



Enabling
Citizens, Creating
Communities



F oreword

I am happy to present the 14th Annual Report of the activities of the Rajiv Gandhi Charitable Trust (RGCT). Established to realise Shri Rajiv Gandhi's vision of inclusive development of our country, the Trust continued to work among some of the most disadvantaged people with its twin programmes, namely, women's empowerment and provision of affordable eye care. The women's empowerment programme of organising rural women at various levels in Uttar Pradesh brought many more women into its fold during the year. These institutions give women the self-confidence to claim their rights and entitlements, access various public services meant for them and work towards transforming their local communities to become more just, inclusive and equitable. The eye care programme, similarly, reached out to many more people to prevent avoidable blindness, especially among the rural poor through extensive outreach into rural areas, backed by state-of-the-art hospital facilities. These programmes are carried out by teams of dedicated professionals. The Trust carries out its affairs efficiently and transparently through well-developed systems of governance and management. The highlights of our achievements are presented in the following paras.

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), the women's empowerment initiative of the Trust, organises women into Self Help Groups (SHGs) and their multi-level federations. Through a variety of training inputs, RGMVP helps SHG members learn the skills and perspectives necessary to work as cohesive groups. Continued participation in SHGs and their federations enhances women's confidence and their sense of agency. Working together cohesively, the women are able to overcome historical social barriers of gender and caste. RGMVP also imparts technical knowledge and skills to the women to enhance their livelihoods.

By the end of the financial year, RGMVP had cumulatively promoted and nurtured 1,25,443 women's SHGs from over 1,405,474 poor households in some of the least developed districts of Uttar Pradesh. These groups have been federated into 6,708 Village Organisations and 208 Block Organisations. RGMVP now works in 275 blocks across 42 districts of the state. This year alone, 6,830 SHGs opened bank accounts and 2,373 SHGs were linked to bank credit, taking the cumulative total of credit-linked SHGs to 34,388. These SHGs have accumulated INR 415.29 crore (CCL I and II) from banks. RGMVP has trained farmers in sustainable agricultural practices and set up over 2,000 community grain banks. Dairy farmers under RGMVP deliver milk to Mother Dairy, which has set up 89 Bulk Milk Coolers in the state. RGMVP has been working with the women to influence their health-seeking behaviour. As a result, 80 per cent of the deliveries now take place in institutions, 80 per cent women go for ante-natal check-ups during pregnancy and 70 per cent of all children are 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.

In recognition of its ability to mobilise and develop SHGs, RGMVP has 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. This enables RGMVP to extend its know-how and experience to other organisations engaged in similar endeavours.

The eye care programme of the Trust is carried out under the aegis of the Indira Gandhi Eye Hospital and Research Centre (IGEHC). Since inception in 2005, IGEHC hospitals have treated 20,39,995 patients and performed over 2,55,226 sight restoring surgeries, making IGEHC one of the largest providers of quality eye care in North India catering to central and eastern UP and South Haryana. During the past year alone, IGEHC conducted 828 rural eye camps, served 3,41,588 patients, including 99,362 in eye camps and carried out and 37,020 sight-restoring surgeries, including 24,909 for people brought into the hospitals from eye camps.

IGEHC has been listed among 15 Best Hospitals in India by 'The Week-Nielsen Survey-2014', the only charitable hospital with community outreach and a cross subsidy model from North India to feature in this prestigious list. IGEHC has also been given an award by Sightlife, USA in association with the Eye Bank Association of India (EBAI) for the highest number of corneal transplant surgeries conducted by an individual surgeon in the hospital under the Cornea Distribution System (CDS) programme. Both programmes are now mature and able to expand their outreach continuously, serving the poorest in our society with empathy and dignity and maintaining the highest standards of professional conduct. The Trust 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 in our two programmes and in the Head Office 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

Dr. Ashok Ganguly

Shri Bansi Mehta

Rajiv Gandhi Charitable Trust

The Rajiv Gandhi Charitable Trust (RGCT) was established in in 2002 as a not-for-profit, professionally managed organisation to work towards Shri Rajiv Gandhi's vision of building an inclusive and prosperous India. The Trust presently works in Northern India, with a focus on the poorest regions of Uttar Pradesh and Haryana through two development programmes: Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) and Indira Gandhi Eye Hospital and Research Centre (IGEHRC).

RGMVP is focused on empowerment of women and enhancing their overall well-being. Presently the largest such initiative in Uttar Pradesh, RGMVP works in 49 districts in the state. It organises poor women into self-help groups as local affinity groups and federates the groups at the village and block levels. RGMVP trains the women in effective group management and group leadership, facilitates their linkages to banking services and informs them about various government services and programmes and the procedures to access those. A variety of programmes to enhance women's well-being are layered on the basic platform of social mobilisation, such as maternal and child health, sanitation, agriculture development, etc. Scaling up of outreach is largely through voluntary efforts of women who have had experience of playing leadership roles in their groups and federations. Similarly, know-how about agriculture development and maternal and child health is transmitted by the women leaders themselves. This unique approach not only enhances ownership and uptake of ideas but also makes the outcomes more sustainable.

IGEHRC is the largest provider of affordable, high quality eye care in Uttar Pradesh and Haryana. It covers 15 districts and provides affordable eye care, especially to poor people, to eliminate avoidable blindness. IGEHRC has established an extensive rural outreach through eye camps so that even the poorest are able to access affordable and high quality eye care services at their doorstep. The outreach programme is backed by IGEHRC's own hospitals equipped with state-of-the-art equipment with some of the best eye care specialists in attendance. These facilities now cover almost all eye care specialities. By cross-subsidising, IGEHRC is able to provide highest quality services free or at highly subsidised rates to the poorest. In a new initiative, the two programmes now work together to build into their mutual strengths whereby IGEHRC eye camps are increasingly organised by the women's federations promoted by RGMVP. Over the past 14 years, 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.



Jawahar Bhawan, New Delhi



Rajiv Gandhi Mahila Vikas Pariyojana

RGMVP is the Trust's flagship poverty alleviation and women's empowerment programme. It now reaches out to over 1.4 million marginalised households in the state of Uttar Pradesh (UP).

Ownership and management of community institutions by the women themselves is the key innovation and strength of RGMVP

It enables women to organise themselves into community-based institutions to realise their individual and collective potential to overturn deep social hierarchies and unequal power relations that perpetuate the cycle of poverty. Ownership and management of community institutions by the women themselves is the key innovation and strength of the programme. These self-sustaining and enabling platforms are comprised of SHGs, Village Organisations (VOs) and Block Organisations (BOs). Together, they form the foundation for collective action around community issues and dissemination of best practices in health and livelihoods.



RGMVP identifies and trains village women as Community Resource Persons (CRPs) to expand programme outreach and deepen its impact. Embedded in community institutions, the CRPs play a key role to deliver various development interventions to the most isolated and marginalised women. Their continued commitment provides an efficient and cost-effective way to disseminate new ideas, knowledge and skills across sectors, such as financial, health, political and social.

The goal of the programme is holistic empowerment of the poor and marginalised, with particular focus on women. Going beyond providing financial inclusion, the programme fosters community institutions that address the tangible as well as intangible causes of poverty to break the cycle of marginalisation altogether.

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 support these institutions and expand programme coverage.



RGMVP promotes financial, health, agriculture and sanitation initiatives through community institutions

As observed over the past 14 years, individuals become involved in the programme in a spirit of volunteerism and begin exercising leadership. Community institutions channel this individual potential into larger shared platforms, which is both personally fulfilling for them and also helps create a structured mechanism to transfer essential skills and information. The combination of innate individual capabilities, structural support and life skills restores hope within communities and leads to collective action to solve social problems. This makes RGMVP's model community-driven, self-sustaining, cost-effective, scalable and inclusive.

