

Corporate Social Responsibility Report



FY 2011-12

Enriching Lives by Creating a Healthier and Happier World



Glenmark Foundation, in a short period of time, has begun to make an impact. It has chosen two core areas which are Child Health and Sustainable Livelihoods in its effort to make a difference to the community.



Chairman's message

Dear All,

We at Glenmark have always believed that every single individual has the right to live a healthy life. Everyone has the right to try and improve their economic standing, aspire for a better life. No one deserves to be ill, diseased and live in abject poverty and we are committed to try and do our bit to enrich lives by creating a healthier and happier world.

Glenmark Foundation, in a short period of time, has begun to make an impact. It has chosen two core areas which are Child Health and Sustainable Livelihoods in its effort to make a difference to the community. Our flagship initiative which is in the area of Child Health focusing on age group 0-5 and pregnant mothers, has begun making a difference in the communities. We have initiated three significantly large child health projects in India where one initiative focuses on the child health issue in over 100 tribal villages in Madhya Pradesh, another initiative focuses on over 150 villages in Rajasthan and the third child health project focuses on over 2000 low-income households in Mumbai.

The Sustainable livelihoods projects is also gaining ground with the implementation of three large programs with each of the projects

targeting a different segment of the population. Each project is focussing on providing a regular source of income for the targeted population. In a short period, we have already impacted over 8000 individuals helping each of them get a sustainable livelihood. At the same time the organisation is also committed to providing employees an opportunity to volunteer their services for a social cause. And I am glad to note that over 750 employees from all over the world volunteered their services with various NGOs during the year.

We will continue the work that we are doing and will scale up all our initiatives. The Glenmark Foundation remains committed to making a difference to the community and we will continue with our efforts of enriching lives through our CSR initiatives.

Best Regards

Glenn Saldanha

Chairman and MD

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Overview

At Glenmark we are all about making life better, healthier and happier through our products. Our RandD centres strive to make better medicines to help cure maladies; our manufacturing facilities and supply chain ensures that we are able to reach people across the globe. We believe in a world without boundaries. Our CSR initiatives are about fulfilling our promises. We are cognizant about the problems that stare us in the face and we are determined to do what it takes to make a difference. While we have made substantial contributions to various causes; going ahead we wish to be more focused about few issues. Child health and Sustainable Livelihoods are the two initiatives that the organisation will invest its resources in, to make a difference.

This CSR report brings to you our various initiatives, the progress made and our aspirations in the future.

► CSR Vision

- Enriching lives to create a Healthier and Happier World

► CSR Mission

- To be a responsible organisation
- To empower the marginalised (urban and rural) by generating sustainable livelihoods through vocational training programmes, getting them into the mainstream and thus contributing to the overall economic growth in operating countries
- To focus on Child Health, the foundation for a healthy world (Flagship initiative)



Child Health

Globally child health care is a huge concern. Creating a world truly fit for children does not imply a mere absence of war. It means ensuring that children don't die of diseases, have access to clean water and proper sanitation.

India is committed to achieve MDG (Millennium Development Goals) targets and Glenmark has resolved to focus on the crucial MDG 4 – to reduce child mortality. Child Mortality Rate (CMR) and Infant Mortality Rate (IMR) are critical indicators of child health.

We have made a beginning by taking certain initiatives to bring about a change. Last year, our flagship programme was the detailed research in the field of child health. We arrived at the following conclusions:

- People need to be educated and informed about how they can take care of pregnant mothers, new born infants and children.
- It is important to spread knowledge about vaccines and the importance of taking them at the right time.
- Malnutrition, absence of proper sanitation and lack of proper immunization are the main reasons of high CMR and IMR

Project Kavach – Healthier Children Healthier World™

The findings of last year's research enabled us

Project Kavach's strategy is to systematically identify the target group; counsel, educate and inform them about positive health seeking behaviour and introduce several novel service delivery mechanisms to help us make an impact in our interventions.



to draft “**PROJECT KAVACH – Healthier Children Healthier World™**”: – the child health care program as conceived and initiated by Glenmark. The word ‘kavach’ means ‘a shield’; symbolising protection. The project aims at protecting and saving children through various interventions.

To enhance the reach of Project Kavach, we divided our initiatives into 3 broad categories:

❖ **Tribal** ❖ **Rural** ❖ **Urban**

Project Kavach's strategy is to systematically identify the target group; educate and inform them about positive health seeking behaviour and introduce several novel service delivery mechanisms to help us make an impact in our intervention. We initiated projects in two of the most affected states in the country where the IMR/CMR is very high - **Rajasthan and Madhya Pradesh**. We also took up an initiative in the slums of Mumbai where levels of malnutrition are high. Our third project was initiated in a **local slum in Mumbai**.



