

Promoting Education/ Vocational Training

Disability Camps

Rehabilitation Intervention

Tuberculosis



Treatment Adherence Support

> Controlling Malnourishment

Infection Control Practices

Water, Sanitation & Hygiene

Counseling

Neglected Tropical Diseases (NTDs)



Morbidity Management

Prevention of Disability

Provision of Special MCR Footwear & Self-Care

Water, Sanitation & Hygiene

Humanitarian Aid



Sustainable Development

Post Disaster Relief

Distributions of Aid & Equipment

Water, Sanitation & Hygiene

> Medical Rehabilitation

Disaster Risk Reduction

Leprosy

Serving The Affected

Leprosy is an age-old disease, described in the literature of ancient civilizations. Throughout history, people afflicted by leprosy have often been ostracized by their communities and families.

The Global Leprosy Strategy by WHO 2016–2020 is based on 3 pillars: (i) strengthen government ownership, coordination and partnerships; (ii) stop leprosy and its complications; and (iii) stop discrimination and promote inclusion.

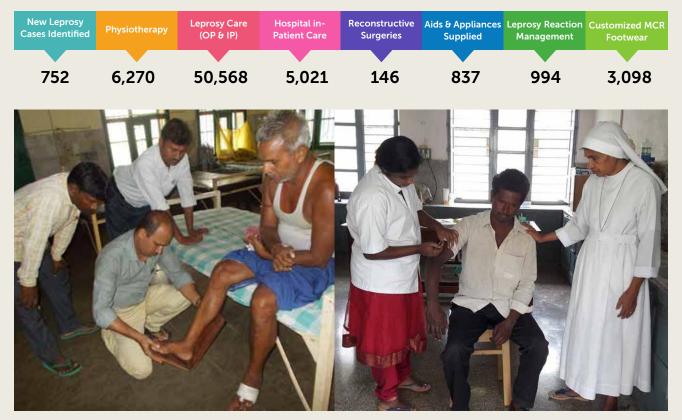
GLRA India supports 9 referral hospitals to provide quality leprosy care through in-patient and field based activities. These hospitals provide secondary and tertiary level referral services through specialized leprosy care, skin clinic, physiotherapy, reconstructive surgery, general health care and also to address the affected people's social needs. GLRA & its partner NGOs works in urban leprosy clinics in Chennai, Mumbai & Kolkata by supporting the respective Municipal Corporations in management of cases through Disability Prevention and Medical Rehabilitation (DRMR) clinics.

Project Niramaya (Comprehensive Leprosy Care through Strengthened Referral Services in Low-resource Settings in India)

Establishment of a robust referral system is sine-qua-non for the success of an integrated leprosy control program. Management of leprosy related complications like ulcers and reactions and Reconstructive Surgery (RCS) is specialized and needs well-trained personnel with expertise in leprosy.

GLRA supported hospitals are based across seven states in the country and function as referral centres for provision of secondary and tertiary care services. These centres are important for disability prevention and Medical Rehabilitation Services as well as serve useful resource for building and sustaining expertise in the field of leprosy.

These hospitals have 486 beds dedicated for persons affected by leprosy. During 2018, a total of 2599 patients received hospital care including 146 Reconstructive Surgeries, 571 for Reaction Management and 1427 for ulcer care.



Leprosy Statistics

8 Annual Report

Teenager Chooses Hope Over Fear



Darshna, 15-year-old, stays with her mother and five siblings at Dhugni Village, Maharastra. Darshna's mother is a sole breadwinner in the family.Due to prolonged illness, Poor Darshna

was forced to drop out of school. Darshna's condition hinted symptom of leprosy. (MB MDT). Her treatment began at a Primary Health Centre (PHC) in Dhugni village. However, the disease progressed as there was an appearance of clawed hands and patches on her skin. She was referred to Vimala Dermatologist Centre, an ally of GLRA India in Mumbai. She received routinely physiotherapy session at VDC, and underwent a major surgery for the correction of left wrist drop. Darshna was depressed by the thought of not having family around, but sisters at VDC, counselled and supported her throughout her recovery. Darshna is

back to school and now committed to motivating other people affected with leprosy.

