



CORPORATE SOCIAL RESPONSIBILITY REPORT

FY 2012-13

Enriching Lives by Creating a Healthier and Happier World



“Everyone has the right to a healthy and happy life. For us, at Glenmark, this is an oath we believe in and we are not only focussing in our country but also attempting to reach out to the less privileged around the world where we operate.”

Chairman's message

Dear Stakeholders,

Glenmark Foundation's CSR projects are gradually beginning to make an impact. We have started touching lives in tribal, rural and urban areas of the less privileged. Our initiatives are focussed on enriching the lives of the less privileged and make them healthier and happier.

In just a few years, we have empowered and impacted:

- 300,000 lives through our Child Health Care Initiatives
- 10000 livelihoods in remotest parts of the country
- 2000 employees (globally) in contributing their valuable time towards community needs.

This has inspired and motivated us. Now with renewed enthusiasm, we are focussing on making projects more impactful, sustainable and innovative, while reaching out to communities, addressing the cause of Child Health and Sustainable Livelihoods.

Our Corporate Social Responsibility (CSR) programmes are holistic and inclusive involving training parents, caregivers, local government authorities and supporting existing government health schemes.

It is tragic that young lives perish because of malnutrition and medical care. Everyone has the right to a healthy and happy life. For us, at Glenmark, this is an oath we believe in and we are not only focussing in our country but also attempting to reach out to the less privileged around the world where we operate. This year we initiated our first Child Health project outside India. We are working in Nairobi, Kenya- targeting issues of malnutrition and sanitation and reaching out to around 5000 Severely Acute malnourished children.

Globally our employees, have volunteered from Russia/CIS, South Africa, Argentina, UK, USA and India addressing the needs of the community. We shall continue our endeavour to reach out to the needy and do our bit to improve the lives of children and hence, create a healthier and happier world.

Best Regards

Glenn Saldanha

Chairman & MD

CONTENTS INDEX

Overview	2	Child Health	2-4	Sustainable Livelihood	5-6
Joy Of Giving	6	Employee Volunteering	7-8	Access To Healthcare	8

Overview



Glenmark reaches out and touches millions of lives globally; trying to make the world better, healthier & happier. Innovation being our philosophy; our R&D centres strive to make better medicines to help cure maladies; manufacturing facilities and supply chain ensures we are able to reach people across the globe. And our impact oriented, sustainable CSR projects further enable us to enrich lives.

We believe in a world without boundaries. Our CSR initiatives are about fulfilling promises, making a long lasting difference. We are cognizant about the problems that stare us in the face and are determined to do what it takes to make a difference. Substantial contributions to various causes have been made; however, in the years ahead we wish to be more focused about few issues. Child health and Sustainable Livelihoods are the two initiatives that the organisation wants to invest it's 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



"There can be no keener revelation of a society's soul than the way in which it treats its children."

Nelson Mandela

Child Health is the flagship programme of Glenmark Foundation. The Foundation has resolved to focus on the crucial Millennium Development Goal - 4 'Reducing Child Mortality' in developing countries. The key indicators of identifying regions with high mortality rates are: Child Mortality Rate (CMR) and Infant Mortality Rate (IMR)

Glenmark Foundation's



Child Health – INDIA

In all our projects we work very closely along the lines of Integrated Child Development Scheme (ICDS)[i] of Government of India. Over the last 2 years, a gradual impact in the communities has been observed.

Madhya Pradesh: Tribal Project

The tribal project, located in Khandwa district, Madhya Pradesh (Central India), reaches out to about 100 villages in the Khalwa Block of the district to a population of 110,000. Majority of these people live in villages near forest and access to healthcare is a serious concern.

The focus of the initiative has been on enhanced community participation and micro innovations. Early tracking of malnourished children, regular follow up, counselling, timely medications and referrals, revamping the Anganwadis (Day care centers) and responding to hunger prone families through Joy of Giving[ii] have contributed towards bringing about the change.

