



ANNUAL REPORT

2017-2018

Enabling Citizens,
Creating Communities



Foreword

I am happy to present the 16th Annual Report of the activities of the Rajiv Gandhi Charitable Trust (RGCT). The Trust was established to realise Shri Rajiv Gandhi's vision of inclusive development of our country. Towards that purpose, it has been working among some of the most disadvantaged people in our country to enhance their well-being. It does so with two field-based action programmes, namely, women's empowerment and making affordable eye care accessible, especially to the poorest.

As in the previous years, both the programmes continued to expand their outreach to serve the disadvantaged in ever increasing numbers. The women's empowerment programme enabled many more rural women in Uttar Pradesh to form their own independent, multi-tier institutions, even as it continued to nurture institutions previously formed. These enhance women's self-confidence to claim their rights and entitlements and access various public services. They also serve as platforms to provide poor women the skills and knowledge to enhance their livelihoods and adopt beneficial health practices. In the longer run, these are the foundations of an inclusive society and a vibrant democracy.

The eye care programme continued to chip away at the huge backlog of avoidable blindness in our country that makes India home to the world's largest population of blind people. It reached out to many more people in Uttar Pradesh and Haryana to prevent avoidable blindness. With the motto that *no one should endure preventable blindness for lack of resources or access to quality services*, the programme makes special efforts to reach out to rural poor through extensive outreach into rural areas. Services are provided through state-of-the-art hospital facilities.

Both programmes are carried out by teams of dedicated professionals with empathy, dignity and maintaining the highest standards of professional conduct. Internally, the Trust carries out its affairs efficiently and transparently through well-developed systems of governance and management.

The broad highlights of our achievements to date and during the year are presented here.

The women's empowerment initiative of the Trust, titled Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) organises women into Self Help Groups (SHGs) and federates them into Village Organisations (VOs) and Block Organisations (BOs). Regular facilitation and training by RGMVP helps women learn the necessary skills and orientation to conduct themselves as cohesive groups. Continued participation in SHGs and federations enhances women's confidence and sense of agency. Working together cohesively, they overcome historical social barriers of gender and caste. With the help of selected SHG members trained as Community Resource Persons (CRPs), RGMVP also imparts technical knowledge and skills to the women to enhance their livelihoods and adopt beneficial health and nutrition practices.

During the financial year RGMVP promoted and nurtured 21,482 SHGs, 1,903 VOs and 37 BOs, bringing the total at the end of the year to 1,57,642 SHGs, 9,807 VOs and 258 BOs, respectively. The programme now works with over 17,05,565 poor households in 336 blocks across 49 districts, including

some of the least developed districts of Uttar Pradesh. Cumulatively, the SHGs have availed over Rs. 510 crore credit from banks. Building on the institutional platforms of SHGs and their federations, RGMVP introduces beneficial health and nutrition practices and ways to enhance livelihoods.

The health initiative promotes institutional delivery, maternal nutrition, exclusive breastfeeding of newborns, etc. A study by the Population Council found that health behaviours among SHG families in the intervention areas significantly improved. Agriculture, the principal source of livelihoods among SHG families, is the principal focus of the livelihood initiative. RGMVP promotes community-based production and dissemination of improved seeds, Systems of Rice and Wheat Intensification (SRI and SWI) and household production of composts using the 18-Day Compost Method. SHG members produced and exchanged over 85 tonne of improved paddy seed and over 232 tonne of improved wheat seed during the year.

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.

The Trust's eye care programme is carried out under the aegis of the Indira Gandhi Eye Hospital and Research Centre (IGEHC), one of the largest providers of quality eye care in North India. Since inception in 2005, the IGEHC network has treated 2,799,052 patients from central and eastern Uttar Pradesh and South Haryana, performed 332,815 sight-restoring surgeries, organised 5,774 rural eye camps and corrected refractive errors in 556,582 persons. Over 70 per cent of the surgeries were free or highly subsidised. During the year, IGEHC organised 800 rural eye camps, examined 352,885 patients, including 88,789 in eye camps and carried out 36,626 sight-restoring surgeries, including 23,415 for people from eye camps.

Presently IGEHC has a network of four vision centres, two secondary care hospitals and a tertiary care hospital. The network is slated to expand substantially next year with the full commissioning of the 200-bed Centre of Excellence at Gurugram that began operations in October 2017. A Community College to train Mid-Level Ophthalmic Assistants will commence operations next year. IGEHC received an award from Sightlife, USA, in association with the Eye Bank Association of India (EBAI) for the highest number of corneal transplants conducted by an individual surgeon in the hospital under the Cornea Distribution System (CDS) initiative.

Both the programmes are now ready to expand outreach rapidly, serving the poorest in our society. The Trust will continue to collaborate with like-minded partners and resource organisations to reach out to an ever-growing number of disadvantaged people. I take this opportunity to express my gratitude to our Trustees, donors and other resource organisations that have helped us achieve so much in a short time period. 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) 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). RGCT was registered in 2002 as a professionally managed, not-for-profit institution to fulfil Shri Rajiv Gandhi's vision of an inclusive India.

RGMVP is the largest social mobilisation programme for women's empowerment in Uttar Pradesh, working in 49 districts. It organises poor women as self-help groups and their federations. Managed by the women themselves with initial handholding support from the programme, these institutions enable women to leverage financial services and government services and programmes. The programme also trains women to adopt beneficial health behaviours and improve their livelihoods. The goal of the programme is to enhance women's well-being as well as their sense of agency so that they 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 16 years, the Trust has worked steadfastly 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. 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.





ENABLING WOMEN TO
REALISE THEIR
INDIVIDUAL AND
COLLECTIVE POTENTIAL



Women's
Empowerment
and Poverty
Mitigation

Rajiv Gandhi Mahila Vikas Pariyojana

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) is the 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 to empowerment through self-help is the core of the programme. It is spread across 336 of the most backward blocks in 49 districts of UP. It operates through its Programme Management Office at Raebareli and 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 in the form of Self Help Groups (SHGs), Village Organisations (VOs) and Block Organisations (BOs). These enable the women to realise their individual and collective potential to fight age-old prejudices, break deep-rooted social hierarchies and overcome poverty through a process of financial inclusion, livelihood enhancement, sustainable agriculture, leadership development and improved health behaviours. A wide network of Community Resource Persons (CRPs), trained women from the villages who work to expand the outreach and deepen the impact of the programme, has been created by RGMVP. 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.

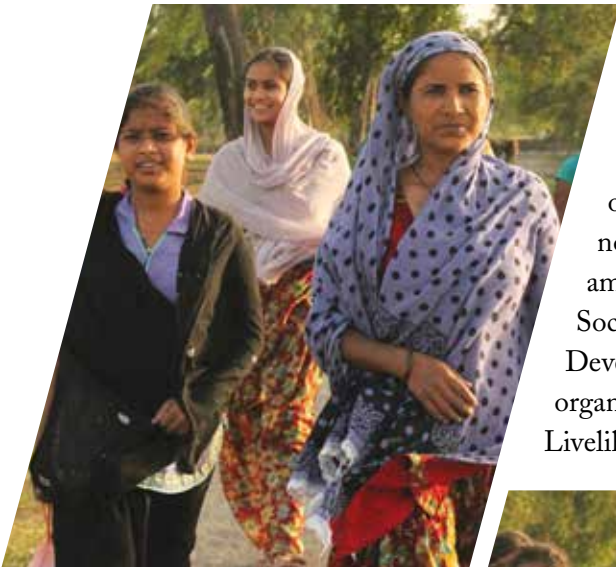
Programme Approach

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

SHGs, with support, nurturing and empathy from RGMVP, function as safe social spaces for women where they can share problems, learn new ideas and skills, as well as take small steps to change their situation through mutual help. Gradually, this leads to women's social, economic, psychological and political empowerment. Women break social barriers, build self-confidence, 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, sustainable agriculture and health behaviour change in their families as well as 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.



