

**ANNUAL REPORT**  
**2023-24**

# ANNUAL REPORT 2023-24

## **KHPT**

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# Message from the CEO

It has been an eventful year at KHPT, one which has given us the opportunity to reflect on our past and think about our future. Karwaan was a celebration of 20 years of KHPT, from our beginnings in HIV to our expansion into four additional focus areas, working with a diverse set of partners, vulnerable communities and government stakeholders across the country. Our celebration in Bengaluru brought together old friends and associates, as well as our current governance and leadership, to reminisce about our experiences, and discuss our direction for the future.

We expanded our portfolio of our projects this year, building on what we know and taking our approaches to new geographies through new implementation partners. We received a grant from the Global Fund for IMPACT India, which enables us to expand our approaches to person-centred care to 14 states, in alignment with the National TB Elimination Programme, and with the expertise of three implementation partners. We also received four research grants from the Indian Council for Medical Research to create comprehensive packages to improve maternal and child health outcomes.

We formed exciting new partnerships with Johns Hopkins University, Manipal Academy of Higher Education and Co-Impact, among others, which serve as valuable knowledge exchange platforms, and we look forward to productive exchanges with them. Our goal of disseminating new knowledge and information was achieved through discussions around our approaches at both national and international forums. We are proud to have sent our largest contingent yet to the Union World Lung Health Conference in Paris, where we presented six abstracts.

Our learnings and successes this year are the result of the tireless efforts put in by our field teams, our programme teams, and support teams who come together to create a culture which facilitates learning, sharing experiences and expertise, and a strong sense of ownership. I thank them for their dedication and commitment.

**Mohan H L**

Chief Executive Officer, KHPT



## **OUR VISION**

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



## **OUR MISSION**

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



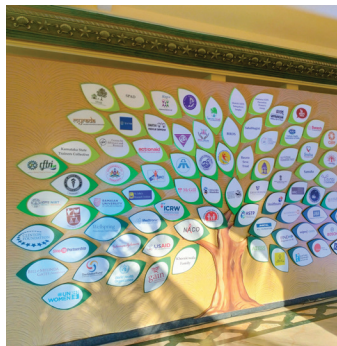
## **INTENDED IMPACT**

Strengthened health systems to  
achieve population-level impact.

# Organisational Highlights

## 01 |

KHPT celebrated twenty years of its inception in 2003 at an organisational event 'Karwaan' held from the April 18-20 in Bengaluru. The event witnessed the coming together of current and former staff, government officials, donors and partners of the KHPT. KHPT also celebrated every member's contribution to the organisation by acknowledging their efforts and by recounting KHPT's journey through various creative avenues like films, gallery walk and panel discussions. Karwaan was followed by regional celebrations at the district level in Karnataka, Telangana, Bihar and Assam.



## 02 |

Mr. Mohan HL, CEO participated in the Multi-stakeholder Hearings on Universal Health Coverage, Tuberculosis, and Pandemic Prevention, Preparedness, and Response at the United Nations Headquarters in New York on May 8 and 9. He made a statement at a high-level meeting at the United Nations headquarters in New York on the theme of "Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular, by ensuring equitable access to prevention, testing, treatment and care". The UN Secretariat granted special accreditation for KHPT to participate in the High-Level Meeting on the Fight Against TB on September 22.



### 03 |

KHPT received formal approval from the National Ethics Committee: Registry for Biomedical and Health Research (NECRBHR), Department of Health Research (DHR), Ministry of Health and Family Welfare, to establish and operationalize an Institutional Ethics Committee (IEC). The seven-member IEC is comprised of a chairperson and basic medical scientist from KIMS Medical College, a Member Secretary, social scientist and clinician from KHPT, a legal expert and a community representative.

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### 04 |

The CM of Karnataka launched one of Karnataka's flagship programmes, the 'Anaemia Muktha Poushtika Karnataka', which aims to address anaemia among all age groups and reduce malnutrition among children in the state through focused and strategically designed nutrition interventions. KHPT played a crucial role by contributing to the development of the AMPK guidelines.

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### 05 |

KHPT signed a Memorandum of Agreement (MoU) with the Prasanna School of Public Health (PSPH), Manipal Academy of Higher Education in September 2023 to collaborate on research, programme implementation, academic exchanges and advocacy. PSPH, with its academic rigour, state-of-the-art facilities, and strong data analytics team, will complement KHPT's programme science, expertise on community health and socio-cultural approaches to public health. KHPT has formed three working groups of engagement with MAHE, including Policy and Advocacy, Education and Learning and Data Science.

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### 06 |

An internal meeting was held on July 4 on to discuss the way forward and chalk out an operational roadmap for fresh Innovation Cell renewal period from 2023-2026. The Director- Programs & Strategy of KHPT will anchor this initiative, with the support of the KM unit.

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### 07 |

Dr. Rajendra P. Joshi, Deputy Director General, Central TB Division, visited the Mirle and Holalu Grama panchayats in the districts of Mysore and Mandya On November 24 to understand how Gram Panchayats are spearheading TB-related initiatives through the Grama Arogya programme. He spoke with representatives from the Departments of Health, Rural Development and Panchayat Raj, and Women and Child Development departments and appreciated the three departments' efforts to come together. He emphasized this convergence will be highlighted as a best practice at the national level.

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### 08 |

KHPT was invited to a module development workshop organized by National Institute of Rural Development and Panchayati Raj to develop a participatory module for the Aspirational Blocks Programme, focusing on 500 Blocks within 325 Aspirational Districts across the country.



