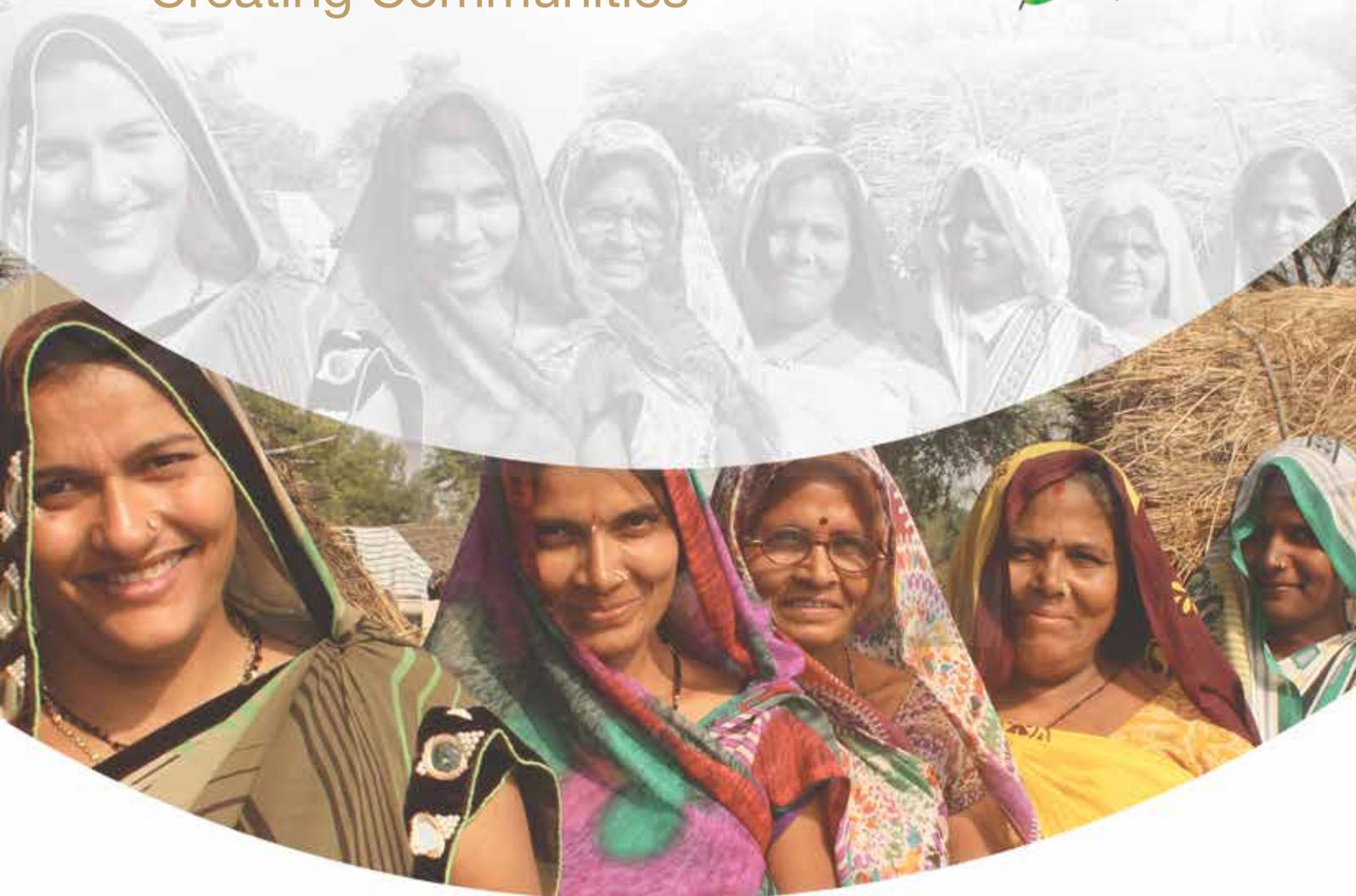
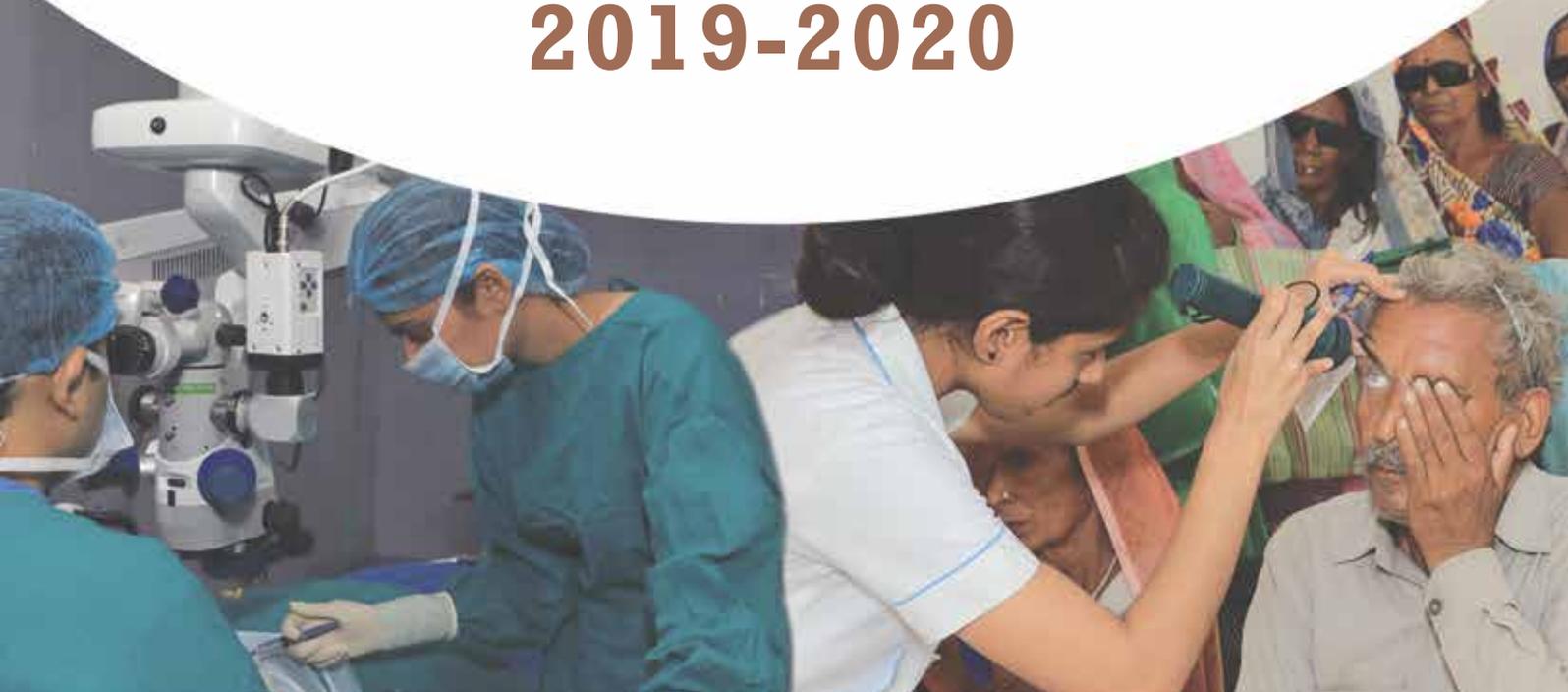


Enabling Citizens
Creating Communities



ANNUAL REPORT 2019-2020



FOREWORD

I am happy to present the 18th annual report of the Rajiv Gandhi Charitable Trust (RGCT). Established to realise Shri Rajiv Gandhi's vision of an inclusive India, the Trust works towards women's empowerment and elimination of preventable blindness. As an operating foundation, the Trust works directly within the community.

The women's empowerment programme of the Trust promotes three-tier, community-based institutions of women in Uttar Pradesh (UP). Titled Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), the programme organises women in villages into Self Help Groups (SHGs) and federates the groups as Village Organisations (VOs) and Block Organisation (BOs) at their Panchayat and Block levels, respectively. The SHGs meet every week, save small sums into a group fund from which they can borrow to meet household contingencies. Group members and leaders are trained in management and development of the groups and federations, financial management, livelihood enhancement and modern mother and child health practices. Groups are facilitated to open saving accounts in a nearby bank branch to securely keep any group funds not loaned out among members. As groups gain experience in lending and repaying regularly, they are facilitated to obtain group loans from banks from which members can borrow larger sums to invest in livelihood enterprises. Groups are also supported to claim their entitlements from various government programmes.

Over the past few years RGMVP has also been organising adolescent girls as Young Women's SHGs (YWSHGs), a unique initiative of the Trust. YWSHG members are trained to effectively negotiate the critical life transition from childhood to adulthood.

RGMVP now works in 16,467 Gram Panchayats of 336 blocks across 49 districts in UP. It organised 11,356 new groups during the year, including 6,420 SHGs and 4,936 YWSHGs and promoted 175 VOs and 7 BOs. Cumulatively, RGMVP has organised 176,287 SHGs and 26,617 YWSHGs, representing about 2.16 million households as of March 2020. These have been federated in to 12,396 VOs and 298 BOs. RGMVP launched a social accountability campaign during the year with the objective of helping SHG members claim their entitlements under various government programmes such as the Mahatam Gandhi National Rural Employment Guarantee Act (MGNREGA), health, old age pension, etc. Master trainers from 224 blocks were trained by RGMVP's state resource group with support from a team of resource persons from the Mazdoor Kisaan Shakthi Sangathan, Rajasthan.

The cumulative corpus of all SHGs was over INR 712 crore at the end of March 2020. A total of 142,000 groups had group savings accounts with banks as at the end of March 2020. Groups generally seek Cash Credit Limits from banks so that they do not have to keep applying for new loans frequently. Nearly 39,000 SHGs have taken bank loans totalling nearly INR 480 crore. SHGs are also encouraged to get members to open individual savings bank accounts and access the savings-linked insurance schemes of the government. The programme also facilitates groups to draw benefits from the State Rural Livelihoods Mission (SRLM). So far 37,371 SHGs have received Revolving Fund Assistance of INR 15,000 each from SRLM and 9,275 SHGs have received Community Investment Fund of INR 1.10 lakh each.

Agriculture being the principal source of livelihoods for the communities RGMVP works with, its livelihoods enhancement initiatives focus on increasing agriculture productivity and reducing farming costs. The initiatives include Systems of Rice/Wheat Intensification, promotion of better seed varieties through informal seed production systems, promotion of the 18-day method of composting, raised-bed nutritional kitchen gardens and organic methods in farming.

The community institutions have been supporting their members to mitigate effects of the COVID-19 pandemic by setting up helplines, stitching and supplying masks, providing food to migrant workers, facilitating access to government services, creating awareness about the lockdown and the pandemic, and fostering a sense of solidarity and shared resolve to cope with it.

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

Eliminating preventable blindness in the country is the focus of the Trust's eye care programme. A vast majority of people enduring preventable blindness in our country live in villages and are unable to access and afford quality eye care due to poverty and lack of facilities locally. The main thrust of IGEHR hospitals, therefore, is to take eye care services to the needy in our villages. IGEHR organises a large number of rural eye camps every year. Patients are examined free of cost at these camps and those needing surgery are brought to IGEHR hospitals as in-patients and transported back to their villages after surgery and post-surgical review. The entire procedure, including transportation, boarding, lodging and surgery is carried out free or at highly subsidised fees. IGEHR hospitals also serve a large number of walk-in patients at fees pegged at about two-thirds of private hospitals, with poorer patients being provided free or subsidised services. Besides providing eye care services, IGEHR also conducts training programmes for doctors and paramedical staff. This includes two-year Fellowships to doctors with post-graduate degrees in Ophthalmology in various sub-specialities, Apprenticeships to Optometrists and two-year residential training of villages girls educated to 12th grade with science as Mid-Level Ophthalmic Personnel (MLOP). Besides meeting IGEHR's own needs for trained personnel, the programme also expands the overall supply of such personnel in the country.

