





WHO WE ARE

KHPT was established in 2003 with support from the University of Manitoba, Canada and the Government of Karnataka. We are registered with the Ministry of Home Affairs under the Foreign Contribution (Regulation) Act (FCRA), 1976. We are guided by secular and apolitical ideas.

VISION

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

MISSION

- ▶ **Enhance the health and well-being of communities** through the delivery of innovative, results-oriented, gender transformative programs
- ▶ **Strengthen the capacity of organisations** to plan, deliver, monitor and evaluate programs that enhance health and well-being of communities
- ▶ **Develop as a learning organisation**, continually translating knowledge and approaches through reflection, research and engagement with our peers, in India and globally



PRINCIPLES

Our work with communities is guided by our belief in strengthening democratic spaces for community participation, respecting peoples' local wisdom and knowledge, adopting an inclusive lens across all forms of engagement with people and steering programs based on the centrality of community needs.

Our methodology and approach are carefully defined with paramount relevance and responsiveness to community priorities. We believe in building systems and processes that will increase transparency, accountability at the grass-root levels and ensure equitable ownership of resources.

CORE STRENGTHS



Community centered



Evidence based



Context specific



Life-cycle approach



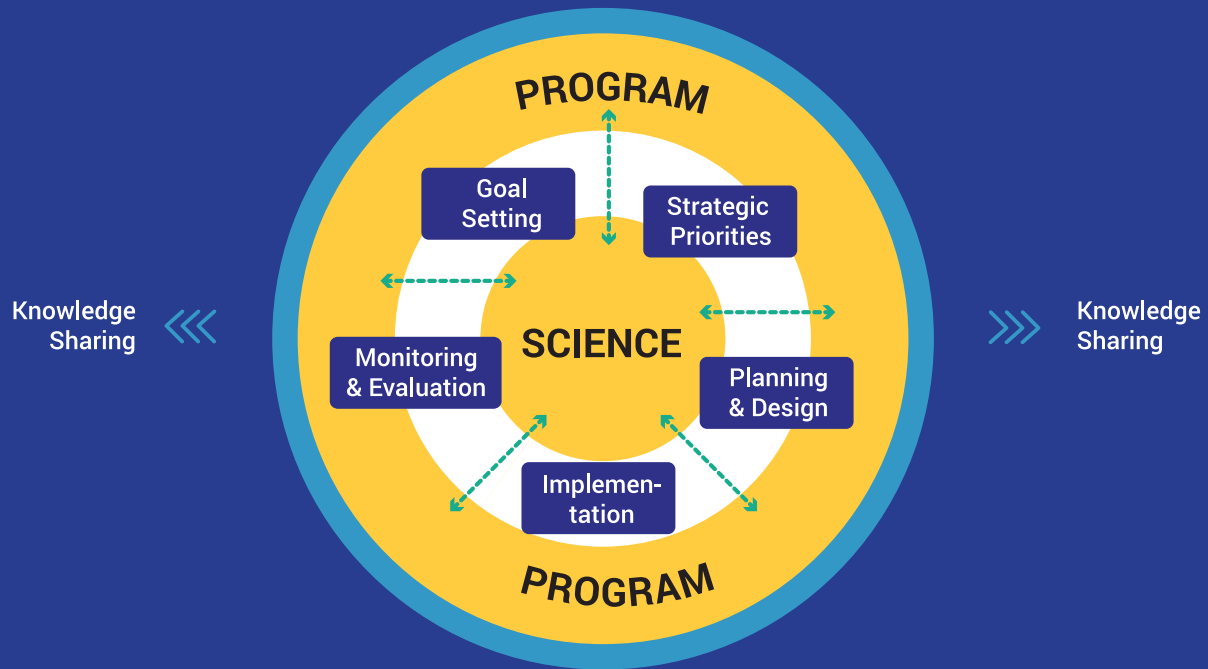
Scale-up driven



Sustainability based

APPROACH

We adopt a **Program Science approach** which is the systematic application of theoretical and empirical scientific knowledge to improve the design, implementation and evaluation of public health programs. It includes research driven methodologies for intervention design and assessment ensuring the right mix of interventions for the right populations; translating knowledge for global dissemination and creating forums for interaction between scientists, programs & policy leaders, and implementers.



