Rajiv Gandhi Charitable Trust

ANNUAL REPORT

2009-10

Foreword

The Rajiv Gandhi Charitable Trust (RGCT) was established in 2002 and drew its inspiration from Shri Rajiv Gandhi's vision of inclusive growth and a better life for the underprivileged of the nation. The focal areas of the Trust's work, identified as women's empowerment, healthcare and vocational training, were translated into three main projects: Rajiv Gandhi Mahila Vikas Pariyojna (RGMVP), Indira Gandhi Eye Hospital and Research Centre (IGEHRC) and Indira Prashikshan.

From inception, RGCT chose to work in the poorest areas of Uttar Pradesh, one of the least developed states, accounting for 20 percent of the poor in India and an estimated 9 percent of the poor worldwide.

Reviewing the work done by the Trust over the last decade, I find that significant progress has been made in all the areas of the Trust's functioning. While this has been amplified in this publication, the Trust's first Annual Report, I would like to emphasise some of the key accomplishments.

In the field of women's empowerment, RGMVP is, today, one of the fastest growing social mobilisation programmes in northern India covering over 2,90,505 families in 20 districts in Uttar Pradeshw. Its Self Help Group (SHG) members have generated a corpus of Rs. 9.40 crore, and accessed loans aggregating around Rs. 72.70 crore from the banking system. These funds have been effectively utilised by the community, especially the SHG women, to come out of poverty, enhance their livelihoods, take advantage of entitlements and opportunities offered by the government, and proactively participate in all development programmes. The project has also imparted a sense of self worth to members and the means of freedom from socio-economic oppression.

The IGEHRC hospitals in Amethi and Lucknow have successfully addressed a crucial requirement for quality and affordable eye care for eliminating curable blind-

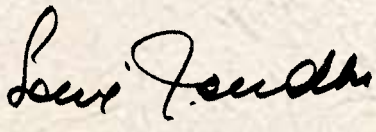
ness in northern India. The IGEHRC system is based on the premise that quality eye care, comparable with the world's best, must reach the highest volume of patients possible, including those living in remote areas by taking eye care to the community's doorsteps. In keeping with this vision, IGEHRC has held over 300 eye camps in which over 17,000 poor patients have been operated at highly subsidised rates, in the last financial year alone.

In the very first year of its inception, Indira Prashikshan has provided structured and pragmatic solutions to address the lack of relevant skills amongst the youth of Uttar Pradesh. So far, it has provided 541 young men with vocational training in skills related to the construction industry, and has successfully placed all of them in good companies.

I am happy to note that all three projects have set themselves ambitious but realistic targets for the future, and are looking for sustainable and scalable growth and expansion.

Further, the RGCT has initiated the process of restructuring and professionalising itself. It is endeavoring to reach out to a wide range of international and national partners/ donors who will support its vision and future plans in the project areas.

I express my deep appreciation to our Board of Trustees and our donors, and offer my congratulations to the entire RGCT team for the dedicated work they are doing.



Sonia Gandhi
Chairperson

Contents

Board of Trustees

Mrs. Sonia Gandhi
Chairperson

Mr. Rahul Gandhi

Mrs. Priyanka Gandhi Vadra

Captain Satish Sharma

Mr. Murli Deora

Mr. Kishori Lal Sharma
Treasurer

Mr. Manoj Muttu
Trustee/Administrator

The Board of Trustees met on October 22, 2010 and accepted the resignations of the following trustees.

Captain Satish Sharma

Mr. Murli Deora

Mr. Kishori Lal Sharma

Mr. Manoj Muttu

The Board thereafter inducted the following Trustees in the Board

Dr. Ashok Ganguly
Business Executive

Mr. Bansi Mehta
Chartered Accountant

The Rajiv Gandhi Charitable Trust (RGCT), a registered, not-for-profit institution, was established in 2002 to address the development needs of the underprivileged of the country, especially the rural poor. The Trust's strategic objectives have been shaped by Shri Rajiv Gandhi's vision of implementing programmes that have sustainable impact and are instrumental in transforming the lives of the poor.

The Trust works in close collaboration with Rajiv Gandhi Foundation, a sister organisation and a think tank whose operations are aimed at influencing public policy, improving governance – local, national and international – and providing enlarged opportunities to the underprivileged and the deprived. RGCT also has close links with the Sanjay Gandhi Memorial Trust (SGMT), a not-for-profit organisation which operates several development initiatives in Uttar Pradesh.

RGCT currently works in the poorest areas of Uttar Pradesh, one of the least developed states in India. Uttar Pradesh has an estimated 44 percent of its 17.50 crore below the poverty line and accounts for 20 percent of the poor in the country.

The key areas of developmental intervention for the Trust are:

- Women's empowerment, through the Rajiv Gandhi Mahila Vikas Pariyojna
- Healthcare, through the Indira Gandhi Eye Hospital and Research Centre
- Vocational training, through Indira Prashikshan

RAJIV GANDHI MAHILA VIKAS PARIYOJNA

Women's Empowerment

Vision

The over-arching vision is to organise the poor to unleash their energy.

Mission

To reach out to every poor family, provide enabling support and initiate the process of transformation by organising them into self sustaining institutions – SHGs and their Federations and, in the process, generate the social capital of the poor through a pool of community resource persons with a strong spirit of volunteerism for widening and deepening the empowerment process.

Overview

Rajiv Gandhi Mahila Vikas Pariyojna (RGMVP), RGCT's flagship poverty alleviation initiative, was established in 2002. Since its inception, RGMVP has reached out to women in some of the poorest areas of Uttar Pradesh to bring them hope for a better future, a sense of self worth and the means of independence.

RGMVP provides sensitive support in organising the poor and building their institutions in the form of Self Help Groups (SHGs), Cluster Level Associations (CLAs) and Block Level Associations (BLAs). The main activities of these institutions are thrift and credit, livelihood enhancement and other collective initiatives aimed at poverty reduction. In the process, they evolve as institutions of the poor, and provide the poor an enabling platform to their clients to actively participate in all development initiatives and establish micro-macro linkages to the existing state and non-state structures and resources. These institutions act as both information management systems and development delivery systems through which information and action percolates to the last mile.

RGMVP has been laterally expanding the scope of its activities by facilitating a number of social and developmental programmes through these institutions, after sufficiently strengthening them. These primarily include programmes on community-based healthcare and education, and sustainable agriculture and livelihoods. The fact that all these programmes are collectively run by the community through its own institutions goes a long way in multiplying the force with which they are executed.

Identified best practitioners and resource persons (Community Resource Persons or CRPs) who are put through training and capacity building processes play the lead role in the running of the programmes. In fact, it is these leaders who mobilise and motivate women in non-programme villages to organise themselves into groups. This women-to-women and community-to-community transfer of ideas

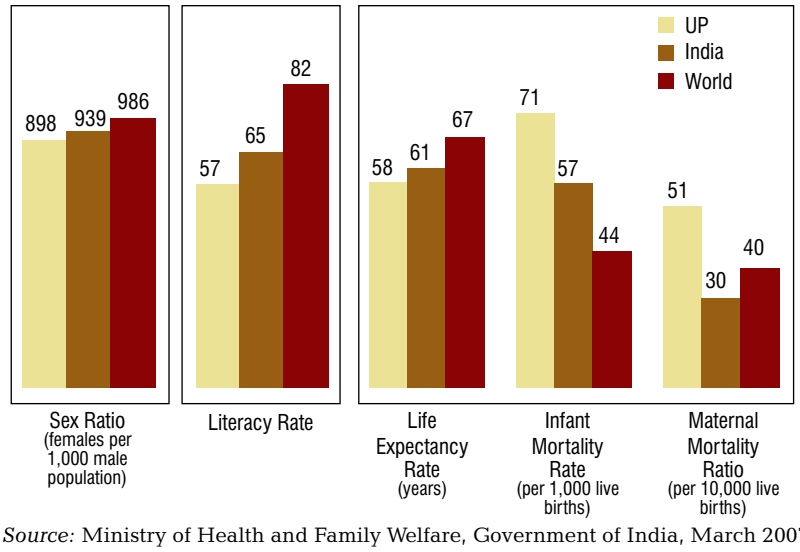
and knowledge through the CRPs generates social capital and spatial expansion.

