



ANNUAL
REPORT
2020
2021

ENABLING CITIZENS
CREATING COMMUNITIES





Foreword

I am happy to present the Annual Report of the Rajiv Gandhi Charitable Trust (RGCT) for the year ending in March 2021. The Trust was established to realise Shri Rajiv Gandhi's vision of inclusive development of our country. It works among disadvantaged people with two programmes, namely, making affordable eye care accessible to all, especially to the poorest, and enhancing social and economic status of women in our villages.

The Trust's eye care programme is carried out under the aegis of Indira Gandhi Eye Hospital and Research Centre (IGEHC). A chain of eye hospitals with state-of-the-art facilities and a well-qualified team of professionals, IGEHC is one of the largest providers of quality eye care in North India. Initiated with a secondary care hospital at Amethi in 2005, IGEHC presently has four eye hospitals, including a super speciality facility at Gurugram, a tertiary care hospital at Lucknow and a secondary care hospital at Sohna. Together, these hospitals are equipped to serve over half a million patients a year, covering all eye care specialities, and are continually deepening and expanding services. With the motto that *no one should endure preventable blindness for lack of resources or access to quality services*, IGEHC reaches out to poorly served village communities through eye camps besides catering to walk-in patients at its hospitals. Eye camps are presently held in 35 districts in Uttar Pradesh (UP) Haryana and Rajasthan. Each hospital has a dedicated team that holds these camps in a planned manner within a radius of three hours' traveling distance. Patients are examined at the camps, those needing surgery are brought to the hospital and transported back after surgery and post-surgical review. The service, including surgery, transportation and in-patient care, is provided free or at highly subsidised fees. In keeping with its motto, the fees charged to walk-in patients

are also significantly lower than those charged by private care providers and poor patients are provided free or subsidised care. IGEHC also trains eye care professionals to meet its own needs as well as expand the availability of such personnel in the country. It offers two-year Fellowships to post-graduates in Ophthalmology in various sub-specialities, apprenticeships to Optometrists and two-year residential training as Mid-Level Ophthalmic Personnel (MLOP) to village girls educated to 12th grade with science.

Over the years, IGEHC has served more than 3.78 million patients and carried out nearly 4.33 lakh sight-restoring surgeries, over two-thirds of those on patients from eye camps. Cumulatively 25 doctors have completed Fellowship, 215 MLOPs have been trained and 42 Optometrists have completed apprenticeship in IGEHC hospitals. Operations were severely affected during the year due to the SARS COVID-19 pandemic. Regular services remained suspended during the lockdown and operations remained sluggish even after the lockdown was lifted. Eye camps remained largely suspended as large gatherings remained prohibited most of the year and it is difficult to enforce COVID-appropriate behaviour at camps. In the event, the number of patients served fell by more than a half and the number of surgeries fell by almost two-thirds compared to the previous year. The four IGEHC hospitals together served over 1.82 lakh patients, carried out 15,416 sight restoring surgeries and 32,229 refractive error corrections during the year. Fifteen post-doctoral Fellows are presently on board, one graduated during the year and 44 MLOPs are undergoing training.

The programme for social and economic empowerment of women, titled Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) has followed a group-based approach, of organising women



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into Self Help Groups (SHG) and their federations and linking the groups to banks to access financial services. The programme also organises adolescent girls into Young Women's SHGs (YWSHG) and trains them in various life skills. Since inception in 2002, RGMVP has organised about 17.63 lakh SHGs and over 26,600 YWSHGs, representing about 2.16 million households in 49 districts in UP and federated them into 12,396 Village Organisations (VOs) and 298 Block Organisations at the Panchayat and Block level, respectively. Over the years as the groups became stronger, RGMVP expanded the scope of the programme to promote safe maternal and child health practices, sanitation and development of agriculture and other livelihood opportunities through the SHG platform. These initiatives were supported by various development donors, including international philanthropies. Such funding has not been forthcoming for over a year even as there is broad appreciation of the programme among its donors. While there has been a general decline in support to civil society in recent years, donors seem particularly hesitant to engage with the Trust. In the event, RGMVP has had to drastically scale down operations and presently has only a skeletal presence in the field, supported by the Trust's own resources.

RGMVP had been linking SHGs and VOs promoted by it to the National Rural Livelihood Mission to access its revolving fund since the latter was launched in UP about eight years

ago. The Mission now covers almost all RGMVP programme districts. Besides promoting new groups, it takes into its fold all existing SHGs and VOs. The SHGs and VOs formed by RGMVP have thus been getting integrated into the Mission. With its limited resources, RGMVP is focused on strengthening SHG federations at the block level to play an advocacy role to leverage public services and entitlements for the women, largely administered at the block level. With guidance from RGMVP, the Block Federations were extensively engaged in spreading awareness and providing relief against the SARS COVID-19 pandemic during the year. The Federations collected food grains for poor families through the groups, distributed masks stitched by SHG members and helped poor families access rations from the Public Distribution System and wage employment under MGNREGA. Federations are building their own corpus through member contributions to become self-sustaining.

I take this opportunity to express my gratitude to our Trustees, donors and other resource organisation that have supported us through the years. 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

The background of the page features two photographs. The top right shows a close-up of a smiling woman with a bindi and a nose ring, wearing a red and white patterned sari. The bottom left shows an older woman with her hand covering her eyes, wearing a green and red patterned sari. The page is divided into green and brown diagonal sections.

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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 (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 organises poor women into Self Help Groups (SHGs) and their federations. It is the largest social mobilisation programme for women's empowerment in UP, working in 49 districts. Managed by the women themselves with initial handholding support from the programme, the community institutions promoted by RGMVP enable women to access mainstream 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 one of the largest providers of high quality eye care in North India with a chain of

four state-of-the-art eye hospitals and four vision centres. Besides serving walk-in patients from all over north India, IGEHC hospitals organise eye camps in villages across 35 districts in UP, Haryana and Rajasthan. Functioning with the motto 'no one should endure preventable blindness for want of resources', it provides free or highly subsidised care to poorer patients. The goal of the programme is to eliminate avoidable blindness.

In the last 19 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.



Jawahar Bhawan, New Delhi

A close-up portrait of a woman with a warm, joyful expression, showing her teeth. She has a red bindi on her forehead and a small gold nose ring. She is wearing a yellow shawl with a red floral pattern. The background is softly blurred, suggesting an outdoor setting. A large, solid olive-green triangle is positioned in the bottom right corner, containing the text.

