

ANNUAL REPORT

2019- 2020

KHPT Annual Report 2019-2020

Published by:

Lead, Knowledge Management Unit
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Disclaimer

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.

The photographs used in this report have been included receiving consent from the communities. All the photographs published in this annual report are copyrighted.

Compiled and edited by

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Design and layout

Anilkumar Rampur

MESSAGE FROM THE CEO

“KHPT has ended another year with its unique on-ground work and compassion despite the increasingly challenging environment. The onset of the COVID-19 pandemic has begun to affect thousands of people, particularly populations that are vulnerable due to existing health conditions, as well as socio-economic vulnerabilities. KHPT’s interventions and activities have always centred on improving the health and well-being of vulnerable communities, and the organization has leveraged its capabilities and efforts to identify the needs of those affected by the pandemic and the subsequent lockdown. We are yet to wait and watch how things unfold.

We believe that this is the time that the sector players come together and join hands for supporting the state in managing the crisis. KHPT’s strong grassroots connect and technical expertise facilitated a response that brought together its frontline staff, their extensive networks in the community and support from donors and partners to mobilize resources and support including humanitarian aid, outreach and counselling services, awareness through communication material development, and support to the Government of Karnataka.

The year 2019-20 gave us several opportunities especially in our thematic areas TB and comprehensive primary health care (CPHC) to innovate and design successful community centred strategies that were recognised at both national and state levels, and we hope to take some of these to scale both in and outside Karnataka.

We are delighted and honoured by the valuable contribution made by our frontline workers, donors, partners, government functionaries and the advisory board members in all the steps taken towards the betterment of the communities we work for. 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.



THEME

Maternal, Neonatal and Child Health

Brief description of the thematic area:

We work to improve maternal, neonatal health outcomes and address their nutritional status deficits to achieve India's 'Good health and Wellbeing' target of Sustainable Development Goal 3 in the areas of project implementation. We focus on creating innovative quality RMNCHA care models including strengthening grassroot level community structures and building integrated technology RMNCHA solutions in high priority States of India.

Project name: Kangaroo Mother Care (KMC)

Objective

To sustain the efforts of institutionalizing KMC in facilities with high delivery load in Koppal district.

To attain this objective, the project has interventions at three levels:

Pre-Facility

Handhold ASHA to counselling ANC mothers at High Pregnancy Clinics

Facility

Onsite mentoring by Nurse Mentors: refresh clinical skills/knowledge of Staff Nurses & othes cadres.

Facilitate Quality improvment meeting at public health facilities

Post-Dicharge

Supportive supervision through ASHA/ASHA facilitators during home visits

Geography: Koppal District, Karnataka

Key highlights:

- ▼ All <2000g LBW babies identified in project area and KMC for eligible babies was initiated (counselling, demonstration, practice)
- ▼ Exclusive breastfeeding [via direct feeds or alternate methods (tube/pallada feeds) was ensuring
- ▼ KMC practice at home was facilitated by strengthening the capacities of ASHAs through systematic tools & process that includes training, handholding and supportive supervision through a cadre of ASHA facilitators and JHAs
- ▼ 74% of all eligible babies were initiated on KMC (ones who are sent home healthy or stayed for more than 3 days at facility)
- ▼ 47% and 41% of all eligible babies received effective KMC (8 or more hours of skin-to-skin contact and exclusive breast feeding)

Activities undertaken during COVID-19 pandemic:

- ▼ The project staff continued to support both the community and facility staff to stay focussed on providing MNCH services while performing Covid -19 pandemic related duties such as strengthening referral & linkages with private hospitals, counselling services, sensitization at the GP level.
- ▼ The project staff also identified 9 project beneficiaries who got infected with Covid 19 and were supported through provision of ration and food kits.



CHW in conversation with an elderly



THEME

HIV/AIDS

Brief description of the thematic area:

Ever since from the existence KHPT in 2003, the organization has been working on HIV thematic area by directly implementing the projects, by providing technical assistance and knowledge management services. Throughout the implementation of HIV related interventions strengthening community ownership and working closely with the government for long term sustainability of the programmes has been defining features of work. Having worked for nearly two decades the current focus of this thematic area of the organization is to codify and share its learnings & legacy knowledge through partnerships, research papers, and publications via global/national platforms, in addition to evolving programs targeting emerging issues in the area of HIV/ AIDS.

