

# ANNUAL REPORT

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# 2024-25



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### **KHPT**

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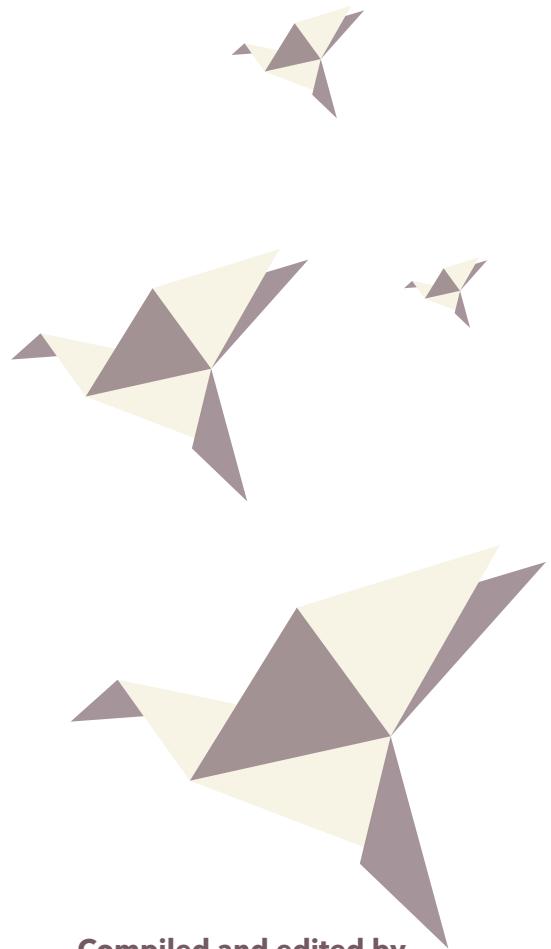
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### **Disclaimer**

The information contained in this annual report concerns the organization's performance and is based on management's views on the information available at the time of issue.

The photographs used in this report have been included after receiving the consent from the communities.



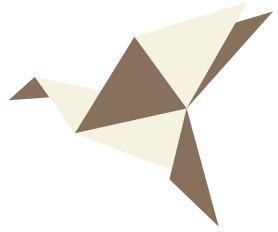
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# MESSAGE FROM THE CEO



The past year has been one of both challenge and learning for KHPT. The funding landscape has shifted significantly, with priorities and expectations changing rapidly across the development sector. This has not been an easy environment to navigate, and like many organisations working closely with communities, we have felt the strain. But it has also been a year that reminded us of our resilience and our ability to adapt without losing sight of who we are.

During this time, KHPT went through a deep strategy refresh that asked all of us to step out of our comfort zones, question familiar ways of working, and reimagine how we grow. This transition is still ongoing, but already it has pushed us to explore newer areas, build stronger partnerships, and strengthen our commitment to grounded, community-led solutions. Our teams have worked with remarkable dedication—whether strengthening Panchayat-led health systems, deepening our work on TB, maternal and child health, adolescents, and nutrition, or expanding our presence and voice at state and national levels. Their perseverance gives me great confidence in the road ahead.

Through everything, what anchors us is our belief in dignity, equity, and the power of community. As we step into a new year, we prepare to roll out our refreshed strategy and new thematic priorities, with a strong emphasis not only on innovating and implementing solutions but on shaping and strengthening the ecosystem around us. We move forward with renewed purpose, humility, and hope. I am deeply grateful to our partners, funders, champions, and community leaders for walking with us.

Until next year,  
**Mohan H L**  
CEO, KHPT



## OUR VISION

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



## OUR MISSION

Reduce inequities through evidence-driven approaches



## OUR INTENDED IMPACT

Strengthen health systems to achieve population-level impact

## Organisation Key Highlights



- ▶ KHPT's core team convened for a four-day residential workshop from May 26 to 29 in Kundapura to assess the overall performance of the thematic and functional units. The team collectively analysed the gaps and is working on strengthening the overall thematic strategy and roadmaps for the next five years.
- ▶ The Annual Participatory Program Reflection (APPR) 2024, a team-based review exercise, was conducted in April-May 2024. Themed "From the Grassroots Lens," the APPR engaged teams in reflections on community needs, grassroots collaborations, decentralised data use, and more. Site visits were conducted by a review team across four program sites in seven districts of Karnataka. The final and follow-up meeting in Bengaluru on May 2 discussed findings and developed an action plan.
- ▶ KHPT delegation, led by CEO Mr Mohan HL, presented six abstracts at the 2024 Union World Conference on Lung Health in Bali, Indonesia, between November 12-16. The presentations covered KHPT's TB innovations, including the Phone a Friend helpline, the Grama Arogya initiative, strategies to reduce stigma, empowerment programs for TB survivors and women's self-help groups in TB care, as well as treatment adherence and multisectoral collaboration.
- ▶ KHPT held a session on "Climate Change & Health: Challenges and Opportunities" on September 19. Ms Sahana Goswami from WRI India discussed climate challenges and mitigation strategies. Mr Kiran Bhagavatula from Dakshin Foundation addressed

community perceptions and solutions. Dr Aruna Bhattacharya from the Indian Institute for Human Settlements discussed the impacts on the health system and intersectional vulnerabilities.