The four IGEHR hospitals together served over 4.14 lakh patients, carried out 44,222 sight restoring surgeries and 89,939 refractive error corrections during the reporting year even though regular services were severely affected due to COVID-19 during March 2020 which is a peak month for patient flow in normal times. IGEHR organised 824 eye camps in 28 districts in UP, Rajasthan and Haryana. Surgeries were carried out on over 30,296 patients and refractive error corrected on 31,002 patients out of nearly 119,030 patients examined in these camps. The hospitals served 295,430 walk-in patients; surgeries were carried out on 13,926 and refractive error corrected on 58,937. Since inception in 2005, IGEHR has served more than 3.6 million persons, including more than 1 million in rural eye camps, carried out over 4.17 lakh surgeries, including nearly 2.91 lakh on patients from eye camps, and conducted 7.19 lakh refractive error corrections, including over 2 lakh on camp patients. The chain of hospitals now caters to over 1,500 patients daily and has 300 qualified staff, including 33 highly experienced doctors.

IGEHR has provided 40 Fellowships over the years, of whom eight graduated this year and nine are presently on board. The hospitals so far have provided apprenticeships to 36 Optometrists and trained 205 MLOPs, of whom 144 are working in IGEHR hospitals. Presently 31 girls are undergoing training as MLOPs.

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



Sonia Gandhi
Chairperson

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Board of Trustees

Smt. Sonia Gandhi

Chairperson

Shri Rahul Gandhi

Dr. Ashok Ganguly

Shri Bansi Mehta

Rajiv Gandhi Charitable Trust

The Rajiv Gandhi Charitable Trust (RGCT) presently works in Northern India, with a focus on the poorest regions of Uttar Pradesh, 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 and their federations. It is the largest social mobilisation programme for women's empowerment in Uttar Pradesh, 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 regular eye camps in villages across 35 districts in Uttar Pradesh, Haryana and Rajasthan. Functioning with the motto 'no one should endure preventable blindness for want of resources', it provides free or highly subsidized care to poorer patients. The goal of the programme is to eliminate avoidable blindness.

In the last 18 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.





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 Uttar Pradesh (UP).



**Women's
Empowerment
and Poverty
Mitigation**

RAJIV GANDHI MAHILA VIKAS PARIYOJANA

Programme Approach

Organising women into their self-managed institutions for mutual help, as learning spaces and for advocacy to claim their rights and entitlements is the core of RGMVP's programme strategy. The programme facilitates women to organise themselves into three-tier institutions as Self Help Groups (SHGs) and federations of SHGs as Village Organisations (VOs) at the level of a Panchayat and Block Organisations (BOs) at the level of a Community Development Block. SHG members save into a group fund and borrow from it periodically to meet household contingencies. Groups are assisted to open bank accounts and obtain group loans so that members can borrow larger sums to finance economic activities. Groups are also supported to claim their entitlements from various government programmes. The experience of working together, practicing new behaviours and traversing hitherto uncharted territories enhances women's individual and collective sense of agency and enables them to break free from deep-rooted social hierarchies, unleashing their potential to transform their and their families' lives.

The 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 works 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.

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



Almost 80 per cent of the households RGMVP works with are poor/poorest of poor

FIGURE 1: Geographical outreach of RGMVP as at March 2020

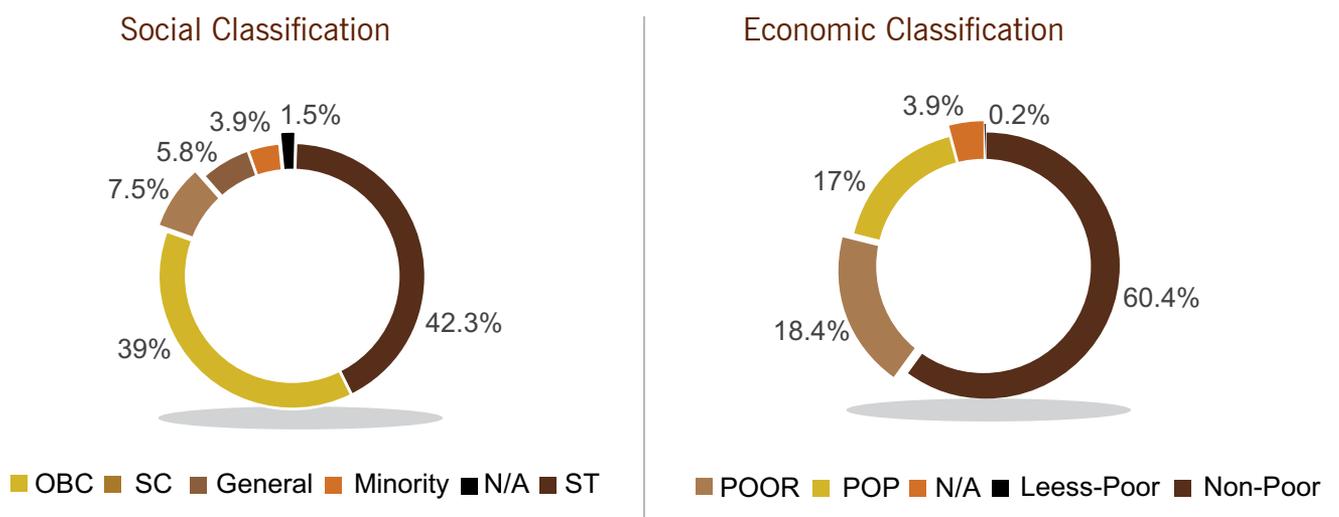
Key strategies followed by RGMVP

1. Participatory Identification of the Poor (PIP) by CRPs
2. Organisation of women into SHGs, VO's and BO's as supportive institutions for individual and collective growth
3. Capacity building through formal and informal processes and peer learning and mentoring
4. Savings, inter-loaning and livelihood expansion
5. Facilitating awareness and adoption of scientific health behaviours and practices
6. Encouraging collective action to break social barriers and access rights and entitlements



Districts	49
BOs Formed	298
Blocks	336
SHGs Mobilised	2,02,904
VOs Formed	12,396

FIGURE 1: Socio-economic categorisation of programme households



Community Institutions: Platforms for Socio-economic Transformation

Building Community Institutions

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

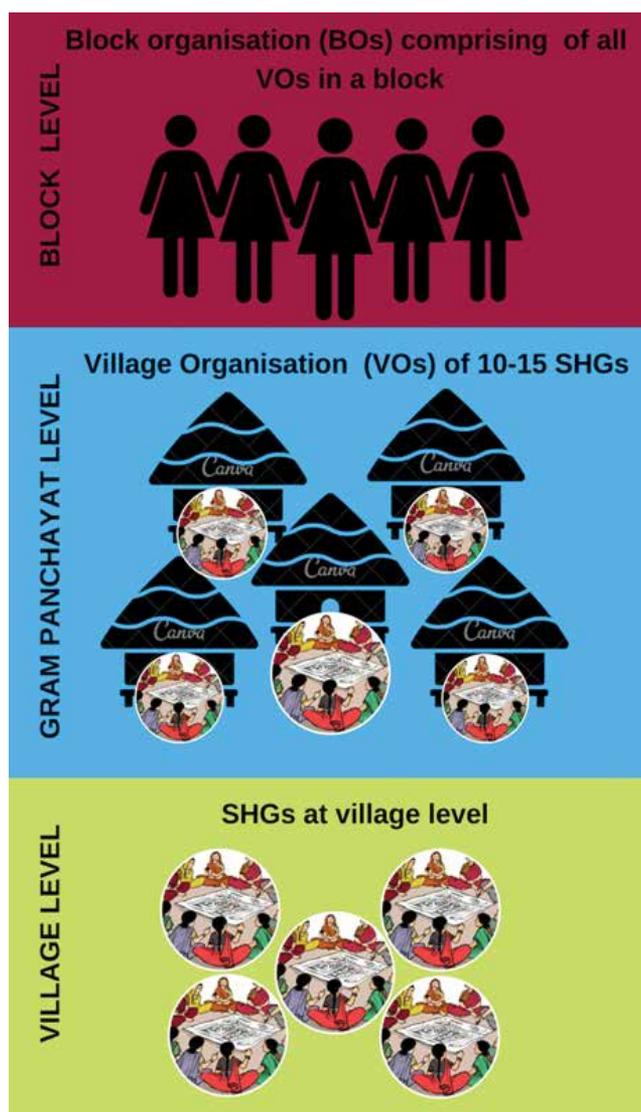


TABLE 1: Community institutions promoted during the past five years

Year	SHGs & YWSHGs		VOs		BOs	
	During the year	Cumulative	During the year	Cumulative	During the year	Cumulative
2015-16	17,831	1,25,443	1,373	6,708	53	208
2016-17	10,717	1,36,160	1,196	7,904	13	221
2017-18	21,482	1,57,642	1,903	9,807	37	258
2018-19	33,906	1,91,548	2,409	12,216	32	291
2019-20	11,356	2,02,904	175	12,396	07	298

- The programme operates in 16,467 GPs of 336 blocks across 49 districts in the state of Uttar Pradesh.
- RGMVP organised 11,356 groups during 2019-20, of which 6,420 were SHGs and 4,936 YWSHGs. Further, 175 VOs and 7 BOs were also organised.
- Since inception, RGMVP has organised 176,287 SHGs and 26,617 YWSHGs till March 2020, representing about 2.16 million households. These have been federated into 12,396 VOs and 298 BOs.
- 142,000 SHGs have savings bank accounts.
- 38,800 SHGs have availed bank loans, including Cash Credit Limits (CCLs), totalling INR 479.56 crore.
- SHGs have own savings of over INR712.50 crore.