Project name: MAC AIDS

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.

Geography: All 30 districts of Karnataka

Key highlights:

- ▼ 409 HIV infected and affected children participated in the Summer Camp with the support from District Level Networks (DLNs) and Institutions. More than INR 2,86,050 was mobilized in cash and kind to support the children. 822 adolescents were linked to various skill building training programs
- ▼ 4341 children (male 2317 and female 2024) infected by HIV received direct counselling support from the project counsellors
- ▼ 1982 adolescents received both counselling and career counselling support.
- ▼ 202 families continued to receive livelihood support, this year additionally 97 families were enrolled in the livelihood support program in this year
- ▼ 17 Adolescent Girls participated in M&E Cum Accountant training, it organized by KSAPS
- ▼ 1176 children are linked to Social entitlement and Social Welfare Scheme
- ▼ Organised an event called “Me-a Champion” event for the children living with HIV. 11044 Children participated at the district level, 302 at the zonal level and 151 children at the State level
- ▼ 413 adolescents participated in the “online skill building training for adolescents” conducted by Alliance India and READY+ on 26th December 2019

Project name: Vihaan

Objective

To increase treatment adherence, reduce stigma and discrimination, and improve the quality of life of people living with HIV.

Geography: All 30 districts of Karnataka

Key highlights:

- ▼ 156281 PLHIVs are in active care and continue to avail the Vihaan services: of these 145556 were adults (Women – 55.46%, Men – 44.19% and TGs – 0.35%) and 10725 were children (male- 55.26% and female- 44.74%)
- ▼ 36710 individuals received counselling services in total during the year
- ▼ 16640 PLHIVs newly initiated on ART were followed up for adherence
- ▼ 66716 PLHIVs with less than 80% adherence were provided counselling services
- ▼ 180194 Stable clients being contacted were provided follow-up services
- ▼ 4408 were linked to social entitlements and 5234 PLHIVs were linked to social welfare schemes
- ▼ 1897 eligible participants were referred and tested for HIV, of these 148 family members were tested positive and 143 were linked to ART Centres
- ▼ 148857 PLHIVs were screened for TB of which, 6277 PLHIVs were found with TB symptoms and 5720 were referred for TB testing, 5036 underwent testing and 392 PLHIVs were diagnosed as TB

Outreach activity in COVID-19 period

- 518 clients were provided medicine through home delivery
- 394 clients received medicine in Care and support centres)
- 107 clients were linked to food safety services
- 115 HRG clients (FSW, MSM, PWID) were provided with medicine
- 1846 persons screened for B (4S Screening)
- 2110 persons screened for COVID-19

Project name: LWS Program

Geography: Bijapur, Bagalkot, Belgaum and Gadag districts of northern Karnataka

Key highlights:

- ▼ 270% of the vulnerable population contacted against line listed
- ▼ 122% of the vulnerable population line listed tested for HIV
- ▼ 80 persons were newly detected HIV positive and 79 newly detected cases (99%) linked to ART
- ▼ 196% ANC contacted against line listed
- ▼ 245% line listed ANC tested for HIV
- ▼ 3 of the ANC cases found positive



THEME

Tuberculosis

Brief description of the thematic area:

KHPT will focus on scaling innovations across the continuum of care to effectively solve for 20% of India's TB burden by engaging with ~50 million TB-susceptible population by scaling innovations on prevention, detection, treatment and care for patients through building capacities of community and health systems.

Project name: Tuberculosis Health Action Learning Initiative (THALI)

Objective

To implement four innovative models:

- ▼ Differentiated Care Model for prioritised care of high-risk patients
- ▼ HIV-TB model
- ▼ Engagement with Community Structures
- ▼ Patient Support Groups

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.