We Engage

with vulnerable communities to understand their needs and aspirations, mobilise and strengthen their leadership, and facilitate creation of community institutions. Our engagement across all our stakeholders is directed towards guiding evidence-based policy making.

We Innovate

by designing interventions that effectively balance community needs and programme objectives as evidenced in some of our chosen methodologies and strategies.

We Collaborate

with government, private institutions, community organizations and academia to implement programs, conduct research, and further knowledge sharing and uptake through learning platforms led by us.

COMMUNITIES

“

“I now have the knowledge and courage to do what is good for my health and the health of my children”

- A new mother, Bagalkote



“

“This is the first time that ASHAs, Anganwadi workers and the JHAs were brought together for training. This has never happened in the 30 years of my service. We are the three sisters who can bring change.”

- Junior Health Assistant- Female (JHA)

“I overcame my fears and found the champion in me”

- A child infected by HIV

Marginalised, vulnerable and socially excluded groups are at the heart of all programs at KHPT. We are committed to see these communities empowered and independent.

Our Communities Include

- ▶ Adolescent Girls
- ▶ Orphans and Vulnerable Children
- ▶ Infants and children < 5 years of age
- ▶ Pregnant Women
- ▶ Lactating Mothers
- ▶ Female Sex Workers
- ▶ Men Having Sex with Men and Transgenders
- ▶ Migrants
- ▶ Women from Backward Caste Groups like SC/ST
- ▶ People Living with HIV/AIDS
- ▶ Members of Community Structures like SHGs, VHSNCs
- ▶ The Urban Poor
- ▶ Frontline Health Workers

“

“I now know that girls and boys are equals. Things have changed at home and school. My brother helps me in the kitchen and the boys in class approach me for help in studies”

- An adolescent girl, Bijapur

“

“Earlier, we did not have the courage or capability to face the Police. Now, we feel supported and empowered to question violence.”

- A sex worker





Learning Networks & Knowledge Translation

KHPT collaborates with Centre for Global Public Health, Canada to translate knowledge and experience from India to other developing countries.





We have strong technical and management capabilities in-house. Our core technical advisory team has demonstrated expertise and experience across areas covering

Programmes

Capacity Building

Community Mobilisation

Knowledge Translation

Quality Improvement

Communications

Health Systems Strengthening

Monitoring and Evaluation

Research and Special Studies

They offer strategic direction, inputs and mentoring support for all programs.

Members of our management team serve as technical advisors for the NACO, UoM, ICMR, WHO, and the Karnataka State Health Systems Resource Centre (SHSRC), where they shape policy by sharing their expertise in designing, implementing and monitoring state-wide programmes on HIV/AIDS, TB and MNCH.

We have a total of 430 staff at central and district levels.

Governance

Our governance and management practices ensure accountability, transparency and staff welfare at all levels of functioning. We are guided by several HR, Finance and Admin related policies. We also have well-defined policies/guidelines that oversee our engagement with partners, corporates and communities.

- Organisation HR Policy and Manual
- Finance Policy
- Administration Policy and Procedures
- Partnership Policy
- Right To Information (RTI) Policy
- Procurement and Vendor Management Policy
- Corporate Social Responsibility (CSR) Policy
- Communication Policy
- Green Office Policy
- Internship & Volunteer Policy
- Sexual Harassment Policy
- Gender Policy
- Child Protection Policy
- Domestic Violence Policy for Staff

FOCUS THEMES

1 Maternal, Neonatal and
Child Health (MNCH)

2 Adolescent Education
and Health

3 Orphans and
Vulnerable Children (OVC)

4 Nutrition

HIV/AIDS Prevention,
Care and Support **5**

Tuberculosis **6**

Violence Against Women **7**

Community
Institution Building **8**

MATERNAL, NEO NATAL & CHILD HEALTH

Improving the health of mothers, new-borns and infants is our priority. We are committed to promoting the health of the vulnerable population in Karnataka.

