



**ANNUAL  
REPORT  
2012-13**



## Foreword

Over the past three years, the Trust has systematically invested in enhancing its capabilities as a professional organisation to be able to play a meaningful role in the social development of our country. Our efforts to streamline internal systems of governance, human resource development, risk mitigation and transparency are beginning to bear fruit. These have enabled us to engage more effectively with the communities we work with, build strong partnerships with like-minded donors to expand outreach and plan ahead to scale up operations in a systematic and orderly way. I am happy to say that we are now able to reach out to an increasingly large number of the disadvantaged to enable them to realise their innate potential and make the most of the available opportunities. Going forward, we would continue to strengthen our systems to improve coordination across the organisation and to extend necessary support to the projects so that they are able to serve better the communities we work with.

During the financial year 2012-13, our projects made significant progress in their respective areas of operations. I would like to focus here on the key outcomes.

As of March 31, 2013 Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) was working with 10,14,007 households in 208 blocks in 41 districts of Uttar Pradesh. The community institutions promoted by the project include 86,526 women's Self Help Groups (SHGs), federated into 2,627 Village Organisations and 68 Block Organisations. RGMVP facilitated bank linkages for 22,934 SHGs, enabling them to mobilise bank loans worth ₹241.98 crore as at March 31, 2013. With its facilitation, the SHGs and their federations enabled 3,13,813 member households obtain Job Cards under the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA). Through the marketing linkages facilitated by the project, 1,50,000 litres of milk was being marketed from project villages every day at fair prices. The healthcare component of the project is now operational in 50 blocks, ensuring 89 percent institutional deliveries. RGMVP reorganised its operations during the year for greater effectiveness by setting up Community Resource Development Centres. These have enabled the project to rapidly expand outreach to newer blocks and districts while maintaining quality and high level of effectiveness.

Since inception in 2005, the facilities under the Indira Gandhi Eye Hospital and Research Centre (IGEHC) have treated over 12,00,000 out-patients as of March 31, 2013 and performed nearly 1,50,000 sight restoring surgeries (Amethi 91,375, and Lucknow 56,873). The IGEHC is now one of the largest providers of quality eye care in Uttar Pradesh. Over 400 outreach camps were held during 2012-13, where over 69,000 patients were examined, leading to 21,925 surgeries at subsidised fees. The IGEHC hospitals, especially the Lucknow facility, have been constantly upgrading their expertise and can now offer cutting edge treatment modalities such as Corneal Collagen Cross-linking with

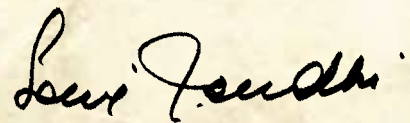
## RAJIV GANDHI CHARITABLE TRUST

Riboflavin (C3R), to address advanced cases of keratoconus, and Botox injections to treat a debilitating condition of eye lids as well as provide prosthesis for disfigured non-seeing eyes. The IGEHRC has also entered into a partnership with Sight Savers International, an international NGO, to conduct diabetic retinopathy and glaucoma screening camps in the hospitals' areas of operation.

Following a review of the Indira Prashikshan (IP) project by the Trust's management and the Board, it was concluded that the goal of the project to promote skill-based employment for rural youth would be better served by integrating it with RGMVP. This would enable RGMVP to provide the SHG members another avenue to enhance livelihoods by providing vocational training. The decision was implemented in November 2012 and RGMVP is currently creating a strategic roadmap for the skill development unit.

Both RGMVP and IGEHRC have ambitious plans to expand operations and deepen the impact of their work. The Trust will continue to support them by forming partnerships with like-minded donors and other resource organisations to enable them to realise their plans to expand outreach sustainably, effectively and within the shortest time.

I would like to conclude by thanking the Board of Trustees, donors and other resource organisations for their invaluable advice and support. I would also like to convey my deep appreciation to the Trust's staff for their steadfast commitment to RCGT's vision and goals.



**Sonia Gandhi**  
Chairperson

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# Board of Trustees

Smt. Sonia Gandhi

*Chairperson*

Shri Rahul Gandhi

Smt. Priyanka Gandhi Vadra

Dr. Ashok Ganguly

Shri Bansi Mehta

# Rajiv Gandhi Charitable Trust

The Rajiv Gandhi Charitable Trust (RGCT) was registered in 2002 as a professionally managed, not-for-profit institution to give concrete shape to the late Shri Rajiv Gandhi's vision of building a more inclusive society. The Trust presently works in the poorest regions of Uttar Pradesh, one of the least developed states in India. The Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) and the Indira Gandhi Eye Hospital and Research Centre (IGEHC) are the key development initiatives of the Trust. RGMVP organises poor women, trains them and supports activities to enhance their livelihoods so that they feel empowered to claim their rightful place as equal citizens in society. IGEHC provides affordable eye care, especially to poor people, with the purpose of eliminating avoidable blindness.

In barely a decade, the Trust has made a mark for itself as a significant development organisation working among some of the poorest people in the country. It has developed innovative and cost-effective ways of reaching out to poor people that are eminently scalable. The year 2012-13 has been a landmark for the Trust as its programmes, especially RGMVP, expanded at an unprecedented pace, enabling it to serve over a million poor households. Internally, the Trust has developed itself into a result-oriented, ethical and transparent organisation that seeks to maximise the impact of all available resources and is fully accountable to all its stakeholders.

The progress made in various activities during the year is reported in the following pages.



# Women's Empowerment and Poverty Reduction

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), the flagship programme of the Rajiv Gandhi Charitable Trust (RGCT), is entrusted with the mission of reducing poverty in Uttar Pradesh (UP) through economic and social empowerment of poor people. RGMVP works primarily with women and reaches out to over one million poorest of the poor households in 208 backward blocks across 41 districts of UP. The programme endeavours to enable poor people surmount historical gender and caste-based barriers to realise their civic rights and entitlements and access financial services and health benefits. It follows a group based, community-led social empowerment process to build a three-tier structure of poor women's organisations. This bottom-up approach founded on self-help and solidarity unshackles the innate capabilities of poor people, empowers women and enables them to overcome poverty and various kinds of exclusions to live a life of dignity.

The programme organises Self Help Groups (SHGs) of 10 to 20 women from poor households in a neighbourhood. All the groups in a village are federated into a Village Organisation (VO) and further into a Block Organisation (BO) at the level of a block. Unlike classical SHG programmes that remain limited to mitigating financial contingencies through savings and internal lending among group members and credit provisioning through bank linkage, RGMVP seeks to trigger transformative changes in poor communities. Besides savings and credit, the wide canvass covered by the programme includes maternal and child health, education and livelihoods in a holistic manner. Above all, systematic capacity building and regular participation in federation meetings at various levels enhance women's skills, knowledge, perspective and confidence to step out and mobilise other women in their own villages and much beyond, take up various issues adversely affecting women and make demands on public institutions for services and their entitlements.

