Annual Report 2015-16

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Annual Report 2015-16

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FROM THE MANAGING TRUSTEE'S DESK

KHPT as an organization upholds equity, equality, participation, transparency, integrity and accountability as its core values. This year KHPT enters into its thirteenth year (2003- 2015). We are grateful for the undeterred support we received from our district CBO partners, current and ex-employees, trustees, advisors, program partners and service providers that has enabled us to continue and expand our work.

KHPT witnessed a number of transitions within our programs in the year 2015-16. At KHPT, we explored opportunities to broaden our partnership base foraying into collaborations with CSRs, philanthropic organisations, academic institutions and research organisations. Over the past year, we have also taken steps to create more visibility and build the KHPT brand for everything it stands for at local, national and international levels. KHPT has emerged as a thought leader for public health programs and continues to be recognized as a credible technical assistance provider to various government departments for implementing programs successfully at the grassroots.

We continue to conceptualize, strategize, implement and scale up our programs for sustained improvement of the health and well-being of all communities. We have followed a holistic life cycle approach and integrated methodologies that connect the issues at each stage of the life-cycle (infants, children, adolescents, young women and mothers) that has helped in addressing the issues comprehensively resulting in greater impact. This year, we have strengthened our programmatic approach, successfully piloted and tested programs in the areas of nutrition, maternal health and orphan and vulnerable children.

Moving forward, we will continue to deliver on our commitment to support the empowerment of women and children, promoting their access to quality health services and improve their basic education and livelihood. Building on the achievements of this year, one of the highlights include visit by the most generous man of our country, Mr Azim Premji himself to our project site. We have partnered with Azim Premji Philanthropic Initiatives (APPI) to implement intensive programs for empowerment of adolescent girls in rural regions. We have also had the opportunity to expand our work on MNCH in association with St John's Medical College through a grant from WHO to increase uptake of Kangaroo Mother Care

(KMC) among low birth weight babies.

I take this opportunity to thank all the donors, funding agencies, academic institutions, government for their willingness to partner with us. I extend my heartfelt gratitude to communities for their continued support and committed field team who are backbone of all the work we do. Thank you to our all staff for their collective and wholehearted support in helping KHPT work towards its vision.

I am happy to present KHPT Annual Report 2015-16, which encapsulates our efforts towards becoming a valued research and implementing organization.

We continue on our journey towards new learnings and developments and look forward to your support and guidance in the years to follow.

Mohan HL
Managing Trustee

AG	Adolescent Girls
AHF India	AIDS Healthcare Foundation India
ANM	Auxiliary Nurse Midwifery
APPI	Azim Premji Philanthropic Initiatives
ARS	Arogaya Raksha Samiti
ART	Antiretroviral Therapy
ASHA	Accredited Social Health Activist
AW	Anganwadi Worker
BMGF	Bill and Melinda Gates Foundation
CAB	Community Advisory Board
CABA	Children Affected by AIDS
CATMS	Chaitanya AIDS Tadegattuwa Mahila Sangha
CBO	Community Based Organisation
CCDT	Committed Communities Development Trust
CD4	Cluster of Differentiation 4
CHAI	Catholic Health Association of India
CLHIV	Children Living with HIV
CMT	Crisis Management Team
CSC	Community Support Centre
CSR	Corporate Social Responsibility
DFID	Department for International Development
EDF	Energy Density Food
FH India	Family Health India
FLWs	Front-line Health Workers
FRU	First Referral Unit
FSWs	Female Sex Workers
GoK	Government of Karnataka
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
IMR	Infant Mortality Rate
INSA India	International Services Association India
IPs	Intimate Partners
KCNM	Karnataka Comprehensive Nutrition Mission

KMC	Kangaroo Mother Care
KNP+	Karnataka Network For People Living With HIV/AIDS
KSAPS	Karnataka State AIDS Prevention Society
KSRLPS	Karnataka State Rural Livelihood Promotion Society
LFU	Lost Follow Up
MCTS	Mother and Child Tracking System
MDACS	Mumbai Districts AIDS Control Society
MITHRA	Management Information Technology for Health Resources and Action
MMR	Maternal Mortality Rate
MoHFW	Ministry of Health and Family Welfare
MYRADA	Mysore Resettlement and Development Agency
NACO	National AIDS Control Organization
NHM	National Health Mission
NMP+	Network of Maharashtra Positive People
NNMR	Neonatal Mortality Rate
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
RDPR	Rural Development and Panchayat Raj
RNTCP	Revised National Tuberculosis Control Program
SCT	Sneha Charitable Trust
SHG	Self Help Group
SOP	Standard Operating Procedures
TB	Tuberculosis
THALI	Tuberculosis Health Action Learning Initiative
UNTF	United Nations Trust Fund to End Violence against Women
UoM	University of Manitoba
UPTSU	Uttar Pradesh Technical Support Unit
USAID	The United States Agency for International Development
VHSNC	Village Health Sanitation and Nutrition Committee
VNVs	Village Nutrition Volunteers
WHO	World Health Organisation
WLHIV	Women Living with HIV

KHPT empowers communities to transform their lives through focused interventions in health, education and community institution building. KHPT was established in 2003 with the support of the University of Manitoba (UoM), Canada, and the Government of Karnataka (GoK) and is registered with the Ministry of Home Affairs under the Foreign Contribution (Regulation) Act (FCRA), 1976.

KHPT commenced its journey in 2003 as a lead partner for programme implementation with the Government of Karnataka to scale up targeted HIV prevention, care and support programs across the state. The interventions are evidence driven, systematically planned, rigorously implemented and monitored. These later became scalable models for national programs and emerged as learning sites for innovative approaches.

KHPT has reached thousands of lives and created a legacy of robust community-owned institutions and a network of strong implementing and academic partners.

Vision

To empower communities to collectively assert their rights to lead a life of dignity and wellbeing.

Mission

To enhance the wellbeing of communities through evidence-based, gender-transformative, innovative, sustainable and scalable programs.

To strive to develop as a learning organization continuously transforming itself to catalyze positive enabling changes in the communities through practice and research.

SECTION 1

Thematic Areas and Programs

SECTION 1 **THEME 1**

Adolescent Health and Education

Millions of girls don't get opportunities to live out to their true potential. They are married early and begin child bearing at ages when they are not ready to be mothers. Globally, one in 3 women aged 20-24 years were married before they were 18 years.

IN INDIA

47 per cent girls aged 20-24 years were married before their 18th birthday;

of babies are born to girls aged 15-19 years

almost half of maternal deaths occur among girls and young women aged 15-24 years.

1.1 Samata Program

Samata which means *equality* is a comprehensive, multi-level intervention that aims to reduce the vulnerability to HIV among adolescent girls (AGs) from marginalised communities in Northern Karnataka, India.

The goal is to improve the quality of life of adolescent girls from vulnerable and marginalized communities in Bijapur and Bagalkot districts of Northern Karnataka.

KEY INTERVENTIONS AND OUTCOMES

Samata implemented activities with multiple stakeholders covering 3600 adolescent girls in 121 villages and 69 schools in 2 districts:

Identification: All SC/ST girls aged 12-16 years were identified by the project team and their vulnerabilities mapped. 2142 adolescent girls are enrolled in 7th, 8th, 9th and 10th for 2015-16.

Sensitisation of parents: Parents sensitised to value girls and recognise the consequences of girls discontinuing education early through family meetings and home visits by outreach workers. Of the total 174 AGs discontinued from July 2015, 21 (12%) girls were brought back and continued in school.

Formation of adolescent boy groups: Adolescent boy groups are formed in each village. Parivartan sessions and sport events are being used as the mediums to implement,

address and challenge gender norms, including attitudes around violence against women and 'eve' teasing (sexual harassment / abuse) of girls. Out of 83 Parivarthan boy groups formed with 1481 boys, 33 groups with 572 boys have completed till March 2016. 27 boy groups with 464 boys are still continuing.

Sensatization of local communities: Communities are sensitised through community group meetings, folk shows and advocacy meetings with local leaders and other community leaders. 2 CAB meetings with 19 CAB members were conducted during the month of March 2016.

Training: School staff and committee members trained and supported to develop leadership and career counselling programs for girls and develop policies that ensure the safety and participation of girls in school.
- 300 teachers trained on the use of tracking tool
- 62 schools are currently implementing the tracking tool and 49 schools are having students-teacher re-addressal committees.

Advocacy: Advocacy meeting organized with policy makers, policy implementers and local government to support the Samata project and replicate the key strategies. In total, 17 school level advocacy meetings conducted in the month of March 2016.

Training: Provision of special tuition, career counselling and leadership training provided to improve girls' academic success and broaden their aspirations. 19 leadership trainings with 284 AGs conducted. 35 tuition classes completed with 432 AGs in Bagalkot & Bijapur districts.

"First we need to change ourselves as teachers and then our families. If we are supported to learn about initiating change in ourselves, then it is easier for us to do it in our schools.

—

S.P.Jangowdar,
Headmaster,
District Banjara Education Society High School, Bijapur

We are boys. Before, we used to tease girls. Now, we encourage them to be sent to school and give them space to play volleyball. We have started to believe that girls can also play any game. We have now started supporting them."

