



ENRICHING LIVES TO CREATE A HEALTHIER AND HAPPIER WORLD

CSR REPORT 2013-14



FOR US AT
GLENMARK,
MAKING **LIVES**
BETTER,
HEALTHIER
AND **HAPPIER**
IS A COMMITMENT
TO THE SOCIETY

For us at Glenmark, making lives BETTER, HEALTHIER and HAPPIER is a commitment to the society. Innovations drive our capabilities to execute this mandate, while our state-of-the-art manufacturing facilities churn out affordable medicines to deliver this mission and our supply chains carry out the task of making them accessible across the globe, cutting across the boundaries.

Our Corporate Social Responsibility (CSR) activities are supplementary tools to reach out to the needy directly and make an impact in their lives by making them healthier, knowledgeable and happier. We make a difference not only in terms of the impact but also in the manner in which these results are delivered.

CSR VISION

Enriching lives to create a healthier and happier world.

CSR MISSION

- To be a responsible organization
- To focus on child health and reduce infant mortality and child mortality
- To empower the marginalized by generating sustainable livelihood
- To promote aquatic sports and place India on the global map
- To provide access to healthcare through medicine donation and other health initiatives/projects for the less privileged
- To support advancement of education
- To encourage employee volunteering across all our locations
- To provide disaster relief to affected areas



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Dear Friends,

Being an important stakeholder in the pharmaceutical and healthcare space, Glenmark has always believed that every individual has the right to live a healthy life. No one deserves to be ill, diseased and live in abject poverty and we are committed to doing our bit to enrich lives, not just through developing ground-breaking medicines but through various Corporate Social Responsibility (CSR) programmes.

Glenmark Foundation, in a relatively short span of time, is beginning to make its impact felt in the community. It has chosen two core areas, namely, Child Health and Sustainable Livelihoods, in its efforts to create a healthier tomorrow.

It goes without saying that 'Healthy children are the foundation of a Healthier world'. India is committed to achieving the Millennium Development Goals targets and Glenmark has resolved to focus on the crucial MDG 4- which stresses on reducing child mortality. Glenmark Foundation selected rural and tribal regions in Madhya Pradesh and Rajasthan that have a high rate of infant and child mortality, and the Foundation focused its efforts on Malnutrition, Hygiene and Sanitation; the leading causes of death among children under the age of five.

We realised that malnutrition among children is not just a rural phenomenon and is equally widespread in urban cities. Hence, Glenmark Foundation now runs two ambitious Child Health projects – one in Mumbai's slums and the other in Kenya.

I'd also like to highlight a pioneering initiative called 'mMitra'; which we recently launched at the Lokmanya Tilak Municipal General Hospital, Mumbai. It's a free Mobile Voice Messaging service for the less-privileged pregnant women and mothers. This is truly a transformational solution as it rides on the mobile technology revolution to reach out to the less-privileged pregnant women and mothers in an effective and economical manner. Innovative solutions like 'mMitra' are the need of the hour for combating challenges, including limitations to what an entity can achieve due to resource constraints.

We are happy to state that we have impacted over 5,00,000 lives till date through our Child Health initiatives. Today, Infant and Child Mortality, and Malnutrition are receiving considerable attention from the government, corporates, media and the civil society which was not the case when we embarked on our Child Health mission about five years ago. It's indeed an encouraging trend; but the task at hand is mammoth. Civil society, business and academic communities and other stakeholders must unite to support the government in combating Child Health issues.

Building Sustainable Livelihoods is the other cause we have taken up. Our Sustainable Livelihoods programmes aim at creating opportunities for school drop-outs by providing vocational training, ensuring food security for tribal farmers and helping the disabled regain mobility and dignity through artificial limbs. We've touched 65,000 lives with our Sustainable Livelihood initiatives.

Glenmark's CSR efforts are supplemented further through the cooperation of our employees. Over 3,200 'Glenmarkians' across the globe volunteered close to 13,000 hours in various community endeavours till date, and the number of employees volunteering is only growing each passing year.

The success that we have achieved so far, inspires us not only to keep going but also to scale up our varied community initiatives. Glenmark Foundation remains committed to making a difference and we will continue enriching lives through our CSR initiatives. After all, as it is said; it is not important where we stand, what is important is the direction in which we are headed.

