



# ANNUAL REPORT 2011-12





## Foreword

I am happy to note that the steps initiated in 2010 to professionalise the Trust and provide an impetus to our efforts to achieve Shri Rajiv Gandhi's vision of a more inclusive India are beginning to bear results. Considering the positive developments that have taken place in the last year, I am confident that the direction chosen for RGCT is the right one and will surely enable it to find a place of eminence in the non-governmental space in India.

Our endeavour to institute systems, processes and procedures to enhance the Trust's operational efficiency, transparency and accountability have had an enabling and a positive impact. This has been significantly facilitated by the IT initiative launched during the year which, when complete, will enable the Trust to have a synchronised system to serve the requirements of monitoring and oversight, track growth through real time reports and consolidate standardised systems and processes across the organisation. The focussed and professional approach followed at all levels has contributed to an improvement in financial and administrative systems, increased overall productivity and efficiency and created a positive impression on potential donors including international agencies which have responded by supporting the Trust's Projects.

During the year, the Trust's initiatives in the areas of women's empowerment and poverty reduction, quality eye care and vocational training for rural youth based on self-set targets have registered satisfactory growth. While the Project-wise details are available in this Annual Report, I would like to dwell briefly on the salient developments in regard to each of them.

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) scaled up its operations from 100 to 200 blocks in Uttar Pradesh, and reached out to 4,53,168 families organised into 37,648 Self Help Groups, 1,302 Village Organisations and Block Organisations spread across 137 blocks in 34 districts of Uttar Pradesh. In addition, it created and sustained social capital, nurtured community resources through targeted training, strengthened collaboration with banks for increasing social and economic inclusion and contributed to community development through a holistic spectrum of initiatives comprising health, education, livelihood, environment and sustainable agriculture. In a separate effort, it partnered with Bill and Melinda Gates Foundation, Public Health Foundation of India and UNICEF to implement community-based healthcare programmes for cumulatively reducing infant and maternal mortality rates in 210 programme blocks in Uttar Pradesh.

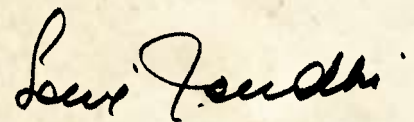
Indira Gandhi Eye Hospital and Research Centre (IGEHC), one of the largest providers of quality eye care in Uttar Pradesh, has treated over 1,000,000 out-patients and performed over 125,000 sight restoring surgeries from its inception in 2005 through a cross subsidy model weighted in favour of the poor. Recently established facilities at IGEHC Lucknow

now include a new clinic for Orbit and Oculoplasty, eyeball re-shaping refractive surgery using Lasik, corneal grafting and others. The two hospitals at Lucknow and Amethi are increasingly focussing on intensive training and fellowship programmes to create and retain a cadre of professionals to serve the community.

During 2011-12, Indira Prashikshan (IP) trained about 398 youth in construction related trades and arranged employment for them in reputed construction companies. Placement of 12 trainees in overseas companies in Oman and Dubai was one of the highlights of the placement programme. To facilitate the process, a Placement Cell has been set up to ensure continuity in “first jobs” and solve teething problems that usually arise during the initial settling-in phase.

For the coming year, the plans designed by the Projects converge on reaching out to the largest number of the underprivileged in their areas of operation. RGMVP plans to scale up by forming 70,000 Self Help Groups, 4,000 Village Organisations and 100 Block Organisations covering 100 blocks in Phase IV to reach an estimated 9 lakh rural poor. A one-of-a-kind eye care institution is in the process of being set up in Gurgaon to provide super-tertiary treatment to the community and surrounding rural populations, research in the aetiology and relief of blindness and training for all level of workers engaged in eye care. IP plans to upgrade its vocational training facilities by expanding its basket of trades to include programmes for computer operators, computer hardware personnel, welders and retail sales personnel.

In effect, the Trust’s record of achievement over the last year has been more than satisfactory. Given its aspirations for the future, I have every confidence that the goals envisaged will be achieved. While thanking the Board for its unstinted support and wise counsel in charting the direction of the Trust, I commend all members of staff for the zeal, commitment and integrity with which they have discharged their responsibilities.



**Sonia Gandhi**  
Chairperson



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## Board of Trustees

Smt. Sonia Gandhi

*Chairperson*

Shri Rahul Gandhi

Smt. Priyanka Gandhi Vadra

Dr. Ashok Ganguly

Shri Bansi Mehta

# Rajiv Gandhi Charitable Trust

During the period under review, the measures initiated and implemented by the Head Office (HO) during the year 2010-11 in the areas of administration, human resources, accounts and resource mobilisation were refined, strengthened and taken forward. Taken together, these measures, delineated below, have stabilised a professional approach to the management and operations of the Trust and facilitated its emergence as a significant player in the developmental and non-governmental space.

## Accounts and Finance

Statutory Audit for FY 2011-12 was completed on 24.09.2012 and the Income Tax return for the year was filed on 25.9.2012. Concurrently, Internal Audit was carried out of all financial transactions between April 2011 and March 2012. The budgeting system introduced at HO and Projects with effect from October 2010 has since stabilised and 'variances' are now being regularly monitored at the end of each half year. Consequent on the Trust having been registered under the FCRA Act 2010, the flow of funds from

*Jawahar Bhawan  
in New Delhi*





Measures refined in FY 2011-12 have stabilised a professional approach to the management and operations of the Trust and facilitated its emergence as a significant player in the developmental and non-governmental space

international sources has shown a significant increase from Rs. 0.42 crores in 2010-11 to Rs. 23.33 crores in 2011-12 and further to Rs.17.8 crore as at the end of October 2012. Overall, institutional and individual donors to the Trust include Bill and Melinda Gates Foundation (BMGF), Department for International Development (DFID), Rural India Supporting Trust (RIST), UNICEF, etc. In order to supplement its resources, the Trust is working on a Corporate Social Responsibility (CSR) funding window initiative to be operationalised during the next year.

On the housekeeping side, the remaining elements of the new Accounting Framework have been implemented. These include stricter monitoring of cash transactions at Projects, further delegation of sanctioning authority to Project CEOs and CFO, donor specific accounting modules and Project related finance manuals. In their operative effect, these reforms have enabled the emergence of a financial system capable of standing up to international scrutiny in terms of transparency, quality of systems, processes and policies.

### Administration

In keeping with the practice last year, the movable and immovable assets at the HO and Projects were verified with reference to their respective inventories. Similarly, all relevant assets have been brought under Annual Maintenance Contracts and insurance. Administration and procurement manuals have been developed by with the assistance of consultants appointed by DFID and these, together with the Finance manuals, will be implemented by the Trust from 2012-13.

To cope with the future involvement of the Trust in various construction related activities across Projects including the proposed eye care facility at Gurgaon, a Cell was set up at HO with a Chief Project Manager specifically recruited for the purpose supported by a Consultant Architect. The Cell has drawn up guidelines for executing capital works and is presently attending to preparing a design brief for the Gurgaon project.

### Human Resources

The HR policies of the Trust are premised on best practices. Accordingly, employees are entitled to coverage under the Employee Provident Fund Act, 1952, Payment of Gratuity Act, 1972, maternity benefits, Group Health Insurance, Personal Accident Insurance, etc. On the output side, staff productivity is regularly monitored through a staff performance appraisal framework and incentives are aligned thereto. An HR Policy manual was finalised during the year and will be released once the work relating to grade harmonisation and fitment for support staff across Projects is completed by the consultants appointed for the purpose.



### **Information Technology**

The Trust has launched an ambitious IT initiative for developing a comprehensive and integrated Management Information System (MIS) between HO and Projects. An IT Cell has been set up to support the initiative. The Trust's IT plan, when complete, will enable it to have a synchronised system which will subserve the requirements of monitoring and oversight, track growth through real time reports and consolidate standardised systems and processes in the Trust.

### **Way Forward**

In keeping with its goal to create a professional, sensitive and responsive management, the Trust will continue to strive towards excellence in regard to systems and processes designed to enable Projects to focus single-mindedly on their operational work and commitment to the community.