Key highlights:

- ▼ A delegation of TB experts including representatives from the Nigerian health ministry, NGOs and USAID Nigeria visited Karnataka as part of a study tour to learn from India's TB control efforts. KHPT facilitated the two-day immersion on June 14 and 15, during which they introduced the team to THALI's community-centred initiatives including patient support groups, health information centres and community structures
- ▼ The Central TB Division (CTD) released a set of communication materials developed by KHPT at the launch of the 'TB Harega, Dosh Jeetega' campaign in New Delhi on September 25. KHPT contributed a set of 12 posters as part of its June agreement with the CTD to support the development of communications resources to be disseminated country-wide
- ▼ An e-module on technical and operational guidelines for TB developed by the THALI technical team and a team at St John's Medical College, Bengaluru, was launched and demonstrated at an event at St John's Research Institute on August 29. The module will allow healthcare providers, both public and private, to take a self-paced, easy-to-navigate course on TB based on lectures and quizzes, with a certificate awarded upon completion. The event was attended by Dr Manjula M, Additional Project Director, Karnataka State AIDS Prevention Society (KSAPS) and former State TB Officer, Karnataka, and Dr Anil, Deputy Director-TB, Karnataka State RNTCP
- ▼ KHPT partnered with the National Tuberculosis Elimination Programme (NTEP) in Karnataka to co-create a counselling intervention spanning TB program staff in all 30 districts. KHPT capacitated a cadre of 63 master trainers which would go on to build the skills of 515 NTEP staff directly supporting TB patients. The year-long initiative combined the administrative support of the state NTEP with the technical expertise of KHPT and continuously integrated feedback of the participants to create a model that could be scaled up at a national level

Community Structure Engagement

- 395 community structures, such as self-help groups, labour unions and youth associations, identified to reach vulnerable communities
- 744 awareness campaigns conducted by identified community structures
- 74.7% community structures referred symptomatic cases for testing

- 2730 persons with symptoms referred by community structures for testing
- 10.6% of persons referred by community structures and tested found to be positive

Patient Support Groups

- 143 patient support groups formed in intervention districts. Of these 40.4% meetings were attended by a medical officer
- 130 TB advocates identified and capacitated

Differentiated Care Model (DCM)

- 763 NTEP staff trained on risk and needs analysis (RANA) and components of prioritized care
- 4586 patients assessed by NTEP staff using RANA
- 9595 patients initiated on treatment assessed using RANA
- 14426 DCM patients identified over the project period

HIV-TB model

- 899 sensitization meetings conducted for community-based organizations, NGOs, networks and Tis
- 64 TB-HIV cases identified through intensive case finding activities conducted by the CBOs/ NGOs
- 95.4% TB patients knew their HIV status
- 84% of PLHIV screened for TB



Nasseba (third from right)
at a health awareness event
she helped organise in
collaboration with local
church leaders

Project name: Joint Effort for Elimination of Tuberculosis (JEET)

Objective

To set up effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients seeking care in private sector.

Geography: Bangalore City, Bangalore Urban, Bangalore Rural

Key highlights:

- ▼ 47 hubs established and 45 hub agents placed
- ▼ 10 Specimen Collection and Transportation agents placed
- ▼ 10 Continuing Medical Education sessions conducted for private providers
- ▼ 1344 private health facilities sensitised
- ▼ 5059 presumptives have been tested through sample collection and transport mechanisms of the hubs; of these 1052 have been found to be positive
- ▼ 5261 patients identified as TB-positive have been notified from private providers in the district

Project name: TB Careline

Objective

To provide phone-based outbound counselling and follow-up service to support TB patients in the private sector under the USAID-funded Strengthening Health Outcomes through the Private Sector (SHOPS) Project implemented by KHPT.

Geography: Dharwad, Karnataka

Key highlights:

- ▼ The State TB office requested that the Careline deliver messages on direct benefit transfer payments to private patients for nutrition support, as well as provide counselling for all privately notified patients in Karnataka (except Bangalore)
- ▼ An abstract on the Careline entitled Calling for Change was accepted at the International SBCC conference, which was scheduled to be held in Morocco during March- April 2020 and is currently postponed to October 2021
- ▼ A case study on the Careline was also shortlisted under Azim Premji University's Stories of Change initiative in February 2020
- ▼ Careline has been giving awareness on basic preventive measures and updates on the COVID-19 pandemic to the registered patients under follow up
 - 47522 calls were made by 5 counsellors to track, monitor treatment and provide psychosocial support to patients
 - 11274 patients notified from Jan-Dec 2019 to the State TB Office have been tracked with consent to ascertain whether they are on treatment in private or public sector
 - 9557 patients on active care, of whom 4637 were newly registered
 - Trend of registrations over the years have doubled in this period from 500 per quarter to 1000 per quarter