RGMVP's community-driven, self-sustaining and participatory development model is thus aimed at the holistic development of the community that facilitates the process of the poor coming out of poverty through their own efforts, supported by institutions set up with RGMVP's help. Today, RGMVP is the largest and the fastest growing social mobilisation programme in northern India.

Challenges

RGMVP works in some of the poorest areas of Uttar Pradesh. The state alone accounts for 20 percent of the poor in India, and an estimated 9 percent of the poor worldwide. Uttar Pradesh also performs poorly on several critical human development indicators as shown in Figure 1.

Figure 1 Human Development Status of Uttar Pradesh



Source: Ministry of Health and Family Welfare, Government of India, March 2007

Further, the social order in Uttar Pradesh is deeply hierarchical. As a consequence, caste and gender based exclusions are pervasive. The poor are landless and dependent on wage labour for survival. The region is also characterised by large scale out-migration by males, especially during non-agricultural seasons. Under the informal system of credit from local moneylenders, interest rates are as high as 10 percent per month. Several poor families are forced to mortgage their lands and homes or provide wage-less labour, often for generations. Discriminatory practices against the backward and scheduled castes are also widely present.

Belief System

RGMVP is founded on the following set of core beliefs that guide its poverty alleviation model and day-to-day operations:

- **The poor have a strong desire and innate ability to come out of poverty**
- **The poor have a strong spirit of volunteerism. Psychological, social, economic and political obstacles suppress this capability**
- **The poor can come out of poverty only through their own institutions**
- **Social mobilisation is needed to unleash the innate abilities. However, it is not automatic and needs to be induced**

Core Programmes

- Institution and Capacity Building
- Financial Inclusion
- Livelihood Enhancement Action Plan
- Community-based Health Care
- Community Initiatives for Quality Education
- Social and Gender Initiatives
- Social Risk Management

Gender based inequalities are stark. Apart from poor health and education indicators, the mobility and decision making powers of women are also severely restricted. Those belonging to poorer families work in their own or others' agricultural farms, in addition to running their households. Despite their contribution to economic activities, which mostly go uncounted and unacknowledged, they continue to be subjected to discriminatory practices such as those of dowry, pardah, sauri pratha, etc.

One of the overwhelming obstacles faced by the poor is the absence of information on rights, entitlements and opportunities. Under the given system, essential information does not percolate to the grassroots level, thus depriving the poor of a chance to utilise the available resources. Most often, it is the poorest of the poor who are at the receiving end of the information gap. It is widely witnessed that those at the lowest rung of the socio-economic order are excluded from the benefits of targeted government schemes and development programmes.

Status

Institution and Capacity Building

RGMVP made a modest beginning in April 2002 in two districts of Uttar Pradesh: Sultanpur and Raebareli. In April 2009, RGMVP was working in 50 Blocks of 12 districts of Uttar Pradesh. 2009-10 saw exponential growth and consolidation of the Institution and Capacity Building activity. By March 2010, RGMVP was active in 72 Blocks of 20 Districts of the state. From 17,194 SHGs in April 2009, the number grew to 24,205; the number of families covered rose from 2,07,648 (April 2009) to 2,90,505 in March 2010. From 473 CLAs in April 2009, the number increased to 752 in March 2010 while the number of BLAs was maintained at 15 (Table 1).

To nurture SHGs and ensure that they follow best practices, RGMVP introduced the concept of SHG Activist or Samooh Sakhi in 2009-10. One of the key aspects of community institution building –generation of social capital – was boosted during the year under reference and the results are presented in Table 2.

Since its inception, RGMVP has reached out to women in some of the poorest areas of Uttar Pradesh to bring them hope for a better future, a sense of self worth and the means of independence.

Table 1 Growth in Institution and Capacity Building 2009-10

Districts		Blocks		No. of SHG Mobilised		Total Families Covered		No. of CLAs Formed		No. of BLAs Formed	
Apr-09	Mar-10	Apr-09	Mar-10	Apr-09	Mar-10	Apr-09	Mar-10	Apr-09	Mar-10	Apr-09	Mar-10
Sultanpur	Sultanpur	17	19	8545	10489	104852	126551	272	387	8	8
Raebareli	Raebareli	21	21	7300	10302	86524	124309	197	335	7	7
Jhansi	Jhansi	1	2	203	365	3050	5148		9		
Lalitpur	Lalitpur	1	2	51	140	616	1536				
Fatehpur	Fatehpur	1	1	28	244	322	2833				
Unnao	Unnao	1	2	61	218	710	2070		2		
Pratapgarh	Pratapgarh	2	4	384	607	4316	6583	2	6		
Lucknow	Lucknow	1	2	96	409	1150	4989		5		
Bahraich	Bahraich	1	2	23	31	285	391				
Barabanki	Barabanki	1	2	341	566	4005	6563	2	4		
Faizabad	Faizabad	1	3	124	534	1349	5950		4		
Shravasti	Shravasti	2	3	38	68	469	867				
	Gonda		1		3		34				
	Mahoba		1		9		103				
	Banda		2		36		434				
	Chitrakut		1		57		658				
	Hamirpur		1		41		467				
	Deoria		1		42		501				
	Maharajganj		1		16		197				
	Jalaun		1		28		321				
		50	72	17194	24205	207648	290505	473	752	15	15

Table 2	Social Capital Generated by RGMVP
Community Volunteers	191
Animators	734
Community Resource Persons (Social Mobilisation)	500
SHG Leaders	48,410
Village Organization- Community Leaders	3745
VOs Health Committee Members	1100
VOs Committee Members for Participatory Identification of Poor	1100
VOs Bank Linkage Committee Members	2000
VOs Social Audit Committee Members	2000
Block Organization –Community Leaders	75
Block Organization-Various Committee Members	225
Samooh Sakhis	3600
Swasthya Sakhis (Community Health Activists)	1000
Community Resource Persons (Dairy)	222
Community Resource Persons (Agriculture)	194

Source: RGMVP Management Information System (MIS), March 2010

Financial Inclusion

RGMVP has been able to garner support from all nationalised and rural banks in its project area such as Bank of Baroda, State Bank of India, Punjab National Bank, Allahabad Bank, Baroda UP Gramin Bank (RRB) and Aryavart Gramin Bank.

To further ease the access of the poor to financial inclusion, RGMVP launched Self Help Institutions for Financial Inclusion (SHIFIs) or women's banks in two Blocks on an experimental basis in 2009-10. The corpus for these institutions was created through contributions from SHGs. They are managed by the women themselves and focus on the needs and requirements of SHG members. The year 2009-10 also saw a consolidation of the Financial Inclusion process with SHGs graduating from savings-linked lending to lending based on financial planning with banks emerging as proactive partners in the programme.

The corpus generated by SHGs increased from Rs 7,99,33,919 in April 2009 to Rs 9,40,00,701 in March 2010 while the

Table 3 Growth in Financial Inclusion 2009-10

Districts		Total Corpus Generated		No. of SHGs Credit Linked				Loan Amount Sanctioned			
				Ist Phase linkage (CCL)		IInd Phase linkage (TFI)		Ist Phase Linkage (CCL)		IInd Phase Linkage (TFI)	
Apr-09	Mar-10	Apr-09	Mar-10	Apr-09	Mar-10	Apr-09	Mar-10	Apr-09	Mar-10	Apr-09	Mar-10
Sultanpur	Sultanpur	44966307	46096337	3993	6647	169	260	133855513	250880533	50785000	79060080
Raebareli	Raebareli	33135978	45150270	3306	6228	187	286	144034508	301683767	63351000	82609000
Jhansi	Jhansi	677212	782112	55	162			1375000	4350000		
Lalitpur	Lalitpur	30050	76050		4				100000		
Fatehpur	Fatehpur	31550	157550		32				800000		
Unnao	Unnao	52750	101000		3						
Pratapgarh	Pratapgarh	304985	520297		60				1575000		
Lucknow	Lucknow	256125	480323		66				1650000		
Bahraich	Bahraich	14300	19600	2	2				79000	79000	
Barabanki	Barabanki	369311	135031	58	133			1425000	4485000		
Faizabad	Faizabad	72101	302001		38			950000			
Shravasti	Shravasti	23250	43450		4				145000		
	Gonda		2350								
	Mahoba		5270								
	Banda		21700								
	Chitrakut		33450								
	Hamirpur		23350								
	Deoria		25050								
	Maharajganj		9460								
	Jalaun		16050								
		79933919	94000701	7414	13379	356	546	280769021	566698300	114136000	161669080

number of SHGs linked to finance grew from 770 to 13,925. The aggregate loan sanctioned to SHGs by banks increased from Rs 39,49,05,021 in April 2009 to Rs 72,83,67,380 in March 2010. Loan repayment rates of 97 percent plus have supported this growth. Table 3 shows the growth in Financial Inclusion in the year 2009-10.