**RAJIV GANDHI MAHILA VIKAS PARIYOJANA**

# Women's Empowerment and Poverty Reduction

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), RGCT's flagship programme, is entrusted with the mission to reduce poverty in Uttar Pradesh, through a special focus on economic and social empowerment of women. It provides sensitive support to poor women by organising and helping them build their own institutions, primarily Self Help Groups (SHGs), Village Organisations (VOs) and Block Organisations (BOs). These community institutions facilitate savings and livelihood activities for poor women through credit support from banks, provide a framework for initiating social mobilisation and link them to existing state and non-state structures/resources such as the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA), National Rural Health Mission (NRHM), etc.

RGMVP adopts a holistic approach in developing the community through its financial inclusion, health, education, livelihood and environmental initiatives. A unique feature of the RGMVP model is the generation of 'social capital' such as Samooch Sakhis (SHG activists) and Community Resource Persons (CRPs) who are the role models for social mobilisation and institution building. The 'social capital' strategy has been the key in motivating poor women to become members of SHGs through sustained capacity building. The SHGs and their federations enable the poor women and their families to move towards a life of dignity, equality and empowerment consistent with access to basic rights and entitlements.

## **INITIATIVES 2011-12**

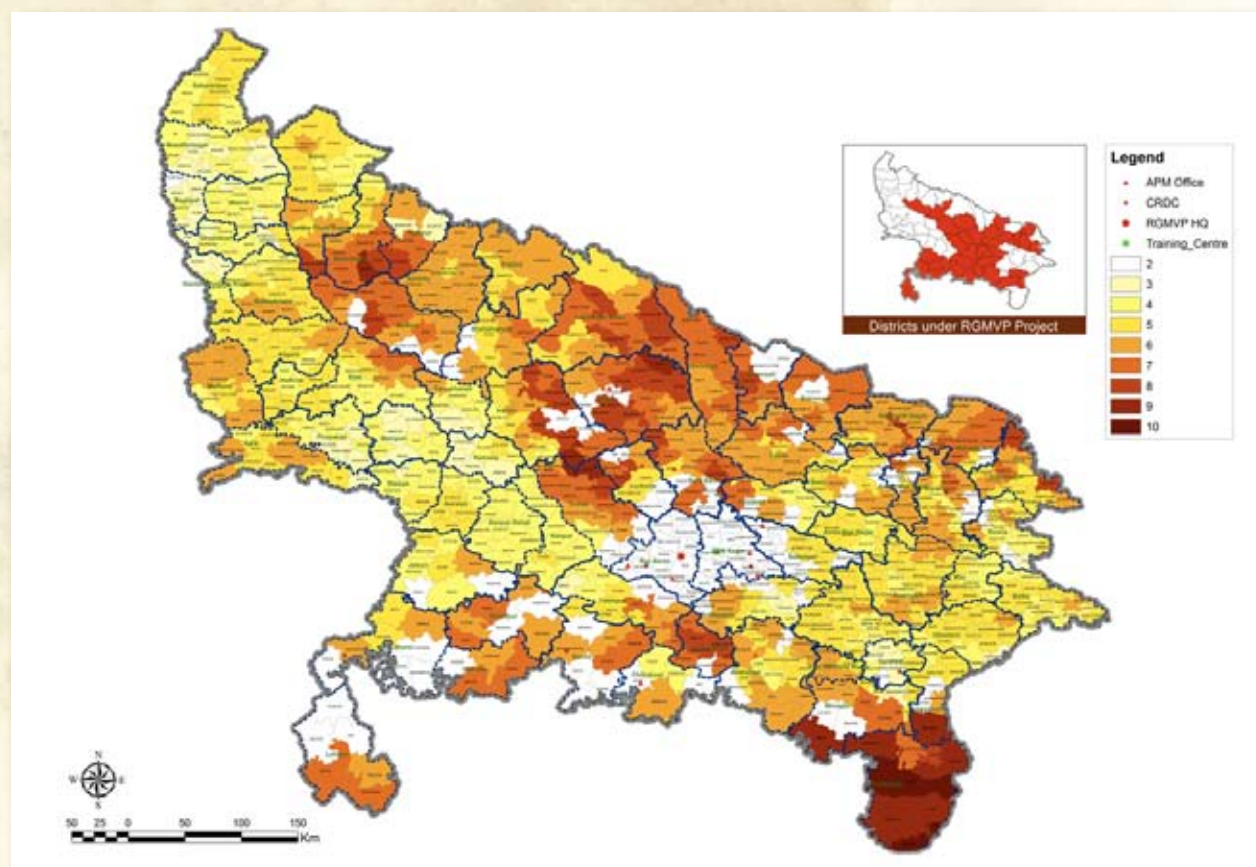
### **Scaling Up**

The year under report was devoted to developing systems to scale up operations and institutional frameworks for reaching the poorest of the poor.

RGMVP's expansion strategy was based on the Weighted Overlay Analysis (WOA) method (a Geographic Information Systems (GIS) based tool for evaluating relative suitability) for identifying the most backward blocks. Based on female illiteracy rates and percentage of Scheduled Castes (SCs) in the population, the blocks in the state were graded and the 100 most backward blocks selected to expand coverage from the existing 100 to 200 blocks. The blocks identified for upscaling through the WOA method are indicated in Figure 1.



**Figure 1: Blocks identified for upscaling**



## Community Resource Development Centres

To streamline the implementation of the scaling up strategy, RGMVP started seven Regional Centres at Gorakhpur, Jhansi, Munshiganj, Lalganj, Shahjahanpur, Varanasi and Banda. These Community Resource Development Centres (CRDCs) have been designed as 'social incubation centres' for creation of social capital. Each CRDC works in two or three blocks in the districts tagged to it. Each block is divided into four zones and villages with the highest population of SCs/Scheduled Tribes (STs) are identified in each zone. A Participatory Identification Process (PIP) using local community volunteers and CRPs is used for social mobilisation. The CRDCs are involved in identifying and capacity building of social capital such as Swasthya Sakhis (health activists), Samooch Sakhis, Bank Sakhis and CRPs. Each CRDC is headed by a Regional Programme Manager (RPM) and assisted by two Regional Programme Executives, one each for institution/capacity building and MIS and an Accountant. The CRDCs work in synergy with the state machinery, lead bank offices, participating banks, District Development Manager, National Bank for Agriculture and Rural Development (NABARD) and other stakeholders.

### **Community Based Health Initiative through Behaviour Change Management**

RGMVP has partnered Bill and Melinda Gates Foundation (BMGF) to implement a Community-Based Health Initiative (CBHI) in 160 programme blocks through a consortium of five partners led by the Public Health Foundation of India (PFHI) and including the Population Council, Boston University, Community Empowerment Lab (CEL) and itself as the implementing partner. This initiative is intended to reduce the maternal mortality and neonatal mortality rates through social platforms of the poor by using the Behaviour Change Management (BCM) model evolved by RGMVP.

### **Community Resource Development Institution: A Community-managed In-house Training System**

The commitment to nurturing community resources was operationalised through the formation of the Community Resource Development Institution (CRDI). The CRDI team consists of exemplary CRPs who have themselves transformed their lives through the RGMVP model, having internalised the concepts and theory of change. CRDI team members are responsible for identifying and nurturing greater social capital by organising exposure visits and providing training to potential leaders from the community. They are responsible for developing advanced leadership skills of the community members. This collaborative initiative between the RGMVP's Project Management Office and BOs is remarkable for its uniqueness as a community managed in-house training system providing continuous guidance and support to RGMVP's community leaders. At present, there are 10 members working in the team with one team leader.

### **Bank Sakhis**

*Capacity building at the SHG level*

To achieve higher financial inclusion by eliminating the apprehensions of the rural poor and guiding them towards banking and credit facilities, RGMVP has introduced the concept of Bank Sakhi or community banking facilitator. The Bank Sakhi is an exemplary SHG woman who has successfully utilised bank credit for two or three income generation activities and has studied up to fifth class or above. She helps SHG members understand the importance of financial inclusion and facilitates financial literacy. At the end of June 2012, there were around 1,100 trained Bank Sakhis in the system, acting as key drivers of the financial inclusion initiative.





