Message from the Managing Trustee

This has been a successful year for KHPT. Our projects continue to strive for excellence and make significant impact in the lives of communities we serve and work with. This year we have successfully empowered many more beneficiaries into community advocates and symbols of strength for their peers.

Our TB projects have seen strategic shifts with increased focus on developing models on patient centred care and support, which fills a potential gap in the current national program. The adolescent girls’ project continues to inspire us as we witness the girls playing leadership roles in the communities and being the change we want to see.

Additionally, few exciting opportunities are opening up for us. And we want to continue to strive to make a mark through evidence based, community centred and sustainable programs in the sector. Those things which we are best known for.

This year was very significant for the organisation as we initiated tour re-visioning process to critically evaluate our journey so far and reorganise our anticipated milestones for the future.

We are delighted and honoured to have the valuable contribution made by our frontline workers, donors, partners, government functionaries and the advisory board members. And we want to thank our employees for their commitment, energy and irrepressible drive to always create impact, as one KHPT family.

In the true spirit of partnership, we continue to seek your support and goodwill as we move forward towards our vision of empowered communities asserting their rights to a life of dignity and respect.

Mohan HL
Managing Trustee
**SAMATA**

Improve the quality of life of adolescent girls from marginalised communities by keeping girls in school, delaying marriage, and reducing entry into sex work in Bijapur and Bagalkot districts.

**IMPACT**

- **3,600** adolescent girls
- **1,800** families
- **119** villages
- **69** high schools

**HIGHLIGHTS**

- Endline quantitative data collection with about **1788** adolescent girls (AGs) and their family members
- Second round of Life Line Case Studies (LLCS) with **36** adolescent girls completed

The trial evaluation completed and the results presented to KHPT, LSHTM and partners within the STRIVE consortium are -

- Need multi-level intervention to address secondary school dropout and child marriage among girls which are feasible to implement in the most marginalized communities who are generally ‘left-behind’.
- Large secular changes in secondary school completion and marriage rates due to the successful implementation of government schemes.
- A cluster-RCT may not be the most appropriate evaluation design to measure the impact of programmes which take a normative approach, as control arms may not remain ‘pure’ and norm change happens in stages—first among those most ready for change, and later among those less ready for change who may only change during subsequent programmes.

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**SAMVEDANA PLUS**

To investigate the relationship between social norms and HIV risk in the context of sex workers’ intimate partnerships, assesses the efficacy of the intervention in modifying these norms, sharpens understanding of the structural drivers of HIV transmission.

**HIGHLIGHTS**

- Completed quantitative and qualitative surveys with FSWs and intimate partners
- Intervention globally which aimed to address IPV against female sex workers

The trial evaluation results were presented to KHPT, LSHTM and other partners within the STRIVE consortium. The key messages emerged from the trial:

- Intimate partnerships of FSWs are complex and requires constant tweaking.
- There has been an increase in violence from baseline to midline and a sharp decline, in intervention arm. In the control arm, the violence remained almost same in first two rounds and a decline thereafter.
- Exploration from qualitative and quantitative data was conducted to understand the result.

The results showed that female sex workers are usually left out from interventions meant to address intimate partner violence against women. VAW programmes need to include the ‘left behind’ women.

**Number of academic and non-academic products developed under Samata and Samvedana Plus**

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<thead>
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<th>Published</th>
<th>Under-review/accept</th>
<th>Under-preparation*</th>
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<td>Presentations</td>
<td>2</td>
<td>11</td>
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</tr>
</tbody>
</table>

*analysis done/draft prepared
To improve the quality of life of **4240** adolescent girls from disadvantaged households.

Sphoorthi covers **51** villages serving **640** role model adolescent girls and their parents and **3600** peer girls.