Best Regards,

Glenn Saldanha,
Chairman and Managing Director



GLENMARK
HAS ALWAYS
BELIEVED
THAT EVERY
INDIVIDUAL
HAS THE
RIGHT TO LIVE
A **HEALTHY**
LIFE



DECODING OUR CSR DNA

CHILD HEALTH

WHY
MDG-4: Reducing Child Mortality (In 2012, approximately 6.6 million children worldwide – 18,000 children per day – died before reaching their fifth birthday, according to Unicef)

WHAT WE DO
Improving Nutrition, Sanitation, Immunization

HOW
Ambulatory Care, Role Model Anganwadis, Health Camps, Health Libraries, Behaviour Change Communication

RESULTS
Positively impacted over **5,00,000** lives (100 ethnic Tribal villages in rural Khandwa in Madhya Pradesh; **150** rural villages of Sangner in Rajasthan; **2,000** households in the slums of Mumbai; **1,50,000** rural lives Solan in Himachal Pradesh; and **10,700** households of Kibera slums in Nairobi, Kenya)



EMPLOYEE VOLUNTEERING / JOY OF GIVING

WHY
In a bid to make a difference our employees supplement our CSR efforts

WHAT WE DO
Employees contribute both financially and non-financially for social causes

HOW
By joining in awareness creation activities, fund raising drives, health camps and shramdaan

RESULTS
Over **3,200** Glenmarkians across the globe have volunteered more than **12,800** hrs in various community endeavors since **2010**



MEDICINE DONATION

WHY
According to the WHO, the availability of essential medicines at public health facilities is often poor. For select generic medicines, the availability is only **37.7%** and **46%** in the public sector of low and middle-income countries, respectively. Availability is better in the private sector but also sub-optimal at **70%** and **71.7%** in low and middle-income countries

WHAT WE DO
Provide access to health care through medicine donation. Glenmark has donated medicines worth **USD 6,00,000** to charitable organizations: AmeriCares (India,US), Glenmark Foundation's partners and charities associated with the cause of health



SUSTAINABLE LIVELIHOOD

WHY
About **21,000** people die every day of hunger or hunger-related causes according to the United Nations. Almost in half the world – over 3 billion people – live on less than **\$2.50** a day (World Bank report)

WHAT WE DO
Create livelihood opportunities

HOW
Improving land and water resources; Vocational Courses for Skill Development; Rehabilitation of the Differently-abled

RESULTS
Made a difference to over **65,000** lives with our Sustainable Livelihood initiatives



CREATING A **HEALTHIER** AND **HAPPIER** WORLD

Our flagship initiative 'Project Kavach- Healthier Children Healthier World', in the area of child health focuses on children up to the age of five and pregnant mothers. Through our various interventions, we aim at encouraging a positive health seeking behaviour among pregnant mothers and mothers with infants, and caregivers towards right nutrition including – good hygiene practices and ensuring complete immunization for children. Presently we have undertaken projects in Rajasthan, Madhya Pradesh, Maharashtra and Himachal Pradesh in India, and Nairobi in Kenya. We have been able to positively impact over 500,000 lives through our various child health initiatives over the years.

JAIPUR, RAJASTHAN

MAKING A **DIFFERENCE** TO **RURAL** LIVES IN OVER **165** VILLAGES

Along with NGO partner Society for Integrated Development Activities, Research & Training (SIDART) we are working in over 165 villages of the 25 panchayats of Sangarer block. The three objectives of our interventions are complete immunization, reduction of malnutrition levels and an effective sanitation campaign.

Our interventions

A multi-pronged approach was used during the intervention – training and capacity building of front line workers, caregivers and sarpanchs; counselling and monitoring during the home visits; health camps and, reinforcement through street plays and school rallies.

Through our various interventions on sanitation we have reached out to over 81,000 people directly and another 15,000 indirectly. The project effectively created awareness about malnutrition among



School Rally to sensitize villagers on immunization, nutrition and sanitation

close to 1,00,000 people during the year. We identified over 3400 malnourished children and successfully recovered 2500 children to a healthy status.

Coloured Beads: As a part of the project, we developed some simple but impactful tools to encourage community members to adopt best practices for tracking malnutrition. One such tool for managing malnourishment was using coloured beads that provided a visual identification of the children's health status. Green beads indicated healthy children while red beads indicated malnourished children.



Explaining the immunization calendar to beneficiaries

Immunization Calendar: Customized calendars were designed wherein the date of every new born child's vaccination schedule was maintained in the panchayats, anganwadis and the village sub-centers. This tool proved to be an effective reminder to the communities across all our supported villages. It also helped us in achieving 98% complete immunization of all the new born children.

