

INSTITUTIONAL UPDATE: COMPREHENSIVE PRIMARY HEALTH CARE

JANUARY-MARCH 2025

KHPT's approach to Comprehensive Primary Health Care

Comprehensive Primary Health Care (CPHC) is a holistic approach to health and well-being, which 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. KHPT's goal is to design, implement, and sustain need-based urban and rural CPHC models to achieve Universal Health Coverage in select cities and rural areas in India.

Government Engagement

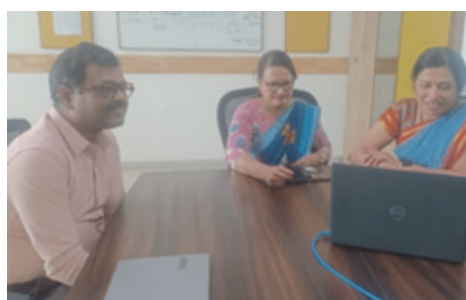
National Urban Health Mission launches an animation film on Mahila Arogya Samiti

The National Urban Health Mission (NUHM) recently launched an animated film titled "Mahila Arogya Samithi (MAS): Before and After Situation," which highlights various challenges faced by urban populations. KHPT developed the film in collaboration with NHSRC. Dr Sangeetha S. Kodakani, Deputy Director of NUHM in the Government of Karnataka (GoK), launched the film on January 10 at Arogya Soudha in Bengaluru and spoke virtually, highlighting the importance of MAS in urban settings. During the launch,

Dr Kodakani stated, "Each member of the Mahila Arogya Samithi is very important to us, just like Accredited Social Health Activists (ASHAs). Everyone is responsible

for taking good care of their environment and surroundings for a healthy life."

Dr Swaroop N, Thematic Lead, Comprehensive Primary Health Care (CPHC) and Ms Poornima B S, Deputy Director-Program, from KHPT, facilitated the event. The film can be accessed [here](#).



■ Dr Sangeetha S. Kodakani addressing participants virtually during launch with KHPT

MAS is a community structure formed by the Government of India to improve healthcare accessibility and awareness among women in urban areas. KHPT has been supporting the reactivation, strengthening, and empowering MAS members to address and resolve issues related to health and health determinants and contribute to public health through active participation.

Additional Chief Secretary and Development Commissioner of Panchayat Raj, GoK, reviews KHPT's ongoing projects at Vidhana Soudha, Bengaluru



■ Ms Uma Mahadevan, IAS, ACS and DC, GoK, chaired the meeting with KHPT, JHBSPH and MAHE

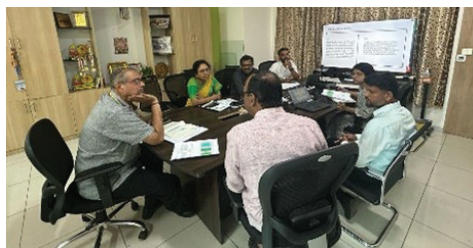
Mr Mohan HL, Chief Executive Officer (CEO) of KHPT, along with senior project staff from KHPT, representatives from Johns Hopkins Bloomberg School of Public Health (JHBSPH), Aruvu Collaborations and Manipal Academy of Higher Education

(MAHE), participated in a review meeting on January 29 at Vidhana Soudha, Bengaluru. The meeting was chaired by Ms Uma Mahadevan, IAS, Additional Chief Secretary (ACS) and Development Commissioner (DC), Government of Karnataka (GoK), Dr Arundhati Chandrasekhar, IAS, Commissioner of Karnataka Panchayat Raj Commissionerate (KPRC), Department of Rural Development and Panchayat Raj (RDPR), GoK, Dr C.H Vasundharadevi, Consultant for RDPR-Rashtriya Gram Swaraj Abhiyan, and Ms Shwetha from KPRC led discussion on projects in Chamarajanagar, Devadurga, and Vandse clusters. Key points included transitioning Gram Panchayats from welfare-based models to care-focused health frameworks, identifying palliative care needs, scaling up the "Ambassadors of Change" program to 13 districts and developing participatory solutions to address broader healthcare and social determinants.

As the following steps, the ACS and DC recommended key action points for

KHPT to implement initiatives: 1. Conduct district-specific health surveys to integrate core project data into the Panchatantra 2 (P2) system to address critical health issues. 2. Collaborate with Abdul Nazir Sab State Institute of Rural Development and Panchayat Raj (ANSSIRD&PR) to refine and implement a mapping system for project interventions. 3. Provide training for Arogya Sangama facilitators to ensure long-term execution of health initiatives. 4. Scale Girls Training Girls (GTG) initiative to 13 districts, integrating it into Makkala Grama Sabha and Mahila Sabha to enhance community engagement. 5. Roll out the Arogya Sangama framework in priority districts by scaling pilot health interventions to one rural primary Health Centre (PHC) in each of Karnataka's 31 districts. 6. Monitor progress and ensure insights from initial project areas are applied to other regions, and organise follow-up meetings with district and taluka-level department officials to provide updates and drive implementation.