—

Adolescent boys,
Parivartan group, Hippargi village

SUPPORTED BY

Samata program is implemented by KHPT with the support of the World Bank.

1.2 Sphoorthi Program

Sphoorthi means energy and life. KHPT is implementing Sphoorti project funded by the Azim Premji Philanthropic Initiatives (APPI) to pilot and test the effectiveness of a role model approach among adolescent girls (AGs). The project aims to empower a group of adolescent girls and their parents as role models to positively influence their respective peer groups and foster an environment of support for their overall wellbeing and development. These peer role models are likely to raise girls' aspirations, increase self-esteem, promote positive attitudes and inspire them to adopt behaviours that improve their quality of life.

The project goal is to improve the quality of life of 4240 adolescent girls from disadvantaged households in Koppal district, Karnataka by enhancing their education, health and nutritional status.

KEY OBJECTIVES:

- Increase secondary school completion rates by 80%, among adolescent girl role models and 25% among peer girls
- Reduce the proportion who are married by 50%, among adolescent girl role models and 15% among peer girls
- Increasing nutrition levels by 50% among role model girls and 15% among peer adolescent girls

PROJECT IMPLEMENTATION:

The project will be implemented for a period of three years, from Dec 2015 to Nov 2018 in Northern Karnataka, Koppal district. It will cover 51 high schools covering 640 role model adolescent girls and their parents, 3600 peer girls and village community as a whole in Koppal district.

KEY INTERVENTIONS

Staff recruitment process: Workshop organised to ensure the selection of local candidates with the right attitude and interest. A team of highly motivated field staff built who strongly believe in the issues faced by the adolescent girls.

Village selection process: An intensive process of conducting household survey of 29405 families is conducted before finalizing the intervention villages

Village profiling: All the field staff developed detailed village profiles for all the villages falling under their respective clusters.

Visioning workshop: A 3 day consultative process conducted with all project staff to develop strategies and program approaches.

Identification of role model girls: In all the 51 villages, the most suitable AGs as role models for the intervention identified. Activities and group exercises conducted with all eligible AGs in the village to assess them on leadership, communication, analytical, assertiveness and self-motivation skills. The activities included storytelling and analysis, debate and discussion on critical subjects and opinion formation exercises.

Formation of role model adolescent girl groups: 65 role model groups in 51 villages consisting of 737 role model girls have been formed.

Formation of boy groups: 22 groups of boys in 33 villages have been formed and initial meetings with boys are conducted.

Documentation and collection of case studies: 124 case studies reflecting the different vulnerabilities of adolescent girls have been collected by the field staff that helped to understand the current situations and challenges in the context of AGs in the region.

SUPPORTED BY: Azim Premji Philanthropic Initiatives (APPI)

> "I am so happy that I was able to attend the Sphoorti sessions on life skills and values. It is helping me a lot."
>
> —
>
> **Saroja,**
> Koppal district

SECTION 1 **THEME 2**

Maternal, Neonatal and Child Health

Each year, about 2,70,000 women and 4 million children die globally due to maternal and newborn causes. India's contribution to the share of global mortality and morbidity is large to the tune of 15 to 20%. While the maternal and newborn deaths in the country are declining over the past two decades, the pace has been slow.

CURRENT SITUATION

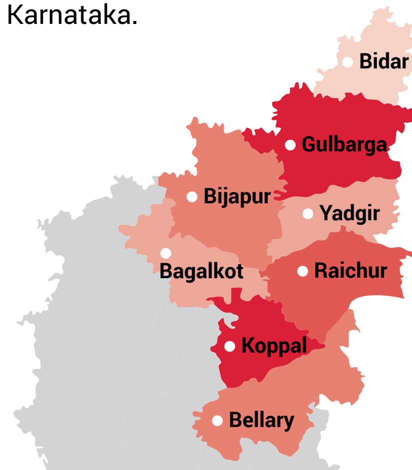
Maternal Mortality Ratio (MMR) **178** / lakh live births

Infant Mortality Rate **(IMR)** **42** / 1000 live births

There is, therefore, an imperative to optimize health policies and programs to more effectively and efficiently deploy health resources to address health disparities and mitigate their impact on the lives of those most affected by poor MNCH outcomes.

2.1 Sukshema Program

The *Sukshema* project focused on improving the availability, accessibility, quality, utilization and coverage of critical MNCH interventions among the rural poor in eight districts in the Northern Karnataka.



8 priority districts in the Northern Karnataka

KEY INTERVENTIONS AND APPROACH

Facility-based intervention: Improve the quality of care at birth, and in the immediate postpartum period at primary health centres through a clinical mentoring program

Community-based intervention: Improve the management and delivery of outreach services, shape demand and strengthen accountability through front-line worker (FLW) and Village Health, Sanitation and Nutrition Committee (VHSNC) programs

Moreover, the project supports district and state health departments in strengthening data management and use, particularly the Health Management Information System (HMIS) and the Mother and Child Tracking System (MCTS), FRU (first referral unit) mentoring and influencing state and district level policy and planning (health systems).

FRU Intervention: Sukshema's FRU mentoring intervention integrated elements of clinical mentoring with facility-based quality improvement processes. The intervention was introduced in 16 FRUs and technical support addressed three maternal complications (post-partum haemorrhage, hypertensive disorders, sepsis) and three new-born complications (low birth weight, asphyxia, sepsis) in addition to management of normal deliveries and postpartum care.

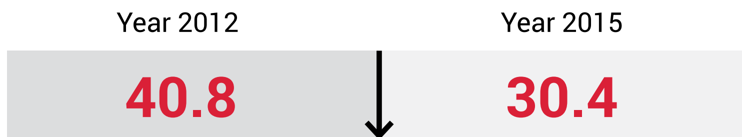
The intervention worked at the FRU level introducing core components to improve quality including instituting a quality improvement committee, providing mentoring visits to each FRU and introducing a case sheet to guide providers on delivery and complication clinical protocols.

The project leveraged the guidelines of NHM, which emphasizes a rights-based approach through enhancing community participation and facility accountability for better patient centred care. Toward the end, the project created an enabling environment for community engagement and rejuvenated the Arogaya Raksha Samiti (ARS) program in each FRU.The focus of the project in the sixth year included end line evaluation, design and implement FRU mentoring intervention and continue to provide technical assistance to UPTSU and facilitate knowledge transfer to the Bihar MNCH project.

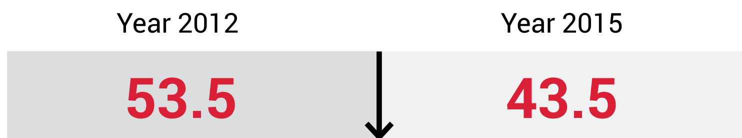
A **national workshop** was organised in February 2016 to facilitate cross sharing and learning of experiences, innovations, best practices and challenges faced in MNCH. It was jointly organised by the Government of Karnataka in collaboration with KHPT and University of Manitoba. The workshop jointly explored the possibilities of adopting and scaling up relevant best practices at the national level or to other states.

KEY OUTCOMES

- **Neonatal Mortality Rate (NNMR)** per 1000 live births



- **Infant Mortality Rate (NNMR)** per 1000 live births



- The Government of Karnataka has scaled up the ASHA diaries to all the ASHAs in the state, supportive community monitoring tools for the VHSNC to monitor the health activities at the village level and case sheets for the staff nurse to manage deliveries at the facility level. These tools along with the nurse mentoring strategy have been adopted and scaled up in high priority districts in the state of Uttar Pradesh with support of BMGF, MoHFW, Govt. of India and Govt. of Uttar Pradesh.

SUPPORTED BY

The project was funded by the Bill & Melinda Gates Foundation through University of Manitoba.

> "The value of mentoring is in the hands on guidance provided by the mentors. They are not finding fault. They observe and then advise. We have now developed strong friendship bond with the mentors."
>
> —
>
> **Staff Nurse,**
> FRU, North Karnataka

SECTION 1 **THEME 3**

Nutrition

In India 2.1 million children under the age of five years die every year due to various causes and 50% of these deaths are due to undernutrition.

48% of all the children in the country under the age of five years are stunted (i.e. low height for age) and 43% are wasted (i.e. low height for weight).

58% of pregnant women and 79% of children (6 to 36 months) are anaemic and 22% of the newborns have low birth weight.

Malnutrition amongst women is one of the main causes of low birth weight and associated mortality and morbidity.

3.1 Karnataka Multi-Sectoral Nutrition Pilot Program

Karnataka Multi-Sectoral Nutrition Pilot Program is implemented by KHPT in collaboration with the Rural Development and Panchayat Raj (RDPR) Department in two of the poor performing blocks in Northern Karnataka namely Chincholi taluk of Gulbarga District and Devadurga taluk of Raichur district.

The program seeks to align itself with the Karnataka Comprehensive Nutrition Mission's (KCNM) objectives and complement the Mission's efforts in achieving the targets proposed for two taluks.

The goal of the program is to reduce malnutrition (undernutrition) among infants and young children below 36 months, adolescent girls, pregnant and lactating women through sustainable inter-sectoral and intergenerational approach among poorest of the poor population while also bringing about behavioural change.

The program aims to spread information and awareness to the communities to enable behavioral change regarding hygiene and sanitation, proper child care and feeding practices, care of the adolescent girl, pregnant and nursing mothers, while also promoting proper dietary practices within existing family income.