"

"The transformation in me is all because of the undying support I have received from the GLRA staff, and I am grateful"

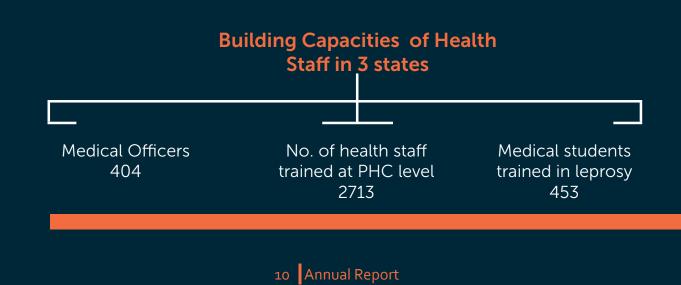
NLEP

State Coordination Support



Strengthening health system in endemic states of Gujarat and West Bengal by enhancing organizational capacities of leprosy program at state level

The overall objective of the project is to reduced disease burden due to leprosy and enable delivery of quality leprosy services through strengthened health systems and enhanced organizational capacities of Leprosy Programme at the state level in the endemic states of Gujarat and West Bengal. ILEP agencies provides technical support to NLEP in endemic states in the country through positioning of State Coordinator, who is technically competent in Leprosy and Leprosy Control Programme, and is recognized as the representative of the Central Leprosy Division, Government of India. State Coordinators participates in review meetings and are involved in planning, capacity building of general health care staff, monitoring and evaluation and actively assisting the State Leprosy Cell in implementing special initiatives such as Sparsh, Special Action Plan (SAP), Leprosy Case Detection Campaign (LCDC), immunoprophylaxis and chemoprophylaxis.



NTDs

End the Neglect

Integrated Approach for Disability Prevention due to Leprosy and Lymphatic Filariasis

Lymphatic filariasis, an infection transmitted to humans by mosquitoes, causing abnormal enlargement of limbs and genitals from adult worms inhabiting and reproducing in the lymphatic system. It is a vector-borne neglected tropical disease (NTD) targeted for elimination as a public health problem.

The project focuses on integrated approaches for morbidity Management & Disability Prevention due to leprosy & lymphatic filariasis (LF), a strategy which has been mooted by WHO, especially in the settings of co-endemicity. The project is implemented by partner NGO St. Francis Leprosy Center, Sitapur district of Uttar Pradesh & directly implemented by GLRA India



in Malda district of West Bengal. The aim of the project is to reduce morbidity & socio-economic impact of leprosy & lymphatic filariasis (LF) in these co-endemic districts through decentralized Integrated Prevention of Disability (IPOD) camps.

A total of 26 Integrated Prevention of Disability (IPOD) camps were held during the year wherein a total 383 lymphatic filariasis (LF) cases (223 females & 160 males) were identified. These persons are being taught self-care practices for limb including exercises and follow-up care is also being provided. Customized footwear and self-care kits have been provided by GLRA India. Outcomes are being measured in terms of limb size reduction and decrease in acute attack on periodic follow-up.



"I am more than my disease"

Saptaparna, 14-year-old is a students of class 8th and stays with her family in Malda District, West Bengal. At the age of three, she had fallen ill and noticed severe swelling in both her legs. She started getting treatment at a local clinic but there was no sign of improvement in her heath. Later, it was known, Saptapana was infected with lymphatic filariasis also known as elephantiasis.

Due to swollen legs, She was unable to go to school or play with her friends. Children her age and elders would often make fun of her misery. "I am more than my disease" says Saptaparna. Saptaparna's case was founded in a Morbidity Camp at Malda District. GLRA health workers are now providing home-based care routinely, and her health has improved over time. Saptaparna also ensures that she maintains hygiene and gets timely treatment for her skin infection.