Women's
empowerment
and poverty
mitigation



RAJIV GANDHI MAHILA VIKAS PARIYOJANA

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) is the women's empowerment and poverty reduction programme of the Trust, initiated in 2002. The programme presently works with over two million marginalised households in 336 blocks across 49 districts of UP.


Programme Approach

The Trust initiated a programme, titled Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) in 2002 to work toward economic and social empowerment of women in UP. RGMVP has, over the years, worked with women from more than two million poor households in 336 backward blocks across 49 districts in the state.

Overview

The programme has followed a group-based social empowerment process that stimulates mutual support and solidarity among poor women. By working together, women are able to surmount historical gender- and caste-based barriers to access basic civic services and rights to overcome poverty and fight against various exclusions to live a life of dignity.

RGMVP facilitates women in organising themselves into SHGs of 10 to 20 members from poor households in a neighbourhood. ASHG is the basic unit of a three-tier social organisation. Membership of a SHG is voluntary and affinity-based. With a shared socio-economic background of marginalisation, women bond through frequent face-to-face interaction in SHG meetings and pursuit of a shared purpose. Regular empathic and nurturing support from RGMVP enables SHGs to function as safe social spaces for women where they can share problems, learn new ideas and skills and take small steps to change their situation with mutual help and support. All the groups from different hamlets in a Panchayat federate into a

A photograph of three women standing outdoors, smiling. They are wearing colorful saris: one in green and white, one in yellow, and one in red and blue. They are standing in front of some trees. The image is partially covered by a large, light-brown, semi-transparent geometric shape on the left side, which contains text.

RGMVP has worked
with women from over
2 million poor households
in 336 backward blocks
in UP



Village Organisation (VO) and further into a Block Organisation (BO) at the level of a block. The federations constitute a support structure to help SHGs resolve intra-group conflicts and effectively deal with the larger socio-economic environment comprising customary as well as modern institutions. RGMVP has also been organising adolescent girls into Young Women's SHG or YWSHGs and training them into various life skills.

SHGs hold weekly meetings, members save into a group fund and borrow from it periodically to meet household contingencies. With the assistance of the programme, groups open bank accounts and obtain group loans so that members can borrow larger sums to finance economic activities. The programme also includes maternal and child health and livelihoods development. Above all, systematic capacity building and regular participation in federation meetings at various levels enhance women's skills, knowledge, perspective and confidence to step out and mobilise other women in their own villages and beyond, take up various issues adversely affecting them and make demands on public institutions for services and entitlements.



The SHG is the basic unit of a three-tier social organisation, with affinity-based membership

Community institutions also serve as platforms to conduct structured training for women and adolescent girls 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 RGMVP as Community Resource Persons (CRPs) who become catalysts for change in their communities.

RGMVP has been working in regions with low human development indices, such as low female literacy and high maternal and neonatal mortality, high deprivation indices and high concentration of Scheduled Castes (SC)/ Scheduled Tribes (ST) households. Almost 80 percent of the households reached by the programme are poor/poorest of poor and a similar proportion of the landowning households of SHG members are marginal farmers. Since inception, RGMVP has organised 176,287 SHGs and 26,617 YWSHGs, representing about 2.16 million households. These have been federated into 12,396 VOs and 298 BOs.

Present Scenario

RGMVP's work over the years has been supported by a diverse set of development donors through specific, time-bound projects. Focused initially on forming groups and linking them to banks for parking their savings and obtaining loans, RGMVP had gradually expanded the scope of the programme to promote safe maternal and child health practices, sanitation and development of agriculture and other livelihood opportunities through the SHG platform. Such funding has not been forthcoming for over a year now in spite of the Trust's best efforts and broad appreciation of the programme among its donors. Apart from a general decline in support for civil society initiatives during the past few years, donors seem particularly hesitant to engage with the Trust. In the event, RGMVP has had to drastically scale down operations and presently has only a skeletal presence in the field, supported by the Trust's own resources.

Since inception, RGMVP has organised 176,287 SHGs and 26,617 YWSHGs, representing about 2.16 million households





The existing SHGs and VOs formed by RGMVP, a majority of whom are functional, have been getting integrated into the National Rural Livelihoods Mission (NRLM). Initiated in 2013, NRLM also follows the SHG methodology of organising women into groups and federations. Besides forming new SHGs of unorganised women, it takes into its fold all existing SHGs, including those promoted by RGMVP and other non-governmental organisations (NGOs). It provides revolving funds to the groups to enhance their lending corpus and is also expected to support livelihood development. Implemented in phases by the State Rural Livelihoods Mission (SRLM), the programme has been adding new blocks and districts every year and plans to eventually include at least 70 per cent households in every village in UP. Nearly all RGMVP programme blocks have already been covered by NRLM. As part of its work, RGMVP had over the years trained and nurtured a large number of women drawn from SHGs promoted by it as CRPs to function as trainers, facilitators and group leaders. They, along with the SHG-



SUCCESS STORY

■ MEENA DEVI

Born in a poor SC family, Meena had to drop out of school and was married off at the age of 17 as her father was chronically ill and the family was in distress financially. She became a mother when she was barely 18 and a mother of three before turning 24. Living in a joint family, she worked all day, did not get enough to eat and had no interaction with the outside world. Whenever they needed credit to smoothen family finances, Meena's family would borrow from moneylenders as they had no access to banks.



When a SHG was formed in her village, Meena quietly joined it without informing her husband as he was not keen on the idea. As she was the only one who could read and write, she was chosen to become the president of the group. Meena recalls that, in the initial days, no member of the group was willing to take loans from SHG due to lack of confidence in their ability to repay. Meena took her first loan from the group when her child fell seriously ill. Timely loan from the group helped her seek treatment for her baby. She soon began taking larger loans for livelihood and other activities. Over the years, Meena took out 12 loans totalling INR 2,47,500, used to buy a new sewing machine for her tailor husband, construction of a small shop, leasing in land for cultivation, purchase of agricultural land, purchase of a cow, construction of a toilet, thatching of roof and education of her children.

Besides the financial benefits and life and livelihood skills, membership of the group gave her a great deal of exposure and instilled confidence in her. Meena rejoined school to complete matriculation. She is now president of her SHG and secretary of her VO. During the pandemic, Meena was at the forefront in spreading awareness and mobilising support for poor households in her village.



based platforms promoted by RGMVP, have significantly contributed to NRLM in the state. A large number of facilitators and grassroots workers trained by RGMVP have also been inducted by SRLM.