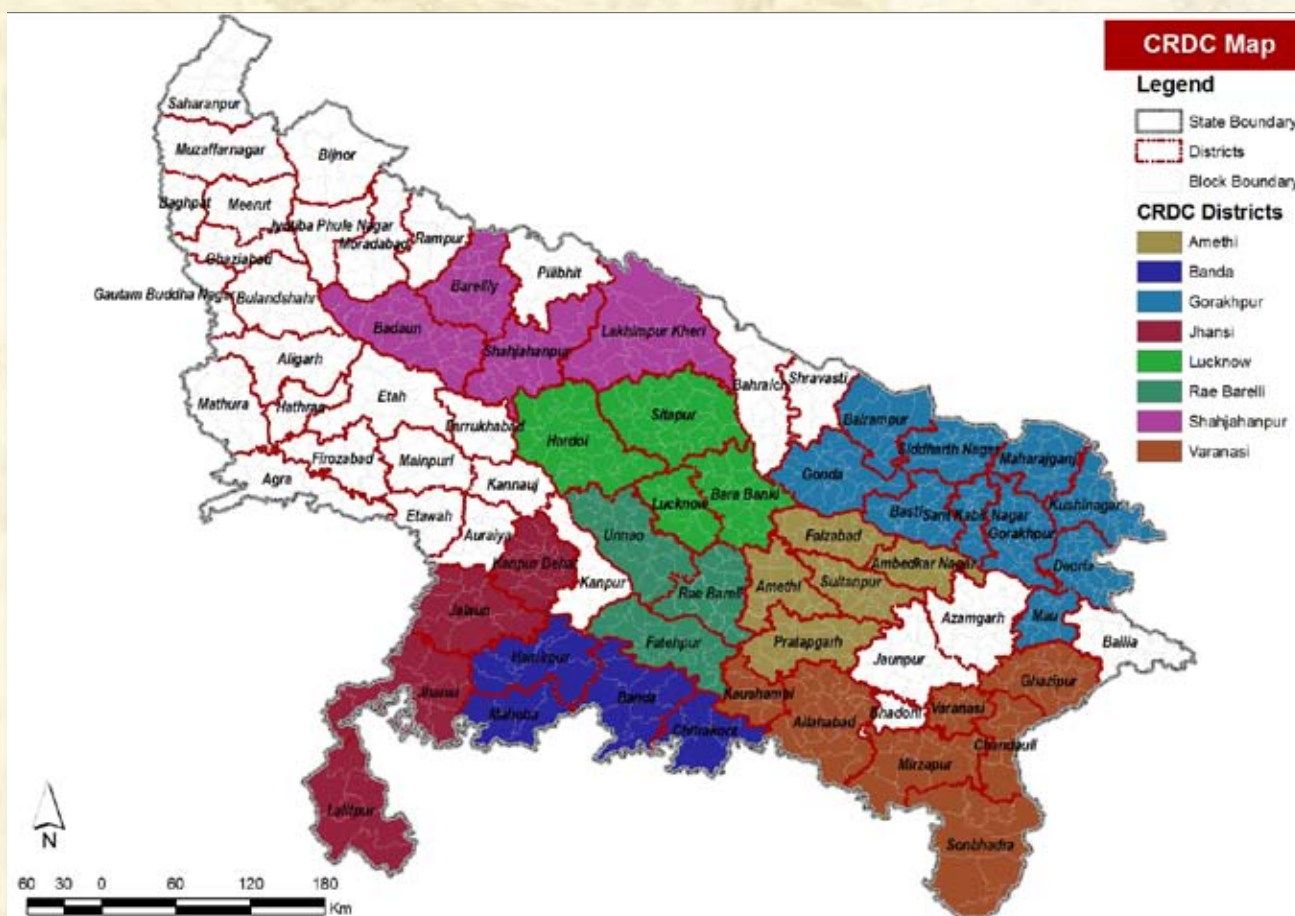


## INITIATIVES 2012-13

### Scaling Up

The programme more than doubled its outreach in terms of households and villages covered and SHGs and VOs organised during the year ended March 31, 2013. Cumulatively, the number of SHGs organised by RGMVP rose during the year from 36,741 to 86,526 and the number of households covered from 4,53,168 to 10,14,007. Similarly, the number of VOs formed increased from 1,246 to 2,627 and the number of BOs increased from 45 to 68. Such geometric growth from an already large base was possible due to the community-led processes of social mobilisation developed and promoted by RGMVP over the years. The current programme districts are indicated in Figure 1, and programme progress in Table 1.

Figure 1: Programme districts



**Table 1: District-wise Progress of RGMVP as on March 31, 2013**

S. No.	District	No. of Blocks Covered	No. of Panchayats in these Blocks	Panchayats Covered by RGMVP	Year when Project Activities were Initiated	No. of SHGs Mobilised
1	Allahabad	10	771	192	April 2011	1,042
2	Ambedkar Nagar	4	316	50	July 2012	413
3	Amethi	16	727	702	Jan 2011	16,006
4	Badaun	6	358	67	May 2011	1,005
5	Balrampur	5	435	66	Mar 2011	446
6	Banda	8	437	180	Sep 2009	2,027
7	Barabanki	5	330	143	July 2008	1,851
8	Bareilly	3	193	15	Aug 2012	210
9	Basti	5	385	148	May 2011	818
10	Chandauli	7	515	172	May 2011	1,518
11	Chitrakut	5	330	146	Nov 2009	1,555
12	Deoria	6	398	188	Sep 2009	1,662
13	Faizabad	10	716	192	Aug 2008	2,617
14	Fatehpur	8	489	205	May 2008	2,271
15	Ghazipur	2	162	17	Aug 2012	71
16	Gonda	7	438	119	Aug 2009	1,319
17	Gorakhpur	6	371	185	July 2010	1,602
18	Hamirpur	7	314	146	Oct 2009	1,621
19	Hardoi	8	441	82	Jan 2011	1,009
20	Jalon	4	273	131	Nov 2009	1,269
21	Jhansi	6	321	154	Jan 2008	2,064
22	Kanpur Dehat	1	69	24	June 2011	241
23	Kaushambi	7	378	102	May 2011	668
24	Kheri	5	344	38	Aug 2012	798
25	Kushi Nagar	6	372	108	April 2012	409
26	Lalitpur	6	325	118	May 2008	2,374
27	Lucknow	3	203	152	July 2008	1,362
28	Maharajganj	4	269	97	Nov 2009	1,061
29	Mahoba	4	248	90	Aug 2009	1,186
30	Mau	3	205	18	Dec 2013	115
31	Mirzapur	6	335	167	June 2011	1,182
32	Pratapgarh	10	615	177	July 2008	2,830
33	Raebareli	15	695	683	May 2005	15,846
34	Sant Kabir Nagar	5	370	107	May 2011	1,332
35	Shahjahanpur	2	109	45	May 2011	712
36	Siddhartha Nagar	3	235	16	Jan 2013	44
37	Sitapur	7	464	87	Feb 2011	1,338
38	Sonbhadra	4	345	64	Aug 2012	622
39	Sultanpur	11	659	427	April 2002	8,050
40	Unnao	15	897	279	May 2008	3,596
41	Varanasi	2	176	47	May 2011	364
	<b>Grand Total</b>	<b>257</b>	<b>16,033</b>	<b>6,146</b>		<b>86,526</b>

Families Covered	No. of SHGs with Bank Linkage		Amount of Bank Credit Sanctioned, lakh ₹		No. of Village Organisations Formed	No. of Resource Villages	No. of Block Organisations Formed
	Ist Phase (CCL-I)	IInd Phase (CCL-II)	Ist Phase (CCL-I)	IInd Phase (CCL-II)			
12,244	242	0	679.42	0	41	33	2
4,706	0	0	0	0	1	0	0
1,89,306	8,978	1,127	4,992.36	2,692.76	566	242	16
12,103	8	0	0	0	37	14	1
5,586	0	0	0	0	1	0	0
23,888	125	0	111.55	0	83	20	3
22,164	245	4	106.00	12.00	47	16	1
2,481	0	0	0	0	0	0	0
9,779	4	0	1.00	0	27	16	0
17,191	1	0	0.50	0	50	15	1
17,845	204	0	179.85	0	64	17	1
20,280	63	0	51.25	0	52	15	1
30,420	454	0	348.68	0	53	2	2
25,572	322	11	390.16	30.96	51	51	2
804	0	0	0	0	1	0	0
16,374	46	0	23.00	0	48	22	2
19,347	5	0	2.50	0	33	1	0
18,464	100	0	67.05	0	49	12	1
11,858	40	0	0	0	29	2	1
14,799	52	0	25.45	0	16	4	0
25,856	288	38	100.25	36.05	54	22	1
2,859	0	0	0	0	5	0	0
7,638	49	0	66.76	0	24	18	1
9,098	13	0	7.00	0	2	2	0
5,068	1	0	0.25	0	1	0	0
27,735	149	0	66.50	0	55	12	2
17,192	197	1	77.76	1.00	57	20	2
12,530	44	0	22.40	0	36	15	1
14,162	8	0	6.70	0	33	6	0
1,366	0	0	0	0	0	0	0
14,168	42	0	47.40	0	47	39	1
31,075	500	2	906.81	1.96	75	14	2
1,81,152	6,851	823	5,936.72	2,622.73	522	229	15
16,400	14	0	4.75	0	34	8	0
8,205	3	0	0	0	26	8	1
552	0	0	0	0	0	0	0
16,030	1	0	0	0	26	4	0
6,881	0	0	0	0	7	0	0
97,379	3,635	554	3,378.61	880.65	274	100	6
38,982	250	28	201.50	118.00	78	28	2
4,468	0	0	0	0	22	6	0
<b>10,14,007</b>	<b>22,934</b>	<b>2,588</b>	<b>17,802.20</b>	<b>6,396.12</b>	<b>2,627</b>	<b>1,013</b>	<b>68</b>

## Community Resource Development Centres

Programme implementation was decentralised in 2011 to facilitate rapid expansion by setting up Community Resource Development Centres (CRDCs). Comprising a small team, a CRDC spearheads programme implementation across a cluster of districts. They work intensively in a few selected blocks, known as resource blocks, in each of the districts in the cluster through local teams to promote and develop new groups. Once a threshold level of mobilisation and capacity development is done, the groups and their federations spearhead expansion into other villages,



blocks and districts. Eight such centres now implement the project. These have been strategically located to focus on the least developed regions of UP. Beyond initial mobilisation and capacity development, CRDCs remain continuously engaged in institution building and capacity development in the blocks attached to them, enriching and deepening the change agenda as women climb the spiral of growth and development. They facilitate linkages with public institutions, provide training and help set up systems in the SHGs and their federations. It is through the CRDCs that RGMVP has successfully carried out programme expansion to cover 41 districts in UP. A new CRDC was opened in Lucknow during the year.

*Block Organisation representatives being trained at a CRDC*

A unique feature of RGMVP has been its community-based training system whereby training and capacity building of SHGs, VOs and BOs is managed by women from existing SHGs who have transformed their lives by joining the programme. Each CRDC has a master training unit constituted of such women. Their self-narratives are highly effective in motivating other women. These women actively participate in all strategy discussions.



