

**ANNUAL
REPORT
2010-11**



Foreword

Since its establishment in 2002, the Rajiv Gandhi Charitable Trust (RGCT) has devoted considerable effort and energy on the empowerment of rural women, provision of high quality low cost eye care to those with curable blindness and vocational training to the underprivileged among the rural poor. As a result, the Trust's three projects – Rajiv Gandhi Mahila Vikas Pariyojna (RGMVP), Indira Gandhi Eye Hospital and Research Centre (IGEHC) and Indira Prashikshan (IP) – have successfully transformed the lives of an ever increasing number of rural poor in the most excluded areas of Uttar Pradesh (UP).

With a view to support this initiative, and as a first step, the governance and management of the Trust were strengthened and professionalised during 2010-11. Several HR, accounting and administrative systems and processes have been put in position during the year. Taken together these measures have put RGCT on the path of becoming a state-of-the-art professional and forward looking organisation committed to playing a meaningful social role in the non-governmental space. Having crossed this milestone, the Trust proposes, in the coming year, to implement an ambitious and comprehensive IT plan designed to bring the Projects and Head Office (HO) closer to each other and to those they seek to serve.

Reviewing the operations and outcomes of the three Projects during FY 2010-11, I find that significant progress has been made by each one. While this has been amplified in the Annual Report, I would like to emphasise a few of the key accomplishments.

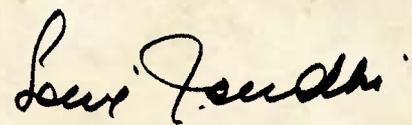
The RGMVP is one of the fastest growing women's empowerment projects in northern India. As at the end of March 2011, its social mobilisation programme had reached out to more than 3,40,000 poor families in 24 districts of UP. The number today is in the vicinity of 4,11,280. Several innovative measures were initiated by it during the year in the areas of credit facilities, healthcare, education, sustainable energy and capacity building to ensure that the project's beneficiaries become empowered and meaningful players in the holistic development of their communities. RGMVP also succeeded in forging new partnerships with other organisations in the field of development. Thus, in partnership with UNICEF, it has begun the task of improving maternal and child survival and ensuring better nutritional outcomes for children below two years in 50 blocks of UP. It has also synergised its efforts with other international agencies including the Melinda and Bill Gates Foundation, the Department for International Development, the World Bank and the International Centre for Research on Women, etc., to strengthen its operations in UP. The Project's goal for 2011-12 is to reach out to 100,000 households through formation of more than 10,000 Self Help Groups. Other in-house initiatives include restructuring the monitoring and evaluation framework, strengthening MIS, establishing Community Resource Development Centres, promoting Adolescent Girls Groups, restructuring financial inclusion models and introducing micro-pension facilities.

The healthcare initiative of the Trust is through its two eye care hospitals in Lucknow and Amethi, and the Vision Centre at Rae Bareilly. During 2010-11, these units focussed on taking high quality eye care services at reasonable cost to nearly 54,000 poor persons at an average of around 50 cataract surgeries, 40 speciality surgeries and 650 patients a day. The Community Outreach Programme of the hospitals was equally successful. Under its aegis, an eye camp was organised every day during 2011 resulting in a cumulative impact on the lives of another 54,000 patients, mostly poor. In order to achieve this level of excellence, the IGEHRC has been increasingly focussing on human resource development, particularly, training and development of better and more cost effective eye care interventions for the rural poor. The critical focus of the two hospitals in the future will be on service and infrastructure expansion consistent with quality, setting up of a super-tertiary centre in Gurgaon and such other centres as may be deemed necessary, establishing an Eye Bank and renewed focus on instrumental upgradation through training and development.

Indira Prashikshan was established to facilitate sustainable livelihood and employment opportunities for the disadvantaged and resource-constrained youth of UP by providing them with marketable skill sets and transforming them into a well-trained work force. During 2010-11, the Prashikshan was successful in training and placing 550 youth in established companies in the construction industry. It focussed on awareness-building, information-sharing and process improvement, introduced new courses and set up a satellite centre at Chhatoth to reach out to youth in the remote areas of the state. Going forward, IP plans to enhance its skill imparting capabilities by establishing a training facility at Fursatganj, capable of providing vocational support to 2,000 rural youth annually.

Taken together, each project is part of an integrated framework informed by a common vision to make a difference in the lives of those who have been by passed for social or economic reasons. Each project has constructive and ambitious plans for the future, plans that will need financial and resource support to be fulfilled. We hope to garner this support by building partnerships with like-minded organisations and reaching out to a wider range of international and national donors to support our mission of accelerated sustainable and scalable growth.

I would like to conclude by expressing my deepest appreciation of our Board of Trustees and our donors and congratulating the entire Head Office and Project staff for their commitment and dedication in transforming the lives of the poor.



Sonia Gandhi
Chairperson

Contents

Board of Trustees	6
Rajiv Gandhi Charitable Trust	7
Rajiv Gandhi Mahila Vikas Pariyojna: Poverty Alleviation and Women's Empowerment	10
Indira Gandhi Eye Hospital and Research Centre: Healthcare	24
Indira Prashikshan: Vocational Training	31
Partners	36
Donors 2010-11	37
Financial Highlights	38
RGCT Management	40

Board of Trustees

Smt. Sonia Gandhi

Chairperson

Shri Rahul Gandhi

Smt. Priyanka Gandhi Vadra

Dr. Ashok Ganguly

Shri Bansi Mehta

Rajiv Gandhi Charitable Trust

The Rajiv Gandhi Charitable Trust (RGCT), a registered, not-for-profit institution, was established in 2002 to address the development needs of the underprivileged of the country, especially the rural poor. The Trust's strategic objectives have been shaped by the late Shri Rajiv Gandhi's vision of implementing programmes that have a scalable and sustainable impact in transforming the lives of the poor.

RGCT currently works in the poorest areas of Uttar Pradesh (UP), one of the least developed states in India accounts for 20 percent of the poor in the country and has an estimated 44 percent of its 175 million population below the poverty line.

The key areas of developmental intervention for the Trust are:

- Women's empowerment and poverty alleviation, through the Rajiv Gandhi Mahila Vikas Pariyojna (RGMVP)
- Healthcare, with a focus on eye care, through the Indira Gandhi Eye Hospital and Research Centre (IGEHC)
- Vocational training, through Indira Prashikshan (IP)

Till early 2010, RGCT functioned as a parasol organisation to its three Projects. As the intervention programmes consolidated themselves and reached a critical mass, a need was felt for Projects to be placed on a platform of minimum commonality, without compromising individuality, for broader integration in terms of resource mobilisation, accounting, HR, technological frameworks, communication strategy and oversight. A process of restructuring and professionalising the Trust was, therefore, initiated in March 2010, with the appointment of Dr. Y.S.P. Thorat, former Chairman NABARD, as the Chief Executive Officer (CEO).

During the period under review, several key measures have been initiated and implemented by

*Jawahar Bhawan
in New Delhi*



RGCT has undertaken measures that have imparted a professional approach to its management and operations, making it a significant player in the developmental and nongovernmental space

Head Office (HO) in the area of administration, human resources, accounts and resource mobilisation. Taken together, these measures, delineated below, have imparted a professional approach to the management and operations of the Trust, making it a significant player in the developmental and non-governmental space.