### **Citizen Charter for SHG-Bank Linkage Operations**

RGMVP facilitated the implementation of a 'Citizen Charter' by participating banks to streamline SHG-bank linkage operations. Two of the participating banks have already approved the Citizen Charter, indicating the time and procedures for opening of savings bank accounts of SHGs and sanction of the Cash Credit Limit (CCL) to SHGs, and have agreed to display the charter at all bank branches where RGMVP is the implementing agency. Other participating banks are in the process of approving the charter.

### **Pilot Project on Bank Sakhis as Business Correspondents**

RGMVP, in collaboration with Gesellschaft für Internationale Zusammenarbeit (GIZ), NABARD and Aryavart Gramin Bank, has initiated the process of implementing a pilot project in which the bank's Technical Service Provider (TSP) will appoint Bank Sakhis as Business Correspondents (BCs) for the banks. Five VOs in Sumerpur block in Unnao district have been identified and a Memorandum of Understanding (MoU) will be signed with the collaborators soon.

### **Community Organisations Nurtured as Business Facilitators**

The Baroda UP Gramin Bank has agreed to appoint BOs nurtured by RGMVP as Business Facilitators of the bank. The bank will sign an agreement with selected BOs in the bank's operational area. The BOs, through the Bank Committee at BO and VO levels and the Bank Sakhis, will take care of all external work related to SHG-bank linkages including monitoring and servicing SHGs' CCL accounts. The BOs, as Business Facilitators, will help expand the branch's deposit and credit business. In return, the BOs will receive a mutually agreed percentage of income generated by the bank through the SHG business as service charges, which will help these organisations in self-management.

*Income generation through financial inclusion*

### **Bundelkhand Initiative**

Considering the extreme backwardness of Bundelkhand, RGMVP has initiated intervention in all seven districts of the region in Uttar Pradesh. The CRDC in Banda takes care of the districts of Banda, Chitrakoot, Hamirpur and Mahoba while the CRDC in Jhansi takes care of Jhansi, Jalaun and Lalitpur. At the end of March 2012, RGMVP was operating in 19 blocks in the region. It had formed 2,277 SHGs during the period of which 543 were credit linked to banks.



### Management Information System

RGMVP has developed MIS application software to capture SHG baseline data as well as data on social capital. This online system enables decentralised data management and data updation by BOs or CRDCs. MIS assistants have been appointed in 36 blocks and seven CRDCs for online data management.

### Anchoring the Women's Self Help Group Scheme

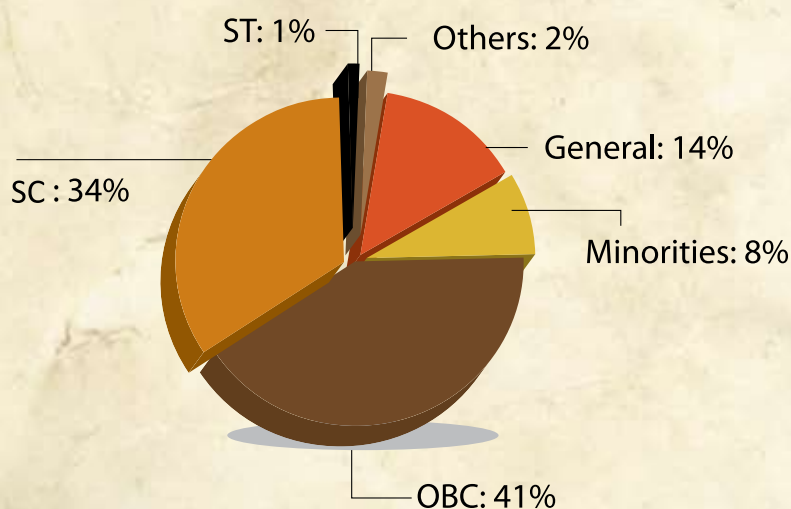
Under the Government of India scheme for promotion of and support to women's SHGs in backward districts of India, RGMVP has been selected by the District Implementation Committees of two districts – Sonbhadra and Mahoba – to anchor the programme. RGMVP has commenced community mobilisation in these two districts.

## PROGRAMME IMPACT 2011-12

### Social Mobilisation and Institution Building

At the end of June 2012, RGMVP's social mobilisation programme reached out to 4,53,168 families and organised them into 37,648 SHGs, 1,302 VOs and BOs spread across 137 blocks in 34 districts of Uttar Pradesh (Table 1 overleaf). As can be seen from the category-wise distribution of the population in the SHGs nurtured by RGMVP (Figure 2), 34 percent of the community belongs to the SC category.

**Figure 2: Outreach as per social category**





## Support from SERP

During the year, RGMVP continued to receive support from the Society for Elimination of Rural Poverty (SERP) for community mobilisation and capacity building of community institutions. RGMVP also organised a number of exposure visits of its social capital to community organisations nurtured by SERP in Andhra Pradesh for being groomed as CRPs.

## Financial Inclusion

RGMVP promotes the culture of savings and enhancement of livelihood activities by facilitating credit among SHGs members. The SHGs avail CCL from banks. Thus, the number of SHGs availing credit increased from 17,287 in 2010-11 to 20,367 in 2011-12 and further to 20,807 by 30 June 2012. The number of SHGs availing of the second CCL increased from 910 in 2010-11 to 2,302 in 2011-12. So far, RGMVP has facilitated access of SHGs to 17 banks including six Regional Rural Banks. The results yielded by financial inclusion activities are indicated in Table 2.

**Table 2: Financial inclusion (April 2011 to June 2012)**

Financial Inclusion through SHGs	(Amount in Rs. Lakh)		
	April 2011	March 2012	June 2012
Savings generated in SHGs	975.19	1043.18	1052.20
No. of SHGs with 1st bank linkage	17287	20367	20807
No. of SHGs with 2nd bank linkage	910	2302	2389
Loan amount in 1st bank linkage	9331.24	13422.12	14391.24
Loan amount in 2nd bank linkage	2897.19	5653.71	5888.44
Total bank loans accessed	12228.36	19075.83	20279.68

## Exposure Visits of Branch Managers

To streamline the financial inclusion process through SHGs, RGMVP organised a number of exposure visits for bank branch managers. During such programmes, the branch managers were sensitised regarding opening of SHGs' savings accounts and sanction of CCL. They were also provided an opportunity to interact with SHG members. During the year, five such exposure visits were organised through which 81 branch managers were sensitised. During the first quarter of 2012-13, eight exposure visits were organised in which 172 branch managers were sensitised.

## Credit Utilisation Workshops

RGMVP organised credit utilisation workshops for SHG members to help them understand the importance of credit and its timely repayment, and

**Table 1: Project outreach up to June 2012**

S. No.	District	Block	Year from which the project activities initiated	Total no. of GPs	No. of GPs covered by RGMVP	No. of SHGs mobilised	Total families covered
1	Sultanpur	9	April 2002	554	367	5305	65675
2	Raebareli	15	May 2005	695	610	10412	123398
3	CSM Nagar	16	Jan. 2011	727	694	11830	141938
4	Jhansi	3	Jan. 2008	157	74	771	10478
5	Lalitpur	3	May 2008	162	36	426	4872
6	Fatehpur	3	May 2008	201	51	564	6582
7	Unnao	5	May 2008	293	75	839	9334
8	Pratapgarh	4	July 2008	249	98	1007	12017
9	Lucknow	3	July 2008	203	78	782	10536
10	Barabanki	3	July 2008	203	65	753	9030
11	Faizabad	5	Aug. 2008	364	96	1109	13193
12	Gonda	2	Aug. 2009	127	40	187	2535
13	Mahoba	3	Aug. 2009	164	21	115	1208
14	Banda	5	Sep. 2009	298	66	362	4148
15	Chitrakut	3	Nov. 2009	213	48	360	3950
16	Hamirpur	3	Oct. 2009	130	42	304	3540
17	Deoria	5	Sep. 2009	340	40	266	3316
18	Maharajganj	4	Nov. 2009	269	24	126	1523
19	Jalon	2	Nov. 2009	128	43	227	2590
20	Gorakhpur	5	July 2010	310	35	118	1479
21	Hardoi	3	Jan 2011	180	27	200	2413
22	Sitapur	2	Feb. 2011	129	22	150	1906
23	Balrampur	1	Mar. .2011	85	20	69	877
24	Allahabad	5	April 2011	424	36	208	2572
25	Varanasi	2	May 2011	176	17	64	911
26	Chandauli	4	May 2011	294	36	128	1655
27	Shahjahanpur	2	May 2011	109	20	179	2119
28	Badaun	2	May 2011	89	22	164	1959
29	Basti	2	May 2011	129	15	109	1158
30	Sant Kabir Nagar	2	May 2011	153	16	90	1106
31	Kaushambi	2	May 2011	111	17	114	1423
32	Mirzapur	6	June 2011	335	57	271	3321
33	Kanpur Dehat	1	June 2011	69	15	25	322
34	Kushi Nagar	2	April 2012	137	2	7	84
<b>TOTAL</b>		<b>137</b>		<b>8207</b>	<b>2925</b>	<b>37641</b>	<b>453168</b>