*Field level training to SHG members by a CRP*

## Training and Exposure Visits

RGMVP trained 17 batches of Community Resource Persons (CRPs) and Programmes-in-Charges during the year, 20 batches in handicrafts, 44 batches of Bank Sakhis and 19 batches in agriculture and dairy. It sent 800 SHG members for exposure visits to Andhra Pradesh and 2,910 SHG members concluded exposure visits within the state to mature resource blocks.



### **Young Women's Self Help Groups**

Youth are future leaders, especially in a young nation like India. With this perspective, RGMVP began promoting Young Women's Self Help Groups (YWSHG) during the year. RGMVP organises girls over the age of 13 into SHGs with the objective of enabling them to enhance awareness about women's health issues and practices, develop leadership qualities and acquire life and livelihood skills, and financial literacy so that they realise their potential. Once organised into groups, the girls would be given training and counselling on various themes, such as women's reproductive health and hygiene, opportunities for education, community health and hygiene, especially drinking water and sanitation, vocational opportunities, life skills and skills related to RGMVP project, such as book keeping, agriculture and dairy.

Members of YWSHG are also being provided training in sewing in partnership with Mawana Social Services, the Corporate Social Responsibility (CSR) wing of Usha International Ltd. This will reach out to women from the poorest households who have an inclination towards sewing by imparting sewing skills to them in their Usha Silai Schools and encouraging them to train other village girls and women. The Silai Schools can be the first training place for the members of YWSHG, equipping them with skills and simultaneously helping them become financially independent.

*Young Women's SHG being formed. Young women are being encouraged by RGMVP to form collectives to effectively address their concerns*

### **Kisan Self Help Groups**

RGMVP had earlier begun the sustainable agriculture initiative by training SHG members in System of Rice Intensification (SRI), System of Wheat Intensification (SWI) and dairy. Encouraged by the results, the programme is now being expanded. Since agriculture and other farm based livelihoods are jointly managed by women and men, RGMVP has begun Kisan Samoohs as SHGs of men so that training and other support could be provided to women as well as men from each household. These SHGs would function as savings and information groups, which would also learn and adopt the practices taught to women during training and capacity building activities. The VOs, with the facilitation of trained women SHG members, will form these groups and impart training on sustainable agriculture techniques and best practices of dairy.

### **Strengthening Panchayati Raj Institutions**

During the year, RGMVP began a new programme initiative, of strengthening Panchayati Raj Institutions (PRIs). The idea is to leverage community institutions already fostered by RGMVP to strengthen PRIs and enable them to realise their true potential as institutions of participative, decentralised governance. “Sangathan” or the collective built on the principles of equality and participation practised through face-to-face democracy is the key outcome of the work done by RGMVP; the concept of Gram Sabha – the bedrock of the entire structure of PRIs – is based on the same principles. With the experience of participating in SHGs, the confidence gained through such participation and the values of equality and fraternity they imbibe, women can bring the institution of Gram Sabha to life if they begin to participate regularly. Regular and vibrant Gram Sabhas where face-to-face democracy is practised alone can enable PRIs to realise their full potential as institutions of grassroots governance. The goal of RGMVP is to revitalise the Gram Sabhas in the Gram Panchayats. Women PRI representatives within and outside the SHG network will be the mobilising force to bring this about. PRI members have been mobilised in the Jagatpur and Bachrawan blocks and this initiative will be spread to 204 programme blocks in the coming year.

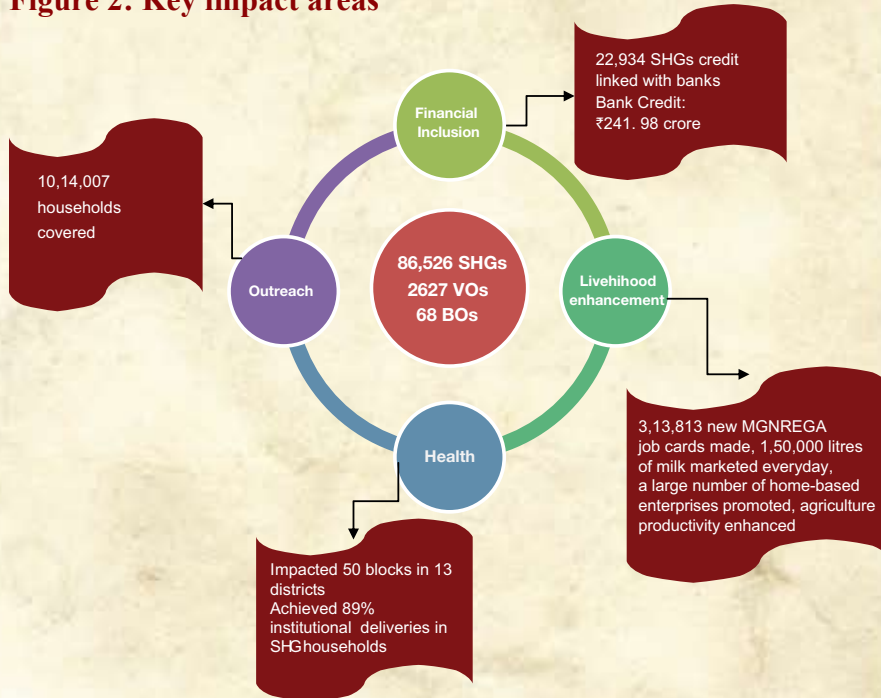
### **Urban SHGs**

Beginning June 2011, RGCT’s flagship poverty reduction initiative was extended to organise the urban poor into SHGs. Work began in the city of Raebareli, where slums are spread across 56 habitations. Women from 8,619 poor families in these slums, representing a population of over 51,000, have been organised into 663 SHGs. These SHGs have been federated into 19 cluster level organisations. The urban SHG initiative was expanded during the year to the cities of Allahabad and Lucknow. Preliminary work has been initiated in both the cities. As of April 2013, RGMVP has a presence in six urban slums of Lucknow and three urban slums of Allahabad.

## Key Outcomes

Figure 2 shows RGMVP's main impact areas. The numbers represent data as of March 2013.

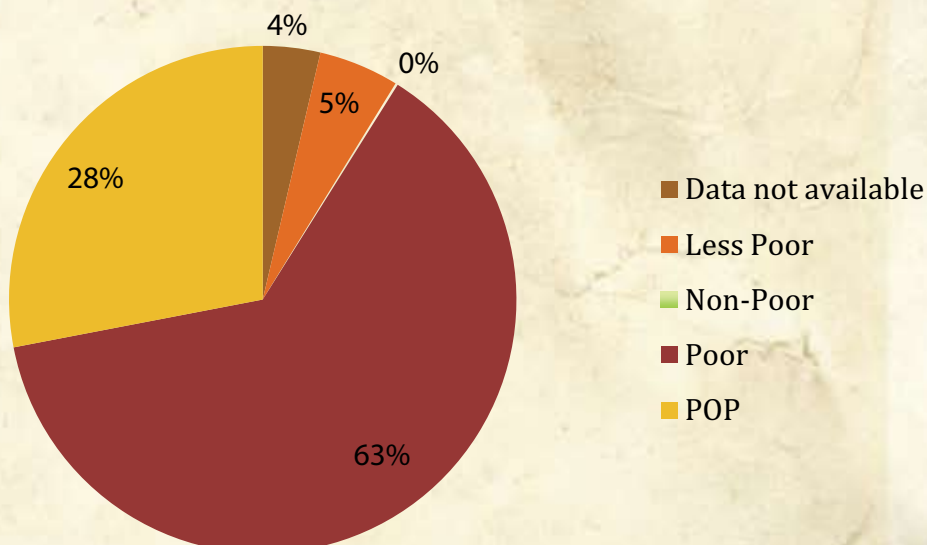
**Figure 2: Key impact areas**



## Social Mobilisation

RGMVP proactively seeks to ensure that the poorest of the poor (POP) and poor households are included into SHGs. Figure 3 shows the coverage of members as per economic status.

**Figure 3: Socio-economic status of SHG members**



## SECURING ENTITLEMENTS

# VOs Show the Way

Many households in Kairethu village in Sangrampur block of Amethi district did not have Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) Job Cards. Below the Poverty Line (BPL) cards had also not been given to several poorest of the poor households. Members raised these matters in their respective SHGs and their representatives brought the matter to their VO, the Khushi Mahila Gram Sangathan. The office bearers of the VO invited the Panchayat Pradhan to the VO meeting to apprise him of the situation and seek his intervention. Reluctant initially, the Pradhan eventually attended the meeting. Seeing how agitated and united the women were, he took steps to remedy the matter. As a result, 35 households were issued Job Cards and 10 poorest households were given BPL cards. All the front line extension workers, such as Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and Anganwadi Workers (AWWs) from the village now regularly attend meetings of the SHG federation. Through convergence with government departments, the VO initiated backyard poultry farming with 50 households in the village. After a long struggle by the VO, the village was able to get an all weather approach road constructed to connect it to the main road. This has brought great relief to the entire village. The ability of the women and the power of women's collective is now ungrudgingly acknowledged in the village.

