

# Annual Performance Report 2015



*Celebrating 50 years of Service*



**GLRA INDIA**



# ABBREVIATIONS



**GLRA INDIA**

<b>ACSM</b>	:	Advocacy Communication Social Mobilization
<b>BMI</b>	:	Body Mass Index
<b>BMZ</b>	:	Federal Ministry for Economic Cooperation & Development
<b>CP</b>	:	Continuation Phase
<b>DLO</b>	:	District Leprosy Officer
<b>DMC</b>	:	Designated Microscopy Center
<b>DNT</b>	:	District Nucleus Team
<b>DOTS</b>	:	Directly Observed Treatment Center
<b>DPMR</b>	:	Disability Prevention and Medical Rehabilitation
<b>EU</b>	:	European Union
<b>GFATM</b>	:	Global Fund to fight AIDS, TB and Malaria
<b>GHS</b>	:	Government Health Service
<b>GLRA RF</b>	:	German Leprosy Relief Association Rehabilitation Fund
<b>ILEP</b>	:	International Federation of Anti Leprosy Associations
<b>MCR</b>	:	Micro Cellular Rubber
<b>MDR TB</b>	:	Multi Drug Resistant Tuberculosis
<b>NGO</b>	:	Non-Government Organization
<b>NLEP</b>	:	National Leprosy Eradication Programme
<b>PHC</b>	:	Primary Health Centre
<b>PTCC</b>	:	Partnership for TB care and Control
<b>PwD</b>	:	People with Disabilities
<b>RCS</b>	:	Re-Constructive Surgeries
<b>RNTCP</b>	:	Revised National TB Control Program
<b>ToT</b>	:	Training of Trainers
<b>UT</b>	:	Union Territory
<b>WHO</b>	:	World Health Organization



Certification No. 44 100 124382- E3  
ISO 9001: 2008



**GLRA INDIA**

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# From the CEO Desk

Another year of activities has gone by... GLRA India has realized that there is no room for complacency in Anti-leprosy activities. The misconception in the minds of the public and even among media that Leprosy problems are no more there in our country is a unfortunate consequence of the slogan that 'Leprosy has been eliminated'.

Whereas, India is still harbouring 59% of 213,899 of new cases detected globally and the disability rate among new cases is on the increase. Applied Researches are under way to contribute valuable data to the wider public, highlighting the need for early case detection to prevent deformity.

Model districts where disability problems are addressed by public, family and volunteers, have been created as a pilot to facilitate the NLEP system to replicate the same. Glad to see that Country Programme Manager has launched Leprosy Case Detection Campaign (LCDC) to promote early case detection.

In the field of Tuberculosis, on realising the need to tackle the serious problems related to Drug Resistant TB cases, innovative home based care programmes have been piloted.



In order to monitor the attendance and drug intake, which is crucial for the success of the treatment, E-compliance project has been piloted. Rehabilitation is the solution to redeem the dignity and self-esteem of affected people. By promoting Community Based and Inclusive Rehabilitation, GLRA India is able to tap the resources from the community and the Governments to alleviate the sufferings of physically challenged in general and Leprosy disability in particular.

**GLRA India is entering its 50th year of service to humanity in 2016. While thanking the almighty and the Donors, particularly our parent Organisation, DAHW for their unstinted support, GLRA India and its team of staff rededicate themselves to continue its services with commitment.**

# GLRA INDIA



Care for people affected by Leprosy



Care for people living with TB



Livelihood Opportunities for People with Disabilities

**GLRA India has been working in India for 50 years, with a vision “to see a world in which no one suffers from Leprosy, Tuberculosis and poverty- related diseases and the consequences they bring, such as physical disability and social exclusion”.**

Our projects include comprehensive programmes in health (focusing in leprosy & TB care), community-based rehabilitation (CBR), advocacy, capacity building, community education and research.

Our ways of working consist of supporting NGO partners through provision of technical & financial assistance, implementing innovative projects and conducting operational research.

We closely work with state Governments to provide technical assistance in Tamil Nadu, Gujarat, West Bengal, Dadra Nagar Haveli to implement National Leprosy Eradication Programme. As of now (2015), we work in 14 States & 3 UTs of India and the largest number of our projects is in the state of Tamil Nadu.

GLRA India is a ISO 9001:2008 certified organization, a member representative of ILEP (the International Federation of Anti-leprosy Associations) and member in NGO Health Consortium (NHC) in India. Our key collaborators are European Union, Global Fund, BMZ Germany, Indian Council of Medical Research besides our parent organization DAHW Germany.

We are proud to be part of DAHW/GLRA, Germany who work in 21 countries in the world to see a leprosy-free world and bring hope for persons affected by Leprosy, TB & Disability.

# LEPROSY

## Care and Services

GLRA is one of the pioneer organizations in India in the field of leprosy eradication. Through 50 years, more than 200 leprosy projects have been initiated across different states and have touched the lives of 23 lakh affected people.



Prevention of Disability

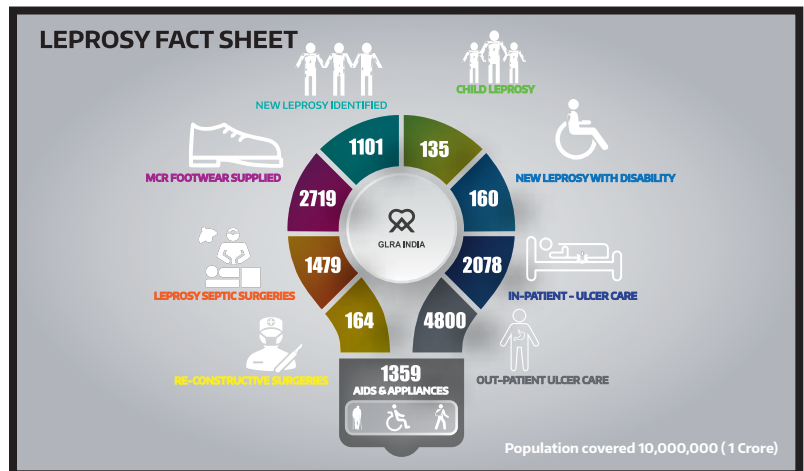


Surgical correction

At present GLRA India provides leprosy services in 28 projects including 17 hospitals with 1150 beds. They provide secondary and tertiary level leprosy referral services.

