



 **KHPT**  
engage, innovate, empower

# ANNUAL REPORT 2016-2017

**Annual Report  
2016-17**

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*Disclaimer:*

*The information contained in this annual report  
concerns the organisation's performance and are based  
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**ANNUAL REPORT**  
2016-2017



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# Message from the Managing Trustee



 *We continue to strive to 'make a difference' in the lives of marginalized communities.* 

- Mohan HL

At KHPT, we work with visionary zeal to empower communities in India, working collectively to improve their health and assert their rights and dignity. We implement large scale public health programs on HIV/AIDS prevention, care & support, Maternal and Neonatal Child Health (MNCH), TB prevention & care, Nutrition and Orphan and Vulnerable Children (OVC) projects across 5 states in India.

I am pleased to share that KHPT successfully completed its financial year 2016-2017. We have a longstanding commitment to support adolescent girls, women and children to make them change agents in their communities. Through our various ongoing projects, we have significantly contributed to the lives of sex workers, adolescent girls, people living with HIV/AIDS, pregnant women and lactating mothers and orphan and vulnerable children.

Collaboration is at the core of our work to improve health and save lives. We believe in innovation and evidence-based strategies to implement and scale up our programs for improvement of the health and well-being of all communities.

The following pages highlight our organization's activities and achievements from 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017. As you read along, we hope that you will get a glimpse of the work that KHPT does. Our dedication to the cause remains steadfast.

We dedicate this report to the children, women, men, young girls and boys who work with us towards ensuring equality, dignity, and rights for all. With the end of this successful cycle, please join me in appreciating and recognizing the valuable contribution made by our frontline workers, staff, donors, partners, government functionaries and the board members.



**Mohan HL**  
**Managing Trustee**

# Abbreviations



<b>AGs</b>	Adolescent Girls	<b>MDACS</b>	Mumbai Districts AIDS Control Society
<b>AKKA</b>	Association of Kangaroo Kare Activists	<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>APSACS</b>	Andhra Pradesh State AIDS Control Society	<b>MSACS</b>	Maharashtra State Aids Control Society
<b>ART</b>	Antiretroviral Therapy	<b>MUAC</b>	Mid Upper Arm Circumference
<b>ASHAs</b>	Accredited Social Health Activists		
<b>AW</b>	Anganwadi Worker	<b>NCD</b>	Non Communicable Diseases
		<b>ORWs</b>	Outreach Workers
<b>BBMP</b>	Bruhat Bengaluru Mahanagara Palike	<b>OVC</b>	Orphans and Vulnerable Children
<b>BCC</b>	Behaviour Change Communication		
		<b>PLHIV</b>	People Living with HIV
<b>CABA</b>	Children Affected by AIDS	<b>RGRHCL</b>	Rajiv Gandhi Rural Housing Corporation Limited
<b>CBO</b>	Community Based Organisation	<b>RMAG</b>	Role Model Adolescent Girls
<b>CLHIV</b>	Children Living with HIV	<b>RNTCP</b>	Revised National Tuberculosis Control Program
<b>CME</b>	Continuing Medical Education		
<b>CMT</b>	Crisis Management Team	<b>SDMC</b>	School Development and Monitoring Committee
<b>CSC</b>	Community Support Centre	<b>SHG</b>	Self Help Group
		<b>SNCU</b>	Sick Newborn Care Unit
<b>DAPCU</b>	District AIDS Prevention & Control Units	<b>STI</b>	Sexually Transmitted Infections
<b>DMC</b>	Designated Microscopy Centre		
<b>FBF</b>	Fortified Blended Food	<b>TB</b>	Tuberculosis
<b>FSWs</b>	Female Sex Workers	<b>THALI</b>	Tuberculosis Health Action Learning Initiative
<b>IDGC</b>	International Day for Girl Child	<b>VC</b>	Village Committee
<b>KMC</b>	Kangaroo Mother Care	<b>VNVs</b>	Village Nutrition Volunteers
<b>KNP+</b>	Karnataka Network for People Living With HIV/AIDS		
<b>KSAPS</b>	Karnataka State AIDS Prevention Society	<b>WCD</b>	Women and Child Development Department
		<b>WHO</b>	World Health Organisation
<b>LFU</b>	Lost to Follow Up		
<b>LBW</b>	Low Birth Weight		

## 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.





# 2016 Milestones at a Glance

## Orphans and Vulnerable Children



**49,198**

CABA registered in implementing districts in Andhra Pradesh and Maharashtra



**90-90-90**

strategy incorporated and **1405** children tested with **2.7%** positive



**25,870**

white cards updated at the ART center captured the current information of PLHIV and family members

**6,759**

children linked to nutrition, health, education, social protection and psychosocial services

**A white card snapshot tool** developed to update the information of PLHIV and their families

## Nutrition

Setting up of two **state-of-the-art women run Fortified Blended Food (FBF) production units** each with a capacity of producing 2MT

Manufacturing and distribution of FBF to **11,000 infants and young children, 11,000 adolescent girls and 4000 pregnant and lactating women** every month to improve their nutrition status



Around **450 bicycles** distributed to all VNVs (Village Nutrition volunteers) on International Women's Day to increase mobility within villages



**540 and 818 toilets** constructed and their use monitored in **Chincholi and Devadurga** respectively

## Vihaan



**1,28,565 (79%)**

PLHIVs registered in the Vihaan program



**56,519**

PLHIVs linked to various social schemes and entitlements



**239**

tablet phones provided to ORWs and Peer Counselors



**164**

couples celebrated Valentine's day to build stronger relationships and better understanding with each other

## Kangaroo Mother Care



**264 newborns**

with birth weight of <2000g identified in the facility. Of them, 23 babies died before initiation and 173 babies initiated on KMC



**97** of the 149

newborns from Koppal Taluka who left facility alive, were initiated on KMC.



One Continuing Medical Education session conducted for **29 doctors**

Two Continuing Nursing Education session conducted for **53 staff nurses**

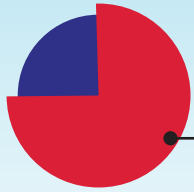


**19** Master trainers, **5** ASHA Facilitators, **26** JHAs and **112** ASHAs trained on KMC.



**60** staff nurses and **5** paediatricians trained on KMC in five facility areas

## Samvedana Plus



**425 FSWs registered**

**359 FSWs** access program services related to health and violence on a regular basis.



**179 FSWs** counselled every month by ORWs



**36 women** trained to advocate against violence



**167 cases** of violence reported and addressed by ORWs and Crisis Management Team at village level



**360 women** developed safety plans to address crisis/violence

## Samata

**1,600 girls (89%)** attended parivarthan plus formal sessions. Out of the total attended **85% (1,363 girls)** completed the group sessions

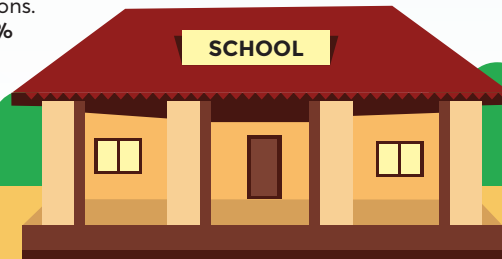
Overall, **26%** of total girls availed tuition class



**61 schools** formed safety committees and all 1074 members of the committee trained the project period



**Rs.1.15 million** (cash & kind) mobilized from the community, local donors and Gram Panchayat towards the program



## Sphoorthi



**64 adolescent role model groups** formed in **51 project villages** consisting of **676 girls**



**587 role model girls** provided with tuition support and **63 girls** joined spoken English course



**201 role model girls** and **351 parents/guardians** participated in the exposure visit



**51 boys groups** formed consisting of 599 boys in these groups

Parents meeting regularized and around 90% parent groups conduct meeting regularly

## THALI



**2,15,646 persons** contacted through community outreach activities in Bengaluru and Hyderabad



**61 TB patients** notified and initiated on treatment in the private sector in Bengaluru.



**48 patients** in Bengaluru and **185 patients** in Hyderabad notified and initiated on treatment in the public sector

## Non-Communicable Diseases

A one-day workshop organized to bring the various stakeholders on a common platform to discuss, deliberate and collaborate to meet the UN-WHO goal for 2025 i.e. 25% reduction in NCD.







# HIV/AIDS Orphans and Vulnerable Children Social Protection Program

## OBJECTIVE

Increasing access to priority health, education, nutrition, social protection and welfare services for OVC/CABA (Children affected by HIV & AIDS) in 3 districts of Andhra Pradesh under the leadership and guidance of Andhra Pradesh State AIDS Control Society and District AIDS Prevention & Control Units.

