



**ANNUAL  
REPORT**

2020-21

# ANNUAL REPORT 2020-21

## **Published by:**

Lead, Knowledge Management Unit  
KHPT  
IT Park, 5th Floor  
1-4, Rajajinagar Industrial Area  
Behind KSSIDC Admin office  
Rajajinagar, Bengaluru  
Karnataka - 560 044

Ph: + 91 80 4040 0200

Fax: + 91 80 4040 0300

Email: [khptblr@khpt.org](mailto:khptblr@khpt.org)

Website: [www.khpt.org](http://www.khpt.org)

© KHPT, 2021

## **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**

Summaiya Khan

Vrinda Manocha

## **Design and layout**

Anilkumar Rampur

# MESSAGE FROM THE CEO

The year 2020-21 will be remembered by all of us at KHPT for reasons both good and bad. The pandemic was a jolt to our way of life, and has, since then, changed how we function in very many ways. While offices shut and people confined themselves to their homes, KHPT resolved to continue extending support and services to the vulnerable populations that we work with. This was the time to stand with marginalized communities most affected during the pandemic. Their income sources dried up, their access to services was cut off, those already suffering diseases like TB and HIV were alienated from care and support, and thus began our work to enable this access for these communities. As a public health organisation, despite extremely challenging circumstances, we worked hard to strike a balance between the safety of our staff, especially those on the frontlines, and continue support and engagement, uninterrupted, with communities that needed it more than ever before. Our teams on the ground worked tirelessly to continue project activities among priority community groups and also to offer COVID-related services including humanitarian aid. It gives me immense satisfaction to be a part of a team that has consistently placed the needs of the community and our organisational vision at the helm of all our efforts. I salute the field teams across all of KHPT's geographies. This annual report and the achievements stated herein have only been made possible with a dedicated and inspirational team. We are grateful to our frontline workers, donors, partners, government functionaries and advisory board members who support our vision. In the true spirit of partnership, we continue to seek their inputs 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**

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

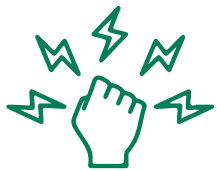
---



## **Our Mission**

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

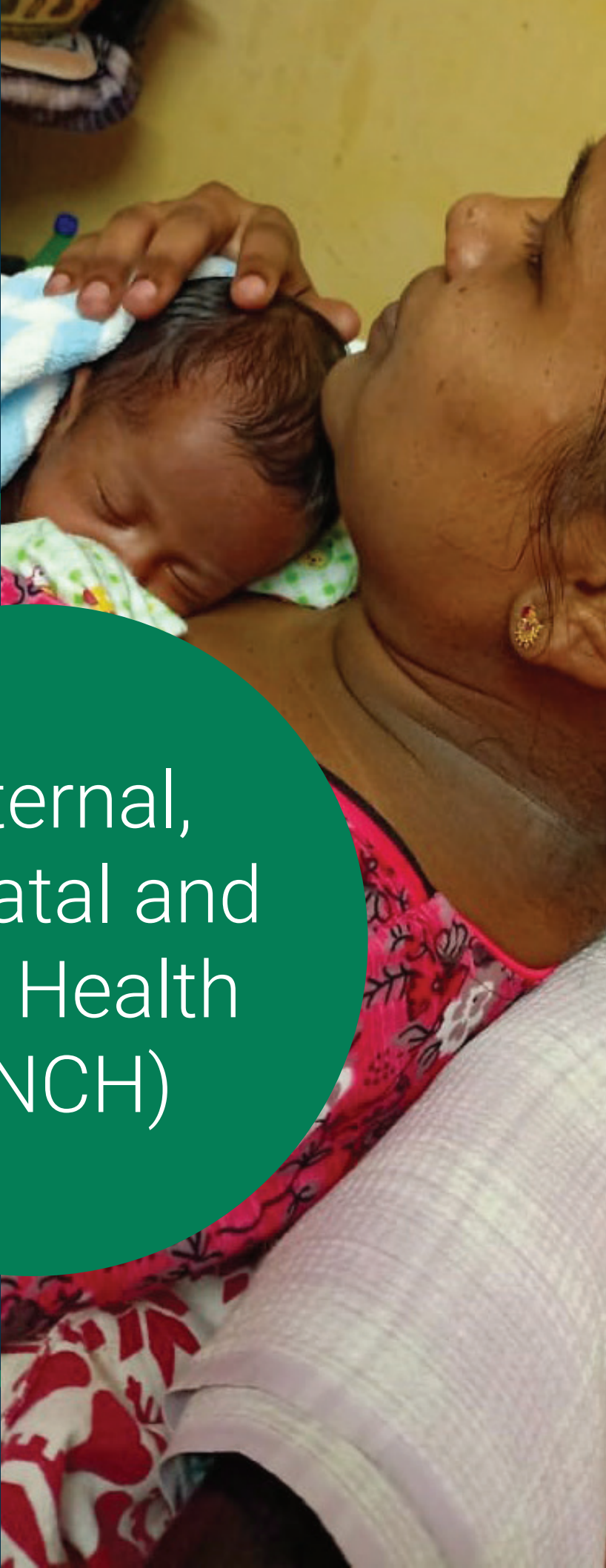
---



## **Our Intended Impact**

Strengthening health systems to achieve population-level impact.

---

A photograph of a woman holding a newborn baby. The woman is on the right, looking down at the baby. She has a gold earring and is wearing a pink patterned top. The baby is on the left, wrapped in a light blue blanket, with its head resting on the woman's chest. The background is a plain, light-colored wall.

# Maternal, Neonatal and Child Health (MNCH)

The MNCH team was reconfigured in 2019 – 2020, with the integration of the Nutrition portfolio, to take forward the innovations and successes of KHPT’s MNCH work since 2009, and to further pilot innovations to scale and fast track MNCH successes. 2020 – 2021 was dedicated to developing a seamless unit with a single-minded focus on delivering the MNCH Thematic Charter over the next 5 years.