Accounts and Finance

Statutory Audit for FY 2009-10 was completed on 20 September 2010. Concurrently, internal audit was carried out of all financial transactions between April 2010 and March 2011. A new budgeting system was introduced at the HO and Projects with effect from 1 October 2010 and, in the light of experience gained, refined, stabilised and implemented in FY 2011-12. In order to meet the funding requirements of the Projects, a fund raising strategy was worked out at a workshop organised by HO in November 2011 coordinated by consultants from the Department for International Development (DFID) and IPE Global.

Over the last year, several institutional and individual donors including the Bill and Melinda Gates Foundation (BMGF), DFID, Rural India Support Trust, etc., have been approached with encouraging results.

On the housekeeping side, a financial reporting system consistent with the growth plans of the Trust and the requirements of donors was developed. Internal control and auditing systems were designed on a Project neutral basis for activities of the Trust, dovetailed with a new Accounting Framework consistent with international best practices. The framework which has since been implemented is aimed at providing a financial system capable of standing up to international scrutiny in terms of transparency, soundness, quality of systems, processes and policies. During the year, the Government of India was pleased to register the Trust under the FCRA Act 2010, notify RGMVP (Phase III) under Section 35 AC of the Income Tax Act 1961 and issuing a certificate of exemption to IGEHRC user Rule 3 A of Section 17 of the Act *ibid*.

Administration

A comprehensive inventory was created of assets at the HO and Projects and the work relating to updating of Annual Maintenance Contracts and insurance for all assets was brought up-to date. In order to create a state-of-art tertiary Eye Care Project at the Trust's agricultural leasehold land at Gurgaon, an application was moved for Change of Land Use and approved by the Government of Haryana. The property has since been barricaded against encroachment with suitable security cover provided.

Human Resources

Several measures have been undertaken to rationalise human resource processes and policies for enhancing the productivity of the staff. Employees are now entitled to coverage under the Employees Provident Fund Act 1952/Employee Salary Saving Scheme, Group Health Insurance and Personal Accident Insurance Schemes, maternity benefits, etc. As a pilot initiative, the salaries of the Trust's Delhi based staff have been rationalised and restructured together with performance based incentives, Gratuity, etc. A management and staff performance appraisal framework has been implemented and the recruitment process streamlined across projects.

Way Forward

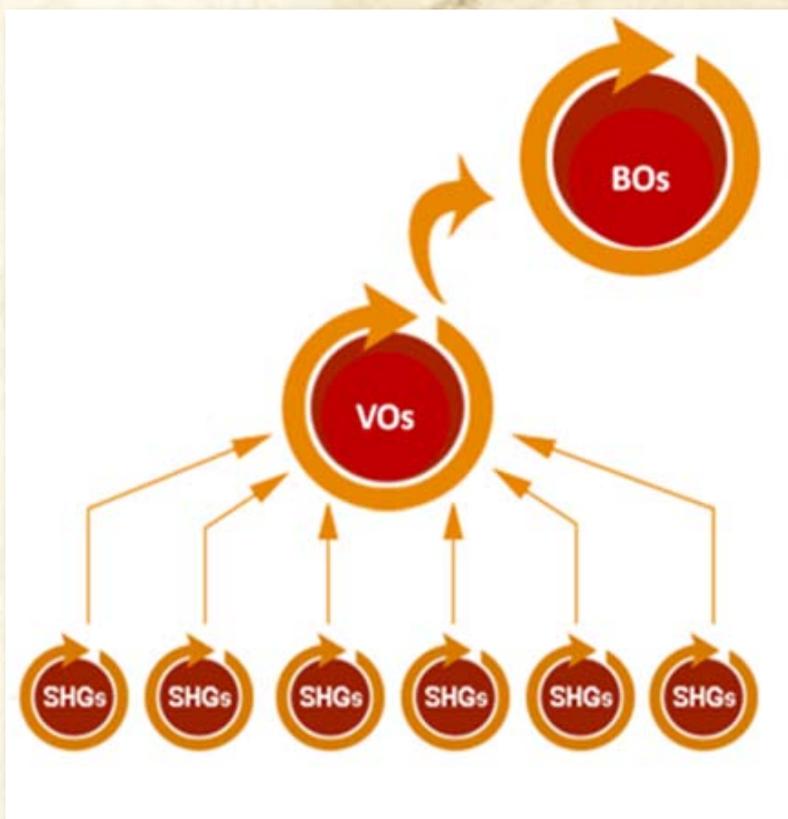
In keeping with its goal to professionalise its management, the Trust is committed to the full implementation of the HR Transformation Plan and revised Accounting Framework. Further, an ambitious IT initiative for developing a comprehensive and integrated Management Information System (MIS) between HO and Projects has been conceptualised and is proposed to be fully operationalised by 2013. Other areas of HO focus during the coming year will be the development of a funding policy and an internal and external communication strategy.

RAJIV GANDHI MAHILA VIKAS PARIYOJANA

Poverty Reduction and Women's Empowerment

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP), RGCT's flagship poverty reduction and rural development programme, works for the empowerment of the rural poor by organising them into self-sustaining institutions to bring about a paradigm shift in their socio-economic frameworks. RGMVP's goals of poverty reduction and women's empowerment are actualised through focused initiatives on social mobilisation, building of social capital, synergy and convergence, scaling up and the saturation approach. RGMVP's social platforms and agenda are diagrammatically represented below:

Social Platforms



Agenda

- Resource organisation
- Catalysing government systems
- Leadership development

- Convergence and linkage with government systems
- Access & entitlements through collectivisation
- Information management

- Financial inclusion
- Livelihood enhancement
- Behavioural change management

SHG: Self Help Group; VO: Village Organisation; BO: Block Organisation

Initiatives during 2010-11

Solar LED: Sustainable Energy Initiative

To promote environment friendly solar-LED lighting solutions for the rural poor, RGMVP initiated the establishment of community managed and operated Solar Energy Kiosks, with special credit support from RGMVP. More than 50 villages have installed solar kiosks and approximately 1,500 people have benefited from solar LED home lighting solutions.

Healthcare Initiatives

Upscaling the Swasthya Sakhi Programme: An innovative strategy on maternal and child issues has been designed by RGMVP to complement government programmes through institutional coordination and collaboration with the support of Village Organisations (VOs). Besides improving service delivery in the health sector by leveraging collective strength and social platforms, RGMVP's health programme believes in enhancing the knowledge level of the community on health and child care-related issues through capacitated social capital (i.e., Swasthya Sakhis) so that members of the community themselves can become active agents of the programme. So far, RGMVP had been training Swasthya Sakhis at the village level. The programme now identifies Swasthya Sakhis in each Self Help Group (SHG) and VO, and trains them to provide basic knowledge on health, nutrition and sanitation (personal and public hygiene) to the community members. Through this, a pool of social capital, with 10-20 Swasthya Sakhis in a village, is nurtured. Swasthya Sakhis of SHGs are mentored by Swasthya Sakhis at the VO level.

Partnership with UNICEF: RGMVP signed a Programme Cooperation Agreement with the UNICEF to scale up its community-based healthcare initiative. The goal of the UNICEF partnership project is to contribute towards improved maternal and child survival and nutritional outcomes for children below the age of two years in 50 blocks. This is done by empowering communities through social platforms in 1,250 RGMVP Gram Panchayats (i.e., through 25 Gram Panchayats in each block where social platforms already exist) to initiate action on the improved care of children and women and to foster gender equality. The project duration is two years ending on December 31, 2012. The partnership aims to facilitate the following strategic results:

- Improved knowledge and skills of community-based institutions (Block Organisations (BOs),

*Environment friendly
solar-LED lighting
solutions for the rural poor*



Several SHG leaders have been included in programme management to enhance consistent community input into programme management

VOs, SHGs, Adolescent Girl Groups (AGGs) and Farmers Groups) in relation to child survival and maternal care.