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While attending group meetings and conducting training for SHG members and office bearers, RGMVP facilitators regularly inform women about various government programmes and the underlying procedures. Learning about the provisions of MGNREGA in one such interaction in January 2013, women from 13 member SHGs VO of Adarsh Mahila Gram Sangathan of Gosaiganj Block, Lucknow decided to ensure that all the SHG families in the village interested to work under MGNREGA get their entitlements. Forty women possessing Job Cards enlisted for work and sought work from the Pradhan, who turned down their request. The VO took the matter to its BO. The officer bearers of the BO met the Pradhan and requested him to provide work, but to no avail. The women told the Pradhan that all 2,000 members of the BO would march to the office of the Block Development Officer (BDO) if he did not accede to their request. The threat compelled the Pradhan to accept the application for work and promise to provide 14 days' work every month. He has kept his word and 65 households have been able to get work regularly ever since.



## Financial Inclusion

Enabling poor people to access bank credit is one of the goals of the programme. Cumulatively till March 2013, the programme had credit-linked 22,934 SHGs. Groups typically seek cash-credit limits (CCL) from banks so that they can borrow repeatedly up to the given limit as per their requirement and repay when they can without having to seek approval of a fresh loan every time they need to borrow. The credit limit is enhanced as the group matures, has established satisfactory credit history with the bank and can absorb more funds. The first stage of credit limit sanctioned to these SHGs amounted to ₹178.02 crore. Of all the groups credit-linked, 2,588 have been sanctioned the second credit limit amounting to ₹63.96 crore, bringing the cumulative credit limit sanctioned to the groups to ₹241.98 crore. Groups typically borrow between 1.5 to two times the CCL amount over a period of two years as individual members keep borrowing and repaying in instalments. Women have utilised bank credit to acquire assets and meet working capital needs for various livelihood activities, redeem expensive debts from local moneylenders, meet health related expenses, etc.

RGMVP has so far trained over 2,000 SHG members on bank-related procedures as Bank Sakhis who regularly volunteer to help SHGs link with banks. RGMVP provided more advanced training to 127 of the Bank Sakhis so that they can train newer SHG members, thus spreading financial literacy, knowledge about bank linkage procedures and effective credit utilisation to women across all groups.

RGMVP conducted 708 credit utilisation workshops during the year to help SHG members utilise the bank credit available to them optimally and in an effective manner. RGMVP also organises training/exposure visits for branch managers of partnering banks to sensitise them about the approach and methodology of the programme and inform them about RGMVP's approach to empowering women through training and capacity building. During the year, 366 bank managers in 27 batches were given exposure to RGMVP's programmes, taking the cumulative number of branch managers sensitised so far through exposure visits to 560 in 42 batches.

## Bank Sakhis as Banking Correspondents

RGMVP began implementing a pilot project during the year to get Bank Sakhis appointed as Banking Correspondents (BC) by the bank's Technical Service Provider (TSP). The German technical support agency, Gesellschaft für Internationale Zusammenarbeit (GIZ), NABARD and Aryavart Gramin Bank are collaborating with RGMVP in this pilot. Five VOs in the Sumerpur block of Unnao district have been identified for this pilot. So far 15 batches of Bank Sakhis from these VOs have received training in this regard. The intervention has been very successful and enrolment of customers for smart cards based banking is in progress. Also, training events are continually being organised to facilitate skilling and nurturing of more BCs.



*Financial transaction at the SHG level. Each SHG maintains a register that records all financial dealings*

### **Citizen Charter for SHG-bank Linkage**

RGMVP facilitated implementation of a “Citizen Charter” by participating banks to streamline SHG-bank linkage operations. As of March 2013, all banks associated with RGMVP have accepted the Citizen Charter. Over 800 posters have also been distributed to all bank branches so that the tenets of the Citizen Charter can be displayed on the branch premises.

The Charter specifies agreed procedures for processing requests from SHGs by banks to open bank accounts, approve CCLs and disburse CCL funds, including documentation that would be accepted by banks in support of SHG requests and time-lines for action by banks. It also spells out the procedure to be followed by SHGs in utilising loan funds out of CCLs. The Charter takes into account the rural context, such as with respect to identity proof, eliminates ambiguity and opaqueness with respect to procedures and minimises delays.

### **Reducing Infant and Maternal Mortality**

RGMVP has partnered with the Bill & Melinda Gates Foundation (BMGF) to implement a major community-based health initiative in 160 blocks of UP using the Behaviour Change Management (BCM) methodology. This project aims to significantly reduce maternal and neonatal mortality by leveraging RGMVP’s social mobilisation platform to encourage women to adopt simple and effective behaviours that can save maternal and new born lives.

The project is being implemented through a consortium of five partners led by the Public Health Foundation of India (PHFI); the Community Empowerment Lab (CEL), the Population Council, Boston University (BU) and RGMVP are the other partners. Social mobilisation, institution-building and training are underway as part of the project. The BCM package has been prepared by CEL. The trial run for field testing of the BCM package has been completed and baseline data collection will commence soon.

### **Gender and Sanitation Initiative**

RGMVP is implementing a research project in partnership with BMGF. The project will study the efficacy of women’s community platforms in bringing about behaviour changes regarding personal hygiene and sanitation. The International Centre for Research on Women (ICRW) and Shramik Bharti are the other two partners in the project. The project goal is to sensitise and organise more poor women into SHGs and their federations, develop their capability and train them in improved sanitation and personal hygiene practices. The project will directly impact more than 24,000 households across 120 villages of Sultanpur district over a period of two years. The preliminary ground work for research has begun and the project will be rolled out once that is completed.



*A woman practicing Skin-to-Skin Care, the practice of placing an infant’s bare body on the mothers skin (chest). This prevents hypothermia, aids milk letdown, gives the infant security and increases the bond of love between the mother and baby*

## **GEETA AND HASEENA BANO**

# **Fighting Poverty, Building Friendships**

Geeta was married off to a landless unskilled daily wage worker living in abject poverty. To compound her privations, her husband broke his arm while working at a construction site and the little savings they had were spent on his medical treatment. The future looked bleak to Geeta when she heard about RGMVP's SHGs. Clutching at this straw in the wind, she brought together 13 women in her village and they formed their SHG. Within six months, the SHG was granted its first CCL. Geeta borrowed ₹25,000 with which she set up a vegetable shop for her husband, repaired her house and bought local cattle and goats to rear. Soon she repaid the loan. She took another loan to invest in a furniture shop. Geeta's husband now runs a successful furniture shop and they have bought a small truck to transport the furniture from their shop to customers.

Haseena Bano lives a few houses away in the same village and joined another SHG a few years later. Her tailor husband contracted tuberculosis and all her family belongings had to be sold to pay his medical bills. He could not work for 18 months and as all the assets had been sold, he had to work as an unskilled wage earner. From the first CCL her SHG received, Haseena borrowed funds to buy a sewing machine for her husband to stitch and repair clothes. The stitching business did well and Haseena bought two more sewing machines and a small shop for her husband with a loan of ₹50,000 from her SHG.



Geeta and Haseena Bano met when the SHGs came together to form the VO and became great friends. Borrowing funds from their respective SHGs, they bought a piece of land jointly which they cultivate together, dividing the produce equally between the two households.

## Poorest States Inclusive Growth Project

RGMVP began implementing a project for deepening financial inclusion in existing SHGs in 200 blocks during the year. It is supported by the Poorest States Inclusive Growth Project (PSIG) being administered by the Small Industries Development Bank of India (SIDBI) and financed by the Department of International Development (DFID), UK. The project goal is to intensify household level credit utilisation process so that each SHG household is able to invest at least ₹50,000 in multiple tranches in two or three income generation activities to enhance its income and employment opportunities to come out of poverty. The project also provides for strengthening community platforms, organising urban poor for financial inclusion and organising young women to enable them to improve their health awareness, financial literacy, leadership and life skills.

## Sustainable Agriculture and Dairy

The livelihood initiative under RGMVP focuses on promotion of sustainable agriculture and dairy practices by SHG federations under the Khorana project being implemented in partnership with the University of Wisconsin as the technical support unit for the initiative. Two faculty members from the University visited during the year to impart training on best dairy practices. The training modules have been contextualised to the Indian setting. Milk production in the area has increased as a result and over 1,50,000 litres of milk is being marketed every day from the area by Mother Dairy through a tie up with the National Dairy Development Board (NDDB). Increasing crop productivity by adopting SRI and SWI techniques is also a major component under this initiative.

Rice paddy and wheat are the principal cereal crops cultivated in the area. Enhancing the productivity of these crops is one of the strategies RGMVP has adopted under its sustainable agriculture programme to enhance food security and incomes of poor households. The outreach of this programme was expanded to 11 new blocks during the year, from across all the regions.

RGMVP promoted SRI among 10,000 farmers during Kharif (June to October) 2012. Encouraged by the success, SWI was taken up on a larger scale during Rabi (November 2012 to March 2013), enabling 30,000 farmers in Raebareli, Amethi and Lucknow districts to adopt the practice.

