

PERFORMANCE REPORT

2012



GLRA INDIA

Transforming Lives & Restoring Confidence

Abbreviations

ACSM	:	Advocacy Communication Social Mobilization
BMI	:	Body Mass Index
CLD	:	Central Leprosy Division
CP	:	Continuation Phase
DLO	:	District Leprosy Officer
DMC	:	Designated Microscopy Center
DOTS	:	Directly Observed Treatment Short course
DPMR	:	Disability Prevention and Medical Rehabilitation
EKFS	:	Else Kröner-Fresenius-Stiftung
GFATM	:	Global Fund to fight AIDS, TB and Malaria
GHS	:	Government Health Service
GLRA RF	:	German Leprosy Relief Association Rehabilitation Fund
ILEP	:	International Federation of Anti-Leprosy Associations
MCR	:	Micro Cellular Rubber
MDR TB	:	Multi Drug Resistant Tuberculosis
NGO	:	Non Government Organization
NLEP	:	National Leprosy Eradication Programme
PHC	:	Primary Health Centre
RCS	:	Re-Constructive Surgeries
RNTCP	:	Revised National TB Control Program
T o T	:	Training of Trainers
USAID	:	United States Agency for International Development
UT	:	Union Territory
WHO	:	World Health Organization

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From the Desk of CEO

It gives me immense pleasure to present this annual report on behalf of GLRA India. Year 2012 has seen significant success and achievements at all levels in GLRA India as we continue our fight against leprosy to see a Leprosy-free world. India leads global leprosy scenario with more than 125,000 new cases every year and 3500 affected persons reporting with visible disabilities. The disease TB is still a 'Scourge' in India. Controlling TB in our country is a tremendous challenge, every year 1.8 million persons develop TB and more than 1000 die every day. TB is a major barrier to social and economic development of our country.

The core objective of GLRA is to cure and rehabilitate people affected by Leprosy, Tuberculosis and transform the lives of differently abled. In 2012 GLRA India with its team of dedicated staff could establish couple of new initiatives such as Mobile Physiotherapy Unit, CBR and Home Based Care projects for MDR TB besides existing support to NGOs and direct programs.

As part of new initiative we focused on Operational Research and could develop and submit few research papers and proposals. On account of research initiative we have constituted an ethics committee (GLRA Institutional Review Board). On the NLEP front, GLRA has been active by networking with ILEP India. As part of it, GLRA also chaired NLEP NGO scheme committee constituted by the Central Leprosy Division.

With our aim on Quality and professional standards, GLRA India has been certified with ISO 9001:2008 in 2012 and it is our earnest desire to keep improving the standard of transparency and consistency at all levels.

On behalf of GLRA India management, I would like to convey our hearty thanks to all our stakeholders, Central and State governments, NGO partners, other ILEP organizations, sponsors, donors, well wishers and to our parent organization (DAHW) in Germany for the continuous support and trust on us to reach the unreached and to serve those most in need.

J. Ravichandran

GLRA Germany

(Deutsches Aussätzigen - Hilfswerk - DAHW)

DAHW is an independent non-governmental organization founded in 1957 in Germany. Since then DAHW has been giving sustainable assistance to sick and marginalized people in developing and emerging countries, irrespective of political or religious belief. Millions of sick and stigmatised persons have received medical treatment and social support so far.

Currently DAHW works in 27 countries in Africa, America and Asia supporting 232 projects including 14 international assignments. DAHW functions with the support of volunteers, donors and staff around the world. Around 70,000 people entrust their donations to DAHW annually, many of whom have been doing so for decades. More than 2,000 volunteers work for DAHW by collecting donations, provide information about the diseases and invite others to join them in their activities.

Vision

“A world in which no one suffers from leprosy, tuberculosis, poverty related disease and the consequences they bring such as physical disability and social exclusion”

Mission

To assist people suffering from poverty related diseases such as Leprosy, Tuberculosis and other diseases that lead to marginalization & discrimination and obliged to uphold the Universal Declaration of Human Rights.

To promote medical and social projects with the focus on the needs of people affected with leprosy, tuberculosis, differently abled and other Neglected Tropical Diseases.