# Adolescent Health



The Adolescent Health theme works with adolescent girls (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 engaging with their families, boys and community groups. The interventions focus on empowering them by building knowledge and skills to improve their dietary patterns and nutritional status, menstrual hygiene practices, and sexual health, as well as to address gender-based violence and improving their mental health.



## Thematic goal

Improved adolescent empowerment, well-being, and health outcomes by creating a supportive eco-system

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## Key Projects Implemented

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01

### Sphoorthi-Girl Leads Girl

Duration : 2022-2025  
Funder : Azim Premji Philanthropic Initiatives (APPI)  
Geography : Two blocks of Koppal district in Karnataka

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02

### Sphoorthi-Girl Leads Girl

Duration : 2022-2025  
Funder : Ashraya Hastha Trust  
Geography : Two blocks of Yadgir district in Karnataka

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03

### Sphoorthi-Girl Leads Girl

Duration : 2023-2026  
Funder : The Department of Women and Child Development, Government of Karnataka  
Geography : 11 blocks of five districts (Belgaum, Bagalkot, Vijayapura, Kalburgi, and Raichur) in northern and Kalyana Karnataka region in Karnataka.

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04

### Nutrition intervention

Duration : 2020-2024  
Funder : The HT Parekh Foundation (HTPF)  
Geography : Koppal district in Karnataka

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05

### Gender-Based Violence (GBV) research/ program initiatives

Duration : 2020-25  
Funder : Wellspring Philanthropic Fund  
Geography : Seven north Karnataka districts: Koppal, Yadgir, Belagavi, Bagalkote, Vijayapura, Kalburgi, and Raichur

## Key Thematic Highlights

**KHPT supports RDPR's initiative on Child Responsive Local Governance** as a resource NGO for a training organised by the Department of Rural Development and Panchayat Raj (RDPR) to capacitate Abdul Nazir Sab State Institute of Rural Development and Panchayat Raj master trainers who will work with the Gram Panchayats on child-related rights and safety. KHPT jointly developed content and trained the master trainers based on project Sphoorthi's experiences and Freedom From Violence Campaign.

**Dr Satyanarayana Ramanaiik, Thematic Lead, Adolescent Health, presented KHPT's gender-based violence prevention strategy at a UK conference** titled "What will it take to end gender-based violence? Rethinking pathways to preventing violence at scale", co-hosted by the UK Foreign, Commonwealth and Development Office, the Ford Foundation, and Wellspring Philanthropic Fund between November 6-8 in Sussex, England.

**Dr Maithreyi Ravikumar, Strategic Lead, Adolescent Health, was invited to share experiences at three events on adolescence and childhood, namely** the National Menstrual Hygiene Conclave held on November 23, the India Life Skills Conference held on November 30, and at the International Conference on 'Cultures of Childhood in Contemporary South Asia'. She discussed KHPT's approaches to life skills education, involving boys and men in issues of menstrual hygiene, and research method applied to issues of adolescence.

**Mr Mohan H L, CEO, KHPT talked about the Sphoorthi programme's efforts to mitigate child marriage at a meeting of the Karnataka State-level Committee for the Prevention of Child Marriage** chaired by Additional Chief Secretary and Development Commissioner, Smt. Shalini Rajneesh on October 26.

**Dr Satyanarayana Ramanaiik, Thematic Lead of Adolescent Health participated in a TED Talk event at Manipal Institute of Higher Education (MAHE) Bengaluru** on February 16. His talk was titled "Empowering Voices, Transforming Lives: Community-Led Solutions in Public Health Interventions".

## Our Reach

**1 1,23,202**

Adolescent Girls reached

**2 8,689**

Adolescent Girls' groups formed

**3 30,466**

parents of adolescent girls engaged through Sphoorthi

**4 1,14,145**

Adolescent Girls attended Life Skills Education sessions

**5 54,425**

Adolescent Girls reached with nutrition counselling and Behaviour Change Communication

**6 69,260**

Adolescent Girls received menstrual hygiene information/ counselling through outreach

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## CASE STORY

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Intimate Interactive Theatre helps 15-year-old Naina overcome her fears and gain support from her parents.

Naina\* is a 15-year-old girl from Kalagi village and panchayat, Muddebihal block, Vijayapura district. She belongs to a Scheduled Caste and is a Role Model Adolescent girl in the Sphoorthi program. Her parents were not supportive of sending her outside her home and were comfortable only sending her to school. Despite multiple efforts by the Community Organizer (CO) to convince her parents, Naina was never able to participate in any of the trainings like Intimate Interactive Theatre (IIT) or exposure visits; the only exception was the leadership



A representative photo of an IIT show

camp. Naina’s father is a politician and a farmer, while her mother is an elected representative. Despite her mother’s position, most of the responsibilities of the elected representative were performed by her father. The family believed that women in their family could be humiliated because of their caste identity.

Naina used to cry due to the lack of support and encouragement from her parents, but every new training opportunity sparked hope in her. The RMAGs who selected Naina to attend the IIT training came back and trained her as well. When Naina wanted to perform the IIT show in a nearby village, her parents did not allow it. However, when the chance came to perform in her village, Naina stood up for herself and said she would perform. That day, 2-3 shows were planned in the village. The first show went well and was organized for the Community Health Center (CHC) staff during their meeting. The second venue was at Agasi Katte, a common place for people of upper caste to meet in the village. When Naina learned about the next venue, she declined to join the show as she was afraid that she would be discriminated against.