"I am thankful to GLRA India for providing timely access to care. Now, I can to focus on my education without worrying "



Tuberculosis

Transforming the Fight Against Elimination



TB is one of the top 10 causes of death and the leading cause from a single infectious agent, worldwide (above HIV/AIDS). Millions of people continue to fall sick with TB each year. As per WHO report, approx. 10.0 million people (ranging, 9.0–11.1 million) developed TB disease in 2017, globally-5.8 million men, 3.2 million women and 1.0 million children. Drug-resistant TB continues to be a public health crisis. The best estimate is that, worldwide in 2017, 5,58,000 people (range, 4,83,000–6,39,000) developed TB that was resistant to rifampicin (RR-TB), the most effective first line drug, and of these, 82% had multi-drug resistant TB (MDR-TB). Three countries accounted for almost half of the world's cases of MDR/RR-TB: India (24%), China (13%)

and the Russian Federation (10%)

Government of India has set up the goal for TB elimination in India by 2025. Tackling TB in India requires both strengthening the public sector, as well as engaging with the private sector and civil society organizations.

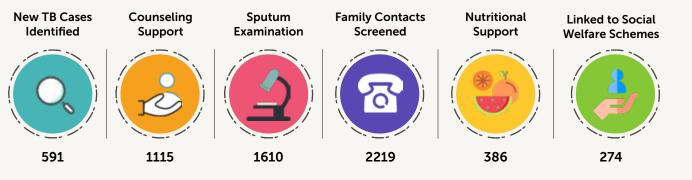
GLRA India provides support to RNTCP for 3 million population through partners and direct projects. GLRA India aims to provide better treatment adherence and cure rate among MDR TB patients through the Home-based Care, TB screening among vulnerable population (truckers), and providing nutritional support to them.

Promoting Adherence among Underserved Population for Prevention and Control of TB and Drug-Resistant TB

Drug-Resistant TB (DRTB) is a threat to effective TB control. The drugs are toxic with serious side-effects ϑ associated with treatment adherence challenges resulting in high loss to follow-up rate and low success rate. The project aims at promoting adherence to DRTB treatments. Thus, enabling better treatment outcomes in terms of decreased loss to follow-up.

The project is being implemented across selected sites in Mumbai in Maharashtra (Maharashtra Lokhita Seva Mandal, MLSM), Kozhikode in Kerala (St. Damien Leprosy & TB Project), Kolkata in West Bengal and Sikkim (two being directly implemented by GLRA India).





Project HOPE

Hospital-Based Care of Patients with Serious Forms of Extra-Pulmonary Tuberculosis

The project aims at reducing mortality & morbidity due to serious forms of extra-pulmonary (EPTB) (for whom ambulatory treatment is not suitable) through improved adherence to treatment & in-patient care. Many of these patients require several months of hospitalization, which may not be possible in government hospital settings. Our implementing partner, Bantra St. Thomas Home Welfare Society, Howrah provides in-patient facility to such patients. Women who suffer from extra-pulmonary TB bears the brunt of double stigma. These patients are provided care and support during the period of hospitalization.

A total of 24 females suffering from EPTB were admitted during Jan-Dec 2018 (including 2 paediatric). A majority of them (17) suffered from spinal TB, followed by TB meningitis (3), lymph node TB (3) and abdominal TB (1). A total of 18 patients required some kind of surgical intervention. The duration of treatment ranged from 3 months to 20 months. No major sideeffects were reported during the period of hospitalization. 12 patients were discharged during the year; all in stable condition; out of these 3 had successfully completed treatment.



