



# ANNUAL REPORT

2022-2023





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## 2022-23

April 2022 - March 2023  
Director, Communication

### **KHPT**

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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.

# Message from the CEO

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KHPT has ended yet another successful year with satisfactory results. Despite the increasingly challenging environment, we have continued to grow in our endeavours. At KHPT, we are zealous about creating impact for the most vulnerable populations across all our themes and projects. The past year, in addition to our programmatic endeavours, our focus has also been to strengthen organisational leadership and the teams. We are working towards creating opportunities for our employees to grow into specialists and become more meritocratic. Through the year we worked on having the right people in the right positions through well-balanced talent distribution throughout the KHPT family. These steps were taken to enhance the quality of programs and preserve the culture of respect, equity and participation within the organisation.

We are delighted and honoured for the valuable contribution made by our frontline workers, donors, partners, government functionaries and the advisory board members. In the true spirit of partnership, we continue to seek your support and goodwill as we move forward towards our vision of empowered communities asserting their rights to a life of quality health and well-being.

**Mohan H L**

Chief Executive Officer



## VISION

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

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## MISSION

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

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## INTENDED IMPACT

Strengthening health systems to achieve population-level impact

# ADOLESCENT HEALTH



The Adolescent Health theme works with adolescents (12-19 years old) in the North Karnataka region comprising seven districts including Belagavi, Vijayapura, Bagalkot, Kalaburagi, Raichur, Yadgir, and Koppal. We work to improve the overall quality of their lives by working with their families 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

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

### Key Projects Implemented

- **Sphoorthi - Girl Leads Girl funder - Azim Premji Philanthropic Initiatives (APPI)**  
**Geography:** Two blocks of Koppal district in Karnataka state  
**Duration:** 2022-25
- **Sphoorthi-Girl Leads Girl funder - Ashraya Hasta Trust**  
**Geography:** In two blocks of Yadgir district in Karnataka state  
**Duration:** 2022-25
- **Sphoorthi-Girl Leads Girl funder-the Department of Women and Child, Government of Karnataka**  
**Geography:** In 11 blocks of five districts (Belgaum, Bagalkot, Vijayapura, Kalburgi, and Raichur) in northern and Kalyana Karnataka region in Karnataka state.  
**Duration:** 2023-26
- **Nutrition intervention funder - the HT Parekh Foundation (HTPF)**  
**Geography:** In Koppal district in Karnataka state.  
**Duration:** 2020-24
- **Gender-Based Violence (GBV) research/program initiatives funder - the Wellspring Philanthropic Fund.**  
**Geography:** In northern Karnataka districts in Karnataka state  
**Duration:** 2020-24

## Thematic Highlights

- KHPT, in partnership with Ashraya Hasta Trust, launched the “Sphoorthi-Girl Leads Girl” Adolescent Girl Role Model Project for Social Transformation for Yadgir district on June 7.
- In collaboration with Koppal district administration, KHPT jointly with BGVs initiated a library program in Koppal.
- KHPT signed an MoU with the Department of Women and Child Development, Government of Karnataka in August to scale up the Sphoorthi projects in five districts in Karnataka (Belagavi, Bagalkot, Vijayapura, Kalaburagi and Raichur).
- To celebrate National Girl Child Day on January 24, 30 adolescent girls from seven Sphoorthi districts of Karnataka met six senior women officials of the Government of Karnataka.
- On March 21, Sphoorthi girls from the Bagalkot district joined the former Chief Minister of Karnataka Shri Basavaraj Bommai at the launch of the Sphoorthi: Girl-Leads-Girl project in Hungund, Bagalkot district.

## Impact

Cumulative no. of AGs reached for nutrition counselling & BCC	62640
Cumulative no. of AGs who received menstrual hygiene information/ counselling	8082
Cumulative no. of AGs attending LSE	19907
Cumulative no. of clients identified for MH counselling	6557
Cumulative no. of clients counselled for MH	3657
No. of clients referred to DMHS	13



## Case Story

# Adolescent Health

### Just a girl, not a bride!

The COVID-19 pandemic heightened the risk of child marriages and India, too witnessed a surge in underage marriages across several states.

Child marriages rob girls of their childhood and threaten their health, often leading to early pregnancies, domestic violence, as well as mental health issues. In Karnataka, 21.3%\* of girls were married before 18.

Adolescent girls from Northern Karnataka are more vulnerable to child marriages due to poverty, caste system, unemployment, inequitable gender and social norms. The Belagavi district is known as the 'sugar bowl' of Karnataka, but the bitter truth is that 32.8%\* of girls from this district are married before 18.

Since August 2022, the Sphoorthi 'Girl Leads Girl' project has been implemented in this district to empower adolescents through life skills education to fight for their rights, negotiate with parents, and delay their marriages until they are ready.

In October, Roopa, the District Project Coordinator of Sphoorthi, Belagavi organised a meeting with all the ASHAs and Anganwadi workers (frontline workers) and introduced them to the project. She also enquired if child marriage was rampant in their areas. To this, many ASHAs said although they notice child marriages, they are unable to stop them. They decided to work as a team and prevent forced marriages.

It was during the Dussehra festival that homes in Chachadi village, Saundatti taluk were decorated to welcome the goddess, Durga. 15-year-old Geeta's# home was particularly festive. The village ASHA worker, Shobha, grew suspicious and made some enquiries. Geeta's neighbour informed her that she was getting married on Dussehra day.