COMMUNITY DRIVEN,

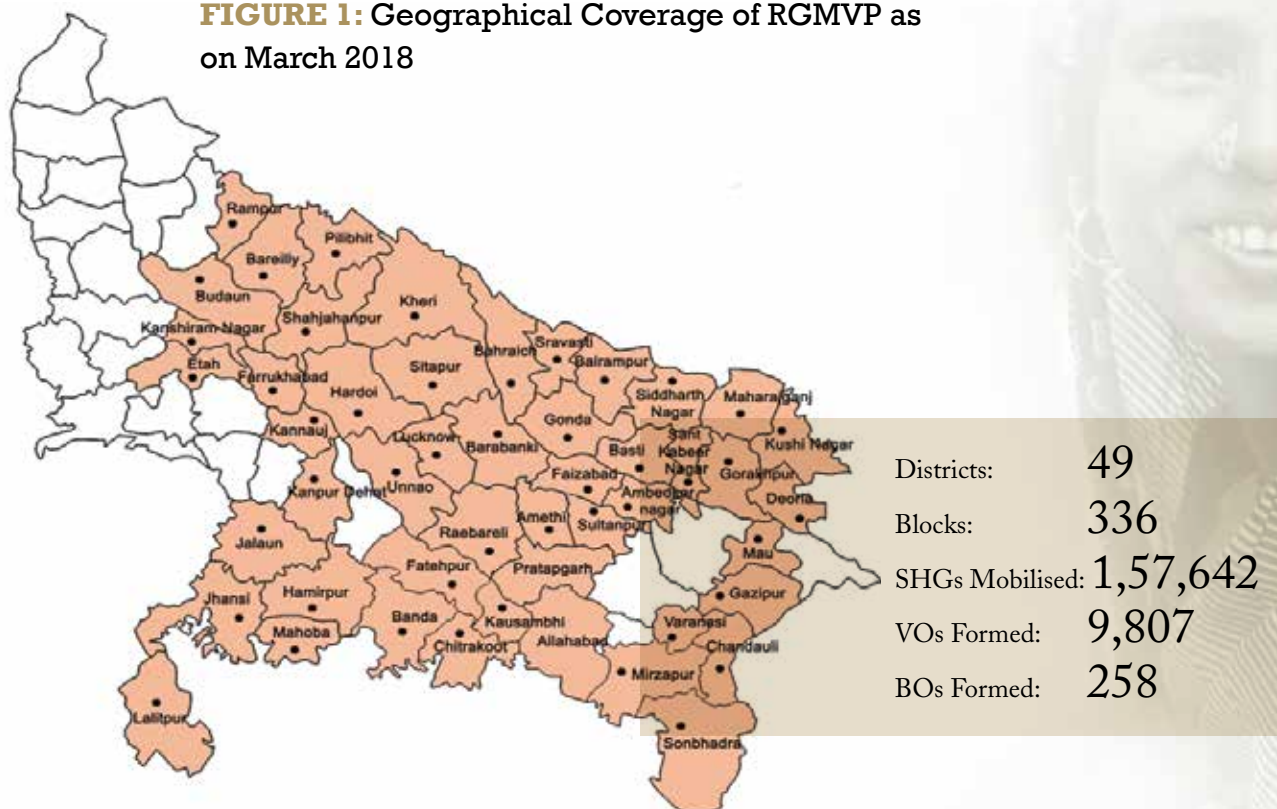
SELF-SUSTAINING,

SCALABLE AND

INCLUSIVE MODEL



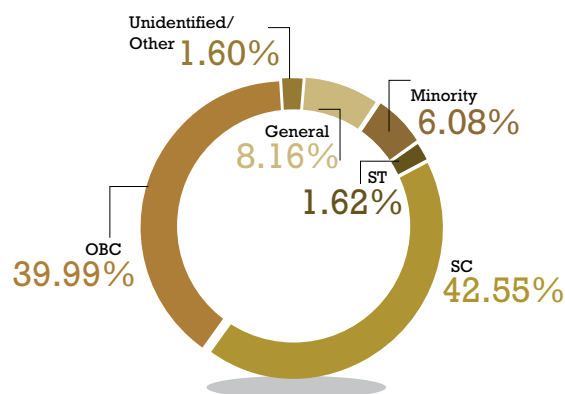
FIGURE 1: Geographical Coverage of RGMVP as on March 2018



Key strategies followed by RGMVP for poverty reduction

1. Participatory Identification of the Poor (PIP) by CRPs
2. Organisation of women into SHGs, VO's and BO's
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. Empowerment of women to challenge and break social barriers and access rights and entitlements through collective action
7. Building a protective institution for individual and collective growth

FIGURE 2: Social Categorisation of RGMVP's Network



SHG Institutions: Platforms for Socio-economic Metamorphosis

Building Community Platforms

The pillars of the programme are the three-tier SHG institutions. Following a bottom-up approach of institution building, the programme begins by forming SHGs comprising 10 to 15 women per group from the same neighbourhood/hamlet within a village. All the SHGs within the Gram Panchayat (10-15) coalesce to form a VO, with a membership base of about 100 to 150 women. All the VOs within the block federate to establish a BO, with a total strength of about 5,000 to 7,000 women.

Due to the shared context of social and economic marginalisation, the women unite and bond through frequent face-to-face interactions at the SHG level, pursuing a shared purpose cutting across all social barriers. Collectivisation and facilitated reflection on their present situation enhance their sense of self-worth and confidence and help them break free from all manner of exclusion.

Carefully designed capacity-building interventions from RGMVP enhance their knowledge on finances, ways to improve livelihoods, and legal rights and access to entitlements. They also learn about better hygiene and health practices, sanitation, nutrition and family planning. RGMVP also links their demands to various public agencies responsible for service delivery and provision through social capital and resources that provide the required support, overarched by the spirit of volunteerism and zeal for innovation. These social platforms help women to organise their strength and resources to form a systematic bridge between the demands of the marginalised community and service delivery from the government.



- Among the 336 blocks across 49 districts covered by RGMVP, 1,57,642 SHGs have been mobilised since its inception, representing 17,05,565 households from 15,025 Gram Panchayats
- Across the 49 districts, 258 BOs and 9,807 VOs (with Management Information System or MIS) have been successfully established
- Overall 21,482 SHGs, 1,903 VOs and 37 BOs were mobilised during 2017-18
- A total of 2,799 Resource Villages were nurtured to build the base required for the scale-up of the programme

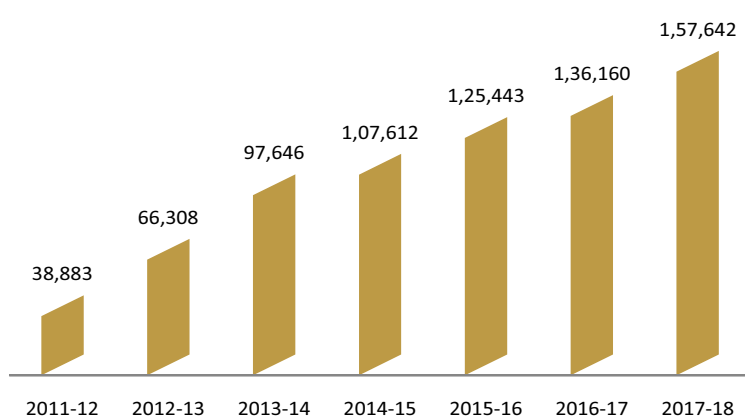
FIGURE 3: Three Tier Institutional Model



TABLE 1: Number of SHGs, VOs and BOs Mobilised in the Last Seven Years

Year	SHGs Formed		VOs Formed		BOs Formed	
	During the year	Cumulative	During the year	Cumulative	During the year	Cumulative
2011-12	10,334	38,883	244	1,241	18	45
2012-13	27,425	66,308	1,386	2,627	23	68
2013-14	31,338	97,646	1,515	4,142	47	115
2014-15	9,966	1,07,612	1,246	5,388	40	155
2015-16	17,831	1,25,443	1,373	6,708	53	208
2016-17	10,717	1,36,160	1,196	7,904	13	221
2017-18	21,482	1,57,642	1,903	9,807	37	258

FIGURE 4: Cumulative Number of SHGs Over Time



Resource Villages

A Resource Village is a village where women from all the poor families are organised into SHGs, 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.

TABLE 2: Project Outreach up to March 2017

S. No.	District	No. of Blocks Covered	No. of Gram Panchayats in Project Blocks	Gram Panchayats Covered by RGMVP	SHGs Mobilised till March 2018
1	Sultanpur	12	744	684	9,515
2	Rae Bareli	15	711	702	15,512
3	Amethi	16	800	781	14,689
4	Jhansi	8	445	336	4,978
5	Lalitpur	6	359	308	5,409
6	Fatehpur	13	793	663	6,260
7	Unnao	16	963	793	6,887
8	Pratapgarh	9	566	448	4,100
9	Lucknow	3	217	186	1,596
10	Barabanki	10	681	427	3,576
11	Faizabad	11	756	463	3,863
12	Gonda	9	591	309	2,596
13	Mahoba	4	257	192	2,362
14	Banda	8	448	397	4,997
15	Chitrakoot	5	332	280	3,279
16	Hamirpur	7	326	308	4,606
17	Deoria	6	418	322	3,304
18	Maharajganj	7	466	317	2,877
19	Jalaun	7	463	346	3,540
20	Gorakhpur	5	326	281	3,053
21	Hardoi	13	794	557	4,831
22	Sitapur	11	807	566	4,324
23	Balrampur	5	457	206	1,454
24	Allahabad	9	704	484	4,268
25	Varanasi	4	345	212	1,754
26	Chandauli	5	390	296	2,692
27	Shahjahanpur	8	482	212	1,894
28	Budaun	7	437	311	3,124
29	Basti	4	300	257	2,016
30	Sant Kabeer Nagar	6	458	293	1,710
31	Kaushambi	8	451	325	2,321
32	Mirzapur	8	515	330	3,029
33	Kanpur Dehat	5	297	166	1,263
34	Kushi Nagar	5	336	237	2,146
35	Ambedkar Nagar	5	406	232	1,551
36	Bareilly	5	345	153	1,168
37	Ghazipur	2	163	109	957
38	Kheri	6	425	282	2,604
39	Sonbhadra	5	387	236	1,995
40	Mau	2	141	92	965
41	Siddharth Nagar	5	382	164	1,166
42	Farrukhabad	5	374	99	488
43	Kannauj	3	227	119	674
44	Kanshiram Nagar	4	247	53	175
45	Pilibhit	4	383	92	431
46	Rampur	4	413	123	495
47	Etah	4	297	67	245
48	Bahraich	3	197	71	426
49	Shravasti	4	274	97	477
	Grand Total	336	22,096	14,984	1,57,642