The project is funded by Japan International Cooperation Agency through World Bank Development Fund.

APPROACH

1. Identifying the poorest of the poor
2. Supplying them with **Energy Density Food (EDF)**
3. Following up with the beneficiaries to ensure regular consumption of EDF
4. Regularly monitoring of nutritional parameters to measure the project outcomes

EDF Composition:

Whole wheat

Green gram dal

Ragi/malted ragi flour

Defatted soya flour

Peanuts (Adults only)

Sugar

Vitamin and mineral premix

KEY INTERVENTIONS

Involvement of local community and grassroots functionaries: This involves strengthening of village level community structures such as SHGs, VHSNCs, SDMC as well as recruiting and strengthening VNVs (Village Nutrition Volunteers), establishing production units and building local capacities

Identification of Village Nutrition Volunteers (VNVs): VNVs (the project field workers) act as a key resource of the village carrying out project activities, working with the community and its structures. 421 adolescent girls and young women identified as VNVs to encourage the empowerment process as part of this project

SHG convergence: One of the key extension activities of the project is to create enabling environment in the villages. 347 and 754 SHGs have been identified in Devadurga and Chincholi districts respectively who are being monitored by three stakeholders groups that includes Sthree Shakthi, MYRADA and Dharmastala

Sensitizing various sectors and achieving coordination: The project works in close coordination with the Departments of Health & Family Welfare, Women & Child Development, Agriculture, Horticulture, Rural Development and Panchayat Raj, Education, Rural Water Supply & Sanitation and Social Forestry, particularly at the Block and District levels to be able to bring effectiveness at three levels of effort i.e. systems, community and the providers

Vision building workshop: A three-day workshop organised for the key project staff under KHPT's technical support in January, 2016 to facilitate better understanding of the project perspectives, share the progress of the pilot project, address challenges on the field, finalise the timelines for activities and plan way forward

Behavioural change communication tools: 12 key messages have been identified as priority communication messages for the target beneficiaries. The communication aids focus on these key messages that are aligned with the project's goals and objectives

PARTNERS

- Karnataka State Rural Livelihood Promotion Society (KSRLPS) under the Department of Rural Development and Panchayat Raj (RDPR), Government of Karnataka
- Global Alliance for Improved Nutrition (GAIN)

SECTION 1 **THEME 4**

Tuberculosis

Tuberculosis (TB) is an ancient yet curable disease that has evolved in the past two decades into a deadly global pandemic.

India, with an estimated annual incidence of 2.1 million TB patients, has one fourth of the world's TB burden. At about 8%, TB is the leading cause of death from infectious disease in urban India among productive adults (16-70 years).

The direct and indirect costs of TB to India amount to an estimated $23.7 billion annually. Studies suggest that on an average 3 to 4 months of work time is lost as result of TB, resulting in an average lost potential earning of 20-30% of the annual household income.

4.1 Tuberculosis Health Action Learning Initiative (THALI)

The United States Agency for International Development (USAID) awarded multiple Tuberculosis Health Action Learning Initiative awards in January 2016 with the goal of gaining a ten percent improvement in national tuberculosis notification rates and improving TB treatment success rates across India over four years.

KEY INTERVENTIONS AND APPROACH

THALI aligns with WHO's End-TB strategy. It improves TB diagnosis, notification and treatment outcomes in the geographies covered under the project.

THALI works in collaboration with Government of India and RNTCP focusing on behaviour change among two target groups:

1. **people living in urban slums**, and
2. **private health care providers**.

THALI lays emphasis on reaching and supporting the more vulnerable among the urban poor with specific focus on:

- Women, children and the elderly, who tend to be additionally marginalized, neglected and prone to inequitable access to health care
- Persons prone to developing TB from working in overcrowded workplaces and exposed to indoor smoke and fumes, and those in occupations which compromise lung function, such as mining, construction and textile industries
- Persons with co-morbidities, especially HIV-AIDS, diabetes

- and undernutrition, conditions which enhance onset of TB disease, and complicate, compromise and/or delay treatment outcomes
- Migrant workers who lack family and social support systems and who are at risk of treatment interruption

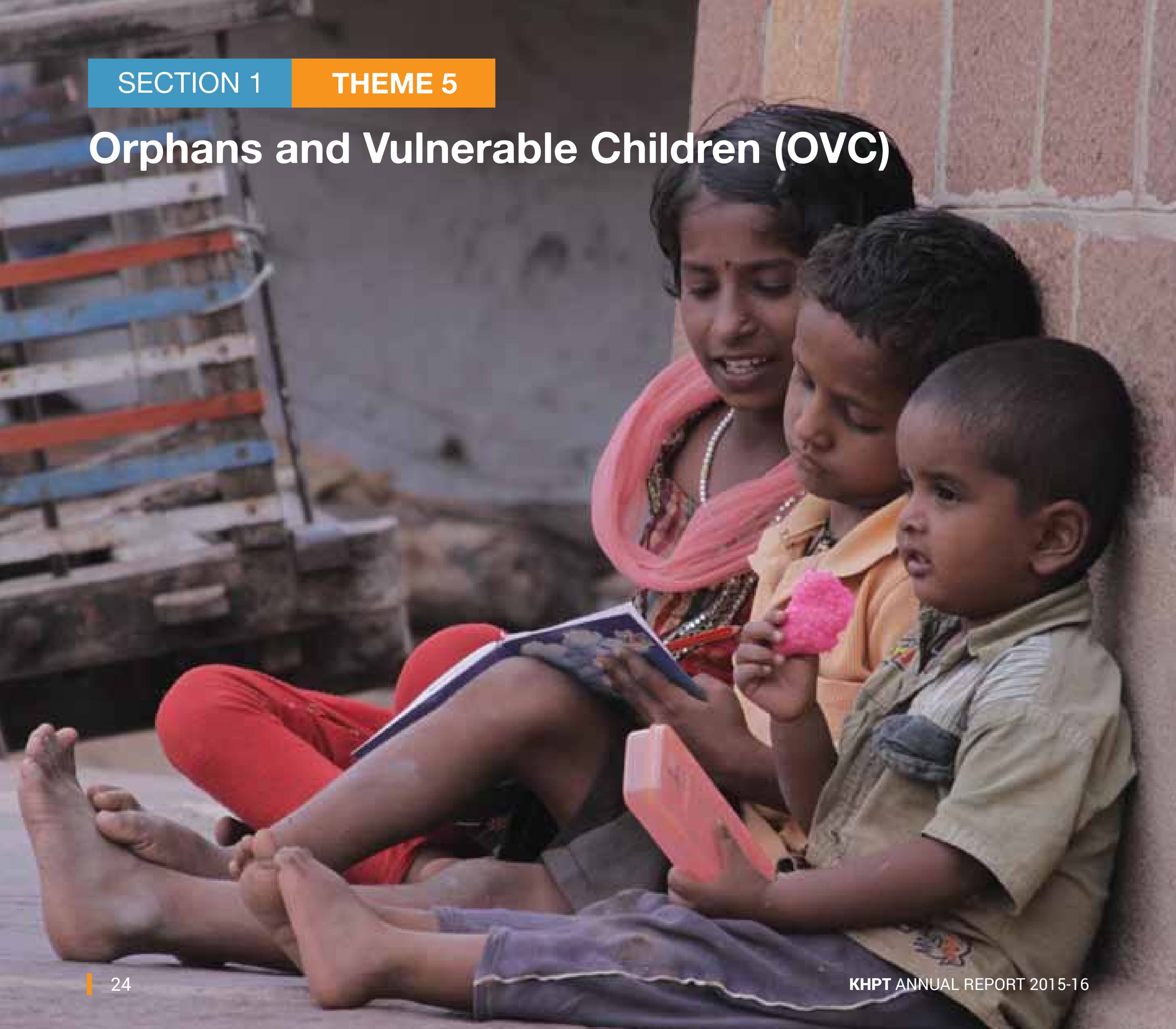
THALI also seeks to work with other priority sub-populations, for example people living in closed and overcrowded institutions such as orphanages, old-age homes, etc.

PARTNERS

THALI is supported by
- TB Alert India, Hyderabad, Telangana
- St. John's Institute, Bangalore
- University of Manitoba

KHPT focuses on the objective of improved urban tuberculosis control in 2 cities through THALI – Bengaluru (Karnataka), Hyderabad (Telangana) and an expected larger third city in Andhra Pradesh – where KHPT will test and develop best practices across 8 activity streams.

1. **Community Engagement:** To improve awareness about TB, and health seeking behavior among priority populations.
2. **Provider Engagement:** To enable adoption of standards for TB care in India by all health care providers, thereby improving TB care and notification.
3. **Care and Support:** To improve treatment outcomes and prevent the spread of TB.
4. **Government Engagement:** To improve government stewardship, commitment and capacity, and to support TB elimination.
5. **Non-traditional Investment:** To mobilize additional resources to achieve End-TB goals.
6. **MITHRA (Management Information Technology for Health Resources and Action):** To improve project effectiveness, reach and efficiency, and quality of information.
7. **Research, M&E and Learning:** To enable efficient collection of evidence, and to enable program quality improvement and learning.
8. **Communications:** To disseminate information, insights and learning to all internal and external audiences.