NRLM promotes Panchayat-level federations of SHGs as VOs and about three cluster federations in each block at clusters of Panchayats, but no block-level organisations. Since development programmes and civic services are managed at the block level and bank offices and major market outlets are often located at block towns, a people's institution at the block level with a large base of members, such as the BO promoted by RGMVP, is critical for advocacy to facilitate women's access to various public services and entitlements, initiate linkages with banks and perform various aggregation functions vis-à-vis markets. The BO also has a large enough number of SHGs as members to form a critical mass to share its internal organisational costs. Against this background and the fact that funding is not forthcoming to continue the livelihoods and maternal and child health and nutrition programmes, RGMVP is currently focused on making the BOs sustainable so that they can continue to support the SHGs even without its continued presence. The Trust has so far been supporting these activities with its internal resources but would have to wind up operations by the end of next year if it is unable to mobilise donor funds.

Response to SARS COVID Pandemic

RGMVP has been supporting SHGs and their federations to spread awareness about the pandemic and take up relief work. Women held meetings at SHG, VO and BO levels and resolved to take up several activities, such as organising training on hand washing, wearing masks, maintaining social distance, etc., facilitating ration distribution from Public Distribution System (PDS) shops, collecting information regarding migrant workers, collecting food grains for poor families, stitching and distributing masks and helping returning migrant workers obtain Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) cards and work under the scheme.

Training was organised in 5,573 Gram Panchayats (GPs), information on migrant workers was collected and reported in 3,728 GPs, food grain for the poor was collected in 1,189 GPs and masks were stitched and distributed in 1,228 GPs. Apart from these, VOs from 2,527 GPs participated in PDS ration distribution and advocacy by SHG members helped 23,250 families obtain MGNREGA job cards and 80,244 secure work under the scheme.

Table 1 provides Community Resource Development Centre (CRDC)-wise details of work done during the COVID-19 pandemic.

Table 1: CRDC-wise details of work done during the COVID-19 pandemic

CRDC	VOs conducted training on COVID-appropriate behaviour	VOs collected data on migrant workers and reported to Gram Pradhan	VO helped distribution of rations under PDS	VOs collected & distributed food grains for poor families	VOs organised stitching of masks	Families assisted to get job cards	Families assisted to get MGNREGA work
Amethi	883	722	545	188	308	4,801	19,329
Banda	432	355	177	74	63	5,579	13,467
Gorakhpur	756	592	411	302	222	2,389	5,924
Jhansi	314	256	156	58	67	3,610	10,564
Lucknow	402	371	184	85	71	659	2,081
Raebareli	452	433	250	108	100	1,167	15,198
Shahjahanpur	669	361	316	169	173	2,288	2,632
Varanasi	525	361	182	87	64	1,320	7,846
Total	5,573	3,728	2,527	1,189	1,228	23,250	80,244

SHGs and their federations facilitated ration distribution from PDS shops during the COVID-19 pandemic





SHG members
also collected food
grains for poor
families, and stitched
and distributed masks



SUCCESS STORY

■ VIDHYA DEVI

Born in a SC family, Vidhya Devi was no stranger to discrimination in the society at large. Worse, however, was to come her way at home when she got married. Her father-in-law died soon after and she was accused of bringing bad luck as the economic condition of her new family worsened. Matters only deteriorated as she gave birth to girl

children, one after another, in the hope of having a son, born as the sixth child. As the family grew, she had to work as an agricultural labourer to support herself and her six children.



When a SHG was set up in her village, Vidhya Devi readily joined it. Over the years, she took loans worth INR 1,27,000 to support livelihood activities such as goat rearing, vegetable cultivation, setting up a vegetable shop for her husband, leasing in land for cultivation, to buy a buffalo and purchase a tractor. The financial and knowledge resources Vidhya Devi was able to mobilise

from the SHG platform have significantly improved the economic status of her family, enabling her to live a life of dignity. Vidhya Devi now helps form new SHGs and encourages other women in the village to use the platform to improve their social and economic condition.



e-Shakti Programme

The National Bank for Agriculture and Rural Development (NABARD) and RGMVP have signed a Memorandum of Understanding (MoU) for SHG digitization under the e-Shakti project of NABARD. Begun in 2016 in Varanasi and Barabanki districts to digitise 1,745 SHGs promoted by RGMVP, 10 more districts (Raebareli, Bareilly, Amethi, Pratapgarh, Sultanpur, Fatehpur, Gorakhpur, Siddharthnagar, Prayagraj, Bareilly and Jalaun) were added in 2019 to digitise 22,574 SHGs.

This project was further extended by NABARD for the year 2020-21 with a revised target to digitise 18,987 SHGs. At the end of the reporting period, digitisation of 20,732 SHGs in 84 blocks of 12 districts was being done by 695 trained animators chosen from YWSHGs and SHGs.



**Digitisation of
20,732 SHGs in 84
blocks of 12 districts
has been completed**

Usha Silai Schools

Young women from remote areas are unable to learn livelihood enhancing skills since as they are not allowed to travel to training centres, typically located in towns. Usha Silai Schools set up training facilities for young women in their respective villages so that they too get fair opportunities to learn new skills.

RGMVP has been collaborating with USHA International Ltd. (UIL) to help members of SHGs and YWSHG run tailoring schools in remote villages to train women and young girls in sewing so that they are able to supplement their families' incomes and pass on the skills to other women.

RGMVP has, so far set up 1,175 Classical Silai Schools for training and entrepreneurship development of women and young girls (SHG and YWSHG members) in 164 blocks across 41 districts.



**RGMVP has set up
1,175 Classical Silai
Schools to train women
and young girls**



SUCCESS STORY

■ DHANPATA DEVI

Dhanpata and her husband barely made two ends meet before she joined a SHG in her village. Their family of 12 lived in a mud house with a thatched roof. Farming on two bighas of unirrigated land and wage earnings were their sole source of livelihood.



After joining the SHG, Dhanpata took multiple loans from the group, totalling INR 1,25,000 over time. She bought a pump set to irrigate her land, got the land levelled, bought goats and a buffalo and also leased in land to cultivate. The family now has a pucca house and all adults in her family are engaged in farming and livestock rearing.

Having received multiple benefits from SHGs, Dhanpata is now an active and well-regarded member of her group and is a CRP and an active Ajeevika Sakhi. As a role model in her village, Dhanpata encourages other women to join the platform to improve not just their financial status but also become active and well respected members of the society.