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

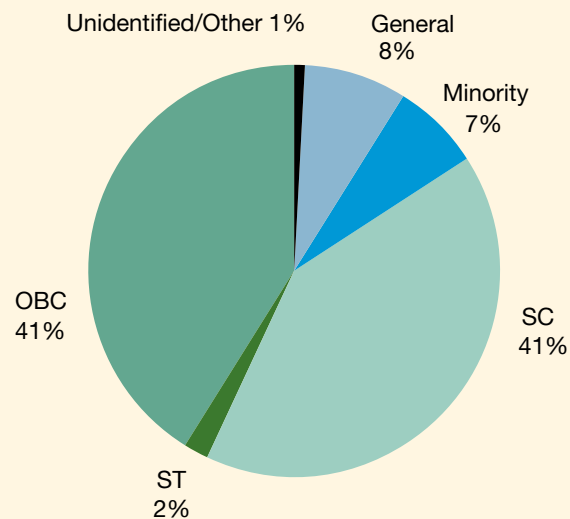
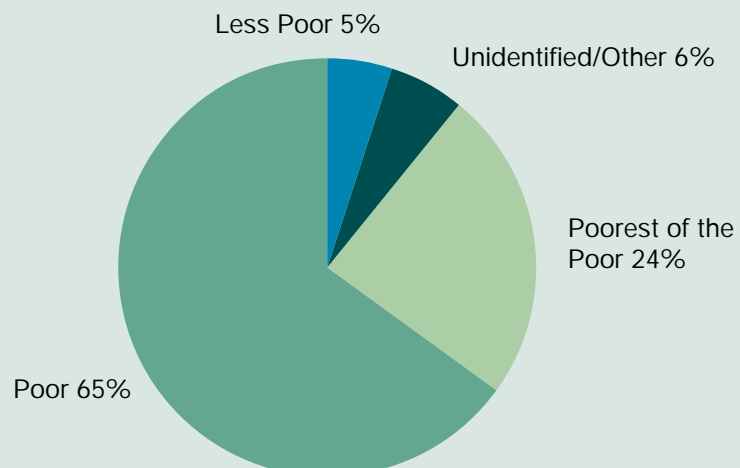


Figure 2: Members of RGMVP's Network by Socio-economic Category



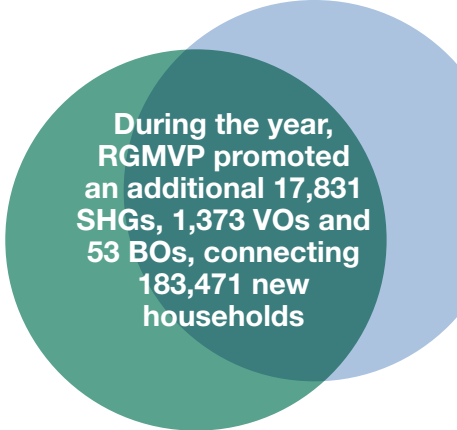
Women's Empowerment: A Multi-faceted Transformation

Building Women's Institutions

A SHG consists of 10 to 20 women living in the same 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. In turn, the VOs are further federated into BOs, representing 5,000 to 7,000 women at the block level.

This network of community-based institutions forms a platform for collective action, mutual help and learning, and accessing of services, entitlements, skills and knowledge. It helps women break free from exclusion and isolation by creating avenues to enhance knowledge on finances, livelihood development, better hygiene and health practices, sanitation, nutrition and 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 previously inaccessible to them.

During the year, RGMVP promoted an additional 17,831 SHGs, 1,373 VOs and 53 BOs, connecting 183,471 new households to the RGMVP network of community institutions. The cumulative outreach of the programme currently stands at 1,405,474 households and 125,443 SHGs. The programme also worked to stabilise the process of digitisation of the SHG baseline data online.



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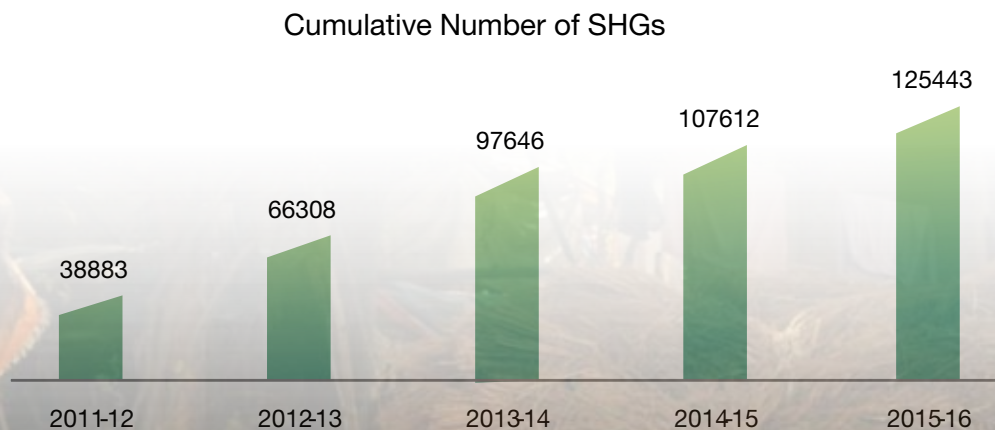
Table 1: Number of SHGs, VOs and BOs Mobilised in the Last Five Years

Year	SHGs Formation		VOs Formation		BOs Formation	
	During the year	Cumulative	During the year	Cumulative	During the year	Cumulative
2011-12	10334	38883	244	1241	18	45
2012-13	27425	66308	1386	2627	23	68
2013-14	31338	97646	1515	4142	47	115
2014-15	9966	107612	1246	5388	40	155
2015-16	17831	125443	1373	6708	53	208

First-hand positive experiences from participation in a SHG often inspire individuals to take it upon themselves to spread the idea. RGMVP works to identify such women and provides them training so that they can effectively expand the network. Nurturing these community mobilisers eliminates the need for heavy staffing and ensures cost-effective and rapid expansion without overbearing supervision. In 2016 alone, this strategy has enabled us to cover an additional 2,761 new villages.

It is our intention to continue building momentum and scale up our programme to reach 10 million households in the next five years. Specifically, we aim to organise at least one SHG in each *purva* or hamlet, spread across the 49 districts and 336 blocks of our project area.

Figure 3: Cumulative Number of SHGs Over Time



Note: During the year under reporting, RGMVP could establish the digitization of the SHG baseline data online, cleansing its database.



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 identifies volunteers among SHG members to become *sakbis* or trainers, capable of mentoring other groups and stimulating behaviour changes across a large population.

At the SHG and VO levels, RGMVP nurtures five types of *sakbis*, each focused on addressing critical barriers that prevent women from overcoming poverty and inequality.

Samoo *Sakbis* provide support to develop the SHG as a cohesive group

Bank Sakbis provide support on financial inclusion

Swasthya Sakbis provide support on health awareness and practices

Ajeevika Sakbis provide support on agriculture practices

Meeting Sakbis co-facilitate regular meetings of SHGs

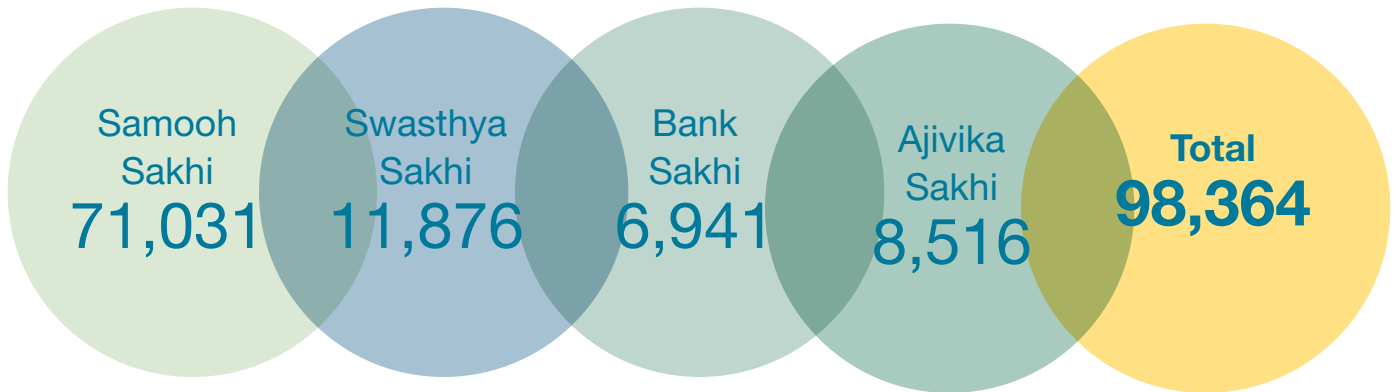
These *sakbis* constitute RGMVP's Internal Social Capital (ISC) at the village level; they are the main co-facilitators of various programme activities and behaviour change through the SHG social platforms.

In addition to *sakbis*, RGMVP has a robust network of volunteers from within the community, known as CRPs, who provide general mentorship support

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



Figure 3: Cumulative Number of Sakhis Trained as on March 2016



to SHGs. These resource persons are part of the organisational structure of the programme, based at the Community Resource Development Centres (CRDCs).

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 SRLMs in the states of Jammu & Kashmir, Himachal Pradesh, Haryana, Punjab, Uttarakhand and UP 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.

The sakhis are the main co-facilitators of various programme activities and behaviour change through the SHG social platforms



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

As of March 2016, 856 SHG resource persons and 32 staff from other states participated in SRLM exposure visits to RGMVP.

RGMVP has expanded its partnership with the UP SRLM by entering into a tripartite (non-financial) agreement in respect of 41 additional BOs, taking the partnership and benefits of the project to 46 BOs by March 2016, including five initiated in the previous year.