	Total corpus generated by SHGs	No. of SHGs credit linked		Loan amount sanctioned		No. of VOs formed	No. of RVs	No. of BOs formed
		Ist phase linkage (CCL)	IInd phase linkage (TFI)	Ist phase linkage (CCL)	IInd phase linkage (TFI)			
	9013027	3497	525	306776040	81099600	205	82	6
	35543856	6154	728	484100463	234354490	418	180	15
	52492669	8794	1073	449739297	257139460	467	210	16
	1083982	244	28	6950000	2654600	19	9	1
	263800	82	0	3500000	0	15	3	1
	359020	238	3	26070800	600000	22	6	1
	622210	205	25	15650001	11500000	31	12	1
	823847	420	2	75015400	196000	23	6	1
	820053	172	1	5526500	100000	21	6	1
	369631	245	4	10600002	1200000	28	15	1
	717681	408	0	26458000	0	16	0	0
	201050	0	0	0	0	0	0	0
	84220	8	0	670100	0	1	0	0
	259230	31	0	1755000	0	9	0	0
	208600	117	0	9285000	0	20	5	1
	223200	62	0	3550000	0	8	0	1
	240950	0	0	0	0	0	0	0
	76817	0	0	0	0	0	0	0
	144390	9	0	385000	0	0	0	0
	105290	0	0	0	0	0	0	0
	131200	0	0	0	0	5	0	0
	115350	0	0	0	0	0	0	0
	50560	0	0	0	0	0	0	0
	256600	102	0	11192000	0	0	0	0
	84700	0	0	0	0	3	0	0
	144540	0	0	0	0	0	0	0
	125700	0	0	0	0	0	0	0
	123550	0	0	0	0	0	0	0
	96430	0	0	0	0	0	0	0
	59550	0	0	0	0	0	0	0
	82050	19	0	1900000	0	0	0	0
	276200	0	0	0	0	7	0	0
	16100	0	0	0	0	0	0	0
	4200	0	0	0	0	0	0	0
	<b>105220253</b>	<b>20807</b>	<b>2389</b>	<b>1439123603</b>	<b>588844150</b>	<b>1318</b>	<b>534</b>	<b>46</b>

familiarised them with the processes relating to preparation of Parivar Vikas Yojana (Family Development Plan) and proper utilisation of credit for income generation activities. During the year, 285 credit utilisation workshops were organised benefiting over 3,000 SHGs and about 36,000 households.

### Support from NABARD

RGMVP continued to receive support from NABARD to implement Phases I, II and III of the programme in 100 blocks. The quarterly Project Implementation and Monitoring Committee (PIMC) meetings, organised under the leadership of the UP Regional Office of NABARD, were attended by senior executives of participating banks and ensured the support of bankers in the smooth implementation of the SHG-bank linkage programme by RGMVP.

*SHG members are encouraged to adopt best practices in milk production and sustainable agriculture*



### Livelihoods Initiatives

**Livelihood Enhancement Initiatives and Partnership with University of Wisconsin:** The livelihood framework under RGMVP is focussed on the promotion of sustainable agriculture and allied activities through SHG federation platforms. Under the Khorana Project, which is being implemented in partnership with five agencies, RGMVP is the implementing partner while the University of Wisconsin, as the knowledge partner, is the provider of technical support on dairy, horticulture and agriculture. During the year, Dr. Connie Cordoba, Ken Bottom, John Peters, Jerry Guenther and Bob Kaiser of Wisconsin University provided training on best practices of dairy, horticulture and agriculture. Training sessions were customised for Indian climatic conditions for maximisation of output and productivity.

As a consequence of these training sessions, 2,378 Ajivika (livelihood) CRPs were trained to impart similar training at their VOs (Table 3). Ajivika CRPs are SHG members who adopt best practices, demonstrate a measurable difference in agricultural output and milk production to their fellow villagers, and motivate them to adopt the same techniques. By adopting techniques such as System of Rice Intensification (SRI) and System of Wheat Intensification (SWI), productivity has increased around one-and-a-half times.



**Table 3: Progress on sustainable agriculture & livelihood enhancement**

Sustainable Agriculture & Livelihood Enhancement	April 2011	June 2012
No. of blocks covered	21	36
No. of agriculture CRPs	325	2378
No. of Framers' Clubs formed	177	177
No. of farmers under the programme	2235	2235
No. of farmers sent for exposure visits	38	38
No. of women/girls trained in income generating activities (non-dairy & non-agriculture)	28055	28125
No. of dairy CRPs	302	2186
No. of SHGs under the programme	4325	4756
No. of SHG members trained in dairy activities	47915	50663

**Boost to Dairy Sector in Collaboration with NDDDB:** The year saw a major boost in the dairy sector within the RGMVP programme areas with a large number of SHG women opting for dairy as the first option for livelihood enhancement. The collaboration with the National Dairy Development Board (NDDDB) resulted in improving the milk chilling infrastructure and procurement in Raebareli and Amethi districts, raising milk production to 1,50,000 litres per day at peak season.

*Community-based education initiatives are designed to supplement education provided in government-run schools*

### Community-based Education Programme

Community-based education initiatives have been designed to supplement education provided in government-run schools and also to create spaces for innovation in learning. RGMVP seeks to provide access to the largest number of children through an education that encourages curiosity, independent thinking and open-mindedness; enables children to live by the values of integrity, equality and humanity; and equips them to realise their full potential. Following a transformative learning approach, the Community Learning Centres (CLCs) and Community Learning Spaces (CLSs) are managed with effective community engagement. The transformative learning approach seeks to develop grassroots level educational institutions to enable high quality learning for primary school children and to build Teacher Resource Centres alongside.



The CLSs, which are full day learning centres, are managed by members of the Shiksha Samiti (education committee) comprising women SHG members and other interested persons from the village. They address the gap in access to education. Lack of access implies both physical and quality dimensions. The CLSs act as supplementary/support centres in a physical space provided by the members of the SHG federation where school children and drop outs are included. Apart from this, interventions in the districts of Raebareli and Amethi for government school reform with community institutions are carried out along with Prajayatna organisation. Table 4 shows the outreach of the education initiative.

**Table 4: Education initiative progress**

Particulars	Apr 11	Mar12	Jun 12
No. of blocks covered	8	14	15
No. of Gram Panchayats (GPs) covered	8	74	82
No. of CLCs	9	9	9
No. of CLSs	0	66	75
No. of village education committees	9	9	9
No. of trained facilitators	21	91	99
No. of students enrolled	532	2710	3025

### Community-based Health Programme

RGMVP's community-based health programme started in 2007 with a partnership with the Save a Mother Foundation. One volunteer (Swasthya Sakhi) from each village was identified and trained on maternal, neonatal and child health. These volunteers were put through a three-day training programme at the block level followed by one-day refresher training. This programme was implemented in 854 villages in 37 blocks till 2010.

*Emphasis on maternal, neonatal and child health and hygiene*



**Collaboration with UNICEF:** Based on the learning of the above programme, RGCT signed an agreement with UNICEF to expand and deepen the community-based healthcare initiative. The programme is currently being implemented in 1,250 Gram Panchayats (GPs) in 50 blocks spread across 13 districts. VO and SGH Swasthya Sakhis have been identified and trained in this project at the BO as well as VO level on maternal, neonatal, and child health.

