



# Vision & Empowerment

Annual Report  
2013-14



# Foreword

I am happy to note that the Rajiv Gandhi Charitable Trust (RGCT) is making a significant contribution towards social development in north India and is increasingly being so acknowledged. Since its inception over a decade ago, the Trust has worked steadfastly to realise Shri Rajiv Gandhi's vision of inclusive development of our country. We have made focused efforts to enable the excluded and marginalised in our society gain a voice and claim their rightful place in the developmental mainstream through our work with women and our eye care programme. The robust social institutions we have fostered in the process facilitate poor women in Uttar Pradesh realise their rights and entitlements and access a range of public services to enhance their wellbeing and live a life of dignity. We have also reached out with quality eye care services to eliminate preventable blindness, especially among the poor. The Trust has built strong systems of governance and management so that the resources provided by our generous donors are used efficiently to maximise impact and the affairs of the Trust are carried out transparently. I am happy that the Trust has, in the past few years, begun to use its know-how and experience effectively to rapidly expand outreach and we are poised to reach out to a much larger population in north India.

I highlight in the following a few of our key achievements during the financial year 2013-14.

The Rajiv Gandhi Mahila Vikas Programme (RGMVP) of the Trust organises women into Self Help Groups and helps them develop leadership capabilities so that they experience an enhanced sense of agency and together work to improve their wellbeing. By the end of the financial year, RGMVP had promoted and nurtured 1,05,996 women's SHGs from over 12,35,400 poor households in some of the most backward districts of Uttar Pradesh. These groups have been federated into 4,142 Village Organisations and 115 Block Organisations. RGMVP now works in 264 blocks across 42 districts of the State. The SHGs promoted by RGMVP have availed Rs. 322 crore credit from banks and have a savings corpus of over Rs. 60 crore. RGMVP has trained over 75,000 farmers in sustainable agricultural practices and set up over 2,000 community grain banks. Over 1,50,000 litres of milk is procured every day from the dairy farmers RGMVP works with. RGMVP has been working with the women to influence their health seeking behaviour by helping them break their socio-economic and psychological barriers. As a result there is a considerable increase in the deliveries taking place in institutions, women going for ante-natal check-ups during pregnancy and children being immunised. Linkages have been facilitated between government departments and women's institutions so that SHG members now know about and are able to demand their rights and entitlements.

The Tata Institute of Social Sciences (TISS) studied the RGMVP process and recognised it as an effective, innovative and unique model for building community leadership and facilitating social transformation. RGMVP has also been designated as a National Resource Organisation for Training and Capacity Building under the National Rural Livelihoods Mission (NRLM) by the Ministry of Rural Development, Government of India.



The eye care programme of the Trust is carried out under the aegis of the Indira Gandhi Eye Hospital and Research Centre (IGEHR). It is now the largest provider of quality eye care in Uttar Pradesh. By March 2014, IGEHR hospitals at Lucknow and Amethi had treated over 15,00,000 out-patients and performed nearly 1,80,000 surgeries, impacting the population of 12 districts in central and eastern UP. Four hundred and twenty-seven rural outreach camps were organised in 2013-14, where over 63,000 poor patients were examined, of whom more than 24,800 underwent sight restoration surgeries.

We added more subspecialties under the eye care programme in FY 2013-14. To manage eye lid and orbit related problems we introduced Oculoplasty and Ocular Oncology clinic. This is the only such service available in this part of nation. Partial vision loss that cannot be corrected causes a vision impairment known as low vision. To address this problem, IGEHR has set up a full-fledged low vision clinic having state of the art devices.

Both projects are poised to expand their areas of operations and range of services in the future. We will continue to collaborate with like-minded partners and resource organisations to reach out to an ever-growing number of people who need our support.

I would like to take this opportunity to express my gratitude to our Trustees, donors and other resource organisation that have helped us achieve so much within a relatively short span of time. I would also like to thank the staff of the Trust at the Head Office and in RGMVP and IGEHR for their dedicated service to realise the Trust's vision and goals.



Sonia Gandhi  
Chairperson

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# Board of Trustees

Smt. Sonia Gandhi

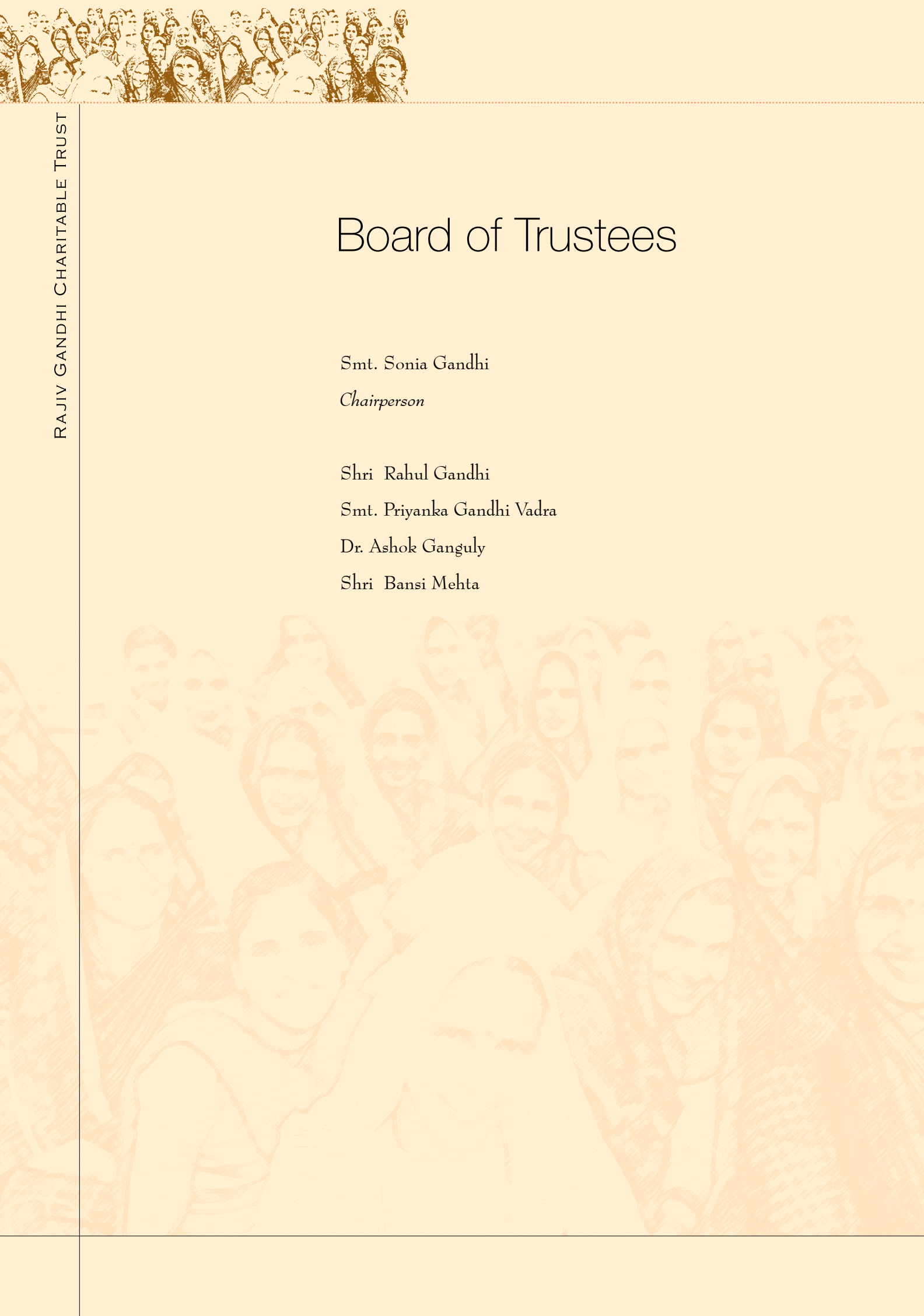
*Chairperson*

Shri Rahul Gandhi

Smt. Priyanka Gandhi Vadra

Dr. Ashok Ganguly

Shri Bansi Mehta



# Rajiv Gandhi Charitable Trust

Registered in 2002 as a professionally managed, not-for-profit institution to fulfil Shri Rajiv Gandhi's vision of an inclusive India, the Rajiv Gandhi Charitable Trust (RGCT) presently works in Northern India, with a focus on the poorest regions of Uttar Pradesh and Haryana through two development initiatives: Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) and Indira Gandhi Eye Hospital and Research Centre (IGEHR).

RGMVP is the largest social mobilisation programme for women's empowerment in Uttar Pradesh with its work impacting 42 districts. It organises poor women, trains them and supports activities to build their own social platforms in the form of self-help groups and their federations to connect them with banks, livelihood support, health care programmes and various other delivery institutions so that they feel empowered to claim their rightful place as equal citizens in society. IGEHR, the largest provider of quality eye care in Uttar Pradesh, covers 12 districts and provides affordable eye care, especially to poor people, to eliminate avoidable blindness.

In the last 14 years, the Trust has worked tirelessly to build a strong enabling system to help millions of the poorest people to overcome poverty, social exclusion, and mitigating circumstances to lead productive lives. It has supported them in gaining access to social and economic opportunities by facilitating linkages to markets, delivery systems, and rights and entitlements. RGCT's unique models of scaling up and sustainability ensure inclusion of last mile populations into the mainstream. In the process, the Trust has built up teams whose professional competence contributes significantly to cost-effective and innovative delivery of services to the poor. Internally, the Trust has evolved 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.



## RAJIV GANDHI MAHILA VIKAS PARIYOJANA

# Women's Empowerment and Poverty Reduction

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), RGCT's flagship poverty mitigation programme, reaches out to over one million poorest of the poor households in 264 backward blocks across 42 districts of Uttar Pradesh (UP). Its bottom-up approach is based on building a three-tier community-led structure of women's institutions, with the Self Help Group (SHG) as the primary unit. The institutional platform supports capacity-building and development of social capital, enables the poor to address social and economic issues collectively, and delivers a range of services that result in their social and economic empowerment.

The Tata Institute of Social Sciences (TISS) had studied the RGMVP process and credited it as an effective innovative and unique model for building community leadership and social transformation. RGMVP has also been recognised as a National Resource Organisation for Training and Capacity Building under the National Rural Livelihoods Mission (NRLM) by the Ministry of Rural Development, Government of India.