Home-based Care and Support to MDR-TB Patients in New Delhi



Drug-resistant Tuberculosis (DR-TB) is a threat to effective TB control. As per WHO Global TB Report 2017, India has the largest number of drug-resistant TB cases in the world with an annual incidence estimated to be 147,000 (11 patients per 100,000 population). This is much higher than the global estimate of 8.1 per 100,000 population. With support of EKFS, GLRA India initiated treatment adherence project for DR-TB patients in the slums in the catchment areas of four chest hospitals, in close collaboration with RNTCP Delhi. Project aims to improve early initiation of MDR-TB treatment by contact screening, case holding through counseling at home, reduce loss to follow-up, enable early identification of adverse reactions and referral, infection control measures at patient and family level, family counseling on nutrition.

14 Annual Report



Project DISHA - Distinctive Integrated Sustainable Health Action - Phase 1 & 2

TB amongst truckers is the first ever, and the most challenging targeted intervention by GLRA India. A CSR project, implemented in close collaboration with ATF (Apollo Tyres Foundation), RNTCP BJRM district in Delhi. The project aimed to sensitize truckers (truck drivers and helpers) and allied population (local shopkeepers, dhabas, etc) about general health and hygiene and TB. Tea sellers, security guards, owners of food eateries were trained to work as peer educators to further create awareness about TB, and refer TB symptomatic cases for early diagnosis. The project facilitates provision of free diagnostic services including chest, x-ray & treatment.

Awareness is the Greatest Agent for Change

Poonam, 22-year-old, stays with her aunt at a shanty slum of New Delhi. She had to drop out of school as she was diagnosed with MDR-TB. Poonam's aunt, sole breadwinner, was unable to give timely care towards Poonam's health. MDR- TB medicine would often cause unpleasant side-effects on Poonam's body. Later, GLRA India staff enrolled and counselled her for treatment adherence. Poonam was well versed with her medicines, and ensured she took them on time. She started regaining her heath. She actively participated in GLRA India's patient-provider meetings and learned about various healthy hygiene practices. Poonam is MDR-TB free and now inspiring others. She is often seen facilitating TB awareness workshops. Poonam is committed to empowering people who are fighting their battle with MDR-TB.

"

"The fight against TB is not easy but it can be conquered by simplest of things, like awareness"

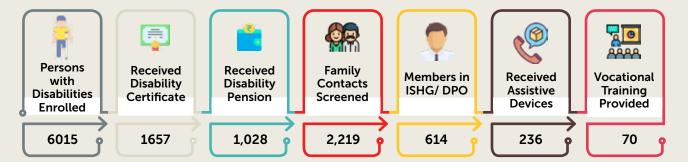


Disability Inclusive Development

Empowering Specially-abled



GLRA India has implemented a 3 year (2018-2020) Community Based Inclusive Development Project SAKSHAM - "Empowering Persons with Disabilities for Social Inclusion" in six locations (Pattuvam - Kerala, Chennai- Tamil Nadu, Kurnool – Andhra Pradesh, Sendhwa – Madhya Pradesh, Delhi & Motihari – Bihar) with an objective to empower persons with diabilities, to increase their participation in the community level decision making by facilitating formation of inclusive Self-Help Groups (SHGs)/Disability People Organizations (DPO) for addressing right based issues and advocating for a social change, access to social welfare schemes, vocational trainings, income generation programmes, sensitization on prevention and management of disabilities and Water, Sanitation & Hygiene. The project is covers about 1.65 million population by using WHO CBR guidelines & as per the India Disability Act to cater the needs of all types of persons with disabilities including persons affected by leprosy. Apart from welfare scheme linkages, the project also facilitates early intervention therapy, special education, vocational training, and community awareness on various issues (eq: WASH) and sensitization for PRI leaders on rights and the reservations entitled for persons with disabilities.



Project Sammalit Vikas Jankari

SVJ is a Community Based Inclusive Rehabilitation project implemented in five most backward districts (Banaskantha -Gujarat, Barwani - Madhya Pradesh, East Champaran & amp; Kaimur-Bihar and Balangir-Odisha), financed by European Union.