Figure 3: Progress of mobilising community institutions during the past five years

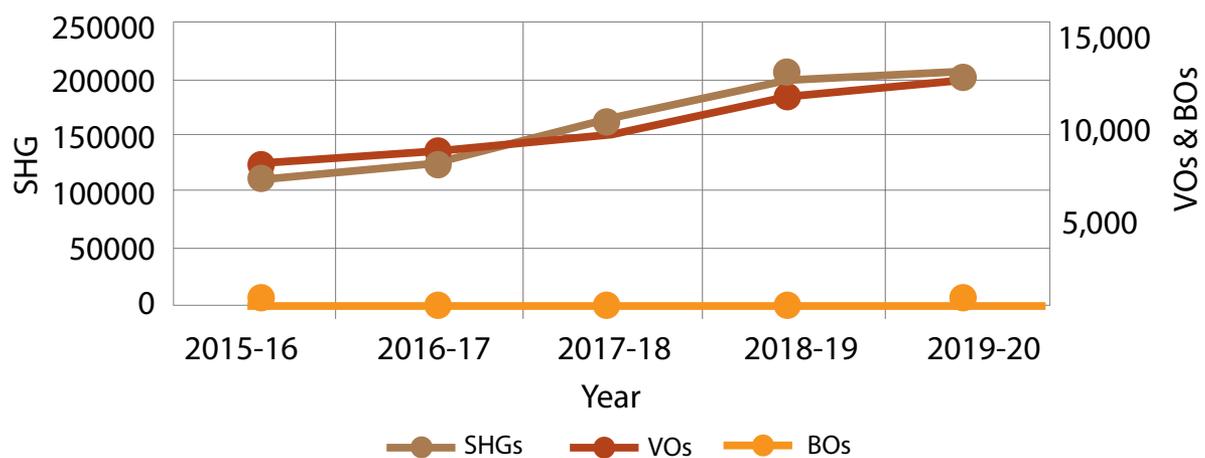


TABLE 2: Project outreach up to March 2020

Districts	Blocks	GPs	SHGs & YWSHG	Families	VOs	BOs	SHGs with Bank Accounts	SHGs availing Bank Loans	Total Bank Credit, INR lakh
49	336	16,467	2,02,904	2,164,580	12,396	298	142,000	38,800	47,956

Training Community Resource Persons

RGMVP trains women selected by SHGs as CRPs to train women in various programme activities and help groups get services from various public agencies. They work with SHGs, VO and BOs under the guidance of the Community Resource Development Centres (CRDCs), acting as co-facilitators of different programmes and activities along with RGMVP staff. The key CRPs trained by RGMVP as of 31 March 2020 are:

203 women volunteers as master trainers in various activities

4,470 women leaders at the BO level

1,421 health volunteers at the VO level

5,075 Meeting Sakhis to support SHGs in their meetings and provide health messages

124,640 women volunteers on institution building and health

410,310 SHG members on health-related subjects

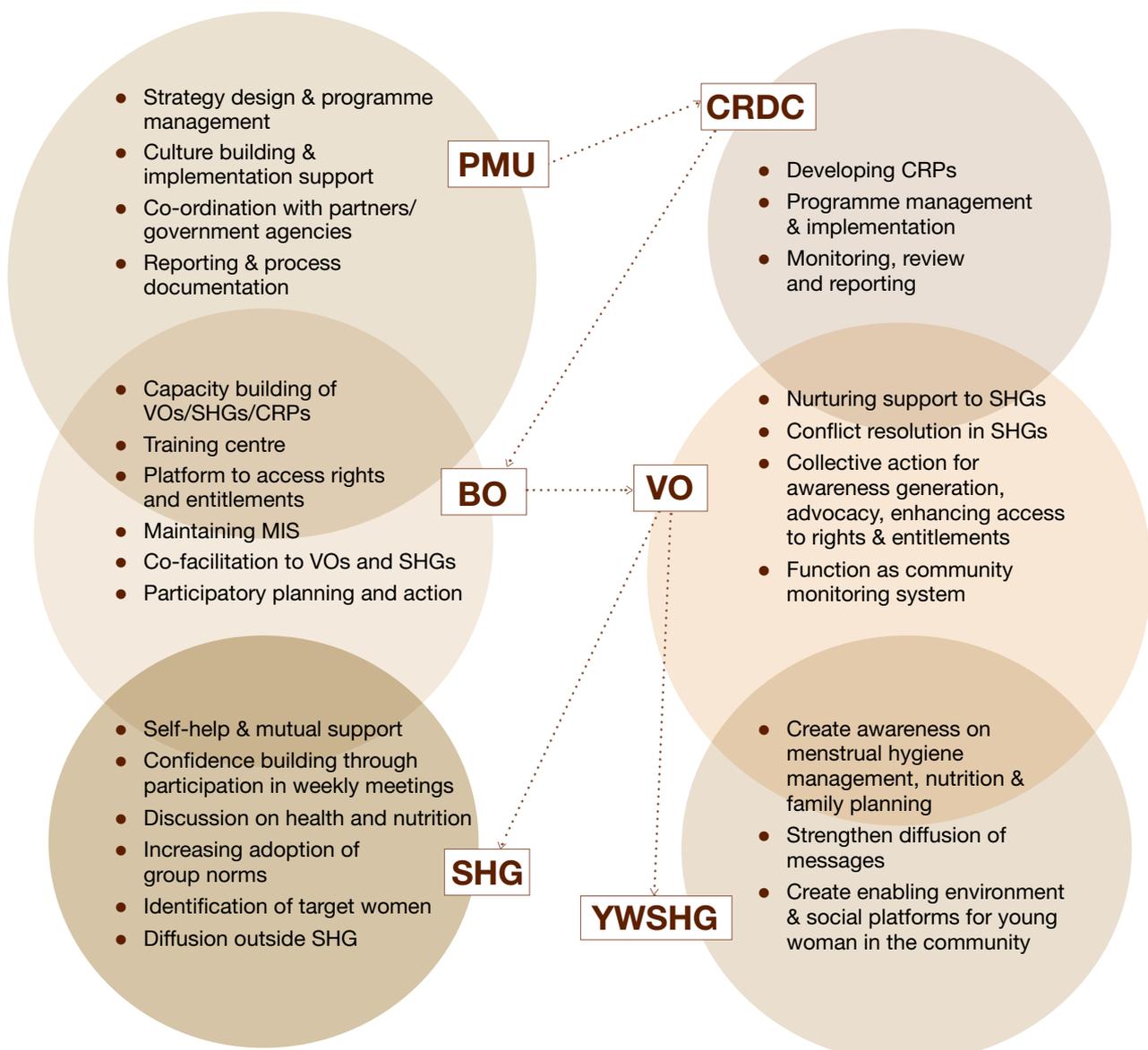
These represent a huge resource pool in project villages to support the groups, federations and the community at large.

Financial Inclusion: Facilitating Women's Access to Financial Services

A key programme goal is to facilitate women's access to financial services from banks. Small savings by members into a group fund to be used for inter-lending to meet small household contingencies is the catalyst to form groups. This brings members together, helps set norms that build trust and gives them experience in group management. The cumulative corpus of all SHGs was over INR 712 crore at the end of March 2020. Groups are facilitated to open saving accounts in a nearby bank branch to securely keep any group funds not loaned out among members. A total of 142,000 groups had group savings accounts with

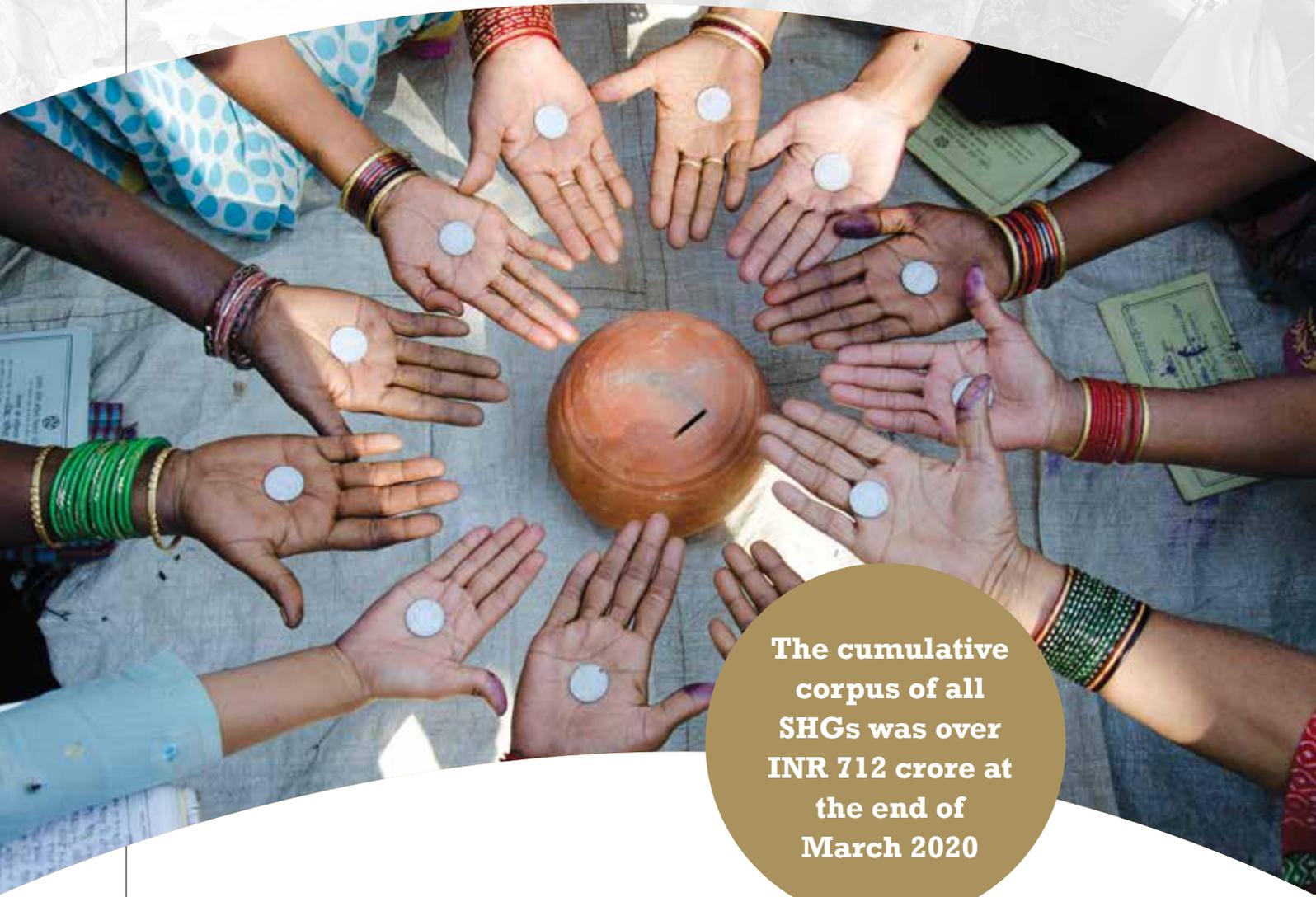
banks as at the end of March 2020. As groups gain experience in lending and repaying regularly, have a significant savings corpus and a track record of financial intermediation, they are facilitated to obtain group loans from which members can borrow larger sums to invest in livelihood enterprises. Groups generally seek CCLs from banks so that they do not have to keep applying for new loans frequently. Nearly 39,000 SHGs have taken bank loans totalling nearly INR 480 crore. SHGs are also encouraged to get members open individual savings bank accounts and access the savings linked insurance schemes of government. The programme also facilitates groups to draw benefits from the State Rural Livelihoods Mission (SRLM). So far 37,371 SHGs have received Revolving Fund Assistance of INR 15,000 each from SRLM and 9,275 SHGs have received Community Investment Fund of INR 1.10 lakh each.

FIGURE 4: Organisation of the Programme



e-Shakti Programme

RGMVP has been partnering with the National Bank for Agriculture and Rural Development (NABARD) in its programme to digitise SHG accounts and transactions through its e-Shakti portal. Begun in two districts, Varanasi and Barabanki in 2016 to cover 1,745 SHGs, the partnership now covers an additional 10 districts (Raebareli, Amethi, Pratapgarh, Sultanpur, Fatehpur, Gorakhpur, Siddharthnagar, Prayagraj, Bareilly and Jalaun) to digitise data of 24,319 SHGs in 82 blocks. The field work is carried out by 771 trained animators identified from SHGs/Young Women's Self Help Groups (YWSHGs). A separate Memorandum of Understanding (MoU) has been signed in each of the 12 districts.



