

KHPT
engage, innovate, empower

APRIL 2018 - MARCH 2019

ANNUAL REPORT



KHPT Annual Report 2018-19

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The information contained in this annual report concerns the organization's performance and is based on management's views following information available at the time of issue.


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MESSAGE FROM THE C.E.O.



KHPT has ended yet another successful year with satisfactory results. Despite the increasingly challenging environment, we have continued to grow in our endeavours. At KHPT, we are zealous about making a remarkable impact in everything we do. To keep achieving this, we will reform and reorganize our organizational structure for the first time in 20 years. The new system will ensure that our employees gain the right experience that will help them grow into specialists and become more meritocratic, to guarantee that the right people are in the right positions and enhance our talent distribution throughout the KHPT family. Those steps will be carried out in parallel to appropriate reorganizations that will prepare us to deal with changes in our functional environment.

We are delighted and honoured for the valuable contribution made by our frontline workers, donors, partners, government functionaries and the advisory board members. 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
Chief Executive Officer

OUR VISION

Communities in India are empowered to lead a life of quality health and well-being.

OUR MISSION

To reduce inequalities in health by building responsive systems through evidence-driven approaches.

THE INTENDED IMPACT

Strengthening health systems to achieve population-level impact.

KHPT's social ambition is to achieve population-level through a system change approach by adopting three core strengths

EVIDENCE GENERATION (PROGRAM SCIENCE)

Applying scientific knowledge for program design and implementation.

GRASSROOTS COMMUNITY CONNECT

Placing the community at the centre.

GOVERNMENT RELATIONSHIP

Forging strong partnerships with government at all levels.