Health Camps: We conducted 4 health camps covering over 500 people to meet our aim of delivering healthcare at the doorsteps. ■

STORY OF CHANGE



A first person account by our health worker Ramakishan Buhadia "It was in October that I first weighed the Pappu's children in Lalya Ka Baas village. He has five children and the youngest of them is Varsha, who was under five. She weighed 10.3kg and was underweight as per her age. I started advising them on cleanliness and nutrition and also asked the parents to give the children jaggery and rice flakes. Then on, I counselled them during my regular visits on many aspects like clipping nails, using 'dandidar lota' (vessel with long handle) for drinking water from pots, washing hands with soap, keeping the animals away from the house etc. I am happy that within one month, Varsha improved and weighed 11 kg. Pappu was also immensely happy. I think such people should be informed first, and the change will come naturally."



KHANDWA, MADHYA PRADESH

ENRICHING LIVES IN OVER 100 REMOTE TRIBAL VILLAGES

In collaboration with our NGO partner Spandan Samaj Seva Samiti, we continue to address the nutrition, immunization and sanitation needs of over 100 villages of the Khalwa Block in Khandwa district of Madhya Pradesh. Through this project, we have reached out to over 1,00,000 people over the years - including 18,000 children below 5 years. The project has made a great difference over the years in making the children healthier and happier. This year alone, we reached out to over 3600 malnourished children and over 7500 pregnant and lactating women by way of regular check-ups, vaccinations, counselling and awareness sessions.

OUR INTERVENTIONS

Ambulatory Care: Apart from the tough geographical constraints faced by the people, scarce infrastructure also poses a big threat to service accessibility. Bridging this gap, we started the ambulatory care service that was provided 5 days a week to attend to children with malnourishment. Through this service we tracked and followed up with an average of 800 children every month out of which 96 Severe Acute Malnourished (SAM) children were referred to the Nutritional Rehabilitation Centre. Our Ambulatory Care team also organized puppet shows to spread awareness on issues such as sanitation.

Role Model Anganwadis: We have cre-



Reaching out to remote tribal villages through our ambulatory care service

ated over 40 role model Anganwadis which are child-friendly and ensure supplementary nutrition and regular immunization of children.

Community Crèches: It is difficult for wage earning tribal mothers to take care of their children while at work or in the fields. Since the village anganwadis have no crèche facilities we initiated an innovative programme of community crèches which has become very significant. The three community crèches accommodate 20 children each and provide them with three meals to meet the nutrition and micronutrients requirements. The crèche worker acts as a foster mother and engages children in play, personal hygiene, rest and medication when required.

Community-level Interactions: As many as 22 meetings for mothers and 94 village level meetings were held to sensitize people



Tracking malnutrition using the Mid-Upper Arm Circumference indicators

on malnutrition, sanitation, immunization, care of children and food diversification. Besides, 20 sanitation mappings were also held this year.

Health Camps: We held 13 health camps at various strategic locations benefitting over 1300 patients within the project area.

Behavioural Change Communication: In yet another powerful tool to reach out to the people, we held exhibitions of comic posters, in their own Korku dialect. We displayed nearly 2,600 posters to disseminate messages on health and sanitation during the year.

Joy of Giving: Through our last year's Joy of Giving support, 800 SAM children were given nutritional supplements which have brought significant changes in their health status. ■

STORY OF CHANGE



The case of Yuvaraj, a four year old boy from Kisan, is one of the several unique cases where our interventions brought smiles to the faces of children and their parents. One among the five children, cuddled in a thatched hut, he weighed just 9 kgs when our team met him in August 2013. The family, which usually migrates to other places in search of work, did not have enough resources or time. Our team helped his father to get work under NREGS and encouraged and counselled his mother to take him to the Nutritional Rehabilitation Centre (NRC). On his return, he weighed 10.8 kg. Our team continued their support and extended constant medical assistance to Yuvaraj. By October, he weighed 11.5kg.

SOLAN, HIMACHAL PRADESH

REACHING OUT TO OVER **1,50,000 RURAL LIVES**



Ram Avtar Garg, Vice President-Operations, Glenmark Pharmaceuticals Ltd along with other officials from the Government of HP



Health camp for children

We have partnered with the Institute of Global Development to launch Project Kavach this year covering five villages of the Nalagarh Block, reaching out to over 1,50,000 people. The key objective of this project is to improve the infant and child health among the rural population by educating mothers, caregivers and adolescent girls on various aspects of Maternal & Reproductive Child Health Issues (MCH & RCH).

OUR INTERVENTIONS

The project began with a survey of 2,500 households to conduct a need analysis and social mapping. The project is based on a three-pronged strategy: direct intervention with the pregnant/lactating women, mothers with under-5 children; intervention with family members; and interventions with service providers including the government.