- Increased access to and utilisation of public health and nutrition services by community members.
- Improved quality and enhanced responsiveness of health services.
- Institution of community monitoring and action systems at all levels, i.e., SHGs, VOs and BOs.

Education-related Initiatives

Community Schools Initiative with RGF: Rajiv Gandhi Foundation (RGF) has initiated the Community Schools Programme in RGMVP programme areas under which schools are run and managed by VOs. A total of nine such schools have been established and hold classes from nursery to 5th standard (each class can have up to 30 children).

Capacity Building

Community's Involvement in Programme Management: RGMVP's Programme Management Unit (PMU) initiated the promotion of women SHG leaders as project evangelists on account of their having greater local credibility than the institutional partners. Several SHG leaders have been included in programme management to enhance consistent community input into programme management through plan development, training design, induction and review meetings. Programmes In-Charge from Communities (PICs) and Community Health Trainers who work at the block level are always drawn from the community. RGMVP intends to further innovate on ways and means to include community members in the PMU.

Capacity Building of Community Members on MGNREGA: Since January 2011, RGMVP has started developing the capacity of community members on Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) entitlements in four blocks. The aim of the initiative is to inform and empower the poorest members through continuous training and workshops so that they can avail of job cards and entitlements provided under the scheme.

Community Resource Development Centres: The geographical ambit of RGMVP has increased exponentially from two districts in 2007 to 20 districts in 2010 across various regions in UP. Several Community Resource Development Centres (CRDCs) have, therefore, been planned across UP to develop local human resource and social capital to ensure the sustainability,

expansion and deepening of RGMVP's social development projects. The CRDCs will operate along the pattern of Rajiv Gandhi Mahila Prashikshan Kendra at Jais with the broader objective of nurturing and developing resources locally. They will plan and execute comprehensive training for local Community Resource Persons (CRPs) (potential and existing), Samooh Sakhis, Swasthya Sakhis, Dairy CRPs, SHG, VO and BO leaders, various committee members, etc.

Farmer's Clubs Initiative: The differential impact of training on the application of the System of Rice Intensification (SRI) technology, green manure and composting highlights the gender bias in decision-making processes for the adoption of new practices in the agriculture sector. To address this issue, it became necessary to motivate male members to adopt new techniques and sustainable agricultural practices. During field visits, it was found that male members of the agricultural community are interested in forming their own groups, similar to women's SHGs, to enjoy the benefits of collective bargaining power, access to banking, and training support provided by the mission. In this context, RGMVP has adopted the National Bank for Agriculture and Rural Development's (NABARD's) Farmer's Club (Kisaan Samooh) programme as an appropriate strategy for the transmission of the latest agriculture techniques to farmers, adoption of the latest post-harvest handling technology, value addition, etc.

Streamlining Credit Facilities

Sensitisation Programme for Lead District Managers and Branch Managers: To streamline the process of bank linkages in newer programme areas, RGMVP facilitated a series of sensitisation programmes for lead district managers and branch managers, and organised field visits. This initiative has significantly improved the relationships between the community members and bankers in the newer programme areas.

Credit Utilisation Workshops: A special initiative was undertaken in the last year to increase credit utilisation among community members. A series of workshops was organised in Gram Panchayats where credit utilisation was below average, with the help of social capital and livelihood enhancement teams

A Farmer's Club meeting in progress



RGMVP and BMGF teams have been working on the development of a joint programme to scale up initiative through the CRP strategy

Partnership with BMGF

RGMVP has been working on developing partnerships with international development agencies including the Bill & Melinda Gates Foundation (BMGF). Mr. Bill Gates along with the Foundation team members made a one-day visit to RGMVP programme areas in May 2010 to understand the impact of community institutions (SHGs) on their members and on villages as a whole. The visit included interaction with women regarding the general impact of the SHGs, and discussions on the Swasthya Sakhi programme and CRP approach of social mobilisation. After the visit, RGMVP and BMGF teams have been working on the development of a joint programme to scale up initiative through the CRP strategy.

Table 1: Project Reach up to March 2011

S.No.	Districts	Block	Year from which the project activities initiated	No. of Gram Panchayats covered by RGMVP	No. of SHG mobilised till Mar-2011	Total families covered
1	Sultanpur	9	April. 2002	361	4673	56754
2	Raebareli	15	May. 2005	531	8331	100066
3	CSM Nagar	16	Jan. 2011	687	10416	125574
4	Jhansi	2	Jan. 2008	25	437	6038
5	Lalitpur	2	May. 2008	19	254	2897
6	Fatehpur	1	May. 2008	28	360	4168
7	Unnao	2	May. 2008	42	399	4190
8	Pratapgarh	4	July. 2008	80	865	9650
9	Lucknow	2	July. 2008	35	612	7276
10	Bahraich	2	July. 2008	10	44	572
11	Barabanki	2	July. 2008	37	565	6732
12	Faizabad	4	Aug-08	55	774	9100
13	Shravasti	4	Oct. 2008	21	95	1254
14	Gonda	3	Aug. 2009	6	16	198
15	Mahoba	1	Aug. 2009	5	27	309
16	Banda	3	Sep. 2009	13	117	1396
17	Chitrakut	2	Nov. 2009	14	154	1765
18	Hamirpur	1	Oct. 2009	8	143	1613
19	Deoria	1	Sep. 2009	7	97	1147
20	Maharajganj	1	Nov. 2009	5	16	197
21	Jalaun	1	Nov. 2009	5	99	1161
22	Gorakhpur	1	July. 2010	4	7	86
23	Hardoi	2	Jan. 2011	4	28	348
24	Sitapur	1	Feb. 2011	2	9	114
25	Balrampur	1	Mar. 2011	2	11	158
TOTAL		83		2006	28549	342763

Programme Impact 2010-11

Social Mobilisation

By March 2011, RGMVP's social mobilisation programme had reached out to more than 340,000 poor families and organised them into more than 28,500 SHGs, approximately 1,000 VOs and 27 BOs spread across 80 blocks in 24 districts of Uttar Pradesh (Table 1).

