



ENABLING CITIZENS, CREATING COMMUNITIES

Annual Report 2018-2019



FOREWORD

It is my privilege to present the 17th annual report of the activities of the Rajiv Gandhi Charitable Trust (RGCT). The Trust was established to realise Shri Rajiv Gandhi's vision of an inclusive India. It works in some of the poorest areas of the country through two action programmes, focused, respectively, on women's empowerment and making eye care services available to the poorest.

The women's empowerment initiative of the Trust, titled Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), works in Uttar Pradesh (UP). It organises women in villages into Self Help Groups (SHGs) and federates these groups as Village Organisations (VOs) and Block Organisation (BOs) at their Panchayat and Block levels, respectively. The SHGs meet every week, save small sums into a group fund from which they can borrow to meet household contingencies. Group members and leaders are trained in management and development of the groups and federations, financial management, livelihood enhancement and modern mother and child health practices. Over the past few years, RGMVP has also been organising adolescent girls as Young Women's SHGs (YWSHGs). This is a unique initiative of the Trust. RGMVP supports the YWSHG members with training to effectively negotiate the critical life transition from childhood to adulthood.

RGMVP now works in 16,000 Gram Panchayats of 336 blocks across 49 districts in UP. It organised 33,906 new groups during the year, including 20,866 SHGs and 13,040 YWSHGs and promoted 2,361 VOs and 33 BOs. Cumulatively, RGMVP has organised 169,866 SHGs and 21,682 YWSHGs, representing about 20 lakh households as of March 2019. These have been federated into 12,221 VOs and 291 BOs.

A review of RGMVP's work was done by Vikas Anvesh Foundation, a development research organisation promoted by the Tata Trusts, during the year. It found that 85 per cent of the SHGs and VOs are functional entities and their membership is inclusive rather than exclusively poverty focused. It also revealed that RGMVP has produced salutary impacts on the status of women and commended the degree of social mobilisation and cohesion in the SHG institutions. New initiatives during the year included the establishment of a Training and Resource Centre at Nigoha in Amethi district; strengthening of community institutions through extensive facilitation, handholding support and training on each programme intervention; and the creation of a Community Cluster Centre (CCC) to decentralise activities by activating multiple meeting centres in each project block.

Financial inclusion continued to be a focus area during the year. SHGs had cumulatively saved INR 660 crore by March 2019. Over 46,250 SHGs had received financial support from the National Rural Livelihoods Mission, including about 37,000 SHGs, as revolving fund of INR 15,000 each and 9,259 SHGs as community investment fund of INR 1.10 lakh each. Over 38,000 SHGs had direct access to credit limits from banks to the tune of INR 470 crore. Increasing agriculture productivity and reducing farming costs are the main focus of RGMVP's livelihood enhancement initiatives as agriculture is the principal source of livelihoods for the communities RGMVP works with. The initiatives include Systems of Rice/Wheat Intensification, promotion of better seed varieties through an informal seed production system, promotion of 18-day method of composting, raised-bed nutritional kitchen garden and organic methods in farming.

Indira Gandhi Eye Hospital and Research Centre (IGEHC), the chain of eye hospitals established by the Trust, is the flagbearer of the Trust's eye care programme. IGEHC has one secondary hospital each at Munshiganj in Amethi district in UP and at Sohna in Haryana, one tertiary care hospital at Lucknow in UP and a super speciality hospital, established as a centre of excellence, at Gurugram in Haryana. IGEHC is one of the largest providers of quality eye care in North India.

Focused on eliminating preventable blindness in the country, the Trust's eye care programme organises a large number of rural eye camps every year. Patients are examined free of cost at the eye camps and those needing surgery are brought to IGEHC hospitals as in-patients and transported back to their villages after surgery and post-surgical review. The entire procedure, including transportation, boarding, lodging and surgery, is carried out free or at highly subsidised fees. During the year, IGEHC organised 816 eye camps in 28 districts in UP, Rajasthan and Haryana. Surgeries were carried out on over 26,904 patients out of nearly 101,020 patients examined in these camps. Besides rural outreach, IGEHC hospitals receive a large number of walk-in patients. During the year, the hospitals served 288,982 walk-in patients and surgeries were carried out on 13,433 of them. Since inception in 2005, IGEHC has served nearly 32 lakh persons, including 8.85 lakh in rural eye camps, carried out 3.73 lakh surgeries, including 2.60 lakh on patients from eye camps, and conducted 6.29 lakh refractive error corrections, including on 1.70 lakh camp patients. The chain of hospitals now caters to over 1,500 patients daily and has 300 qualified staff, including 60 highly experienced doctors.

Construction at the super-speciality hospital at Gurugram was completed during the year. The hospital had begun functioning from a partially finished section in the previous year itself. During the year, the hospital served 29,611 patients, including 15,234 in 62 rural eye camps; carried out 1,703 surgeries, including 1,441 on patients from eye camps; and carried out 2,227 refractive error corrections, including 1,362 on camp patients. During the year, IGEHC upgraded its Amethi facility by setting up a Vitreo Retina clinic for treatment of patients with retinal problems. The clinic has a professional team, including a specially trained surgeon and the requisite diagnostic and surgical equipment. The clinic provides highly subsidised services. Now patients needing services like cornea transplant, etc., are operated upon at Amethi itself and not referred to IGEHC Lucknow. In the short time of about a year, the Vitreo Retina Centre at Amethi has treated 6,184 people and carried out surgeries on 161 people for Vitreo Retina problems, including corneal transplants.

In the years ahead, the Trust would seek to expand the scope of its programmes to reach out to a larger number of disadvantaged people. The Trust would continue to partner with like-minded resource organisations in order to expand its outreach.

I would like to extend my appreciation of the support provided by our Trustees, donors and resource organisations in enabling us to fulfil our goals and mission. I would also like to thank the staff at RGMVP, IGEHC and HO for their continued hard work and dedication.



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 (UP), Haryana and Rajasthan through two development initiatives: Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) and Indira Gandhi Eye Hospital and Research Centre (IGEHRC). 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 civil society initiative engaged in social mobilisation for women's empowerment in UP, working in 49 districts. It organises poor women into self-help groups and their federations. Managed by the women themselves with handholding support from the programme, these institutions enable women to leverage financial services and government services and programmes. RGMVP also trains women to adopt modern health behaviours and improve their livelihoods. The programme seeks to enhance women's well-being and their sense of agency so that they feel empowered to claim their rightful place as equal citizens in society.

IGEHRC is one of the largest providers of high quality eye care in northern India, with outreach in UP, Haryana and Rajasthan. It provides affordable eye care, especially to poor people, to eliminate avoidable blindness across these three states.

In its journey of 17 years, the Trust has developed and implemented social development programmes to benefit millions among the poorest people. These initiatives seek to enable the poorest to overcome poverty and social exclusion and lead productive lives with dignity. It has facilitated their access to social and economic opportunities by building linkages to financial institutions, markets and public services. The Trust has in place 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.



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The experience of working together, practicing new behaviours and traversing hitherto uncharted territories enhances women's individual and collective sense of agency and unleashes their potential to transform their own and their families' lives



RAJIV GANDHI MAHILA VIKAS PARIYOJANA

Programme Approach

Organising women to create safe institutional spaces where they can learn, discover and experiment with new behaviours is the core of RGMVP's programme strategy. The programme supports women in organising themselves into three-tier community-based institutions: Self Help Groups (SHGs) and federations of SHGs – Village Organisations (VOs) and Block Organisations (BOs). These institutions stimulate mutual help and collective advocacy. SHG members save into a group fund and borrow from it periodically to meet household contingencies. Mature groups are assisted in accessing banks to obtain group loans out of which members can borrow larger sums to finance economic activities. Groups are also supported to claim their entitlements from various government programmes. The experience of working together, practicing new behaviours and traversing hitherto uncharted territories enhances women's individual and collective sense of agency and enables them to break free from deep-rooted social hierarchies, unleashing their potential to transform their own and their families' lives.

Community institutions also serve as platforms for the programme to provide women and adolescent girls structured training and capacity-building inputs on various matters beneficial to them, such as group functioning, financial inclusion, sustainable and more remunerative farming practices, non-farm livelihoods and improved health practices. The process is managed and led by women trained by the programme as Community Resource Persons (CRPs) who become catalysts for change in their communities.



**Women's
Empowerment
and Poverty
Mitigation**



RGMVP works in regions with low human development indices, such as low female literacy and high maternal and neonatal mortality, high deprivation indices and concentration of Scheduled Caste (SC)/ Scheduled Tribe (ST) households.

The programme proactively seeks to ensure that the Poorest of the Poor (PoP) and poor households are included in SHGs. Almost 80 per cent of the households RGMVP works with are poor/PoP. More than 80 per cent of the landowning households of SHG members are marginal farmers.