Group Meetings: We identified and trained 32 peer leaders to conduct sessions on health issues. We also formed 15 groups of pregnant/lactating women who benefited from sessions on nutrition, child care, personal hygiene, institutional delivery and breast-feeding.

Couple Counselling: Giving a good platform to gain the right information on reproductive health, safe pregnancy, use of contraceptives, and parenthood counselling sessions were held for young couples.

Workshops: Separate workshops were held for Panchayati Raj Institutions (PRI) members, paramedical staff, medical officials, anganwadi workers and skilled birth attendants to strengthen their capacities and drive an inclusive approach for child health.

Health Camps: With a view to make healthcare accessible to the rural masses despite the hostile terrains, 4 health camps were conducted; each camp led by experts in different therapeutic areas, had full participation of the villagers who were also given free medicines. Over 1200 people attended the health camps.

Community Sessions and Mass Awareness Events: We conducted over 90 sessions in the communities emphasizing on health seeking behaviour and infant and maternal health. We also reached out to over 2500 households by creating awareness during the following weeks/days: Breastfeeding Week, National Nutrition Week, Global Hand Washing Day, International Women's Day, International Children's Day, International Day of the Girl Child and International Youth Day. ■

STORY OF CHANGE



Lack of awareness and accessibility is the biggest hurdle for effective immunization in HP villages. Our team also came across several cases like that of Kamala Rani, a migrant worker residing in Nalagarh area. When our health worker met Kamala Rani, she had a four-month-old daughter. To her surprise, she found that Kamala did not give any vaccination shots to her baby. Our health worker gave her the vaccination chart and convinced her about the importance of immunization. The health worker also continuously followed up on the case and prompted Kamala to go to the government hospital and make ensured that her baby did not miss her vaccination schedules.



HEALTHY INTERVENTIONS IN URBAN SLUMS

Our child health project runs in the slums of Andheri (East) Mumbai in association with our NGO partner Niramaya Health Foundation. Our aim is to provide both curative and preventive healthcare. We did make an impact on the ground with as many as 15,000 people getting covered directly through our various interventions.

OUR INTERVENTIONS

Health Check-up camps: Through 13 health check-up camps, 1,300 people were covered. Our mobile health camps also elicited tremendous response. As per the clinical data from the camps, lifestyle related diseases and those related to water sanitation were the maximum.

Medical Intervention Camp / Home Visits: Intervention camps were conducted on a quarterly basis in our supported communities. The camps tracked, nutritional status and growth of every child through the individual intervention assessment cards. Children were also provided with Iron, Folic acid Tablets daily for 90 days and de-worming Albendazole tablets every 6 months.

Peer Educators Programme: Regular capacity-building training sessions were



Streetplay during the Health Marker Day event



Health awareness sessions for the community women

held for the 50 peer educators with the help of professional trainers and doctors. The peers conducted over 1,400 sessions independently on various health-related issues which were attended by over 7,300 women.

Health Education Sessions and Health Marker Days: Teams of two health workers each covered two communities for home visits and personal briefing on nutrition, hygiene, anaemia and antenatal care.

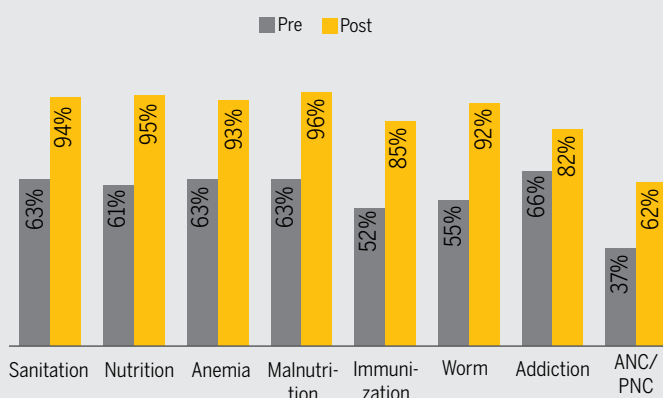


Training of Peer Educators

We organized 812 health sessions; 7,500 women benefited from these knowledge-sharing sessions. One key component was follow-up sessions to sustain the knowledge base. We reached out to over 1600 people by creating awareness on various issues through our Health Marker Days like World Health Day, No Tobacco Day, Breast Feeding Week, Nutrition Week and World Food Day & World Iodine Day.