	Total corpus generated by SHGs	No. of SHGs credit linked		Loan Amount Sanctioned		No. of VOs formed	No. of BOs formed
		Ist phase linkage (CCL)	IInd phase linkage (TFI)	Ist phase linkage (CCL)	IInd phase linkage (TFI)		
	8578287	2766	71	179583440	14452200	166	4
	32974711	4913	323	309126363	121586100	324	7
	51625399	8045	486	355847297	145094580	408	15
	830712	238	0	6800000	0	18	1
	148550	12	0	300000	0	4	0
	231100	98	0	6377800	0	6	0
	224410	87	0	4158000	0	12	0
	689197	222	0	16358400	0	14	0
	625383	139	0	3576500	0	14	0
	33150	2	0	79000	0	0	0
	247231	213	0	7690000	0	16	0
	498441	156	0	5111000	0	12	0
	62800	9	0	270000	0	0	0
	13450	0	0	0	0	0	0
	15570	8	0	670100	0	0	0
	77950	14	0	455000	0	0	0
	95850	34	0	1865000	0	0	0
	103100	52	0	2950000	0	3	0
	57350	0	0	0	0	0	0
	9460	0	0	0	0	0	0
	63500	9	0	385000	0	0	0
	4300	0	0	0	0	0	0
	24350	0	0	0	0	0	0
	10000	0	0	0	0	0	0
	7900	0	0	0	0	0	0
	97252151	17017	880	901602900	281132880	997	27

Financial Inclusion

Facilitating access to microfinance through SHG-bank linkages is a critical aspect of RGMVP's Financial Inclusion agenda. RGMVP has been able to garner support from state-owned banks in its project area. The banks have ownership of the microfinance programme and are committed to facilitate RGMVP's Financial Inclusion initiative, by providing loans to SHGs at a concessional interest rate of 9 percent. The progress in this regard during the financial year April 2010-March 2011 is shown below.

Progress Report

	Apr 2010	Mar 2011
Savings generated (in rupees)	94305571	97252151
No. of SHGs with 1st bank linkage	13639	17017
No. of SHGs with 2nd bank linkage	564	880
Loan amount in 1st bank linkage (in rupees)	584931600	901602900
Loan amount in 2nd bank linkage (in rupees)	165427080	281132880
Total bank loans accessed	750358680	1182735780

Core Programmes

During the period under review (April 1, 2010 to March 31, 2011), RGMP's Core Programmes achieved the following milestones.

Community-based Healthcare

Community-based Healthcare (Swasthya Sakhi Programme) is designed to address the issues of high Maternal Mortality Rates and Infant Mortality Rates in villages in the programme area. It is implemented through the identification of volunteers by the community to assume the role of Community Health Activists (Swasthya Sakhis), training the activists, conducting regular meetings on health issues, spreading awareness, facilitating community participation in regular ante-natal check-ups and enabling access to healthcare institutions.

Community members doing a participatory analysis of health issues in their village



In 2010-11, more than 1,000 Swasthya Sakhis from over 800 villages were trained on best practices for mother and child care, safe deliveries, nutrition and adolescent health. The programme aims to promote one trained Swasthya Sakhi in each SHG. Groups discuss health issues as an important agenda during their meetings together with participatory analysis of health and nutrition problems with special focus on maternal and child health care issues.

A study conducted in 70 project villages to assess the impact of Swasthya Sakhi Programme showed that there is significant behavioural change in regard to the healthcare of women and children. The VOs have been playing an effective role in advancing immunisation, antenatal care and accessing various services from healthcare institutions. These women's groups have emerged as an important platform through which government functionaries such as Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and Anganwadi Workers have been able to reach the targeted group effectively.

Progress Report

	Apr 2010	Mar 2011
No. of Blocks covered	28	36
No. of Gram Panchayats covered	574	806
No. of trained Swasthya Sakhis	819	1196
No. of Swasthya Sakhis trained in basic eye care	115	115

Community-based Education Initiatives

RGMVP's community-based education initiatives are aimed at enhancing community participation in education; fostering quality in education; encouraging education of girls; and promoting affordable good quality children's education (especially in English).

The meetings of SHGs and VOs serve as nodal points for initiating advocacy on the issue of education. Awareness creation enables women to discuss the importance of education, actively pursue re-enrolment of dropouts and visit teachers at schools to resolve outstanding issues. The enrolment of children belonging to the age group of 6 to 14 years is almost 100 percent in many programme villages.

Increasingly disenchanted with the quality of education being provided by government-run schools, SHGs are taking matters into their own hands and supplementing the children's education with their own efforts. Community Schools are being set up by the women themselves, which are managed and run by the VO as a 'social enterprise'. At present, nine such centres are being run in Rae Bareilly and CSM Nagar districts.

A community school holding a class in out-of-school hours



Saath-Saath is another initiative under which English, science, mathematics and life skills subjects are taught to children during out-of-school hours, by facilitators selected from the VOs and suitably trained under the programme. Currently, Saath-Saath covers about 2,700 students in 52 villages. The VOs identify “Community Learning Places” for this purpose. The target is to reach out to 2,00,000 children within a period of two years

Progress Report

		Apr-10	Mar-11
SaathSaath Initiatives	No. of Blocks covered	0	18
	No. of GPs covered	0	51
	No. of Community Learning Places (CLPs)	0	52
	No of Village Education Committees	0	52
	No. of trained facilitators	144	156
	No. of students enrolled	0	2682
RGF Education Initiative	No. of Blocks covered	8	8
	No. of GPs covered	9	9
	No of Community Schools	9	9
	No. of Community Learning Spaces (CLSs)	0	0
	No of Village Education Committees	9	9
	No. of trained facilitators	19	21
	No. of students enrolled		532

Sustainable agricultural practices being implemented by SHG members



Sustainable Agriculture and Livelihoods Enhancement Initiatives

The livelihood framework under RGMVP focuses on promoting income generation activities through financial inclusion and providing backward linkages to the livelihood activities of the poor. A credit line of more than INR 1.2 billion has been accessed by SHGs, of which 70 percent is utilised for income generating activities and livelihood enhancement.

Sustainable Agriculture and Dairy Initiatives under RGMVP are aimed at increasing income from agriculture and animal husbandry. Institutional collaboration with National Dairy Development Board (NDDB) has helped in setting up milk

routes and bulk milk coolers across the programme area. More than 30,000 dairy farmers have benefited from this intervention. Further, thousands of women across the project area have been trained in making organic compost, which retains the fertility of the soil while increasing yield. Other sustainable agricultural practices including SRI and System of Wheat Intensification (SWI) have been introduced to the SHG women. The Training Centre for Sustainable Agriculture and Dairy set up by RGMVP serves as an important resource centre for the training of Agriculture and Dairy CRPs and Block Resources Persons who further train other SHG women.



Livelihood enhancement from poultry keeping

The VOs are also facilitating establishment of Kisaan Samoohs or Farmer's Clubs. The Farmer's Clubs are based on the same principle as the SHGs. Here male farmers form groups with the primary aim of pooling together local knowledge and enhancing it by inviting experts, consulting agricultural institutes, and building up a resource bank that would benefit the entire community.

Progress Report

		Apr-10	Mar-11
Livelihood Enhancement	No. of women/girls trained in income generating activities (non-dairy & non-agriculture)		28055
	No. of Dairy CRPs	302	302
	No. of SHGs under the programme	4325	4325
	No. of SHG members trained in dairy activities	47849	47915
Sustainable Agriculture	No. of Blocks covered	3	21
	No. of Agriculture CRPs	195	325
	No. of Farmer's Clubs formed	5	177
	No. of farmers under the programme	75	2235
	No. of farmers sent for exposure visits	0	38

Community-based Environment Initiatives

RGMVP has also been involved in the promotion of environment friendly solar-LED lighting solutions for the rural poor. Community managed Solar Energy Kiosks are operated and special credit support for environmental initiatives are provided to them. Since the programme was initiated in July 2010, more than 50 villages have installed solar kiosks and approximately 1,500 people have benefited from the solar LED home lighting solutions.