Vision Mapping Strategy

Illiteracy has been a barrier to rapid dissemination of Information. Information is essential to enhance incomes and adopt better health practices, etc. Illiteracy also inhibits a person's ability to record critical data.


Beyond severe economic poverty and lack of an education, women experience hopelessness, lack of possibilities and a diminished sense of agency. RGMVP's method of Vision Mapping is designed to overcome these internal barriers as well as other handicaps which arise due to illiteracy.

Vision Mapping is a tool through which women can record vital information, regardless of an individual's education level. This method encourages the use of pictures and teaches an alternative way of representing information, so that all those who attend training sessions can record and remember key concepts.

Most importantly, Vision Mapping provides individuals with the space and opportunity to begin visualising a better future for themselves through

RGMVP is recognised as one of the 20 prominent Capacity Building Agencies for training under the National Rural Livelihoods Mission





actionable steps for achievement. For implementation, SHG members are taught to draw four separate maps containing:

Best maternal and child health practices

Her vision for her family's prosperity

Her rights and entitlements

Her leadership responsibilities

Community Newsletter

Over the past three years, RGMVP has circulated a community newsletter to inform all members of the highlights and activities periodically. It serves as an essential learning tool and resource for women as it contains information on best practices and offers suggestions for setting meeting agendas.

With each issue of the newsletter, SHG members and the processes which guide their success are strengthened. To date, RGMVP has circulated 21 issues, which cover our main intervention topics.

Vision Mapping provides individuals with the space and opportunity to begin visualising a better future for themselves




Fostering Economic Independence

Fostering women's economic independence is the crucial entry point through which RGMVP can begin to help women break out of traditional gender roles and move forward out of poverty and subjugation.

Economic independence strengthens women's bargaining power in the household, enabling them to prioritise household decisions such as control over expenditure on constructing toilets, paying children's school fees, buying sanitary pads and nutritious foods and other items they value, which would otherwise be neglected if the family income was controlled by the man alone. As women gain financial literacy and become equipped with essential tools to achieve economic independence, they begin to reap benefits. Their confidence grows, their families become more economically stable and they begin to challenge gender norms through participation in the financial sphere, a domain previously occupied only by men.

Financial Inclusion

During the year, RGMVP continued its special SHG initiative in collaboration with the National Bank for Agriculture and Rural Development (NABARD) and the Society for Elimination of Rural Poverty (SERP) in 56 blocks of its Phase Three, which focused primarily on SHG Bank Linkage. This year alone, 6,830 SHGs opened bank accounts and 2,373 SHGs were linked to bank credit, taking the cumulative total of credit-linked SHGs to 34,388. According to our credit utilisation data, which records individual SHG member's family investment plan, an estimated 65 per cent of SHG members use bank loans for income generating activities, an estimated 25 per cent to meet some social need and 5 to 10 per cent for debt swapping (repaying expensive loans from moneylenders).



This year, 6,830 SHGs opened bank accounts and 2,373 SHGs were linked to bank credit, taking the total of credit-linked SHGs to 34,388

Table 2: Project Outreach up to March 2016

S.No	Districts	No. of Blocks Covered under RGMVP	Project Activities Initiated	Total No. of GP in Blocks	Total Covered GP by RGMVP	No. of SHGs Mobilised till Mar 2016	Total Families Covered
1	Sultanpur	12	Apr-02	711	638	8,545	96,612
2	Raebareli	15	May-05	695	700	13,687	1,48,601
3	Amethi	16	Jan-11	727	720	14,379	1,61,388
4	Jhansi	8	Jan-08	437	302	4,108	46,936
5	Lalitpur	6	May-08	340	291	4,584	49,151
6	Fatehpur	13	May-08	788	506	3,547	38,445
7	Unnao	16	May-08	954	658	4,269	47,688
8	Pratapgarh	9	Jul-08	541	392	3,509	40,147
9	Lucknow	3	Jul-08	203	172	1,536	17,325
10	Barabanki	6	Jul-08	372	292	3,502	39,554
11	Faizabad	9	Aug-08	619	379	3,149	35,361
12	Gonda	6	Aug-09	502	233	2,546	27,831
13	Mahoba	4	Aug-09	253	168	1,806	20,087
14	Banda	8	Sep-09	437	373	3,743	40,744
15	Chitrakut	5	Nov-09	330	267	2,513	28,078
16	Hamirpur	7	Oct-09	314	274	3,565	38,125
17	Deoria	6	Sep-09	412	291	2,917	34,306
18	Maharajganj	5	Nov-09	321	226	2,173	25,281
19	Jalon	7	Nov-09	460	284	2,550	27,644
20	Gorakhpur	5	Jul-10	310	242	2,597	30,403
21	Hardoi	10	Jan-11	553	385	3,655	41,865
22	Sitapur	10	Feb-11	695	480	4,249	48,512
23	Balrampur	4	Mar-11	346	194	1,254	14,346
24	Allahabad	7	Apr-11	577	362	2,773	31,683
25	Varanasi	4	May-11	343	169	1,271	14,790
26	Chandauli	5	May-11	376	255	1,985	22,179
27	Shahjahanpur	5	May-11	283	157	1,304	14,308
28	Badaun	7	May-11	415	271	2,801	31,557
29	Basti	5	May-11	385	277	1,792	20,932
30	SantKabir Nagar	4	May-11	447	221	1,699	20,151
31	Kaushambi	8	May-11	440	241	1,591	17,533
32	Mirzapur	6	Jun-11	325	247	2,163	25,191
33	Kanpur Dehat	5	Jun-11	297	121	851	9,310
34	Kushi Nagar	5	Apr-12	326	200	1,693	19,944
35	Ambedkar Nagar	5	Jul-12	402	176	923	10,315
36	Bareilly	2	Aug-12	134	65	521	5,574
37	Ghazipur	2	Aug-12	162	99	644	7,517
38	Kheri	6	Aug-12	404	253	2,001	22,097
39	Sonbhadra	4	Aug-12	309	176	1,376	15,384
40	Mau	2	Dec-12	141	90	813	9,151
41	Siddhartha Nagar	2	Jan-13	119	75	675	7,494
42	Farookhabad	1	Feb-14	72	23	184	1,934
Grand Total		275		17,277	11,945	1,25,443	14,05,474

Note: During the year under reporting, RGMVP could establish the digitisation of the SHG baseline data online, cleansing its database.

No. of SHGs that Availed 1st Phase Linkage (CCL-I)	No. of SHGs that Availed 2nd Phase Linkage (CCL-II)	Bank Credit Sanctioned in INR (CCL-I)	Bank Credit Sanctioned INR (CCL-II)	No. of VOs Formed	No. of Resource Villages	No. of BOs Formed
4,727	1,149	5,57,687,740	1,42,584,600	405	143	10
9,552	2,255	9,06,177,263	3,36,596,690	604	251	15
10,628	2,537	6,19,305,397	3,48,825,860	624	291	16
553	97	16,875,000	4,554,600	159	32	4
289	0	10,360,500	0	163	25	5
1,276	67	1,94,967,800	6,231,000	276	41	9
524	28	43,337,001	11,800,000	302	39	10
695	1	1,30,199,600	96,000	201	26	5
358	7	33,926,500	7,50,000	112	57	3
305	6	16,150,002	1,600,000	144	52	5
586	0	1,00,496,000	0	165	18	5
220	0	11,726,000	0	129	41	4
170	0	16,870,100	0	91	41	4
417	1	42,355,000	1,00,000	222	99	7
358	1	34,525,000	5,00,000	148	53	5
220	0	17,015,000	0	187	69	7
258	2	18,342,000	1,80,000	131	48	5
228	1	10,855,000	5,00,000	133	46	4
189	0	13,870,000	0	102	17	4
270	0	18,566,000	0	137	46	5
98	0	5,480,000	0	183	65	7
220	0	26,705,000	0	201	48	7
49	0	2,150,000	0	67	13	3
674	0	2,48,722,700	0	208	38	6
0	0	0	0	103	7	2
53	0	5,015,000	0	155	15	4
148	2	14,340,000	4,86,500	89	28	2
168	1	13,011,000	4,32,000	175	21	7
46	5	2,625,000	5,00,000	107	42	4
53	0	2,175,000	0	91	35	3
293	1	82,043,000	5,30,000	111	26	1
72	0	7,250,000	0	181	39	6
47	1	4,310,000	1,00,000	55	10	2
79	0	4,367,000	0	90	27	4
99	0	17,647,000	0	72	10	2
78	1	12,551,000	6,00,000	47	0	2
9	0	9,98,000	0	49	0	1
210	0	18,485,000	0	120	16	5
87	0	8,650,000	0	84	0	4
71	0	5,216,000	0	43	8	2
11	0	6,75,000	0	37	4	2
0	0	0	0	5	0	0
34,388	6,163	3,296,022,603	8,56,967,250	6,708	1,887	208

Bank Sakhi and Customer Service Points

Bank Sakhis are trained members of SHGs and serve as an integral part of the financial inclusion process. They provide handholding support to SHGs in all aspects related to banking such as regular savings by SHG members, opening of savings bank accounts, applying for Cash Credit Limit (CCL) from banks, credit utilisation and participation in income-generating activities. Two banks – The Aryavart Gramin Bank and the Baroda Uttar Pradesh Gramin Bank – have introduced a model of Information and Communication Technology (ICT)-based Banking Correspondents (BC) in which the Bank Sakhis of RGMVP have been trained as Customer Service Points (CSPs) for banks at the village level. This innovation has been piloted in one block in the Unnao district with 25 CSPs under the auspices of Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). RGMVP is currently in a scale-up phase with a total of 101 Bank Sakhis serving as CSPs for the two banks.