Deformity as a result of leprosy affects the image of disease and impact of the health program in the minds of people. This has been one of the contributing factors to the stigma, discrimination and isolation of people affected by leprosy. India has reported considerable number of leprosy patients with visible disability every year in addition to millions of leprosy cured people with disabilities who need physical and socio-economic support.

GLRA India emphasizes on implementation of DPMR program in all its supported projects which envisages providing quality disability services to the most in need. District level DPMR programme has been implemented in Coimbatore, Ariyalur districts in Tamil Nadu and Malda district in West Bengal to ensure that the health system bear ownership of leprosy disability care.



# LEPROSY – Direct Initiatives



Selfcare practiced at home



Govt. staff involved in DPMR activities



Leprosy care for patients in Malda, West Bengal

## District Level Disability Care :

**NILES - Sustainable Prevention of Disability- Coimbatore, Tamil Nadu**

**An integrated district level implementation of Disability Prevention and Medical Rehab (DPMR) services enabling scaling up by Govt of TamilNadu.**

**A support team from German Leprosy and TB Relief Association (GLRA India) functions in close collaboration with the District Nucleus Team.**

The NGO support team along with district team conducted camps and trainings in 100 % of PHCs in the district during 2012-2015. The List of cases with disability is updated and assessed in all 14 Black Primary Health Centres (BPHCs) of the district. 72 % staff (652) including medical officers and health workers and 310 persons affected with leprosy are trained in self-care and disability prevention. Analysis of follow-up assessments in early 2016 revealed that 75% of the persons trained are practicing self-care which led to 60% being ulcer free.

## MALDA - NLEP Project, West Bengal

**The Project essentially seeks to address ensuring quality delivery of services to people affected by leprosy in an integrated manner.**

The Project which had been launched initially in six blocks out of a total of 15 in the district, has now extended its activities throughout the district. The interventions ensure proper management of all cases through disability prevention.

Medical rehabilitation camps are held at Gram Panchayat level, where persons affected by leprosy are trained in self-care practice, simultaneously building the capacity of general healthcare staff with special emphasis on periodic nerve function assessment and its recording.



# RESEARCH IN LEPROSY



Inception Meeting

## **Leprosy Post Exposure Prophylaxis (LPEP), Dadra & Nagar Haveli project.**

The study started in 2015 after ethical clearance from 'Institutional Human Ethics Committee, ICMR and approval from Directorate General of Health Services (DGHS), India in collaboration with Directorate Health Services, Govt of Dadra & Nagar Haveli and Netherlands Leprosy Relief (NLR). As on Dec 2015, 10,518 contacts of leprosy patients received Single Dose Rifampicin (SDR).

### **PuMEL Study :**

**Molecular epidemiological study for evaluating role of potential host factors as markers of susceptibility of leprosy in West Bengal, India (PuMEL Study).**

The PuMEL research study aims to assess the



Research study interview

reasons for persistence of high leprosy burden in Purulia district of West Bengal.

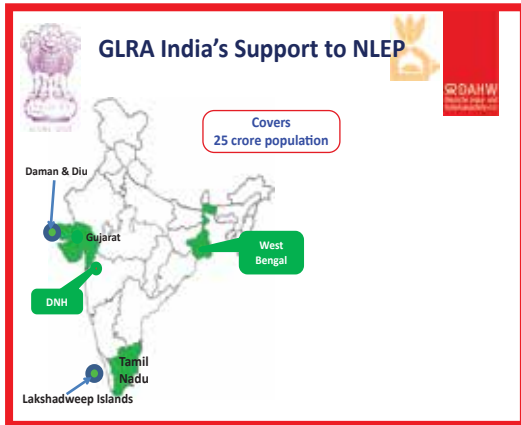
The study is a collaborative effort between GLRA India, Medical College, Kolkata and IPGME & R, Kolkata.

### **Applied Research by GLRA India - ICMR**

GLRA India is conducting a study supported by Indian Council of Medical Research, to assess the reasons for delayed presentation among adult leprosy patients with disability and develop appropriate recommendations to reduce the delay, in endemic districts of West Bengal, Gujarat, Maharashtra, Delhi and Andhra Pradesh.

The study is done in collaboration with state program officials of 5 state Governments: the study results would develop recommendations to reduce delay, promote early reporting and prevent disability. Preliminary findings revealed interesting & useful information on patient related delay and provider related delay. Further data is in process and dissemination workshop with key stakeholders will be conducted in August 2016.

# ILEP - STATE COORDINATION



GLRA India continues to provide state level coordination support to NLEP in 3 states and 3 UTs to deliver quality leprosy services. Our teams support the states (Tamilnadu, Gujarat, West Bengal, DNH, Daman & Diu and Lakshadweep) to implement DPMR services at all levels by facilitating trainings, supplying guidelines and advocating the facts of the disease.



Training of General Health Care staff



Sensory test by Govt. nurse

# LEPROSY – Real Life Stories

## NLEP KOLKATA-An Urban Leprosy Initiative

**GLRA seeks to bridge the existing gaps in delivery of services to the people affected by leprosy.**

The project creates an interface to coordinate the activities between several stakeholders, including State Leprosy Office, Kolkata Municipal Corporation and Medical Colleges and other government hospitals.

As part of the strategy, all major hospitals in Kolkata are being supported with a Leprosy-trained supervisor .