## Thematic goal

The overall objectives of the thematic are to:

Improve the preconception nutrition status of newly married women

Reduce maternal morbidity and mortality

Reduce neonatal morbidity and mortality

## Key projects implemented

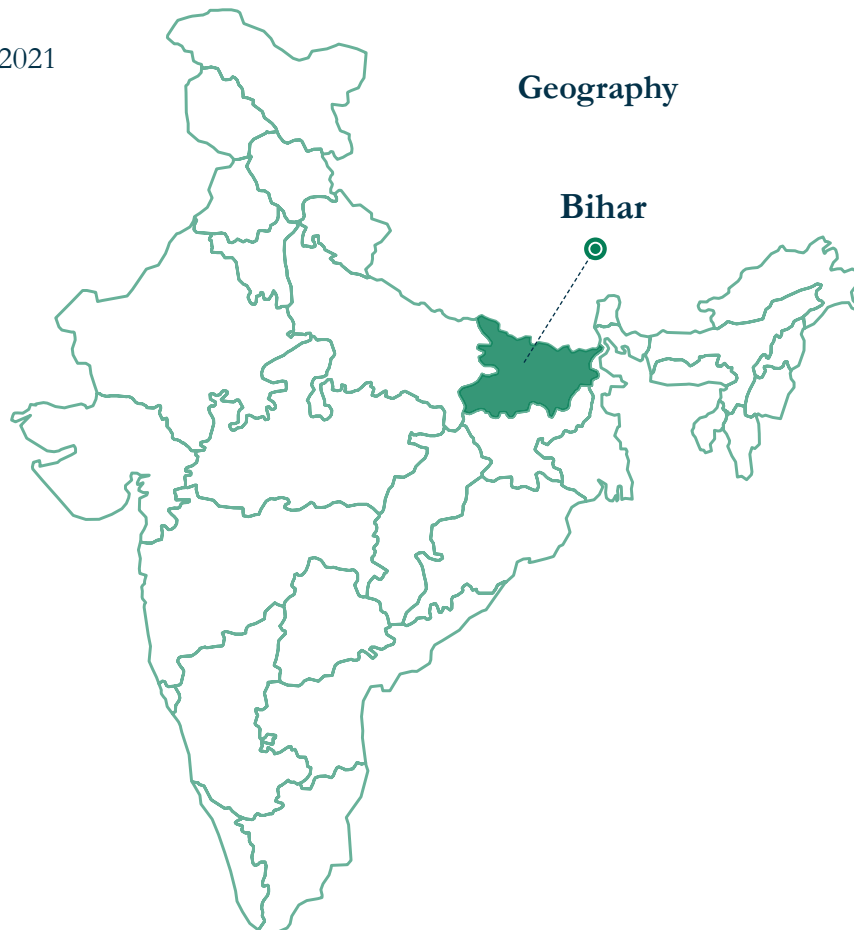
### Strengthening the capacity of frontline workers to impact critical MNCH outcomes in Bihar