SECTION 1 THEME 5

Orphans and Vulnerable Children (OVC)

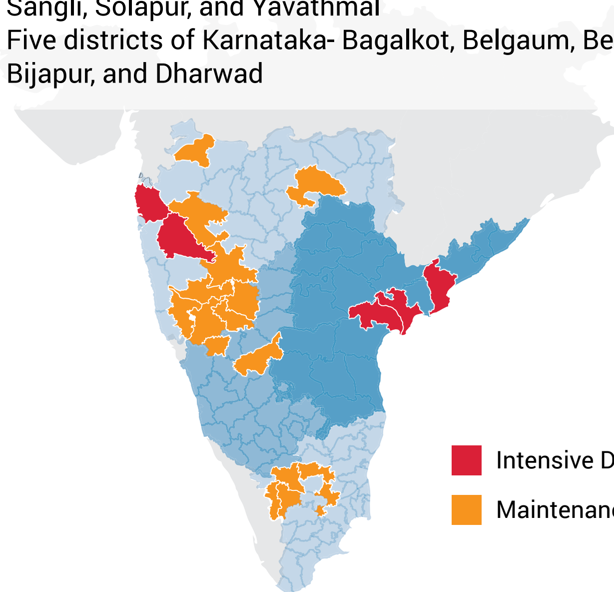
5.1 HIV/AIDS Orphans and Vulnerable Children Social Protection Program

Globally, the HIV/AIDS pandemic has orphaned millions of children. In India, Children (<15 years) of age constitute 7 percent of the estimated 2.1 million HIV infected individuals. As of June 2015, over 112,000 children are registered in Government anti-retroviral treatment (ART) centers out of which 48,145 are on ART. KHPT has triangulated data from various sources to conclude that there are about 6 to 10 children who are affected by HIV/AIDS to every child that is infected.

In August 2014, USAID granted this project on HIV/AIDS Orphans and Vulnerable Children Social Protection to a consortium led by KHPT. The project aims to estimate the numbers of children living with and affected by HIV and AIDS (CABA) in priority districts, enhance access to priority health, education, social protection and welfare schemes for these children and establish close networking between government, non-government and private sector organizations to respond to their need, grow and develop to their full potential.

Geographic coverage:
17 districts across three states which include:

- Mumbai, Pune, Thane in Maharashtra
- Guntur, East Godavari and Krishna in Andhra Pradesh
- Six districts of Maharashtra- Ahmednagar, Dhule, Kolhapur, Sangli, Solapur, and Yavathmal
- Five districts of Karnataka- Bagalkot, Belgaum, Bellary, Bijapur, and Dharwad



KEY INTERVENTIONS AND RESULTS

Identify and line list CABA: Existing facilities including ART centre, Vihaan project, PLHIV Networks and institutions caring for CABA used to formulate list of CABA

Reach: Project reached out to 23,647 CABA through at least one service which included health, education, nutrition support, social protection scheme etc

District profiling: The project team identified all the services and facilities available for children especially for CABA from the government. The team contacted 8870 families and collected data related to their demographics, HIV status and socio-economic conditions.

White card updation: 23 ART centers cooperated for updating ART white cards to get accurate data on PLHIV and CABA. As a result, 35000 white cards are updated. Initial analysis of data projects a ratio of 1: 6-10 affected children for every infected child and about 60-65% CABA are in the age group of 10-18 years

Network meetings: Trained on OVC issues

446

FAMILY CAREGIVERS

124

INSTITUTIONAL CAREGIVERS

35

COUNSELLORS

- **Institutional capacity building:** 141 mid-level government functionaries have been trained on OVC, 227 Doctors and staff of Medical College have been trained on Pediatric HIV, are now offering support for reaching out to OVC

Child support groups: 556 Child Support Groups formed with an average membership of 15 children per group

Children participating in the inauguration of the life skill program

Child parliament and leadership trainings: Career guidance sessions conducted for CABA. Services in the seven core areas of health, nutrition, shelter, education, counselling, social protection schemes and legal support are provided through linkages.

- Visits conducted to about 100 institutions caring for CABA to provide support for developing Child Protection Policies (53), conducting life skill programs for CABA and forming Child Parliaments (8).

Children from Snehagram learning site taking part in bowl-out event organised during the IPL in Mohali, May 2015

Need based linkages: Facilitating the access of various schemes for 300 CABA families

Advocacy: Efforts were made at national, state and district levels for easy access of social protection schemes by CABA and their families

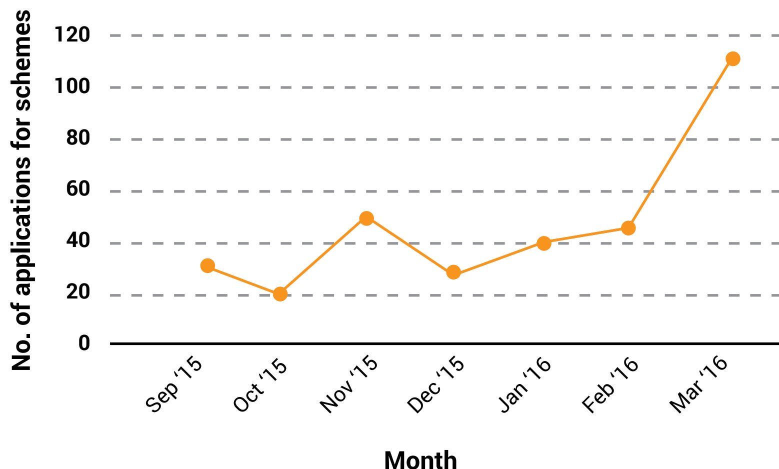
CSR partnerships: Partnerships were explored for resource mobilization for provision of services and skills to CABA

DCPU support: In Dharwad, District Child Protection Unit released an amount of Rs. 19,49,900/- under the ICPS Special Protection Scheme to 446 CABA children and in March, 2016, they have released Rs. 26,46,825/- for 769 beneficiaries (CABA). KHPT OVC project team worked closely with DCPU for identifying the beneficiaries and follow-up.

Child protection policy: KNP + and Network for Positive People for Karnataka adopted Child Protection Policy within all its state and district networks across Karnataka with the guidance of OVC project.

White care updation process: OVC Project in Mumbai received tremendous support from MDACS to update the white cards of PLHIV within ART centres. **21,922** white cards are updated **from 10 out of 14 ART centres in Mumbai**.

Single Window Model implemented: This system enables a CABA family to apply for various Social Protection Schemes by approaching a single place i.e. 'Single Window Model office' located within the district ART centre. District AIDS Prevention and Control Unit is responsible for receiving the applications, supporting the clients and forwarding the applications to respective departments and following up for sanction of the scheme.



Increase from 31 beneficiaries to 115 beneficiaries accessing schemes from Sept 2015 to March 2016

PARTNERS

KHPT is the prime implementing agency.

Other sub-awardees include:
Family Health India (FH India), Catholic Health Association of India (CHAI), Sneha Charitable Trust (SCT), International Services Association (INSA-India), Committed Communities Development Trust (CCDT) and Network of Maharashtra Positive People (NMP+).

The project is implemented in close collaboration with Vihaan CSCs and state management team and builds on the platform of institutional networks supported by MAC AIDS Fund and Government schemes and services.

“

White card updation is a best practice- it causes no hindrance and only improves our efforts in the ART Center.

—

Dr. Agraja Chitanis,
Senior Medical Officer,
Solapur Civil Hospital ART Center, Maharashtra

I am grateful to the OVC project's outreach worker who linked my family to the support from Holy Cross Society during a critical phase of our lives when no other avenue was present.

”

—

Krishna Prasad,
Beneficiary of linkages to financial support under the OVC project

5.2 Place AIDS Response Program

Place AIDS program aims to enhance the quality of life of Children Living with HIV (CLHIV) in institutional and community settings across Karnataka. MAC AIDS Fund supports KHPT and Sneha Charitable Trust to create platforms for these children to increase the scope and effectiveness of the AIDS response. 22 centres providing care for the HIV infected/affected children joined this platform.

KEY INTERVENTIONS AND OUTCOMES:

Champion in me: A sports and cultural meet organised at CSC/ district level, zonal level and state level. 1304 children at CSC/district level, 384 children at zonal level, 90 community children at state level participated in the meet

Outreach programme through OVC coordinators: OVC coordinators trained on family assessment tool and 450 families have been already assessed. 500 needy CABA families are regularly followed-up and supported by the OVC coordinators. The programme has directly reach to 3107 CABA across Karnataka

Summer camps: 308 CABA participated in 4 summer camps organized during the summer holidays

State level child leaders workshop: 45 adolescent child leaders participated in 3-day state level child leaders workshop organized in Bangalore. These child leaders were identified from the summer camps

Chinnara Chilipili workshop: 67 CABA attended Chinnara Chilipili camps (two-day child protection and leadership development workshop). Two camps were organized in Karwar and Hubli

Support group meetings: 15 support group meetings conducted by the OVC coordinators for CABA from the 500 selected families. 143 CABA are registered in these support groups

Nurses at the care centre: 9 care centres for CLHIV receive salary support for nurses at the care centers.