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FIGURE 1: GEOGRAPHICAL OUTREACH OF RGMVP AS AT MARCH 2019

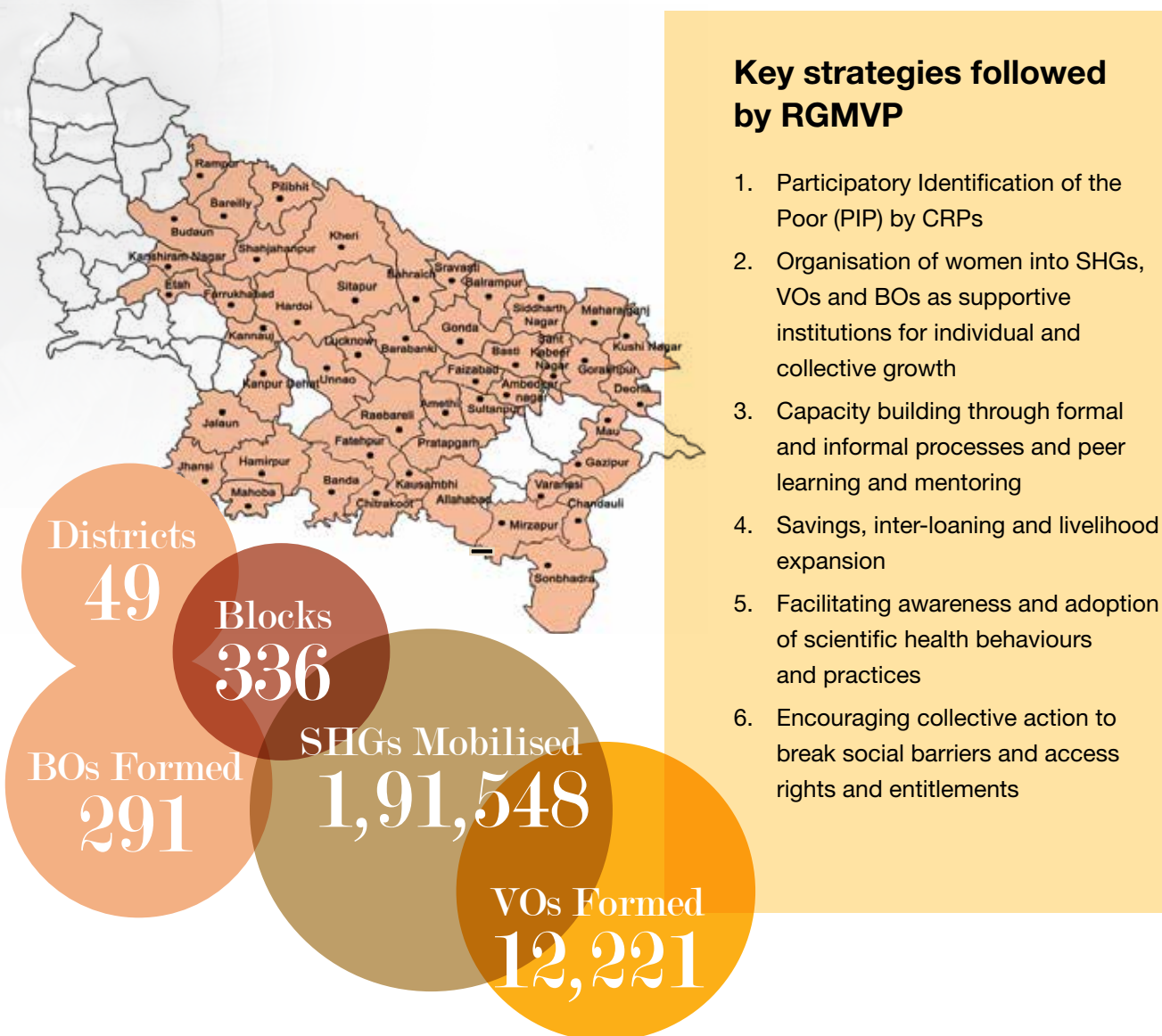
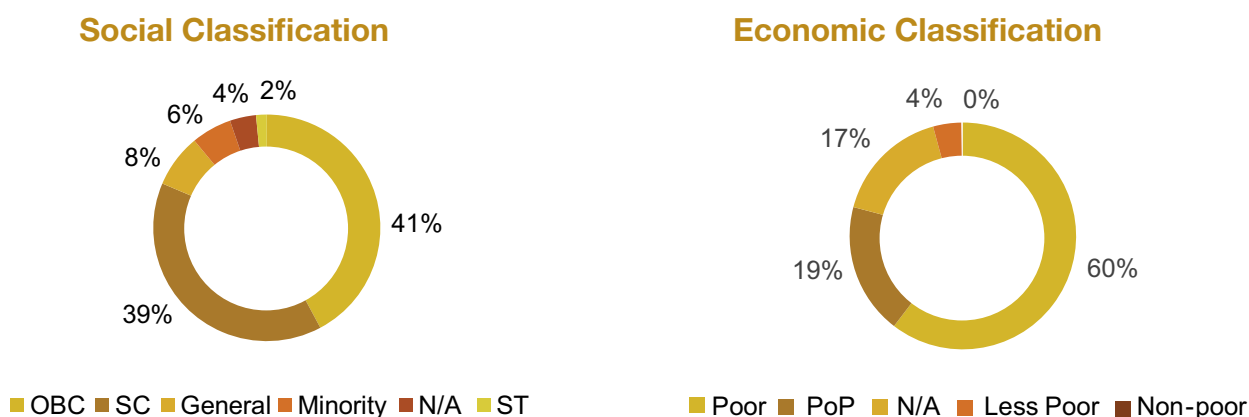
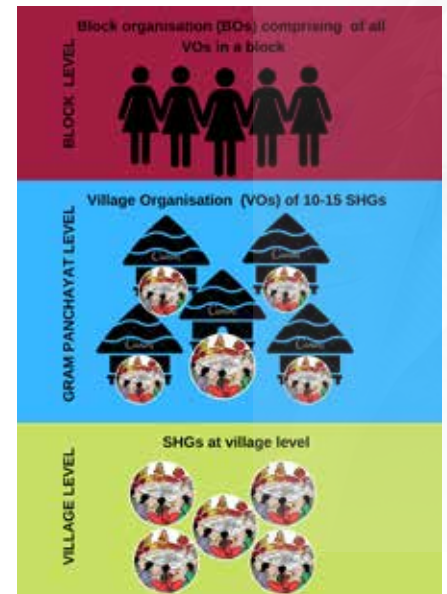


FIGURE 2: SOCIO-ECONOMIC CATEGORISATION OF PROGRAMME HOUSEHOLDS



Building Community Institutions

SHGs are the building blocks of the three-tier institutional structure promoted by the programme. RGMVP facilitates 10 to 15 women from the same neighbourhood/hamlet in a village, willing to work together, to form a SHG. Group membership is thus voluntary and affinity-based. All SHGs within a Gram Panchayat (10-15) form a VO and all VOs in a block federate into a BO. Presently, VOs have a membership of about 100 to 150 women and BOs about 5,000 to 7,000 women. Due to affinity and a shared socioeconomic context of marginalisation, women bond through frequent face-to-face interaction in SHG meetings, pursuing a shared purpose. Carefully designed capacity-building inputs provided by RGMVP enhance their knowledge on group functioning, managing finances, available financial services, ways to improve livelihoods, legal rights and access to entitlements. They also learn about better hygiene and health practices, sanitation, nutrition and family planning.



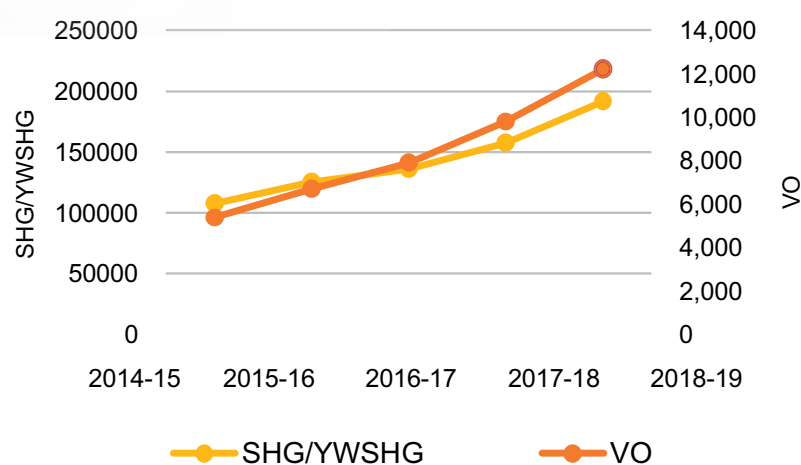
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TABLE 1: COMMUNITY INSTITUTIONS PROMOTED DURING THE PAST FIVE YEARS

Year	SHGs & YWSHGs		VOs		BOs	
	During the year	Cumulative	During the year	Cumulative	During the year	Cumulative
2014-15	9,966	1,07,612	1,246	5,388	40	155
2015-16	17,831	1,25,443	1,373	6,761	53	208
2016-17	10,717	1,36,160	1,196	7,957	13	221
2017-18	21,482	1,57,642	1,903	9,860	37	258
2018-19	33,906	1,91,548	2,361	12,221	33	291

FIGURE 3. PROGRESS IN MOBILISING COMMUNITY INSTITUTIONS OVER THE PAST FIVE YEARS



- RGMVP covers 16,000 Gram Panchayats (GPs) in 336 blocks across 49 districts in UP.
- RGMVP organised 33,906 groups during 2018-19, of which 20,866 were SHGs and 13,040 YWSHGs. Further, 2,361 VO and 33 BOs were also organised.
- Cumulatively, 1,69,866 SHGs and 21,682 YWSHGs have been organised till March 2019, representing about 20 lakh households. These have been federated into 12,221 VO and 291 BOs.
- 1,39,126 SHGs have savings bank accounts.
- 38,626 SHGs have availed bank loans, including Cash Credit Limits, totalling INR 470 crore.
- SHGs have own savings of over INR 660 crore.