- ▶ KHPT held a colloquium on June 10 titled: "Measuring Gender Inequality in India: Temporal and Spatial Patterns," led by Dr Abhishek Singh, Professor at IIPS Mumbai. Dr Singh discussed quantifying patriarchy through the India Patriarchy Index, spoke about gender inequality indices, and explained the conceptualisation of the patriarchy index based on a European model.
- ▶ Dr Maithreyi Ravikumar, Strategic Lead, Adolescent Health, was invited to conduct a Qualitative Analysis and Research Writing workshop for six researchers from the Kanaja research cell of Samvada, a Bengaluru-based NGO. The workshop held on July 4-5 supported researchers investigating the careers of female Baduku program alumnae. It included sessions on critical reading, data management, thematic analysis, and reflexive writing.
- ▶ Dr Mallika Tharakan, Core Team Member and Lead - Knowledge Management, received the Motwani Jadeja Impact Fellowship to strengthen the US-India corridor. She participated in the Dasra Philanthropic Forum, Co-Impact Partners Meet, and Goalkeepers 2024 event by Bill & Melinda Gates Foundation—networking with leaders to showcase KHPT's impact. Dr Mallika also engaged with global leaders during UN General Assembly Week in New York, gaining insights to support KHPT's global partnerships.
- ▶ Dr Manoj Kumar Pati, Knowledge Management Specialist, KHPT, was selected for the Climate Change Leadership Program focused on resilient cities. The program, by Sustera Foundation, Wipro Foundation, ASAR, and ATREE, aims to empower Bengaluru's citizen leaders to address urban hazards. This 10-week fellowship provides an understanding of urban climate risks and tools to address water scarcity, heat, flooding, and air pollution. Fellows will lead community initiatives for a sustainable Bengaluru.
- ▶ KHPT has established an office in New Delhi. Since April, operations in Delhi have commenced with support from The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The office will strengthen our presence, foster strategic partnerships at the central government level, and amplify our impact in the sector.



# MATERNAL NEO NATAL AND CHILD HEALTH (MNCH)



We work to improve the health of mothers and newborns and addressing their nutritional 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 the overall health and well-being of mothers and children.



## Key Projects Implemented

### ► **Improving Early Childhood Care and Development through an integrated approach**

- a pilot intervention in Tumakuru block, Karnataka project (2022-2025) funded by the Wipro Cares to improve early childhood care and development with a Lifecycle approach starting with the preconception period in Tumakuru block, Karnataka.

### ► **Improving Early Childhood Development through a life cycle approach**-a pilot intervention in Kunigal block, Karnataka project (2022-2024) funded by Healthium Medtech to improve early childhood care and development with a life cycle approach, starting with the preconception period in Kunigal block, Karnataka.

### ► KHPT, with support from 'Sunehra Kal' launched a three-year project (2023-2025) titled **"Accelerated Efforts to Improve Nutrition Across the Continuum of Care Through a Convergence-Based Multi-Sectoral Approach"** in Mysuru and Kolar districts of Karnataka. Covering all blocks in both districts, the project aims to enhance the nutritional status of women of reproductive age, adolescents, and children. Adopting a life-cycle approach, the initiative focuses on strengthening service delivery

through multi-sectoral convergence, ensuring coordinated and impactful nutrition interventions across health, education, and development sectors.

### ► **Strengthening of Kangaroo Mother Care coverage among Low-birth-weight babies in identified facilities** of Mumbai & Kolkata City project (2023-2025) funded by the Khorakiwala to strengthen Kangaroo Mother Care (KMC) coverage among low-birth-weight (LBW) babies in identified facilities and communities to reduce mortality and morbidity among LBW infants in Mumbai & Kolkata City.

### ► KHPT, in partnership with St. John's Research Institute (SJRI), launched the project, **"Sankalp: Strengthening Program Implementation and Monitoring to Achieve Single-Digit Neonatal Mortality,"** in Koppal district, Karnataka, supported by the Indian Council of Medical Research (ICMR) and funded by the Bill & Melinda Gates Foundation (BMGF). The initiative for 2 years (2024-2026) aims to reduce Neonatal Mortality Rate (NMR) to a single digit in high-NMR districts by developing and optimising an implementation model that delivers evidence-based care to pregnant women and newborns.