PSIG Project

RGMVP is implementing the Poorest States Inclusive Growth (PSIG) Project, funded by UKAid through the Department for International Development (DFID) and Small Industries Development Bank of India (SIDBI). PSIG aims to ensure poor and vulnerable women benefit from economic growth through better access to financial services with deepening of financial inclusion. The programme encourages access to other financial services such as insurance, pension, *Aadhaar* cards and individual bank accounts.

Beyond capacity building for financial inclusion, PSIG also supports the formation of urban SHGs and helps promote Young Women's Self Help Groups



Beyond capacity building for financial inclusion, PSIG also supports the formation of urban SHGs and helps promote Young Women's Self Help Groups (YWSHG), which aims to empower girls above age 13 through financial literacy, leadership development and lessons about menstrual hygiene management.

To date, under PSIG, 97 per cent of SHG members have been provided financial literacy training; 866 urban SHGs are being nurtured; and 7,284 YWSHGs have been formed. Of 83,650 SHGs linked to savings, 34,388 SHGs have accumulated INR 415.29 crore (CCL I and II) from banks.

RGMVP works closely with bank officials to ensure that a resource demand from the women is created and that banks are prepared to meet their needs without prejudice. This year, RGMVP also organised field exposure visits for 697 bankers. RGMVP continues to closely collaborate with bankers to iron out problems experienced by SHGs while opening accounts.

Livelihood and Agriculture

Livelihood development goes hand-in-hand with financial inclusion where women receive training to help generate their own income. Like financial inclusion, livelihood development serves to provide economic security, giving women the leverage to challenge traditional restrictive gender norms.

RGMVP offers an extensive multi-faceted agriculture and dairy training programme and hands-on training facility where women can experientially learn various farming and livestock rearing practices for livelihood enhancing. RGMVP trains women in the System of Rice Intensification (SRI) and

Under PSIG, 97% of SHG members have been provided financial literacy training; 866 urban SHGs are being nurtured; and 7,284 YWSHGs formed



System of Wheat Intensification (SWI), both of which focus on better root development, leading to significantly higher yields without increasing the use of inputs. These methods reduce water usage and cost of production and also help to protect crops from heavy rain and wind damage. Farmers who received training in SRI/SWI methods and used these techniques have experienced a yield increase of 30 per cent. With the surplus grain, SHG members were able to create 2,000 grain banks to provide food security in case of emergencies. Surpluses within these grain banks are also sold every year, adding to the corpus of the VOs, thus augmenting their risk fund.

RGMVP has received support from the Bill and Melinda Gates Foundation (BMGF) for an innovative community-based informal seed production and sharing system. In year one of this project, selected SHG members will independently produce quality seeds of paddy and wheat and then exchange them with other farmers.

18-Day Composting Method

RGMVP has started propagating the Berkeley Method of Composting among small and marginal farmers after The Hans Foundation introduced it to RGMVP. The method produces quality compost from easily available waste materials around the household and a small quantity of cow dung, and takes only 18 days compared to other conventional methods of composting which take up to 45 days. RGMVP has started a pilot project in 100 Gram Panchayats (GPs) across all Community Resource Development Centres (CRDCs) for

Farmers who received training in SRI/SWI methods and used these techniques have experienced a yield increase of 30%



complete saturation of the villages and widespread adoption of the method among SHG members. The compost they create is also sold to other farmers for additional income.

Dairy and Livestock Husbandry

Women are also encouraged to use their SHG savings and bank loans to invest in cattle 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 the milk to Mother Dairy, which has set up 89 Bulk Milk Coolers in UP. SHG members also took up goat and pig rearing and poultry farming.

Usha Silai Schools

In partnership with Usha International Limited (UIL), RGMVP has been running Silai School in villages. These community-based tailoring schools aim to train women entrepreneur to teach sewing to village women. RGMVP and UIL are committed to empowering rural women through skill development and supporting them on the path of financial independence and entrepreneurship.

A total of 300 classical schools and 531 satellite schools are running under the programme. In the former, 70 per cent of the women are bread earner of the family. Over 900 learners were enrolled in the schools in the last two quarters in which 50 per cent women wish to adopt tailoring as their main income generating activity.

The Berkeley Method
of Composting
produces quality
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prepare



Imparting Health Awareness

The complete neglect of maternal care and devaluing of the female body are a stark testimony to gender discrimination institutionalised in society. Compounded by extreme levels of poverty and low literacy, the neglect of women's health, in general, and maternal care, in particular, leads to high maternal mortality rates, anaemia and malnutrition among women, high rates of female foeticide and destructive myths surrounding menstruation among other health-related issues and misconceptions. Imparting health awareness is, therefore, a major stimulus for women to begin demanding their right to a healthy life, the history of gender discrimination notwithstanding.

Uttar Pradesh Community Mobilisation Project

The Uttar Pradesh Community Mobilisation Project (UPCMP), implemented by RGMVP in partnership with the Public Health Foundation of India (PHFI), Population Council and Boston University and supported by BMGF is a five-year project presently in its last year of implementation. UPCMP is being implemented in 120 blocks across 37 districts of UP. Through the use of community institutions, the project has developed and scaled-up a package of family health interventions. The overarching goals of the project are to reduce the maternal and neonatal mortality rates through awareness and demand creation; change overall health behaviour by adopting best practices; and improve child health through routine immunisation and nutrition and diarrhoea management. The project encompasses institution building and strengthening along with health training and information dissemination through the pipeline of community institutions. It also aims to improve linkages with the government's health services.

The overarching goals of UPCMP are to reduce the maternal and neonatal mortality rates through awareness and demand creation



SHAMA

Recovering from Misery and Abuse to Achieve Prosperity and Respect

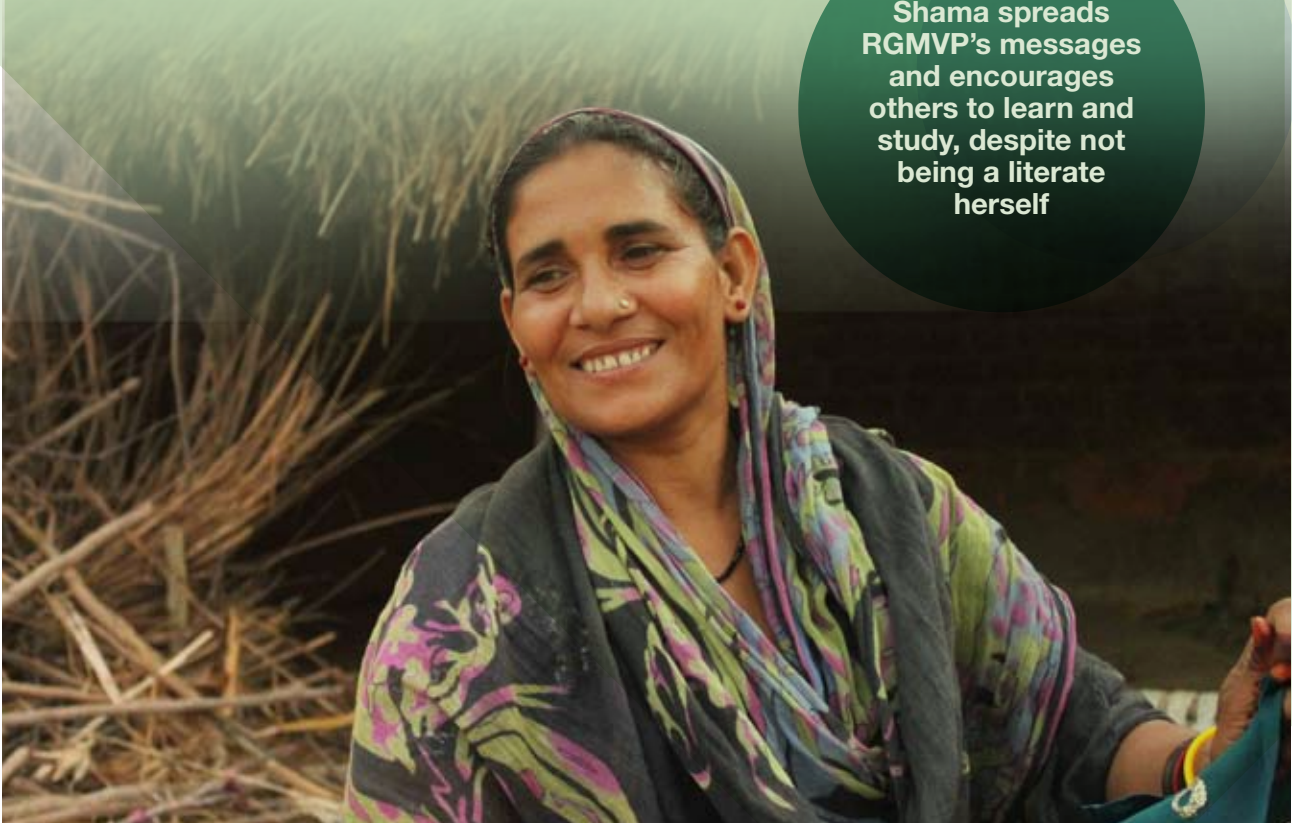
Shama barely had time to recover from the tragic deaths of her father and brother when her in-laws, who deemed her inauspicious, evicted her from her house. She was forced to flee with her six children without shelter and resources, living like a pariah.