Since the advent of National Rural Health Mission (2005), the state witnessed progress in many areas i.e. infrastructural strengthening, formation of VHSCs, rise in institutional deliveries, etc, yet the desired reductions in maternal, newborn and infant mortality were not up to the desired level.

Our project objectives align with the key aspects of the Foundation's MNCH strategy and the NRHM's health system infrastructure and mechanisms to:

- ▶ **Enable** expanded availability and accessibility of critical MNCH interventions for rural populations.
- ▶ **Enable** improvement in the quality of MNCH services for rural populations.
- ▶ **Enable** expanded utilisation and population coverage of critical MNCH services for rural populations.
- ▶ **Facilitate** identification and consistent adoption of best practices and innovations arising from the project at the state and national levels.

We strive to improve quality of care at birth and immediate postpartum periods through provision of onsite support and mentoring by skilled mentors. The front-line workers and community structures are supported with tools and processes to enhance grassroot-level coverage of services and accountability.

Knowledge is being translated to other high priority regions in India - UP, Bihar, Rajasthan, Orissa and outside as well i.e. Kenya, Pakistan

We work with the rural poor in eight priority districts in northern Karnataka: Bagalkot, Bellary, Bidar, Bijapur, Gulbarga, Koppal, Raichur and Yadgir.



Innovations

At KHPT, we have designed several tool kits, innovations and processes that would empower the front line workers (FLW) and village health, sanitation and nutrition committee members (VHSNC), providers and program managers. We have developed:



Nurse mentor concept



Case sheets



ASHA diary



Subcentre forum



Supportive community monitoring



HMIS/MCTS data quality tools and methods

What We've Achieved So Far

Neonatal Mortality Rate

41 **To** 30

Infant Mortality Rate

54 **To** 44

Source: Household surveys done in northern Karnataka by population research centre, Dharwad in 2012 and 2015.

Covered:

22,000 Front Line Workers

385 24/7 Primary Health Centres

16 First Referral Units



ADOLESCENT HEALTH & EDUCATION

Adolescence is a significant phase of transition from childhood to adulthood, which is marked by physical changes and accompanied by psychological changes. This is an important phase to engage with adolescents to create awareness on the various facets of life and help them make informed choices.



Underage marriage



Teenage pregnancy and motherhood



Inequitable gender norms



Withdrawal from education

The consequences of the above are severe for the girls, for their children, and for society. Among disadvantaged groups (i.e., families run by a single mother, below the poverty line, or belonging to scheduled castes or scheduled tribes) in northern Karnataka, daughters are deprived of adequate nutrition, health care, and hygiene. Female aspirations are limited due to early discontinuation of their education.

Our Goal



Keeping girls in school



Delaying marriage



Reducing entry into sex work

Our Interventions

- ▶ **Empower** adolescent girls by addressing their vulnerabilities and tackling barriers in education, health, nutrition and decision-making.
- ▶ **Provide** special tuition, career counselling and leadership training to improve girls' academic success and broaden their aspirations
- ▶ **Establish** reflection sessions for girls to share experiences and build solidarity and confidence
- ▶ **Link** families to government schemes that provide incentives for educating girls
- ▶ **Sensitise** parents to value girls and recognise the importance of educating them
- ▶ **Sensitise** and encourage boys to respect girls and appreciate their rights
- ▶ **Train** School Development and Management Committees and school staff to institute measures to increase girls' safety and academic success
- ▶ **Build** community-parent and adolescent girl interfaces
- ▶ **Build** adolescent girl role models, parent role models and adolescent boy champions

Target Groups

- Adolescent girls and boys
- Adolescent girls' parents
- Community leaders and structures
- School administration
- Health service providers

Numbers Reached

4240 adolescent girls and their families reached and followed up regularly to ensure their continuation in the high schools. They were also linked to different government schemes which support continuation of education.

1150 adolescent girls supported with additional tuitions and 1892 girls mobilised to be part of the 145 adolescent girls groups in the project villages.

3817 adolescent girls participated in the Career Counselling sessions organised in 119 schools.

Where We Work



431 gender trainings for 409 teachers and 435 SDMC members has helped the teachers and school management to develop gender plans focussed on initiating actions to retain girls in the high schools.