Geeta is the eldest of three siblings. Her father, an alcoholic, does not work. She was forced to drop out of school to help her mother with the household chores and also work to support the family. Her mother believed that girls were a liability and decided to get her married. The groom, who was double her age, offered gold and gifts to her family in return for Geeta's hand, and the family readily agreed. Geeta was trapped and did not know where to turn.

But hope was not far away. Shobha spoke to Roopa, and they took the support of the Child Development Project Officer and thwarted the marriage. Geeta's parents were made to sign a bond paper, a legally enforceable document, stating that they would not get Geeta married until she turned 18.

Roopa and Shobha also counselled the family about the importance of education and the family agreed to enroll Geeta into a school from the next academic year.

"I am glad the marriage did not take place. I am looking forward to going to school again," says Geeta.

Dedicated District Programme Coordinators like Roopa, with the support of the government, are on a mission to empower girls through the Sphoorthi program to stand up for their rights and break rigid gender norms, including those around marriage, to achieve their full potential.

\*National Family Health Survey (NFHS-5; 2019-2020)

#- Name changed to protect identity

# GRAM PANCHAYAT INTERVENTIONS

Gram Panchayats are the centres of village administration, development, and health and family welfare, with immense potential to provide decentralized services that can improve the health and well-being of their communities. They have the unique ability to gauge the public health requirements of rural areas, expand access to healthcare services, and leverage community networks to meet the needs of the most vulnerable and unreached populations.

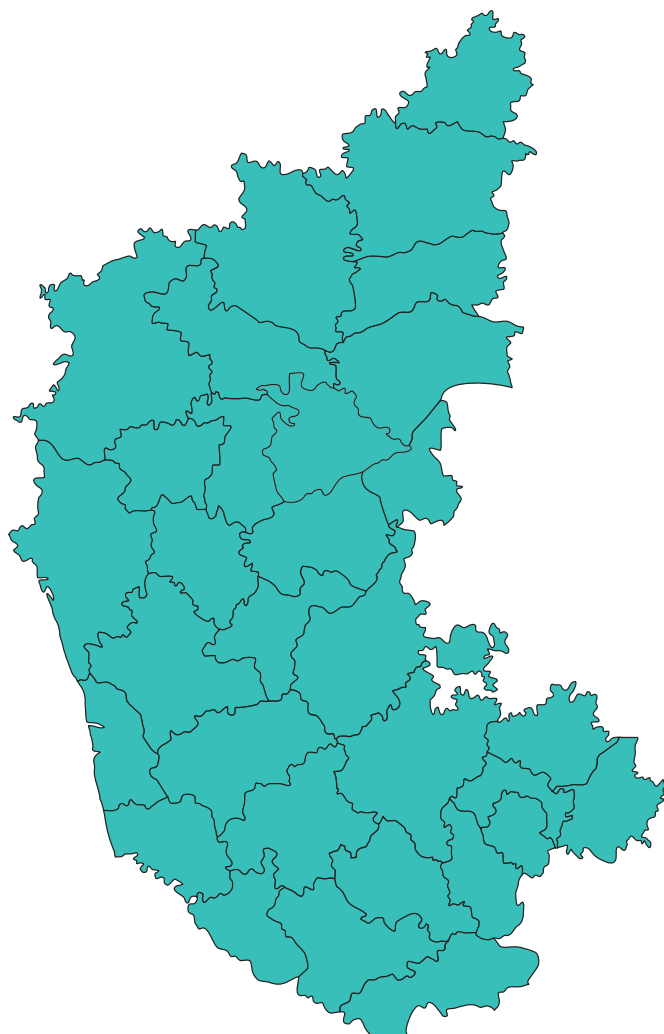
KHPT is supporting the Government of Karnataka, namely the Departments of Rural Development and Panchayat Raj (RDPR) and Health and Family Welfare to implement the Grama Arogya formerly known as Graama Panchayath Aarogya Amruta Abhiyaana (GPAANA), a first-of-its-kind initiative which aims to enhance the capacities of Gram Panchayats to proactively address issues of public health - such as COVID-19, Non-Communicable Diseases, Tuberculosis, mental health and child marriage - through the provision of point-of-care testing devices and capacity building. The Grama Arogya is a novel initiative that will help create a decentralised convergence model for health at the lowest level between both the demand and supply sides for the health of grassroot communities.





## Key Projects Implemented

- Grama Arogya formerly known as Graama Panchayath Aarogya Amrutha Abhiyaana (GPA) **Geography:** 5957 Gram Panchayats of 31 districts in Karnataka **Funder:** United States Agency for International Development (USAID) **Duration:** August 2021 onwards
- MOMENTUM Routine Immunization Transformation and Equity (M-Rite) project to ramp up COVID -19 Vaccination among vulnerable and marginalized groups of the state **Geography:** 14 districts of Karnataka, namely Belagavi, Bagalkote, Vijayapura, Gadag, Koppal, Kalburgi, Raichur, Yadagir Vijayanagara, Chitradurga Bellary/Vijayanagar, Davanagere, Shivamogga, Mandya and Chamrajnagar **Funder:** John Snow, Inc. (JSI) **Duration:** September 2021-June 2023
- Routine Immunization - Improving vaccine coverage by demand generation among the most vulnerable communities **Geography:** 8 districts of Karnataka, namely Bagalkote, Belagavi, Davangere, Vijayapura, Kalaburagi, Koppal, Raichuru, and Yadgiri **Funder:** John Snow, Inc. (JSI) **Duration:** February 2023 to June 2023