Informal Seed Production and Management by SHG Members

RGMVP has been able to sustain the community-managed informal seed production and management activity even after the completion of the project supported by the Bill and Melinda Gates Foundation (BMGF). Around 316 women in 103 villages continue to produce and disseminate truthful paddy and wheat seed of preferred varieties; 4 tonnes of paddy and wheat seeds were produced and disseminated by the women during the year.

Natural Farming for Soil Security

RGMVP continued to support the block-level federations to train and help women farmers to make organic compost using the 18-Day Shivansh method even after completion of the Rural India Supporting Trust (RIST)-supported project on this theme. Besides composting, RGMVP encouraged women farmers to make and use natural farming

A group of approximately ten women, dressed in traditional Indian attire including sarees and headscarves, are standing behind a large, rectangular pile of organic compost. They are in a rural setting with a thatched-roof building in the background. The women are smiling and looking towards the camera, with some having their hands resting on the compost pile. The compost appears to be a mix of straw, soil, and other organic matter.

Besides composting, RGMVP encourages women farmers to make and use natural farming inputs



inputs such as Jeevamrut, Ghanajeevamrut, Neemastra, Brahmastra, etc. Many farmers have been reducing the use of chemical fertilizers and pesticides and increasingly using homemade organic fertilizers and pesticides. During the year, 6,079 women received training in compost making, 1,286 compost piles were made, 1,761 women made organic pesticides, 1,071 women set up kitchen gardens and 64 women produced seeds using System of Wheat Intensification (SWI).

Women's Participation in Panchayat Elections

RGMVP has been conducting training programmes to encourage and equip women to actively engage in strengthening and deepening grassroots democracy. The objective is for women to become more informed voters, contest local government elections, participate in public decision-making forums and use the power of their community institutions to obtain individual and group rights and entitlements. As of March 2021, training had been conducted in 233 GPs across 34 blocks. As a result, 349 women from these GPs have come forward to contest in Panchayat elections due in April 2021 for positions of ward member, gram pradhan, block development committee member and zila panchayat committee member.

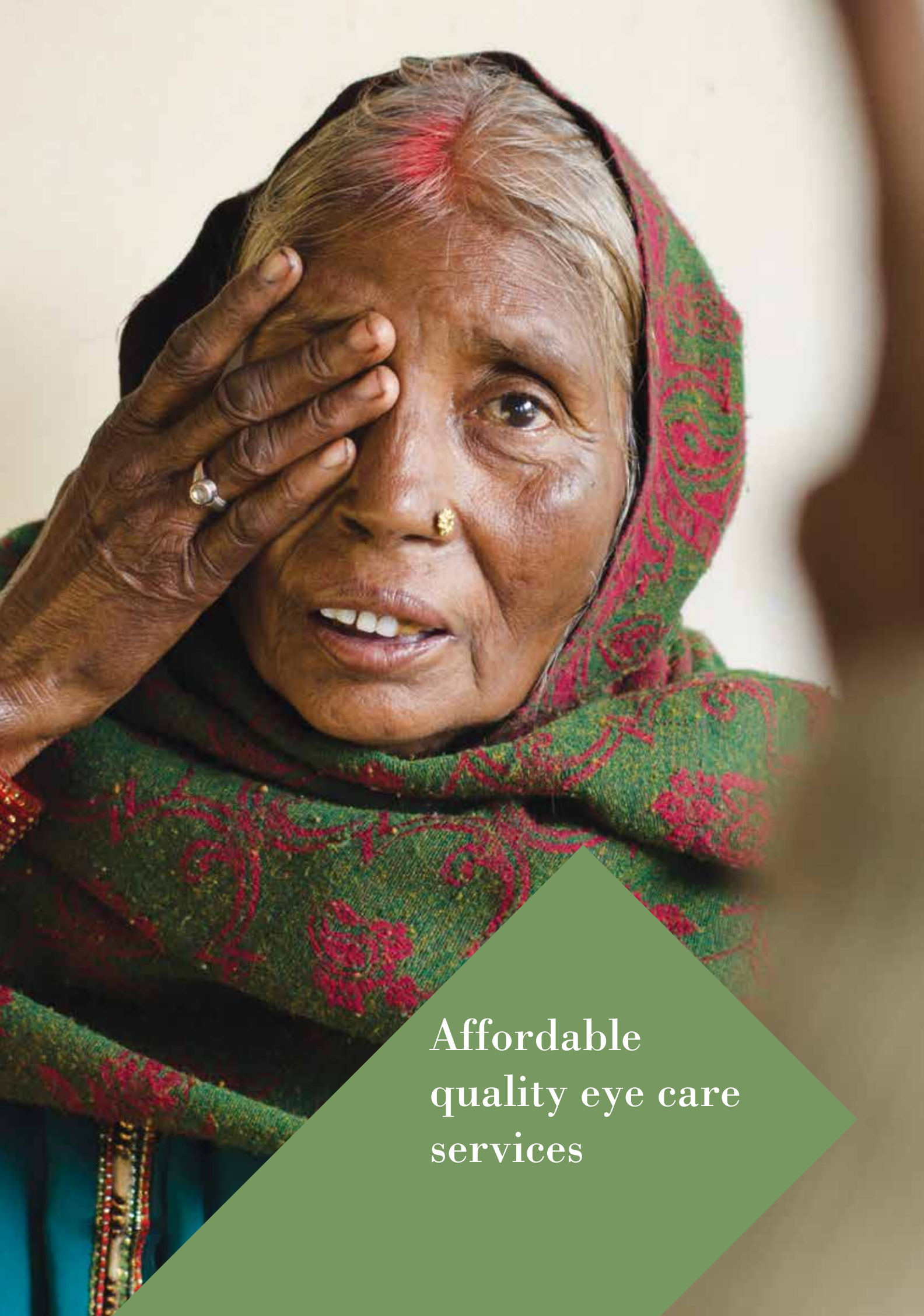
Funding Partners

Over the years, RGMVP has been supported *inter alia* by BMGF, RIST, the Small Industries Development Bank of India (SIDBI) and NABARD. 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

NRLM, The Hans Foundation (THF), the Population Council, the Centre for Operational Research and Training (CORT), Tata Education and Development Trust, and Alive & Thrive have at various stages in the past collaborated with the programme. Besides these, various public sector and rural regional banks have been extending credit to the SHGs promoted by RGMVP.