In order to help patients adhere to long-term Leprosy treatment, mobile telephony is being used, which entails sharing of mobile numbers of NLEP Supervisors of GLRA with patients and use of mobile telephony as **helpline** ("**AamiAchhi**" meaning "**I am there**" in Bengali) and to follow-up patients.



Care at Urban health centre



## Ravina – A stitch in time!

Ravina, 11 years old, was born to Haraji and Vaishali in a very poor family at Tariyapada village of Palghar District in Maharashtra State. Ravina has passed to VI class and her younger sister Apeksha to V class. Both of them study in a Government school about 1 km from their home. When she was quite young, Ravina lost her father to liver disease. Her mother Vaishali goes for part-time labour to meet their livelihood.

Two years back, Ravina's mother noticed multiple patches on her left upper arm and back. Then one day she found Ravina buckling over because of weakness of the right foot. She took Ravina to Talassari Primary Health Centre (PHC). She was diagnosed as a Multibacillary Leprosy (MB) case and put on MB MDT (Child) for 12 months. They could not ascertain how she got infected. To add to her troubles, Ravina later developed right foot drop and went back to the health centre.

The Medical Officer at the PHC referred the case to Kusht Nivaren Devakhana, Talassari. They brought Ravina to Vimala Dermatological Centre, a project supported by GLRA India for Reconstructive Surgery. She was admitted with the diagnosis as Right Foot Drop.

She has recovered quite well and has resumed a normal life.

# TUBERCULOSIS



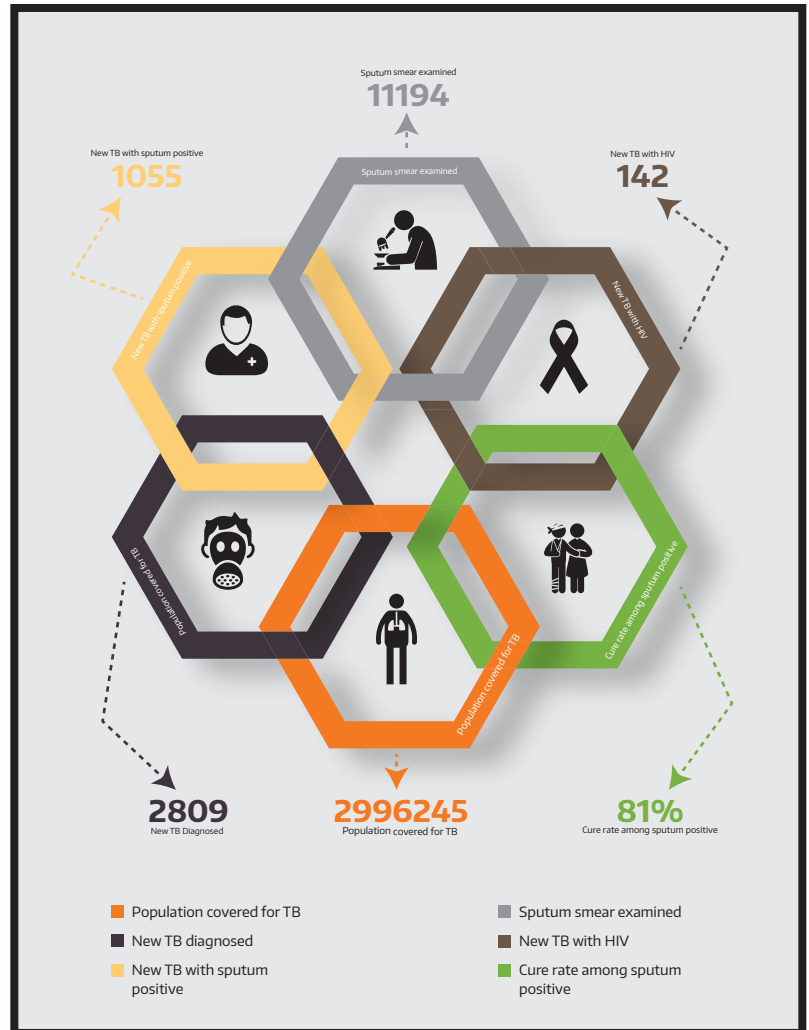
TB in the family

India has world's highest TB burden with 23% TB affected people. TB is one of the major public health problem in the country.

GLRA India is providing substantial support to National TB Program through its 15 partner NGOs covering a population of 30 lakhs in 11 states. An overall 82% cure rate is reported among TB patients who received treatment from our partners.

GLRA India initiated innovative projects such as TB contacts (house hold & social) screening in Kochi, Kerala, MDR TB home based care projects in Delhi & Jaipur and E-compliance treatment adherence project in Jaipur slums.. GLRA was a sub-recipient of Global Fund Round9 TB Axshya India projects in West Bengal

## TB Fact Sheet



# TB – Real Life Stories

## “I was ready to end my life ...”

Mr.Devender, 41 year old male patient, farmer by occupation stays in Baisboard, Balod District, Chhattisgarh State with his wife and 4 children.

Mr.Devender was unwell for almost 2 to 3 months getting treated for fever in the evening, cough and chest pain through local quacks,. Seeing no improvement he was advised to go to more specialized centres in Bhilai or Durg. So he went to a reputed private hospital at Bhilai for almost 1 month and spent Rs 15,000/- to no avail.

At this juncture his two older daughters were studying in class X & XI came home after they attended the sensitization programme on TB at Pushpa Hospital, Dallirajhara. They brought home the handbills and pleaded with their father to have himself checked for TB.

On his first visit he was very depressed, gloomy, emaciated with high fever which was diagnosed as Sputum +ve TB. He was counselled and started on treatment.

🗣️ He says, “I had lost hope and was waiting to end my life. By the grace of the Almighty, I



came to Pushpa Hospital and with the love, care and treatment of the entire staff I have hope in life and have become what I am today”.

Meanwhile his wife and 10 year old son were screened and diagnosed to have Extra Pulmonary TB (EPTB).