STRENGTHS

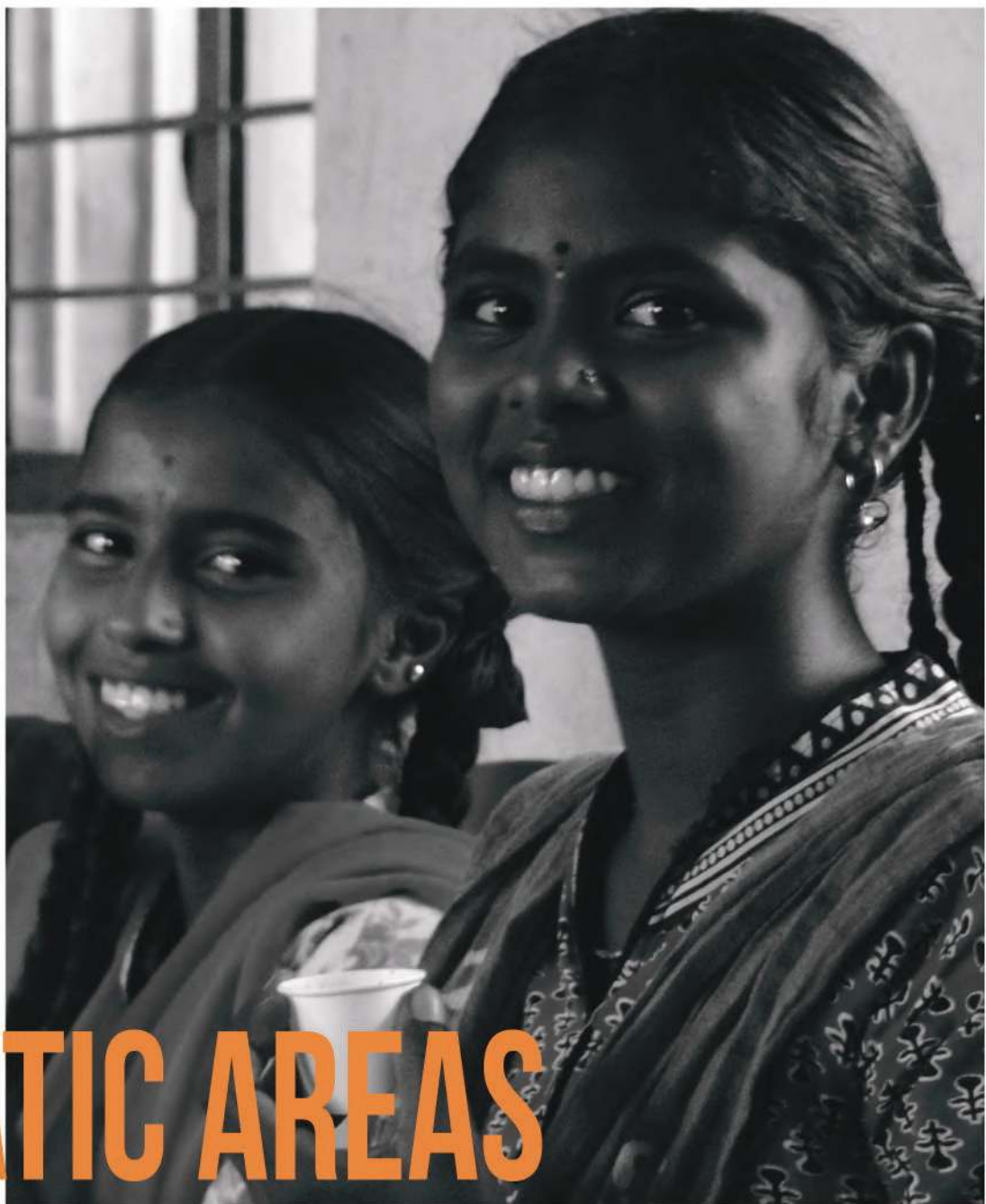
01 Maternal,
Neonatal and
Child Health

HIV / AIDS 02

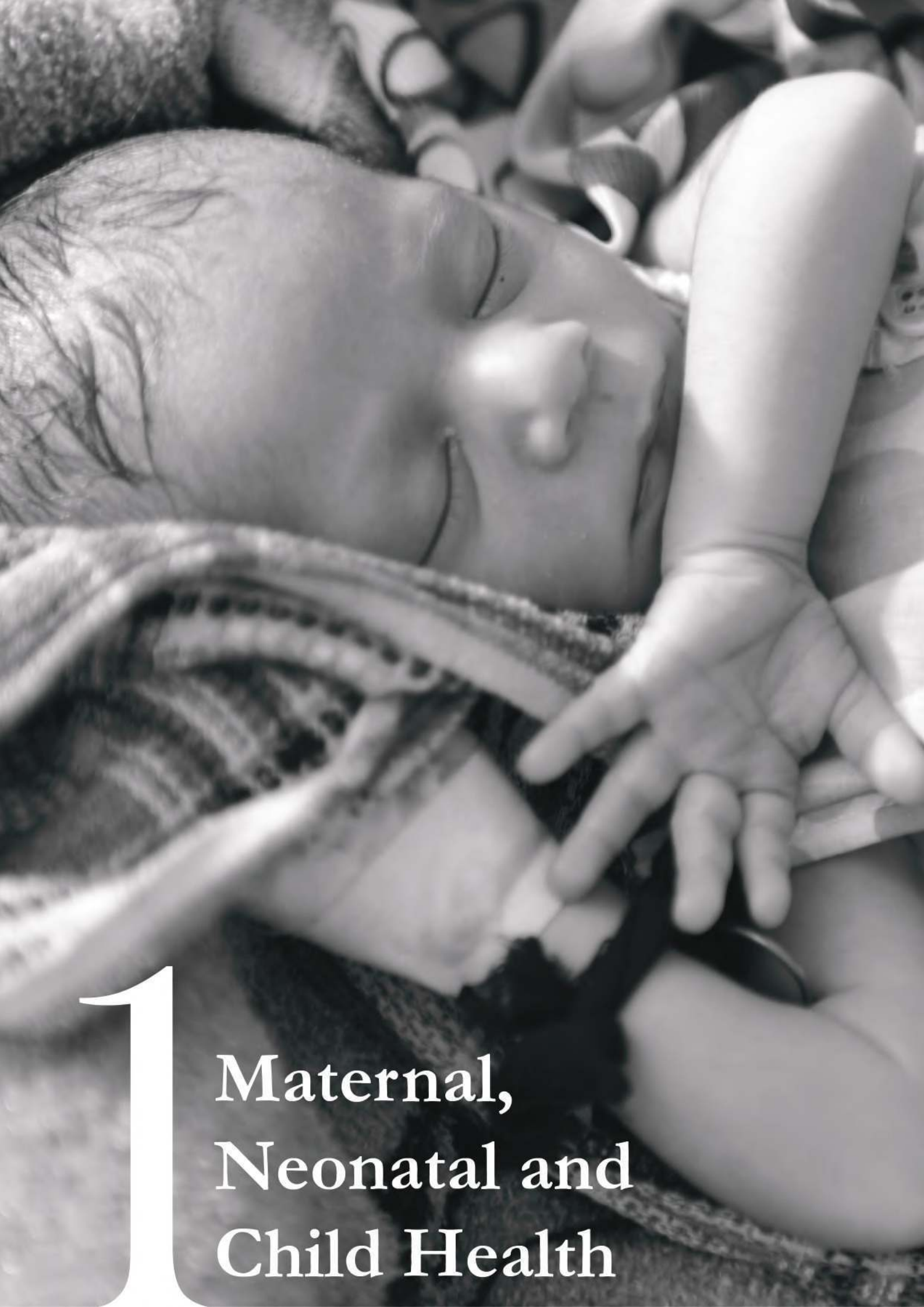
03 Tuberculosis

Adolescent
Health 04

05 Comprehensive
Primary
Health Care



THEMATIC AREAS



1 Maternal, Neonatal and Child Health

PROJECT NAME

Kangaroo Mother Care (KMC)

GEOGRAPHY

Koppal District,
Karnataka

Objective: To develop, implement and evaluate an innovative implementation model designed to attain Kangaroo Mother Care (KMC) coverage of 80 per cent among all eligible babies with a birth weight below 2000 grams in one under-served district of Karnataka state (Koppal district). Though the project period is from July 2016 to June 2018, the project has got a no-cost extension until March 2019.