Ambulatory Care Reachout

Month	No of Village visit	SAM children reached	MAM children reached	Children recovered
April 2012	96	198	248	27
May 2012	84	219	289	121
June 2012	80	126	260	184
July 2012	88	180	212	38
Aug 2012	30	98	204	0
Sep 2012	104	330	503	139
Oct 2012	69	386	731	65
Nov 2012	85	259	524	153
Dec 2012	100	229	627	74
Jan 2013	100	157	579	113
Feb 2013	80	124	532	98
Mar 2013	83	92	475	292

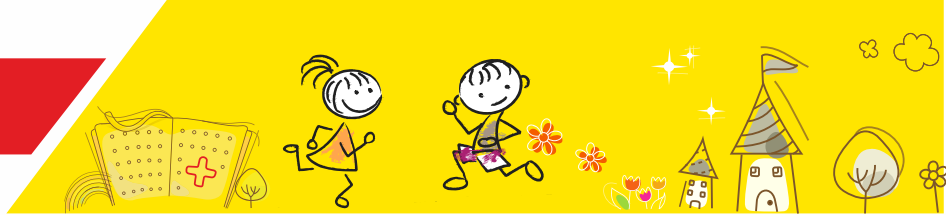
Glenmark's intervention:

Ambulatory care is provided with a team of doctor, nutritionist & a social worker. The objective is to reach out to the most malnourished families, identifying children and referring them to the nutritional rehabilitation centers (NRCs).

A preliminary screening check is conducted to diagnose basic symptoms like respiratory rate, oedema, mid upper arm circumference and the history of appetite & pallor. The mother is counselled on diet of the child, personal hygiene, vaccination and utilizing the Anganwadi services to optimum. On each visit the child's growth is monitored. In case of no change in 5 weeks, efforts are mounted to motivate and assist the child through NRC.



Children at the day care center in Madhya Pradesh



Community health worker measuring nutrition grade for the child

Role Model Day Care Centres (Aanganwadis) for children:

Thirty five Anganwadi centers were transformed into role Model Child Friendly Day care centers, by equipping it with substantial number of toys and recreational materials and preschool teaching-learning materials in aboriginal Korku language.

Health camps were organized in collaboration with the local Health department wherever possible. Each health camp caters to the health needs of families from surrounding 4-5 villages. Altogether 18 health camps reached out 2547 patients including 804 children.

Behaviour Change Communication (BCC): Wall comic posters, Focussed Group Discussions (FGDs), Role Plays and Street Plays were employed as tools for communication. Community mothers, opinion leaders and tribal healers were educated.

Rajasthan: Rural Project

The rural project of Rajasthan in Sangner district reaches to around 150 villages to a 150,000 people.



School rally to sensitize children on nutrition, immunization and sanitation

Glenmark's intervention:

Training and capacity building of frontline worker and caregivers: Around 75 master trainers from community were identified and they sensitised their peers on right nutrition, complete immunization and habits on personal hygiene for mothers and infants. Each master conducted workshop for around 30 women.

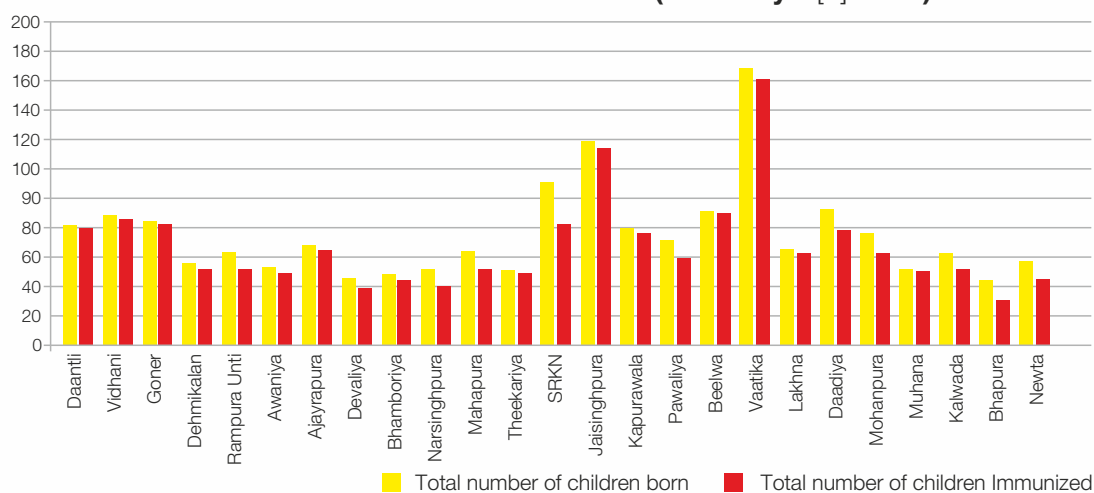
Street Plays: Around 75 street plays were conducted that reached 8000 people directly and around 50000 people through secondary contact.