- ▶ KHPT, in collaboration with St. John's Research Institute (SJRI), is implementing the project titled "**Implementation Research on Immediate Kangaroo Mother Care (i-KMC)**," supported by the Department of Health Research - Indian Council of Medical Research (DHR-ICMR). This three-year (2024-2027) initiative is being carried out in selected health facilities in Kolar district, Karnataka. The project aims to strengthen health systems and improve newborn care practices through evidence-based interventions, with a specific focus on immediate Kangaroo Mother Care.
- ▶ KHPT, in partnership with St. John's Research Institute (SJRI), Bengaluru, and funded by the Department of Health Research - Indian Council of Medical Research (DHR-ICMR), is implementing a three-year project (2024-2027) titled "**Implementation Research to Develop an Optimised Model of Comprehensive Interventions and Delivery Strategies to Reduce Stillbirth**", for a period of three years (2024-2027) in Haveri district (Haveri, Savanur, and Ranebennur taluks), Karnataka. The project focuses on strengthening antepartum and intrapartum care, enhancing sentinel stillbirth surveillance, and developing a comprehensive prevention package.
- ▶ KHPT, with support from the Global Alliance for Improved Nutrition (GAIN), has launched a 20-month (2025-2026) project titled "**Scaling up of Fortification of Milk and Wheat Flour in Select Geographies of India**." The project is being implemented across **11** states-Punjab, Haryana, Madhya Pradesh, Gujarat, Himachal Pradesh, Uttar Pradesh, Ladakh, Jammu & Kashmir, the North Eastern states, Maharashtra, and Tamil Nadu
- ▶ KHPT is implementing a two-year project (2024-2026) titled "**Supporting India's Domestic Ecosystem for Provision of Fortified Oils with Sustainability and Quality Assurance**", funded by the Bill & Melinda Gates Foundation. The initiative aims to address malnutrition and anaemia by promoting large-scale edible oil fortification. The project is being rolled out across seven states: Madhya Pradesh, Gujarat, Uttar Pradesh, Karnataka, Andhra Pradesh, Rajasthan, and Tamil Nadu, focusing on strengthening quality assurance and sustainability in fortified oil supply chains.
- ▶ KHPT, with support from the Indian Council of Medical Research (ICMR), is implementing a five-year (2024-2029) research initiative titled "**First 1000 Days of Life: Implementation Research for a District Model of Care in Karnataka, India**" in Chitradurga district. This project focuses on comprehensive maternal care-from preconception to postpartum and aims to reduce neonatal mortality through targeted interventions for small and sick newborns, including those affected by preterm birth, low birth weight, birth asphyxia, and neonatal sepsis.
- ▶ KHPT, with support from Nutrition International, has initiated a one-year (2025-2026) project titled "**Provide Technical and Program Management Support to State Governments in Implementation of Double Fortified Salt (DFS) in Five States of India**", to strengthen the implementation of DFS by offering strategic technical and program management support to state governments. The project is implemented across Andhra Pradesh, Himachal Pradesh, Karnataka, Rajasthan, and Tamil Nadu and Haryana.

## Thematic Highlights: MNCH

- ▶ KHPT launched the Eligible Couples (EC) Card in its ECCD pilot project to promote pre-conception care and pregnancy planning. **430** ASHAs were trained to counsel newly married couples or those with one child. The events included Health, Women and Child Development, and RDPR departments, with Wipro Cares partners. Taluk Health Officials have institutionalised "EC Day" on the third Wednesday at the Ayushman Arogya Mandir (AAM) level.
- ▶ Under the ICMR-supported Immediate Kangaroo Mother Care (iKMC) project, guided by St. John's Medical College Hospital and KHPT, one of South India's first public Mother-Newborn Care Units (MNCU) was inaugurated on December 4 at SNR District Hospital, Kolar. Unlike traditional NICUs, the MNCU enables mothers and newborns to remain together, facilitating early Kangaroo Mother Care (KMC), breastfeeding, and maternal recovery. This integrated approach ensures better health outcomes for both mother and baby.
- ▶ KHPT conducted training sessions on Early Childhood Care and Development (ECCD) based on the Nurturing Care Framework (NCF) in Tumakuru and Kunigal. The sessions focused on enhancing knowledge and practices related to maternal psychosocial well-being and positive parenting among frontline workers (FLWs). A total of **1,326** FLWs were trained in batches over six months, with the goal of strengthening caregiving environments and promoting holistic development for children aged 0-2 years.
- ▶ KHPT experts joined discussions with ICMR under the Sankalp project to reduce Neonatal Mortality Rate (NMR) to single digits. The Sankalp Multi-Stakeholder meeting was held April 15-16, at ICMR Delhi to launch the project. A Training session was held in Chandigarh and Ambala from April 23-26, to equip scientists with skills for data analysis. A Sankalp-NHRP meeting on January 22 discussed findings to reduce NMR.
- ▶ On March 19, KHPT participated in the District Health Mission Review meeting chaired by Shri Vijaymahantesh B. Danammanavar, Deputy Commissioner of Haveri. Dr Prarthana B.S, Thematic Lead, Maternal Neonatal Child Health presented key findings from the SHRISTI project's first phase on reducing stillbirths in India. The presentation analysed antenatal and intranatal service delivery and facilitated discussions among stakeholders to identify gaps and improve maternal health outcomes.
- ▶ KHPT and GAIN signed a Memorandum of Understanding (MoU) with the Department of Food, Civil Supplies, and Consumer Affairs, Himachal Pradesh, to scale up wheat flour fortification across the state. This collaboration aims to strengthen initiatives, improve fortified wheat flour quality in social safety programs, and deliver nutrition impact for Himachal Pradesh's people.
- ▶ KHPT launched "Kandamma Nagali" (Let the Baby Smile) campaigns in Tumakuru to address issues affecting early childhood development. The campaign targets gender bias and stigma faced by women for giving birth to girls, raising awareness on gender determination and its impact on maternal well-being. The campaign began on June 21, 2024, through the Women and Child Protection Committee of Begur Gram Panchayat.

