

GLRA INDIA

Transforming Lives & Restoring Confidence



GLRA INDIA



Performance Report

2013

Abbreviations

ACSM	:	Advocacy Communication Social Mobilization
ASHA	:	Accredited delivered Social Health Activists
BMI	:	Body Mass Index
CBR	:	Community Based Rehabilitation
CSR	:	Corporate Social Responsibility
DLO	:	District Leprosy Officer
DMC	:	Designated Microscopy Centre
DOTS	:	Directly Observed Treatment Shortcourse
DPMR	:	Disability Prevention and Medical Rehabilitation
EKFS	:	Else Kroner-Fresenius-Stiftung
GFATM	:	Global Fund to fight AIDS, TB and Malaria
GHS	:	Government Health Service
GLRA RF	:	German Leprosy Relief Association Rehabilitation Fund
GRAFT	:	GLRA Rapid Assessment Follow-up Team
IEC	:	Information, Education & Communication
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
SACS	:	State Aids Control Society
SER	:	Socio Economic Rehabilitation
USAID	:	United States Agency for International Development
UT	:	Union Territory
UNCRPD	:	UN Convention on the Rights of Persons with Disabilities
WHO	:	World Health Organization

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About Us

GLRA India is a non-profit organization based in Chennai, transforming the lives of millions of people across India. The core activity of GLRA is to provide treatment, care and support to people affected by leprosy, TB and disabilities. We work to create more opportunities for the affected and to sustain their families. We have established our work in India in 1966 with its Central office in Chennai and have three regional offices in Chennai, Kolkata and Delhi to monitor and support the activities in India. In 2013, we supported 34 NGOs across 15 states of India besides implementing 10 direct projects. We are an ISO 9001:2008 certified organization maintaining quality management system at all levels with the motto of "Transforming Lives and Restoring confidence".

Vision

"Our vision is a world in which no one suffers from leprosy, tuberculosis and other poverty-related diseases and the consequences they bring, such as physical disability and social exclusion."

Mission

- ◆ We actively assist on a global scale people suffering from poverty-related diseases. We fight leprosy, tuberculosis and other diseases that lead to marginalization, stigmatization and further consequences.
- ◆ The heart of our work consists of promoting medical and social projects. We focus on the needs of those with leprosy, tuberculosis and other socially excluding diseases and disability.
- ◆ As specialists, we support medical and social relief programs that allow affected individuals to live a life in dignity and become empowered to be equally integrated into society.
- ◆ We support research conducted in the interests of improving prevention, diagnostics, therapy and medical-social rehabilitation for our target groups.
- ◆ We take the requirements, capacities, values, and quality standards of our project partners into account. We maintain national and international standards and encourage self-responsibility.



A MESSAGE

Dear Friends,

I take pleasure and pride in presenting the Annual Performance Report of GLRA India for the year 2013. The year was crucial because our maiden efforts for mobilising co-finance have culminated to award two great projects that would benefit the marginalised and deprived. European Union (EU) has approved a five year project titled Sammalit Vikas Jankari - Information for Inclusive Development, which is a CBR project to be implemented in 5 remote districts of Orissa, Madhya Pradesh, Gujarat and Bihar. BMZ (German Government) has approved a 3 year project to be implemented in Madhya Pradesh, which again is to carry out Community Based Rehabilitation towards inclusive Rehabilitation of Persons with Disability.

I take the chance to thank immensely our parent organisation DAHW Germany who continues to support the on going projects for Leprosy and TB, despite the Global recession and general decline in International funding.

The domain of Leprosy, TB and Disability is so huge that it is not efficient to manage them solitarily. GLRA India networks with likeminded organisations, ILEP members, other charitable institutions to tackle the situation. I would like to thank all the individual donors, corporates and foundations who have morally and financially supported our initiatives. I am also grateful to our Board for their effective governance and expert guidance. Last but not the least the small but effective team of our colleagues deserves a great applause for their toil almost 24x7 during the year to turn out the massive accomplishments.

J. Ravichandran
CEO

Activities at a Glance

GLRA India continued to provide quality services for people affected by Leprosy, Tuberculosis and Persons with disabilities. A year of remarkable achievements strengthens us to face future challenges by upholding our vision and mission. Success is not always the end of the journey and GLRA India looks for new avenues to support people who are in need.

Leprosy care services are implemented through 34 NGO project partners besides providing support to NLEP in 3 states (TamilNadu, Gujarat & West Bengal) and a Union Territory (DNH). A total of 1600 new cases of leprosy were diagnosed through these NGO partners and around 17,000 leprosy affected persons with disabilities received different outpatient medical services and 6600 accessed inpatient services.

Tuberculosis continues to be the largest health problem in the country and GLRA works through 20 partners covering 5 million population and providing substantial support to RNTCP by being involved in many schemes. In 2013, around 5000 new TB cases were detected and started on DOTS by these NGOs. GLRA also supports an exclusive and specialized TB hospital in the out skirts of Kolkata.

To empower the quality of life of persons with disability, GLRA has initiated CBR activities in its 14 NGO's besides support to Socio-Economic Rehabilitation to people affected by Leprosy, TB and Disability. A vocational training centre was started at Pushpa Hospital, Dalliraghara in Balod district, Chattisgarh for the marginalized people. An exclusive CBR project "Support to People with Disabilities" was established in Sendhwa block, Madhya Pradesh with the financial support of BMZ Germany. It is expected to provide comprehensive services to around 8000 persons with disabilities under the elements of 5 by 5 CBR matrix by up holding UNCRPD principles.