Livelihood Enhancement Action Plan

In 2009-10, RGMVP placed great focus on actions and strategies to ensure that rather than eke out an existence from agriculture and allied activities, the poor are able to earn from these activities. Several innovative practices introduced to successfully achieve the objective are:

- **Improving the poor's access to timely credit, fertilisers, seeds, knowledge and other inputs through SHG initiatives:** The need of the poor for timely credit – to take land on lease, to purchase seeds, pesticides, fertilisers, implements – is fulfilled through loans from the SHGs. Women often take loans for agriculture at the beginning of the planting season, return the capital and the interest on harvesting, and again borrow for the next crop. Knowledge on best practices of agriculture was provided by RGMVP specialists in training sessions. To take this practice further, the institutions of the poor facilitated the setting up of Kisan Vidhyalayas or Farmer Schools. The Farmer School is based on the same principle as the SHG. Here male farmers form groups with the primary aim of pooling together local knowledge and enhancing it by inviting experts, consulting agricultural institutes, and building up a resource bank that benefits the entire community in improving crop and soil productivity as well experimenting with new crops, seeds and sustainable farming practices.

- **Introducing and motivating the poor to use sustainable agricultural practices so that the fertility of the soil and the productivity of the crop are enhanced:** Thousands of women across the project area were trained in making organic and vermi compost. Not only have these women found that they are able to save money spent on chemical fertilisers, use locally available resources to prepare compost but their soil is rejuvenated leading to better crop yields. Other sustainable agricultural practices such as the Dabholkar method of green manuring and the System of Rice Intensification (SRI) as well as the use of organic pesticides such as Panchagavya and Amritjalam were introduced to the SHG women to improve the yields from their lands.

RGMVP is facilitating backward and forward linkages with the National Dairy Development Board for making dairy as one of the important verticals of development for the poor.

Facilitating the poor to take up supplementary income generation or explore opportunities in the non-farm sector: This aspect of the Livelihood Enhancement Action Plan is focused on facilitating supplementary livelihoods such as dairy, goatry, bee-keeping, poultry, and vegetable growing. Convergence with other synergetic organisations contributed substantially towards enhancing the utility of this programme for the poor. For instance, in dairy, the National Dairy Development Board (NDDB) provides the marketing infrastructure for the milk as well as medicines, animal feed and fodder seeds; BAIF Development and Research Foundation provides expertise on areas such as artificial insemination to increase the milk yield of the cattle and improve breeds; and RGMVP provides extension services by creating an enabling environment for the poor. RGMVP is facilitating backward and forward linkages with NDDB for making dairy as one of the important verticals of development for the poor. NDDB's 86 operational bulk milk coolers spread across the project area buy milk from over 19,940 SHG families, thus providing them with a viable means of alternative livelihood.

RGMVP aims at improving the poor's access to timely credit, fertilisers, seeds, knowledge and other inputs through SHG initiatives.

RGMVP also continued to encourage poor women and girls to explore opportunities in the non-farm sector by providing training in such income-generating activities such as stitching and embroidery, food preservation, cane furniture making, mechanised knitting, leather work, pottery making, detergent making, etc.

Agriculture and dairy best practitioners were chosen from among the SHG women. These activists are keen to share their knowledge and experience with the other women. Over 100 women have received training in sustainable best practices of agriculture and dairy and have shared this knowledge with SHGs across the project area.

In addition, a Training Centre for Sustainable Agriculture and Dairy was set up in 2009-10 to promote awareness among and provide training to SHG women and farmers to improve yield of crops and breeds of cattle as a part of the RGMVP's collaboration with the University of Wisconsin, USA, under the Khorana Programme. Under this

programme, 720 CRPs and 36 Block Resource Persons will be trained in dairy and agriculture best practices.

As a result, in 2009-10, the following achievements were made possible:

- Awareness of the sustainable methods of agriculture rose considerably in the community
- 91.41 acres of land came under SRI cultivation in the last season and yielded excellent results
- 195 CRPs and 9 BRPs were trained in the best practices of sustainable agriculture
- Framers Clubs have been set up in two villages, the target being 500 villages
- Thousands of women across the project area are making and using organic compost and green manure, with good results

Community-based Healthcare

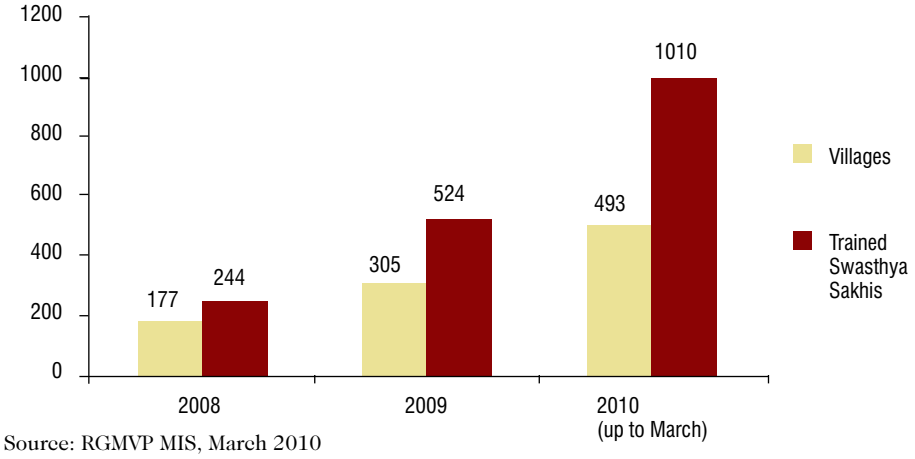
The Community-based Healthcare (Swasthya Sakhi) Programme is designed to address issues of high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in villages covered under the programme area. It is implemented through steps like identification of volunteers by the community to assume the role of Community Health Activists (Swasthya Sakhi), training of the activists, regular meetings on health issues, spread of awareness, facilitating community participation in regular ante natal check-ups and enabling access to healthcare institutions.

A recent study conducted in 70 programme villages to assess the impact of the Swasthya Sakhi Programme showed that there is significant behavioural change with regard to healthcare of women and children.

By March 2010, more than a 1,000 Swasthya Sakhis from over 400 villages were trained on best practices for mother and child care, safe deliveries, nutrition and adolescent health. Figure 2 illustrates the trajectory of the Swasthya Sakhi Programme since its inception.

A recent study conducted in 70 programme villages to assess the impact of the Swasthya Sakhi Programme showed that there is significant behavioural change with regard to healthcare of women and children. The village institutions have been playing an effective role in advancing immunisation, ante-natal care (ANC) and accessing various services from healthcare institutions. These

Figure 2 Outreach of Swasthya Sakhi Programme



Source: RGMVP MIS, March 2010

Table 4: Impact of Swasthya Sakhi Programme through CLAs

Parameters	Value
Percentage of pregnant women linked for ANC treatment	100%
Percentage of women who have undergone regular trimester check up	86%
Percentage of pregnant women received immunisation (TT)	89%
Percentage of women who took 100 iron pills during pregnancy	92%
Percentage of cases where dangerous signs were identified in pregnancies & infants and are referred to PHCs	15%
Percentage of members who internalised good behavioural practices of mother and child care	88%
Percentage of children receiving Polio drops	98%

Source: RGMVP Impact Study conducted in 70 villages, 2010

women's groups have emerged as a platform through which government functionaries have been able to reach the targeted group effectively. Table 4 summarises the findings.