Panchayat, Kunigal block. As of March 2025, WCP Committees have conducted 35 campaigns.

- ▶ KHPT, with district health authorities, is enhancing Kangaroo Mother Care (KMC) systems in Thane district. Four high-load facilities: Ulhasnagar Central, Ulhasnagar Maternity, NMMC Navi Mumbai, and RGMC Kalwa-are equipped to sustain KMC wards and practices. A total of **924** healthcare workers were trained on KMC protocols to ensure facility and community KMC linkages, promoting care continuity for LBW newborns and improving outcomes.
- ▶ KHPT participated in the National Consultative Workshop on "Difficulties Encountered in the Implementation of Kangaroo Mother Care (KMC) in India," held on October 25 at St. John's Medical College Hospital, Bengaluru. Organised by the KMC Foundation India and the National Neonatology Forum (Karnataka Chapter), it addressed implementation challenges and explored strategies to strengthen KMC across facility and home settings. KHPT contributed field-based insights from both rural and urban contexts.
- ▶ KHPT organised Gram Panchayat-level anaemia screening campaigns in Mysuru for school children and women of reproductive age. The campaign covered anaemia, malnutrition, menstrual hygiene, WASH, and dietary diversification. Supported by Education, Health, and Women & Child Development Departments, the Government of Karnataka with local Gram Panchayats, the initiative combined awareness with action. **16,525** individuals were screened, and those with low haemoglobin were linked to Iron Folic Acid (IFA) supplementation programs with follow-up care.
- ▶ KHPT's exposure visit to Assam focused on ITC's health programs with Youth Invest Foundation and the State Women and Child Development (WCD) Department, December 12-13. The visit addressed early childhood development in the first **1,000** days and counseling-led effort to create malnutrition-free villages. Discussions focused on addressing undernutrition among 0-35-year-olds and expanding the effort to further blocks in Karnataka.
- ▶ KHPT participated in the Wipro Healthcare Partners' Forum 2025 (January 23-25, Hyderabad) as Wipro Cares' ECCD project partner in Tumakuru, sharing program insights. Dr Mallika Tharakan moderated a panel on equity and quality in public-private healthcare partnerships, and IEC materials for ECCD were showcased. The forum served as a platform for knowledge exchange and strengthening partnerships for advancing healthcare in India.
- ▶ KHPT-GAIN participated in the State Connect Program on strengthening food fortification in Pune. The event featured discussions on rice, edible oil, milk, and wheat flour fortification. Ms Mihika Wakhloo, Program Manager-Fortification, from KHPT, led a session on edible oil fortification, covering processes and guidelines for nutrition security. The event reinforced industry and development partners' commitment to advance public health through fortification.



## MNCH-Our Reach (2024-2025)



**5542** Eligible Couples reached through Eligible Couples' Day and through the distribution of Eligible Couples' Card by FLWs during their home visits



**2613** low birth weight babies initiated on KMC & neonates provided newborn services



**3097** Children under 3 years of age, reached through various health and nutrition support initiatives



**4795** Children aged between 6-9 years



**6493** Children aged between 10-15 years



**5022** Women aged between 16-34 years screened for anaemia in Mysore and Kolar districts, as well as Tumakuru and Kunigal blocks, Bangalore Urban