GLRA India contributed to the development of new NGO Schemes under NLEP. On invitation of Central Leprosy Division - Government of India, Medical Advisor of GLRA India chaired the Core Committee for drafting the new Schemes. The Committee comprised of representatives from Government of India, State Government, ILEP, NGOs and Association of persons affected by leprosy. The schemes are to be implemented across India from the year 2014. It is envisaged that the Schemes would encourage greater participation of NGOs in leprosy programme, thus benefiting those affected by leprosy.

Over 46 years, GLRA has touched the lives of 21 lakh (2.1 million) people affected by leprosy, treated and cured 1.5 lakh affected by TB. GLRA has provided social rehabilitation to 2.6 lakh affected persons ...

Leprosy

GLRA India has endeavored to launch all of its activities to make a mark in the lives of many in 2013 besides spearheading new initiatives that will benefit more. Some of the achievements in terms of benefitted lives are noted below:

Diagnosis and Treatment

Being a leading leprosy organization, GLRA India continues to provide substantial support to National Leprosy Eradication Program (NLEP) through 34 grass root NGOs. **The major activities by NGOs are diagnosis, treatment, Prevention of disability, hospital care, surgeries and supply of special MCR footwear.**

Hospital in-patient care

GLRA supports 20 hospitals with 1185 beds and provides exclusive leprosy and associated care. 7 hospitals are recognized by Government of India as tertiary care centres. Hospitals with state-of-the-art facilities act as referral centres and provide comprehensive leprosy care.

Leprosy Cases	Beneficiaries
New cases of leprosy diagnosed	1616
Total no. of people affected (old & new) by leprosy received services	17610

Table : 1 Leprosy Care



Ulcer Care



Signs & Symptoms of Leprosy

Services Rendered	Beneficiaries
Re-constructive surgeries performed	144
Hospital care for ulcer management	2160
Hospital care for Reaction/neuritis	352

Table : 2 Leprosy in-patient Care

Prevention of Disability

Disability in leprosy leads to discrimination and social exclusion. Around 5000 leprosy affected persons are reporting with visible disabilities every year in our country. Govt. of India emphasizes Disability Prevention and Medical Rehabilitation (DPMR) as one of the key activities on NLEP with a goal of no new disabilities or worsening of existing disabilities. GLRA India continues to contribute significantly to achieve this goal through its 34 NGO partners.

DPMR Services	Beneficiaries
No. of leprosy affected persons with disabilities under regular care	7392
No. of leprosy affected persons with disabilities practicing self-care	4867
Leprosy related septic surgeries	1126
No. of ulcers managed or persons with simple ulcers managed as OPs	5931
MCR footwear supplied	4581
No. of aids and appliances provided	937

Table : 3 Leprosy care services provided



MCR Footwear

Support to NLEP through State Coordination

To augment the NLEP services in the states, GLRA has been providing technical support in 3 states

(Tamil Nadu, Gujarat & West Bengal) and 1 UT Dadra Nagar Haveli. Through this state coordination GLRA has extended major support to states in Program Implementation Planning, validation of new leprosy cases, training of Government health staff, participation in special campaigns and accomplishing additional assignments by Central Leprosy Division.

Malda NLEP Project



Self-care Demonstration Camp

Delivery of Disability Prevention and Medical Rehabilitation (DPMR) services has been a challenge. Malda NLEP Project was started by GLRA in close coordination with the district NLEP officials of Malda district, West Bengal. The Project has been launched initially in six blocks of the district and it is expected that the intervention would lead to early and increased detection of cases through involvement of ASHAs, ensure proper management of all cases through nerve function assessment and lead to high treatment completion rates. The following activities are being undertaken as part of the project - Capacity development of general healthcare staff; supportive supervision; facilitation of follow-up of cases and provision of disability prevention through self-care practices, provision of MCR and aids and appliances.

Story of Mr. Kuvaram

"Leprosy has diminished my eye sight but not my vision"

Kuvaram, at 20 years, was infected by leprosy. His family unable to deal with this dropped him off at the Motinagar leprosy colony in Uttarkhand in 1980. The sisters at Jeevandan Medical Centre (JMC, GLRA supported project) took Kuvaram in and cared for him. He underwent two years of MDT treatment (1991-1992).

Eventually, he was cured but his eye sight had dimmed and he had stiffened movement of his hands (Claw hands) and feet (sensory loss). He received treatment for ulcers and later was trained in self care practices. During 1980-1990s, he had no means of earning a livelihood and was begging to feed his family. He became frail and weak and vision was also deteriorating. In 1995 his vision and facial contours were corrected through surgery to some extent.

He regained his confidence.



Mr. Kuvaram with his wife

Through the socio economic assistance from JMC, he started goat rearing and farming. He works as a



Mr. Kuvaram in a community meet

watchman part time and this gives him some additional income. His wife, also a leprosy affected person, supports him in goat rearing and farming. Mr. Kuvaram with his meagre income and some financial assistance from GLRA India has managed to educate his children. His daughter works as a nurse in a government hospital; his elder son is an assistant manager in a Bank. He is happy when he says, "His second son has got admission in the Government medical college".

Being of humble nature, Kuvaram does not like to attend public meetings though his presence in community meetings adds value. Today at 53, he is an overjoyed grand-father. He has also pledged his support to bringing up three orphaned children from the home of leprosy affected persons.