Families Covered	SHGs which Availed Bank Loans	SHGs Availing more than One Bank Loan	Bank Credit Received, Rs Million	VOs Formed	No. of Resource Villages	BOs Formed
1,06,723	4,011	1,152	695.63	570	156	12
1,70,552	12,007	2,288	1,911.82	662	280	15
1,63,210	8,447	2,534	1,028.27	752	298	16
54,779	459	97	23.48	213	56	4
56,815	339	4	17.06	231	49	6
62,988	1,623	67	248.37	489	100	13
73,067	834	28	78.42	438	84	15
46,336	762	1	123.45	281	44	8
17,547	165	7	11.46	112	89	3
37,044	289	6	15.68	248	80	7
42,769	760	0	126.04	241	34	8
27,398	216	0	12.75	152	76	5
25,270	193	0	18.82	121	52	4
54,600	533	1	43.05	298	119	7
35,466	281	1	25.02	158	56	5
49,259	154	0	11.13	245	87	7
37,400	412	2	27.96	186	80	6
32,168	303	3	16.39	208	85	4
36,148	241	0	15.71	196	47	5
33,155	372	0	22.55	187	93	5
53,884	418	0	25.03	326	121	11
48,931	205	0	21.48	316	72	11
16,393	77	0	3.54	102	38	3
43,299	1,005	0	284.90	287	64	7
18,864	113	0	5.55	147	17	4
25,701	103	0	9.79	240	33	5
19,894	163	2	15.00	146	33	3
31,998	206	0	13.19	250	41	7
22,469	98	5	7.66	152	69	4
19,715	116	0	5.52	171	68	4
24,950	408	1	119.63	112	31	4
28,776	106	0	7.18	262	46	6
12,769	66	5	4.40	82	21	2
25,122	147	0	7.73	140	55	5
17,341	183	0	44.70	114	15	2
12,702	114	1	19.60	120	15	4
10,359	8	0	0.40	72	5	2
28,360	160	0	12.19	188	35	5
20,634	149	0	12.85	135	9	4
10,672	82	0	4.08	65	23	2
12,709	37	0	1.80	89	13	3
5,307	6	0	0.30	23	1	0
7,307	10	0	0.50	55	5	0
2,054	0	0	0.00	22	0	0
4,673	5	0	0.25	45	0	0
5,490	8	0	0.44	56	4	2
2,790	2	0	0.10	16	0	0
4,716	0	0	0.00	44	0	2
4,992	0	0	0.00	42	0	1
17,05,565	36,396	6,205	5,100.82	9,807	2,799	258

Grameen Foundation India conducted a cross-sectional study on the poverty outreach of RGMVP. The study observed that a majority of the SHG beneficiaries have personal bank accounts and prefer SHGs for savings. SHGs have given women financial strength and awareness about maternal and child healthcare best practices.

Nurturing and Strengthening Community Institutions

Community-based SHG platforms are strengthened through extensive facilitation, handholding support and training on each programme initiative. Selected women from SHGs are trained in leadership skills to become resource persons for the programme. Nurturing, mentoring and stimulating behaviour change in the community, they are part of the organisational structure under the CRDCs and work with SHGs, VOs and BOs, acting as co-facilitators of different programmes and activities along with RGMVP staff.

FIGURE 5: Community Resource Building at RGMVP

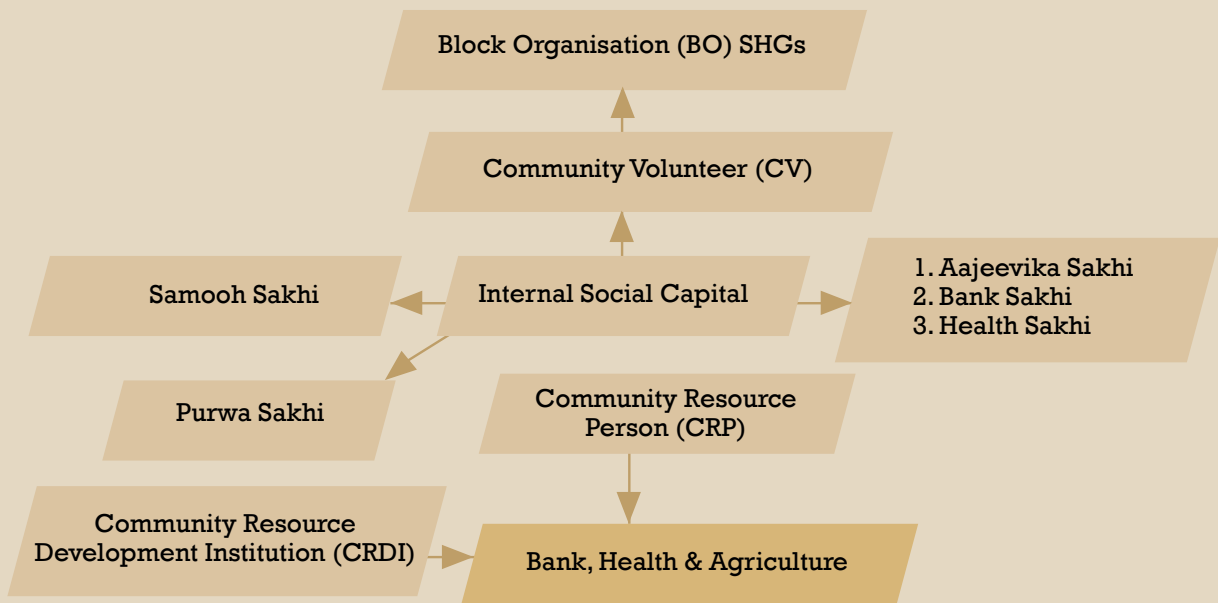
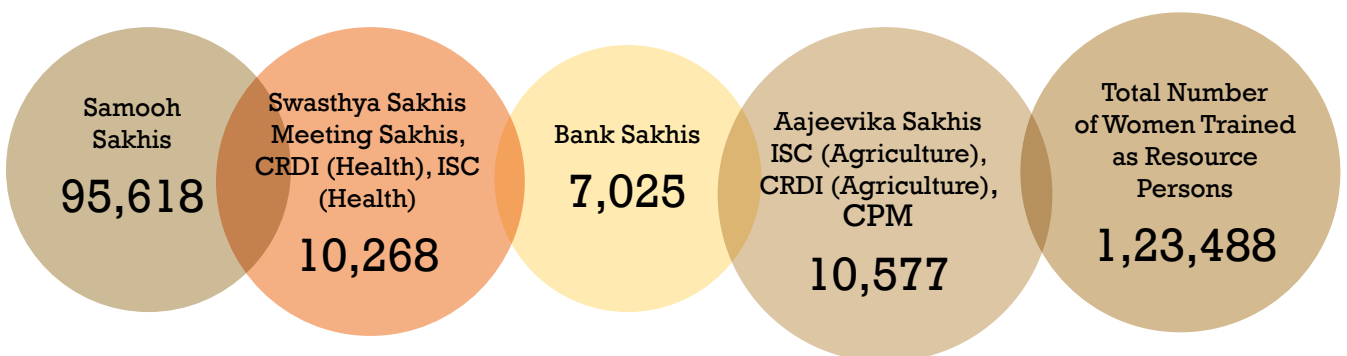


FIGURE 6: Number of Women Trained as Resourc Persons



Innovative Strategies

Finite Time Goals

Through proper utilisation of research outcomes such as an innovative method of composting and Systems of Rice and Wheat Intensification (SRI/SWI) practices, SHG members can double their agricultural income. They can increase their savings corpus and generate resources for inter-lending and income generation. They can also learn and change their health behaviour. These goals require the adoption of strategies having a sense of urgency in execution, leading to time bound results. These are the Finite Time Goals of each SHG member under RGMVP

The 80:20 Principle

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

a. Visual Map

Low levels of literacy among SHG members hamper the information dissemination process. The visual map is a tool for SHG members to visualise their concerns, learning and plan of action, to depict them in simple pictorial form. This not only simplifies the process of inclusive learning, but also helps in transferring knowledge about better health behaviours and leadership skills, preparing family development plans and accessing rights and entitlements.