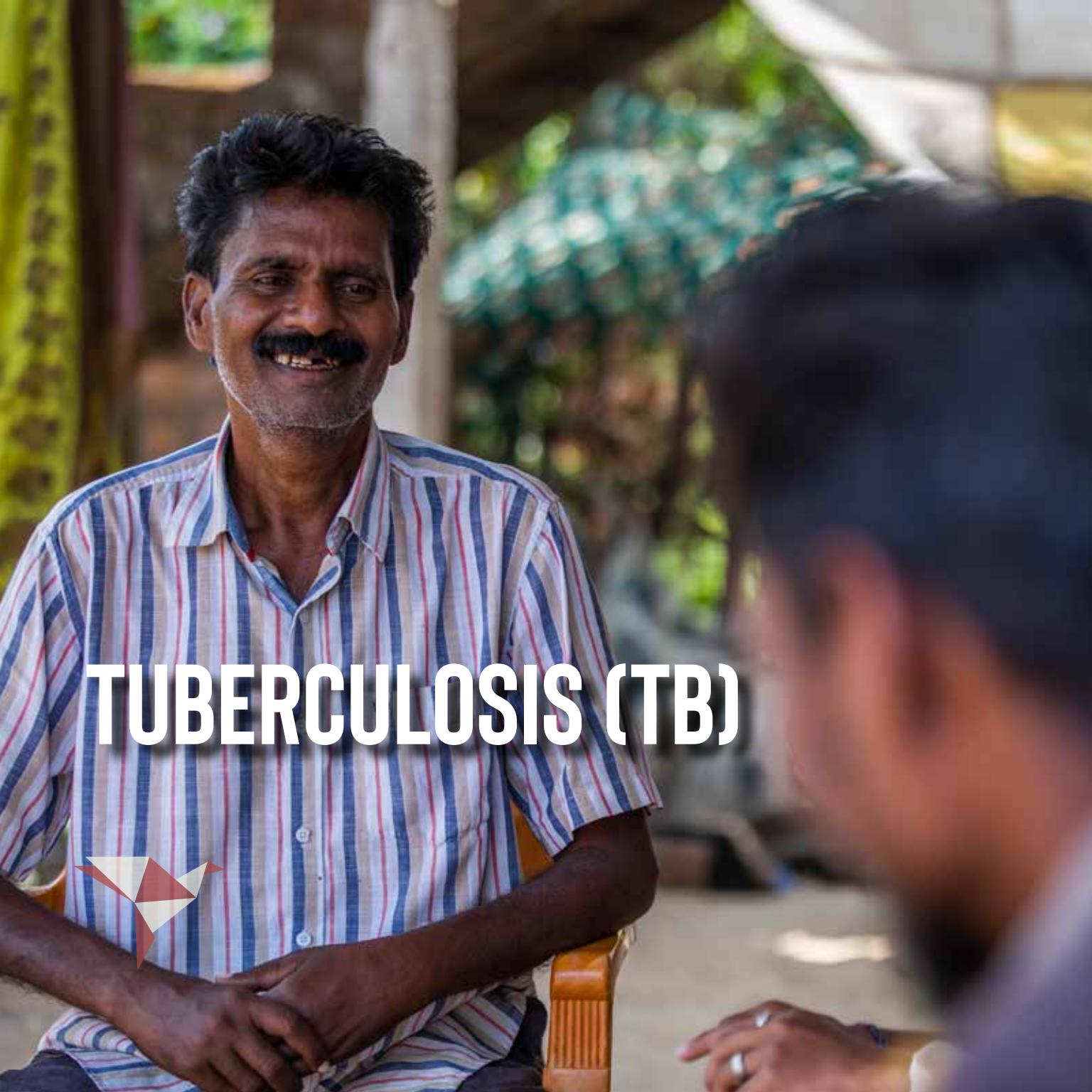
## Case Story-MNCH

### A Mother's Determination: How Kangaroo Mother Care Helped a Baby Thrive

On June 6, 2024, our Peer Educator visited Radhika's (name changed) home and found her newborn was weak with a LBW of **1,270** grams. Anxious, Radhika and her family feared for the baby's survival. The Peer Educator consulted with the ASHA worker and arranged the hospitalization for baby at evening. She explained to Radhika, the importance of KMC and exclusive breastfeeding for weight gain.

Radhika immediately began practising KMC. By June 11-five days later-the baby's weight increased to **1,370** grams, and the baby was discharged from the hospital. During a follow-up visit on June 21, Radhika reported feeling less stressed, as her baby now weighed **1,600** grams. Despite a family wedding, Radhika remained committed to increasing KMC hours. By June 28, the baby weighed **1,800** grams, and by July 4, reached **2,000** grams-gaining **800** grams in under a month.

Radhika expressed gratitude: "Madam, because of your support, my baby is healthy today. Without your guidance, it wouldn't have been possible to manage my baby's health with the family busy with the wedding and house filled with guests." Radhika's journey shows the power of determination and effective healthcare practices, such as KMC and breastfeeding, in transforming challenging situations.



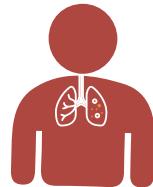
# TUBERCULOSIS (TB)



We collaborate with the **National Tuberculosis Elimination Programme (NTEP)** to develop community-based, person centric models to improve health-seeking behaviour, healthcare access, TB detection along with treatment outcomes, and stigma reduction among vulnerable populations.

### Thematic goal

To achieve "Ending TB as a public health challenge in India" by 2030 (ending TB as a public health challenge means, **80%** decline in the number of people who develop TB annually per **100,000** population, **90%** decline in the number of people who die from TB annually, compared to 2015, based on End TB strategy)



## Key Projects Implemented

- ▶ **"Breaking the Barriers (BTB)"** is a five-year project (March, 2020 - March, 2025) supported by USAID. BTB has developed innovative behaviour change models to combat tuberculosis among vulnerable populations across Assam, Bihar, Karnataka and Telangana. The project last year explored four new components in Karnataka and Assam: addressing social determinants of TB; providing technical assistance to the Government of Karnataka; packaging and disseminating behaviour change models; and demonstrating TB-free ward development.
- ▶ **The Integrated Measures for Prevention and Care in TB (IMPACT) India project**, supported by The Global Fund, is a three-year project (April, 2024 - March, 2027) to develop and scale a decentralised model for enhancing TB case detection, notification, and treatment outcomes. The project implements Champion Engagement initiatives across 14 states and one Union Territory (UT), supports TB Mukt Grama Panchayat activities in 13 states, and provides technical assistance to CTD for Direct Benefit Transfer (DBT) and Pradhan Mantri TB Mukt Bharat Abhiyan (PMTB MBA) activities nationwide. The project also focuses on building NTEP frontline staff capacity for counselling persons with Drug-Resistant TB.