## INNOVATION

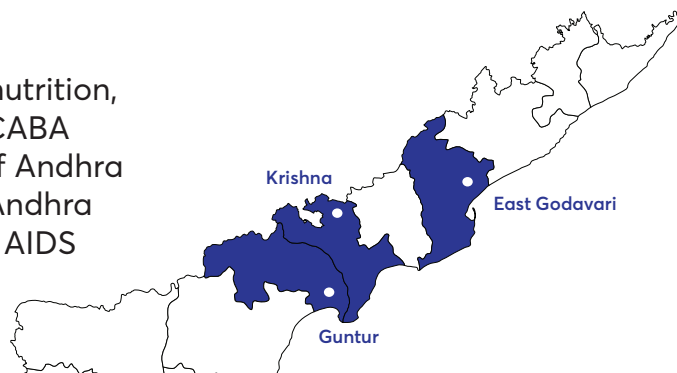
### White card updates at the ART center:

Two-page white card snapshot tool developed in consultation with MDACS and MSACS to update the current information of PLHIV and family members on a pilot basis in Mumbai, Maharashtra. It also helped to derive the denominator of CABA, their HIV status and the status of their family.

## ADVOCACY INITIATIVES

The team in advocacy efforts with the key Govt Departments under the leadership of the State AIDS Control Society in both the states facilitate linkages to social entitlements and social protection schemes.

- Strengthen DAPCU Single Window Model in Maharashtra, Thane & Pune
- 2 CABA Committee formed at the district level in Andhra Pradesh
- Issues related to CABA and their family members discussed in DAPCU meetings
- Stakeholder consultation meeting in Mumbai organized under the leadership of MSACS and MDACS to explore and describe the challenges faced by people and children who are living with HIV/AIDS in obtaining food items under Public Distribution System
- Stakeholder consultation meeting in Thane organized under the leadership of the CEO, Zilla Parishad



## CASE STORY

17 years old Sai Nikhila, a young girl from Chilekatari Peta, Guntur District, Andhra Pradesh brims with confidence and truly believes in never looking back. She lost her father due to HIV/AIDS and her mother is a PLHIV. In 2015, KHPT identified the family through the PLHIV network and facilitated testing for the three sisters. One of them was identified positive and immediately linked with the ART treatment.

The ORW facilitated nutritional support through local donors for the CLHIV. Despite all odds, Nikhila is currently pursuing her BSc in Statistics. The outreach worker ensured that Nikhila continues her education by negotiating with the college principal to reduce her fees and leveraged individual donors locally to support her examination fees. Due to financial constraints, Nikhila and her family lives with her grandparents. Her mother, a PLHIV, receives widow pension of Rs 1000 and her sister supports the family by working in a manufacturing unit.

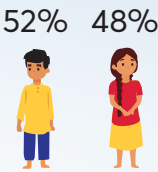
Nikhila and her sister are active members of the support group that provides psycho-social support to CABA at the community level. Nikhila recalls "I look forward to attend support group meetings. It helped me understand my responsibilities at home, respect others, and cope better with things that worry me. Most importantly, it has helped me set my goals in life. I have become stronger after attending the group sessions. Now, I can face any odds in life."

2016 ACHIEVEMENTS

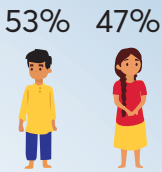


29957 families that include **49198 CABA** registered against the estimation of **46692** in all six cluster districts

Andhra Pradesh:  
25,635 CABA



Maharashtra:  
23,563 CABA



HIV STATUS OF CABA



82% negative  
12% living with HIV  
6% status unknown

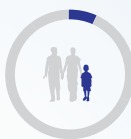
FAMILY STATUS



63%  
have both  
the parents



27%  
paternal orphan  
(lost their father)



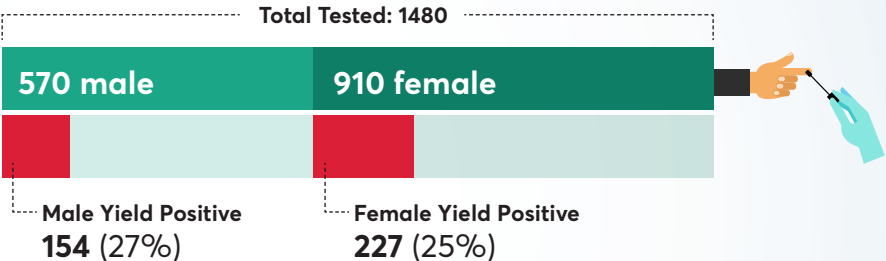
6%  
have lost both  
the parents



4%  
maternal orphan  
(lost their mother)

HEALTH STATUS

'Child Focused, Family Centered' approach adopted using the **90-90-90 strategy** based on the principle of **early testing, treatment and retaining in care** to ensure that the HIV epidemic is under control, both among key populations and other priority groups including people living with HIV and their immediate family members. As a result of this, many adults have found new meaning to live.



LINKAGES TO SOCIAL ENTITLEMENTS AND SOCIAL PROTECTION SCHEMES



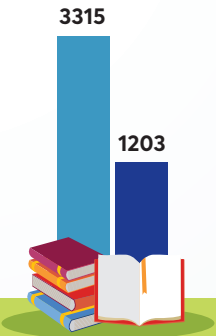
Aadhaar Card  
29.9%



Birth Certificate  
34.2%



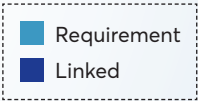
Ration Card  
34.0%



Education Materials  
36.3%



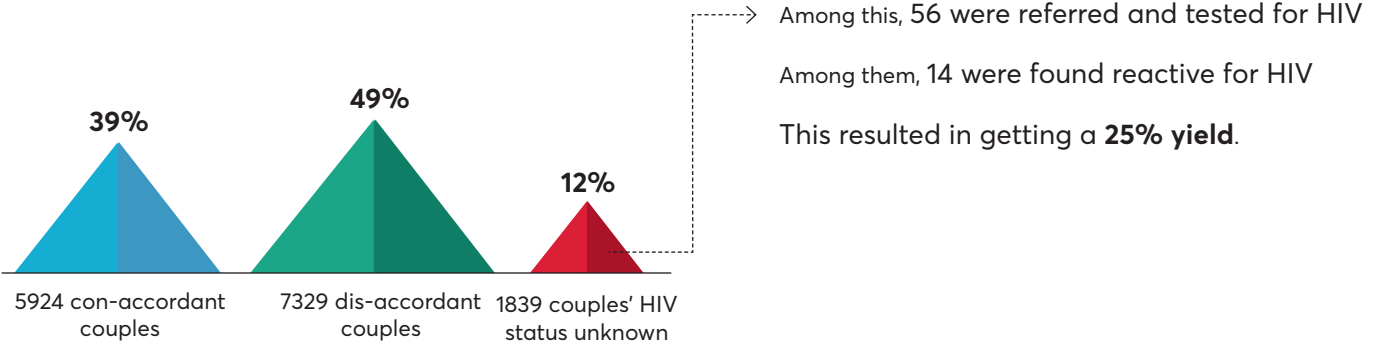
Housing Scheme  
39.3%



KEY FINDINGS USING ANALYSIS OF WHITE CARDS

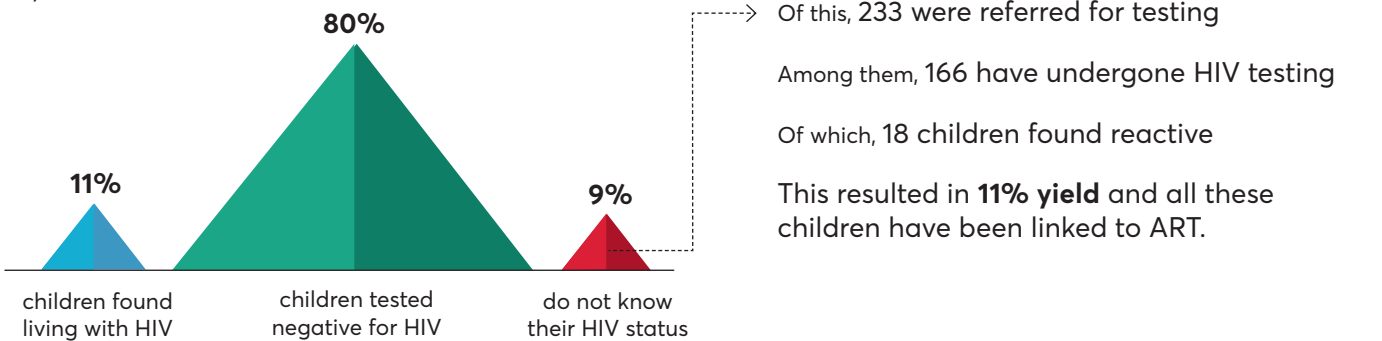
25870 white cards updated

15902 couples

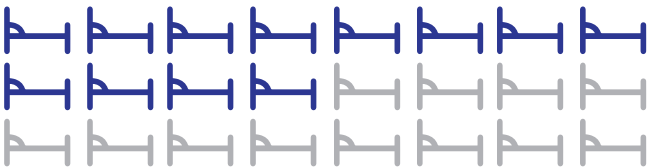


24670 CABA

Boys: 13138 Girls: 11532



Out of the 24 wards, approx 50% wards have more than 500 CABAs in Mumbai.