Free from TB, They are a more productive family now.



Counseling on infection control

## Home based care for MDR TB patients, Delhi

GLRA India enrolled 252 MDR TB patients for Home based care and psycho-social counseling support in close coordination in the slums of East and South Delhi. Male to female ratio was approx. 1:1 with 14 child cases. The success rate among this cohort was 64% while the default rate was 8%.

At the start of treatment only 6% of the patients were aware of infection control practices which increased to 76% after counselling.

The project facilitated detection of additionally 16 MDR TB and 21 drug – sensitive TB patients through active contact tracing and investigation. All additional 37 newly diagnosed cases were put on respective treatment regimen.

## A patient says :

“The project has immensely benefitted me. The counsellor imparted necessary information on various aspects of TB which I was totally unaware of. One of the benefits of it was that nobody got infected by TB at my home. I was provided important information on treatment and follow up tests which helped me in completing my treatment successfully.”

## E Compliance System (Digital solutions for TB adherence):

TB is a highly communicable but curable disease and the success of the treatment depends on how regularly the patients take the prescribed medication. Every missed dose takes the patient closer to treatment failure and drug resistance. So tracking and monitoring missed doses is an essential part of TB treatment.

ECompliance system is a low-cost technology to ensure proper adherence to tuberculosis medication.

Using the eCompliance system every patient is registered and subsequent visits of each patient are logged by recording the patient's fingerprint with the system. Whenever the provider syncs the tablet the updated data can be sent to the server. This should be done at the end of the day.

## Nutritional support to MDR TB:

MDR TB is a challenge due to long treatment duration (24-27 months), adverse effects of toxic drugs, high default, and mortality rate.

Food supplement support was given to 73 MDR TB patients during year 2014-15 with an objective to improve the nutrition status of adult MDR TB patients having BMI less than 18.5 in the slums of Shastri Park, Malviya Nagar, and Mangolpuri chest clinics, Delhi. 74% of patients experienced improvement in their Body Mass Index (BMI). This project is supported by HCLT Foundation.

# PROJECT AXSHYA INDIA



Counseling on infection control



National digital workshop under NFM



Interviewing slum dwellers

GLRA India has successfully implemented 2-phases of Global Fund Round 9 TB Project (April 2010 -September 2015) in the 8-districts of West Bengal. The present Global Fund TB project under New Funding Model of GFATM has started in October 2015 and will continue till December 2017.

The new project is implemented by GLRA in 9-districts of West Bengal namely Darjeeling, DakshinDinajpur, Birbhum, Hooghly, East Medinipur, North 24 Parganas, Bardhaman, Bankura and Purulia districts covering 29 tier-2 and tier-3 cities and 2700 villages.

The major focus areas in NFM project are:

- 1 Urban TB Control with focus on slums
- 2 TB case detection through active case search through house - hold visits amongst key affected population.
- 3 TB case notification by qualified private practitioners
- 4 Counseling & Nutritional support to MDR TB patients. CXR and INH support.
- 5 Digitalized for incentives & rewards

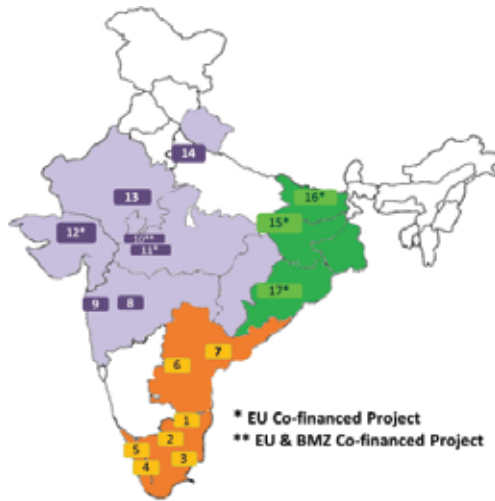
# INCLUSIVE REHABILITATION

GLRA India supported 17 Community Based Rehabilitation [CBR] Projects to rehabilitate the persons with disabilities in 2015. Using the CBR guidelines laid by World Health Organization, our CBR projects are serving all types of persons with disability including the leprosy affected.

Among our CBR Projects, six were large scale in coverage and were implemented in 5 backward districts with the co-finance support of BMZ [German Govt.] & European Union which serves 2.75 lakhs Persons with Disability [PwDs] respectively. Besides them, 11 small scale CBR projects are implemented with the financial support & technical guidance of GLRA.

These small scale projects having limited range of coverage facilitated rehabilitation services to 2,244 persons with disabilities. Among them 198 [9%] are leprosy affected people.

In the year 2015, with GLRA India's financial support 12 partners implemented Socio Economic Rehabilitation [SER].



Region	S. No.	CBR Project Location
SRS [7]	1	Arni
	2	Tharamangalam
	3	Nilakottai
	4	Trichur
	5	Pattuvam
	6	Kurnool
	7	Eluru
NRS [7]	8	Pune
	9	Mumbai
	10	Sendhwa**
	11	Barwani*
	12	Banaskantha*
	13	Ramgarh
	14	Kathgodam
ERS [3]	15	Adhaura*
	16	East Champaran*
	17	Balangir*

## Achievements

- ➔ Vocational training services to 5 people affected by leprosy
- ➔ Self-employment support to 28 people affected by leprosy
- ➔ Institutional care was given to 92 leprosy affected people
- ➔ Housing renovation or construction support given to 69 leprosy affected people
- ➔ Educational assistance was distributed to 121 candidates (Children affected by Leprosy, Children with Disabilities, Children of parents affected by leprosy and Children of Parents having disabilities)



Capacity development of the CBR projects were done with the collaboration of Blind People's Association, Ahmedabad.

Two of our partner projects were linked for collaboration with National Institute For Empowerment of Persons With Multiple Disabilities (NIEPMD).