## TB Thematic Highlights

- ▶ KHPT received a Certificate of Appreciation from the Hon'ble Chief Executive Member, Shri Pramod Boro, during the 4th-year celebrations of BTR on December 15, in recognition of its efforts in promoting multi-sectoral convergence, behaviour change approaches, and empowering Village Council Development Committees (VCDCs) for better health outcomes in the Bodoland Territorial Region, Assam.
- ▶ Between 22-28 January 2025, a Global Fund delegation visited IMPACT India project sites in Telangana and Karnataka to review TB

program progress and engage stakeholders. In Hyderabad, they observed field activities with TB Alert India (TBAI), while in Mysuru they visited Ayushman Arogya Mandirs (AAMs), interacted with TB Champions, and joined Panchayat meetings to understand local governance support. The team also discussed technical assistance for the Pradhan Mantri TB Mukt Bharat Abhiyan (PMTBMBA) and Direct Benefit Transfers (DBT) with IMPACT India. The visit concluded at the KHPT office in Bengaluru with progress reviews and meetings with State NTEP teams.

- ▶ On December 27, 2024, Dr. Raghuram Rao, ADG (TB), led a delegation to Gangoli and Vandse Gram Panchayats, Karnataka to review Grama Arogya and Samagra Arogya initiatives. At Gangoli, they observed a health camp screening 54 people and noted strong Gram Panchayat Task Force engagement. In Vandse, they met the Cluster Task Force and reviewed survey findings highlighting palliative care needs. The visit showcased these models as effective, replicable approaches for rural health development.
- ▶ KHPT-supported state-level Training for District Nodal Officers (Panchayati Raj) under the Global Fund's IMPACT India Project was held March 17-18 in Hyderabad. Through NTEP and the Department of Panchayati Raj collaboration, District Panchayat Officers participated in a TB-free Telangana Experts led sessions on TB Mukt Gram Panchayat certification, TB basics, monitoring mechanisms, and PMTBMBBA initiatives. A field visit to the State TB Demonstration Centre provided exposure to TB services. Participants are committed to enhancing TB efforts with District Collectors toward a TB-free Telangana.
- ▶ KHPT supported documentation of the 100-Day TB Elimination Campaign across 11 states under the IMPACT India project and led the campaign in 10 states and one Union Territory. The effort included videography and photography for impact booklets and was carried out with CTD's Advocacy, Communication, and Social Mobilisation team to highlight voices from Panchayati Raj Institutions and TB Champions.
- ▶ KHPT presented Grama Arogya's impact and innovations during National Librarian Day celebrations hosted by Karnataka's Department of Rural Development and Panchayat Raj in Bengaluru on August 12. The event included a health screening camp with Bengaluru Urban Primary Healthcare Centre - NCD Clinic, Yelahanka. Chief Minister Shri Siddaramaiah and Deputy Chief Minister Shri D.K. Shivakumar attended. Dr Arundhati Chandrasekar, Commissioner of Panchayati Raj, Government of Karnataka (GoK), discussed the initiative's impact with our team.
- ▶ The Chairman and 13 members of the 16th Finance Commission visited a Grama Arogya health camp in Jalige Grama Panchayat, Bengaluru Rural, on August 30. Ms Uma Mahadevan, IAS, Additional Chief Secretary of Rural Development and Panchayat Raj, provided an overview of the Grama Arogya programme. Commission members Mr Manoj Pandiyan and Mrs Sudha expressed satisfaction with the program's accessibility and preventive health focus. Government officials, including Finance Secretary, the Additional Secretary, GoK, and local health representatives attended, highlighting health screenings.



## TB-Our Reach (2024-2025)



Total no of Gram Panchayat members trained in TB Mukti Panchayat (BTB GA+ BTC + IMPACT India) = **1,37,507**



Total no of PwTBs supported by Ni-Kshay Mitra (IMPACT India) = **12,06,800** (cumulative no.)



Total no of PwTBs received all NPY benefits (IMPACT India) = **13,71,989**



Total no of PwTBs benefitted from adherence support activities (BTB) = **20,959**



Total no of TB Champions trained in Family care giver model (IMPACT India) = **11,589**



Total no of NTEP staff trained in Counselling and Adherence (IMPACT India) = **3,498**



# ADOLESCENT HEALTH (AH)



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, boys and community groups. The interventions focus on empowering adolescents by building knowledge and skills for improving their dietary patterns and nutritional status, menstrual hygiene practices, and sexual health, as well as addressing gender-based violence and improving their mental health.