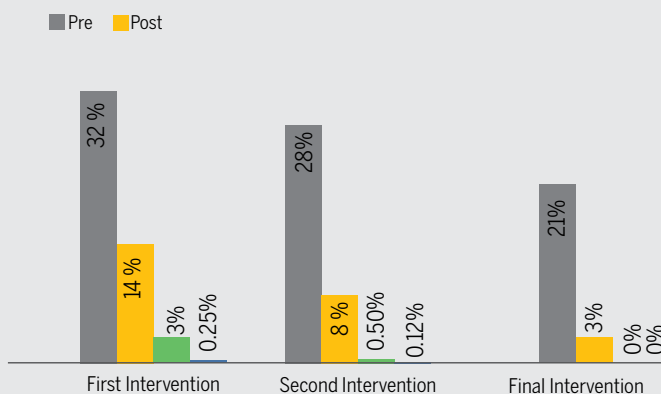
Health Library: The Health Library was a novel concept we initiated through our peer educators to encourage reading on appropriate health related practices. These libraries are filled with various health-related materials. Since the pilot project got a tremendous response, we expanded it to more areas. In the first year itself, we opened 25 such libraries, benefiting close to 2,500 readers. ■

Knowledge gain Observed-Pre & Post Analysis



(Indicates increase in knowledge of community women on various issues post our sessions on health)

Reduction in Malnutrition grades through regular intervention



(Chart shows the gradual change in grades of malnutrition to normal with every intervention)

NAIROBI, KENYA

POSITIVELY IMPACTING OVER 10,700 HOUSEHOLDS IN THE SLUMS OF NAIROBI

Through a survey in the Kibera slums, we identified that the problem of high malnutrition arose from micro-nutrient malnutrition, including iron and vitamin-A deficiencies. This resulted in low body weight, stunting, and low cognitive abilities. The children also suffered from poor physical activity and lower resistance to diseases. To combat this, along with our NGO partner Carolina for Kibera and Health Department we started 'The Lishe Bora Mtaani' nutritional project in 3 areas-Kianda, Soweto and Gatwekera of Kibera in Nairobi, Kenya. The project intended to cover 5,000 children from over 10,700 households.

Community Health Workers (CHWs) from within the communities were identified and trained to undertake the screening exercise and work on the issue of malnutrition. All children at our centres underwent clinical assessment and their immunization status was also ascertained, especially for those who are nine months old and above. The first phase laid the foundation for the project through screening and sensitization, the second phase brought tangible results — as close to 4,200 children were screened, reaching 80% of the target.



Community health workers screening of children during their home visits



Session on nutrition with mothers

As a follow-up, regular trainings were given to the parents on malnutrition, pregnancy care, nutrition during breastfeeding and hygiene and sanitation; with a focus on hand washing and diarrhoea management. One-on-one sessions were also held

for the parents whose children were not showing any signs of improvement.

Your Health is in Your Hands: Our project centre set up a washing station to guide mothers on proper hand-washing methods, proving it to be one of our key interventions. Though thought to be a simple task, the parents learnt about getting rid of parasites through this initiative. They were taught that the best way to prevent water-borne diseases, food poisoning and cross contamination was to be hygienic and that hand washing was an important element in this process. So far, the hand washing campaign has reached out to close to 1,550 households. One of the direct impacts of the campaign was a drastic reduction in the incidences of typhoid in the area. ■

STORY OF CHANGE



The normal birth weight of a child in Kenya is around 2.5 kg or above. When our team met the 13-month-old Isaac last May, he weighed just 6 kg. Not only was he severely malnourished, but he was also suffering from complications in the form of anaemia, pneumonia and developmental delays. Doctors recommended that Isaac go to hospital. After being discharged from the hospital, he was enrolled at our center where he was fed every two hours, with feeding supplements and balanced meals and snacks. As part of the programme, Isaac's mother took classes on preparing balanced meals for her child and on the importance of good hygiene and sanitation. After just two months in the centre, Isaac was able to stand and walk on his own and was beginning to speak as well. He was finally discharged from the nutrition center when he reached 8 kg. Isaac's journey still continues. Isaac and his family receive weekly home visits from our CHWs to make sure he continues to progress.



mMITRA PROJECT

IMPACTING LIVES THROUGH INNOVATION



mMitra launch L to R - Dr. Ashwini Gandhi, Dr. Aparna Hegde, Mr. Jayant Banthia, Ms. zCheryl Pinto, Dr. Mamta Manglani

Complications during pregnancy and child birth can be avoided if the right preventive healthcare information is given to expecting and new mothers. Also, as government aided hospitals are usually overcrowded, offering appropriate counselling to pregnant women becomes challenging for doctors. A timed and targeted behaviour change communication (BCC) is necessary to motivate people to adopt better antenatal, perinatal and infancy care practices. Counselling can lead to behavioural changes only when the information is culturally specific, in the local language or dialect and reinforced by repetition over a period of time.