During 2009-10, RGMVP stepped up its emphasis on the Community-based Health Care programme, as a result of which:

- Over 1,600 pregnant women were linked to institutions by Swasthya Sakhis
- Awareness on healthcare and health issues rose within the community; 12,000 families adopted hygienic habits while 500 families adopted family planning
- SHG members internalised the seven best practices on healthcare

- There was noticeable improved health seeking behaviour among the community
- There was higher awareness, among women, of Government schemes such as the Janani Suraksha Yojana run under the National Rural Health Mission (NRHM) and over 969 women benefitted from these schemes
- There was increased synergy with community and health functionaries: SHG meetings emerged as one-window convergence platforms at which communication on health issues and information on healthcare is disseminated by government or village functionaries
- There was increased community support to ANMs/AWWs in disease surveillance and referrals
- The convergence approach brought a sense of responsibility among government functionaries and provided them an opportunity to work more effectively
- There was improved recording of health statistics and increased PRI involvement.

Community-based Quality Education

Enhanced income generation through the SHG model has also resulted in more families being able to afford education for their children. Many SHG women borrow funds from the SHG to invest in better education – privately run English medium schools – for their children.

Also driving Community-based Quality Education are several initiatives by the CLAs. Increasingly disenchanted with the quality of education being provided by government-run schools, these associations are taking matters into their own hands and supplementing the children's education with their own efforts. In 2009-10, CLAs in Bahadurpur block initiated tuition classes where community children are taught by volunteer teachers.

Increasingly disenchanted with the quality of education being provided by government-run schools, CLAs are taking matters into their own hands and supplementing the children's education with their own efforts.

English learning has been initiated by the community itself to ensure that children acquire English speaking skills, especially if they are to take advantage of a wider range of opportunities for a better future. This programme has been undertaken in association with RGCT's Rajiv Gandhi Saksharta Pariyojana through a partner-

ship with the Education and Technology Services wing of Infrastructure Leasing & Financial Services Limited (IL&FS).

In 2009-10, RGMVP achieved the following milestones in the area of education:

- Positive change in the community's attitudes towards education, especially girls' education
- Increased awareness regardingthe importance of education among the women, leading to higher enrolments in schools
- School-going children's reading and writing skills enhanced
- Increased enrolment of girls in schools
- Increased re-enrolment of drop-outs
- Under the Rajiv Gandhi Saksharta Pariyojana, 33 schools became part of the English Relay Programme; 1,251 children acquired basic English language skills
- 66 children enrolled in the English Relay Programme in two Blocks, run by SHGs
- 7 CLAs began conducting tuition classes where 225 students are being taught English, Maths and Hindi outside school hours; their reading and writing skills have improved considerably

CLAs have initiated grain banks from which poor members can 'borrow' rice and wheat for their needs so that no one goes hungry in the village.

Social Risk Management

At the base level, the SHGs themselves serve to minimise social risk: close to 2,00,000 SHG members have savings aggregating Rs 5.00 crore which considerably enhance security. At the next level, the Total Financial Inclusion strategy works to mitigate social risks by ensuring that high-cost interests and dependence on money lenders are completely eliminated from the lives of the poor and all their needs are addressed through the formal system. In many cases, the SHGs themselves have set up emergency funds which are used as and when a contingency arises. CLAs have also initiated grain banks from which poor members can 'borrow' rice and wheat for their needs so that no one goes hungry in the village.

In 2009-10, RGMVP signed a Memorandum of Understanding (MoU) with the Life Insurance Corporation of India

(LIC) under which all SHG members between the ages of 18 and 59 years are provided life insurance under the Janshree Bima Yojana, a special micro insurance scheme driven by the Government of India. As an additional benefit, a maximum of two children of the insured member are provided a scholarship worth Rs 100 per month, if they are students of classes 9 to 12.

As part of its convergence approach, the programme has also secured employment for women by procuring job cards for them under the National Rural Employment Guarantee Act (NREGA). In some villages, women are able to withdraw their earnings at their doorsteps using a Bank of Baroda ATM card. In 2009-10, apart from increased awareness about the importance of managing social risks in the community, there was recognition of the significance of insurance of assets such as cattle, property, life and medical insurance. The following milestones were achieved:

- Contingency funds were set up by several SHGs
- Several CLAs and BLAs initiated their own food security programmes through grain banks to which the women contribute on a weekly basis
- 18 grain banks were formed in Sultanpur District, 33 in Raebareli and eight in other districts
- A total of 1,163 SHG members benefited from the Janshree Bima Yojana in the year 2009-10
- Thousands of families benefited from debt-swapping and gained freedom from debt to money lenders

SHGs and their federations – through increasing women's mobility in terms of coming out of their homes, interacting with other women, officials and outsiders – have created a huge wave of awareness and inculcated knowledge on community development, and gender and social issues

Gender and Social Action

The Gender and Social Action programme works to sensitise women on these issues. Training of Trainers (TOT) sessions have been organised on gender issues for the RGMVP staff and community leaders. They have been sensitised to various issues from a gender perspective. They in turn use advocacy and motivation building to create awareness about these issues to bring about changes in perspectives and attitudes in each household.

In 2009-10, Gender Committees were formed by CLAs and BLAs to take this agenda forward. SHG women are encouraged, through simple exercises, to understand the concept of gender, to appreciate the difference between productive and non-productive work, to calculate the sex ratio in their villages/communities, and to understand that the gender of

the new-born child is not in a woman's control. CLAs across the project area are conducting PRA exercises to collect data on infant and female mortality, the sex ratio, and pregnant women to understand the problems and then to act accordingly in collaboration with their Sawasthya Sakhis and local health functionaries.

SHGs are also sensitised on the need to provide adolescent girls with information on health issues. Convergence with the Community-led Healthcare programme and with public health functionaries is used to reiterate and reinforce the importance of natal, antenatal care, maternal and infant care. Overall, SHGs and their federations have created a huge wave of awareness and inculcated knowledge on community development, and gender and social issues among the women. Some of the results achieved during 2009-10 were:

CLAs across the project area are conducting PRA exercises to collect data on infant and female mortality, the sex ratio, and pregnant women to understand the problems and to act accordingly.

- Sensitisation of each household on the gender perspective
- Increased emergence from the purdah system, especially by SHG women
- Increased rejection of caste/class discrimination, especially by SHG women. There is no caste or class discrimination within SHGs
- Increased mobility and social interaction of women
- Increased recognition of the identity of the SHG women: they are now known by their own names in the community rather than by their husband's or family's
- Several women have been able to build assets, such as land or property, in their own names, an unprecedented development in the rural, patriarchal system in which they live
- Increased enrolment and re-enrolment of girls into schools
- Increased involvement of women in social/community issues such as addiction, violence against women, civic neglect, and their willingness to take collective action to resolve problems
- 15 Gender Committees have been formed at the Block level

Training and Development

RGMVP runs four permanent training centres located at Jais, Jagatpur, Lalganj and Munshiganj (Sultanpur). These centres impart skill-based training to poor women at nominal or no cost, so that they can find new livelihoods or enhance existing ones through these income-generation activities. Training is demand-based and RGMVP collaborates with other organisations to ensure that skills requested by the women are covered in its training schedule.

Training is provided in such income generation skills such as candle and incense stick making, shampoo and detergent powder making, leather work, garment manufacture, pottery, knitting, embroidery, cane furniture making and food processing. The produce from the centres – made on order from the markets in Lucknow and Delhi – are sold through RGMVP's marketing network called Myra Mart. Currently, there are five Myra Marts running in Raebareli and Sultanpur districts.

The aim of the Mobile Training Centres, currently nine in number, is to provide training on income generation activities to rural women/girls residing in remote villages at their doorsteps. RGMVP bears all expenses related to training. Community managed training has also been introduced with CLAs being given the responsibility for training.

The following milestones were achieved in 2009-10:

- CLAs themselves began managing four Mobile Training Centres
- A total of over36,205 women/girls were trained by the Mission and other supporting organisation in different income-generating activities and skills.
- Workshops were organised for 330 women/girls by the government's Handicrafts Department
- Skill upgradation programmes were organised for 340 women/girls by the government's Handicrafts Department
- 45 women were trained in leather work by Central Leather research Institute (CLRI) in Chennai and the National Institute of Design in footwear and bag manufacturing

RGMVP imparts skill-based training to poor women at nominal or no cost, so that they can find new livelihoods or enhance existing ones through these income-generation activities.