1956 boys mobilised to be part of 114 boys groups in the project villages with the main objective of encouraging an attitudinal shift among boys towards girls and shape them as advocates for girls' education.



NUTRITION

At KHPT we believe that adequate nutrition is the cornerstone of good health which benefits the individual, families and communities at large. Insufficient, excess or imbalanced dietary nutrient intake leads to malnutrition which encompasses a spectrum of problems.

What We Do

Our programmes are designed to fight the causes and consequences of undernutrition among infants, adolescent girls, pregnant and lactating women. We tackle infant mortality, low body mass index and other nutrient deficiencies among our target groups through a sustainable programme approach.

We work alongside the State government by providing technical assistance that will improve the coverage of nutrition specific interventions among communities.



Evaluate Nutritional Needs

Baseline data on key nutritional indicators, hygiene and sanitation practices, services available, health indicators and dietary practices are collected to plan initiatives and evaluate the underlying causes of undernutrition.

Build Local Capacity



Field teams consisting of village nutrition volunteers work to bring about behavioural change in the community. We also ensure that local capacity is in place to support continued improvements in communities' nutritional well-being.

Our Target Groups

Pregnant and lactating women



Adolescent girls (11-18 years)



Children below 36 months



Our Reach in Karnataka

CHINCHOLI TALUK, KALABURAGI DISTRICT

5,578

Infants and young children (7-36 months)

8,661

Adolescent girls

3,264

Pregnant and lactating women

Chincholi

DEVADURGA TALUK, RAICHUR DISTRICT

5,676

Infants and young children (7-36 months)

8,309

Adolescent girls

3,417

Pregnant and lactating women

Devadurga

What We Want to Do

Prevent Malnutrition

As part of our intervention, we will provide ready-to-cook supplementary foods to poorest of the poor beneficiaries. The focus is on bringing about consistent behaviour change that will go a long way in lowering nutritional inadequacy among our target groups in convergence with the departments of Health, Women and Child Development and Education.



ORPHANS AND VULNERABLE CHILDREN

Globally, the HIV/AIDS pandemic has orphaned millions of children. In India, children (<15 years) of age constitute 7 percent of the estimated 2.1 million HIV infected individuals.



Over 112,000 children are registered in Government anti-retroviral treatment (ART) centers out of which 48,145 are on ART. KHPT has triangulated data from various sources to conclude that there are about 6 to 10 children who are affected by HIV/AIDS to every child that is infected.

Children Affected by HIV and AIDS (CABA) are defined as children in the age group below 18, who:



are HIV infected

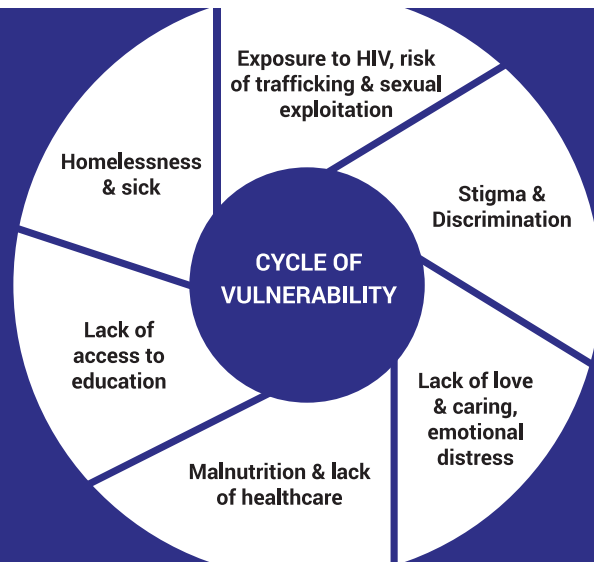
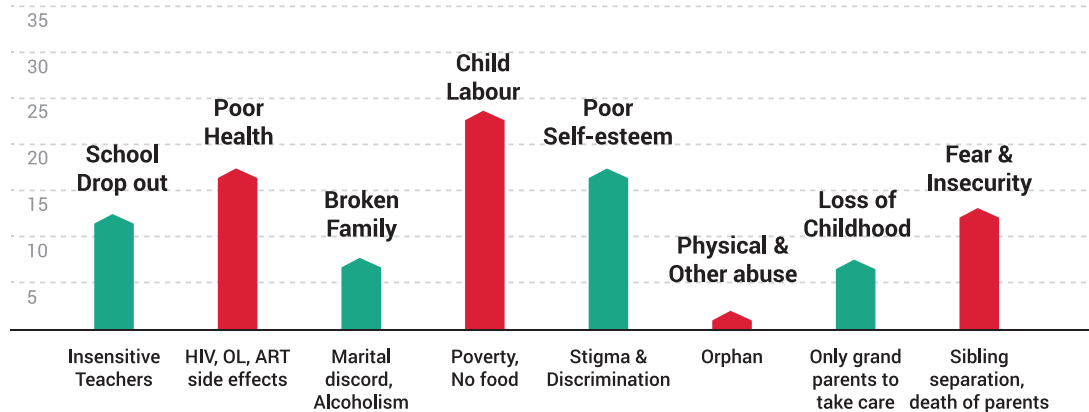


