



# Annual Report

2016-2017



Enabling  
Citizens,  
Creating  
Communities



# FOREWORD

As we approach the 70th anniversary of our independence, there is much to be proud of as a nation. Much more, however, needs to be done as many of our fellow citizens remain mired in poverty and want. The inclusive India Shri Rajiv Gandhi envisioned remains yet a distant dream. The Rajiv Gandhi Charitable Trust has, over the past 15 years, endeavoured to work towards that dream of building an inclusive India. Our two programmes – Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) and Indira Gandhi Eye Hospital and Research Centre (IGEHC) – have given millions of people in our project areas hope of a better future.

Our programmes focus on women's empowerment and provision of affordable eye care. RGMVP organises rural women into grassroots institutions that enhance their sense of agency and self-belief to claim their rights and entitlements, access public services and work towards transforming their local communities to become more just, inclusive and equitable. IGEHC reaches out to people in need of eye care, especially the poor, through extensive outreach into rural areas, backed by state-of-the-art hospital facilities and 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 for the year 2016-17 are presented here.

RGMVP organises women from poor rural households into Self Help Groups (SHG). These are federated into Village Organisations (VO) and Block Organisations (BO). Managed by the women themselves, these institutions enable women to overcome poverty through inclusion, livelihood enhancement and improved health behaviours. Their self-confidence and sense of agency is enhanced as they realise their individual and collective potential to break deep-rooted social prejudices and hierarchies.

During the year, RGMVP mobilised an additional 10,717 SHGs, 1,196 VOs and 13 BOs to take the cumulative total to 1,36,160 SHGs, 7,904

VOs, and 221 BOs, in 49 districts of Uttar Pradesh (UP). The Grameen Foundation India conducted a cross-sectional study on the poverty outreach of RGMVP. The study report shows that SHGs platforms have strengthened the women financially while making them aware about best practices in maternal and child health care. In all, RGMVP presently works with over 14.43 lakh poor families in UP.

RGMVP conducted 237 credit utilisation workshops during 2016-17 to facilitate financial autonomy among women, reaching out to 20,922 women from 1,902 SHGs. By the end of March 2017, about 99,000 SHGs had been linked to banking services and 31,715 had received loans worth INR 426 crore from banks. RGMVP has also been promoting Young Women's SHGs. These now number 8,642 with a membership of 95,000. In addition, 1,334 Urban SHGs have been organised, of whom 907 have been linked to bank credit.

As agriculture is the anchor of the rural economy in UP, RGMVP has been promoting local availability of quality seeds to enhance agricultural productivity. Over 3,000 SHGs members have been trained as seed producers to multiply and exchange with others in their villages high quality seeds. The groups produced 3,588 quintal of rice seed during the *kharif* season 2016 and 209 quintal of wheat seed during the *rabi* season 2017. Women farmers are regularly trained in System of Rice Intensification (SRI) and System of Wheat Intensification (SWI) techniques that significantly enhance yields without any addition to the cost of production. The resulting increase in yield has helped SHG members develop 2,615 Grain Banks which add to the corpus and risk funds of the VOs.

In other initiatives on enterprise development, 1,150 women adopted scientific goat rearing during the year. RGMVP has so far promoted 300 classical Silai Schools in 48 blocks across 22 districts. During the year, 313 women and young girls were trained.

RGMVP has been implementing a project to improve health conditions among poor people by inducing health seeking behaviour. To date, 6,120 women have been trained on Reproductive, Maternal, Neonatal and Child Health and Nutrition (RMNCH+N) and 4,463 on Infant and Young Child Feeding (IYCF) practices. In addition, by mobilising the community through 662 SHGs, 495 individual toilets were constructed and 1,387 defunct toilets revived; 3,135 toilets were constructed with government

support and 119 through SHG loans. Through this initiative, 43 villages have already been declared Open-Defecation Free villages.

Designated as a National Resource Organisation by the National Rural Livelihoods Mission, this year too RGMVP continued to support State Rural Livelihoods Missions in Jammu & Kashmir, Himachal Pradesh, Punjab, Haryana and Uttar Pradesh for capacity building.

IGEHRRC seeks to address the dire need for affordable quality eye care services, especially for the rural and poorer segments of Indian society in north India. IGEHRRC's strategy is to cater to high patient volumes with affordable and accessible services through a complete spectrum of preventive, promotive and curative eye health services. Primary, secondary and tertiary eye care services are integrated in the programme so that beneficiaries are provided high quality, affordable services closest to their doorsteps. IGEHRRC lays special emphasis on serving the most marginalised communities in rural areas. This is done through its large and widespread programme of rural eye camps that seek out those without access to quality eye care services and/or unable to afford it. IGEHRRC performs 80 per cent of the surgeries free or at a nominal fee. In the remaining cases, fees are based on the patients' ability to pay and are well below the rates charged by private hospitals and clinics.

Through its network of institutions, including two secondary care hospitals at Munshiganj in Amethi and Sohna in Gurugram, a tertiary care super-specialty hospital in Lucknow and associated vision centres, IGEHRRC caters to about 1,500 patients daily.

IGEHRRC has a comprehensive and structured community outreach programme to identify and seek out those needing eye care services. During the year 2016-17, IGEHRRC screened 98,716 patients in 868 camps and conducted 25,905 subsidised surgeries.

Over the years, IGEHRRC has not only succeeded in creating awareness of eye care in the population it serves but also helped to change age old misconceptions about eye care. Today, people repose unfailing faith in IGEHRRC facilities, services and staff. During the year, the Amethi hospital treated 67,869 walk-in patients and performed surgeries among 3,605 walk-in patients and 14,823 among patients brought from camps. The newly established Vitreo Retina Centre at Amethi treated 4,179 people

and carried out 47 surgeries. The Lucknow facility treated 146,306 walk-in patients, and carried out surgeries on 7,874 walk-in patients and 10,614 on patients brought from eye camps. The Sohna hospital, the latest addition to the IGEHRC network, has successfully performed more than 2,500 surgeries, including on children, glaucoma patients and other specialties besides cataract since August 2014.

IGEHRC's network is poised for substantial expansion in the coming year. The 200-bed tertiary hospital, located in Gurugram, expected to cater to 10 districts of South Haryana, Uttar Pradesh and Rajasthan with a population of over 20 million, will become functional by November 2017. A Community College will also commence operations in December 2017.

While the two programmes continuously reach out to more and more marginalised and disadvantaged people, RGCT looks to partner with like-minded resource organisations so that we can serve many more people and communities.

I would like to thank our trustees, partners and resource organisations for their unstinting support for our work and belief in our mission. I would also like to express my appreciation for our staff for their commitment, hard work and professionalism so vital for achieving our goal of building an inclusive society.



**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

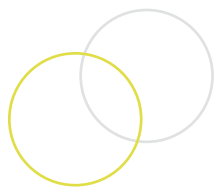
The Rajiv Gandhi Charitable Trust (RGCT) was registered in 2002 as a professionally managed, not-for-profit institution to fulfil Shri Rajiv Gandhi's vision of an inclusive India. The Trust presently works in Northern India, with a focus on the poorest regions of Uttar Pradesh and Haryana through two 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 49 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.

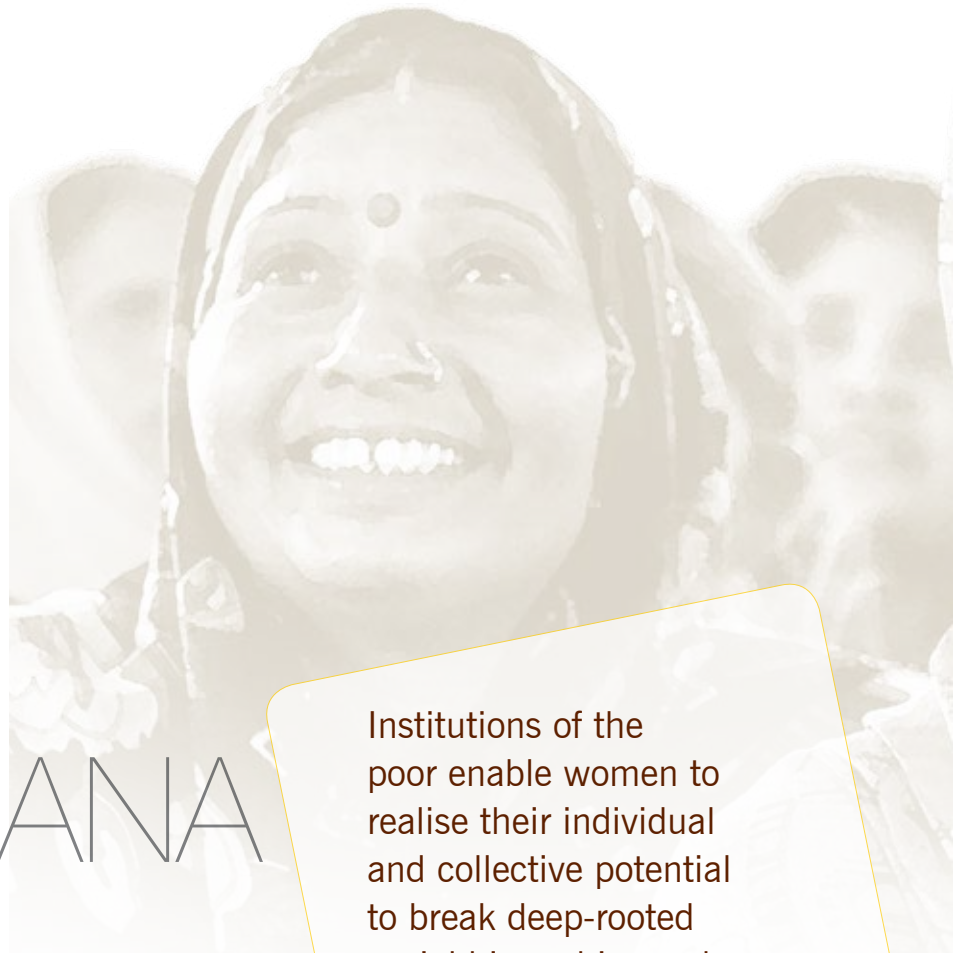
IGEHC is the largest provider of high quality eye care in Uttar Pradesh and Haryana. It covers 78 districts and provides affordable eye care, especially to poor people, to eliminate avoidable blindness.

In the last 15 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.