- 152 women were trained in fruits and vegetables preservation by NABARD
- 1,686 women were trained in dairy activities, of which 1,151 were trained by NABARD in 35 batches, 420 by Nova Dairy and 115 by Baroda Swarojgar Vikas Sansthan, Amethi
- 12 girls/women were trained in fancy bag making and 19 in dress designing by Baroda Swarojgar Vikas Sansthan, Raebareli
- 222 CRPs were trained in Agriculture/Diary Best Practices.

Future Plans

RGMVP's success over the last few years has encouraged it to be more ambitious in its socio-economic change aspirations and to scale up its activities in the following target development areas:

Poverty Alleviation: Poverty reduction of 10 lakh + poor households

Community Institutions: Nurturing 100,000+ SHGs with a social network of 5,000 + CLAs and 100+ BLAs of the poorest districts of Uttar Pradesh

Livelihood Enhancement: Ensuring that every poor household takes up at least two to three income generation activities and earns a monthly income of at least Rs 3,000

Health: Reduction of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) and improvement in mother and child healthcare

Education: Improvement in children's education and greater interest in higher education

The implementation strategy to achieve these targets is focussed on expanding RGMVP's reach to 100 blocks in 22 districts, with a special focus on Central and Eastern Uttar Pradesh and the Bundelkhand region. The 22 districts are categorised into five areas of operation: Sultanpur, Raebareli, Bundelkhand, Purvanchal and Tarai. The social capital (Internal Community Resource Persons) generated in the older Sultanpur and Raebareli districts will be used to build capacities and institutions in the new areas. Support will be sought from National Bank of Agricultural and Rural Development (NABARD) in 56 new blocks; NABARD currently supports 44 blocks.

RGMVP's future plans are focussed on expanding its reach to 100 blocks in 22 districts, with a special focus on Central and Eastern Uttar Pradesh and the Bundelkhand region

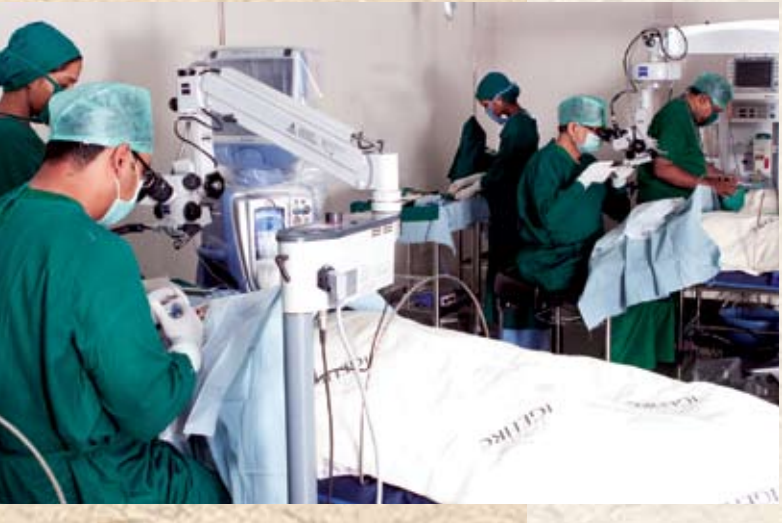
Healthcare

Overview

Indira Gandhi Eye Hospital and Research Centre (IGEHRC) was established by the Rajiv Gandhi Charitable Trust (RGCT) in 2006 to address a crucial requirement for quality and affordable eye care and eliminate curable blindness in Northern India. Currently, two hospitals are successfully operating in Uttar Pradesh: a secondary level facility in Amethi, and a tertiary level hospital in Lucknow. Today, the name IGEHRC inspires trust and confidence among the people for its superior quality of service and the hospitals are the largest providers of quality eye care in Uttar Pradesh.

The IGEHRC system is based on the premise that quality eye care, comparable with the world's best, must reach the highest volume of patients possible, including those living in remote areas by taking eye care to the community's doorsteps. Every person has a right to eye care, and the best treatment must be delivered to all without compromising on quality, and according to international protocols. Another aspect of this belief is that the patient must receive ideal holistic management, that is, that all spheres of the patient's life must be considered before prescribing treatment modalities; that the best possible treatment must be given within the socio-economic constraints faced.

IGEHRC hospitals' mission is to provide quality, cost-effective eye care to their patients, despite the patients' ability to pay.



IGEHRC hospitals' mission is to provide quality, cost-effective eye care to their patients. The IGEHRC price structure is based on the premise that those who can afford, should pay for treatment – thus subsidising services to the poor and performing a social service – while those who can't, should be treated at subsidised rates or free of cost. In short, logically best eye care is provided despite the ability to pay. This inclusive approach ensures that the poor and the underprivileged are not deprived of world-class eye care provided by the hospitals. The IGEHRC outreach programme has

been especially effective in reaching out to the poor and needy who are transported to and from the hospitals in IGEHRC vans, and treated at an extremely subsided price. A percentage (60 or 70 percent) of the hospital beds are also reserved for these patients.

Patient counselling at IGEHRC hospitals is an important aspect of the compassionate and caring environment provided to patients and their families/relatives. Patient counselling is provided by paramedical ophthalmic assistants (OAs) who guide the patients through every step of their visit to the hospitals. Getting treatment for a medical problem is often a traumatic experience for people, especially the young and old. This is especially true in a rural environment where the patient may be visiting a hospital or getting professional medical care for the very first time in her/his life. Service at the IGEHRC hospitals is especially geared to ensure that, far from finding their hospital visit a distressing experience, patients receive sympathetic emotional support from the hospital staff. IGEHRC OAs are especially trained to guide each patient through the hospital procedures by accompanying them, and to lend an empathetic ear to the patient's apprehensions as well as to provide appropriate advice.

Challenges

Over the years, inadequate development of human resources and infrastructure and a difficult terrain in Uttar Pradesh have resulted in gross under delivery of quality eye care in Uttar Pradesh, especially to the poor. Some of the challenges that the hospitals have faced over the years are illiteracy/ignorance leading to lack of awareness of eye care, traditional beliefs and low compliance by patients. Most of all, in an area that has remained unserved for centuries, it has created a willingness to be cured within the community.

Another challenge that the hospitals face is that a large number of patients who came for treatment have been operated elsewhere and had their eyesight damaged through inexpert treatment. A high percentage of patients also come with mature cataract, because they have had no recourse to eye care.

The rural community in Uttar Pradesh is also a victim of myths and misconceptions related to eye care: people believe that eye operations should only be carried out in the winters because during summer an operation would have adverse effects or they would not be able to care for their eyes.

Vision

To become the largest provider of affordable and quality eye care in North India.

Mission

To provide timely and affordable world-class eye care to all segments of society.

Quality Statement

Quality standards are set continuously at IGEHRC through appropriate adaptation of technological innovation and by taking into account changing patient expectations.

Another major challenges faced by IGEHRC in paediatric eye care is that, due to lack of awareness on parents' part, children are not treated on time and delayed treatment causes permanent damage to the eyes of children.

Status

IGEHRC Amethi

The IGEHRC system is based on the premise that quality eye care,comparable with the world's best, must reach the highest volumeof patients possible, including those living in remote areas

IGEHRC Amethi began operations in Munshiganj, Amethi, in December 2005 as a facility designed to be at the forefront of ophthalmologic care, with a state-of-the-art, compassionate and patient-friendly environment in both out-patient and in-patient ophthalmologic services. With its establishment, 2.30 crore people from six rural districts – Sultanpur, Pratapgarh, Raebareli, Faizabad, Jaunpur and Barabanki – of Uttar Pradesh gained access to quality eye care. This secondary level facility has seen huge demand for its services since inception and has expanded rapidly as a result. Today, the people of the six districts it serves, repose unfailing faith in its facilities, services and staff.

Covering an area of approximately 30,000 square feet, IGEHRC Amethi started out as a 50-bed hospital but today has two wards with 158-beds. Seventy-five beds are reserved for subsidised/poor patients. It has a microscope to table ratio of 3:5. Its two Operation Theatres are equipped with three state-of-the-art microscopes and four operating tables. Advanced equipment for cataract and glaucoma investigation, diagnosis and surgery available at this facility are on par with the best in the world. This hospital caters to the entire spectrum of cataract and glaucoma diseases, surgery and general ophthalmology while referring retina, cornea and paediatric cases to IGEHRC Lucknow. In the year 2009-10, IGEHRC Amethi's growth of services is represented in Table 5.