Voices from the field: TB

“In one year of THALI, my notification rate has risen almost 300 percent, from 30 TB cases per year to 112! When I got support from THALI, I became enthusiastic myself, and started taking TB control (out of the facility) to the public”- **Dr Pratap Kallogi (Medical Officer, Deshaipet Urban PHC, Warangal)**

“This is my second life and I realize that there are many people suffering with TB without proper knowledge and guidance. Also many people are dying as they don't know the facts of TB. I am committed to reach as many people as possible”- **Nageshwar Rao (TB patient advocate, Hyderabad supporting TB patients on treatment)**



THEME

Adolescent Health

Brief description of the thematic area:

The Adolescent Health theme focuses on creating a holistic package of multiple scalable interventions to permanently alter the course of an adolescent towards a life of health and well-being. Enhancing the health and well-being of adolescents by creating innovative community-centred approaches aimed at promoting their agency and decision making capacity, and building supportive social environments. This can be achieved by improving the dietary pattern and nutritional status, improving menstrual hygiene practices and sexual health, and promoting equitable gender norms and create safe environments to prevent and address gender-based violence for adolescent girls aged between 10-19 years.

Project name: Sphoorthi

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

Geography: Koppal District, Karnataka

Key highlights:

COVID-19 relief work in Koppal

- ▼ 7352 individuals reached with COVID- 19 awareness messages
- ▼ 4812 sanitary pads distributed
- ▼ 2636 homes visited to create awareness on COVID-19 by supporting frontline workers
- ▼ 1580 families were distributed masks
- ▼ 1211 girls were counselled on education and exam preparation
- ▼ 760 girls were distributed IFA tablets
- ▼ 551 girls were given educational materials (videos and question papers)
- ▼ 1738 families were distributed vegetable seeds
- ▼ 305 girls were counselled on Gender-based Violence (GBV) and Mental Health related issues
- ▼ 289 families were supported by distribution of food kits

Voices from the field: AH

“At the age of 15-16 years, parents want us to get and think that they have been relieved of their responsibilities. We should complete education and get employed. We are no less than boys and our capabilities are sometimes higher than boys; society must start believing in this. If a girl is educated well, it is like educating an entire society”- **Madhumati (IXth class, Bahdurbandi village, Koppal)**

“I saw many NGOs who take government data and present the data at a different level as if they have done the work, but KHPT has always supported the government system and thinks of innovative ways to tackle a problem”- **Dr Lingraj (District Health Officer, Koppal)**



Comprehensive Primary Health Care

Brief description of the thematic area:

A strong primary healthcare system is crucial in order to achieve health related sustainable development goals (SDG) and attaining universal health coverage (UHC). In India, a series of transformative initiatives and increased investments on primary health care had seen it achieve improvements in health promotion, disease prevention, and service outreach. However, services at primary care still remain sporadic and fragmented; high out-of-pocket health expenditures remained static. A larger proportion of people are still accessing private care where cost of care remains high and standards of treatment remains questionable.

With this context, KHPT is striving to design, develop, implement and evaluate a comprehensive primary health care (CPHC) model in Mysuru city through an implementation research design leveraging on learning and experience from an ongoing pilot project on Non-Communicable Disease (NCD) care. The ongoing pilot aims to develop a primary health care model for NCDs and has been in operation in the same city for last three years. Given the comprehensive health system management needs and disease management protocols for NCDs; many learnings from a such program could be adapted while designing a comprehensive primary care model (CPHC model). While the overarching CPHC model/theme aims to transform Mysuru city as a healthy city and provide quality essential primary care services, NCDs have remained so far the main fulcrum towards that vision.

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

Objective

To design and implement an integrated urban health systems-based model to strengthen the continuum of care for non-communicable disease (NCD) services.

Geography: Mysore City, Karnataka

Key highlights:

- ▼ Expansion to 6 more facilities (1CHC and 5UPHC) with population coverage of around 2,50,000 in April 2019.
- ▼ Population level screening in the new facility area, covering a total of 36,366 people among which, 2470 were diagnosed to have DM, 3641 HTN and 2956 both. A total of 3264 patients with disease were reached through BCC sessions
- ▼ 5 days training on HbA1c and DR screening for 7 project staff and CHC staff
- ▼ Regular follow up of interventions such as fixed NCD day, counselling sessions by staff nurse. Monthly meetings on quality improvement at 5 UPHCs, led by Consultant-Quality Improvement from KHPT.