Addressing **Child Health** in the tribal areas of **Madhya Pradesh**:

This project focuses on the tribal community in the Khalwa block of district Khandwa, in the interior of Madhya Pradesh.

Project Objective:

To reduce child mortality in the 100 villages of Khalwa block, by focussing on issues of malnutrition, immunization and sanitation.

The project is an effort to complement the State Government's commitment through Atal Bal Arogya Evam Poshan Mission and was formally launched on 7th June 2011 in the presence of Joint Director Health, Chief Medical officer from Indore.

Ambulatory care: We have provided an ambulance for villages that runs 5 days in a week. Our team of doctors, nurses, and social workers attend to children with Severe Acute Malnourishment (SAM) condition who are identified and referred to the Nutritional Rehabilitation Centres' (NRCs). During the year, ambulatory care could reach 599 SAM, 1043 Moderate Acute Malnourished (MAM) and 9926 pregnant women.

Role Model Aanganwadis Centres (Day Care Centers) for children: We are striving to ensure maximum attendance at these centres and tracking the services such as supplementary nutrition for children, immunization under Universal Immunization Programme etc. We have developed 27 role model aanganwadis (day care centers).

Child Health

Communicating through workshops and street plays: The community is more receptive when serious issues are tackled through such mediums and the care givers are able to connect and bond with the community a lot quicker. We have conducted 70 street plays and 90 role plays in our area.

Our NGO partner implementing the programme is: Spandan Samaj Sewa Samiti, Khandwa

Addressing **Child Health** in Rural Areas of **Rajasthan:**

The rural areas of Rajasthan have very high ratios of IMR and CMR.

Project Objective:

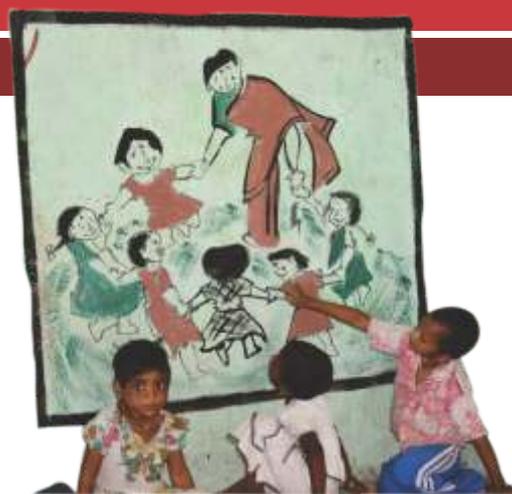
To reduce child mortality in 150 villages of Sanganer block by focussing on issues of immunization, malnutrition and sanitation.

The project was launched formally on 8th of September 2011 by Minister for Health, Rajasthan- Mr. A. A. Khan. The project complements the work of the government under the Integrated Child Development Scheme (ICDS) and aims towards a community ownership. The Panchayats (local self government) are being extensively involved in keeping a check on the levels of malnutrition and immunization of each child in their villages.

We have provided immunization calendars to panchayats to keep a track of immunization of children born during the project period, Through these calendars, panchayats ward members, aanganwadi (Day care centers) workers and helpers will keep a check on the immunization status of the child.

To check on malnutrition, children are being given coloured beads. It is through the bead that nutrition level of a child is tracked. The red bead shows child is malnourished, yellow one shows he is in moderate condition while the green one shows he is healthy. Parents are being counselled about the importance of a proper balanced diet by master trainers. These communities are being sensitised through 75 street plays reaching nearly one lakh population.

Our NGO partner implementing the programme is: Society for Integrated Developmental Activities Research and Training (SIDART), Jaipur



Child friendly aanganwadi (day care centers) at Khandwa

Addressing **Child Health** in slum communities of **Maharashtra**

The UN-Habitat's report (2006) states that slum dwellers are more likely to die earlier, experience more hunger and disease, because of unhygienic living conditions. Children living in the slum areas are more likely to die of water borne and respiratory diseases than their rural counterparts.

Some parts of Mumbai slums report child mortality as high as 35-40 per thousand live births. The slums are in dire need of improvement and the dwellers need to be educated about the importance of hygiene and proper sanitation.

Project Objective:

To address the cause of malnutrition, sanitation and immunization through peer education approach amongst 2000 households in slums of Andheri, Mumbai.

The project was launched on 1st January 2012, with a focus that behaviour change can only happen with sustained community efforts and in depth counselling.