KEY HIGHLIGHTS

- Day-long events at the district, taluk and facility levels to celebrate the accomplishments of implementing KMC in Koppal district.
- Median duration of KMC increased from 2.3 hours on the day before discharge to about **10 hours**.
- **86%** of all Low Birth Weight (LBW) babies initiated on KMC
- **60%** of all LBW babies received effective KMC (exclusive breastfeeding and skin to skin contact for at least 8 hours of the day).
- **62%** of the babies received KMC at home one week after discharge of which **42%** received effective KMC at home.
- **54%** of the babies received effective KMC at home 28 days after discharge and out of them, **29%** of babies received effective KMC.
- Overall Neo-natal Mortality Rate (NMR) was **24%** among the babies born with a birth weight of **<2000gms**, **5.6%** NMR among the babies who practised KMC and **59%** among the babies who were not initiated on KMC.
- A state-level dissemination workshop on KMC was conducted on 30th April 2019 to share the experiences and learnings from the pilot with key state-level officials, District Program Officers and implementation teams including District Health Officers, District Reproductive and Child Health Officers (RCHOs), Special Newborn Care Unit (SNCU) Nodal Officers, Counsellors, KMC nurses and ASHA mentors from the National Health Mission (NHM) and the Department of Health and Family Welfare, Government of Karnataka. Staff members from KHPT and St. John's Research Institute (SJRI) were also present at the event.

Mr Balu (name changed) works as a data entry operator (DEO) in the Gram Panchayat in Gangavathi taluk, Koppal district. His wife delivered twin babies in July 2018 in a private hospital in Dharwad district. The babies weighed 1900 grams and 1995 grams respectively. After discharge from the hospital, the mother returned to Gangavathi taluk. They learnt about KMC from the ASHA of their village when she visited their home. She counselled them about the importance of KMC and also about foster KMC (KMC provided to the child by someone other than its mother). Balu shared the responsibility of providing KMC along with his wife. With their joint effort, the babies gained weight in two weeks. His experience in giving KMC to his babies motivated him to spread the message around KMC in his neighbourhood. He has counselled family members about 10-12 pregnant women and three LBW babies. He keeps talking about KMC in the monthly Gram Panchayat member meeting in his Gram Panchayat!



CA STORY FF

KEY HIGHLIGHTS

PROJECT NAME

Addressing Micronutrient Deficiencies through Edible Oil, Milk and Wheat Flour Fortification

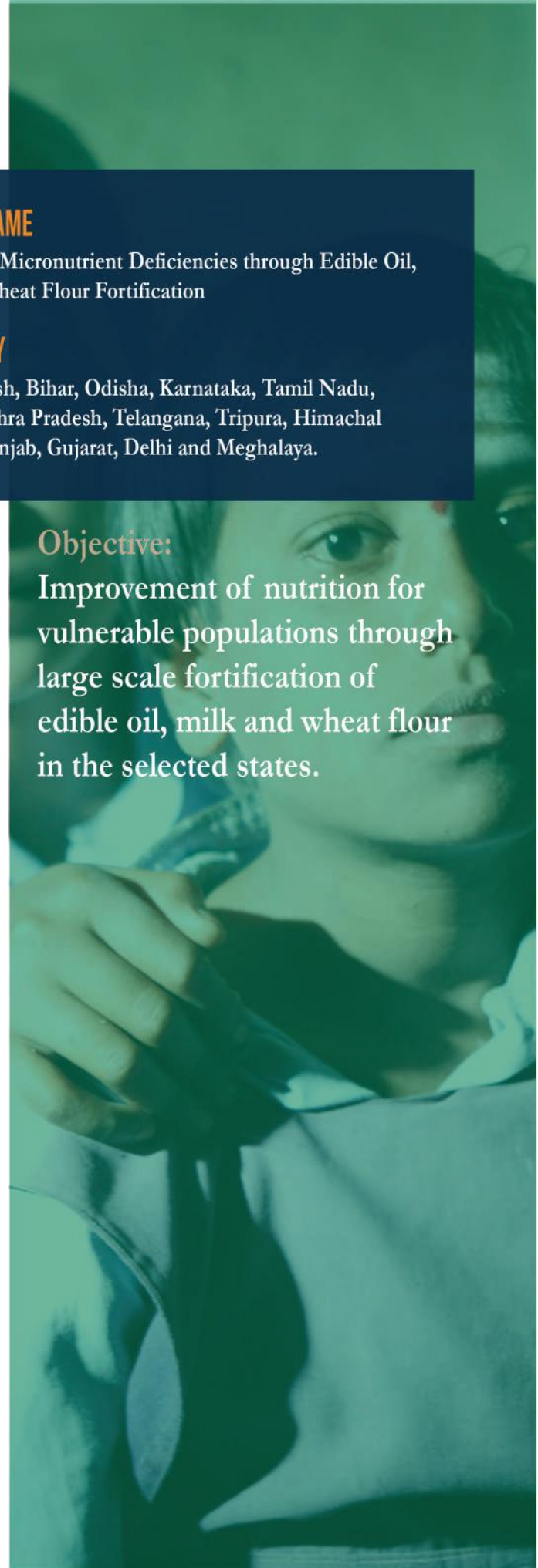
GEOGRAPHY

Uttar Pradesh, Bihar, Odisha, Karnataka, Tamil Nadu, Kerala, Andhra Pradesh, Telangana, Tripura, Himachal Pradesh, Punjab, Gujarat, Delhi and Meghalaya.

- **Over 500** officials, including food safety officers and asst. Commissioners of 6 states from Food Safety division are sensitized on fortification.
- The project organized an official launch of fortified milk and oil in Bihar by Mr Ashwini Chaubey, Union minister of state for Health at Patna, the event was hosted jointly by Government of Bihar and KHPT.
- **20** oil companies are fortifying their refined oil with vitamin A and D in 5 states.
- **12** dairies are fortifying either their toned milk, standard milk or skimmed milk with vitamin A and D in 4 states.
- **150** oil industries have been trained for the technical process of fortification across 7 states.
- **25** milk industries trained for the technical process of fortification across 5 states.
- A round table meeting held with the food safety department, women and child department, education, food and civil supplies department to effectively plan the rollout of fortification initiative in the state of Uttar Pradesh.