#### Project duration

November 2020-March 2021

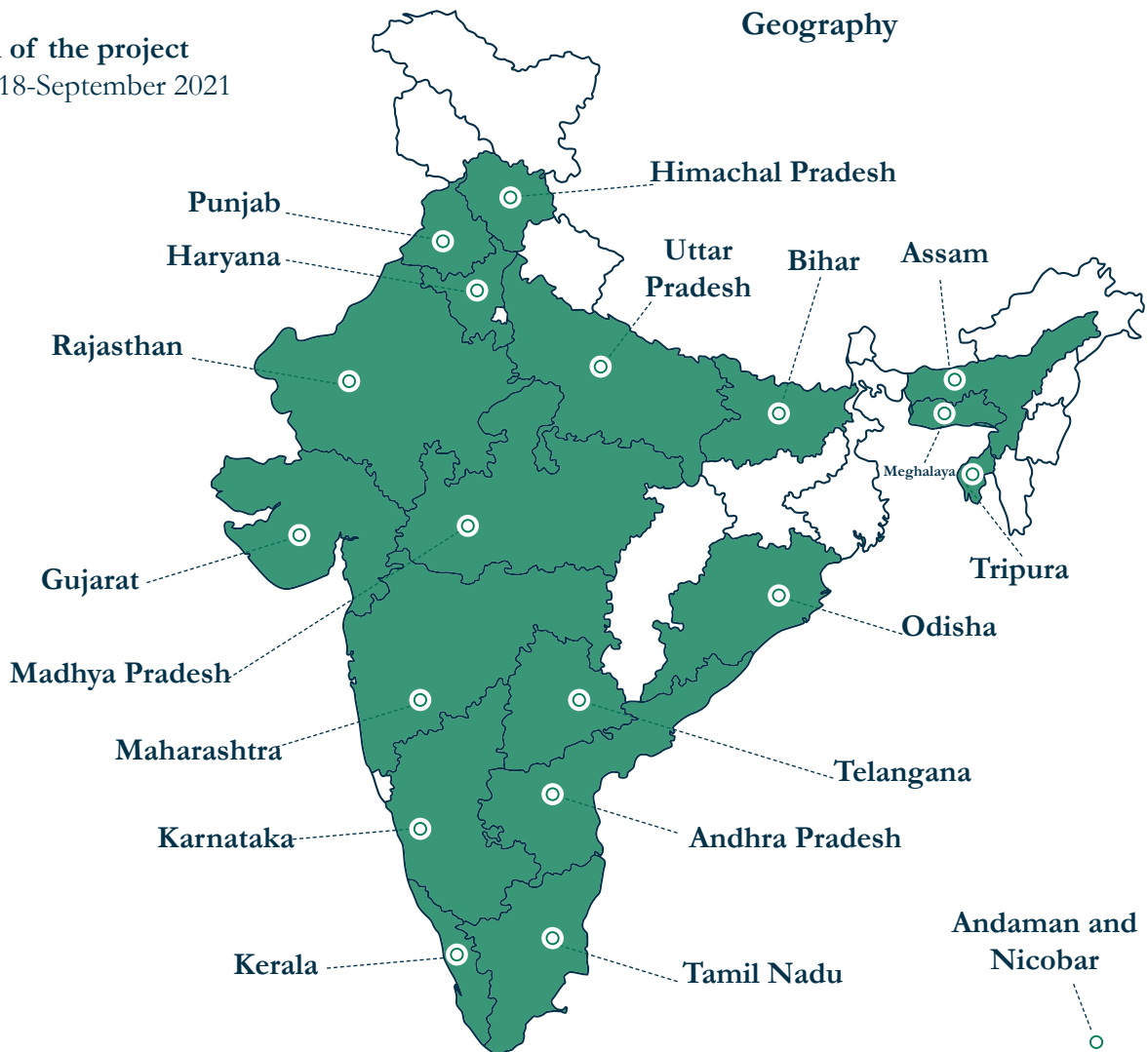
#### Funder

CARE India



# Addressing micronutrient deficiencies through edible oil, milk and wheat flour fortification

**Duration of the project**  
March 2018-September 2021



**Funder**  
Global Alliance for Improved Nutrition (GAIN)

---

## Multisectoral nutrition supplementation project

**Project duration**  
November 2020-October 2021

**Funder**  
HT Parekh foundation



# The long-term (2 years) efficacy of indigenously developed micronutrient fortified rice (fortified with iron, vitamin B12 and folic acid) in improving iron stores in school children and their mothers

## Project duration

September 2019-June 2022



This is an on-going study led by St John's, with KHPT as implementation partner, with the objective of determining the efficacy of micronutrient fortified rice (MFR) containing micronized ferric pyrophosphate, vitamin B12, and folic acid, in improving iron stores in school children and to determine the efficacy of MFR in reducing the prevalence of iron deficiency among school children and their mothers. The project was impacted by COVID-19, as IIT Kharagpur was unable to produce and supply the rice kernels pre-mix to fortify the rice. The study will resume once these supplies are available to the project.

## MNCH thematic highlights

- ◆ KHPT submitted a concept note in response to the 'USAID/INDIA MATERNAL NEWBORN CHILD HEALTH ACCELERATOR' call in August 2020. The focus of this call was to improve MNCH outcomes in key priority areas. Due to the COVID-19 pandemic, the intimation of selected NGOs was completed in January 2021. KHPT was one of the 13 short-listed organization and invited to a co-creation workshop in February 2021. KHPT did not secure a grant; a single consortium with significant presence in North India was awarded the grant.
- ◆ KHPT was invited by the National Health Systems Resource Centre (NHSRC) to review the draft guidelines on 'Constitution of Jan Arogya Samitis (JAS)', and the MNCH team provided feedback on the document. Further, the NHSRC requested the team to take a session during a virtual national-level training on March 26th for the key officials of all the states. This session was presented by Manager-Community Interventions, of KHPT and was titled 'Community level Campaign for Constitution of JAS - Lessons from past interventions'. KHPT presented its experience in implementing 'Hamaara Tyohaar/ Our Festival', a community-level campaign to constitute Village Health Sanitation and Nutrition Committees, and explained how this intervention could be used in constituting JAS.



## Research studies

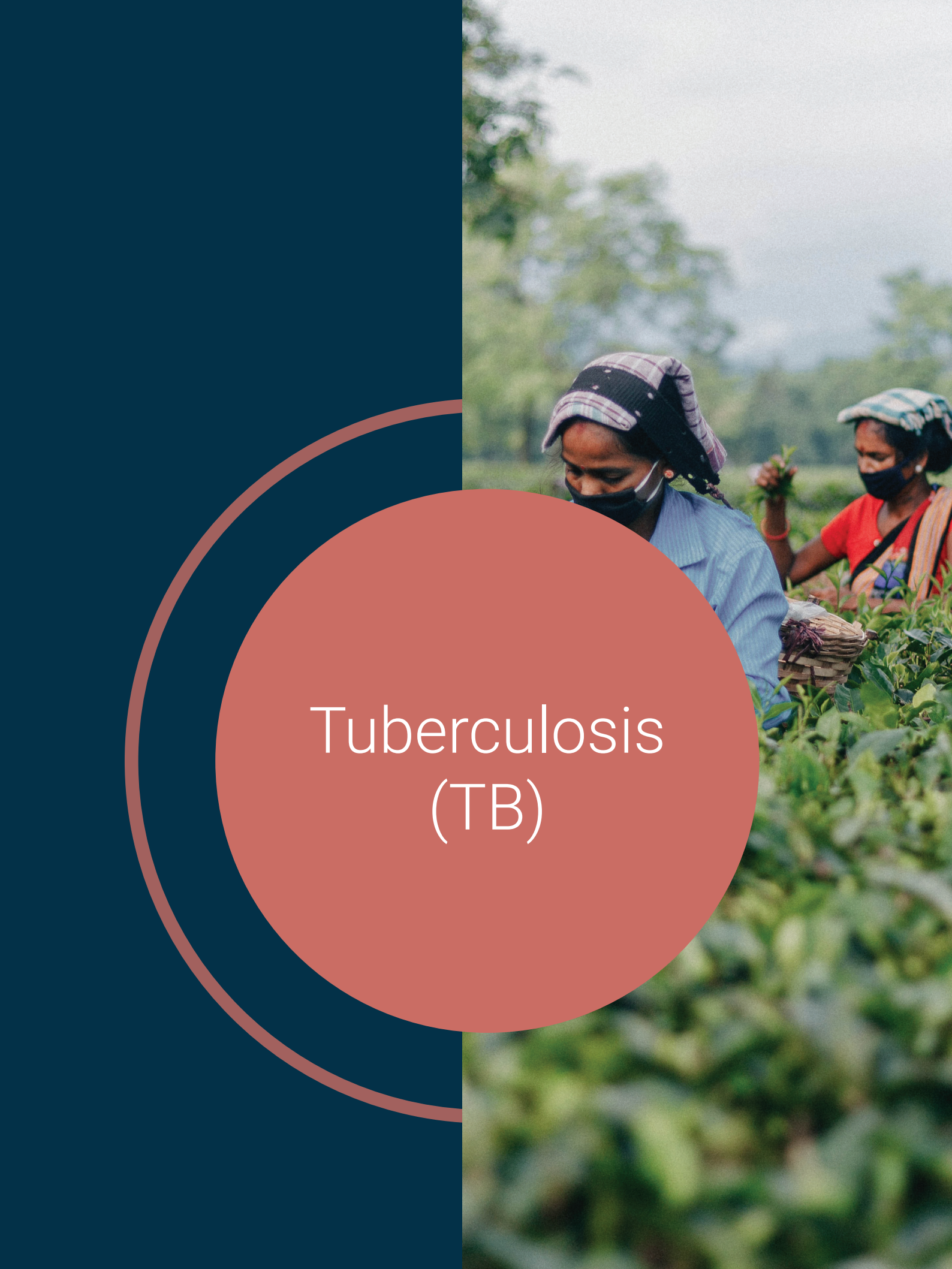
An abstract on Food Fortification was submitted to the 'Delivering for Nutrition in India: Insights from Implementation Research' Conference from September 15-18, 2020. KHPT submitted an abstract titled 'Novel framework to engage with government and other stakeholders: Experience of staple food fortification program implementation in 15 states of India'. The abstract was selected as an oral presentation and presented virtually.