### Thematic goal

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

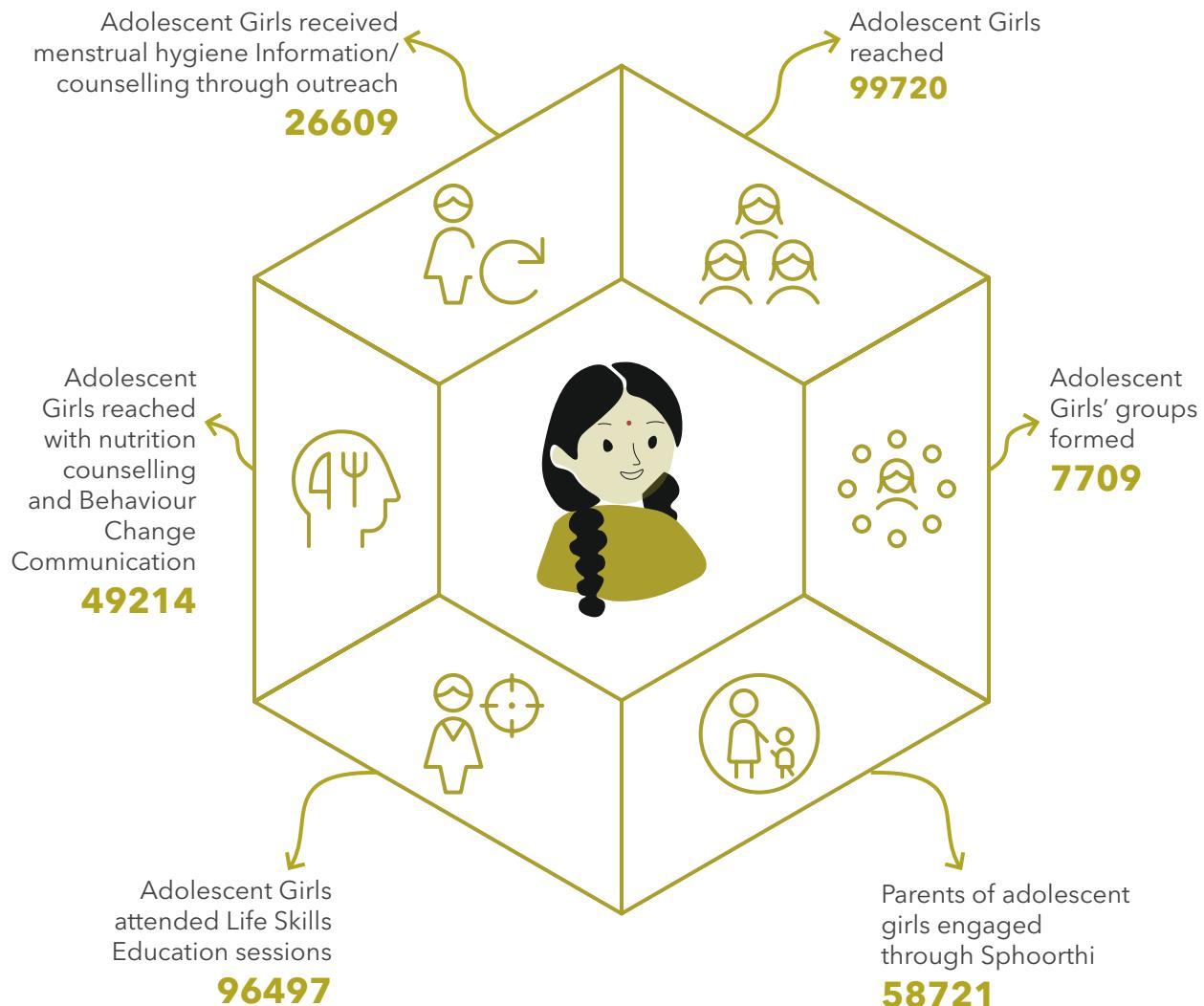


## Key Projects Implemented

- ▶ **Sphoorthi: Girl Leads Girl (2022-2025)**, funded by Azim Premji Foundation (APF) to address child marriage, school dropout, and malnutrition issues among adolescent girls in two blocks of Koppal district in Karnataka state.
- ▶ **Sphoorthi: Girl Leads Girl (2022-2025)**, funded by Ashraya Hasta Trust to address child marriage, school dropout, and malnutrition issues among adolescent girls in two blocks of Yadgir district in Karnataka state.
- ▶ **Sphoorthi: Girl Leads Girl (2023-December 2024)**, funded by the Department of Women and Child, Government of Karnataka to address child marriage, school dropout, and malnutrition issues among adolescent girls in 11 blocks of five districts (Belagavi, Bagalkot, Vijayapura, Kalaburagi, and Raichur) in northern Karnataka and Kalyana Karnataka.
- ▶ **The Gender-Based Violence (GBV) Learning Intervention (2021-2028)**, supported by the Wellspring Philanthropic Fund, aims to deepen understanding of GBV among adolescent girls and young women in northeast Karnataka. The program takes a learning-oriented approach to inform effective responses to GBV by generating robust evidence. Over the years, it has supported multiple research studies, evaluations, and pilot interventions to explore the drivers and consequences of GBV, assess the effectiveness of community-based strategies, and test innovative approaches for prevention. The insights from this initiative are being used to build a context-specific GBV prevention toolkit to strengthen community through engaging policy.