have one/both parents or a family member living with HIV



have lost one/both parents, guardian, sibling/s, family member to AIDS

Problem Tree *(Extracts from workshops held for CABA)*



Our Interventions

Child



Exercise Resilience • Rights Responsibility • Leadership

Family



Skills to Promote & Protect Child • Economic Strengthening

Community



Reduce Stigma & Discrimination • Manage Children • Safety Net

Government



Child Policy • Schemes • Protection • Increased Investment



KHPT was primarily formed to complement the State and country to reduce the incidence and mitigate the burden of HIV.

Prior to 2002, Karnataka a high HIV prevalent state in South India, was perhaps least considered for external funding of its HIV program. The State HIV prevalence in 2003 was above 1% in the general population and in more than half the districts in the State.

The State and districts (in particular Bagalkot) had very high HIV-TB co-infection rates. Despite scaling up of counselling and testing centres, less than 25% of pregnant women and only 55% of TB patients knew their HIV status in 2007 and less than 12 ART centres were functional.

How We Work

We empower communities to take ownership and work closely with Government to address HIV comprehensively with biological, social, structural & behavioural interventions.

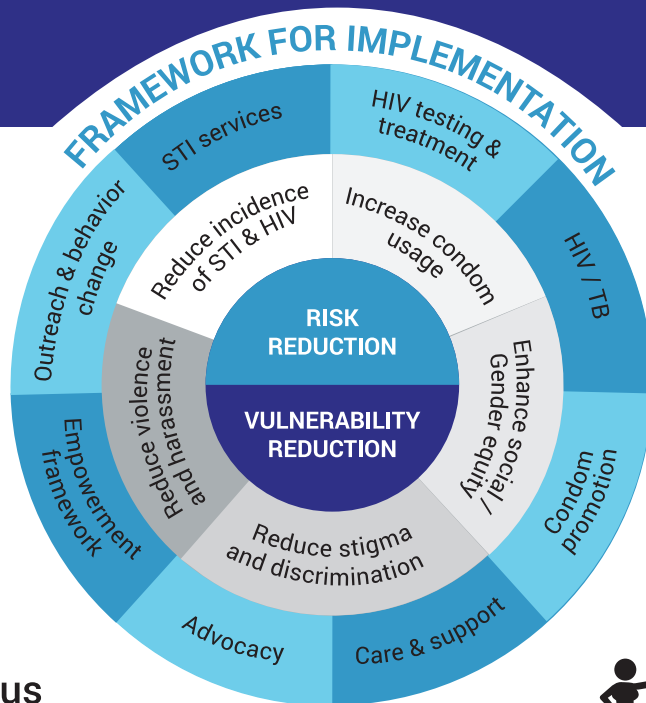
From 2008-12, the State was intensively supported to implement targeted interventions through community based organisations, rapidly expand ART services, implement the TB-HIV initiative and integrate the Prevention of Parent to Child Transmission (PPTCT) with the National Rural Health Mission.



KHPT's focus is on

- ▶ Innovation
- ▶ Knowledge translation and
- ▶ Technical support for the scale up of programs that will improve health and well-being of marginalised communities.