Project name: Health entrepreneurship model to improve the accessibility of health services in a backward taluka of 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.

Geography: Chincholi District, Karnataka

Key highlights:

- ▼ Identification of new products- blood grouping, face mask, hand sanitizer for communities
- ▼ 53 Mobile health camps held at several public gatherings such as Weekly Haats (local markets)
- ▼ Application developed for health entrepreneurs in partnership with MAYA Health to closely monitor the registered customers

Project name: An incentive based community health worker (CHW) led outreach model to improve patient centric care in an urban PHC area in Mysore, South India

Objective

To test the feasibility of an incentive based community health worker model, embedded and sustained within the existing urban health system to achieve improved patient centric NCD care in urban Mysuru (Kumbarakoppalu UPHC).

Geography: Mysore, Karnataka

Key highlights:

- ▼ 21 community health workers (CHW) and 4 CHW-supervisors (CHW-S) were recruited
- ▼ Development of mobile application to enable seamless data collection, plan priorities, view progress and provide handholding support
- ▼ 18-day structured and modular competency-based training programme conducted for CHW and CHW-S
- ▼ 979 known diabetic and hypertensive patients have enrolled into the program and were reached out for BCC
- ▼ Linked patients to service like free medicines and ration. CHWs conducted virtual calls with patients to create awareness about Covid-19 and mental health issues

Other overall thematic highlights:

- ▼ Technical support to the National Urban Health Mission (NUHM), Government of Karnataka, in conducting the training of trainers' (ToT) program on implementing the National NCD Program Interventions.
- ▼ Indian Council of Medical Research (ICMR) has adopted the implementation research approach, processes and tools from the Mysore project for the National Task Force Project on NCDs among tribal populations across six states in the country.
- ▼ KHPT was awarded ASSOCHAM's "Diabetes Awareness, Prevention & Wellness Award, 2019" on the World Diabetes Day.

Voices from the field: CPHC

"Prathima, a CHW helped me stop alcohol consumption. During BCC, she told me the disadvantages of consuming alcohol for a diabetic patient. Slowly I tried and reduced alcohol consumption and now I am not drinking and feel healthy."— **Basavachari (Diabetic Patient, Hebbal 1st stage, Mysore)**

"Being diabetic, I was worried about buying medicines every month. I was surprised to know from the health worker that UPHCs provide medicines free of cost. Now I am collecting medicines from the Government Hospital and it is a big relief for me. I thank the CHW for the information"— **Rihan Jhan (Diabetic Patient, Vidyaranyapuram, Mysore)**

Awards and MoUs

- KHPT is GuideStar GOLD certified NGO for 2019
- Zee Business 'Leadership in Health Care' Award, New Delhi, 27 September 2019
- Associated Chambers of Commerce and Industry of India's (ASSOCHAM) "Diabetes Awareness, Prevention and Wellness Award", New Delhi, 14 November 2019
- Karnataka CSR and NGO Awards 2020 in the "Skilling and livelihoods" category, Multi-Sectoral Nutrition Pilot project, 28 February 2020
- Rotary CSR Award for Best NGO for initiatives on livelihood and skilling for Rural Women (Nutrition project), Bangalore, 2020

LIST OF PUBLICATIONS

- ⦿ KHPT Annual report, 2018-19
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- ⦿ KMC dissemination report
-

- ⦿ BIAL assessment report
-

- ⦿ Journal of Global Health: The Samata intervention to increase secondary school completion and reduce child marriage among adolescent girls: results from a cluster randomized control trial in India.
-

- ⦿ Global Public Health (an International Journal for Research, Policy and Practice)- “Media, nationalism, and the body: Exploring masculinities, male partner violence, and HIV vulnerability among female sex workers in northern Karnataka, India.
-

- ⦿ **STRIVE-Samata:**

- Huynh et al (2019); Exploring male adolescents’ perceptions of gender relations in South India: A project ethnography of the Parivartan program: Journal of Health and Social Care.
- Prakash et al (2019) Secular changes in child marriage and secondary school completion among rural adolescent girls in India; Journal of Global Health Reports.
- Beattie TS, Prakash R, Javalkar P, et al. Assessing the effect of the Samata intervention on factors hypothesised to be on the pathway to child marriage and school drop-out: results from a cluster-randomised trial in rural north Karnataka, India. Journal of Global Health Reports.