This project has established positive linkage developed between Persons with Disabilities, government officials and other stakeholders. The project aims at improving the quality of life of Person with Disabilities by increasing their access to Government Schemes. Empowerment of persons with disabilities through the formation or strengthening of 50 Disabled People's Organization (DPOs) at the block level; 5 Disabled People's Federations (DPFs) at the District level.



2018 was the fifth year of this project and the achievements are quiet encouraging: 1,472 parents of children with disability were informed about Public Social Schemes and 5,936 women and girls with disability were trained on self-care and self-esteem and 507 counseling camps, advocacy programs & trainings were organized.

Turning Disability into Ability



"

"My disability can never stand as an obstacle in my life".

Chitra a 40 year old woman, has a loco-motor disability. She has studies upto class 12th and has decent knowledge about computer and Tally. She managed to get a job in a local export company but could not continue due to her disability. Her husband, Ramamurthy works as a watchman and earns salary of Rs. 6500. Everyday survival became a challenge for the family. However, Chitra found out about GLRA India and enrolled herself in a vocational training course in tailoring at GLRA India's Vocational Training Centre for Livelihood. She actively participated in SHGs meetings and focused on upskilling herself. Chitra is now able to earn Rs. 7000 per month through stitching and tailoring.

"My disability can never stand as an obstacle in my life" says Chitra. Chitra is a great example of strength and resilience, and now inspiring others with her story. She is equally contributing in fulfilling needs of her family, and she is comitted to provide best education to her children.



Humanitarian Aid Work



Rehabilitation Support for Kerala Flood Affected Victims

Kerala had faced the worst floods of the century in August 2018, 12 out of 14 districts were the most affected. As per the government statistics, 483 people died, over a million people were evacuated and 3,00,000 people became homeless.

GLRA India extended humanitarian support by involving in rescue and relief operations and supplied drinking water cans, clothes, sanitary materials to the flood victims specially to TB affected families in collaboration with St. Damien's TB Project, Kozhikode and other local NGOs.

Disaster Management-Flood Rehabilitation Project in Assam, GLRA India

The state of Assam in the north eastern part of India is one of the worst sufferers of floods due to river Brahmaputra and its tributaries, which happens almost every year. Lakhimpur was the worst affected district in 2017 floods; a total of 172 villages in the district were flooded with 170,000 people affected. Several communities including those in the tribal areas were displaced, many lives lost and several missing as flood ravaged the district, while simultaneously destroying the livestock and other means of livelihood of those affected. Responding to the situation GLRA India launched the project named "SRAJAN" which provided rehabilitation support to the floodaffected population in the district in the eastern part of India. "SRAJAN" in Hindi means, "Recreation after Destruction". This project was funded by BEH and DAHW. The focus was to provide post-flood support to catalyze the recovery with a focus on women, children and Persons with Disabilities. As per the needs assessment, GLRA India provided boats, fishing net, constructed high raised toilets & tubewell, torch lights, distributed about 500 mosquito nets & 1000 tarpaulins in the villages.

Additionally, the project imparted necessary training to local NGOs to prepare the affected communities to respond better to such future occurrences.



Observing Days to Eliminate Stigma in the Community









Trainings & Conferences 2018

Participant	Event	Place	
Dr. Vivek Lal	Disease Management & Disability Inclusion (DMDI) Working Group Workshop	Colchester, UK	
	21-23 Mar 2018		
Dr. Vivek Lal	Neglected Tropical Diseases Conference	Addis Ababa, Ethiopia	
	24-26 Sep 2018		
	Union World Lung Conference	The Hague,	
Dr. Vivek Lal	24-27 Oct, 2018	Netherlands	
	20th International Conference on Disability & Diversity,		
Mr. Gaurab Sen	13-14 December 2018	Bangkok	
Dr. Vivek Lal	10th meeting of the Global Alliance for Elimination of Lymphatic Filariasis (GAELF)	Delhi	
	13-15 June 2018		
Dr. Vivek Lal	Indian Association of Leprologists Conference		
	02 Oct 2018	Kolkata	
	34th Annual IAPSM West Bengal Chapter Conference		
Dr. Vivek Lal	04-05 May 2018	Kolkata	
Dr. Vivek Lal	62nd Annual National Conference of Indian Public Health Association	Lucknow	
	9-11 Feb 2018		
Mr. Shibu George	Evidence in Global Disability and Health	Hyderabad,	
	26th & 27th Feb 2018	India	
	Disability Inclusive Development (DID) Workshop	Gaya, Bihar,	
Mr. Shibu George	2nd – 6th July 2018	India	
Mr. Tarun Sharma	Finance Training	KKID,	
& Mr. Suvankar Pal	23rd - 25th Oct 2018	Coimbatore	