Home visits: The community health workers conducted home visits along with master trainers to identify malnourished children and counsel them on developing receipt using F-100 formula.

Health camps: Two health camps, impacting 400 beneficiaries were organised.

Immunization Calendars: These are community based monitoring tool for tracking immunization/ vaccination for each child born in a particular village. The project's target was to ensure 100% or complete immunization of at least 80% of children born during the project period in the 150 villages. Out of the 1879 children born during the project period around 1687 were completely vaccinated.

Status of Immunization of new born children (Panchayat[iii] wise)



Our Way Forward:

We will continue to work in the Sangner rural area to reach larger population.

Mumbai, Maharashtra: Urban Project

In Mumbai our project touches around 2000 HH covering around an approximately 8000 people in the dense slums of Andheri (East), a suburb in Mumbai.

The project focuses on promoting healthy behaviours amongst mothers and caregivers on the issue of right nutrition for themselves and the children.

Glenmark's intervention:

Health education sessions:

The major focus of health training was on malnutrition, sanitation, immunization & nutrition to women in the area. As against the initial decision to conduct 20 health education sessions per month, we organized nearly 40 sessions every month. Total 515 health sessions were conducted in the year, with 239 and 276 in first and second half year respectively covering almost equal number of beneficiaries. 4832 beneficiaries were provided with health training.

Health Check up camps: Six Health check up camps were conducted to cover around 608 beneficiaries.

Intervention Camp/ Home to Home Visits: Intervention camps were carried out after conducting home visits. A total of 3 intervention camps were organized on a quarterly basis. Individual intervention card with growth chart for assessment of nutritional status at each camp was maintained for every child. The children were provided with Iron, Folic acid Tablets daily for 90 days for women and 2 de-worming Albendazole tablets every 6 months.

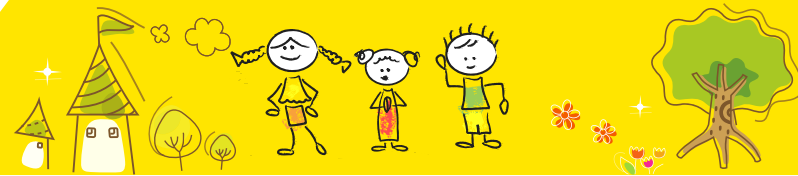


Training of Peer Educators at Marol Slums, Mumbai

Health Marker Days: Marker days such as World Cancer Day, World Health Day, World AIDS Day, International Women's Day, Nutrition week, Breastfeeding week etc were conducted to cover around 1500 people. The objective of the marker days is to create awareness about the issue and also spread the word about the child health initiative.

Our Way Forward:

We plan to scale up our intervention in Mumbai to cover almost entire Marol pipeline Andheri slums and continue to focus on health issues related to under nutrition and hygiene amongst 0-5 year olds.



Child Health- KENYA

Kenya has an extremely high rate of Child mortality. Reports state that Child Mortality (U5) increased from 96-115 per 1000 live births. Alongside malnutrition; pneumonia, malaria, measles, and diarrheal diseases are the cause for increased child mortality.

Kibera Slum, Nairobi:

Kibera is one of the most dense slums of Nairobi where



Mid Upper Arm Circumference (MUAC) being used by community health worker to assess the grade of child

malnutrition and sanitation are major concerns. We have adopted 3 villages of Kibera Slums and reach out to around 5000 severely acute malnourished children.