Objective:

Improvement of nutrition for vulnerable populations through large scale fortification of edible oil, milk and wheat flour in the selected states.



The project Addressing Micronutrient Deficiencies through Edible Oil, Milk and Wheat Flour Fortification works in close coordination with Food Safety and Drug Administration (FSDA), Government of Uttar Pradesh. Owing a strong rapport with FSDA, KHPT was introduced by the department to Dr Anita Bhatnagar Jain (IAS), who was appointed as Additional Chief Secretary to FSDA in January 2019. KHPT had a very fruitful meeting with Dr Jain, who then chaired a round table meeting involving Mid-Day Meal (MDM), Integrated Child Development Services (ICDS) and Public Distribution System (PDS) programs. FSDA now officially identifies KHPT as technical partner for food fortification in UP. With the combined effort of FSDA and KHPT, multiple edible oil fortification sensitizations and on-site trainings have been conducted in the state. As a result, among 150 trained edible oil units, 60 have already adopted fortification and the remaining are being supported by KHPT. Likewise, KHPT is also leading Bihar, UP and Kerala to mainstream fortified staples in their respective programs.



CA STORY FF

A photograph showing a child's hands being weighed on a scale. The child is wearing a patterned shirt and a red beaded bracelet. The scale is a digital platform scale with a green display showing '0.9'. The background is a solid green color.

PROJECT NAME

Karnataka Multi-Sectoral
Nutrition Pilot Project (KMNP)

GEOGRAPHY

Chincholi and Devadurga
blocks, Karnataka.

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

KEY HIGHLIGHTS

- The Karnataka Multi-Sectoral Nutrition Pilot Project (KMNP) project funded by World Bank began in the year 2015 and was completed on 30th September 2018.
- After the project tenure, Government of Karnataka extended this project for another six months i.e. from January-June 2019 with a grant of **Rs 2.275** crore rupees under the Department of Hyderabad Regional Development Board (HKRDB) through Karnataka State Rural Livelihood Promotion Society (KSRLPS).
- End line evaluation of the KMNP project was conducted by the National Institute of Nutrition (NIN) through the quantitative and qualitative data using a mixed-method approach.
- The evaluation report highlights the significant improvement in the nutritional status and overall well-being in children and adolescent girls in the intervention group as compared to the control group when using the indicators of stunting of children and anaemia in adolescent girls. The project has also been successful in bringing about multi-sectoral integration among front line health workers (Anganwadi workers, ASHAs and ANMs) in carrying out activities related to mother and children.