Our health workers conducted, **focussed group discussions (FGD)** and have selected **25 peer educators** from community for focussed health education sessions for mothers.

We are also organising **health camps** and services to **check anaemia amongst the mothers** and children and **providing them de-worming tablets**, besides these we organise various health events such as World Cancer Day, World Health Day for rapport building with the community.

Our NGO partner implementing the programme is: Niramaya Health Foundation, Mumbai

The Way Ahead:

Often a beginning in the right direction is what it takes to overcome a mammoth issue. Child health can be improved only through increased awareness and provision of adequate services. We are steadfast in our commitment. After all as it is said; it is not important where we stand, what is important is the direction in which we are headed.



Health camp in remote villages

Through our interventions we are impacting 100 tribal villages in Khandwa, Madhya Pradesh; 150 rural villages in Sanganer, Rajasthan and around 2000 families in slums of Andheri, Mumbai.



Sumit who was malnourished is wearing green bead (above) is now in the healthy category

CASE STUDY 1:

Madaau area in Jaisinghpura Village Panchayat, Sanganer, Rajasthan

Sumit was born on 25 February 2009. He lives in Madaau with his parents Savitri and Sitaram and three sisters. His father works in the gemstone cutting industry and mother works on somebody else's farm and gets food grain in lieu of her services. When we met Sumit for the first time in September 11, 2011; he weighed around 8 kg at an age of two and a half years, an obvious case of malnourishment as per growth standards.

The family didn't follow good sanitation practices. They never washed their hands before and after eating food. The surroundings were very untidy. The children played in the

fields and did not wash their hands after coming from the fields and ate food with dirty hands. There was no proper storage of potable water and every one took water with unclean hands from the pot.

After the project's interventions at household level, these conditions started improving.

Sumit's parents were counselled about the importance of following things:

- Basic hygiene and sanitation.
- Necessity of cleaning hands of children before meals and after using the toilet
- Sumit's mother has made to understand why

she should wash her hands before cooking.

- Both parents were made to understand the importance of the family collectively following basic hygiene standards so that entire family could lead a healthy life
- How nutritious food can be made from locally available simple ingredients

When we visited them in January'12, it was evident that the entire family was practicing good sanitation and hygienic living conditions. Nutritious food and green vegetables were given to Sumit. His weight had increased to 11.2 kg. When he was visited again in March'12, his weight was recorded to be 12 kg!

CASE STUDY 2:

Udiyapur Mal village, Khalwa, Khandwa, Madhya Pradesh

Pavan is just 26 months old and hails from village. He lives with his mother and grandparents. The mother and the old grandparent's eke out their livelihood by daily wage earning that is scarce at times. So Pavan's mother has to migrate and she takes him along.

Pavan was identified by project team in August 2011. Pavan was classified as a severe acute malnourished (SAM) child; with his Mid Upper Arm Circumference (MUAC) reading just 98 mm. (A child with MUAC less than 115 mm is considered Severely Acute Malnourished (SAM) by WHO standards) His brownish hair and weak body structure indicated of a situation which was grave. The team, moved by the serious condition of the child, advised the family members to take him to government managed

Nutrition Rehabilitation Centre (NRC). The mother declined on the ground that there was no one at home to take care of the old parents and tend to other household chores.

The team decided to provide home based care. The animator visited the family regularly and began to teach the mother how best to feed and keep the child clean with her limited available resources. She complied and the child began to show improvement. His MUAC reading stepped up to 110mm. But in September 2011 her mother had to migrate with him. He was in migration for next two months. Though he did not get government health or nutrition facilities during migration, his mother took greater care. On return his nutritional status remained constant.

His mother brought the child to Health Camp organized at their village. The project doctor detected that the child had lost appetite and debility and proper medication was provided. Animators persisted with follow ups and health and nutrition education. Now Pavan measures 116 mm on MUAC, indicating that he has moved out of severe condition of malnutrition to moderate state of malnutrition.



Pavan before intervention



Pavan after intervention

Sustainable livelihood



Every individual should be able to earn money and live a decent life. Unfortunately in India because of poverty, a huge section of the population is forced to live in abject penury.

In the country there are thousands of youth who because of poverty don't attend school. Some often drop out because of lack of guidance and opportunity to study. Without basic education and guidance these young men and women have no other option but to become unskilled labourers.

But if these young men and women are helped and shown the right path; they can not only make a better life for themselves, they can also contribute to the society and the country!

Keeping this in mind we have been implementing projects at Nashik (Maharashtra), Rayagada (Odisha), and Jaipur (Rajasthan).