Affordable
quality eye care
services

INDIRA GANDHI EYE HOSPITAL AND RESEARCH CENTRE

Indira Gandhi Eye Hospital and Research Centre (IGEHRC) is a continually expanding chain of eye hospitals aimed at providing comprehensive, high quality eye care to walk-in patients as well as carry out extensive rural outreach by holding eye camps in remote villages.

Programme Approach

Impairment or loss of vision has a devastating effect on the quality of life. Inability to visually distinguish the details of objects curtails a person's mobility, diminishing the ability to live a meaningful life, dignity and overall well-being. For poor people, it may shut all doors to escape poverty with dignity. Eye health is thus one of the most important public health issues in society, right behind life-threatening afflictions.

It is estimated that about one-third of the visually impaired in the world are in India. A visually impaired person in our country is most likely to be living in a village, from a poorer household, 50 years of age or older or a woman. Over 80 per cent cases of visual impairment in our

country can be cured and, thus, are avoidable. Physically distant and expensive eye care services and ignorance about eye health are the key reasons for high incidence of avoidable blindness in our country.

The goal of RGCT's eye care programme is to make quality eye care services affordable and available to all, especially to the rural and socially and economically disadvantaged segments of society. The Trust has set up and is continually expanding a chain of eye hospitals (IGEHR) in the underserved northern region of the country. These provide comprehensive, high quality eye care to walk-in patients as well as carry out extensive rural outreach by holding eye camps in remote villages.

It is estimated that about one-third of the visually impaired in the world are in India



High patient volumes, extensive rural outreach and provision of comprehensive care of the highest quality by using the latest equipment and procedures define IGEHRC's strategy. High patient volumes reduce unit cost by making efficient use of hospital resources. Rural eye camps enable us to take our services to the least served populations, especially village women, increase patient volumes and promote awareness about eye health. Provision of comprehensive, state-of-the-art care makes IGEHRC the service provider of choice for economically better-off segments as well, enabling it to cross-subsidise poorer patients sustainably.

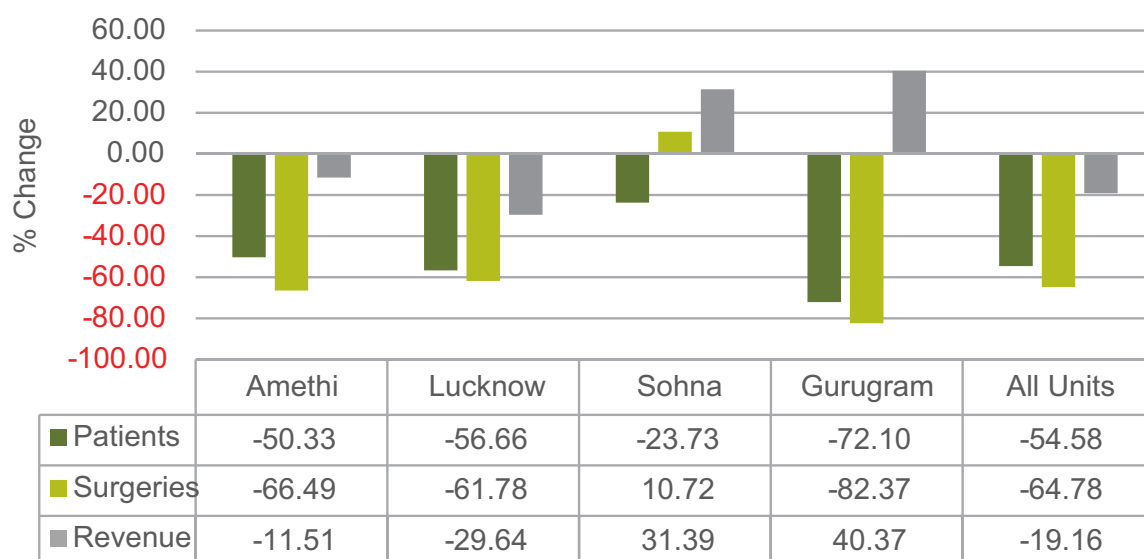
Impact of the Pandemic

Operations this year were severely affected by the outbreak of the SARS COVID-19 pandemic, registering a sharp drop overall in volumes as well as revenue. All hospitals were shut down except for emergency services during the two-month lock-down period and operations remained sluggish all the way till March 2021 when the number of walk-in patients exceeded previous year's levels for the first time. Apart from lockdowns, curfews and a general climate of fear and lack of public transport hampered mobility and care seeking. Rural outreach virtually came to a standstill. Except for a small number at Amethi, rural eye camps could not be held as large gatherings remained banned and it is very difficult to enforce COVID protocols in camps. In the absence of eye camps, monthly volumes for patients served as well as surgeries carried out remained below previous year's levels throughout the year. The impact of the pandemic on performance, including rural eye camps, is presented graphically in Figure 1. While patient volumes dropped significantly in



Key Strategies

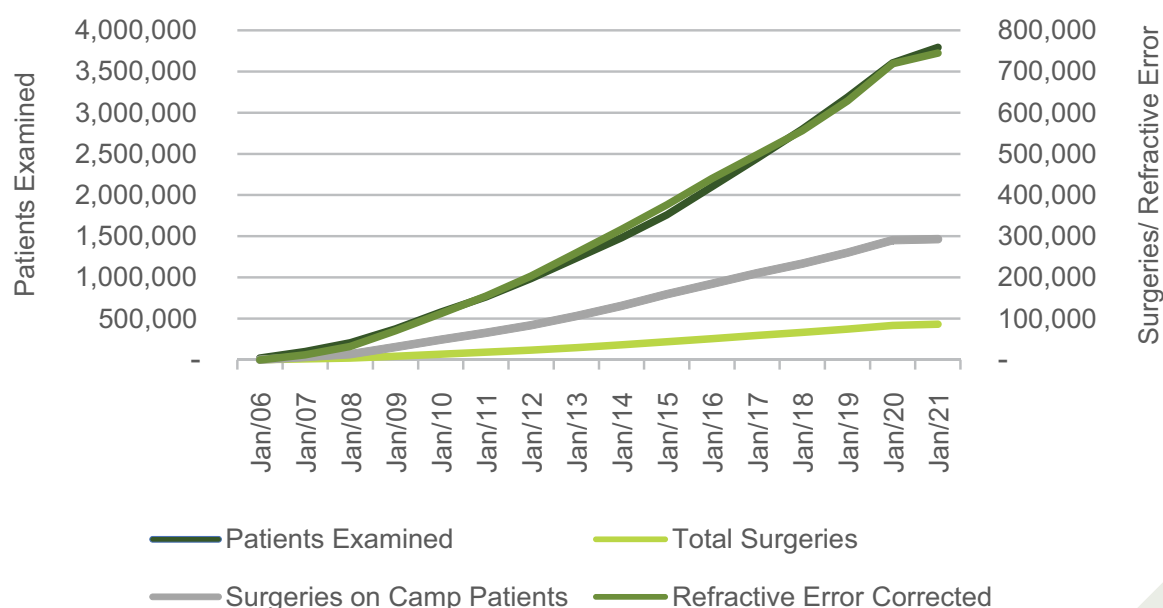
1. High patient volumes to make efficient use of resources to keep unit cost of care low
2. Rural outreach *via* rural eye camps to take services to the doorstep of the neediest
3. Provision of comprehensive, state-of-the-art care to attract the economically better-off segments so that poor patients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

