



Annual Report
2014-15

Enabling Citizens, Creating Communities



Foreword

Rajiv Gandhi Charitable Trust (RGCT) is dedicated to realise Shri Rajiv Gandhi's vision of an inclusive and progressive India. The Trust presently works with some of the most disadvantaged people in North India on the themes of women's empowerment and affordable eye care. These programmes foster collaborative communities on the principles of mutuality and self-help and enable citizens on the margins to gain a foothold in the mainstream. It is a source of great pride that in less than fifteen years the Trust has reached out to over three million households through these programmes. Our work is now widely acclaimed and we have been invited by public agencies to support mainstream development programmes.

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), the Trust's flagship programme for women's empowerment, has grown both in scale and scope over the years. It is today the largest and fastest growing programme of its kind in North India. A unique feature of the programme that sets it apart from peers is the blending of multiple interventions with the primary activity of organising women. With small groups of women as the basic building block, RGMVP promotes multi-level community institutions. These enable the women, their families and the wider community to gain access to a range of development benefits as well as access their rights and entitlements.

Indira Gandhi Eye Hospital and Research Centre (IGEHC) combines primary, secondary and tertiary eye care to enable all citizens to access a range of preventive and curative services. A high volume, cross subsidisation strategy, combined with the use of cutting edge technology and efficient deployment of resources has made IGEHC self-sustaining even as a vast majority of the people it serves are from poor rural households and receive highly subsidised care. The Lucknow hospital of IGEHC was listed among the 13 Best Hospitals in Ophthalmology in the country in the *Week-Nielsen* survey for 2014 and was the only one in the list from UP.

Teams of highly qualified professionals devoted to community work are the key to the high quality and effectiveness of these programmes. The Trust has continually striven to foster a conducive work environment for such professionals to give their best to the communities they serve.

Continued support of generous donors and knowledge partners contributes to the success of our programmes in equal measure. The Trust is uncompromising in its standards of accountability and has instituted strong governance and management systems at the Head Office and across all its operations to ensure that the resources provided by our donors are used efficiently to maximise impact and the affairs of the Trust are carried out transparently.

I highlight in the following a few of our key achievements during the financial year 2014-15.

RGMVP promoted 19,625 Self Help Groups (SHGs), 1,246 Village Organisations and 40 Block Organisations during 2014-15, bringing 2,16,440 new households into the fold of community institutions promoted by the programme. Cumulatively, the outreach of the programme at the

end of the fiscal year was 14,51,875 households and 1,25,621 SHGs. RGMVP facilitated 3,320 SHGs obtain credit from banks, raising the number of SHGs accessing bank loans to 32,015. The programme has built a strong network of volunteers from the community, known as Community Resource Persons (CRPs), to mentor the community institutions, facilitate access to bank credit, promote health seeking behaviour and practices and adopt more productive farming systems. This year 2,802 new CRPs were inducted and trained, bringing the number to CRPs in the programme to 28,030. RGMVP also promotes groups of young women to address the challenges adolescent girls face. The programme supports community institutions to facilitate access for their members to government programmes such as the National Rural Livelihoods Mission, National Rural Health Mission, etc. For some time now RGMVP has also been training SHG members to effectively participate in the Panchayati Raj system of local governance.

IGEHR established a new secondary care hospital at Sohna near Gurgaon during the year, adding to the existing network of a secondary care hospital at Munshiganj in Amethi and a tertiary care speciality hospital at Lucknow. These hospitals, along with associated vision centres daily cater to about 1,500 patients. During 2014-15, IGEHR treated 2,85,583 patients, performed 38,839 surgeries and conducted 650 outreach camps, catering to 15 districts across central and eastern Uttar Pradesh and south Haryana. Since inception in 2005, IGEHR hospitals have treated 18,00,000 outpatients and performed over 2,20,000 sight restoring surgeries, making IGEHR one of the largest providers of quality eye care in North India. IGEHR is also engaged in training eye care professionals at various levels and is one of the largest eye care training centres in UP. Nine Ophthalmologists underwent long-term fellowship training in different specialities during the year; 21 mid-level Ophthalmic personnel were trained in different aspects of eye care; and 36 Optometrists underwent apprenticeship and practical training. IGEHR now plans to consolidate this work by setting up a Community College in Amethi to train young women and men in different sub-disciplines of eye care.

Significant though these outcomes are from the vantage point of the Trust, given its modest resources, we have a long way to go as hundreds of millions among our fellow citizens lack access to such enabling support and services. The Trust will continue to build on the strong foundations of community outreach and innovative programmes we have created. We remain committed to expand these programmes, both in terms of outreach and scope, and will continue to collaborate with like-minded partners to do so.

I am grateful to the Trustees and our partners for their continued support and encouragement. I also place on record my deep appreciation to the staff of the Trust for their dedication and diligent work.



Sonia Gandhi
Chairperson

Contents

Board of Trustees	6
Rajiv Gandhi Charitable Trust	7
Women's Empowerment and Poverty Mitigation: Rajiv Gandhi Mahila Vikas Pariyojana	8
Eye Care: Indira Gandhi Eye Hospital and Research Centre	30
Governance and Management	40
Financial Abstract	41
Partners and Donors 2014-15	43
RGCT Management	44

Board of Trustees

Smt. Sonia Gandhi

Chairperson

Shri Rahul Gandhi

Smt. Priyanka Gandhi Vadra (till October 2014)

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 (IGEHC).

RGMVP is the largest social mobilisation programme for women's empowerment in Uttar Pradesh, working in 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 so they can access banking services and various government services and programmes. The outcome of the programme is that women feel empowered to claim their rightful place as equal citizens in society.

IGEHC is the largest provider of high quality eye care in Uttar Pradesh. It covers 15 districts and provides affordable eye care, especially to poor people, to eliminate avoidable blindness.

In the last 13 years, the Trust has worked tirelessly to build a social development programme to help millions among the poorest people to overcome poverty and social exclusion, to reclaim their dignity and lead productive lives. It has supported them in gaining access to social and economic opportunities by facilitating linkages to markets and public services and to claim their rights and entitlements. RGCT's unique models of scaling up and sustainability ensure inclusion of the socio economically marginalised populations into the mainstream. The Trust has built up teams whose professional competence and dedication contribute significantly to sensitive, 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.



*Jawahar Bhawan,
New Delhi*

WOMEN'S EMPOWERMENT AND POVERTY MITIGATION

Rajiv Gandhi Mahila Vikas Pariyojana

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), the Trust's flagship poverty mitigation and women's empowerment programme, reaches out to over 1.4 million marginalised households in Uttar Pradesh (UP). RGMVP organises women so that they can realise their individual and collective potentials as change agents and overcome poverty by breaking free from customary social hierarchies and changing the power relations.

RGMVP's key innovation is the dual creation of a self-sustaining community institution pipeline and Community Resource Persons

The key innovation of the programme is the creation of a self-sustaining platform of community institutions comprising Self Help Groups (SHGs), Village Organisations (VOs) and Block Organisations (BOs). Together these form the foundation for collective action around community issues and sharing of best practices. Individual women from local communities are trained as Community Resource Persons (CRPs) and embedded in these institutions. They assist the



Speaking from the Heart

“It was exciting to learn about the Self Help Groups and how they work to empower women and ensure the health and welfare of the women, their families and their communities. I was particularly impressed with the energy and insights of the women when describing how they had benefited from the programme. I was also impressed by how quickly RGMVP has scaled the number of SHGs in UP.”

**Chris Elias, President, Global Development Program,
Bill and Melinda Gates Foundation**

community institutions to deliver various development interventions to the most isolated and marginalised women. It is an efficient and cost-effective way to disseminate new ideas, knowledge and skills across sectors—financial, health, political and social.

The goal of the programme is holistic empowerment of the poor and marginalised, especially women. Going beyond financial inclusion the programme fosters institutions that addressed the tangible and intangible causes of poverty to break the cycle of marginalisation.

Programme Strategy

RGMVP works in districts that have the lowest human development indices, such as low female literacy, high concentration of Scheduled Caste (SC)/ Scheduled Tribe (ST) households, and high maternal and neo-natal mortality. The programme promotes financial, health, agriculture and sanitation initiatives through community institutions while nurturing community-based trainers and resource persons to continue these institutions at scale.

The experience of the programme, over the past 13 years, shows that each individual is involved with the spirit of volunteerism and has the potential to exercise leadership. The community institutions oversee and channelise these by building confidence and efficacy, connecting women to a shared larger purpose which they find personally fulfilling, and providing structural support and information. The combination of these innate human capacities, the collective strength of community institution and the skills acquired from the programme rekindle hope and leads to mutual help and collective action to solve social problems. Thus, RGMVP's model is community driven, addresses issues identified by the communities themselves and is self-sustaining, low cost, scalable and inclusive.

RGMVP's model is community driven based on community-identified issues and is self-sustaining, low cost, scalable, and inclusive



Community institutions become a force upon which women are better able to demand and utilise opportunities

Holistic Empowerment

BUILDING WOMEN'S INSTITUTIONS

A SHG consists of 10 to 20 women living in a neighbourhood who voluntarily choose to form a group. SHGs are federated into VOs, representing 150 to 250 women comprising 10 to 20 SHGs in a village or cluster of hamlets. The VOs in turn are federated into BOs representing 5,000 to 7,000 women.