# RAJIV GANDHI MAHILA VIKAS PARIYOJANA



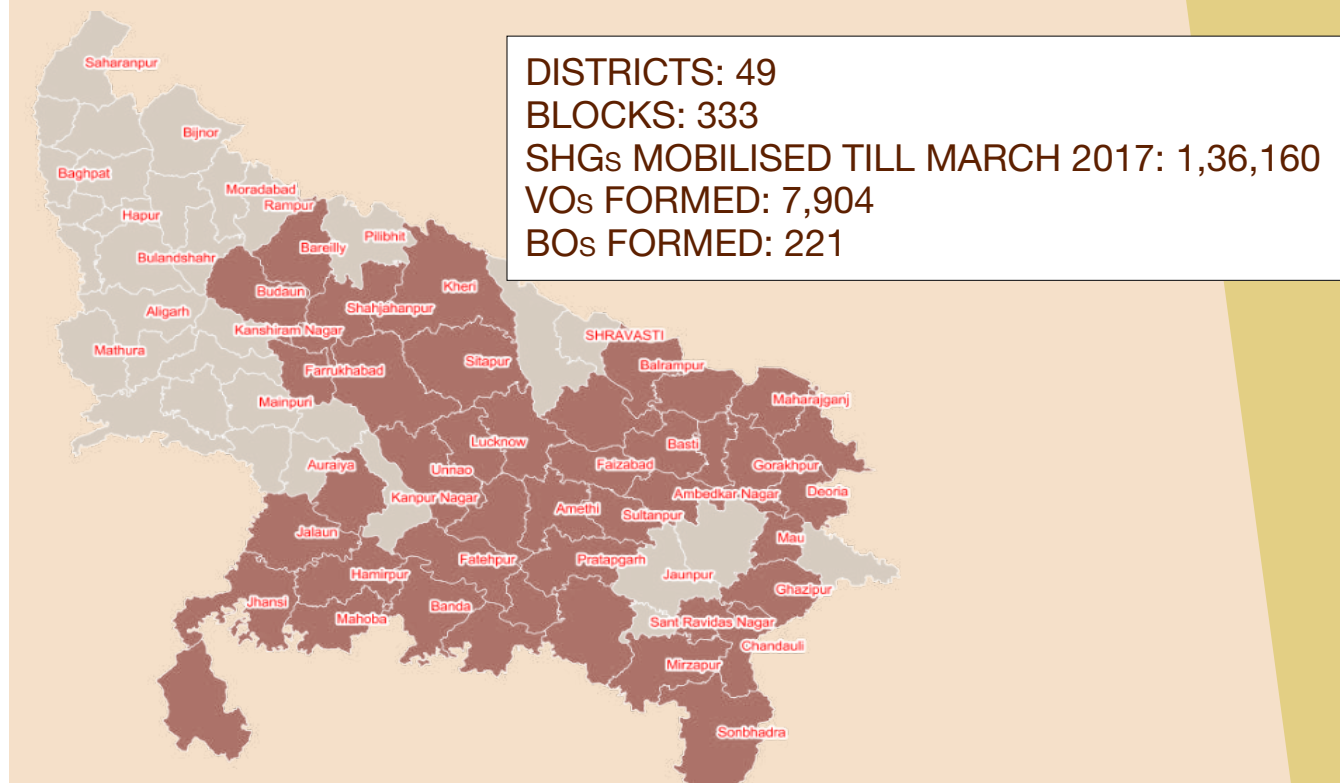
Institutions of the poor enable women to realise their individual and collective potential to break deep-rooted social hierarchies and overcome poverty



Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) is the flagship poverty reduction and women’s empowerment programme of the Trust, initiated in 2002 in Uttar Pradesh (UP). With a clear focus on women’s development and a vision of bringing each poor family out of poverty, a community-based approach of empowerment through self-help is the core of the programme. It operates in 49 districts of UP through eight Regional Offices that function as Community Resource Development Centres (CRDCs) located at Raebareli, Amethi, Varanasi, Gorakhpur, Lucknow, Shahjahanpur, Jhansi and Banda.

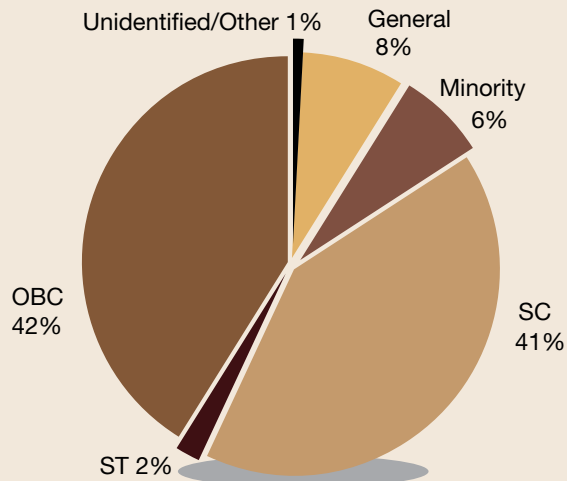
RGMVP promotes and develops institutions of the poor which are owned and managed by women as Self Help Groups (SHG), Village Organisations (VO) and Block Organisations (BO), respectively. These enable women to realise their individual and collective potential to fight age old prejudices, break deep-rooted social hierarchies and come out of poverty through a process of financial inclusion, livelihood enhancement and improved health behaviours. A wide network of Community Resource Persons (CRPs), who are trained women from the villages, has been created by RGMVP to expand the outreach and deepen the impact of the programme. The CRPs regularly engage with the SHGs, VOs and BOs to impart skills and nurture them as institutions. Regular participation in these community based institutions enhances the women’s self-confidence and sense of agency.

**FIGURE 1: GEOGRAPHICAL COVERAGE OF RGMVP TILL MARCH 2017**

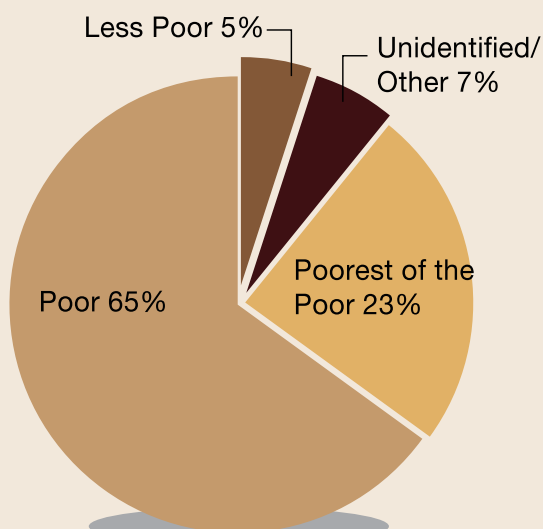




**FIGURE 2. SOCIAL CATEGORISATION OF RGMVP's NETWORK**



**FIGURE 3. ECONOMIC CATEGORISATION OF RGMVP's NETWORK**



## Programme Approach

UP accounts for 20 per cent of the poor in India and an estimated 9 per cent of the poor worldwide. UP also performs poorly on several critical human development indicators. The social order in UP is deeply hierarchical with caste and gender based exclusions all too common. Poverty and a sense of powerlessness, especially among women, are the product of an interplay of social barriers and lack of material resources, information and awareness about rights and entitlements.

The SHGs, with empathetic and nurturing support from RGMVP, function as safe social spaces for women where they can share problems, learn new ideas and skills and take small steps to change their situation with mutual help. Gradually, this leads to women's psychological, social, economic and political empowerment. Women gain self-confidence, break their social barriers, develop a spirit of volunteerism and begin exercising leadership. The programme creates an ecosystem of peer-learning through which women take active part in livelihood enhancement and changing health behaviour in their families as well as the society. The model is, thus, community driven, self-sustaining, cost-effective, scalable and inclusive.

RGMVP is the largest programme of its kind, focused on women's empowerment and poverty reduction in Northern India. Its process of leadership development among women has been accredited by the Tata Institute of Social Sciences. It is also recognised by the Ministry of Rural Development, Government of India, as a national resource organisation for capacity building under the National Rural Livelihoods Mission.



**RGMVP'S MODEL IS COMMUNITY DRIVEN, SELF-SUSTAINING, COST-EFFECTIVE, SCALABLE AND INCLUSIVE**

## Key strategies followed by RGMVP for poverty reduction

1. Participatory Identification of Poor (PIP) by CRPs
2. Organising women into SHGs, VOs and BOs
3. Capacity building through formal and informal processes and peer learning and mentoring
4. Savings, inter-loaning and livelihood expansion
5. Health awareness and behaviour change
6. Collective action to challenge and break social barriers and access rights and entitlements
7. Build a protective institution for individual and collective growth

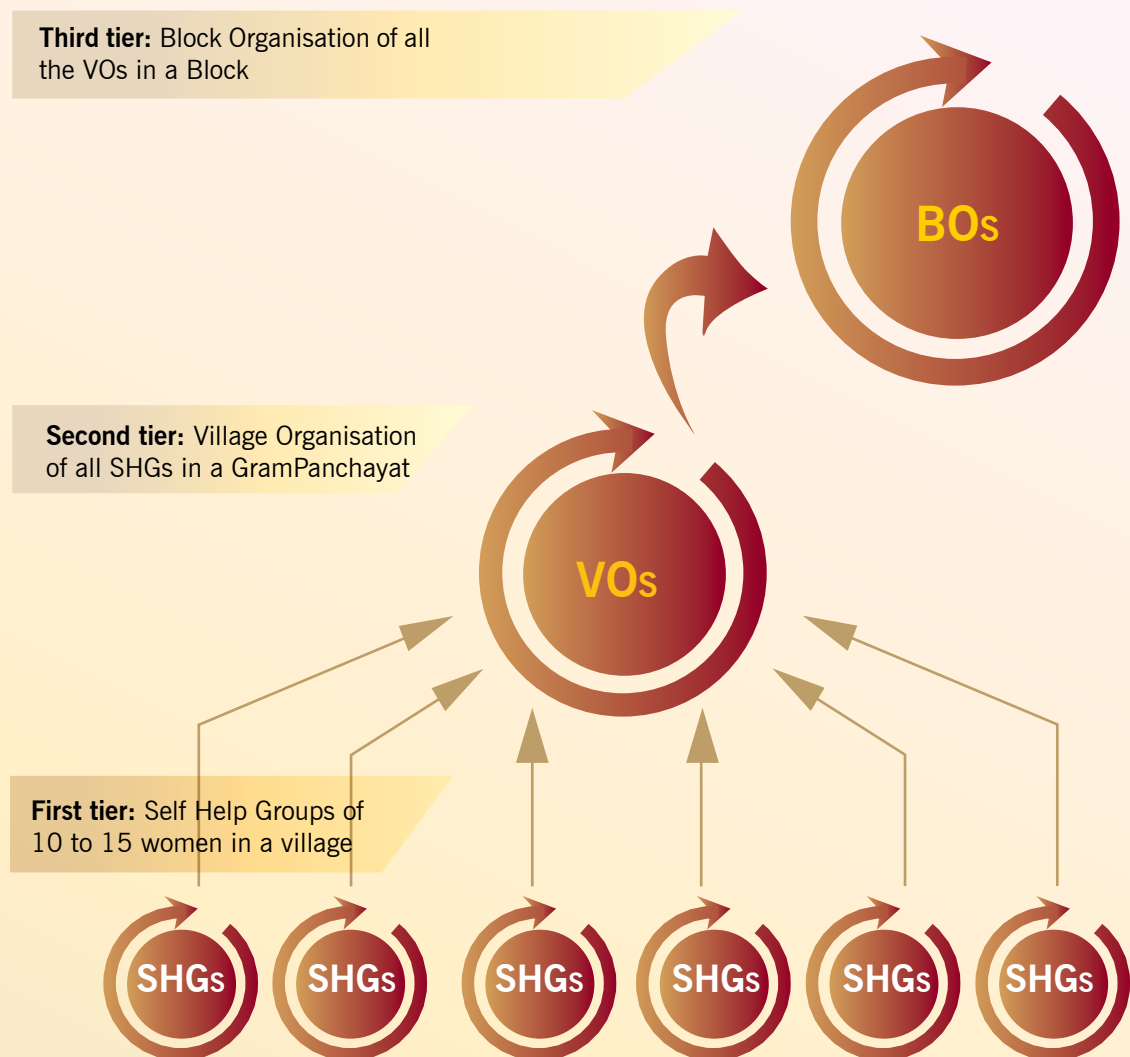


## SHG Institutions: Platforms for Socio-economic Transformation

### Building Community Platforms

The three-tier SHG institutions are the pillars of the programme. Following a bottom-up approach of institution building, the programme begins by forming SHGs of 10 to 15 women from the same neighbourhood/hamlet in a village. All the SHGs in the Gram Panchayat, numbering 10 to 15, form a VO, with a membership base of 100 to 150 women. All the

**FIGURE 4. THREE TIER INSTITUTIONAL MODEL**



**TABLE 1: NUMBER OF SHGs, VOs AND BOs MOBILISED IN THE LAST FIVE YEARS**

Year	SHGs Formed	VOs Formed	BOs Formed
2012-13	27,425	1,386	23
2013-14	31,338	1,515	47
2014-15	9,966	1,246	40
2015-16	17,831	1,373	53
2016-17	10,717	1,196	13

VOs in a block federate to establish a BO with a membership base of 5,000 to 7,000 women. With a shared context of social and economic marginalisation, the women bond together through frequent face-to-face interaction at the SHG level and pursue a shared purpose. Collectivisation and facilitated reflection on their present situation enhances women's sense of self-worth and confidence and helps them overcome all manner of exclusion. Carefully designed capacity building inputs from RGMVP enhance their knowledge on finances, ways to improve livelihoods and rights and entitlements. They also learn about better hygiene and health practices, sanitation, nutrition, family planning, legal rights and entitlements. RGMVP also links them to various public agencies responsible for service delivery and provision.