KHPT has expanded its interventions to address underlying determinants of HIV including gender inequity and gender based violence from intimate partners, adolescent education and child protection, nutrition and alternative livelihoods.



Focus



People living with HIV & AIDs



Men who have sex with men



Transgender populations



Female sex workers

Results

HIV-1 infection among FSWs

19.60% (Round 1) **To** 10.38% (Round 3)

In its first decade, KHPT demonstrated success in rapidly scaling up HIV prevention, care and support programs, through direct implementation, provision of technical assistance, and knowledge management, using an evidence-based approach.

Source: IBBA Data

TUBERCULOSIS

The Grim Reality

India contributes

23%

to the world's TB burden.



Left uncontrolled, the disease kills more than

600



persons every day in the country, remains a huge economic, social and medical drain on society.

Our Focus

is on vulnerable populations especially the urban poor, including children, women, elderly, mobile populations and those with TB and co-morbidities (HIV, diabetes and under nutrition) and engagement of private health care providers.

Through our interventions, we expect improved:

- urban community behaviours for health seeking
- TB prevention and treatment adherence
- adoption of standards for TB care by private health care providers
- improved city management of public resources (human, financial, technical) for urban TB services
- increased investment in urban TB prevention and care.

Working to Eliminate TB in India

- ▶ To support India's effort to eliminate TB, USAID awarded the **Tuberculosis Health Action Learning Initiative (THALI)** to KHPT. The project engages over 20 million people in multiple cities, including Bengaluru and Hyderabad.
- ▶ THALI improves prevention and management of TB in these cities through evidence-based solutions.

THE END TB STRATEGY





The strategy aims to end the global TB epidemic, with targets to:

REDUCE TB DEATHS BY **95%** CUT NEW CASES BY **90%**

between 2015 and 2035, and to ensure that no family is burdened with catastrophic expenses due to TB.

THALI aligns with the global End-TB strategy and aims at reducing the incidence of TB in India by enabling early and increased detection and improving treatment outcomes.

We work towards:

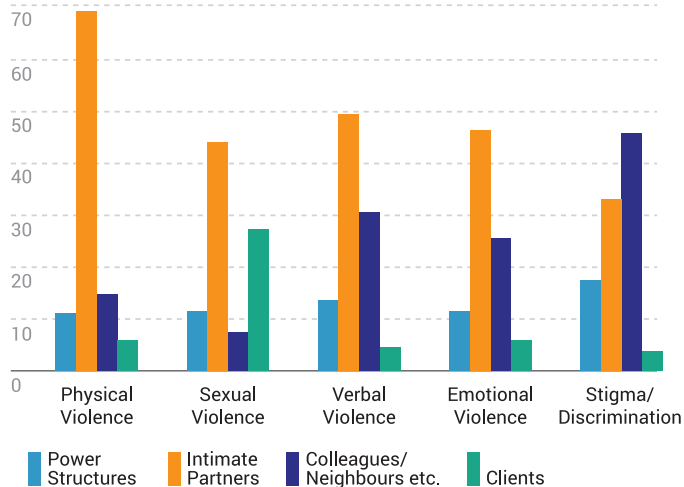
-  improving awareness
-  stimulating behaviour change
-  exploring resource mobilisation and
-  enabling person-centred care through multi-sectorial collaboration and integration with RNTCP (Revised National TB Control Program).

VIOLENCE AGAINST WOMEN



In Karnataka, as per NFHS-3 data, over 20% women reported domestic spousal violence. The experience of such gender-based violence results in physical, sexual, emotional harm or suffering and even economic deprivation that violates women's human rights and health, affects development and perpetuates poverty. It suppresses their ability to challenge power inequalities that perpetuate violence, thereby inhibiting action against violence.

Violence reported by Intimate Partners & Other Perpetrators



Response

Funded by the United Nations Trust Fund to End Violence Against Women (UNTFTEVAW), KHPT developed a multi layered intervention response to address violence against marginalised women including women in sex work. The program intervened directly with both the primary and secondary stakeholders. This included 30,000 marginalised women across 15 districts of Karnataka and institutions like the police, judiciary and media respectively.