2

HIV/
AIDS

KEY HIGHLIGHTS

PROJECT NAME

MAC AIDS

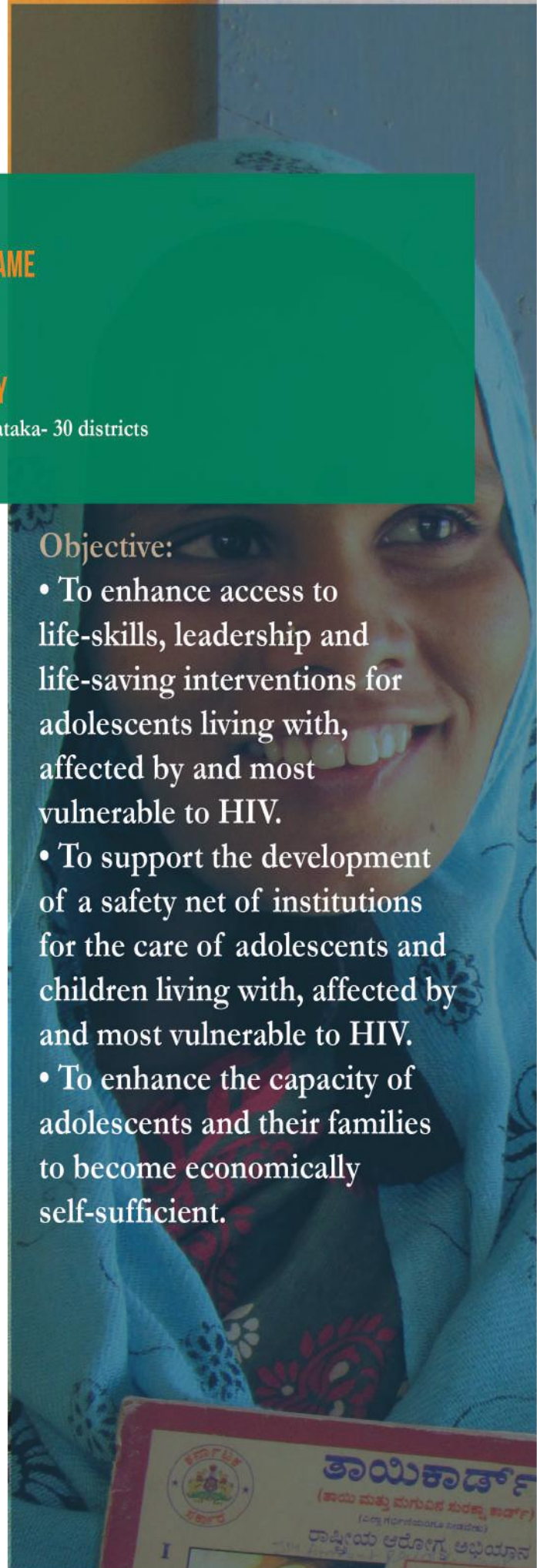
GEOGRAPHY

All of Karnataka- 30 districts

- **859** children (433 males and 426 females) participated in district level events, out of whom 60 participated in the state-level event called “Champion in Me”. 4 members got prizes.
- **862** (431 males and 431 females) children aged between 9 to 15 years participated in children camps (summer camps in all the districts).
- **155** children infected with HIV received direct counselling support from the project counsellors.
- **120** adolescents received both counselling and career counselling support during the camps.
- **1** child parliament was formed and **6** child parliaments were regularly followed up by the program.
- **17** adolescent girls participated in the Monitoring and Evaluation cum Accountant training organized by Karnataka State AIDS Prevention Society (KSAPS).
- **4** children participated in the Leadership Camp and Summer Camp at Goa.
- **1176** children are linked to social entitlement and social welfare schemes.
- **202** families started livelihood activities through interest-free loans. Rs. 5000 per family was provided to HIV positive widows on priority.

Objective:

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



CASE STORY

Shaini, 19, is the eldest daughter in a middle-class family who studied in a residential school in Kerala. She lost her mother nine years back and was ignorant that her father and brother were HIV positive. She was shocked and upset when she realized that her mother had died of AIDS.

She is pursuing a 3-year diploma course from Nettur Technical Training Foundation (NTTF), Bangalore. Since childhood, she dreamt of becoming a nurse, but after completing her second year of Pre University College, she started working in her native place to earn money to support her family.

Her father works as a daily wage labourer in Kodagu district, Karnataka and is struggling for a long-term livelihood after selling all his property in Kerala. Shaini recently came to know about the training for nursing at the Community Health Center and joined it. After completing the training course, she will be equipped to earn on her own and support her family.

Shaini visits Kodagu once a month during holidays to take care of her father and brother. Now, her dream is to complete her diploma course and earn a decent income to support them. She is happy with the training and gets a stipend of Rs. 8000 per month which takes care of her accommodation and food expenses. She also sends some of the amount to her father for meeting family expenses.



PROJECT NAME

Vihaan

GEOGRAPHY

All of Karnataka- 30 districts; 35 Care and Support Centers (CSCs) directly linked to- 64 Anti-Retroviral Therapy (ART) Centers. 1 Transgender CSC in Bangalore provides outreach services to three sites in the Central and North Karnataka.

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

KEY HIGHLIGHTS

- **147392** People Living With HIV (PLHIV) are currently active and continue to avail services (till March-19)
- **Adults- 136999 (Women – 56.01%, Men - 43.72% and Transgenders – 0.27%)**
- **Children-10393 (Males - 55.47%, Females - 44.53%).**
- **24791** individuals received counselling services in the year 2019.
- **18791** PLHIVs newly initiated on ART were followed up for adherence.
- **52727** PLHIVs with less than 80% adherence were counselled.
- **128507** stable clients were contacted and provided follow-up services.
- **5187** PLHIVs were linked to social entitlements.
- **5383** PLHIVs were linked to social welfare schemes.
- **82953** PLHIVs were screened for TB, of which **4380** PLHIVs were found with TB symptoms and **4380** referred for TB testing, **4141** underwent testing and **267** PLHIVs were diagnosed as TB positive.
- **15** Vihaan CSCs continue to function as Link ART Centres (LAC) and work as an extended arm to ART Centres reaching out to nearly **1233** PLHIVs with the support from KSAPS.
- **112** children linked to livelihood training program, with support from Alliance. Through this activity, the young adolescents and single women were linked to training programs to adhere to treatment and retain their children in the school, which subsequently will lead to delaying the marriage of those children.

CASE STORY

Parvathi, a mother of 4 children stays in a joint family. She was very happy to be a part of our initiative. The Income Generation Program (IGP), a part of the Vihaan project, she marks, was a huge support for the family after the sudden loss of her husband. It made her independent and allowed her to make a living and lead the family. Even though goat-rearing isn't a big task, she has something to look forward to, for keeping the family income running. Being a woman from a conventional family, she is the sole breadwinner and this also inspires her children.

She informed us that in total, a sum of Rs. 8000 was spent to kick-start this venture. She availed Rs. 5000 under the IGP scheme and borrowed Rs. 3000 from her father-in-law. Every month, she could pay back a sum in the range of Rs. 500 without any difficulty as this “scheme charges no interest for the money borrowed unlike others”. She feels grateful for the privilege given to the beneficiaries by the scheme. The impact of the IGP is remarkable. It has developed confidence, self-reliance and self-assurance among the beneficiaries who wanted to be self-dependent, but due to financial circumstances and lack of proper guidance, they were not able to achieve their goals



KEY HIGHLIGHTS

- **74** participants from Government, non-government and academic institutions took part in a national level dissemination meeting held on 28th March 2019 at New Delhi, in which the Samvedana Plus trial findings were presented to the key stakeholders.
- **4** manuscripts from the Samvedana Plus trial was submitted for peer-reviewed publications in a high impact international journal.