Glenmark Intervention:

Nutritional/ Education center aims to:

- Reduce the number of cases of Severely Acute Malnourished (SAM) Children in the 3 villages.
- Increase uptake of Vitamin A and Iron supplements for children
- Create a supportive and learning environment that stimulates children physically, intellectually, socially and emotionally
- Recognise each child's unique learning style, ability, and developmental level.

Severely Acute Malnourished (SAM) children were identified through home visits and focussed group discussions amongst the parents and caregivers.

Training modules and information, education and communication material was prepared on hygiene related practices for infants and small children.

The community health workers (CHWs) were recruited from the slums of Kibera. An attempt is being made to continuously upgrade their skills.

● CASE STUDY 1:

Mumbai, Maharashtra

Jackson is from Indira Nagar Community, aged 3 years & 3 months, born in a very poor family and his father is a daily wage earner. Identified during first Intervention camp in April'12, he weighed 7 kg - and was categorized as a case of grade four (severe) level of malnutrition. He also suffered from Pulmonary Koch.

The team counseled the mother about growth & development, malnutrition & Anemia and how it could affect the intellectual growth of child. Weekly visits ensued. Complete diet plan made, nutritional food provided, immunization was administered.

Moral support and recurrent counseling by team helped mother, as she was depressed and felt hopeless about the child's health.

After three months, the child's weight increased to 10.5kg. The child has improved from a severe grade to minor grade of malnutrition. Continued intervention further improved the child's health, as the chart below denotes:



Name	I camp			II camp			III camp		
	Year	Month	Wt	Year	Month	Wt	Year	Month	Wt
Jackson Josef	3	3	7	3	6	10.5	3	9	11.5

● CASE STUDY 2:

Madhya Pradesh

Sangeeta Ramkuwar (17 months) was tracked by Konku-Puchiku project team. Her initial weight was 5.1 kilograms and MUAC reading 11.5. after repeated counseling, health checks & medicines provided by ambulatory team, her weight increased to 7.5 kgs and Mid Upper Arm Circumference (MUAC) reading improved by 14 cms.



● CASE STUDY 3:

Rajasthan

Guddiya is a new born girl in a well settled family in Kalwada Panchayat of Sanganer, Jaipur district. But her family didn't want to vaccinate the baby at any cost. The field coordinator spent a lot of time with the parents and the family members; explaining the importance and long term impact of complete immunization. By personal counselling they understood the point and agreed to complete immunization. Hence, it isn't just the very poor who need to be contacted but also the economically well off as many of them are ignorant about the benefits of medical care.



[i] Integrated Child Development Scheme (ICDS) is Government of India's primary social welfare scheme to tackle malnutrition and health problems for children below 6 years of age, pregnant and lactating mothers.

[ii] Joy of Giving was organized by Glenmark Foundation in the month of October 2012, the proceedings collected by employees are being donated to the projects to reduce malnourishment amongst 800 children of tribal villages.

[iii] Panchayats are local governance center



The right to earn a livelihood is the most basic fundamental right of every individual. Trapped in the vicious cycle of poverty; children drop out of school, grow up to be youth without any skills to earn a livelihood. It is imperative that help is extended to such disadvantaged people so that they are able to earn money and improve their lives and the lives of their children. Thus, breaking the vicious circle of poverty.



Sensitising farmers of other villages on benefits of INRM by women members of Self Help Groups (SHG)

Nashik, Maharashtra (West India):

The project is aimed at providing livelihood opportunities for school drop outs from the less privileged areas of Nashik city in state of Maharashtra. The project provides them with skills to help them secure a sustainable livelihood. Vocational training courses include: Mobile repair, tailoring, beautician, assistant nursing and plumbing.

The students are also provided life skills and basics of computer knowledge, communicative English to enhance their employability.

The project has trained around 848 youth this year. Around 78% succeeded in securing a livelihood.