## INITIATIVES 2013-14

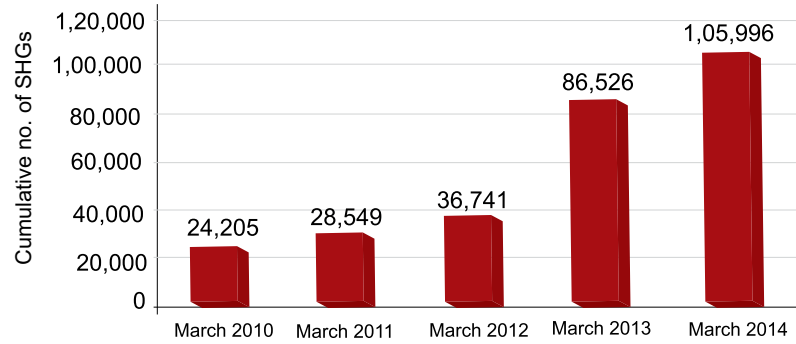
### Institution Building and Capacity Building

Over the past five years, there has been tremendous growth in the number of SHGs and households covered by RGMVP. The cumulative outreach on 31 March 2014 was over 12,35,400 households through 1,05,996 SHGs across UP (Figure 1).

Rajiv Gandhi Mahila Vikas Pariyojana reaches out to over one million poorest of the poor households in 264 backward blocks across 42 districts of Uttar Pradesh



**FIGURE 1: PROGRESS IN SHG FORMATION IN THE PAST FIVE YEARS**



The programme covered 264 blocks across 42 districts of UP at the end of March 2014 (Figure 2).

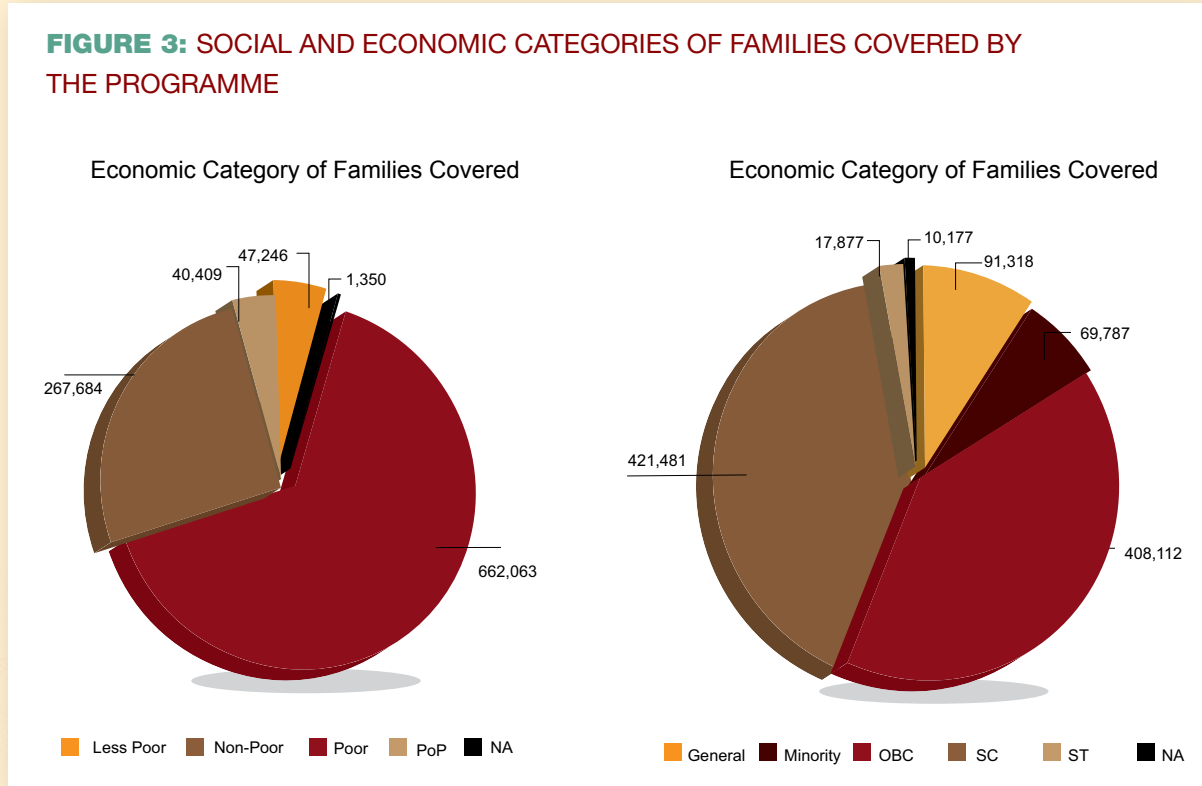
**FIGURE 2: GEOGRAPHICAL OUTREACH ON 31 MARCH 2014**



## Social Mobilisation

RGMVP focuses on the inclusion of the poorest of the poor and poor households into SHGs (Figure 3).

**FIGURE 3: SOCIAL AND ECONOMIC CATEGORIES OF FAMILIES COVERED BY THE PROGRAMME**



Special emphasis was placed during the year on consolidating and strengthening the SHGs promoted so far with a focus on forming village and block level federations of SHGs. As a result, the number of Village Organisations (VOs) and Block Organisations (BOs) increased substantially during the year to 4,142 and 115, respectively. A programme of developing the capacity of the committees of BOs was implemented at the Community Resource Development Centres (CRDCs). A summary of community-based institutions and human resources nurtured is presented in Table 1.

With a focus on forming village and block federations, the number of Village Organisations and Block Organisations increased substantially during the year to 4,142 and 115, respectively

**TABLE 1: PROGRESS IN INSTITUTION BUILDING AND SOCIAL CAPITAL CREATION DURING 2013-14**

Institution building and social capital creation	Cumulative up to 31 March 2013	Cumulative up to 31 March 2014	Achievement during 2013-14
No. of SHGs formed	86,526	1,05,996	19,470
No. of households covered	10,14,042	12,35,435	2,21,393
No. of VOs formed	2,627	4,142	1,515
No. of BOs formed	68	115	47
No. of Samooh Sakhis nurtured	31,118	53,275	22,157
No. of women who underwent internal exposure visits	3,010	7,201	4,191
No. of women who underwent external exposure visit	760	1,030	270
Internal social capital nurtured (Samooh Sakhis engaged in training and capacity building within their respective block)	4,286	7,606	3,320
Community Resource Persons (Samooh Sakhis who went for training and mobilisation outside their respective block)	2,226	2,958	732
Samooh Sakhis in charge of training, capacity building and mobilisation in a block (PIC)	204	445	241
Community volunteers engaged	665	840	175
SHG level Swasthya Sakhis nurtured	-	15,520	15,520
VO level Swasthya Sakhis nurtured	2,352	4,445	2,093
BO level trained Community Health Trainers (CHT)	-	300	300
VO level Bank Sakhis nurtured	2,385	3,576	1,191
CRDC team of Samooh Sakhis nurtured as Trained Trainers	11	142	131

## A Milestone in Community Institution Building

The formation of the 100<sup>th</sup> BO was a milestone for the programme. SHG members celebrated the occasion with enthusiasm on 16 December 2013.



*Celebrating the formation of the 100th block level federation*



## Community Resource Development Centres

As part of its scale-up strategy, RGMVP has created eight CRDCs. These are strategically located at Amethi, Banda, Jhansi, Gorakhpur, Lucknow, Raebareli, Shahjahanpur and Varanasi to focus on the most undeveloped regions of UP. The CRDCs promote small clusters of groups in a few resource blocks and these groups then promote new groups in adjoining villages. It is through this strategy that RGMVP has successfully expanded programme coverage to 42 districts in UP. CRDCs continued to nurture and train the groups in the blocks attached to them during the year.

The unique feature of RGMVP has been its community-based training system in which women who have transformed their lives by organising themselves manage the training and capacity building of SHGs, VOs and BOs. These women actively participate in all strategy discussions. Each CRDC has a master training unit consisting of SHG members, which provides training and capacity-building support to BOs, VOs and SHGs as and when required. At the end of March 2014, RGMVP had 142 such master trainers.

### Training and Exposure Visits

During the year, RGMVP conducted orientation for Community Resource Persons (CRPs) in 15 batches for 1,202 women, training for women Programmes In Charge (PICs) in 96 batches for 2,072 women, exposure visits in 122 batches for 4,191 SHG members, and external exposure visits of 270 SHG members to Andhra Pradesh-based Society for Elimination of Rural Poverty (SERP) in eight batches.



CRDCs promote small clusters of groups in a few resource blocks and these groups then promote new groups in adjoining villages. It is through this strategy that RGMVP has successfully expanded programme coverage to 42 districts in UP

*Women undergoing practical training on the Participatory Identification of Poor process*

## Young Women's Self Help Groups

Recognising the potential of young women to change society and the unique problems adolescent girls face, RGMVP has been organising them as Young Women's Self-Help Group (YWSHG). The objective is to impart awareness about reproductive health among adolescent girls and facilitate development of leadership qualities, life and livelihood skills and financial literacy so that they realise their potential. RGMVP has organised more than 2,300 YWSHGs across the programme area. During the year, RGMVP trained leaders of YWSHGs in Amethi, Shahgarh, Dhanpatganj, Musafirkhana, Shukulbazar and Gauribazar in the SHG concept, leadership development, health (menstrual hygiene management, nutrition, sanitation), gender and rights and entitlements. Details are presented in Table 2.

**TABLE 2: CRDC-WISE NUMBER OF YWSHGs AS ON 31 MARCH 2014**

Name of CRDC	No. of YWSHGs
Amethi	743
Banda	170
Gorakhpur	561
Jhansi	171
Lucknow	119
Raebareli	449
Shahjahanpur	72
Varanasi	58
Total	2343

## Sustainable Agriculture: The Khorana Programme

In collaboration with the University of Wisconsin (UW), Punjab Agricultural University (PAU), Mahindra and Mahindra (MM), Mother Dairy (MD) and Banaras Hindu University (BHU), RGMVP has been implementing a programme to enhance productivity in agriculture and dairying among small farmers. Financed by USAID, this initiative ended in March 2014. The programme trained farm-level advisors, outreach personnel and management staff to strengthen farmers' links to output markets and input suppliers. CRPs, block level resource persons and senior project staff were trained by scientists from UW in dairy and agriculture, focusing on low cost technologies to develop systems of rice and wheat intensification, building seed banks, managing pests and increasing income through vegetable cultivation and kitchen gardens. The trained CRPs provided training to SHG members. Progress in the sustainable agriculture initiatives during 2013-14 is shown in Table 3.

