





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 our 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



**KHPT Annual Report
2017-18**

Published by:
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KHPT, IT Park, Rajajinagar
Bengaluru - 560044

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Aditi Sood

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The information contained in this annual report concerns the organization's performance are based on management's views in accordance with information available at the time of issue.

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ADOLESCENT HEALTH AND EDUCATION

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

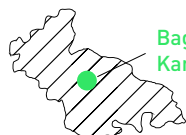
The trial evaluation completed and the results presented to KHPT, LSHTM and partners within the STRIVE consortium are -

- 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.



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.



Bagalkot,
Karnataka

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.

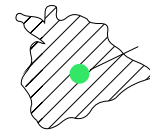
Number of academic and non-academic products developed under **Samata** and **Samvedana Plus** →

Type of document	Published		Under-review/accept		Under-preparation*		Planned	
Peer-reviewed papers	3	5	4	1	6	3	3	2
Reports	2	1	-	-	-	-	1	1
Briefs	8	5	-	-	2	1	-	-
Presentations	2	11	-	-	-	-	-	-

*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.




Koppal district,
Karnataka

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.



KANGAROO MOTHER CARE (KMC)


 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

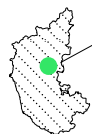
- Successfully empowered selected local women to manage all the stages of the supply chain and own the production units.
- Four women were trained in driving trucks and these women drivers deliver the finished goods to the villages, to become a fully women driven initiative.
- **Bank accounts, PAN, GST, 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.



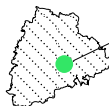
TUBERCULOSIS HEALTH ACTION LEARNING INITIATIVE (THALI)

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.



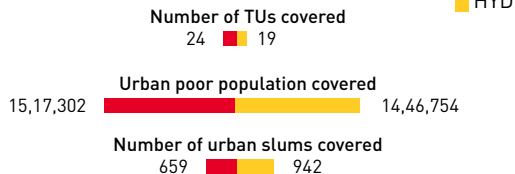
BBMP and Bengaluru Urban, Karnataka



Hyderabad, Telangana

HIGHLIGHTS

THALI Coverage



Community Engagement



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 **154 (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

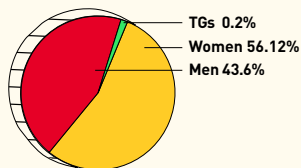
139410 PLHIVs are active and continue to avail the services

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 \geq 140 mg/dl) of diabetes and hypertensive (Systolic \geq 140 or Diastolic \geq 90) respectively.

- Adults with hypertension (systolic \geq 140 or diastolic \geq 90) and RBS \geq 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

KARNATAKA HEALTH PROMOTION TRUST (KHPT)

No.14, 11th Block, Bellandur 560075, Adarsh Office, Rajajinagar, Colebrook Avenue, Bangalore, Karnataka - 560034

Balance sheet as at 31st March 2018 - Consolidated

Particulars	Sl. No.	31st March, 2018 (Rupees)	31st March, 2017 (Rupees)
I. Sources of Funds			
1. Reserves			
Capital Fund	1	10,000	10,000
General Reserve	2	1,17,77,577	1,14,65,941
Current Reserve (if Advance)	3	2,09,38,422	2,45,34,172
Total		21,27,16,000	2,14,69,913
II. Application of Funds			
1. Current Assets, Loans and Advances			
Cash and Bank Balances	4	1,70,31,142	1,16,68,212
Loans and Advances	5	2,16,74,271	2,59,70,457
Total		3,87,05,413	3,76,38,669
2. Less: Current liabilities and provisions			
Current Liabilities	6	71,72,243	1,11,08,139
Provisions	7	1,65,157	15,69,254
Total		73,37,400	1,26,77,393
Net current assets		3,13,68,013	2,49,61,276
Total		24,40,84,013	2,39,69,189

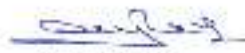
For Karnataka Health Promotion Trust



Manjunath
Managing Director

Place: Bangalore
Date: 25-Aug-2018






Sampurna G.M.
Director Finance

As per accounts and report of certificate attached

For R.V.K & Associates
Chartered Accountants
Firm No. 138295



R. Vidhan
Partner
Membership No. 202911



KARNATAKA HEALTH PROMOTION TRUST (KHPT)

No. 4, H. Tark, Behind KSEDC Admin. Office, Rajarajanga Road, Tal. Atri, Rajalpegan, Bangalore - 560 066

Statement of Income and Expenditure - Consolidated

Particulars	Note	For the year ended, 31st March, 2018 (Rupees)	For the year ended, 31st March, 2017 (Rupees)
Income			
Grants Received - Govt and Municipal Income	5 8	11,12,79,121 22,37,777	24,86,1,157 28,51,511
Contribution Other		-	1,35,177
Gifts in kind		11,12,511	8,21,622
Exchange Difference		5,47,717	5,14,750
Other Income		4,22,682	1,37,500
Transaction Profit/Loss - Change		47,510	3,87,708
Total		22,90,23,454	36,11,78,210
Expenditure			
Programme Expenses	9		
- Grants to NGOs		7,34,34,766	6,57,78,365
- Implementation Expenses		15,91,12,910	15,52,16,519
- Training and Capacity Building Expenses		51,17,661	32,64,700
Overhead Expenses	10	7,13,68,670	7,34,01,619
Administration and Miscellaneous	11	4,77,12,251	4,75,41,006
Total		31,71,37,266	33,71,18,774
Balance in Income over Expenditure transferred to General Reserve		2,49,87,986	2,37,57,436

The Karnataka Health Promotion Trust


Manjunath Prasad
Managing Director

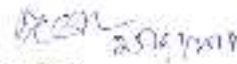

Nani Rajappa G.M.
Director Finance

Bangalore
Date: 28-Sep-2018



As per our audit report of even date attached.

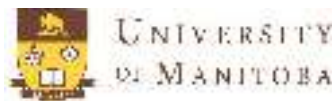
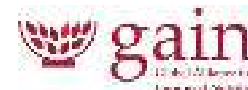
Dr R V K S And Associates
Chartered Accountants
Firm No. 3147725


R. Mahan
Partner
Membership No. 28991



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.





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