To support medical and social relief programs and enable the affected individuals to live a life in dignity and empower them to integrate into society.



GLRA India

GLRA India was established as an independent legal entity in 1966 with its base in Chennai. GLRA always emphasized to provide medical and social rehabilitation for people affected by leprosy. During the past 46 years of humanitarian services GLRA could touch the lives of 21 lakh (2.1 million) people affected by leprosy besides 1.5 lakh TB affected by treating and curing them from the disease. Over and above, GLRA could provide social rehabilitation to 2.4 lakh affected persons and helped them to live in dignity. During 2012 GLRA India supported 41 NGO partners in 15 states besides 10 direct projects/programs with an amount of 58 million Rupees.

GLRA India provides financial and technical support to NGOs, who work in compliance with Govt. of India's National Leprosy Eradication Program and Revised National TB Control Program. GLRA liaisons between NGOs and various state governments for implementing leprosy services.

As part of ILEP in India, GLRA also strengthens NLEP in the states of Tamil Nadu, Gujarat, West Bengal and the UT of DNH through dedicated Consultants who reports to CLD. Further GLRA has been actively engaged in two ACSM projects for TB in West Bengal in collaboration with Global Fund and USAID.

It is felt by one and all that there is still a strong need of support for people affected by leprosy, tuberculosis and differently abled in many states of India especially people living in remote areas, politically un-rest locations and among marginalized communities. GLRA India is determined to provide comprehensive and innovative services to these underprivileged areas with its available resources and has taken steps to build up co-funding synergies with like minded organizations, to improve the services.

GLRA India Supported Projects 2012



Activities at a Glance 2012

Leprosy Diagnosis and Treatment

GLRA is supporting country's National Leprosy Eradication Program through 35 grass root level NGO partners by providing services such as early diagnosis, treatment, prevention of deformity, reaction management, re-constructive surgeries, in-patient hospital care, supply of MCR footwear, self care practices and community awareness.

Table - 1 Leprosy Care

New leprosy diagnosed and treated/referred	1549
Among new, diagnosed with visible disabilities	205
Children among newly diagnosed	172
Total (old & new) received care from partner projects	16129



Hospitals & Surgeries

In-patient care is an essential component in managing leprosy related complications. GLRA supports twenty hospitals run by NGO partners and maintains 1083 exclusive beds for leprosy and its associated care. Six of them are recognized by Government of India as tertiary level referral centers under Disability Prevention and Medical Rehabilitation besides 14 secondary care centres.

Table - 2 Leprosy in-Patient Care

Ulcer care	3926
Reaction/neuritis	339
Re-constructive surgeries	179
Other general ailments	2376
Total occupied bed days	209,236



“In the fight against leprosy, eliminating the disease as a public health problem is just a milestone on the road to its eventual eradication. We must do whatever we can to get as close as possible to our ultimate goal of reducing the number of new cases to zero.”- WHO Goodwill Ambassador.

Disability Prevention & Medical Rehabilitation (DPMR)

Disability due to leprosy affects the image of affected people, which leads to social exclusion and discrimination. From year 2008, Government of India implements DPMR through a three-tier system ie: Primary level (PHCs, UHCs, leprosy NGOs having out-patient facility), Secondary level (District hospitals & leprosy NGOs having in-patient facility) and Tertiary level (Govt. apex institutes & leprosy NGOs having Re-constructive surgery facility).

GLRA India contributes significantly to DPMR with 15 partners serving at primary level, 14 partners at secondary level and 6 partners at tertiary level in different states.

Table - 3 DPMR Services

Total no. of persons under care with disability due to leprosy	7652
Persons treated for reaction/ neuritis	534
Leprosy related septic surgeries	933
MCR footwear supplied	5525
Supported with aids & appliances	1086

Technical support to National Leprosy Eradication Program

GLRA India has been providing technical support to NLEP since 2000 as part of ILEP state coordination in 3 states (Tamil Nadu, Gujarat, West Bengal) and 1 Union Territory (Dadra Nagar Naveli). The objective of this support is to augment NLEP services in the state by assisting state health society in planning and implementation of leprosy care.