The three-tier SHG institutions promoted under RGMVP are working on the 'demand side' to enable the poorest of the poor in accessing various services and information provided by the government healthcare system. During



the year, more than 2,000 Swasthya Sakhis at the VO level were provided training. RGMVP continued to receive UNICEF support for the community-based health initiative during the year. Table 5 shows the achievements of the health initiatives.

**Table 5: Health initiative progress**

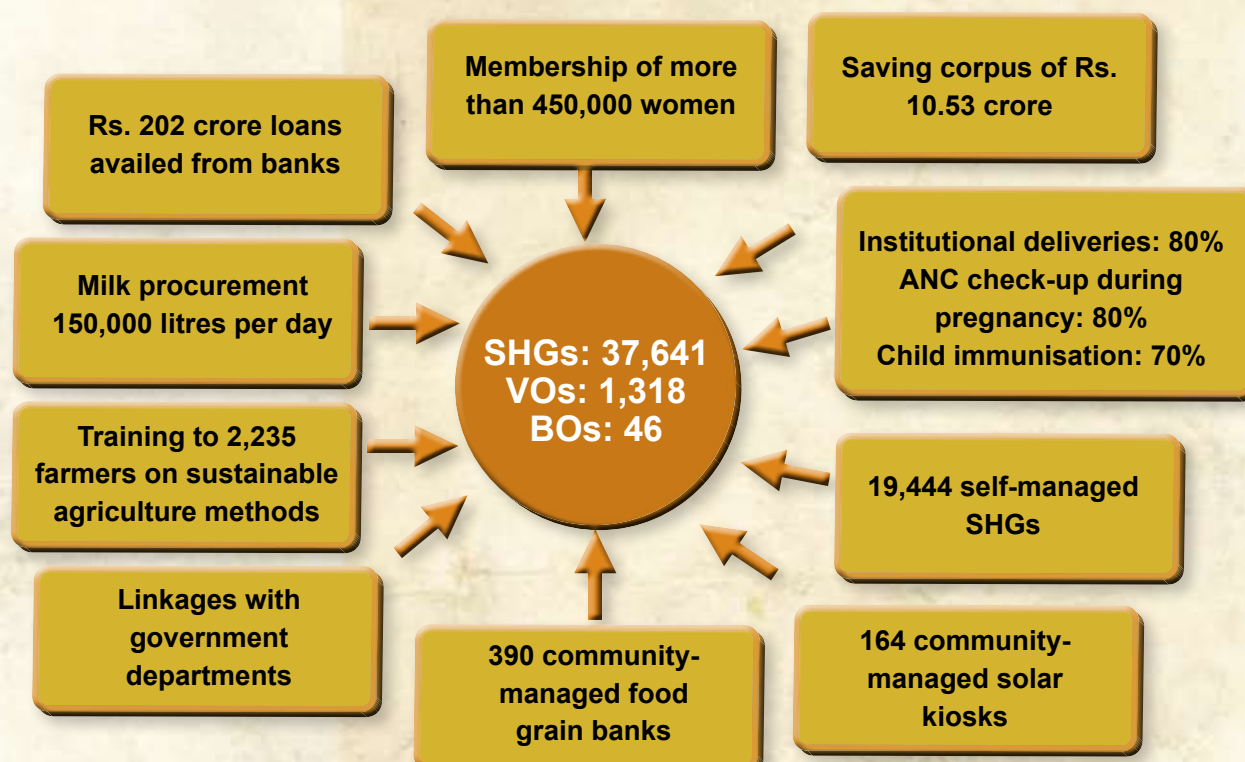
Activities under Community-based Healthcare Programme	Achievements till Date
Swasthya Sakhi Programme	50 blocks spread across 13 districts of UP
Two-day village level training for SHG Swasthya Sakhi and VO member	1,154 GPs in 50 blocks spread across 13 districts of UP (more than 15,000 + SHG Swasthya Sakhis and 2,000 VO Swasthya Sakhis receiving regular training)
Sensitisation/training for front line workers –AWWs, ANMs, ASHAs and PRIs on community mobilisation	1,091 GPs in 50 blocks spread across 13 districts of UP
Training of adolescent girls on life skills (two days at village level)	981 GPs in 50 blocks spread across 13 districts of UP

## PARTNERSHIPS AND FUNDING SUPPORT

**Support from Rural India Supporting Trust (RIST):** During the year under report, RGMVP got assistance from RIST to bridge the gap between the financial resources received from funding agencies such as NABARD under the SHG-bank linkage programme and the investment required for implementing the RGMVP's holistic empowerment strategy.

**Collaboration with BMGF:** RGMVP's rapidly scalable federated SHG model serves as an operating system on which family health interventions are layered. This model holds tremendous promise as a platform for community mobilisation for expediting changes in family health behaviours and social norms, as well as for establishing strong linkages with the healthcare system at the local level for improving access to health services. RGMVP has partnered with BMGF to improve a scalable community-based demand-side approach to scale up these interventions. In doing so, it has ensured a rapid and sustainable impact on family health behaviours and improved access, utilisation and quality of services by activating the SHG-based social platforms in 160 blocks in UP over the next four years.

**Figure 3: Key impact areas**



### Key Impact Areas as in June 2012

RGMVP's key impact areas as at the end of June 2012 are diagrammatically represented in Figure 3.

### LOOKING AHEAD

During 2012-18, RGMVP plans to significantly scale up by forming 70,000 SHGs, 4,000 VO and 100 BOs covering 100 blocks in Phase IV, thus reaching an estimated of around 9 lakh rural poor. Apart from this, formation and nurturing of new structures as well as community building initiatives and partnerships are some of the initiatives which RGMVP seeks to take forward.

**Partnership with DFID:** RGCT and DFID are working towards developing a partnership to enhance the income and employment opportunities of the rural poor in the state of UP through the Poorest States Inclusive Growth Project (PSIG). The project will be implemented by the Small Industries Development Bank of India (SIDBI) through RGMVP's existing community platforms to deepen the financial inclusion process by granulating it to the household level.



**Self-managed Community Organisations:** In keeping with its core beliefs, RGMVP wants community organisations nurtured by it to become self-reliant. With this objective, RGMVP intends to embark on a major capacity building initiative in self-management of community organisations. Manuals on Swayam Prabandhan (self-management) are being finalised and a series of training programmes planned. The BOs will be the resource organisations which can independently function as self-help promoting institutions and RGCT will play the role of mentor and support organisation.



#### **Establishment of Community Resource**

**Centres (CRCs):** The overall plan is to facilitate, in equal measure, the entire rural population and with this objective, RGMVP seeks to create CRCs for every four blocks covered under it. The CRCs will enable the community to strengthen and build its skills and resources through various training sessions and programmes for nurturing future leaders.

INDIRA GANDHI EYE HOSPITAL AND RESEARCH CENTRE

## Eye Care

Indira Gandhi Eye Hospital and Research Centre (IGEHC) was established with a vision to bridge the gap between demand and supply of affordable high quality eye care, particularly in northern India. At present, a dedicated team of 235 professionals and two fully operational hospitals – a secondary care hospital at Munshiganj in Amethi and a tertiary care speciality hospital at Lucknow – are committed to treating curable blindness. Two Vision Centres located at Raebareli and Musafirkhana provide primary care and referral services.

From inception (2005) to July 2012, IGEHC hospitals have treated over 1,000,000 out-patients and performed over 125,000 sight restoring surgeries (Amethi over 83,511, and Lucknow over 45,952), making IGEHC one of the largest providers of quality eye care in UP.

IGEHC is committed to reaching its services to the largest number of people regardless of their location and capacity to pay. Constant efforts are made to reach out to village communities through a system of outreach camps in which patients are screened and sent to the base hospitals for further treatment including surgery. Costs are maintained at an affordable level to make the process sustainable.

Ophthalmic Assistants form the service backbone of the hospitals. These are young women selected from surrounding villages and undergo a rigorous two-year training schedule in all areas of patient care. Trainees are paid stipends and, on completion of training, receive competitive salaries. Till date, over 161 village girls have been trained in this manner.