Productivity of rice and wheat nearly doubled due to the adoption of SRI and SWI, respectively, in comparison to traditional methods. This was ascertained through crop-cutting experiments carried out in Raebareli and Amethi for both the crops.

*The simple practices of SRI and SWI have doubled productivity in intervention areas*



RGMVP trains CRPs chosen by the VOs in improved farming and livestock management practices. The CRPs train SHG members and also provide hand holding support to the households adopting new practices. The details of such training and capacity building activities are presented in Table 2.

**Table 2: Capacity Building for Sustainable Agriculture and Livelihoods**

Programme	Coverage as at March 2013	
Sustainable Agriculture	No. of agriculture CRPs	2,544
	Farmers' groups formed	315
	Farmers participating in the programme	30,000
	Farmers sent for exposure visits	392
Livelihood Enhancement	Women trained in non-farm livelihoods	29,950
	No. of dairy CRPs trained	2,802
	SHGs participating in the programme	6,891
	SHG members trained in dairy activities	70,710

Table 3 shows the productivity increases in wheat recorded in Raebareli and Sultanpur where the SWI technique was adopted by SHG members.

**Table 3: Increase in Wheat Productivity due to Adoption of SWI**  
Kg/ha

Raebareli		Sultanpur	
Traditional Practice	SWI	Traditional Practice	SWI
2,058	2,819	2,580	5,462

It is to be noted that the wheat yield achieved in Sultanpur compares well with the highest yield of 5,030 kilogram (kg)/hectare (ha) recorded in Haryana during 2011-12 and far exceeds the average for UP of 3,113 kg/ha. The difference in productivity gains between Raebareli and Sultanpur can be attributed to the fact that SWI had been introduced earlier in Sultanpur. This has given Sultanpur more time to adjust to the technique.

The average yield recorded for SRI paddy through crop cutting experiments was 4,480 kg/ha. This compares well with the average yield in Tamil Nadu, the state with highest paddy productivity, of 4,179 kg/ha.



*A healthy baby whose weight is being monitored on a weighing scale at the Anganwadi Centre. SHG women have taken up growth monitoring seriously, resulting in significant impact on infant health*

## **Community Based Health Initiative in Collaboration with UNICEF**

RGMVP successfully implemented the Community Based Health Initiative in collaboration with UNICEF in January 2013. The programme was implemented in 1,250 villages across 50 blocks in UP. Using the SHG platform, the programme focused on ensuring registration of pregnancies and births, encouraging institutional deliveries, provision of basic maternal and neonatal care through extant government programmes. It also conducted four pilots focused on growth monitoring of newborns, full birth preparation and addressing health issues with the help of concerned government officials. The programme led to 100 percent pregnancy and birth registration in the villages covered and 89 percent institutional deliveries in SHG households. SHGs now routinely monitor pregnancies in their villages and promote institutional deliveries. The data on these parameters are routinely reported in monthly BO meetings.

## **Collaboration with the National Rural Livelihood Mission**

RGMVP has been recognised by the Government of India as one of the 20 Capacity Building Organisations for the National Rural Livelihood Mission (NRLM). There is a convergence of objectives, philosophy and approaches between NRLM and RGMVP. Senior officials from Jammu and Kashmir's State Rural Livelihoods Mission visited RGMVP to observe and understand the RGMVP model as a prelude to implementing NRLM in the state. A team from the Punjab State Rural Livelihoods Mission came for immersion training in RGMVP. Of the BOs and VOs promoted and nurtured by RGMVP, 20 BOs and 1,050 VOs are mature enough to function as immersion sites for NRLM. We expect more State Rural Livelihood Missions to seek RGMVP's support to provide exposure and immersion to their staff. Overall, SHGs and VOs nurtured by RGMVP meet the NRLM criteria and can directly be integrated as and when the Mission is implemented in the RGMVP programme blocks in UP.

## **Community Newsletter**

To share experiences, stimulate peer-learning and aid communication, a monthly community newsletter was initiated in January 2013. The objective of the community managed newsletter is to aid information flow from the field to the Project Management Office (PMO) and vice versa. This communication structure will allow the latest ideas and plans of the organisation to reach the community. Through the newsletter, dialogues in the form of SHG songs, inspiring case studies and photographs from the community reach almost all the SHG members in the present programme area. CRDC members from SHGs are engaged in the process of collection, selection and writing of the content for the newsletter.

## VISITORS' VOICES

During the year a number of national and international guests visited RGMVP. These included Mr. Omar Abdullah, Chief Minister of Jammu and Kashmir; Mr. Deep Joshi, co-founder, PRADAN; Dr. Kaushik Basu, Chief Economist, the World Bank; Mr. Alkesh Wadhvani, BMGF; Dr. Deepa Narayan, former senior advisor at the World Bank and Development Consultant; Mr. K. Raju, Joint Secretary, National Advisory Council (NAC), Government of India; Mrs. Yogita Rana, Director, NRLM for Jammu and Kashmir; Mrs. Prema Cariappa, Chairperson, Central Social Welfare Board, Government of India Mr. Shanti Ram Mahato, Minister in-charge of SHGs and Self Employment, Government of West Bengal; Prof. S. Parasuraman, Director, Tata Institute of Social Sciences (TISS); and Mrs. Manisha Verma, Joint Secretary, NAC, Government of India.

### **Here is what some of them had to say about RGMVP:**

“The women have been able to bring about change... They have the strength to solve their own problems and do not feel the need to complain to others. I think that is the biggest achievement of the programme.”

**–Omar Abdullah, Chief Minister, Jammu and Kashmir**

“Systematic women’s self-help group organisations acting as enablers to help the poor access various government schemes.”

**–Kaushik Basu, Chief Economist, World Bank**

“Women had successfully resolved conflicts and they narrated touching stories of mutual help ... They were proud to have taken off the veil ... They proudly narrated stories of how they go out to other villages to organise women ... The outreach now reportedly extends to 7 lakh women across 40 districts. To my knowledge this is the largest outreach and mobilisation created by an NGO in the country.”

**–Deep Joshi, co-founder PRADAN**

“RGMVP has perfected the art of facilitating and federating self-help groups and has created a scalable model. In three to four months, facilitators can now create groups strong enough to receive loans from banks, and topics such as health can be layered on in the first few months. Peers who have experienced the benefits of being members of SHG become leaders and facilitate the formation of new groups, often travelling village to village. RGMVP currently has 60,000 functional SHGs and is adding 2,000 groups per month. It expects to reach critical mass in every block of UP in five to seven years. Each SHG has 10-15 women as members. Their model has a multiplier effect – they encourage one woman in each household to join an SHG, and she influences the other women (and men) in the household.”

**–Alkesh Wadhvani, BMGF**



*A SHG member reading the community newsletter*

### **Indira Prasikshan**

The skill development programme carried out through Indira Prasikshan (IP), the residential training facility of RGCT at Jagadispur was merged with RGMVP during the year. This would enable RGMVP to expand its skill development initiatives for the women of SHGs.

## **PARTNERSHIPS, FUNDING AND SUPPORT**

### **Rural India Supporting Trust**

During this year, RGMVP received assistance from the Rural India Supporting Trust (RIST) to bridge the gap between the financial resources received from funding agencies such as the National Bank for Agriculture and Rural Development (NABARD) under the SHG-Bank Linkage Programme and the investment required for implementing RGMVP's holistic empowerment strategy.

### **Society for Elimination of Rural Poverty**

RGMVP continued to receive support from the Society for the Elimination of Rural Poverty (SERP) in Andhra Pradesh for community mobilisation and institution building. RGMVP organised an exposure visit for its Regional Programme Managers (RPMs) to SERP to learn about their model. It also organised exposure visits for SHG leaders to community organisations nurtured by SERP.

### **NABARD**

RGMVP continued to receive support from NABARD for the implementation of phases I, II and III of the special SHG-Bank Linkage Project in 100 blocks of UP. The programme surpassed the physical targets in its achievements in Phase I that ended on December 31, 2012. NABARD has reconstituted the Project Implementation and Monitoring Committee (PIMC) by including new partnering banks as members. The PIMC met regularly every quarter during the year and senior executives of participating banks attended the meetings.

### **Bill & Melinda Gates Foundation**

RGMVP is partnering with BMGF to scale up health interventions in 160 blocks. These interventions are expected to be sustainable and scalable and are demand-driven in their approach. This initiative will enable RGMVP to rapidly scale up and impact a large number of SHGs on family health behaviours.



## KALAWATI

# Scared No More!

Kalawati is an *adivasi* from Bundelkhand. Her family subsisted with great difficulty, with no certainty of regular meals or income. She would work as a daily wage worker in others' fields or do odd jobs in and around her village. "I would be so scared if any official visited the village that I would hide inside the house and shut the door," says Kalawati. That was before she joined the SHG.