**TABLE 3: PROGRESS DURING THE KHORANA PROGRAMME 2013-14**

Particulars	Data in No.
No. of blocks covered	57
No. of agriculture and dairy CRPs	3,357
No of farmers under the programme	91,764
No. of farmers who practised SRI	55,000
No. of farmers who practiced SWI	75,000

*Images of YWSHG activities*

RGMVP has organised more than 2,300 YWSHGs whose members were trained in the SHG concept, leadership development, health (menstrual hygiene management, nutrition, sanitation), gender and rights and entitlements



## Agriculture Resource Villages

RGMVP's new initiative during the year focussed on intensification of agricultural practices by the community. This was done by developing four poorest of the poor villages in each of the 44 identified blocks under Raebareli, Amethi and Lucknow CRDCs as Agriculture Resource Villages. An *Ajeevika Sakhi* is responsible for awareness creation and technology dissemination in each of the 176 selected villages. In an integrated approach, the project helps SHG members to practice soil testing, composting, kitchen gardening, System of Wheat Intensification (SWI), System of Rice Intensification (SRI), vaccination of cattle, construction of separate water troughs for cattle and formation of Kisan SHGs.

Progress of outreach under different activities after two months of intensive work in 176 villages is shown in Table 4.

**TABLE 4: PROGRESS ON THE AGRICULTURE RESOURCE VILLAGE INITIATIVE 2013**

Activities undertaken		Number
SHG members nurtured as Ajeevika Sakhis (one in each village)		176
Composts prepared		3,151
Kitchen gardens prepared		2,177
SWI	Number of SHG members	3,513
	Area (hectare)	136
Kissan SHGs formed		68
Livestock vaccinations done		5,465
Soil testing carried out		907
Water troughs constructed		1,548



*Women practicing System of Rice Intensification*

In an integrated approach, SHG members are helped in practicing soil testing, composting, kitchen gardening, SWI, SRI, vaccination of cattle, construction of separate water troughs for cattle and formation of Kisan SHGs



## Rasoolpur Agriculture Resource Village: Setting an Example

Of the 301 families in Rasoolpur, a resource village in Dalmau Block in Raebareli district, 185 are members of 16 SHGs. These SHGs are federated into a VO called Kranti Mahila Sangathan. All SHG members have accessed loans for different livelihood activities such as rearing of buffalos, cows, goats, sheep, piglets, etc., as well as for petty businesses and purchase of agricultural inputs. They have all adopted modern practices of dairy. SHG members here are ready for *kharif* season 2014: they have prepared 52 compost pits and 10 organic manure pits, raised 10 SRI nurseries and made preparations for seed multiplication for which foundation seed has been purchased from an agricultural university. They will start a community seed bank in this paddy season at their VO. The seed will be stored at the VO level and, in the next season, exchanged with marginal and small farmers in nearby villages. The VO is active in health interventions and all its committees are fully aware of their roles and responsibilities. The village is a prime example of a holistic approach to women's empowerment.

## Dairy and Other Allied Activities

RGMVP's primary focus has been on cow/buffalo rearing and promoting modern practices of dairy management so as to improve milk yield. Once the women have been trained and their dairy business starts producing milk for sale, they have the option of being linked to Mother Dairy, which has set up 88 Bulk Milk Coolers (BMCs) in UP to promote procurement of milk and timely payment to the women. This initiative is spread across the districts of Raebareli and Amethi and has been extremely successful.

Once the women have been trained and their dairy business starts producing milk for sale, they have the option of being linked to Mother Dairy, which promotes procurement of milk and timely payment to the women in UP



An SHG member with her buffalo

## Kisan (Farmer) Self Help Groups

Encouraged by the success of the sustainable agriculture initiative of training SHG members in dairy, SRI and SWI, RGMVP evolved the concept of Kisan Samoohs for male members of SHG households who would support the women and boost agricultural initiatives. These SHGs function as savings and information groups, which learn and adopt the practices taught to the women in training. The VOs form these groups and impart training on sustainable agriculture techniques and best practices of dairy. By the end of March 2014, RGMVP had over 100 Kisan SHGs.

## Panchayati Raj Institution Initiative

RGMVP continued its initiative for strengthening Panchayati Raj Institutions (PRIs) during the year. This initiative is aimed at leveraging the power of RGMVP community institutions to strengthen PRIs in UP and help realise their true democratic potential. During the year, Pradhans, PRI members and Block Development Council members from 15 blocks in Amethi, Raebareli, Lucknow and Jhansi CRDCs were trained and made aware of their rights. Gram Panchayat representative women, after being trained on Panchayati Raj, arranged gatherings such as Ward *Sabhas*/Mohalla *Sabhas* and Gram *Sabhas*. During the *Sabhas*, village development, roads, public distribution system and Mahatma Gandhi National Rural Guarantee Employment Act (MGNREGA) related issues were discussed. RGMVP developed training modules which helped women in understanding their rights and entitlements.

## Urban SHGs

RGMVP began organising women from urban poor households into SHGs in June 2011. It is working in the urban areas of Raebareli where slums are spread across 56 habitations. Urban poor here have been organised into over 900 SHGs. These SHGs have been federated into 19 ward level SHG federations. RGMVP has plans to organise urban SHGs in Banda, Gorakhpur, Chandauli, Sultanpur and Jhansi.



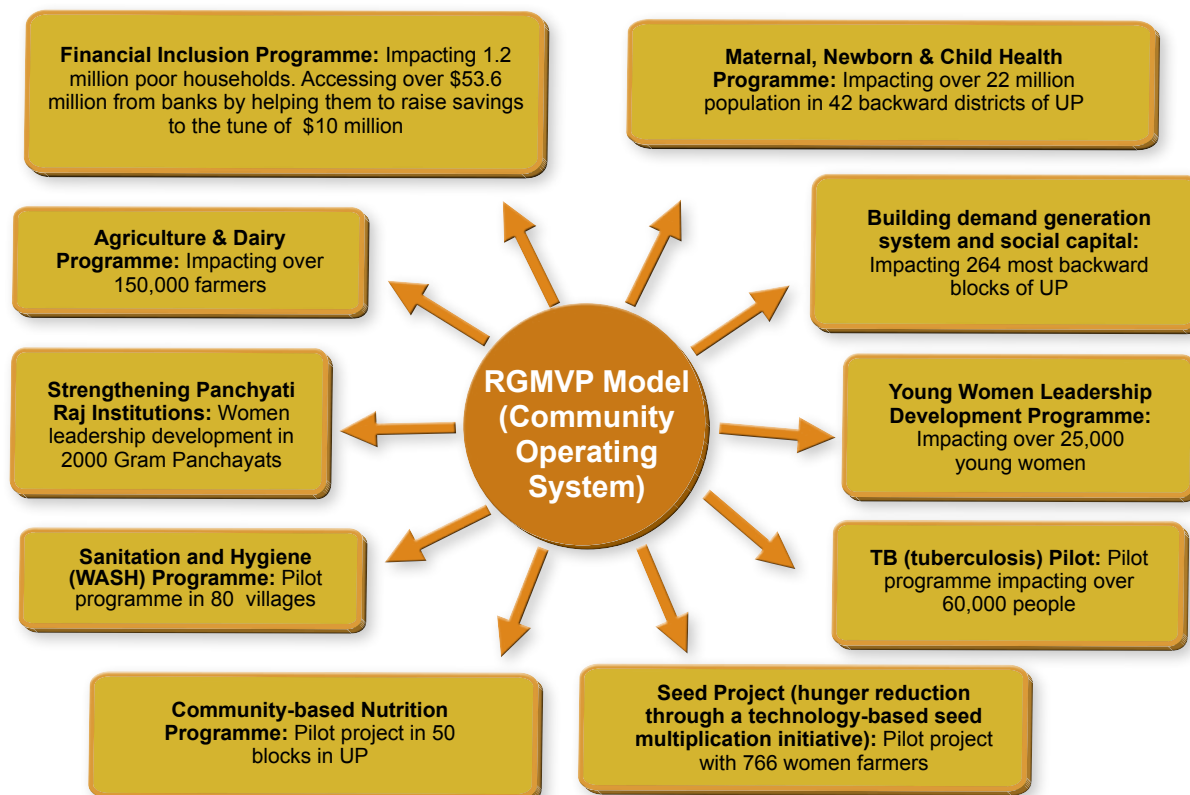
The PRI initiative is aimed at leveraging the power of RGMVP community institutions to strengthen PRIs in UP and help realise their true democratic potential

Training of PRI members

## Key Impacts of RGMVP

Figure 4 shows the key impacts of RGMVP's holistic interventions as at the end of March 2014.

**FIGURE 4: KEY PROGRAMMES/PILOTS AND THEIR IMPACT**



## Financial Inclusion

By March 2014, 28,695 SHGs had been credit-linked (Table 5). The first stage of credit limits (CCL1) sanctioned to these SHGs amounted to Rs. 246.87 crore. Of these, 5,722 were sanctioned the second credit limit (CCL2) amounting to Rs. 75.48 crore. The cumulative credit sanctioned to the groups reached Rs. 322.35 crore. The SHG members used bank credit for various activities such as income generation, debt redemption, health, etc. RGMVP has so far trained over 2,000 SHG members on bank-related procedures to function as Bank Sakhis. From among these women, RGMVP identified over 120 volunteers and provided trainer's training so that they can effectively impart Bank Sakhi training to newer SHG members. The aim is to spread financial literacy and create awareness on bank linkage procedures and effective credit utilisation.