This network of community-based institutions forms a platform for collective action, mutual help and learning, accessing services, entitlements, skills and knowledge. It helps women break free from exclusion and isolation and creates avenues for them to enhance their knowledge on finances, livelihood development, better health, sanitation, nutrition and their legal rights and entitlements. Drawing strength from numbers and resilience from the cohesion borne out of a sense of solidarity, the community institutions become a powerful instrument for women to demand and utilise the opportunities, entitlements and resources hitherto inaccessible to them.

Figure 1: Members of RGMVP's Network by Social Category

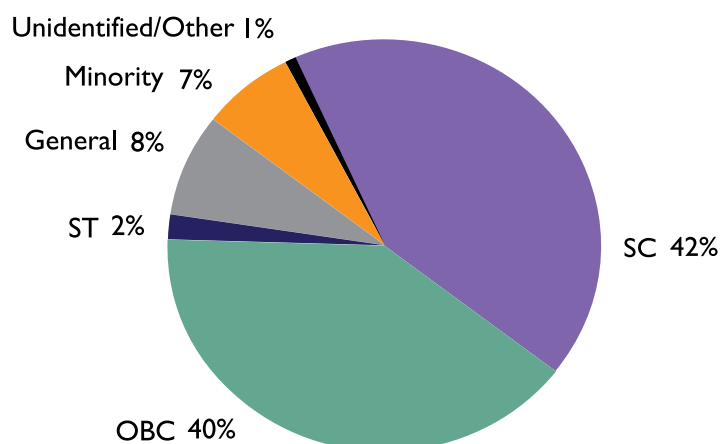
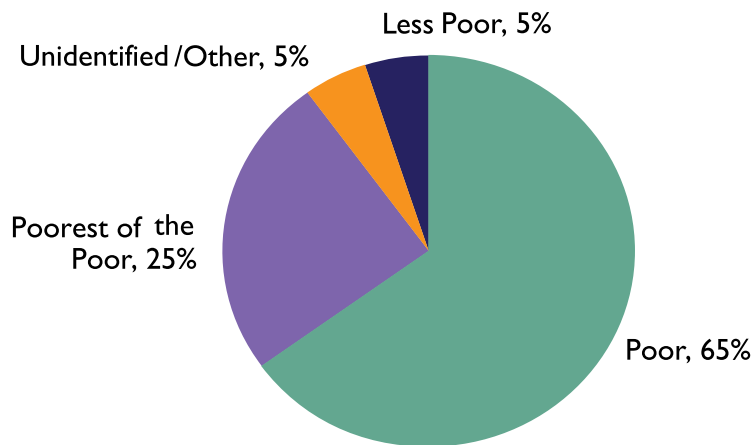
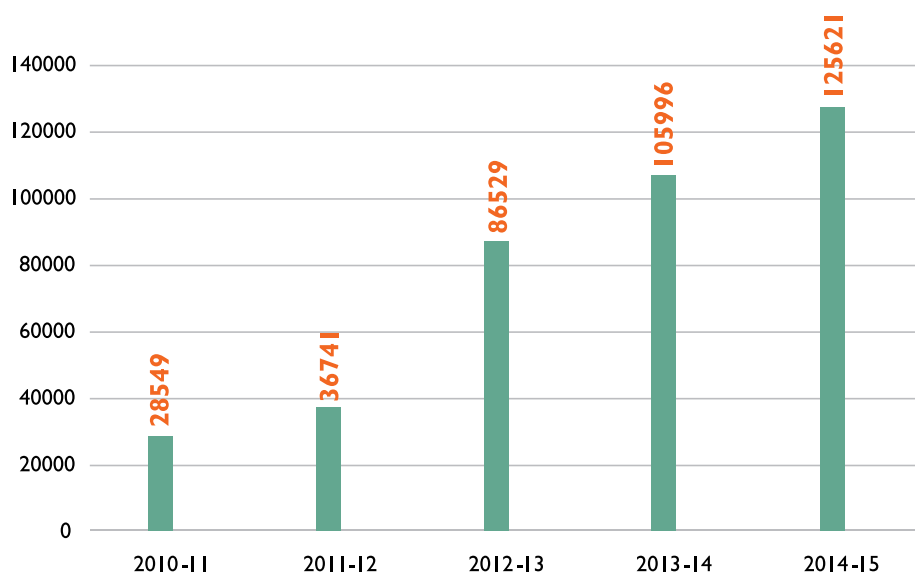


Figure 2: Members of RGMVP's Network by Socio-economic Category

During this past year, the programme promoted 19,625 SHGs, 1,246 VOs, and 40 BOs, connecting 216,440 new households to the RGMVP network of women's institutions.. The cumulative outreach of our programme stands at

Table 1: Number of SHGs, VOs, and BOs Mobilised in the Last Five Years

Year	SHGs Formed	VOs Formed	BOs Formed
2010-11	4,344	245	12
2011-12	8,192	244	18
2012-13	49,788	1,386	23
2013-14	19,467	1,515	47
2014-15	19,625	1,246	40

Figure 3: Cumulative Number of SHGs Over Time

The programme has grown by 19,625 SHGs, 1,246 VOs, and 40 BOs, connecting, in this year alone, 2,16,440 households to the RGMVP network

Table 2: Project outreach up to March 2015

S. No.	District	No. of Blocks Covered under RGMVP	Project Activities Initiated	Total No. of GPs in Blocks	Total GPs Covered by RGMVP	No. of SHGs Mobilised till March 2015	Total Families Covered
1	Sultanpur	12	Apr 2002	711	616	9,251	110,594
2	Raebareli	15	May 2005	695	691	16,606	189,691
3	Amethi	16	Jan 2011	727	725	16,881	198,906
4	Jhansi	8	Jan 2008	437	268	3,462	41,482
5	Lalitpur	6	May 2008	340	238	3,784	43,057
6	Fatehpur	13	May 2008	788	428	3,778	42,158
7	Unnao	16	May 2008	954	542	5,020	54,750
8	Pratapgarh	9	Jul 2008	541	378	3,749	41,947
9	Lucknow	3	Jul 2008	203	169	1,912	23,268
10	Barabanki	6	Jul 2008	372	240	3,318	38,722
11	Faizabad	9	Aug 2008	619	358	3,408	39,013
12	Gonda	6	Aug 2009	350	208	2,016	24,126
13	Mahoba	4	Aug 2009	253	155	1,861	21,493
14	Banda	8	Sep 2009	437	339	3,369	38,673
15	Chitrakut	5	Nov 2009	330	259	2,338	26,342
16	Hamirpur	7	Oct 2009	314	262	3,050	33,928
17	Deoria	6	Sep 2009	412	260	2,529	30,322
18	Maharajganj	5	Nov 2009	321	195	1,917	22,238
19	Jalon	7	Nov 2009	460	237	2,256	25,528
20	Gorakhpur	5	Jul 2010	310	225	2,326	27,503
21	Hardoi	10	Jan 2011	553	318	3,335	38,433
22	Sitapur	10	Feb 2011	695	386	3,755	43,963
23	Balrampur	4	Mar 2011	346	159	959	11,343
24	Allahabad	7	Apr 2011	577	314	2,331	26,748
25	Varanasi	4	May 2011	343	119	1,082	12,490
26	Chandauli	5	May 2011	376	232	2,006	22,717
27	Shahjahanpur	5	May 2011	283	126	1,471	16,551
28	Badaun	7	May 2011	415	233	2,463	28,758
29	Basti	5	May 2011	385	243	1,423	16,855
30	Sant Kabir Nagar	4	May 2011	312	185	1,711	20,799
31	Kaushambi	8	May 2011	440	192	1,566	17,381
32	Mirzapur	6	Jun 2011	325	225	2,163	25,158
33	Kanpur Dehat	5	Jun 2011	297	106	714	8,004
34	Kushi Nagar	5	Apr 2012	326	172	1,235	14,735
35	Ambedkar Nagar	5	Jul 2012	402	160	842	9,468
36	Bareilly	2	Aug 2012	134	82	572	6,450
37	Ghazipur	2	Aug 2012	162	80	543	6,292
38	Kheri	6	Aug 2012	404	219	2,092	23,687
39	Sonbhadra	4	Aug 2012	309	146	1,393	15,595
40	Mau	2	Dec 2012	141	63	546	6,234
41	Siddhartha Nagar	2	Jan 2013	119	61	451	5,021
42	Farookhabad	1	Feb 2014	72	15	137	1,452
Grand Total		275		16,990	10,629	125,621	1,451,875