The CO tried to convince Naina to perform at Agasi Katte by saying, “Don’t let caste become a barrier for you to perform. If you continue to believe that performing at Agasi Katte is not allowed for people of your caste, then the situation will never change. But if you overcome this today, many of your peers will look at you and not be afraid anymore.” It took some time for Naina to respond, but she eventually chose to face her fear and join the performing team. The team performed two shows on gender discrimination, the importance of education, and sports for adolescent girls. Later, Naina involved the audience in discussions. Participating in IIT not only created awareness of adolescent issues but also helped Naina think beyond her caste identity. This increased her confidence, and when she shared her experience with her parents and showed them the videos of the program, her father surprisingly appreciated her performance in the show.

He told Naina and the CO that he would send her to exposure visits and other training programmes in the future. The CO also reassured them that in the Sphoorthi programme, all girls are treated equally, and discrimination on any basis is not tolerated.

\*name changed to protect identity

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## QUOTES

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“

I am proud to be a Sphoorthi girl and very happy to be selected for the Leadership and Communication camp. I want to create many other Role Model Girls like me in my village.

**Bhagyalakshmi**, Role Model Girl

”



# Maternal Neonatal and Child Health



We work to improve the health of mothers and newborns and address their nutrition gaps. Our efforts support India's goal of achieving 'Good Health and Wellbeing' under Sustainable Development Goal 3 through impactful project implementation. We focus on creating innovative quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) care models including strengthening grassroots level community structures and building integrated technology RMNCHA solutions.



## Thematic goal

Improve overall health and wellbeing of mothers and children.

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## Key Projects Implemented

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### 01 Improving Early Childhood Care and Development through an integrated approach-a pilot intervention

Duration : 2022-2025  
Funder : Wipro Cares  
Geography : Tumakuru block, Tumakuru District, Karnataka

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### 02 Improving Early Childhood Development through a life cycle approach - a pilot intervention

Duration : 2022-2024  
Funder : Healthium Medtech  
Geography : Kunigal block, Tumakuru District, Karnataka

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### 03 Strengthening of Kangaroo Mother Care coverage among Low birth weight babies in identified facilities of Mumbai and Kolkata City

Duration : 2023-2025  
Funder : The Khorakiwala Family  
Geography : Mumbai and Kolkata

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### 04 Scaling up of fortification of edible oil, milk and wheat flour in select geographies of India

Duration : 2022- 2024  
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.

## Key Thematic Highlights

The RDPR and Health Department, Government of Karnataka, invited KHPT to draft an action plan on “Malnutrition and Anaemia” which was submitted to the NITI Aayog. The goal of the action plan is to achieve a Malnutrition and Anaemia Muktha Karnataka by addressing intergenerational causes of undernutrition through a life cycle approach.

KHPT was invited to participate in the meeting “Budgeting for Nutrition in Madhya Pradesh” to share insights on fortifying oil and wheat flour in social safety net programmes and the public distribution system,. The Rajya Niti Ayog ,in collaboration with UNICEF, organized the meeting at the MP State Policy & Planning Commission (MP Rajya Niti Ayog) in Bhopal on November 29.

Agnita R N, Strategic Lead, MNCH, presented KHPT’s innovative framework to engage with key stakeholders for food fortification policy implementation at the MNF 2023: Micronutrient Forum 6th Global Conference event held in The Hague, Netherlands, from October 16-20.

KHPT organized a National Level Learning and Sharing Workshop in Delhi on March 6 titled “Fortifying Futures: Learnings from Large Scale Staple Food Fortification,” to facilitate a knowledge exchange about food fortification with representatives from government and industries.

KHPT introduced Eligible Couples (EC) Day, which aims to raise awareness about Pre-Conception Care (PCC) among couples, families, and the community. PCC is vital for every woman, irrespective of pregnancy planning, as it involves adopting healthy habits and lifestyle choices to optimize health before conception. EC Day is held monthly and serves as a platform for educating couples about PCC, including screening for health, nutritional, and psychosocial risk factors, and offering counselling on its significance for promoting couples’ health and safe motherhood.

## Our Reach



**5,357**

Eligible Couples reached through Eligible Couple’s day and through distribution of Eligible Couple’s Card by FLWs during their home visits



**1,460**

low birth weight babies initiated on Kangaroo Mother Care in selected health facilities of Mumbai and Kolkata



**5,097**

Children under 3 years of age, reached through various health and nutrition support initiatives



**1,188**

women aged 15-34 years screened for anaemia in Tumakuru and Kunigal blocks

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## CASE STORY

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### Overcoming Barriers to Parenthood

Sheela and Ram\*, a married couple living in a small house in a village in Tumakuru, striving to make ends meet, faced a heartbreaking ordeal when their desire for parenthood remained unfulfilled even after 5 years of their marriage. Ram, a daily wage laborer, and Sheela, a homemaker, faced financial struggles and felt hurt by people's comments about their inability to conceive. Adding to their distress, Ram's occasional indulgence in alcohol changed into a daily habit. As their community's comments grew more pointed, Sheela's anguish deepened into depression, casting a shadow over their once hopeful union.

A community facilitator from KHPT learned about the couple's situation through an Anganwadi Worker and invited the couple to participate in Eligible Couples (EC) Day, a community health event organized by KHPT, where couples are sensitized about the important concept of pre-conception care (PCC), which is very important for the health of the newborn and the well-being of the mother.

During the event, Sheela and Ram underwent health screenings, attended educational sessions, and engaged in discussions with a Medical Officer (MO). The MO emphasized that fertility journeys vary for each individual and it's common for some couples to take longer to conceive. He also highlighted the potential impact of Ram's drinking on their fertility. Additionally, the MO said to Ram, 'If you drink like this, and something happens to you, who will be there to look after your wife'. The counselling sessions offered at the EC day to the couple provided them with comfort and support. Recognizing the need for change, Ram realized the detrimental effects of his drinking habit on their ability to conceive, motivating him to make positive changes.