The cumulative corpus of all SHGs was over INR 712 crore at the end of March 2020

SUCCESS STORY

Reclaiming Her Childhood

Najima, all of 17 years, is the daughter of Shahzadi and Ali, daily wage workers from Bhaya Kothar village of Ekauna block in Shravasti district. Born in a conservative family, Najima was not allowed to step out of her house. She accepted this as her fate till the day her mother joined Jind Baba SHG and she began accompanying her to group meetings. When a YWSHG was promoted by RGMVP in the village, Shahzadi's group members persuaded her to let Najima join it. Najima joined the YWSHG but her mother accompanied her to the group meetings for a month before letting Najima go alone!

Soon Najima began working as a Yuva Leader and attended training programmes and workshops on various issues concerning adolescent girls. She learned about her legal rights and that a girl shouldn't be married before 18 years of age.

Najima's freedom alas didn't last long! Her mother soon fixed her marriage just as she turned 15! She objected, citing laws against child marriage. She was beaten and locked inside the house. A trained Yuva Leader, Najima wasn't going to be cowed down and, one day, managed to escape from her home.

Narrating the episode with a glint in her eyes, Najima says, "The first thing I did was go to the women of a SHG. I narrated my situation to them, as I had faith that they would help me. On hearing my story, the SHG members came to my house and persuaded my entire family by explaining why child marriage was a bad idea besides being illegal. My family agreed and the marriage was stopped."

Having reclaimed her freedom, young Najima is studying and preparing to join the Army. And she continues to be an active member of her YWSHG.



Rural Livelihood Enhancement and Poverty Reduction

Agriculture-based Livelihoods

The agriculture sector continues to contribute a large share of the state's economic output and is the principal source of livelihoods for most SHG member families. More than 70 per cent of population in the state, directly or indirectly, depends on agriculture and allied sectors. It is, therefore, the principal focus of RGMVP's livelihood programme. The programme seeks to mitigate constraints such as seed availability, introduce improved production systems, reduce input costs and diversify crops. Specifically, it provides catalytic support in farm-based livelihoods through hands-on training to SHG members. Women experiment with and learn improved farming practices to enhance productivity in agriculture and raise incomes. RGMVP trains women in the System of Rice Intensification (SRI), System of Wheat Intensification (SWI) and natural farming, leading to significantly higher yields and income, while simultaneously creating social capital within the community to sustain eco-friendly practices in farming.



RGMVP provides catalytic support in farm-based livelihoods through hands-on training to SHG members

Production and supply of high yielding seed varieties is implemented through SHGs



***Local production and supply of quality seeds:
informal seed system***

RGMVP has been implementing a project funded by the Bill & Melinda Gates Foundation (BMGF) to promote an informal system of production and supply of high yielding seed varieties through SHGs. The goal of the project is to ensure that farmers are able to get high yielding varieties of seeds of reliable quality at fair prices on time locally, keeping women as the key actors. The project cycle comprises the following activities:

- Participatory Varietal Selection (PVS) and field days
- Selection of varieties for seed production
- Access to foundation seed
- Seed production
- Seed quality assurance
- Seed storage
- Seed marketing

Breeder seeds of different improved varieties obtained from research stations and agriculture universities are multiplied by small and marginal women farmers from SHGs on demonstration plots. Farmers from neighbouring areas are invited to visit the plots at different stages during the crop cycle and identify varieties they find most suited. Those varieties are multiplied in subsequent years by a larger number of SHG members to produce seed for sale to farmers through the VOs.

TABLE 3: Progress of the seed production programme

Crop	2016		2017		2018		2019	
	Paddy	Wheat	Paddy	Wheat	Paddy	Wheat	Paddy	Wheat
Project blocks	14	14	28	28	32	32	32	32
Participating VOs	158	132	218	218	240	245	209	176
Seed Banks set up	98	111	157	187	166	169	143	106
Participating SHGs	972	462	775	835	719	886	694	591
No. of seed producers	273	475	756	1228	685	1548	782	920
Area under seed crop, ha.	38.1	65.6	129.5	214.1	312.1	316.9	113.7	145.4
Seed produced, metric ton	23.2	108.4	85.5	230.9	70.8	293.0	45.0	89.2
Farmers benefiting	7,744	7,227	28,509	15,391	23,593	19,534	14,989	5,944



Jaivik Kheti (organic farming)

RGMVP has been promoting organic farming techniques among SHG members. These comprise the use of organic manures and pesticides made from cattle wastes and extracts of locally available plants. The purpose is to enable SHG members to reduce cost of cultivation, produce nutrition rich grains, protect the environment and enhance productivity and agricultural incomes. CRPs train and provide handholding support to SHG members in making and use of organic manures and plant protection materials such as Jeevamrut, Pancha Gavya, Ghana Jeevamrut, Neemastra, etc., in their fields. During the year, 7,408 training events were organised where in 83,618 members were trained on natural farming practices.

**Village-level
Usha Silai
Schools train
women in sewing
so that they can
supplement
family incomes**



Non-farm Livelihoods

Usha Silai Schools

RGMVP is collaborating with USHA International Ltd. (UIL) to help members of SHGs and YWSHGs run tailoring schools in remote areas. These are village-level schools to train women and young girls in sewing so that they can supplement family incomes and pass on the skills to other women. Families in remote areas typically restrict young women's mobility and they are unable to avail of such facilities in nearby towns. Usha Silai Schools provide a learning environment to young women in the village itself.

RGMVP has, so far, set up a total number of 1,125 Classical Silai schools for training and entrepreneurship development of women and young girls (SHG and YWSHG members) in 162 blocks across 41 districts

Transforming Health Behaviour in the Community

The Uttar Pradesh Community Mobilisation Project

Leveraging the institutional platform of SHGs and their federations, RGMVP has been working to improve mother and child health through the Uttar Pradesh Community Mobilisation Project (UPCMP) supported by BMGF. The first phase was implemented during 2012-17 and the second phase during 2017-20. The programme uses behavioural change techniques to promote modern mother and childcare practices among women with the goal of reducing mother and child mortality rates. The programme introduces modern mother and childcare practices through a community-led communication strategy comprising participatory learning and action cycle. SHG leaders identify pregnant and lactating mothers and newly-weds to impart information on such health practices to them.



UPCMP uses behavioural change techniques to promote modern mother and childcare practices



While UPCMP Phase I focused on reproductive, maternal, neonatal and child health and nutrition (RMNCH+N) in 120 programme blocks, Phase II laid additional focus on nutrition and family planning education in the same 120 blocks and also implemented the model in an additional 83 blocks where SHGs and their federations had already been formed. The emphasis was also on strengthening public health services, enhancing demand and improving linkages with public health systems. In these 203 blocks spread over 41 districts, 1,13,500 SHGs, 7,741 VOs, 203 BOs and over 20,000 YWSHGs were involved. Phase II of the project was implemented in a community-led campaign mode. Four health modules (maternal nutrition, maternal health, neonatal health and child health) and three campaigns (maternal nutrition, maternal health, neonatal health) were conducted. The implementation schedule and outputs are presented in Tables 4 and 5.

TABLE 4: Women trained on maternal nutrition, maternal health and neonatal health

Period	Activity	Number of women trained
March-July 2018	Maternal nutrition training + campaign (1 month)	6,31,323
August-November 2018	Maternal health training + campaign (1 month)	9,52,962
December-2018-March 2019	Neonatal training + campaign (1 month)	5,90,405
April 2019-July 2019	Child Health training (campaign not organised)	4,49,651

TABLE 5: CRPs and SHGs trained on various aspects of mother and child health

Cadre/ Institution	Maternal Nutrition	Maternal Health	Neonatal Health	Child Health
CRDI	203	203	203	203
ISC	1,971	1,913	1,984	1,998
Meeting Sakhis	6,668	6,481	5,757	6,239
SHGs	77,703	88,447	85,258	62,549



Innovative Strategies in Health

a. *Badhai Patra*

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

b. Health Fair (*Swasthya Mela*)

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

**Social marketing
of nutrition
supplements
has enhanced
awareness about
nutrition among
women**



Social Marketing of Nutrition Supplements

RGMVP has partnered with the Tata Trusts to promote social marketing of two nutrition supplements, namely, a snack for children called GoMo and Double Fortified Salt (DFS) that contains iron besides iodine. Both products are sold by SHG members who set up small village groceries as sources of livelihood. The institutional platform of SHGs and their federations acts as the channel to link the women shop owners with the distributors of these products and earn a small commission to meet their transaction costs so that the channel becomes self-sustaining. The initiative has enhanced awareness about nutrition among SHGs members and their families, created small business opportunities for some of the SHG members and an avenue for the BOs to become self-reliant.

GoMo is a nutritious snack developed using pulses and other nutritious ingredients by Mars Inc., the American confectionary company in collaboration with the Tata Trusts and locally produced in Maharashtra. It seeks to replace the popular commercial snacks children typically consume. Presently 500 SHGs are involved in this initiative.

Social marketing of DFS was initiated in 2017 in six blocks, scaled up to 25 blocks in 2018 and now covers all the project blocks.

Research and Learning Project

A research and learning project supported by BMGF in 67 least developed blocks was initiated by RGMVP in September 2016. The objective was to ascertain the relative efficacy of alternative communication approaches, namely, messaging through the institutional platform of SHGs and the regular extension approach of the government where RGMVP is not working, to bring about significant improvement in maternal, neonatal and child health practices. These blocks are in 25 high priority districts of Uttar Pradesh from a perspective of introducing modern maternal, neonatal and child health practices. As on 31 March 2020, 53 BOs, 1,542 VO, 18,588 SHGs and 1,332 YWSHGs have been mobilised under this grant. RGMVP's role is to generate demand, converge with the government agencies concerned with health and nutrition and create an enabling environment for the community through awareness generation and collective action.



Highlights of the project during the year were:

- 1,332 YWSHG were trained on health, hygiene, nutrition, menstrual hygiene management including their entitlements and RMNCH.
- Training events were organised to inform them about their rights and entitlement with focus on health, social audit and Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). A campaign was planned and followed to claim these through their federations.
- 229 Village Health Nutrition and Sanitation Committees (VHSNC) were reorganised on the demand of SHGs as per the extant government orders. Cumulatively, 632 VHSNCs have been reorganised with RGMVP's support.
- Linkages with block- and village-level key members (Accredited Social Health Activists (ASHAs)/Anganwadi Workers (AWWs)/Auxiliary Nurse Midwife (ANMs)/Panchayat Pradhans Medical Officers In-Charge (MOICs)/ Assistant Development Officers (ADOs), Panchayat/Block Development Officers (BDOs)) have been established in 22 blocks.

Inculcating Leadership among Adolescent Girls

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

RGMVP has been mobilising rural adolescent girls into YWSHG for the past six years. Over 26,000 YWSHGs with a membership of over 2.7 lakh adolescent girls have been formed.

Training of YWSHGs

Under UPCMP Phase II, RGMVP was to train 8,120 YWSHGs on various topics relevant to the well-being of adolescent girls. The programme conducted such training in 22,650 YWSHGs. To reinforce the messages imparted during the training programmes by stimulating discussions during their weekly meetings, RGMVP designed a meeting register for YWSHGs in a pictorial form that covers the topics covered during the training. These have been given to 20,000 YWSHGs. Some of the 24 topics covered in the training programmes that are included in the register for weekly discussions are listed in Table 6.