Training Community Resource Persons

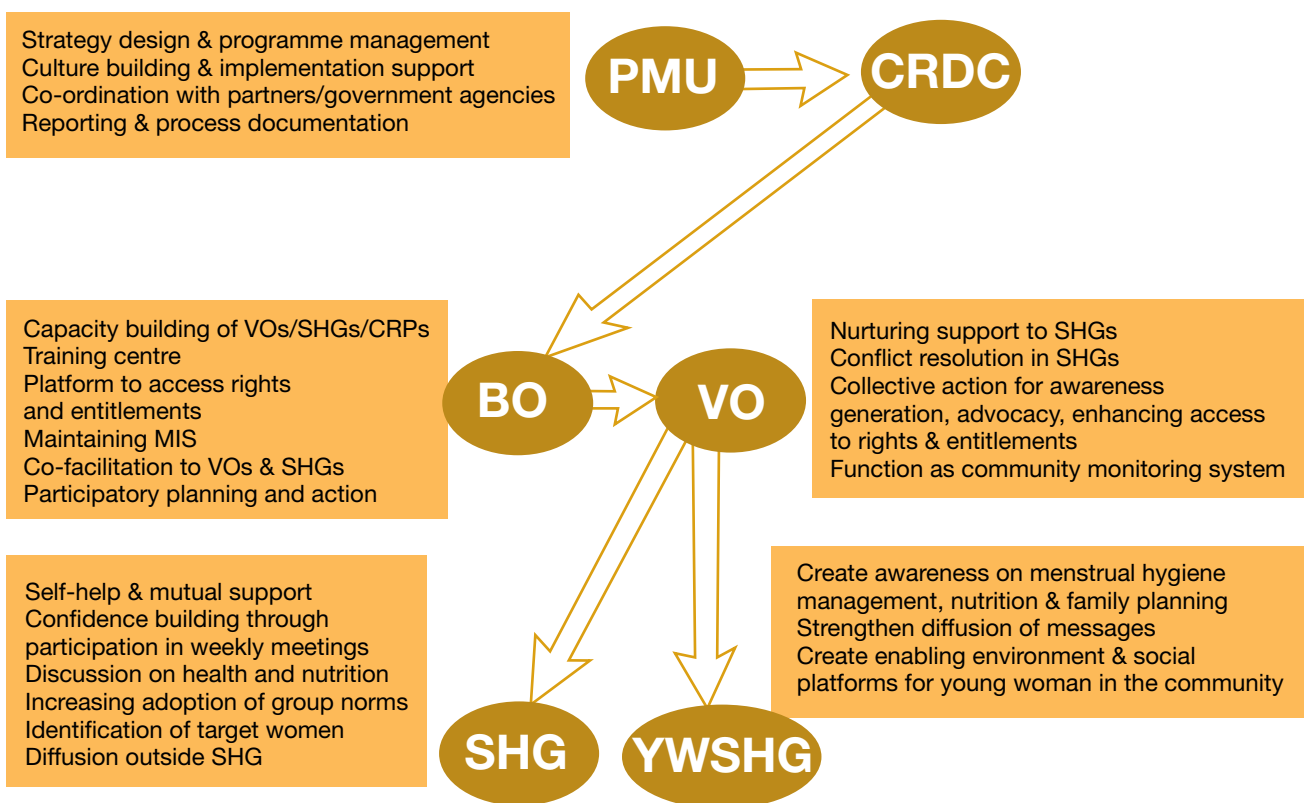
RGMVP trains women selected by SHGs as CRPs in various programme activities to help groups get services from various public agencies. They work with SHGs, VOs and BOs under the guidance of the Community Resource Development Centres (CRDCs), acting as co-facilitators of different programmes and activities along with RGMVP staff. The key CRPs trained by RGMVP as of 31 March 2019 are:

- 114,484 Samooh Sakhis
- Over 100,000 Health Volunteers
- 7,025 Bank Sakhis
- 11,041 Aajeevika Sakhis

TABLE 2: PROJECT OUTREACH UP TO MARCH 2019

Districts	Blocks	GPs	SHGs & YWSHGs	Families	VOs	BOs	SHGs with Bank Accounts	SHGs availing Bank Loans	Total Bank Credit, INR lakh
49	336	16,032	191,548	2,084,807	12,221	291	139,126	38,626	47,027

FIGURE 4: ORGANISATION OF THE PROGRAMME



Community Cluster Centre

In order to improve interaction among VOs, the programme has promoted the concept of a Meeting Centre around a cluster of 10 to 12 GPs where the VO representatives from these GPs meet once a month along with CRPs to review progress against plans and make plans going forward. This has enhanced interaction among VOs and participation is better than at the level of BOs

National Pool of Community Trainers

During the year, 11 members of SHGs were selected to become part of the National Pool of Community Trainers for the National Rural Livelihoods Mission (NRLM) following a rigorous selection process of tests, group discussions and interviews conducted by NRLM and National Institute of Rural Development and Panchayati Raj (NIRDPR). They also completed the Training of Trainers programme organised by NIRDPR at its campus in Hyderabad.



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RGMVP trains women selected by SHGs as CRPs in various programme activities to help groups get services from various public agencies

SUCCESS

Story



Up the Economic Ladder, Step-by-step

Angoor Jahan joined the Tara SHG in Singhpur block of Amethi district in 2008. Before joining the SHG, she was mostly confined indoors and remained in veil. She learnt about the SHG through other SHG members in the village and joined it secretly against the wishes of her husband. A few months later, she borrowed INR 7,000 from her SHG to release the family's land, mortgaged by her husband to a moneylender to raise funds for their daughter's treatment. She repaid the loan in a year with the income from cultivating the land. She took a second loan of INR 30,000 to invest in the land and a third loan of INR 13,000 to purchase five goats. As the number of goats multiplied, she sold 14 goats for INR 1,40,000 and still has 22 goats. She took a fourth loan of INR 32,000 to set up a small shop, managed by her husband. She readily took to making and using *Shivansh* compost and has made 12 piles. She uses the improved paddy seed produced by SHGs and has also developed an orchard. Angoor Jahan was an Ajeevika Sakhi for some time in RGMVP, training women in new agricultural practices and has travelled to Etah and Furrukhabad districts to organise SHGs – a long way away from her days in a veil.



The cumulative corpus of all SHGs was over INR 660 crore at the end of March 2019

Financial Inclusion: Facilitating Women's Access to Financial Services

Facilitating women's access to institutional financial services is a key goal of the programme. The first step is to encourage SHG members to save so that a corpus is created from which members can borrow small sums to meet contingencies. This also serves to bring members together and gives them valuable experience in group management. The cumulative corpus of all SHGs was over INR 660 crore at the end of March 2019. Groups are facilitated in opening savings accounts in a nearby bank branch to securely keep any group funds not in circulation as loans among members. RGMVP had facilitated 139,126 SHGs in opening savings accounts with banks as at the end of March 2019. As groups gain experience in lending and repaying regularly and have a track record of financial management and intermediation, they are helped in obtaining group loans, preferably by way of Cash Credit Limits (CCLs) so that they do not have to keep applying for new loans frequently. Over 38,000 SHGs have availed of bank loans totalling over INR 470 crore. SHGs are also encouraged to help members open individual savings bank accounts so that they derive benefits of the savings-linked insurance schemes of the government. The programme also facilitates groups in drawing benefits from NRLM/ State Rural Livelihoods Missions (SRLMs). So far 36,998 SHGs have received Revolving Fund Assistance of INR 15,000 each from NRLM and 9,259 SHGs have received a Community Investment Fund of INR 1.10 lakh each.

e-Shakti Programme

This programme of digitisation of all SHG accounts and transactions through the e-Shakti portal, supported by the National Bank for Agriculture and Rural Development (NABARD), continued to be facilitated in Varanasi and Barabanki districts.

Exposure Visits of Bankers and other Development Practitioners

RGMVP has been sensitising bankers and government personnel working with SHG-based programmes to the way of functioning of groups to smoothen the way for SHGs to obtain their support. During the year, RGMVP organised 26 exposure visits for bankers, NRLM/SRLM functionaries and other development functionaries in collaboration with the Bankers Institute of Rural Development (BIRD), Lucknow. In all, 611 persons participated. The visitors were made aware of RGMVP's model of financial inclusion and women empowerment, through field visits to SHGs, VOs and BOs.

Rural Livelihood Enhancement and Poverty Reduction

Agriculture-based Livelihoods

Agriculture being the principal source of livelihoods for most SHG member families, it is the principal focus of RGMVP's livelihood



RGMVP seeks to mitigate constraints such as seed availability, introduce improved production systems, reduce input costs and diversify crops



The project aims to ease local availability, accessibility and utilisation of quality seeds to enhance agricultural productivity

programme. The programme seeks to mitigate constraints such as seed availability, introduce improved production systems, reduce input costs and diversify crops.

Local Production and Supply of Quality Seeds

Lack of availability of high yielding varieties of seeds of reliable quality at fair prices on time is a constraint in improving agriculture productivity. RGMVP has been implementing a project funded by the Bill and Melinda Gates Foundation (BMGF) to promote informal production and supply of high yielding seed varieties through SHGs. The goal of the project is to ease local availability, accessibility and utilisation of quality seeds to enhance agricultural productivity, with women as the key actors. Breeder seeds of improved varieties obtained from research stations and agriculture universities are multiplied and disseminated by small and marginal women farmers from SHGs. Currently, the project is spread across 32 blocks in Amethi, Lucknow, Pratapgarh, Rae Bareilly, Sultanpur and Unnao districts. So far, 11,041 Ajeevika Sakhis have been trained at CRDC, block and village levels as resource persons under this programme. The project has also organised over 1,800 exposure and training sessions, including discussions on *ajeevika panji* (books of records about seed production), 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 (PVS) experiments in 64 demonstration plots.

Back to School

Madhuri from Dhodepur GP in Gonda district was a school dropout, that is, until she joined a YWSHG. Like other young people, she too wanted to continue her schooling and eventually make a life for herself beyond the confines of her village. Steeped in poverty, her family could not afford the expenses on fees, books, etc. Her friends told her about the Saheli YWSHG and how they had learnt new things by participating in it. Intrigued, Madhuri also joined the YWSHG at its next meeting. Introducing herself to other group members, Madhuri said she had dropped out of school as her parents could not afford the expense. The group offered her a loan of INR 4,000 to pay her school fees and buy books. She also enrolled herself in the Silai Centre by taking another INR 4,000 from her SHG. She is repaying the loans in small instalments out of her earnings from stitching. As a member of the YWSHG, she has participated in training on managing menstrual hygiene and maternal health and nutrition. Ask her about her group, she says, with a twinkle in her eyes, “Not only was I able to pay my school fees and resume my studies, I have also learnt things from my YWSHG that the school does not teach”.