Understanding this background, along with NGO partner Armman and, Lokmanya Tilak Municipal General Hospital (Sion Hospital, Mumbai) we launched mMitra, a free mobile based Health Advisory Voice Messaging Service for pregnant women and mothers. Targeted at the less privileged, the mMitra service provides comprehensive information on preventive care with an objective of reducing maternal and infant mortality and morbidity.

mMitra is positioned as a loyal friend and companion that will gently guide the woman and her family through pregnancy and

infancy. Medically verified, individualized voice messages of 60-90 seconds (145 messages in all) in Hindi/Marathi are sent directly to the mobiles of each enrolled woman. A woman gets two messages a week during her pregnancy, and one message per week during the first



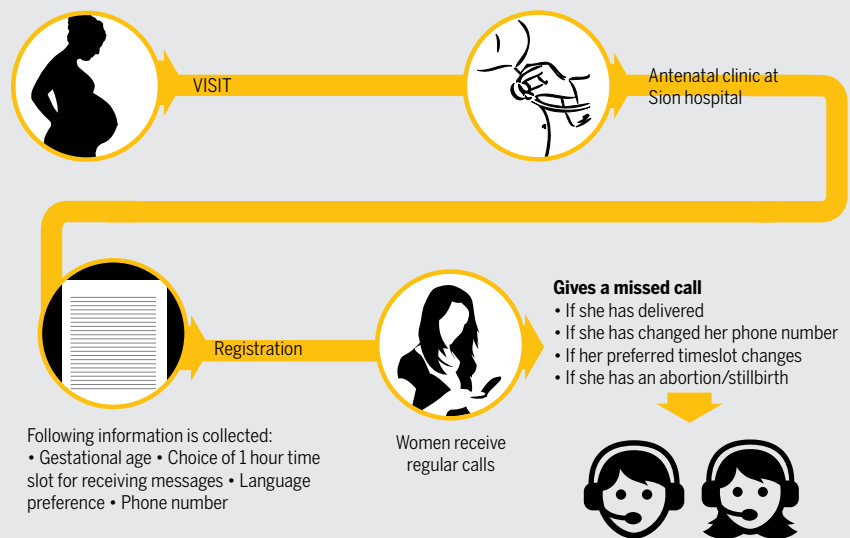
week after birth. Two messages per week till the child is three months old and a weekly message during infancy.

To start off 5,000 women attending the antenatal clinic at the Sion Hospital are targeted for the mMitra service as part of their antenatal and infancy care. ■



Our healthworker explaining the process of mMitra to beneficiaries

METHODOLOGY

**9 tries for every message:**

- The mMitra system will give the enrolled women a call thrice in the chosen timeslot every day for three days (Monday to Wednesday).
- The woman can give a missed call to the mMitra system if she has missed the message until Wednesday night to get the message.

EMPOWERING THE 'LESS-PRIVILEGED' BY CREATING LIVELIHOOD OPPORTUNITIES

Enriching lives by creating livelihood opportunities for the less privileged is also a key focus area for us. All our projects are aimed at equipping the less-privileged in the rural and urban areas with strong skill-sets and opportunities to earn a steady income that in turn paves the way for a healthier and happier living.

RAYAGADA, ODISHA

Our project in Odisha is aimed at providing sustainable livelihoods to around 2,000 tribal families. Carried out with our NGO partner Professional Assistance for Development Action (PRADAN) in the Raygada tribal block of the Kalahandi district in Odisha, the main objective of our involvement was to strengthen the natural resource management capabilities of the families through Integrated Natural Resource Management (INRM).



Beneficiary from our Integrated Natural Resource Management project



Water harvesting tank constructed by the villagers

One of the major capacity building initiatives we carried out in this year was the micro-lift irrigation project at Boriguda village. During the reporting year, we completed 90 percent of the work. The project also included installing a 2HP solar-operated pump set. Another activity was capacity-building by constructing water ponds and

helping to begin pisciculture that directly secures income for several families.

More than 50 families from the targeted four villages participated in rabi farming, focusing on vegetables and sunflower, primarily using the water structure created under our project.

Other sustainability projects included land levelling, building farm ponds and small earthen check-dams, constructing ring-wells and encouraging horticulture. Families enrolled for the mango plantation are now happily harvesting the fruits. As a result of this more villagers are now keen to start plantation under the National Horticulture Mission. ■

NASHIK, MAHARASHTRA

Our objective is to enhance the employability skills of school and college drop-outs by imparting vocational training.