- Ownership Mapping:** This is recording the pattern of land ownership in the village. Undertaken after completing the resource map, it helps to identify land patches, primarily owned by poor families.
- Problem Identification:** The process of analyzing and delineating the problems for each patch of land and other natural resources is called problem identification.
- Preparation of Activity plan:** Different options are explored with villagers and the one which is most cost effective and acceptable to the community is selected.
- Approval of Plan from VDC:** Obtaining a final approval of the Resource management plans from the VDC (Village development committee).



Students conducting basic health check up



Students attending sessions on tailoring



Glenmark team reviewing project along with NGO partner

Rayagada, Odisha (East India):

The project aims to assist around 2000 families – the very poorest in Rayagada district. These are tribal families and have limited means of livelihood and depend primarily on agriculture. Farmers are taught scientific method of cultivation so that they are able to secure food for themselves and generate an additional income. The process includes:

- Setting up Village Development Committees:** The, VDC (Village Development Committee) develops of a resource management plan – involving planning a set of activities to augment the carrying capacity of natural resources and help villagers utilize these resources optimally to get maximum incremental benefit out of them.
- Resource Mapping:** this involves plotting different land types, water bodies, ridgelines, drainage line and direction of water flow on a revenue map of the village.



Ring well created by villagers themselves

Jaipur, Rajasthan (West India):

Here we support the differently abled to lead a productive life through our association with Jaipur Foot. Last year we rehabilitated around 2727 individuals. Since 2010 we have rehabilitated close to 7000 individuals.



"Jaipur Foot" conducts Camp. at Liberia



Case study 1:

Bhanumati Karkaria

Bhanumati Karkaria is a member of Maa Tulasi Self Help Group. A Scheduled caste woman of Mandal Pitesu, there are 6 members in her family (her mother-in-law, her husband, 2 sons & 1 daughter).

Earlier she was engaged in traditional practices of agriculture and had no stake in her family's decision making. Keen to learn new things, she did mango plantation in her fallow land and created an irrigation structure (ring well) in her low land. Gradually she realized that she is a farmer and not just labourer in agriculture work.

This year Bhanumati Karkaria cultivated tomato and Paddy and utilized the water of the ring well to save the crop. She earned 5,000/- additional cash income from tomato. This year she also adopted improved practices of paddy cultivation and got 45 Quint Paddy from that land. She also cultivated improved pigeon-pea in 0.3acre of land nearby her mango plantation and earned an extra income Rs. 2000/-.

Apart from the extra money that she is earning; she is now brimming with confidence. She is also able to influence her husband to adopt better practises.



Case study 2:

Aakash Sunil Pagare

Aakash Sunil Pagare lives in Kumbharwada slum, Nasik city with his family. A huge loan had to be taken for his sister's marriage and Aakash had to compromise his education and failed the HSC exam. He tried to get a job but couldn't as he had no skills. The Yuva Parivartan pamphlet informed him about various vocational training courses. Initially his father was unwilling to bear the cost of a computer course but Aakash realized that Yuva Parivartan was the only course that assured placement. The social worker Mr.Vijay Bagul helped Aakash in convincing his father and he enrolled for the Basic computer Course.

After completion he got a job in a shopping mall as an Operator. Now he works in BIG BAZAR and earns 6000/- per Month. He is also continuing his education. Yuva Parivartan has changed his life for the better.



Joy Of Giving



'FROM WHAT WE GET, WE CAN MAKE A LIVING; WHAT WE GIVE, HOWEVER, MAKES A LIFE.'

Joy of Giving is a weeklong event which begins from October 2nd every year. Individuals/ corporate/ foundations devote a few hours of time, money and energy with a social cause.

At Glenmark we have been organizing Joy of Giving Week across our units in India for the past 3 years, where employees contribute funds and materials.

Joy of Giving 2012:

During the Joy Of Giving week 2012, contributions from employees were targeted towards the Child Health project of Glenmark Foundation in western India and Madhya Pradesh.

To encourage maximum contribution from employees, a competition between different Glenmark units in India was held. Contribution could be monetary or in kind such as clothes, food grains, toys, utensils, and stationary items for children.