## Thematic Highlights

- KHPT was invited to a conference titled “National Conference on Technological Breakthrough in Healthcare” organized by JJM Medical College in Davangere on June 11.
- Ms. Swathi Thippe Swamy President, of Sokke Gram Panchayat, Davanagere represented the Grama Arogya at the national TB workshop organized by CTD on the September 14-15 in New Delhi.
- Mr. Raghavendra T, Project Lead, spoke about his experience of working with Gram Panchayats across Karnataka as a game changer to end TB at the National Partners’ Meet held by the USAID/ India Health Office on November 15, 2022, in New Delhi.
- KHPT in collaboration with RDPR launched a series of programs on March 8, on community radio to promote the Grama Arogya programs for raising awareness of Grama Arogya and for capacity building of elected members of the Panchayat.

## Impact

No. of people vaccinated for COVID-19 Vaccine  
**12,75,872**



No. of doses administered for children for immunization  
**8,166**



No. of people Screened for NCD  
**14,35,178**



No. of people referred for further care  
**1,40,538**



No. of people screened for TB (Verbal)  
**30,34,941**



No. of people referred for TB testing  
**26,285**



No. of women aged 15-49 years screened for anaemia (Hb)  
**1,49,961**



No. of women aged 15-49 years referred for low Hb <11 g/dL  
**13,304**



No. of children aged 0-18 years screened for undernutrition  
**45,367**



No. of people screened with mental health checklist  
**98,790**



No. of people with mental health issues counselled  
**3788**



The above figures are a summation of 31 districts in Karnataka for the September 2021- March 31, 2023 period. The project was initiated in 14 districts from September 2021 and scaled up to the remaining 17 districts in September 2022. The routine immunization data as accurate as of February 28, 2023 and the under-nutrition data is from December 31, 2022.

## Case Story: The power of community action and positive change in Tribes

With the help of the Gram Panchayat member under the Grama Arogya formerly known as Grama Panchayath Arogya Amruta Abhiyaana (GPAAA), a health check-up camp was organised for 120 people. This event successfully identified health problems among the community members including obesity, hypertension, tuberculosis, anaemia, and diabetes.

As a result of the camp, 18 people were made aware of their obesity, 6 people were found to have hypertension, and 2 people were found to have symptoms of tuberculosis. In addition, 7 women were referred to the local Primary Health Centre for further examination of their anaemia. Through the camp, the community was also made aware of issues such as child marriage and anaemia, and they were introduced to the Sahita Careline, which will provide them with additional support and resources to improve their mental health.

Community members who attended the camp received important information about their health and were provided resources to address any issues identified. The community was also made aware of the importance of preventative measures and the importance of seeking health services when needed.


Overall, the health check-up camp organised by the Ramanath Tunga Gram Panchayat had a positive impact on the tribals of Malangi, Naganapur, and Ramanath Tunga in the district of Mysuru. It has brought the community together, improved their health and well-being, and provided them with important information and resources to maintain good health in the future.



The story of the Malangi, Naganapur, and Ramanath Tunga tribes in Mysore district is one of community action and positive change. Despite living far from health services and lacking awareness of health issues, the community has managed to come together and take action to improve their health and well-being.



# MATERNAL NEONATAL AND CHILD HEALTH



Our approach focuses on improving availability, accessibility, quality, utilization, and coverage of critical MNCH interventions among the rural poor through Facility, Community, Health Systems, and Technology. It includes strengthening of health care providers' knowledge and skills to threshold levels to deliver quality MNCH services in district-level public health care facilities. Our focus is on prioritizing the integration of respectful maternity care principles and practices.

## Thematic goal

Improve overall health and wellbeing of mothers and children.

## Key Projects Implemented

- Improving Early Childhood Care and Development (ECCD) through an integrated approach-a pilot intervention  
**Funder:** Wipro Cares  
**Geography:** Tumakuru block Karnataka  
**Duration:** 2022-25
- Improving Early Childhood Development through a life cycle approach - a pilot intervention  
**Funder:** Healthium Medtech  
**Geography:** Kunigal block, Karnataka  
**Duration:** 2022-25
- Strengthening of Kangaroo Mother Care coverage among Low birth weight babies in identified facilities of Mumbai & Kolkata City  
**Funder:** Khorakiwala  
**Geography:** Mumbai and Kolkata  
**Duration:** 2023-25
- Scaling up of fortification of edible oil, milk and wheat flour in select geographies of India  
**Funder:** Global Alliance for Improved Nutrition (GAIN)  
**Geography:** Madhya Pradesh, Gujarat, Rajasthan, Maharashtra, Andhra Pradesh, Telangana, Karnataka, Tamil Nadu, Uttar Pradesh, Punjab, Haryana, Odisha, Chhattisgarh, Bihar, Tripura, Himachal Pradesh, Kerala, Andaman & Nicobar Islands and Ladakh.  
**Duration:** 2022-24