Along with our NGO partner Kherwadi Social Welfare Association (KSWA), during this financial year, we trained over 1000 youth in various vocational courses such as basic computer course, auto repair, mobile repairing and auxiliary nursing. Under the project, we also ran Vocational Training Camps for the youth of migrant families. We ran six month-long camps involving tailoring classes, mobile repairing course, beautician course, computer training, and soft/fur toys making. These camps were



Enrolling youth for vocational training camps

held at Sanjavani Nagar, Kasarwadi, and twice in Shikhewadi and Manoorgaon, benefiting over 150 youth.

We also started a new data entry batch for the youth offering 100% placement prospects,



Students undergoing vocational training at our center

looking to help those in the remote villages where such vocational training facilities were not available. Accordingly, we have tied up with small shopkeepers and the Federation & Chemists Associations for placement of these students. ■



JAIPUR, RAJASTHAN



Jaipur foot: Transforming lives through artificial limbs

We have been associated with the Jaipur foot under which we have been able to rehabilitate over 2,000 differently-abled individuals by providing artificial limbs, thus giving them an opportunity to lead a productive life.

ACCESS TO **HEALTH CARE**

MEDICINE DONATION

We are committed to medicine donation for the less privileged sections of our society. This year we donated medicines worth INR 80 lac approx USD 1,30,000 to charitable organizations: AmeriCares (India,USA), Glenmark Foundation's partners and charities associated with the cause of health.



Medicine donation through AmeriCares India

APPRECIATING OUR NGO PARTNER:

Based on the impact oriented work done by our partners, we decided to appreciate their efforts by institutionalizing the 'NGO of the Year' award. The evaluation is conducted by a third party on various parameters.

This year's winner was:

Niramaya Health Foundation

From left to right — Team Niramaya Health Foundation — Dr Vinayak, Sujata Bhosle and Dr Janki Desai, with Ms Cheryl Pinto, Director— Corporate Affairs, Glenmark and Ms Karon Shaiva from Idobro solutions



ENVIRONMENT, HEALTH AND SAFETY RESPONSIBILITY



Nashik team with the ISO Certificate



The Indore Team post the ISO Certification

T rue to our commitment towards Environment, Health and Safety (EHS) as specified in the EHS policy, we make continual improvements in this area and ensure 100% compliance to applicable EHS standards. A number of initiatives have been taken in this direction and certain milestones are achieved by us mentioned below:

Water Conservation

Specific water consumption has been reduced in 2013-14 as compared to previous year by more than 30%. The projects included reduction at source, reuse and recycle of water viz., installation of stage-II of raw water Reserve Osmosis (RO) system, controlling overflow of water tanks, reducing the flow of water in water supply lines, collection and reuse of raw water RO reject, collection and reuse of steam condensate, generating awareness among employees to conserve water recycling of treated effluents for toilet flushing and gardening to name a few.

Treatment & Zero Liquid Discharge

In the previous year Goa, Nashik, Ankleshwar, Dahej and Aurangabad plants achieved zero liquid discharge outside plant premises. It ensures that the treated effluent is fully recovered and recycled back for use in the plant's utilities and horticulture activities. Indian operations have reduced specific effluent quantities in 2013-14 by more than 18% as compared to 2012-13. The Ankleshwar plant has installed an online monitoring system for



Glenmark Goa Plant Received the GreenTech Environment Award – 2013. The award is presented to companies demonstrating the highest level of commitment to Environment Management across different sectors.

determining the treated effluent quality round. The Ankleshwar, Dahej and Aurangabad plants have installed state of the art effluent treatment plants which comprise RO, Multi Effect Evaporators (MEE) and Agitated Thin Film Drier (ATFD) to ensure zero discharge of liquid effluents and environmental protection.

ISO implementation

In 2013-14, ISO 14001: 2004 standard implemented at the Nashik and Indore plants. At the Goa plant, ISO 14001 recertification was achieved. Certification of Indore plant was achieved with zero non-conformation and this was a new bench mark at Glenmark.

Co-processing of waste in cement kiln

The Goa plant has started co-processing of rejected medicine which is a safe and environmentally friendly solution for the management of waste in the industry. Co-Processing refers to the use of waste materials in indus-

trial processes as Alternative fuels and raw materials (AFR) to recover energy and material from them. Due to the high temperature and long residence time in the cement kiln, all types of waste can be effectively disposed without any harmful emissions and an environmentally sustainable disposal method as compared to land filling and incineration.