Table 5: IGEHRC Amethi's Growth 2009-10

Services	2008-09	2009-10
Out-patients Direct (New/Review)	72,419	72,777
Paying Surgeries	12,973	14,577
Camp Surgeries	8,870	10,670
Community Outreach Camps	123	130
Patients Examined in the Camps	24,745	28,702

IGEHRC Lucknow

IGEHRC's inclusive approach ensures that the poor and the underprivileged are not deprived of world-class eye care provided by the hospitals.

The success of the secondary level hospital at Amethi and the need of an efficient tertiary eye hospital led to the opening of IGEHRC, Lucknow on May 1, 2008. IGEHRC Lucknow is a top-of-the-line eye care facility with dedicated and specialised clinics for different eye ailments, offering comprehensive eye care under one roof. The consultants (doctors) are available full-time right through the week. Within the short span of two years, the hospital attends 300+ patients a day. IGEHRC Lucknow also offers a host of patient oriented services; it is one of the very few eye hospitals in North India to have a dedicated patient counselling cell.

The hospital caters to the eye care needs of Lucknow and five nearby districts of Sitapur, Raebareli, Barabanki, Pratapgarh and Unnao covering a total population of 1.55 crore.

The facility, spread over more than 40,000 square feet, offers 150 eye beds, including an air-conditioned day care facility, air-conditioned suites, single and double rooms, non air-conditioned single, double and four bedded rooms, general ward and outreach in-patients wards. The multi-disciplinary super speciality hospital is fully equipped with the latest equipment – comparable with the best in the world – to diagnose and treat every eye disease under one roof.

In the year 2009-10, IGEHRC Lucknow experienced substantial growth in service provision, as shown in Table 6.

Table 6: IGEHRC Lucknow's Growth 2009-10

Services	2008-09	2009-10
Out-patients Direct (New/Review)	31,789	59,682
Paying Surgeries	1,281	2,673
Camp Surgeries	8,385	6,232
Community Outreach Camps	109	172
Patients Examined in the Camps	23,264	27,862

IGEHRC has a comprehensive and structured community outreach programme through which regular screening camps are held in rural areas to identify patients requiring further care.

Outreach Programme

Eye Camps

A key part of the IGEHRC agenda is its special focus on the underprivileged sections of society. It has a comprehensive and structured community outreach programme through which regular screening camps are held in rural areas to identify patients requiring further care. These screening camps are aimed at identifying people who are blind or likely to become blind through cataract, refractive error, glaucoma, diabetic retinopathy or corneal scar/diseases. These patients are transported to and fro to IGEHRC at the hospital's expense for appropriate treatment at a subsidised cost. The team works closely with local community leaders and service groups to organise the camps. The outreach activities are unique in Uttar Pradesh, for the methodical nature of screening at the camps, subsidised surgery, and transport to the base hospital on the day of the camp itself.

IGEHRC Amethi serves six rural districts – Sultanpur, Pratapgarh, Raibareily, Faizabad, Jaunpur and Barabunki – of Uttar Pradesh and camps are conducted within a 60 kilometre radius of the hospital in these districts. IGEHRC Lucknow caters to the eye care needs of Lucknow and Sitapur, Raebareli, Barabanki, Pratapgarh and Unnao districts, and operates camps within a 100 kilometre radius of the hospital.

At present, IGEHRC holds nine camps every week through the two IGEHRC hospitals in Lucknow and Amethi. A total of 973 camps have been held since inception till March 2010 by both hospitals. A huge volume of patients is handled by the camps, ranging from 400-500 to 1,000 people per camp with 75-100 to 300-350 patients being referred for treatment.

Details of the number of eye camps held in 2009-10 are provided in Table 7.

School Screening Programme

IGEHRC initiated a school screening programme in 2009-

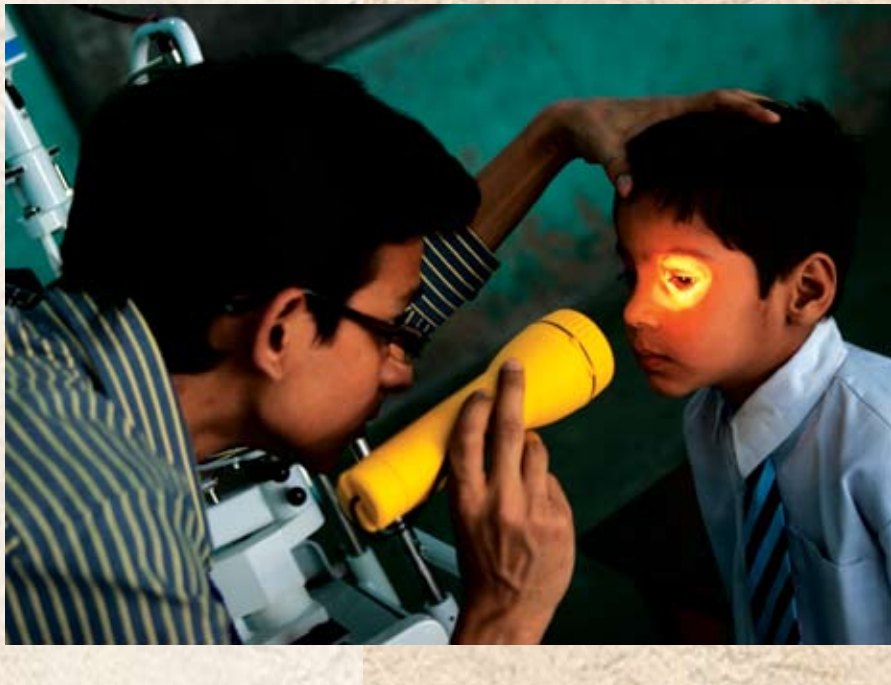
Table 7 Total Eye Camps held 2009-10

	IGEHRC Lucknow		IGEHRC Amethi	
	2008-09	2009-10	2008-09	2009-10
Camp Surgeries	8,385	6,232	8,870	10,670
Camps Held	109	172	123	130
Patients Examined by Camp	23,264	27,862	24,745	28,702

10 under which schools in the city as well as remote areas are motivated to hold free eye check-up camps organised by IGEHRC. During the camps, all children in each school undergo preliminary vision testing, preliminary diagnostic examination, refraction and examination by the doctor/optometrist. Parents of children who require further treatment are counselled and treatment provided to children. An important aspect of this programme is sensitisation of teachers as well as parents to eye care.

Six school screening camps have been held so far – 3,960 children checked; 790 referred to the hospitals for treatment; and over 37 teachers trained in detection of eye problems. One of the positive outcomes of this programme has been that parents and teachers have been sensitised to the need for early treatment of children as well as to the importance of their eye care.

Six school screening camps have been held so far – 3,960 children checked; 790 referred to the hospitals for treatment; and over 37 teachers trained in detection



Mobile Van Eye Screening Camps

IGEHRC also initiated mobile van eye screening camps in January 2010. Currently two vans are operational: one in Lucknow and its suburbs, and the second in Amethi and the surrounding areas. The vans are fitted with eye screening equipment that can be pulled out and set up adjacent to the van. The mobile van eye screening camps are aimed at bringing eye care to the doorsteps of those who cannot

Table 8 Mobile Van Eye Screening Camps January-March 2010

	IGEHRC Lucknow		IGEHRC Amethi	
Details	Jan-10	Feb-10	Mar-10	TOTAL
No. of Camps	20	11	2	33
Out-patients Attended	1,785	346	131	2,262
Cataract Advised	667	42	33	742
Cataract Admission	550	25	27	602
Glass Prescription	300	39	12	351

afford to travel to the hospitals or have neglected to do so. Table 8 shows the details of the programme's progress in the first three months of 2010.

Collaboration with RGMVP and RAY Clinics

In 2009-10, IGEHRC has trained two batches (55 and 60) of RGMVP Swathya Sakhis and 16 doctors and 32 paramedical staff of RAY clinics that operate in rural Uttar Pradesh. The objective has been to train these grassroots workers in basic eye care and disease identification so that they can counsel and refer eye disease patients for treatment.

Future Plans

Service Expansion

In keeping with its vision of transforming the quality of eye care delivery in North India, IGEHRC's plans for the future are focussed on developing world-class eye care facilities in several locations – close to populations that require urgent attention – across North India.