Psycho social support: 299 CABA received psycho social support from counsellors under the programme. Counsellors also provide mentorship support at the Vihaan CSC

Follow up on child parliament: The program had regular follow up with the care centres where the programme initiated child parliament. INSA India and program team facilitated the follow up activities

INNOVATIONS

Livelihood Support to the families of CABA:

The programme provides sustainable livelihood support to the needy families of CABA with interest free loans to start small level income generation activities. 61 families have found a way for sustainable livelihood option through this effort.

HIV Positive Youth Gathering:

In collaboration with MIlana (partner, KHPT- Place AIDS Programme) and Community Support Centre, Vihaan Project organised one day gathering for HIV infected youth residing in and around Bangalore. 37 positive youth took part in this event and decided to form a support group and have monthly meetings. As a result, they have created a 'WhatsApp' group to stay connected with friends on regular basis and organise meetings regularly.

Observance of International Day of the Girl Child:

AIDS Healthcare Foundation India in collaboration with KHPT and its partner organizations organised a special event titled, "#ShesHerAlly" with a focus on HIV-infected and affected girl children. 287 young infected/affected girls got an opportunity to celebrate the "International Day of the Girls Child" between the age of 5 – 12 years. 10 flags created by these girls were sent to 'Hollywood' to advocate for girl children living with HIV.

CASE STUDY

No intervention is too late and no help is too little!

Pavithra is a 19 year old girl who lost her parents at the age of 8 years. She then grew up with her mother's elder sister and family. She completed her studies till 10th standard followed by learning basics in computer and joined a shop for a job. But she left that job since she was not paid well and joined a garment factory. As the years passed, she was tortured at home following which Pavithra once attempted suicide and discontinued her ART for more than a year.

As the Community Support Centre (CSC) traced the Lost Follow Up (LFU), she was tracked and brought to the counsellor and restarted on medication in Sept 2015 but the condition worsened.

KHPT PLACE AIDS response programme (MAC- AIDS) counsellor visited the CSC for hand holding training to Pavithra. At that time, her CD4 was 35 and body weight was 29. The girl insisted that she wanted to move to a hostel as life at home was almost impossible for her. After discussion at various levels, KHPT decided to support her and she was admitted to Snehadaan (Community Care Centre), in the month of January. Basic investigations diagnosed her with pulmonary TB, anaemia and loss of vision. Her anaemia was corrected; TB treatment started in March 2016 and she now weighs 39.5 Kg and the CD4 increased to 298. Now, Pavithra is happy and has started preparing for further studies.

PARTNERS

KHPT works in collaboration with Sneha Charitable trust with the support of 23 implementing partners and is technically supported by INSA India.

SECTION 1 THEME 6

HIV/AIDS

India has the third largest HIV epidemic in the world.

Overall, India's HIV epidemic is slowing down, with a 19% decline in new HIV infections (1,30,000 in 2013), and a 38% decline in AIDS-related deaths between 2005 and 2013. Despite, this 51% of deaths in Asia are in India.

In the state of Karnataka, the adult HIV prevalence rate is showing a declining trend from 1.52 in 2004 to 1.13 percent in 2006. However, the prevalence rate based on NFHS III for Karnataka in 2006 is 0.69 and is second highest in the Southern part of country following Andhra Pradesh where prevalence is 0.97.

India (2015)

2.1 million people living with HIV

0.3% adult HIV prevalence

86,000 new HIV infections

68,000 AIDS-related deaths

43% adults on antiretroviral treatment

Source: UNAIDS Gap Report 2016

6.1 Vihaan Program

Vihaan care and support program is being implemented in all 30 districts, since September 2013 in the state of Karnataka. The project is being implemented with the aim to ensure early linkages of PLHIV to care, support and treatment services, improve treatment adherence and education for PLHIV, strengthen community systems and reduce stigma and discrimination. 41 Care and Support Centres are being set up under the Vihaan program.

KEY INTERVENTIONS AND APPROACH

Registrations: As against the KSAPS registration, 1,55,531 (sec.2.10 of NACO ART Report, as on March 2016) in the state, 1,35,812 PLHIVs have been registered within Vihaan program. Of which, 51.67% are women and 40.33% are men. A total of 9687 CLHIVs have been registered in the program

TB screening: Screening has been initiated for all PLHIVs in the state since December 2015 and till date, 27357 PLHIVs have been screened for the 4 symptoms. 334 PLHIVs have been detected with TB and put on treatment

Linkages: Approximately 42821, i.e. 30% of PLHIVs have been linked to social entitlements and social welfare schemes. 40% of the PLHIVs have accessed most of the schemes

Referrals: Of the 57638 families that have been registered, 25537 are headed by women who are widowed, divorced or deserted. In total, 5635 family members have been referred for testing. Of which, 820 were tested positive and linked to care services

Identification: 60495 children are found within the families that are registered in the program. Of this, 9257 (15%) are in the age group of 0-5 years, 27667 (46%) in the age group of 06-12 years and 23571 (39%) children are in the age group of 13-18 years

Mobilisation: Nearly 60 lakhs has been mobilised for providing nutritional, educational and camp based activities for CLHIVs and single women

INNOVATIONS

Inauguration of a mall: CLHIVs invited to inaugurate a Max shopping mall in Bellary district on the 18th of March 2016, along with MLC, K.C. Kondayya and other VIPs.

Women's Day event: Under the leadership of KNP+ and with the support from KSAPS, Vihaan team organized 'Women's Day' event across the state. Nearly 1500 women came together at the CSC level. At the state level, 55 representatives from each of the CSCs participated in the advocacy event during which Ms. Umashree, Minister of Women and Child Development, Mr. UT Khader, Minister of Health and Welfare Department and Ms. Shanta L Hulmani, Project Director, KSAPS participated in the event. The women shared the areas of support from the government that includes WLHIV family pension, vocational training for WLHIV [Small scale Industries] providing one-time financial support and free education support for women and girl child.

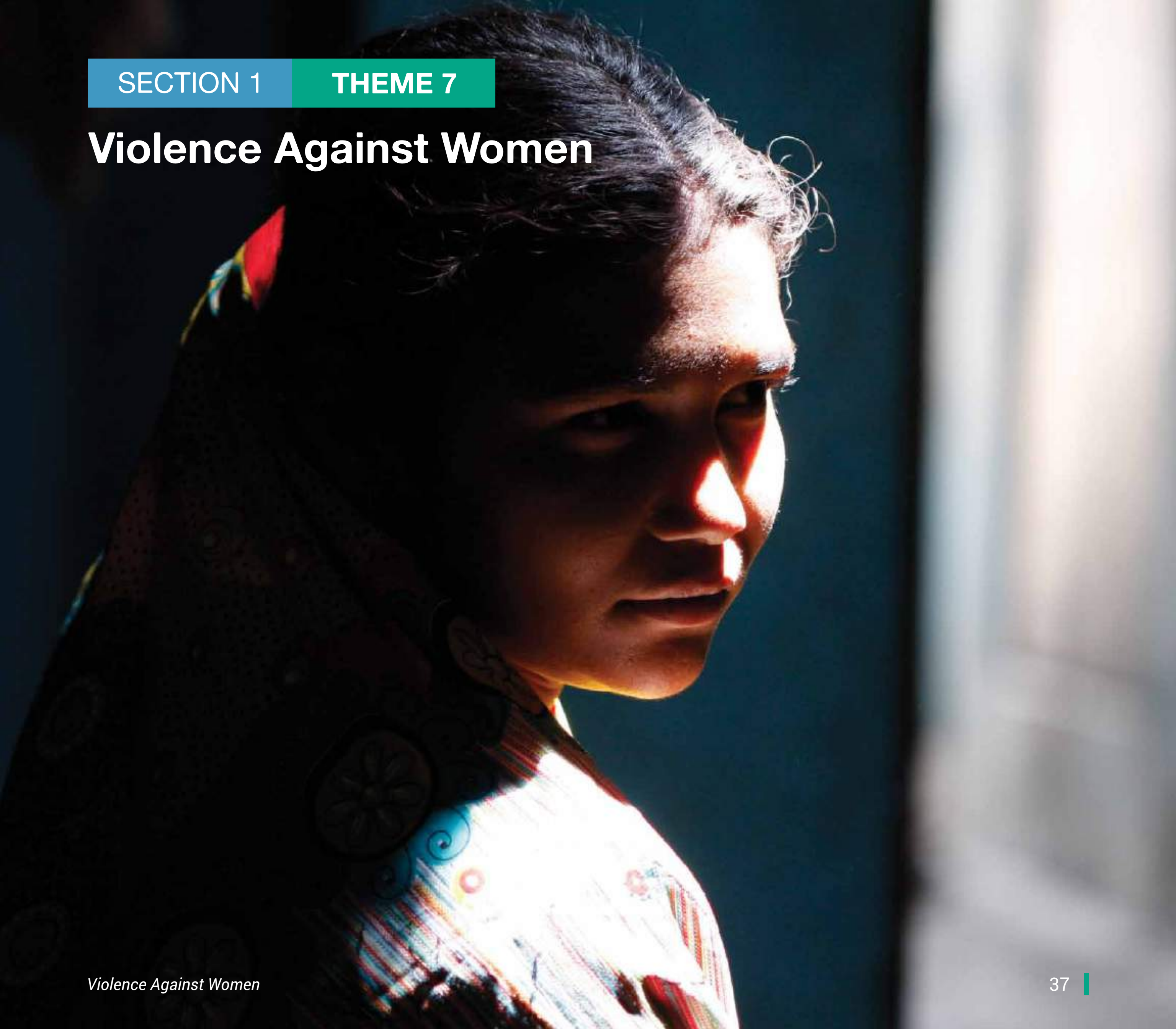
CASE STUDY

Vaishnavi, 22 years old lives in Bagalkot district (Chaitanya Mahila Sangh, CSC Mudhol). She is a double orphan and currently stays with her paternal uncle, who lives with his wife and children. Her uncle's wife discriminated Vaishnavi by keeping her plates and utensils separately and disallowing her to have food with others. Vaishnavi was asked to wash her clothes separately too. She could not concentrate on her studies and discontinued her college education (BA).