They decided to seek assistance from a private hospital regarding their fertility concerns and to undergo treatment to address the issue. This support renewed hope for Sheela and Ram. Ram's alcohol consumption has decreased. They persist in their journey toward starting a family and deeply appreciate the invitation to the EC day event, which gave them a support network and optimism for the future.

\*name changed to protect identity



# 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. We work to design, develop, implement and evaluate CPHC models that address critical gaps in the coverage of affordable, accessible and quality primary healthcare services in urban areas. Our patient-centred continuum of care models focus on strengthening facilities, communities and the health systems for population-level impact.



## Thematic goal

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

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## Key Projects Implemented

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**01** **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)**

Duration : August 2021- September 2025  
Funder : Wipro Cares  
Geography : Singasandra Urban Primary Health Centre (UPHC), Bengaluru

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**02** **Strengthen capacity of selected UPHCs to deliver CPHC services**

Duration : September 2022- August 2025  
Funder : National Health System Resource Centre (NHSRC)  
Geography : Four UPHC areas - Bengaluru and Mysuru

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**03** **Developing an urban healthcare delivery model to ensure equitable access to Comprehensive Primary Healthcare (CPHC) in urban areas for vulnerable population**

Duration : October 2023- September 2024  
Funder : The HCL Foundation  
Geography : Gottigere UPHC area of Bengaluru

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**04** **Grama Arogya formerly known as Graama Panchayath Aarogya Amrutha Abhiyaana (GPAAA)**

Duration : August 2021 onwards  
Funder : United States Agency for International Development (USAID)  
Geography : 5957 Gram Panchayats of 31 districts in Karnataka

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**05** **The Arogya Sangama project, which involves building a sustainable model of convergence and community engagement through the Gram Panchayat Task Force (GPTF) for responsive primary care.**

Duration : May 2023- May 2025  
Funder : The Department of Rural Development and Panchayat Raj, Government of Karnataka  
Geography : Chamarajanagar (Kollegal) and Raichuru (Devadurga) districts

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**06** **Holistic Health and Community Development (HHCD) intervention in Vandse Gram Panchayat area, to conduct participatory action research and develop local interventions addressing the social determinants of health, in close collaboration with community stakeholders.**

Funder : The Department of Rural Development and Panchayat Raj, Government of Karnataka  
Geography : Udupi, Karnataka

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## Key Thematic Highlights

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Mr Mihar Kumar Singh, IAS, Additional Chief Secretary, Government of Bihar, visited the Department of Rural Development and Panchayat Raj (RDPR) of the Government of Karnataka on July 20, where Mr Mohan HL, CEO delivered a presentation on the Grama Arogya initiative. Mr Singh also visited and observed Grama Arogya health screening camps in Udupi district.

Ms. Uma Mahadevan, IAS, Additional Chief Secretary (Panchayat Raj), RDPR, Government of Karnataka, delivered a presentation on September 2 at the TB-Mukt Panchayat Initiative Regional Workshop organized by KHPT in Bengaluru in collaboration with the Central TB Division and USAID.

Dr. Venugopal, District Programme Officer for the Tamil Nadu NCD Program MTM (Makkalai Thedi Maruthuvam), which is a population-based NCD screening programme, reaching homes through women health volunteers (WHVs), and Dr. Shailaja, an NCD specialist, visited the Grama Arogya health camp in Doddaballapura on July 18 to gain insights into the functioning of Grama Arogya in rural areas.

KHPT supported the National Health Systems Resource Centre to facilitate Training of Trainers (ToT) sessions for Self-Help Groups, Gram Panchayat members and Jan Arogya Samiti (JAS) Members.

KHPT facilitated a session on leadership for 300 SC/ST women representatives from Gram Panchayats organized by the Abdul Nazir Sab State Institute of Rural Development (ANSSIRD).

Dr Swaroop N presented the challenges encountered during the implementation of NCD interventions in both urban and rural settings at the 33rd Annual Conference of the Karnataka Association of Community Health (KACH) organized by the Department of Community Medicine at Kempegowda Institute of Medical Sciences (KIMS) in Bengaluru

KHPT facilitated two in-house volunteering sessions for new employees of Wipro, as part of Wipro's induction programme, in July, during which participants worked on preparing IEC / BCC materials based on 7 case stories highlighting pertinent health issues.

KHPT, in collaboration with the District Ayushman Bharat Cell, supported the Health Department of the Government of Karnataka to organise a campaign in Bengaluru and Mysuru for the registering persons for Ayushman Bharat Health Accounts (ABHA) and Ayushman Bharat Arogya Karnataka (AB-ArK) cards.

KHPT was invited to the fifth-anniversary celebration of Shamanur Shivashankarappa Care Trust in Davanagere on March 7 to receive a memento for our work in the field of public health. KHPT is one of the 50 entities recognized, which included officers from educational institutions and district-level government officials.

A case study on the Grama Arogya model submitted by KHPT was published on the USAID Health Systems Strengthening Accelerator website and can be accessed [here](#)



## Our Reach



**18**  
Mahila Arogya Samiti (MAS)  
formed or restructured, and

**280**  
MAS members trained in March  
2023



**75**  
Child Health Ambassadors  
identified in Singasandra,  
Bengaluru



**3,567**  
people provided support to  
apply for an Ayushman Bharat  
insurance card in Bengaluru  
and Mysuru



**3,893**  
people reached with Behaviour  
Change Communication through  
projects in Bengaluru and Mysuru

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## CASE STORY

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### A Case Story on Pregnancy with Tuberculosis and Recovery from Associated Mental Health Challenges



#### The Community health worker meeting with Nalini

Nalini\* (29), a resident of Singasandra, Bengaluru, was pregnant and struggling with a lymph node infection caused by tuberculosis (TB) when KHPT's Community Health Worker (CHW) stepped in.