**CAPACITY BUILDING  
INPUTS FROM RGMVP ENHANCE  
THE WOMEN'S KNOWLEDGE ON  
FINANCES, LIVELIHOODS AND  
RIGHTS AND ENTITLEMENTS**

- In the 12,983 Gram Panchayats of 337 blocks across 49 districts, RGMVP has mobilised 1,36,160 SHGs, representing 14,43,296 families since its inception.
- Across these 49 districts covered by the programme, 221 BOs linked to a common Management Information System (MIS) have been successfully established along with 7,904 VOs.
- During 2016-17, RGMVP mobilised 10,717 SHGs, 1,196 VOs and 13 BOs.
- During the year under reporting, RGMVP established digitisation of the SHG baseline data online.
- A total of 2,336 Resource Villages were nurtured to build the base to scale up of the programme.

The Grameen Foundation India conducted a cross-sectional study on the poverty outreach of RGMVP. The study report observed that a majority of



**TABLE 2: PROJECT OUTREACH UP TO MARCH 2017**

S. No.	DISTRICT	No. of Blocks Covered under RGMVP	Project Activities Initiated	Total No. of GPs in Blocks	Total Covered GPs by RGMVP	No. of SHGs Mobilised till March 2016	Total Families Covered
1	SULTANPUR	12	Apr-02	712	637	8,111	85,977
2	RAEBARELI	15	May-05	701	699	15,097	160,028
3	AMETHI	16	Jan-11	735	719	13,975	148,135
4	JHANSI	8	Jan-08	437	316	4,602	48,781
5	LALITPUR	6	May-08	341	301	5,133	54,410
6	FATEHPUR	13	May-08	790	621	5,155	54,643
7	UNNAO	16	May-08	955	754	5,524	58,554
8	PRATAPGARH	9	Jul-08	542	420	3,514	37,248
9	LUCKNOW	3	Jul-08	206	168	1,662	17,617
10	BARABANKI	10	Jul-08	647	347	3,559	37,725
11	FAIZABAD	11	Aug-08	747	405	3,231	34,249
12	GONDA	9	Aug-09	591	261	2,308	24,465
13	MAHOBA	4	Aug-09	248	175	1,949	20,659
14	BANDA	8	Sep-09	439	376	3,978	42,167
15	CHITRAKOOT	5	Nov-09	330	273	2,801	29,691
16	HAMIRPUR	7	Oct-09	317	285	3,787	40,142
17	DEORIA	6	Sep-09	412	297	2,974	31,524
18	MAHARAJGANJ	7	Nov-09	461	264	2,431	25,769
19	JALAUN	7	Nov-09	460	321	3,065	32,489
20	GORAKHPUR	5	Jul-10	311	257	2,541	26,935
21	HARDOI	13	Jan-11	760	424	3,075	32,595
22	SITAPUR	11	Feb-11	777	500	4,399	46,629
23	BALRAMPUR	5	Mar-11	438	191	1,359	14,405
24	ALLAHABAD	9	Apr-11	697	398	3,418	36,231
25	VARANASI	4	May-11	343	189	1,539	16,313
26	CHANDAULI	5	May-11	377	252	1,983	21,020
27	SHAHJAHANPUR	6	May-11	477	166	1,718	18,211
28	BUDAUN	7	May-11	416	282	3,467	36,750
29	BASTI	4	May-11	297	246	1,813	19,218
30	SANT KABEER NAGAR	6	May-11	447	240	1,423	15,084
31	KAUSHAMBI	8	May-11	440	285	1,831	19,409
32	MIRZAPUR	8	Jun-11	507	238	2,152	22,811
33	KANPUR DEHAT	5	Jun-11	297	157	1,172	12,423
34	KUSHI NAGAR	5	Apr-12	325	218	1,861	19,727
35	AMBEDKAR NAGAR	5	Jul-12	402	205	1,212	12,847
36	BAREILLY	5	Aug-12	338	112	819	8,681
37	GHAZIPUR	2	Aug-12	162	107	791	8,385
38	KHERI	6	Aug-12	414	259	2,359	25,005
39	SONBHADRA	5	Aug-12	374	196	1,679	17,797
40	MAU	2	Dec-12	141	90	906	9,604
41	SIDDHARTH NAGAR	5	Jan-13	381	121	940	9,964
42	FARRUKHABAD	5	Feb-14	374	36	264	2,798
43	KANNAUJ	3	Mar-16	224	51	185	1,961
44	KANSHIRAM NAGAR	3	Mar-16	247	1	3	32
45	PILIBHIT	4	Mar-16	383	28	65	689
46	RAMPUR	4	Mar-16	413	13	28	297
47	ETAH	4	Jul-16	296	7	8	85
48	BAHRAICH	3	Sep-16	196	30	139	1,473
49	SHRAVASTI	4	Sep-16	266	45	155	1,643
	<b>Grand Total</b>	<b>333</b>		<b>21,591</b>	<b>12,983</b>	<b>136,160</b>	<b>1,443,296</b>

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



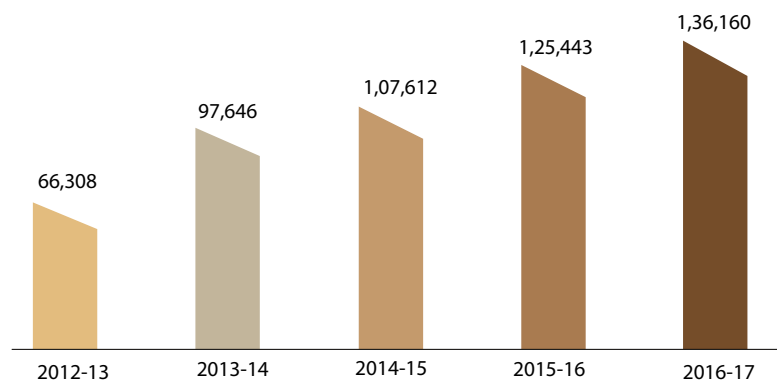
No. of SHGs which Availed 1st Phase Linkage (CCL-I)	No. of SHGs which Availed 2nd Phase Linkage (CCL-II)	1st Phase Linkage Bank Credit Sanctioned Amt. in Lakh INR (CCL-I)	2nd Phase Linkage Bank Credit Sanctioned Amt. in Lakh INR (CCL-II)	No. of VOs Formed	No. of Resource Villages	No. of BOs Formed
4,791	1,152	5,712	1,494	449	152	10
9,912	2,271	9,354	3,413	653	264	15
10,624	2,534	6,183	3,420	674	297	16
557	97	171	46	193	52	4
329	4	123	4	188	38	5
1,401	67	2,079	62	389	78	10
594	28	493	118	417	67	11
710	1	1,311	1	236	39	6
359	7	340	8	124	71	3
306	6	162	16	158	62	5
625	0	1,083	0	189	31	5
242	0	124	0	154	67	5
173	0	171	0	102	50	4
454	1	450	1	262	112	7
357	1	341	5	162	56	5
224	0	172	0	202	84	7
331	2	220	2	163	71	5
266	3	128	15	155	68	4
239	0	164	0	144	32	4
326	0	214	0	172	67	5
164	0	89	0	221	80	8
241	0	277	0	244	56	8
66	0	30	0	74	29	3
679	0	2,490	0	231	38	7
0	0	0	0	123	7	3
55	0	51	0	184	15	5
168	2	156	5	98	28	3
273	0	175	0	195	21	7
63	5	35	5	130	58	4
70	0	30	0	123	56	3
324	1	888	5	126	31	4
72	0	73	0	212	39	6
63	5	51	5	59	14	2
93	0	51	0	107	44	4
128	0	224	0	81	14	2
104	1	139	6	63	0	2
7	0	4	0	57	0	1
198	0	161	0	138	16	5
86	0	86	0	101	0	4
74	0	35	0	55	18	2
16	0	9	0	50	11	2
5	0	3	0	6	1	0
5	0	3	0	11	2	0
0	0	0	0	3	0	0
0	0	0	0	12	0	0
0	0	0	0	7	0	0
0	0	0	0	0	0	0
0	0	0	0	7	0	0
0	0	0	0	0	0	0
<b>35,774</b>	<b>6,188</b>	<b>34,051</b>	<b>8,630</b>	<b>7,904</b>	<b>2,336</b>	<b>221</b>



## Resource Villages

A Resource Village is where women from all poor families are organised into SHGs, following the seven *Sutras* or principles with at least 50 per cent of women investing in income-generating activities and where the VOs are led by the poorest of the poor.

**FIGURE 5. CUMULATIVE NUMBER OF SHGs OVER TIME**



the SHG beneficiaries have personal bank accounts and prefer SHGs for savings. SHGs have given the women financial strength and awareness about best practices in maternal and child health care.

### RGMVP PROMOTES FINANCIAL, HEALTH, AGRICULTURE AND SANITATION INITIATIVES THROUGH COMMUNITY INSTITUTIONS

During the year, seven women from SHGs participated in a 15-day Jagriti Yatra across various places of importance within India, organised by Jagriti Seva Sansthan, Mumbai. This gave the women a lifetime opportunity for exposure and learning which they shared with their peers back home.