After joining the SHG, she borrowed ₹10,000 from her Gram Sangathan to fence her small parcel of land and pay for irrigation and other inputs and began to cultivate it. She borrowed ₹50,000 from the saving corpus of the SHG over a period of three years for farming her land.

There were irregularities in the implementation of MGNREGA in her village and the Pradhan would refuse to give work to women, questioning their ability to do physical labour. Kalawati, along with a few SHG members, filed a written complaint in the block office. The Pradhan turned up at her house the same evening and asked her to come for work the very next day. Kalawati refused, reminding him that he had said that women were too weak to do physical work. The Pradhan apologised and asked her to join work. Kalawati and other women in the village now get their due share of MGNREGA work.



Kalawati radiates confidence as she speaks of her plans for the future. "I am not scared of any official now," she says. She wants to educate her son and daughter, "so that they can also become a SDO or BDO and work for poor people like us and not scare us into hiding."

### **University of Wisconsin**

The University of Wisconsin is working with RGMVP in the Partnership for Innovation and Knowledge in Agriculture (PIKA) project. This project is in its final stages and has had a huge impact on agriculture and livestock productivity of small and marginal farmers in UP.

### **Small Industries Development Bank of India**

SIDBI is supporting RGMVP under its PSIG financed by DFID.

### **UNICEF**

RGMVP's Community Based Health programme in collaboration with UNICEF concluded successfully in January 2013. The project achieved widespread impact in the 50 blocks where it was implemented.

## **LOOKING AHEAD**

### **Partnership with Global Alliance for Improved Nutrition**

RGMVP is partnering with Global Alliance for Improved Nutrition (GAIN) in a project to improve knowledge and adopt appropriate maternal, infant, child and adolescent nutrition practices in 55 blocks of RGMVP's programme area. This project covers one lakh households across 13 districts.

### **Partnership with Clinton Health Access Initiative**

The Clinton Health Access Initiative (CHAI)-RGMVP collaboration initiative is being implemented in the districts of Raebareli and Sultanpur, in 31 blocks for a period of two years. This project aims to increase knowledge and adoption of World Health Organisation's (WHO's) Oral Re-hydration Solution (ORS) and zinc tablets for the treatment of diarrhoea among children under the age of five.

### **Programme Scale Up**

In the upcoming year, RGMVP plans to scale up to another 63 blocks venturing into Phase V of the Programme.

In the coming five years, RGMVP's goal is to achieve the following:

- Create more demand systems and reduce poverty through 350,000 SHGs and their federations
- Encourage more positive behavioural changes in personal hygiene and health practices, sanitation and livelihoods
- Impact a population of approximately 110 million through Block Federations in over 500 blocks across 41 programme districts in UP by 2018

## INDIRA GANDHI EYE HOSPITAL AND RESEARCH CENTRE

# Eye Care

Indira Gandhi Eye Hospital and Research Centre (IGEHC) was established in 2005 to eliminate avoidable blindness and bridge the gap between demand for and supply of affordable high quality eye care, particularly in northern India. At present, a dedicated team of 241 professionals and two fully operational hospitals – a secondary care hospital at Munshiganj in Amethi and a tertiary care speciality hospital at Lucknow – are committed to realising IGEHC's vision. Two Vision Centres located at Raebareli and Musafirkhana provide primary care and referral services.

Since inception in 2005 to March 2013, IGEHC hospitals have treated over 12,00,000 out-patients and performed nearly 1,50,000 sight restoring surgeries (Amethi 91,375, and Lucknow 56,873), making IGEHC one of the largest providers of quality eye care in the state of UP, drawing patients from 12 districts in central and eastern UP.

IGEHC's uniquely successful model is based on a High Volume-Low Cost-High Quality strategy of cross subsidisation and an emphasis on efficient utilisation of all available resources. Efforts are continually made to reach out to village communities lacking access to quality eye care services through a system of outreach camps where patients are screened and sent to the base hospitals for further treatment, including surgery. Fees are charged on the basis of the twin criteria of affordability for patients and sustainability of the institution while providing high quality care. Sponsorships are mobilised from individuals, philanthropies and social service organisations to support the cost of surgeries for patients from rural camps. Sponsors also provide invaluable community mobilisation as they themselves are embedded in the same communities. These strategies enable IGEHC to reach out to and subsidise treatment of those who are unable to afford standard rates.

Ophthalmic Assistants (OAs) form the service backbone of the hospitals. These are young women selected from nearby villages who undergo rigorous two-year training in all aspects of patient care at IGEHC facilities. Trainees are paid a stipend and receive competitive salaries on completion of training. So far 174 village girls have been trained as OAs.

Constant innovation, adoption of cutting edge technologies, inter-speciality collaborations and on-line exchanges with colleagues in different geographies together with skilled and compassionate care enable IGEHC hospitals to deliver optimal eye care solutions to all patients. Corneal grafting and stem



*Hospital facilities at Lucknow (top) and Amethi (above)*



*Outreach camps are an integral part of the IGEHRC service delivery model*

cell implants for corneal defects are the latest cutting edge procedures recently introduced at the Lucknow facility and are now among the procedures regularly available to patients there. Within a short span of five months, IGEHRC has performed over 150 cornea reshaping surgeries. Backed by modern infrastructure, highly trained manpower, sound management practices and uncompromising ethical standards, IGEHRC has become one of the most trusted clinical institutions in north India today.

## **INITIATIVES 2012-13**

### **Entering New Partnerships**

IGEHRM has teamed up with Sight Savers International, an international NGO, to conduct diabetic retinopathy and glaucoma screening camps in and around IGEHRC's service areas. This initiative enables IGEHRC to take super speciality preventive services to community level.

### **New Treatment Modalities: Lasik**

IGEHRM has commenced Corneal Collagen Cross-linking with Riboflavin (C3R), a surgery not commonly performed in India. This surgical treatment addresses advanced cases of keratoconus, a condition in which the cornea becomes weak, leading to its progressive thinning and stretching. Since the disease begins in young adults, it impacts the most productive years of one's life.

The Lucknow hospital has also started Botox injections to treat a debilitating condition of eye lids as well as providing prosthesis for disfigured non-seeing eyes.

## **IMPACT 2012-13**

### **IGEHRM Amethi**

The hospital provides eye-care services to seven, largely rural, districts of central UP. Its facilities include two well-equipped operation theatres with three modern operating microscopes and four operation tables. Advanced diagnostics and modern surgical equipment enable the team to examine 250 patients and perform 50 sight restoring surgeries on an average every day.

The glaucoma clinic at Amethi services around 60 patients daily. Patients requiring specialist care for cornea, retina and other complex eye problems are sent to IGEHRC's tertiary care hospital in Lucknow.

The hospital is staffed by a competent team of doctors, including two to three senior surgeons, junior surgeons and trainees. There are 75 paramedical staff who work in all areas of patient care. Attracting and retaining doctors in this rural setting remains a constant challenge.

Table 4 provides details on the hospital's key achievements in 2012-13.

**Table 4: Patient Care Services during 2012-13**

<b>Out patients examination</b>	
Walk-in	68,092
Outreach	38,159
<b>Surgeries</b>	
Walk-in	3,245
Camp subsidised	11,489
<b>Community outreach camps held</b>	227

### IGEHRC Lucknow

This hospital is a 45,000 sq ft, 100 bed, state-of-the-art, super specialty tertiary eye care centre. Services include general ophthalmology, cataract, retina, glaucoma, cornea, paediatric ophthalmology, orbit & oculoplastics, refractive surgery, contact lens and low vision. It is well equipped with high quality diagnostic and therapeutic equipment and operating facilities. The mix of patients served by the Lucknow hospital is different from that in Amethi as it is a referral centre not only for Amethi hospital and Vision Centres but also for seven nearby districts. Complicated cases covering practically all specialities that cannot be handled elsewhere are referred here by other hospitals and practitioners.

The singular achievement of the hospital is the delivery of high-end services at affordable costs through stringent cost control and efficient use of facilities. On an average, 370 patients are treated daily at this specialty facility and around 50 surgeries performed. An overview of its services in numbers is provided in Table 5.

*Patients at the Lucknow facility (left) and at an outreach camp*





*IGEHRHC boasts of advanced diagnostics and modern surgical equipment*

**Table 5: Patient Care Services during 2012-13**

<b>Out patients examination</b>	
Walk-in	1,10,309
Outreach	31,376
<b>Surgeries</b>	
Walk-in	4,591
Camp subsidised	10,434
<b>Community outreach camps held</b>	214

### **Vision Centres**

IGEHRHC has three tier pyramid model to provide eye care for the needy population where vision centres are at the primary level. For providing basic quality eye care services at the doorsteps of the rural population on a permanent basis, IGEHRHC runs two Vision Centres, one each in Raebareli and Musafirkhana. Both vision centres collaborate with the community and promote eye health education, create awareness and motivate people to seek timely treatment for vision related problems which allow them to reintegrate back into the workforce instead of becoming visually impaired.