PROJECT NAME

Samvedana plus

GEOGRAPHY

Bagalkot district, North Karnataka

Objective:

To reduce Intimate partner violence (IPV) and increase condom use in intimate partnerships of Female Sex Workers (FSWs)



3 Tuberculosis

PROJECT NAME

Tuberculosis Health Action Learning Initiative (THALI)

GEOGRAPHY

THALI covers a total population of 40.9 million people in 15 districts of Karnataka, 12.8 million people in 6 districts of Telangana and 14.2 million in 3 districts of Andhra Pradesh.

Objective: THALI is a patient-centric family-focused TB prevention and care initiative that aims to facilitate vulnerable populations' access to quality TB services from health care providers of the patients' choice. THALI is funded by the United States Agency for International Development (USAID) and implemented in collaboration with TB Alert India.

KEY HIGHLIGHTS

KHPT's capacity-building initiatives:

- **65** representatives attended three Training of Trainers programs on the effective management of TB in 31 medical colleges in Karnataka.
- **772** staff were trained in **15** Continuing Medical Education programs, including District TB Officers (DTOs), Revised National TB Control Program (RNTCP) officials, members of the State Level Task Forces (STF) and Indian Medical Association.
- **1662** staff attended 40 RNTCP team training on the programmatic management of drug-resistant TB
- **206** staff participated in 7 specialists' training for effective TB management.
- **19,272** ASHAs in **15** THALI project districts were trained on TB through a satellite training initiative between June 29 and July 7.

- **36** participants from **16** districts of Telangana, and nine participants from Bengaluru, including Senior Treatment Supervisors (STS) and Senior TB Laboratory Supervisors (STLSs), were trained on counselling skills to develop a resource pool of master trainers in the two states.

- **24 districts in Karnataka, Telangana and Andhra Pradesh**
- **135 Tuberculosis Units**
- **25649709 population covered**
- **7987241 slum population covered**
- **4370 urban slums covered**
- **28099 TB symptomatic referred**
- **21893 symptomatic tested**
- **2974 patients diagnosed**
- **2881 patients tested positive**

The THALI team in Bellary found a cluster of TB patients in a home for children with intellectual disabilities and worked intensively with various local stakeholders to ensure that they received treatment and support. When Neelamma, a Community Health Worker (CHW) with THALI, went to the home in February to do a Risk and Needs Assessment (RANA) for a patient diagnosed late last year, she found six other symptomatic children. She took them for testing, and three were found positive for TB. The team was sure that there were more cases at the home but found difficult to transport the children to the hospital. They rallied the support of doctors at the Vijaynagar Institute of Medical Sciences and the RNTCP team, who helped arrange a bus and testing for all the children. All in all, 19 children were diagnosed and initiated on TB treatment. The staff at the home also began to get tested. Neelamma's work did not stop there. She had to convince the nurse to be diligent in giving the children their medication, as they could not ask for it on their own. Many of the children at the centre were malnourished, and the unhygienic conditions of the home only compounded the risks of contracting TB. Neelamma continued to work every day with the supervisor of the home to overcome these challenges and ensure that the children received nutritious food and their treatment was adhered to.



CA STORY LE

KEY HIGHLIGHTS

PROJECT NAME

Joint Effort for Elimination of Tuberculosis (JEET)

GEOGRAPHY

Bangalore city, Bangalore urban, Bangalore rural

- **4707** facilities were mapped that provided basic information on the Government of India Gazette for notification of TB and the services extended by the national TB program for all Private Providers.
- **574** Private Providers were sensitized through 10 Continuing Medical Education (CME) projects conducted across all three implementation districts.
- **51** Hubs that were networked with 405 smaller Hospitals (Spokes).
- **2776** patient sputum samples were transported for testing, of which 645 tested positive for TB (detection rate of 23%). The samples detected with TB were referred to the National Tuberculosis Institute in Bangalore for drug resistance testing.

Objective:

To set up effective and sustainable structures through a Patient-Provider Support Agency (PPSA) model to strengthen existing systems and seamlessly extend quality TB care to patients seeking care in the private sector. The project will be implemented until March 2021 with funding support from The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).



4

Adolescent Health



PROJECT NAME

Sphoorthi

GEOGRAPHY

Koppal District,
Karnataka

Objective: To improve the quality of life of 4240 adolescent girls from disadvantaged households in Koppal District, Karnataka by enhancing education, health, and nutritional status.

KEY HIGHLIGHTS

- **284** adolescent groups continue to work with the adolescent girls in **51** villages to improve the quality of life of adolescent girls.
- **568** village-level leaders, **153** cluster-level leaders and **18** district-level leaders are trained to sustain and strengthen the Sphoorthi movement.
- **40 out of 65** girls were saved from child marriages.
- **60** girls who had discontinued school due to eve-teasing, disinterest, no financial support, no support from parents, etc were convinced to re-join school.
- **100** girls informed and asked for help by calling Childline. They informed about the cases of child marriage, required facilities at school, but only **25** girls got the desired follow up.
- Girls represented the adolescent girls' problems at various district, state and national level forums and also met the Regional Commissioner of Kalburgi, and Deputy Commissioner of Koppal to apprise him and other officials of their condition and to make the general environment more conducive for girls.
- **33** high schools, in **51** villages of Koppal Block had a career guidance session for 10th standard students. **3000** children directly benefited from the same and were given a 2-pager document listing courses to be taken up after 10th.
- **86%** of the Sphoorthi girls passed SSLC in 2018, of whom **96%** continued their education further.
- Around **1000** girls from **51** villages participated in the Sports Meet and played Volleyball and Kabaddi.