TABLE 3: PROGRESS OF THE SEED PRODUCTION PROGRAMME DURING THE YEAR

Crop	Panchayats Covered	Seed Producers	Seed Produced, kg.
Paddy	235	1,434	70,800
Wheat	232	2,141	293,000

Improving Productivity of Crops

RGMVP provides extensive hands-on training in 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. These also significantly reduce water usage and cost of irrigation. With the increase in yield, SHG members have developed a total of 2,615 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 18-day method of composting (EMC)) among small and marginal farmers in 400 GPs across all CRDCs. The Hans Foundation introduced the technique to RGMVP after conducting extensive 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.

Currently, 17,847 SHG families are involved in making EMC, and 25,318 SHG members have been trained in the technique.

Kitchen Gardens

RGMVP has initiated the promotion of kitchen gardening using the raised-bed technique to ensure a continuous supply of fresh vegetables for a nutritious diet to poor families. A number of locally popular vegetables are being grown. The project began in Banda district and RGMVP plans to extend it to others project districts. During the year, 44 kitchen gardens were made.

Jaivik Kheti (Organic Farming)

RGMVP is promoting Jaivik Kheti, comprising the use of organic manures and pesticides made from cattle wastes and extracts of locally available plants. The purpose is to enable SHG members to reduce cost of cultivation, produce nutrition rich grains, protect the environment and enhance productivity and agricultural incomes. The initiative is presently focused in the seed programme blocks. CRPs engaged in agricultural activities are taking care of training and providing handholding support to farmers on activities such as making and using organic fertilizer and plant protection materials like Jeevamrut, Pancha Gavya, Ghana Jeevamrut, Neemastra, etc., in their fields.

During the year, these activities were carried out in four districts, 28 blocks and 206 GPs, training over 5,000 farmers in the technology of whom 4,607 are making and using these inoculants/bio manures

Non-farm Livelihoods

Usha Silai Schools

RGMVP is collaborating with USHA International Ltd. (UIL) to help members of SHGs and YWSHG members run tailoring schools in remote areas. These are village schools to train women and young girls in sewing so that they can supplement family incomes and pass on the skills to other women.

RGMVP has so far set up a total number of 1,045 Classical Silai Schools for training and entrepreneurship development of women and young girls (SHG and YWSHG members). Families in remote areas often restrict

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**RGMVP has
1,045 Classical
Silai Schools
for training and
entrepreneurship
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of women and
young girls**



young women's mobility so that they are unable to avail of such facilities in nearby towns. Usha Silai Schools provide a learning environment to young women in the village itself.

Collaboration with ASYA Store

Asya Store has also collaborated with RGMVP to train and contract 30 members of YWSHG's to produce high quality Chikankari cloth, thereby enabling each of them to earn an average of INR 3,000-4,000 monthly.

Transforming Health Behaviour in the Community

The Uttar Pradesh Community Mobilisation Project

RGMVP has been working with the institutional platform of SHGs and their federations to improve mother and child health since 2012 through the Uttar Pradesh Community Mobilisation Project (UPCMP), supported by BMGF. The programme uses behavioural change techniques to promote modern mother and childcare practices among women to reduce mother and child mortality rates. This project is now in its second phase, with the first phase completed in November 2017.



SUCCESS

Story

An Agriculture Labourer becomes National Trainer of NRLM

Sheela Maurya was married to an agricultural labourer from Bhetuva block in Amethi district. With a meagre family income of INR 1,500 a month, she found it difficult to mobilise even INR 20 toward monthly savings when she joined a SHG in 2005. Six months later, Sheela borrowed INR 20,000 from her SHG to purchase a cow and repaid the loan within a year by selling milk. Just as things were looking up for her, her husband deserted her. With the SHG's support, she was able to take the challenge on her chin. She took another loan of INR 20,000 to develop her land and grow vegetables as cash crops and a third loan of INR 10,000 to put her two children into a good school. Inspired by Sheela's grit and entrepreneurship, she was chosen by her group to represent it in the VO and BO and also as a CRP and master trainer in RGMVP. As a National Support Organisation for NRLM, RGMVP sponsored her for training to NIRDPR, after which she was accredited by NIRDPR as a National Community Trainer for NRLM to train CRPs and SHGs on behalf of various SRLMs.





The programme introduces modern mother and childcare practices through a community-led communication strategy comprising participatory learning and action cycle. SHG leaders identify pregnant and lactating mothers and newly-weds to whom information on such health practices is imparted. While UPCMP Phase I focused Reproductive, Maternal, Neonatal and Child Health and Nutrition (RMNCH+N) in 120 programme blocks, Phase II lays additional focus on nutrition and family planning education in the same 120 blocks while also implementing the model in an additional 83 blocks where SHGs and their federations have already been formed. The emphasis is also on strengthening public health services, enhancing demand and improving linkages with public health systems. In these 203 blocks, 1,13,500 SHGs, 7,741 VOs, 203 BOs and over 20,000 YWSHGs are a part of the implementation of UPCMP-II in 203 blocks across 41 districts. The programme is implemented in campaign mode. So far, three campaigns have already been completed. The implementation schedule and outputs are presented in Table 4.

TABLE 4: WOMEN TRAINED ON MATERNAL NUTRITION, MATERNAL HEALTH AND NEONATAL HEALTH

Period	Activity	Number of women trained
March-July 2018	Maternal nutrition training + campaign (1 month)	6,31,323
August- November 2018	Maternal health training + campaign (1 month)	9,52,962
December 2018- March 2019	Neonatal training + campaign (1 month)	5,90,405

Social Marketing of Double Fortified Salt to Improve Household Nutrition

RGMVP has partnered with the Tata Education and Development Trust to promote the use of Double Fortified Salt (DFS) through SHGs to address the challenge of iron deficiency in UP. 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. Currently, 25 blocks have been covered. A total of 33 tonne of DFS has been sold. Nearly 740 participants, including Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs) and Anganwadi workers, were a part of the orientation programmes conducted by RGMVP on DFS social marketing.

Research and Learning Project

RGMVP has been implementing a research and learning project supported by BMGF in 67 most backward blocks since September 2016. The objective is to ascertain the relative efficacy of different approaches, including communication, respectively, through the institutional platform of SHGs and the government's regular extension approach in areas where RGMVP is not working to bring about significant improvement in RMNCH behaviours. These blocks are in 25 high priority districts of UP from a perspective of the introduction of modern maternal, neonatal and child health practices. To date, 46 BOs, 1,419 VO, 16,379 SHGs and 1,189 YWSHG have been mobilised under this grant. RGMVP's role is to generate demand, converge with the supply side of health and nutrition systems and create an enabling environment for the community through awareness generation and collective action.

About 1,400 CRPs have been trained to play the role of catalysts in adoption of safe health behaviours among the community.

Innovative Strategies in Health

a. Congratulations Card (Badhai Patra)

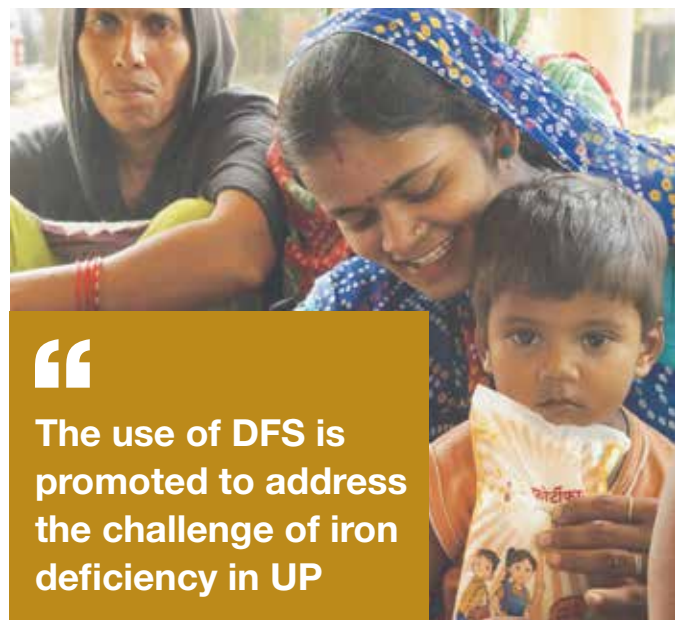
As part of the neo-natal health campaign, a Health CRP visits women at the time of childbirth at the instance of the VO with a Congratulatory Card or *Badhai Patra* and discusses the mother and child health (MCH) routines to be followed during the next 28 days. This reinforces the training earlier provided to pregnant women.

b. Health Fair (Swasthya Mela)

A Community Health Fair is organised regularly to enable women to learn about different health practices, types of food to eat, iron and calcium tablets, family planning, etc. Items are put on display and explained to the women via demonstrations, leaflets and pamphlets.

Inculcating Leadership among Young Women

Adolescence is a potentially stressful period for all individuals as it is a time of major transition in one's life,



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The use of DFS is promoted to address the challenge of iron deficiency in UP



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RGMVP mobilises rural adolescent girls and provides them training on leadership, menstrual hygiene, reproductive health and gender, etc.

from childhood to adulthood. Physical changes in the body and issues of identity, sexuality, autonomy and relationships spring up together. It can be particularly traumatic for young women growing up in a poor family in the patriarchal and socially conservative milieu of a UP village with rampant risk of physical abuse. A majority of girls do not receive secondary school education, many are illiterate, most get married before the age of 18 and suffer the same fate – of early and multiple pregnancies, abuse and discrimination – as befell their mothers and grandmothers.