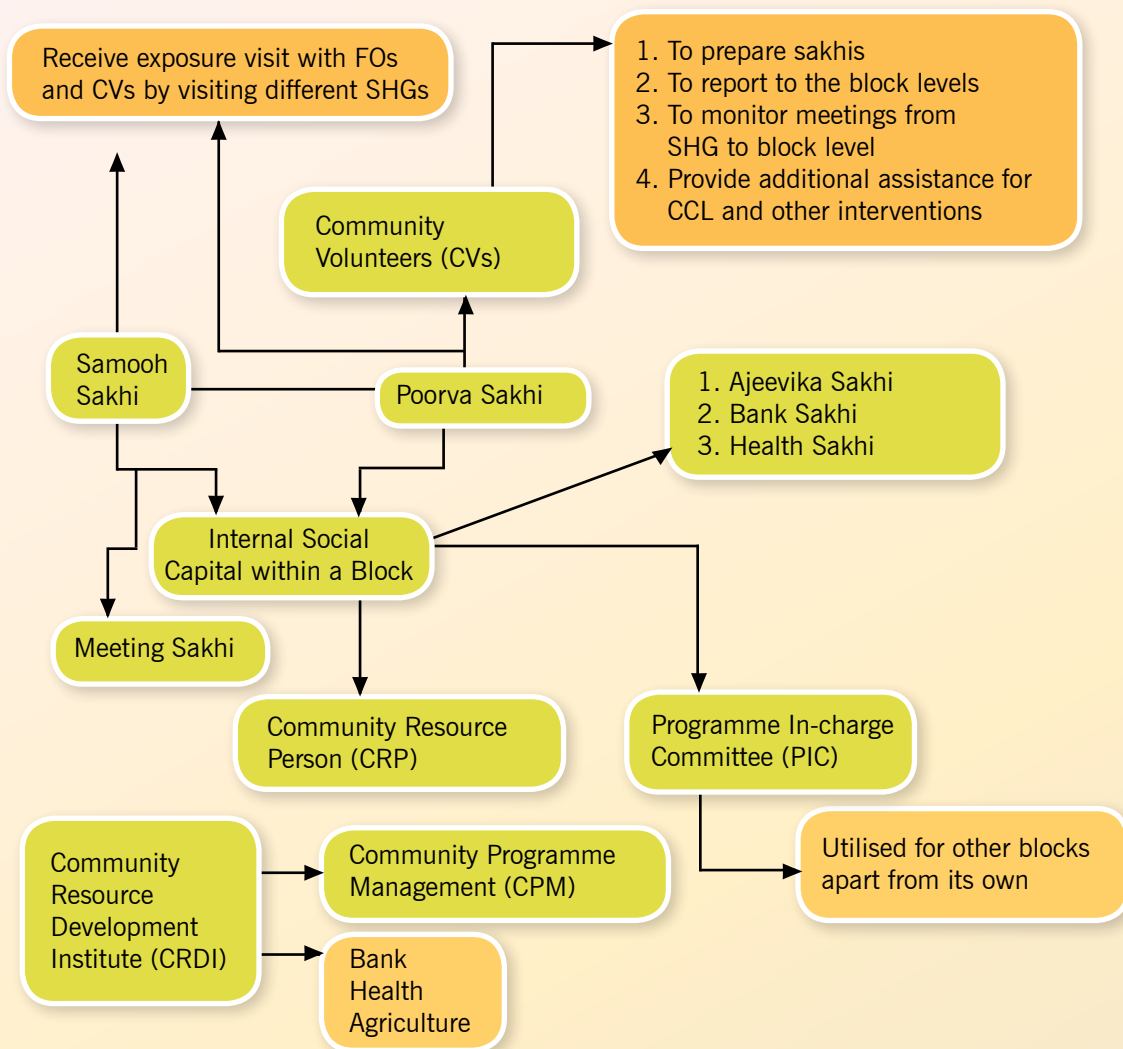
As a national resource organisation, RGMVP continued to support State Rural Livelihoods Missions in Jammu & Kashmir, Himachal Pradesh, Punjab, Haryana and UP for capacity building during the year.

### Nurturing and Strengthening Community Institutions

The three sets of community-based institutions are provided extensive facilitation, handholding support and training on each programme intervention. Selected women from the SHGs are trained in leadership skills to become resource persons for the programme. Highly skilled in nurturing, mentoring and stimulating behaviour change in the community, they are part of the CRDCs promoted by RGMVP across programme districts and work with SHGs, VOs and BOs as co-facilitators of different programmes and activities along with RGMVP staff.



**FIGURE 6. COMMUNITY RESOURCE BUILDING AT RGMVP**





**FIGURE 7.** CUMULATIVE NUMBER OF TRAINED RESOURCES ADDING TO SOCIAL CAPITAL



### Innovative Strategies

#### Finite Time Goals

Through proper utilisation of research outcomes such as the use of an innovative method of composting, following System of Rice Intensification (SRI) and System of Wheat Intensification (SWI) practices, SHG members can double their agriculture income. They can increase their savings corpus in SHGs and generate resources by themselves for inter-lending for income generation. They can also learn and change their health behaviour in the family. These are the Finite Time Goals of each SHG member under RGMVP.

#### The 80:20 Principle

Women have also realised that 80 per cent of their family needs are met from their own resources while various welfare programmes may not even contribute 20 per cent. Thus, under the 80:20 Principle, a woman shifts the locus of control to herself and the family rather than the government.



### **a. Visual Map**

Low levels of literacy among SHG members represent a constraint in information dissemination. The programme piloted a technique of visualising the concerns and depicting them in simple pictorial forms, called Visual Mapping. This helps in the process of transferring knowledge to the community about better health behaviour, preparing development plans by families, available rights and entitlements, leadership skills, etc. It also simplifies the process of gathering feedback and information.

### **b. Dayra Map**

Dayra Map is the SHG sphere of influence. On a village sketch map, women draw links to the houses where they have influence. It helps to identify the problems faced by families there and the actions to be taken.

### **c. Night Meeting**

The main idea behind the night meeting, another strategy being deployed, is to ensure greater participation of women as they are generally busy during day time. Night meetings are peaceful and many important issues get discussed. At least one night meeting is co-facilitated in each village every month by the CRP.

**RGMVP PILOTED THE  
TECHNIQUE OF VISUALISING  
WOMEN'S CONCERNS AND  
DEPICTING THEM IN SIMPLE  
PICTORIAL FORMS**



#### **d. Video Show**

One of the most effective tools used in disseminating information about various issues faced by women and potential solutions is through the use of videos and films. Videos and films capture attention in the villages. There is less distraction which allows the information to be disseminated quickly. RGMVP have trained CRPs to use PICO projectors for showing videos in villages.

#### **Community Newsletter**

**Hamara Sangathan** is a community-based newsletter in Hindi, developed to highlight the progress and stories of success and activities periodically. Elaborating on the best practices around the regions, it serves as a learning tool for the community and the resource persons since it provides direction for further strategies and action agenda.

THE NEWSLETTER SERVES AS A LEARNING TOOL AND PROVIDES DIRECTION FOR FURTHER STRATEGIES AND AGENDAS

**Udaan** is a bi-monthly newsletter brought out by RGMVP, carrying news about the Young Women's SHGs and also contributions from them along with success stories of young women members of the groups.

#### **Call Centre**

RGMVP has started a Call Centre at its Programme Management Office with a toll free number (1800 300 28905). It serves mainly as a grievance redressal mechanism for SHG members across the state to register their



complaints, if any, and at the same time obtain information about all aspects of SHG formation, procedure for bank linkage, information about sustainable agriculture, health, hygiene, sanitation, etc.

## Financial Inclusion: Facilitating Financial Autonomy among Women

Women in our programme villages traditionally have had little or no access to banks and little control over household finances. Fostering financial inclusion and enhancing women's control over household finances is RGMVP's first intervention. It includes imparting financial literacy to women, promoting regular savings in groups to create a modest corpus they can borrow from to meet contingencies and institutionalising mechanisms to link them to mainstream financial institutions. These gradually enhance women's financial autonomy and participation in remunerative economic activities. This has led to greater economic stability in families



and enhanced the decision making power of women in spheres such as household expenditure, livelihood decisions and investment in family health and education of children.

### **Special SHG-Bank Linkage Programme with Support of NABARD**

In order to enable women to access bank credit through their SHGs, RGMVP has been implementing a programme of linking SHGs to commercial bank branches for several years. This SHG-Bank Linkage initiative has been carried out in collaboration with the National Bank for Agriculture and Rural Development (NABARD) and the Society for Elimination of Rural Poverty (SERP). RGMVP covered 56 blocks in Phase 3 of the initiative, which ended in December 2016.

### **Poorest States Inclusive Growth Project**

The Poorest States Inclusive Growth (PSIG) project is being implemented by the Small Industries Development Bank of India (SIDBI) in partnership with non-governmental organisations (NGOs) in selected states in the country, including UP where RGMVP is an implementing partner. The goal of this project, aided by the Department for International Development (DFID) of the United Kingdom, is to ensure economic growth among the marginalised sections of the community by fostering economic independence, deepening financial inclusion and building linkages with government programmes. The project focuses on imparting financial literacy among women and building their capacity to develop urban SHGs and Young Women's SHGs in villages.

**31,715 SGHs ARE  
LINKED TO CREDIT FROM BANKS  
TO MOBILISE CREDIT WORTH  
INR 426 CRORE**

During 2016-17, RGMVP organised 237 credit utilisation workshops, reaching out to 20,922 women constituting 1,902 SHGs. The objective was to enhance women's ability to analyse and plan use of credit for activities, such as livelihood investments, meeting social needs and debt redemption; leveraging "self-help"; and supporting them to enhance their income.

Over the past four years, exposure visits have been arranged for bank managers to acquaint them with RGMVP's SHG model and its functioning through interaction with SHGs, VOs and BOs. Exposure visits also help sensitise bank managers, officials of the Bankers' Institute of Rural Development and Indian Economic Service Officers from the Ministry of Finance, Government of India, to work for women's development and solve problems faced by rural women while opening bank accounts.



By the end of March 2017, RGMVP had formed 8,642 Young Women's SHGs with a membership of 95,000 and nurtured 1,334 Urban SHGs, of whom 907 have been linked to bank credit and 78 per cent have been categorised as top category SHGs. From among the families of the SHG members, 60 per cent have individual savings accounts and 70 per cent are availing pension and insurance schemes of the government.



### SUCCESS STORY

#### **SATYAGRAHA BLOCK SAMOOH** Strength in Collective Action

**S**atyagraha Block Samooh in Pipraich block has many stories of the power of community action. One such story is that of the successful struggle of the Azad Mahila Gram Sanghatan in Baba Tola to ensure that their children received the full benefit of the mid-day meal programme of the government. The VO inspected the quantity and quality of food served to their children at school as the mid-day meal. To their horror, the women found that the rations received by the school for mid-day meals were diverted for their own use by a few of the school staff. They organised protest rallies and the school administration finally relented and apologised to them. As a result their children now get the proper mid-day meals.



### **Bank Sakhis: Banking Correspondents**

RGMVP introduced women from SHGs trained as Bank Sakhis to work as banks' Customer Service Points (CSP) using handheld electronic devices in remote and un-banked areas on a pilot basis in two blocks in Unnao district in collaboration with NABARD and the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GTZ). Based on the success of the pilot, RGMVP has extended the programme to 21 blocks in six districts. Presently, 173 women from SHGs are functioning as CSPs in 173 Gram Panchayats, providing banking services to SHGs and others in villages. RGMVP partners with Aryavrat Gramin Bank and Baroda UP Grameen Bank in this initiative. The banks were supported by NABARD for the Business Correspondent Programme and training of Bank Sakhis as CSPs was supported by PSIG.

### **Inculcating Leadership among Young Women**

RGMVP has been mobilising adolescent girls into Young Women's Self Help Groups (YWSHGs) with a view to train young women as change agents in their communities to challenge gender-based discrimination and violence. Through group processes, the programme helps them to deconstruct, analyse and reflect upon the socio-economic and psychological problems they face, enhancing their consciousness about and potential to address such problems. Leveraging the existing

**YWSHGs TRAIN YOUNG WOMEN AS  
CHANGE AGENTS TO CHALLENGE  
GENDER-BASED DISCRIMINATION  
AND VIOLENCE**



SHG platforms, YWSHGs are formed as their own platforms to address problems unique to their context. The groups are founded on the same beliefs and principles as the SHGs of their elders and receive support for similar activities, such as savings, financial literacy, and awareness creation about health, hygiene and sanitation. The PSIG project supported the capacity building initiatives for YWSHGs.

An innovative addition to our work with YWSHGs this year was organising two residential camps for 1,000 YWSHG members in collaboration with an NGO named Voice4Girls. The young women were provided knowledge about health care, personality development, gender, communication skills and future planning in the camps. Designated as “*Sakhis*,” these 1,000 women are expected to conduct similar programmes at the village level across the eight CRDCs.

Training was provided to 100 YWSHG leaders on leadership, self-defence and self-confidence by RGMVP under its leadership development programme in two blocks. The programme, conducted by experts, included techniques of self-defence to learn and subsequently transfer skills to other young women at block-level.