- ◎ STRIVE-Samvedana Plus- Javalkar et al (2019); Effectiveness of a multilevel intervention to reduce violence and increase condom use in intimate partnerships among female sex workers: cluster randomised controlled trial in Karnataka, India; BMC Public Health.
-

OTHERS:

- ◎ A blog on the effects of lockdown in response to the Covid-19 pandemic and schooling in rural Karnataka was recently published on The Critical Childhoods and Youth Studies Collective (CCYSC) and cross-posted on the UKFIET, the Education and Development Forum.
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- ◎ BCC flipcharts
-

- ◎ Patient retained booklets
-

- ◎ Health cards
-

- ◎ Technical briefs

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, 2020 - Consolidated

Particulars	Note	31st March, 2020 (Rupees)	31st March, 2019 (Rupees)
I Sources of Funds			
1 Reserves			
Corpus fund	1	10,000	10,000
General Reserve	2	15,36,60,246	13,00,73,236
Grant Received in Advance	3	1,69,28,250	3,18,22,039
Total		17,05,98,496	16,19,05,276
II Application of Funds			
1 Current Assets, Loans and Advances			
Cash and Bank Balances	4	14,12,08,770	14,71,47,030
Loans and advances	5	3,35,22,956	2,75,82,016
Total		17,47,31,726	17,47,29,046
2 Less : Current liabilities and provisions			
Current Liabilities	6	27,47,173	1,22,79,182
Provisions	7	13,86,057	5,44,588
Total		41,33,230	1,28,23,770
Net current assets		17,05,98,496	16,19,05,276
Total		17,05,98,496	16,19,05,276

For Karnataka Health Promotion Trust

Mohan H L
Chief Executive Officer

Place: Bangalore
Date : 07-Jan-2021

Nanjundappa G.M
Director Finance

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: 21203911AAAAA P2601



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, 2020 (Rupees)	For the year ended 31st March, 2019 (Rupees)
Income			
Grants Received - Utilized	3	24,85,99,988	38,72,95,143
Interest Income	8	1,04,12,178	75,62,444
Donations Others		-	25,000
Sale of Assets		1,22,045	75,000
Exchange Difference		1,27,169	2,63,431
Misc Income		-	3,001
Income from Professional Charges		70,000	16,000
Total		25,93,31,380	39,52,40,018
Expenditure			
Programme Expenses	9		
-Grants to NGO's		5,22,96,369	8,96,42,096
-Implementation Expenses		12,75,65,741	18,61,60,362
-Training and Capacity Building Expenses		59,64,023	80,24,487
Personnel Expenses	10	2,55,19,937	3,59,06,493
Administrative and other expenses	11	2,43,98,300	3,72,06,254
Total		23,57,44,370	35,69,39,692
Excess of Income over Expenditure transferred to General Reserve		2,35,87,010	3,83,00,326

For Karnataka Health Promotion Trust

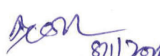

Mohan H L
Chief Executive Officer


Nanjundappa G.M
Director Finance

Place: Bangalore
Date : 07-Jan-2021



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: 21203911AAAAAP2601

KARNATAKA HEALTH PROMOTION TRUST (KHPT)


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

Receipts and Payments Account - Consolidated

Particulars	Note	For the year ended 31st March, 2020 (Rupees)	For the year ended 31st March, 2019 (Rupees)
Opening Balance	3		
- Cash on hand		2,11,139	2,16,670
- Cash at Bank		14,69,35,891	18,28,34,773
		14,71,47,030	18,30,51,443
Add: Receipts			
Grants Received	2	23,40,31,096	30,83,84,154
Exchange Difference		1,27,169	-
Interest Income Bank	7	67,43,330	67,92,141
Other Income		-	3,001
Refund of Deposits		7,96,332	4,36,000
Settlement of Advances		9,51,525	47,91,359
Sale of Assets		1,22,044	75,000
Income from Professional Charges		70,000	16,000
Donations Others		-	25,000
		24,28,41,496	32,05,22,655
Totals		38,99,88,526	50,35,74,098
Payments			
Programme Expenses			
- Grants to NGO's		6,20,12,289	8,96,42,096
- Other Programme Expenses		12,87,40,011	18,61,35,362
- Training and Capacity Building Expenses		59,38,818	80,24,487
Personnel Expenses		2,54,60,027	3,48,73,911
Administrative and other expenses		2,34,93,031	3,66,87,666
Rent Deposit		8,61,332	-
Income Tax Deducted at Source		18,81,752	10,63,546
Settlement of Advances		67,598	-
Refund of Grant Funds	11	3,24,898	-
Total		24,87,79,756	35,64,27,069
Closing Balance			
Cash on hand	3	1,37,757	2,11,139
Cash at Bank	3	14,10,71,013	14,69,35,891
		14,12,08,770	14,71,47,030
Totals		38,99,88,526	50,35,74,098