- ✓ 25 PWDs were trained in the computer trade
- ✓ 25 were trained in soap powder making by our partners

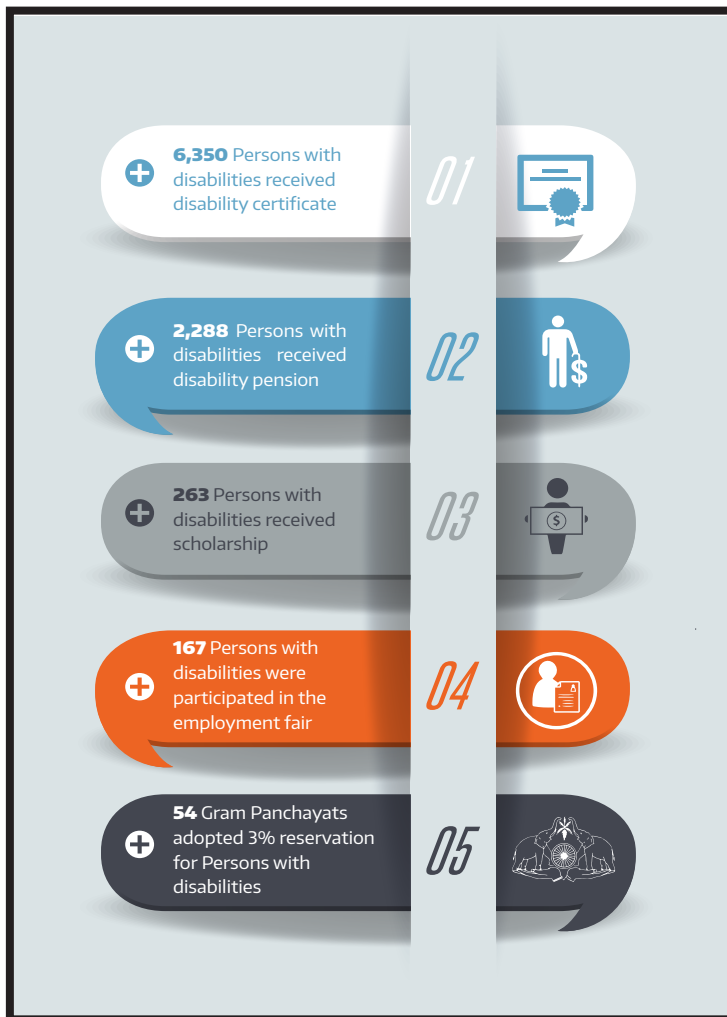


Educational Assistance for children of leprosy affected parents



Trainings with certificates at RRC, Jaipur, Rajasthan

## Inclusive Rehabilitation Factsheet



# EMPOWERMENT – Real life stories




Mr Ajay Bahadur with his certificate



Livelihood enhancement - Carpentry



Pasi at his shop

- ✓  Mr. Ajay Bahadur Singh, a trainee with 75% of physical disability who completed the computer training course said that through the joint efforts by Ramgarh Reintegration Center, NIEPMD & GLRA India, his life has taken a turn. He was able to appear for the railway examination and get a job. He now works in the Allahabad division.

## Achievements of Project SVJ- Information for Inclusive Development Project supported by European Union :

- ✓ 17,335 PWDs were identified and profiled
- ✓ 387 Disabled People Groups,
- ✓ 30 Disabled People Organisation
- ✓ 5 Disabled People Federations were formed.
- ✓ Booklets having information about schemes applicable for persons with disabilities were published in 3 languages: Odiya, Hindi & Gujarati.
- ✓ 1,791-parents were counseled
- ✓ 2,940 Girls with disability were trained on their rights, safety & self-esteem.
- ✓ Grass root Govt. functionaries the ASHA & Anganwadi workers [5,908 functionaries] were sensitized on disability schemes:
- ✓ 1956 Panchayat Raj Institution members were trained on rights & entitlements of PwDs with disabilities.

## Mr. Pasi steps out

Mr. Virgu Nath Pasi a person with locomotor disability in Bhagwanpur block in Kaimur district, Bihar has been living a stigmatized life within closed doors for almost 30 years. He confined himself to home until he was identified by the Bhagwanpur DPO members.

The sensitization of Mr Pasi by DPO members brought him to the DPO monthly meetings where he got a chance to share his problems. He also learnt about the rights and entitlements of the PwDs.

Active DPO members accompanied him to different government offices where he could avail benefits entitled to PWDs.