CSC team had an in-depth discussion with her uncle to highlight the need for continuing her education and provided support to her from local donors. Her uncle assured to support her to continue her education and promised to intervene in the family to stop the discrimination against her. Her uncle ensured that he will support in all ways to enable Vaishnavi to lead her life in dignity and be financially independent.

PARTNERS

The program is implemented by KNP+ (state level network partner), 37 community based organisations and 3 NGOs including Samraksha, Mahesh Foundation and Asha Kirana.



SECTION 1 **THEME 7**

Violence Against Women

7.1 Samvedana Plus Program

The project Samvedana Plus intends to reduce violence and increase condom usage among Female Sex workers (FLWs) in an intimate partnership (IP). It intervenes with men who are violent, women who face abuse and the wider society in order to change disempowering gender norms. The project broadly intends to understand about the influence of structural factors on HIV risk and vulnerability in FSWs' intimate partnerships.

The program covers approximately 800 FSWs and their IPs living in 47 villages in two talukas of Bagalkot district in Northern Karnataka

35%
of women worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner at some point in their lives.

70%
of women have experienced physical and/or sexual violence from an intimate partner in their lifetime, according to some national studies.

Women who have been physically or sexually abused by their partners are more than twice as likely to have an abortion, almost twice as likely to experience depression, and in some regions, 1.5 times more likely to acquire HIV, as compared to women who have not experienced partner violence.

KEY INTERVENTIONS AND APPROACH

The intervention organizes FSWs into collectives, strengthens the capacities of sex worker community-based organization (CBO), provides individual and couple counselling to FSWs and their partners and engages with local communities.

The program implementation is done at three levels:

a. **Individual level** i.e., FSWs and their IPs

b. **CBO level** (with CBO staff, community board members, and crisis management teams)

c. **Wider community level** to which FSWs and their partners belong (village and community leaders, neighbours, Panchayati Raj institutions and SHGs).

a. INDIVIDUAL LEVEL

FSWs:

- By the end of financial year 2015-16, 425 FSWs have been registered. Of which, 360 FSWs are utilizing the programme services. On an average, 280 women were met on a monthly basis through community outreach and approximately 199 FSWs are counselled every month
- Group sessions are organised at village level to disseminate information on understanding relationships, IPV, laws and rights, etc. 303 women from 30 groups have completed all the group sessions
- 360 FSWs have developed safety plans
- 3 special events have been organised to build solidarity among FSWs in which 215 women have participated
- 114 cases have been reported and addressed by ORWs and Crisis Management Team at village level
- 560 female condoms and 26,904 male condoms have been distributed during the last year.

IPs:

- By the end of financial year 2015-16, 482 IPs have been registered, of which, 388 IPs are utilizing the programme services related to health and violence on a regular basis. On an average, 288 men have been met on a monthly basis through community outreach
- Group of 15-20 IPs have been mobilised at cluster level. 211 IPs from 10 groups have completed all the sessions
- 2 couple events have been organised benefitting 31 couples to reinforce violence free relationships
- 99 couples counselled during the last year

b. BOARD LEVEL

- Capacity building of Community Based Organisation (CBO) and Crisis Management Team (CMT) members to establish effective dispute resolution mechanism and establishment of women's rights. Total 24 members consisting of CBO and CMT have been trained on the functioning of CMT

- Monthly review meetings of CBO and CMT are held once in a month. The projects undertaken by the CBO reviews and prepare an action plan for effective redressal of the cases in the field.

c. COMMUNITY LEVEL

- Street plays conducted in 20 villages of project intervention area to increase awareness on issues related to women and recognising violence among them.

- 13 village level events organised at community level

ACHIEVEMENTS

- Preparation of a photo essay on *'Rural Sex Workers in South India Ask their Men for Love without Abuse'* in collaboration with Rebecca Ladbury from MRC, the funding agency.
- Dissemination of research findings through participation in two international conferences held in South Africa and Bangladesh and two peer-reviewed publications in international journals.

SUPPORTED BY

It is funded by the United Nations Trust Fund to End Violence against Women (UNTF), What Works to Prevent Violence against Women and Girls consortium and University of Manitoba Canada, and implemented by KHPT in partnership with Chaitanya AIDS Tadegattuwa Mahila Sangha (CATMS), a community-based organisation of sex workers in Northern Karnataka, India. The program's monitoring and evaluation component is funded by the STRIVE, a research program consortium funded by Department for International Development (DFID), based at the London School of Hygiene and Tropical Medicine.

CASE STUDY

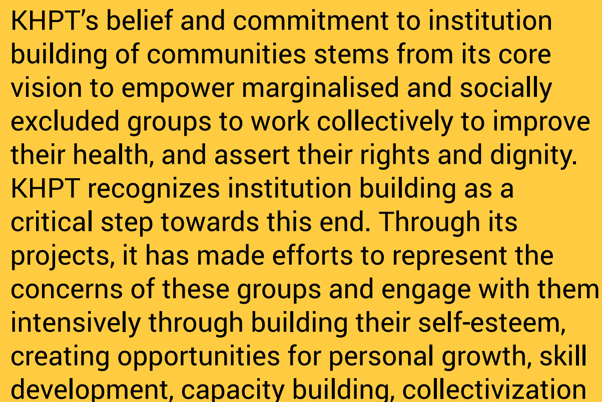
Mahadevi Patil is a 35 years old widow woman practicing sex work. She has two intimate partners who refuse to use condoms with her. After attending group reflection sessions conducted by CBO Samvedna Plus, she shared "we believe and trust our clients so we do not use condoms with them but now I realise that there are chances of my partners having intimate relationships with other women so I cannot take risk." Now she uses female condoms effectively to protect herself from STIs. "Initially, I had fear but now I can use it confidently."

—

Mahadevi Patil,
Sex worker

SECTION 1 **THEME 8**

Community Institution Building



KHPT's belief and commitment to institution building of communities stems from its core vision to empower marginalised and socially excluded groups to work collectively to improve their health, and assert their rights and dignity. KHPT recognizes institution building as a critical step towards this end. Through its projects, it has made efforts to represent the concerns of these groups and engage with them intensively through building their self-esteem, creating opportunities for personal growth, skill development, capacity building, collectivization and institution building leading to their empowerment and mainstreaming. It has worked with vulnerable groups such as female sex workers (FSWs), sexual minorities, transgenders, people living with HIV/AIDS, SC/ST women, adolescent girls from backward communities, migrant workers and frontline health workers such as the ASHA, Anganwadi workers. It has been instrumental in building community based organizations (CBO), SHGs, Cooperatives, and grass root structures like the VHSNCs (Village health sanitation and nutrition committees)

KEY ACTIVITIES

- During year 2015-16, we initiated our engagement with 347 SHGs in Devadurga and 754 in Chincholi taluks in Raichur and Gulbarga districts to encourage the participation of women groups in the production and marketing of EDF in the two project blocks.
- We engaged with around 16 ARS as part of the FRU intervention to increase community participation and involvement
- Our engagement with Village Health Sanitation and Nutrition Committees (VHSNCs) and gram panchayats continue in Koppal to involve community structures in enhancing the effectiveness of MNCH related interventions
- We continue to work with the sex workers CBOs in Bijapur and Bagalkot districts to implement our programs Samvedana plus and Samata. The community women continue to be active partners in all our field level initiatives

OUR ENGAGEMENT WITH SDMCS

School Development and Monitoring Committees (SDMCs) are community led committees formed to oversee school functioning, ensure community participation in all aspects of education, motivate teachers to deliver quality education, increase accountability and transparency in school administration, and mobilize local resources for school development.

Samata Project is working with 63 SDMCs in Bagalkot and Bijapur districts covering 1123 members (775 male and 348 female). Totally 17 batches of SDMC members trainings were held during project period, covering 435 members belonging to 47 SDMCs.

Project Samata worked with SDMCs to make girls' education more relevant, rewarding, safe, and responsive to girls' needs.