For every one positive child, there are 6 affected/no tested children.





## Vihaan Programme

### OBJECTIVE

Increasing treatment adherence, reducing stigma and discrimination, and improving the quality of life of people living with HIV. This project covers 41 Care and Support Centers (CSC) in all 30 districts of Karnataka.

### CASE STORY

Shivanna from Bangalore was tested positive 4 years ago. He lives with his wife and two children. The HIV negative status of his children gave him comfort and hope for the future. *"I have to live for my children, their education and to improve their quality of life."*

He was a regular client in KNP+, attending meetings and other activities. His children are covered under the OVC scheme, as they are very poor, the CSC supported the children's education through a support from a garment company, Texport.

With the support of MAC AIDS, KHPT supported 10 families of KNP+, Bangalore, with interest free loans. Mr. Shivanna was one of them. Shivanna used Rs.5000 to buy a small Chocolate machine, which helped him increase his income. *"I can see an amazing change in my life, the amount of hope I have, the peace at home, and all these have helped improve my physical health too"* says Mr. Shivanna.

### 2016 ACHIEVEMENTS

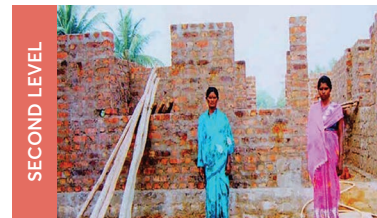
#### Dhanashri Scheme:

**1090 PLHIVs** applications submitted for stabilizing livelihoods.

#### Housing Scheme:

**16000 PLHIV widows** list submitted to RGHCL through KSAPS. 195 applications of PLHIVs submitted to the Housing Scheme under Zilla Panchayat (Bangalore Urban).

Koppal Housing:



International Women's Day celebration

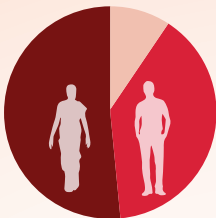


Valentine's Day celebration

2016 ACHIEVEMENTS

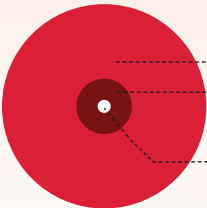
Registration:

**128565 (79%) PLHIVs** in active care after reducing death and current LFU cases, among the registered clients in the Vihaan program.



Of these, **51.67%** are women | **40.33%** are men

Screening:



**105720 PLHIVs** screened using section 'K' (TB Screening Format).  
Of these, **11901 PLHIVs** referred for testing.  
**878 PLHIVs** found positive and are put on treatment.

Advocacy with the Social Welfare department:

A line-list of **15000+ PLHIV women** belonging to SC, ST and backward class submitted to KSAPS following which a supportive proposal submitted to the department.



Social linkages:

**56519 PLHIVs** linked to various social schemes and entitlements



Training:

**eMpower Tablet phone training** provided and 239 tablet phones given to ORWs and peer counselors

Mobilization of funds in kind and cash:



**₹ 10,17,167** mobilized

Key contributions made for support in the areas of Nutrition, Champion in me program, Children's day, education materials, housing, medical support and others.

Scaling up of livelihoods:

Provision of **interest free loans for 75 families** supported by MAC AIDS and implemented through state level networks and institutions.



A **joint advocacy program** conducted by WCD and Animal Husbandry and Fisheries Department highlighting the livelihood opportunities available for PLHIVs and their family members.

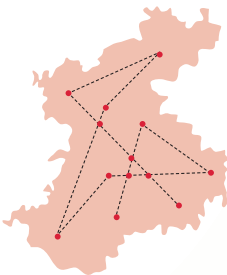
Campaign process to ensure contact of all LFUs:

Followed up:

**2700** PLHIVs | **435** 'Not contacted LFU' | **735** 'Agreed to Visit'

Tracked back:

**638** PLHIVs



In Belgaum district, the LFUs from out-of-ART geography tracked through a campaign.

Cases tracked:

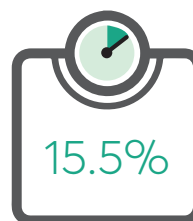
**1669** pre ART LFU | **1481** on ART LFU

# 03 MATERNAL, NEONATAL AND CHILD HEALTH

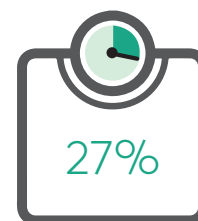


## OBJECTIVE

To develop, implement and evaluate an innovative implementation model designed to attain KMC coverage of 80% among all eligible babies with birth weight <2000g in one under-served district of Karnataka state (Koppal district). Karnataka is one of the 7 world sites for this pilot project. The project is implemented by KHPT in collaboration with SJRI and funded by WHO.



Global prevalence  
of LBW



LBW in India  
(MoHFW 2014)

**KMC comprising of skin-to-skin contact along with exclusive breastfeeding** is proposed as a 'game-changer' for improved newborn health among low birth weight newborns.

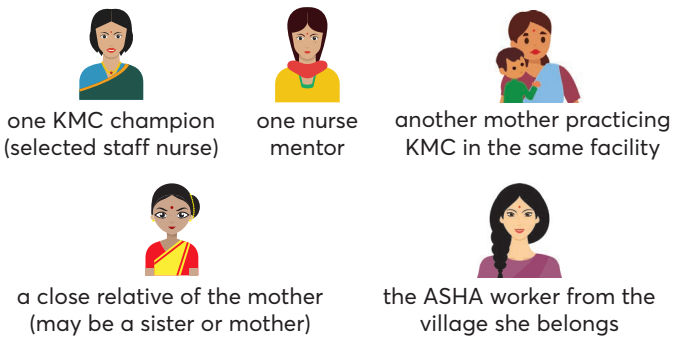




# Kangaroo Mother Care (KMC) Program

## INNOVATIONS

- Support group - **AKKA (meaning 'elder sister') – (Association of Kangaroo Kare Activists)** formed at each facility to promote, provide and sustain KMC. The group includes:



- Continuing Medical Education (CME) conducted to bust the myths and misconceptions among Pediatricians regarding KMC.
- Family level microplanning tool for ASHAs developed to identify barriers while practicing KMC and provide solutions to continue KMC at home.

CNE training to nurses in Koppal



## CASE STORY

Renuka and Somappa are daily laborers living in Koppal with their two daughters. Pregnant with triplets, Renuka, 29 years old, arrived at the district hospital, Koppal for delivery on the 25th of October, 2016 and delivered three girl babies. The triplets were Low Birth Weight (LBW) babies weighing 1200, 1300 and 1500 grams respectively. The team under the district Surgeon at the facility counselled and motivated Renuka to practice KMC. Renuka dedicated herself to provide KMC to all the three beautiful babies. Renuka continued at the facility for 28 days and on 23rd November, the babies were discharged and sent home.

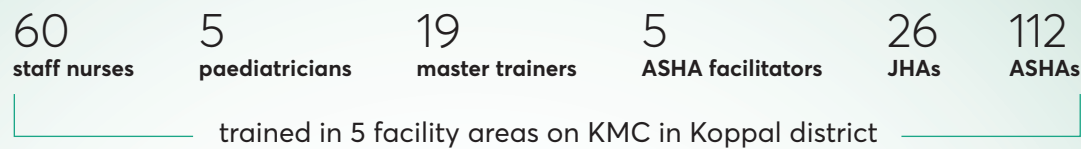
Back in her village, the ASHA strived to keep Renuka on track with her KMC through regular home visits offering moral support. Renuka decided to focus on the baby with the lowest weight and ensured that she received adequate KMC in a day. Renuka remained undeterred despite the challenges of a tired body and the worries of the future. Then arrived on the 8th of March, 2017 with news for all to jubilate. The triplets had all crossed the 2500 gm mark. The average hours of KMC practiced each day was 9 hrs.