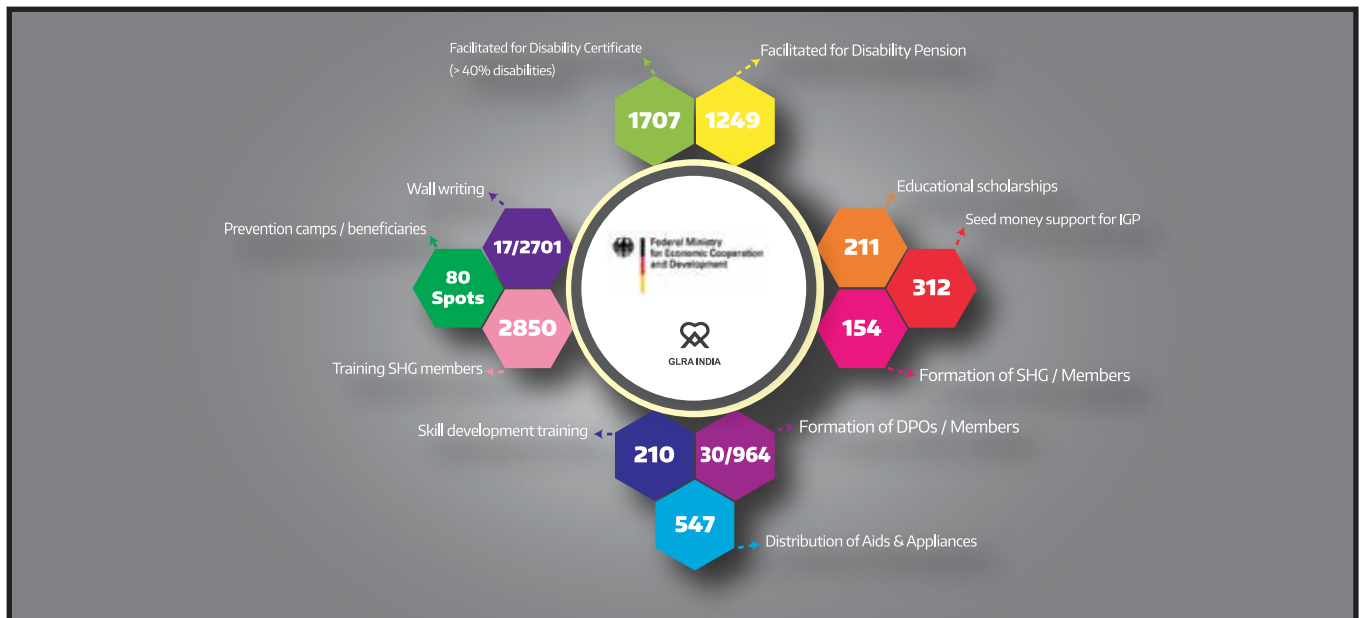
Members helped him process the application. Subsequently he received the disability pension, railway concession and a tricycle. He has also been granted a house through Indira Awas Yojana under disability quota. He has been supported to open his shop in Bhagwanpur. Mr Pasi is now an active and successful DPO member who believes he must empower his fellow PwDs.

### Support to People With Disabilities : A BMZ - GLRA India Project

This project is a Community Based Rehabilitation initiative implemented in Sendhwa Block to empower the quality of life of People with Disability (PwD).

This project aims to rehabilitate PwD's through all the 5 domains of WHO CBR strategies: in turn PwDs will play an active role in their socio-economic life by gaining equal rights in the society. This project ensures all people with disabilities in Sendhwa block will participate equally and attempts to remove the barriers for accessing social benefits services providing by the governments. The project identified a total of 5135 people with disabilities who lives in this block.

### BMZ - GLRA India Factsheet



# RESOURCE MOBILIZATION & PUBLIC RELATIONS



Change is inevitable and with change comes a whole different understanding of the working system that we had adopted for years.

In 2015, GLRA India has made significant strides in proposal writing, conceptualizing programs and styling activities. More strategic planning and systems are falling into place steering GLRA India into becoming a valuable model in the non- profit sector.

Awareness programs have received a boost through the TB rally conducted in late March. The coming together of students, NGO and Corporate have built better collaborations. This year student power has played a significant role in spreading awareness and bringing the community together.

Our project partners are being oriented on the importance of implementing proper systems in their offices and on documentation of their work.



World TB Rally in Chennai

Our collaborations with Corporates have increased significantly and we are in tandem with their expectations. Our connect with Trusts and Foundations have helped us funds to meet a wide range of needs.



Wish Tree event in Aricent Technologies

Educational Assistance was provided to 125 children from leprosy affected homes and some with disability. Many individuals received sustenance support with the help of small enterprises and trader associations.



Educational assistance through Rajasthan Youth Association

# CHENNAI FLOODS – Relief work



Distribution of relief material



Camp organised at Naduvankarai, MGR Colony

Since the Tsunami that hit coastal Tamilnadu in Dec 2004, Chennai witnessed one of the worst natural calamities early December 2015 when rains lashed relentlessly drowning most of the city with damage to lives and property. Thousands were marooned in their homes and offices for days before they were evacuated with the help of rescue teams from the army and other sources.

In the midst of all the chaos GLRA India in its own capacity was able to provide relief and assistance to over 70 leprosy affected families and disabled clients from different parts of the city. Immediate help came from donors, friends and their families, students, volunteering groups, Slum clearance board, other organizations, shop keepers and Corporate bodies.

A bleaching campaign was conducted in association with a group called Chennai Silverliners.

Three medical camps were conducted for the residents of Naduvankari slum areas and for the families in Kundrakadu.

The Lions Club distributed relief materials to a few leprosy affected families. Members of the Slum clearance Board donated sanitary napkins, soaps and toothpastes. Student volunteers organized water and biscuits and contributed time to help with distribution. Some of the donors sent us cash contributions locally and from abroad as soon as they heard about the floods.

Chennai saw one of the greatest display of solidarity when students, NGOs, IT staff, Clubs and Foundations joined hands to steer the city back to normalcy.

# PUBLICATIONS

Contributions to the medical world

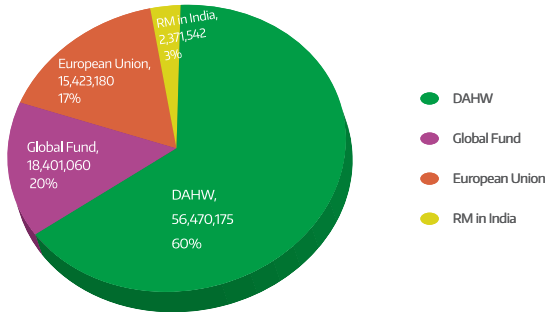
TITLE	PUBLICATIONS	AUTHOR
TB & Co-infections	Health In Action / Mar'16	Dr.Srinivas Mr. Thirumugam
Dengue	Health In Action / Oct' 15	Dr. Srinivas Mr. Thirumugam
Operation cost for management of Leprosy related complicated ulcer in charitable hospital	Leprosy Review / Sept'15	Dr. Srinivas      Mr. Thirumugam Dr. Vivek Lal      Mr.Sabhapathy Dr. Thomson Mr. Shibu George
A study to assess the usage of MCR footwear in West Bengal, India	Leprosy Review / Sept' 15	Dr. Vivek Lal Dr. Srinivas Dr. Sarkar Mr. Das S Mr.Mahato M