TABLE 6: Themes for training of YWSHG

Theme	Contents
Health	Puberty and changes during puberty period; menstruation process and menstrual hygiene management; anaemia, its impact and precautions; need of nutrition; family planning and methods of family planning
Gender	Gender and gender-based discrimination; gender-based violence; gender equality
Rights & Entitlements	Legal age at marriage; fundamental rights; other constitutional rights
Laws	Laws on dowry prohibition; domestic violence act; child marriage prevention act; right to information act; first information report; etc.
Women Helpline	Discussion on sexual harassment; women's helpline number and its use



YWSHG members are trained in reproductive health by using the apron method

RGMVP took the support of CHETNA, an Ahmedabad-based Non-Governmental Organisation (NGO), to conduct training on menstrual health for YWSHG members. CHETNA has developed an innovative training technique using a cloth apron. Worn by the trainer, the apron depicts the functioning of female reproductive system and the process of menstruation. Besides demonstrating the training methodology in the groups in the field, CHETNA also trained Yuva Sakhis. These are young women chosen from YWSHGs who function as our internal trainers and provide leadership in villages to further train YWSHG members. RGMVP has procured 1,000 such aprons from CHETNA for use by the Yuva Sakhis as a training tool.

TABLE 7: YWSHGs Trained on Menstrual Hygiene and Management

Number of Districts	Number of Blocks	Number of GPs	YWSHGs trained on MHM	YWSHG members trained on MHM
41	203	8,046	15,643	1,56,577

Interaction between YWSHGs and SHGs

RGMVP systematically associates YWSHGs with its on-going development activities with SHGs to foster interaction between the two for the development of leadership among YWSHG. They are also exposed to leadership and self-confidence building programmes carried out with SHGs and are encouraged to participate in health programmes organised by SHGs. They are now an integral part of celebrations and health events such as Village Health and Nutrition Day, Swasthya Mela, Menstrual Hygiene Management Day, International Girl Child Day and International Women's Day. Some YWSHG members are book keepers for SHGs, some are associating as community volunteers and Management Information System (MIS) assistants in RGMVP.

Social Accountability Campaign

RGMVP launched a social accountability campaign in August 2019 with the objective of helping SHG members claim their entitlements under various government programmes such as MGNREGA, health, old age pension, etc. Master trainers from 224 blocks were trained by RGMVP's state resource group with support from a team of resource persons from the Mazdoor Kisaan Shakthi Sangathan, Rajasthan.

SUCCESS STORY

Bonded No More

Muni Devi from Bilaspur village in Amariya block of Pilibhit district and her husband used to eke out a living by farming a small piece of land, supplementing their income with itinerant wage work. Her husband suddenly fell ill and she had to borrow INR 90,000 for his treatment by mortgaging their land. Her husband died from his illness and Munni Devi, with her three children, was left to fend for herself by working virtually as a bonded labour, tilling her own land for the moneylender. The debts kept rising as did her sense of despair.

When RGMVP began forming SHGs in her village in 2016, Munni Devi promptly joined a group named Laxmi Mahila Samooh. Her group chose her as its president and that is when she first entered a bank branch to open the group's account. After six months, the group was sanctioned a CCL by the local gramin bank. Munni Devi borrowed INR 90,000 from the CCL via her SHG to redeem her debt and reclaim her land. She was able to repay her loan to the group in 18 months from farming her land and wage work. She had meanwhile participated in several training programmes conducted by RGMVP and had exposure to other groups across districts. Now confident, Munni Devi began forming and nurturing more SHGs in her Panchayat. The groups were federated into a VO and it chose Munni Devi as its president.

After some time she again took a loan of INR 50,000 from SHG and bought a battery rickshaw. She earns in the range of INR 300 to 400 daily by letting out the rickshaw. Her children are able to continue their studies. Her group presently has a cumulative corpus of INR 1,40,200, including member savings and interest earned on loans to members.





The social accountability campaign helps SHG members to claim their entitlements under government programmes



As part of the campaign, SHG members were encouraged to prepare applications to seek assistance under various government programmes. These were compiled and forwarded by VOs to the concerned public authorities. The BOs and field functionaries liaised with the concerned public authorities at block and district levels and followed up the processing of the applications. Responses received from the BDO or the Gram Pradhan were communicated to SHG members by concerned VOs.

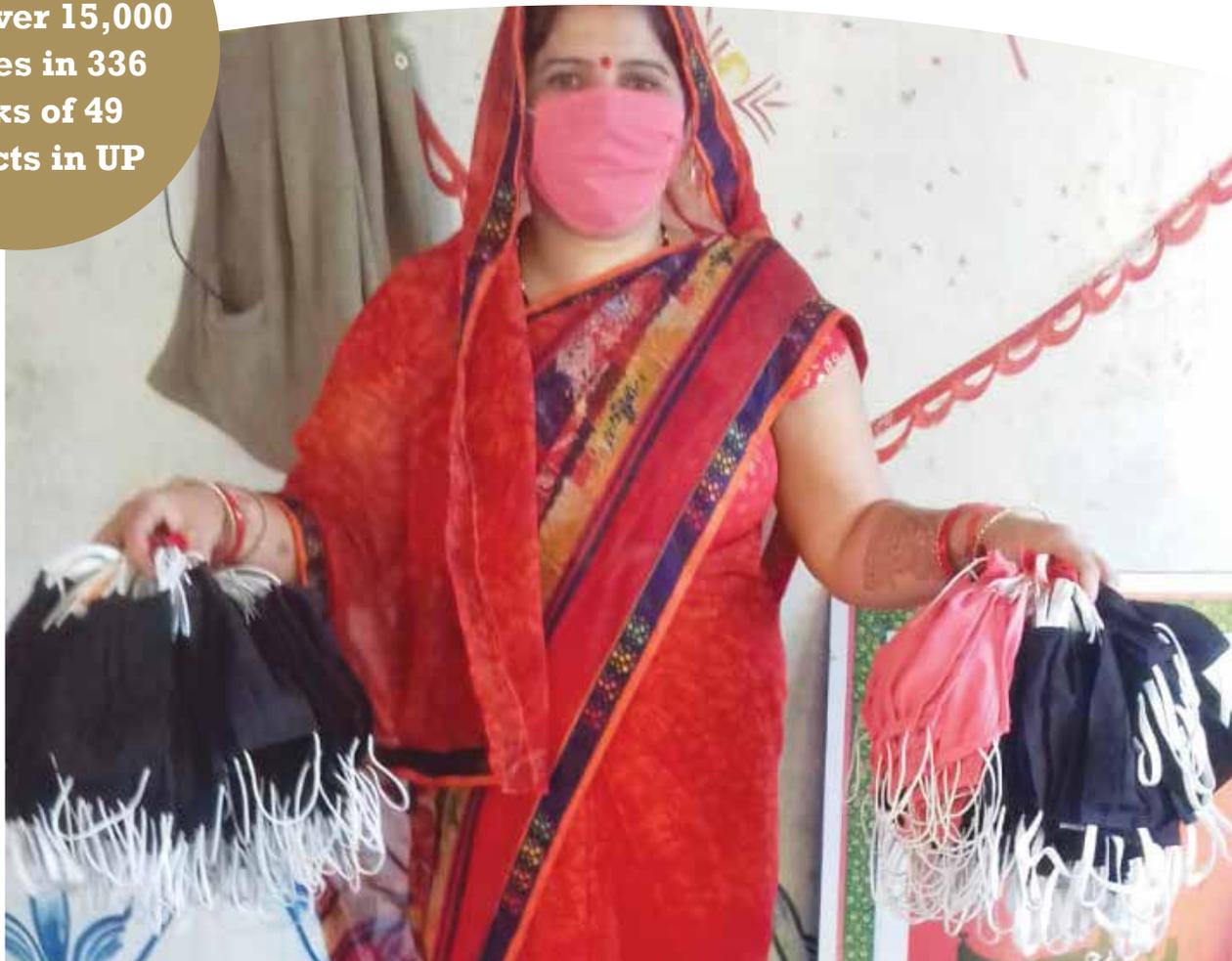
The campaign has shown promising results. Till date, 1,983 GPs have been covered under the campaign; 37,618 women have applied for MGNREGA Job Cards; 17,140 women have received Job Cards; 32,616 have submitted collective applications for work under MGNREGA and 19,829 women have received work under MGNREGA.

Response to the COVID-19 Pandemic

Each BO established a community helpline when the lockdown was announced in March 2020. These were used to create awareness about the lockdown and the pandemic, provide reassurance by fostering a sense of solidarity and shared resolve and to support people in need. The helplines covered the entire programme area of over 15,000 villages in 336 blocks of 49 districts in UP. SHG members sensitised everyone in their neighbourhoods about washing hands and maintaining social distance.

As migrants began returning home, SHG leaders with the support of the Gram Pradhan and the ASHA prepared lists of migrants and shared them with concerned public authorities. Using peer pressure and advocacy, SHGs and their federations ensured that every eligible individual got food grains through the public distribution system. SHGs members skilled in stitching under USHA Silai Schools stitched face masks for free distribution. SHG institutions also distributed food to migrants in quarantine in village schools. After sudden lock down, most of the daily waged workers have been facing the problem for their survival. VOs identified families of daily wagers who had lost their source of income and supported them by donating food grains from grain banks and cash from the emergency fund of VOs.

**COVID helplines
cover over 15,000
villages in 336
blocks of 49
districts in UP**



RGMVP's Partners

Funding Partners

Bill & Melinda Gates Foundation: BMGF has been partnering with RGMVP since 2012 for a variety of interventions. It has been the key funder for our UPCMP, which has enabled us to scale-up health interventions to 203 blocks. Additionally, the partnership supports community institution building and capacity building in another 67 blocks. BMGF had also been our partner in the implementation of the Gender and Sanitation project. The community-based seed project also is implemented with the support of BMGF.

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



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

Technical Partners

National Rural Livelihoods Mission (NRLM): NRLM had partnered with RGMVP to provide development support for building and nurturing resource blocks comprising SHG leaders serving as guides and mentors for more newly formed community institutions, thus supporting women in mobilising and training other women to form strong community institutions. It also provided support for NRLM staff and SHG leaders from other states to visit RGMVP for training and exposure.

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

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

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

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

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

Commercial Banks and Regional Rural Banks: RGMVP partners with 20 banks, namely: State Bank of India, Bank of Baroda, Allahabad Bank, Punjab National Bank, Central Bank of India, Union Bank of India, Bank of India, Indian Bank, Dena Bank, Syndicate Bank, Canara Bank, Oriental Bank of Commerce, Andhra Bank, United Commercial Bank, Baroda UP Gramin Bank, Allahabad UP Gramin Bank, Purvanchal Gramin Bank, Gramin Bank of Aryavart, Sarva UP Gramin Bank, and Kashi Gomti Gramin Bank.





Indira Gandhi Eye Hospital and Research Centre (IGEHC), one of the largest providers of quality eye care in North India, seeks to make eye care services affordable and available to all, especially to the rural and poorer segments through a continually expanding chain of hospitals.



**Comprehensive,
affordable, high
quality eye care**

INDIRA GANDHI EYE HOSPITAL AND RESEARCH CENTRE

Visual impairment and blindness have a devastating effect on the quality of life. Impairment or loss of vision reduces a person's mobility and ability to live a meaningful life, diminishing the sense of agency, dignity and overall well-being. For poor people, it may well shut all doors to escape poverty. Eye health is thus one of the most important public health issues in society.