RGMVP has been mobilising rural adolescent girls into YWSHGs and providing them training on leadership, menstrual hygiene, reproductive health and gender, etc., for the past five years. YWSHG has become a platform to empower young girls from socially and economically disadvantaged backgrounds. Over 21,600 YWSHGs with a membership of over 2.2 lakh girls have been formed so far and they are at various stages of training and exposure.

RGMVP has committed to engage over 80,000 young women in implementing the UPCMP Phase II with training on menstrual hygiene management, gender and nutrition and family planning education. A separate register with the learning agenda and for record keeping and minutes has been designed for the use of YWSHGs.

In order to develop leadership among YWSHG members and also to associate them with RGMVP's on-going development programmes, a number of interventions are implemented to ensure their enhanced participation. They are also exposed to leadership and self-confidence building programmes. They are encouraged to participate in health programmes organised by SHGs. Young women support their mothers' SHGs in bookkeeping, too. They are now an integral part of celebrations and health events such as Village Health and Nutrition Day, Swasthya Mela, Menstrual Hygiene Management Day, International Girl Child Day and International Women's Day. Some YWSHG members are book keepers for SHGs; others are associated as community volunteers and Management Information System (MIS) assistants in RGMVP.

Young Women Sakhis

The YWSHG programme in RGMVP also is driven by the community. The young women's mothers in SHGs provide the necessary enabling environment for their groups. RGMVP has introduced the concept of Yuva Sakhi to implement the programme. For this, 812 young women from the YWSHGs were identified as Yuva Sakhis and were provided Training of Trainers on menstrual health management. They are now providing leadership in villages to further train the members.

“

**Over 21,600
YWSHGs with a
membership of
over 2.2 lakh girls
have been formed
so far**



Linkages and Partnerships

During the year, RGMVP continued its linkages with organisations such as the Centre for Advocacy and Research (CFAR), P I Consulting, UPSRLM, SRIJAN, Alexander Associates, UNICEF, National Health Mission (Lucknow), Alive and Thrive, Population Council and Centre for Operational Research and Training (CORT).

Support to other NGOs

RGMVP has also been extending support to other organisations such as Ambuja Cement Foundation and Disha Social Organisation. It organised exposure visits for them with its BOs in UP and also provided need-based programme resource support on-site to train their programme personnel.

Internship for Students from Universities

Interns from Jamia Milia Islamia, New Delhi did a month-long internship programme with RGMVP. The interns delivered a coffee table book and a movie on agriculture and also prepared a short video on RGMVP. Five Young India Fellows from Ashoka University also did internship with RGMVP during the year.



Vikas Anvesh Foundation's assessment of RGMVP found that the programme has had salutary impacts on the status of women



Sangathan Hamari Shakti Hai

Shiv Kumari is a member of Shiva Mahila SHG in Kerpiya Panchayat of Rae Bareli. Her husband is mentally challenged and unemployed. Taking advantage of her situation, her brother-in-law (the older brother of her husband) appropriated her husband's share of the land and also blocked her way to the family home. Shiv Kumari approached the Panchayat Pradhan to seek justice and get her property back but the Pradhan expressed helplessness. Her brother-in-law is a local bully and no one wanted to mess with him. She reported the matter to the police and sought legal redress but the matter remained unresolved for 10 long years. Meanwhile, Shiv Kumari built a hut for herself and began living there. Resigned to her fate, she thought she would never again be able to set foot in her house.

Soon after she joined the SHG, the Sankata Maiya VO was formed by all the SHGs in her Panchayat. Shiv Kumari spoke of her travails at her SHG meeting. The group representatives raised the matter in the VO. The VO members went to meet with Shiv Kumari's brother-in-law and tried to reason with him but he would not listen. The VO formed a delegation, met with the District Magistrate and gave him a written





complaint, narrating Shiv Kumari's travails. The District Magistrate asked the concerned Tehsildar and Lekhpal to resolve the matter. And they did, restoring Shiv Kumari's right to her home and land. Back in her own home after 10 years, Shiv Kumari says, "After 10 years of knocking on so many doors to get justice, I had all but given up hope of getting my house. Thanks to the efforts of my sisters in the VO, my rights have finally been restored and I can live with dignity. I now know the power of working together. ***Sangathan hamari shakti hai!***"

External Evaluation of RGMVP

Vikas Anvesh Foundation, a Pune based development research organisation conducted an assessment of the programme in December 2018. The study estimated that 85 per cent of the SHGs and VOs are functional. It concluded that the membership is broad-based rather than exclusively poverty focused with a high degree of cohesion in the SHG institutions and the programme has produced salutary impacts on the status of women. The study recommended that going forward, the programme needs to strengthen the internal systems in the institutions and focus on enhancing livelihoods and gender development.

Training and Resource Centre

A Training and Resource Centre has been constructed by the Trust on its own land in Nigoha in Amethi district. It was inaugurated by Hon'ble Trustee of RGCT Shri Rahul Gandhi on 24 September 2018. Rural India Supporting Trust (RIST) and Tata Trusts provided financial support to RGCT for setting up the Centre.

RGMVP's Partners

Funding Partners

Bill and Melinda Gates Foundation: BMGF has been partnering with RGMVP since 2012 for a variety of interventions. It has been the key funder for 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 67 blocks. BMGF had also been a partner in the implementation of the Gender and Sanitation project. The community-based seed project also is implemented with BMGF's support.

Rural India Supporting Trust: RIST assisted 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.

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 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. It also provided support for NRLM staff and SHG leaders from other states to visit RGMVP for training and exposure.

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

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

Centre for Operational Research and Training: CORT supports RGMVP by conducting concurrent evaluation studies of the on-going health intervention programme in RGMVP.

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 and Thrive: Alive and Thrive collaborated 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.



IGEHRC, a continually expanding network of hospitals, works to eliminate avoidable blindness by providing comprehensive, high quality eye care in an affordable and compassionate manner





INDIRA GANDHI EYE HOSPITAL AND RESEARCH CENTRE

Blindness and impaired vision have a devastating effect on the quality of life. Visual impairment and blindness reduce a person's mobility and ability to live a meaningful life, diminishing the sense of agency, dignity and overall 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 public health issues in society.

With about 1.20 crore visually impaired people, India is home to the world's largest population of the blind, accounting for about one-third of the visually impaired world-wide. Those living in poverty, older people and women are most affected. More than 80 per cent of visual impairment in the country is treatable, and thus entirely avoidable. The main reason for such high incidence of avoidable blindness in our country is the lack of access, especially for poor people in rural India, to eye care services due to high costs, limited availability of services and ignorance about eye health issues.

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 Indira Gandhi Eye Hospital and Research Centre (IGEHC) to eliminate avoidable blindness by providing comprehensive, high quality eye care in an affordable and compassionate manner. IGEHC presently works in Haryana, Rajasthan and UP.



Quality eye
care, especially
for rural poor



Key Strategies

1. High patient volumes to keep unit cost of care low
2. Rural outreach via rural eye camps to take services to the neediest
3. Provision of comprehensive, state-of-the-art care to attract the economically better-off segments so that poor patients can receive free or subsidised care.

Programme Approach

IGEHC seeks to sustainably provide high quality, affordable and easily accessible eye care services to a large number of poor people, especially in villages. High patient volumes, extensive rural outreach and use of the latest equipment and procedures to provide comprehensive care of the highest quality are the primary elements of its strategy. High patient volumes ensure low unit cost of care by making efficient use of all available resources. Outreach through rural eye camps takes services to the neediest, increases patient volumes and enhances awareness about eye health. Provision of comprehensive state-of-the-art care make IGEHC the service provider of choice for the economically better-off segments as well to enable it to cross-subsidise poorer patients.

Programme Coverage

IGEHC has been constantly expanding its infrastructure. The first IGEHC hospital, a secondary care facility, was established at Munshiganj in Amethi district of UP in 2005, followed by a tertiary care hospital at Qaisar Bagh in Lucknow in 2008, another secondary care hospital at Sohna in Gurugram district in 2014 and a super specialty hospital and research facility at Gurugram in 2017. The hospitals have the latest equipment and a team of 300 qualified professionals. Each IGEHC hospital carries out outreach programmes in selected districts in UP, Haryana and Rajasthan, though patients seeking advanced care come from a much wider geography. Presently, these hospitals, along with the associated vision centres, cater to about 1,500 patients daily. The overall performance of IGEHC is shown in Table 5.