The timely intervention of the district surgeon and the hospital staff, regular follow up by the ASHA worker and KMC project staff, support extended by Renuka's sister made this possible.



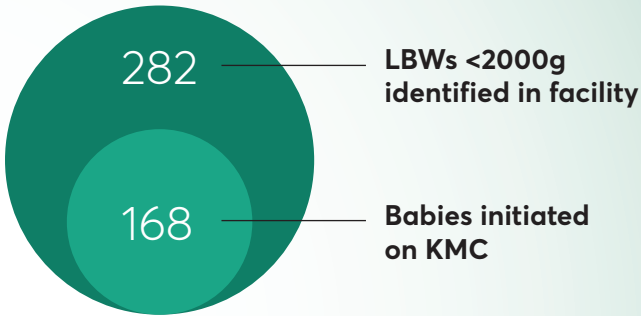
# 2016 ACHIEVEMENTS

## Capacity Building:

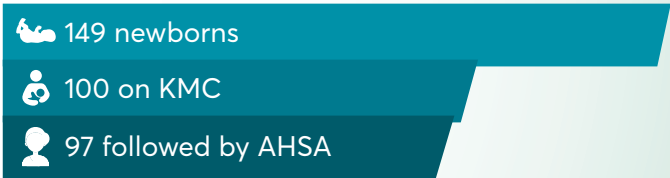


## Newborns initiated on KMC:

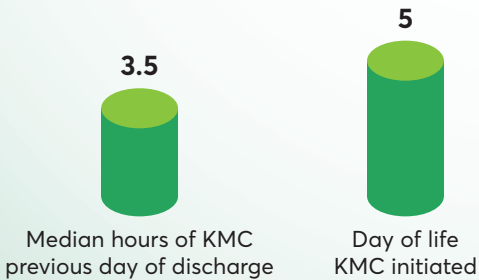
During the period of August 26, 2016 to March 25, 2017, 282 newborns with birth weight of <2000g were identified in the facility. Of them, 25 babies died before initiation and 168 babies were initiated on KMC.



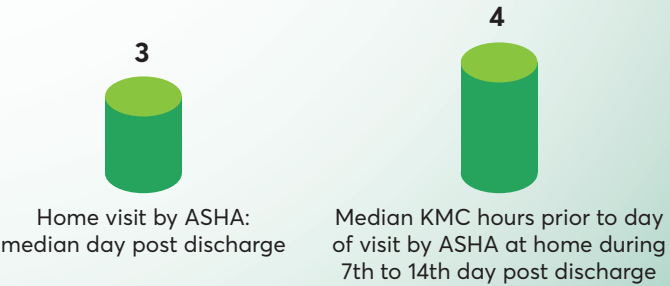
Of the 149 newborns from Koppal Taluka who left facility alive, 100 were initiated on KMC. Further, 97 of these babies were followed by ASHA through home visits. Around 80% were continuing KMC at home.



## Median hours and day of KMC:



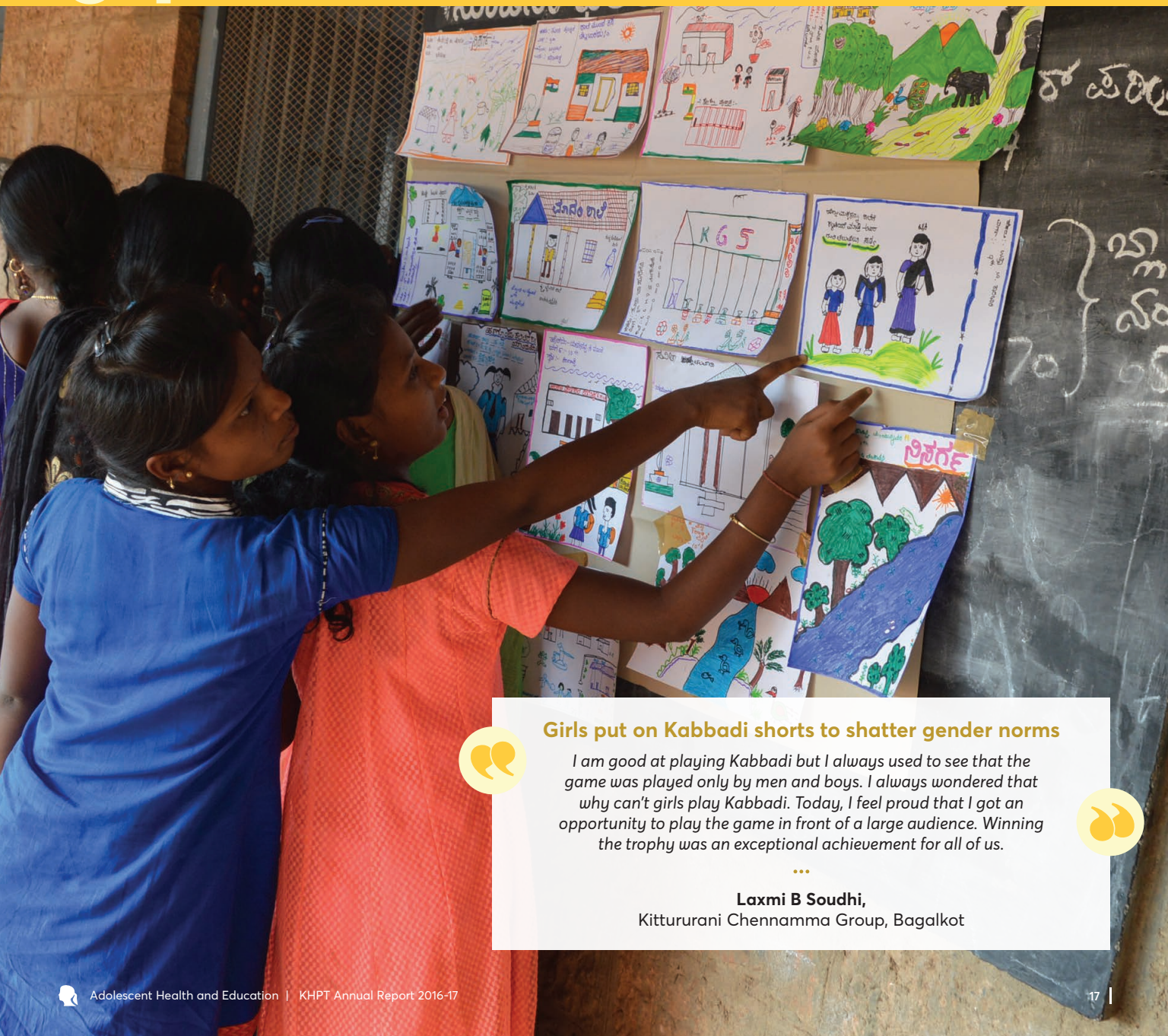
## Followed up at home by ASHA:











### Girls put on Kabbadi shorts to shatter gender norms

I am good at playing Kabbadi but I always used to see that the game was played only by men and boys. I always wondered that why can't girls play Kabbadi. Today, I feel proud that I got an opportunity to play the game in front of a large audience. Winning the trophy was an exceptional achievement for all of us.

...

**Laxmi B Soudhi,**  
Kittururani Chennamma Group, Bagalkot



# Samata Program

## OBJECTIVE

Improving the quality of life of adolescent girls from marginalized communities in northern Karnataka, India, by keeping girls in school, delaying marriage, and reducing entry into sex work.

### Reaching:



**3,600 adolescent girls**  
from 1,800 families in 119 villages



**185 schools**  
(64 high schools and 121 higher primary schools) with 520 teachers and 641 (as per AY 14-15) SDMC members

### INNOVATIONS: Village committee (VC) members are the real agents of change

Girls from Parivartan groups, young, married and unmarried women in the village, community health workers (ASHAs & Anganwadi workers) and local self- government representatives formed a **15-member Village Committee**. The VCs strongly believe in the right of girls to education. There are now 37 VCs with 531 members across 37 villages. The VCs have been active in resolving girls' problems in their villages.