Publications 2018

Title	Publication	Author/s
Development & validation of a scale to assess attitudes of health care providers towards persons affected by Leprosy in Southern India	Sep 25;12(9):e0006808. doi:	Srinivas G, Kumar S, Mohanraj R, Sekkizhar G, Muthuvel T, Dr. Vivek Lal, Koemm B, Kasang
A glorious journey to make Bengal TB free state- by GLRA India	Your Health, August 2018	Dr. Debajit Sarkar

Human Resource (HR) Policies

GLRA India's HR department always intends to be employee friendly and also the focal point for employee need. All the decisions are mutually based on the interest of the employer and employee. HR department also ensures to be the fundamental step to help all employees to have relaxed working environment. HR department also ensures to be the fundamental step to maintain GLRA's Integrity and Credibility.

The recent significant development in the HR Department was the amendment in the HR policy to include the "Code of Conduct" at work place and the "Child Protection Policy", which has substantially helped GLRA to stipulate a relaxed working environment. GLRA believes in conscientious working settings and obliged to

Acknowledgements

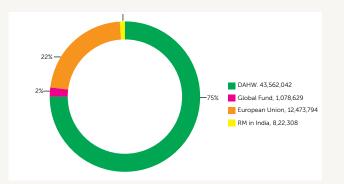
We owe our profound gratitude to all those who supported us to provide our best services to the most in need. We remain grateful to our parent organization DAHW Germany, our Special thanks to co-funding donors such as European Union, GFATM, EKFS, Apollo Tyres Foundation, local donors in India & abroad, and many other wellwishers for their continuous support to carry out our activities. uphold the Universal Declaration of Human Rights, to support and cooperate with people regardless of their ethnicity, nationality, social origin, beliefs, sexual identity and orientation, age, gender and disabilities as well as status.

HR department serves as a guide and helps resolving issues in an increasingly complex global environment. While development efforts and practices may change, our dedication to honesty, transparency and mutual respect remains constant. We believe that every function of our operations remains ethical and serves as the core competence to our success, and our integrity reflects in everything we practice at GLRA.

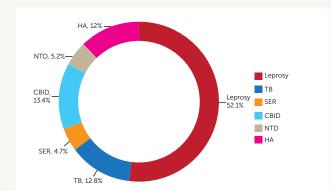
We immensely thank the Central and State governments, NLEP, RNTCP Programme Officers, Stakeholders & ILEP India friends.

Last but not the least; we are ever indebted to our NGO partners for their relentless service at the grass-root level, our Board of Trustees and the staff across offices and projects for their committed support.

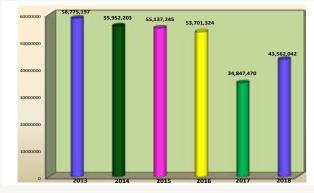
Overall Resources in 2018



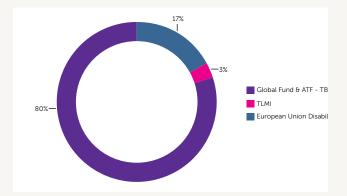
GLRA India is extremely grateful to its' parent organisation DAHW, which continued to support the majority of the activities. European Union & Global Fund support were the other important agencies who have supplemented the overall resources of 2018.