What We Do

- ▶ **Develop** violence reporting and documenting systems
- ▶ **Build** awareness and sensitise women in support groups/self help groups through modular training
- ▶ **Strengthen** crisis management teams for violence addressal in Community Based Organisations (CBO)
- ▶ **Conduct** district sensitisation campaigns

Direct Intervention

30,000 sex workers and their families

15 intensive intervention districts

Statewide Intervention

Strengthening CBO leadership & CMT in all 30 districts



13,500 police personnel



650 magistrates



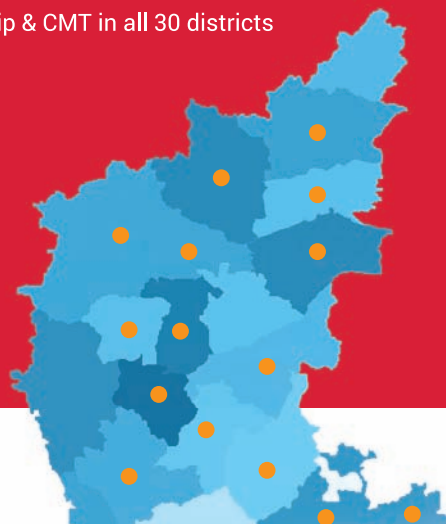
200 media persons



10 district level civil society organisation

Our Coverage

30 districts of Karnataka



Results



Wide awareness on issues related to violence against women



Induction of women into the paralegal force



Police and judiciary is more sensitive



Media more sensitive and proactive



Couple counselling for FSWs



Decrease in violence

COMMUNITY INSTITUTION BUILDING

KHPT's belief and commitment to institution building of communities stems from its core vision to empower marginalised and socially excluded groups to work collectively to improve their health, and assert their rights and dignity.

We believe that marginalisation is the result of three interplaying social factors:



Power imbalances
between sections of the society



Social exclusion
arising from discriminatory practices perpetuated by dominant groups

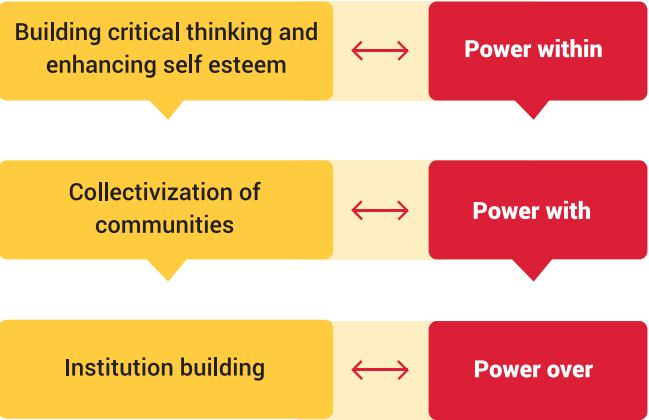


Increasing vulnerability
of these communities through continuous exploitation, perpetration of violence, sexual abuse that further marginalises them and robs them of their decision making power.

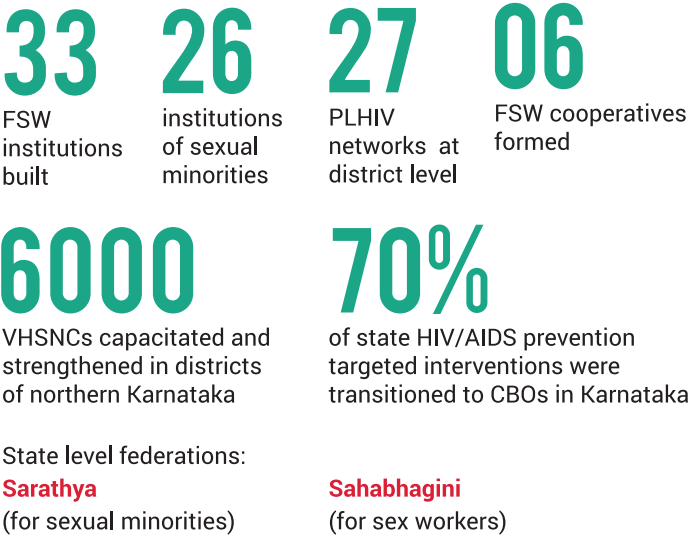
Strategy

Capacity building and community engagement

Challenging power imbalances



Outcomes



Results

KHPT has viewed all its projects across various issues as opportunities to work with marginalized communities and facilitate the process of institution building.