## Thematic Highlights

- KHPT launched its early childhood development and care interventions titled 'Improving early childhood development through a life cycle approach: Preconception to early childhood' at Tumakuru on June 15.
- KHPT conducted two public engagement programs in Tumakuru and Gulbarga, culminating in a consultative workshop in Bengaluru under its initiative titled 'Early preparation to a safe and healthy motherhood: Understanding delays and opportunities in delivery and access to preconception care', supported by the HCL Foundation.
- KHPT conducted a planning workshop on improving ECCD in Tumakuru rural block under the guidance of Dr Vidya Kumari, IAS, CEO – ZP, Tumakuru on March 10.
- The BMJ Nutrition, Prevention and Health published a brief report evaluating the impact of COVID-19 related school closures and subsequent suspension of the mid-day meal program on the nutritional status of primary school children, based on a double-blind randomized control trial of KHPT and St John's Research Institute (SJRI).
- KHPT was invited to attend a 'writeshop' for a 'Malnutrition and Anaemia Mukt Karnataka' organized by the Department of Women and Child Development, Government of Karnataka on December 14 and 15.
- KHPT was involved by the RDPR and Health department to draft the action plan on "Malnutrition and Anaemia" which was submitted to the NITI Aayog.



## Impact



Number of women of reproductive age reached

12415



Number of pregnant women reached

823



Number of lactating mothers reached

370



Number of children reached (6-60 months)

37787



## Case Story:

### CHW encourages family to practice KMC at home for low birth weight baby

Thilagamu is 27 years old, living in Kudlu Slum quarter in Singasandra, Bengaluru. She delivered a low birth weight baby, weighing just 1660 grams in a private hospital. The baby was initiated on Kangaroo Mother Care (KMC) in the hospital, which is a technique involving skin-to-skin contact between the mother and baby, that has been proven to reduce the risk of hypothermia, hospital-borne infections and mortality risks to underweight babies. However, after Thilagamu came home, she discontinued giving KMC to the baby. The ASHAs at Singasandra have

not been trained on KMC, and would have not known to encourage Thilagamu to provide it to her baby. However, our Community Health Worker (CHW, Durgamba, had been recently trained on KMC under the Wipro Cares initiative in Singasandra. She had been trained to identify babies who need KMC, how to initiate KMC, and how to counsel mothers and families to provide prolonged KMC at home. She spoke to Thilagamu and her family extensively on continuing KMC at home for at least 10 hours to ensure her baby gained weight.

# COMPREHENSIVE PRIMARY HEALTH CARE



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 the need-based Urban Comprehensive Primary Health Care (CPHC) model to achieve Universal Health Coverage in selected cities in India.

## Key Projects Implemented

Comprehensive Primary Health Care (CPHC) model to deliver Universal Health Coverage with a special focus on Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) in Bengaluru city, Karnataka, India

**Geography:** Singasandra UPHC

**Funder:** Wiprocares

**Duration:** August 2021- September 2025

An Innovative Public Private Partnership based Community Health Worker Model for Enhanced NCD Care Continuum in an Urban Neighborhood of Mysuru City, South India.

**Geography:** Kumbarakoppalu Urban Primary Health Centre (UPHC)

**Funder:** Medtronic Foundation

**Duration:** January 2020 to December 2022

## Thematic Highlights

- The CPHC team presented a formative study report and intervention plan to Mysuru City Corporation officials on December 28.
- KHPT supported the National Health Systems Resource Centre (NHSRC) in developing training health modules. The three modules were for Panchayat Raj Institutions (PRIs) Self-Help Groups (SHGs) and Urban Local Bodies.
- The CPHC, along with HSTP, met Mr Anil Kumar TK, IAS, Principal Secretary, Department of Health and Family Welfare and other senior government officials to disseminate the study findings of formative research on CPHC and share the proposed Mysuru urban CPHC intervention on January 18th.
- The KHPT team supported NHSRC to facilitate ToTs to train SHGs, PRI members and Jan Arogya Samiti (JAS) Members
- "Identification of geographies for Health and Wellness Centres and Polyclinics in urban areas for implementation of PMABHIM as per the 15th Finance Commission recommendations" which has been adopted by GoK.
- KHPT with the support of Mysuru City Corporation did a mapping exercise to identify locations to establish Health and Wellness

Centres (HWCs) and existing Urban Primary Health Centres (UPHCs) to be designated as polyclinics to maximise the number of vulnerable people reached and minimize the distance they would have to travel to access health services. This scientific approach to mapping enabled the identification of strategic locations and facilities in the city. Click here to read our CEO Mr Mohan HL's article on the same topic <https://www.hindustantimes.com/ht-insight/public-health/charting-the-course-for-accessible-health-care-in-cities-101663745476890.html>

## Case Story: A whiff of jasmine-scented air

56-year-old Leelavathi's home is located on a narrow street in the Kumbarakoppalu area of Mysuru. She eagerly awaits a basket of flowers from a merchant. She strings them for a living and a kilo of garland will fetch her 80 rupees. Besides the money, flower stringing keeps her occupied, making her forget about the ongoing family issues, and helping her control and maintain her diabetes levels.

During a visit to her sister eight years ago, Leelavathi was diagnosed with diabetes. As her head swirled, she was rushed to the hospital. The doctor confirmed diabetes after a few tests. "I was scared and did not know what to do," recounts Leela. Eventually, she was able to manage her diabetes levels with the help of her family members.

As a result of mounting debts, being abandoned by her son, and her daughter's Leelavathi with a newly strung garland made two suicide attempts, she was diagnosed with diabetes. Sleepless nights were also caused by constant worries and sadness.

But her life changed when Bhoomika, one of our Community Health Workers started visiting her home. Although Leela was taking medicines for diabetes, personal touch of care and understanding was missing. Bhoomika advised Leelavathi to follow a diabetic friendly diet and counselled her, which helped her to worry less and be more productive. "Bhoomika's talk comforted me and I feel much better now," she says.