**HIGHLIGHTS**

- **64** role model girls’ groups formed and **676** girls trained in Life skills.
- **488** (72%) girls accessed services from SNEHA clinic/IFA tablets/Sanitary pads.
- Role model girls (RMAGs) trained on using the Life skill education module with the peer girls
- **585** girls supported with supplementary Nutrition food from the project.
- **36** nutrition gardens were established

Parents meetings conducted in **56** groups every month

- **78** boy’s groups have been formed and LSE sessions are being delivered

- **34** public performances by 8 AG groups in project villages. 48 Pavada Bayalu shows conducted by RMAG in project villages to bust myths and superstitions

- Of the total **284** peer girl groups total **248** (87%) groups have completed all the sessions and **2721** (92%) girls completed all the LSE sessions conducted by RMAG.

Quantitative baseline survey with 257 RMAGs and 780 peer girls conducted in 2016; a quantitative midline study was conducted with 286 RMAGs.

Qualitative studies (Lifeline and Longitudinal IDIs) have been conducted with 12 role model girls and 12 role model parents both at baseline. In addition to this, IDIs have been conducted with 6 boys, 6 community leaders and 6 peer girls at baseline.
To develop, implement and evaluate an innovative implementation model designed to attain Effective Kangaroo Mother Care (KMC) coverage of 80% among all eligible babies with birth weight <2000gms.

**HIGHLIGHTS**

- Specialist mentors (Neonatologists and senior nurses from St. John’s Research Institute makes regular visits for handholding visits)
- **450** Staff Nurses and **23** paediatricians from public and private facilities have been trained, oriented and are being hand held regularly to manage newborn complications and initiate and monitor the practice of KMC.
- **1,309** of **1,325** ASHAs, **48** ASHA Facilitators and **196** JHAs have been trained in outreach and communication
- Advocacy with the Department of Health and Family Welfare enhanced both relations as well as ownership of the intervention at both District and State level
- **1,178** newborns weighing <2000 gms have been identified, and **66%** of eligible babies (stayed in facility for more than 3 days) were initiated on KMC. For the same period, around **34%** practiced effective KMC (eight hours or more of skin to skin care and exclusive breastfeeding).
- Of the total, **85%** of the discharged babies who were initiated on KMC at facility continued to practice KMC at home and **41%** of them practiced effective KMC.

KARNATAKA MULTI SECTORAL NUTRITION PILOT PROJECT

To reduce malnutrition among children below 36 months, adolescent girls, and pregnant and lactating women through sustainable inter-sectoral and intergenerational approaches

**HIGHLIGHTS**

- Successfully empowered selected local women to manage all the stages of the supply chain and own the production units.
- Four women were trained in driving trucks and these women drivers deliver the finished goods to the villages, to become a fully women driven initiative.
- Bank accounts, PAN, GST, FSSAI licenses, and MSME registrations have been obtained for the groups.
- Technical training provided to the 25 young women of the Self-Help Groups to handle machinery; food safety and hygiene standards; fire-drill and first aid; stock maintenance; entrepreneurship training (sponsored by NABARD and SIDBI, Industries of Commerce). Standard Operating Procedures are followed for operating the manufacturing plants.
- KHPT signed an MOU with the SHGs to produce and market the Fortified Blended Food in both the blocks. This MOU enables the SHGs to engage with any private or public entity for branding, marketing, and distribution of the Fortified Blended Food.
- Ensure sustainability of the production units beyond the project tenure, KHPT has developed and implemented social marketing strategies to sell the Fortified Blended Food at low cost in rural market.
- The SHGs have launched and marketed a ready-to-cook food product under the brand name “Sooperr” in the rural market in the two existing taluks of Chincholi and Devadurga.
- In-house laboratories established in both plant premises recently to test the raw materials and finished product. Two plant workers from each plant have been trained for three weeks for testing basic parameters including microbial testing under the guidance of KMF quality assurance and quality control division.
TUBERCULOSIS

TUBERCULOSIS HEALTH ACTION LEARNING INITIATIVE (THALI)

THALI is a patient-centred family-focused initiative which aims to demonstrate community-centred and community-driven interventions to improve health seeking behaviour, service delivery and treatment outcomes.

THALI also aims to support and develop capacity of the RNTCP and leverage public resources to improve access to quality TB services from public and private care providers.