	No. of SHGs with 1st Phase Linkage (CCL-I)	No. of SHGs with 2nd Phase Linkage (CCL-II)	Bank Credit Sanctioned Amt. in Rs. (CCL-I)	Bank Credit Sanctioned Amt in Rs. (CCL-II)	No. of VO's Formed	No. of Resource Villages	No. of BO's Formed
	4,550	1,136	515,649,940	139,538,600	355	129	9
	9,196	2,236	847,681,263	331,702,690	576	247	15
	10,592	2,529	613,128,797	340,708,260	601	287	16
	515	97	14,825,000	4,554,600	120	25	3
	274	0	9,520,500	0	120	14	4
	1,069	67	166,065,800	6,231,000	200	38	6
	452	28	37,090,001	11,800,000	218	39	9
	650	1	124,433,600	96,000	142	25	4
	354	7	33,726,500	750,000	103	57	3
	298	6	15,650,002	1,600,000	136	52	3
	515	0	88,927,000	0	124	14	3
	189	0	9,450,000	0	101	31	2
	143	0	14,170,100	0	75	31	4
	373	1	37,955,000	100,000	175	82	6
	333	1	31,785,000	500,000	125	49	5
	206	0	15,705,000	0	152	54	6
	151	1	11,252,000	100,000	115	39	3
	155	0	7,155,000	0	116	38	3
	107	0	9,695,000	0	78	6	3
	192	0	14,741,000	0	110	30	5
	52	0	3,180,000	0	161	65	4
	175	0	22,449,000	0	166	46	4
	12	0	300,000	0	40	6	1
	544	0	203,925,800	0	135	38	3
	0	0	0	0	64	7	2
	26	0	2,425,000	0	112	15	3
	127	0	12,490,000	0	57	26	2
	79	0	7,829,000	0	107	21	2
	44	4	2,475,000	400,000	87	34	2
	37	0	1,375,000	0	81	28	2
	211	0	51,899,000	0	74	18	1
	47	0	5,280,000	0	124	39	4
	30	1	2,910,000	100,000	43	6	1
	32	0	1,817,000	0	65	16	2
	42	0	7,866,000	0	43	2	1
	46	0	9,020,000	0	32	0	2
	0	0	0	0	38	0	0
	77	0	7,485,000	0	91	14	5
	86	0	8,600,000	0	63	0	1
	34	0	1,650,000	0	36	5	1
	0	0	150,000	0	26	0	0
	0	0	0	0	1	0	0
	32,015	6,115	2,971,732,303	838,181,150	5,388	1,673	155

1,451,875 households and 125,621 SHGs.

As they experience positive changes from participation in SHGs, some of the women are inspired to mobilise others and connect other women to the programme. RGMVP trains such women as community-based mobilisers, enabling it to expand its outreach rapidly and cost effectively, without engaging a large number of staff to mobilise women into new groups and mentor them. In the past year, we covered 5,853 new villages following this strategy.

Our goal is to scale up our programme to reach 10 million households in the next five years, with an SHG in each *purva* or hamlet of the 42 districts we work in.

Figure 4: Highlights of RGMVP's Programme Effects

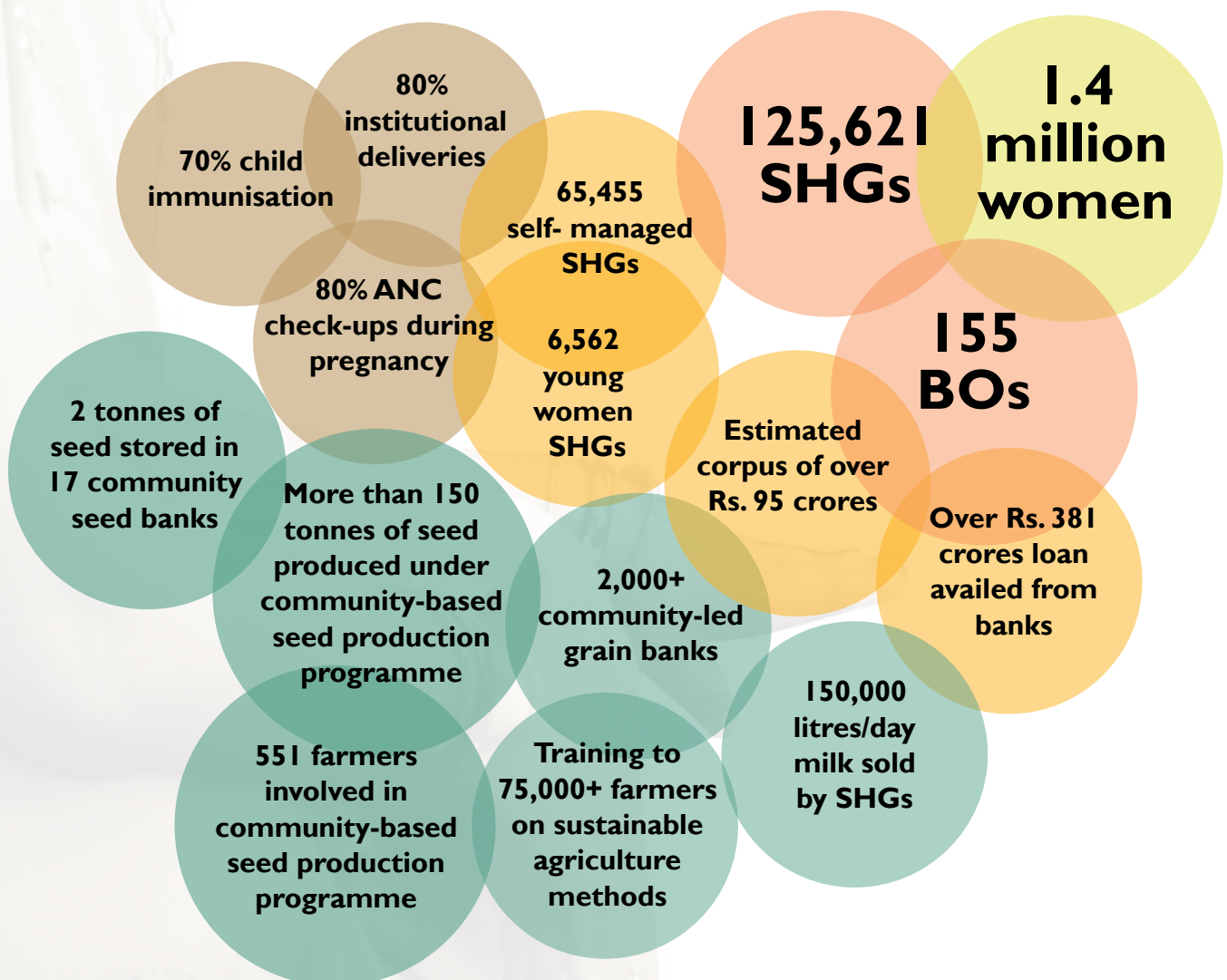


Figure 5: Map of the Blocks Covered by RGMVP



Overall, our vision is to scale our programme up to reach 10 million households in the next five years, with an SHG in each hamlet of the 42 districts we work in

STRENGTHENING COMMUNITY INSTITUTIONS

Community-based Trainers and Resource Persons: Community institutions are only as strong as the handholding and facilitation support given to them. RGMVP trains women volunteers from among SHG members, known as *sakhis*, to become trainers, capable of mentoring other groups and stimulating behaviour changes across a large population.



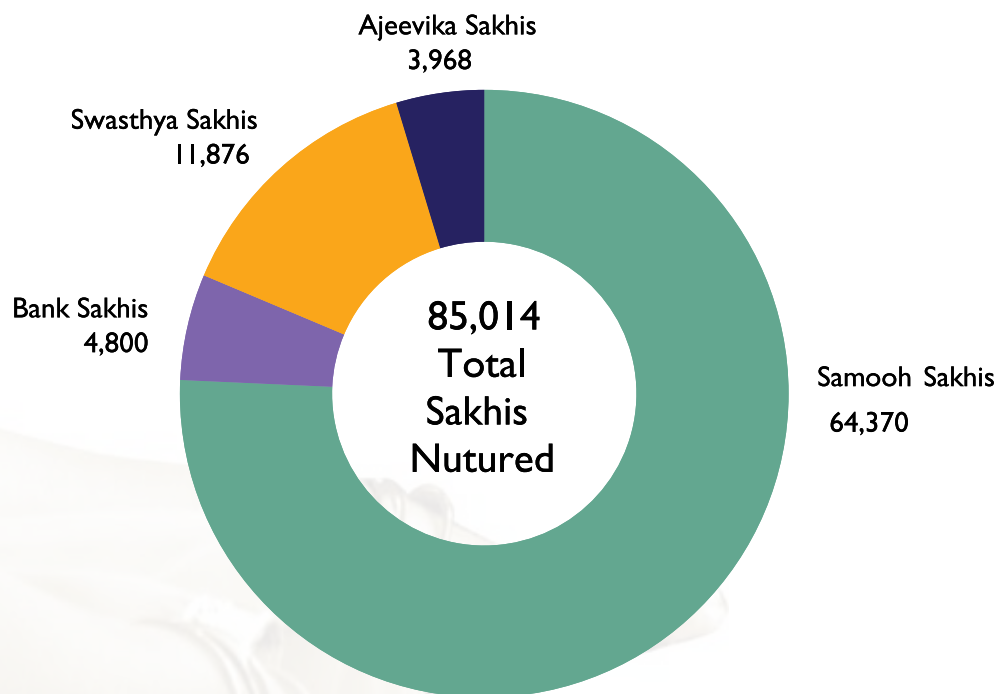
Training in infant care in progress

RGMVP nurtures, at the SHG and VO levels, four types of *sakhis*, each addressing one of the barriers women face in overcoming poverty and inequality.