Both these centres are equipped with basic ophthalmic equipments and are run by well-trained Optometrists and other OAs. Together, around 70-80 patients are examined every day, mainly for visual and refractive errors. The specialists from the Lucknow and Amethi hospital visit these centres once a week. Patients requiring further intervention are referred to either the secondary hospital at Amethi, or the tertiary hospital at Lucknow. There is an increasing demand from the community to upgrade the capacity of these centers to include cataract surgery. Table 6 provides details on their services during the year.

**Table 6: Patient Care Services 2012-13**

Out -patients (walk-in: new & review)	13,091
Refraction	4,484
Spectacles issued	4,146

## Treating a Rare Disorder

When their third child, a girl, was born to Murli and Sheela in 2008, they were frightened and very worried. The child's irises and pupils were completely opaque, and light blue in colour. The nurse at the general hospital where she was born advised the parents to consult an eye specialist. Murli, a resident of Sultanpur city and a drain repair worker by profession, took his daughter to two well-known private practitioners, both of whom told him that treatment was not possible and that his best chance might be to go to Delhi and find out if the child could be treated. Then Murli and Sheela brought their daughter to IGEHRC Amethi. After preliminary investigation, they were referred to IGEHRC Lucknow, to Dr Kuldeep Srivastava. "Doctor sahib checked the child, said that she could be treated and then told us to return after a week," says Murli.

Investigations and diagnosis proved that the child had congenital glaucoma, a relatively rare disorder that afflicts one in 30-40,000 children. "One eye was very badly scarred, and the other one was a little better," says Dr Srivastava. "I decided to operate immediately. One eye was operated when the baby was 23 days old and the other one a week later. She has regained sight in one eye. The glaucoma was so advanced that had we not operated when we did, she would have lost both her eyes."



Today, the five-year-old Anchal leads a near-normal life, and her parents are happy that she can see – put an object in front of her and she will make a grab for it just like any other child. Anchal still goes back to Dr Srivastava for check-ups every three or six months.



*IGEHR Lucknow delivers high-end services at reasonable costs*

## COMMUNITY OUTREACH

### Village Eye Camps

Both hospitals have extensive outreach programmes. In 2012-13, the hospitals held 441 camps in the surrounding districts, touching the lives of over 69,000 persons. Those found suitable for cataract surgery are transported to the hospitals and returned to their villages after surgery. A network of philanthropic volunteers from within the community takes the responsibility to sponsor every aspect of the camp such as the venue and publicity and food. They also liaise between the hospital and the village people, when required. Details of the outreach activities are provided in Table 7.

**Table 7: Camps held by IGEHRC: 2012-13**

Community outreach	IGEHR, Lucknow	IGEHR, Amethi
Number of camps held	214	227
Number of patients examined	31,376	38,159
Number of surgeries (from camps)	10,436	11,489

## PARTNERSHIPS AND FINANCIAL SUPPORT

The Rural India Supporting Trust (RIST) has helped set up new facilities such as Lasik and other advanced corneal treatment at the IGEHRC hospitals for enhancing the quality and range of patient care.

## LOOKING AHEAD

### Enhancing Existing Capacity

The excellent reputation the IGEHRC hospitals have built have increasingly made them the preferred choice for eye treatment. To live up to these expectations, IGEHRC has to continually engage in enhancing the efficacy and capacity of the existing hospitals while expanding its geographical presence.

In order to provide support to eye care institutions, both existing and planned, the Trust is establishing a one-of-a-kind institution in Gurgaon in the National Capital Region. This will provide super-tertiary eye treatment, training for all levels of workers and research facilities, thus enabling IGEHRC to extend eye care services to surrounding rural populations. This facility, with teaching and training programmes for all levels of eye care providers, would alleviate the lack of such facilities in North India.



## Saving a Teacher's Sight

Mrs Ghosh, a primary school teacher from Lalbagh, had been experiencing a problem with her vision for the last 10 years. This was affecting her work adversely. She visited several hospitals and eye specialists over the years, but to no avail. The right eye had become cloudy over the years but what was worrying her that the left eye, with which she had been doing all her work, also lost its vision. In the end, she had to take leave from her school on medical grounds, because she was unable to read. Just then, her husband suggested that they go to IGEHRC Lucknow.



“When I came here, I was impressed by the cleanliness and the compassion that all the staff showed,” says Mrs Ghosh. Her right eye was checked first by Dr Ankit Avasthi of the Vitreo-Retina clinic, and after medication the vision improved. Then she was directed to Dr Ashutosh Khandelwal, who advised that she should go for surgery in the left eye. “She used to have recurrent attacks of uveitis. Swelling in the iris of the eye was causing the iris to stick to the lens. When the inflammation occurs, it goes down with medication but, in the long run, the iris sticks to the lens which is developing a cataract. Her case was complicated because the pupil was not dilating due to recurrent attacks of uveitis. Dilation is required for cataract surgery. We did a retina ultrasound and found that her sight could be restored,” says Dr Khandelwal. “We operated and her vision has gone from zero to almost 100 in the left eye. She is also diabetic and there was a swelling in the retina of her right eye; partial vision had returned to that eye after medication and control of diabetes.”

For Mrs Ghosh, the year 2010 brought the gift of sight – she was operated on December 30, 2009 and her vision returned on New Year's Day. “I am so thankful for the care and concern that was shown in this hospital and I bless all the doctors and the staff here for giving me my sight back,” smiles Mrs Ghosh.



*The doctors at IGEHRC constantly upgrade their professional knowledge*

### **Developing Human Resources**

The Lucknow hospital is poised to become a major training centre for the region. Facilities for doctors will include training in ‘wet labs’ for hands-on surgical practice, simulators, classrooms, audio-visual facilities and a well-stocked library with online internet resources on a continuous basis. Training facilities for Optometrists and OAs are proposed to be established together with requisite accommodation. The operations are scheduled to commence soon.

### **Opening New Avenues**

In keeping with its vision of eliminating curable blindness, IGEHRC is keen to initiate a programme of awareness-building among the public regarding eye donation. This will be focussed on an Eye Bank proposed to be set up by the Lucknow hospital to benefit a large number of persons suffering from corneal blindness.

### **Long-term Plans**

By 2016-17, the contribution of the IGEHRC group of hospitals to the nation’s campaign against preventable blindness is targeted to be around 100,000 sight-restoring surgeries annually.

IGEHRRC plans to expand its coverage by setting up at least two new hospitals in UP and making its Gurgaon facility fully operational by the year 2016-17.

INDIRA PRASHIKSHAN

# Vocational Training

Indira Prashikshan (IP) was initiated in 2009 with the mandate to provide disadvantaged and resource-constrained rural youth with technical competence and employable skills so that they could be inducted into the national workforce. IP began by identifying vocations related to the construction industry as an area of vast employment potential and focussed on related trades.

Rural youth were mobilised through awareness campaigns and information dissemination to join IP. Linkages developed with the construction industry ensured that the trained students found employment with well-known construction companies.



*Providing technical competence and employable skills to rural youth*



IP was successful in training over 2,500 young people and finding placements for almost all of them. However, following a strategic review of the programme in 2012, it was decided to focus primarily on those trades that provide employment to women and to merge IP with RGMVP. RGMVP took over the management of IP and its residential training facility at Jagadishpur in November 2012 with the objective of enhancing its skill development initiatives for SHG members as part of RGMVP's scale up.

## **IMPACT 2012-13**

### **Training Courses Conducted at IP**

During the year, IP trained 403 young people in construction-related trades. All the trainees have been placed in reputed companies, with 15 trainees being placed in international companies based in Oman and Dubai. IP also conducted 92 awareness-building campaigns in remote villages of Sultanpur, Amethi, Raebareli and Pratapgarh districts to mobilise candidates from targeted segments of the community.

### **Skill Training for Women**

After RGMVP took over the management of IP, the first pilot domain batch—called “Retail Sales”—which emphasised enrolment of women candidates, was trained. The batch had 15 girl candidates who went through an intensive training of three months. At the end of the training, the trainees were ready for jobs in the organised sector. IP placed a majority of the trained girls in Shoppers Stop, Airtel, V-Mart, Spencers, etc.

### **Job Fair**

IP organised an open job fair in September 2012 for its current trainees as well as unemployed youth of the region. Over 500 young people were placed at this fair with companies such as Airtel Call Center, Eicher, Bio Fertilizers Ltd., Dynamics and the Tata Group.



*During the year, IP trained 403 young people in construction-related trades*

## LOOKING AHEAD

RGMVP is in the process of reconceptualising IP. Possibilities include conversion of IP's infrastructure into a full-fledged training facility to support RGMVP's scale up initiative. Under the proposed new model, the facility would provide residential Training of Trainers to SHG members (training of Silai School Master Trainers) with the support of Usha International Limited (UIL) at IP. At least one woman from each village would be provided training. The Silai School trained SHG women will be encouraged to start micro enterprises in garment production activities to tap local demand as well as supply to reputed brands with linkages facilitated by UIL and IP.

# Organisation Development

The organisation development processes initiated by the Trust in 2010 to improve internal administrative, accounting, resource mobilisation and human resources development systems have stabilised with constant fine-tuning to maximise their efficacy. These have contributed significantly to professionalising the management and operations of the Trust. Key developments at the Head (HO) Office during FY 2012-13 are as follows.