1,57,642 SELF-

HELP GROUPS

FORMED

IN 49





b. Dayra Map

A *Dayra* map plots the SHG's sphere of influence. On a village sketch map, women draw links to the houses where they have influence. Such plotting of houses helps to identify target women needing health counselling, track progress in the number of houses adopting practices such as compost, etc.

c. Night Meeting

The main idea behind the night meeting is greater participation of women as they are generally busy during the day. Night meetings are peaceful and many important issues are discussed. At least one night meeting is facilitated per village per month by a community volunteer.

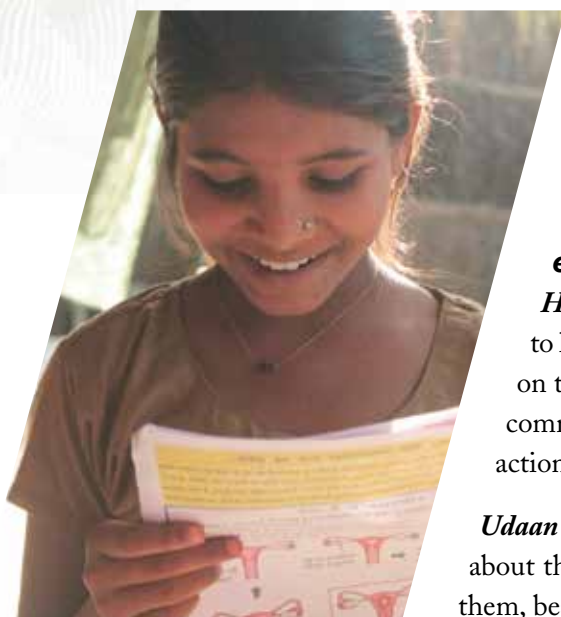
d. Video Show

One of the most effective tools to disseminate information about issues and solutions is through videos and films, which capture attention in villages. Fewer distractions allow the information to be disseminated quickly. RGMVP has trained *Samooh Sakhis*, CRPs and Community Volunteers (CVs) to use Pico projectors to show videos.

e. Community Newsletters

Hamara Sangathan is a community-based newsletter in Hindi, developed to highlight RGMVP's progress, activities and success stories. Elaborating on the best practices around the region, it serves as a learning tool for the community and the CRPs, providing direction for further strategies and actions.

Udaan is a bi-monthly newsletter brought out by RGMVP, carrying news about the Young Women's SHGs (YWSGHs) as well as contributions from them, besides their success stories.





SHGS HAVE AVAILED

OVER RS. 510 CRORE

CREDIT FROM BANKS

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 and a key strategy to help women break various forms of barriers, ensure just and equal participation in socio-economic decisions and eradicate poverty. It includes imparting financial literacy to help them challenge the root causes of poverty, promoting regular savings to create a corpus they can borrow from to meet contingencies, and institutionalising systems to link them to mainstream financial institutions. These gradually enhance women's financial autonomy and participation in remunerative activities, challenging pre-set gender roles. This has led to greater economic stability in families and improvement in women's decision making power in spheres such as household expenditure, livelihood decisions and investment in better family health and better education of children.

SHG-Bank Linkage Programme

With the belief that the poor have the innate ability and desire to come out of poverty and overcome obstacles by building their capacity and knowledge through



their institutions and social mobilisation, RGMVP has been linking SHGs to commercial bank branches for several years, to enable rural women to access bank credit through their SHGs. The SHG-Bank Linkage initiative was initiated in collaboration with the National Bank for Agriculture and Rural Development (NABARD) and Society for Elimination of Rural Poverty (SERP). We have also engaged 82 new Bank *Sakhis* this year.

e-Shakti Programme

This programme was initiated to facilitate digitisation of all SHG accounts and transactions in two districts: Varanasi (Varanasi CRDC) and Barabanki (Lucknow CRDC). A digital portal is being maintained for the purpose. The programme is being carried out with financial support from NABARD.

Poorest States Inclusive Growth Project

This project is implemented in India by the Small Industries Development Bank of India (SIDBI) with the support of the Department for International Development (DFID) of the United Kingdom, and RGMVP is one of the implementing partners in UP. The aim of the project is to ensure the growth of

Success Story



RAMLALI Investing in Livelihood Assets for a Brighter Future

Ramlali, a member of Satyam Mahila SHG in Maharajganj block in Raebareli district joined the SHG in 2001. She has a large family. As a small farmer, with a large family to feed, it was difficult for her family to meet their daily needs. When she came to know about the SHG in her village, she wished to join it. However, her husband, who was ill at the time, objected. However, she managed to persuade her husband and joined the SHG. She took a loan of Rs. 15,000 and bought a *tonga* for her husband. She then took another loan of Rs. 30,000 to invest in farming. She also bought her own land by taking a loan of Rs. 25,000. She has been successfully repaying all these loans and is currently the treasurer of the group.

A LOAN OF RS. 70,000 HAS

HELPED RAMLALI

BETTER HER

FAMILY'S LIFE

marginalised sections of the community by fostering economic independence and deepening financial inclusion through different institutions. It also focuses on linkage with government schemes and programmes, imparting financial literacy and building the capacity of rural women, and developing urban SHGs and YWSHGs.

Inculcating Leadership among Young Women

With the belief that adolescent girls and young women have the power to overcome challenges posed by societal constructs and transform the community, RGMVP has been mobilising adolescent girls into YWSHGs. The programme is designed to empower them to challenge gender-based discrimination, disadvantages and violence, educate and sensitise them to the socio-economic and psychological problems they face through group processes, and enhance their potential to address such problems. Leveraging the existing SHG platforms, YWSHGs are formed to provide young women with their own forums to address issues unique to them. YWSHGs are founded on the same beliefs and principles of self-help 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.

YWSHGs also act as platforms to train young women on financial management and enhance their skills for livelihood activities. Through savings and the loans they are able to access from their YWSHGs, these young women have started to earn their own livelihoods through activities such as running a beauty parlour or a sewing class. This makes them economically empowered and independent.

95,000 GIRLS ARE MEMBERS

OF THE YOUNG WOMEN'S SHGS

AS ON 31 MARCH 2018



Further, due to poor economic conditions, many of these girls are unable to complete their education and with the help of their YWSHG's savings, they are seeking readmission in schools and colleges and pursuing computer courses, or BA and MA courses. Completing their education also makes them aware of their rights and entitlements and the ways to access those.

Following on from last year's residential camps in collaboration with Voice4Girls, a third and final camp, *Sakhi*, was conducted in June 2017 on the theme of leadership development in which 1,000 young women from the YWSHGs were identified as "Sakhis" and trained. They are now working on developing leadership in other young women by conducting similar programmes at the village level across the eight CRDCs.

By the end of March 2018, a cumulative number of 8,642 YWSHGs with membership of over 95,000 girls have been formed.

Rural Livelihood Enhancement and Poverty Reduction

Sustainable Agriculture Development

RGMVP has been implementing a three-year project to develop an informal seed production system through SHGs, funded by the Bill and Melinda Gates Foundation (BMGF). It aims to address issues around local availability,



Success Story

KIRAN

A Budding Entrepreneur



Barely 16, Kiran joined the Lakshi YWSHG in Bholaka Purwa, Raebareli district, in 2016. She immediately enrolled to learn sewing as soon as she came to know of the UshaSilai School initiative. Having mastered the skill, she grabbed the opportunity to open her own Silai School in January 2018. She invested in two sewing machines.

The school offers an affordable and accessible avenue to girls like herself and women from the village to learn a useful skill without having to travel out of the village. Kiran has already enrolled 15 young girls and a few women as students, charging Rs. 100 as monthly fee. She has become a role model for girls in her village. She plans to expand the initiative and hopes to enrol more girls, encouraging and empowering them to be the drivers of their own futures, just as she has been. All of 18 years, Kiran displays great leadership qualities and passion for taking charge of her own life and future. Proud of her venture, Kiran says, “Before joining the YWSHG, I thought it was inevitable that I would be married off at an early age and would depend on my future husband for the rest of my life! But now I have a business to tend to and marriage can wait!”

KIRAN HAS ALREADY ENROLLED

15 YOUNG GIRLS AND A FEW WOMEN

AS STUDENTS, CHARGING

RS. 100 AS MONTHLY FEE.

accessibility and utilisation of quality seeds to enhance agricultural productivity and seed and nutrition security, keeping women as the prime locus. Improved varieties are multiplied and disseminated by small and marginal women farmers from the SHGs. Currently, the project is spread across 32 blocks in Amethi, Lucknow, Pratapgarh, Raebareli, Sultanpur and Unnao districts. So far, 10,577 *Ajeevika Sakhis* have been trained at CRDC, block and village levels as resource persons under this programme. In addition, over 1,800 exposure and training sessions have been organised, including discussions on *ajeevika panji* (books of records), pest control and management, irrigation, weed control, urea fertilizer top-dressing and use of compost. As part of this project, RGMVP also conducted large-scale Participatory Varietal Selection in 66 demonstration plots. This was the largest experiment of its kind in Asia.