## Trainings / Conferences

NAME	TRAINING/ CONFERENCE/MEETING	PLACE
Mr. J. Ravichandran Dr. Srinivas	ILEP strategic planning meeting	Delhi & other places
Dr. Srinivas Dr. Rajbir Singh Mr. Thirumugam	ICMR Task Force meeting	Delhi
Mr. Shibu George	TB advocacy meeting by Partnership for TB Care & Control	Delhi
Ms. Anita Rafi Mr. Paul Calap Mr. Charles Livingston Mr. Shibu George	CSR Training @ KKID	Coimbatore
Mr. Kanagasabapathy	National Summit of Rehabilitation Scientists & Practitioners	NIEPMD, Kovalam, Chennai

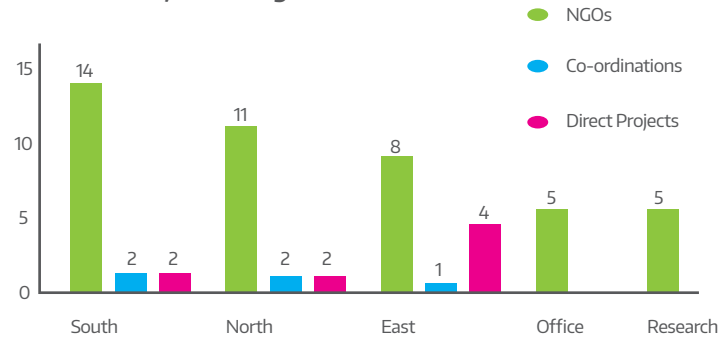
# FINANCIALS

## Overall Resources in 2015



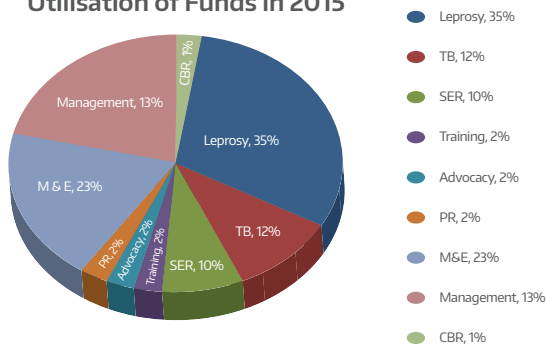
GLRA India is extremely grateful to its parent organisation DAHW, which continues to support the majority of the activities. However due to efforts taken by the Indian office, co-finance with other agencies have been strengthened during 2015. EU & GF were the important agencies who have supplemented the contribution of DAHW.

## Projects at a glance 2015



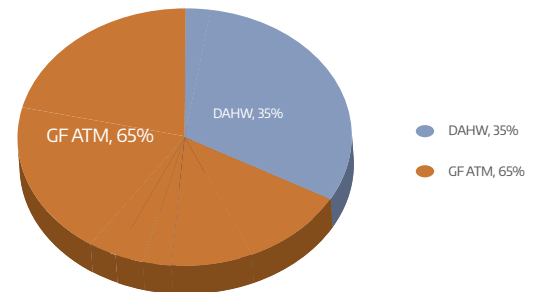
The above graph shows the number of projects supported in 2015 by GLRA India in each region/domain

## Utilisation of Funds in 2015



True to our name, the organisation is still investing 35% of its funds on Leprosy Care. This includes all activities carried out for Leprosy including hospital inpatient and outpatient care, DPMPR etc. TB being an equal mandate, the next chunk of 12% has been defrayed on RNTCP support.

## Support for TB in 2015



In addition GLRA India has received co-finance support from Global Fund about 65% for the same activity

# AUDIT REPORT

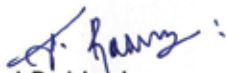
GERMAN LEPROSY and TB RELIEF ASSOCIATION - INDIA  
Old No.4, New No.94, Gajapathy Street, Shenoy Nagar, Chennai - 600 030

**CONSOLIDATED RECEIPTS and PAYMENTS ACCOUNT FOR THE YEAR ENDING 31st DECEMBER, 2015 (F C A/C)**

Receipts	Amount (in Rs.)	Amount (in Rs.)	Payments	Amount (in Rs.)
To Opening Balance		2,85,33,687.19	By Management Expenses on Co-ordination, Monitoring & supportive supervision to Proj.	2,27,33,275.70
<b>First Receipt:</b>			By Activities of Fund Raising Unit	13,66,869.54
To Grants from Germany for Other Programmes	1,17,70,496.00		By Activities of State Level Co-ordination Prog.	14,61,137.81
To Grants from Germany for Office/Projects	4,31,86,971.00		By Support to innovative TB Programmes	22,30,830.00
To Grants from European Union for Sammalit Vikas Jankari	1,54,23,180.00	7,03,80,647.00	By Support to NLEP Activities in India	17,07,388.00
<b>Subsequent Receipt:</b>			By Support to Research Activities in India	29,38,233.91
To Grants from TLM INDIA		3,22,878.00	By Support to Innovative CBR & NGO Projects	3,98,44,628.00
<b>Bank Interest and Other Receipts:</b>			By Loans & Advances (Net)	5,79,733.67
To Bank Interest Received	21,22,502.24		By Closing Balance	2,88,93,570.80
To Sale of Old Assets	63,000.00			
To Miscellaneous / Other Income	3,32,953.00	25,18,455.24		
<b>... Total ...</b>		<b>10,17,55,667.43</b>	<b>... Total ...</b>	<b>10,17,55,667.43</b>

"As per our report of even date annexed"  
For Ramachandran & Murali,  
Chartered Accountants  
Reg. No. 002867S

Place : Chennai.  
Date : 08 February 2016

  
J. Ravichandran  
Chief Executive Officer

  
R. Ramachandran  
Partner  
M.No.026660





# ACKNOWLEDGEMENTS



The year 2015, was a year of promise, new associations and heart warming developments.