Internal administrative, accounting, resource mobilisation and human resources development systems have been stabilised with constant fine-tuning to maximise their efficacy

## **Finance and Accounts**

The Statutory Audit for the FY 2012-13 was completed on July 25, 2013. The Income Tax returns for the year were filed on September 25, 2013. Concurrently, Internal Audit of all financial transactions was carried out through the year. The budgeting and review system introduced at the HO and Projects in October 2010 has since stabilised and the variances are now being regularly monitored for corrective action. Grants from international donors under the Foreign Contribution Regulation Act (FCRA) increased significantly from Rs 0.42 crore in 2010-11 to ₹23.33 crore in 2011-12; receipts during the year were ₹21.78 crore.

The institutional and individual donors to the Trust include the Bill & Melinda Gates Foundation (BMGF), the Small Industries Development Bank of India (SIDBI) under a project funded by the Department for International Development (DFID), UK, UNICEF, etc. In order to supplement its resources, the Trust is working on a Corporate Social Responsibility (CSR) funding window. Towards this, the Trust has registered with the Tata Institute of Social Sciences (TISS) to access CSR funding from public sector enterprises.

In terms of internal administrative systems, the remaining elements of the Accounting Framework such as monitoring of cash transactions at Projects, delegation of sanctioning authority to Project CEOs and CFO, adherence to all regulatory compliances, donor-specific accounting modules, donor-specific bank accounts and Project-related finance have been implemented. As a result, the Trust now has robust financial systems that meet international standards in terms of system reliability, transparent processes and robust policies.

## **Administration**

In keeping with the practice instituted in the previous year, the movable and immovable assets at the HO and Projects were verified with reference to their respective inventories. Administration and procurement manuals developed with the assistance of external consultants were finalised during the year and training workshops were organised at the HO as well as the Projects. These manuals will be implemented by the Trust from 2013-14.

## **Gurgaon Hospital**

To streamline the process of designing and constructing the proposed eye care facility at Gurgaon and ensure adherence to the best practices of medical facility planning, a Technical Advisor was appointed by the Trust to assist the planning and design team. A firm of architects was engaged during the year. They have since developed a concept as well as the drawings for the proposed Gurgaon facility. These have been submitted to the relevant authorities for necessary approvals and construction will commence at the site as soon as the required approvals are accorded.

## **Human Resources**

The HR policies of the Trust are premised on best practices in the sector. Accordingly, employees are provided statutory benefits of Employees Provident Fund, Gratuity, Employees State Insurance cover and maternity benefits. In addition, employees are covered under health insurance and personal accident insurance, etc. Measures were taken to rationalise HR processes and policies across Projects. Staff reviews were regularly conducted for their growth as well as effectiveness through the performance appraisal framework. The HR manual was finalised during the year and will be implemented during FY 2013-14.

## **Information Technology**

The ambitious IT initiative for developing a web-based Management Information System (MIS) to integrate the HO and Projects is expected to become fully functional by mid-2014. The prototype has already been developed. The IT Cell at the HO has been provided with the requisite resources in terms of hardware as well as software. The Cell's data centre is planned such as to ensure that data from Projects are backed up and analysed to generate real-time reports for better monitoring of the progress of Projects and standardise processes across the Trust.

The Trust now has robust financial systems that meet international standards in terms of system reliability, transparent processes and robust policies

## Partners

RGMVP	Partner Organisations
1	Bill & Melinda Gates Foundation
2	Rural India Supporting Tust
3	National Bank for Agriculture and Rural Development
4	Society for Elimination of Rural Poverty
5	International Center for Research on Women, New Delhi
6	Shramik Bharti, Kanpur
7	Gesellschaft für Internationale Zusammenarbeit (GIZ)
8	Public Health Foundation of India, New Delhi
9	Department of Handicraft
IGEHR	Partner Organisations
1	Rural India Supporting Tust
2	Sight Savers

## Donors

Donations: April 1, 2012 to March 31, 2013		
Name	Particulars	Purpose
Allergan India	Rs 25,000	Patient awarenes programme (IGEHR)
Sun Pharma	1 Television & 1 DVD Player	Patient awareness programmme in OPD (IGEHR)
Bhavraj Desras	Rs 53,600	Awaress camp (IP)
Intas Pharmaceuticals Ltd.	Split AC 1 tonne	
Sun Pharma	Hospitality at Amrapalli Water Resort	4th Hospital Day, IGEHR, Lucknow



## Financial Abstracts

### Balance Sheet as at March 31, 2013

Particulars	As at March 31, 2013 ₹	As at March 31, 2012 ₹
<b>SOURCES OF FUNDS</b>		
Corpus fund	142,500,000	142,500,000
General fund	310,175,687	359,508,815
Deferred income	60,099,456	38,876,540
	<b>512,775,143</b>	<b>540,885,355</b>
<b>APPLICATION OF FUNDS</b>		
<b>Fixed Assets</b>		
Net block	409,637,164	384,529,629
Capital work in-progress (including capital advances)	10,100,908	31,874,636
	<b>419,738,072</b>	<b>416,404,265</b>
<b>Current assets, loans and advances</b>		
Inventories	5,394,481	5,726,556
Sundry receivables	532,064	329,882
Cash and bank balances	312,524,997	262,266,087
Loans and advances	78,806,681	49,753,711
Other current assets	40,000,000	40,000,000
	<b>437,258,223</b>	<b>358,076,236</b>
<b>Less: Current liabilities and provisions</b>		
Advance for projects	260,325,368	167,671,534
Deferred payment liabilities	32,130,000	32,130,000
Current liabilities	47,836,378	30,250,872
Provisions	3,929,406	3,542,740
	<b>344,221,152</b>	<b>233,595,146</b>
<b>Net current assets</b>	<b>93,037,071</b>	<b>124,481,090</b>
	<b>512,775,143</b>	<b>540,885,355</b>

**Income and Expenditure Account for the year ended March 31, 2013**

<b>Particulars</b>	<b>For the year ended March 31, 2013 ₹</b>	<b>For the year ended March 31, 2012 ₹</b>
<b>INCOME</b>		
Donations	126,075,447	207,300,265
Grants and aids	24,369,229	20,816,450
Hospital revenue	146,248,282	112,504,799
Training revenue	2,851,800	3,688,084
Other income	6,867,497	11,479,805
	<b>306,412,255</b>	<b>355,789,403</b>
<b>EXPENDITURE</b>		
Medical supplies consumed	51,085,188	37,991,154
Personnel expenses	14,154,877	9,124,796
Depreciation and amortisation	31,851,084	28,104,682
Project and related expenses	240,486,667	146,614,807
Administrative and other expenses	15,341,717	11,282,810
	<b>352,919,533</b>	<b>233,118,249</b>
<b>Excess of income over expenditure/ (expenditure over income)</b>	<b>(46,507,278)</b>	<b>122,671,154</b>

## RGCT's Management

RGCT, Head Office			
Dr. Y.S.P. Thorat			
Chief Executive Officer (CEO)			
RGMVP	IGEHRC		Indira Prashikshan **
Mr. P. Sampath Kumar, IAS, CEO	Dr. Arvind Dayal,* CEO		Group Capt. (Retd.) Madhav Saxena*** CEO
Mr. P.S. Mohanan, Programme Director	<i>Lucknow</i>	<i>Amethi</i>	Ms. Rubi Jaiswal, Centre - Head
Mr. K.S. Yadav, Programme Manager	Dr. Kuldeep Shrivastava, CMO	Dr. Sandesh Kumar Medical Coordinator	
	Dr. Ashutosh Khandelwal, Dy. CMO		
	Dr. Sheela Nair, Dy. CMO		

\* Till December 20, 2012

\*\* IP was merged with RGMVP in November 2012

\*\*\* Till October 31, 2012









**Rajiv Gandhi Charitable Trust**

3rd Floor, Jawahar Bhawan,  
Dr Rajendra Prasad Road, New Delhi 110 001  
Tel: + 91 23353695

**Rajiv Gandhi Mahila Vikas Pariyojana**

619, Kanpur Road, Rana Nagar,  
Raebareli 229 001, Uttar Pradesh.  
Tel: +91 5352211304. Fax: +91 535 2211300  
Website: [www.rgmvp.org](http://www.rgmvp.org)

**IGEHRG Hospitals**

**Lucknow:** 1, B.N. Road Kaiserbagh, Lucknow.  
Tel: 0522-2627631, 2627641

**Amethi:** PO HAL Korwa, Munshiganj, Amethi, District  
Sultanpur, Uttar Pradesh

Tel: 05368-255555

Website: [www.igehrc.in](http://www.igehrc.in)

**Indira Prashikshan**

A-3, Sector 21, Road No. 04, Industrial Area

Near Sanjay Gandhi Polytechnic

Jagdishpur

District Chhatrapati Sahuji Maharaj Nagar 227 809

Tel/Fax: 05361-270821