KHPT meets state TB division officials to discuss TB-free ward criteria and study findings in Mysuru



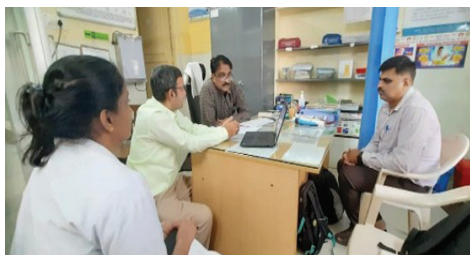
■ Representatives from KHPT and WHO are discussing with the State TB officer

The KHPT team met with Dr Anil S, State Tuberculosis (TB) Officer, GoK, along with Dr Nirmala, Senior Specialist, State Training and Demonstration Centre (STDC), GoK, and Dr Kiran, State World Health Organisation (WHO) Consultant, on March 21 in Mysuru to review and discuss the proposed TB-free ward criteria and findings, following up on discussions initiated in October 2024. During the meeting, findings collected from 65 wards across 21 Urban Primary Health Centres (UPHCs) in Mysuru City were presented. Additionally, the proposed TB-Free Ward framework

comprises 14 indicators, including six core indicators aligned with the TB Mukta Panchayat guidelines, which were developed through stakeholder consultations. As a next step, the findings and ward-wise data sheets will be submitted to the State TB Officer for review and further action.

KHPT conducts self-assessment of urban facilities on CPHC services in Mysuru

KHPT conducted an orientation on self-assessment of facilities based on the 12 CPHC service indicators during February and March 2025 in Mysuru, aimed to equip staff at UPHCs with the knowledge and



■ KHPT team is orienting staff at Vishweshwaranagara UPHC (left) and Saraswathipuram UPHC (right) on self-assessment of 12 CPHC services

tools for conducting self-assessments based on the 12 CPHC service indicators.

As of March, orientation has been completed across all 21 UPHCs. Out of these, 13 UPHCs have completed the self-assessment and submitted the reports. As the next step, KHPT will continue following up with Medical Officers (MOs) from the 7 pending UPHCs to facilitate the timely submission of self-assessment reports. Once all reports are received, they will be analysed to identify capacity gaps and areas requiring technical support. Based on these findings, targeted mentoring visits will be planned to strengthen service readiness and improve the overall delivery of CPHC services.



Community Engagement

KHPT conducts public engagement workshops to understand issues on health and well-being of adolescents in urban Mysuru

KHPT organised five engaging public workshops in Mysuru between January 11 and February 12 to explore issues related to the health and well-being of adolescents in vulnerable urban areas under the project “Ambassadors for Change,” supported by Prithviraj Productions. The workshops aimed



■ Team KHPT is having a group discussion with participants for the brainstorming activity

to identify ways to empower adolescents as key resources to engage with their ecosystem in these vulnerable urban geographies through a participatory process.

The workshop was conducted in two phases. The first phase involved stakeholders such as adolescent girls and boys (aged 11–19), parents of adolescents, teachers from government and private schools, healthcare professionals including Health Inspecting Officers (HIOs), Primary Health Care Officers (PHCOs), Anganwadi Workers (AWWs), and ASHAs, along with members of community structures like the Mahila Arogya Samiti (MAS) and the Urban Health Sanitation and Nutrition Committee (UHSNC). The second phase concentrated on specific groups within these stakeholders.

The workshops included group discussions and brainstorming activities, where participants shared their insights

and experiences regarding challenges adolescents face, such as mental health, education, social pressures, digital literacy and safety, substance abuse, and sexual and reproductive health. The goal was to identify these pressing issues and brainstorm and develop solutions to foster a supportive environment for adolescents. Using insights from the workshops, KHPT will develop a comprehensive implementation framework to enhance operational effectiveness. This framework will include a detailed implementation and training curriculum to equip members with the necessary knowledge and skills to perform their roles efficiently and effectively.

“Ambassadors for Change” is a project that will empower adolescents as local leaders and resources to advocate for their well-being and drive structural and normative change at the community and systems level in urban settings.