RGMVP organised 253 credit utilisation workshops during the year for 6,120 SHG members to help them utilise bank credit effectively. It also trained 320 women to organise credit utilisation meetings at the VO and

**TABLE 5: PROJECT OUTREACH UP TO MARCH 2014**

S. No.	District	No. of Blocks Covered	Project Activities Initiated	No. of GP in Blocks	GPs Covered by RGMVP	SHGs Mobilised till March 2014	Families Covered
1	Sultanpur	12	Apr 2002	711	475	8,570	1,03,120
2	Raebareli	15	May 2005	695	683	16,406	1,87,538
3	Amethi	16	Jan 2011	727	706	16,479	1,94,530
4	Jhansi	8	Jan 2008	437	217	2,658	32,567
5	Lalitpur	6	May 2008	340	184	3,189	36,656
6	Fatehpur	13	May 2008	788	312	3,028	34,118
7	Unnao	16	May 2008	954	385	4,248	46,474
8	Pratapgarh	9	Jul 2008	541	223	3,291	36,444
9	Lucknow	4	Jul 2008	271	170	1,592	19,677
10	Barabanki	6	Jul 2008	372	203	2,623	31,010
11	Faizabad	9	Aug 2008	619	214	3,023	34,880
12	Gonda	6	Aug 2009	350	146	1,596	19,549
13	Mahoba	4	Aug 2009	253	141	1,575	18,464
14	Banda	8	Sep 2009	437	283	2,809	32,633
15	Chitrakut	5	Nov 2009	330	228	1,939	22,017
16	Hamirpur	7	Oct 2009	314	236	2,535	28,347
17	Deoria	6	Sep 2009	412	206	2,095	25,365
18	Maharajganj	4	Nov 2009	269	144	1,507	17,736
19	Jalon	5	Nov 2009	345	175	1,673	19,321
20	Gorakhpur	5	Jul 2010	310	211	1,910	22,925
21	Hardoi	10	Jan 2011	553	196	2,217	25,845
22	Sitapur	10	Feb 2011	695	240	2,581	30,749
23	Balrampur	4	Mar 2011	346	87	682	8,293
24	Allahabad	7	Apr 2011	577	222	1,673	19,414
25	Varanasi	4	May 2011	343	80	690	8,271
26	Chandauli	6	May 2011	456	174	1,791	20,411
27	Shahjahanpur	3	May 2011	159	79	1,040	11,891
28	Badaun	7	May 2011	415	172	1,718	20,418
29	Basti	5	May 2011	385	170	1,113	13,162
30	Sant Kabir Nagar	4	May 2011	312	127	1,506	18,453
31	Kaushambi	4	May 2011	242	112	1,096	12,298
32	Mirzapur	6	Jun 2011	325	179	1,649	19,499
33	Kanpur Dehat	2	Jun 2011	130	63	380	4,401
34	Kushi Nagar	4	Apr 2012	258	119	748	9,014
35	Ambedkar Nagar	5	Jul 2012	402	74	645	7,325
36	Bareilly	2	Aug 2012	134	74	410	4,748
37	Ghazipur	2	Aug 2012	162	36	312	3,638
38	Kheri	6	Aug 2012	404	168	1,477	17,025
39	Sonbhadra	4	Aug 2012	309	86	905	10,157
40	Mau	2	Dec 2012	141	38	361	4,167
41	Siddhartha Nagar	2	Jan 2013	119	21	208	2,373
42	Farookhabad	1	Feb 2014	72	8	48	512
	<b>Grand Total</b>	<b>264</b>		<b>16,414</b>	<b>8,067</b>	<b>1,05,996</b>	<b>12,35,435</b>

SHGs that Availed 1st Phase Linkage (CCL-I)	SHGs that Availed 2nd Phase I Linkage (CCL-II)	CCL-I Sanctioned (Rs.)	CCL-II Sanctioned (Rs.)	VOs Formed	Resource Villages	BOs Formed
4,326	1,064	46,23,87,940	12,46,74,600	321	113	7
8,178	2,123	72,11,34,263	30,16,37,690	549	246	15
10,212	2,333	55,89,89,797	30,42,25,260	598	259	16
503	97	1,40,75,000	45,54,600	98	22	3
259	0	88,10,000	0	79	14	3
746	66	11,81,33,800	60,06,000	134	37	5
337	28	2,53,10,001	1,18,00,000	145	37	3
569	1	10,96,77,600	96,000	111	19	4
343	6	3,26,76,500	6,00,000	86	47	3
276	4	1,36,00,002	12,00,000	101	42	3
387	0	6,73,69,000	0	101	7	2
150	0	71,75,000	0	69	24	2
128	0	1,26,70,100	0	56	12	1
261	0	2,67,55,000	0	129	50	4
328	0	3,12,85,000	0	95	33	4
206	0	1,57,05,000	0	117	43	5
91	0	62,09,000	0	85	33	2
80	0	35,65,000	0	80	30	3
104	0	94,45,000	0	48	4	2
116	0	1,04,66,000	0	79	16	3
47	0	28,30,000	0	108	36	3
117	0	1,51,35,000	0	116	32	2
4	0	1,00,000	0	23	0	1
352	0	13,02,74,400	0	93	33	2
0	0	0	0	40	6	1
11	0	9,75,000	0	89	15	2
109	0	1,06,90,000	0	37	24	2
50	0	55,74,000	0	66	19	2
31	0	17,75,000	0	53	26	2
31	0	8,75,000	0	69	26	2
127	0	2,26,44,000	0	47	18	1
43	0	48,40,000	0	90	39	3
2	0	2,00,000	0	20	0	1
25	0	12,80,000	0	33	6	0
0	0	0	0	25	0	0
19	0	40,86,000	0	11	0	0
0	0	0	0	21	0	0
53	0	45,45,000	0	62	11	1
74	0	74,00,000	0	32	0	0
0	0	0	0	23	1	0
0	0	0	0	3	0	0
0	0	0	0	0	0	0
<b>28,695</b>	<b>5,722</b>	<b>2,46,86,62,403</b>	<b>75,47,94,150</b>	<b>4,142</b>	<b>1,380</b>	<b>115</b>

SHG levels. These trained women conducted over 400 such meetings in which more than 8,100 women participated. RGMVP has been organising training and exposure visits for branch managers of partner banks to sensitise them about the model. During the year, RGMVP organised exposure visits for 333 branch managers.

### **Pilot Project on Bank Sakhis as Business Correspondents**

RGMVP, in collaboration with Gesellschaft für Internationale Zusammenarbeit (GIZ) and the Grameen Bank of Aryavart (GBA), has been running a pilot on Bank Sakhis as Business Correspondents (BCs) in Sumerpur Block of Unnao district since 2013. This project is part of the on-going GIZ-National Bank for Agriculture and Rural Development (NABARD) Rural Financial Institutions Programme (RFIP). Selected Bank Sakhis of the Adarsh BO of Sumerpur have been trained and equipped to carry out the function of Customer Service Points (CSPs) under the Information and Communication Technology (ICT)-based BC model of financial inclusion. Handholding support as well as quality control and supervision capabilities have been built up at the BO level. The BO's Bank Linkage Committee coordinated with the branch staff of GBA, VO's, Bank



*Women being trained as Business Correspondents*

Selected Bank Sakhis of the Adarsh BO of Sumerpur have been trained and equipped to carry out the function of Customer Service Points (CSPs) under the ICT-based BC model of financial inclusion

Sakhis and RFIP to plan and execute the financial awareness programme, enrolment, deployment of ICT hardware, transaction, etc., in the project villages. The BO, through the network of Bank Sakhis, has taken the ICT-based banking services to the doorsteps of over 6,000 households spread over 75 villages in 22 Gram Panchayats. A few members of SHGs have opened individual savings accounts under the project. The SHG members as well as other villagers who had opened accounts through the CSPs can operate their individual accounts at the doorstep and also beyond banking hours.

### **UP Community Mobilisation Project for Reduction of Infant Mortality and Maternity Mortality**

RGMVP has partnered with the Bill & Melinda Gates Foundation (BMGF) to implement a major community-based health initiative through the Behaviour Change Management (BCM) model in 160 blocks of UP. Using

the community institution building approach of RGMVP, this initiative aims to dramatically reduce maternal and neonatal mortality, by encouraging the adoption of simple and affective behaviours that can save the lives of mothers and new borns.

The project is being administered by a consortium of five partners led by the Public Health Foundation of India (PHFI); the Community Empowerment Lab (CEL), Population Council, Boston University (BU) and RGMVP are other partners. Institution-building and training under the project are in progress. The trial run for field testing of the BCM package, prepared by CEL, has been completed and baseline data collection will commence soon. The project design was changed in January 2014 when it was decided to layer health interventions in 100 blocks of RGMVP in which mature community institutions (SHGs, VOs and BOs) have already been established and continue the institution-building process in another 100 blocks. Health messages have been integrated to include outline immunisation and nutrition of children up to the age of two years.

During the year, 300 BO level Swasthya Sakhis were trained on neo natal health and maternal health. These women, in turn, are in the process of identifying and training 9,000 VO level and over 1,00,000 SHG level Swasthya Sakhis to disseminate health messages in the villages and bring about health behavioural change in the community.

### Dulara Devi: Saving Lives

Dulara Devi of Parvathy SHG, Bandra Mau, is a SHG level Swasthya Sakhi and has learned about maternal health through the training she received at her VO. She and other members of her SHG started actively counselling and helping pregnant women in her village in ante-natal care, institutional delivery and practicing of Kangaroo Mother Care of the new born child. Shanti, a non SHG member in the village had lost seven children earlier due to lack of awareness and pregnancy related complications.

When she was pregnant for the eighth time, Shanti developed complications again. Dulara Devi came to her help. Fully aware of the danger signs during pregnancy, Dulara insisted Shanthi go to hospital and even accompanied her when Shanti started bleeding during the sixth month. Through treatment, Shanti recovered and on 15 March 2014 delivered a baby. The mother and child are fine. Dulara herself was a victim of ignorance related to pregnancy care. She had lost 10 children before she could safely deliver her first child!



## Gender and Sanitation Initiative

RGMVP, in partnership with BMGF, is implementing a research project in 160 selected villages in Sultanpur and Amethi districts. The International Centre for Research on Women (ICRW) and Shramik Bharti are the other two partners in the project. The programme aims to sensitise, capacitate and increase the number of poor women organised into microcredit-linked SHGs and their federations, and build social capital to adopt improved sanitation and menstrual health practices, directly impacting more than 24,000 households, across 120 villages of district Sultanpur over two years.

As a result of the intervention, Pradhans in the villages have started playing an important role in promoting sanitation. Based on the list of beneficiaries prepared by the Gram Panchayats, the respective block offices of the government have sanctioned toilets under Nirmal Bharat Abhiyan and Lohiya Samagra Gram. During the year, 700 toilets were constructed in three project villages. More than 60 per cent of these



*Top: Jeff Raikes, CEO of BMGF, with SHG members during his visit to RGMVP;  
Above: a block level training session on maternity health in progress*

The initiative aims to build social capital to adopt improved sanitation and menstrual health practices, directly impacting more than 24,000 households, across 120 villages of district Sultanpur over two years.

toilets were allotted to SHG members. Over 140 existing unused toilets of SHG members have been revived for use after the women became aware of the risks of open defecation through the training.