Progress Report

	Jul-10	Mar-11
No. of Blocks covered	2	35
No. of Gram Panchayats covered	3	69
No. of Urja Sakhis trained	40	62
No. of Solar Kiosks	5	40
Total households outreach	145	1044

Gender and Social Action

Gender and social issues have been integrated into the programme for improving the sex-ratio, promoting education of the girl child and increasing the age of marriage. Under this initiative, adolescent groups are promoted, and training is given to SHG women on issues of gender discrimination, domestic violence and abolition of traditional customs such as purdah is encouraged.

Social Risk Management

RGMVP promotes health insurance schemes under which more than 17,3000 families have been covered so far. Moreover, grain banks have been created and are being managed by some of the VOs.

Risk management through grain banks



Way Forward 2011-12

RGMVP aims to add more than 100,000 households by mobilising more than 10,000 SHGs in the next financial year. Further, RGMVP is also looking forward to establish partnerships with multiple international agencies such as BMGF, DFID, the World Bank and the International Centre for Research on Women (ICRW), etc., to strengthen its programme operations in UP. Some key initiatives that will contribute to RGMVP achieving its goals include:

Operationalising Community-based Healthcare Initiative with UNICEF

RGMVP proposes to set up a coordination team along with community health trainers in 50 blocks. With this, the Community-based Healthcare Initiative will be scaled up to more than 1,000 villages.

Developing Partnership with BMGF and Other Consortium Members

RGMVP will finalise the project design, implementation modalities and deliverables with BMGF and other consortium partners such as the Public Health Foundation of India, Boston University, Population Council and Community Empowerment Lab. This project is aimed at reaching out to more than a million poor households in 100 blocks in the next four years by organising them into groups and federations, and developing capacities of the community members and organisations to work on reducing infant and maternal mortality on a sustained basis across 100 new blocks in the next four years.

Partnership with DFID

RGMVP will seek support from DFID to promote financial services based on the SHG-bank linkage model; access to markets in sectors such as sustainable agriculture, vegetable production, dairy, goatery and piggery; environment-friendly lighting products; and women's empowerment by adopting its cost-effective and scalable approaches through women's institutions in new blocks.

Restructuring the Monitoring and Evaluation Framework and Strengthening MIS

With the planned scaling up of its initiatives to 100 new blocks, RGMVP intends to restructure its monitoring and evaluation framework to reflect its renewed focus on initiatives targeting health and credit utilisation for livelihoods. Further, RGMVP will consolidate its data management practices through upgradation of MIS software and installation of servers. It will utilise the services of a credible MIS specialist agency for community based organisations for this purpose.

Establishment and Operationalisation of CRDCs

Seven CRDCs will need to become operational during 2011-12 to nurture local community leaders along with managing day-to-day monitoring functions and coordination with the PMU at Rae Bareilly. The location of CRDCs has been decided on the basis of the geographic concentration of programme blocks and existing resources. A team comprising a regional programme manager, programme executives, accountant and MIS executive will be based at CRDCs which will allow them to direct efforts towards training, planning, monitoring and programme implementation according to planned expansion in that geographic area.

RGMVP aims to add more than 100,000 households by mobilising more than 10,000 SHGs in the next financial year

Water Sanitation and Hygiene Initiative in Collaboration with ICRW and BMGF

With the help of BMGF, RGMVP along with ICRW as research partner aims to evaluate the impact of interventions of community institutions (through social capital - CRPs and Swasthya Sakhis) on demand generation and access to sanitation facilities and improved menstrual hygiene practices. To do so, RGMVP will build social capital to adopt improved sanitation and menstrual health practices, directly impacting more than 20,000 households, across 100 villages in three districts over a period of two years.

Promotion of Adolescent Girls Groups

To orient adolescent girls towards gender, health and hygiene issues, such as improving the sex ratio, promoting education of the girl child, increasing the age of marriage, including best practices for menstrual hygiene, curbing domestic violence, and promoting care during pregnancy, RGMVP aims to promote Adolescent Girls Groups in an informal manner. This initiative can be effective in complimenting the community-based healthcare initiative.

Standardising Community Operations

RGMVP aims to standardise its community operations by restructuring its training manuals on the SHGs concept and management, book keeping and financial management, and development of community federations. The processes and strategies evolved in the last one year in this regard will also need to be mapped.

Restructuring Financial Inclusion Models

With the introduction of new models of financial inclusion such as the Business Facilitators and Banking Correspondents to increase the effective outreach to the poorest of the poor, RGMVP aims to adapt its

Capacity building in progress



practices to pilot these new models in its programme areas. The initiative will involve community members as business facilitators at the federation level (i.e., Bank Sakhis). Continuous Training of Trainers (ToT) is proposed to be organised for Bank Sakhis at various levels of the project to promote total and sustainable financial inclusion.

Micro-pension Initiative

To complement the saving and credit initiatives promoted under RGMVP, the project intends to initiate micro-pension programmes for community members with the help of an appropriate agency.

**Scaling up the Community-based Education Initiative
with the Rajiv Gandhi Foundation**

RGMVP will support RGF to take its community-based education initiatives to more villages by establishing Community Schools and Community Learning Centres (CLCs) to enhance community participation in education, foster quality in education, encourage education of girls, and promote affordable good quality children's education.

**Partnership with Agencies for Sustainable Agriculture
and Dairy Management Initiative**

RGMVP is also seeking to establish institutional collaborations to build the capacities of community members on sustainable agriculture and best practices of dairy management. The project may be able to renew the partnership with the University of Wisconsin, USA.

**INDIRA GANDHI EYE HOSPITAL
AND RESEARCH CENTRE**

Healthcare

Indira Gandhi Eye Hospital & Research Centre (IGEHC) was established by RGCT in 2006 with the objective of bridging the gap between the demand and supply of affordable high quality eye care particularly in northern India. At present two fully operational hospitals provide quality service for the relief of curable blindness: a secondary care hospital at Munshiganj in Amethi and a tertiary care speciality hospital in Lucknow. Working through these two hospitals, a dedicated team of 201 staff makes these institutions the largest providers of quality eye care in UP. Since inception, IGEHC hospitals have treated over 5,00,000 out-patients and performed over 1,00,000 sight restoring surgeries (Amethi over 70,000 and Lucknow over 30,000).

IGEHC was premised on the vision that quality eye care, especially for the relief of curable blindness, must reach the largest number of people without regard to their location and capacity to pay. The focus is therefore on availability, accessibility and affordability of eye care services. Constant efforts are also made to reach out to village communities through a system of regular camps in which patients are screened and sent to the base hospitals for further treatment including surgery. Costs are kept low and affordable to make the process sustainable.

Ophthalmic Assistants form the service backbone of the hospitals. These are young women selected from surrounding villages and undergo rigorous two- year training schedule in all areas of patient care. Trainees are paid stipends and on completion of training receive competitive salaries. One

Reaching out to village communities through regular outreach camps



of the very important by-products of this training programme is the significant socio-economic impact on the lives of their family members, and the empowerment of the young women that derives from their economic independence. Many of these women have been able to make their own life-changing decisions such as selecting their marriage partners or moving to the city in search of better opportunities – a situation unthinkable in the villages before the training commenced.

Initiatives during 2010-11

Corneal Transplants, Stem Cell Transplants

IGEHRHC is now counted amongst the major centres for corneal transplants in UP. From January to March 2011 more than 42 corneas have been successfully grafted to recipients who were functionally blind till then. Most of the beneficiaries suffered from corneal opacity as a result of agriculture related infections or injuries. Donor corneas from eye banks in different parts of the country and the outstanding cooperation of airlines, which provided timely and swift transport, made restoration of sight a reality for these patients. Stem cell transplants for repair of corneal defects are also being carried out at the Lucknow hospital.