Tuberculosis

Diagnosis & Treatment

GLRA India is a front runner along with RNTCP by providing support to TB prevention and care. Through 20 NGO partners 50 lakh population is covered under RNTCP schemes. The services range from TB Treatment Unit to sputum collection. Additionally GLRA is a member in National TB Consortium (NTC).

TB Cases	Beneficiaries
New TB diagnosed in 2013	4569
Outcome of smear positive 2011	
Treated	3112
Cured & completed	2806
Success rate	90.16
TB cases treated & cured since 2001	119,889

Table : 4 TB prevention and Care Services



Awareness Program on TB

Home Based Care & Support for MDR TB in the slums of Delhi and Jaipur

The MDR TB patients and their family members, often require counseling on treatment regularity, adverse effects & infection control practices, contact screening, nutrition, and good hygienic practices. Frequent travel to hospital site, alcohol or drug abuse, behavioral problems, psychiatric disorders, lack of social or family support and reduced faith in the program often aggravates the problem of adherence. Prolonged treatment with large number of drugs and associated toxicity to medicines makes adherence difficult with MDR-TB therapy. These patients can spread MDR infection to family

members or other members in the community and their illness can deteriorate to XDR TB. GLRA in close coordination with State and District RNTCP initiated **project 'MDR-TB Control Home based care and support' in the slums of three RNTCP districts of New Delhi, Jaipur and Rajasthan.**

A team consisting of counselors under the supervision of Project Coordinator visits the home of MDR-TB patients on roster basis. During home visits, the patient/immediate care giver are counseled to promote adherence to MDR TB medication and adhere to DOTS plus sites to get

follow-up sputum examinations. Counseling covers healthy nutrition practices, infection control & general hygiene measures at patient / family / community level including sputum disposal practices, contact screening and signs & symptoms of toxicity. Patient with severe adverse reactions and with co-morbidities like HIV co-infection, diabetes are referred to RNTCP recognized centres for management. **Till December 2013, a total of 278 patients in Delhi and 324 patients in Jaipur are enrolled in the projects.**

Experience suggests that patients are skeptical

initially to interact with the counselor. Once rapport is built, they readily accept them. Since stigma due to the disease is high, some patients prefer to meet counselors away from their homes. At times patients find it difficult to continue their job due to drug toxicity and extreme weakness. **Most patients enrolled in the project have very low BMIs that indicate the need of high protein diet besides regular treatment.** Treatment adherence among the addicts is a challenge.



TB Drugs



Children living on garbage hills

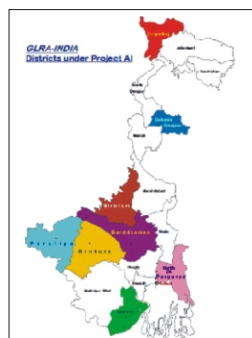


Awareness Program on TB

Project Axshya - GLRA-India, West Bengal (Global Fund Round 9 TB Project)

GLRA India has implemented the project in 8-districts of West Bengal as sub-recipient grantee of GFATM with the following 2-objectives:

- To improve the reach, visibility and effectiveness of RNTCP through civil society support in the districts by 2015
- To engage communities and community based care providers to improve TB care and control by 2015, especially for marginalised and vulnerable populations including TB-HIV patients.



The phase-2 of the project has started on April 01, 2013 in 31 TB units covering 140 Designated Microscopy Centres in the districts of Bardhaman, Bankura, Birbhum, Dakshin Dinajpur, Darjeeling, East Medinipur, North 24 Parganas and Purulia.

The major strength demonstrated by GLRA India amongst all project partners particularly relates to:

- Effective target completion rates.
 - Quality programs at low unit costs (value for money).
 - Strong coordination with RNTCP and other Govt agencies at all levels.
- Strong and uniform monitoring tools and documentation system in place across the project.
 - Development of trained TU-based TB Community Volunteers (TBCVs), a concept later replicated by other sub recipient grantees in the project.
 - Successfully facing evaluations by various agencies including GFATM (LFA) and Central TB Division.
 - Clean finance and transparent budget evident through various audits including by LFA.

Population covered by GLRA Project Axshya in Phase-1 (till March 2013) was 18.4 million and in Phase-2 (since April 2013) has been 16.5 million.

- In 2013, the project has conducted 816 sensitization meetings with Gaon Kalyan Samitees (Village Panchayats) and Community groups sensitizing 18932 participants on TB.
- 686 defaulting TB patients were traced and brought back to treatment by the project with evidence.
- 715 Rural Health Care providers were trained on TB / RNTCP through modules developed by the project.
- 248 Govt health staffs were trained in Soft-skills through 2-day residential training sessions.
- Pool of 30 ToT on Soft-skills was created through state-level training which included District TB Officers.
- 234 people living with HIV-AIDS were trained on TB.
- Project Managers of 26 HIV Targeted Interventions were trained on TB / RNTCP at the state-level.
- 230 patient-provider meetings were organized at the sub-district level.
- 2755 TB presumptive cases were referred by the project with evidence out of which 396 were confirmed smear positive TB patients during this period.

GLRA-India has successfully trained large section of Community based Care Providers including 4500 Rural Health Care Providers and over 9500 ASHAS and had effectively involved large section of them in RNTCP. In phase-2, the project has added focus on TB-HIV coordination through sensitization of PLHIV networks, training of Targeted Interventions (TI) affiliated to and developing TB Action plans of the networks and TI-s, apart from work-place interventions, urban and Slum TB. The major shift on PRI involvement in phase-2 has been promotion of ownership by village panchayats for TB control activities at village level through effective Village TB action plans. The results have been very encouraging with Village Panchayats involved in various TB control activities, like wall painting, IEC activities on TB during village fairs and weekly markets etc. through their own Panchayat budgets and through signing a letter of agreement with the project. They have also been supporting TB patients through tagging them to available various Social Welfare Schemes.