Over four months, the CHW provided crucial support and guidance, from advising a pregnancy test to advocating for essential government services and providing counselling support for mental well-being.

Through regular phone calls and home visits, the CHW ensured Nalini understood how to take her medication and the importance of completing treatment for her health and her baby's health. She also connected Nalini with local resources like the Mother and Child Protection Card and the Mathrupoorna scheme for additional nutritional support.

The CHW's ongoing guidance and Nalini's remarkable resilience, along with family support, led to her full recovery from TB and a healthy pregnancy. This story is a testament to the impactful role CHWs play in empowering mothers and babies in our communities.

\*name changed to protect identity



# 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 on stigma mitigation among vulnerable populations.



## Thematic goal

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

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## Key Projects Implemented

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### 01 **Breaking the Barriers (BTB) - A Community engagement initiative to accelerate TB elimination in India**

Duration : March 2020-March 2024  
Funder : The United States Agency for International Development (USAID)  
Geography : Assam, Bihar, Karnataka and Telangana

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### 02 **Joint Effort for Elimination of Tuberculosis (JEET 2.0) supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)**

Duration : July 2021 to March 2024  
Funder : The Global Fund to Fight AIDS, Tuberculosis and Malaria (FIND is the primary recipient)  
Geography : six districts in Karnataka - BBMP, Bengaluru Urban, Bengaluru Rural, Belagavi, Bagalkot and Vijayapura

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### 03 **Leadership for Triumph: Community-led and community rights focused TB Response**

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## Key Thematic Highlights

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Ms Isobel Coleman, Deputy Administrator, USAID, visited the Breaking the Barriers project site at Herohalli in Bengaluru Urban on June 10 and interacted with community stakeholders to learn how KHPT is implementing community structure engagement, behaviour change solutions, and Panchayati Raj Institution engagement in an effort to end TB. Dr. Alexandria Huerta, Deputy Mission Director, USAID/India, visited Hyderabad BTB sites on August 24 and Ms. Michelle Lang-Alli, Director of the Health Office at USAID/India, visited Sanathnagar, Telangana on September 5.

KHPT in collaboration with the Central TB Division, the Ministry of Panchayat Raj, and USAID organized three workshops in September in Bengaluru, Pune, and Lucknow respectively. The workshop brought together close to 100 participants representing Department of Panchayat Raj and State TB Offices from 21 states to focus on strengthening panchayats to fight TB.

A KHPT delegation presented six abstracts at the 2023 Union World Conference on Lung Health held in Paris from November 15-18. The oral and poster presentations focused on a range of findings from KHPT’s TB innovations and research, The presentations were made by Dr Karthikeyan K, Thematic Lead, TB; Dr Joseph Frances Munjattu, Strategic Lead, TB; Dr Rehana Begum, Project Lead, Breaking the Barriers (BTB); Mr Raghavendra T, Project Lead, Grama Arogya; Ms Shramana Majumder, Communications Specialist, BTB, and Dr Atreyee Sinha, M&E Specialist.

Dr. Shobha Anand Reddy, Director of Programmes and Strategy at KHPT, represented KHPT at the North-East TB Summit, in Shillong, Meghalaya, on November 7 and spoke about community engagement through collaboration, consultation, and communication. She also showcased the Gram Arogya’s initiative’s success in raising demand for health services through effective community engagement. Attendees at the event included Meghalaya’s Chief Minister, health ministers, government officials, and representatives from various organizations.

An article titled “A Mixed Methods Evaluation of a Differentiated Care Model Piloted for TB Care in South India” was published in the Journal of Public Health Research. It is available [here](#).

A peer reviewed publication titled “Self-driven solutions and resilience adapted by people with drug-resistant tuberculosis and their caregivers in Bengaluru and Hyderabad, India: a qualitative study” was published in the Lancet Regional Health-Southeast Asia. It is available [here](#).

## Our Reach



**22,883**  
household contacts (HHCs) of index patients put on TB Preventive Treatment



**98,144**  
people reached with Behaviour Change Communication through projects in Bengaluru and Mysuru



**12,171**  
successfully completed TB preventive treatment



**4,924**  
people identified with TB



**74,85,505**  
verbal screenings for TB conducted



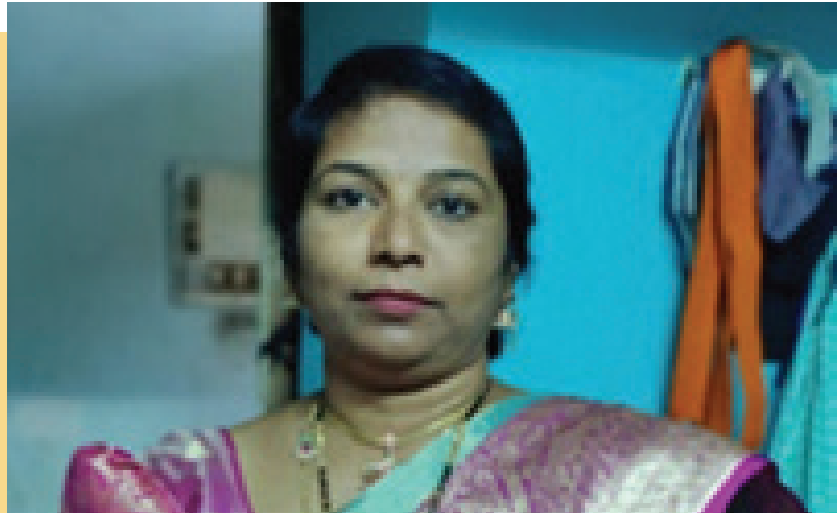
Out of **2,302** persons with TB whose treatment outcomes were declared from April 23 to December 23, **1,546** successfully completed their treatment (67%)

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## CASE STORY

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### Swapna: A Beacon of Hope in the Fight Against TB



In the heart of Hyderabad, Swapna, a community structure leader of Sri Brhmarambika Community structure, a Self-Help Group, has been at the forefront of the fight against TB since 2022.