She was approached by a CRP while living in a cowshed with an absent, abusive and unsupportive husband. Not until he moved away did she seize the opportunity to join the SHG and begin participating in internal lending and explore new ways of income generation. This later afforded her the ability to acquire goats and even ensure a water connection.

When her husband returned after several months, he was suspicious of Shama's character and questioned how she could happen upon so much fortune in such a little amount of time. She took time to explain the processes and he eventually came to respect and admire her committed efforts.

Finally connected to resources, Shama was able to get a BPL card to receive various benefits. She also underwent training to become a CRP and spread RGMVP's messages and encourages others to learn and study, despite not being a literate herself. She believes that her greatest achievement has not just been in material terms but the respect and acknowledgement that she has received from her community.

Shama spreads RGMVP's messages and encourages others to learn and study, despite not being a literate herself



The project trains Swasthya Sakhis and CRPs to impart information to village people, identify pregnant women and new mothers, and mentor 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, and use of hospital facilities for childbirth and of iron tablets. The success of the project lies in the ownership of and implementation by the community itself at the ground level and by women of similar backgrounds. This ensures that the intervention is context-specific and tailored to fit the specific needs of the local people. This year alone, 136,924 pregnant women were identified and mentored within their communities.

Sanitation and Gender Initiative

Women suffer from the lack of toilets facilities and also — perhaps more severely — from the various social taboos around menstruation rooted in the low status of women as well as ignorance. Open defecation especially affects children as it is known to be a major cause of diarrheal diseases. RGMVP's Sanitation and Gender Initiative is a pilot programme to address 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 10,500 households have exhibited behaviour changes. These include 4,475 women using sanitary napkins in place of dirty rags, tetanus vaccinations given to 2,867 young women, renovation of 1,329 defunct toilets and construction of 248 *kaccha sokhta* (temporary hand-made) toilets during the year.

Educational sessions are conducted on toilet upkeep, menstrual hygiene management, safe drinking water practices and hand washing



Participation in Local Governance

Taking a long-term view of poverty reduction and achieving gender equality, RGMVP launched its Panchayati Raj (local government) Leadership initiative last 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 individual rights and entitlements. The Panchayati Raj Leadership initiative covers 2,000 GPs of 198 blocks across 41 districts of UP.

During the reporting period, RGMVP facilitated village-level leadership development of SHG members to increase women's participation in the Panchayat Raj system. Special training was conducted at the VO level to build women's capability to analyse local issues concerning them and to also understand the Panchayat Raj system. As a result of this initiative, 1,020 SHG members contested in the last local government elections, out of which 621 women won. Among these winners, 174 went on to become Panchayat Pradhans, 171 became ward level members of the Panchayat, 266 became members of Block Development Committees (BDCs) and 10 became members of Zila Panchayats (ZPs).

The training encourages identification of community needs and village development planning in the selected GPs. It also triggers collective action by VOs to access government schemes and entitlements.

Under the Panchayati
Raj Leadership
initiative, 1,020
SHG members
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local government
elections, of which
621 won



Young Women's Leadership Development

RGMVP mobilises YWSHG's because adolescent girls 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 that matrimony brings in, they are open to new ideas. Thus, young women are a very important group to protect and educate, for they have the great potential to address societal problems. YWSHG's have grown as a result of leveraging the existing SHG network. Backed by the support of their mothers, aunts and other women influencers who belong to SHG's, young women can apply the same "self-help" principles to their own lives and problems.

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, 1,903 YWSHG's have opened savings accounts with a bank.

RGMVP trains young women in financial management and livelihood activities such as bank linkages, stitching, embroidery work and stuffed toy manufacturing

RGMVP mobilised 722 YWSHG's this year alone. The total number of YWSHG's is now 7,284, representing 81,581 young women.



SEETA

Discovering Her Innate Potential as a Business Woman

“The samooth (SHG) is our family, our life, our inheritance. We would never allow it to disintegrate. We are what we are today because of our Sangathan. After us, our daughters will take over.”

It took Seeta 28 years to venture out into the world, when she went out on her own to deposit the group savings in the Gramin Bank branch. Before she had joined the SHG group, her life was confined to the four walls of her house in a large joint family living on subsistence agriculture. The children didn't even have warm clothes during winters.

However, once she joined the group, Seeta was quick to start investing the money. She began by buying a sewing machine which helped her fund her children's education and buy a buffalo. She also seized the opportunities available for training at RGMVP training centres and took

training in candle making, terra cotta work and in making agarbattis, hair oil and scent. She helped her husband start a transport business and acquired a fish pond. She also cultivated mustard and pulses.

Now she is a CRP, trainer and leader spreading the message of self-help. She has ensured that not a single woman is left out of SHGs. She is a trained Swasthya Sakhi and amongst her many achievements is the fact that there hasn't been a single child death in the village in the past two years. She considers herself lucky to have got these opportunities at a young age.



Seeta is a trained Swasthya Sakhi and proud of the fact that there hasn't been a single child death in the village in the past two years



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 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 a 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 rapid scaling up of the intervention to reach a larger number of SHG members on safe sanitation practices. BMGF is also collaborating with our agriculture team to implement 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 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 a long-term commitment to support RGMVP in this fashion until 2021.

The Small Industries Development Bank (SIDBI) is implementing the DFID-funded PSIG project in collaboration with non-governmental organisations (NGOs). The project supports our economic independence initiatives. It serves to deepen financial inclusion in the existing SHGs of RGMVP by enhancing credit utilisation and improving livelihood activities.

The Mavana Social Service Society (MSSS), the social service arm of Usha International Ltd., is supporting the skill development initiative of RGMVP called Usha Silai Schools.

The National Bank for Agriculture and Rural Development (NABARD) continues to support RGMVP in implementing its SHG and bank linkages strategy as part of its larger financial inclusion programme.

BMGF has been the key funder for UPCMP, which enabled us to scale up health interventions in 100 blocks

Global Alliance for Improved Nutrition (GAIN) partnered with RGMVP to support the implementation of the Community-based Nutrition Programme through the existing community institutions in 50 blocks. This project also supported community institution building and strengthening through the dissemination of nutrition messages in five new blocks.

Technical Partners

The 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.

The 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 women in our network to SERP's model.



The Society for Elimination of Rural Poverty has been supporting RGMVP in its community mobilisation and institution building since 2007

RGMVP continued to receive support from the University of Wisconsin and training on improved practices in livestock management was imparted to SHG members

The Hans Foundation (THF) is supporting a major intervention in agriculture during the year comprising of introducing 18-day composting (Berkeley Method of Composting). Two experts from THF visited RGMVP and trained 322 women (including Ajeevika Sakhis) and 49 FOs on making 18-day compost. The trained women started providing information and hand-holding support to other women in villages and over 2,200 women had prepared 18-day compost by March 2016.

In a short period, women have realised the advantages of this compost. RGMVP has made a short film titled *Mishri Mati* documenting the impact of 18-day compost in women's own words.