The state TB Officer addressing a state-level Soft-skills TOT program organized by the project



Soft Skills TOT Program



The project managers of Targeted Interventions in West Bengal affiliated to State AIDS Prevention & Control Society being trained by the project

IMPACT (Initiative to Manage People Centered Alliances in Control of Tuberculosis)

IMPACT project has been implemented in three districts of West Bengal by GLRA. The districts are: Howrah, Hugli and Bardhman. The Project ended in November 2013 and was funded by USAID through CARE. **The project focused on the sub-district level Revised National TB Control Program (RNTCP) structures the TB Units (TUs) which had poor cure rates lower than 83% and/or poor case detection rates lower than 60%.** The overall goal of the Project was to decrease the morbidity and mortality caused by tuberculosis, MDR-TB and TB HIV co-infection and the objectives were to intensify and expand

community based DOTS especially in the poor performing TUs, strengthen the case holding and completion of treatment among re-treatment and MDR patients. The Project activities comprised identification and training of DOT providers, GOWB(Government of West Bengal), NGOs/Faith Based Organizations (FBOs), volunteers, qualified and non-qualified private practitioners (QPPs and NQPPs); increase number of stakeholders advocating for TB control including Panchayati Raj Institutions (PRIs) and need-based advocacy communication and social mobilization activities.

As part of the Project, regular follow up, flexi-DOTS, patient-provider meeting and linking patients to Government social welfare schemes had been undertaken. The latter component has also been included in Axshay India Project. Some of the Gram Panchayats (local self-government) have been well-engaged in the delivery of services and are good practices which can be shared. However, the involvement of municipalities in urban areas has been limited.

The Project activities received appreciation in an evaluation conducted by USAID. **9.8 million people benefited in 3 districts.**



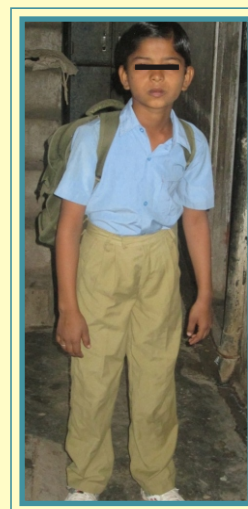
IMPACT Staff -Home visit & Counseling

Adnan Back to School . . .

Adnan, a 9 year old child lives in a slum in Jaipur, India. He is a student in class four. Adnan became irregular in class because he was troubled by frequent stomach aches. When he told his father, he said “Don't make excuses to stay out of school”. Adnan's father, a daily wage worker, was concerned only about feeding his family of four.

As days went by, Adnan gradually gave up going to school. His discomfort increased and his stomach aches became unbearable. Soon his parents took him to a visit dispensary nearby run by a GLRA supported NGO (Sarthak Manav Kushthashram).

Adnan was diagnosed with TB in the abdomen. **Tuberculosis is curable, if medicines are taken regularly.** He started TB medication (DOTs) and continued for 6 months. He has recovered very well and has resumed school. His zest for life is greater than before. He says with a twinkle in his eye, '*I can play cricket and be among friends again*' .



In India over 2 million TB cases are detected every year. Every day more than 5000 develop TB.

12% of TB case load comprises of children. 3 Lakh deaths every year

Rehabilitation:

Socio Economic Rehabilitation

GLRA has been implementing Leprosy focused rehabilitation over a period of 3 decades. **The organization has carried 2,58,995 interventions for persons from Leprosy background from January 1978 to December 2013.** As there is a strong need for SER, GLRA partners have sustained the Socio economic Rehabilitation activities and extended SER services to 5,996 Leprosy affected persons during the year 2013.

S.No.	Types of Interventions	No. of Beneficiaries
1	Vocational Training	265
2	Job Placement	47
3	Self Employment	44
4	Housing	74
5	Educational Assistance	696
6	Institutional care	293
7	Counselling	3538
8	Other Social Welfare activities	1039
	Total	5996

Table : 5 SER Achievements of GLRA partners during



Weaving



Tailoring



Educational Assistance

Educational Assistance through GLRA RF

During the year GLRA RF has extended financial assistance to 103 candidates (Children affected by Leprosy, Children with Disabilities, Children of Leprosy affected persons and Children of Person with Disabilities), a sum of Rs.5,21,000/- was given as educational grants directly and through the project partners across the India. Besides these 15 more candidates were facilitated to avail Educational Assistance of Rs. 1,25,000/- from IDEA- India, Erode.

S. No.	Name of the Course	No. of Candidates			Amount
		Male	Female	Total	
1	B.E. Engineering	4	4	8	80,000.00
2	MBBS	1	0	1	10,000.00
3	B.Sc. Agriculture	1	0	1	10,000.00
4	Nursing	0	5	5	37,500.00
5	Diploma In Engineering	5	0	5	37,500.00
6	College Educational	12	14	26	130,000.00
7	B. Pharm.	1	0	1	10,000.00
8	IELTS	0	1	1	7,000.00
9	ITI	1	0	1	5,000.00
10	Vocational Education	1	2	3	9,000.00
11	Special Education	6	2	8	48,000.00
12	TTC	1	2	3	15,000.00
13	School Education	18	22	40	122,000.00
	Total	51	52	103	521,000.00

Table : 6 Educational Assistance

Activities Through Networking in Chennai

The GLRA RF has provided the following assistance mainly through the Sukriti Social Foundation towards livelihood and mobility assistance.