Technical support includes validation of new cases, facilitate eligible patients for re-constructive surgeries, internal evaluation of district NLEP activities, training of general health staff, attending



Special Action Plan activities in high endemic districts, participate in Rapid Assessment of urban leprosy, act as ToT for District Leprosy Officers training, facilitate in Result Based Management workshop for DLOs and training on supervision for GHS supervisors etc.

TB Prevention & Care

Tuberculosis is a curable disease but remains a major public health problem in India. 1.8 million people suffer from TB every year and a number of them die despite advances in medical science

Diagnosis & Treatment

GLRA India is providing substantial support to Revised National TB Control Program and has involved in different schemes through its 24 partner NGOs covering a population of 7 million. The services range from running sub-district level treatment units, microscopy centers, sputum collection & transportation in remote locations and community awareness campaigns.



Table - 4 Achievements

Population covered	6,634,550
New TB diagnosed	5,520
Outcome of new smear +ve cases 2010	
• Smear +ve	1,901
• Cured & Completed	1,783
• Success rate	93.79
Total sputum +ve cases Cured & completed from 2001	117,083



Project Axshya – GF Round 9

GLRA-India is enhancing the quality of lives of TB affected communities in West Bengal through GEATM funded ‘Project Axshya’ in 8 districts by collaborating with 14 grass root level NGOs covering a population of about 20 million spread across 38 TB units and 174 DMCs. The twin objectives of the project are,

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

The major service delivery areas are Advocacy Community Mobilization, system strengthening, involving political commitment, community TB care, Formation of district TB forums, improving diagnosis, TB-HIV co-infection, conducting patient-provider meetings and tagging TB patients to social welfare schemes.



Table – 5 Out-Reach Activities

Community meetings organized	1302
Rural Health Care Providers sensitized	1078
Patient providers meetings organized	79
ASHA trained	2864
TB Suspects referred that have been validated	1452
Initial defaulters retrieved and put on DOTS	117
Patient charters / posters distributed at the PHIs	11000/800

GLRA India Intervention Districts

Darjeeling	Total District population. AI Intervention population	18,80,255 11,77,337
South Dinajpur	Total District population AI Intervention population	17,05,602 8,77,967
Birbhum	Total District population AI Intervention population	35,75,059 20,56,663
North 24 Parganas	Total District population AI Intervention populatio	1,02,92,065 61,83,680
Midnipur East	Total District population AI Intervention population	51,99,940 29,65,355
Bardhaman	Total District population AI Intervention population	78,83,924 21,77,598
Bankura	Total District population AI Intervention population	36,70,913 19,67,650
Purulia	Total District population AI Intervention population	29,88,718 17,27,114

IMPACT Project

GLRA India in partnership with CARE implemented IMPACT (Initiative to Manage People Centered Alliances) project in three districts in West Bengal (Howrah, Hoogly & Bardhaman) with the support of USAID. The goal of this project is to reduce the morbidity and mortality caused by Tuberculosis. IMPACT project is involved in community networking through NGO partners, self-help groups and Gram Panchayats. The major success of this project is linking TB affected persons to social welfare schemes.

TB Control in Prisons

GLRA India in collaboration with RNTCP Gujarat has implemented pilot project of Prison TB to improve the situation to access TB services in Ahmedabad Central Prison. It consists of training of prison health staff, screening with WHO suspect questionnaire, early identification of suspects and treatment continuation as well as completion. Totally 9 Medical Professionals and 17 Paramedical workers were trained in RNTCP. During the first year pilot period, 96 TB suspects were found and 7 diagnosed with TB. Early identification and sputum sample testing for MDR TB ensured. Government of Gujarat has agreed to roll-out the Prison TB as part of 12th five year plan with the technical support of GLRA.

Home Based Care & Support to MDR TB patients - Delhi & Jaipur

Multi Drug Resistant-TB is a threat to effective TB control. In India, drug resistance patterns vary widely across different parts of the country. With a rapid increase in coverage of the RNTCP in most states, a similar trend of low emergence of resistance is expected but this translates into a large absolute number of MDR TB cases with an estimated annual incidence of 99,000 cases of MDR TB in the country.