Improving Productivity

RGMVP provides extensive hands-on training and exposure to improved agricultural practices such as System of Rice Intensification (SRI) and System of Wheat Intensification (SWI) techniques to women farmers to enhance crop yields without extra inputs while significantly reducing water usage and cost of

1,800 EXPOSURE AND

TRAINING SESSIONS

ORGANISED

FIGURE 7. Production of Paddy and Wheat Season 2017-18





346 GRAIN

BANKS HAVE BEEN

FORMED BY

SHG MEMBERS

production. With the increase in yield, SHG members have developed 346 grain banks which add to the corpus of the VOs and help in augmenting their risk funds.

Shivansh Farming using 18-Day Method of Composting

RGMVP is continuing to propagate the Berkeley Method of Composting (also known as *Shivansh* or EMC/18-day Method of Composting) among small and marginal farmers in 400 Gram Panchayats across all CRDCs. The Hans Foundation introduced the technique to RGMVP after conducting extensive further research on it. The method produces high quality compost from easily available waste materials around the household and a small quantity of cow dung, and takes only 18 days, compared to conventional composting methods which take 45 days or longer. RGMVP plans to ensure complete saturation of villages and widespread adoption of the method among SHG members. *Shivansh* farming has become a sustainable solution for small and marginal farmers. RGMVP has partnered with The Hans Foundation to implement a project to bring this method of farming to one million women farmers.



Currently, 9,062 SHG families are involved in making EMC and 18,000 SHG members have been trained on making EMC.

Entrepreneurship Development

Goat Rearing

Goat rearing is a widespread livelihood among poor rural women as the capital investment required is low compared to cattle rearing, goats can be sold easily to meet contingencies and land is not required to grow fodder. About 90 per cent of goats are owned by the poorest households belonging to disadvantaged and vulnerable groups, landless farmers and marginal farmers and communities at the lowest rung of the caste ladder. RGMVP has identified goat rearing leaders and nurtured centres of excellence across 80 villages for this project. These leaders are continuing this work and, through their influence, encouraging numerous other poor women to adapt goat rearing as a viable livelihood in their villages. RGMVP also organised exposure visits to these villages. The International Livestock Research Institute, Kenya, carried out a baseline study on goat rearing as an intensive business activity among our SHG members and plans to do further interventions.





30 NEW CLASSICAL

SILAI SCHOOLS

SET UP IN THIS

FINANCIAL YEAR

Usha Silai Schools

RGMVP is collaborating with USHA International Ltd. (UIL) to help women and young women entrepreneurs identified from SHGs and YWSHG members to set up and run tailoring schools in remote areas. These are community-based village level schools to empower women to teach sewing to other village women and young girls in the community so that they can become economically independent and also train others to create economic opportunities.

Apart from the existing 81 Satellite schools and several Classical schools, RGMVP has set up 30 new Classical Silai schools this year for training and entrepreneurship development of SHG and YWSHG members. These schools provide training to young women in a safe and secure environment, and nurture their livelihood skills. One of the women trained through such schools, also a YWSHG member, has set up a Satellite community Silai School in one of the remotest areas of UP and teaches there, thus providing maximum livelihood security to other young women at minimum cost. Families in such remote areas usually restrict young women's mobility: it is difficult to provide in-village training and families do not allow them to attend block-level training due to safety issues. Usha Silai Schools also provide a learning environment to young women in the presence of other women of their age.

Transforming Health Behaviour in the Community

The Uttar Pradesh Community Mobilisation Project

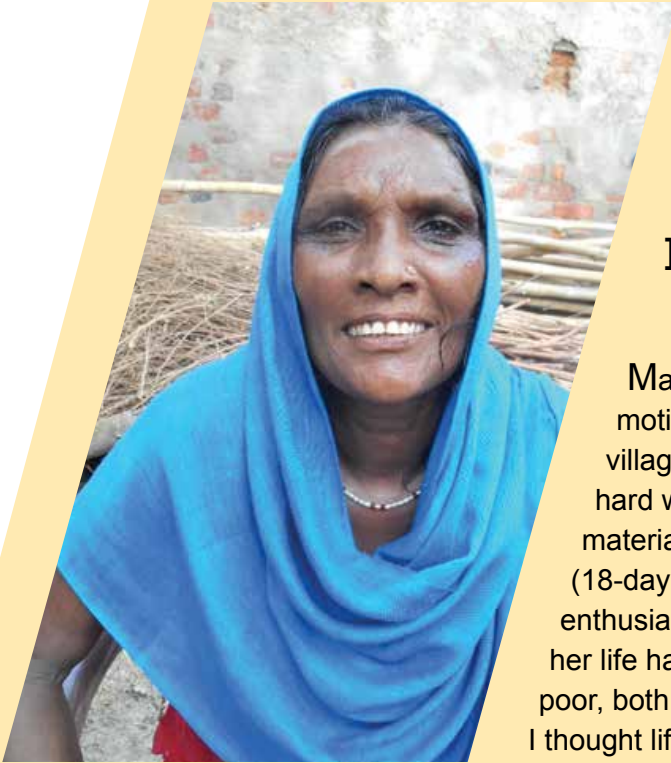


Since 2012, the Uttar Pradesh Community Mobilisation Project (UPCMP) is working to advance RGMVP's commitment to improve health conditions among the poor through a unique health behaviour change model with strong potential to reduce maternal and new born deaths at scale, which could be replicated in some of the poorest communities in India. This project is now in its second phase, with the first phase (UPCMP I) completed in November 2017.

A package of family health interventions was developed and scaled up to strengthen community management of behaviour change communications through the participatory learning and action cycle. Local SHG women leaders identified target women and imparted information on health. UPCMP I focused on reproductive, maternal, neonatal and child health and nutrition (RMNCH+N). The project aimed to not only inculcate knowledge and skills but also encourage families to adopt better behavioural practices. The focus was also on strengthening public health services, enhancing demand and improving linkages with health systems.

As part of UPCMP I, a campaign on exclusive breastfeeding (EBF) was conducted in July 2017 to mobilise members of the community to spread the

Success Story



MATYUL NISHA On a Shivansh Mission to Transform her Tiny Farmland

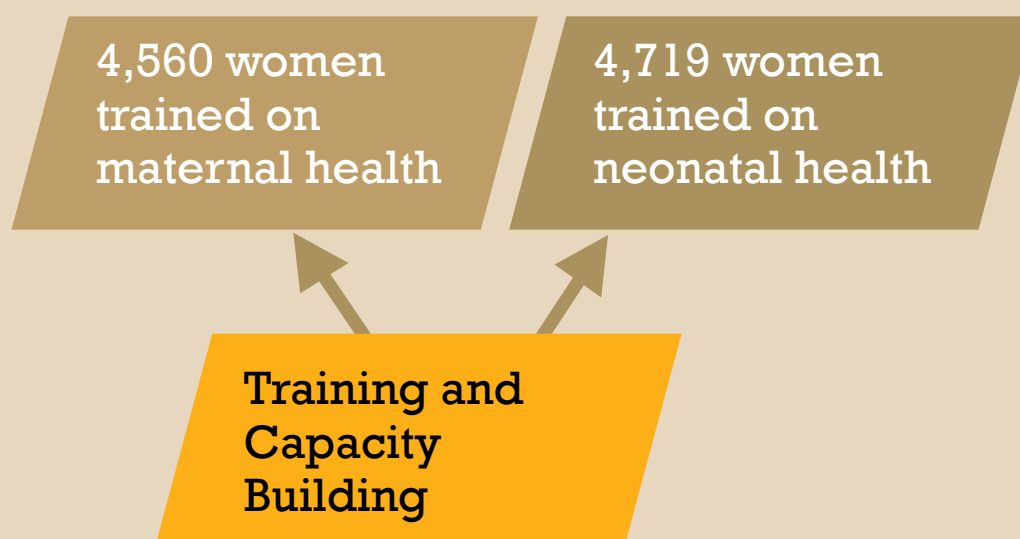
Matyul Nisha, from Gauriganj block, motivates women not only in her own village but also in others, through her hard work and accumulation of the material required to make *Shivansh* (18-day Method Compost or EMC). She enthusiastically shares the story of how her life has changed: "I was incredibly poor, both materially and psychologically. I thought life will always be full of daily struggles and I would just need to face this

fact. I was helpless, hopeless and filled with negativity, rage and aggression. My children were living a beggar's life. When they were little we could not provide them with proper clothes and they roamed almost naked and had several health problems. When I first heard about the SHG in my village I did not pay any heed because I had no money to save. But one woman was very eager for me to join the SHG. She said that we would face poverty together. So I joined the SHG. The change began there. I have undergone a number of training sessions and overcome poverty. This has boosted my positive beliefs. I have 1.5 *bigha* of land, which was almost entirely barren. In January 2016, I received the EMC training. This compost changed my agricultural land. I got great results and now I use *Shivansh* and also try to influence all my block's sisters to make and use *Shivansh*. I would like to spread the knowledge of preparing *Shivansh* to this entire region. If the Pariyojana had not helped me, I could not have come out of my earlier mind-set, the mind-set of being nothing and no one."