S.No.	Intervention Type	Beneficiaries	Value worth in INR
1	Tricycle	8	40,000
2	Sewing machine with Motor	10	90,000
3	Artificial Limb	1	10,000
4	Weaving Motor	1	7,000
5	MCR Footwear	242	60,500
	Total	262	207,500

Table : 7 Livelihood and Mobility Assistance

The organization has also facilitated PWDs to avail assistive devices from National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), whose technical expertise and facilities were utilized by GLRA RF in building the capacity of our partners towards implementing CBR. Also with the help of a kind hearted donor, who provided 200 Note books to 30 children of leprosy affected persons.

SER to CBR (Community Based Rehabilitation)

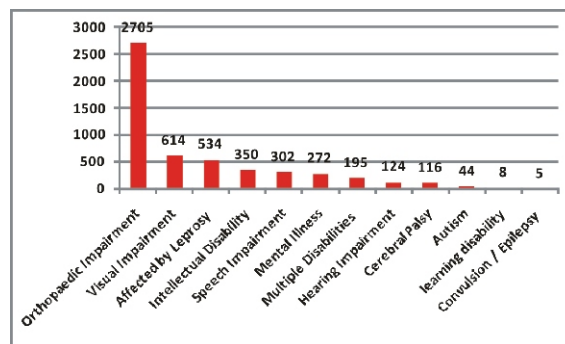
India accounts for 63% of the global burden of disability adjusted life years (DALY) due to leprosy. A study on disability adjusted working life years (DAWLYs) of leprosy affected persons in India revealed that on an average one-third of the patients' work life was lost due to leprosy. German Leprosy and TB Relief Association India's (GLRA India) decade old approach of implementing Socio-Economic Rehabilitation (SER) for the people affected by leprosy had been transformed.



CBR Training

The reduced burden of disease makes Socio Economic (one to one) rehabilitation less cost-effective; searching and rehabilitating persons disabled due to leprosy alone causes additional stigma and higher cost. Hence in 2010, GLRA India's mandate was amended to include disability and adopted the

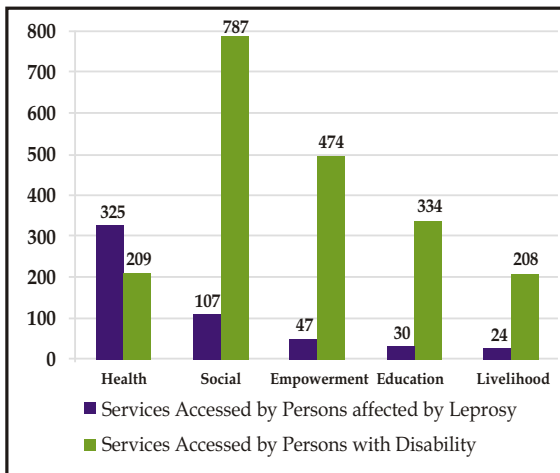
Community Based Rehabilitation (CBR) strategy as recommended by WHO. The community is involved by surveying for all types of disabilities including leprosy affected persons and the needy are facilitated to access the available public schemes.



Profile of PWDs Served Through CBR- 2013

In 2013, 14 partners implemented pilot CBR activities.

- Among the 5,269 beneficiaries, 2705 (51%) are having ortho-paedic impairment & 504 (10%) persons are affected by leprosy
- 2,855 (54%) PWDs are reached by Vanavasi Seva Kendra a partner who had expanded the CBR activity to district level anticipating the support of European Union.



CBR services in 2013

Establishment of self-help group, facilitation to access government schemes (mobility aids, scholarship, pension, subsidized loan etc.) are the key services. Services in Social, Empowerment & Health domain are accessed by majority of the beneficiaries (>500). The prevailing general challenges; less financial and human resource were addressed by actively engaging community volunteers & by undertaking concerted co-financing and training initiatives. With the proactive support of GLRA Germany, a large scale CBR proposal was awarded by German Govt. & by that 5000 PWDs are being benefited. Another large scale CBR project awarded by European Union targets to benefit 2.7 Lakh PWDs in 5 backward districts in the next 5 years.

An article titled
 “Inclusive Rehabilitation approach in
 leprosy - GLRA India's Initial Experience”
 was published in September 2013 issue of
 Health Action a monthly magazine.



CBR Training session by Director, NIEPMD

Mobile Physiotherapy Project, Vadodara

German Leprosy and TB Relief Association (GLRA) India implemented Mobile Physiotherapy Project with the financial support from Else Kroner-Fresenius-Stiftung (EKFS), Germany through Gujarat Raktpitt Nivaran Seva Sangh (GRNSS), local partner in Vadodara.

The project goal was to empower PWDs for their self-sufficiency, by improving access to **physiotherapy services at the doorstep of PWD** and improved their livelihood.

Core Project Objectives:

- To prevent new disabilities and worsening of existing disabilities.
- To improve access to physiotherapy services at the doorstep of PWDs.
- To empower PWDs to independently practice self-care at their homes.
- To enable differently abled PWDs to be physically abled for their livelihood.