As per RNTCP guidelines, MDR TB patient undergoes 10 days hospitalization for pre-treatment evaluation and initiation of treatment. This is followed by treatment continuation from their home and often the patient travels to DOTS plus hospital site for follow up sputum culture and DSTs. Patients and family members often require counseling on treatment regularity, adverse effects,



infection control practices, contact screening, nutrition, and good hygienic practices.

Patients with MDR-TB most likely would have had problems with adherence in their past treatment. Frequent travel to hospital site, alcohol or drug abuse, behavioral problems, psychiatric disorders, lack of social or family support, and reduced faith on the program often aggravates the problem of drug adherence. Prolonged treatment with large quantity of drugs and associated toxicity makes adherence difficult with MDR-TB therapy. These patients have potential to spread MDR infection to the contacts in their home or in the community and also deteriorate their health condition.

In this context, GLRA India initiated a pilot project on Home Based Care and Support to MDR TB patients to improve treatment adherence in Delhi & Jaipur. The home based care and support to MDR TB patients is provided by a

trained counselor, who visits their home at least twice during pre-hospitalization to establish contact with the patient and family, to assess existing infection control measures, socio-economic status, and the reasons for discontinuation of previous treatment.

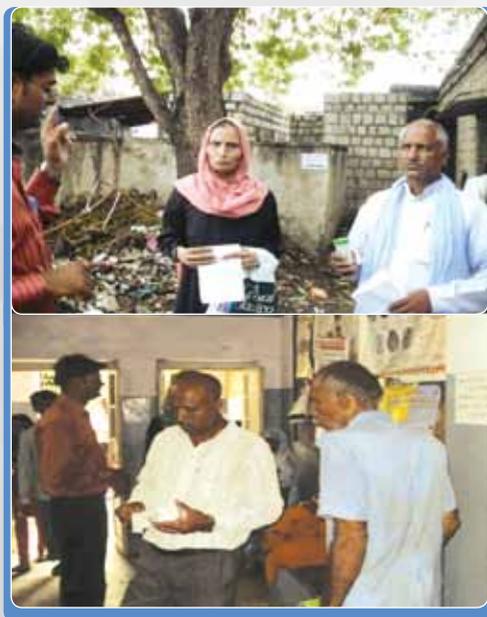
During home visits, the patient / immediate care giver are counseled to promote adherence to MDR TB medication, easy way to access DOTS plus sites to get follow-up sputum. Patient with severe adverse reactions and with co-morbidity like HIV co-infection and diabetes will be referred to RNTCP recognized centers for management. The counselors record and report of the patient's general condition including BMI, progress of treatment and toxicity of the drugs as per standardized formats.

In Delhi alone, a total of 330 patients have been enrolled in the project. 174 among these are males, 143 are females and 13 are children. BMI study



reveals that 66.5% are underweight, 30.1% are normal weight and 3.4% are overweight. Of the 38 initial defaulters, 27 patients started treatment after counseling.

Of the 326 patients registered so far, 14 have been declared cured, 13 have died, 7 are declared failure, 7 defaulted, 1 patient is transferred out and 284 are still under treatment. Of these 284 under treatment 175 are in IP phase while 109 are in CP phase of the treatment. A total of 12 patients are having Diabetes while 6 are co-infected with HIV. Further a total of 13 patients were diagnosed for TB and 9 were diagnosed for MDR TB among contacts of MDR TB patients.



Rehabilitation

GLRA India is a pioneer to rehabilitate people with disabilities due to leprosy. Decades of efforts in socio-economic rehabilitation has empowered and enabled several thousands of affected people to live in dignity. GLRA is convinced that the persons affected by leprosy need to be rehabilitated socially, economically and psychologically along with medical care. With this conviction currently GLRA Rehabilitation Fund and 37 partner NGOs have been providing substantial support to enhance the living condition of the leprosy affected people. The Socio economic rehabilitation is a combination of social and medical rehabilitation. Most GLRA partners across the country still continue to carry-out socio economic rehabilitation in realizing the vision of GLRA. On realizing that the community needs to be involved in rehabilitation, and efforts are to be sustained to cover bigger target groups, GLRA RF is also gradually expanding its services to Community Based Rehabilitation (CBR). During 2012, GLRA supported 8 partner NGOs in establishing community based rehabilitation that covers people suffering from disabilities whether arising out of leprosy or general.