- Samooh Sakhis: provide support to develop the SHG as cohesive group
- Bank Sakhis: provide support on financial inclusion
- Sawsthya Sakhis: provide support on health awareness and practices
- Ajeevika Sakhis: provide support on agriculture practices

Figure 6 illustrates the cumulative number of *sakhis* we have nurtured as of March 2015.

Figure 6: Cumulative Number of Sakhis Trained as of March 2015



In addition to *sakhis*, RGMVP also has a robust network of volunteers from the community, known as CRPs who provide general mentorship support to SHGs. This year alone, we have fostered the development of 2,802 CRPs, with a total number of 28,030 CRPs trained and active in a variety of roles in the programme. These resource persons are part of the organisational structure of the programme, based at Community Resource Development Institutions (CRDIs) which work closely with the programme management team.

RGMVP as a Capacity Building Agency: RGMVP is recognised as one of the 20 prominent Capacity Building Agencies (CBAs) for Training and Capacity Building under the National Rural Livelihoods Mission (NRLM) by the Ministry

of Rural Development, Government of India. As a CBA, RGMVP collaborates with NRLM to provide training, capacity building and exposure visits to different State Rural Livelihoods Missions (SRLMs) across India. During the year, RGMVP provided support to the SRLMs in the states of Jammu and Kashmir, Himachal Pradesh, Haryana, Punjab, Uttarakhand and Uttar Pradesh for mobilisation and capacity building. NRLM also provides exposure to its programme sites to RGMVP's resource persons, thus creating a resource and learning relationship between the organisations. As of March 2015, 428 SHG resource persons and 32 staff participated in SRLM exposure visits.

NRLM states also send their SHG and federation members, officers and staff for exposure visits to learn from our programme to learn about our three-tier structure of community institutions and our overall learning and operating system.

RGMVP has also entered into a partnership with the Uttar Pradesh SRLM, where five of RGMVP's BOs have been selected for NRLM implementation with technical support from RGMVP. These are Gauribazar (Deoria district), Ahirori (Hardoi district), Nareni (Banda district), Sumerpur (Hamirpur district) and Kadaura (Jalaun district).

Vision Mapping Strategy: Illiteracy has been a barrier to rapid dissemination of information useful to enhance incomes, adopt better health practices, etc. It also inhibits a person's ability to record critical facts. Also, besides economic poverty and lack of education, the greater blocks women face to realising their potential are a sense of hopelessness, lack of possibilities and a diminished sense of agency. By using the tool of recording information through vision mapping, RGMVP has begun to help women overcome the barriers caused by illiteracy. This method encourages the use of pictures and teaches a way of representing information so that all those who attend training sessions can record and remember key concepts.

Furthermore, this method helps stretch people's imagination and sense of opportunity, so that they can begin visualising a better future for themselves and actionable steps to achieve that future. RGMVP has begun to implement a strategy where each SHG member is taught to draw four maps containing:

- Best maternal and child health practices
- Her vision for her family's prosperity
- Her rights and entitlements
- Ways she can take action in her community, be a leader and bring more women into the SHG fold

We have, so far, conducted 12 training sessions on vision mapping and have taught this tool to 600 women leaders.

Vision mapping is used to stretch people's imagination and sense of opportunity, so that they can begin visualising a better future for themselves



Vision mapping, helps women overcome the barriers caused by illiteracy

Through a series of random sampling, RGMVP found out that presently 93 percent of RGMVP SHGs are engaged in savings activities either through a bank or independently within their SHG

Community Newsletter: Over the past two years, RGMVP has circulated the Community Newsletter, a leaflet sent out to all the BOs, VOs, and SHGs containing highlights of activities conducted over the previous month or so, sharing of best practices, and agenda suggestions for the upcoming month's community institution meetings. The SHG is like a school to the members and each issue of the newsletter contains learning materials, which they can discuss in each of its meetings. As of now, we have circulated 13 issues of the newsletter, which cover our main intervention topics.

FOSTERING ECONOMIC INDEPENDENCE

Fostering women's economic independence is the crucial primary entry point through which we help women begin to break out of traditional gender roles and move forward out of poverty and subjugation. Economic independence helps women to accumulate bargaining power in their households, enabling them to prioritise household decisions such as toilets, children's school fees, sanitary pads and nutritious foods, which are often neglected when the man alone controls the family income. As women learn the tools for reaching economic independence, their confidence grows, their families become more economically stable, they begin to challenge gender norms by participating in the financial sphere previously dominated by men.

Financial Inclusion: This year 10,630 SHGs opened bank accounts. Through a series of random sampling, RGMVP found out that presently 93 percent of RGMVP SHGs are engaged in savings activities either through a bank or independently within their SHG. As many as 3,320 SHGs became credit linked in the year. Cumulatively 32,015 SHGs now have access to credit. Furthermore, 91 percent of loans availed are used to fund livelihood activities. RGMVP's Business Correspondent Model helps SHG and non-SHG members open accounts and make deposits without having to visit a bank in person. SHG members, called Community Service Providers, are nominated and selected by their BOs, and trained and hired by our partner, Gesellschaft für



SHG meetings are like school to the women members

Nepal Earthquake and Strength of the Community

After the massive earthquake struck Nepal in April 2015, women from the Gorakhpur region rose in solidarity to support their neighbours across the border. With the Nepal border just 65 kilometres away, the 17 SHGs federated under the VO, Pragati Mahila Gram Sanaghtan, took it upon themselves to deliver aid to disaster victims.

These SHG women undertook a donation drive, collecting money, food grain and any other food items people were willing to give. Having collected donations from among themselves, the women approached individuals and institutions in the community including local government officials. Nearly 500 kilograms of wheat, 500 kilograms of rice, and Rs. 90,000 in cash were collected, in addition to mineral water, biscuits and tea. After the donation drive concluded, eight women, accompanied by one man as escort, drove across the border to deliver the commodities and funds directly to Nepalese communities.

Being from poor economic backgrounds themselves only heightened SHG members' sense of community responsibility. In their own words, "We know suffering. We know poverty. And when others are suffering, we are emotionally connected to them."

As many as 3,320 SHGs became credit linked in the past year, with now a cumulative 32,015 SHGs with access to credit

Internationale Zusammenarbeit (GIZ), to provide this field level service.

RGMVP works closely with bank officials to ensure that a resource demand from the women is created and banks are prepared to meet their needs without prejudice. This year, we also organised field exposure visits for 193 bankers. We also hosted the 26th Project Implementation and Monitoring Committee meeting to review the progress of bank linkages with senior bank executives, which gave RGMVP an opportunity to continue collaborating with bankers to iron out problems experienced by SHGs while opening accounts.

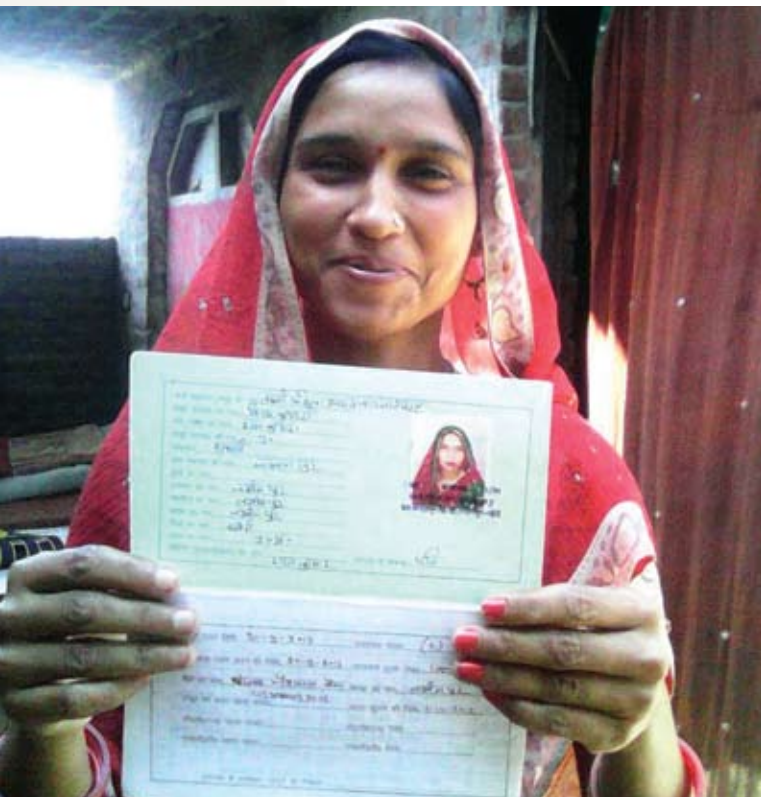
Livelihood in Agriculture: Livelihood development goes hand-in-hand with financial inclusion where women receive training to help them generate their own income. Like financial inclusion, livelihood development both serves to provide economic security while also challenging the traditional restrictive norms about gender roles.

RGMVP offers an extensive multifaceted agriculture and dairy training programme with a hands-on training facility with a demonstration and practice space available for women to learn enhanced farming and milking practices experientially.

Ninety-one percent of loans availed are used to fund livelihood activities

RGMVP teaches the System of Rice Intensification (SRI) and System of Wheat Intensification (SWI), which leads to yield improvement due to better root development. These methods also reduce water usage and cost of production, and protect crops from becoming damaged by heavy rains and wind. The farmers we trained in SRI/SWI methods experienced yield increases by 30 percent in comparison with last year's yield. With the surplus in grain, SHG members created 2,000 grain banks, providing food security in case of emergencies. The surpluses in the grain banks are also sold every year, adding to the corpus of the VOs, thus augmenting their risk fund. The compost they create is also sold to other farmers for additional income.