Leelavathi's spouse takes good care of her from getting her prescription drugs to driving her to the hospital to giving her a pep talk.

"We should not be scared of diabetes. We should do all we can to manage it better," she says with a wide smile on her face.

# TUBERCULOSIS (TB)



We work in collaboration with the National Tuberculosis Elimination Programme (NTEP) to develop community based, person-centric models aimed at improving health seeking behaviour, access to healthcare services, TB notification and treatment outcomes as well as stigma mitigation among vulnerable populations.



## Thematic goal

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

## Key Projects Implemented

“Breaking the Barriers (BTB)” is a four-year project, (March 2020-March 2024)

**Funder:** United States Agency for International Development (USAID)

**Geography:** Assam, Bihar, Karnataka and Telangana. **Duration:** 2020-24

“Joint Effort for Elimination of Tuberculosis (JEET 2.0)”

**Funder:** Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

**Geography:** Six districts in Karnataka, namely BBMP, Bengaluru Urban, Bengaluru Rural, Belagavi, Bagalkot and Vijayapura. **Duration:** July 2021 to March 2024

“Catalyzing TB Elimination in Private Health Sector through Medical Colleges” (December 2019 to April 2023)

**Funder:** Johnson & Johnson

**Geography:** Bangalore Urban. **Duration:** 2019-23.

**Jille Samudhaya Vedike TB (JSV-TB)**

**Funder :** Stop TB Partnership

**Geography :** districts of Belagavi, Bagalkot and Ballary in Karnataka. **Duration:** 2021-22

## Thematic Highlights

- KHPT, in collaboration with the National Tuberculosis Elimination Programme (NTEP), the Global Coalition against TB and USAID, organized the ‘National Consultation on TB Elimination: Building Synergies for a TB Mukta Bharat’ on August 3.
- The Central TB Division (CTD), KHPT and the United States Agency for International Development (USAID) hosted a national workshop on ‘Best Practices in Community Engagement for Ending TB’ from September 14-15 in New Delhi.
- The CTD published a best practices compendium developed in collaboration with KHPT, which was gathered from the National Annual Learning and Sharing workshop held in New Delhi on September 14-15, 2022

- KHPT participated in the STOP TB Global Partners Meeting, which was held in Bangkok from, October 31- November 4.
- The NTEP in collaboration with the USAID, KHPT and GCTA organized a two-day workshop on Strengthening Community Action for a TB-Mukt Bharat on 23-24 February at New Delhi.
- KHPT organized the USAID TB Partners’ meeting in collaboration with the National Tuberculosis Elimination Programme (NTEP) in Goa from November 3-5.

## Impact

Number of household contacts (HHCs) of index patients put on TB Preventive Treatment

**20,671**

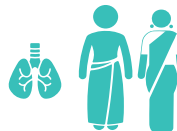


No. of HHCs successfully completing TPT treatment

**13,229**



Number of people screened **1,05,83,885**



Number of people tested **1,01,219**



Number of people identified with TB **9,322**



Number of people successfully completed TB treatment **13,610**



## Case Story: A TB Survivor Uses the TB Mukt Certificate to Overcome the Stigma associated with TB

Soma Ganesh, 55, is a front office executive at a local chit fund company in Sangareddy, Hyderabad. Ganesh lost his wife to COVID, and he was diagnosed with TB immediately after. He says, 'I was a smoker, that is why I got TB'. Ganesh had no symptoms of the disease. One morning while he was brushing his teeth he coughed up blood in his sputum. He immediately went to the nearest RMP, who asked him to undergo an x-ray. Ganesh went back to the RMP with his X-ray and was given medication. However, even after medication, he did not feel well; that is when he called 104 and went to the Sangareddy district hospital. He was asked to undergo the sputum test. He tested TB positive and was immediately put on treatment.

Once he was diagnosed, Ganesh says, "I did not inform my office that I had tested positive for TB. I just said I had a fever and took a month's leave". When asked why he did not share his TB status, Ganesh said he feared he might not be allowed back to work. The fear of being stigmatized or discriminated against stopped him from sharing his status.

When Ganesh's coworkers came to visit him, they found him wearing a mask and maintaining distance. They figured out that Ganesh had TB. Within a month of starting his medication, he resumed his duty. Earlier it was more of a desk job for him, but the fear of infecting others made Ganesh opt for work that involved being outside most of the time. His office also agreed. He says, "I feared coworkers might say

something so asked for tasks that involved staying out of the office for long periods. My line manager also agreed. I am sure he also felt the same that I might be a risk to others".

Ganesh was constantly in fear of infecting others. He says, "I stayed away from my son, relatives, coworkers, neighbours. I did not visit my grandchildren for the entire treatment period. It was very difficult for me". Nobody at work, in the family, or neighbourhood stigmatized him as such, it was Ganesh who maintained distance. There was a lot of self-stigma.

He was handed over the TB Mukt Certificate on completion of his treatment. When asked what is the first thing he did when he received the certificate, fighting back tears in his eye Ganesh said, "The first thing that I did once I got the certificate was meet my granddaughter and I picked her up. I cannot explain the joy. The certificate has reinstated my self-confidence. It has made my life normal". Today Ganesh continues to work as an executive at the same chit fund company.