Gesellschaft für Internationale Zusammenarbeit and Grameen Bank of Aryavart (GIZ and GBA) have a partnership with RGMVP by way of supporting the pilot on Bank Sakhis as Business Correspondences in Sumerpur block of Unnao district since 2013. This project is part of an on-going GIZ-NABARD collaboration to promote financial inclusion.

The Clinton Health Access Initiative (CHAI) and RGMVP have a non-financial partnership to train community members on managing diarrhoea in 31 blocks in Raebareli and Amethi districts.

The 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.



The Public Health Foundation of India (PHFI) supports RGMVP with the implementation of UPCMP, through training community resource persons.

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

The 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, a Kanpur-based NGO, 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 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, 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 (21 in all) are RGMVP's partners in the SHG-bank linkage programme.



The International Centre for Research on Women works as a research partner for RGMVP's Sanitation and Gender Initiative



I ndira Gandhi Eye Hospital and Research Centre

Blindness and impaired vision have a devastating effect on the quality of life, particularly for those living in poverty, older people and women. Visual impairment and blindness reduce a person's ability to move about and live a meaningful life, adversely affecting the sense of agency, dignity and economic well-being. For poor people, it may well shut all doors to escape poverty. Eye health is thus one of the most important aspects of health care in society.

With about 12 million visually impaired people, India is home to the world's largest population of the visually impaired, accounting for about 22 per cent of the visually impaired world-wide. More than 80 per cent of the blindness in the country is either preventable or curable, and thus entirely avoidable. The main reason for such high incidence of avoidable blindness is the lack of access of a large population, especially poor people in rural India, to eye care services due to limited availability and inability to afford what is available.

Our Vision

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




The eye care programme of the Trust seeks to address the dire need for affordable eye care services, especially for the rural and poorer segments of Indian society. The Trust has set up and is continually expanding a network of hospitals under the aegis of the **Indira Gandhi Eye Hospital and Research Centre (IGEHC)** to eliminate avoidable blindness and improve the quality of life by providing comprehensive, high quality eye care in an affordable and compassionate way, especially in North India. The main target population is marginalised sections of the society such as the rural, socio-economically weaker population, elderly people, women, etc.

Our vision is *to be the provider of world-class eye care to the poorest among the poor in a manner affordable to them.*

Programme Strategy

IGEHC's eye care service model is based on catering to high volumes with affordable and accessible services. The services are designed to be beneficiary-centric, providing the complete spectrum of eye health services. These include preventive, promotive and a full range 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.

The outstanding feature of IGEHC's work is that it caters to the most marginalised communities living in rural areas through its large programme of eye camps that reach out to the needy. This enables the community to overcome various barriers in accessing eye care services, such as physical distance, cost and lack of knowledge or information about eye care. Eye camps thus not only reach out to the needy but also create awareness about eye care among the people.



IGEHC's eye care service model is based on catering to high volumes with affordable and accessible services



IGEHRRC performs 80 per cent of the surgeries free or at a nominal fee and, in the remaining cases, fees are based on the patients' ability to pay and always well below those charged by private service providers. It is IGEHRRC's credo, however, to provide uniform and highest quality of care and best possible care to all patients regardless of the fees paid. Services are designed to be patient-centric and utmost care is taken to provide these services with compassion and dignity. As a not-for-profit initiative, IGEHRRC is able to sustain operations following a high volume, cross-subsidisation strategy whereby all available resources are used optimally and fees from those who can afford to pay subsidise the cost of providing services to those who cannot.

Table 1: IGEHRRC Network of Hospitals

Hospital	Year Established
IGEHRRC, Munshiganj, Amethi, Uttar Pradesh	2005
IGEHRRC, Lucknow, Uttar Pradesh	2008
IGEHRRC, Sohna, Gurgaon, Haryana	2014
IGEHRRC, Gurgaon, Haryana (under construction)	2016

With an ever-growing network of hospitals, IGEHRRC is expanding its infrastructure and adopting the latest technologies to reach more and more beneficiaries. The network of IGEHRRC institutions now includes two secondary care hospitals at Munshiganj in Amethi and Sohna in Gurgaon and a tertiary care super-specialty hospital in Lucknow. A super specialty hospital and research facility is under construction in Gurgaon. These hospitals, along with the associated vision centres, cater to about 1,500 patients daily. A team of 300 qualified and competent professionals are the main resource in making the IGEHRRC vision a reality. Through its extensive rural outreach programme, IGEHRRC endeavours to fill the huge gap that exists between

Services are designed to be patient-centric and utmost care is taken to provide these services with compassion and dignity



need, availability and accessibility of advanced eye care in rural areas and small towns and cities.

Since inception in 2005 to March 2016, IGEHRC hospitals have treated 20,39,995 patients and performed over 2,55,226 sight restoring surgeries, making IGEHRC one of the largest providers of quality eye care in North India catering to central and eastern UP and South Haryana.

IGEHR has successfully created a benchmark of trust and confidence among people for quality and affordable eye care services. IGEHRC has been listed among 15 Best Hospitals in India by 'The Week-Nielsen Survey-2014'. IGEHRC is the only non-governmental organisation (NGO) hospital with a community work and cross-subsidy model from North India to feature in this prestigious list.

IGEHR has been given an award by Sightlife, USA in association with the Eye Bank Association of India (EBAI) for the highest number of corneal transplant surgeries conducted by an individual surgeon in the hospital under the Cornea Distribution System (CDS) programme.

Holistic Eye Care

The cornerstone of IGEHRC's work is its special focus on the underprivileged sections of society. Physical distance from available services, affordability and lack of awareness keep poor people from availing of eye care services even when the treatment is known. Following a multi-pronged approach, IGEHRC ensures that the most neglected sections of society receive world-class eye care and that the best care is available to all, including those lacking in paying capacity.

Since 2005 to March 2016, IGEHRC hospitals have treated 20,39,995 patients and performed over 2,55,226 sight restoring surgeries





Outreach Programme

IGEHRC has a comprehensive and structured community outreach programme through which regular screening camps are held in rural areas to identify patients requiring further eye care treatment. Efforts are continually made to reach out and cover all marginalised sections of communities including rural, other socio-economically weaker sections and especially women who lack access to quality eye care services.

The unique features of IGEHRC camps are that they provide free eye screening, vision acuity test, diagnosis and refraction at the camp site itself by a competent and well-equipped team. If needed, those screened at the camps are also provided free or subsidised surgery at our hospitals, including for cataract and other surgical procedures and the facility to order spectacles for delivery. Patients screened for cataract and other surgical procedures are transported to and from IGEHRC hospitals free of charge. The camp patients are also provided free food and lodging during their stay at IGEHRC hospitals.

Local communities, through their volunteers, play a crucial role in creating awareness and mobilising and bringing in people who may require eye care from their area. Embedded in the same communities, the mobilisers play a critical role in referring patients needing immediate eye care treatment. The strategy enables IGEHRC to reach out to communities in the hinterland far away from the hospitals and seek out and provide subsidised treatment to those unable to access or afford eye care. During the year 2015-2016, IGEHRC screened 99,809 patients in 828 camps and conducted 25,806 subsidised surgeries.

Efforts are continually made to reach out and cover all marginalised sections of communities including rural, other socio-economically weaker sections and especially women



IGEHRRC's outreach activities stand apart for their methodical process of screening at the camps and provision of subsidised surgery. IGEHRRC is perhaps the only organisation in India which provides even highly specialised surgeries to camp patients free or at subsidised rates.

The outreach programme includes other focused activities from time to time, such as school screenings to identify children with vision impairment early, life line express train camp, camps for government jail inmates, shelter care homes, truck drivers, etc.

IGEHRRC Amethi

IGEHRRC Amethi was the first hospital set up by the Trust to provide high quality and affordable eye care to needy populations. It began operations in Munshiganj, Amethi, in December 2005. Designed to be at the forefront of ophthalmic care, this secondary level facility has state-of-the-art equipment and a compassionate and patient-friendly environment in both out-patient and in-patient ophthalmic services. It has seen a steep growth in demand for its services since inception and has expanded rapidly as a result. The hospital upgraded its services by setting up of a Vitreo Retina clinic this year to meet the demand for advanced eye care treatment for persons with Vitreo-Retina problems.

The hospital serves patients from Sultanpur, Pratapgarh, Amethi, Raebareli, Ambedkarnagar, Jaunpur, Barabanki and Faizabad districts. The 180-bed facility screens over 400 patients daily and conducts around 100 surgeries every day. Over the years, IGEHRRC 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 and misconceptions about eye care. Today

Since inception, IGEHRRC Amethi has reached out to over one million persons and operated about 1,40,000 patients



RURAL OUTREACH

Reaching Out through Community-based Organisations

One of the reasons for a high level of avoidable blindness in the country is limited availability of eye care services, especially in rural areas. Poverty and lack of awareness about prevention and treatment of eye diseases keeps people from accessing whatever services may be available. IGEHRC seeks to breach the barriers of physical access, ignorance and affordability to reach those needing eye care. In this, community-based organisations (CBOs) play a major support role by creating awareness and mobilising communities for IGEHRC to reach out to them at their doorstep.