## Poorest States Inclusive Growth Project

The year 2013-14 was the first year of implementation of the Poorest States Inclusive Growth (PSIG) project by RGMVP in partnership with the Small Industries Development Bank of India (SIDBI). Financed by the Department of International Development (DFID), UK, the objective of the project is to deepen financial inclusion in the existing SHGs of RGMVP. Capacity building of SHGs, VO's and BO's to enhance credit utilisation





A training programme under the PSIG project for BO Office Bearers

44 blocks. Over 640 women were trained on the importance of utilising credit effectively.

## Skill Development for Livelihoods

**Usha Silai Schools:** In partnership with Mavana Social Service Society (MSSS) of Usha International Ltd. (UIL), RGMVPhas been running Silai Schools in villages. These community-based tailoring schools aim to train women entrepreneurs to teach sewing to village women. The entrepreneur woman is given a sewing machine and training on stitching and maintaining the sewing machine. The woman, in turn, teaches at least 20 students over one year. She earns Rs. 4,000-6,000 per month from teaching sewing, from stitching and from servicing the sewing machines of others.

Presently, there are 300 schools running across eight CRDCs. An agreement was signed with UIL in two phases. The Phase I agreement between UIL and Shakti Kshetriya Mahila Sangathan focussed on 100 schools and the Phase II agreement between UIL and Bharat Mahila Sangathan on 200 Silai schools.

**Vocational Training Centre and Common Facility Centre (CFC):** RGMVPhas is running a vocational training centre at Jais. It organises skill development programmes for SHG women on candle making, modha making, tailoring, compost making, training on agriculture, chikan handicraft, readymade garments, etc. The vocational programmes at this centre are mainly supported by the Development Commissioner Handicrafts, Ministry of

Skill development of young women through Usha Silai Schools





Textiles, Government India. Further, RGMVP has started a CFC at its CRDC at Munshiganj with the support of the Development Commissioner, Handicrafts.

**Chikan Hand Embroidery Work for ASYA Fashion Designers:** RGMVP has been providing skill development opportunities for young women who are members of YWSHG's at its Vocational Training Centre at Jais. It has engaged the services of a master trainer who provides training to the young women in special hand embroidery work for the fashion designers ASYA. So far, 110 young women have been trained and about 30 are regularly engaged in the small income generation activity of doing artistic chikankari piecework for ASYA, earning income based on the orders received.



*Chikan artwork at the Vocational Training Centre at Jais*

So far, 110 young women have been trained and about 30 are regularly engaged in the small income generation activity of doing artistic chikankari piecework

### **Nutrition Programme**

During the year, RGMVP has partnered with Global Alliance for Improved Nutrition (GAIN) to undertake a 13-months project focussing on health and nutrition. The main objectives of the project are to leverage RGMVP's SHGs to improve nutrition outcomes with regards to mothers, children and adolescent girls through awareness generation and behaviour change management interventions; and enhance the quality and effectiveness of the government's Integrated Child Development Services (ICDS) programme, both by working through the community to create demand for better nutrition and health services as well as engaging with the government.

Under the project, RGMVP has conducted extensive training and capacity building of the field teams and SHG members in improved

*A training programme in progress under the GAIN Project*



nutrition practices and child health in 55 blocks across 18 districts of UP. So far 1,01,013 SHG and YWSHG members have been trained. Messages have been disseminated to 30,000 SHGs (3,50,000 SHG members covering a population of 21,00,000). These interventions took place through the women's institutions promoted by RGMVP and at health events such as the Village Health and Nutrition Day, Bal Swasthya Evam Poshan Mah, etc. The community has displayed a strong ownership of the programme and VO Swasthya Sakhis, along with the Social Audit Committees of the VOs, have started monitoring health and ICDS services at the Gram Panchayat level. Community institutions wrote 789 letters to different government departments to demand better services.

The RGMVP-GAIN nutrition initiative also intends to form SHGs in 25 Gram Panchayats in new blocks and build their capacities on issues related to credit linkage, internal lending, livelihood enhancement and rights and entitlements. RGMVP has so far organised 435 SHGs across 117 Gram Panchayats of five new blocks from December 2013 to March 2014. As part of this initiative, RGMVP also held convergence meetings with officials in the National Rural Health Mission and departments such as Health, ICDS and Panchayati Raj at state, district and sub district levels to improve services. RGMVP also trained ICDS functionaries on nutrition surveillance (growth monitoring) and Infant and Young Child Feeding (IYCF) practices across 44 blocks. Visible changes have been noticed in many villages with respect to institutional delivery, awareness and practice of IYCF habits, awareness among the community as well as Anganwadi workers on growth monitoring and demand for improved facilities, etc. Awareness and demand has improved on nutrition intake of children, adolescent girls and pregnant women. The intervention also sensitised the field workers and local service providers.

### **Diarrhoea Management**

During the year, the Clinton Health Access Initiative (CHAI) organised VO level sensitisation of SHG members in 31 blocks of Raebareli and Amethi on diarrhoea management. RGMVP had entered into a non-financial collaboration with CHAI on the basis which CHAI members organise such sensitisation meetings with women through the institutions promoted by RGMVP. The initiative aims to increase knowledge and adoption of World Health Organisation's Oral Re-hydration Solution (ORS) and zinc tablets for the treatment of diarrhoea for children under the age of five.

### **Priyadarshini Project**

RGMVP, NABARD and BOs of Betuva and Sukul Bazar in Amethi entered into separate tripartite agreements to implement the Priyadarshini Project in their respective blocks from the year 2014 onwards. The project is supported by the International Fund for Agricultural Development (IFAD). As part of the project, three Community Service Centres have been set up in each of



the two blocks to organise more SHGs of poor women who had been left out and saturate the blocks, strengthen SHGs, provide seed capital to SHGs, develop skills and promote livelihood activities among SHG members.

## MGNREGA and Food Security Bill

During the year, SHG members at BO and VO levels of 91 blocks across eight CRDCs were trained on MGNREGA and their rights under the Food Security Bill. The training was conducted by trained members of BOs and resulted in increased enrolment in MGNREGA as well as increased women's participation. Also, because of the training inputs, these subjects have become points of discussion in VO meetings. RGMVP printed and circulated brochures and booklets on MGNREGA and the Food Security Bill. It arranged an exposure visit of 20 SHG members from Babina and Talbehat block of Jhansi to Mazdoor Kisan Shakti Sangathan in Rajasthan. After returning, these women helped other SHG members in availing 50-55 days' worker under MGNREGA in their blocks. RGMVP shared a list of about 3.5 lakh people



SHG members at BO and VO levels of 91 blocks across eight CRDCs were trained on MGNREGA and their rights under the Food Security Bill

*Top: BO members imparting training on MGNREGA and Food Security Bill; Above: women performing the bandhan role play in an Aam Sabha*

eligible for job cards with the State Government, thus helping many villagers across the programme area to receive job cards under MGNREGA. The efforts of the BOs and VO's to get job cards and jobs for needy people in the villages also bore fruit.

In the course of *Aam Sabhas* of their institutions at village and block levels, women also discussed and decided to work to avail of their rights and entitlements.

## RGMVP and National Rural Livelihood Mission

During the year, RGMVP signed tripartite Memoranda of Understanding (MOUs) with the State Rural Livelihoods Missions (SRLMs) of UP, Haryana, Himachal Pradesh, and Jammu and Kashmir to provide support to their Resource Block strategy. The tripartite agreements among RGMVP, SRLMs and BOs nurtured by RGMVP are in keeping with RGMVP's strategy of facilitating the institutions of women to work towards organising unorganised women into strong institutions to create an ever expanding circle of influence. By working outside their own milieu, the women will get

opportunities for exposure to other parts of the country. This will also enhance the sustainability of their institutions. During the year, SRLM officials from UP, Haryana, Punjab, Himachal Pradesh, J&K and Uttarakhand visited RGMVP for immersion training and exposure to the RGMVP model. Further, three batches of SHG women from the Haryana SRLM underwent training at RGMVP.

### Community Newsletter

The Community Newsletter, initiated in 2013, has proved to be an effective tool for information dissemination on community mobilisation, livelihood activities, collective action, health, especially neo natal and maternal health, and also for sharing of success stories of SHG members. The eighth volume of the newsletter issued in February 2014 carried important messages on neonatal health and nutrition.

### International Women's Day Celebration

On 8 March 2014, the SHG women under RGMVP celebrated International Women's Day by organising about 2,000 village level meetings and village rallies across the programme area to spread awareness about the advantages of women's institutions.

### Partnership, 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 NABARD under the SHG-Bank Linkage Programme and to meet the investment required for implementing RGMVP's holistic empowerment strategy.

*Below: the visiting team from Himachal Pradesh SRLM interacting with SHG members; bottom: a woman reading the community newsletter*



## Society for Elimination of Rural Poor

RGMVP continued to receive support from the Society for Elimination of Rural Poor (SERP) in Andhra Pradesh for community mobilisation and institution building. RGMVP organised exposure visits of its social capital to community organisations nurtured by SERP in Andhra Pradesh.

## NABARD

RGMVP continued to get support from NABARD for the implementation of phases I, II and III of the special SHG-Bank Linkage Programme in 100 blocks of UP. The programme surpassed the physical targets in Phase I. NABARD has reconstituted the Project Implementation and Monitoring Committee (PIMC) to cover the 200 blocks under RGMVP and 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 100 blocks. The partnership also supports institution building and capacity building in another 100 blocks. RGMVP is also implementing a research project on gender, sanitation and hygiene in selected villages in Amethi and Sultanpur districts. The health interventions will be sustainable, scalable

### The Power of Sanghathan

The villagers in Mail Gram Panchayat in Bhagalpur block of Deoria district had myriad problems. The drainage system was very poor with cesspools in front of every house, leading to various diseases in the village. The Public Distribution System (PDS) was a shambles despite two contractors in the village. MGNREGA was not implemented properly in the GP.