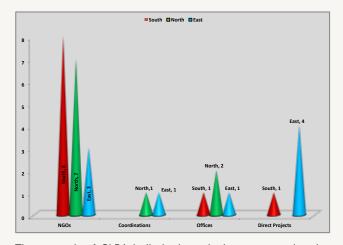
True to our name, the organisation is still investing 52% of its funds on leprosy care. This includes all activities carried out for leprosy including hospital inpatient and outpatient care, DPMR etc. On other hand, the organisation has equally invested funds on other major themes like TB, CBID, NTD and Humanitarian Aid in 2018.



The trend of Funding support from DAHW, Germany is slightly improved in 2018 than the previous year, but in overall it is declaining situation. GLRA India is taking necessary steps for improving Resources through local donors & Co-finance Projects.



The above graph explains the co-finance support received by GLRA India during 2018. European Union is our major donor in 2018 towards CBID Activities than the other donors viz. Global Fund & ATF for TB and TLMI for leprosy.



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. It can be seen from the graph that majority of funds has been allocated for NGO partners than Direct Projects & Offices in 2018.

22 Annual Report

GLRA India Fundraising Team

GLRA India is striving towards eradicating leprosy, tuberculosis and other poverty-related diseases, and the consequences they bring, such as physical disability and social exclusion. GLRA India has successfully implemented various health-related interventions across India, and it would not have been possible without the kind donations made by our generous donors.

We are forever grateful for the support we have received throughout our journey. We look forward to your continued patronage. Thank you for making a difference!

School Kit Distribution

For Children with Disabilities &

affected f

Partners & Networks



Federal Ministry for Economic Cooperation

and Development



European Union

DOIIO



Else Kröner Fresenius Stiftung



Annual Report 23

Ourse , Pakks

Abbreviations

ASHA:	Accredited social health activist
CBR:	Community Based Rehabilitation
DOT:	Directly Observed Treatment
DPMR:	Disability Prevention and Medical Rehabilitation
DPO:	Disability People Organization
EKFS:	Else Kroner-Fresenius-Stiftung
GFATM:	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHC:	General Health Care
HR:	Human Resource
ILEP:	International Federation of Anti-Leprosy Association
MCR:	Micro Cellular Rubber
MDR TB:	Multi Drug Resistant TB
MO:	Medical Officer
NLEP:	National Leprosy Eradication Programme
PIP:	Programme Implementation Plan
PHC:	Primary Health Centre
PRI	Panchayat Raj Institutions
RNTCP:	Revised National Tuberculosis Control Programme
SHG:	Self-Help Group
ТВ:	Tuberculosis
U HC :	Urban Health Centre
WASH:	Water Sanitation & Hygiene
CSR:	Corporate Social Responsibilities
IPOD:	Integrated Prevention of Disability

GLRA INDIA & ASIA OFFICES

Asia Regional office & Head Office – GLRA India

B-71, 1st floor, Mehrotra Niwas,

Kaushambi,National Capital Region, Uttar Pradesh 201 012

Phone: +91 1204271792

Email: ho@glraindia.org

Divisional Office South -Chennai

Old No. 4, New No. 94, Gajapathy Street,

Shenoynagar, Chennai 600 030

Phone: 044-26643724 / 3184

Email: dos@glraindia.org

Divisional Office East -Kolkata

B 31, Rajdanga Nabapally (1st floor)

Kolkata - 700107 West Bengal

Phone: 033 - 24417908

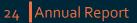
Email: doe@glraindia.org

Divisional Office West – Mumbai

1/1 Himalaya Apartments, 6th Road, Opp. R.K. Hospital, Santacruz (E) Mumbai 400 055. Maharashtra

Phone: 022-66682050

Email: mlsmlep@gmail.com



PROFOMA

PROFOMA is MCR (Micro-Cellular Rubber) manufacturing unit of GLRA Rehabilitation Fund located in Palakkad district, Kerala. This unit was established 25 years ago with the financial support from the Federal Ministry of Economic Development & Corporation, Germany to produce low-cost MCR insoles, outer soles and footwear for persons affected with leprosy. Today the unit supply quality MCR Sheets and footwear's across the county for leprosy, diabetic and orthopedic foot. PROFOMA works in close coordination with technical resource team from rubber board and has an installed capacity to produce 10000 sheets per annum with single shift operation.