**Rice fortification project:  
200 individuals were reached**

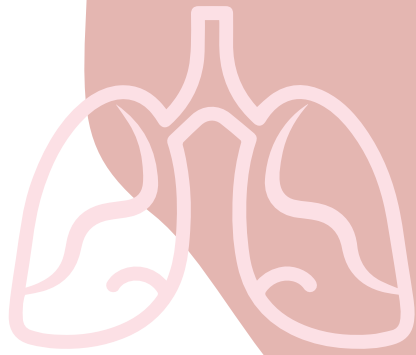


**32 master trainers were trained  
through Care India across Bihar**



A photograph of two women working in a tea plantation. They are wearing face masks and head coverings. One woman in the foreground is wearing a blue shirt and a purple headscarf, looking down at the tea plants. The other woman in the background is wearing a red shirt and a blue headscarf, also working. The background shows a lush green tea field under a bright sky. A large red circle is overlaid on the image, containing the text 'Tuberculosis (TB)'.

# Tuberculosis (TB)



KHPT has been working extensively with a diverse range of stakeholders, including the National TB Elimination Programme at national, state and district level, the private sector, and community structures and representatives, to achieve a rapid decline in the burden, morbidity and mortality of TB, while working towards India's goal of TB elimination by 2025. Through the development and implementation of innovative human-centric approaches, KHPT aims to reduce the incidence of TB disease, as well as increase TB case notifications and successful TB treatment outcomes among vulnerable populations.

## Thematic goal

To achieve a rapid decline in the burden of TB, morbidity and mortality, while working towards the elimination of TB by 2025

## Key projects implemented

### Breaking the Barriers (BTB)

#### Project duration

March 2020-March 2024

#### Geography

Bengaluru Urban, Ballari, Koppal, Belagavi and Bagalkote (Karnataka).

Hyderabad, Warangal Urban, Mahabubabad, Sangareddy (Telangana). Purnea, Bhagalpur and West Champaran (Bihar). Baksa and Dibrugarh (Assam).

#### Funder

United States Agency for International Development (USAID)

---

### Joint Effort for Elimination of Tuberculosis (JEET)

#### Project duration

April 2018 to March 2022 (PPSA component); July 2021 to March 2024 (LTBI component)

#### Geography

BBMP, Bengaluru Urban, Bengaluru Rural, Belagavi, Bagalkot and Vijayapura (Karnataka)

#### Funder

Global Fund to Fight AIDS, Tuberculosis and Malaria

## TB Careline-Indegene CSR fund supported

### Project duration

2014-2021

### Geography

All districts in Karnataka

## Careline-Koppal

### Project period

December 2020-December 2021

### Geography

Koppal

### Funder

DTO NGO PPP scheme

## Key thematic highlights

- ◆ KHPT facilitated the involvement of THALI project's frontline workers engaged with several Community structures across intervention areas during the COVID-19 lockdown to provide basic services to vulnerable population.
- ◆ KHPT and USAID held a virtual project briefing on the Breaking the Barriers project with officials of the Central TB Division (CTD) on June 15. The meeting was chaired by Dr Nishant Kumar, DADG, CTD, and was attended by Dr Reuben Swamickan, Division Chief, Tuberculosis & Infectious Diseases, USAID, Ms Amrita Goswami, Project Management Specialist, USAID, CTD officials, and KHPT representatives.
- ◆ Three abstracts submitted by the THALI research team were accepted for presentation at the 51st Union World Lung Health Conference 2020, which was held virtually from October 20-24. An abstract titled 'Community health workers augment the cascade of TB detection to care in urban slums of two metro cities in India' was accepted for oral presentation. The two other abstracts, which were accepted for poster presentations, were entitled 'Does exposure to TB meetings, either small or large group, improve the knowledge and health-seeking behavior for early TB diagnosis? Experience from Bengaluru and Hyderabad' and 'Community engagement activities reduce patient delays in TB diagnosis and treatment initiation in Bengaluru and Hyderabad cities, South India'.
- ◆ KHPT's innovative approaches and contributions to state efforts towards TB elimination in India were featured in the India TB report 2020 published by the CTD.
- ◆ Dr. Sudhakar, Minister, Department of Health and Family Welfare, Government of Karnataka, launched KHPT communication materials at the World TB Day event held at Arogya Soudha in Bengaluru on March 24, 2021, along with dignitaries.
- ◆ KHPT organised a virtual round table discussion titled 'A gender approach to equitable health: Perspectives during a pandemic' on March 5, with the aim of providing a platform for experts in the fields of public health, women's issues and rights, TB and allied fields.
- ◆ KHPT, and USAID hosted a webinar on March 22 in collaboration with the CTD, Ministry of Health and Family Welfare (MoHFW) entitled: 'Understanding TB within Community Structures: Integrating with the most vulnerable'.

- ◆ KHPT conducted a state level virtual learning and sharing workshop entitled ‘Strengthening Patient-centred Community Responses to TB’ on August 26 to showcase THALI’s successes in demonstrating innovative community engagement and patient care and support models for TB control.
- ◆ KHPT organized a series of webinars titled “Experts Talk about Vulnerable Populations – Health and TB” under the USAID-funded Breaking the Barriers project, in collaboration with the CTD.
- ◆ KHPT, in collaboration with the CTD and the USAID, organized a panel discussion on Latent Tuberculosis Infection (LTBI) in India at the 51st Union World Conference on Lung Health on October 23.