In Tikota village, five girls dropped out of school due to pressure from families and their inability to pay the fees. The VCs met with the family, motivated them to rethink their decisions and convinced the school to reduce the fee. Today, all five girls are back in school. The VC members' own personal experiences motivated them to be agents of change.



*My parents wanted to fix my marriage after I finished standard 9th. My father desired to organize both my sister's and my wedding together. The Parivarthan Plus group members and Samata staff motivated me to share it with my father that I don't want to get married and want to continue my education. I asked him why I am not allowed to go to school when my older and younger brothers are going to school? I also called the Child Help Line (1098). Now, I am studying in standard 10th and my parents never discuss about my marriage yet encourage me to concentrate on studies.*

...

**Chaitra R Mulangi,**  
Standard 10th, Kalpana Chawla Parivarthan Plus Group, Lokapura village, Bagalkot District



102 girls taken on an educational exposure visit to Mysore



## 2016 ACHIEVEMENTS

Of the total girls in Cohort 1,

### 91% OF THE X GRADE PASSED

and taken admission into higher education and continued their studies.



26

Parivarthan girls' group formed with **247 girls**

62

safety committees formed to create an enabling environment for the girls in school

2856

girls and boys given career guidance



23

Parivarthan boys' groups formed with **268 boys**

1074

safety committee members' capacities built on safety measures

### Trainings:

- **9 trainings** on leadership development provided to 282 adolescent girls
- **459 adolescent girls** given tuition classes on critical subjects like Mathematics, Science and English



A session by Dr. Manikarnika on RCH during exposure visit

### Event celebrations:

- **International Day for Girl Child (IDGC)** conducted in all the clusters of the intervention village. 2 District level IDGC also celebrated.
- **International Women's Day** celebration conducted in the intervention village to encourage the mothers of the girls to participate in the program

### Tournaments:

- **2 Cricket tournaments** conducted with 20 teams. More than 400 boys, who have completed Parivarthan session participated.
- **2 Kabbaddi tournaments** conducted involving Parivarthan session with 20 teams. 365 girls and 175 boys participated.



## Sphoorthi Program - Role Model Adolescent Girls Program

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### OBJECTIVE

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

The project covers **51 villages** serving **640 role model adolescent girls** and their parents and **3600 peer girls** from selected villages of Koppal district, Karnataka.





## 2016 ACHIEVEMENTS



64

adolescent role model groups formed in 51 project villages consisting of **676 girls**



41

boys' group formed in 41 villages. **75 champions** identified from the boys' group



**43 videos** developed for different issues post learning video creation



**Tuition support** made available for 561 role model girls and 63 girls joined spoken English course



201 role model girls and 351 parents/guardian **participated in the visit**

### CASE STORY:

#### Changing self-perception

Sujatha Purad studying in standard 8th became irregular to school when her parents migrated to another village for agricultural work. In their absence, she suffered from typhoid fever and began to believe that she is not good in studies. Even after recovering, she continued to miss school.

Shobha, the community organizer visited her, but Sujatha shared that she doesn't want to continue her education. Shobha counselled and made her realize that her conviction that "she is dull" is only an idea and nothing is perpetual. Shobha coordinated with the school authorities too and extended all possible support to Sujatha to prepare for her exams. Today, Sujatha is studying in 9th standard with a positive perception about herself.

### Outreach:

- Consistent outreach to role model girls and their parents
- Around 60% adolescent girls received services from SNEHA clinic
- More than 90% of role model girls received IFA tablets, Suchi pads and tested for HB

### New initiatives:

- Parents meeting regularized and around 90% parent groups conduct meeting regularly
- Samvada programs between girls and their parents, girls and boys and girls and community members organized
- Sports material distributed to sustain the group till the end of 15 sessions



Role model adolescent girls meeting- Lachankere Koppal Appi Project

### Modular Life Skill Sessions:

- **Developed 21 sessions** for girls broadly covering topics - values, effective communication, self-esteem, self-respect, gender discrimination and gender roles, menstruation, healthy body, marriage and friendship, emotions, nutrition, etc.
- **Developed 15 sessions** to bring attitudinal changes in boys broadly covering topics - ethics, fair play, sportsmanship, personal responsibility, what it means to be a man, insulting language, disrespectful behavior towards women and girls, when aggression crosses the line, bragging about relationship with girls etc.
- **Celebrated International Women's Day:** "Mahila Dourjanya Virodhi Okkuta" with collaboration of other NGOs organized a state level women's day program in Koppal district. Sphoorthi program mobilized around 600 RMAGs mothers and 300 RMAGs.





## Samvedana Plus Program

### OBJECTIVE

Samvedana Plus program intends to reduce violence and increase condom use among FSWs in an intimate partnership. It intervenes with men who are violent, women who face abuse and the wider society in order to change disempowering gender norms.

The program covers approximately **800 FSWs and their IPs** living in 47 villages in two talukas of Bagalkot district in Northern Karnataka, India. The intervention continued in 24 villages of Mudhol and Jamakhandi taluka in 2016.

### CASE STORY

**Subhash Naik** is a 25 year old married man who has an intimate relationship with a female sex worker for more than 7 years. Both of them were having problems in their relationship. Subhash used to abuse her physically. He expects her to always obey his orders and do not undertake any work, without seeking his permission. Whenever she disobeys him, he used to beat her, assuming that he can overpower her.

The IP counselors often provide counselling to Subhash individually. However, after persistent persuasion, Subhash agreed to attend the group reflection sessions and completed two workshops. Subhash shared that the workshop sessions helped him understand about the concepts of gender, discrimination and power structures within the society.

*"I have realized that I have been perpetrating violence on my partner for no reason. She has to undergo through a lot of pain. But, I have now decided to change my attitude and behavior towards her. I will never raise my hand on her and live with her happily."* Subhash Naik (post attending the group reflection workshop)

### 2016 ACHIEVEMENTS

#### Board Level

- Total **24 members** from the CBO and CMT trained on the functioning of CMT, types of violence, addressing violence, prevention techniques and documentation

#### Community Level

- Awareness camps, rallies and campaigns organized to create awareness on violence against women, girl child education and HIV/ AIDS among the community members
- Street play script developed and rolled out in 5 project villages



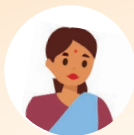
Street plays in village



Women in community events

## 2016 ACHIEVEMENTS

FSWs



IPs



### Outreach:

#### 425 FSWs registered

Of these, 359 FSWs utilized the program services related to health and violence regularly. On an average, 279 women are reached on a monthly basis through community outreach.

#### 523 IPs registered

Of these, 390 IPs utilized the program services related to health and violence regularly. On an average, 195 men are reached on a monthly basis through community outreach.

### Group reflection sessions:

#### 338 women from 32 groups completed all the sessions

#### 332 IPs from 16 groups completed all the sessions

360

**women developed** safety plans as a quick response to crisis/violence

78

**couples counselled** to resolve the relationship issues while promoting equity and a positive outcome for the FSW

253

**women participated** in the 3 special events organized to build solidarity among FSWs

21

**IPs trained** to become **male champions** in order to advocate locally for violence-free relationships

36

**women trained** to advocate on violence against women and support women in crisis

2

**events organized** that helped 29 couples to reinforce violence free relationships

### Counselling by ORWs

On an average, **179 FSWs** are counselled every month on understanding the concept of mutual trust and expectations in their relationships, solidarity and healthy relationship, gender based violence, condom use for safe health, STI/HIV risk in this relationship, etc.

### Linkages to services

Women linked to HIV/STI testing and care services.

#### Condoms distributed during 2016-17:



64,500  
male condoms



770  
female condoms

### Addressing IPV

**167 cases** reported and addressed by ORWs and Crisis Management Team at village level.



# 06 TUBERCULOSIS



*This (THALI) will improve the engagement with the private sector to enhance the visibility of the RNTCP program and help us disseminate "Standards for TB Care" in Bengaluru, among all care providers.*

...

**Dr. Anil S,**  
Former State TB Officer, Karnataka

*There should be a convergence of all TB programs. Please involve all the stakeholders, check if there are any other TB control programs which can be converged under one program. The [BBMP] Commissioner has also said that any support with or without financial implication will be given.*

...

**Mr. Sarfaraz Khan,**  
Joint Commissioner (Health &  
Solid Waste Management), BBMP





# Tuberculosis Health Action Learning Initiative (THALI)

## OBJECTIVE

Improving tuberculosis (TB) detection, notification and treatment outcomes among the urban poor and other vulnerable sub-populations.