- **64** interactive plays on adolescent issues were performed by **16** theatre groups comprising of **5** girls each. The community Samvad, parents' meetings, Sahitya Sammelan, etc. covering **2876** community members watched their performance in **51** villages.
- **110** Pavada Bailu shows were performed by the role model and peer girls in their villages during various occasions to create awareness about superstitious beliefs and promote scientific thinking. **5974** members attended the show.
- **27** Gram Panchayats out of **32** in the project area, formed the Child Protection Committee (CPC).
- **32** Children Gram Sabha was organized by the Gram Panchayat and the girls participated in all of them.
- **51** villages saw the coming up of Pustaka Mane (libraries) by the adolescent girls. In **32** villages they mobilized the space for library free of cost.
- **2765** peer and role model girls participated in **61** one-day exposure visits organized and led by the Role Model girls.
- Results from the end line survey show a significant increase in the mean Hemoglobin (Hb) level among Role Model Adolescent Girls (RMAGs) in the end line (10.8 Hb g/dl) compared to baseline (9.7 Hb g/dl)

CASE STORY

Annapurna from Muddabali village was in 10th standard when she joined as a peer in the Sphoorthi group. She is a very active and ambitious girl who wanted to work after completing her studies to support her parents and also fund her sister's education. After 10th she decided to opt for Humanities and was in First PUC when her uncle tried to force marriage on her. As they lived in a joint family, her parents couldn't say anything and her marriage was fixed.

Later, she got an opportunity to interact with the Koppal DC, Mr P. Sunil Kumar. Undeterred, she told him how her uncle was forcibly trying to get her married, and the DC constituted a special committee to stop the marriage. The committee visited her house and tried to counsel her uncle but in vain. She was also thrashed for raising her voice against the marriage.

Annapurna's uncle, lured by a wealthy family, fixed her marriage with a boy whose character wasn't appreciable. Yet, Annapurna was not ready to give up the fight. She informed the Sphoorthi girls, community organizers, and other project staff who called Childline. She was rescued by the Childline team the day before her marriage. She was kept at Bal Mandir and from there she appeared for her exams and passed in all the subjects.

Annapurna is now in second PUC and is also a cluster level leader who participated in the cluster level leaders' training. She has set an example for other adolescent girls in her village.



KEY HIGHLIGHTS

PROJECT NAME

Samata

GEOGRAPHY

Bagalkote and Vijayapura districts, Northern Karnataka

- **74** participants from Government, non-government and academic institutions took part in a national level dissemination meeting held on 28th March 2019 at New Delhi, in which the Samata trial findings were presented to the key stakeholders.
- **3** peer-reviewed publications were published in a high impact international journal and an additional **5** manuscripts were submitted to the journal.

Objective:

To improve the quality of life of adolescent girls by supporting entry into and retention in secondary school, thereby delaying marriage and entry into sex work.



5

Comprehensive Primary Health Care



PROJECT NAME

Strengthening Continuum of Care of Non-Communicable Diseases through an integrated urban health systems-based implementation model in Mysore City

GEOGRAPHY

Mysore City, Karnataka

Objective: Designing and implementing integrated urban health systems-based model to strengthen the continuum of care for non-communicable disease (NCD) services.

KEY HIGHLIGHTS

- Nine staff of the government Urban Primary Health Centres (UPHC) and 6 private medical officers were trained on standards of NCD care.
- 600 HBA1c tests, 500 lipid profile tests, 500 kidney function tests, 250 ECG and 250 diabetic retinopathy tests were conducted till March 2019, marking the initiation of diagnostics at the PHC for early identification of disease and management of complications.
- Over 600 patients' detailed medical history has been captured so far by the Electronic Medical Record (EMR), which helps maintain seamless management of patient health data and follow-up.
- An advanced drug management system was developed for better drug indenting and procurement.
- Over 600 patients have received counselling so far with the initiation of counselling services at PHC regarding NCD care.
- The referral system is now strengthened through networking with secondary and tertiary care hospitals for quality care/complication management; network and collaboration is done with 2 tertiary care hospitals
- The project engaged with private providers for improving the continuum of care
- The project established Health & Wellness Centers to deliver NCD specific Behavior Change Communication (BCC) messages and conducting other activities
- Over 500 patients are now registered users of an Interactive Voice Response System (IVRS), designed to deliver messages on health education.

Jamgamma (name changed) is a lady of about 60 years of age. She has been living with diabetes and high blood pressure for the last 10 years. She experienced occasional pain in her chest and was brought to the UPHC by project staff for undergoing a free of cost ECG test. Things did not seem fine as the medical officer advised her to go to the nearest hospital for further investigations.

Since inception, it has been an effort from the NCD project in Mysore at the UPHC to forge partnerships with the nearby private and government hospitals for subsidised or free-of-cost quality secondary and tertiary care for the needy patients. Jayadeva Heart Hospital in the vicinity of project location has come forward to join KHPT as one such partner. Now, Jamgamma has been assured of quality care at a very modest cost at Jayadeva hospital. The openness of facilities such as Jayadeva Hospital that support care for needy patients is commendable.



CASE STORY

KEY HIGHLIGHTS

8 Health Entrepreneurs (HEs) earned around Rs. 9700 through BP, diabetes and haemoglobin tests during November 2018-March 2019.