## Impact and reach

### THALI

- **2.57** million individuals sensitized in the THALI intervention areas
- **25149** patients reached with education, counselling and adherence support
- **14462** high-risk patients identified through differentiated care model for prioritized patient care
- **707** NTEP staff trained to counsel high-risk patients
- **395** community structures engaged
- **130** TB Champions capacitated

### JEET (April 2020 to March 2021)

- **4239** presumptive cases identified
- **5235** cases notified to Nikshay
- **3664** sputum specimens transported
- **1064** private health facilities notified cases

### Careline (April 2020 to March 2021)

- **3810** new patients registered
- **3020** patients who had registered earlier completed treatment

# Voices from the ground

56

K Pochaiah, aged 61, from Sangareddy TB Unit, Telangana, is a former Multi Drug Resistant (MDR) TB patient.

Pochaiah is an active member of the recently formed Care and Support group at Kandi. During the care and support group meetings, he shared his personal journey of failing to complete the treatment course twice, and finally succeeding a third time with support from the State National TB Elimination Programme (NTEP).

During his experience-sharing, he spoke not only about the entire course of the treatment but also highlighted some of the side effects of medicines, alternative diet, and how a family can support patients during such a crisis.

In his message to other TB patients Pochaiah says, “The fight against TB is not only medical but also social. If I had received such supportive environment from my peers and family members, I would have come out of my illness much earlier”. Pochaiah suggests the organization of recurrent TB awareness and medical camps to reach out to the larger community.

”

A photograph of children climbing colorful stairs. The stairs are painted in alternating bands of red, blue, and green. Several children are visible, including a boy in a pink shirt and a girl in a yellow and green dress. The image is overlaid with a dark blue background on the left and a large yellow circle in the center containing the text "Adolescent Health".

# Adolescent Health

The Adolescent Health theme works with adolescents (12-19 years old) in the North Karnataka region comprising 10 districts including Belagavi, Bidar, Vijayapura, Bagalkot, Kalaburagi, Raichur, Yadgir, Ballary, Vijayanaga and Koppal. We work to improve the overall quality of their lives by working with their families, boys and community groups. The interventions focus on empowering adolescents by building knowledge and skills for improving their dietary patterns and nutritional status, menstrual hygiene practices, and sexual health, as well as addressing gender-based violence and improving their mental health.



## Thematic goal

To Empower adolescents by building knowledge and skills to improve nutrition, safe and healthy practices, and equitable gender norms

**The overall goal of the theme:** To empower adolescents by building knowledge and skills to improve nutrition, safe and healthy practices, and equitable gender norms

## Key projects implemented

### 1. SAHAJ

#### Objective

To improve menstrual health among rural adolescent girls by adopting a role model concept

#### Funders

Mangalore Chemicals and Fertilizers

#### Project Duration

Oct'2020 to July 2021) - 1 year

#### Geography

5 villages of Koppal

#### Key Project Highlights

- ◆ Installation of vending machines and incinerators
- ◆ Group sessions to increase awareness of menstrual hygiene and increase the use of sanitary napkins and encourage safe disposal methods

### 2. Developing and Implementing a Framework for Mapping and Assessing Adolescent Vulnerabilities in India

#### Objective

To develop a vulnerability framework to identify adolescents with topmost needs and risk factors through the regional representation of selected states.

#### Funders

WHO

#### Project duration

December 2019 – May 2021

#### Geography

India



## Key Project Highlights

- ◆ Adolescent Vulnerability Mapping Framework and Multi-dimensional Vulnerability Index (MVI)
- ◆ Four (of seven) State-level consultation meetings were conducted to receive inputs for the Adolescent Vulnerability Framework and MVI.
- ◆ KHPT partners with Hindustan Latex Family Planning Promotion Trust (HLFPPT) (Rajasthan), Kripa Foundation (Nagaland), CARE (Bihar) and World Vision (Andhra Pradesh) to conduct virtual state-level consultation meetings to draw inputs from the vulnerability mapping study

## 3. Addressing Gender-based Violence among adolescent girls and young women through Life Skills Education: Evidence Generation of the Long-term Impacts from Rural and Marginalized Communities in South India

### Objectives

- ◆ To measure the level of Gender-based Violence (GBV) among the adolescent girls and young women between 18-29 years in rural Karnataka.
- ◆ To examine attitudes, experiences, and behavior among the adolescent girls and young women in rural Karnataka concerning GBVs.
- ◆ To explore the sustained effects of life-skill education in addressing the GBV among the adolescent girls exposed to Samata intervention.
- ◆ To develop a community-based violence redressal plan for future interventions with adolescent girls and young women at the state and national levels.

### Funders

Wellspring Philanthropic Fund, USA

### Project Duration

August 2020 to July 2022 (2 years)

### Geography

Bijapur, Karnataka

## Key Project Highlights

- ◆ The community advisory board (CAB) constituted at the district level consists of the individual, Samata girls, departments, and organizations working on the issue of adolescent girls and women. And the consultation meeting on the GBV undertook with the CAB before implementing the research study.
- ◆ The training on ‘Gender and the legal framework’ and the ‘Quantitative tool development’ workshop was conducted for the GBV team in association with the Alternative Law Forum (ALF) in Bangalore Office.
- ◆ An ‘Ethnography training for the Community Organizers (COs)’ was conducted in Bijapur to have a preliminary understanding of community perspectives on violence.
- ◆ The field data collection team was recruited and a week-long training was conducted on the ethical aspect of the GBV research and the quantitative data collection tool.

**Impact and reach** 18000 adolescent girls and 12000 parents were impacted during this year

**Webinar** A webinar was conducted which saw the participation of experts and academics working in the area of adolescent health, from renowned organizations like the WHO- UNICEF, BMGF, Young Lives, Dasra and focused on the resilience demonstrated by adolescents during the challenging time of the pandemic



Comprehensive  
Primary Health  
Care (CPHC)



Comprehensive Primary Health Care (CPHC) is a holistic approach to health and well-being that encompasses all services and is delivered in partnership by an interdisciplinary team through a range of services and programs that are accessible, equitable, culturally appropriate and effective.

## **Thematic goal**

To design, implement and sustain need-based Urban Comprehensive Primary Health Care (CPHC) model to achieve Universal Health Coverage in select cities in India.