- CSR teams were selected in each unit to mobilise collection from employees so that their unit could win.
- An online campaign was conducted through mailers and offline through posters.
- Audio-visuals were played at the cafeteria.
- Points were decided for each type of contribution & teams



were communicated on points for each type of contribution with maximum points allocated to clothes and food grains.

- 2 categories of award: Maximum contribution by unit and Maximum per employee contribution by unit.
- Winners were announced on 18th October 2013. The 2 winning teams were from Ankleshwar and Kurkumbh unit.

An astounding 4440 Kgs of clothes, 250 Kgs of utensils was collected, which was handed over to our NGO partner: 'Goonj' that works towards making the best out of waste and utilising it for rehabilitation for the less privileged.

INR 534,000 was raised by employees. This will aid Glenmark foundation's work for ensuring 800 SAM (Severely Acute Malnourished) come in the healthy status category in the tribal district in the state of Madhya Pradesh, India.



Plant Heads (Ankleshwar and Kurkumbh) receiving 'Joy of Giving Week' winning trophy from Ms Cheryl Pinto, Director Corporate Affairs, GPL



Employee Volunteering



“WE MAKE A LIVING BY WHAT WE GET, BUT WE MAKE A LIFE BY WHAT WE GIVE.” - WINSTON CHURCHILL

Global Employee Volunteering Programme:

Glenmark’s Global Employee Volunteering Programme since 2010 has been able to empower 1900 employees towards contributing their time to a dedicated social cause. This year around 650 volunteers contributed 3250 hrs of their time towards reaching out to the less privileged sections of our society. Several activities were organised at different locations to make a difference to their lives.

INDIA

Mumbai

Activities: Rally on HIV/AIDS, fun games with children



Navi Mumbai

Activities: Painting competition for children



Nashik

Field activity along with games with children



Sinnar

Grooming the youth towards employment opportunities.



Ankleshwar

Health sessions by Employee for children



Kurkumbh and Mohol

Fun activities and games with children



Goa

Painting the classrooms and cleaning playground for children



Baddi and Nalagarh

Health camp for children



Sikkim

Health camp for children



Indore

Field activity and games with children



Employee Volunteering

GLOBAL EMPLOYEE VOLUNTEERING

Argentina

Glenmark Argentina visited less privileged children at Pedro Elizalde Hospital



Russia/CIS

Glenmark Russia/CIS had organized charity events for children in orphanages and the differently abled.



UK

Glenmark UK raised funds for Charity for the Blind.



USA

Glenmark USA raised funds for cause of Cerebral Palsy, Sickle Cell Anaemia and for Victims of Hurricane Sandy



South Africa

Partnered with Hope School for disabled children as its Corporate Social Investment.



Access To Healthcare



Doctor from Americares examining patient affected by Kashmir Avalanche

Medicine donation:

Glenmark donated medicines to different charities and disaster struck areas through - Americares (India). Last year some of the charities that benefited through our donation include: Save the Children India, Swarga Dhwar, Spandan Samaj Sewa Samiti, Ram Krishna Mission and Satya Sai (Mumbai and Kerala).

Blood Donation Camps for employees:

Glenmarkians regularly conduct blood donation camps at the sites in partnership with different non-governmental organisations and Red Cross Societies. Last year 324 Glenmarkians (India) donated blood.

Tree Plantation:

For a healthy living it is important to keep our surrounding green and pollution free. Last year we planted around 11635 saplings at manufacturing facilities, R&D centers and communities surrounding them.



Americares team with Ms Cheryl Pinto, Director Corporate Affairs, GPL



Blood donation camps at Glenmark facilities



NGO Partners

- Spandan Samaj Sewa Samiti
- Niramaya Health Foundation
- Society for Integrated Developmental Activities Research & Training (SIDART)
- Carolina For Kibera
- Professional Assistance for Development Action (PRADAN)
- Kherwadi Social Welfare Association (KWSA)
- Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS) "Jaipur Foot"
- Umang Foundation
- Mango Tree Trust
- Gram Nirmal Kelvani Mandal
- Avishri Balsadan
- Yuva Mitra
- Pragma
- Americares (India)
- Goonj
- Idobro Media and Marketing Services Limited
- CSR Identity.com