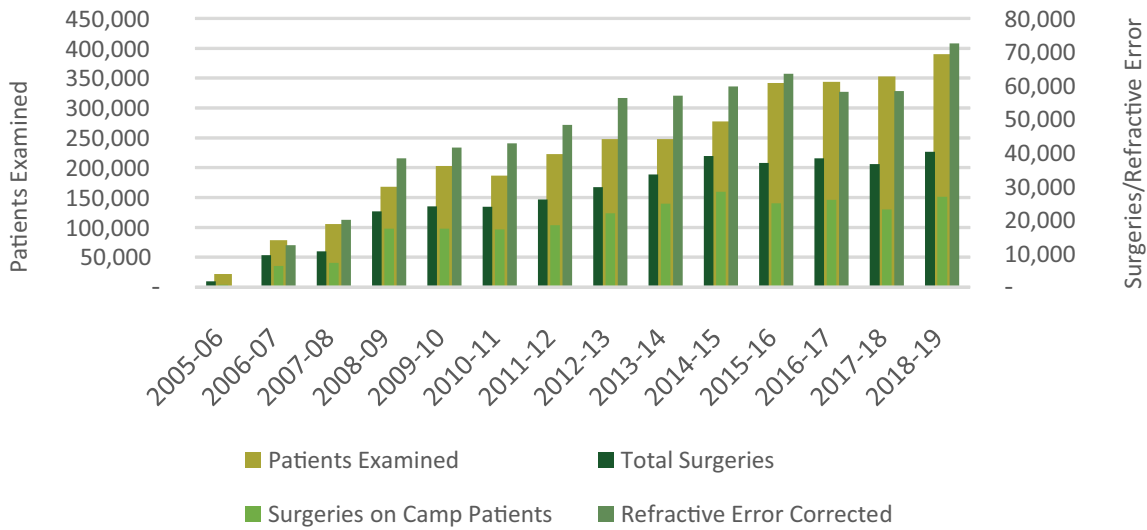


TABLE 5: CUMULATIVE PERFORMANCE OF IGEHRC HOSPITALS

Walk-in Patients	2,304,121
Camp Patients	884,933
Total Patients	3,189,054
Surgeries on Walk-in Patients	112,538
Surgeries on Camp Patients	260,614
Total Surgeries	373,152
Refractive Error Corrected on Walk-in Patients	458,591
Refractive Error Corrected on Camp Patients	170,515
Total Refractive Error Corrected	629,106
Community Outreach Camps Held	6,590

The growth in infrastructure has led to an expansion in patient volumes as shown in Figure 5. During the reporting year, IGEHRC hospitals served over 3.9 lakh patients, carried out 40,337 sight restoring surgeries and 72,524 refractive error corrections. Once the Gurugram hospital attains full occupancy in about three years, the chain of hospitals would be able to serve over 5 lakh patients annually, carry out 60,000 sight restoring surgeries and 1 lakh refractive error corrections.

FIGURE 5: YEAR-ON-YEAR GROWTH OF PATIENT VOLUMES



Since inception, IGEHRC hospitals have catered to 31.9 lakh patients, carried out over 3.73 lakh sight restoring surgeries and over 6.29 lakh refractive error corrections.

IGEHRC has established a benchmark of trust and confidence among people for quality and affordable eye care services. It was listed among 15 Best Hospitals in India by ‘The Week-Nielsen Survey-2014’, 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.

IGEHRC 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.



Community Outreach Programme

Towards its mission of reaching out to the neediest, IGEHRC organises rural eye camps regularly as a part of its operations. Each hospital has fully equipped teams dedicated to this purpose. Usually organised in collaboration with local civil society organisations, camps enable 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. IGEHRC camps provide free eye screening, vision acuity test, diagnosis and refraction at the camp site itself, conducted by competent and well-equipped teams. Those needing surgeries are transported to and from IGEHRC hospitals free of cost, kept as in-patients with free boarding and lodging for the period of surgery, provided free or subsidised surgeries regardless of the surgical procedures required and the facility to order spectacles for home delivery. During the reporting period, IGEHRC screened 101,020 patients in 816 camps and conducted 26,904 subsidised surgeries on camp patients. Camps were conducted in 17 districts in UP, nine districts in Haryana and two districts in Rajasthan.

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During 2018-19,
101,020 patients
were screened
in 816 camps



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 jail inmates, shelter care homes, truck drivers, etc.

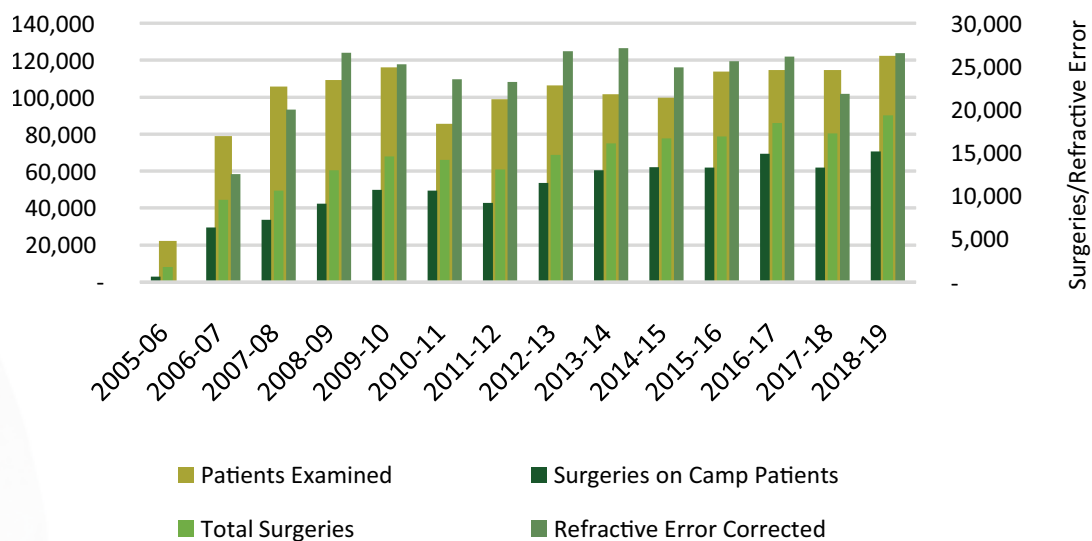
IGEHRC Amethi

Since its inception in December 2005, IGEHRC Amethi has cumulatively served 13.90 lakh patients till the end of the reporting year, including 4.87 lakh patients at 3,084 rural eye camps. It has conducted nearly 1.96 lakh sight restoring surgeries, including 1.48 lakh surgeries on camp patients. Of the 3.10 lakh refractive error corrections, nearly a lakh were on camp patients. The hospital serves patients from Sultanpur, Pratapgarh, Amethi, Rae Bareli, Ambedkarnagar, Jaunpur, Barabanki and Faizabad districts in UP. The 120-bed facility screens over 400 patients and conducts around 100 surgeries every day.



Since 2005, IGEHRC Amethi has cumulatively served 1.39 million patients

FIGURE 6: YEARLY PERFORMANCE OF IGEHRC AMETHI



With increasing incidence of diabetes, eye disorders requiring Vitreo Retina treatment are on the rise. These require highly specialised and expensive eye care procedures only available in larger cities and are beyond the means of most people in villages and small towns. Untreated retinal conditions can lead to irreversible and permanent blindness. The Amethi hospital used to refer patients requiring such care to IGEHRC Lucknow and many poor patients found it difficult to travel to Lucknow. During the year, the hospital established a Vitreo Retina Centre for treatment of patients with retinal problems. A professional team, led by a trained surgeon, was inducted along with the placement of requisite diagnostic and surgical equipment. The clinic provides highly subsidised services. Now patients needing services such as cornea transplant, etc., are operated at Amethi itself and are not referred to IGEHRC Lucknow. In the short time of about a year, the Vitreo Retina Centre at Amethi has treated 6,184 people and carried out surgeries on 161 people for Vitreo Retina problems, including corneal transplants.

TABLE 6: PERFORMANCE OF IGERC AMETHI, 2018-19

Walk-in Patients	76,473
Camp Patients	45,809
Total Patients	122,282
Surgeries on Walk-in Patients	4,191
Surgeries on Camp Patients	15,112
Total Surgeries	19,303
Refractive Error Corrected on Walk-in Patients	16,904
Refractive error corrected on camp patients	9,615
Total Refractive Error Corrected	26,519
Community Outreach Camps Held	318

IGEHRC Lucknow

IGEHRC Lucknow is a state-of-the-art tertiary eye care facility with dedicated and specialised clinics for different eye ailments, offering comprehensive eye care under one roof. The team includes Ophthalmologists and para medicals in all specialties in eye care. IGERC Lucknow is also one of the very few eye hospitals in North India to have a dedicated patient counselling cell.



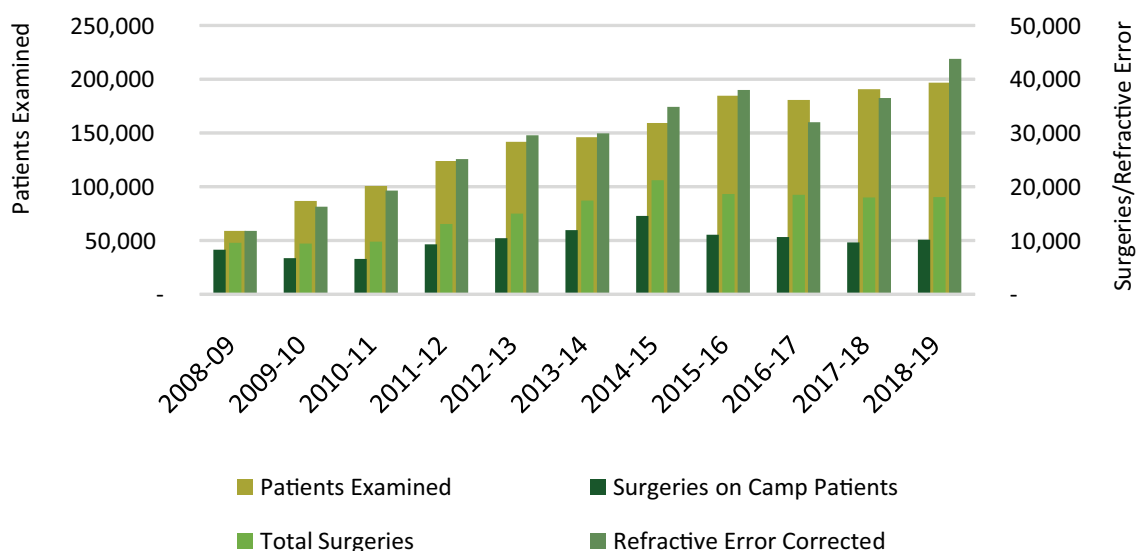
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Since 2008, IGERC Lucknow has served over 15.70 lakh patients

Since inception in May 2008, IGEHRC, Lucknow has served over 15.70 lakh patients, including 3.38 lakh patients in 2,636 rural eye camps. During this period, the hospital carried out nearly 1.69 lakh sight restoring surgeries, including over 1.09 lakh on patients from rural eye camps. The hospital also corrected refractive errors on 3.17 lakh patients, including over 70,000 patients from rural eye camps.