IGEHR has been collaborating with the Trust's women's empowerment programme, RGMVP, to harness the outreach of the SHGs and their village and block level federations promoted by the latter to take eye care services to rural areas. These CBOs organise eye camps in collaboration with IGEHRC staff.

This enables IGEHRC to provide eye care services to the poorest of the poor as the CBOs themselves represent the weaker sections, have better knowledge of the condition of people in their villages. As the CBOs themselves are engaged in fighting structural barriers and discrimination based on caste, gender and religion, they ensure participation of all sections of society in the eye camps to access eye care services. Being embedded in the community, they are the best catalysts for generating awareness on preventive and curative eye health care. The local community support ensured that eye care services reach the most marginalised in rural area.

This model of organising camps through community-based groups also ensures anchoring of our outreach camps in the community by making them partners as planners and initiators in eye health care system.



people repose unflinching faith in the facilities, services and staff of IGEHRC Amethi. Since inception, IGEHRC Amethi has reached out to over one million persons and operated about 1,40,000 patients.

To cope with the huge unmet demand, the hospital plans to further improve the health-seeking, complaint and preventive behaviour of the community.

Table 2: Patient Care in IGEHRC Amethi, 2015-2016

Out Patient Categories	Number of Patients
Walk-in	64,546
Outreach	49,245
Surgeries	Number of Surgeries
Walk-in	3,625
Subsidised	13,253
Community outreach camps held	319

IGEHRC Lucknow

The success of the secondary level hospital at Amethi and the need for an efficient tertiary eye care facility led to the opening of IGEHRC, Lucknow in May 2008. IGEHRC Lucknow is a state-of-the-art eye care facility with dedicated and specialised clinics for different eye ailments, offering comprehensive eye care under one roof. The team includes ophthalmologists and para medicals in all specialties in eye care. IGEHRC Lucknow is also one of the very few eye hospitals in North India to have a dedicated patient counselling cell.

IGEHRC Lucknow is the only hospital in UP providing even the specialty eye care at subsidised rates



SATTA DEEN

Regaining Productivity and Economic Independence

Satta Deen, 65 years of age, lives with his wife and two married sons in Bhitargaon village in Raibareli district in a small house. An electrician with a small electric shop, Satta Deen had been facing problems in his work for the past year as he was not able to see things clearly. For finer wiring work, he would often have to seek help from his sons who worked in the same shop.

IGEHRC has been organising eye camps regularly in Bhitargaon since 2011. Satta Deen visited one of these camps and was diagnosed with poor vision of 2/60 in both eyes. He was referred for surgery and given a date for cataract surgery.



On the assigned day, an IGEHRC vehicle picked up Satta Deen and other patients and brought them to the IGEHRC hospital for surgery. Satta Deen was successfully operated for cataract surgery and discharged the next day with a vision of 6/9 and was called for follow up in the camp organised in his village after a month.

Satta Deen is thankful that his vision has improved and he says he will also get his other eye operated during the winter months so that he can see more clearly and work independently in his electric shop.

The facility has become a first-choice hospital within a short time span and today attends to over 500 patients every day. IGEHRC Lucknow is the only hospital in UP providing even the specialty eye care at subsidised rates. Specialties such as Retina, Cornea, Glaucoma, Oculoplasty, Paediatric Ophthalmology, Low Vision, etc., are availed of by people from all over UP. These patients earlier needed to travel to Delhi or other far flung areas and the consequent high cost of accessing services used to deter them from availing treatment.

Table 3: Patient Care in Lucknow 2015-2016

Out Patient Categories	Number of Patients
Walk-in	147,852
Outreach	36,699
Surgeries	Number of Surgeries
Walk-in	7,589
Subsidised	11,089
Community outreach camps held	318


Sohna Rural Hospital

IGEHRM Sohna, Gurgaon is the newest addition to the IGEHRM network of hospitals. This is a 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 8 August 2014. In a short span of less than two years, the hospital has justified its existence and now serves more than 100 patients daily. During this brief period, more than 1,000 surgeries have been carried out, including on children, glaucoma patients and other specialties besides cataract.

Table 3: Patient Care in Sohna 2015-2016

Out Patient Categories	Number of Patients
Walk-in	29,828
Outreach	13,418
Surgeries	Number of Surgeries
Walk-in	897
Subsidised	567
Community outreach camps held	191



In a short span of less than two years, the hospital has justified its existence and now serves more than 100 patients daily

CME**Plastic Surgery and Ocular Oncology Update with 3D Show of Surgeries**

Continued Medical Education (CME) to bring doctors up to date with the latest technology and clinical practices is an established institution development strategy at IGEHRC. As part of CME, IGEHRC organised a day-long event on “Eyeplasty” (Ophthalmic Plastic Surgery and Ocular Oncology Update) on 20 March 2016. The CME sessions included comprehensive coverage of basic and advanced ophthalmic plastic surgery and ocular oncology with 3D video-based surgical instruction on common oculoplasty surgeries. The CME enabled the doctors to keep abreast of latest technical developments worldwide on the issue of Oculoplasty and Oncology eye care. The CME was conducted by eminent

teachers from across the nation and had over 120 participants, including leading practicing ophthalmologist and post-graduate students from different private and government hospitals besides IGEHRC doctors. The eminent guest faculty that had come from across the nation covered different topics on Oculoplasty and Oncology. The sessions included basic and advanced diagnosis and management modalities in Oculoplasty. A session on conducting a good DCR and Endonasal DCR and an hour-long 3D show showing surgical procedures with complete instructions was one of the unique features of the programme.



Vision Centres

IGEHRHC extends its presence in the catchment area through two Vision Centres providing primary eye care. The Vision Centres are aimed at providing comprehensive primary eye care services to the rural and remote populations and thus creating access to quality eye care at their door steps.

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

Training

Shortage of trained human resources in the country is one of the most prominent constraints in provisioning quality eye care services to all. Trained clinical, paramedical and administrative staff in eye care is the primary means of taking eye care to the needy populations. With rapid advances in technology and clinical procedures, retooling and training at every level is necessary to maintain excellence and a high level of efficiency in service delivery.

As a policy, IGEHRHC hospitals use state-of-the-art equipment to enhance the quality, efficiency and effectiveness of care provided by the doctors and staff. In a scenario where technology is upgraded and changes almost every

The Vision Centres are aimed at providing comprehensive primary eye care services to the rural and remote populations



OPHTHALMIC ASSISTANTS

Rural Women Trained to Become Torch Bearers of Eye Health Care

IGEHRHC focusses on catering to patients from the most marginalised segments of society, especially rural communities. Older women constitute a significant proportion of the patients. Many would never have interacted with doctors and hospitals and would naturally be apprehensive about their first encounter with eye care providers. The interaction would be smoothed if the care providers themselves were also from rural areas so that the patients can communicate with them better, are put at ease and can fully share their problems. With this purpose, IGEHRHC decided to train women from rural background as ophthalmic assistants. It is found that these nursing ophthalmic assistants are able to elicit information and carry out counseling in the patients' dialect, resulting in a non-threatening and compassionate transaction. A significant added benefit is that a new avenue for employment in a modern sector is created for girls from villages, potentially transforming the status of women in villages.

IGEHRHC has found rural girls highly motivated to make a career in this modern sector and bring a change in their condition by breaking from the shackles of poverty and patriarchy. IGEHRHC selects girls from villages educated up to intermediate level in the science stream and trains them as mid-level ophthalmic assistants (MLOPs). They are imparted general and then specialised training for two years as resident trainees, covering all aspects of ophthalmic functions, including counseling, optical, medical, refraction, OPD, and OT tasks and ward management, etc. IGEHRHC is proud to have trained over 150 MLOPs so far who have been employed in its different hospitals. IGEHRHC has not only provided them with economic empowerment but have also given them an excellent opportunity to be torch bearers of change in the patriarchal social norms in their villages. They are now respected due to their job and enhanced economic status and are part of decision making processes in their families.



day, IGEHRC 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 technological changes is facilitated through retooling and training of the doctors and all staff continuously.

Academics and Research

As a professional organisation, IGEHRC has always been alive to its responsibility to contribute to the development of eye care through structured training of young professionals and research-based publications. These activities witnessed a steep increase during the year across all departments.