The VO of 14 SHGs in the GP is 18 months old. Since its inception, the members of the Gram Sanghathan had been deliberating on how to tackle the problems they faced in the village. Though the Pradhan and other members of Panchayat were called to the Gram Sanghathan meetings they never attended. The women approached the BDO and explained the problems to him. Accompanied with other officials, the BDO came to the village and assured action. After waiting in vain for the BDO to do something, the VO wrote to the BDO with a copy to the DM. The very next day, pipes for constructing a drain were brought to the village and they were assured that the work would start soon. In the meanwhile, the VO invited both the Ration Kotedars (owners of PDS shops) to the VO meeting, but they also ignored the invitation. The VO gave a list of job seekers for job cards under MGNREGA to the Pradhan but he ignored their request.

The VO members waited for two-and-a-half months in vain. Then they went to DM and gave him a letter stating their problems. The DM took prompt action. A team of investigators consisting CDO, SDM and BDO came to the village and had discussions with all VO members. A report from these officials was faxed to the State Food and Civil Supplies Department at Lucknow. After two months, they received a call from Lucknow, informing them of the cancellation of both PDS contracts. The BDO, the Pradhan and other blocks official have now recognised the power of the women's organisation. The work of drain construction commenced immediately and 400 MGNREGA job cards were issued to needy villagers, including those who are not members of SHGs.

## Grain Bank: Community Risk Management and Food Security

Grains banks have proved to be the best way of mobilising resources for risk management by the community. Of the over 4,000 VOs under RGMVP, more than 2,000 VOs have set up their Grain Banks. During harvest season, SHG members bring a few kilograms of grain to the VO as donation. This grain serves as a bank from which needy members can borrow whenever there is shortage of grain in their households. If it remains unused, the accumulated grain is sold by the VO and the proceeds added to its corpus which acts as an emergency fund. Thus, the grain bank promotes food security and emergency risk management at the VO level. In some blocks, a portion of the grain collected at VOs goes to the BO. These arrangements are made by mutual understanding and collective decisions of BOs and VOs.

The Dhanpatganj block in Amethi district is a role model in this regard. Of the 47 VOs in this block, 23 have grain banks and a portion of the grain collected goes as donation to the BO too. During the previous two harvest seasons, the quantity of grain collected at the VOs was 24.8 tonnes. Of this, the VOs sold 21 tonnes for Rs. 2.40 lakh. About 3.7 tonnes of grain is in circulation, serving as a community managed system of food security.

as well as 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.

### University of Wisconsin

UW, with financial assistance from United States Agency for International Development (USAID), supported the Partnership for Innovation and Knowledge in Agriculture (PIKA) project. RGMVP continued to receive support from UW during the year and training on improved practices in livestock management was imparted to SHG members with the help of a resource persons from the University.

### Small Industries Development Bank of India

SIDBI is supporting RGMVP under its PSIG project financed by DFID.

### Mavana Social Service Society

RGMVP is implementing the skill development initiative called Usha Silai Schools with the support of the Mavana Social Service Society, the social service arm of UIL.

### Global Alliance for Improved Nutrition

RGMV has partnered with GAIN to implement a project on nutrition through the existing community platforms in 50 blocks and also institution building and capacity building with nutrition messages in five new blocks.

### GIZ

RGMVP, in partnership with GIZ and GBA, has been running a pilot on Bank Sakhis as BCs in Sumerpur Block of Unnao district since 2013. This project is part of the on-going GIZ-NABARD RFIP.



## Clinton Health Access Initiative

RGMVP had entered in to a non-financial partnership with CHAI to train the community on managing diarrhoea in 31 blocks of Raebareli and Amethi districts.

## Commercial Banks and Regional Rural Banks

RGMVP is partnering with 21 banks, namely, the State Bank of India, Bank of Baroda, Allahabad Bank, Punjab National Bank, Central Bank of India, Union Bank of India, Bank of India, Indian Bank, Dena Bank, Syndicate Bank, Canara Bank, Oriental Bank of Commerce, Andhra Bank, United Commercial Bank, Baroda UP Gramin Bank, Allahabad UP Gramin Bank, Purvanchal Gramin Bank, Gamin Bank of Aryavart, Sarva UP Gramin Bank and Kashi Gomti Gramin Bank.

## Visitors and Testimonials

Many dignitaries visited RGMVP during the year.

### Sir James Bevan, British High Commissioner

“I am greatly impressed by the self-confidence shown by the SHG members, their contribution to increased family income and the efforts taken by them for educating the girl child.”

### Mr. Jeff Raikes, CEO, BMGF

“It was terrific to see that the community’s ability to transact with society and demand their rights and entitlements, while ensuring access to better livelihoods and health, is greatly enhanced by their self-help group membership.”

### Ms. Deepa Narayan, author and former Development Expert, World Bank

“I was thrilled to find that over 900 young women’s groups have already been created. These women will leave their villages one day and don’t need to repeat the life cycle of poverty and oppression of their mothers. So you are scaling and spreading in a very low cost way as the daughters of existing group members and others join and the village organisation motivates these young girls. This is brilliant.”

### Mr. K. K. Gupta, Chief General Manager, NABARD

“The conclusion that emerged from the interactions was that capacity building of the SHGs and members in the three tiers of institutions built under the programme was commendable. The programme as in the present stage of progress has been able to meet the desired outcome since sustainable livelihood opportunities could be tapped by the poor as it was observed in the cases of Kamala and Momen Bibi. Both from the dire poverty have risen to a position of having three to four family members run livelihood activities and earning better living.”

RGMVP plans to impact a population of approximately 110 million through block federations in over 500 blocks across 42 programme districts in UP by 2018





## Story of Transformation: Gajani

Gajani, a village of poorest of poor in Tindwari block of Banda district, has been transformed within a short span of three years through RGMVP's interventions. The total population of Gajani is 1,049 of which 366 people (35 per cent) belong to the Scheduled Castes (SCs).

RGMVP successfully formed 12 SHGs comprising 147 members (all SC) federated through Gajani Gram Sangathan. SHG members of Gajani VO selected goat rearing as a preferred

livelihood. Urmila Bahen, the current VO president, joined the SHG three years ago. With the SHG's support, she adopted goat rearing as a livelihood activity. She has become a role model to the SHG members. Every month she sells two to three goats realising between Rs. 8,000 and Rs. 16,000, maintaining the herd size of 40. She is also well trained in medication and treatment of goats, a skill she used to help other VO members.

Inspired by her entrepreneurship, Ramkali Bahen of same SHG also started rearing goats. She also has more than 35 goats and sells more than one goat every month. Presently, every SHG member in the village has at least three goats. Besides goat rearing, the women are engaged in making incense sticks, using their spare time after agricultural operations.

## Looking Ahead

### Programme Scale Up

In the coming year, RGMVP plans to scale up to another 100 blocks venturing into Phase VI of the programme.

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

- Create more demand systems and reduce poverty through 3,50,000 SHGs and their federations
- Encourage more positive behavioural changes in health practices, sanitation and livelihoods
- Impact a population of approximately 110 million through block federations in over 500 blocks across 42 programme districts in UP by 2018

### Farmer-based Community Seed Management Project

Many SHG members do not use quality seed resulting in low productivity. Often, new seed too cannot use in the next season, as the seed gets mixed with different varieties. Farmers have lost faith on the public and private seed sources. RGMVP, in collaboration with BMGF, has plans to implement a Farmer-based Community Seed Management Project through its community platforms. Under the project, the community will source foundation seed from agricultural universities and produce seed by themselves and exchange them with the farmer community.

## INDIRA GANDHI EYE HOSPITAL AND RESEARCH CENTRE

## Eye Care



*IGEHRC hospitals deliver optimal eye care solutions to all patients*

The Eye Care programme of the Trust is carried out under the aegis of the Indira Gandhi Eye Hospital and Research Centre (IGEHRC). The Centre is dedicated to eliminate preventable blindness and bridge the gap between demand and supply for affordable high quality eye care, particularly in northern India. At present, a dedicated team of 260 professionals and two fully operational hospitals – a secondary care hospital at Munshiganj in Amethi and tertiary care speciality hospital at Lucknow – are committed to realising IGEHRC's vision. Two Vision Centres located at Raebareli and Musafirkhana provide primary care and referral services.

Since inception in 2005 to March 2014, IGEHRC hospitals have treated 15,00,000 out-patients and performed over 1,80,000 sight restoring surgeries (Amethi 1,07,465 and Lucknow 74,332), making IGEHRC one of the largest providers of quality eye care in the state of UP, drawing patients from 12 districts in central and eastern UP.

IGEHRC'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 that lack 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, philanthropists and social service organisations to support the cost of surgeries for patients from rural camps. Sponsors also are invaluable community mobilisers as they themselves are embedded in the same communities. These strategies enable IGEHRC to reach out to and subsidise treatment of those who are unable to access or afford eye care at standard rates.

IGEHRRC'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



*Ophthalmic Assistants form the service backbone of the hospitals*

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 IGEHRRC 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 innovations, adoption of cutting edge technologies, inter-specialty collaboration and on-line exchange with colleagues in different geographies, together with skilled and compassionate care, enable IGEHRRC hospitals to deliver optimal eye care solutions to all patients. Corneal grafting and stem 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. Within a short span, IGEHRRC has performed 341 cornea reshaping surgeries. Backed by modern infrastructure, highly trained manpower, sound management practices and uncompromising ethical standards, IGEHRRC has become one of the most trusted clinical institutions in north India today.

## **Initiatives 2013-14**

### **New Departments: ORBIT, Oculoplasty and Ocular Oncology Service**

This distinct subspecialty deals with management of disfigured eyes either due to acquired factors like trauma, disease, etc., or due to some birth defect. Chemical injuries, road traffic accidents, tumours and birth defects can lead to a spectrum of abnormalities in the appearance of our eyes. Oculoplastic surgeries aim at restoring the normal appearance and function of such eyes. This includes surgical correction of eyelid defects, managing unsightly scars around eyes, management of excessive watering of eyes due to obstruction in the tear flow pathway, management of ocular and eyelid tumours, cosmetic correction of ageing changes around eyes such as eye bags, etc. Our institute is now offering a complete range of service in this subspecialty.

## Low Vision Service

Partial vision loss that cannot be corrected causes a vision impairment known as low vision. A person with low vision has decreased vision (usually defined as less than 6/18), a decreased field of vision (peripheral vision) or both after all possible corrections. People with low vision are not blind and usually retain some useful vision. Low vision care is not a cure; it is about rehabilitation, about helping patients in school and play. IGEHRC has equipped itself with all types of modern low vision devices to ensure that it can help enhance the vision of patients.