Socio-Economic Rehabilitation

GLRA Rehabilitation Fund was established in 1974. The spectrum of GLRA's Socio-Economic Rehabilitation covers educational sponsorship, assistance for vocational training, job placement, micro-credit for micro enterprises, counseling, mobility assistive devices, food and shelter for destitutes. A total of 253,000 leprosy affected persons were rehabilitated from its inception through various methods.

Table - 6 SER Achievements by Partners

Training placements	554
Self employment	164
Job placement	317
Assistance for education	7050
House construction/ renovation	248
Old age support	2075
Self-Help group formation	171
Counseling & Other beneficiaries	18820



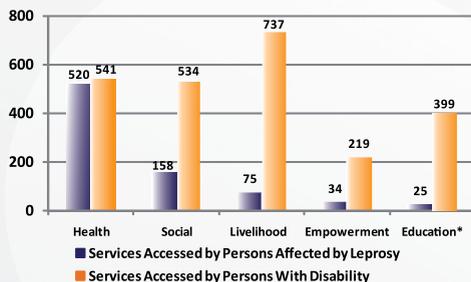
Community Based Rehabilitation

In 2012, through GLRA support and assistance, 10 NGO partners initiated Community Based Rehabilitation (CBR). Educational assistance, mobility aids distribution, establishment of self help group, facilitation to access government schemes (mobility aid, scholarship, pension, subsidized loan etc.) are the key services provided. The NGOs also address the needs of persons with disability in health, education, social-livelihood & empowerment. The programme is carried out mainly through establishing partnerships & networking with the Government. In 2012, 165 volunteers were trained in CBR. Among them, 57 volunteers are engaged in CBR activities & have served 2610 persons with disability.

Health, Social & Livelihood services are accessed by majority of the beneficiaries (more than 500 beneficiaries). Particularly the livelihood services. Skill development (Tailoring, cycle repair training etc.), self employment & social protection are the services accessed by maximum beneficiaries (31%). Empowerment services (Self Help Group, Disabled People Organisation) are least accessed & will be strengthened in future.



CBR Service access by beneficiaries



Mobile Physiotherapy Project

An innovative CBR project entitled ‘Mobile Physiotherapy’ is implemented at Vadodara through Gujarat Raktpitt Nivaran Seva Sangh (GRNSS). This 2 year project, co-financed by EKFS Germany and GLRA. First year project could support 515 Persons with Disability including leprosy affected in various services such as, facilitation to improve access to disability certificates, national ID cards besides the provision of continuous physiotherapy at their door step.

- 1077 beneficiaries screened in the 15 eye camps. Cataract surgeries were completed for 70 patients and 259 patients were provided spectacles
- 130 beneficiaries treated in two orthopedic cum physiotherapy camp. 23 Persons with Disability referred for surgery. 812 services including 4 RCS accessed by persons affected by Leprosy.
- 17 adolescents with disability enrolled in vocational training

Fund Raising & Public Relation

GLRA India has initiated its own resource mobilization unit in mid 2011 to support people affected by leprosy, tuberculosis and disability. Initially the focus was on public relation, branding and to reach communities through various methods to bring visibility to the organisation. GLRA organized a handful of activities as part of fund raising and participated in many other public relation activities.

An art show ‘Different Stroke’ was organized at Lalit Kala Academy Chennai – a one week long show that brought together 250 artists including disabled artists and special children. This has scored well with the media and many people visited the gallery. The show was inaugurated by Mr. Stefan Weckbach, Consul General Chennai, Federal Republic of Germany in the presence of Ms. Kannegi Pakianathan, I.A.S. Secretary to Government of Tamil Nadu. The show was backed by many corporate bodies, whose participation has helped to make it a success.

GLRA India released its first documentary film to reveal the life of people affected by leprosy and proclaim the need to serve them by upholding their rights. The documentary was released during a press meet in Chennai.

Many more events were conducted such as Cake Fest, Resource Mobilization workshop to involve partners, Skill house training. Substantial communication materials such as calendar, diary, leaflets and brochures with information on leprosy, TB and GLRA India services, were also printed and disseminated.