FIGURE 1: IGEHRC performance in FY 2020-21 compared to FY 2019-20 (including eye camps)

all units, Gurugram and Lucknow were the most affected. However, since Gurugram began with a small base and the drop was due to absence of eye camps, overall impact on volumes as well as revenues was modest. Surgeries picked up in the other three units when the pandemic situation improved but Lucknow did not see a turnaround till March 2021. Since Lucknow presently is the largest unit and accounts for over 40 per cent of patient volumes, overall performance suffered significantly compared to the previous year.

Programme Coverage

IGEHRc presently has four eye hospitals, namely a secondary care facility at Munshiganj in Amethi district of UP, established in 2005; a tertiary care hospital at Qaisarbagh in Lucknow, established in 2008; another secondary care hospital at Sohna in Gurugram district of Haryana, commissioned in 2014; and a super specialty hospital and research facility at Gurugram built in 2017. All hospitals have the latest equipment and the chain has a team of 300 qualified professionals. Apart from serving walk-in patients, each hospital organises rural eye camps within a radius of about three hours' traveling distance in UP, Haryana and Rajasthan. Patients seeking advance care come from a much wider geography. The cumulative performance of IGEHRc since the inception is presented in Table 1 and graphically in Figure 2.

FIGURE 2: Cumulative performance of IGEHRC hospitals**Table 1: Cumulative performance of IGEHRC hospitals**

Walk-in patients	27,74,410
Camp patients	10,12,393
Total patients	37,86,803
Surgeries on walk-in patients	1,38,653
Surgeries on camp patients	2,94,137
Total surgeries	4,32,790
Refractive error corrected on walk-in patients	5,49,330
Refractive error corrected on camp patients	2,01,944
Total refractive error corrected	7,51,274
Community outreach camps held	7,458

The four IGEHRC hospitals together served over 1.82 lakh patients, carried out 15,416 sight restoring surgeries and 32,229 refractive error corrections during 2020-2021. The combined performance of IGEHRC hospitals during the reporting period is presented in Table 2.

The four IGEHRC hospitals together served over 1.82 lakh patients during 2020-21

Table 2: Performance of IGEHRC hospitals, 2020-21

Walk-in patients	1,74,499
Camp patients	8,430
Total patients	1,82,929
Surgeries on walk-in patients	12,189
Surgeries on camp patients	3,227
Total surgeries	15,416
Refractive error corrected on walk-in patients	31,802
Refractive error corrected on camp patients	427
Total refractive error corrected	32,229
Community outreach camps held	44

Community Outreach Programme

Organised in a planned way as an integral part of operations, rural eye camps enable IGEHRC to reach and seek out the least served, namely people in villages, especially older, poorer people and women. Each hospital has a fully equipped team dedicated to this purpose. The camps are generally organised in collaboration with local civil society organisations and community leaders to facilitate wider communication

Rural eye camps enable IGEHRC to reach and seek out the least served



SUCCESS STORY

■ NAGESHWAR

Nageshwar, a 65-year-old smallholder farmer from village Chandikan in Pratapgarh district works on his land with his two children. As his eyesight began to deteriorate, he found it increasingly difficult to assist his children in farming operations. Giving up wasn't an option for his own sense of dignity as well as economic contribution he made to the family. When a camp was organised by IGEHRC in the nearby village, Nageshwar decided to seek help. It was found that he had a cataract in his right eye. After detailed check-up and diagnosis, he was operated for cataract.



Now he feels he can see as well as any young person and he is again active on his farm. Nageshwar would have gone blind if he had delayed visiting the eye camp. Timely surgery saved his eyes as well his ability to perform his work. He is very thankful to IGEHRC for helping him to see again.

and mobilisation. IGEHRC provides 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 well below market prices.

Eye camps were the biggest casualty of the pandemic as they could not be organised due to restrictions, difficulty in maintaining COVID protocols and lack of testing facilities to ensure that infected persons did not attend camps and were not admitted for surgeries. In the event, the Amethi hospital alone was able to organise 44 camps and screen 8,430 persons. Free surgeries were carried out on 3,227 camp patients.

IGEHRC Amethi

The Amethi hospital has so far served 21.3 lakh patients, including 5.45 lakh at 3,433 rural eye camps; conducted nearly 2.23 lakh sight restoring surgeries, including 1.66 lakh on camp patients; and 3.48 lakh refractive error corrections, including about 1 lakh on camp patients. The hospital serves patients from Sultanpur, Pratapgarh,



SUCCESS STORY

■ GANGA RAM

Ganga Ram, a 58-year-old marginal farmer, was unable to earn an adequate livelihood from agriculture and took up truck driving to supplement his income. He lives with his wife and two children in village Pure Ganesh Lal in district Amethi. Over time, his vision deteriorated and he was on the verge of giving up driving. When he learnt about an eye camp being organised by IGEHRC near his village, he rushed there to get his eyes checked. An examination of his eyes at the camp revealed he had cataract in his right eye. He was operated upon for cataract at IGEHRC Amethi. Now he is able to see clearly with post-operative vision of 6/9. Timely surgery saved his eyes as well his ability to earn.



Amethi, Raebareli, Ambedkar Nagar, Jaunpur, Barabanki and Faizabad districts in UP. The 120-bed facility typically screens over 400 patients and conducts around 100 surgeries daily.