IGEHRHC boasts of advanced diagnostics and modern surgical equipment

Impact 2010-11

IGEHRHC Amethi

The hospital provides eye-care services to about 23 million people covering seven rural districts of central UP. The hospital 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 approximately 50 cataract surgeries and over 300 outpatient examinations daily.



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 sees around 60 patients daily. Patients requiring specialist care for Cornea, Retina and other eye problems are sent to IGEHRHC's tertiary care hospital in Lucknow.

Progress Report: IGEHRHC Amethi

Services	2010-11
Out-patients: Walk-in	70,840
Surgeries: Walk-in: self paying	3,563
Community outreach camps held	202
Patients examined at camps	31,523
Surgeries for camp patients	10,597

State-of-the-art operating theatre at IGEHRC Lucknow



IGERHC Lucknow

This hospital is a top-of-the-bracket eye care facility where various specialities are available in addition to basic cataract-IOL surgery. These include Retina, Glaucoma, Cornea, Paediatric Ophthalmology, and Orbit. 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, cross cutting inter-speciality collaborations, frequent exchanges on-line with colleagues all around the globe, along with skilled compassionate care enable the team to offer and deliver the best possible options to all comers. Corneal grafting and stem cell implants for corneal defects are among the cutting edge procedures that are regularly available here today.

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

Progress report: IGEHRC Lucknow

Services	2009-10	2010-11
Out-patients: Walk-in	59,682	77,213
Surgeries: Walk-in self paying	2,673	3,153
Community outreach camps	172	175
Patients examined at camps	27,862	22,985
Surgeries for camp patients	6,232	6,527

Rae Bareilly Vision Centre

The Rae Bareilly 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 either to the

hospitals at Lucknow or at Munshiganj, Amethi. There is an increasing demand from the community to upgrade the capacity of this centre to include surgery.

Progress Report: Vision Centre, Rae Bareilly

Services	2010-11
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

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. As is IGEHRC's practice, those found suitable for cataract surgery are transported to the hospitals and after surgery brought back 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 act as a liaison between the hospital and the villagers, when required.

Patients waiting their turn at a village eye camp



Camps held by IGEHRC-Amethi & Lucknow

Year	2009-10	2010-11
Camps held	302	381
Patients examined	56564	54508
Surgeries (from camps)	16902	17124

Way Forward 2011-12

I GEHRC is continually engaged in enhancing the capacity of the existing hospitals and also finding ways and means for establishing new ones

Enhancing Existing Capacity

The resistance of patients to surgery faced in early years is gradually waning. As larger numbers of happy beneficiaries return to the communities, it becomes easier to get untreated cataract-blind persons to accept surgery. The reputation of both hospitals and their patient friendly atmosphere makes them the preferred choice for treatment. This is encouraging as it brings IGEHRC closer to its mission of reaching out to larger numbers of persons with curable blindness. This 'vote of confidence', in turn, also places a huge load on the staff and infrastructure and, in fact, both hospitals are rapidly reaching a point beyond which their installed capacities will inhibit the provision of quality service. Both hospitals already face backlogs of surgery, and IGEHRC is continually engaged in enhancing the capacity of the existing hospitals and also finding ways and means for establishing new ones.

New Hospitals: IGEHRC plans to establish a new tertiary care hospital at Gorakhpur in the eastern part of UP. This location will not only facilitate the extension of eye-care services to a large underserved population in the surrounding districts of UP and Bihar, but also to those living across the international border in Nepal. Further expansion of the network into other under-served areas of the state such as the hilly and forested Vindhyachal area of southern UP, and the dry and rocky Bundelkhand region in south-western UP, is also under consideration.

Setting up a Super-Tertiary Care Institution: 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 (NCR). This will provide super-tertiary level of treatment, training for all levels of workers, conduct research into the aetiology and relief of blindness and other eye diseases, and extend eye-care services to surrounding rural populations. Land has been leased for the purpose and work is scheduled to commence shortly at the site. The comprehensive output of the new institution will make a significant impact on the quality and quantum of service availability in northern India both directly and indirectly through its client institutions.

A new vision centre: A second vision centre is proposed to be established at Musafirkhana, about 18 km from the Amethi hospital. This will provide primary eye care and follow-up services for post-operative patients.

Developing Human Resources

Indira Gandhi Eye Fellowship: The Indira Gandhi Eye Fellowship will be launched in 2011 through which young surgeons will undergo 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. To begin with, IGEHRC will offer a Fellowship in Comprehensive Ophthalmology and IOL. Fellowships in Retina, Cornea and Glaucoma will be launched subsequently. Strengthening of both faculty and facilities is underway for this to happen.

Ophthalmic Assistants Training Programme: This training programme is also slated to re-commence in 2011 after a one-year gap. IGEHRC intends to strengthen this mission by using the Community College approach. Thus the home grown (and till now very successful) diploma will be replaced by a number of inter-related programmes in eye-care but with government credentials. This will lead to universal recognition of the Ophthalmic Assistants' qualifications and wider employability, thus empowering these young women while boosting the socio-economic status of their families.

IGEHRC Training Centre: In order to achieve high levels of service delivery, emphasis is being placed on the training of highly competent 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 will be established alongside the above developments, along with accommodation in dormitories for trainees. This will facilitate short- and long-term programmes, and will commence operations in the coming year.

Opening up New Avenues

Eye Bank: The increasing sophistication of the surgeries now available at the Lucknow hospital makes a strong case for rolling out a programme of awareness building among the public about eye donation. This will be centred on the eye bank proposed to be created by the hospital. An increase in the



*Ophthalmic Assistants
undergoing training*

number of donated corneas will benefit a larger number of persons suffering from corneal blindness than at present.

Corneal Reshaping – Lasik: The Lucknow hospital also will shortly commence cornea reshaping Lasik surgery. There is an increasing demand for such high-end services. The setting up of the facility is consistent with IGEHRC's commitment to training of Fellows and providing comprehensive eye-care services to all segments of the community.

Long-term Plans

By the year 2013-14, the contribution of the IGEHRC group of hospitals to the nation's campaign against preventable blindness would be approximately 1,00,000 sight-restoring surgeries annually.

INDIRA PRASHIKSHAN

Vocational Training

Indira Prashikshan (IP) was established in 2009 to facilitate sustainable livelihood and employment possibilities for disadvantaged and resource-constrained youth of UP by transforming them into a well-trained and adaptable work force. IP has since established itself as a vocational training institution, aimed at equipping rural youth with technical competence and employable skills to ensure sustainable job placements for them.

IP focuses on developing the intrinsic capabilities of the youth by building their technical competence and soft skills in an environment of participatory learning. It identified vocations related to the construction industry as an area of employment potential and initially focused on related trades. Since inception, it has succeeded in procuring employment for more than 1,000 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 during 2010-11

During 2010-11, three new courses were introduced: General Works Civil Supervisor, Land Surveyors, and Shuttering Carpentry. Many of the courses in Bar Bending and Steel Fixing and Masonry were conducted in collaboration with Rustomjee Group, Shapoorji Pallonji Company Ltd., and Larsen and Toubro (L&T) Ltd. This ensured that almost all trainees were offered jobs much before completion of the training programme at IP.