THALI is being implemented in urban slums of two districts in Bangalore by KHPT, and in one district of Hyderabad by our partner organization, TB Alert India. KHPT and TB Alert are working to improve TB control in collaboration with the Revised National Tuberculosis Control Program, municipal governments and private healthcare providers.

## INNOVATIONS:

- Slum and provider mapping
- Sputum collection and transportation system for the rapid collection of sputum samples for testing and the immediate notification of test results
- Development of a Management Information Systems (MIS) software

## CASE STORY:

A story of fostering treatment adherence

Gopal (name changed), a 30 year old daily wage laborer, was observed by the THALI community outreach worker (ORW) to have TB symptoms on a visit to a Hyderabad slum. The father of three was a migrant from a tribal community and was learnt to have discontinued TB treatments on four previous occasions.

The Designated Microscopy Centre staff were hesitant to initiate treatment, expecting him to follow up again and thereby having to report an undesired treatment outcome. The THALI ORW assured them that special care would be provided to ensure that Gopal would complete the course medication this time. Once the DMC team agreed, the ORW, care coordinator and operations coordinator followed up with Gopal regularly through personal visits and counselling sessions to ensure that he continued his treatment. Two months later, Gopal was smear-negative and had gained six kilograms.



Meeting in the community



Awareness programme in the community (World TB day)



Meeting with doctors on World TB Day



The **TB Careline** is a phone-based service for tuberculosis (TB) patients and caregivers started in 2014 with the aim of improving treatment outcomes of patients seeking treatment in the private sector.

The service covers 12 districts of Karnataka, with two counsellors **providing support services over the phone to patients** in a bid to ensure that they did not stop taking their anti-TB medication. The TB Careline covered over 5691 patients since its inception (until April 2017). The two counsellors make over 3000 calls per month. The Careline counsellors help the patients understand TB, all the while emphasizing that the disease is curable. They provide psychosocial support when patients feel that the side effects are too harsh for them to continue with medication, and encourage them to stay healthy by eating well.

**Tuberculosis  
Careline**



Tuberculosis Careline launch

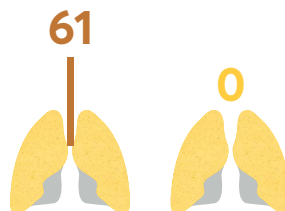
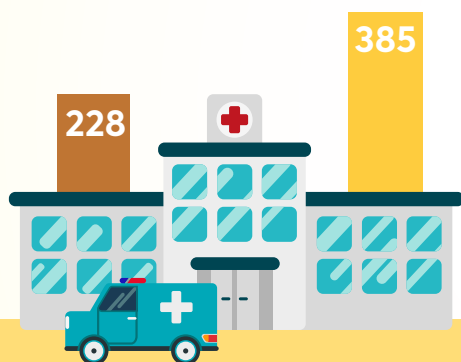
## 2016 ACHIEVEMENTS

Number of person contacts made through community outreach activities

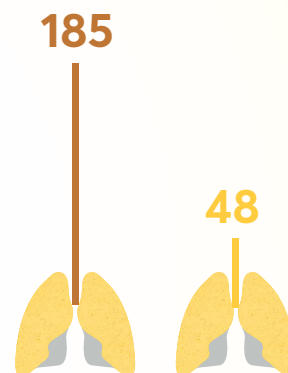
**55,416** | **160,407**

■ Bengaluru  
■ Hyderabad

Number of private healthcare providers (pHCPs)/health units networked



Number of TB patients notified and initiated on treatment in private sector



Number of TB patients notified and initiated on treatment in public sector





# 07 NUTRITION



I come from a very orthodox family and I am the third daughter-in-law. I was never allowed to step out of the house and I remained in the house doing the household chores. The opportunity to work as a Village Nutrition Volunteer (VNV) has changed my life. The training and guidance I received from KHPT team has helped me build my confidence and I have now been identified by my work. The attitude of my family members has changed drastically towards me. Earlier, the same family used to treat me with contempt, but now they respect me.

...

**Mehaboobi, VNV, Jalahalli cluster,  
Devadurga taluk, Raichur district**





# Karnataka Multi Sectoral Nutrition Pilot Project

## OBJECTIVE

Enhanced nutritional outcomes among women and children through improved access to and coverage of quality nutrition interventions.

The project aims at reducing under-nutrition among target populations through intergenerational approaches in two of the most backward blocks of Karnataka- **Chincholi in Gulbaraga** and **Devadurga in Raichur**.



## INNOVATIONS: Empowering women

- Women trained to drive trucks enabling them to transport the FBF product to the last mile, thereby, enabling the units to be an end-to-end women run set up.
- Bicycles provided to VNVs to commute to work independently. Cycles also distributed to plant workers to observe International Women's Day.



Production unit illustrating the processes involved during manufacture of FBF

## CASE STORY:

A shift from being severely malnourished to nearly normal

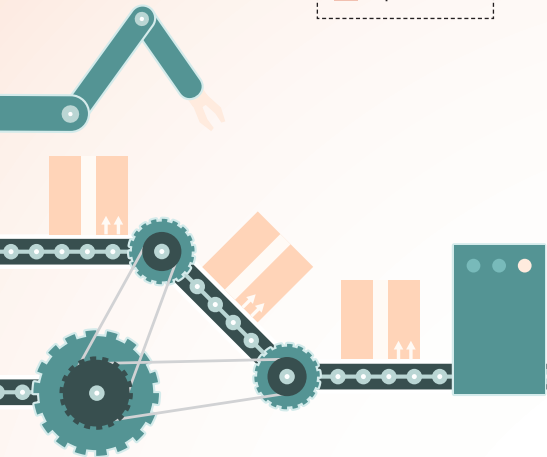
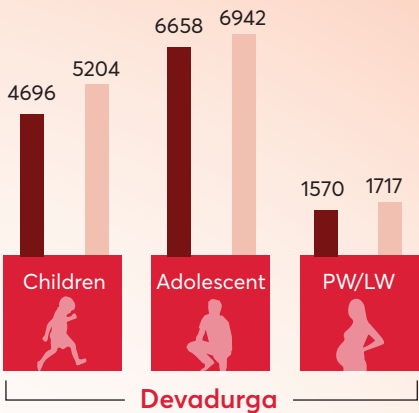
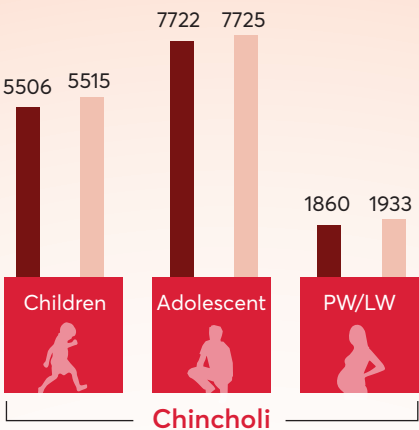
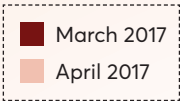
Mohammed Haneef, a 12-month old child was severely malnourished with an MUAC, of 10cm when he was registered with the Karnataka Multi-Sectoral Nutrition Pilot project in the Rustampur gram Panchayat, Chincholi Taluk, Gulbarga district. The child was registered in the month of February this year and weighed 6.5 Kg with 70 cm length. When the child was born, his mother lacked enough breast milk to feed him and he was fed Amul milk powder. But the family couldn't continue purchasing since it is highly priced which the family cannot afford. The child is given Fortified Blended Food (FBF) as part of the project and the Village Nutrition Volunteer (VNV) visits the house regularly to monitor the child's progress and for behavior change counselling.

Due to the relentless effort of the VNV and everyday consumption of the FBF, the child now has MUAC, of 12cm, height of 75 cm and weighs 12 Kg. The parents of the child are extremely delighted by the progress in child's growth and development.

2016 ACHIEVEMENTS

FORTIFIED BLENDED FOOD

produced and distributed thrice a month to all beneficiaries making the food available 365 days a year. The beneficiary reach is:



An average of

2000 kg

of FBF is produced per day for 6 days a week by the state-of-the-art facility.

SHGs provided with hands on training on machine operations by Pilotsmith India Private Limited.



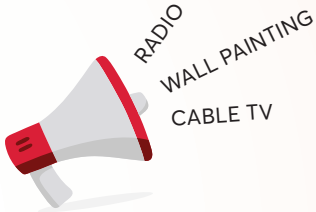
TWO SELF-HELP GROUPS (SHGS)

for the women workers were formed. SHG members have initiated weekly savings and also opened bank accounts for their financial empowerment.