HIGHLIGHTS

**Coverage**

- Number of TUs covered: 24 (BLR) 19 (HYD)
- Urban poor population covered: 15,17,302 (BLR) 14,46,754 (HYD)
- Number of urban slums covered: 659 (BLR) 942 (HYD)

**Community Engagement**

- Person contacts through community engagement activities: 4,56,896 (BLR) 5,60,504 (HYD)

**TB patients diagnosed and initiated on treatment**

- includes microbiologically confirmed and clinically diagnosed patients: 345 (BLR) 1,275 (HYD)

Achievements listed are for the April 2017 to March 2018 period.

- Pre-diagnosis patient (and provider) support through Specimen Collection and Transportation (SCT) for microbiological tests was initiated in Bengaluru and Hyderabad.

- The TB Careline registered 2155 patients in April ’17 to March’18 period. Counselling services were expanded to Hyderabad, and are now also offered in Telugu and Urdu.

- Follow up of ‘in slum’ patients in both the cities was started in July’17 using the Prevention, Care and Support card. TB Careline services for ‘out of slum’ patients, who are mainly on private treatment, were started in September’17. A total of **1350** patients were registered for patient care and support in Hyderabad and Bengaluru. Out of these **1204(89%)** patients are receiving in-person care and the remaining **146(11%)** patients are receiving Careline support.

- The team networked with BBMP officials for Pourakarmika awareness generation on TB and screening. Sensitization workshops were conducted for Pourakarmikas.

- Funding support from J&J was leveraged for increased TB testing (Pahuanch Project, Hyderabad), and physician training in Hyderabad and Bengaluru.

- Nine radio spots were developed for the state government, which were broadcast during the Active Case Finding campaign in Karnataka.

- A two-week community-level campaign was held in Bengaluru and Hyderabad from World TB Day to World Health Day. The campaign covered 53 slums in Bengaluru, reaching out to 25948 people, and identifying 75 Key Opinion Leaders. 164 patients were referred, of which 103 were tested. 10 cases tested positive for TB.

- The Knowledge and Health Seeking Behaviour Study reports for Bengaluru and Hyderabad were finalised.
VIHAAN – (HIV CARE AND SUPPORT PROJECT)

Increasing treatment adherence, reducing stigma and discrimination, and improving the quality of life of people living with HIV.

**HIGHLIGHTS**

- **139410** PLHIVs are active and continue to avail the services
- **129425** are adults
- **9905** are children
  - Male - 55.30%
  - Female - 44.7%
- **3351** individuals received counselling services.
- **4862** PLHIVs newly initiated on ART followed up for adherence.
- **2009** PLHIVs with less than 80% adherence provided counselling services
- **20745** stable clients contacted and provided follow-up services.
- **1255** linked to social entitlements and **2037** PLHIVs linked to social welfare schemes.
- **1136** eligible participants referred for testing during the last six months.
- **12774** PLHIVs were screened for TB
  - **2362** found with TB symptoms and referred for testing
  - **1693** underwent testing
  - **119** were diagnosed

**MAC AIDS**

Enhance access to life-skills, leadership and life-saving interventions for adolescents living with, affected by and most vulnerable to HIV, support the development of a safety net of institutions for care of adolescents and children living with, affected by and most vulnerable to HIV and enhance the capacity of adolescents and their families to become economically self-sufficient.

**HIGHLIGHTS**

- **Summer camp and adolescents livelihood workshop:** **890**
- **Children infected/affected by HIV received counselling support from the project counsellors:** **105**
- **Received both counselling and career counselling:** **67**
- **145 families continued to receive livelihood support, this year additionally 60 families were enrolled in the livelihood support program, from project through interest free loan. All the families actively involved in the activity and it could bring changes in their quality of life.**
- **Child parliament formed:** **1**
- **Child parliaments got regular follow up:** **6**
- **Project organized its partners meeting on 6th March 2018 at Bengaluru, **26** members from **13** partner organizations attended meeting.
- **Children referred in need for the hostel facility:** **6**
- **Children received educational support:** **6**
  - are linked to the Govt. and donors for educational support.
STRENGTHENING CONTINUUM OF CARE OF SELECT NON-COMMUNICABLE DISEASES (DIABETES, HYPERTENSION) IN AN URBAN PHC AREA IN MYSORE CITY

To establish a model for scaling up NCD programs across urban areas based on learnings from pilot implementation for improving continuum of care in an urban primary health centre in Mysuru city.