KHPT celebrates National Girl Child Day in Gottigere, Bengaluru

KHPT celebrated National Girl Child Day (NGCD) on January 25 in Gottigere, Bengaluru, to highlight the significance of celebration, including girl child rights, empowerment, and enhancing health and wellbeing of girls, while raising awareness and promoting gender equality at the community level. Participants included women and girls from the community, such as members of Mahila Arogya Samiti (MAS),

Peer Support Groups (PSG), Self-help Groups (SHGs), and their daughters, which created an intergenerational platform for engagement.

Various interactive and engaging activities were organised, including games, a talent show, poster-making, a fashion show, and a banner creation. These activities showcased the participants’ creativity, energy and helped strengthen the emotional connection and mutual understanding between mothers and daughters. A total of 43 participants attended

the celebration, making it a meaningful and memorable day.



■ Mother and daughter display the poster created during the celebration

KHPT article on Urban health systems approach to strengthening published in Express Healthcare magazine

KHPT article titled “Urban health systems need renewed attention, innovation, and action”, published in the Express Healthcare monthly edition of March 2025 magazine, was authored by Dr Swaroop N, Thematic Lead, CPHC from KHPT. The article

PUBLIC HEALTH

Urban health systems need renewed attention, innovation, and action

Dr N Swaroop, Thematic Lead, Comprehensive primary health care, Karnataka Health Promotion Trust (KHPT) highlights that cities offer advanced healthcare services but also expose deep inequities, particularly in informal settlements where marginalized groups reside.



Strengthening healthcare infrastructure and data-driven planning to address these diverse challenges is essential

Urban health systems are the backbone of any nation's healthcare infrastructure. They provide the first point of contact for millions of people, offering a range of services from primary care to specialized treatments. However, in many urban areas, particularly in informal settlements, these systems are often underfunded, understaffed, and lack the necessary infrastructure to provide quality care. This leads to a cycle of poor health outcomes and increased healthcare costs. To address these challenges, a renewed focus on urban health systems is essential. This involves not only increasing funding and staffing but also adopting innovative approaches to service delivery and data-driven planning. By leveraging technology and community participation, urban health systems can be transformed into more effective and equitable platforms for delivering healthcare. The goal is to ensure that every citizen, regardless of their socio-economic status, has access to high-quality, affordable healthcare services. This requires a multi-sectoral approach, involving government, private sector, and community organizations working together to create a sustainable and resilient urban health system.

■ The article published at Express healthcare Magazine

KHPT study on collection and utilization of health cess in rural Karnataka published in IJFMR

KHPT's study titled “Utilization of Health Cess from Local Self Governance to Support Community Health Initiatives in Rural Areas: An Explorative Study from Karnataka” was published in the International Journal for Multidisciplinary Research (IJFMR) and was authored by Dr Jyoti Koujageri, Manager-Communication, CPHC at KHPT. The study explored how Gram Panchayats (GPs) allocate health cess funds to support

observed challenges in urban healthcare system, highlighting inequities in informal settlements, infrastructure gaps, and the dual burden of communicable and non-communicable diseases. It also discussed KHPT's approach to strengthening healthcare access through systemic reforms, multi-sectoral strategies, and community participation. The article can be accessed on the [Express Healthcare Portal](#).

KHPT presents case study and Urban CPHC model at the GLC4HSR Annual Conclave 2025, New Delhi

Dr Manoj Kumar Pati, Knowledge Management Specialist at KHPT, presented a case study at the ACCESS Health International and the Global Learning



■ Team KHPT at the poster exhibition during the GLC4HSR Annual Conclave 2025.

Collaborative for Health Systems Resilience (GLC4HSR) 3rd Annual Conclave, which took place in person on 11-12 March at the Indian National Science Academy in New Delhi under the theme “Collaborative Learning to Coordinated Action.” A case study titled- From Urban Comprehensive Primary Health Care (CPHC) to Healthy Cities: A Multisectoral Model for Sustainable Health in Karnataka, highlighted the evolution of the Multisectoral Convergent Urban CPHC Model into a Healthy City Model aimed at achieving sustainable health outcomes and universal health coverage in Karnataka.

The poster focused on key gaps in urban health system governance, service delivery, and community participation, as well as the goals and objectives, approaches to developing a healthy city model to improve health determinants through a decentralized local governance system, key learnings from the model, and a way forward.

Dr Swaroop N, Thematic Lead of CPHC at KHPT, was the author, while Ms Poornima B S, Dr Parthana B S, Dr Jyoti Koujageri, Mr Vidyacharan Malve, Mr Praveen Kumar, Mr Krishna Prasad, Mr Zakia Begum, Mr Mohammad Shareef, Mr Arin Kar, Mr Mohan H L from KHPT are the co-authors of the article.

rural healthcare initiatives. The study was conducted in collaboration with the Department of Rural Development and Panchayat Raj (RDPR), which underscored the need for better financial governance and strategic investments in rural health.