## **Key projects implemented**

### **An incentive-based community health worker-led outreach model to improve patient-centric care in an urban PHC area in Mysuru, Karnataka**

Objective: The primary objective is to test the feasibility of a contractual, incentive-based community health worker model, embedded and sustained within the existing urban health system, aimed to achieve improved Non-Communicable Diseases (NCDs- Diabetes and Hypertension) outcomes for a minimum of 60% of the population with a focus on the underserved using a patient-centric approach.

#### **Funder**

Medtronic Foundation

#### **Project duration**

January 2020- Ongoing

#### **Geography**

Kumbarakoppalu Urban Primary Health Centre area, Mysuru Karnataka

---

### **Implementation Research on developing a Comprehensive Primary Health Care Model for Mysuru City**

#### **Objective**

The main objective is to design, develop, implement and evaluate a model of Urban Comprehensive Primary Health Care in Mysuru city

#### **Funders**

Health System Transformation Platform (HSTP) and Access Health International

#### **Project Duration**

January 2020- ongoing

#### **Geography**

Mysuru City

#### **Key Project Highlights**

Initial discussions were held with stakeholders for formative research and planning of the project

## Key thematic highlights

- ◆ KHPT conducted a testing and counselling camp at the State Home run by the Department of Women and Child Welfare (DWCD), Government of Karnataka in collaboration with the District NCD cell in 2020.
- ◆ The KHPT project staff provided virtual training over calls to the field staff in Mysore and Chincholi on COVID-19 and aspects like PPEs, precautions and adherence measures to be followed by diabetics and hypertensive patients in 2020.
- ◆ Medtronic Foundation under its Global Innovation Fellows (GIF) program collaborated with the CPHC team of KHPT between September- December, 2020 to identify and address gaps in the technology platform as part of the NCD project at Mysore.
- ◆ Thematic Lead, CPHC theme was awarded the speaker scholarship at a virtual symposium to present a poster on “Harnessing technology to improve Non-Communicable Disease continuum of care at urban Primary Health Centres in Mysore city, South India,” in November, 2020.
- ◆ The team led a Leadpresentation on September 3, 2020, to an interested team from Ramaiah International Centre for Public Health Innovations (RICPHI) on the basic and broader monitoring and evaluation strategies that the CPHC team in particular and KHPT, in general, adopt for any given project.
- ◆ KHPT’s Senior Technical Advisor, participated at the 75th United Nations General Assembly (UNGA), which conducted virtually, on social impactful models in NCD care as part of an esteemed panel titled ‘Revisiting Social Impact Models in the COVID-19 Era: Improving NCD Access through People-centred Care to Deliver on UHC’ on September 23 2020.
- ◆ Thematic Lead for CPHC presented KHPT’s cutting-edge NCD care models during a webinar titled ‘Public Health Approach to Implementing NCD Model Interventions’ to the RICPHI team and their wider affiliates and partners in September 2020.
- ◆ Dr Swaroop presented a poster on “Harnessing technology to improve Non-Communicable Disease continuum of care” at the virtual Sixth Global Symposium on Health Systems Research in 2020.

## Impact and reach

- ◆ KHPT engaged with 1800 persons with diabetes and hypertension during this period
- ◆ Between successive rounds of the clinical visits, 20% (N=522) of diabetes patients (HbA1c>1%), 17.2% (N=493) of hypertension patients (>=10mmhg systolic/>=5mmhg diastolic) showed the clinical improvement.
- ◆ Among the same patients, 57.8% (N=522) of diabetic and 38% (N=493) of hypertensive patients showed any clinical improvement

56

Mrs Mangalamma, 58, from the Ningayankere area of Kumbarakoppalu, Mysuru, has been living with diabetes for the last 20 years, compounded by hypertension for the last eight years. According to her, her condition was caused by her eldest son's suicide. She had previously been diagnosed with coronary artery disease and had undergone two surgeries. Mangalamma sought medical advice after complaining about weakness, tiredness, severe itching, and frequent urination.

Mangalamma began receiving care in April 2019. Glycated haemoglobin (Hba1c), urine albumin to creatinine ratio (ACR), lipid profile, electrocardiogram (ECG), and diabetic retinopathy (DR) screening were all performed. The CHW tracked her adherence to medication and lifestyle modifications on a regular basis. Regular tests, follow-ups, and counselling by the project counsellor helped her to control her blood sugar and live a healthy life. She said the project counsellor has been a great help to her.

”

# KHPT's response related to Covid

Since the COVID-19 pandemic hit the country, KHPT has been working actively to support COVID-19 response and relief efforts on the ground. KHPT's strong grassroots connect and technical expertise helped facilitate a response which brought together its frontline staff, their extensive networks in the community and support from donors and partners to mobilize resources and support for vulnerable communities, including humanitarian aid, outreach and counselling services, and awareness through communication material development. Until June, KHPT was able to provide a total of:



**4606**

cooked meals



**36451**

masks



**34195**

grocery kits



**2225**

sanitary pads

In addition to these initiatives, KHPT has been working with the Government of Karnataka since April 2020, leveraging its strengths in communication material development, documentation and data entry and analysis to support the state's efforts to contain COVID-19 on an ongoing basis.

KHPT mobilized around INR 1 crore from different donors, partners and community networks for its COVID response.

KHPT has also been supporting the Government of Karnataka in COVID-19 responses in the state. As a part of this, the following IEC materials developed by the Government of India were translated into Kannada:

- 1. Illustrative guide on COVID Appropriate Behaviours**
- 2. Discrimination Guidelines Leaflet**

**These materials were printed and distributed to**

- 198** BBMP wards in 8 Zones of Bengaluru
- 30** Zilla Panchayat across Karnataka
- 227** Taluk Panchayat office across Karnataka
- 6022** Gram Panchayats across Karnataka

**An organizational COVID-19 toolkit has been developed that briefly summarizes all of the organization's efforts undertaken to ensure the safety and protection of staff working across levels in different regions of Karnataka. Some of those include:**