As part of public relation activities, GLRA supports Tamil Nadu Handicapped Federation to conduct their 11th Disabled sports meet in Chennai besides observing World Disability Day by associated with HCL Technologies. Further Calendars and Diary's with message on leprosy, TB were distributed to philanthropic organizations, Govt. offices, private sector, corporate supporters and donors.



GLRA India also felicitated PADMASHRI Dr. P. K. Gopal for his contribution to empowering leprosy affected people and communities.

Homes for Senior Citizens

Leprosy associated with disability distorts the physical appearance of the person that lead to discrimination and social exclusion. Hundreds and thousands of cured leprosy affected persons with disabilities are rejected by their families and land up in asylums and hospice. Being old and sick they are in need of food, clothes, shelter, medical aid, emotional support and respect. It was visualized that such homes will also be used in future for general public, which may help in income generation for partners.

GLRA India with the support of Austrian Leprosy Relief Association constructed 7 senior citizen homes in 6 states to cater the need of 335 old and disabled persons. The construction work was initiated in late 2010 and completed in early 2012. The homes were opened up for inmates in public meetings felicitated by Chief Minister, Other Ministers, Member of Parliament/Legislative Assembly, Collector of the Districts and many other well known philanthropists.



MCR Manufacturing Unit

Footwear made out of Micro-cellular Rubber is a vital part of leprosy disability care. Keeping this in view German Leprosy Relief Association set up an MCR Factory called 'PROFOMA' for manufacturing Natural Rubber footwear and post operational support materials for the Leprosy affected persons.

PROFOMA is located in southernmost state, Kerala in India. This unit produces best quality MCR sheets in adherence to NLEP guidelines that are being supplied to national and international government health programs in different countries in Asia and Africa. PROFOMA also supplies MCR to various leprosy organizations / diabetic and orthopedic centers in India.

Other Achievements

Operational Research

Based on the mandate of the organization, GLRA India, initiated and submitted operational research proposals to Indian Council of Medical Research (ICMR).

The title of the proposal;

To study the reasons for delayed presentation among adult leprosy patients with disability and develop appropriate recommendations to reduce the delay in endemic districts

ISO certification

GLRA India Central Office and its regional offices in Chennai, Kolkata and Delhi have achieved Quality management system and has been certified with ISO 9001:2008 in accordance with TUV NORD CERT auditing and certification procedures for the below scope which is valid until August 2015;

Provision of Health Care Services to eradicate diseases of Leprosy, Tuberculosis & providing Disability prevention, Rehabilitation and facilitate Fund raising

GLRA India is committed to maintain this standard quality management system in all its deliverables with commitment and professionalism.



Participation in Union World Conference on Lung Health



GLRA India's technical team participated in 43rd Union conference at Kuala Lumpur and presented four posters in different topics such as Flexi-Time DOTS patient-provider perceptions, Linking TB patients to Social Welfare Schemes to improve cure rate, Cost for TB services in NGO schemes and TB control among Tribal population in Eastern India. Theme for the conference was "Driving sustainability through mutual responsibility". The participation enabled our participants to plan GLRA's future strategies on TB prevention and care.

Honoured Dr. P. K. Gopal

Dr. P. K. Gopal, a well known social worker and President IDEA India, who championed the cause of Leprosy affected persons worldwide, was bestowed India's highest civilian award 'PADMASHRI' for his outstanding social work in India. GLRA India has decades long association with Dr. Gopal and honored him for this life time achievement. Ms. Kannegi Pakianathan, I.A.S. Secretary to Government of Tamil Nadu, Department for the Welfare of Differently Aabled also joined with GLRA to felicitate this function.