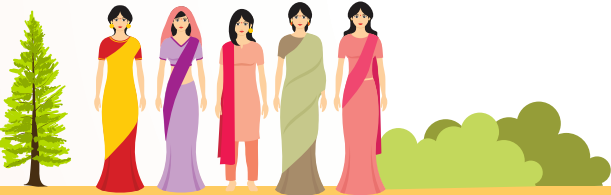
Through collaborative efforts between different departments, toilets have been constructed through community leadership and are being used.

540 toilets in Chincholi

818 toilets in Devadurga



12 key messages developed for individual and household BCC. Communication aids such as flipcharts and posters developed and the information is being disseminated in phases.





## NCD Project

### OBJECTIVE

To establish a model for scaling up NCD programs across urban areas based on learnings from a pilot implementation in urban Mysore.

### INTERVENTION MODEL

The intervention model will integrate prevention, promotion, care and treatment of NCDs at a population level. **The strategies will address both immediate and underlying determinants related to NCDs.**



#### STRATEGY FOR IMMEDIATE DETERMINANTS

Includes activities related diagnosis of NCD in the community, linking them to facilities for treatment, and ensuring adherence to medications.



#### STRATEGY FOR UNDERLYING AND SOCIAL DETERMINANTS

Includes activities to build community awareness, positive health seeking behavior and lifestyle modification.

### INTERVENTIONS: Workshop

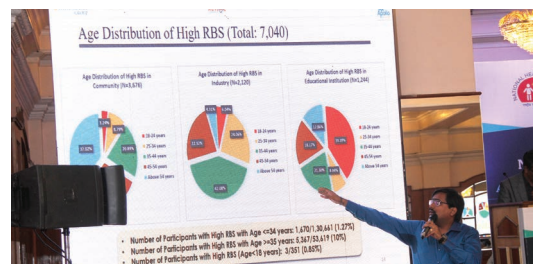
KHPT in collaboration with the National Health Mission and Landmark Group's Social Initiatives organized a one-day workshop with the effort to bring the various stakeholders and players across the Government, private, public health sectors working in the area of NCD on a common platform. The workshop focus was to discuss, deliberate and collaborate to meet the UN-WHO goal for 2025 i.e. **25% reduction in NCD and to explore possibilities to collaborate in improving the effectiveness of NCD programs in Karnataka.**



Lighting of lamp by dignitaries



Panel discussion



Presentation at the workshop







**ಬ್ರಹ್ಮಬೆಂಗಳೂರು 24/8/16**

**ಬೆಂಗಳೂರು:** ಆಗಮದ ಗ್ರಾಮದಲ್ಲಿ ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಸದಸ್ಯರ ವೈದ್ಯಕೀಕರಣದ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**ಸಂಯುಕ್ತ ಕರ್ನಾಟಕ**

**ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮ**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**ಪೌಷ್ಟಿಕಾಂಶ ಪಾಯೋಜಿತ ಯೋಜನೆ ಮಂಜೂರು**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**ಉದ್ಘಾಟನೆ...**

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**ಬೆಂಗಳೂರು ಪಾಲಿಕೆ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿ**

**ಅಪೌಷ್ಟಿಕತೆ: ಪಿರುಗಳ-ಪಿರುಗಳಿಗಾಗಿ ರಕ್ಷಣೆ ಯೋಜನೆ ಸಮಪಯೋಗಕ್ಕೆ ಕರೆ**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**MoU signed to prevent TB**

**Bruhat Bengaluru Mahanagara Palike has signed an MoU with the Karnataka Health Promotion Trust for implementing National Tuberculosis Prevention Programme.**

The Trust is implementing Tuberculosis Health Action Learning Initiative (THALI) project, which is funded by US development agency, USAID, a press release said.

**ಬಡವರಿಗೆ ಬಲ ತುಂಬಲು 'ಶಕ್ತಿ ಸಾಂದ್ರಿತ ಆಹಾರ'**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**Energy dense food being distributed to check infant and maternal mortality rate**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**ಅಪೌಷ್ಟಿಕತೆ ನಿವಾರಣೆ ದೃಢ ಸಂಕಲ್ಪ**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**ಕಾರ್ಡ್ ಪಡೆಯಲು ಗರ್ಭಿಣಿಯರಿಗೆ ಸಲಹೆ**

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**ಪೌಷ್ಟಿಕ ಆಹಾರಕ್ಕಾಗಿ ಪೈಲಟ್ ಪ್ರಾಜೆಕ್ಟ್ ಜಾರಿ**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**ಹೆಚ್‌ಎಚ್‌ಸೋಂಕಿತ ಮಕ್ಕಳಿಗೆ ಬೇಸಿಗೆ ಶಿಬಿರ ಕೇರ್‌ಹೆಪಿಟಿಯು ಕಾರ್ಯವ್ಯಾಪ್ತಿ ವಿಸ್ತರಿಸಲು**

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**ಅಪೌಷ್ಟಿಕತೆ ಹೋಗಲಾಡಿಸಲು ಪಣ**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

**ಅಪೌಷ್ಟಿಕತೆದೇಶದ ಅಭಿವೃದ್ಧಿಗಾಗಿ ಮಾರ್ಗ**

ಬೆಂಗಳೂರು, 24/8/16: ಬೆಂಗಳೂರು ಮೂಲ ಸ್ಥಾನದ ಸಂಘಗಳ ಪ್ರತಿನಿಧಿಗಳ ವೈದ್ಯಕೀಕರಣ ಕಾರ್ಯಕ್ರಮವು ಜರುಗಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.



## 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, 2017 - Consolidated

Particulars	Schedule	31st March, 2017 (Rupees)	31st March, 2016 (Rupees)
<b>I Sources of Funds</b>			
<b>1 Reserves</b>			
Corpus fund	1	10,000	10,000
General Reserve	2	6,68,65,843	4,68,08,407
Grant Received in Advance	3	1,45,94,130	5,52,14,825
<b>Total</b>		<b>8,14,69,973</b>	<b>10,20,33,232</b>
<b>II Application of Funds</b>			
<b>1 Current Assets, Loans and Advances</b>			
Cash and Bank Balances	4	7,10,03,616	9,41,77,078
Loans and advances	5	2,56,20,490	1,17,20,729
<b>Total</b>		<b>9,66,24,106</b>	<b>10,58,97,807</b>
<b>2 Less : Current liabilities and provisions</b>			
Current Liabilities	6	1,31,93,395	35,37,687
Provisions	7	19,60,738	5,87,981
<b>Total</b>		<b>1,51,54,133</b>	<b>41,25,668</b>
<b>Net current assets</b>		<b>8,14,69,973</b>	<b>10,17,72,139</b>
<b>Total</b>		<b>8,14,69,973</b>	<b>10,17,72,139</b>

For Karnataka Health Promotion Trust

Mohan H.L.  
Managing Trustee

Nanjundappa G.M.  
Director Finance

Place: Bangalore  
Date : 12-Oct-2017



As per our audit report of even date attached  
For R V K S And Associates  
Chartered Accountants  
Firm No. 0085725

R. Mohan  
Partner  
Membership No. 203911





# 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, 2017 (Rupees)	For the year ended 31st March, 2016 (Rupees)
<b>Income</b>			
Grants Received - Utilized	3	34,34,91,135	21,78,13,591
Interest Income	8	55,54,933	69,41,681
Donations Others		1,39,152	78,500
Sale of Assets		6,27,025	4,03,665
Exchange Difference		(4,39,393)	1,57,956
Misc Income		15,20,563	-
Income from Professional Charges		5,82,795	2,93,000
<b>Total</b>		<b>35,14,76,210</b>	<b>22,56,88,393</b>
<b>Expenditure</b>			
Programme Expenses	9		
-Grants to NGO's		8,91,56,565	5,32,91,926
-Grants to NGO's in Kind		-	1,31,964
-Implementation Expenses		17,20,66,549	11,14,53,137
-Training and Capacity Building Expenses		37,69,705	92,65,303
Personnel Expenses	10	2,39,04,049	2,21,72,075
Administrative and other expenses	11	4,25,21,906	2,66,90,398
<b>Total</b>		<b>33,14,18,774</b>	<b>22,30,04,804</b>
<b>Excess of Income over Expenditure transferred to General Reserve</b>		<b>2,00,57,436</b>	<b>26,83,589</b>