IGEHRC has trained RGMVP Swathya Sakhis in basic eye care and disease identification so that they can counsel and refer eye disease patients for treatment.

Within the next couple of years, three hub hospitals are planned to be set up. The first, a state-of-the-art facility, will be set up in Gurgaon, on 5.5 acres of land. This 300-bed hospital will offer comprehensive world class care to patients, including all eye specialties and super-specialties. It will incorporate a separate building for patients from the community outreach pro-

gramme, a training centre for paramedical ophthalmic assistants (OAs), a training centre for the ophthalmologists and optometrists, a research centre as well as living quarters for doctors and other staff. Two secondary eye care centres will be set up at Uttar Pradesh by 2013.

Patient counselling at IGEHRC hospitals is an important aspect of the compassionate and caring environment provided to patients and their families/relatives.

In addition, four vision centres will begin operations in Raebareli, Lalganj, Barabanki, Shravasti-Gonda districts of Uttar Pradesh during 2011. They will work towards deepening the outreach within the community, and ensure that the unserved poor in remote areas are served in an affordable and sustainable manner. These will operate in catchment areas of 10 kilometre radius each, and refer patients to the tertiary hospital thus including deprived poor within the ambit of quality eye care. They will offer general eye check-up and OPD facilities and serve more than 50 lakh people each, while creating awareness regarding eye care issues. Additional benefits that the Vision Centres will provide to the local community are training for community health workers; awareness generation through health promotion; and integration with local resources to deliver quality eye care.

IGEHRC plans to perform 1,00,000 quality surgeries annually by the year 2013 with its existing and expanded facilities.

Eye Bank and Eye Collection Centre

Unfortunately, North India lacks a culture of eye donation prevalent in other parts of the country. As a result, thousands of people suffering from corneal blindness are prevented from leading a productive and fulfilling life. To redress this situation and to spread awareness on the issue of eye donation, IGEHRC is planning to set up an Indira Gandhi Eye Bank at Lucknow and Indira Gandhi Eye Collection Centre at Amethi by 2010. This facility will provide a round-the-clock public response system over the phone or in person and conduct public awareness programmes on eye donation; coordinate with donor families and hospitals to motivate eye donation; harvest corneal tissue; process and evaluate the collected tissue; distribute the tissue in an equitable manner; and ensure safe transportation and storage of the tissue.

INDIRA PRASHIKSHAN

Vocational Training

Overview

Indira Prashikshan was established in April 2009 by RGCT to offer skill development programmes for disadvantaged youth constrained by socio-economic factors and the absence of opportunities for training and development. Indira Prashikshan helps the youth to acquire livelihood and soft skills in an environment of participatory learning and enables them to find a productive place in today's competitive job market. The Prashikshan's vision is to create employment/employability opportunities for socially and economically underprivileged youth from the remote villages of North India, especially Uttar Pradesh and its mission is to provide one job for every poor family.

From its inception, Indira Prashikshan has established itself as a programme that enhances economic and people development, and offers structured and pragmatic solutions to address the lack of relevant skills amongst the youth. It began by offering a course in skills required for the construction industry at its centre located in the Jagdishpur Block of Sultanpur District, Uttar Pradesh. The uniqueness of Indira Prashikshan is its structured, financially sustainable and scalable framework to impart vocational skills to the unemployed, underemployed, uncertified and unbenchmarked workers of Uttar Pradesh at a nominal fee. During the financial year 2009-10, it has been successful in placing all the young men trained by it in good companies.

In 2009-10, 342 young men were trained by Indira Prashikshan and placed with reputed construction companies through campus interviews.

Strategic Objectives

- To gauge the potential demand for personnel with entry level skills in various construction related trades, and design opportunity-based courses.
- To develop technical skills among 400 unemployed rural youths

in a fiscal year to enable them to take up organised wage-employment or productive self employment based on market demand and local resources.

- To train and create world class knowledge workers with optimised skills thereby providing gainful employment opportunities through industry interfaces.
- To develop soft and life skills among trained youth for greater professionalism, better performance and retention in jobs.
- To develop a pool of professionally qualified/proficient entrepreneurs for overall economic growth and development of the state.

Indira Prashikshan helps the youth to acquire livelihood and soft skills in an environment of participatory learning and enables them to find a productive place in today's competitive job market.

Challenges

One of the challenges faced by Indira Prashikshan is that of reaching out and creating awareness regarding its vocational training initiatives among the youth in remote rural areas. It has had to deal with high attrition rates due to the fact that construction sector jobs involve several specific hardships compared to other private sector jobs. Another challenge has been the low gestation periods allowed by the construction companies for trainees to settle down in their jobs. Actual attainment of required skill sets by the trainees takes time and most companies are unwilling to nurture their skills. Lastly, though the fee charged by Indira Prashikshan is nominal, target groups belonging, for instance, to the Below Poverty Line (BPL) category, are unable or unwilling to pay it, especially for trades such as bar bending and steel fixing, masonry, etc.

Status

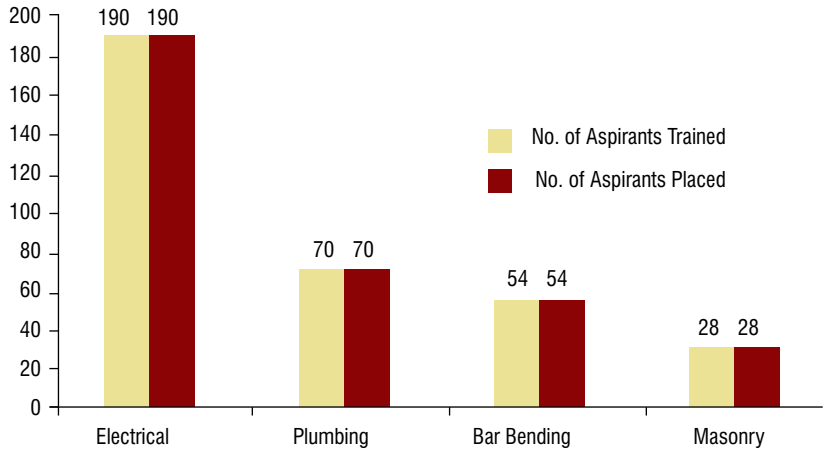
In the year 2009-10, 342 young men were trained by Indira Prashikshan (Table 9) and placed (Figure 3) with reputed construction companies (such as Larsen & Toubro, ABB Ltd, Honeywell India, Parshvnath Developers Ltd, Omaxe Infrastructures, Ashiana Housing Ltd, BL Kashyap and Sons) through campus interviews. In addition, 15 trainees were placed overseas in Dubai and Oman as electricians, bar benders and steel fixers. Indira Prashikshan also successfully transformed 10 trainees from daily wage earners to entrepreneurs, enabling them to create employment op-

Table 9 Number of Trainees Trained by Trade

Trade	No. of Trainees Trained
Basic Electrical and House Wiring	190
Plumbing and Sanitation	70
Bar Bending and Steel Fixing	54
Masonry*	28

*assessment and certification process is yet to be completed.