Witnessing the hardships of those battling TB ignited a spark within Swapna. Her unwavering dedication has touched the lives of over 25 individuals. She fights battles on multiple fronts - malnutrition, treatment adherence, the stigma surrounding the disease, and even self-esteem. Each victory is a testament to her unwavering commitment. Swapna champions a person-centred approach. She spearheads large-scale screenings to identify TB in vulnerable populations. But her fight extends beyond diagnosis. She actively fights the stigma through TB awareness campaigns and tirelessly works with the National Tuberculosis Elimination Programme (NTEP).

“Supporting those with TB with proper nutrition and helping them overcome stigma has been incredibly fulfilling,” Swapna says. Her efforts have empowered people to speak openly about the disease, dismantling the walls of silence that once surrounded it. “The biggest achievement for me is seeing people talking about TB freely, expressing their views without fear,” she declares. Her journey has not been without hurdles. “There were times when people weren’t receptive,” she reveals. “But with patience and empathy, I was able to bridge the gap.”

Committed to a TB-free future, Swapna plans to continue collaborating with NTEP. Swapna’s message rings loud and clear: “There’s no reason for stigma. TB is treatable”. Inspired by her unwavering spirit, many are joining the fight, creating a ripple effect that promises a future free from TB.

# New Projects: FY 2023-24

## 01 HCL UDAY - Developing an urban healthcare delivery model to ensure equitable access to CPHC in urban areas for vulnerable populations

Duration : October 2023 - September 2024  
Funder : HCL Foundation  
Geography : Gottigere UPHC area of Bengaluru

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## 02 ICMR Research Projects

### A Multicentric NMR reduction Implementation Research, "Sankalp": Strengthening Program Implementation and Monitoring to Achieve Single-digit Neonatal Mortality

Duration : October 2023 - September 2024  
Funder : HCL Foundation  
Geography : Gottigere UPHC area of Bengaluru

### Strategies to improve Antenatal, Maternal, Parent and Neonatal Care- First 1000 days.

Duration : 5 years  
Geography : Chitradurga, Karnataka

### Optimized model of comprehensive intervention package and delivery strategies to reduce stillbirth using an exploratory sequential mixed-methods approach

Duration : 3 years  
Geography : Haveri, Karnataka

### Implementation Research on Immediate Kangaroo Mother Care (i-KMC)

Duration : 3 years  
Geography : Kolar, Karnataka

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## 03 Accelerated efforts to improve nutrition across the continuum of care through a convergence-based multi-sectoral approach

Duration : November 2023 - October 2026  
Funder : ITC  
Geography : Mysuru and Kolar districts of Karnataka

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## 04 Leadership for Triumph: Community led and community rights focused TB response

Duration : May 2023 to May 2024  
Funder : Stop TB Partnership  
Geography : Implemented in Bengaluru Urban, Karnataka and Kamrup district, Assam

**05****IMPACT India**

Duration : 2024-2027  
 Funder : Global Fund to Fight Aids, Tuberculosis and Malaria  
 Geography : 14 states and one UT (Assam, Karnataka, Bihar, Telangana, Punjab, Haryana, Uttar Pradesh, Uttarakhand, Himachal Pradesh, Delhi, Rajasthan, Madhya Pradesh, Gujarat, West Bengal and Chandigarh).

**06****Ambassadors of Change: Addressing Gendered Barriers to Adolescent Health through Role Model Girl-Leaders in Every Panchayat**

Duration : December 2023- October 2024  
 Funder : Co-Impact  
 Geography : Rural Karnataka, with pilot sites in Raichur, Chamarajanagar, and Udupi districts

# MoUs

- ◆ KHPT signed an MoU with the Prasanna School of Public Health, Manipal Academy of Higher Education (MAHE), Karnataka in September 2023 for five years, to collaborate on research, advocacy, programme implementation and academic exchanges.
- ◆ KHPT signed an MoU with the Department of Rural Development & Panchayat Raj for Arogya Sangama - a “three-way partnership of People, Providers and Panchayat for Health” under the state budget of Chamarajanagar and Raichur District in the state of Karnataka
- ◆ KHPT signed an MoU with HT Parekh Foundation in August 2023 to undertake the third-year nutrition intervention in the selected blocks of the Koppal district. The intervention aims to improve the nutrition status of children up to 36 months, adolescent girls (age 14-16), and pregnant and lactating women by addressing gender norms and developing sustaining nutrition-appropriate behaviors.
- ◆ KHPT signed an MoU with KaIOS CSR grant in March 2023 for implementing a nutrition intervention in the selected geography of the Yadgir district. The intervention will cover about 1000 adolescent girls by providing supplementary nutrition support, nutrition counseling, and referral to the public health systems.