message on the benefits of EBF for mother and child. This had a significant impact on behaviour change. The second cross-sectional evaluation study of the project by the Population Council studied the impact of UPCMP I and found that health behaviours among women from SHG families in the intervention areas significantly improved as compared to SHG families in the non-intervention areas. Maternal, new born and child health outcomes increased by 5-12 per cent. The impact was higher among women from SHGs as compared with women from the entire cross-sectional sample. Further, SHG women had relatively higher exposure to the programme, more consistent access to loans and credit, and more women who engaged in economic activity. About 70 per cent of the groups sustained; groups became stronger over time, indicating greater linkages with the VO, greater bank linkage, higher monthly saving amounts and higher attendance in group meetings. Collective empowerment was better in the health intervention areas than the SHG-only areas. And finally, individual empowerment of SHG members was higher than non-members in non-SHG areas.

From April to October 2017, women leaders were trained on maternal health and neonatal health in 120 blocks in 37 districts to develop them as internal resources. These women identified target women and interacted with them during SHG meetings and home visits, mobilising them and creating demand.

FIGURE 8: Impact of UPCMP I





UPCMP II, which commenced in November 2017, is focusing more on maternal nutrition and family planning, and has been expanded from the 120 Phase I blocks to 203 blocks.

The Centre for Operations Research and Training (CORT), in collaboration with the Community Empowerment Lab (CEL), experts in KMC (kangaroo mother care), has set up KMC lounges in the Common Facility Centres at the Community Health Centres in some of the UPCMP II blocks, so that newly delivered mothers can provide KMC. SHG leaders from VO's were provided exposure in such lounges.

RGMVP continued to collaborate with IGEHRC over the past year to conduct joint eye care camps in some of the villages of Amethi.

Household Nutrition and Enterprise Promotion through Social Marketing of Double Fortified Salt

Fortification of essential and staple foods with micronutrients is an effective way to address deficiencies and can have a significant positive impact on the nutrition status of the population. Fortification of salt, in particular, is a cost-effective and efficient way to address iron deficiency.

RGMVP has partnered with the Tata Education and Development Trust to promote the use of Double Fortified Salt (DFS) through SHGs to improve the nutritional status of the people of UP as well as to improve social entrepreneurship among SHG members engaged in social marketing. SHG members sell this salt, fortified with iodine and iron, in their communities, thereby also imparting knowledge about the importance of micronutrients such as iodine and iron. RGMVP plans to expand this project from the six pilot blocks to 25 blocks.



DFS PROJECT IS

BEING SCALED TO

25 BLOCKS IN UP



50 VILLAGES

HAVE BEEN DECLARED

OPEN DEFECATION FREE

Gender and Sanitation

Management of the household water supply, sanitation and health is primarily the responsibility of women and girls. They bear the burden of fetching water for the household and suffer the most due to lack of proper sanitation facilities. Yet, their views are systematically under-represented in decision making. Bringing women to the forefront as promoters, educators and leaders of household- and community-based action on sanitation practices, RGMVP's gender sensitive sanitation initiative started in 2013 and is an action research programme supported by BMGF. It was designed to address the disadvantages faced by women and children. The programme comprises educational sessions for the community on hygiene management and safe drinking water, and leveraging of government programmes for service delivery. The project is spread across 160 villages, of which 50 have been declared Open Defecation Free. The project is now focusing on not just sanitation and village-level orientation for sanitation and hygiene, but also drinking water purification and sanitation issues faced by young women such as menstrual hygiene management.

Success Story



REKHA

Sowing the Seeds of Success through the Sahbhagi Seed Movement

Rekha, from Sarai village in Sanghipur block, is a successful seed producer. Rekha took 2 kilogram (kg) *Sahbhagi* paddy seed. She raised her nursery as per the guidance provided by the project. She harvested 260 kg, much higher compared to other women seed producers. She says that this is due to her hard work and better management of the crop, i.e., timely nursery raising and transplanting, applying proper nutrition to the soil with adequate compost and supplemental doses of fertilizers, appropriate stress management, proper rouging, and strict quality maintenance. After returning 6 kg seed to the VO seed bank, she spread the word among her relatives, friends and acquaintances that she had *Sahbhagi* seed to sell. She sold her seed to 18 Gram Sangathans at the rate of Rs. 22 per kg. From this, she contributed Rs. 2 per kg to her own VO, and got Rs. 20 per kg for herself. Overjoyed by her success, she says she is proud to be a seed producer, that getting Rs. 20 compared to Rs. 14 per kg of grain is in itself a testimony to the economic advantages of producing this seed. She boldly adds that a tiny intervention can bring revolutionary changes in a woman's life through SHGs. Rekha also says that the project can become self-sustainable, freeing small and marginal farmers from the shackles of middlemen who sell seed at double or treble the market price, sometimes of spurious quality. She has resolved to produce good quality seed every year and disseminate it, to help others to obtain good quality seed and generate income for herself and her family.

Research and Learning

RGMVP is implementing a research and learning project with support from BMGF in 67 backward blocks of UP to demonstrate the efficacy of using SHGs to deliver multiple interventions, including women's health. These blocks are from the 100 blocks for which BMGF has set up a Technical Support Unit to implement the National Health Mission in collaboration with the Government of UP. RGMVP is mobilising women from poor households in these blocks into SHGs and promoting health behaviour change, the YWSHG programme, and Panchayati Raj initiatives through the SHGs to conduct randomised research studies regarding the effectiveness of the social platforms to create demand 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. They have been the key funder for our UPCMP, which has enabled us to scale up health interventions to 203 blocks. Additionally, the partnership supports community institution building and capacity building in another 100 blocks. BMGF is also our partner in the implementation of the Gender and Sanitation project, and the community-based seed project. BMGF also supports the National Rural Livelihoods Mission (NRLM) Technical Support Unit along with SRIJAN and RGMVP teams to strengthen the implementation of the NRLM.

The Rural India Supporting Trust: RIST assists RGMVP in bridging the gap between the finances received for specific projects and the resources necessary for institution building and strengthening and to later add on to the other development interventions. RIST provides support to ensure that our community institution building continues to expand and we are able to disseminate the information and training that make up our holistic empowerment strategy.

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





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

Technical Partners

National Rural Livelihoods Mission: NRLM has partnered with RGMVP to provide development support for building and nurturing resource blocks comprising SHG leaders serving as guides and mentors for more newly formed community institutions, thus supporting women in mobilising and training other women to form strong community institutions. They also provide 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 mobilization and institution building since 2007. RGMVP organises exposure visits for 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.

The Hans Foundation: THF has been supporting RGMVP to introduce the EMC technique to women and train them in this technique; trained women then provide information and hand-holding support to other women in the villages.

Population Council: The Population Council supports RGMVP with evaluation of the UPCMP.

Tata Education and Development Trust: RGMVP collaborates with the Tata Education and Development Trust to implement the DFS project, 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.

Alive & Thrive: Alive & Thrive collaborates with RGMVP on the health interventions for our UPCMP.

Commercial Banks and Regional Rural Banks: RGMVP partners with 20 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, Gramin Bank of Aryavart, Sarva UP Gramin Bank, and Kashi Gomti Gramin Bank.

RGMVP HAS

BENEFITTED FROM

SUPPORT FROM A

HOST OF PARTNERS

Success Story



POOJA Pursuing her Dreams by Learning about Computers

Pooja joined a YWSHG in 2017. After completing her high school, she wished to pursue a computer course to be able to stand on her own feet. However, her family was unable to support her to fulfil her dream due to their meagre income. But Pooja did not let this hold her back. She took a loan from the YWSHG and enrolled in a computer certification course. She is now planning to study further while she works as a leadership *Sakhi* in her YWSHG. She says, "Now I am able to fulfil all my requirements. I want to learn more and motivate other girls in YWSHGs to fulfil their dreams."