Samata works with SDMCs had the following objectives:

1. improve the tracking of girls in schools by school teachers and SDMCs
2. improve safety and gender equity in schools
3. build the skills of school staff to educate girls, and to strengthen understanding of gender issues among staff and SDMC
4. enhance the opportunities in school for girls to develop leadership skills

SECTION 2

Resources

2.1 Publications

MNCH

1. Community Level Interventions for Improving Maternal Neonatal and Child Health – Training Tool Kit
2. Improving Management and Delivery of Outreach Services, Shaping Demand and Strengthening Accountability – Process Documentation of Community Intervention
3. Approaches to Improving Quality of MNCH Sevices in 24/7 PHCs – Mentor's Manual Vol 1
4. Skilled Birth Attendance Care During Labour, Delivery and Postnatal Periods at 24/7 PHCs – Mentor's Manual Vol 2
5. Essential New Born Care at 24/7 PHCs- Mentor's Manual Vol 3
6. Approaches to Improving Quality of MNCH Services in Primary Health Centres – Facilitators Manual Vol 1
7. Skilled Birth Attendance During Labour, Delivery and Postnatal Periods at 24/7 PHCs – Facilitators Manual Vol 2
8. Essential New Born Care at 24/7 PHCs – Facilitators Manual Vol 3
9. Technical Briefs
10. On-Site Mentoring for Improved Quality of Delivery and Postpartum Care at 24/7 Primary Health Centres – Process Documentation of Mentors

OVC

11. Mahithi Kosha – Dharwad, Belgaum, Bijapur, Bellary, Bagalkot – Resource Directories
12. Technical Brief

Samvedana Project

13. Perspectives on Sex Work & Media - Facilitators Manual
14. Reducing Violence Against Marginalised Women & Women Sex work Sensatisation of Police – Police Training Manual

SECTION 3

Finance

KARNATAKA HEALTH PROMOTION TRUST (KHPT)

No.1-4, IT Park, Behind KSSIDC Admin. Office, Rajajinagar Industrial Area, Rajajinagar, Bangalore - 560 044

Balance sheet as at 31st March, 2016 - Consolidated

Particulars	Schedule	31st March, 2016 (Rupees)	31st March, 2015 (Rupees)
I Sources of Funds			
1 Reserves			
Corpus fund	1	10,000	10,000
General Reserve	2	4,68,08,407	4,41,24,817
Grant Received in Advance	3	5,52,14,825	5,79,45,020
Total		**10,20,33,232**	**10,20,79,837**
II Application of Funds			
1 Current Assets, Loans and Advances			
Cash and Bank Balances	4	9,41,77,078	9,37,61,874
Loans and advances	5	1,17,20,729	1,12,36,256
Total		**10,58,97,807**	**10,49,98,130**
2 Less : Current liabilities and provisions			
Current Liabilities	6	35,37,687	24,45,876
Provisions	7	5,87,981	4,72,417
Total		**41,25,668**	**29,18,293**
Net current assets		**10,17,72,139**	**10,20,79,837**
Total		**10,17,72,139**	**10,20,79,837**

KARNATAKA HEALTH PROMOTION TRUST (KHPT)

No.1-4, IT Park, Behind KSSIDC Admin. Office, Rajajinagar Industrial Area, Rajajinagar, Bangalore - 560 044

Statement of Income and Expenditure - Consolidated

Particulars	Schedule	For the year ended 31st March, 2016 (Rupees)	For the year ended 31st March, 2015 (Rupees)
Income			
Grants Received - Utilized	3	21,78,13,591	25,58,67,200
Interest Income	8	69,41,681	77,43,039
Donations Others		78,500	-
Sale of Assets		4,03,665	4,56,997
Exchange Difference & Misc Income		1,57,956	4,34,643
Income from Professional Charges		2,93,000	
Total		**22,56,88,393**	**26,45,01,880**
Expenditure			
Programme Expenses	9		
-Grants to NGO's		5,32,91,926	5,36,64,524
-Grants to NGO's in Kind		1,31,964	-
-Implementation Expenses		11,14,53,137	8,09,06,956
-Training and Capacity Building Expenses		92,65,303	1,12,76,019
Personnel Expenses	10	2,21,72,075	7,94,28,686
Administrative and other expenses	11	2,66,90,398	3,42,26,702
Total		**22,30,04,804**	**25,95,02,887**
Excess of Income over Expenditure transferred to General Reserve		**26,83,589**	**49,98,993**

KARNATAKA HEALTH PROMOTION TRUST (KHPT)

No.1-4, IT Park, Behind KSSIDC Admin. Office, Rajajinagar Industrial Area, Rajajinagar, Bangalore - 560 044

	As at 31st March, 2016 (Rupees)	As at 31st March, 2015 (Rupees)
Schedules forming part of the accounts -Consolidated		
Schedule 1: Corpus Fund		
Opening balance	10,000	10,000
	10,000	**10,000**
Schedule 2: General Reserve		
Opening balance	4,41,24,816	3,91,25,824
Add: Transferred from Income & Expenditure A/c	26,83,589	49,98,993
	4,68,08,407	**4,41,24,817**
Schedule 3: Grant Received in Advance		
Opening balance	5,79,45,019	6,95,34,526
Grants Received during the year		
University of Manitoba	4,84,71,756	12,64,24,166
POP Council	34,69,721	-
WHO	-	19,05,130
LSHTM	90,47,130	1,57,58,300
CBCI Society for Medical Education	-	26,93,350
Abt Associates Inc	4,96,295	2,08,24,452
MAC AIDS FUND	53,20,825	29,30,000
Geneva Foundation for Medical Research (GFMER)	1,35,040	3,26,394
United States Agency for International Development-O'	4,66,11,573	1,05,21,509
American Jewish World Service	15,57,000	30,47,500
United Nations Development Programme	-	1,11,366
ViiV Healthcare UK Ltd	1,59,15,406	-

South African Medical & Research Council	50,19,000	-
India Cares (AHF India)	1,78,680	-
Global Alliance for Improve Nutririon	16,85,000	-
-	-	
ICMR	-	10,24,777.00
GOK	-	12,50,000.00
WCD-Sabala	-	9,38,000.00
WCD-Special Care Programme	4,64,865.00	8,00,000.00
India HIV/AIDS Alliance	5,32,75,286.00	5,77,81,755.00
Kavin Corporation	-	2,04,000.00
OVC Contribution Staff & Others	10,000.00	73,375.00
Karnataka State Rural Livelihood Promotion Society	1,39,94,770.00	-
Azim Premji Philanthorphyic Initiative	1,42,34,000.00	
Indegene-TB-Care	2,77,200.00	
	27,81,08,566	**31,61,48,601**
Less:		
Refund of Grant Funds		
-		
KSAPS-Sampoorna-LWS	-	2,78,663.00
ICMR-Assessment of Sexual & Reproductive Health	34,08,275.00	-
MSACS-LWS	-	12,24,069.00
WCD-Sabala-Bijapur	-	13,097.00
ICMR Study-Pune	-	3,85,909.00
UNWomen	15,13,920.00	
Exchange Fluctuation Income transferred	1,57,955.79	4,34,643.49
Grant Utilized transferred to Income & Expenditure Account	217813590.8	255867200.1
	22,28,93,742	**25,82,03,582**
Grant Received in Advance	**5,52,14,824**	**5,79,45,019**

KARNATAKA HEALTH PROMOTION TRUST (KHPT)

No.1-4, IT Park, Behind KSSIDC Admin. Office, Rajajinagar Industrial Area, Rajajinagar, Bangalore - 560 044

	As at 31st March, 2016 (Rupees)	As at 31st March, 2015 (Rupees)
Schedules forming part of the accounts - Consolidated		
Schedule 4: Cash and bank balances		
Cash in Hand	2,90,645	3,40,089
Balance with Schedule Banks	-	
- in savings accounts	5,38,86,433	2,34,21,785
- in deposit accounts	4,00,00,000	7,00,00,000
	9,41,77,078	**9,37,61,874**
Schedule 5: Loans and advances		
Advances recoverable in cash or in kind or for value to be received	30,37,605	60,20,675
TDS receivable	36,38,153	19,29,240
Deposits	50,44,970	32,86,340
	1,17,20,728	**1,12,36,255**
Schedule 6 : Current liabilities		
TDS payable	11,23,842	9,99,328
Sundry creditors	20,03,147	9,60,625
Other liabilities	4,10,698	4,85,923
	35,37,687	**24,45,876**
Schedule 7 : Provisions		
Accruals	5,87,981	4,72,417
	5,87,981	**4,72,417**

KARNATAKA HEALTH PROMOTION TRUST (KHPT)

No.1-4, IT Park, Behind KSSIDC Admin. Office, Rajajinagar Industrial Area, Rajajinagar, Bangalore - 560 044

Schedules forming part of the accounts - Consolidated

	As at 31st March, 2016 (Rupees)	As at 31st March, 2015 (Rupees)
Schedule 8: Interest Income		
From Savings Bank Accounts	12,34,801	14,23,890
From Fixed Deposits with Bank	57,06,463	62,60,900
Interest on IT Refund	418	58,249
	69,41,681	**77,43,039**
Schedule 9 : Programme Expenses		
-Grants to NGO's	5,32,91,926	5,36,64,524
-Grants to NGO's in Kind	1,31,964	-
-Implementation Expenses	11,14,53,137	8,09,06,956
-Training and Capacity Building Expenses	92,65,303	1,12,76,019
	17,41,42,330	**14,58,47,499**
Schedule 10 : Personnel Expenses		
Salaries	1,05,35,028	3,22,38,531
PF Employers' Share	24,30,687	29,16,732
Leave Encashment	1,01,298	27,921
Leave Travel Allowance	15,26,249	18,30,730
Consultancy Charges	44,70,057	3,85,61,496
Recruitment Expenses	1,99,247	1,71,763