We are grateful for donations...small and large. Thank you once again for so selflessly sharing your riches, your hard earned savings with us.

Your choices might be difficult but we hope you have chosen well.

## **WE ESPECIALLY ACKNOWLEDGE...**

Friends and well-wishers in Germany and in India, for their continued support and encouragement to make our work meaningful.

Our board members, management and staff in DAHW Germany, for their guidance and pro-activeness

Our Board of Trustees in India for their expertise, vision and involvement in fundraising initiatives.

Government authorities at the Centre and States, for the collaboration

National and international organizations such as ILEP India, GFATM/ World Vision, ICMR, BMZ, EU, IDF, NHC, Medical College-Kolkata, PTCC & CIOSA

Our NGO partners, for their dedication and acceptance to deliver quality services

Corporate companies such as HCL, K-Link Healthcare, Aricent Tecnologies, Rotary Club, Lioness Club, for their trust & support.

Our Bankers, vendors, associates, auditors, volunteers for their support and advice. Thanks to all Trusts, Foundations and Marthoma church for their support.

Special thanks to those agencies and groups of people who supported us in our services to the Chennai flood victims from Tamilnadu and from other states. Also to the solidarity of friends and families abroad. To our loyal donors whose doors we constantly knock.

Finally to our staff across offices in Chennai, Kolkata & Delhi for their relentless effort to serve at all times.

# AVENUES FOR DONATION



## BANK DETAILS

Account Name : German Leprosy and TB Relief Association-India  
 Account No : 15871450000055  
 IFSC Code : HDFC0001587  
 MICR CODE : 600240048  
 Bank Name : HDFC Bank Ltd.,  
 Branch : Shenoy Nagar branch

\*All donations to GLRA India are eligible for tax deduction u/s 80G of the IT Act 1961

S.no	Donation Options	Amount (Rs.)
1.	<b>LEPROSY</b>	
	Reconstructive Surgery	15,000
	Limb Amputation	10,000
	Complicated ulcer care for a leprosy affected person	3,500
	Care of Senior leprosy patients per month at a leprosy home	2,500
	Education of a child at higher secondary school per year	3,000
	Education of a youth at college per year	10,000
	Special Footwear per pair	450
2.	<b>TB</b>	
	Protein Supplement for TB patients for 6 months	2,400
	Livelihood support for a TB affected family per month	5,000
3.	<b>DISABILITIES</b>	
	<b>Aids &amp; Appliances :</b>	
	Wheel Chairs	8,000
	Tricycles	6,500
	Hearing Aids	5,000
	Walkers	2,000
	Crutches	1,000

# GLRA INDIA OFFICES

## Country Office

**Mr. J. Ravichandran**  
Chief Executive Officer

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centraloffice@glraindia.org  
[www.glraindia.org](http://www.glraindia.org) | [www.facebook.com/glraindia.org](https://www.facebook.com/glraindia.org)  
[www.twitter.com/glra\\_india](https://www.twitter.com/glra_india)

## Southern Regional Office

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Regional Medical Advisor for South

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## Northern Regional Office

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## Eastern Regional Office

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# SUPPORTIVE PARTNERS



Federal Ministry  
for Economic Cooperation  
and Development



Investing in our future  
**The Global Fund**  
To Fight AIDS, Tuberculosis and Malaria



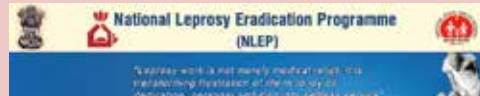
European Union



**ELSE KRÖNER-FRESENIUS-STIFTUNG**  
*Forschung fördern. Menschen helfen.*



**National Institute for  
Empowerment of  
Persons with  
Multiple Disabilities**



**GLRA India - 2016  
Projects / Programmes**



Southern Region (18)	
1	DLC – Eluru
2	LHC – Nalgonda
3	Sivananda – Hyderabad
4	MNSSS – Kurnool
5	CULTES – Cochin
6	Damien – Trichur
7	DSS Pattuvam / Kozhikode
8	St. Joseph’s – Arni
9	Sagamatha – Pullambady
10	LRRC – Chettipatty
11	St. Joseph’s – Tuticorin
12	Ecomwel – Tharamangalam
13	DLCC – Nilakottai
14	Fr. Manna Home – Eluru
15	GLRARF – Chennai
16	NILES-SPOD – Coimbatore
17	TN Coordination – Chennai
18	Lakshadweep Coordination

Northern Region (15)	
19	Pushpa – Dallirajhara
20	Jeevandhan - Kathgodam
21	Sevadham – Pune
22	MLSM – Mumbai
23	LSS – Mumbai
24	VDC Mumbai
25	MJS – Vehloli
26	SMK – Jaipur
27	RRC – Ramgarh – Jaipur
28	Gujarat Coordination
29	DNH Coordination
30	D & D Coordination
31	MDR TB – Delhi
32	MDR TB – Jaipur
33	SASSS – Sendhwa
34	E-Compliance – Jaipur

Research Studies (5)	
1	Molecular Epi – Kolkata
2	ICMR – Pune
3	HCP – Chennai
4	Chemoprophylaxis – DNH
5	LRI – TLMI West Bengal

Offices (5)	
1	Central Office – Chennai
2	Regional Office – Delhi
3	Regional Office – Kolkata
4	Regional Office – Chennai
5	FR Unit – Chennai

Eastern Region (13)	
35	Vanavasi – Adhaura
36	Holy Cross – Belatanar
37	PULP – Puri
38	GMLF – Balrampur
39	Bam India – Kolkata
40	Nirmala – Daulatpur
41	RKM – Hoogly
42	St. Thomas – Howrah
43	WB Coordination
44	DAHWRNTCP / Axshya
45	Malda NLEP Project
46	Kolkata Urban NLEP
47	Project SVJ – EU (5 unit)