For Karnataka Health Promotion Trust

  
Mohan H L  
Managing Trustee


  
Nanjundappa G.M  
Director Finance

Place: Bangalore  
Date : 12-Oct-2017



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



# KARNATAKA HEALTH PROMOTION TRUST (KHPT)

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

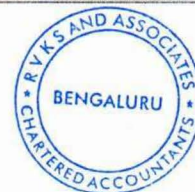
	As at 31st March, 2017 (Rupees)	As at 31st March, 2016 (Rupees)
<b>Schedules forming part of the accounts -Consolidated</b>		
<b>Schedule 1: Corpus Fund</b>		
Opening balance	10,000	10,000
	<b>10,000</b>	<b>10,000</b>
<b>Schedule 2: General Reserve</b>		
Opening balance	4,68,08,406	4,41,24,816
Add: Transferred from Income & Expenditure A/c	2,00,57,436	26,83,589
	<b>6,68,65,843</b>	<b>4,68,08,407</b>
<b>Schedule 3: Grant Received in Advance</b>		
Opening balance	5,49,53,731	5,79,45,019
<b>Grants Received during the year</b>		
University of Manitoba	85,22,791	4,84,71,756
POP Council	31,06,789	34,69,721
LSHTM	81,81,878	90,47,130
Abt Associates Inc	-	4,96,295
MAC AIDS FUND	-	53,20,825
Geneva Foundation for Medical Research (GFMER)	1,32,400	1,35,040
United States Agency for International Development-O'	11,41,04,437	4,66,11,573
American Jewish World Service	-	15,57,000
ViiV Healthcare UK Ltd	-	1,59,15,406
South African Medical & Research Council	65,40,187	50,19,000
India Cares (AHF India)	-	1,78,680
Global Alliance for Improve Nutrition	4,30,20,000	16,85,000
CBCI Society For Medical Education	1,30,13,209	-
WCD-Special Care Programme	4,36,675.00	4,64,865.00
India HIV/ AIDS Alliance	5,49,84,203.00	5,32,75,286.00
OVC Contribution Staff & Others	11,750.00	10,000.00
Karnataka State Rural Livelihood Promotion Society	2,49,29,497.00	1,39,94,770.00
Azim Premji Philanthorphyic Initiative	1,96,68,950.00	1,42,34,000.00
Indegene-TB-Care	3,26,100.00	2,77,200.00
MAC-ELCA Cosmetics Pvt Ltd	57,13,275.00	-
	<b>35,76,45,871</b>	<b>27,81,08,566</b>
<b>Less:</b>		
<b>Refund of Grant Funds</b>		
ICMR-Assessment of Sexual & Reproductive Health	-	34,08,275.00
UNWomen	-	15,13,920.00
Exchange Fluctuation Income transferred	(4,39,392.58)	1,57,955.79
Grant Utilized transferred to Income & Expenditure Account	34,34,91,134.61	21,78,13,590.84
	<b>34,30,51,742</b>	<b>22,28,93,742</b>
<b>Grant Received in Advance</b>	<b>1,45,94,129</b>	<b>5,52,14,824</b>



# 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, 2017 (Rupees)	As at 31st March, 2016 (Rupees)
<b>Schedules forming part of the accounts - Consolidated</b>		
<b>Schedule 4: Cash and bank balances</b>		
Cash in Hand	2,07,931	2,90,645
Balance with Schedule Banks		
- in savings accounts	2,57,95,685	5,38,86,433
- in deposit accounts	4,50,00,000	4,00,00,000
	<b>7,10,03,616</b>	<b>9,41,77,078</b>
<b>Schedule 5: Loans and advances</b>		
Advances recoverable in cash or in kind or for value to be received	1,41,38,977	30,37,605
TDS receivable	60,97,793	36,38,153
Deposits	53,83,720	50,44,970
	<b>2,56,20,489</b>	<b>1,17,20,728</b>
<b>Schedule 6 : Current liabilities</b>		
TDS payable	11,92,092	11,23,842
Sundry creditors	1,13,63,557	20,03,147
Other liabilities	6,37,746	4,10,698
	<b>1,31,93,395</b>	<b>35,37,687</b>
<b>Schedule 7 : Provisions</b>		
Accruals	19,60,738	5,87,981
	<b>19,60,738</b>	<b>5,87,981</b>

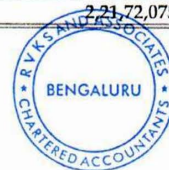




# KARNATAKA HEALTH PROMOTION TRUST (KHPT)

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

	As at 31st March, 2017 (Rupees)	As at 31st March, 2016 (Rupees)
<b>Schedules forming part of the accounts - Consolidated</b>		
<b>Schedule 8: Interest Income</b>		
From Savings Bank Accounts	23,37,308	12,34,801
From Fixed Deposits with Bank	32,17,625	57,06,463
Interest on IT Refund	-	418
	<b>55,54,933</b>	<b>69,41,681</b>
<b>Schedule 9 : Programme Expenses</b>		
-Grants to NGO's	8,91,56,565	5,32,91,926
-Grants to NGO's in Kind	-	1,31,964
-Implementation Expenses	17,20,66,549	11,14,53,137
-Training and Capacity Building Expenses	37,69,705	92,65,303
	<b>26,49,92,819</b>	<b>17,41,42,330</b>
<b>Schedule 10 : Personnel Expenses</b>		
Salaries	93,27,967	1,05,35,028
PF Employers' Share	29,49,907	24,30,687
Leave Encashment	1,88,216	1,01,298
Leave Travel Allowance	21,54,026	15,26,249
Consultancy Charges	38,34,196	44,70,057
Recruitment Expenses	2,44,629	1,99,247
Gratuity	10,99,335	1,54,409
Insurance-Staff	38,95,739	24,03,178
Overtime Allowance	2,10,034	3,37,372
Relocation Charges-Joining	-	8,750
Relocation Charges-Transfer	-	5,800
	<b>2,39,04,049</b>	<b>2,21,72,075</b>



# 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, 2017 (Rupees)	As at 31st March, 2016 (Rupees)
<b>Schedule 11 : Administrative and other expenses</b>		
<b>Fixed Assets</b>		
Computers	30,96,973	17,76,290
Furniture & Equipments	26,50,684	2,91,958
<b>Communications</b>		
Courier Charges	3,33,006	1,85,982
Data Card Expenses	9,94,791	8,57,470
Email/internet & Wireless	34,476	54,449
Internet Charges	2,15,508	2,21,124
Mobile Charges	14,88,621	8,68,935
Postage & Telegrams	61	787
Telephone Charges	1,83,880	1,94,512
<b>Office Running Expenses</b>		
AMC for Equipments & Others	1,45,197	5,88,897
Bank Charges	47,009	89,140
Books & Periodicals	2,000	40,483
Computer Running Expenses	6,04,864	81,246
Electricity /Water /Maintenance Charges	12,12,883	10,93,837
Insurance -Assets	1,39,678	1,15,102
Insurance -Cash	16,655	5,649
Office Expenses	600	1,08,190
Office Repairs and Maintenance	6,52,150	7,94,221
Printing & Stationery	11,12,983	4,97,578
Rent-Office	63,79,646	46,88,082
Rent - Others	18,08,124	4,80,325
Software Expenses	2,54,264	41,127
Staff Welfare-Tea/coffee/meal	2,00,822	1,47,578
Brokerage Charges	29,000	-
Website Development & Maintenance	2,94,531	73,868
Registration Fees-Legal & Others	20,000	-
<b>Travel Expenses-Staff &amp; Consultants</b>		
Local Conveyance	4,48,129	69,534
Travel Expenses-International	61,24,567	20,80,182
Travel Expenses-National-Accommodation	21,66,866	21,11,754
Travel Expenses-National-Air tickets	37,56,407	24,64,945
Travel Expenses-National-Others	25,15,443	15,77,485
Travel Expenses-National-Perdiem	16,32,096	18,37,965
Travel Expenses-National-Train/Bus	10,03,085	14,88,985
<b>Vehicle Repair &amp; Maintenance</b>		
Vehicle-Insurance	84,095	77,121
Vehicle-Repair & Maintenance	22,36,436	8,70,778
<b>Professional Charges-Audit Fees</b>		
Audit Fees-Other Services	3,36,376	7,14,819
Audit Fees-FY-2015-16	-	1,00,000
Audit Fees-FY-2016-17	3,00,000	-
	<b>4,25,21,906</b>	<b>2,66,90,398</b>



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