Recruitment Expenses	1,99,247	1,71,763
Gratuity	1,54,409	11,07,933
Insurance-Staff	24,03,178	25,73,580
Overtime Allowance	3,37,372	-
Relocation Charges-Joining	8,750	-
Relocation Charges-Transfer	5,800	-
	2,21,72,075	**7,94,28,686**

KARNATAKA HEALTH PROMOTION TRUST (KHPT)

No.1-4, IT Park, Behind KSSIDC Admin. Office, Rajajinagar Industrial Area, Rajajinagar, Bangalore - 560 044

	As at 31st March, 2016 (Rupees)	As at 31st March, 2015 (Rupees)
Schedule 11 : Administrative and other expenses		
Fixed Assets		
Computers	17,76,290	23,83,606
Furniture & Equipments	2,91,958	4,65,802
Communications	-	
Courier Charges	1,85,982	5,79,256
Data Card Expenses	8,57,470	11,72,641
Email/internet & Wireless	54,449	94,596
Internet Charges	2,21,124	2,44,886
Mobile Charges	8,68,935	8,04,062
Postage & Telegrams	787	749
Telephone Charges	1,94,512	1,61,746
Office Running Expenses	-	
AMC for Equipments & Others	5,88,897	7,66,649
Bank Charges	89,140	33,410
Books & Periodicals	40,483	1,09,791
Computer Running Expenses	81,246	2,26,054
Electricity/Water /Maintenance Charges	10,93,837	10,36,901
Insurance -Assets	1,15,102	1,51,903
Insurance -Cash	5,649	9,910
Office Expenses	1,08,190	-
Office Repairs and Maintenance	7,94,221	3,51,875
Printing & Stationery	4,97,578	9,93,236
Rent-Office	46,88,082	41,44,263
Rent - Others	4,80,325	4,80,085
Security Service Charges	-	15,000
Software Expenses	41,127	83,107

Staff Welfare-Tea/coffee/meal	1,47,578	2,16,914
Website Development & Maintenance	73,868	
Travel Expenses-Staff & Consultants	-	-
Local Conveyance	69,534	1,61,028
Travel Expenses-International	20,80,182	48,15,669
Travel Expenses-National-Accommodation	21,11,754	31,86,258
Travel Expenses-National-Air tickets	24,64,945	24,95,212
Travel Expenses-National-Others	15,77,485	15,50,131
Travel Expenses-National-Perdiem	18,37,965	24,20,778
Travel Expenses-National-Train/Bus	14,88,985	16,84,880
Vehicle Repair & Maintenance	-	
Vehicle-Insurance	77,121	70,444
Vehicle-Repair & Maintenance	8,70,778	28,83,762
Professional Charges-Audit Fees	-	-
Audit Fees-Other Services	7,14,819	-
Audit Fees-FY-2014-15	-	2,85,000
Audit Fees-FY-2015-16	1,00,000	-
Professional Fees	-	1,47,098
	2,66,90,398	**3,42,26,702**

SECTION 4

Management Team

BOARD OF TRUSTEES

- **Mohan HL, Managing Trustee**
  Mohan HL is a social scientist with three decades of experience as a Senior Technical Advisor for programmes, communications and community interventions. Presently, as the Managing Trustee of KHPT, he leads and provides overall direction to management of programmes, communications and community mobilisation systems and activities. Prior to joining KHPT, he has spent more than two decades in government and non-government organisations. He has worked as an advisor and consultant in several development projects of UNFPA, UNESCO and UNICEF, within the country as well as outside.

- **Stephen Moses, Trustee**
  Stephen Moses is a Professor of Community Health Sciences at the University of Manitoba, and Country Director for the University's HIV and AIDS programmes in India. He has spent more than two decades in applying the discoveries and methods of medical science to public health programming and policy globally. He has pioneered HIV prevention programmes in Kenya and India, forged institutional alliances for international scientific study collaboration, and led research programmes throughout Asia and Africa.

- **Ramesh BM, Trustee**
  Ramesh BM is a demographer by training, he has more than two decade of experience in teaching, research, programme implementation, monitoring and evaluation in the field of demography, maternal, newborn and child health, and HIV/AIDS. He is among the first coordinators of the National Family Health Survey (NFHS-1992-93), the largest household survey conducted in India.

- **Srinath Maddur, Trustee**
  Srinath Maddur consults for national and international organisations in capacity building initiatives and has developed, implemented and managed several capacity building strategies. He has more than a decade of experience in the field of HIV and AIDS. He has worked extensively with exploited children and people living with HIV.

- **James Blanchard, Trustee**
  James Blanchard is Director at Centre for Global Public Health in University of

Manitoba. He has been advising and providing technical support for HIV prevention and care programmes since the inception of KHPT. He has spent more than a decade working on HIV prevention in South Asia; as a contributor to the design of India's National AIDS Control Programme, as a member of a CIDA-sponsored technical support team assisting Pakistan's Ministry of Health with its second generation HIV/AIDS surveillance project, and as a member of a World Bank appointed team that mapped high risk populations in Afghanistan.

The Project Director of Karnataka State AIDS Prevention Society and Director of the Department of Health and Family Welfare, Government of Karnataka also serve as trustees on the board.

SENIOR ADVISORY TEAM

- **Shajy Isac, Technical Advisor, Monitoring & Evaluation, Research & Special Studies**
  Shajy Isac currently heads University of Manitoba's research team in India. He has over eighteen years of experience in research and monitoring and evaluation of programmes in India and abroad. He has designed and implemented monitoring and evaluation frameworks for HIV prevention and care, and maternal and child health programmes in India and globally. He has been providing technical support in epidemic appraisals, and developing monitoring and evaluation framework for programmes in many countries in Asia, Africa and Europe through University of Manitoba Technical Support initiative.

- **Senthil Murugan, Technical Advisor, Knowledge Management**
  A social scientist with extensive experience with the United Nations and other funding and implementing agencies, Senthil Murugan leads IHAT's learning and sharing initiatives, including Karnataka State AIDS Prevention Society's Technical Support Unit (TSU). He has developed national policies and strategies for high risk groups (HRGs), studied the socio-economic condition of female sex workers (FSWs) and their children, and managed HIV prevention programmes in Kerala, Karnataka and Tamil Nadu.

- **Parinita Bhattacharjee, Technical Advisor, Programmes**
  Parinita Bhattacharjee is the Senior Technical Advisor for HIV Prevention, Africa

Programmes, at University of Manitoba. She helps the government of Kenya scale up key population programmes, specifically by foregrounding the development of policy, structural intervention, and performance frameworks for these programmes. She has been a core member of high-level technical consultation groups and task forces on HIV/AIDS for USAID, World Bank, the WHO, UNFPA, Bill & Melinda Gates Foundation, and the governments of India, Sri Lanka, Bhutan, and Kenya.

- **Reynold Washington, Technical Advisor, Health Systems and Services**
  Reynold Washington is a community health specialist with over two decades of teaching, programmatic and research experience. He is recognised for his leadership in scaling up HIV prevention and care services, training systems and research across Karnataka and other states in India. He is a technical resource member for the World Health Organisation (WHO), the Indian Council of Medical Research (ICMR), the National AIDS Control Organisation (NACO), and the Karnataka State TB Operations Research Committee.

- **Krishnamurthy Jayanna, Technical Advisor, Quality Improvement**
  Krishnamurthy Jayanna is a physician and a public health specialist, specifically in the areas of sexual, reproductive, maternal and new born health. He holds a post-doctoral fellowship from International Infectious Disease and Global Health Training Program offered by University of Manitoba, Canada. He is an Assistant Professor at the Department of Community Health Science at University of Manitoba, Canada.

- **Shiva Halli, Technical Advisor, Research**
  Shiva Halli is currently a Technical Advisor to the India Health Action Trust and Consultant to the UP Technical Support Unit. He is a Professor at the University of Manitoba for last 29 years and founding member of the University's HIV/AIDS prevention programme team in Karnataka. He was a member of the Evaluation Advisory Group of the Bill and Melinda Gates Foundation for HIV/AIDS programme in India.

- **Vikas Gothalwal - IAS, the Executive Director of the Uttar Pradesh Technical Support Unit (TSU) serves as a Senior Advisor to KHPT.**

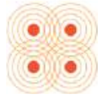
SECTION 5

Funding Partners

USAID
UNITED STATES AGENCY INTERNATIONAL DEVELOPMENT
USAID
FROM THE AMERICAN PEOPLE

GOVERNMENT OF KARNATAKA

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन


STRIVE
Tackling the structural drivers of HIV

Azim Premji
Philanthropic
Initiatives

LONDON
SCHOOL of
HYGIENE
&TROPICAL
MEDICINE

WhatWorks
TO PREVENT VIOLENCE
A Global Programme To Prevent
Violence Against Women and Girls

India
HIV/AIDS
Alliance

EST. 1877
UNIVERSITY
OF MANITOBA

gain
Global Alliance for
Improved Nutrition

St. John's
Research Institute

ViiV
Healthcare

indegene

Sanjeevini

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