## Impact 2013-14

### 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 diagnostic 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 serves around 70 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 or 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 6 provides details on the hospital's key achievements in 2013-14



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



IGEHRM Amethi serves a largely rural community in central UP

**TABLE 6: PATIENT CARE SERVICED DURING 2013-14**

Out Patients Categories	Number of Patients
Walk-in	66,478
Outreach	35,093
Surgeries	Number of Patients
Walk-in	3,144
Camp/subsidised	12,946
Community outreach camps held	220



*IGEHRC Lucknow is a referral centre not only for Amethi hospital and Vision Centres but also for seven nearby districts*

## IGEHRC Lucknow

This hospital is a 45,000 square foot, 100 bed, state-of-the-art, super specialty tertiary eye care centre. Services include general ophthalmology, cataract, retina, glaucoma, cornea, paediatric ophthalmology, orbit and 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, 400 patients are treated daily at this specialty facility and around 60 surgeries performed. An overview of its services in numbers is provided in Table 7.

**TABLE 7: PATIENT CARE SERVICES DURING 2013-14**

Out Patients Categories	Number of Patients
Walk-in	1,17,936
Outreach	28,136
Surgeries	Number of Patients
Walk-in	5,533
Camp/subsidised	11,926
Community outreach camps held	207

## Vision Centres

IGEHRC's three-tier pyramid model, with vision centres at the primary level, has been created to provide eye care to the needy population. To provide basic quality eye care services at the doorstep of the rural population on a permanent basis, IGEC runs two Vision Centres, 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 allows them to reintegrate into the workforce instead of becoming visually impaired.



### A Father's Responsibilities Fulfilled

Mr. Harish Chandra is delighted with the support and care provided by IGEHRC while treating his adolescent son Rohit Kumar. Rohit, a class 11 student, suffered from traumatic cataract, the result of a fall while playing with his friends. His parents had their hands tied due to financial constraints.

Life went on and Rohit learnt to cope with the limited vision. Fortunately, Mr. Harish Chandra heard about IGEHRC and its services. Rohit was operated on 28 February 2014 and now can see well. He will soon be appearing for his class 12 Board exams. His parents are very happy with the result of the surgery and because Rohit can now lead a normal life.



Mr. Chandra is a proud father, satisfied that IGEHRC helped him fulfil his responsibilities as a parent.

Both these centres are equipped with basic ophthalmic equipment and are run by well-trained Optometrists and other OAs. Together, around 80-90 patients are examined every day, mainly for visual and refractive errors. Specialists from 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 centres to include cataract surgery. Table 8 provides details on their services during the year.

**TABLE 8: PATIENT CARE SERVICES 2013-14**

Categories	Number of Patients
Out patients (walk-in: new & review)	11,437
Refraction	3,813
Spectacles issued	2,129

## Community Outreach

### Village Eye Camps

Both hospitals have extensive outreach programmes. In 2013-14, the hospitals held 427 camps in the surrounding districts, touching the lives of over 63,000 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 of sponsoring every aspect of the camp such as the venue, publicity and food. They also liaise between the hospitals and village people, when required. Details of the outreach activities are provided in Table 9.





Both hospitals have extensive outreach programmes. In 2013-14, the hospitals held 427 camps in the surrounding districts, touching the lives of over 63,000 persons.

*Glimpses of IGEHRC's community outreach programme*

**TABLE 9: CAMPS HELD BY IGEHRC: 2013-14**

Community Outreach	IGEHR, Lucknow	IGEHR, Amethi
Number of camps held	207	220
Number of patients examined	28,136	35,093
Number of surgeries (from camps)	11,926	12,946

### IGEHR, Rural Hospital (Sohna)

With a view to create awareness and acceptance of IGEHR in Gurgaon and surrounding districts and to decrease the lag period to attract patients to the main hospital, an area about 30 km from our main hospital on the main road leading to Mewat district was identified to set up a rural, secondary level hospital in Sohnna. The lower middle income households from rural and urban areas will be reached through outreach activities and charged a subsidised rate. The facility will also be open for walk-in patients.

## Eyes that Dream of a Better Future

Rita Devi and Amit Kumar were overjoyed when they were blessed with a baby girl whom they named Babita. But their happiness turned into consternation when they realised that their child did not have normal vision. For these residents of a remote village, Sidhipur, in Raebareli district, money was a huge constrain as they eked out a subsistence from daily wage labour. A visit to the local doctor brought no joy as he demanded Rs.15,000 for surgery, an amount unthinkable for this couple. However, they did not give up hope and continued to explore other options, especially to arrange money, fully aware that this could push them into the debt trap.



Good tidings arrived in the shape of a fellow villager who told Rita Devi about the eye camp to be held at Dalmau by IGEHRC, Lucknow. She rushed immediately to Dalmau with the hope that the little Babita would be treated. She was advised that surgery would be required. Today, both Babita's eyes have been operated; she can now see. The parents cannot thank IGEHRC enough for giving their daughter the gift of sight. The surgery, a complicated medical procedure, simply opened Babita's vision – now she can dream of a better future!

## Partnerships and Financial Support

The Rural India Supporting Trust (RIST) is providing support to strengthen IGEHRC services and facilities to enhance patient care. This year, RIST supported IGEHRC in further developing the retina and low vision department and establishing a premium out-patient department (OPD).

GAIL (India) Ltd. has supported the setting up of a rural hospital at Sohna, Gurgaon through funding for the interior development, vehicles and medical equipment so as to provide quality eye care to the rural population of Mewat region.

Sightsavers is supporting the subsidised cataract surgeries being conducted from the district of Barabanki. Sightsavers' support to IGEHRC Lucknow also includes support to diabetic retinopathy awareness and low vision services.

## Looking Ahead

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, RGCT is establishing a one-of-a-kind institution in Gurgaon in



the National Capital Region. This will provide super-tertiary eye treatment, and training for all levels of workers 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.

### 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-visuals 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.



*IGEHRC is continually engaged in enhancing the efficacy and capacity of the existing hospitals*

By 2016-17, the contribution of the IGEHRC group of hospitals to the nation's campaign against preventable blindness is targeted to be around 1,00,000 sight-restoring surgeries annually

### 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 focused 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 1,00,000 sight-restoring surgeries annually.

IGEHRC 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

# Governance and Management

**T**he **Head Office** of the Trust provides administrative support to the projects, ensuring timely statutory compliances and reporting to the stakeholders. It also shares resource mobilisation responsibilities with the leadership of Projects. The Trust now has robust systems for planning, budgeting, monitoring and review.

A brief report of key events pertaining to the governance and management functions of the Trust during the year are highlighted in the following.

## Governance

A meeting of the Board of Trustees was held on 11 November 2013 in Delhi to review the activities of the Trust. All the Trustees were present in the meeting.



*Jawahar Bhawan in New Delhi*

The Trust has instituted the practice of periodic review of activities by the Top Management Team (TMT) comprising chief executives of the Projects and the Trust and other senior staff in the presence of a Trustee. These meetings are generally held monthly to review physical and financial progress of operations and take strategic decisions. The annual plan, budget and all major initiatives of the Trust are approved by the TMT before being presented to the Trustees for approval.

### **Finance and Accounts**

The Statutory Audit for the FY 2013-14 was completed on 27 September 2014 and Income Tax returns filed on time. Internal audit of Projects of the Trust was carried out thrice during the year. The Budgets, duly approved by the TMT, are reviewed quarterly and variances monitored and reported back to the TMT by Projects and HO. The Trust follows financial systems that meet international standards of reliability, transparency and accuracy. The financial accounts of the Trust are audited by Deloitte Haskins & Sells.

### **Resource Mobilisation**

The Trust received grants from international donors under the Foreign Contributions Regulation Act (FCRA) totalling Rs. 26.49 crore during the year. This represents a significant increase over receipts of Rs. 21.78 crore in FY 2012-13 and Rs. 23.33 crore in FY 2011-12, respectively.

The Trust's donors include the Bill & Melinda Gates Foundation (BMGF); Small Industries Development Bank of India (SIDBI) under a project funded by the Department for International Development (DFID), UK; Rural India Supporting Trust (RIST); Global Alliance for Improved Nutrition (GAIN); Royal Commonwealth Society for the Blind (Sight Savers International); etc. The Trust is registered with the Tata Institute of Social Sciences (TISS) to mobilise funding under Corporate Social Responsibility (CSR) initiatives of companies. This facilitated a grant from GAIL (India) Ltd. under their CSR activities to set up a Rural Eye Hospital in Sohna, Gurgaon.