The TB Mukt Certificate is one of the behaviour change solutions developed under the Breaking the Barriers project, supported by the USAID, that has developed innovative behaviour change solutions to improve successful TB treatment outcomes of both drug-sensitive (DS-TB) and drug-resistant TB (DR-TB) among vulnerable populations, such as urban vulnerable groups, tribal communities, migrants, mining and industrial workers, and tea garden workers, through increased case notification and improved successful treatment outcomes.

The TB Mukt Certificate is a physical certificate issued by the health facility to persons who have completed TB treatment, creating a sense of accomplishment and documenting proof of completion. It helps end the TB journey on a positive note and to gear up TB survivors for their life ahead with renewed vigour. The TB Mukt Certificate addresses the barriers of ambiguity of the waiting period for test results for persons with TB. Also provides clear documentation and accurate information on past treatment received and outcomes.



# ORGANIZATIONAL HIGHLIGHTS : 2022-23

1. KHPT was certified by the Enforcement Directorate (ED) of the United States (US). This certification gives KHPT the status equivalent to a Certified Public Charity NGO.
2. Two of KHPT's abstracts based on Non-Communicable Disease initiatives were accepted for poster presentation and oral presentation at the seventh Global Symposium on Health Systems Research at Bogota, Colombia.
3. Also, five abstracts from the TB thematic were selected for the virtual Union World Conference on Lung Health 2022 held from November 8-11
4. KHPT presented its research on gender-based violence in rural Karnataka titled "Prevalence and patterns of intergenerational violence among women and girls in rural Karnataka, India," at the Sexual Violence Research Initiative (SVRI) Forum 2022 in Mexico, held between September 19-22
5. KHPT submitted 9 abstracts for the International Social and Behavioural Change Communication Summit 2022 from Dec 5-9 in Marrakesh, Morocco, of which out of which 3 got selected for oral/multimedia/BlueSky oral, multimedia and BlueSky presentations
6. KHPT was selected as a World EBHC Day Evidence Ambassador, as part of a 'Partnerships for Purpose' campaign on October 20
7. A case study on KHPT's Kangaroo Mother Care implementation experience authored by Vrinda Manocha was awarded a special prize by Azim Premji University's Case Study Challenge
8. KHPT jointly facilitated the 'Freedom from Violence' awareness campaign on December 23, with Department of Rural Development and Panchayat Raj, Women and Child Development Department and Department of Education, Government of Karnataka.

# FINANCIALS

## KARNATAKA HEALTH PROMOTION TRUST

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, 2023 (Rupees)	For the year ended 31st March, 2022 (Rupees)
<b>Opening Balance</b>	3		
- Cash on hand		94,370	95,251
- Cash at Bank		16,22,49,850	20,10,98,730
		<b>16,23,44,220</b>	<b>20,11,93,981</b>
<b>Add: Receipts</b>			
Grants Received	2	61,86,69,534	34,84,22,233
Exchange Difference		-	8,118
Interest Income	8	48,18,960	1,27,74,232
Other Income		26,935	7,840
Refund of Deposits		3,75,800	2,66,292
Refund of Income Tax		11,86,384	18,81,752
Donations Others		-	6,79,658
		<b>62,50,77,613</b>	<b>36,40,40,125</b>
<b>Totals</b>		<b>78,74,21,833</b>	<b>56,52,34,106</b>
<b>Payments</b>			
<b>Programme Expenses</b>			
- Other Programme Expenses		45,41,63,744	33,16,79,064
- Other Programme Expenses - Equipments		80,35,681	1,04,47,671
- Training and Capacity Building Expenses		1,80,85,992	75,35,110
<b>Administrative Expenses</b>			
Personnel Expenses		3,01,61,865	3,22,77,324
Administrative and other expenses		2,36,34,029	1,87,50,295
Rent Deposit		16,02,333	13,03,500
Refund of Grant Funds	11	3,40,195	8,96,922
<b>Total</b>		<b>53,60,23,839</b>	<b>40,28,89,886</b>
<b>Closing Balance</b>			
Cash on hand	3	42,037	94,370
Cash at Bank	3	25,13,55,959	16,22,49,850
		<b>25,13,97,996</b>	<b>16,23,44,220</b>
<b>Totals</b>		<b>78,74,21,833</b>	<b>56,52,34,106</b>

For Karnataka Health Promotion Trust

Mohan H L  
Chief Executive Officer

Place: Bangalore  
Date : 30-Oct-2023

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

Venugopal C  
Partner  
Membership No. 226247



# 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 31st March, 2023 (Rupees)	As at 31st March, 2022 (Rupees)
<b>I Sources of Funds</b>			
<b>1 Reserves</b>			
Corpus fund	1	10,000	10,000
General Reserve	2	18,01,99,153	17,29,66,950
Grant Received in Advance	3	11,30,74,257	5,82,77,760
<b>Total</b>		<b>29,32,83,410</b>	<b>23,12,54,709</b>
<b>II Application of Funds</b>			
<b>1 Current Assets, Loans and Advances</b>			
Cash and Bank Balances	4	25,13,97,996	16,23,44,220
Loans and advances	5	2,12,83,665	1,09,26,142
Grant Receivable	3	3,33,69,716	6,26,35,790
<b>Total</b>		<b>30,60,51,377</b>	<b>23,59,06,152</b>
<b>2 Less : Current liabilities and provisions</b>			
Current Liabilities	6	1,15,77,237	36,18,758
Provisions	7	11,90,730	10,32,685
<b>Total</b>		<b>1,27,67,967</b>	<b>46,51,443</b>
<b>Net current assets</b>		<b>29,32,83,410</b>	<b>23,12,54,709</b>
<b>Total</b>		<b>29,32,83,410</b>	<b>23,12,54,709</b>