- ◆ Additional compensation support to KHPT's frontline workers
- ◆ Compensation in case of any death due to COVID-19
- ◆ Transportation facility to the staff who are dependent on public transport for conveyance.
- ◆ Alternative working from office arrangement to staff to ensure only 30-50% of attendance in the workplace.
- ◆ Strict safety guidelines in the office such as wearing of face-masks compulsorily while in the workplace, frequent sanitizing and hand-washing, self-social distancing measures, sanitizing the office twice a month, etc.
- ◆ Prohibition of long-distance travel and large meetings/gatherings.
- ◆ KHPT Group Medical Insurance Policy covering COVID-19 treatment.
- ◆ Standard Operating Procedures (SOP) developed both in English/Kannada stating clear-cut guidelines for the staff to assess risks and take necessary steps to mitigate them

# Financials

## KARNATAKA HEALTH PROMOTION TRUST

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

### Balance sheet - Consolidated

Particulars	Note	As at	As at
		31st March, 2021 (Rupees)	31st March, 2020 (Rupees)
<b>I Sources of Funds</b>			
<b>1 Reserves</b>			
Corpus fund	1	10,000	10,000
General Reserve	2	16,58,15,046	15,36,60,246
Grant Received in Advance	3	4,71,45,012	1,69,28,250
<b>Total</b>		<b>21,29,70,059</b>	<b>17,05,98,496</b>
<b>II Application of Funds</b>			
<b>1 Current Assets, Loans and Advances</b>			
Cash and Bank Balances	4	20,11,93,981	14,12,08,770
Loans and advances	5	1,61,80,522	3,35,22,956
<b>Total</b>		<b>21,73,74,503</b>	<b>17,47,31,726</b>
<b>2 Less : Current liabilities and provisions</b>			
Current Liabilities	6	34,69,790	27,47,173
Provisions	7	9,34,654	13,86,057
<b>Total</b>		<b>44,04,444</b>	<b>41,33,230</b>
<b>Net current assets</b>		<b>21,29,70,059</b>	<b>17,05,98,496</b>
<b>Total</b>		<b>21,29,70,059</b>	<b>17,05,98,496</b>

For Karnataka Health Promotion Trust

As per our audit report of even date attached


For R V K S And Associates

Chartered Accountants

Firm No. 008572S

  
Mohan H L  
Chief Executive Officer

  
Nanjundappa G.M  
Director Finance

  
R. Mohan  
Partner  
Membership No. 203911



Place: Bangalore  
Date : 30-Dec-2021






## KARNATAKA HEALTH PROMOTION TRUST


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, 2021 (Rupees)	For the year ended 31st March, 2020 (Rupees)
<b>Income</b>			
Grants Received - Utilized	3	28,16,91,796	24,85,99,988
Interest Income	8	1,19,77,467	1,04,12,178
Donations Others		1,72,670	-
Sale of Assets		83,250	1,22,045
Exchange Difference		-	1,27,169
Income from Professional Charges		-	70,000
Award income from APU		25,000	-
<b>Total</b>		<b>29,39,50,183</b>	<b>25,93,31,380</b>
<b>Expenditure</b>			
Programme Expenses	9		
- Grants to NGO's		4,73,44,188	5,22,96,369
- Implementation Expenses		18,07,74,958	12,75,65,741
- Training and Capacity Building Expenses		59,80,972	59,64,023
Personnel Expenses	10	2,93,57,659	2,55,19,937
Administrative and other expenses	11	1,83,37,605	2,43,98,300
<b>Total</b>		<b>28,17,95,382</b>	<b>23,57,44,370</b>
<b>Excess of Income over Expenditure transferred to General Reserve</b>		<b>1,21,54,801</b>	<b>2,35,87,010</b>

For Karnataka Health Promotion Trust

  
Mohan H L  
Chief Executive Officer

  
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



Place: Bangalore  
Date : 30-Dec-2021



## KARNATAKA HEALTH PROMOTION TRUST

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

	As at 31st March, 2021 (Rupees)	As at 31st March, 2020 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 1: Corpus Fund</b>		
Opening balance	10,000	10,000
	10,000	10,000
<b>Note 2: General Reserve</b>		
Opening balance	15,36,60,246	13,00,73,236
Add: Transferred from Income & Expenditure A/c	1,21,54,801	2,35,87,009
	16,58,15,047	15,36,60,245
<b>Note 3: Grant Received in Advance</b>		
Opening balance	1,69,28,250	3,18,22,040
<b>Grants Received during the year</b>		
University of Manitoba	-	7,41,002
The Cooperative for Assistance and Relief Everywhere Inc. CARE	59,33,172	-
LSHTM	-	26,63,993
United States Agency for International Development-OVC	11,57,93,205	10,19,65,086
South African Medical & Research Council	-	8,78,214
Global Alliance for Improve Nutririon	2,61,17,699	1,79,30,943
Sponsored Funds-OVC-Nutrition & Others	-	2,000
Medtronic Global Health Foundation	3,39,80,719	-
Wellspring Philanthropic Fund	88,58,260	-
Karnataka State Aids Prevention Society - KSAPS	1,02,11,391	59,70,680
India HIV/AIDS Alliance	4,35,01,615	4,28,52,082
Karnataka State Rural Livelihood Promotion Society	30,69,247	1,00,58,610
Azim Premji Philanthorphyic Initiative	5,25,000	-
Indegene-TB-Care	12,40,018	12,40,018
MAC-ELCA Cosmetics Pvt Ltd	7,97,570	15,44,770
CBCI Society for Medical Education	47,52,614	47,52,614
Life style International Pvt Ltd	40,08,500	2,12,50,945
The India Nutrition Initiative-TINI	-	7,50,000
Sponsored Funds-OVC-Nutrition & Others	1,11,000	1,04,000
FIND India	2,21,49,583	1,99,35,357
Nutrition Programme-North Karnataka	-	43,000
Bangalore International Airport Limited (BIAL)	-	5,39,350
Health Systems Transformation Platform	4,60,000	3,00,000
World Health Organisation	22,76,064	6,35,600
KALIKE	95,00,000	-
H T Parekh Foundation	1,22,90,572	-
Dhruvkumar Khaitan	50,00,100	-
District Health & Family Welfare Society, Koppal	6,19,755	-
Mangalore Chemicals & Fertilizers Limited	7,60,000	-
	32,88,84,334	26,59,80,304
<b>Less:</b>		
Refund of Grants Funds		
The India Nutrition Initiative-TINI		2,43,242