IP became registered as an independent Vocational Training Provider Institution under the Modular Employable Skills (MES)-based Skills Development Initiative Scheme of the Ministry of Labour and Employment, Government of India. A project proposal was also submitted under the Swarnajayanti Gram Swarajgar Yojna (SGSY) of the Ministry of Rural Development to raise funds for imparting free quality training to 15,000 rural unemployed youth from UP.

During this period, IP initiated its first satellite centre at Chatoh block of CSM Nagar to train below-the-poverty line (BPL) youth of the area of operation in trades such as bar bending and steel fixing, shuttering carpentry and masonry. The objective of satellite centres is to reach out to youth living in the remote areas.

Electrical training in progress



Impact 2010-11

During the period under review, IP consolidated its gains over the previous year and simultaneously reached out to new areas and 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.

Curriculum

Based on feedback received from the industry and alumni experience, a need was felt to upgrade the curriculum followed by IP as prescribed by NAC, Hyderabad and also as suggested by NCVT, Government of India. IP's teaching staff interacted with industry experts from L&T, Delhi; Rustomjee Academy of Global Careers, Mumbai; Genus Power Infrastructures Ltd., Jaipur; IIC Technologies Pvt. Ltd., Hyderabad; Shapoorji Pallonji Company Ltd, Mumbai; and with IP's alumni to update the existing curricula of Basic Electrical and House Wiring, Plumbing and Sanitation, Bar Bending and Steel Fixing, Shuttering Carpentry, and Civil Supervisor and Land Surveyor trades to incorporate prevailing market needs and trends. In addition, handbooks with greater emphasis on practical training were developed, and learner-centric teaching tools such as role plays, question-answer sessions, visual prompts and reading aloud were used. Assessment tools were also made more comprehensive and interesting.

During this period, IP focused on continuous improvement of content, curriculum of the courses and bringing the training in sync with the current requirements of the industry.

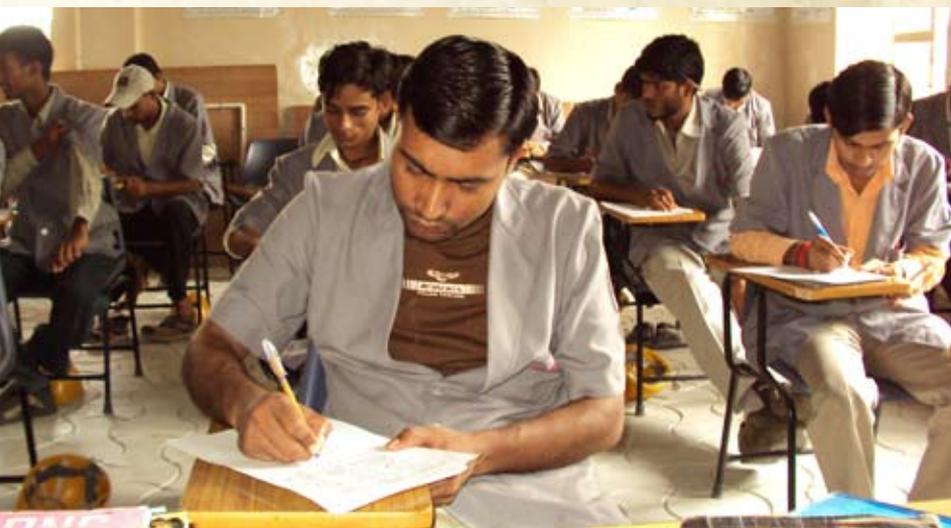
Training and Placements

During 2010-11, IP trained about 550 youth in construction related trades and arranged placement for each one in reputed construction companies.

Employers such as L&T, ABB Ltd., Ashiana Housing Ltd., BL Kashyap and Sons, Praveen Electricals Pvt. Ltd., Vision Labs Pvt. Ltd., Hyderabad, Vision Ventures Ltd., IIC Technologies Pvt. Ltd., Rustomjee Group, etc., conducted campus recruitments.

Employment of 12 trainees in overseas companies in Oman and Dubai was the highlight of IP's placement programme. The income levels of trainees ranged from Rs

Classroom teaching



5,000 to as high as Rs 18,000 per month which is in sharp contrast to their parents' irregular monthly income ranging between Rs 833 to 2,000. Partnerships were formed with L&T, National Buildings Construction Corporation, Shapoorji Pallonji Company Limited, Rustomjee Group and Genus Power Infrastructures Private Limited, etc., for placement support.

Awareness Building

During the period under review, a total of 107 awareness campaigns, were organised in the remote villages of Sultanpur and Rae Bareilly districts to mobilise candidates from the targeted segment of the community, these two districts being the major catchments in regard to aspirants for IP's training programmes. Awareness meetings and other media of communication were employed to identify youths from the two targeted districts to spread awareness. Distribution of leaflets or pamphlets, advertisement in local newspapers, posting information on notice boards of Panchayat offices, colleges and rural banks, meetings with village level key influential persons, etc., were some of the tools employed to create awareness. Meetings with SHGs of RGMVP were also conducted to enhance awareness and IP's reach.



Training in bar bending

Process Improvements

There was a concerted effort to make training more effective. Induction programmes were initiated for the candidates selected for training and followed up by individual counselling sessions. The trainees are now being put through a two-day induction programme to capture their expectations and help them become acquainted with IP's systems. The evaluation process has been improved and streamlined with greater emphasis on practical tests in addition to weekly and monthly tests and final examinations by a panel of independent assessors appointed by the Government of India.

During the reporting period, occupational skills standards and the productivity expected from the technicians for different categories of work were laid down and the requirement of knowledge and skills in respect of each trade was documented in consultation with trade experts from Parshvnath Developers Ltd., Lucknow and L&T, Delhi. The skills to be attained by the trainees during the training programmes have been grouped into two distinct levels starting from the basic level to the next higher level.

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 on-site demonstration of activities and to provide an insight into the real worksite conditions, including hardships involved in the entry-level jobs in the construction industry, etc.

IP arranged motivational and experience-sharing sessions by local entrepreneurs/entrepreneurship development experts. The purpose was to provide guidance to the trainees to run an enterprise successfully through opportunity identification, market surveys, project conceptualisation for seeking financial assistance from financial institutions, procuring raw materials and developing marketing strategies, etc. A total of 10 such lectures were organised during the reporting period by inviting a local entrepreneur from Jagdishpur who also runs a non-governmental organisation (NGO). Entrepreneurship development experts from the Entrepreneurship Development Institute of India (EDII), Rae Bareilly and Canara Bank, Lucknow, also delivered lectures on entrepreneurship development, establishment and management.

IP continued to organise interactive sessions with prospective employers with the twin objective of keeping the employers informed of the depth of the trainees' knowledge, skills, abilities to adjudge their suitability for employment and for the trainees and the staff of IP 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 45 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 their initial days of employment. The alumni also shared as to how the work readiness module taught to them at the end of IP's technical training programme had enabled them cope with stress arising out of work-related pressure and establish a balance between their personal and professional life.

Alumni interaction in progress



Way Forward 2011-12

IP is now poised to expand rapidly and streamline its systems. Having realised the potential and possibility of training for employable skills, it is felt that developmental objectives can be achieved and welfare services provided to the rural youth by expanding IP's reach and training bandwidth.