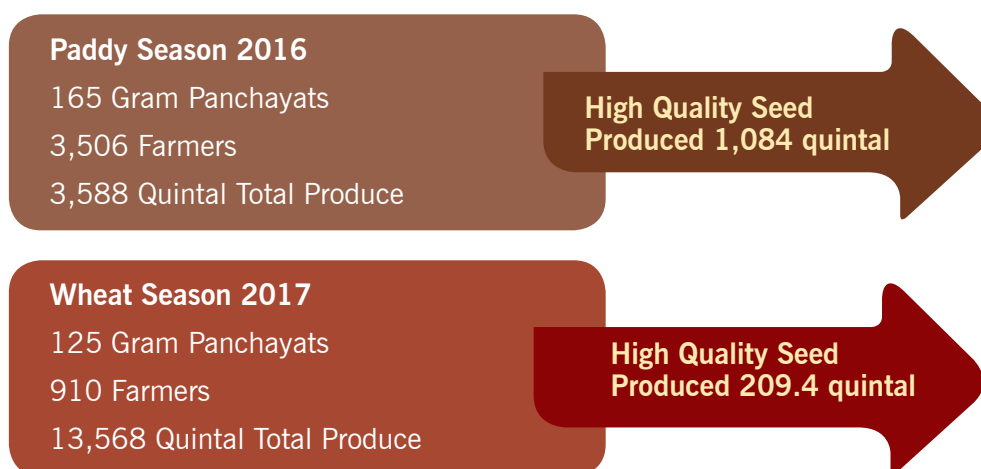


## Livelihood Enhancement and Poverty Reduction

### Agriculture Development

RGMVP has been implementing a three-year project to develop an informal seed production system through SHGs. Funded by the Bill & Melinda Gates Foundation (BMGF), the project aims to boost local availability of quality seeds to enhance agriculture productivity and food and nutrition security. Seeds of improved varieties sourced from research farms are multiplied and distributed through informal exchange by small and marginal women farmers from SHGs. The project is being implemented in 32 blocks from seven districts. Till date, 202 Aajeevika Sakhis have been trained at CRDC, block and village levels as resource persons under the Seed Programme and over 3,000 SHGs members have been trained as seed producers.

**FIGURE 8.** PRODUCTION OF PADDY AND WHEAT SEASON 2016-17



**SUCCESS STORY****SUNDARA****The Agricultural 'Expert'**

**S**undara lives in a mud house with a thatched roof in village Gulabrai Ka Purwa in Dalmau. She is the sole breadwinner of the family. She works on her 5-bigha land and keeps the income from her agriculture activity with herself. "I hide the money because I have to get my son married and I have to look after the household." She says agriculture activity keeps her busy, it keeps her happy and away from her house, which is why she likes learning new things about agriculture.

She talks confidently of new farming techniques learnt in the course of her association with RGMVP. She happily shares with other women the techniques of SRI and SWI, with every minute detail just like a trained agricultural technician. She confidently pronounces herself 'an expert'.

"Agriculture has been part of my life from a very young age, but now I know things like an expert. Take the example of the SRI technique; it is a simple method whereby we maintain a distance of 25×25 centimetre to great effect on yield. I never knew that such small techniques would bring such fruitful results in my life!"

She told us that the VO had collectively decided that her seed will be sold for Rs. 30 a kilogram (kg), of which she will get Rs. 25 and the rest will be given to the VO. "Before, we used to sell the grain for Rs. 14 or even Rs. 10 a kg at times." She is so invested in her agriculture activity that sometimes she weeds her plot of land after dark.

**RGMVP HAS IMPLEMENTED A PROJECT TO DEVELOP AN INFORMAL SEED PRODUCTION SYSTEM THROUGH SHGs**





**SRI AND SWI ENHANCE CROP YIELDS  
WITHOUT EXTRA INPUTS AND LOWER  
COST OF PRODUCTION**

### **Improving Productivity**

RGMVP provides extensive hands-on training and exposure on System of Rice Intensification (SRI) and System of Wheat Intensification (SWI) techniques to the women farmers. These techniques enhance crop yields without extra inputs and with reduced water usage and lower cost of production. With increase in yield, SHG members have developed 2,615 Grain Banks which add to the corpus and risk funds of the VOs.

## SUCCESS STORY

### SARAH BANO

## The Nurturer of Seeds Earns Self-respect

**S**arah Bano is a 30-year-old woman who lives in Kamhaj Pandey hamlet in Amethi. She has been member of a SHG for the past eight years. She has gained new ideas and learnt new skills and disseminated those to many others in her community.

Sarah Bano actively participated in the Informal Seed System project. She took 10 kg of Malawi 234 wheat seed from the VO and returned twice the amount after harvest. She says that the seed varieties her husband used to bring previously were very costly but they knew nothing about them. Her husband used to borrow money from her brother to buy the seeds whereas she got the seed on credit from the VO on the condition that she would return twice as much from her produce. Her husband, she says, was not willing to return twice the quantity of seed to the VO but Sarah persisted and convinced her husband and her in-laws about the logic of the programme whereby many families would benefit over time by getting quality seed. She says, in the previous year, the 15 kg of seed her husband bought from the market yielded 6 quintals whereas, this year, she had a yield of 8 quintals from the 10 kg seed she took from the VO. She says the VO has saved 9 quintal seed and plans to visit each household in the village and outside to advertise these seeds so that “our people purchase our seeds.”

Sarah Bano says she was not valued in the family as she does not have a son. “I was never accepted at home. I used to work like a wage labourer on the fields with my daughter in my arms. They thought I was of no use, as I couldn’t give them a son. My family was selfish; it still is but now they have no choice but to respect me because I know things that they don’t. I bring more money to them. I get loans for them. Now they accept my girl child also.”



**SHG MEMBERS HAVE DEVELOPED 2,615 GRAIN BANKS WHICH ADD TO THE CORPUS AND RISK FUNDS OF THE VO's**



### **18-Day Method of Composting**

RGMVP has initiated a pilot project in 100 Gram Panchayats across all CRDCs to propagate the Berkeley Method of composting among small and marginal farmers. The technique was introduced to RGMVP by the Hans Foundation. The method produces high quality compost from easily available waste materials around the household and a small quantity of cow dung. It takes only 18 days compared to conventional composting methods which take 45 days or longer. RGMVP plans to ensure complete saturation of the villages and widespread adoption of the method among SHG members. Presently 16,487 SHG families are involved in making the compost. RGMVP has made a short documentary film titled *Mishri Mati* to document the impact of 18-day compost in the women's own words.

**PRESENTLY 16,487 SHG  
FAMILIES ARE INVOLVED  
IN MAKING THE COMPOST**



## Enterprise Development

### Goat Rearing

Goat rearing is a widespread livelihood among poor people. RGMVP has been supporting goat rearing as a livelihood under the PSIG project by promoting women selected from SHGs as lead farmers or social entrepreneurs. These women have been supported to set up model goat rearing units that serve as training and exposure units for other farmers interesting in taking up goat rearing. RGMVP supported 40 such women goat rearers in 40 blocks across 23 districts. Exposure visits were organised for these entrepreneurs to PRADAN, Jharkhand, and The Goat Trust, Lucknow, for orientation and training. Learning from them, 1,150 women adopted goat rearing in their villages during the year. RGMVP also organised 40 exposure visits for 2,681 women from 748 Gram Panchayats to these training/exposure units and arranged training for them by the women owners of these units.



### Usha Silai School

RGMVP is collaborating with USHA International Ltd. (UIL) to help women entrepreneurs identified from SHGs to set up tailoring schools in villages. These village level schools teach sewing to village women and young girls so that they can become economically independent and also train to create economic opportunities for others. RGMVP has, so far, promoted 300 Classical Silai Schools in 48 blocks across 22 districts. During the year, 60 of these trained 313

**DURING THE YEAR, 60 SILAI SCHOOLS TRAINED 313 WOMEN AND YOUNG GIRLS**



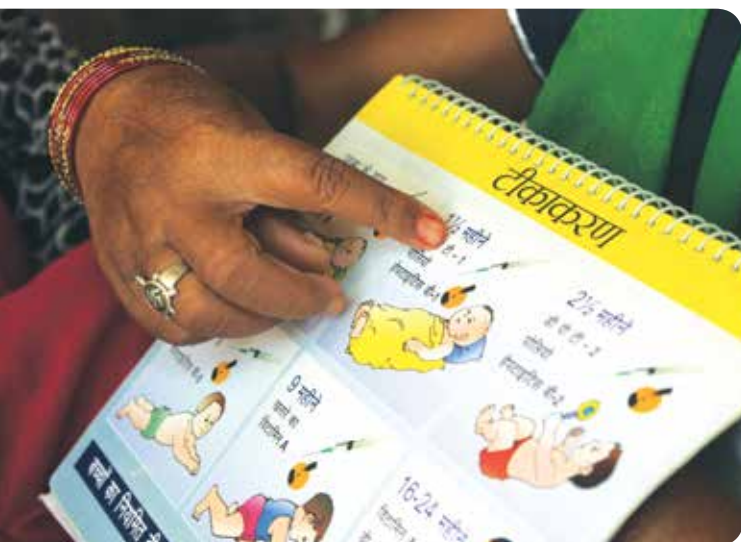
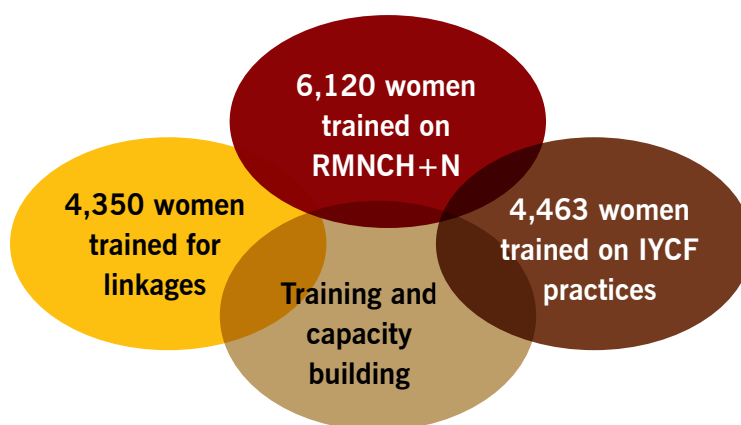
women and young girls. RGMVP also identified 531 best learners from Classical Schools and provided further training to 460 of them at the CRDC level, of whom 398 have opened Satellite Silai schools in their villages.

## Transforming Community Health Behaviour

### The Uttar Pradesh Community Mobilisation Project

Supported by BMGF, RGMVP has been implementing a project titled the Uttar Pradesh Community Mobilisation Project (UPCMP) since 2012 to improve health conditions among the poor by inducing health-seeking behaviour. The project identifies women leaders from SHGs who are trained to impart information on Reproductive, Maternal, Neonatal

**FIGURE 9. OUTCOMES OF UTTAR PRADESH COMMUNITY MOBILISATION PROJECT**



and Child Health and Nutrition (RMNCH+N). Besides imparting knowledge and skills, they also encourage families to adopt better practices for safer pregnancies, new-born care and child health. The focus is also on strengthening the public health services, enhancing the demand and improving linkages with health systems.

Women leaders have been trained on RMNCH+N in 120 blocks of 37 districts. They identify pregnant and lactating women through interaction during SHG meetings and conduct home visits with identified women to impart knowledge and skills pertaining to RMNCH, including institutional

**SUCCESS STORY****RAMPATI****Engendering Health Behaviour Change**

This is the story of how a mother-in-law brought about a behavioural change regarding health practices among her family members in Sarawan village in Tarabganj block of Gonda district in UP. The state fares poorly in terms of maternal and child health indicators, child feeding practices and nutritional status of children. The rate of exclusive breastfeeding for children under six months of age is only 43 per cent. Rampati, a 55-year-old woman member of an SHG in Sarawan recalls the pain of losing a grandchild two years ago due to carelessness and ignorance about the threat and susceptibility of a child to infection from water-borne diseases resulting from giving water or other liquids instead of exclusively breastfeeding the new-born. She has now become the decision maker concerning the weaning practices followed by her daughter-in-law for the good health of her new-born child.