For Karnataka Health Promotion Trust



Mohan H L
Chief Executive Officer


Nanjundappa G.M
Director Finance

Place: Bangalore
Date : 07-Jan-2021



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

UDIN: 21203911AAAAA02601



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, 2020 (Rupees)	As at 31st March, 2019 (Rupees)
Notes forming part of the accounts -Consolidated		
Note 1: Corpus Fund		
Opening balance	10,000	10,000
	<u>10,000</u>	<u>10,000</u>
Note 2: General Reserve		
Opening balance	13,00,73,236	9,17,72,910
Add: Transferred from Income & Expenditure A/c	2,35,87,010	3,83,00,326
	<u>15,36,60,246</u>	<u>13,00,73,236</u>
Note 3: Grant Received in Advance		
Opening balance	3,18,22,039	11,09,96,459
Grants Received during the year		
University of Manitoba	7,41,002	22,21,967
LSHTM	26,63,993	55,34,984
United States Agency for International Development-O	10,19,65,086	16,78,78,126
South African Medical & Research Council	8,78,214	9,05,749
Global Alliance for Improve Nutrition	1,79,30,943	2,78,51,410
CBCI Society For Medical Education	-	1,19,15,568
Business for Social Responsibility-BSR	-	2,21,675
Sponsored Funds-OVC-Nutrition & Others	2,000	16,775
Karnataka State Aids Prevention Society - KSAPS	59,70,680	43,71,992
India HIV/ AIDS Alliance	4,28,52,082	4,31,28,330
Karnataka State Rural Livelihood Promotion Society	1,00,58,610	70,61,655
Indegene-TB-Care	12,40,018	24,46,618
MAC-ELCA Cosmetics Pvt Ltd	15,44,770	5,27,660
CBCI Society for Medical Education	47,52,614	18,58,758
Life style International Pvt Ltd	2,12,50,945	1,01,20,303
The India Nutrition Initiative-TINI	7,50,000	-
Sponsored Funds-OVC-Nutrition & Others	1,04,000	91,885
FIND India	1,99,35,357	1,85,31,268
Nutrition Programme-North Karnataka	43,000	7,99,280
Bangalore International Airport Limited (BIAL)	5,39,350	2,31,150
District Health & Family Welfare-Bangalore Urban	-	1,69,000
Healthium Medtech Pvt Ltd	-	25,00,000
Health Systems Transformation Platform	3,00,000	-
World Health Organisation	6,35,600	-
	<u>26,59,80,303</u>	<u>41,93,80,613</u>
Less:		
Refund of Grant Funds		
The India Nutrition Initiative-TINI	2,43,242	-
World Health Organisation	81,655	-
	<u>2,43,242</u>	<u>-</u>
Exchange Fluctuation Income transferred	1,27,169	2,63,431
Grant Utilized transferred to Income & Expenditure Account	24,85,99,988	38,72,95,143
	<u>24,90,52,054</u>	<u>38,75,58,573</u>
Grant Received in Advance	<u>1,69,28,250</u>	<u>3,18,22,039</u>



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, 2020 (Rupees)	As at 31st March, 2019 (Rupees)
Notes forming part of the accounts - Consolidated		
Note 4: Cash and bank balances		
Cash in Hand	1,37,757	2,11,139
Balance with Note Banks		
- in savings accounts	2,10,71,013	8,19,35,891
- in deposit accounts	12,00,00,000	6,50,00,000
	<u>14,12,08,770</u>	<u>14,71,47,030</u>
Note 5: Loans and advances		
Advances recoverable in cash or in kind or for value to be received	75,17,498	35,23,310
TDS receivable	2,17,22,921	1,98,41,168
Deposits	42,82,537	42,17,537
	<u>3,35,22,956</u>	<u>2,75,82,016</u>
Note 6 : Current liabilities		
TDS payable	7,19,860	11,19,108
Sundry creditors	10,64,011	1,01,28,492
Other liabilities	9,63,302	10,31,582
	<u>27,47,173</u>	<u>1,22,79,182</u>
Note 7 : Provisions		
Accruals	13,86,057	5,44,588
	<u>13,86,057</u>	<u>5,44,588</u>