This year has also marked the successful conclusion of our Community-based Seed Pilot Project (CSPP). RGMVP plans to scale this up across our programme districts. CSPP has linked women farmers from six blocks with high yielding foundation seeds from research universities. Women who participated in the programme were given 1.8 tonnes of seed to plant, which then produced a yield of 200 tonnes of seed. This led



to the creation of 17 community seed banks. The seed then was sold to other women farmers in SHGs from 13 new blocks to be used in the new growing season. The original farming communities from the six pilot blocks kept 25 quintal of seed and sold a 30 quintal. A profit of Rs. 25,000 was generated from the sales.

RGMVP continued forming Kisan (farmer) SHGs as a means to support male members of SHG households who help their wives in agricultural activities. These Kisan SHGs conduct saving practices and receive trainings from members of women's SHG on sustainable farming techniques and dairy practices. This year 372 Kisan SHGs were formed.

Dairy and Livestock Husbandry: Women are also encouraged to use their SHG savings and bank loans to invest in cow and buffalo rearing. RGMVP provides them with training on modern dairy management practices to improve milk yield. Once milk procurement begins, women have the option of selling any milk they do not use in their households to Mother Dairy, which has set up 88 Bulk Milk Coolers in UP. SHG members also took up goat and pig rearing and poultry farming.

The profits made from these livelihood activities, coupled with the financial inclusion of the SHG, ensure that these women and their households will no longer be dependent on money lenders and that women begin obtaining greater freedom in their lives.

IMPARTING HEALTH AWARENESS

A stark symptom of gender discrimination is the complete neglect of maternal care and the devaluing of the female body. Thus, the combination of poverty with women's marginalisation yields high maternal mortality rates, anaemia and malnutrition among women, high rates of female foeticide, destructive myths surrounding menstruation, among other health issues and misconceptions. Thus, imparting health awareness is a crucial piece of the puzzle for women to begin realising their right to self-determination and demanding their right to a healthy life no matter their gender, caste, religion, or socio-economic status.

Uttar Pradesh Community Mobilisation Project:

The Uttar Pradesh Community Mobilisation Project (UPCMP) is a five-year project and we are presently in its fourth year of implementation. The project is being implemented in 120 blocks across 37 districts in UP. The project has developed and scaled-up a package of family

The farmers we trained in SRI/SWI methods experienced yield increases by 30 percent in comparison with last year's yieldw

Women sell milk to over 88 Bulk Milk Coolers run by Mother Dairy in UP



The Impurity Myth

“Why is god so cruel towards girls?” This is a refrain commonly heard from adolescent girls upon the onset of puberty. A vast majority of them know nothing about menstruation until after they are in its midst. Even when they do have some information, much of it is inaccurate and riddled with myths that only create fear and convey the traumatic message that women are fundamentally impure and their bodies dangerous. It is a taboo to talk about menstruation and it is supposed to be kept in the shadows. This overall secrecy and internalised shame surrounding menstruation causes women who experience infections and pain to not seek help, nor know how to hygienically care for themselves to avoid health issues in the future. Rural women often also do not have access to toilets or sanitary napkins, which increases their chances of infection. At a training RGMVP conducted in February 2015, one young women shared a story of a girl in her village who died of an infection she contracted by using a dirty rag as a sanitary napkin that had been previously used to clean a bicycle.

RGMVP works with the women to help them break the silence and put an end to the taboo associated with menstruation so they can become mentors for others. It strives to not only eradicate menstruation related deaths, but also ensure girls grow up learning their fundamental worth as human beings.

Key behavioural changes that have occurred are the adoption of Skin-to-Skin Care practices for children, use of hospital facilities for childbirth, and uptake of iron tablets.

health interventions through the community institutions. The overarching goals of the project are to reduce the maternal and neonatal mortality rates through awareness and demand creation, change overall health behaviour practices, and improve child health through routine immunisation, nutrition and diarrhoea management. The project encompasses institution building and strengthening, along with health training and information dissemination through the community institutions. It also aims to improve the linkages with the government's health services.

The project trains Sawsthya Sakhis and CRPs to impart information to village people, identifying pregnant women and new mothers within and outside SHGs and mentoring these women to keep themselves and their children healthy. Key behavioural changes that have occurred are the adoption of Skin-to-Skin Care practices for children, use of hospital facilities for childbirth and the use of iron tablets. The success of this project comes from community ownership, where those implementing the intervention at the ground level are women from similar backgrounds and, thus, can best speak to the local context. This year 206,417 pregnant women were identified and mentored in the communities.



Community-based Nutrition Initiative: The programme was initiated by RGMVP in July 2013 and concluded in August 2014. This programme aimed to improve nutritional outcomes through nutrition awareness, demand generation and improved supply efficiency in select districts. The programme worked to change community behaviour in order to increase demand for improved nutrition and health services and collaboration with government service providers.

SHG members being trained to use ladles to get drinking water from storage vessels

RGMVP's work with the communities enhances the quality and effectiveness of the government's nutrition delivery system. One of the ways RGMVP went about working with these delivery systems was by training community leaders to coordinate and facilitate regular Village Health, Sanitation and Nutrition Committee meetings with the government Anganwadi workers.

A total of 319,140 women and 37,389 young women from Young Women's Self Help Groups (YWSHG) directly received training on nutrition practices. Infant and young children's feeding practices improved, with an identified 3,462 mothers newly practicing early breastfeeding and 2,431 mothers newly practicing exclusive breastfeeding.

Sanitation and Gender Initiative: Women suffer the most from the lack of toilets and ignorance, and various social taboos around menstruation. Open defecation affects children the most as it is a major cause of diarrheal diseases. RGMVP's Sanitation and Gender initiative is a pilot programme to redress these unique disadvantages women and children face. Educational sessions are conducted on toilet upkeep, menstrual hygiene management, safe drinking water practices and hand washing. This project also works to educate the community about government programmes, which entitle them to free vaccinations and subsidised sanitary pads, iron tablets, supplementary nutrition and toilet construction. As a result, more than 7,000 households

Over 319,100 women and 37,389 young women directly received training on nutrition practices. Infant and young children's feeding practices improved, with 3,462 mothers newly practicing early breastfeeding

Becoming Yamini

When Snehlata got married, her life became plagued by restrictions and dependence. Contained within the home of her husband and in-laws, she was constantly reminded that “*acche ghar ki ladkiya ghar se bahar nehi nikalti hain*” (women from decent families do not step out of the house). To obtain money for her personal needs, Snehlata would have to beg from her husband, who would only grant her Rs. 100 at a time. Snehlata felt worthless, like a beggar in her own home, and void of any personal identity she could feel proud of.

In 2011, she heard about a SHG through some friends, and decided to secretly join without her husband’s knowledge. It has been four years since Snehlata first joined the Yamini Mahila Swayam Sahayata Samooh, in the Raebareli region, and she has blossomed into an extraordinary micro-business entrepreneur. Snehlata has helped each of the members in her SHG generate an independent income, from helping them to start their own street shops to opening a backpack store. She also currently manages a uniform supplier unit to education institutions in and around Raebareli and has helped her SHG open a clothing shop. She believes, “It is in the best interest of a woman to make her own money and not beg for it from anyone.” As a result of her success, Snehlata now helps her husband in supporting their two sons’ education, and remarks that “even my husband is very proud of my work”.

Now, when you visit, you hear Snehlata being called “Yamini,” after the name of her SHG. Her commitment to both personal self-development and the success of other SHG members, truly makes Yamini a living example of the SHG mission.

have exhibited behaviour changes. These include 3,256 women using sanitary napkins in place of dirty rags, tetanus vaccinations given to 1,411 young women, renovation of 1,094 defunct toilets and construction of 160 *kacha sokhta* (temporary hand-made) toilets during the year.

PARTICIPATION IN LOCAL GOVERNANCE

Taking a long-term view of poverty reduction and gender equality, RGMVP launched its Panchayati Raj Leadership initiative this year to encourage and equip women to actively participate in the political sphere. The objective is for women to become more informed voters, contest local government elections, participate in public decision-making, and use the power of their community institutions to obtain their rights and entitlements. The Panchayati Raj Leadership initiative covers 2,000 Gram Panchayats (GPs) of 198 blocks across 41 districts of UP. The programme has trained over 900 Block Leaders who in turn support VO leaders to participate as voters, candidates and campaigners in the upcoming Panchayati Raj (local government) elections, which will be held in October 2015.



In addition, the training encourages identification of community needs and village development planning in the selected GPs and collective action by VOs to access government schemes and entitlements.

YOUNG WOMEN'S LEADERSHIP DEVELOPMENT

RGMVP mobilises YWSHG's because adolescent women face a unique set of challenges that need to be specifically addressed to overcome gender-based discrimination, disadvantages and violence. Also, as adolescents are yet to experience the social conditioning matrimony rings in, they are open to new ideas and their egalitarian instincts are yet to be extinguished, working with them is a faster way to address societal problems. Many of the young women RGMVP works with have their mothers in SHG's, which ensures that a support system is already in place for SHG's of young women to overcome social resistance and develop into strong groups.