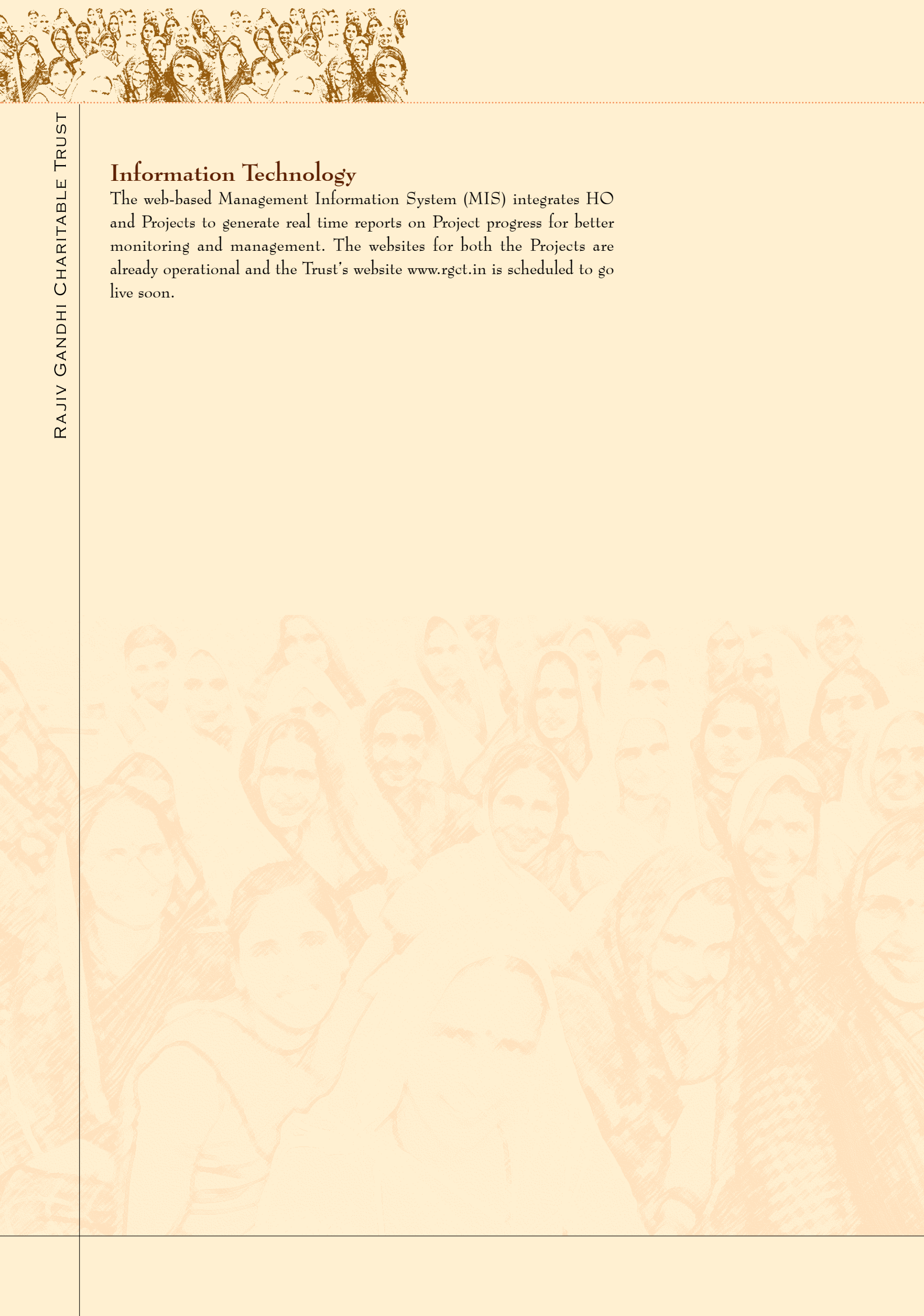
### **Human Resources**

The Trust follows the best practices in the sector for its employees and provides provident fund, gratuity, employee state insurance cover, maternity benefits apart from health insurance cover and personal accident cover. HR processes and policies have been framed and implemented across Projects. Staff reviews are regularly carried out and training conducted to enhance staff efficiency and productivity.

The Trust received grants from international donors under FCRA totalling Rs. 26.49 crore during the year, a significant increase over receipts of previous years

## Information Technology

The web-based Management Information System (MIS) integrates HO and Projects to generate real time reports on Project progress for better monitoring and management. The websites for both the Projects are already operational and the Trust's website [www.rgct.in](http://www.rgct.in) is scheduled to go live soon.



# Financial Abstracts

## Balance Sheet as at 31 March 2014

Particulars	As at 31 March 2014 Rs.	As at 31 March 2013 Rs.
<b>SOURCES OF FUNDS</b>		
Corpus fund	142,500,000	142,500,000
General fund	313,892,768	310,175,687
Deferred income	171,685,395	60,099,456
	<b>628,078,163</b>	<b>512,775,143</b>
<b>APPLICATION OF FUNDS</b>		
<b>Fixed Assets</b>		
Net block	400,926,968	409,637,164
Capital work in-progress (including capital advances)	64,690,932	10,100,908
	<b>465,617,900</b>	<b>419,738,072</b>
<b>Current assets, loans and advances</b>		
Inventories	5,855,499	5,394,481
Sundry receivables	640,004	532,064
Cash and bank balances	378,374,453	311,745,642
Loans and advances	149,754,407	78,668,591
Other current assets	-	40,000,000
	<b>534,624,363</b>	<b>436,340,778</b>
<b>Less: Current liabilities and provisions</b>		
Advance for projects	304,373,661	260,325,368
Deferred payment liabilities	13,391,000	32,130,000
Current liabilities	54,399,439	46,918,933
Provisions	-	3,929,406
	<b>372,164,100</b>	<b>343,303,707</b>
<b>Net current assets</b>	<b>162,460,263</b>	<b>93,037,071</b>
	<b>628,078,163</b>	<b>512,775,143</b>

## Income and Expenditure Account for the year ended 31 March 2014

Particulars	For the year ended 31 March 2014 Rs.	For the year ended 31 March 2013 Rs.
<b>INCOME</b>		
Donations	221,819,557	126,075,447
Grants and aids	782,836	24,369,229
Hospital revenue	176,257,057	146,248,282
Training revenue	214,550	2,851,800
Other income	40,408,359	6,867,497
	<b>439,482,359</b>	<b>306,412,255</b>
<b>EXPENDITURE</b>		
Medical supplies consumed	59,244,930	51,085,188
Personnel expenses	14,014,829	14,154,877
Depreciation and amortisation	36,616,221	31,851,084
Project and related expenses	314,789,672	240,486,667
Administrative and other expenses	11,099,626	15,341,717
	<b>435,765,278</b>	<b>352,919,533</b>
<b>Excess of income over expenditure/ (expenditure over income)</b>	<b>3,717,081</b>	<b>(46,507,278)</b>

## Partner Organisations and Donors

RGMVP	
1	Bill and Melinda Gates Foundation (BMGF)
2	Rural India Supporting Trust (RIST)
3	National Bank of Agriculture and Rural Development (NABARD)
4	Society for Elimination of Rural Poverty (SERP)
5	International Center for Research on Women (ICRW)
6	Shramik Bharti
7	Gesellschaft für International Zusammenarbeit (GIZ)
8	Public Health Foundation of India (PHFI)
9	Department of Handicraft
10	United Nations Children's Fund (UNICEF)
11	Global Alliance for Improved Nutrition (GAIN )
12	Small Industries Development Bank of India (SIDBI)
IGEHR	
1	Rural India Supporting Trust (RIST)
2	Sightsavers
3	GAIL (India) Ltd.
Donors	
1	Sreedhar Potarazu
2	Atul Nishar Charitable Trust

## RGCT's Management

### RGCT, Head Office

Deep Joshi  
Chief Executive Officer (CEO)

### RGMVP

Mr. P. Sampath Kumar,  
IAS, CEO

Mr. P.S. Mohanan, Programme Director	Mr. K.S. Yadav, Programme Manager
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### IGEHRC

Dr. Anil Tara  
CEO

Lucknow	Amethi
Dr. Kuldeep Srivastava, CMO	Dr. Sandesh Kumar Medical Coordinator
Dr. Ashutosh Khandelwal, Dy. CMO	
Dr. Sheela Nair, Dy. CMO	



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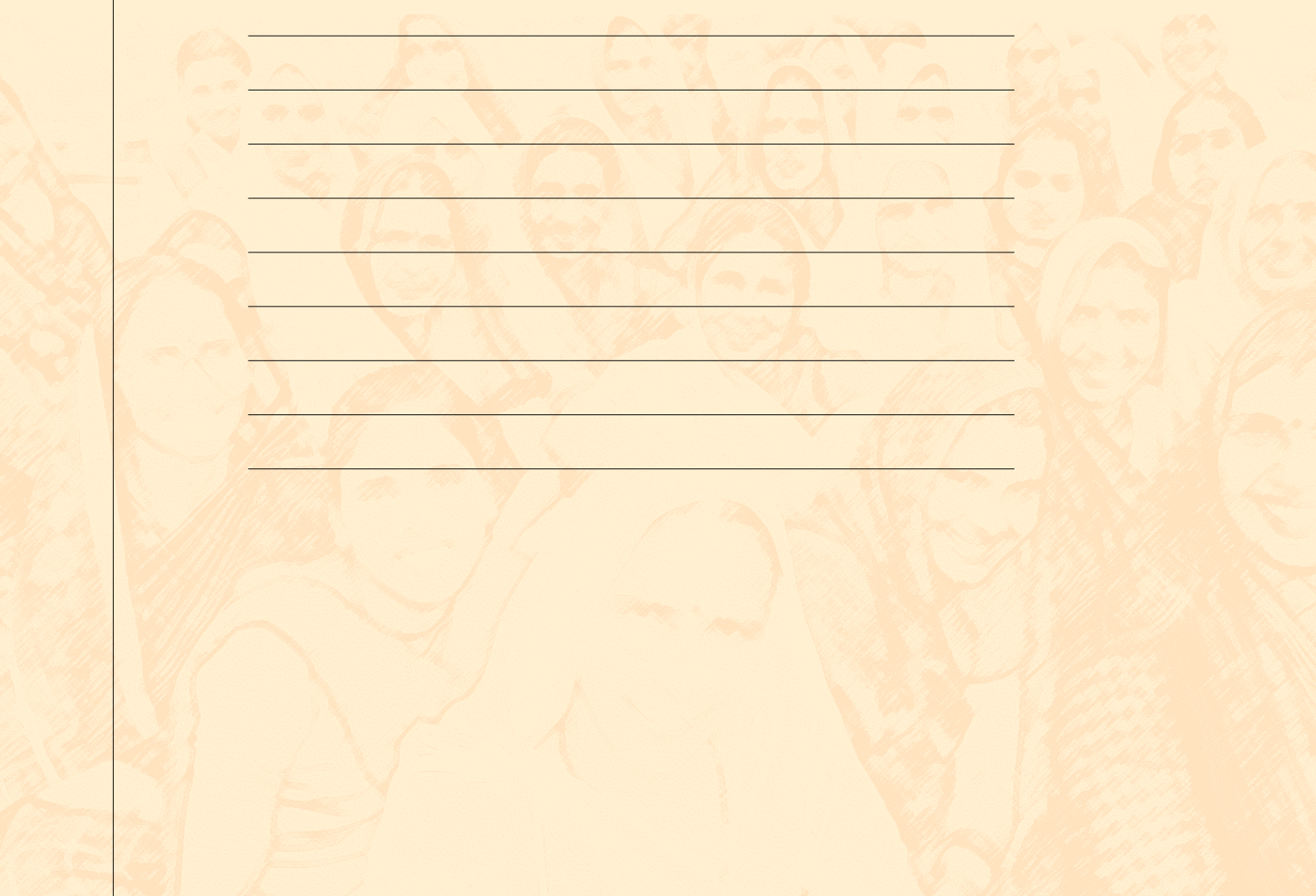
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**Rajiv Gandhi Charitable Trust**  
3rd Floor, Jawahar Bhawan,  
Dr Rajendra Prasad Road, New Delhi 100 001

**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.org](http://www.igehrc.org)