Safety Systems

Special focus has been given to establishing safety systems at all Glenmark plants. As part of this objective, a number of work shops were conducted at the corporate office. Through these workshops, the participants have prepared and released 60 Standard Operating Procedures (SOPs) under the Safety Management Systems of Glenmark.

EHS capability

Another area of focus was to develop the capability of the EHS team across the plants as the members have different qualifications, experience and competencies. Thus, the EHS team was given relevant training to align all the members to the same EHS philosophy and achieve continual improvements in this area.

EHS organizational structure

The current organizational structure is such that the EHS Head of each plant directly reports to the plant head, which empowers him/her to bring the highest focus on the EHS agenda to all departments within the plant and drives EHS improvements effectively. ■



THE FESTIVAL OF **PHILANTHROPY**



Our employees who wish to contribute financially or non-financially to a social cause are provided the Joy of Giving platform. This year the Joy of Giving was celebrated in 8 countries.



BRAZIL employees underlined their care towards children in rehabilitation by providing them with food, clothes and hygiene material



US employees brought smiles to the children suffering from life changing illnesses through a toy donation drive and bake sale.



RUSSIA employees helped the orphans through rehabilitation and social adoption projects



UK employees contributed towards safety education for primary school children through charity partner National Society for Prevention of Cruelty to Children



PHILIPPINES employees associated with 'Chosen Children Foundation Village' and conducted several activities such as carnival, storytelling, magic shows etc.



UKRAINE employees supported a project called 'Tree of Life' to help children suffering from cancer



KENYA employees associated with the Foundation's project partner Carolina for Kibera, offering nutrition support for children of 3 localities of Kibera



INDIA employees supported the Uttarakhand flood victims with child care kits filled with essential nutrient supplements, medicines and blankets





SPREADING THE GLENMARK CHEER



Our CSR efforts are supplemented further through the cooperation of our employees. This year more than 700 Glenmarkians from 16 locations in India collectively contributed over 3000 hours of community service. Our employees were involved in different activities like, health camps, rallies, shramdaan, organizing competitions and conducting sessions to create awareness on health, nutrition and hygiene.



Ankleshwar and Dahej



Aurangabad



Baddi and Nalagarh



Goa



Head office and India Formulations (Mumbai)



Kurkumbh and Mohol



Nashik



Mahape, Sanpada and Taloja



Sinnar



Indore

BEYOND PROJECTS

GLOBAL INITIATIVES

Glenmark Uzbekistan partnered with Regional Department of Health and the National Scientific Institute of Paediatrics on the occasion of International Children's Day to bring smiles on the faces of little children with limited abilities.



Fairy-tale heroes entertaining the children

The Glenmark UK team participated in a marathon to support The Hertfordshire 'Society for the Blind'. They succeeded in raising funds for this noble cause.



Running to support a cause

Glenmark USA took part in the Sports Challenge, a charity event to support The Cystic Fibrosis Foundation.



Team USA members that took part in the sports challenge

KNOWLEDGE INITIATIVES

We also spearheaded knowledge initiatives for addressing various Child Health issues. Our effort was to bring together, significant leaders from government, corporates, NGOs and relief agencies on the same platform where they could share their wealth of experiences on best practices for child health



Delhi: Conference on Combating Child Malnutrition: Sharing of Best Practices, in association with the Federation of Indian Chambers of Commerce and Industry (FICCI)



Mumbai: Release of knowledge paper and Round Table Conference on Health and Nutrition, in association with IDOBROMedia and Marketing Services limited and Tata Institute of Social Sciences (TISS)

OUR EFFORTS BEING RECOGNIZED



Glenmark was ranked among India's 50 Most Caring Companies by the World CSR Congress, 2014. We take this opportunity to thank all our NGO partners who have been passionately working at the ground level to make a difference.

THANK YOU NGO PARTNERS

- AmeriCares
- Armman (Advancing Reduction in Mortality and Morbidity of Mothers Children And Neonates)
- Bhagwan Mahaveer Viklang Sahayata Samiti (Jaipur Foot)
- Bosco Gramin Vikas Kendra
- Carolina for Kibera
- Gram Vikas Trust
- Idobro Media and Marketing Services Limited
- Institute for Global Development
- Keshav Seva Sadhana
- Kherwadi Social Welfare Association (KSWA)
- Niramaya Health Foundation
- Pratham
- Professional Assistance For Development Action (PRADAN)
- Society for Integrated Development Action Research and Training (SIDART)
- Spandan Samaj Sewa Samiti
- Western Region Social Service Forum (WRSSF)
- Yuva Mitra