IGEHR conducts fellowship training programmes to train ophthalmologists with post-graduate degrees who wish to upgrade their skills in their chosen super specialty. The course is structured to provide them with the latest skills and knowledge to ensure that diagnosis, treatment and intervention are appropriate to prevent and treat all conditions leading to avoidable blindness and eye disorders. In the year 2015-16, IGEHRC offered eight fellowships and all the fellows performed well, both clinically and academically. The training programme includes active academic debates, journal clubs and publications to kindle the scientific temperament among participants. As IGEHRC is engaged in extensive community outreach activities, the fellows develop an inclination towards community services, thereby also contributing to the national cause. There were thrice-weekly dedicated academic sessions of an hour each throughout the year where case presentations and journal clubs of all subspecialties were presented by fellows and moderated by consultants.

IGEHR doctors presented 10 research papers at various national and international forums during 2015-16.

In the year 2015-16, IGEHRC offered eight fellowships and all the fellows performed well, both clinically and academically





Other Achievements

Eye Bank

North India does not have a culture of eye donation, which is well developed in other parts of the country. As a result, thousands of people suffering from corneal blindness cannot be helped to regain their sight that would enable them to lead a productive and fulfilling lives. To redress this situation and to spread awareness on the issue of eye donation, IGEHRC has set up an Eye Bank in Lucknow.

The Consultant and Head, Department of Cornea and Refractive surgery received the 'Achievement Award' instituted by Sightlife, USA in association with EBAI in 2016 for doing highest number of corneal transplant surgeries by an individual surgeon under their CDS programme. All surgeries were done at IGEHRC, Lucknow.

RESTORING VISION, RESTORING DIGNITY

Cataract Surgery Helps Ganga Devi Regain her Independence

Ganga Devi, aged 60 years, lives in Ajgain village in Nawabganj block of Unnao District with her son, an unskilled wage earner, and his family in a small hut. Ganga Devi had been experiencing difficulty for some time in carrying out routine activities such as cooking and cleaning due to a declining vision and the day came when she could not even walk around without support. She could barely see and was dependent on her daughter-in-law to help her in her routine work and felt like a burden on her family.

Ganga Devi's son came to know from his friend about the free eye camps being organised in Nawabganj and took his mother to the IGEHRC camp.

On examination, it was found that Ganga Devi had poor vision in both eyes. In the left eye, she could only make out torch light movement and, in the right eye, her vision was 3/60. She was advised cataract surgery for the right eye and was given a date for surgery. An IGEHRC vehicle picked up Ganga Devi and other patients from the Nawabganj camp and admitted them to IGEHRC hospital in Lucknow. Ganga Devi was successfully operated at IGEHRC and her vision improvement to 6/9 after surgery. She can now see clearly from the right eye and feels thankful to IGEHRC for giving back her eyesight so that she can carry out her daily chores independently and live a life of dignity.

Our Team

IGEHC is led by a team of highly qualified doctors, specialising in various sub-disciplines of eye care who have made a mark in their respective fields of specialisation. There are 33 ophthalmologists running various departments, such as comprehensive eye care, cornea, paediatrics, glaucoma, retina, oculoplasty with relevant experience and knowledge. The doctors are assisted by 165 trained MLOPs supporting all departments. There are 22 optometrists posted at the hospitals, Vision Centres and camps. A staff of over 100 looks after administration, housekeeping, security, transport and maintenance.

IGEHC Partners

IGEHC has forged strategic partnerships with national and international organisations working in eye health and to develop programmes for reaching the underprivileged with the high quality eye health interventions.

IGEHC's strategic partners are RIST, GAIL, Sightsavers and Jamsetji Tata Trust. The eye health programmes supported by these partners are eye banking, system strengthening, and disease control, in addition to infrastructure development.

Plans for the Next Year

Tertiary Hospital at Gurgaon

The IGEHC Gurgaon is planned to be a 200-bed tertiary hospital catering to 10 districts of South Haryana, UP and Rajasthan with a population of over 20 million. However, the catchment for advanced eye care will be almost twice as large as availability of tertiary eye care services in the region is negligible. The hospital will be a Centre of Excellence in clinical care with specialties and training and is slated to become a structured teaching, research and resource centre. Construction of this 3,20,000 sq ft facility is in full swing and the first phase hospital is expected to become functional in January 2017.

Community College, Amethi

A Community College has been planned at Amethi to train the youth in different sub-disciplines in eye care. It will provide the infrastructure for rural communities to gain skills through short courses as well as access to a post-secondary education, specialising in various disciplines of eye care. Comprising 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 neighbouring communities.



IGEHC has forged strategic partnerships with national and international organisations working in eye health



Governance and Management

The Head Office (HO) of the Trust provides administrative support to the Programmes, ensuring timely compliances and reporting to stakeholders. It also shares resource mobilisation responsibilities with the leadership of the two Programmes. The Trust has robust systems in place for planning, budgeting, monitoring and review.

Governance

The Trust's Board meeting was held on 26 September 2015. The Top Management Team (TMT) meetings, chaired by one of the Trustees, were regularly held every month to deliberate on significant issues concerning the two programmes, organisation management and the overall strategies of the Trust.

Management

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 INR 42.9 crore. The Trust applied for a renewal of its FCRA registration with the Ministry of Home Affairs in September 2015.

The Statutory Audit for the FY 2015-16 was conducted during July-August 2016.

The Trust's website www.rgctindia.in went live during the year.

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

Financial Abstract

Balance Sheet as at March 31, 2016

Particulars	As at March 31, 2016 Rs.	As at March 31, 2015 Rs.
SOURCES OF FUNDS		
Corpus fund	142,500,000	142,500,000
General fund	299,027,185	308,639,929
Deferred income	669,049,235	213,901,978
	1,110,576,420	665,041,907
APPLICATION OF FUNDS		
Fixed Assets		
Net block	409,212,198	437,013,476
Capital work in-progress (including capital advances)		524,404,209
		65,104,491
	933,616,407	502,117,967
Current assets, loans and advances		
Inventories	5,651,733	6,842,792
Sundry receivables	389,745	287,302
Cash and bank balances	602,558,420	590,917,614
Loans and advances	64,622,366	76,773,953
	673,222,264	674,821,661
Less: Current liabilities and provisions		
Advance for projects	361,178,973	425,232,635
Deferred payment liabilities	4,467,000	8,929,000
Current liabilities	130,616,278	76,687,346
Provisions	-	1,048,740
	496,262,251	511,897,721
Net current assets	176,960,013	162,923,940
	1,110,576,420	665,041,907

Financial Abstract

Income and Expenditure Account for the year ended March 31, 2016

Particulars	For the year ended March 31, 2016 Rs.	For the year ended March 31, 2015 Rs.
INCOME		
Donations	343,628,509	306,419,616
Grants and aid	-	630,000
Hospital revenue	245,943,706	212,317,967
Other income	10,316,863	8,365,671
	599,889,078	527,733,254
EXPENDITURE		
Medical supplies consumed	78,322,544	69,428,129
Project and related expenses	474,213,202	416,262,535
Depreciation and amortisation	38,797,813	42,227,295
Employee benefit expenses	78,110	1,153,690
Administrative and other expenses	18,090,153	3,914,444
	609,501,822	532,986,093
Excess of income over expenditure/ (expenditure over income)	(9,612,744)	(5,252,839)

Partner Organisations and Donors

RGMVP

- 1 Bill Melinda Gates Foundation (BMGF)
- 2 Haryana State Rural Livelihoods Mission
- 3 Himachal Pradesh State Rural Livelihoods Mission
- 4 International Center for Research on Women (ICRW)
- 5 Jammu & Kashmir State Rural Livelihoods Mission
- 6 National Bank of Agriculture and Rural Development (NABARD)
- 7 Professional Assistance for Development Action (PRADAN)
- 8 Public Health Foundation of India (PHFI)
- 9 Punjab State Rural Livelihoods Mission
- 10 Rajasthan State Rural Livelihoods Mission
- 11 Rural India Supporting Trust (RIST)
- 12 Shramik Bharti
- 13 Small Industries Development Bank of India (SIDBI)
- 14 Society for Elimination of Rural Poverty (SERP)
- 15 Trust Community Livelihood
- 16 Uttar Pradesh State Rural Livelihoods Mission
- 17 Uttarakhand State Rural Livelihoods Mission

IGEHR

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

Donors

- 1 G.G. Chandrashekhar
- 2 G. Ravi
- 3 K.S. Dushyanth
- 4 Krishnappa
- 5 M.R. Darshitha
- 6 N. Srinivas
- 7 Parimal Project Pvt Ltd
- 8 P.G. Srinivas
- 9 Rajanna C.K.
- 10 Rajiv Gandhi National Relief and Welfare Trust
- 11 R G A Software



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	



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IGEHRC Hospitals

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