Set up initially as a secondary care facility, the Amethi hospital has been adding equipment and expanding services to become a tertiary care unit. Its Vitreo Retina facility is one such addition. The hospital earlier used to refer patients needing Vitreo Retina treatment to Lucknow and most would drop out because of the cost as well as logistics of seeking care at a distant locale in a large city. Due to the rising incidence of diabetes in the population, cases requiring Vitreo Retina treatment are on the rise nationally. Since untreated retinal conditions often lead to permanent blindness, the Amethi hospital established a Vitreo Retina facility in 2018 to ensure that poorer people are not deprived of such critical care. The hospital has already treated over 26,500 patients and carried out 577 surgeries, including 170 free surgeries on camp patients.

The Cornea Department, established in 2019, is another addition to deepen service offerings from the hospital. With this, the hospital can now attend to various corneal disorders, including cornea transplant surgeries. The department has been catering to almost 50 patients daily.

The overall performance of IGEHRC Amethi during the year is presented in Table 3.

Table 3: Performance of IGEHRC Amethi, 2020-21

Walk-in patients	53,954
Camp patients	8,430
Total patients	62,384
Surgeries on walk-in patients	4,318
Surgeries on camp patients	2,424
Total surgeries	6,742
Refractive error corrected on walk-in patients	10,940
Refractive error corrected on camp patients	427
Total refractive error corrected	11,367
Community outreach camps held	44



IGEHRCLucknow

Established in May 2008, IGEHRC Lucknow has cumulatively served over 1.75 million patients, including 3.68 lakh patients in 2,968 rural eye camps. During this period, the hospital carried out nearly 1.85 lakh sight restoring surgeries, including over 1.18 lakh on patients from rural eye camps. The hospital also corrected refractive errors on 3.61 lakh patients, including over 76,677 patients from rural eye camps.

As a state-of-the-art tertiary eye care facility with dedicated and specialised clinics for different eye ailments that together offer comprehensive eye care under one roof, IGEHRC has become the hospital of choice in Lucknow. The team includes Ophthalmologists and para medicals in all specialties in eye care. IGEHRC Lucknow is also one of the very few eye hospitals in North India to have a dedicated patient counselling cell. The facility presently serves over 500 patients every day and 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 to avail of treatment.

Since 2008,
IGEHRCLucknow
has cumulatively
served over 1.75
million patients



Due to the pandemic, most of the government establishments were either closed or were treating only COVID patients. Private clinics too were providing limited services. In this scenario, IGEHRC Lucknow played a crucial role in providing advanced and emergency eye care to patients from across the state even though operations overall were badly affected due to the pandemic. The performance of the hospital during the reporting year is presented in Table 4.

Table 4: Performance of IGEHRC Lucknow, 2020-21

Walk-in patients	80,176
Camp patients	0
Total patients	80,176
Surgeries on walk-in patients	5,554
Surgeries on camp patients	780
Total surgeries	6,334
Refractive error corrected on walk-in Patients	17,182
Refractive error corrected on camp Patients	0
Total refractive error corrected	17,182
Community outreach camps held	0

IGEHRCSohna

IGEHRCSohna in Gurugram district is a rural, secondary level hospital. Operating from rented premises in village Raipur, the hospital principally serves the people of Mewat and adjoining areas, the least developed region in Haryana. It has been growing at a rapid pace since its inception in August 2014. It now serves more

IGEHRCSohna has
cumulatively carried
out more than 9,153
surgeries



than 100 patients daily and has cumulatively carried out more than 9,153 surgeries, including on children, glaucoma patients and other specialties besides cataract. The hospital is now financially self-reliant. With the opening of IGEHRC Gurugram at nearby Ullawas, the erstwhile rural outreach activities of the Sohna hospital have now been combined with those of the former and Sohna principally caters to walk-in patients. The OPD attendance at the hospital was severely affected due to pandemic. However, patients needing surgeries continued to come, perhaps because private providers were not functioning. As a result IGEHRC Sohna did more surgeries than in the previous year. The performance of the Sohna hospital during the reporting period is presented in Table 5.

Table 5: Performance of IGEHRC Sohna, 2020-21

Walk-in patients	25,576
Camp patients	0
Total patients	25,576
Surgeries on walk-in patients	1,288
Surgeries on camp patients	3
Total surgeries	1,291
Community outreach camps held	0

IGEHRC Gurugram

The Gurugram facility, commissioned in 2017, is being developed as a centre of excellence. Built on land leased from the local Panchayat, the hospital is situated at Ullawas village in Sector 62, Gurugram. With an overall floor area of over 3 lakh square feet and



clinical area of over 2 lakh square feet, the hospital, when fully developed, will cater to a population of 25 million in 12 districts of South Haryana, North Rajasthan and Western UP. It will also conduct research, train paramedical staff and offer post-graduate fellowships.

The facility now has basic equipment in place to offer tertiary care services and all specialities such as Vitreo Retina, Cornea, Glaucoma, Occuloplasty, etc. It caters to about 100 walk-in patients daily, on average, and roughly the same number is served through eye camps. It would eventually ramp up to 500 walk-in patients a day and about half as many would be served through camps. Patients from as far as western UP, northern Haryana and northern Rajasthan have begun availing of the services of the hospital. While a majority of the patients are from the poorer segments, the hospital has now begun attracting well-to-do patients also as word has spread about the quality of care available at the hospital.

The hospital was expecting significant growth and to break even financially this year. However, patient volumes fell far below plans due to the pandemic. Eye camps could not be held at all. However, the hospital improved over the previous year in terms of revenues, reflecting wider acceptance among better-off segments locally. This is a positive trend and will enable the hospital to expand rural outreach through eye camps and free/subsidised care to poorer segments, which is the core of its mission.

Table 6: Performance of IGEHRC Gurugram, 2020-21

Walk-in patients	14,793
Camp patients	0
Total patients	14,793
Surgeries on walk-in patients	1029
Surgeries on camp patients	20
Total surgeries	1,049
Refractive error corrected on walk-in patients	3,680
Refractive error corrected on camp patients	0
Total refractive error corrected	3,680
Community outreach camps held	0



Vision Centres

IGEHRRC's Vision Centres are a part of its outreach services offered to rural communities. These provide primary eye care to rural and remote populations and support the hospitals in follow up of surgery patients.