Project prevented the worsening of disability and promoted self-care among the persons with disability (PWD) in Vadodara and Wagodiya blocks of Vadodara district, Gujarat. The project was initiated in January 2012 and completed in December 2013.

Project operated in close coordination with District Leprosy Society, Zonal Disability Officer, and

District Social Welfare Department and could reach out PWDs located in urban and rural areas as targeted in terms of enrolment for physiotherapy, referral for surgeries, provision of aids-appliances, vocational trainings, and livelihood support to PWDs.

This project improved the access to quality physiotherapy services at their doorstep and linked the PWDs with institutional physiotherapy centre at GRNSS for availing free physiotherapy services. This service will continue based on the need.



Beneficiaries of the Mobile Physio Unit



Volunteer support for the Mobile Physio Unit

Newer Initiatives

GRAFT

Program assessment is an essential organizational practice in public health and an important component of the Planning Cycle. **The practice complements program management by gathering necessary information for improving program effectiveness and efficiency. Internal Evaluation forms an integral component of other National Programs such as RNTCP.** Such assessments can be tied to routine program operations with the emphasis on practical, ongoing evaluation that involves all program staff and stakeholders.

In view of the need and the resources available, **GLRA along with the respective District Leprosy Offices engage in a supportive supervision and assessment activity - GRAFT (GLRA Rapid**

Assessment and Follow-up Team). Over a period of 3 days every month, the GLRA team along with the respective District Leprosy Office staff conducts a rapid assessment of the **program activities at various levels in the district to identify strengths and gaps in program implementation at district and sub-district level** and provide appropriate **recommendations for improving the quality of program** implementation and performance. A follow-up is usually planned after 6 months.

Further, it is expected that such activity will enable measures to be taken for improvement as well as inform good practices for replication elsewhere.



GRAFT Team



Staff conducting Rapid Assessment

Resource Mobilization & Public Relations



A booklet for public awareness was launched by the State Leprosy Officer at the Press Meet

The journey so far...

2011 : Fundraising activities were initiated in GLRA India with a focus on collaterals and website development.

2012 : Fundraising begins to make a mark in the annals of GLRA India and a strategy is prepared based on which the activities are done.

2013 : Fundraising activities bring in some support for Hospital Care, Reconstructive surgeries and Disabilities. Social media serves as a platform, it begins to make an impact in fundraising activities.

The new thrust...

CSR gets a makeover and we find ourselves wading in and out of conferences on CSR. The need for fundraising is now charged with the Corporate Social Responsibility movement. NGOs stand to gain provided they pull up their socks to better programs and reporting systems.

As fundraising activities gain momentum, we need to take time off to understand what activities have served us best.



Lucky Draw event

Donor loyalty...

GLRA India began with a small donor database that has grown over the years and these donors have supported our work and upheld the conviction that GLRA exists to serve people affected by Leprosy, TB and disabilities.

We have received **Corporate donations** that have helped us support some of the services like Reconstructive surgeries, patient care, distribution of special footwear, aids and appliances for the disabled and Children of leprosy affected persons living in rehabilitation homes.

The lucky draw event has helped us to reinforce the ties between project partners who at different occasions and locations sold lucky draw tickets. This event was also supported greatly by corporate partners who have given us space and an opportunity to sell tickets. Prizes of the lucky draw was distributed at the Grant Release function held

on 10th July 2013.

The **Joy of Giving week** has brought us more support through corporate partners for people affected by leprosy in the form of sewing machines, hearing aids and special footwear.

Donations from Individual donors, Churches, Companies have served to offer hospital care for people affected by leprosy, special footwear and assistive devices for the disabled and educational assistance for children.

Funds collected through the **Cake Feast** synonymous with the Xmas season **are channelized to support people living with disabilities.** We were supported by a number of bakers from Chennai, Churches, 5 Star hotels, YWCA, Building associations and GLRA vendors to make this a success. The turnout was quite encouraging. In spite of the Xmas season rush, many of the bakers were so kind as to give us large quantities of cake.

A good number of **training programs** were attended by fundraising staff through Gyan trainings which has given impetus to better work.

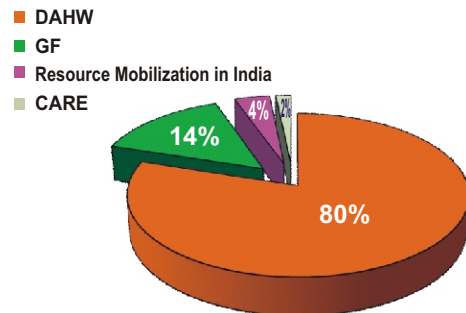
The Art show that began in 2012 has begun to reap benefits for our special artists whose paintings we have been able to sell to Corporate houses.

In 2014: Fundraising is moving on to new initiatives to raise more resources and to steer GLRA activities to create an impact in the community.

Financials

Overall Resources for 2013

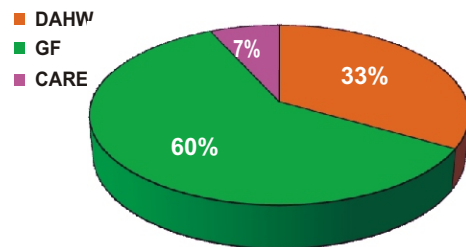
GLRA India is extremely grateful to its parent organization DAHW, which continues to support the majority of the activities. However, due to efforts taken by Indian Offices, co-finance with other agencies have been strengthened during 2013. Grants from GF-R9, CARE and Resource Mobilization in India supplemented the contributions of DAHW in 2013.