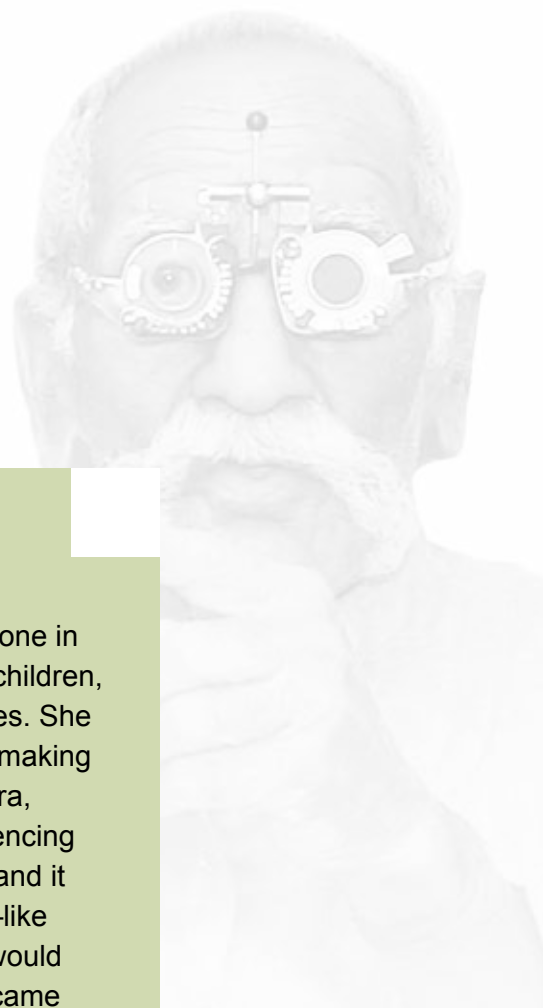
The facility has become the hospital of choice within a short time span and presently serves over 500 patients every day. IGEHRC Lucknow is the only hospital in UP to provide specialty eye care at subsidised rates. Specialties such as Retina, Cornea, Glaucoma, Oculoplasty, Paediatric Ophthalmology, Low 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 from availing treatment.

FIGURE 7: YEARLY PERFORMANCE OF IGEHRC LUCKOW



SUCCESS

Story



They Gave Me New Eyes!

Seventy-year-old **Sundara** is a landless widow who lives alone in Bhitergoan village of Khiro block in Rae Bareli district. Her children, three daughters, are married and live away with their families. She ekes out a living by working as an agriculture labourer and making leaf plates to sell. “I thought I was going blind,” says Sundara, narrating her ordeal. “Around 10 years ago, I began experiencing irritation in my eyes. My vision was decreasing day by day and it became difficult to do the only work I knew to feed myself—like transplanting, weeding, hoeing and harvesting. I thought I would starve to death. I asked my neighbours to help but no one came forward. I could only cry and curse my fate.”

A neighbour informed her about IGEHRC’s eye camp being held nearby. She rushed to the camp and was diagnosed with cataract in both of her eyes after preliminary investigations. The doctors thought she needed urgent surgery to preserve vision as the cataract had been untreated for too long. She was then transported to IGEHRC Lucknow for further examination and surgery. Doctors at Lucknow hospital performed cataract surgery in her left eye first and she was transported back to her village. After a couple of months, cataract surgery for her right eye was also done. “I can see clearly now and work independently including cooking, cutting foraging and even knitting. No one from my family came with me to the hospital and I was all alone when the doctors did the operation. The doctors were so kind and so gentle. They have given me new eyes! I will bless them all my life,” says Sundara.

TABLE 7: PERFORMANCE OF IGHRC LUCKNOW, 2018-19

Walk-in Patients	1,62,118
Camp Patients	34,736
Total Patients	196,854
Surgeries on Walk-in Patients	7,932
Surgeries on Camp Patients	10,138
Total Surgeries	18,070
Refractive Error Corrected on Walk-in Patients	37,460
Refractive Error Corrected on Camp Patients	6,318
Total Refractive Error Corrected	43,778
Community Outreach Camps Held	353

Sohna Rural Hospital

IGEHRC Sohna, Gurugram, is a rural, secondary level hospital situated on 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. The hospital has been growing at a rapid pace since its inauguration on 8 August 2014, justifying the need. It now serves more than 100 patients daily and has carried out more than 6,000 surgeries, including on children, glaucoma patients and other specialties besides cataract



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Since 2014, IGEHRC Sohna has carried out more than 6,000 surgeries

SUCCESS

Story



... I Would have Gone Blind!

“If Mishra ji had not helped me, I would have gone blind,” says 50-year-old **Shri Ram**, a daily wage labourer who loads and unloads trucks and trolleys in Khiro block of Rae Bareli to make a living. “I had been enduring blurred vision, watery eyes and inflammation in my eyes for many years. Sometimes I would use eye drops bought from the local pharmacy but nothing helped. I had no money to go to a doctor. My eye problem continued to worsen and I could not see properly.” Three years ago Mishraji, the organiser of IGEHRC eye camps in the area, told Shri Ram about a forthcoming eye camp and asked him to go there. Shri Ram went to the IGEHRC eye camp and was diagnosed with cataract in his right eye. He was transported to IGEHRC Lucknow, operated upon for cataract and transported back to his village. Later, he developed cataract in his left eye too which was removed last year at IGEHRC Lucknow. “I have a large family to take care of with three sons, a daughter and wife. Only my eldest son is married and settled and other children are still dependent on me. I shudder to think what would have happened to them if I had lost my sight. The doctors took good care of me and I thank them for saving my sight. I now tell other people in the community that if they have any eye related problems, they must visit IGEHRC centre in Lucknow,” says Shri Ram.

TABLE 8: PERFORMANCE OF IGHRC SOHNA, 2018-19

Walk-in Patients	36,014
Camp Patients	5,241
Total Patients	41,255
Surgeries on Walk-in Patients	1,048
Surgeries on Camp Patients	213
Total Surgeries	1,261
Community Outreach Camps Held	83

Gurugram Hospital

Situated at Village Ullhawas, Sector 62, Gurugram, the facility is being developed as a centre of excellence. When fully developed, it will cater to a population of 2.5 crore in 12 districts of South Haryana, North Rajasthan and Western UP. It would also conduct research, train paramedical staff and offer post-graduate fellowships.



**IGEHRC
Gurugram is
being developed
as a centre of
excellence**



TABLE 9: PERFORMANCE OF IGERC GURUGRAM, 2018-19

Walk-in Patients	14,377
Camp Patients	15,234
Total Patients	29,611
Surgeries on Walk-in Patients	262
Surgeries on Camp Patients	1,441
Total Surgeries	1703
Refractive Error Corrected on Walk-in Patients	865
Refractive Error Corrected on Camp Patients	1,362
Total Refractive Error Corrected	2,227
Community Outreach Camps Held	62

The hospital began operations in 2017 from a part of the building that had been completed while construction of the remaining building continued. The facility is now fully built and has basic equipment in place to offer tertiary care services and all the specialities like Vitreo-Retina, Cornea, Glaucoma, Occuloplasty, etc. Presently the hospital is catering to about 100 patients daily and would eventually ramp up to 500 patients a day. Patients from as far as western UP, northern Haryana and northern Rajasthan have begun availing the services of the hospital. While a majority of the patients are from poorer segments, the hospital has now begun attracting patients from the well-to-do segments also as word has spread about the quality of care available at the hospital.

Vision Centres

The Vision Centres are a part of the outreach services offered by IGERC to rural communities. These are designed to provide primary eye care services to rural and remote populations and thus create access to quality eye care at their door step.

The Vision Centres are linked to the Lucknow and Amethi hospitals and are located at Rae Bareli, Lalganj (Rae Bareli), 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 IGERC hospitals at Amethi or Lucknow.

Training

“

Our doctors keep abreast of the latest technical developments worldwide



Shortage of trained human resources is a major constraint in provisioning quality eye care services to all in our country. Trained clinical, paramedical and administrative staff in eye care constitute the primary resource to extend eye care services to the un-served and underserved 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 frequently, IGEHRC hospitals ensure their doctors keep abreast of the latest technical developments worldwide and that such technology becomes available at the hospitals speedily. Adaptation to technological changes is facilitated through retooling and training of the doctors and all staff continuously.

Continuing Medical Education



“

Our CMEs are a leading learning platform for post graduate students

IGEHRC provides a national level platform to impart cutting edge knowledge and skills to ophthalmologists by organising regular Continuing Medical Education (CME) events. IGEHRC has organised CMEs on Occuloplasty, Paediatric Ophthalmology, Glaucoma, Vitreo-Retina, etc. 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 CMEs provide an interactive platform for practicing ophthalmologists and post graduate students from private and government hospitals and medical colleges 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 CMEs 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 graduate students.

Research and Publications

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.

IGEHRC 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 interventions are appropriate to prevent and treat all conditions that result in avoidable blindness and other eye disorders. During the year, IGEHRC offered 12 Post Graduate Fellowships and all the Fellows performed well, both clinically and academically. The training programme includes active academic debates, journal clubs and publications. 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, the contexts and needs of the unserved and develop an inclination toward 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.