LEARNING ABOUT

COMPUTERS HAS

HELPED POOJA BECOME

SELF-RELIANT

Apart from the above, RGMVP has also benefited from technical support from a host of partners in previous years, such as the Global Alliance for Improved Nutrition (to implement a community-based nutrition programme), the Public Health Foundation of India (to implement UPCMP), the Mavana Social Service Society (to implement Usha Silai Schools), Boston University (for research on the UPCMP), the International Centre for Research on Women (to evaluate the quality of the interventions and the outcomes of the Gender and Sanitation initiative), and Shramik Bharti (to conduct standalone sanitation interventions in non-SHG villages to compare performance with villages where the Gender and Sanitation programme is implemented in collaboration with SHGs).



OUR VISION IS TO BE THE
PROVIDER OF WORLD-
CLASS EYE CARE TO
THE POOREST AMONG
THE POOR IN A MANNER
AFFORDABLE TO THEM

**AFFORDABLE QUALITY EYE
CARE SERVICES, ESPECIALLY
FOR THE RURAL AND
POORER SEGMENTS OF
SOCIETY**

Indira 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, 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 (IGEHRC) 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.



Programme Strategy

IGEHRHC'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.

IGEHRHC 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.

IGEHRHC performs 70 to 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 IGEHRHC'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, IGEHRHC 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: IGEHRHC Network of Hospitals

Hospital	Year established
IGEHRHC, Munshiganj, Amethi, Uttar Pradesh	2005
IGEHRHC, Lucknow, Uttar Pradesh	2008
IGEHRHC, Sohna, Gurugram, Haryana	2014
IGEHRHC, 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 the newest addition in the IGEHRC network of hospitals. 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.

Since inception in 2005 to March 2018, IGEHRC hospitals treated nearly 2.8 million patients and performed 3,32,815 sight restoring surgeries, making IGEHRC one 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.



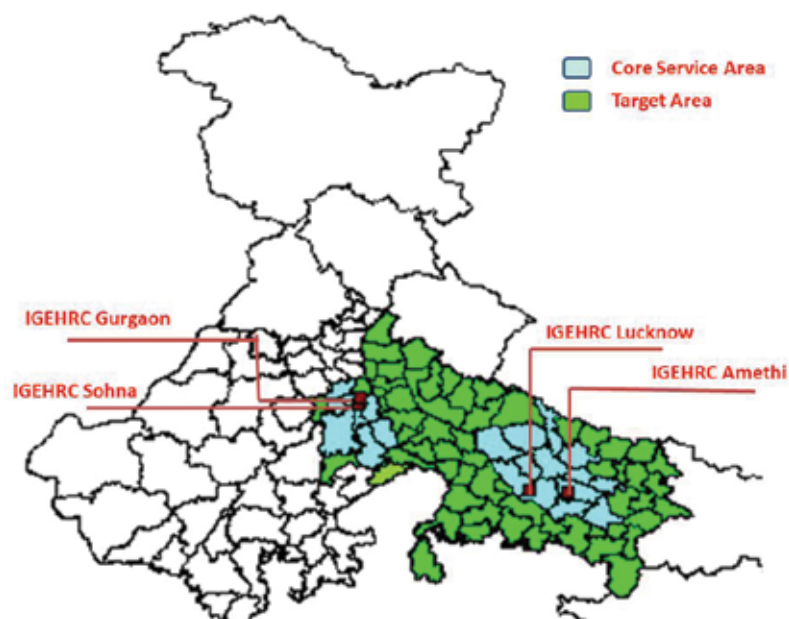
IGEHR HOSPITALS

HAVE TREATED

NEARLY 2.8 MILLION

PATIENTS TO DATE

FIGURE 1: IGEHR's Coverage Area



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. It conducts regular screening camps in rural areas to identify persons 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 IGEHRC 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



23,415 SUBSIDED

SURGERIES PERFORMED

ON CAMPS PATIENTS IN

2017-18

are transported to and from IGEHRC hospitals free of cost. They are also provided free food and lodging during their stay at IGEHRC hospitals.

Civil society groups, such as local trusts, non-governmental organisations (NGOs), community leaders and social workers play a crucial role in creating awareness and mobilising and bringing to the camps people from their area who may require eye care. Embedded in the same communities, the mobilisers play a critical 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 2017-18, IGEHRC screened 88,789 patients in 800 camps and conducted 23,415 subsidised surgeries.

IGEHRc's outreach activities stand apart for their methodical process of screening at the camp site itself and provision of subsidised surgery. It 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 for early identification of children with vision impairment, 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



1,60,000 EYE

SURGERIES CARRIED

OUT SINCE

INCEPTION



in Munshiganj, Amethi in December 2005. Designed to be at the forefront of ophthalmic care, this 120 bed 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 steep growth in demand for its services 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 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 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.

TABLE 2: Patient Care in IGEHRC Amethi 2017-18

Out Patient Category	Number of Patients
Walk-in	70,444
Outreach	44,139
Surgeries	Number of Patients
Walk-in	3,971
Subsidised	13,275
Community outreach camps held	308

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 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.



OVER 500 PATIENTS

ARE SERVED EVERY DAY

BY IGEHRC LUCKNOW

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.

TABLE 3: Patient Care in IGEHRC Lucknow, 2017-18

Out Patient Category	Number of Patients
Walk-in	156,135
Outreach	34,739
Surgeries	Number of Patients
Walk-in	8,322
Subsidised	9,651
Community outreach camps held	340



Sohna Rural Hospital

IGEHC Sohna, Gurugram, was inaugurated on 8 August 2014. Within four years, the hospital has justified its existence and now serves more than 100 patients daily. It is the first hospital set up outside UP as part of the IGEHC network of hospitals. This is a rural, secondary level hospital situated in rented premises in village Raipur, Sohna in the state of Haryana. 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.

During this brief period since inception, nearly 5,500 surgeries have been carried out, including on children, glaucoma patients and other specialties besides cataract.

TABLE 4: Patient Care in Sohna 2017-18

Out Patients Categories	Number of Patients
Walk-in	37,517
Outreach	9,911
Surgeries	Number of Patients
Walk-in	1,188
Subsidised	219
Community outreach camps held	152



Gurugram Hospital

Indira Gandhi Eye Hospital, in Village Ullhawas, Sector 62, Gurugram, is being established as a centre of excellence catering to a population of 25 million in 12 districts of South Haryana, North Rajasthan and Western Uttar Pradesh.

Physical facilities are now complete and the hospital began operations in October 2017 from the then completed section of the building in response to requests from neighbouring Panchayats. Though yet to be fully equipped, the hospital is catering to about 50 patients daily. Since the inception of Out Patient Department (OPD) services, the hospital has examined 3,194 patients from the surrounding villages and urban settlements, mostly from the weaker sections.

Vision Centres

IGEHRC extends its presence in the catchment area through Vision Centres that offer primary eye care. The Vision Centres are designed to provide 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 IGEHRC 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 IGEHRC hospitals at Amethi or Lucknow.



Success Story

RAM SHIROMANI A Livelihood Secured



Ram Shiromani, a power loom worker had come home on vacation when he suffered a serious eye injury while fixing a window in his home. While assisting the carpenter, shrapnel injured his left eye.

Ram Shriomani is 35 years old and the only earning member of a family of six, including his wife, three daughters and a younger son. Barely managing to meet the expenses of running the family, he was faced with the frightening possibility of losing his livelihood due to possible loss of sight in one eye besides enduring excruciating pain. His meagre savings would not afford the treatment. Thankfully, his neighbour knew about IGHERC Amethi and advised him to go there.

When he reported to the hospital, he had no vision in the affected eye. He needed complicated emergency surgery. He was operated immediately. After going through regular follow-up, his eye has got its vision back. The hospital waived off all fees in view of his economic condition. Shortly all his medication will also stop and he will be able to resume work. A livelihood threatened by a minor accident has been secured.

RAM SHIROMANI WAS

FACED WITH THE FRIGHTENING

POSSIBILITY OF LOSING

HIS LIVELIHOOD

Our Initiatives

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 to speedily induct such technology into the hospitals. Adaption to technological changes is facilitated through retooling and training of doctors and all staff continuously.

Continuing Medical Education

IGEHR 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 a CME titled, “VRevolutions – An Update of Posterior Uveitis and Medical Retina”. 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 students from private and government hospitals from around the country. Interactive sessions, case presentations, panel discussions, and audience polls are 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 post graduates.

Academics and Research

As a professional organisation, IGEHRC 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.

IGEHR 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 2017-18, IGEHRC offered 12 fellowships to post-graduate doctors and all the Fellows performed well, both clinically and academically. The training programme includes, besides clinical and outreach practice, 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 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 sub-specialties were presented by Fellows and moderated by consultants.

IGEHR doctors presented more than 70 research papers in various national and international forums.

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.



IGEHR Amethi had been serving patients with retinal problems through referral to IGEHRC Lucknow. 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 a specially trained surgeon, was inducted along with the placement of requisite diagnostic and surgical equipment.