India has the world's largest population of the blind with about 12 million visually impaired persons and accounts for about one-third of the visually impaired world-wide. A visually impaired person in our country is most likely to be rural, from a poorer household, older than 50 years or woman. More than 80 per cent of visual impairment in the country is curable, and thus entirely avoidable. Lack of access to eye care services due to high costs, their physical distance, and limited availability and ignorance about eye health issues are among the main reasons for high incidence of avoidable blindness in our country.

The goal of the eye care programme of the Trust is to make a meaningful contribution to eliminating avoidable blindness in the country. The Trust seeks to make quality eye care services affordable and available to all, especially to the rural and poorer segments. The Trust has set up and is continually expanding a chain of hospitals under the aegis of Indira Gandhi



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

Eye Hospital and Research Centre (IGEHR) in the underserved northern region of the country. These provide comprehensive, high quality eye care in an affordable and compassionate manner.

Programme Approach

High patient volumes, extensive rural outreach and use of the latest equipment and procedures to provide comprehensive care of the highest quality are the key elements of IGEHR's strategy. High patient volumes reduce unit cost of care by making efficient use of available hospital resources. Outreach through rural eye camps takes services to the neediest at their doorstep, increases patient volumes and promotes awareness about eye health. Provision of comprehensive, state-of-the-art care make IGEHR the service provider of choice for the economically better-off segments as well, enabling it to cross-subsidise poorer patients sustainably.

Programme Coverage

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

TABLE 1: Cumulative performance of IGERHC hospitals

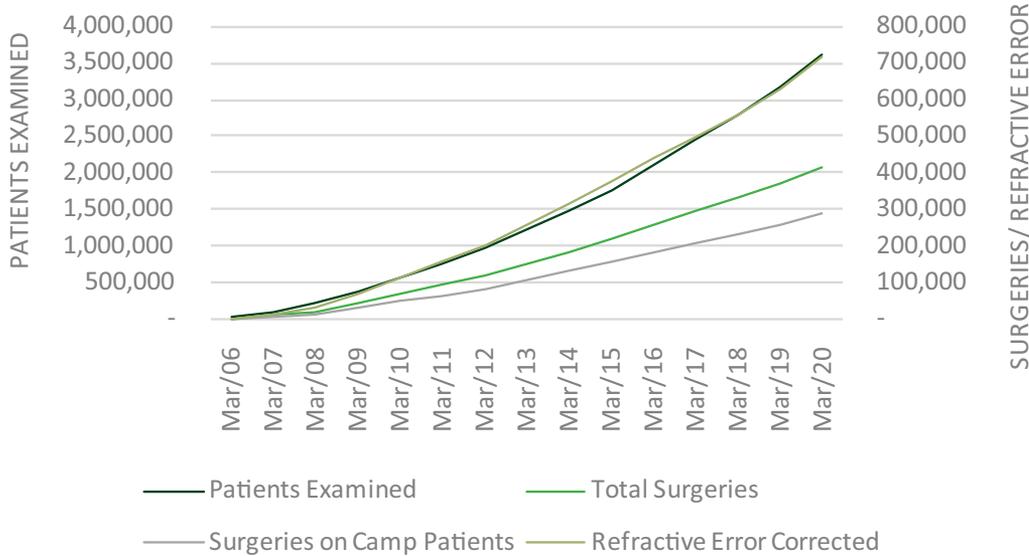
Walk-in patients	2,599,551
Camp patients	1,003,963
Total patients	3,603,514
Surgeries on walk-in patients	126,464
Surgeries on camp patients	290,910
Total surgeries	417,374
Refractive error corrected on walk-in patients	517,528
Refractive error corrected on camp patients	201,517
Total refractive error corrected	719,045
Community outreach camps held	7,414



**IGEHRC
hospitals cater
to about 1,500
patients daily**

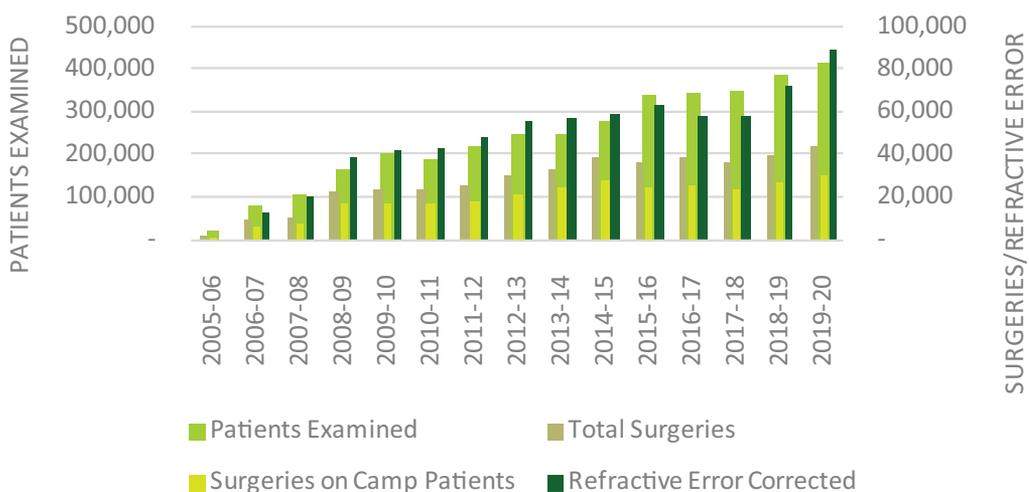
Since inception, IGEHRC hospitals have cumulatively catered to 3.60 million patients, carried out over 4.17 lakh sight restoring surgeries and over 7.19 lakh refractive error corrections. Figure 1 presents the cumulative achievements through the years.

FIGURE 1: Cumulative achievements of IGEHRC over the years



Growth in infrastructure over the years has led to an expansion in patient volumes year-on-year as shown in Figure 2. Once the Gurugram hospital attains full occupancy in about three years, the chain of hospitals would be able to serve over 5 lakh patients annually, carry out 60,000 sight restoring surgeries and 1 lakh refractive error corrections.

FIGURE 2: Yearly performance of IGEHRC hospitals



The four IGEHRC hospitals together served over 4.14 lakh patients, carried out 44,222 sight restoring surgeries and 89,939 refractive error corrections during 2019-2020 even though regular services were severely affected due to COVID-19 during March which is a peak month for patient flow in normal times. The combined performance of IGEHRC hospitals during the reporting period is presented in Table 2.

TABLE 2: Combined performance of IGEHRC hospitals, 2019-20

Walk-in patients	295,430
Camp patients	119,030
Total patients	414,460
Surgeries on walk-in patients	13,926
Surgeries on camp patients	30,296
Total surgeries	44,222
Refractive error corrected on walk-in patients	58,937
Refractive error corrected on camp patients	31,002
Total refractive error corrected	89,939
Community outreach camps held	824

Community Outreach Programme

In order to reach out to the neediest, IGEHRC organises rural eye camps regularly as a part of its operations. Each hospital has fully equipped teams dedicated to this purpose. The camps are generally organised in collaboration with local civil society organisations

IGEHR has cumulatively carried out over 4.17 lakh sight restoring surgeries



**IGEHRC held
824 camps and
conducted 30,296
free or subsidized
surgeries during
the year**



and community leaders to facilitate wider communication and mobilisation. As the camps are held in villages, poor people from villages, especially women, are able to access services, overcoming various barriers such as physical distance, cost and lack of knowledge or information about eye care. Eye camps thus not only reach out to the needy but also create awareness about eye care among the people. IGEHRC 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. During the reporting period, IGEHRC screened 1,19,030 patients in 824 camps and conducted 30,296 free or subsidised surgeries on camp patients. Camps were conducted in 17 districts in UP, nine districts in Haryana and two districts in Rajasthan.

The outreach programme includes other focused activities from time to time, such as school screenings for early identification of vision impairment among children, life line express train camp, camps for government jail inmates, shelter care homes, truck drivers, etc.

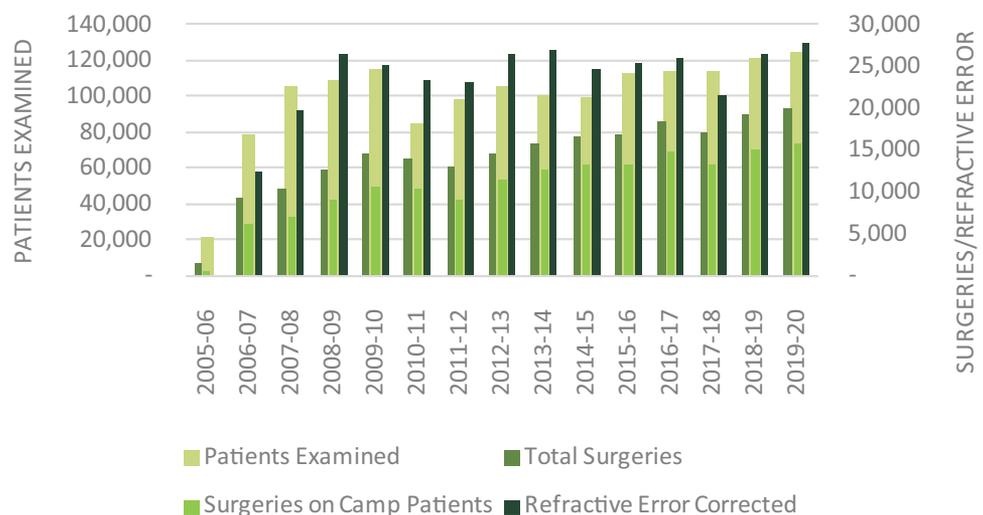
IGEHR Amethi

IGEHR Amethi has cumulatively served 1.51 million patients till the end of the reporting year since its inception in December 2005. This includes 5.37 lakh patients at 3,389 rural eye camps. It has conducted nearly 2.16 lakh sight restoring surgeries, including 1.64 lakh surgeries on camp patients. Of the 3.37 lakh refractive error corrections, nearly

The 120-bed facility screens over 400 patients and conducts around 100 surgeries every day

a lakh were on camp patients. The yearly performance of the Amethi hospital is presented in Figure 3. The hospital serves patients from Sultanpur, Pratapgarh, Amethi, Raebareli, Ambedkarnagar, Jaunpur, Barabanki and Faizabad districts in UP. The 120-bed facility screens over 400 patients and conducts around 100 surgeries every day.

FIGURE 3: Yearly performance of IGEHR Amethi



The Amethi hospital established a Vitreo Retina Centre in 2018 to cope with the increasing flow of patients requiring Vitreo Retina treatment because of the rising incidence of diabetes in the population. The Centre has a professional team, led by a trained surgeon and is equipped with requisite diagnostic and surgical equipment. A highly specialised and expensive procedure, Vitreo Retina treatment is available only in larger cities and is beyond the means of most people in villages and small towns. Untreated retinal conditions can lead to permanent blindness. The Amethi hospital earlier used to refer patients requiring such care to IGEHRC Lucknow and many poor patients would drop out as they found it difficult to travel to Lucknow. In just two years, the Centre has treated over 19,500 patients and carried out 431 surgeries, including 163 free surgeries on camp patients. The overall performance of the hospital is presented in Table 3.

TABLE 3: Performance of IGERC Amethi, 2019-20

Walk-in patients	74,519
Camp patients	51,031
Total patients	1,25,550
Surgeries on walk-in patients	4,080
Surgeries on camp patients	16,024
Total surgeries	20,104
Refractive error corrected on walk-in patients	16,925
Refractive error corrected on camp patients	10,946
Total refractive error corrected	27,871
Community outreach camps held	305

IGEHRC Lucknow

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. The year-on-year performance of the hospital is presented in Figure 4.