*Ophthalmic Assistants form the service backbone of the hospitals*



## INITIATIVES 2011-12

IGEHRC serves the poor by using a cross-subsidy weighted in favour of the poor. The hospital has recently established high-end services for the speciality departments including a new clinic for Orbit and Oculoplasty, eyeball re-shaping refractive surgery using Lasik, corneal grafting, etc. A newly expanded optical shop at Lucknow has also shown an encouraging increase in spectacle sales across board. Donors are nurtured to support sponsorship of the cost of rural camp patients' surgeries. These sponsors include individuals and social service organisations. Sponsors also provide invaluable community mobilisation as they themselves are embedded in the same communities. These strategies, taken together, enable IGEHRC to subsidise treatment of those who are unable to afford standard rates.

The following initiatives were started during the year.

**New Vision Centre:** IGEHRC's second vision centre was established at Musafirkhana, a village about 18 km from the Amethi hospital, in December 2011. This centre already serves about 20 patients daily. More vision centres are planned in the coming year using different models of functioning to encourage community ownership.

**Entering New Areas:** IGEHRC has been focussing on a few districts in central UP with 70 percent of its camps being held in and around Raebareli and Amethi/Sultanpur. This year, outreach has been extended to other districts such as Hardoi, Bahraich and Fatehpur with very encouraging results. Camp teams are increasingly being strengthened to touch the lives of as many more families as possible.

**Ophthalmic Assistants Training Programme:** During the period under review, 30 village girls were selected for training as Ophthalmic Assistants. IGEHRC also proposes to cooperate with the Sanjay Gandhi Memorial Trust to start a state recognised Diploma in Optometry by providing requisite facilities at Amethi and Lucknow. This will also help IGERHC meet its staffing needs.

**Indira Gandhi Eye Fellowship:** The Indira Gandhi Eye Fellowship was launched in 2011 through which young surgeons have started undergoing an intensive two-year training that will enable them to perform high quality high volume cataract surgery with enhanced levels of skill and knowledge. The hospital's talented mentors, trained at the best institutions in India and abroad, are committed to passing on their skills to the 'Fellows' through a rigorous structured programme. Two Fellows will be completing their fellowship training in December 2012. To begin with, IGEHRC is offering a Fellowship in Comprehensive Ophthalmology and intraocular

*IGEHRC is committed to reaching the largest number of people regardless of their location and capacity to pay*



lens (IOL). Fellowships in Retina, Cornea and Glaucoma will be launched subsequently.

**Corneal Reshaping – Lasik:** The Lucknow hospital has commenced cornea reshaping Lasik surgery in response to an increasing demand for such services. The setting up of the facility is consistent with IGEHRC's commitment to training Fellows and providing comprehensive eye care services to all segments of the community.

## IMPACT 2010-11

### IGEHRM Amethi

The hospital provides eye-care services to seven rural districts of central UP. Its facilities include two well-equipped operation theatres with three modern operating microscopes and four operation tables. Advanced diagnostics and modern surgical equipment enable the team to conduct 50-60 cataract surgeries and over 300 out-patient examinations every day.

Glaucoma has increasingly emerged as a major cause of visual impairment and blindness. Early diagnosis and treatment, including surgery, has resulted in many eyes being saved. The glaucoma clinic at Amethi services around 60 patients daily. Patients requiring specialist care for Cornea, Retina and other eye problems are sent to IGEHRC's tertiary care hospital in Lucknow.

The hospital is staffed by a competent team of doctors, including two to three senior surgeons, and the balance trainees. There are 70 paramedical staff who work in all areas of patient care. Attracting and retaining doctors in this rural setting remains a constant challenge.

*IGEHRM boasts of advanced diagnostics and modern surgical equipment*



Keeping in mind the large backlog of patients requiring surgical intervention, especially in cataract, and the target of 100,000 surgeries a year by 2014, IGEHRC has been engaged, over the last few months, in examining its efficacy as a service provider. An across-the-board review is underway with the assistance of RGCT Head Office and external experts enhance the quality and scale of service.



### Patient Care Services during 2011-12

Out-patients: walk-in	72,201
Surgeries: walk-in: self-paying	3,871
Community outreach camps held	186
Patients examined at camps	26,759
Surgeries on camp patients	9,191

### IGEHRC Lucknow

This hospital is a tertiary care (speciality) referral centre. Services include Retina, Glaucoma, Cornea, Paediatric Ophthalmology, Oculoplasty & Orbit and, lately, refractive surgery (Lasik). The hospital is well equipped with high quality diagnostic and therapeutic equipment and operating facilities. The mix of patients served by the Lucknow hospital is different from that in Amethi as it is a referral centre not only for Amethi but also for five nearby districts. Complicated cases, covering practically all specialities, that cannot be handled elsewhere, are referred here by other hospitals and practitioners.

Constant innovation, adoption of new and emerging technologies, inter-speciality collaborations, frequent on-line exchanges with colleagues in different geographies together with skilled and compassionate care enables the hospital team to deliver optimal options to all patients. Corneal grafting and stem cell implants for corneal defects are among the cutting edge procedures that are regularly available.

The singular achievement of the hospital is the delivery of high-end services at reasonable costs through stringent cost control and efficient use of facilities. On an average, 300 patients are treated daily at this specialty facility and about 40 surgeries performed.

*IGEHRC Lucknow delivers high-end services at reasonable costs*



### Patient Care Services during 2011-12

Out-patients: walk-in	96,317
Surgeries: walk-in: self-paying	3,784
Community outreach camps held	174
Patients examined at camps	27,727
Surgeries on camp patients	9,253

### Raebareli Vision Centre

The Raebareli Vision Centre has a three-member team comprising two optometrists and one helper. Around 50 patients are examined every day mainly for visual and refractive errors. The centre also hosts a paediatric ophthalmology clinic once a week run by specialists from the Lucknow hospital. Patients requiring further intervention are referred to the hospitals at Lucknow or Munshiganj, Amethi. There is an increasing demand from the community to upgrade the capacity of this centre to include surgery.

### Patient Care Services 2011-12

Out -patients (walk-in: new & review)	6,347
Refraction	1,686
Spectacles issued	1060
Community outreach (camps)	4
Out-patients (from camps – new & review)	472

*Outreach programmes are an essential part of IGEHRC's operations*

## COMMUNITY OUTREACH

### Village Eye Camps

Both hospitals have extensive outreach programmes. In 2010-11, 381 camps (about seven camps a week) were held in the surrounding districts, touching the lives of over 54,000 persons. Those found suitable for cataract surgery are transported to the hospitals and, after surgery, returned to their villages. A network of philanthropic volunteers from within the community takes the responsibility to sponsor every aspect of the camp: venue, publicity, food. They also liaise between the hospital and the villagers, when required.





### Camps held by IGEHRC: 2011-12

Community outreach	IGEHC, Lucknow	IGEHC, Amethi
Number of camps held	174	186
Number of patients examined	27,727	26,759
Number of surgeries (from camps)	9,253	9,191

## PARTNERSHIPS AND FINANCIAL SUPPORT

IGEHC's primary mission is to provide relief to the largest possible number of those who suffer from avoidable blindness. There is a significant backlog of such persons especially in the villages. The main obstacle to restoring their sight is lack of availability and cost of services. IGEHC endeavours to bridge these gaps by providing access to significantly subsidised surgery. Donors and philanthropic organisations have supported the initiative. Thus, the Rural India Supporting Trust (RIST) has helped set up new facilities such as Lasik treatment for enhancing the quality and range of patient care, etc.

## LOOKING AHEAD

### Enhancing Existing Capacity

The resistance of patients to surgery faced in early years, especially in the rural areas, is gradually waning. As larger numbers of satisfied beneficiaries return to the communities, it becomes relatively easier to get untreated cataract-blind persons to accept surgery.

The reputation of both hospitals and their patient-friendly atmosphere increasingly makes them the preferred choice for eye treatment. This is encouraging as it brings IGEHC closer to its mission of reaching out to increasingly larger numbers of persons suffering from curable blindness. This, in turn, has placed a significant load on the hospital infrastructure. IGEHC is, therefore, continually engaged in enhancing the efficacy and capacity of the existing hospitals.

In order to provide support to eye care institutions, both existing and planned, the Trust is establishing a one-of-a-kind institution in Gurgaon (National

*IGEHC is increasingly focused on capacity building through training*





*IGEHRC is targeting 100,000 surgeries by 2013-14*

Capital Region). This will, inter alia, provide super-tertiary eye treatment, training for all levels of workers, and research facilities thus enabling IGEHRC to extend eye care services to surrounding rural populations. Land has already been leased for the purpose and work is scheduled to commence shortly at site.