Success Story

ASMA BANO

A Future Restored



Asma Bano, 45 years of age, a resident of a remote village in Jagdishpur Block of Amethi district is from a marginal farmer family that includes her husband and two sons. Struggling to make two ends meet, subsistence is the primary focus of the family and health care always takes a back seat. So it was that no one cared to take Asma to a hospital even though she had for long been complaining of diminishing sight that made it difficult for her to carry out regular routines such as cooking a meal.

In the course of a house-to-house survey, a field worker from IGEHRC Amethi paid her a visit. Field examination indicated that she had cataract. Asma was referred to the eye camp scheduled in a nearby village. In the camp, she was examined again and informed that the cataract that was the cause of her loss of vision. She was counselled about the modalities of treatment.

Asma was brought to the hospital in a hospital bus along with other patients from the eye camp for cataract surgery. She was operated and her vision immediately improved. Cataract surgery not only brought her sight back, it has in a way restored her future as a fully functional member of her family, and without getting into a debt trap.

ASMA BANO

COULD NOT EVEN

PERFORM SIMPLE TASKS

LIKE COOKING A MEAL

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 6,184 people and carried out surgery on 161 people for Vitreo Retina problems.

Our Team

IGEHRC 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 23 ophthalmologists with highly specialised knowledge and skills and relevant experience who run various departments, such as comprehensive eye care, Cornea, Paediatrics, Glaucoma, Retina and Oculoplasty. The doctors are assisted by 162 trained Mid-level Ophthalmic Assistants supporting all departments. There are 20 optometrists posted at the hospitals, Vision Centres and camps. Over 66 staff look after administration, housekeeping, security, transport and maintenance.



OUR TEAM INCLUDES

HIGHLY QUALIFIED DOCTORS,

SPECIALISING IN VARIOUS

SUB-DISCIPLINES

Success Story

RATIPAL **Living on His Own Terms, Again**

Ratipal is a 60-year-old small farmer from Devgaon Maitha, a remote village with no public transport. He had been experiencing difficulty in seeing things clearly and eventually reached a stage when he was unable to do even his routine work. His sons had their own preoccupations and Ratipal was forced to take the help of his neighbours even for his day-to-day personal routines. Having lived a full life on his own terms, Ratipal felt he was now a burden on others.



A neighbour from his village told Ratipal about IGEHRC Amethi. He was advised to visit a nearby camp organised by IGEHRC. After examination at the camp Ratipal's sight was found to be one-10th of the normal due to cataract. He was brought to the hospital along with other patients screened at the camp who needed surgical procedures and operated upon for cataract. His vision restored, Ratipal is able to again to lead an independent life—on his own terms. And he is full of tales about all the equipment and facilities at the hospital and even shows off, as a memento, the dark glasses he was asked to wear for a few days following surgery.

RATIPAL FELT HE WAS

NOW A BURDEN ON

OTHERS

Success Story

RAUNAK

A Childhood Restored

Rounak is the five-year-old son of a daily wage worker, Raju Verma. The youngest among three siblings, Rounak slowly began to show signs of diminishing eye sight. He would stumble and was unable to play with his friends. Raunak was developing cataract in the both the eyes. This was catastrophic for the family, especially since they did not have the means to get medical treatment for Rounak—medical expenses would have amounted to a small fortune, given their hand-to-mouth existence.

A local social worker associated with IGEHRC, Vinay Tiwari, got to know about Rounak and sent him to the nearest camp at Salon, Raebareli. The boy was immediately referred to IGEHRC Lucknow, which routinely deals with complicated paediatric surgeries.

After a thorough examination and preparations for the surgery, Raunak's right eye was operated upon in December 2017. Regaining full vision in one eye, Rounak has become a live wire again, eager to play with other children as a five-year-old should. Shortly his other eye will be operated upon and Raunak will be able to attend school and grow up into a productive adult.

RAUNAK WILL SOON BE BACK

IN SCHOOL TO GROW INTO A

PRODUCTIVE ADULT

Plans 2018

Tertiary Hospital at Gurugam

The IGEHRC Gurugram is planned to be 200-bed tertiary hospital catering to 12 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 now complete and the hospital is expected to become fully functional in September 2018.

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 skill 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 now completion and it is expected to be functional by September 2018.

Training the Government Eye Health Workforce

There is a huge gap in demand and supply of the health and eye health services in India, especially in the North. Shortage of eye health workers with the requisite skills and knowledge to treat patients at the basic level is one of the biggest barriers to improving access to quality eye health services. Government staff posted in the rural areas have limited skills and knowledge. They receive hardly any on-the-job training to upgrade their skills and knowledge.

Besides its own eye health care services, IGEHRC is pitching in by training eye care providers in government and charitable establishments to improve eye health services in rural areas. Training is organised in collaboration with government departments. The training curriculum is drawn based on gap analysis. Teaching skills with practice and post-training support ensure that the overall skills on the job are enhanced.

Partner Organisations

IGEHRC 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.

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

Financial Abstract

Balance Sheet as at March 31, 2018

Particulars	As at March 31, 2018 Rs.	As at March 31, 2017 Rs.
SOURCES OF FUNDS		
Corpus fund	142,500,000	142,500,000
General fund	281,403,008	298,153,997
Deferred income	1,240,805,533	1,038,332,667
	1,664,708,541	1,478,986,664
APPLICATION OF FUNDS		
Fixed Assets		
Net block	375,491,111	404,013,904
Capital work in-progress (including capital advances)	1,126,790,163	886,364,703
	1,502,281,274	1,290,378,607
Current assets, loans and advances		
Inventories	6,692,695	7,465,087
Sundry receivables	839,849	737,897
Cash and bank balances	797,180,645	772,246,150
Loans and advances	113,050,510	76,258,498
	917,763,699	856,707,632
Less: Current liabilities and provisions		
Advance for projects	488,295,126	459,948,990
Current liabilities	262,831,495	206,871,663
Provisions	4,209,811	1,278,922
	755,336,432	668,099,575
Net current assets	162,427,267	188,608,057
	1,664,708,541	1,478,986,664

Financial Abstract

Income and Expenditure Account for the year ended March 31, 2018

Particulars	For the year ended March 31, 2018 Rs.	For the year ended March 31, 2017 Rs.
INCOME		
Donations	335,269,095	374,396,522
Hospital revenue	276,471,481	260,998,691
Other income	10,601,575	11,127,116
	622,342,151	646,522,329
EXPENDITURE		
Medical supplies consumed	87,100,496	84,724,652
Project and related expenses	503,902,845	515,750,796
Depreciation and amortisation	35,158,131	40,133,385
Employee benefit expenses	7,354,982	2,050,323
Administrative and other expenses	5,576,686	4,736,361
	639,093,140	647,395,517
Excess of expenditure over income	16,750,989	873,188

Governance and Management

The Head Office (HO) of the Trust provides overall 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 2017-18 are:

Governance

The Trust's Board meeting was held on 13 October 2017. The Top Management Team (TMT) meetings were regularly held to review progress and approve strategic initiatives.

Management

The Statutory Audit for the FY 2016-17 was completed in September 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 Projects and HO. The Trust follows financial systems that meet international standards of reliability, transparency and accuracy. The financial accounts of the Trust are audited by Deloitte Haskins & Sells.

Institutional donors such as Tata Trusts, BMGF, RIST and Sightsavers International continued their support to the Trust's initiatives this year too with grants of Rs. 53.33 crore. The Trust had a FCRA bank balance of Rs. 59.11 crore during the year.

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

Partner Organisations and Donors

RGMVP

- 1 Bill Melinda Gates Foundation
- 2 Rural India Supporting Trust
- 3 National Bank of Agriculture and Rural Development
- 4 Public Health Foundation of India
- 5 Small Industries Development Bank of India
- 6 International Livestock Research Institute
- 7 The Open University
- 8 TATA Education & Development Trust
- 9 Uttar Pradesh State Rural Livelihood Mission

IGEHRG

- 1 Rural India Supporting Trust
- 2 Royal Commonwealth Society for the Blind (Sight Savers)
- 3 Jamsetji Tata Trust
- 4 Surgicon Healthcare Pvt. Ltd.
- 5 Cipla Limited
- 6 Sun Pharma Laboratories Ltd.
- 7 Novartis Healthcare Pvt. Ltd.
- 8 Alcon Laboratories (India) Pvt. Ltd.

Individual Donors

- 1 Mr. Mahendra Malhotra, Gurugram
- 2 Mr. Rishi Dangi, Gurugram

Organisation Structure

RGCT

Shri Deep Joshi

Chief Executive Officer (CEO)

Shri Shantanam D. Sinha

CFO

RGMVP

Shri P.S. Mohanan

State Programme Director

Shri K.S. Yadav

Programme Manager

IGEHRC

Dr. Anil Tara

CEO

Shri Somesh Dwivedi

Director - Operations

Lucknow

Dr. Kuldeep Shrivastava

CMO

Dr. Ashutosh Khandelwal

Dy. CMO

Amethi

Dr. Sandesh Kumar

Medical Coordinator



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