PROJECT NAME

Health entrepreneurship model to improve the accessibility of health services in a backward taluka of Karnataka

GEOGRAPHY

Chincholi District, Karnataka

Objective:

To assess the feasibility and scalability of implementing a health entrepreneurship model that aims to improve accessibility and affordability of health services in Chincholi, a backward taluka of Northern Karnataka.

LIST OF PUBLICATIONS

- Maternal, Newborn and child health programmes in India, a programme science approach
- KIIP1 Annual report, 2016-17
- TB Campaign Report for Telangana, THAI
- Best Practice brochure on community-centred campaigns, THAI

REPORTS

- Exploring Reasons for poor Improvement in the Haemoglobin (Hb) Levels among Adolescent Girls in Koppal
- An Ethnographic Study to Assess the adequacy and quality of specific Intervention Activities in the Sphoorthi Role Model Intervention in Koppal
- Pathways to absenteeism and school dropout among adolescent Girls in Koppal Taluka – Findings from the baseline study of Sphoorthi project.
- Satellite-based training on Tuberculosis for ASHAs: A collaborative initiative by RNTCP and THAI
- The ACF Campaign in Karnataka 2018: Highlights and Achievements

SCIENTIFIC PAPERS

- Violence experienced by perpetrator and associations with HIV/SIT risk and infection: a cross-sectional study among female sex workers in Karnataka, south India
- Education, poverty and "purity" in the context of adolescent girls' secondary school retention and dropout: A qualitative study
- A community-based qualitative study on the experience and understandings of intimate partner violence and HIV vulnerability from the perspectives of female sex workers and male intimate partners in North Karnataka state, India.

TECHNICAL BRIEFS

- Technical brief on Mitra: a TB Careline (<https://bit.ly/2s3gqMs>)
- Technical brief on the Specimen Collection and Transportation system (<https://bit.ly/2F4zr9K>)

NCD

TECHNICAL BRIEFS

- Operationalising Electronic Health Records to capture beneficiary data at urban primary health centre within NCD programs in Mysuru, Karnataka
- Adopting a Tech-based Interactive Voice Response System to build awareness and positive behaviours among communities within Non-Communicable Disease (NCD) Programs in Karnataka

THALI

- Differentiated care model Standard operating procedures – A personalized approach to prevention, care and support for TB Patients

ICMR

- Estimating the Burden of Pediatric HIV in an “A” Category District in India: Cohort Study of Children (0-14 years) exposed to maternal Report HIV (Phase II)
- Non-Communicable Diseases in Urban Mysore, Karnataka: A situational assessment report

FINANCIALS

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, 2019 - Consolidated

Particulars	Note	31st March, 2019 (Rupees)	31st March, 2018 (Rupees)
I Sources of Funds			
1 Reserves			
Corpus fund	1	10,000	10,000
General Reserve	2	13,00,73,236	9,17,72,911
Grant Received in Advance	3	3,18,22,039	11,09,96,458
Total		16,19,05,276	20,27,79,369
II Application of Funds			
1 Current Assets, Loans and Advances			
Cash and Bank Balances	4	14,71,47,030	18,30,51,443
Loans and advances	5	2,75,82,016	2,80,43,701
Total		17,47,29,046	21,10,95,144
2 Less : Current liabilities and provisions			
Current Liabilities	6	1,22,79,182	74,72,624
Provisions	7	5,44,588	8,43,151
Total		1,28,23,770	83,15,775
Net current assets		16,19,05,276	20,27,79,369
Total		16,19,05,276	20,27,79,369


For Karnataka Health Promotion Trust


Mohan H L
Managing Trustee


Nanjundappa G.M
Director Finance

Place: Bangalore
Date : 24-Sep-2019

As per our audit report of even date attached
For R V K S And Associates
Chartered Accountants
Firm No. 008572S


R. Mohan
Partner
Membership No. 203911



UDIN: 19203911 AAAAEE9138



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	Note	For the year ended 31st March, 2019 (Rupees)	For the year ended 31st March, 2018 (Rupees)
Income			
Grants Received - Utilized	3	38,72,95,143	33,12,79,179
Interest Income	8	75,62,444	52,87,501
Donations Others		25,000	-
Sale of Assets		75,000	11,02,814
Exchange Difference		2,63,431	8,60,317
Misc Income		3,001	4,12,363
Income from Professional Charges		16,000	82,280
Total		39,52,40,018	33,90,24,454
Expenditure			
Programme Expenses	9		
-Grants to NGO's		8,96,42,096	7,86,38,584
-Implementation Expenses		18,61,60,362	15,80,30,940
-Training and Capacity Building Expenses		80,24,487	51,17,961
Personnel Expenses	10	3,59,06,493	3,15,68,650
Administrative and other expenses	11	3,72,06,254	4,07,61,251
Total		35,69,39,692	31,41,17,386
Excess of Income over Expenditure transferred to General Reserve		3,83,00,326	2,49,07,068

For Karnataka Health Promotion Trust


Mohan H L
Managing Trustee


Nanjundappa G.M
Director Finance

Place: Bangalore
Date : 24-Sep-2019

As per our audit report of even date attached

For R V K S And Associates

Chartered Accountants

Firm No. 008572S


R. Mohan
Partner

Membership No. 203911



UDIN: 19203911AAAAEE9138



OUR LIST OF DONORS AND PARTNERS

KHPT can 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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