S. No.	Product	Size	UOM	Quantity	Amount (Rs.)
1	Micro Cellular Rubber Sheets For Insole	1 Sq. Mtr. Sheets	Nos.	6287	9,081,441.00
2	Micro Cellular Rubber Sheets For Outsole	1 Sq. Mtr. Sheets	Nos.	403	475,074.00
3	Pre-Cut MCR Insoles	Size: 4 - 12	Pair	5439	469,823.00
4	Pre-Cut MCR Outsoles	Size: 4 - 12	Pair	16	2,066.00
5	Pre-Cut MCR Heel Pads	Size: 4 - 12	Pair	620	13,020.00
6	MCR Footwears & Shoes	Size: 4 - 12	Pair	3442	1,188,733.00
		Total		16207	11,230,157.00

Growing Beyond Limits

"

"Disability can never stand in between me and my passion for creating a sustainable environment ".



Sajitha, a 36 year old woman, born with a mild muscular dystrophy is defying disability with her exceptional talent and personality. Father's early departure and losing two brothers to disability; Sajitha and her mother were scarred for life.

With support of DSS Pattuvam- an ally of GLRA India in Kerala, Sajitha continued to pursue her passion for learning and making a difference.

Sajitha is an artist, an expert in stitching, designing ornament and a budding women entrepreneur of Kannur District, Kerala. She has conducted several art shows around India, and has recently bagged "Best Women Entrepreneur Award" by the Lions Clubs, for developing an environment friendly pen.

The eco-friendly paper seed pens can be grown into a papaya plant once they are used up. They contain seeds that can be later planted into the soil; not only that, body of the pen is made out recycled paper. This earthy pen is a great alternative to plastic ball points, and can be perfect for students and businesses that care for the environment.

"Disability can never stand in between me and my passion for creating a sustainable environment " said Sajitha. Proud member of the Disability People's Organisation (DPO), Sajitha is committed to empower people with disabilities and help them in realizing their full potential.

Wheel bound Sajitha is now turning the tides and slowly getting recognition for her work. Sajitha is a great example of strength and resilience and her story makes us think differently about disability.

Sajitha is a sole breadwinner and making a living through sales of her eco-friendly pens in a local market with support of DSS Pattuvam, but we can do our bit in supporting the cause of protecting and caring for the environment.

Support Sajitha's livelihood by purchasing her eco-friendly pen at just Rs. 20/-

Special Features

- * Organic Seeds of Papaya for Home Garden
- * Made from Recycled Paper
- * Ball Point Pen
- * Lightweight body
- * Colourful and Attractive
- * Bury the Pen in the Soil after Use It will Sprout into a Papaya Tree!





All donations to GLRA India are eligible for Tax exemption u/s 80G of IT act 1961 Please send your contribution to

GLRA India

A/c no. 15871450000055, HDFC Bank RTGS/NEFT IFSC: HDFC 0001587, Shenoy Nagar Branch, Chennai Or A/c no. 0972101021839, CANARA BANK

IFSC: CNRB0000972, No.27, Pulla Avenue, Shenoy Nagar, Chennai



HEAD OFFICE

B 71, 1st Floor, Mehrotra Niwas, opposite to Annapurna towers, National Capital Region, Kaushambi-201012, UP, India Telephone No.: +91 1204271792 Email: ho@glraindia.org

Scan the Barcode for online Donation



Visit us: www.glraindia.org Like our page: www.facebook.com/glraindia Share us on: www.insta.com/glra_india

Follow us on www.twitter.com/glra_india1966

We are on : www.linkedin.com