For Karnataka Health Promotion Trust

Mohan H L  
Chief Executive Officer

Place: Bangalore  
Date : 30-Oct-2023

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

Venugopal C  
Partner  
Membership No. 226247



## 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, 2023 (Rupees)	For the year ended 31st March, 2022 (Rupees)
<b>Income</b>			
Grants Received - Utilized	3	53,58,07,751	40,43,57,137
Interest Income	8	87,86,433	80,33,832
Donations Others		-	6,79,658
Exchange Difference		-	8,118
Misc Income		26,935	7,840
<b>Total</b>		<b>54,46,21,119</b>	<b>41,30,86,585</b>
<b>Expenditure</b>			
Programme Expenses	9		
- Implementation Expenses		45,66,61,057	33,69,43,031
- Implementation Equipments		80,35,681	1,04,47,671
- Training and Capacity Building Expenses		1,80,85,992	75,35,110
<b>Administrative Expenses</b>			
- Personnel Expenses	10	3,01,61,865	3,19,40,502
- Administrative and other expenses	11	2,29,03,338	1,86,73,255
- Interest Earned-Refunded		15,40,983	3,95,113
<b>Total</b>		<b>53,73,88,916</b>	<b>40,59,34,682</b>
<b>Excess of Income over Expenditure transferred to General Reserve</b>		<b>72,32,203</b>	<b>71,51,903</b>

For Karnataka Health Promotion Trust



Mohan H L  
Chief Executive Officer



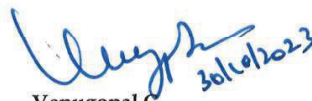
Nanjundappa G.M  
Director Finance

As per our audit report of even date attached

For R V K S And Associates

Chartered Accountants

Firm No. 008572S



Venugopal C

Partner

Membership No. 226247



Place: Bangalore

Date : 30-Oct-2023

## KARNATAKA HEALTH PROMOTION TRUST

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

	As at 31st March, 2023 (Rupees)	As at 31st March, 2022 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 1: Corpus Fund</b>		
Opening balance	10,000	10,000
	<b>10,000</b>	<b>10,000</b>
<b>Note 2: General Reserve</b>		
Opening balance	17,29,66,950	16,58,15,047
Add: Transferred from Income & Expenditure A/c	72,32,203	71,51,903
	<b>18,01,99,153</b>	<b>17,29,66,950</b>
<b>Note 3: Grant Received in Advance</b>		
Opening balance	-43,58,030	4,71,45,012
<b>Grants Received during the year</b>		
The Cooperative for Assistance and Relief Everywhere Inc. CARE	-	6,06,015
United States Agency for International Development-OVC	27,91,52,812	19,74,86,575
Global Alliance for Improve Nutririon	1,95,00,000	2,96,19,543
Medtronic Global Health Foundation	38,59,933	-
Wellspring Philanthropic Fund	80,51,750	59,28,795
DASRA	-	77,10,082
ACCESS Health International Inc	48,08,444	28,85,066
JSI Research & Training Institute Inc	8,29,65,323	46,29,350
UNOPS-Stop TB	-	39,65,333
Karnataka State Aids Prevention Society - KSAPS	91,33,295	95,79,698
India HIV/ AIDS Alliance	-	80,554
Azim Premji Philanthorphyic Initiative	3,46,79,000	-
CBCI Society for Medical Education	20,82,400	48,51,385
FIND India	2,46,06,490	3,29,87,423
Healthium Medtech Pvt Ltd	33,30,525	-
World Health Organisation	1,78,948	39,53,520
KALIKE	-	20,16,000
H T Parekh Foundation	5,36,28,000	2,88,09,428
District Health & Family Welfare Society, Koppal	-	10,85,922
Wipro Cares	62,54,742	16,67,952
Johnson & Johnson Private Limited	40,64,996	44,44,610
HCL Foundation	-	25,00,000
Bosch	-	35,87,100
Cherian Dominic & Annie Dominic	72,000	36,000
Ashraya Hastha Trust	1,27,45,876	-
Dept. Women & Child Development-GoK	6,25,00,000	-
Khorakiwala	50,00,000	-
KaiOS Technologies	9,55,000	-
National Health Systems Resource Centre (NHSRC)	11,00,000	-
	<b>61,43,11,504</b>	<b>39,55,75,363</b>



Add:

**Interest Earned Refunded**

H T Parekh Foundation	2,45,560	82,545
India HIV/ AIDS Alliance	-	17,287
FIND India	1,23,884	1,74,710
KSAPS-LWS Gadag	11,342	18,195
KSAPS-LWS Bagalkot	17,851	23,436
KSAPS-LWS Bijapur	14,823	20,825
KSAPS-LWS Belgaum	16,125	20,412
HCL Foundation	5,386	37,703
Azim Premji Philanthropic Initiative	10,16,115	-
Dept. Women & Child Development-GoK	89,897	-

<b>Gross Totals</b>	<b>15,40,983</b>	<b>3,95,113</b>
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Less:

**Refund of Grants Funds**

Karnataka State Aids Prevention Society - KSAPS	3,40,195	-
India HIV/ AIDS Alliance	-	8,96,922