## Developing Human Resources

**IGEHRC Training Centre:** In order to achieve high levels of service delivery, emphasis is now being placed on the training of technical staff and doctors. The hospital is poised to become a major training centre for the region and facilities for this are being developed. For doctors, these will include training in 'wet labs' for hands-on surgical practice, simulators, classrooms, audio-visual facilities, a well-stocked library with on-line internet resources on a continuous basis.

**Community College:** Training facilities for Optometrists and Ophthalmic Assistants are proposed to be established together with requisite accommodation, etc., and operations are scheduled to commence in the coming year.

## Opening up New Avenues

**Eye Bank:** The increasing sophistication of surgeries now available at the Lucknow hospital makes a strong case for rolling out a programme of awareness-building among the public regarding eye donation. This will be centred in the Eye Bank proposed to be set up by the hospital. It is expected that an increase in the number of donated corneas will benefit a larger number of persons suffering from corneal blindness than at present.

## Long-term Plans

By 2013-14, the contribution of the IGEHRC group of hospitals to the nation's campaign against preventable blindness is targeted to be around 100,000 sight-restoring surgeries annually.

By the year 2016-17, IGEHRC will expand its coverage by seeking to establish at least two new hospitals in UP and making its Gurgaon facility fully operational.



INDIRA PRASHIKSHAN

# Vocational Training

Indira Prashikshan (IP) was established in 2009 to equip disadvantaged and resource-constrained rural youth with technical competence and employable skills and induct them into the national workforce. By transforming the youth into a well-trained and adaptable workforce through vocational training, IP aims to create technically proficient and productive human capital that can contribute significantly to strengthening emergent sectors of India's economy. IP aims to bring about sustained poverty alleviation by providing an additional source of income for at least one member of every poor family with employment outside the agriculture sector. In the long run, the aspiration is to catalyse a sustained change in the lives of poor people through increased prosperity resulting from employment opportunities.

The structured training enables new entrants from the villages to progressively improve their skills, knowledge and competence in specific trades. Together with technical training, the imparting of life skills, spoken English, on-the-job training, etc., ensure that students are not only ready for employment after the course but hit the ground running once they secure employment. Placement linkages with potential employers ensure that nearly every student is placed within a month of completion of training with a well known company.



*IP currently provides vocational training to rural youth in construction-related trades*





Initially, IP identified vocations related to the construction industry as an area of employment potential and commenced operations by focusing on related trades. Today, this centre is a full-fledged vocational training institution and has succeeded in facilitating employment for over 2,000 youth with reputed construction companies. IP is now poised to scale up the initiative – both horizontally and vertically – to realise its long-term goals.

## INITIATIVES 2011-12

During 2011-12, a major emphasis was placed on consolidation of the experience and expertise gained in previous two years' existence. Emphasis was also placed on process improvement and enhancement of the quality of IP's offerings. A detailed study of IP's processes was undertaken by KPMG which has since created Process Manuals for its various functions. A comprehensive review of course objectives, training methodologies, pedagogy and content was carried out to bring the training in line with the requirements of the industry. These processes are being implemented and fine-tuned through continuous improvement to enhance the quality of the training.



*A mix of classroom and practical training equips trainees with employment-ready skills*

Available data indicate that there is a tendency on the part of trainees who had found employment to quit within the first three months of joining. This finding highlighted the need for comprehensive work readiness training and soft skills in addition to employable skills. A 100-hour training has now been made part of the curriculum which includes personality development, communication skills, spoken English and other life skills necessary for succeeding in the construction industry within a competitive work environment. Every trainee is also exposed to the basics of computer operation.

A placement cell has been established and charged with the additional responsibility of hand-holding the trainees once they are employed, to facilitate adjustment in unfamiliar job environments. This process has been conceived to ensure continuity in the first jobs and to solve initial teething problems faced by trainees.

IP has approached the National Council for Vocational Training (NCVT) for registration as a vocational training provider under the Skills Development Initiative Scheme based on Modular Employable Skills of the Ministry of Labour and Employment, Government of India. The registration is in the final stages and IP shall shortly start facilitating NCVT certification for the trainees.



## IMPACT 2011-12

During the period under review, IP consolidated its gains over the previous year and simultaneously reached out to new areas and incorporated newer techniques and trades. It plans to continue the consolidation of experience gained so far and leverage it for expansion into new regions in UP and beyond.

### Training and Placements

During 2011-12, IP trained about 398 youth in construction-related trades and arranged placement for all with reputed construction companies. A number of potential employers conducted recruitments on campus.

The employment of 12 trainees in overseas companies in Oman and Dubai was the highlight of IP's placement programme. The income levels of trainees range between Rs. 5,000 and Rs.11,000 per month which significantly greater than the income levels at their points of origin. During the year, partnerships were continued with L&T, National Buildings Construction Corporation, Shapoorji Pallonji Company Limited, Rustomjee Group and Genus Power Infrastructures Private Limited for placement support.

### Awareness Building

During the period under report, a total of 87 awareness campaigns were organised in remote villages of Sultanpur, Raebareli and Pratapgarh districts to mobilise candidates from targetted segments of the community. Awareness meetings, counselling camps and other mediums of communication were employed at these camps to identify youth and to spread awareness. Distribution of leaflets and hand bills, advertisement in local newspapers, posting information on notice boards of Panchayat offices, colleges and rural banks, meetings with key influential persons at the village level were some of the tools employed to create awareness.

Meetings were organised in schools and colleges and prospective candidates were acquainted with the offerings of IP. Meetings with RGMVP's SHGs were also conducted to enhance awareness and IP's reach.

*Awareness camps help reach out to potential trainees in remote areas*







*Exposure visits to construction sites familiarise trainees with on-site job realities*

## Exposure and Information Sharing

Several exposure visits were organised for the trainees to various construction sites and sub stations in Jagdishpur and Lucknow. The purpose of the exposure visits was to familiarise them with the job environment, demonstrate on-site activities and provide an insight into the “real” work conditions, including hardships involved. IP arranged motivational and experience-sharing sessions by local entrepreneurs/ entrepreneurship development experts. A total of eight such lectures were organised. Entrepreneurship development experts

from the Entrepreneurship Development Institute of India (EDII), Raebareli and Canara Bank, Lucknow, delivered lectures on entrepreneurship development, management, etc.

IP continued to catalyse interactive sessions with prospective employers not only to inform prospective employers about the depth of the trainees’ knowledge, skills and abilities so as to facilitate employment but also to enable trainees to gauge the skill standards and competencies desired by prospective employers. A total of 25 experts in electrical and civil engineering from the construction industry were invited to IP to deliver expert lectures to the trainees and to upgrade IP staff’s knowledge about the latest trends in the construction industry.

IP organised 34 alumni interactions in all trades during the reporting period. These interactions helped trainees to gain a perspective on the alumni’s jobs and the difficulties and hardships faced by them at the job sites during the initial days of employment. The alumni also shared as to how IP’s work readiness module had enabled them to cope with stress arising out of work-related pressure and establish a balance between their personal and professional life.

## LOOKING AHEAD

Having assessed the potential and possibility of making a difference in the lives of the rural poor through training in employable skills, IP is now poised to expand its reach and training bandwidth.



After successfully operating from the premises at Jagdishpur for three years and creating a reputation for itself, IP now proposes to set up state-of-the-art training facilities at Fursatganj, Raebareli. When completed, the facility is expected to include classrooms, administrative blocks, workshop sheds, staff quarters, dormitories (for boys and girls), library, canteen, etc.

An enhancement of the bouquet of trades currently being offered by IP is also on the anvil. On the basis of a feasibility study, interaction with industry in the local area and reports on projected manpower shortages, IP has short-listed four trades that will become a part of its future growth. These include training for computer operators, computer hardware personnel, welders and retail sales personnel. These courses have been chosen keeping the needs of unemployed girls and women also in mind.