RGMVP currently has 67,694 young women in its network of 6,562 YWSHG's, of which approximately 3,770 YWSHG's were mobilised in this year alone.

RGMVP trains young women in financial management and livelihood activities such as bank linkages, stitching, embroidery work and stuffed toy manufacturing. The training lays a foundation of not just important life skills but also builds confidence. As of this year, 882 YWSHG's have savings accounts with a bank.

RGMVP's Panchayati Raj Leadership initiative encourages and equips women to actively participate in the political sphere



Working with young women is a faster way to address societal problems

RGMVP's Partners

FUNDING PARTNERS

Bill & Melinda Gates Foundation: BMGF has been partnering with RGMVP since 2012 for a variety of interventions. BMGF has been the key funder for our UPCMP, which enabled us to scale up health interventions in 100 blocks. Additionally, the partnership supports institution building and capacity building in another 100 blocks. BMGF is also our partner in the implementation of our Sanitation and Gender pilot initiative, which is carried out in select villages of Amethi and Sultanpur districts. At the conclusion of this pilot initiative in July 2015, we anticipate rapidly scaling up the intervention in order to reach a larger number of SHG members on safe sanitation practices. BMGF is also collaborating with our agriculture team on preparing a proposal to transform our Community-based Seed Pilot Project into a full-scale programme.

The Rural India Supporting Trust: RIST assists RGMVP in bridging the gap between the financial resources received for specific projects and the resources necessary for institution building and strengthening to add on

No Longer Holding Back

Being able to go to a toilet whenever one needs to is something most of us take for granted. But this basic utility is a privilege millions of village women are denied, given the lack of toilets in villages. As in most villages, open fields used to serve as toilets in village Taudhikpur as well. Women were forced to brave encounters with snakes and poisonous insects, risk potentially fatal infections, endure harassment and the fear of rape while going to answer the simple call of nature. As one woman articulates, “The call of nature cannot be controlled but, despite this, women are expected to learn how to control it. Men can go out for open defecation any time during the day or night, but women do not enjoy such freedoms in our community. Even though we may need to go in the afternoons as well, we are expected not to for our safety and honour.”

As in most villages, toilets were not considered worthy of investing resources and time in Taudhikpur. But that has changed now as women have begun to assert their rights to a safe environment and have become aware of the health dangers of open defecation. They no longer wish to endure shame and mortal fear at the onset of a call of nature, day after day. Despite not having enough money to construct *pucca* (permanent) toilets, adult SHGs joined hands with YWSHGs to construct 60 *kacha sokhta* (temporary hand-made) toilets for everyone in the village to use. Their initiative has earned them praise from everyone in the community and appreciating their resourcefulness, even men have chipped in with support. A SHG member says proudly, “Rather than endlessly waiting for the government to deliver on its scheme to construct toilets, it is better to have just made our own.”

the other development interventions. RIST provides support to ensure that our community institution building continues to expand and we are able to disseminate the information and training that make up our holistic empowerment strategy. RIST has long-term commitment to support RGMVP in this fashion until 2021.

Small Industries Development Bank: The DFID funded Poorest States Inclusive Growth (PSIG) Project being implemented in collaboration with NGOs by the Small Industries Development Bank of India (SIDBI) supports our economic independence initiatives. The project serves to deepen financial inclusion in the existing SHGs of RGMVP by enhancing credit utilisation and improving livelihood activities.

Global Alliance for Improved Nutrition: RGMVP partnered with GAIN to implement the Community-based Nutrition Programme through the existing community institutions in 50 blocks. This project also supported community

BMGF has been the integral funder for UPCMP, which enabled RGMVP to scale-up health interventions in 100 blocks. Additionally, the partnership supports another 100 blocks

RGMVP continues to get support from NABARD to implement its SHG and bank linkages strategy as part of its larger financial inclusion programme

institution building and strengthening through the dissemination of nutrition messages in five new blocks.

TECHNICAL PARTNERS

National Rural Livelihoods Mission: NRLM has partnered with RGMVP to provide development support for its resource blocks. These resource blocks are part of our work to strengthen community institutions, serving as guides and mentors for more newly formed community institutions. This partnership supports women in becoming mentors and mobilising other women into strong community institutions. This partnership also creates the opportunity for NRLM staff and SHG women from the Haryana SRLM to visit RGMVP for training and exposure.

Society for Elimination of Rural Poverty: SERP has been supporting RGMVP in its community mobilisation and institution building since 2007. RGMVP organises exposure visits of its community-based volunteers to visit community organisations nurtured by SERP in Andhra Pradesh. Our network is enriched by these opportunities to share best practices and expose those in our network to SERP's model.

National Bank for Agriculture and Rural Development: RGMVP continues to get support from NABARD to implement its SHG and bank linkages strategy as part of its larger financial inclusion programme. Given the success of the programme, NABARD has reconstituted the Project Implementation and Monitoring Committee, comprised of senior bank executives, to ensure that difficulties faced by SHGs in accessing banking services are addressed.

Gesellschaft für Internationale Zusammenarbeit and Grameen Bank of Aryavart: RGMVP, in partnership with GIZ and GBA, has been running the pilot on Bank Sakhis as Business Correspondences 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 community members on managing diarrhoea in 31 blocks in Raebareli and Amethi districts.

University of Wisconsin: UW with financial assistance from the 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 person from the University.

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 Usha International Ltd.

Public Health Foundation of India: PHFI supports RGMVP with the implementation of the Uttar Pradesh Community Mobilization Project (UPCMP), through training community resource persons.

Population Council and Boston University: The Population Council and Boston University support RGMVP with the UPCMP, through advising on implementation.

International Centre for Research on Women: ICRW works as a research partner for RGMVP's Sanitation and Gender initiative, which is funded by BMGF. ICRW evaluates the quality of the interventions and the project's outcomes.

Shramik Bharti: Shramik Bharti is a Kanpur-based NGO that works with RGMVP on its Sanitation and Gender initiative. Shramik Bharti conducts standalone sanitation interventions in 40 villages where no SHGs are present to compare performance with villages where the programme is implemented by RGMVP in collaboration with SHGs.

Embrace Global: Embrace Global has been collaborating with RGMVP on the Embrace Raebareli District Programme since 2013. This programme is a subset of UPCMP, focusing on addressing the issue of neonatal hypothermia. Embrace provides infant warmer devices and leads education programmes that help to educate the Community Health Centres and community members on the root causes of neonatal hypothermia.

Commercial Banks and Regional Rural Banks: RGMVP partners 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.

SERP has been supporting RGMVP in its community mobilisation and institution building since 2007

Indira Gandhi Eye Hospital and Research Centre

The impact of blindness and poor vision on the quality of life is particularly alarming for those living in poverty. Approximately 45 million people in the world are blind and 87 percent of visually impaired people live in developing countries. The economic consequences of blindness are staggering, as 90 percent of blind individuals cannot work. Impoverished people are more likely to become blind due to lack of access to health services.

Conversely blindness may also cause people to become poor. In this context eye health is one of the most important aspects of health care. Eye health not only affects the well-being of the person but plays an important role in the economic status of the family. Eye health is a determinant and result of the holistic growth of persons and communities.

The Trust's eye care programme is carried out under the aegis of the Indira Gandhi Eye Hospital and Research Centre (IGEHR). IGEHR is a network of hospitals dedicated to eliminate needless blindness and improve quality of life by providing comprehensive, quality, eye care in an affordable and compassionate way, especially in North India. Marginalised sections of society, like rural people, socio-economically weaker segments and women are our main target population.

Programme Strategy

IGEHR's uniquely successful service model is based on eye care services catering to high volumes with affordable and accessible services. The services are designed to be beneficiary-centric, providing complete services including advanced treatments.

Our Vision

To be the provider of world class eye care to the poorest of poor



High volumes are achieved through extensive outreach approaches, overcoming various barriers in the uptake of eye care services in the community, like distance, finance or ignorance. Eye care services being provided include preventive, promotive and all kind of curative services. Primary, secondary and tertiary eye care services are integrated in the programme so that the beneficiaries are given the services required closest to their doorsteps.

IGEHRRC does 80 percent of the surgeries free or at nominal cost. In paid cases, user charges are on the basis of the affordability criteria of the patients. IGEHRRC remains committed to providing highest quality of care regardless of fees and provides the best possible care to all patients, but always significantly lower than the market rates.

All services are designed to be patient centric and utmost care is taken to provide these services with dignity. Sustainability is achieved through a high volume strategy of cross subsidisation and an emphasis on efficient utilisation of all available resources.

Table 1: IGEHRRC Network of Hospitals

Hospital	Establishment Year
IGEHRRC, Munshiganj, Amethi Uttar Pradesh	2005
IGEHRRC, Lucknow Uttar Pradesh	2008
IGEHRRC, Sohna, Gurgaon Haryana	2014
IGEHRRC, Gurgaon Haryana (Planned)	2016

The ever-growing network of hospitals of IGEHRRC is expanding its infrastructure to reach more and more beneficiaries. It now includes three hospitals; two secondary care hospitals at Munshiganj in Amethi and Sohna in Gurgaon and a tertiary care speciality hospital at Lucknow. These hospitals along with associated vision centres cater to about 1,500 patients daily. A team of 260 professionals are the main resource in making the vision of IGEHRRC a reality.