The Lucknow hospital has, cumulatively, corrected refractive errors on 3.61 lakh patients, including over 76,677 patients from rural eye camps

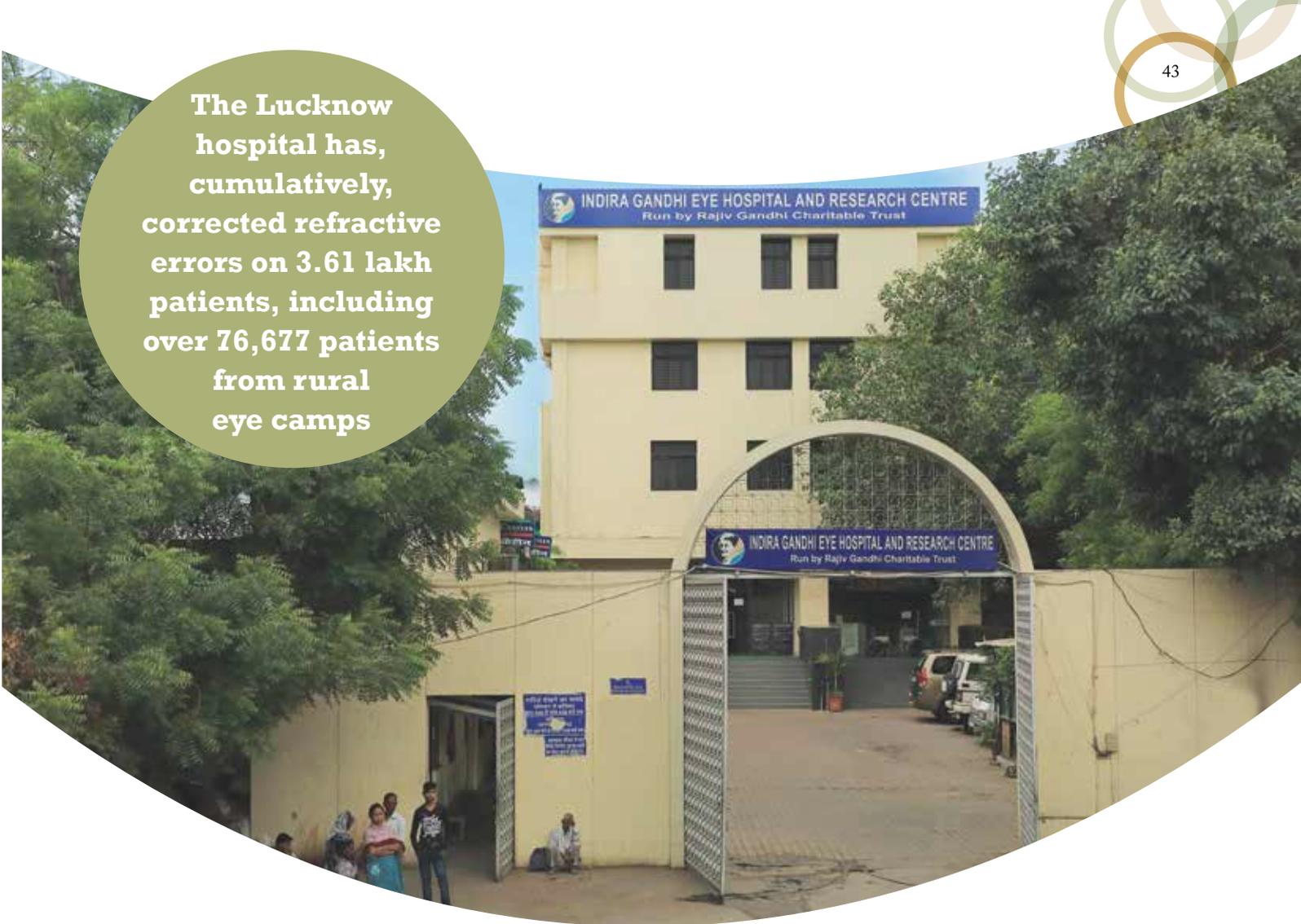
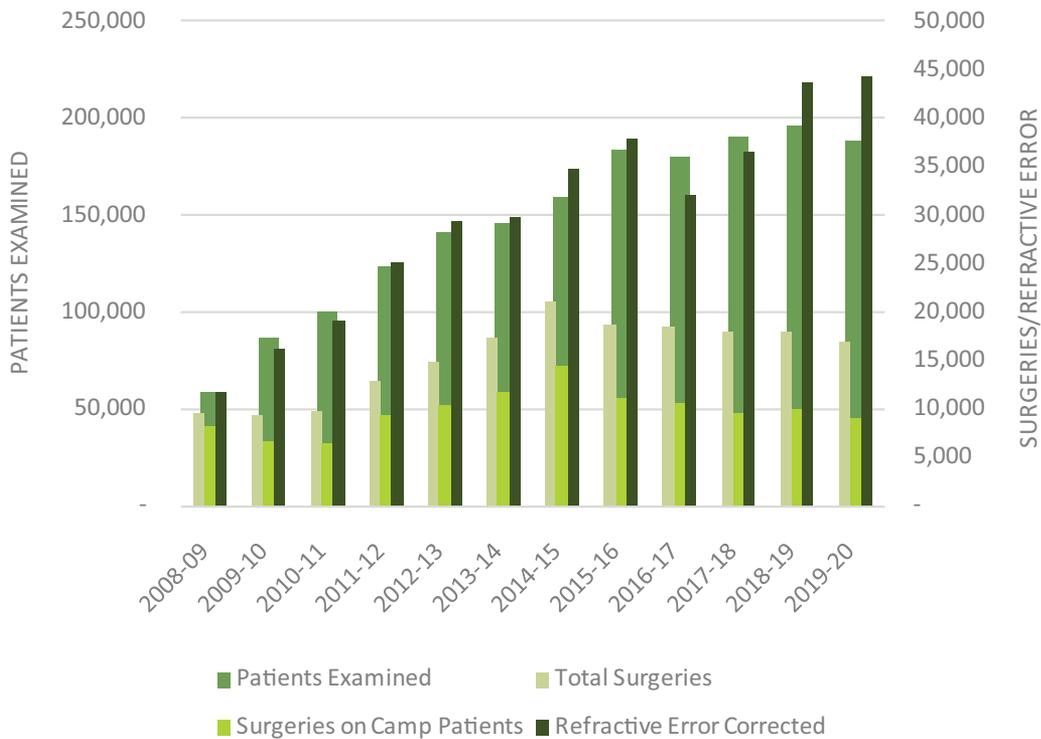


FIGURE 4: Yearly Performance of IGEHRC Lucknow



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. The performance of the hospital during the reporting year is presented in Table 4.

TABLE 4: Performance of IGEHRC Lucknow, 2019-20

Walk-in patients	158,046
Camp patients	30,236
Total Ppatients	188,282
Surgeries on walk-in patients	7,959
Surgeries on camp patients	9,042
Total surgeries	17,001
Refractive error corrected on walk-in patients	37,994
Refractive error corrected on camp patients	6,517
Total refractive error corrected	44,511
Community outreach camps held	332

IGEHRC Sohna

IGEHRC Sohna, located in Gurugram district, is a rural, secondary level hospital. Set up in rented premises in village Raipur, the hospital principally serves the people in 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 than 100 patients daily and has cumulatively carried out more than 7,865 surgeries, including on children, glaucoma patients and other specialties besides cataract. With the opening of IGEHRC Gurugram at nearby Ullawas, the erstwhile rural outreach

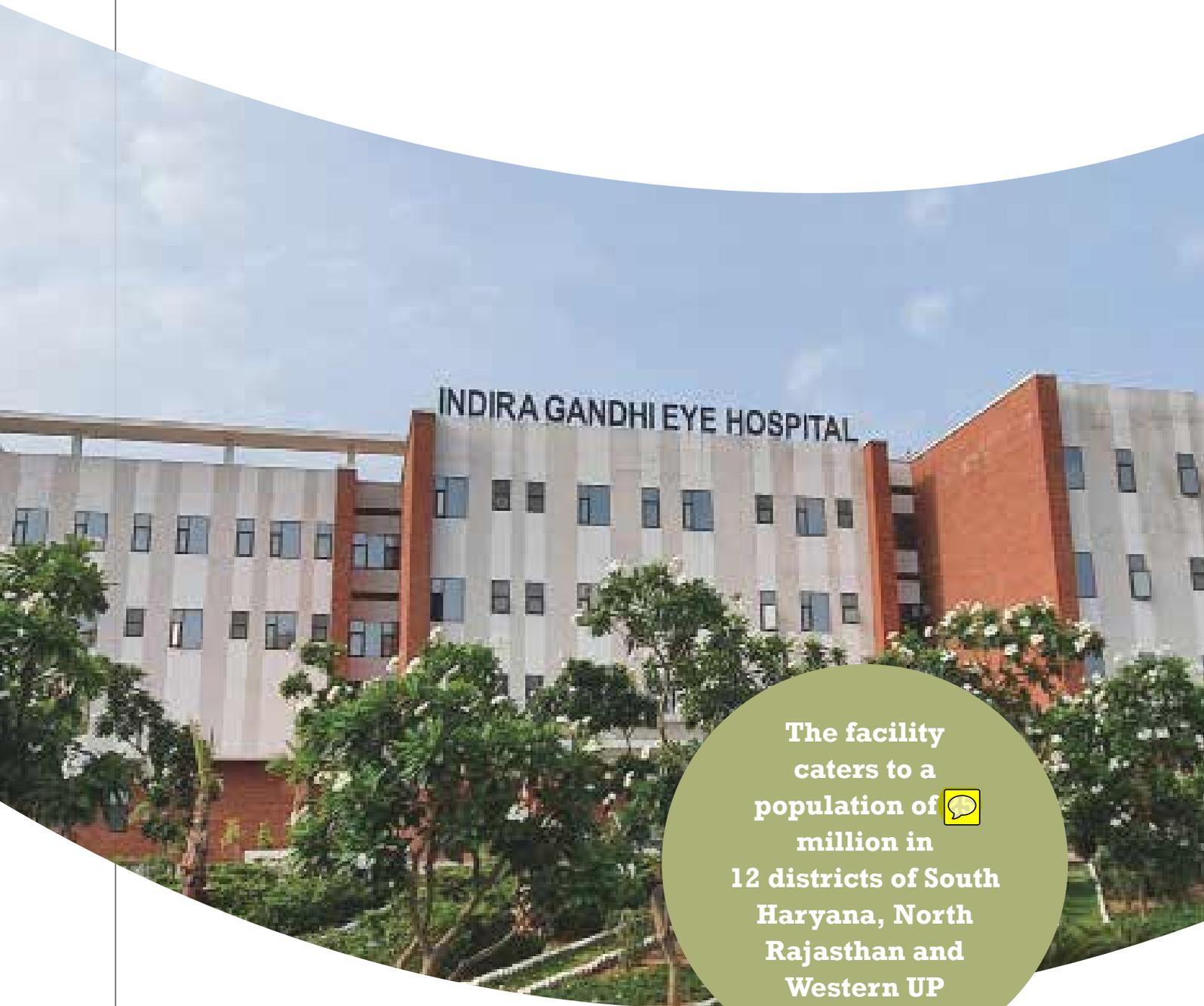
The Sohna facility has cumulatively carried out more than 7,865 surgeries since 2014 when it was established



activities of the Sohna hospital have now been combined with those of the former and Sohna principally caters to walk-in patients. The performance of the Sohna hospital during the reporting period is presented in Table 5.