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, 2020 (Rupees)	As at 31st March, 2019 (Rupees)
Notes forming part of the accounts - Consolidated		
Note 8: Interest Income		
From Savings Bank Accounts	17,20,081	43,79,870
From Fixed Deposits with Bank	86,92,097	31,82,574
	<u>1,04,12,178</u>	<u>75,62,444</u>
Note 9 : Programme Expenses		
-Grants to NGO's	5,22,96,369	8,96,42,096
-Implementation Expenses	12,75,65,741	18,61,60,362
-Training and Capacity Building Expenses	59,64,023	80,24,487
	<u>18,58,26,133</u>	<u>28,38,26,945</u>
Note 10 : Personnel Expenses		
Salaries	1,67,83,081	1,54,62,851
PF Employers' Share	9,84,151	47,15,584
Leave Encashment	2,34,566	2,68,247
Leave Travel Allowance	12,56,531	43,15,060
Consultancy Charges	36,93,435	37,34,880
Recruitment Expenses	1,84,786	3,13,523
Gratuity	4,43,066	23,38,929
Insurance-Staff	16,93,807	46,08,402
Overtime Allowance	1,38,779	1,49,017
Relocation Charges-Transfer	1,07,735	-
	<u>2,55,19,937</u>	<u>3,59,06,493</u>



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, 2020 (Rupees)	As at 31st March, 2019 (Rupees)
Note 11 : Administrative and other expenses		
Fixed Assets		
Computers	-	41,99,591
Furniture & Equipments	34,686	23,93,646
Communications		
Courier Charges	1,25,975	3,13,322
Data Card Expenses	7,40,221	9,18,288
Internet Charges	3,60,994	3,07,529
Mobile Charges	7,31,384	9,45,525
Postage & Telegrams	-	4,043
Telephone Charges	1,74,210	1,79,976
Call Conferencing Charges	26,335	35,400
Office Running Expenses		
AMC for Equipments & Others	1,63,285	1,63,285
Bank Charges	15,890	37,604
Books & Periodicals	9,439	89,188
Computer Running Expenses	1,13,798	2,90,337
Electricity / Water / Maintenance Charges	17,23,749	15,26,982
Insurance -Assets	1,39,726	1,33,248
Insurance -Cash	10,845	10,845
Insurance -Others	-	37,276
Office Repairs and Maintenance	9,12,349	7,03,872
Printing & Stationery	5,15,500	7,63,115
Rent-Office	71,16,519	61,71,029
Rent - Others	4,73,319	12,97,354
Software Expenses	6,914	-
Staff Welfare-Tea/coffee/meal	2,33,629	2,66,145
Website Development & Maintenance	3,02,265	36,739
Registration Fees-Legal & Others	34,627	1,23,956
Other Expenses		
Interest Paid-Income Tax	12,640	270
Interest Paid-Provident Fund	7,36,032	399
Travel Expenses-Staff & Consultants		
Local Conveyance	2,94,573	21,76,422
Travel Expenses-International	1,91,746	4,62,930
Travel Expenses-National-Accommodation	10,02,983	19,10,058
Travel Expenses-National-Air tickets	19,29,017	49,66,862
Travel Expenses-National-Others	26,42,486	11,63,781
Travel Expenses-National-Perdiem	7,27,380	13,96,047
Travel Expenses-National-Train/Bus	4,70,441	7,62,141
Vehicle Expenses		
Vehicle-Insurance	37,132	51,631
Vehicle-Repair & Maintenance	1,64,898	1,27,039
Vehicle Fuel Expenses	2,82,293	4,60,496
Vehicle Hire Charges	9,62,700	17,70,077
Professional Charges-Audit Fees		
Audit Fees-FY-2018-19	-	4,13,000
Audit Fees-FY-2019-20	4,13,000	-
Professional Charges		
Professional Fees	5,65,320	5,96,806
	2,43,98,300	3,72,06,254



OUR 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.









KHPT

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Industrial Area, Behind KSSIDC
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