Only Lucknow and Amethi hospitals have vision centres which are located at Raebareli, Lalganj (Raebareli), Patti (Pratapgarh) and Jais (Amethi). These are equipped with ophthalmic equipment such as slit lamp, direct ophthalmoscope, trial sets, etc., and have broadband connectivity for tele-consultations with the sponsoring hospital. The centres have 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 the sponsoring hospitals at Amethi or Lucknow.

Training

Besides providing the full range of eye care services, IGEHRRC also conducts long- and short-term training programmes in order to mitigate the shortage of trained eye care professionals in the country. It is the largest eye care training centre in UP.

Vision Centres are
a part of outreach
services offered to
rural communities



SUCCESS STORY

■ GUDDA DEVI

Thirty-five-year-old Gudda Devi hails from village Lala Ka Purwa in Amethi district. Her husband and two children live in Lucknow. She had been experiencing blurring vision which was worsening day by day. She was the only person to take care of daily chores at home. After enduring the problem for several months, she decided to visit an eye camp being organised near her village by IGEHRC. On being examined she was found



to have cataract in her right eye and her visual acuity was PL+. She was operated at the base hospital of IGEHRC which gave her a post-operative vision of 6/9. She can now perform her day-to-day activities confidently. Gudda Devi is now back to active life and is very thankful to IGEHRC for restoring her vision.



IGEHRC offers two-year Fellowships in various sub-specialities of Ophthalmology to 10 to 15 doctors with post-graduate degrees in Ophthalmology every year. The Fellows work as apprentices under the guidance of experienced doctors in the hospitals to gain hands-on experience, provided classroom instruction on the latest advances in eye care and participate in academic debates, journal clubs and publications. As IGEHRC carries out extensive community outreach, the Fellows are sensitised to the inequities in access to eye care services in society, the contexts and needs of the unserved and develop an inclination towards community service. Some of them continue to work as consultants at IGEHRC upon graduating from the Fellowship while others join eye care facilities elsewhere. Due to the pandemic, academic sessions were conducted through virtual mode this year. Cumulatively 25 Fellows have graduated, including one this year and 15 are presently on board.

Apprenticeship and practical training is also provided to Optometrists and 42 have already received such training. IGEHRC also trains village girls educated up to 12th grade with science as Mid-Level Optometric Personnel (MLOP) to work in various

IGEHRC trains
village girls as
MLOP to work as
paramedical staff





functions in the hospitals as paramedical staff. Training comprises hands-on practice in various departments, supplemented with classroom instruction. The training is residential and trainees receive a small stipend besides free boarding and lodging. So far 215 MLOPs have been trained, of whom 149 are working in IGEHRC units. Presently 44 are undergoing training.

Our Team

IGEHC 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 43 ophthalmologists with 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 149 trained MLOPs and other medical assistants. There are 32 Optometrists posted at the hospitals, Vision Centres and camps. There is a team of 93 support staff to look after administration, housekeeping, security, transport and maintenance.

Partner Organisations

IGEHC continued to have financial support from the Rural India Supporting Trust (RIST), Sightsavers and The Tata Trusts. The programmes supported by these partners are eye banking, system strengthening, and disease control and infrastructure development.



Financial Abstract

Balance Sheet as at March 31, 2021

Particulars	As at March 31, 2021 Rs.	As at March 31, 2020 Rs.
SOURCES OF FUNDS		
Corpus fund	142,500,000	142,500,000
General fund	232,969,538	304,836,117
Deferred income	1,053,614,587	1,164,991,515
	1,429,084,125	1,612,327,632
APPLICATION OF FUNDS		
Fixed Assets		
Net block	1,276,293,833	1,399,267,945
Capital work in-progress (including capital advances)	218,037	597,020
	1,276,511,870	1,399,864,965
Current assets, loans and advances		
Inventories	13,717,883	14,026,691
Sundry receivables	627,531	923,489
Cash and bank balances	288,621,399	355,854,108
Loans and advances	75,588,515	85,398,435
	378,555,328	456,202,723
Less: Current liabilities and provisions		
Advance for projects	99,505,179	123,403,107
Current liabilities	106,657,717	102,864,639
Provisions	19,820,177	17,472,310
	225,983,073	243,740,056
Net current assets	152,572,255	212,462,667
	1,429,084,125	1,612,327,632

Financial Abstract

Income and Expenditure Account for the year ended March 31, 2021

Particulars	For the year ended March 31, 2021 Rs.	For the year ended March 31, 2020 Rs.
INCOME		
Donations	151,622,787	411,459,421
Hospital revenue	272,155,530	340,704,804
Other income	9,403,726	12,442,661
	433,182,043	764,606,886
EXPENDITURE		
Medical supplies consumed	74,573,004	114,159,977
Project and related expenses	278,447,039	468,665,712
Depreciation and amortisation	136,832,710	151,103,076
Employee benefit expenses	6,980,410	6,983,540
Administrative and other expenses	8,215,459	7,466,717
	505,048,622	748,379,022
Excess of Income over Expenditure/ (Excess of Expenditure over Income)	(71,866,579)	16,227,864



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 2020-21 are:

Governance

Due to the SARS COVID-19 pandemic, the Trust's Board meeting was held virtually on 28 December 2020.

Management

The statutory audit for FY 2019-20 was completed in December 2020. Internal audit of Projects of the Trust was also carried out twice during the year. The Budgets, duly approved by the Top Management Team (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 Sightsavers International and NABARD continued their support to the Trust's initiatives this year too with grants of INR 1.75 crore. The Trust had a FCRA bank balance of INR 8.41 crore during the year.

The Trust follows 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 (NABARD)
4	Tata Educational and Development Trusts
5	The India Nutrition Initiative (an Initiative of Tata Trusts)
6	Mars International India (P) Ltd
7	University of East London
8	Bankers Institute of Rural Development
9	Ambuja Cement Foundation

IGEHRC

1	Rural India Supporting Trust
2	Royal Commonwealth Society for the Blind (Sight Savers)
3	Indo Gulf Jan Sewa Trust
4	Jamsetji Tata Trust
5	Rajiv Gandhi National Relief & Welfare Trust
6	Sir Dorabji Tata Trust

RGCT Management

RGCT, Head Office

Shri Deep Joshi

Chief Executive Officer (CEO)

Shri Shantanam D. Sinha

Chief Financial Officer (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

Chief Medical Officer (CMO)

Dr. Ashutosh Khandelwal

Deputy CMO

Amethi

Dr. Kanchan Shukla

In-charge



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