Project 'Sambhav'

(Sustainable livelihood program for school drop outs)

The word 'Sambhav' means 'Possible' and the project focuses on the possibility of providing sustainable livelihood to school drop outs. It aims at providing wage-based employment opportunities and also helps them to become entrepreneurs. Vocational training is given in mobile repairing, tailoring, computer basics, assistant nursing, beautician and plumbing. The course duration ranges from 3-4 months. Along with these trades, students are taught communicative English and life skills to enhance their employability. Industry visits and guests lectures are organised regularly so that the students get to understand the real working environment. The focus of the initiative is to equip the students with skills so that they are productive as soon as they get employed.

To reach to students near their locality we started various community centres these include: Shivaji Nagar, Vatsalya Mahila Gruha, Pandit Colony, Bhagur and at Nashik Central Jail. These centres run one to two trades and are mobile in nature.

The project has trained around 646 school drop outs with 55% getting a secure livelihood.

In the coming year we plan to generate livelihoods for around 800 youth from low socio-economic backgrounds and give them more exposure to various industries. Besides we are targeting 65% placement of students in various industries as per their training.

Our NGO partner implementing the program is : Kherwadi Social Welfare Association (KSWA), Nashik



Students learning computer at Yuva Parivartan (YP) Center



Tailoring class for girl students at the YP center

Case Study

Rohit Bhalchandra Tejale, is 17 years old and resides in Motha Rajwada, a slum near Dwarka. Before joining Yuva Parivartan, the monthly income of his family was Rs.2000/-pm.

Rohit lost his father when he was a child. After his father's death, the responsibility of running the family fell on his mother. Soon Rohit also had to leave school as the school fees couldn't be paid. His mother told him that he would have to contribute to the family.

Rohit says, "My dream was to have a computer related job but I didn't have the basic minimum technical qualifications. Finally I accepted a job in one shop as a helper. I was not satisfied with the job and was in search of doing something different which would fulfil my dream."

Rohit happened to see the stall of YUVA PARIVARTAN. At the centre he was informed that along with DTP course they would teach him spoken English to help him get employed.

Rohit enrolled himself in the Yuva Parivartan center. Rohit passed the exams and got placed in Siddhi Computers, Nasik as DTP Operator at starting salary of Rs.4500.

He says, "Yuva Parivartan changed my life! I can never thank them enough for being the catalyst in changing my life and help me earn a livelihood."



Rohit is now a DTP operator

Project 'Jode'

(Sustainable livelihood program for tribals)

The word 'Jode' means 'Connect', the project is focussed on connecting to the poorest of the poor- the tribal population. The project aims to assist around 2000 families who are among the poorest of the poor in Rayagada district, Orissa. It aims to build capacity of poor families to adopt improved technologies and practices in farming and allied activities with the help of Integrated Natural Resource Management (INRM) perspective and facilitating market access to sustain the economic gains.

The project began in January 2011 covers 4 villages of Kolnara block, Rayagada district.

These include: M. Pitesu, Garudapadar, Gopi Kankubadi, Gunakhal (Borriguda).

During the monsoons last year farmers were taught to adopt scientific method of cultivation in paddy which includes brine water solution test, seed treatment with fungicide, proper spacing, and weeding. Besides that villagers were given education through training programs about quality seed in vegetable, methods of nursery raising, transplantation technique with proper pest management practices.

Our NGO partner implementing the program is : Professional Assistance for Development Action (PRADAN), Rayagada

We have skilled 646 school drop outs (Nashik), helped in rehabilitation of around 2800 differently-abled individuals (Jaipur) and trying to ensure food security of 2000 tribal families (Rayagada, Odisha)



Farmers are being taught scientific method of cultivation

Sustainable livelihood



Rela Hikaka after growing crops through scientific cultivation (2011-12)

Case Study

Rela Hikaka, resides with her husband Kirti Hikaka, 4 sons and 2 daughters at Gopikankabadi, in Kolanara block. Before the intervention, she used to cultivate paddy on only 1 acre of low land and her yield was so less that it would provide for only six months' food self sufficiency. She says "We got 30 kg rice/month on Below Poverty Line (BPL card). We also used to work on other lands and got little yield. Sometimes our situation compelled us to sell that yield at crisis time. I was not able to send children to school."

However for last 2 years, Rela has been trained on systemic rice intensification (SRI), Scientific cultivation of Tomato, Brinjal, Groundnut, land and water development and horticulture plantation. She says "These trainings and exposure opened my eyes and motivated me to do the same and made profit as well."