TABLE 5: Performance of IGHERC Sohna, 2019-20

Walk-in patients	33,534
Camp patients	-
Total patients	33,534
Surgeries on walk-in patients	1,151
Surgeries on camp patients	15
Total surgeries	1,166
Community outreach camps held	-



The facility caters to a population of  million in 12 districts of South Haryana, North Rajasthan and Western UP

IGEHRC Gurugram

The latest addition to the IGEHRC chain of hospitals, the Gurugram facility is being developed as a centre of excellence. Built on land leased from the local Panchayat, the hospital is situated at Ullhawas 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, cater to a population of 25 million in 12 districts of South Haryana, North Rajasthan and Western UP. It would also conduct research, train paramedical staff and offer post-graduate Fellowships.

TABLE 6: Performance of IGERC Gurugram, 2019-20

Walk-in patients	29,331
Camp patients	37,763
Total patients	67,094
Surgeries on walk-in patients	736
Surgeries on camp patients	5,215
Total surgeries	5,951
Refractive error corrected on walk-in patients	4,018
Refractive error corrected on camp patients	13,539
Total refractive error corrected	17,557
Community outreach camps held	187

The hospital began operations in 2017. The facility is now fully built and has basic equipment in place to offer tertiary care services and all specialities such as Vitreo-Retina, Cornea, Glaucoma, Oculoplasty, etc. Presently the hospital 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.

Vision Centres

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

Presently, Vision Centres are linked to the Lucknow and Amethi hospitals and are located at Raebareli, Lalganj (Raebareli), Patti (Pratapgarh) and Jais (Amethi). The Centers are equipped with ophthalmic equipment such as slit lamp, direct ophthalmoscope, trial sets, etc., with broadband connectivity for tele-consultations with the sponsoring hospital. The Centres are run by well-trained teams, including optometrists and ophthalmic assistants who perform slit lamp examination, refraction and treat minor ailments. Patients needing advanced care are referred to the sponsoring hospitals at Amethi or Lucknow.

SUCCESS STORY

A patient turned brand ambassador!

Seventy-two-year-old Kamla Devi lives in Mohanpur village in Rewari district in Haryana. After the death of her husband a few years ago, a meagre old age pension from the government is her sole income. Her three married sons struggle to fend for their own families with little surplus to support her.

If life wasn't already a struggle for Kamla Devi after she lost her husband, she began losing her sight due to cataract in both her eyes. As her vision worsened, it became difficult for her to carry out her daily chores. Would she become blind? How would she even survive if she became blind? She had no money to get medical treatment and her sons were of no help, busy as they were in fending for their own families.

Even as she was brooding over a literally dark future, her neighbour told her about an eye camp being organised by IGEHRC in her village at the request of the village Panchayat. He offered to take her there and, of course, she agreed!

An examination of her eyes confirmed that she had cataract in both her eyes and she needed surgery. Surgery? That scared her. Is it safe? What if she became totally blind? And how would she pay for it? The IGEHRC team comforted and counselled her. With her anxieties addressed, Kamala Devi agreed to get the cataracts removed.

Kamla Devi, along with 18 others from her village, was transported to the Gurugram hospital. In the hospital detailed pre-surgery examination was done, followed by surgery. The hospital also did the mandatory follow-up after surgery and provided her medicines. Her treatment including transport to and from the hospital, boarding and lodging at the hospital, surgery and even the medicines after surgery were totally free for which Kamla Devi showered her blessings on the hospital staff. She is ecstatic that she can again see clearly.

Kamla Devi has become our brand ambassador now, advising everyone to get eye treatment done at IGEHRC Gurugram.



Training

IGEHRRC is committed to expanding the eye care workforce in the country to mitigate the shortage of qualified service providers. It conducts long- and short-term training programmes and is the largest eye care training centre in UP.

IGEHRRC offers two-year Fellowships to doctors with post-graduate degrees in Ophthalmology. The Fellows work as apprentices under the guidance of experienced doctors in the hospitals to gain hands-on experience and are also provided instruction to become adept in the latest advances in eye care. The training programme includes active academic debates, journal clubs and publications. As IGEHRRC is engaged in extensive community outreach activities, the Fellows are sensitised to the inequities in access to eye care services that exist in society, the contexts and needs of the unserved and develop an inclination towards community service. There were thrice-weekly

So far 205 village girls have been trained as MLOPs, of whom 144 are working in IGEHRRC units



dedicated academic sessions of an hour each throughout the year where case presentations and journal club of all subspecialties were presented by Fellows and moderated by consultants. IGEHRC offers 10 to 15 Fellowships every year in various sub-specialities of Ophthalmology. Some of them continue to work as consultants at IGEHRC upon graduating from the Fellowship while others join eye care facilities elsewhere. Cumulatively 40 Fellows have graduated, including eight this year and nine are presently on board. The programme has been extended to the Amethi unit beginning this year.

Apprenticeship and practical training is provided to Optometrists and 36 have already received such training. IGEHRC also trains village girls educated to 12th grade with science as Mid-Level Optometric Personnel (MLOP) to work in various 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 205 MLOPs have been trained, of whom 144 are working in IGEHRC units. Presently 31 are undergoing training.

Research and Publications

As a professional organisation, IGEHRC has always been alive to its responsibility to contribute to the development of the field of eye care through structured training of young professionals and research-based publications. These activities witnessed a steep increase during the year across all departments.

Our Team

IGEHRC has a team of highly qualified doctors, specialising in various sub-disciplines of eye care who have made a mark in their respective fields of specialisation. There are 33 ophthalmologists with highly specialised knowledge and skills and relevant experience who run various departments, such as comprehensive eye care, Cornea, Paediatrics, Glaucoma, Retina and Oculoplasty. The doctors are assisted by 144 trained MLOPs. There are 24 Optometrists posted at the hospitals, Vision Centres and camps. A 67-strong staff looks after administration, housekeeping, security, transport and maintenance.





IGEHRC has a team of highly qualified doctors, specialising in various sub-disciplines of eye care

Partner Organisations

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

IGEHRC's strategic partners are RIST, Sightsavers and The Tata Trusts. The eye health programmes supported by these partners are eye banking, system strengthening, and disease control and infrastructure development.

Financial Abstract

Balance Sheet as at March 31, 2020

Particulars	As at March 31, 2020 Rs.	As at March 31, 2019 Rs.
SOURCES OF FUNDS		
Corpus fund	142,500,000	142,500,000
General fund	304,836,117	288,608,253
Deferred income	1,164,991,515	1,272,570,912
	1,612,327,632	1,703,679,165
APPLICATION OF FUNDS		
Fixed Assets		
Net block	1,399,267,945	1,511,903,101
Capital work in-progress (including capital advances)	597,020	5,304,256
	1,399,864,965	1,517,207,357
Current assets, loans and advances		
Inventories	14,026,691	8,964,552
Sundry receivables	923,489	1,215,034
Cash and bank balances	355,854,108	600,267,119
Loans and advances	85,398,435	88,108,708
	456,202,723	698,555,413
Less: Current liabilities and provisions		
Advance for projects	123,403,107	343,339,242
Current liabilities	102,864,639	160,696,249
Provisions	17,472,310	8,048,114
	243,740,056	512,083,605
Net current assets	212,462,667	186,471,808
	1,612,327,632	1,703,679,165

Financial Abstract

Income and Expenditure Account for the year ended March 31, 2020

Particulars	For the year ended March 31, 2020 Rs.	For the year ended March 31, 2019 Rs.
INCOME		
Donations	411,459,421	496,534,838
Hospital revenue	340,704,804	314,922,201
Other income	12,442,661	15,723,169
	764,606,886	827,180,208
EXPENDITURE		
Medical supplies consumed	114,159,977	99,317,159
Project and related expenses	468,665,712	547,194,994
Depreciation and amortisation	151,103,076	158,715,142
Employee benefit expenses	6,983,540	6,734,560
Administrative and other expenses	7,466,717	8,013,108
	748,379,022	819,974,963
Excess of income over expenditure	16,227,864	7,205,245

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 2019-20 are:

Governance

The Trust's Board meeting was held on 24 September 2019. The Top Management Team (TMT) meetings were held periodically to review progress and approve strategic initiatives.

Management

The Statutory Audit for the FY 2018-19 was completed in September 2020. Internal Audit of projects of the Trust was also carried out during the year. The Budgets, duly approved by the TMT, are reviewed quarterly and variance monitored and reported back to the TMT by Projects and HO. The Trust follows financial systems that meet international standards of reliability, transparency and accuracy. The financial accounts of the Trust are audited by Deloitte Haskins & Sells.

Donors such as Tata Trusts, Sightsavers International and NABARD continued their support to the Trust's initiatives this year too with grants of INR 6.95 crore. The Trust had a FCRA bank balance of INR 10.88 crore at the end of the year.

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

Partner Organisations and Donors

RGMVP

1	Bill & Melinda Gates Foundation
2	Rural India Supporting Trust
3	National Bank of Agriculture and Rural Development
4	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
10	Manjari Foundation

IGEHRC

1	Rural India Supporting Trust
2	Royal Commonwealth Society for the Blind (Sight Savers)
3	Jamsetji Tata Trust
4	Rajiv Gandhi National Relief & Welfare Trust
5	Sir Dorabji Tata Trust
6	Indo Gulf Jan Sewa Trust
7	Carl Zeiss India (P) Ltd.
8	Emco Tech Equipments (P) Ltd.
9	Bry Air (Asia) Pvt Ltd.
10	Desiccant Rotors International Pvt Ltd.

Individual Donors

1	Sheela K Joshi
2	Narayanam Eswar Kumar
3	Sudarshan Kumar
4	Jagjit Singh Dale
5	Vinod Kumar Verma
6	Asha Kumar
7	Rajendra Kumar

RGCT Management

RGCT, Head Office

Shri Deep Joshi

Chief Executive Officer (CEO)

Shri Shantanam D. Sinha

Chief Financial Officer (CFO)

RGMVP

Shri P.S. Mohanan

State Programme Director

Shri K.S. Yadav

Programme Manager

IGEHRC

Dr. Anil Tara

CEO

Shri Somesh Dwivedi

Director - Operations

Lucknow

Dr. Kuldeep Shrivastava

Chief Medical Officer (CMO)

Dr. Ashutosh Khandelwal

Deputy CMO

Amethi

Dr. Kanchan Shukla

In-charge



Rajiv Gandhi Charitable Trust

Jawahar Bhawan,
Dr. Rajendra Prasad Road, New Delhi 110 001
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Website: www.rgct.in

Rajiv Gandhi Mahila Vikas Pariyojana

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Raebareli 229 001, Uttar Pradesh.
Tel: +91 535 2211304. Fax: +91 535 2211300
Website: www.rgmvp.org

IGEHRC Hospitals

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Tel: +91 0522-2627631, 2627641

Amethi: PO HAL Korwa, Munshiganj, Amethi,
District Sultanpur, Uttar Pradesh
Tel: +91 05368-255555

Sohna: Village Raipur (Opp. Forest Department
Office), Delhi-Alwar Road, Sohn, Haryana
Gurugram 122103, Haryana
Tel: +91 8295250620

Gurugram: Village Ullawas, Sector 62,
Gurugram 122002 Haryana
Tel: +91 0124 2710271
Website: www.igehrc.in