<b>3,40,195</b>	<b>8,96,922</b>
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Exchange Differances Income transferred	-	8,118
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Grant Utilized transferred to Income & Expenditure Account	53,58,07,751	40,43,57,137
Grant Utilized transferred to Income & Expenditure Account - Dr	-	-49,33,671

<b>53,58,07,751</b>	<b>39,94,31,584</b>
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Grant Received in Advance	<b>7,97,04,541</b>	<b>-43,58,030</b>
---------------------------	--------------------	-------------------

Grant Payable	11,30,74,257	5,82,77,760
Grant Receivable	3,33,69,716	6,26,35,790

Total	<b>7,97,04,541</b>	<b>-43,58,030</b>
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## KARNATAKA HEALTH PROMOTION TRUST

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

	As at 31st March, 2023 (Rupees)	As at 31st March, 2022 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 4: Cash and bank balances</b>		
Cash in Hand	42,037	94,370
Balance with Scheduled Banks		
in savings accounts	16,11,84,963	16,20,78,850
in deposit accounts	9,01,70,996	1,71,000
	<u>25,13,97,996</u>	<u>16,23,44,220</u>
<b>Note 5: Loans and advances</b>		
Advances recoverable in cash or in kind or for value to be received	1,28,83,147	32,10,855
TDS receivable	22,85,490	28,26,792
Deposits	61,15,028	48,88,495
	<u>2,12,83,665</u>	<u>1,09,26,142</u>
<b>Note 6 : Current liabilities</b>		
TDS payable	21,53,332	18,34,855
Sundry creditors	19,04,399	8,09,655
Other liabilities	75,19,506	9,74,248
	<u>1,15,77,237</u>	<u>36,18,758</u>
<b>Note 7 : Provisions</b>		
Accruals - Payable	11,90,730	10,32,685
	<u>11,90,730</u>	<u>10,32,685</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, 2023 (Rupees)	For the year ended 31st March, 2022 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 8: Interest Income</b>		
From Savings Bank Accounts	34,06,051	51,68,969
From Fixed Deposits with Bank	53,50,826	27,14,325
Interest on IT Refund	29,556	1,50,538
	<u>87,86,433</u>	<u>80,33,832</u>
<b>Note 9 : Programme Expenses</b>		
Programme Implementation Expenses	45,66,61,057	33,69,43,031
Programme Implementation Equipments	80,35,681	1,04,47,671
Training and Capacity Building Expenses	1,80,85,992	75,35,110
	<u>48,27,82,730</u>	<u>35,49,25,812</u>
<b>Note 10 : Personnel Expenses</b>		
Salaries	2,95,37,601	3,13,63,970
Consultancy Charges	1,13,617	-
Recruitment Expenses	3,79,370	2,478
Ex-Gratia	-	5,00,000
Relocation Charges-Joining	20,292	4,550
Special Allowance	1,10,985	69,504
	<u>3,01,61,865</u>	<u>3,19,40,502</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, 2023 (Rupees)	For the year ended 31st March, 2022 (Rupees)
<b>Note 11 : Administrative and other expenses</b>		
<b>Communications</b>		
Courier Charges	1,70,009	1,24,394
Data Card Expenses	16,17,237	10,55,743
Internet Charges	2,26,276	3,05,747
Mobile Charges	8,74,880	6,36,958
Postage & Telegrams	1,170	2,003
Telephone Charges	1,54,860	1,82,995
Call Conferencing Charges	32,834	-
<b>Office Running Expenses</b>		
AMC for Equipments & Others	94,400	94,400
Bank Charges	28,308	28,358
Books & Periodicals	13,121	11,243
Computer Running Expenses	9,39,885	1,54,528
Electricity/Water /Maintenance Charges	12,96,299	10,17,367
Insurance - Assets	53,844	8,236
Insurance - Others	28,986	-
Office Repairs and Maintenance	26,19,304	15,87,875
Printing & Stationery	8,25,949	5,38,002
Rent-Office	96,97,888	84,97,325
Rent - Others	8,33,233	11,73,529
Software Expenses	9,49,213	6,27,642
Staff Welfare-Tea/coffee/meal	2,04,775	1,95,864
Brokerage Charges	1,16,820	-
Website Development & Maintenance	3,81,145	4,16,547
Registration Fees-Legal & Others	1,22,674	1,04,791
<b>Other Expenses</b>		
Interest Paid-Professional Tax	2,500	2,500
<b>Travel Expenses-Staff &amp; Consultants</b>		
Local Conveyance	44,455	60,422
Travel Expenses-National-Accommodation	50,922	24,097
Travel Expenses-National-Air tickets	71,620	34,072
Travel Expenses-National-Others	5,908	17,211
Travel Expenses-National-Perdiem	71,050	38,055
Travel Expenses-National-Train/Bus	26,807	5,821
<b>Vehicle Expenses</b>		
Vehicle-Insurance	-	26,473
Vehicle-Repair & Maintenance	53,458	63,489
Vehicle Fuel Expenses	4,34,248	3,44,476
Vehicle Hire Charges	43,168	4,21,319
<b>Professional Charges-Audit Fees</b>		
Audit Fees-FY-2021-22	-	4,74,950
Audit Fees-FY-2022-23	4,74,950	-
<b>Professional Charges</b>		
Professional Fees	3,41,142	3,96,823
<b>Total</b>	<b>2,29,03,338</b>	<b>1,86,73,255</b>



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