Kumbarakoppalu UPHC covering a population of 58,000 including ward no. 27 and 28 of Mysuru city.

HIGHLIGHTS

Screening:
- 32,482 persons screened for diabetes and 32,697 for hypertension. This included adults who self-reported to have diabetes or hypertension.

- 6.6 percent of the people reported to being known diabetic and 6.8 percent reported to being known hypertensive. Around 6% and 13% were found to be suspected cases (RBS>=140 mg/dl) of diabetes and hypertensive (Systolic>=140 or Diastolic>=90) respectively.

- Adults with hypertension (systolic>=140 or diastolic>=90) and RBS >= 140 were referred to UPHC for confirmation of diagnosis and initiation of treatment.

- The mean age of the suspected diabetics was 49 whereas that of reported cases was 56 years. It is recommended that all within 45-50 years should be counselled for regular testing.

PUBLICATIONS

- KMC brochure for the mothers
- Link card to strengthen the linkage between facility and community for KMC
- Microplanning tool for ASHAs to identify barriers to practice
- KMC and provide solutions to overcome KMC barriers
- BCC materials for ASHAs to screen high risk cases and counsel mother and family to continue KMC
- Reducing Intimate Partner Violence Against FSWs - Samvedana Plus baseline study report
- Keeping Adolescent Girls in Secondary Schools - Samata baseline study report
- Eight Technical Briefs for Samata and Samvedana
- Community Engagement Tools for THALI
- Resource Directories of East Godavari, Krishna, Thane and Pune for OVC project
- Thematic brochure on Nutrition
- Report on the Vulnerability of Street Children in Mumbai
- Leaflet on the food production units run by SHG women – Nutrition Project
- Pictorial diet chart for Adolescent girls - Sphoorthi Project
- Key chain on “HOW TO DO KMC” - KMC Project
- A study report - Profiling the Situation and Vulnerabilities of Children of Female Sex Workers - OVC
- Flipchart for adolescents to understand different types of communication - Sphoorthi
- Flipchart to understand about the issues of child marriage - Sphoorthi
- Flipchart to learn about gender roles - Sphoorthi
- Supportive community monitoring tool - KMC
- Annual report for the year 2015-16 - IHAT
- Organisational brochure – IHAT
- Reaching the unreached: Coffee Table book, THALI
## FINANCIALS

### KHPT Annual Report 2017-18

#### Karnataka Health Promotion Trust (KHPT)

**VII. Annual Report of Consolidated**

<table>
<thead>
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<td>3. Capital Source</td>
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<td>4. Loan Revenue in Advance</td>
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<td><strong>II. Application of Funds</strong></td>
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<td>1. Current Assets and Advances</td>
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<td>3. Capital Source</td>
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<td>4. Loan Revenue in Advance</td>
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<td><strong>III. Liabilities and provisions</strong></td>
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<td>1. Current Liabilities</td>
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<td><strong>Total</strong></td>
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**Sri Karnataka Health Promotion Trust**

**Mohan P.T.**
Manager, Finance

Date: 25-Aug-2018

**Sri Mahesh Kumar**
Manager, IT

Date: 25-Aug-2018

**As per Audit Report of Chartered Accountant**

For R.V.K. & Associates
Chartered Accountants

Hin No. 38329029

**S. Vithan**
Partner
Membership No. 252911
## Statement of Income and Expenditure - Consolidated

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<th>Particulars</th>
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<th>For the year ended 31st March 2017 (In Rs.)</th>
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**Balance in the Revenue Account transferred to General Reserve**

- **For the year ended 31st March 2018**: 2,98,77,206
- **For the year ended 31st March 2017**: 3,22,95,406

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To access detailed report:
OUR PARTNERS

KHPT is able to implement its vision and strategic programming to move forward with the generous support and funding of our donors who share our belief in the possibility of a brighter future.