Mr Raghavendra Thalinja, Ms Elizabeth Joy, Mr Liyakhat Peerjade, Ms Vrinda Manocha, Ms Chiteisri Devi, Dr Manoj Kumar Pati, Dr Rajaram Potty, Mr Arin Kar, Dr Mallika Tharakan, and Ms Mohan HL from KHPT are the co-authors of the article. The article can be accessed on the [IJFMR portal](#).

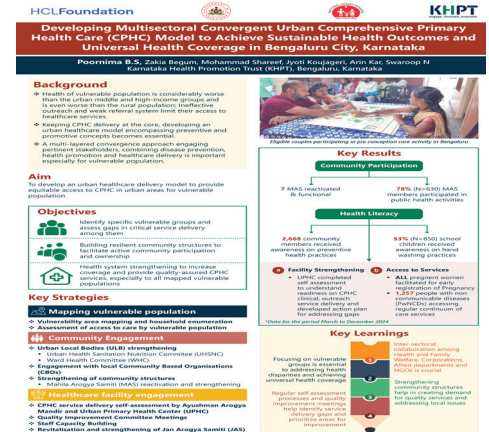


■ The article published at IJFMR journal

KHPT submits a poster on Urban CPHC Model at the Partnering for Change 2025 event in Noida, Uttara Pradesh

KHPT submitted a poster on Multi-Sectoral Urban CPHC Model at the Partnering for Change 2025 event, held from January 12-14 and hosted by the HCL Foundation in Noida, Uttar Pradesh. The poster, titled “Developing a Multisectoral Convergent Urban Comprehensive Primary Health Care (CPHC) Model to Achieve Sustainable Health Outcomes and Universal Health

Coverage in Bengaluru City, Karnataka,” focused on key strategies, results, and learnings. It highlighted KHPT's contribution to strengthening the health system in urban healthcare delivery and improving health outcomes, such as ensuring equitable access to CPHC for vulnerable populations in urban areas of Gottigere UPHC in Bengaluru. Ms Poornima BS, Deputy Director of Program, was the author and represented KHPT at the event. Ms Zakia Begum, Mr Mohammad Shreef, Dr Jyoti Koujageri, Mr Arin Kar, and Dr Swaroop N are the co-authors of the article.



■ The poster submitted at the event

Success Story

A person with a support system can recover through timely attention, consistent care, and a little humanity

KHPT has been working to strengthen community health systems in urban Karnataka by supporting the formation and strengthening of Urban Health Sanitation and Nutrition Committees (UHSNCs), which consist of 15-20

up. MO immediately deputed a health worker to visit Ramachandra's house. A health worker found Ramachandra lying in a dark, unhygienic room resembling a cattle shed. The surroundings were foul-smelling and unsanitary.

Ramachandra was sitting silently, with a dishevelled appearance and weak body, wearing soiled clothes. His brother, who lived with him, explained angrily

positively. His wound started healing, and his blood sugar level gradually reduced. The health worker encouraged him to start walking a little and regularly visit the UPHC for dressing and follow-up. The UPHC staff provided dressing, monitored his vitals, and continued his treatment with compassion and care when he visited. KHPT field staff also visited regularly and provided necessary information. Eventually, his sugar levels



■ Ramachandra's images before being bedridden and after recovery with KHPT staff

members. Through collective action, this committee addresses health-related issues and their social determinants at the Sub-Centre/Area level, ensuring the availability and accessibility of health and related services for the urban poor. This serves as an effective first-level convergence model between the community and public health service delivery institutions.

During a routine interaction, a trained UHSNC member identified a severely ill, bedridden man near their home. His name is Ramachandra (50 years old). They approached the Medical Officer (MO) of Kumbarakoppalu Urban Primary Health Centre (UPHC) and requested support for a health check-

that Ramachandra was an alcoholic, had stopped eating, developed a severe wound on his leg, and was unable to walk. His wife and children had left him, and his health had drastically deteriorated. Initial tests showed his blood sugar level was high at 367. A festering wound on his leg was covered in old cloth with bloodstains. The health worker documented the condition and consulted the MO, who immediately prescribed essential medication.

The health worker began follow-up visits every two days. Through consistent support and counselling on the importance of life and recovery, Ramachandra began responding

stabilised at 131, and his BP was 118/80. He started regaining strength and positivity.

Currently, Ramachandra is fully recovered. He expresses heartfelt thanks with a smile. Even his brother, who earlier responded with frustration and anger, now sees the change and is surprised by the transformation. This story highlights the profound impact of community support on an individual's recovery journey. The dedication of the health worker, combined with the resources and care provided by the UPHC staff, exemplifies how a supportive network can lead to significant improvements in health and well-being.

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