Since inception in 2005 to March 2015, IGEHRRC hospitals have treated 18,00,000 out-patients and performed over 2,20,000 sight restoring surgeries, making IGEHRRC one of the largest providers of quality eye care in North India catering to central and eastern UP and South Haryana.

The hospital was ranked 13th “Best Hospital in Ophthalmology” for 2014 as per ‘The Week- Nielsen survey’. IGEHRRC is the only hospital from UP to figure in the list and the only NGO hospital with community work and cross subsidy model in North India

All IGEHRRC services are designed to be patient centric





In outreach camps, patients are given primary eye care, screened and sent to the base hospitals for further treatment

Through its extensive rural outreach, IGEHRC endeavours to fill the huge gap that exists between the need and availability of advanced eye care in the hinterland as compared to the metros and big cities only.

Steps towards Holistic Eye Care

OUTREACH PROGRAMME

A key part of the IGEHRC agenda is its special focus on the underprivileged sections of society. Distance and affordability together with lack of awareness are the main deterrents that keep poor people from availing eye care services even when the treatment is known. IGEHRC has a comprehensive and structured community outreach programme through which regular screening camps are held in rural areas to identify patients requiring further care. Efforts are continually made to reach out to marginalised sections of communities including rural, other socio-economically weaker sections and women who lack access to quality eye care services through a system of outreach camps where patients are screened, given primary eye care and, if necessary, sent to the base hospitals for further treatment, including surgery. These patients are transported to and fro to IGEHRC at the hospital's expense.

Local communities through community mobilisers play a crucial role in mobilising communities and to bring in the patients requiring eye care. Embedded in the same communities, these community mobilisers play a

Reaching out to 15 districts, in 2014-15, 79,145 patients were treated in 650 outreach camps and surgeries were performed on 28,275 persons

Gopichand Bajpai: The Face of Eye Care in Shivratanganj

Gopichand Bajpai was an average village farmer till he became associated with IGEHRC and eye care, the terms which he uses interchangeably. When asked what change he has felt in his life after getting associated with the IGEHRC, he replied, "IGEHRRC has given me a purpose to serve the society. The satisfaction when poor village people approach me for cataract surgery is so huge that it cannot be measured." Gopichand was the camp sponsor who organised the first camp when IGEHRC Amethi was started in December 2005. After 10 years the 'Shivratanganj camp' is a regular feature of our outreach.

Gopichand is one of the 200 odd opinion leaders from rural communities who help IGEHRC in reaching to poorest of the poor, needing eye care. These camp sponsors, local community workers in their individual capacity or associated with community based organisations with credentials for community work are identified as the camp sponsors. Camp sponsors take up the responsibility of publicising and promoting the camp through person to person contact and other methods of publicity. Every camp organiser has a team of volunteers from nearby villages and remote areas to ensure that the community is informed of the date and venue of the camp, thus contributing to make the camps a success. The venue, furniture and basic organisation are also the responsibility of the sponsor.

Today Gopichand proudly announces that there would not be any village left in the area where eye care has not reached. From this camp alone 60,000 patients have been examined and 14,000 surgeries done. It is Gopichand Bajpai and other camp organisers like him who are the face of IGEHRC in remote villages.

critical role in referring the patients who need immediate eye care treatment. The strategy enables IGEHRC to reach out to and subsidise treatment of those who are unable to access or afford eye care. Reaching to 15 districts, 79,145 patients were treated in 650 camps and surgeries were conducted on 28,275 persons during 2014-15.

The outreach activities are unique in this part of India, for the methodical nature of screening at the camps, subsidised surgery, including specialised surgeries and transport to and from the base hospital. The outreach activities include other focussed activities like school screening to identify children with vision impairment early.

IGEHRRC AMETHI

IGEHRRC Amethi was the first step by IGEHRC to reach needy populations with quality eye care. IGEHRC Amethi began operations in Munshiganj, Amethi, in December 2005 as a facility designed to be at the forefront of ophthalmologic care. This secondary level facility with a state-of-the-art, compassionate and patient-friendly environment in both out-patient and in-patient ophthalmologic

IGEHRRC, Amethi is only such service that reaches out to 23 million people from seven rural districts of UP



Since inception IGEHRC Amethi has operated about 1,25,000 patients



services has seen huge demand for its services since inception and has expanded rapidly as a result. At the time of inception, this hospital was the only such service reaching to 23 million people from seven rural districts of Uttar Pradesh—Sultanpur, Pratapgarh, Amethi, Raebareli, Ambedkarnagar, Jaunpur and Barabanki. The 180 bedded eye hospital sees 400 plus patients daily and around 100 patients are operated every day. IGEHRC

Amethi has not only succeeded in creating awareness of eye care in the population that it serves but also helped to change erroneous and age old perceptions about eye care. Most of all, in an unserved area, it has created a willingness to be cured in the community. Today people repose unflinching faith in IGEHRC Amethi's facilities, services and staff.

Since inception IGEHRC Amethi has reached to about a million persons and operated about 1,25,000 patients.

To cope with the huge unmet demand, the hospital plans to further improve the health-seeking, complaint and preventive behaviour of the community through information, communication and educational activities and boost outreach activities.

Since inception IGEHRC Amethi has reached to about a million persons and operated about 1,25,000 patients.

Table 2: Patient Care in Amethi 2014-15

Out Patients Categories	Number of Patients
Walk-in	60,355
Outreach	38,991
Surgeries	Number of Patients
Walk-in	3,321
Subsidised	13,377
Community outreach camps held	255



IGEHRC LUCKNOW

The success of the secondary level hospital at Amethi and the need for an efficient tertiary eye hospital led to the opening of IGEHRC, Lucknow in May 2008. IGEHRC Lucknow is a top-of-the-line eye care facility with dedicated and specialised clinics for different eye ailments, offering comprehensive eye care under one roof. The dedicated team includes Ophthalmologists in all the specialities in eye care.

IGEHRC, Lucknow attends to 500 plus patients a day

The facility has become a hospital in demand within a short time span and today attends to 500 plus patients every day. IGEHRC Lucknow is the only hospital in Uttar Pradesh providing even the specialty eye care at subsidised rates. Specialities like Retina, Cornea, Glaucoma, Oculoplasty, Paediatric Ophthalmology, Low Vision, etc. are availed by people from all over Uttar Pradesh. These patients otherwise needed to travel to Delhi or other far flung areas and the costs of services used to deter them to avail the treatments.

Table 3: Patient Care in Lucknow 2014-15

Out Patients Categories	Number of Patients
Walk-in	127,045
Speciality OPD (included in Walk-in)	97,249
Outreach	32,289
Surgeries	Number of Patients
Walk-in	6,568
Speciality (included in Walk-in)	4,156
Subsidised	14,421
Community outreach camps held	270



IGEHR, Sohna sees 100 patients a day, on average



SOHNA RURAL HOSPITAL

IGEHR Sohna, Gurgaon is the newest addition to the IGEHR Network of hospitals. This is a small rural, secondary level hospital situated in a rented accommodation in village Raipur, Sohna. The aim of the hospital is to provide quality eye care to the people in Mewat, one of the most backward districts in Haryana which consistently performs poorly on all human development indices.

The hospital was formally inaugurated on August 8, 2014. During the few months of its operations, the hospital has justified its presence and serves more than 100 patients daily. During this brief period more than 1,000 surgeries have been carried out, including on children, glaucoma and other specialities in addition to cataract.

IGEHR Sohna provides quality eye care to target population in Mewat, one of the most backward districts in Haryana

Table 4: Patient Care in Sohna 2014-15

Out Patients Categories	Number of Patients
Walk-in	19,038
Outreach	7,865
Surgeries	Number of Patients
Walk-in	675
Subsidised	477
Community outreach camps held	125

The Story of Mohsina

The five year old Mohsina, the daughter of a daily wage worker had been presumed to have some mental disorder. Bumping into objects was usual for her and thanks to a protective grandmother, she found comfort in cuddling to her all the time. The family did not know the actual problem the little girl was facing, until she was examined in a camp conducted by the Indira Gandhi Eye Hospital Sohna in their village Ghaseda.

Mohsina had Cataract in both the eyes. Her limited vision blighted her life. She did not play and even her studying was not certain. She would always look down and keep bumping into objects on her way. That is when she was brought to the hospital. Immediately the date for surgery was fixed.

After surgery in both her eyes Mohsina is a totally changed kid. Playful as any other five year old, it is difficult to find her at home these days.

The grandmother has become a regular in the hospital, bringing in more and more children for examination. It was not a mere surgery for Mohsina; it has been a total change in her world and in her attitude and expectations for the whole family.



Utmost care is given to provide eye care services with dignity



VISION CENTRES

IGEHRRC extends its permanence presence in the catchment area through two Vision centres providing Primary Eye Care. Vision Centres are aimed at providing comprehensive primary eye care services to the rural and remote populations and thus create access to quality eye care at their door steps.

The Vision Centres are located in Raebareli and Musafirkhana (Amethi). These centres are equipped with ophthalmic equipment such as slit lamp, direct ophthalmoscope, trial sets, and other ophthalmic equipment with broadband connectivity for tele consultations. These centres run by well-trained teams, including optometrists and ophthalmic assistants who perform slit lamp examination, refraction and treat minor ailments. The patients needing advanced services are referred to requisite hospitals.