Financial Report

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

CONSOLIDATED RECEIPTS and PAYMENTS ACCOUNT FOR THE YEAR ENDING 31st DECEMBER, 2012

Receipts	Amount (in Rs.)	Amount (in Rs.)	Payments	Amount (in Rs.)
To Opening Balance		17,773,827.22	By Management Expenses on Co-ordination, Monitoring & supportive supervision to Proj.	21,714,023.44
<u>First Receipt:</u>			By Activities of Fund Raising Unit	849,506.00
To Grants from Germany for Other Programmes	7,260,704.00		By Activities of State Level Co-ordination Programmes	1,556,933.39
To Grants from Germany for Other Direct Programmes / Projects	21,357,875.00		By Support to innovative TB Programmes	3,268,873.00
To Grants from Japan for Vocational Training Centre	133,906.63	28,752,485.63	By Support to NLEP Activities in India	931,211.00
<u>Subsequent Receipt:</u>			By Socio Economic Rehabilitation	451,559.85
To Grants from CARE INDIA		2,773,193.00		
Total C/o ...		49,299,505.85	Total C/o ...	28,772,106.68

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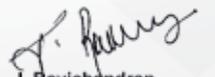


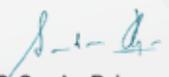
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Receipts	Amount	Amount	Payments	Amount
	(in Rs.)	(in Rs.)		(in Rs.)
Total B/f ...		49,299,505.85	Total B/f ...	28,772,106.68
Bank Interest and Other Receipts:				
To Bank Interest Received	717,229.17		By Support to CARE Activities at W.B	2,152,743.00
To Sale of Western Regional Office	1,700,000.00			
To Sale of Other Assets	20,935.00		By Support to Innovative CBR & NGO Projects	4,558,493.00
To Miscellaneous / Other Income	9,000.00	2,447,164.17		
To Refund for SLO Conference		34,302.00	By Closing Balance	16,974,156.93
To Settlement of Advance		676,527.59		
... Total ...		52,457,499.61	... Total ...	52,457,499.61

"As per our report of even date annexed"
For Sundar Ranganath & Srinivasan
Chartered Accountants
Firm Reg. No. 005639S

Place : Chennai.
Date : 31-05-13


J. Ravichandran
Chief Executive Officer


S. Sundar Rajan
Partner
M.No.23711



Organization Tree 2012

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Trustee

Fr. Felix Wilfred
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Managing Trustee & CEO

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National Medical Advisor

Dr. Rajbir Singh
Regional Medical Advisor, Delhi

Dr. Vijaykumar
Regional Medical Advisor, Chennai

Dr. Vivek Lal
Regional Medical Advisor, Kolkatta

Mr. Shibu George
Manager-Projects

Mr. G Isaac
Co-ordinating Rehabilitation Officer

Mr. V. Sabhpathy
Rehabilitation Officer

FINANCE & ADMINISTRATION

Mr. Venkatesh
Manager-Finance & Admn.

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Asst. Administrative Officer

Mr. Rajesh
Regional Executive Fin. & Admn.

Ms. Uma Kannan
Senior Admn. Asst.

Ms. Uma Selvamani
Senior Admn. Asst.

Mr. Balaji
Senior Accountant

Mr. Ramakrishnan
Accountant

FUND RAISING & PR

Ms. Anita Rafi
Co-ordinator Fund Raising

MANAGEMENT REPRESENTATIVE (ISO)

Mr. Shibu George

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Email : centraloffice@glraindia.org

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Janakpuri, New Delhi 110 058.

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Email : nrsglra.india@dahw.org

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Phone : 033-24417907/7908

Email : ersglra.india@dahw.org

Thank you for supporting our work in 2012

To our Donors, Friends and Well wishers in Germany & India

For your continuous support and encouragement

To all Board members, Management and Staff in DAHW Germany

For your guidance and pro-activeness

To Government authorities in Central and States

For the timely responsiveness and collaboration

**To National and International Organizations
(ILEP, GFATM, CARE, IDF, NTC, SMHF, GIT and Others)**

For your valued inputs and for the commitment in working together

To our NGO Partners

For your dedication and acceptance to deliver quality services

To our Board of Trustees, Staff and Volunteers

For your relentless effort in all times towards the success

Follow us on  www.facebook.com/glraindia.org  www.twitter.com/glra_india

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

Send your contributions to GLRA India A/c no. 15871450000055, HDFC Bank
RTGS / NEFT IFSC : HDFC 0001587, Shenoy Nagar Branch, Chennai.



GLRA India is an
ISO 9001:2008
certified organisation