Figure 3 Status of Candidates Trained in Each Trade



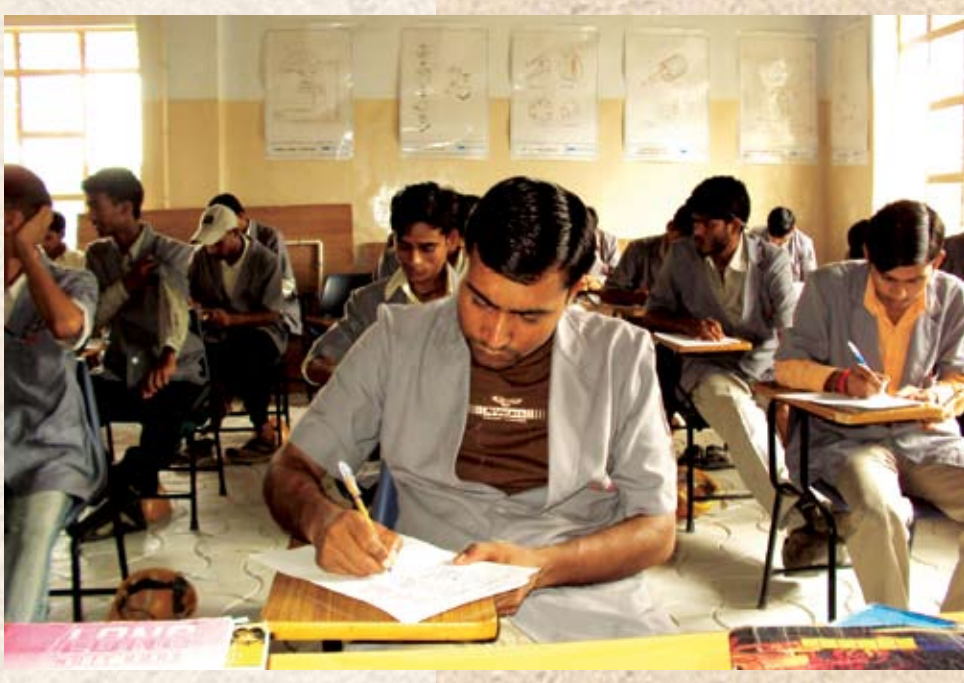
portunities for the local youth of the area. The programme enhanced and sustained income levels of youth ranging from Rs 5,000 to Rs 18,000 per month as compared to their parents' erratic monthly income ranging from Rs 833 to Rs 2,000. During the year, a partnership was formed with Ashiana Housing Ltd for training construction technicians with assured post training employment.

The course curriculum (Table 10) is an appropriate mix of classroom sessions and practical training, with 540 hours designated for practicals and 180 hours for classroom

Table 10 Courses Offered

Course	Duration	Batch Strength	Min. Qual.
Electrical House Wiring	3 months	25	High School
Plumbing and Sanitation	3 months	25	High School
Bar Bending and Steel Fixing	3 months	25	5th pass
Masonry	3 months	25	5th pass

inputs, followed by one month on-the-job training for real worksite exposure with a construction company. Emphasis is also placed on developing life skills such as motivation, goal setting, communication, leadership and negotiation skills, team building and decision making, etc. A 'Work Readiness Module' helps the aspirants to face interviews and handle workplace responsibilities. The aspirants are assisted in finding suitable entry-level job opportunities with reputed construction companies in India and abroad



Emphasis is also placed on developing life skills such as motivation, goal setting, communication, leadership and negotiation skills, team building and decision making, etc.

Certification

Indira Prashikshan works in collaboration with the National Academy of Construction (NAC), Hyderabad, an apex Government of Andhra Pradesh body set up for developing a technologically advanced and competitive construction industry workforce. Indira Prashikshan also facilitates National Council for Vocational Training (NCVT) certification under the Skills Development Initiative Scheme based on Modular Employable Skills of the Ministry of Labour and Employment, Government of India, through NAC, Hyderabad.

Assessment and Evaluation

Trainees' evaluation is done systematically with emphasis on practical tests in addition to weekly tests, monthly tests and final examinations by a panel of independent assessors appointed by the Government of India. The trainees of Indira Prashikshan are assessed for NCVT certification by a panel of experts from the Confederation of Indian Industry (CII) and Bureau of Skills Assessment (BSA) in the reporting period. The pass percentage of trainees from Indira Prashikshan was 100 percent during this period.

Infrastructure

Classrooms: There are four classrooms with a seating capacity of 30 students each, equipped with the latest

facilities such as LCD projectors, screens, white boards, cooling systems, etc.

Workshops: Practicals are conducted in four workshops constructed outside the classrooms.

Library: The library is stocked with technical books and audio-visual CDs on communicative English, soft skills and special skills development as well as Hindi newspapers.

Dormitory: Four dormitories accommodate 100 students at a time.

Mess: The mess serves breakfast, lunch and dinner to the students.

Sports Facilities: Indoor and outdoor sports facilities are available within the campus.

Major Activities

Awareness Building: A total of 47 awareness campaigns were organised in the remote villages of Sultanpur and Raebareli districts to mobilise candidates.

Collaboration with RGMVP: Indira Prashikshan identified and trained 171 volunteers, called Livelihood Animators, from RGMVP SHG members in Sultanpur and Rae Bareli districts to identify, counsel and motivate rural youth to join Indira Prashikshan training and organise awareness meetings at the village level. Two Career Awareness and Outreach Centres have been established in Bhadaiyan and Jagdishpur block headquarters of Sultanpur district which are managed and run by the BLA Presidents of RGMVP through their existing offices.

The course curriculum is an appropriate mix of classroom sessions and practical training, with 540 hours designated for practicals and 180 hours for classroom inputs, followed by one month on-the-job training.

Expert Lectures from Industry Personnel: During the reporting period, 17 experts in electrical and civil engineering from the construction industry were invited to Indira Prashikshan to deliver expert lectures to the trainees and to upgrade the knowledge of the Indira Prashikshan staff regarding the latest trends in the construction industry.

Exposure Visits: Nine exposure visits were organised for the trainees of Indira Prashikshan to various construc-

tion sites and sub stations at Jagdishpur and Lucknow.

Alumni Interactions: More than 63 Indira Prashikshan alumni interactions were organised in all the construction trades for which training is conducted during the reporting period.

Capacity Building of Staff: All the newly recruited teaching staff were put through a 10-day induction programme at NAC, Hyderabad Campus. A series of eight refresher/advanced capacity building programmes were held for the staff to address challenges faced in implementing the training process such as aspirant mobilisation, handling dropouts and networking, etc. The programmes included sessions on advanced facilitation skills, life skills, working with today's youth, etc.

Future Plans

A successful first year has spurred Indira Prashikshan on to formulate expansion plans for the future. Apart from registering Indira Prashikshan as an independent vocational training provider under the Skills Development Initiative Scheme of the Ministry of Labour and Employment, based on Modular Employable Skills (MES), new courses in general works civil supervision, land surveyors and shuttering carpentry are planned in 2010-11. The collaboration with RGMVP is planned to be strengthened through increasing the number of Livelihood Animators, and setting up more Career Awareness and Outreach Centres to expand the outreach of Indira Prashikshan. New recruitment partnerships are in the pipeline with reputed construction companies, and another vocational training centre at Nigoha village, Fursatganj, Raebareli District, is planned to be started. Also on the anvil is the launching of a website for Indira Prashikshan.

Indira Prashikshan is planned to be registered as an independent vocational training provider under the Skills Development Initiative Scheme of the Ministry of Labour and Employment, based on Modular Employable Skills

Financial Highlights

Balance Sheet for the Year Ended 31.03.2010

LIABILITIES	31st March ₹ in Thousands	
	2009	**2010**
Corpus Fund	142500	142500
General Fund		
Opening Balance	107067	171909
Add: Excess of income over expenditure Transfer	64842	18028
Less : Transfer to Block Level Associations		1294
Total General Fund	**171909**	**188644**
Current Liabilities	6166	3205
Total	**320575**	**334349**

ASSETS		
Fixed Assets	146684	160437
Capital Work In Progress	8037	20318
Current Assets		
Inventories	6427	4757
Cash and Bank Balance		
Cash In Hand	1112	479
Balances with Banks	43726	29791
Fixed Deposits with Banks	84422	83006
Balance with other units	233	32
Loans & Advances	29934	35529
Total	**320575**	**334349**

INCOME	31st March ₹ in Thousands	
	2009	**2010**
Donations	153026	64572
Grants & Aids	5486	7618
Grant from NABARD	2352	0
Foregin Grant	0	1320
Interest on FDRs	2700	9096
Hospital Revenue	52290	77021
Training Fees	0	1562
Other Income	7182	1721
Total	**223036**	**162910**

EXPENDITURE		
Activity Expenses	102807	84732
Administrative Expenses	34372	37810
Depreciation	21015	22340
Total	**158194**	**144882**
Excess of Income Over Expenditure for the year	**64842**	**18028**

RGCT Management

RGCT Head Office

Dr.Y.S.P. Thorat
Chief Executive Officer

RGMVP	IGEHRC		Indira Prashikshan
Mr. P. Sampath Kumar (IAS), CEO	Mr. K.B. Byju Program Manager		Mr. Sachin S. Rao Program Manager
Mr. K.S. Yadav Program Manager	*IGEHRC Lucknow*	*IGEHRC Amethi*	Mr. S. Ramakrishnan Program Manager
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Notes

Notes

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