Other Achievements

TRAINING

Trained clinical, paramedical and administrative staff in eye care can go a long way to take eye care to the needy populations. However, shortage of trained human resources is one of the most prominent constraints in provisioning eye care services. Learning and training at every level plays an important role in achieving service excellence. A significant aspect of IGEHRRC quality eye care is based on the state-of-the-art equipment that is used at the hospitals to enhance the expertise of doctors and staff. In a scenario where technology gets upgraded and changes almost every day, IGEHRRC hospitals ensure that their doctors keep abreast of the latest technical developments in eye care worldwide and that such technology becomes available at the hospitals as soon as possible. Adaption to technology changes is facilitated through retraining and training of the doctors and all staff continuously.

IGEHRRC is committed to fill the gap between service providers and the needy. With this mission, IGEHRRC continues creating more workforce for eye care. The training programmes at IGEHRRC include long term and short term trainings. In the year 2014-15 nine ophthalmologists have undergone long term fellowship trainings in different specialities of Ophthalmology and 21 Mid-Level Ophthalmic Personnel are under training in different aspects of eye care. Another 36 Optometrists underwent apprentice and practical trainings. This makes IGEHRRC the biggest training centre in Uttar Pradesh.

Research and Development

Academics is an integral part of IGEHRRC. Research and development is a regular practice in addition to the services rendered. There were more than 10 research papers presented in various national and international forums by IGEHRRC doctors.

Academics is an integral part of IGEHRRC. Research and development is a regular practice in addition to the services rendered

EYE BANK

North India lacks a culture of eye donation prevalent in other parts of the country. As a result, thousands of people suffering from corneal blindness are prevented from leading a productive and fulfilling life. To redress this situation and to spread awareness on the issue of eye donation, IGEHRC has set up an Eye Bank in Lucknow.

IGEHRG Partners

IGEHRG has forged strategic partnerships with national and international organisations working in eye health and development to develop programmes for reaching the underprivileged with the contemporary, quality eye health interventions.

IGEHRG strategic partners are RIST, GAIL and Sightsavers. The eye health programmes supported by these partners are eye banking, system strengthening, disease control, in addition to infrastructure development.

Plans for Next Year

TERTIARY HOSPITAL AT GURGAON

The IGEHRG Gurgaon is planned to be 200 bedded tertiary hospital catering to 10 districts of South Haryana, Uttar Pradesh and Rajasthan with a population of over 20 million. However, the catchment of advanced eye care will be almost double this as the tertiary eye care availability in the region is negligible.

The hospital will be a Centre of Excellence in clinical care with specialities and training and go on to be a structured teaching, research and resources centre. Construction of this 320,000 sq. ft. facility is in full swing and the first phase of the hospital is expected to be functional in 2016.

COMMUNITY COLLEGE, AMETHI

A Community College has been planned at Amethi to empower the youth by training them in different sub-disciplines in eye care. This community college will provide the infrastructure for rural communities to gain skills training through short courses as well as providing access to a post-secondary education, specialising in various disciplines of eye care. Comprising of a built up area of 4,000 sq. ft., the community college is expected to have the twin outcomes of creating more work force in eye care and creating marketable skill sets among the youth of the communities.

IGEHRG Gurgaon is planned to be 200 bedded tertiary hospital catering to 10 districts of South Haryana, Uttar Pradesh and Rajasthan

Governance and Management

The **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 the Projects. The Trust now has robust systems for planning, budgeting, monitoring and review.

Governance

The Trust's Board meeting was held on 27 September 2014. The Top Management Team (TMT) meetings were regularly held to deliberate on significant Trust related issues and decisions taken.

Mr. Deep Joshi took over from Mr. Sampath Kumar in October 2014 as CEO to manage the affairs of the Trust.

Management

The Trust's Budget for the financial year 2014-15 was approved by the TMT. Institutional donors such as BMGF, SIDBI under a project funded by DFID, UK, RIST, GAIN and Sightsavers International continued their support to the Trust's initiatives this year too with a support of Rs. 40.6 crore. GAIL (India) Limited supported the rural eye hospital project for the second consecutive year. FCRA donations received during the financial year amounted to Rs. 43.6 crore.

The Trust's website www.rgct.in is now live.

With a workforce of around 600 staff members, the Trust complies with all statutory requirements regarding employee benefits and employment laws.

Institutional donors such as BMGF, SIDBI under a project funded by DFID, RIST, GAIN and Sightsavers International continued their support to the Trust's initiatives this year

Financial Abstract

Balance Sheet as at March 31, 2015

Particulars	As at March 31, 2015 Rs.	As at March 31, 2014 Rs.
SOURCES OF FUNDS		
Corpus fund	142,500,000	142,500,000
General fund	308,639,929	313,892,768
Deferred income	213,901,978	171,685,395
	665,041,907	628,078,163
APPLICATION OF FUNDS		
Fixed assets		
Net block	437,013,476	400,926,968
Capital work in-progress (including capital advances)	65,104,491	64,690,932
	502,117,967	465,617,900
Current assets, loans and advances		
Inventories	6,842,792	5,855,499
Sundry receivables	287,302	640,004
Cash and bank balances	590,917,614	378,374,453
Loans and advances	76,773,953	149,754,407
	674,821,661	534,624,363
Less: Current liabilities and provisions		
Advance for projects	425,232,635	304,373,661
Deferred payment liabilities	8,929,000	13,391,000
Current liabilities	76,687,346	54,399,439
Provisions	1,048,740	-
	511,897,721	372,164,100
Net current assets	162,923,940	162,460,263
	665,041,907	628,078,163

Financial Abstract

Income and Expenditure Account for the year ended March 31, 2015

Particulars	For the year ended March 31, 2015 Rs.	For the year ended March 31, 2014 Rs.
INCOME		
Donations	306,419,616	221,819,557
Grants and aids	630,000	782,836
Hospital revenue	212,317,967	176,257,057
Training revenue	-	214,550
Other income	8,365,671	40,408,359
	527,733,254	439,482,359
EXPENDITURE		
Medical supplies consumed	69,428,129	59,244,930
Personnel expenses	1,153,690	14,014,829
Depreciation and amortisation	42,227,295	36,616,221
Project and related expenses	416,262,535	314,789,672
Administrative and other expenses	3,914,444	11,099,626
	532,986,093	435,765,278
Excess of income over expenditure/ (expenditure over income)	(5,252,839)	3,717,081

Partner Organisations

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 Public Health Foundation of India (PHFI)
- 6 Small Industries Development Bank of India (SIDBI)
- 7 International Center for Research on Women (ICRW)
- 8 Shramik Bharti
- 9 Global Alliance for Improved Nutrition (GAIN)
- 10 Gesellschaft fur International Zusammenarbeit (GIZ)
- 11 Haryana State Rural Livelihood Mission
- 12 Himachal Pradesh State Rural Livelihood Mission
- 13 Jammu & Kashmir State Rural Livelihood Mission
- 14 Punjab State Rural Livelihood Mission
- 15 Rajasthan State Rural Livelihood Mission
- 16 Uttarakhand State Rural Livelihood Mission
- 17 Professional Assistance for Development Action (PRADAN)
- 18 Trust Community Livelihood

IGEHRC

- 1 Rural India Supporting Trust (RIST)
- 2 Royal Commonwealth Society for the Blind (Sight Savers)
- 3 GAIL (India) Ltd

Donors

- 1 Kamlesh Jain
- 2 Poonam Gupta

RGCT's Management

RGCT, Head Office		
Shri Deep Joshi, Chief Executive Office (CEO)		
Mr. P. Sampath Kumar, IAS, Advisor		
RGMVP	IGEHRC	
Mr. P.S. Mohanan, State Programme Director	Dr. Anil Tara, CEO	
Mr. K.S. Yadav, Programme Manager	Mr Somesh Dwivedi Director - Operations	
	<i>Lucknow</i>	<i>Amethi</i>
	Dr. Kuldeep Shrivastava, CMO	Dr. Sandesh Kumar Medical Coordinator
	Dr. Ashutosh Khandelwal, Dy. CMO	
	Dr. Sheela Nair, Dy. CMO	



Rajiv Gandhi Charitable Trust
Jawahar Bhawan,
Dr Rajendra Prasad Road, New Delhi 110 001
Tel: +91 11 23353695, 23359757
Website: www.rgct.in

Rajiv Gandhi Mahila Vikas Pariyojana
619, Kanpur Road, Rana Nagar,
Raebareli 229 001, Uttar Pradesh.
Tel: +91 535 2211304. Fax: +91 535 2211300
Website: www.rgmvp.org

IGEHRC Hospitals
Lucknow: I, B.N. Road Kaiserbagh, Lucknow.
Tel: +91 0522-2627631, 2627641
Amethi: PO HAL Korwa, Munshiganj, Amethi, District
Sultanpur, Uttar Pradesh
Tel: +91 05368-255555
Sohna: Village Raipur (opp. Forest Department Office),
Delhi-Alwar Road, Sohnna, Gurgaon 122103, Haryana
Tel: +91 124 8295250620
Website: www.igehrc.in