IP currently provides training facilities for males only. However, taking into account the aspiration levels of women of the area, there is definite need to create appropriate enabling opportunities for them. In response to this, IP plans to add women-friendly trades to its offerings and create facilities to enable initiation of training of women at Jagdishpur. This will also help it to accelerate the achievement of the objective of poverty alleviation.

In view of the fact that aspirations generally show a spiralling trend, IP is considering the provision of upgrade courses. This is being done to support the higher training needs of its alumnae and the aspirations of fresh and better educated rural youth. Thus, IP proposes to offer courses leading to certifications from the Industrial Training Institute, Coaches Training Institute, All India Council for Technical Education (AICTE), etc. This will also help to attract more qualified and capable faculty thus making it a one-point source of all types of technological resources for the industry.

In a concurrent initiative, IP is upgrading its systems and strengthening/streamlining its training processes. It proposes to create a large bank of proficient trainers possessing relevant technical knowledge and skills in addition to being adept at training and pedagogy. In this initiative, IP proposes to explore and utilise all available schemes for the welfare of youth and in the area of skills training.



*IP is planning upgrade courses to support higher training needs of alumnae*

## Partners

Sr. No.	Name of Partner	Partnership/Collaboration
1	Bill & Melinda Gates Foundation	Sanitation & Hygiene Initiative
2	Ministry of Textiles & Handicraft	Ambedkar Hast Shilp Vikas Yojana
3	NABARD	Women's Self Help Group institution & capacity building
4	Public Health Foundation of India	Community mobilisation in Uttar Pradesh
5	Society for Eradication of Rural Poverty (SERP), Government of Andhra Pradesh	Capacity building and training support
6	UNICEF	Community-based Health Care Initiative

## Donors

Sr. No.	List of Donor Organisations
1	Allergan India
2	Arunodaya Charitable Trust
3	Financial Technologies Groups
4	Gayatry Project
5	GKB Hitech Lenses
6	Golden Sand Trust
7	Indo Gulf Fertilizers
8	Jaipur Engineering Electricals Limited
9	Neha Agencies
10	Rural India Supporting Trust
11	Sun Pharma



## Balance Sheet as of 31 March 2012

Particulars	As on 31 March 2012 Rs.	As on 31 March 2011 Rs.
<b>SOURCES OF FUNDS</b>		
Corpus Fund	142,500,000	142,500,000
General Fund	359,508,815	236,837,661
Deferred Income	38,876,540	-
	<b>540,885,355</b>	<b>379,337,661</b>
<b>APPLICATION OF FUNDS</b>		
<b>Fixed assets</b>		
Net block	384,529,629	235,188,108
Capital work in-progress (including capital advances)	31,874,636	73,953,410
	<b>416,404,265</b>	<b>309,141,518</b>
<b>Current assets, loans and advances</b>		
Inventories	5,726,556	3,843,167
Sundry receivables	329,882	83,190
Cash and bank balances	262,266,087	102,400,208
Loans and advances	49,753,711	32,434,412
Other current assets	40,000,000	-
	<b>358,076,236</b>	<b>138,760,977</b>
<b>Less: Current liabilities and provisions</b>		
Advance for Projects	167,671,534	2,772,253
Deferred payment liabilities	32,130,000	32,224,447
Current liabilities	30,250,872	30,970,908
Provisions	3,542,740	2,597,226
	<b>233,595,146</b>	<b>68,564,834</b>
<b>Net current assets</b>	<b>124,481,090</b>	<b>70,196,143</b>
	<b>540,885,355</b>	<b>379,337,661</b>

## Summarised Income and Expenditure Statement

Particulars		For the year ended 31 March 2012 Rs.	For the year ended 31 March 2011 Rs.
<b>INCOME</b>			
Donations		207,300,265	105,532,329
Grants and Aids		20,816,450	4,729,410
Hospital revenue		112,504,799	92,543,238
Training revenue		3,688,084	4,298,775
Other income		11,479,805	10,366,125
		<b>355,789,403</b>	<b>217,469,877</b>
<b>EXPENDITURE</b>			
<b>IGEHC</b>			
Medical supplies	37,991,154		33,881,454
Project and related expenses	58,716,362		43,690,612
<b>Personnel cost</b>	20,114,745		13,711,363
Administrative and other cost	<u>1,672,004</u>	<u>118,494,265</u>	<u>1,387,641</u> 92,671,070
<b>RGMVP</b>			
Project and related expenses	32,035,395		23,570,723
<b>Personnel cost</b>	29,628,097		9,169,894
Administrative and other cost	<u>1,891,992</u>	<u>63,555,484</u>	<u>1,382,794</u> 34,123,410
<b>IP</b>			
Project and related expenses	3,303,418		1,301,113
Personnel cost	2,410,981		2,361,108
Administrative and other cost	<u>209,527</u>	<u>5,923,926</u>	<u>74,200</u> 3,736,421
Depreciation and amortisation		28,104,682	24,453,736
Other Support Cost		<u>17,039,891</u>	<u>14,291,354</u>
		<b>233,118,248</b>	<b>169,275,991</b>
<b>Excess of income over expenditure</b>		<b>122,671,155</b>	<b>48,193,886</b>



## Status of Specific Funds as on 31 March 2012

Particulars	Balance as at 1 April 2011 Rs.	Donations received Rs.	Adjustments Rs.	Transferred to Income and Expenditure Account* Rs.	Transferred to Deferred Income # Rs.	Balance as at 1 April 2012 Rs.
<b>Indira Gandhi Eye Hospital and Research Centre (IGEHR)</b>						
Financial Technologies (India) Limited	-	5,000,000	-	-	-	5,000,000
Rural India Supporting Trust (RIST)	-	(-)	(-)	(-)	(-)	(-)
	149,969,500		-	120,120	30,623,541	119,225,839
	(-)	(-)	(-)	(-)	(-)	(-)
<b>Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP)</b>						
Rural India Supporting Trust (RIST)	-	83,402,000	-	42,807,693	9,783,889	30,810,418
	(-)	(-)	(-)	(-)	(-)	(-)
University of Wisconsin (Khorana Programme)	2,772,253	-	671,735	588,111	-	2,855,877
	(-)	(4,175,550)	(-)	(1,403,297)	(-)	(2,772,253)
Balaji Charitable Trust (BCT)	-	10,000,000	-	220,600	-	9,779,400
	(-)	(-)	(-)	(-)	(-)	(-)
<b>Total (Current year)</b>	<b>2,772,253</b>	<b>248,371,500</b>	<b>671,735</b>	<b>43,736,524</b>	<b>40,407,430</b>	<b>167,671,534</b>
<b>Total (Previous year)</b>	<b>(-)</b>	<b>(4,175,550)</b>	<b>(-)</b>	<b>(1,403,297)</b>	<b>(-)</b>	<b>(2,772,253)</b>

Advance for Projects represents amounts remaining unutilised out of donations received for specific purpose after transferring to Income and Expenditure Account and Deferred Income as explained below

\* Represents donations for specific purpose recognised in the Income and Expenditure Account to match them with related costs booked during the year.

# Represents donations related to depreciable assets treated as deferred income which is recognised in the Income and Expenditure Account over the useful life of the asset.

Figures in brackets are for previous year

## RGCT's Management

RGCT, Head Office			
Dr. Y.S.P. Thorat			
Chief Executive Office (CEO)			
RGMVP	IGEHRC		Indira Prashikshan
Mr. P. Sampath Kumar, IAS, CEO	Dr. Arvind Dayal, CEO		Group Capt. (Retd.) Madhav Saxena, CEO
Mr. P.S. Mohanan, Programme Director	<i>Lucknow</i>	<i>Amethi</i>	Ms. Rubi Jaiswal, Centre - Head
Mr. K.S. Yadav, Programme Manager	Dr. Kuldeep Shrivastava, CMO	Dr. Devanshu Ojha, Medical Officer and Consultant In-charge	
	Dr. Ashutosh Khandelwal, Dy. CMO		
	Dr. Sheela Nair, Dy. CMO		



## Notes

This image shows a single sheet of cream-colored paper with horizontal ruling lines. The paper has a slightly textured appearance with some minor discoloration and faint smudges, particularly towards the bottom right corner. The ruling lines are evenly spaced and run horizontally across the page. There is no handwriting or other markings on the paper.

## Notes





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