- Less exploitation
- Financial empowerment of community
- Formation of cooperatives
- Strength and confidence to challenge societal norms
- Community leaders who can effectively represent the needs of the community



INNOVATIONS

Our thrust on innovation has led to creation of several tools, job aids, programme strategies, community centric models, training modules and tool kits. These have been scaled up and adopted across programmes in different geographies.



Community
centric models



Job aids



Training modules
and tool kits



Programme
strategies

PUBLICATIONS

Our focus on systematic research and documentation has created a rich oeuvre of:

- Peer-reviewed Publications
- Program and Evaluation Reports
- Program Guidelines and Brochures
- Training Manuals
- Documentary Films
- Behaviour Change Communication Materials

PARTNERSHIPS



KHPT has partners at all levels, ranging from community institutions to civil societies to academia and donor agencies. All our partnerships are aimed at enhancing programme effectiveness and maximising impact on communities. KHPT has also partnered with over 125 NGOs and networks at State and National levels across different program areas.

COMMUNITY INSTITUTIONS

- 33 community based organisations
- 15 sexual minorities organisations
- Karnataka Network of Positive People (KNP+)
- National Coalition for People Living with HIV (NMP+)
- 20 district level networks of PLHIV

STATE/NATIONAL

- Government of India (GoI)
- Government of Karnataka (GoK)
- The World Bank (WB)
- St John's Medical College and Hospital/ Research Institute
- National Institute of Mental Health and Neurosciences (NIMHANS)
- Public Health Foundation of India (PHFI)
- Indian Council of Medical Research (ICMR)
- World Health Organisation (WHO)
- GRAAM (Grassroots Research and Advocacy Movement)

INTERNATIONAL

- University of Manitoba (UoM)
- Geneva Foundation for Medical Education Research (GFMER)
- London School of Hygiene and Tropical Medicine (LSHTM)
- Boston University
- John Snow International (JSI)
- Research Triangle Institute (RTI)
- Engender Health
- Intra health

FUNDERS

- United States Agency for International Development (USAID)
- Bill and Melinda Gates Foundation (BMGF)
- National AIDS Control Organization (NACO)
- Karnataka State AIDS Prevention Society (KSAPS)
- UN Women (UNW)
- Azim Premji Philanthropic Initiatives (APPI)
- Government of Karnataka (Gok)
- The Global Fund
- The World Bank
- Centre for Disease Control (CDC)
- London School of Hygiene & Tropical Medicine (LSHTM)
- South African Medical Research Council (SAMRC)
- ViiV Health Care
- Abt Associates
- Alliance India
- National health Mission (NHM)
- Karnataka State Rural Livelihood Promotion Society (KSRLM)
- World Health Organization (WHO)
- Indian Council of Medical Research (ICMR)
- Clinton Foundation
- Deshpande Foundation
- K2 Solutions
- International Center for Research on Women (ICRW)

AWARDS

- ▶ **Medallion From Governor General Of Canada, 2014**
Promotion of Bilateral Programmes Translating into Policy
- ▶ **B.M.Patil Oration Award, Karnataka Association Of Community Health, 2013**
Maximum Contribution to Community Health Initiatives in Karnataka
- ▶ **WHO – ICICI Award For Primary Healthcare, 2013**
Ensuring Continuity of Care for People Living With HIV (PLHIV)
- ▶ **Avahan Award, 2014**
Best State Lead Partner for Mobilising Communities



Legal & Statutory

KHPT fulfils relevant statutory requirements and has the TRUST registration, TAN, PAN, 12 A, 80G, Professional tax, VAT, EPF, FCRA. It is registered on all leading international grant management portals and with NITI Ayog, Government of India. It is empanelled with UNDP as a program partner in the country.



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