Crops	Expenditure (Rs)	Profit (Rs)
Bitter gourd	300	400
Chilly	1500	5000
Cow pea	300	1500
Tomato	500	900
Brinjal	3000	8000
Lady finger	400	6000
Total	6000	20300

Her paddy yield increased by 2.5 quintal and is now at 9 quintal. She has kept the yield for her own consumption and is now happy that all her children are going to school.

Making difference to the lives of 'differently-abled':

Glenmark believes in inclusive development of the whole society with each member having an equal opportunity to lead a productive life. Towards this purpose, Glenmark associated itself with Jaipur Foot to enable individuals who have lost their limbs to lead a productive life. Through our association with Jaipur Foot, we have been able to rehabilitate approximately 2800 individuals in this financial year. Thus till date, Glenmark has been able to rehabilitate over 6000 individuals and help them lead a productive life so that they can support themselves and their families.

Our NGO partner implementing the program is : Bhagwan Mahaveer Viklang Sahayata Samiti, Jaipur

Case Study

Ankur Jayaswal, coming from Himachal did not have a limb since birth because of congenital reasons. With the support of Glenmark, he was fitted with an artificial limb / Jaipur Foot at Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS), Jaipur. Now, he not only walks normally, he skates with an artificial limb. Jaipur Foot / Limb has transformed his life.



Ankur before Jaipur Foot



Measurement being taken for Jaipur Foot



Ankur with Jaipur Foot

The Way Ahead:

There are thousands of young men and women who if helped and shown the right path, can not only make a better life for themselves and other members of their family but also contribute to the society and the country!

We are committed to carry forward our work, to help as many people as possible and try to change lives for the better!!

Healthcare Services:



Americares (India) giving medicines at health camp, Deonar, Mumbai

'Donating medicines to those who cannot afford medication'

Glenmark Group has been donating medicines to various civil society organisations and charitable hospitals. These are usually for the health camps and community projects for the less privileged. We also donate to disaster struck areas. Last year we donated to help the victims of the floods in Orissa. 2600 villages were submerged and 11 lakh people were affected.

Last year we donated around Rs 2.9 million worth of medicines to our partners such as Americares (India), Satya Sai (Mumbai Chapter), Ram Krishna Mission, Prison Ministry of India, Swarga Dhwar, Lions Club (Chennai) and Bhuvneshwar Chemists and Drug Association flood reliefcamp.

'Save a life, Donate Blood'

Blood donation is one of the most precious donations in life. At Glenmark, our employees are actively engaged in donating blood round the year to various blood banks. Last year around 250 employees donated blood from Indore, Nashik, Sinnar and Nalagarh facility.

We also believe in keeping our environment pollution free. Last year we planted around 4300 saplings at our manufacturing locations and RandD centers.



Indore employees donated blood to model blood bank MY Hospital

Employee Volunteering

Nobody can do everything, but everyone can do something. If each of us did something to help a person in need, the world would be a much better place. A total of 1250 employees across our India and foreign locations have come forward to volunteer in the last two years. The employee volunteering events are in the month of December and January to coincide with International Volunteer Day (5th December). This year the theme for Employee Volunteering was Child Health.



Mumbai I

Head Office, India Formulations Office
 NGO Partner: Umang Foundation and Father Agnel Bal Ashram
 Date: 3rd December 2011
 Activities: Health Camp and fun activities



Mumbai II

Mumbai: RandD - Mahape, Talaja and Sanpada.
 NGO Partner: Umang Foundation and Aasra Charitable Trust
 Date: 3rd December 2011
 Activities: Health Camp and fun activities



Ankleshwar

NGO Partner: Gram Vikas Trust
 Date: 17th December 2011
 Activities: Health Camp and fun activities.

Goa

NGO Partner: El Shaddai Charitable Trust
 Date: 3rd December 2011
 Activities: Health Camp and fun activities



Nashik and Sinnar

NGO Partner: Yuva Mitra
 Date: 7th January 2012
 Activities: Health Camp and fun activities

Employee Volunteering

Indore

NGO Partner: Spandan Samaj Sewa Samiti

Date: 28th Jan 2012

Activities: Health Camp and fun activities



Baddi and Nalagarh

NGO Partner: Mamta Health Resource Center

Date: 3rd December 2011 and 28th Jan 2012

Activity: Health Camp and fun activities

Mohol and Kurkumbh

NGO Partner: Umang Foundation and Prajakta Mati Mand Vidyalaya

Date: 26th November 2011

Activity: Health Camp and fun activities



Glenmark International



Argentina volunteered

with Dr Ricardo Gutierrez,
Children Hospital



USA volunteered

with Saint Thomas More Parish and
Cente For Food Action



UK volunteered with Sue Charity Care