# 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 31st March, 2024 (Rupees)	As at 31st March, 2023 (Rupees)
<b>I Sources of Funds</b>			
<b>1 Reserves</b>			
Corpus fund	1	10,000	10,000
General Reserve	2	18,54,04,893	18,01,99,153
Grant Received in Advance	3	11,14,60,720	11,30,74,257
<b>Total</b>		<b>29,68,75,613</b>	<b>29,32,83,410</b>
<b>II Application of Funds</b>			
<b>1 Current Assets, Loans and Advances</b>			
Cash and Bank Balances	4	25,44,00,777	25,13,97,996
Loans and advances	5	1,80,51,338	2,12,83,665
Grant Receivable	3	3,32,83,459	3,33,69,716
<b>Total</b>		<b>30,57,35,574</b>	<b>30,60,51,377</b>
<b>2 Less : Current liabilities and provisions</b>			
Current Liabilities	6	73,10,757	1,15,77,237
Provisions	7	15,49,204	11,90,730
<b>Total</b>		<b>88,59,961</b>	<b>1,27,67,967</b>
<b>Net current assets</b>		<b>29,68,75,613</b>	<b>29,32,83,410</b>
<b>Total</b>		<b>29,68,75,613</b>	<b>29,32,83,410</b>

For Karnataka Health Promotion Trust

  
Mohan H L  
Chief Executive Officer

Place: Bangalore  
Date : 27-Sep-2024



  
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. 0085725

  
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, 2024 (Rupees)	For the year ended 31st March, 2023 (Rupees)
<b>Income</b>			
Grants Received - Utilized	3	53,62,92,590	53,58,07,751
Interest Income	8	98,66,243	87,86,433
Exchange Difference		1,44,456	-
Misc Income		-	26,935
<b>Total</b>		<b>54,63,03,289</b>	<b>54,46,21,119</b>
<b>Expenditure</b>			
Programme Expenses	9		
- Grants to NGO's		44,31,555	-
- Implementation Expenses		45,32,54,334	45,66,61,057
- Implementation Equipments		67,23,104	80,35,681
- Training and Capacity Building Expenses		2,12,67,258	1,80,85,992
Administrative Expenses			
- Personnel Expenses	10	2,80,81,321	3,01,61,865
- Administrative and other expenses	11	2,57,19,044	2,29,03,338
- Interest Earned-Refunded		12,54,772	15,40,983
- Exchange Difference		3,66,161	-
<b>Total</b>		<b>54,10,97,549</b>	<b>53,73,88,916</b>
<b>Excess of Income over Expenditure transferred to General Reserve</b>		<b>52,05,740</b>	<b>72,32,203</b>

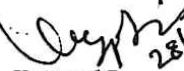

For Karnataka Health Promotion Trust

  
Mohan H.L.  
Chief Executive Officer

Place: Bangalore  
Date : 27-Sep-2024



  
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

	As at 31st March, 2024 (Rupees)	As at 31st March, 2023 (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	18,01,99,153	17,29,66,950
Add: Transferred from Income & Expenditure A/c	52,05,740	72,32,203
	<b>18,54,04,893</b>	<b>18,01,99,153</b>
<b>Note 3: Grant Received in Advance</b>		
Opening balance	7,97,04,541	-43,58,030
<b>Grants Received during the year</b>		
United States Agency for International Development-OVC	25,80,83,887	27,91,52,812
Global Alliance for Improve Nutrition	1,80,00,000	1,95,00,000
Medtronic Global Health Foundation	-	38,59,933
Wellspring Philanthropic Fund	81,93,000	80,51,750
ACCESS Health International Inc	-	48,08,444
JSI Research & Training Institute Inc	1,23,54,450	8,29,65,323
UNOPS-Stop TB	92,96,158	-
New Venture Fund	2,48,22,000	-
Bill & Melinda Gates Foundation	1,16,99,940	-
Karnataka State Aids Prevention Society - KSAPS	-	91,33,295
Azim Premji Philanthropic Initiative	3,72,34,000	3,46,79,000
CBCI Society for Medical Education	5,32,327	20,82,400
FIND India	3,16,80,373	2,46,06,490
Healthium Medtech Pvt Ltd	14,50,115	33,30,525
World Health Organisation	-	1,78,948
H T Parekh Foundation	2,28,70,000	5,36,28,000
Wipro Cares	83,97,709	62,54,742
Johnson & Johnson Private Limited	-	40,64,996
HCL Foundation	26,48,000	-
Cherian Dominic & Annie Dominic	36,000	72,000
Ashraya Hastha Trust	1,47,68,893	1,27,45,876
Dept. Women & Child Development-GoK	6,25,00,000	6,25,00,000
Khorakiwala	-	50,00,000
KaiOS Technologies	8,60,000	9,55,000
National Health Systems Resource Centre (NHSRC)	5,43,229	11,00,000
GoK-RDPR-Arogya Sangama	65,11,500	-
ITC Ltd	37,82,005	-
	<b>61,59,68,127</b>	<b>61,43,11,504</b>
<b>Add:</b>		
<b>Interest Earned Refunded</b>		
H T Parekh Foundation	-	2,45,560
FIND India	1,16,477	1,23,884