World Health Organisation	-	81,655
CBCI Society for Medical Education	47,526	-
	<u>47,526</u>	<u>3,24,897</u>
Exchange Differences Income transferred	-	1,27,169
Grant Utilized transferred to Income & Expenditure Account	28,16,91,796	24,85,99,988
	<u>28,16,91,796</u>	<u>24,87,27,157</u>
Grant Received in Advance	<u>4,71,45,012</u>	<u>1,69,28,250</u>



## KARNATAKA HEALTH PROMOTION TRUST

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

	As at 31st March, 2021 (Rupees)	As at 31st March, 2020 (Rupees)
Notes forming part of the accounts - Consolidated		
<b>Note 4: Cash and bank balances</b>		
Cash in Hand	95,251	1,37,757
Balance with Scheduled Banks		
in savings accounts	3,09,27,730	2,10,71,013
in deposit accounts	17,01,71,000	12,00,00,000
	<u>20,11,93,981</u>	<u>14,12,08,770</u>
<b>Note 5: Loans and advances</b>		
Advances recoverable in cash or in kind or for value to be received	79,14,610	75,17,498
TDS receivable	44,14,624	2,17,22,921
Deposits	38,51,287	42,82,537
	<u>1,61,80,521</u>	<u>3,35,22,956</u>
<b>Note 6 : Current liabilities</b>		
TDS payable	15,58,761	7,19,860
Sundry creditors	6,54,631	10,64,011
Other liabilities	12,56,399	9,63,302
	<u>34,69,791</u>	<u>27,47,173</u>
<b>Note 7 : Provisions</b>		
Accruals - Payable	9,34,654	13,86,057
	<u>9,34,654</u>	<u>13,86,057</u>



# KARNATAKA HEALTH PROMOTION TRUST

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

	For the year ended 31st March, 2021 (Rupees)	For the year ended 31st March, 2020 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 8: Interest Income</b>		
From Savings Bank Accounts	18,36,714	17,20,081
From Fixed Deposits with Bank	85,80,988	86,92,097
Interest on IT Refund	15,59,765	-
	-	-
	<u>1,19,77,467</u>	<u>1,04,12,178</u>
<b>Note 9 : Programme Expenses</b>		
Grants to NGO's	4,73,44,188	5,22,96,369
Programme Implementation Expenses	18,07,74,958	12,75,65,741
Training and Capacity Building Expenses	59,80,972	59,64,023
	-	-
	<u>23,41,00,118</u>	<u>18,58,26,133</u>
<b>Note 10 : Personnel Expenses</b>		
Salaries	1,81,07,697	1,67,83,081
PF Employers' Share	12,243	9,84,151
Leave Encashment	95,534	2,34,566
Leave Travel Allowance	1,06,104	12,56,531
Consultancy Charges	1,01,89,159	36,93,435
Recruitment Expenses	64,342	1,84,786
Gratuity	2,28,674	4,43,066
Insurance-Staff	2,77,703	16,93,807
Ex-Gratia	1,68,326	-
Overtime Allowance	1,07,877	1,38,779
Relocation Charges-Transfer	-	1,07,735
	-	-
	<u>2,93,57,659</u>	<u>2,55,19,937</u>



## KARNATAKA HEALTH PROMOTION TRUST

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

	For the year ended 31st March, 2021 (Rupees)	For the year ended 31st March, 2020 (Rupees)
<b>Note 11 : Administrative and other expenses</b>		
<b>Fixed Assets</b>		
Computers	21,05,867	-
Furniture & Equipments	27,06,691	34,686
<b>Communications</b>		
Courier Charges	80,159	1,25,975
Data Card Expenses	5,89,532	7,40,221
Internet Charges	2,68,214	3,60,994
Mobile Charges	6,87,050	7,31,384
Telephone Charges	1,76,762	1,74,210
Call Conferencing Charges	2,218	26,335
<b>Office Running Expenses</b>		
AMC for Equipments & Others	1,63,285	1,63,285
Bank Charges	34,814	15,890
Books & Periodicals	10,804	9,439
Computer Running Expenses	4,36,331	1,13,798
Electricity / Water / Maintenance Charges	10,23,458	17,23,749
Insurance - Assets	1,37,638	1,39,726
Insurance - Cash	10,846	10,845
Office Repairs and Maintenance	11,76,709	9,12,349
Printing & Stationery	3,14,754	5,15,500
Rent-Office	56,31,982	71,16,519
Rent - Others	5,45,237	4,73,319
Software Expenses	6,12,656	6,914
Staff Welfare-Tea/coffee/meal	1,36,075	2,33,629
Website Development & Maintenance	3,00,028	3,02,265
Registration Fees-Legal & Others	40,119	34,627
<b>Other Expenses</b>		
Interest Paid-Income Tax	9,134	12,640
Interest Paid-Provident Fund	-	7,36,032
<b>Travel Expenses-Staff &amp; Consultants</b>		
Local Conveyance	1,05,322	2,94,573
Travel Expenses-International	-	1,91,746
Travel Expenses-National-Accommodation	-	10,02,983
Travel Expenses-National-Air tickets	-	19,29,017
Travel Expenses-National-Others	-	26,42,486
Travel Expenses-National-Perdiem	-	7,27,380
Travel Expenses-National-Train/Bus	-	4,70,441
<b>Vehicle Expenses</b>		
Vehicle-Insurance	-	37,132
Vehicle-Repair & Maintenance	-	1,64,898
Vehicle Fuel Expenses	-	2,82,293
Vehicle Hire Charges	-	9,62,700
<b>Professional Charges-Audit Fees</b>		
Audit Fees-FY-2019-20	-	4,13,000
Audit Fees-FY-2020-21	4,13,000	-
<b>Professional Charges</b>		
Professional Fees	6,18,920	5,65,320
<b>Total</b>	<b>1,83,37,605</b>	<b>2,43,98,300</b>



# 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**

IT Park, 5th Floor, 1-4, Rajajinagar  
Industrial Area, Behind KSSIDC  
Admin office, Rajajinagar,  
Bengaluru, Karnataka - 560 044

Ph: + 91 80 4040 0200

Fax: + 91 80 4040 0300

Email: [khptblr@khpt.org](mailto:khptblr@khpt.org)

Website: [www.khpt.org](http://www.khpt.org)