TB Support - DAHW vs Co-Finance

The graph shows the funds support during 2013 exclusively for TB relief activities in India.

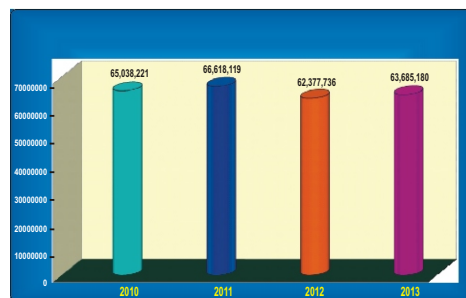
GLRA India is grateful to Global Fund (Round-9) towards their support in 2013, which is higher than the support of our parent organization.



GLRA Trend of Support from 2010-2013

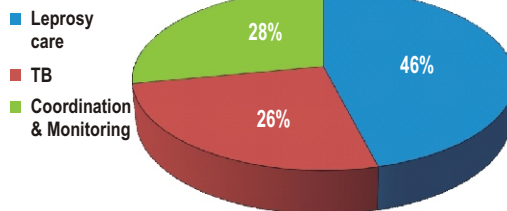
The support from DAHW for the period 2010 to 2013 has been maintained almost at the same level for all Indian projects.

This is due to shift in policies & priorities of funding agency.



Funds Utilisation In 2013

The organization is still investing 46% of its funds towards Leprosy care. This includes all activities carried out for Leprosy, including Hospital Inpatient & Outpatient care, DPMR etc. TB is the another domain where GLRA has spent about 26% of funds during the year 2013. Apart from above domains, the funds has been utilized equally for monitoring and coordination of activities during the year 2013.



Trainings / Conferences

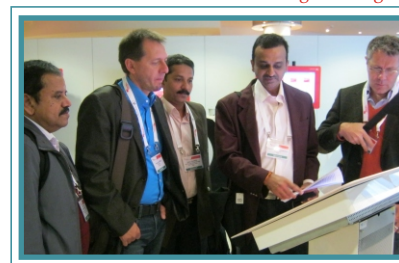
GLRA India does capacity building at different levels, to enhance the skills of its project partners. During 2013, Community Based Rehabilitation trainings were arranged at National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai and Vimala Dermatological Centre, Mumbai.

43 participants from 14 partner NGOs had attended the training. GLRA also sponsored staff for Practical Guidance for BMZ-Project Proposals at KKID, Coimbatore and also CBR basic training at BIKASH, Nepal.

GLRA India actively participated in the 18th International Leprosy Congress held in Brussels. Two oral and three poster papers were presented in the congress and five staff from GLRA India had participated.



Rehabilitation Officer conducting Training



International Leprosy Congress

Avenues for Contribution

S.No	Donate for a Cause	Amount (Rs.)
1	Leprosy:	
	Reconstructive Surgery per patient	15000
	Prevention of amputation	10000
	Complicated ulcer care for a patient in a hospital	5000
	Care of an elderly patient at a leprosy home / Year	30000
	Educational assistance of a child in higher secondary school / year from a Leprosy affected Home	5000
	Educational assistance of a youth in college / year from a Leprosy affected Home	10000
	Special Footwear / pair	450
2	Tuberculosis:	
	400gm Protein powder for a patient per month for 6 months (400gm x 6 months) during treatment	2400
	Livelihood support for a family per month	5000
3	Disabilities: (Aids & Appliances)	
	Wheel Chairs	8000
	Tricycles	6500
	Hearing Aids	5000
	Walkers	2000
	Crutches	1000

“When you donate, you give us not just money but also the confidence that we can help one more person with Leprosy, Tuberculosis (TB) & Physical Disability”

Acknowledgments

This year's Annual Performance Report is the result of a lot of measured and relevant inputs and support from the regional heads and staff of GLRA India. The report is a concise account of the services rendered in year 2013 and the impact that was created. This was possible only because of support & advice received from various quarters.

We cannot express enough thanks to our donors, friends and well-wishers in Germany & India, without their continued support and encouragement our work would not have been so meaningful.

- ◀ To all board members, management and staff in DAHW Germany for *their guidance and pro-activeness*
- ◀ To our board of trustees in India for *their Expertise and Vision*
- ◀ To government authorities at the Central and State for *the timely responses and collaboration*
- ◀ To national and international organizations (ILEP, GFATM, CARE, IDF, NTC, BMZ) for *their valued inputs and for the commitment to work together*
- ◀ To our NGO partners for *their dedication and acceptance to deliver quality services*
- ◀ To our staff and volunteers for *their relentless effort to serve at all times*
- ◀ To trusts and foundations for *their loyalty and continued support*
- ◀ To corporate houses and heads *that have trusted us & supported our events and programs*

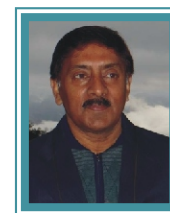
We also like to thank :

Individual donors who have donated in cash and kind. Kind donors who wish to remain anonymous. Vendors who have shown their allegiance. CIOSA for creating a platform for NGOs to grow. iVolunteers for their relentless efforts to complement NGO work. Church authorities for their willingness to contribute space & time. Bakers & Hoteliers of Chennai for supporting events. PR Agency, Print Media, TuV Nord for ISO certification & Synergy world for Total Quality Management.

During the year, two of our senior colleagues superannuated. We thank Dr. P.K. Mitra and Dr. Vijayakumaran who have contributed immensely to alleviate the problems of thousands of Leprosy and TB affected persons during the last 30 plus years. To take new challenges and to introduce innovative approaches, young professionals have been identified.