KSAPS-LWS Gadag	-	11,342
KSAPS-LWS Bagalkot	-	17,851
KSAPS-LWS Bijapur	-	14,823
KSAPS-LWS Belgaum	-	16,125
HCL Foundation	-	5,386
Azim Premji Philanthropic Initiative	4,84,155	10,16,115
Dept. Women & Child Development-GoK	6,54,140	89,897
<b>Gross Totals</b>	<b>12,54,772</b>	<b>15,40,983</b>
<b>Less:</b>		
<b>Refund of Grants Funds</b>		
Karnataka State Aids Prevention Society - KSAPS	17,16,142	3,40,195
Wipro Cares	7,87,395	-
Johnson & Johnson Private Limited	4,71,216	-
	<b>29,74,753</b>	<b>3,40,195</b>
Exchange Difference Income transferred	1,44,456	-
Exchange Difference Loss transferred	-3,66,161	-
Grant Utilized transferred to Income & Expenditure Account	53,62,92,590	53,58,07,751
	<b>53,60,70,885</b>	<b>53,58,07,751</b>
Grant Received in Advance	<b>7,81,77,261</b>	<b>7,97,04,541</b>
Grant Payable	11,14,60,720	11,30,74,257
Grant Receivable	3,32,83,459	3,33,69,716
<b>Total</b>	<b>7,81,77,261</b>	<b>7,97,04,541</b>



## KARNATAKA HEALTH PROMOTION TRUST

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

	As at 31st March, 2024 (Rupees)	As at 31st March, 2023 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 4: Cash and bank balances</b>		
Cash in Hand	12,508	42,037
<b>Balance with Scheduled Banks</b>		
in savings accounts	18,42,17,272	16,11,84,963
in deposit accounts	7,01,70,997	9,01,70,996
	<u>25,44,00,777</u>	<u>25,13,97,996</u>
<b>Note 5: Loans and advances</b>		
Advances recoverable in cash or in kind or for value to be received	83,96,488	1,28,83,147
TDS receivable	27,63,796	22,85,490
Deposits	68,91,054	61,15,028
	<u>1,80,51,338</u>	<u>2,12,83,665</u>
<b>Note 6 : Current liabilities</b>		
TDS payable	28,95,882	21,53,332
Sundry creditors	7,88,225	19,04,399
Other liabilities	36,26,650	75,19,506
	<u>73,10,757</u>	<u>1,15,77,237</u>
<b>Note 7 : Provisions</b>		
Accruals - Payable	15,49,204	11,90,730
	<u>15,49,204</u>	<u>11,90,730</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, 2024 (Rupees)	For the year ended 31st March, 2023 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 8: Interest Income</b>		
From Savings Bank Accounts	56,71,703	34,06,051
From Fixed Deposits with Bank	41,94,540	53,50,826
Interest on IT Refund	-	29,556
	<u>98,66,243</u>	<u>87,86,433</u>
<b>Note 9 : Programme Expenses</b>		
Grants to NGO's	44,31,555	-
Programme Implementation Expenses	45,32,54,334	45,66,61,057
Programme Implementation Equipments	67,23,104	80,35,681
Training and Capacity Building Expenses	2,12,67,258	1,80,85,992
	<u>48,56,76,251</u>	<u>48,27,82,730</u>
<b>Note 10 : Personnel Expenses</b>		
Salaries	2,80,73,821	2,95,37,601
Consultancy Charges	-	1,13,617
Recruitment Expenses	-	3,79,370
Relocation Charges-Joining	7,500	20,292
Special Allowance	-	1,10,985
	<u>2,80,81,321</u>	<u>3,01,61,865</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, 2024 (Rupees)	For the year ended 31st March, 2023 (Rupees)
<b>Note 11 : Administrative and other expenses</b>		
<b>Communications</b>		
Courier Charges	79,004	1,70,009
Data Card Expenses	15,31,520	16,17,237
Internet Charges	1,93,082	2,26,276
Mobile Charges	11,54,831	8,74,880
Postage & Telegrams	4,902	1,170
Telephone Charges	85,907	1,54,860
Call Conferencing Charges	-	32,834
<b>Office Running Expenses</b>		
AMC for Equipments & Others	1,13,516	94,400
Bank Charges	1,10,741	28,308
Books & Periodicals	44,987	13,121
Computer Running Expenses	4,87,603	9,39,885
Electricity/Water /Maintenance Charges	14,30,584	12,96,299
Insurance - Assets	68,446	53,844
Insurance - Others	30,369	28,986
Office Expenses	5,572	-
Office Repairs and Maintenance	32,13,650	26,19,304
Printing & Stationery	11,13,892	8,25,949
Rent-Office	1,06,38,800	96,97,888
Rent - Others	8,19,273	8,33,233
Software Expenses	15,93,006	9,49,213
Staff Welfare-Tea/coffee/meal	1,31,816	2,04,775
Brokerage Charges	-	1,16,820
Website Development & Maintenance	3,38,582	3,81,145
Registration Fees-Legal & Others	1,07,311	1,22,674
<b>Other Expenses</b>		
Interest Paid-Income Tax	40	-
Interest Paid-Professional Tax	-	2,500
Interest Paid-Others	3,055	-
<b>Travel Expenses-Staff &amp; Consultants</b>		
Local Conveyance	2,205	5,087
Travel Expenses-International	36,812	41,326
Travel Expenses-National-Accommodation	16,104	81,216
Travel Expenses-National-Air tickets	1,500	5,908
Travel Expenses-National-Others	4,710	46,045
Travel Expenses-National-Perdiem	14,470	42,339
Travel Expenses-National-Train/ Bus	19,180	9,473
<b>Vehicle Expenses</b>		
Vehicle-Repair & Maintenance	4,22,204	4,34,248
Vehicle Fuel Expenses	35,033	1,600
Vehicle Hire Charges	-	41,568
<b>Professional Charges-Audit Fees</b>		
Audit Fees-FY-2022-23	-	4,74,950
Audit Fees-FY-2023-24	4,74,950	-
<b>Professional Charges</b>		
Professional Fees	3,16,357	1,09,544
<b>Total</b>	<b>2,46,44,014</b>	<b>2,25,78,914</b>



# OUR DONORS AND PARTNERS





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**KHPT**

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