In the first place, IP needs to identify a suitable location for its campus. It has so far operated from

a temporary accommodation for two years and created a name for itself. It now plans to invest in space that will allow it to set up state-of-the-art training facilities and a model institute for vocational training. It will then be possible to replicate such training centres in other parts of UP and later go pan India. IP plans to shift to its new location at the earliest.

Quality operating systems are essential if the vocational training initiative has to expand. IP is, therefore, simultaneously planning to set up quality systems, and strengthen and streamline the training processes. These systems are being planned to become operational in the beginning of 2012-13.

IP is cognisant of the fact that training quality is consequent on the quality and calibre of trainers. Before the end of the year 2011-12, IP plans to train Master Trainers for each of the identified trades and utilise them for in-house training of the trainers for the institute. A sustainable process will then be put in place to create a bank of effective trainers possessing relevant technical knowledge and skills in addition to being adept at imparting training and pedagogy.

Coincident with shifting to the new address, training in many new trades shall begin. Manufacturing, retail, textile & clothing and IT are some of the industries under consideration. IP plans to start computer literacy training for its staff and trainees once it shifts to the new location and has adequate infrastructure.

It also plans to explore all available schemes for the welfare of youth and their skills training so that target beneficiaries can be reached and IP's ambit enhanced. IP plans to initiate training under the SGSY and MES schemes in 2011-12.

A new centre at Fursatgunj is planned to be established by the end of 2012-13. IP proposes to build capacity to add two new centres every year through its own accumulated surplus. This capacity, to train 2,000 more youth every year, is planned to be reached by the end of 2013-14.

IP plans to explore all available schemes for the welfare of youth and their skills training so that target beneficiaries can be reached and IP's ambit enhanced

Partners

RGMVP

Name of Partner	Partnership/Collaboration
Society for Eradication of Rural Poverty (SERP), Government of Andhra Pradesh	Capacity building and training support
National Bank for Agriculture and Rural (NABARD)	Funding support for special SHG Initiatives project (Institutional Building & Capacity Building Component)
Commercial Banks & Regional Rural Banks	Credit linkage for SHGs
Save A Mother Foundation	Capacity building of Community Health Activists (Swasthya Sakhi Programme)
UNICEF	Community Based Healthcare Initiative
National Dairy Development Board	Livelihoods enhancement through promotion of dairy initiatives
Asia Heart Foundation	Health Clinics
Rajiv Gandhi Foundation	Education Initiatives
IGEHRC	
Essilor India	Support for 1 Refraction Services Mobile Van and supply of spectacle lenses on a subsidised cost for camps
Wockhardt Foundation	Support for 2 Maruti Omni Vans for rural camps

Donors 2010-11

A.	Individual Donors
Sr. No.	Name
1	Mr. Rajiv Kapoor, Delhi
2	Mrs. Noni Kapoor, Delhi
3	Mrs. Rajni B. Joshi, Mumbai
4	Mr. Anirudha B. Joshi, Mumbai
5	Dr. Rajendra Singh, Mumbai
6	Ms. Mamta Trehan
B.	Donor Organisations
Sr. No.	Name
1	M/s Shapoorji Pallonji & Co. Ltd., Mumbai
2	M/s Shah Nandlal Vithaldas Charitable Trust, Mumbai
3	M/s Yogayatan Jankalyan Trust, Mumbai
4	M/s Yogayatan Petroleum Pvt. Ltd., Mumbai
5	M/s BDJ Distributor, Mumbai
6	M/s Kunal Polymer Pvt. Ltd.
7	M/s Rohan Distributors, Pune
8	M/s Smt. Lilavantiben Valia Seva Trust, Mumbai
9	M/s Sushila Shantilal Mehta Trust
10	M/s Golden Sand Trust, Kolkata
11	M/s Banaji Eye Care, Mumbai
12	M/s Essar Foundation, Mumbai
13	M/s H.L. Kapoor Financial Consultants Pvt. Ltd., New Delhi
14	M/s STOX IT Pvt. Ltd., New Delhi

Balance Sheet as of 31st March, 2011

	As of 31st March 2011 Rs.	As of 31st March 2010 Rs.
SOURCES OF FUNDS		
Corpus Fund	142,500,000	142,500,000
General Fund	236,837,661	188,643,776
	379,337,661	331,143,776
APPLICATION OF FUNDS		
Fixed Assets		
Net block	235,188,108	166,766,066
Capital work in-progress (including capital advances)	73,953,410	34,840,354
	309,141,518	201,606,420
Current assets, loans and advances		
Inventories	3,843,167	4,756,580
Sundry debtors	83,190	-
Cash and bank balances	102,400,208	113,276,262
Loans and advances	32,434,412	14,677,137
	138,760,977	132,709,979
Less: Current liabilities and provisions		
Current liabilities	65,967,608	3,172,623
Provisions	2,597,226	-
	68,564,834	3,172,623
Net current assets	70,196,143	129,537,356
	379,337,661	331,143,776

-	For the year ended 31st March, 2011 Rs.	For the year ended 31st March, 2010 Rs.
INCOME		
Donations	105,532,329	64,571,901
Grants and Aids	4,729,410	8,938,458
Hospital Revenue	92,762,219	77,725,124
Training Revenue	4,298,775	1,584,152
Other income	10,366,125	10,090,648
	217,688,858	162,910,283
EXPENDITURE		
Medical supplies consumed	33,881,454	26,749,998
Personnel expenses	33,484,046	22,023,504
Activity/Project Expenses	13,635,534	19,974,804
Operating, administrative and other expenses	64,040,202	53,793,754
Depreciation and amortisation	24,453,736	22,339,866
	169,494,972	144,881,926
Excess of income over expenditure	48,193,886	18,028,357

RGCT's Management

RGCT, Head Office					
Dr. Y.S.P. Thorat					
Chief Executive Officer (CEO)					
RGMVP	IGEHC			Indira Prashikshan	
Mr. P. Sampath Kumar, (IAS), CEO	Mr. K.B. Byju, Programme Manager	Dr. Arvind Dayal, CEO		Mr. Sachin S. Rao, Programme Manager	Group Capt. (Retd.) Madhav Saxena, CEO
Mr. K.S. Yadav, Programme Manager		IGEHC, Lucknow	IGEHC, Amethi	Mr. S. Ramakrishnan, Programme Manager	
		Dr. Kuldeep Shrivastava, CMO	Dr. Raman Mehta, Dy. CMO In-charge		
		Dr. Ashutosh Khandelwal, Dy. CMO			



Rajiv Gandhi Charitable Trust

3rd Floor, Jawahar Bhawan,
Dr Rajendra Prasad Road, New Delhi 100 001

Rajiv Gandhi Mahila Vikas Pariyojana

619, Kanpur Road, Rana Nagar,
Raebareilly 229 001, Uttar Pradesh.
Tel: +91 5352211304. Fax: +91 535 2211300
Website: www.rgmvp.org

IGEHRC Hospitals

Lucknow: 1, B.N. Road Kaiserbagh, Lucknow.
Tel: 0522-2627631, 2627641

Amethi: PO HAL Korwa, Munshiganj, Amethi, District
Sultanpur, Uttar Pradesh

Tel: 05368-255555

Website: www.igehrc.in

Indira Prashikshan

A-3, Sector 21, Road No. 04, Industrial Area

Near Sanjay Gandhi Polytechnic

Jagdishpur

District Chhatrapati Sahuji Maharaj Nagar - 227 809

Tel/Fax: 05361-270821