Dr. Vijayakumaran



Dr. P.K. Mitra

Staff Central Office & Southern Regional Office

J. Ravichandran
CEO

Dr. Srinivas
National Medical Advisor

Dr. Bella
Regional Medical Advisor-South

Shibu
Manager-Projects

Isaac
Coordinating Rehabilitating Officer

Kanagasabapathy
Rehabilitating Officer

Uma Selvamani
Senior Admin Asst.

Uma Kannan
Senior Admin Asst.

Anita
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Venkatesh
Manager-Finance & Admin

Balaji
Senior Accountant

Ramakrishnan
Accountant

Charles
Assistant Administrative Officer

Vinoth Kumar, Satish Kumar, Jayapal
Office Assistants

Eastern Regional Office

Dr. Vivek Lal
Regional Medical Advisor East

&

**TEAM OF
3 MEMBERS**

Northern Regional Office

Dr. Rajbir Singh
Regional Medical Advisor North

&

**TEAM OF
4 MEMBERS**

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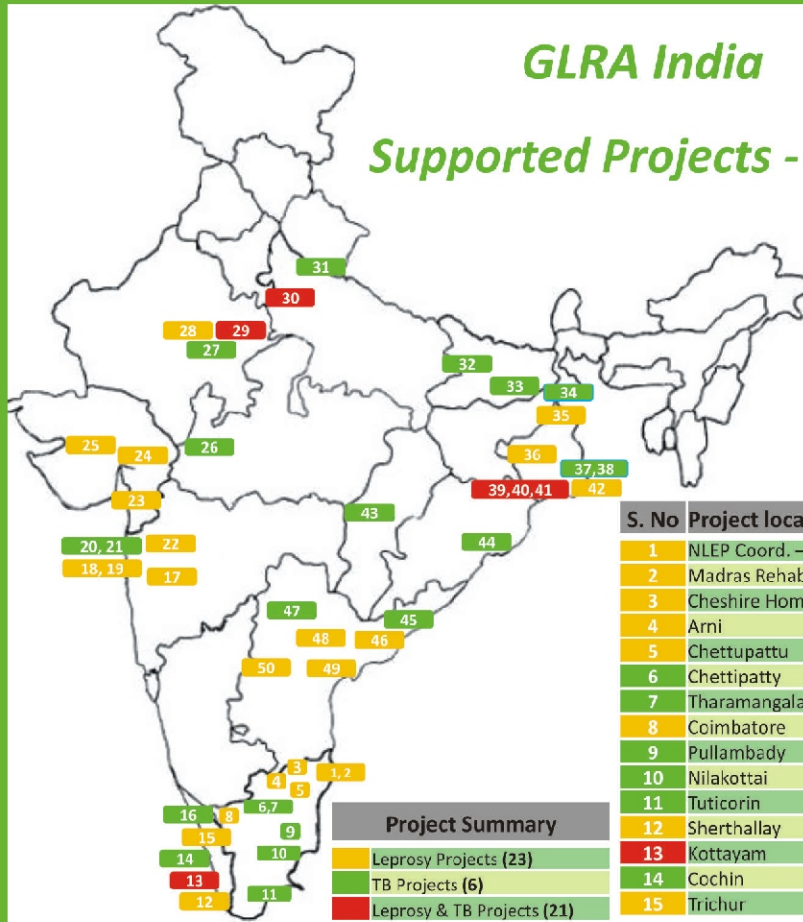
Tel : 033 24417908

Contact Person : Dr. Vivek Lal

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GLRA India

Supported Projects - 2013



Project Summary	
Yellow	Leprosy Projects (23)
Green	TB Projects (6)
Red	Leprosy & TB Projects (21)

S. No	Project location/ Name
16	Kozhikode
17	Pune
18	PR Unit – Mumbai
19	LSS – Mumbai
20	MLSM – Mumbai
21	Vimala – Mumbai
22	Vehloli
23	NLEP Coord. – DNH
24	Mobile PT/GRNSS – Baroda
25	NLEP Coord. – Gujarat
26	Sendhwa
27	SMK – Jaipur
28	RRC – Ramgarh
29	MDR TB – Jaipur
30	MDR TB – Delhi
31	Kathgodam
32	Adhaura
33	Belatner
34	Mehendipara
35	Malda Project
36	Balrampur
37	Pallimangal
38	Bam India - Kolkata
39	St. Thomas – Howrah
40	RNTCP – West Bengal
41	Axshya India – West Bengal
42	NLEP Coord. – West Bengal
43	Dallirajhara
44	Puri
45	Damien – Eluru
46	Fr. Manna Home – Eluru
47	Hyderabad
48	Nalgonda
49	Rapatla
50	Kurnool

S. No	Project location/ Name
1	NLEP Coord. – T.N
2	Madras Rehabilitation
3	Cheshire Home, Vellore
4	Arni
5	Chettupattu
6	Chettipatty
7	Tharamangalam
8	Coimbatore
9	Pullambady
10	Nilakottai
11	Tuticorin
12	Sherthallay
13	Kottayam
14	Cochin
15	Trichur

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Cheque/DD to be drawn in favor of: GLRA India, A/C No. 15871450000055,
RTGS/NEFT/IFSC: HDFC 0001587, MICR Code: 600240048, Shenoy Nagar Branch

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



GLRA India is an
ISO 9001:2008
certified organisation