Through SHG meetings and facilitated discussions on maternal and neonatal health care practices, Rampati garnered knowledge about the best practices of breastfeeding, such as correct positioning of the nipple and the baby's mouth, early initiation of breastfeeding, Kangaroo Mother Care and exclusive breastfeeding for the first six months. When her daughter-in-law delivered her baby, Rampati insisted on early initiation of breastfeeding and made sure that the child was not given any liquids apart from mother's breast milk till six months of age. The baby is now over six months old and is healthy, weighing about 5 kg.

**WORLD BREASTFEEDING WEEK WAS CELEBRATED TO SENSITISE THE COMMUNITY ABOUT BASIC HEALTH PRACTICES**





deliveries, etc. Besides this, women also conducted a few special campaigns on diarrhoea treatment and celebration of World Breastfeeding Week across all CRCDs to sensitise the community about basic health practices. Special campaigns on breastfeeding practices and family planning were organised across all CRDCs covering 120 blocks, mobilising members of the community to spread the message on the benefits of breastfeeding for mother and child and practice of family planning for a healthier future of their family. *Goad bhara* functions, a traditional social function to announce and celebrate a pregnancy, were organised by VOs in 3,685 Gram Panchayats to mark World Women's Day and 35,853 pregnant women reached out with messages of safe motherhood and child care.

A training workshop on Kangaroo Mother Care or skin-to-skin thermal care was organised by Kangaroo Mother Care Foundation, Ahmedabad, with the support of Public Health Foundation of India (PHFI) to impart knowledge and practice skills for the community.

A cross-sectional evaluation study of the project by the Population Council conducted during the year has highlighted the significant impact on knowledge and practice of maternal and child health behaviours in the SHG households.



### Double Fortified Salt Project

RGMVP, in partnership with the Tata Education and Development Trust, has initiated a pilot to promote the use of Double Fortified Salt (DFS) through SHGs to improve the nutritional status of the people in UP. SHGs are supplied salt fortified with iodine and iron which is sold by SHG members in their communities. Besides imparting knowledge about the importance of micro-nutrients such as iodine and iron, the initiative also inculcates entrepreneurship among women of SHG engaged in the social marketing of DFS.

### Gender and Sanitation

As women and girl children bear the burden of fetching water for the household in rural areas and suffer the most due to lack of proper sanitation facilities, RGMVP began an action research initiative in 2013 to bring women to the forefront as promoters, educators and leaders of household and community-

**WOMEN ARE THE PROMOTERS, EDUCATORS AND LEADERS OF HOUSEHOLD AND COMMUNITY-BASED ACTION ON SANITATION**

based action on sanitation practices. The initiative comprises educational sessions for the community on hygiene management, use of safe drinking water and leveraging government programmes for service delivery. The activity is spread across 160 Gram Panchayats. Mobilising the community through 662 SHGs, 495 individual toilets were constructed, 1,387 defunct toilets were revived, 3,135 toilets constructed with government support while 119 toilets were constructed through SHG loans. Through this initiative, 43 villages have already been declared Open-Defecation Free Villages.

### Research and Learning

RGMVP is implementing a research and learning project with support from BMGF in 67 backward blocks of UP to understand and demonstrate the efficacy of using the SHG platform to deliver multiple development interventions, including women's health. These blocks are from the 100 for which BMGF has set up a Technical Support Unit to implement the National Health Mission in collaboration with the UP Government. RGMVP mobilises women of poor households in these blocks into SHGs and promotes the health behaviour change programme, YWSHGs programme and Panchayati Raj Initiatives through the SHGs to conduct randomised research studies regarding the effectiveness of the social platforms to create demand for services as well as foster self-help based behaviour changes.

## RGMVP's Partners

### Funding Partners

**Bill and Melinda Gates Foundation:** BMGF has been partnering with RGMVP since 2012 for a variety of interventions, including health interventions in 100 blocks, community institution building and capacity building in another 100



blocks, the sanitation and gender pilot initiative and the community-based seed production and exchange initiative.

**The Rural India Supporting Trust:** RIST has provided support to RGMVP to supplement funding available from various projects to bridge the gap between available finances and the finances required for institution building and strengthening and to add on other development interventions. RIST's support ensures continuity and growth of our community institution building initiatives. RIST has long-term commitment to support RGMVP until 2021.

**Small Industries Development Bank:** SIDBI's PSIG project supports our economic independence initiatives to deepen financial inclusion among existing SHGs by enhancing credit utilisation and improving livelihoods.

**National Bank for Agriculture and Rural Development:** NABARD continues to support RGMVP to expand SHG-bank linkages as part of its larger financial inclusion programme.

### Technical Partners

**National Rural Livelihoods Mission:** NRLM provides development support for building and nurturing resource blocks comprising SHG leaders trained as guides and mentors for newly formed community institutions, thereby providing opportunities to women to mobilise and train other women to form strong community institutions. They also provides support for NRLM staff and SHG leaders from other states to visit RGMVP for training and exposure.

**Society for Elimination of Rural Poverty:** SERP has been supporting RGMVP in community mobilisation and institution building since 2007. RGMVP organises exposure visits of its community-based volunteers to community organisations nurtured by SERP in Andhra Pradesh to learn and share best practices.

**The Hans Foundation:** THF has been supporting RGMVP to introduce the 18-day compost (Berkeley Method of Composting) technique. Two experts from THF visited RGMVP and trained 322 women and 49 Field Officers. The trained women started providing information and hand-holding support to other women in villages.

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

**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:** RGMVP partnered with PHFI in implementing the Uttar Pradesh Community Mobilisation Project (UPCMP).

**Population Council and Boston University:** The Population Council and Boston University support RGMVP with the UPCMP evaluation and research, respectively.

**International Centre for Research on Women:** ICRW worked as a research partner for RGMVP's Sanitation and Gender initiative funded by BMGF. ICRW evaluated 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. As a partner, Shramik Bharti conducted 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.

**Tata Educational and Development Trust:** RGMVP collaborates with the Tata Education and Development Trust to implement a pilot project for propagating the use of DFS within the community as a means for improving nutritional status and also to build entrepreneurship among SHG members and make SHG institutions self-reliant.

**Embrace Global (presently Thrive Networks):** Embrace Global had collaborated 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 Workers 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.

# INDIRA GANDHI EYE HOSPITAL AND RESEARCH CENTRE

IGEHRC addresses the dire need for affordable quality eye care services, especially for the rural and poorer segments of society





A young girl with glasses and a smiling woman in a dark blue sweater are featured in the background of the page. The girl is in the upper left, and the woman is in the lower left, both looking towards the right.

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, diminishing the sense of agency, dignity and economic well-being. Without being able to see, one is 'lost in the world one lives in'. 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 15 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 visual impairment in the country is either preventable or treatable, and thus entirely avoidable. The main reason for such a high incidence of avoidable blindness in our country is the lack of access of a large population, especially poor people in rural India, to eye care services due to limited availability and affordability.

The eye care programme of the Trust seeks to address the dire need for affordable quality 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 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

IGEHRRC's strategy is to cater to high patient volumes with affordable and accessible services. The services are designed to provide the complete spectrum of eye health services with a focus on the overall well-being of beneficiaries. 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 beneficiaries are given the services required closest to their doorsteps.

IGEHRRC lays special emphasis on serving the most marginalised communities living in rural areas. This is done through its large and widespread programme of rural eye camps that seek out those without access to quality eye care services and/or unable to afford it. 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.

**IGEHRRC LAYS SPECIAL EMPHASIS  
ON SERVING THE MOST  
MARGINALISED COMMUNITIES  
LIVING IN RURAL AREAS**

IGEHRRC performs 80 per cent of the surgeries free or at a nominal fee. In the remaining cases, fees are based on the patients' ability to pay. In all cases, fees are well below those charged by private service providers. It is IGEHRRC's credo, however,

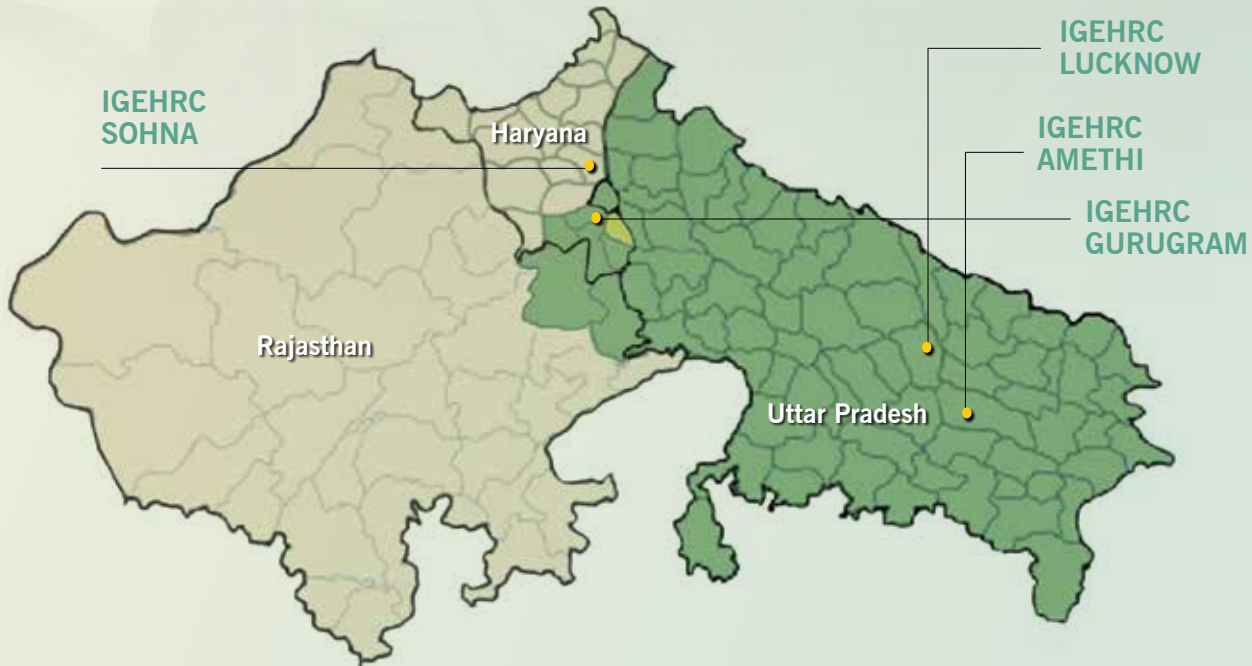
to provide uniform, highest quality and best possible care to all patients regardless of the fees they pay. Services are designed to be patient-centric. Utmost care is taken to serve the patients with compassion and dignity. As a not-for-profit initiative, IGEHRC is able to sustain operations following a high volume, cross subsidisation strategy whereby fees from those who can afford to pay subsidise the cost of providing services to those who cannot and all available resources are used efficiently and optimally.