“

During the year, IGEHRC offered 12 Post Graduate Fellowships

SUCCESS

Story

No Longer a Bojh

“My only son works as a daily wage earner in Amritsar, Punjab, far away from here. He does not earn much and the little money he sends is barely enough to feed a large family—my husband, daughter-in-law and three grandsons, besides myself,” says 65-year-old **Ram Dulari** from Dulapurkala village of Shahgarh block in Amethi district. “Although I am old, I used to work in agriculture – transplanting, weeding and harvesting – to earn a little to supplement the family income. Then I began to lose my vision and it became difficult even to do household chores like cleaning rice, cooking, etc., leave alone working in the fields. I was afraid I would become a *bojh* (burden) on my family.” When an eye camp was organised in her neighbourhood by IGEHRC Amethi, Ram Dulari came there. She was diagnosed with cataract in her both eyes. She was transported to IGEHRC Amethi for cataract surgery. Her right eye was operated first and then she was transported back to her home. A few months later cataract surgery was done in her left eye. “Now I can work and walk properly without any hurdle. I feel happy to support my family by working in the fields and am not a *bojh* on my family. I am indebted to IGEHRC Amethi for the treatment. It was beyond my means to get the surgeries done in a timely manner to preserve my eye sight,” adds Ram Dulari with smile.



On My Feet, Again

“My life was going well until the eye problem struck three years back,” says 70-year-old **Ram Prasad** from Dulapurkala village in Shahgarh, Amethi district. “I suddenly started feeling itching, irritation and pain in my left eye and I realised that my vision was diminishing. It was difficult to recognise even a person standing nearby. Both of my sons work in different cities, far away from here. I get only INR 300 per month as old age pension and a bit of income from my 3 bigha land. So, I got a bit frightened about my future. Where would I get the money for the treatment of my eyes?” Ram Prasad lives with his wife separately from his two married sons. “I did not want to be a liability on my sons as they are preoccupied with their own problems,” adds Ram Prasad. “Then I came to know about IGEHRC eye screening camp. I visited one camp to see a doctor. My primary eye screening was done at no cost. Doctor sahib gave me some medicine and my eye condition improved. I felt relieved,” he continues. “But the blurred vision persisted and I went to the second eye camp. Doctor sahib told me about cataract and suggested surgery. I was given a date and was transported to IGEHRC Amethi for cataract surgery. I got my sight back after the surgery. Thanks to IGEHRC I can stand on my feet again.”

Our Team



Our team of highly qualified doctors specialises in various sub-disciplines of eye care



IGEHRRC 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 30 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 162 trained Mid-level Ophthalmic Assistants. There are 20 Optometrists posted at the hospitals, Vision Centres and camps. A 66-strong staff looks after administration, housekeeping, security, transport and maintenance.

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 Trusts. The eye health programmes supported by these partners are eye banking, system strengthening and disease control and infrastructure development.

Financial Abstract

Balance Sheet as at March 31, 2019

Particulars	As at March 31, 2019 Rs.	As at March 31, 2018 Rs.
SOURCES OF FUNDS		
Corpus fund	142,500,000	142,500,000
General fund	288,608,253	281,403,008
Deferred income	1,272,570,912	1,240,805,533
	1,703,679,165	1,664,708,541
APPLICATION OF FUNDS		
Fixed Assets		
Net block	1,511,903,101	375,491,111
Capital work in-progress (including capital advances)	5,304,256	1,126,790,163
	1,517,207,357	1,502,281,274
Current assets, loans and advances		
Inventories	8,964,552	6,692,695
Sundry receivables	1,215,034	839,849
Cash and bank balances	600,267,119	797,180,645
Loans and advances	88,108,708	113,050,510
	698,555,413	917,763,699
Less: Current liabilities and provisions		
Advance for projects	343,339,242	488,295,126
Current liabilities	160,696,249	262,831,495
Provisions	8,048,114	4,209,811
	512,083,605	755,336,432
Net current assets	186,471,808	162,427,267
	1,703,679,165	1,664,708,541

Financial Abstract

Income and Expenditure Account for the year ended March 31, 2019

Particulars	For the year ended March 31, 2019 Rs.	For the year ended March 31, 2018 Rs.
INCOME		
Donations	496,534,838	335,269,095
Hospital revenue	314,922,201	276,471,481
Other income	15,723,169	10,601,575
	827,180,208	622,342,151
EXPENDITURE		
Medical supplies consumed	99,317,159	87,100,496
Project and related expenses	547,194,994	503,902,845
Depreciation and amortisation	158,715,142	35,158,131
Employee benefit expenses	6,734,560	7,354,982
Administrative and other expenses	8,013,108	5,576,686
	819,974,963	639,093,140
Excess of income over expenditure	7,205,245	(16,750,989)

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.

Governance

The Trust's Board meeting was held on 11 August 2018. The Top Management Team (TMT) meetings were regularly held to review progress and approve strategic initiatives.

Management

The Statutory Audit for the FY 2017-18 was completed in August 2018. 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 INR 35.68 crore. The Trust had a FCRA bank balance of INR 34.09 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	National Bank of Agriculture and Rural Development (NABARD)
3	International Livestock Research Institute (ILRI)
4	The Open University
5	Tata Educational and Development Trusts
6	Bankers Institute of Rural Development
7	Sahbhagi Shiksha Kendra
8	Centre For Operations, Research And Training
9	National Institute Of Rural Development
10	National Rural Livelihood Mission
11	Population Council
12	Rural India Supporting Trust
13	Pran Development Service Trust

IGEHRC

1	Rural India Supporting Trust
2	Royal Commonwealth Society for the Blind (Sight Savers)
3	Indo Gulf Jan Sewa Trust
4	Novartis Healthcare Pvt. Ltd.
5	Jamsetji Tata Trust
6	Rajiv Gandhi National Relief & Welfare Trust
7	Essilore Social Impact
8	Sir Dorabji Tata Trust
9	Seth Bansidhar Jain Charitable Trust
10	Shri Digambar Jain Mandir Kotakasim

Donor

1	Smt. Sheela K Joshi, Gurugram
2	Sushila Devi Changoiwala Charitable Trust

RGCT Management

RGCT, Head Office

Shri Deep Joshi

Chief Executive Officer (CEO)

Shri Shantanam D. Sinha

CFO

RG MVP

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

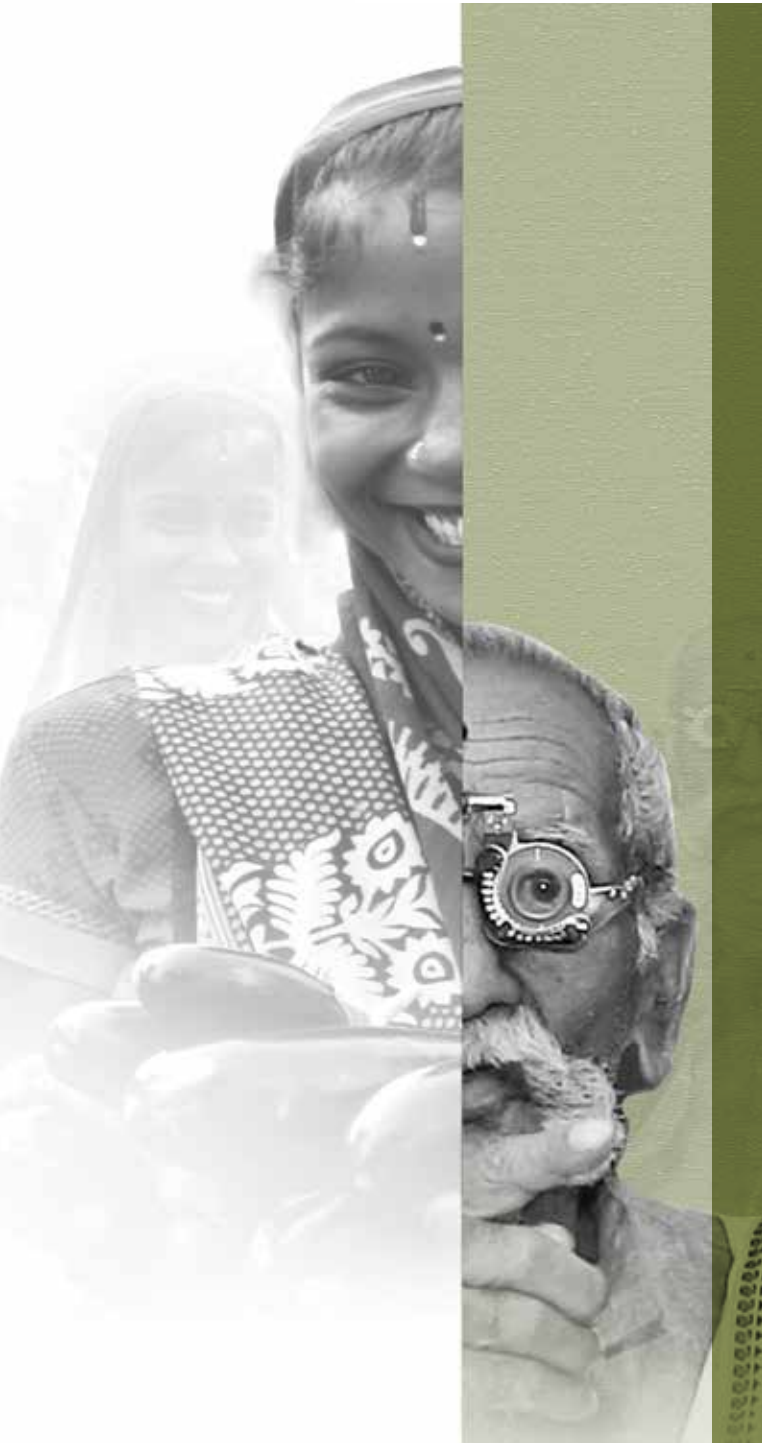
Dr. Ashutosh Khandelwal

Dy. CMO

Amethi

Dr. Kanchan Shukla

Incharge



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Website: www.rgct.in

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IGEHRC Hospitals

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