**TABLE 1: IGEHRC NETWORK OF HOSPITALS**

Hospital	Year Established
IGEHRM, Munshiganj, Amethi, Uttar Pradesh	2005
IGEHRM, Lucknow, Uttar Pradesh	2008
IGEHRM, Sohna, Gurugram, Haryana	2014
IGEHRM, Gurugram, Haryana (under construction )	2017

By adding new facilities to its network of hospitals, IGEHRC has been constantly expanding its infrastructure and adopting latest technologies to serve more people. The network of IGEHRC institutions now includes two secondary care hospitals at Munshiganj in Amethi and Sohna in Gurugram and a tertiary care super-specialty hospital in Lucknow. A super specialty hospital and research facility is under construction in Gurugram. **These hospitals, along with the associated vision centres, cater to about 1,500 patients daily. A team of 300 qualified and competent professionals is the main resource in making the vision of IGEHRC a reality.** Through its extensive rural outreach programme, IGEHRC endeavours to fill the huge gap that exists between the need and availability and accessibility of advanced eye care in rural areas, small towns and cities.

**FIGURE 1. IGEHRC NETWORK COVERAGE**





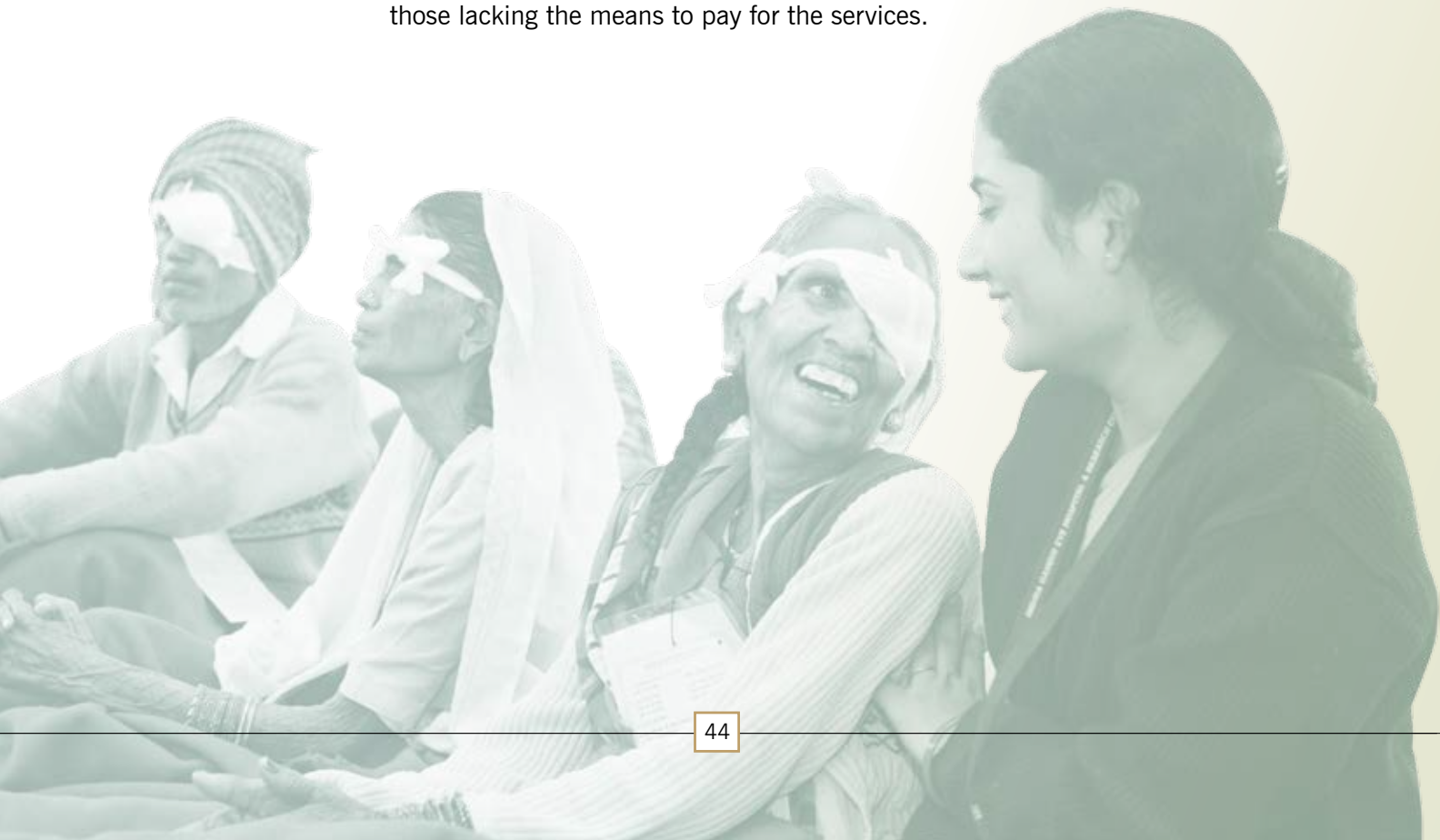
Since inception in 2005 to March 2017, IGEHRC hospitals have treated nearly 2.5 million patients and performed nearly 3,00,000 sight restoring surgeries, making IGEHRC one of the largest providers of quality eye care in North India catering to central and eastern UP and South Haryana.

IGEHR has successfully established 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 hospital run by a charitable institution with a community outreach 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 the means to pay for the services.



## Outreach Programme

IGEHRRC has a comprehensive and structured community outreach programme to identify and seek out those needing eye care services. IGEHRRC conducts regular screening camps in rural areas to identify patients requiring further screening and 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 and older people who lack access to quality eye care services.

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

Civil society groups, such as local trusts, NGOs, community leaders and social workers play a crucial role in creating awareness and mobilising and bringing in people from their area who may require eye care to the camps. Embedded in the same communities, the mobilisers play a critical





**DURING 2016-17, IGEHRC  
SCREENED 98,716 PATIENTS IN  
868 CAMPS AND CONDUCTED  
25,905 SUBSIDISED SURGERIES**

role in referring patients needing immediate eye care treatment. This 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 services. During the year 2016-17, IGEHRC screened 98,716 patients in 868 camps and conducted 25,905 subsidised surgeries.

IGEHRc's outreach activities stand apart for their methodical process of screening at the camp site itself and provision of subsidised surgery. IGEHRC 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.

### IGEHRc Amethi



IGEHRC Amethi was the first eye 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 recorded a steep growth in demand for its services since inception and has expanded rapidly as a result. The hospital has upgraded its services by setting up a Vitreo Retina department 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 in UP. The 180 bed facility screens over 400 patients and conducts around 100 surgeries every day. Over the years, 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 and misconceptions about eye care. Today, people repose unfailing faith in the facilities, services and staff of IGEHRC Amethi. Since inception, IGEHRC Amethi has reached out to over one million persons and carried out over 1,60,000 eye surgeries.



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 IGERC AMETHI, 2016-17**

Out Patient Category	Number of Patients
Walk-in	67,869
Outreach	47,600
<b>Surgeries</b>	<b>Number of Patients</b>
Walk-in	3,605
Subsidised	14,823
Community outreach camps held	314



BENEFICIARY-CENTRIC  
QUALITY EYE CARE

### IGEHRCLucknow

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 dedicated 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.

**IGEHRCLUCKNOW IS THE ONLY HOSPITAL IN UP TO PROVIDE EVEN SPECIALTY EYE CARE AT SUBSIDISED RATES**







The facility has become a first-choice hospital within a short time span and today serves over 500 patients every day. IGEHRC Lucknow is the only hospital in UP to provide even 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 and even from neighbouring states. These patients earlier needed to travel to Delhi or other far flung areas and the consequent high cost of accessing services deterred them to avail of treatment.

**IGEHRC LUCKNOW TODAY  
SERVES OVER 500 PATIENTS  
EVERY DAY**

**TABLE 3: PATIENT CARE IN LUCKNOW 2016-17**

<b>Out Patients Categories</b>	<b>Number of Patients</b>
Walk-in	<b>146,306</b>
Outreach	<b>34,360</b>
<b>Surgeries</b>	<b>Number of Patients</b>
Walk-in	<b>7,874</b>
Subsidised	<b>10,614</b>
Community outreach camps held	<b>298</b>



### Sohna Rural Hospital

IGEHRM Sohna, Gurugram, is the newest addition to the IGEHRC network of hospitals. This is a rural, secondary level hospital situated in rented premises in village Raipur, Sohna. The aim of the hospital is to provide quality eye care to the people in Mewat and adjoining areas, the most backward region in Haryana which consistently performs poorly on all human development indices.

**IGEHRM SOHNA, A RURAL,  
SECONDARY LEVEL HOSPITAL,  
PROVIDES QUALITY EYE CARE  
TO THE PEOPLE IN MEWAT**

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 2,500 surgeries have been carried out, including on children, glaucoma patients and other specialties besides cataract.





**MORE THAN 2,500 SURGERIES  
HAVE BEEN CARRIED OUT IN  
LESS THAT TWO YEARS**

**TABLE 3: PATIENT CARE IN SOHNA 2016-17**

<b>Out Patients Categories</b>	<b>Number of Patients</b>
Walk-in	<b>31,776</b>
Outreach	<b>16,756</b>
<b>Surgeries</b>	<b>Number of Patients</b>
Walk-in	<b>932</b>
Subsidised	<b>468</b>
Community outreach camps held	<b>256</b>

### **Vision Centres**

I GEHRC extends its presence in the catchment area through Vision Centres that offer primary eye care. The 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. This year, two more vision centres were opened and the primary level eye care delivery of the I GEHRC now includes four vision centres.

The Vision Centres are located in Raebareli, Lalganj (Raibareli), Patti (Pratapgarh) and Jais (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 I GEHRC hospitals at Amethi or Lucknow.



## SUCCESS STORY

### **SUBEDAAR SINGH** A 'Stitch' in Time ...

**S**ubedaar Singh is a house painter by professions living in a small village in district Sultanpur, UP. This 25-year-old does odd jobs to make ends meet. As the only earning member of the family, he was distraught when he noticed that his eye sight was deteriorating day by day. Subedaar came to IGEHRC Amethi on the suggestion of his neighbour who was already a satisfied patient of the hospital.



Subedaar was diagnosed with the retinal condition by the doctors at IGEHRC Amethi. Untreated, he would have gone blind in a few months and the breadwinner of the family would have become a liability. He needed immediate surgery. He was taken in and the doctors carried out the necessary procedure. This action in the nick of time resulted in him regaining his sight.

Subedaar has fully regained his vision and is thankful to the hospital and its doctors. Back to his work, he is now able to do his job more efficiently. The treatment has changed his life forever, as he is now more confident and able to work extra hours to improve his economic condition.

### **Training**

Shortage of trained human resources in the country is a major constraint in provisioning quality eye care services to all. Trained clinical, paramedical and administrative staff in eye care is the primary means to take 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 in quality, provision of state-of-the-art eye care services and a high level of efficiency in service delivery.

As a policy, IGEHRC hospitals use state-of-the-art equipment to enhance the quality, efficiency and effectiveness of care provided by doctors and staff. In a scenario where technology changes almost every day, IGEHRC hospitals ensure their doctors keep abreast of the latest technical developments worldwide and that such technology becomes available at the hospitals speedily. Adaption to technological changes is facilitated through retooling and training of the doctors and all staff continuously.

## Continuing Medical Education

IGEHRRC provides a national level platform to upgrade the skills and knowledge of ophthalmologists by organising regular Continuing Medical Education (CME). This year we successfully organised two national-level CMEs: Glukon – The Glaucoma Konclave; and Convergence – CME on Strabismus in Lucknow. What sets our CMEs apart is that our faculty includes eminent and renowned speakers from around the country including AIIMS, KGMU Aravind Eye Hospital, Sitapur Eye Hospital, Centre for Sight and other leading institutions.

The CME provides an interactive platform for Ophthalmologist and Post Graduate (PG) students from private and government hospitals from around the country. Interactive sessions, case presentations, panel discussions, and audience polls were tools used to make the training more fruitful and productive. The quality of our CME can be well measured by the participation of eminent private ophthalmic practitioners and fellows from KGMC, Era Medical College and Kanpur Medical College. The standard of training set by us makes our CMEs a leading learning platform for PGs.

## Academics and Research

As a professional organisation, IGEHRRC has always been alive to its responsibility to contribute to the development of the field 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.

IGEHRRC conducts fellowship training programmes to train ophthalmologists with post graduate degrees who wish to upgrade their practice skills in their chosen super specialty. The course of training 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 that result in avoidable blindness and other eye disorders. In the year 2016-17, IGEHRRC 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 IGEHRRC is engaged in extensive community outreach activities, the Fellows are sensitised to the inequities in access to eye care services that exist in society and contexts and needs of the unserved and develop an inclination towards community service. There were thrice-weekly dedicated academic sessions of an hour each throughout the year where case presentations and journal club of all subspecialties were presented by Fellows and moderated by consultants.

**IGEHRRC DOCTORS PRESENTED  
OVER 20 RESEARCH  
PAPERS DURING 2016-17**

## SUCCESS STORY

### VISHAL GUPTA

### Restoring Shattered Dreams...

Vishal Gupta, from village Tihatanpur, is a 16-year-old boy. He is a student in class XI and has been doing very well in his studies. His family has high aspirations for him and want him to pursue higher studies. He lives with his parents, two brothers and one sister. His father runs a neighbourhood grocery shop, barely earning enough to make both ends meet.

Vishal was hit by a stone while walking in his village. He was badly hurt in his left eye. He could barely make out the movement of his hands unless it was close to the eye. This severely impacted his studies as he could not see with his left eye. Vishal's father was very concerned about his son's eye problems. Vishal himself was distressed as his exams were approaching. A local patient of IGEHRC told Vishal's father about the hospital.

Vishal was diagnosed with retinal detachment. This required a complex surgery carried out successfully at IGEHRC. He is absolutely fine now with a good vision of 6/9 and is able to continue his studies properly. Leaving the hospital with his much relieved parent, Vishal said with a confident smile that he would one day become a doctor and serve the people of his village.



IGEHRRC doctors presented more than 20 research papers in various national and international forums during 2016-17.

### Vitreo Retina Clinic in IGEHRC Amethi

The incidence of diabetes is on the increase in the country, leading to increased incidence of eye disorders requiring Vitreo Retina treatment, a highly specialised eye care procedure. Poor people living in rural areas or small towns generally do not have access to this specialised service. Most people in the hinterland cannot afford expensive treatment and sometimes even just the travel to hospitals equipped to provide the service. Untreated retinal conditions can lead to irreversible and permanent blindness.

IGEHRRC Amethi had been serving patients with retinal problems through referral to the Lucknow Centre. The demand had been growing and many

of our patients found it difficult even to travel to Lucknow. In view of the growing demand and need, IGEHRC Amethi established a Vitreo Retina Centre for treatment of patients with retinal problems. A professional team, including the specially trained surgeon, was inducted along with the placement of requisite diagnostic and surgical equipment.

**THE VITREO RETINA CENTRE  
HAS TREATED 4,179 PEOPLE  
AND CARRIED OUT SURGERY  
ON 47 PEOPLE**

People from remote rural areas of Sultanpur, Amethi, Jaunpur, Pratapgarh and Faizabad districts come to this hospital for treatment. Today, the IGEHRC Vitreo Retina Clinic has become a benchmark in providing specialised retina services in the region, saving people from imminent blindness and enabling them to live an independent and meaningful life as productive members of their families. The clinic provides highly subsidised services. In the short time of about a year, the Vitreo Retina Centre at Amethi has treated 4,179 people and carried out surgery on 47 people for Vitreo Retina problems.

### Our Team

IGEHR has 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 29 ophthalmologists with highly specialised knowledge and skills and relevant experience who run various departments, such as comprehensive eye care, Cornea, Paediatrics, Glaucoma, Retina, Oculoplasty. The doctors are assisted by 164 trained Mid-level Ophthalmic Assistants supporting all departments. There are 28 Optometrists posted at the hospitals, Vision Centres and camps. Over 70 staff look after administration, housekeeping, security, transport and maintenance.

### Plans 2017

#### Tertiary Hospital at Gurugam

The IGEHRC Gurugam is planned to be 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 320,000 square foot facility is almost complete and the hospital is expected to become functional in November 2017.



## SUCCESS STORY

### VIKAS

### Restoring a Happy Childhood...

**E**ight-year-old Vikas lives with his parents, one brother and a sister in Jarmau village in Amethi district. His father, Ghisyawan, is an unskilled daily wage labourer and works in Jagdishpur block; his mother Sunita is a housewife.

Vikas had low vision from birth. He could barely see and hence was never admitted to school. Like his siblings, Vikas too wanted to go to school and study. But his vision was too poor for him to be able to read. He wanted to play like his friends but his movements were limited due to his low vision. The parents did not have the means to take Vikas to a private hospital for treatment. In Jagdishpur, Ghisyawan heard about the free eye screening camps conducted by IGEHRC. At the camp in Inhauna, Vikas was diagnosed with cataract in both eyes. After surgery in both eyes, Vikas has regained his vision.

He is happy that he can also go to school like his friends and can read his brother's colourful books. He can now enjoy a normal childhood. His mother, Sunita, is grateful to IGEHRC for organising eye camps. She says that it gave her son a new lease of life ... 'restored his lost childhood'.



### Community College, Amethi

A Community College is being set up in Amethi to train the youth in different sub-disciplines in eye care. It 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 a built-up area of 4,000 square foot, the community college is expected to have the twin outcomes of creating more work force in eye care and marketable skills among the youth of the neighbouring communities. The construction of the Community College is nearing completion and it is expected to be functional by December 2017.



## SUCCESS STORY

### FREE EYE CAMPS FOR TRUCK DRIVERS

#### Safer Highways ...

**T**ruck drivers ply their trade day and night, in rain or sunshine, carting around the nation's needs and wants. Left unattended, poor eye health among truck drivers, combined with their long work hours, especially at night, under bad weather and road conditions is often the cause of road accidents. Continuous long hours of driving, poor light and bad condition of roads often affect and damage eye sight. Driving with poor eye sight can be fatal both for the driver as well as others and can lead to loss of life. Poor hygienic conditions and touching of eyes without washing hands can also lead to eye infections. Regular eye examination for truck drivers can keep their eye sight safe and prevent many a fatal accidents.

IGEHRRC organised over 20 free camps and spectacle delivery for truck drivers to address the situation. The optometrist examined their eyes and diagnosed and advised treatment accordingly. These camps provided free eye screening to 1,504 truck drivers. Drivers identified with refractive errors were provided spectacles at the camp site itself. The patients identified with cataract and other eye disorders were referred to the hospital for further treatment.

### Partner Organisations

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

IGEHRRC's strategic partners are Rural India Supporting Trust, Sightsavers and The Tata Trust. The eye health programmes supported by these partners are eye banking, system strengthening, disease control and infrastructure development.

# GOVERNANCE AND MANAGEMENT

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

The key developments that took place at the Trust during FY 2016-17 are:

## **Governance**

The Trust's Board meeting was held on 23 November 2016. The Top Management Team (TMT) meetings were regularly held to deliberate on significant strategic issues and decisions taken.

## **Management**

The Statutory Audit for the FY 2015-16 was completed in August 2017. Internal Audit of projects of the Trust was carried out thrice during the year. The Budgets, duly approved by the TMT, are reviewed quarterly and variance monitored and reported back to the TMT by the Projects and the HO. The Trust follows financial systems that meet international standards of reliability, transparency and accuracy. The financial accounts of the Trust are audited by Deloitte Haskins & Sells.

Institutional donors such as BMGF, SIDBI, RIST, and Sightsavers International continued their support to the Trust's initiatives this year too with a support of Rs. 81.07 crore. The Trust had a FCRA bank balance of Rs. 59.30 crore during the year. As per the law, the Trust sought and received renewal of its FCRA registration for a period of five years from the Ministry of Home Affairs in October 2016.

The Trust follows the best practices in the sector for its employees and complies with all statutory requirements regarding employees and employment laws.

## Financial Abstract

Balance Sheet as at March 31, 2017

Particulars	As at March 31, 2017 Rs.	As at March 31, 2016 Rs.
<b>SOURCES OF FUNDS</b>		
Corpus fund	142,500,000	142,500,000
General fund	298,153,997	299,027,185
Deferred income	1,038,332,667	669,049,235
	<b>1,478,986,664</b>	<b>1,110,576,420</b>
<b>APPLICATION OF FUNDS</b>		
<b>Fixed Assets</b>		
Net block	404,013,904	409,212,198
Capital work in-progress (including capital advances)	886,364,703	524,404,209
	<b>1,290,378,607</b>	<b>933,616,407</b>
<b>Current assets, loans and advances</b>		
Inventories	7,465,087	5,651,733
Sundry receivables	737,897	389,745
Cash and bank balances	772,246,150	602,558,420
Loans and advances	76,258,498	64,622,366
	<b>856,707,632</b>	<b>673,222,264</b>
<b>Less: Current liabilities and provisions</b>		
Advance for projects	459,948,990	361,178,973
Deferred payment liabilities	-	4,467,000
Current liabilities	206,871,663	130,616,278
Provisions	1,278,922	-
	<b>668,099,575</b>	<b>496,262,251</b>
<b>Net current assets</b>	<b>188,608,057</b>	<b>176,960,013</b>
	<b>1,478,986,664</b>	<b>1,110,576,420</b>

## Financial Abstract

Income and Expenditure Account for the year ended March 31 2017

Particulars	For the year ended March 31, 2017	For the year ended March 31, 2016
<b>INCOME</b>		
Donations	374,396,522	343,628,509
Hospital revenue	260,998,691	245,943,706
Other income	11,127,116	10,316,863
	<b>646,522,329</b>	<b>599,889,078</b>
<b>EXPENDITURE</b>		
Medical supplies consumed	84,724,652	78,322,544
Project and related expenses	515,750,796	474,213,202
Depreciation and amortisation	40,133,385	38,797,813
Employee benefit expenses	2,050,323	78,110
Administrative and other expenses	4,736,361	18,090,153
	<b>647,395,517</b>	<b>609,501,822</b>
<b>Excess of income over expenditure/ (expenditure over income)</b>	<b>(873,188)</b>	<b>(9,612,744)</b>

## Partner Organisations and Donors

### RGMVP

- 1 Bill 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 Haryana State Rural Livelihoods Mission (HSRLM)
- 8 Himachal Pradesh State Rural Livelihoods Mission (HPSRLM)
- 9 Jammu & Kashmir State Rural Livelihoods Mission (J&KSRLM)
- 10 Punjab State Rural Livelihoods Mission (PSRLM)
- 11 Rajasthan State Rural Livelihoods Mission (RSRLM)
- 12 Uttarakhand State Rural Livelihoods Mission (USRLM)
- 13 Uttar Pradesh State Rural Livelihoods Mission (UPSRLM)
- 14 The India Nutrition Initiative
- 15 Tata Education and Development Trust

### IGEHC

- 1 Rural India Supporting Trust (RIST)
- 2 Royal Commonwealth Society for the Blind (Sight Savers)
- 3 Jamsetji Tata Trust
- 4 Impact India Foundation
- 5 Allergan India Pvt. Ltd.
- 6 Alcon Laboratories(India) Pvt. Ltd.
- 7 Sunpharma Laboratories
- 8 Baush & Lomb India Pvt. Ltd.


### Individual Donors

- 1 Mrs. Sheela K. Joshi, Gurugram
- 2 Mr. Rishi Dangji, Gurugram

## RGCT's Management

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





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**IGEHRC Hospitals**

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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,  
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Tel: +91 8295250620

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