## Thematic Highlights AH

- ▶ KHPT launched a #PeriodFriendlyVillage campaign on Menstrual Hygiene Day (May 28) to create a supportive environment for women and break menstruation taboos. The campaign included rallies, theatre shows, dialogues between girls and community members, and interactions with officials across seven Northern Karnataka districts. It reached 10,000 community members, including adolescent girls, families, frontline workers, and officials.
- ▶ The second State Monitoring Committee meeting for the Sphoorthi project was held on September 5, chaired by Dr Shamla Iqbal, IAS, Secretary, Department of Women and Child Development. Committee members met with Sphoorthi girls and field staffs. Adolescent girls performed an Interactive Intimate Theatre show on teenage pregnancy. Mr Mohan HL, CEO, KHPT, Dr Satyanarayana Ramanaik, Thematic Lead, Adolescent Health and Dr Maithreyi Ravikumar, Strategic Lead, Adolescent Health attended the meeting.
- ▶ Dr Satyanarayana Ramanaik, Thematic Lead, Adolescent Health and Dr Maithreyi Ravikumar, Strategic Lead, Adolescent Health, from the Adolescent Health team participated in a two-day workshop organised by the Azim Premji Foundation. At the workshop, they played a key role in developing a facilitator's certificate course for frontline workers who will be working with adolescents.
- ▶ KHPT's Adolescent Health team participated in the three-day international Asia-Pacific Conference on Adolescent Mental Health, organised by Manipal Academy of Higher Education (MAHE) from November 28 to 30. During the conference, KHPT set up a stall to showcase community-centric approaches to adolescent mental health, participated in a panel discussion, and conducted a workshop.
- ▶ KHPT conducted regional consultations with Civil Society Organisations (CSOs) to develop a strategy for improving adolescent girls' and young women's health through a lifecycle approach. The workshops gathered CSO insights on challenges faced by girls and young women. The aim was to redefine adolescent health efforts, establish a vision to empower them, and develop them as 'Ambassadors of Change' who would engage with local governments to enhance peer health outcomes.
- ▶ KHPT's entry features in the list of winning images of The Lancet Highlights 2024 photo competition. A photograph of an adolescent girl from the Sphoorthi project in Belagavi district, taken by Mr Balasubramanya KV, Consultant at KHPT, was listed among the 30 winning images in the Lancet Highlights 2024: diverse insights and perspectives on health stories photography competition.



## Case Story: Fight for the truth

In September 2024, 22-year-old Ratnamma\*, a B. A graduate from Koppal district emerged after completing her interview for a government job under Group C category, confident of her performance. Her hopes were dashed when asked to pay a bribe of rupees five lakhs for the position. The department called her to Bengaluru to meet higher officials. She visited with her father and cousin. During discussions, the official demanded a bribe through her cousin on behalf of his senior.

Her parents were confused, but Ratnamma refused to pay and challenged this by filing a Right to Information (RTI) application. Her parents supported her after learning about RTI benefits. The shock of the bribe demand and the weight of official authority prompted Ratnamma to file RTI. Ratnamma researched RTI online and sought help from a lawyer friend to understand procedures before filing in February, 2025. She requested marks for herself and other candidates who applied for the same job to determine her next steps.

Reflecting on the Sphoorthi project, Ratnamma noted that girls were traditionally not allowed to question authority and were restricted at home. This changed when she became a Peer Girl. Through Life Skills Education training and project activities, she transformed into a strong young woman. “**50%** of the actions were inspired by the Sphoorthi project. During LSE sessions, I learned about RTI and Right to Education (RTE),” says Ratnamma. Today, she serves as a Resource Girl supporting the program and community girls.

Through the Sphoorthi project, which empowers rural adolescent girls to overcome gendered and social barriers to their health and development, several girls, like Ratnamma, are standing up for their rights and expressing the choices that will enable them to lead productive lives. The RTI cell responded to her application, and she is now exploring options for her next course of action.

**\*name changed to protect the identity.**





## Quotes

“

The livelihood training sessions gave me the courage and skills to pursue my dream of becoming a driver. Today, I proudly prove that women are equal to men and can excel in any field.

**Huligemma**, Adolescent girl,  
Koppal district.

The Sphoorti project gave me the courage to speak up. I now understand the harmful effects of child marriage and the value of education in a girl's life.

**Nagaratna**, Adolescent Girl,  
Kalaburagi district.

”



A photograph showing a group of people, mostly women, gathered around a table for a health clinic. The table is covered with a red cloth and holds various medical supplies, including boxes of medicine and syringes. In the foreground, a woman in a blue sari is writing in a notebook. Behind her, a woman in a white coat and a pink sari are engaged in conversation. The background is decorated with pink and purple curtains. The text 'COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)' is overlaid in large, white, sans-serif letters across the center of the image.

# COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)



## Comprehensive Primary Health Care (CPHC)

(CPHC) is a holistic approach to health and well-being that encompasses a range of services and programs which are accessible, equitable, culturally appropriate and effective are delivering in partnership by an interdisciplinary team.

## 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

- ▶ **Implementing the 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)** at Singasandra UPHC, in Bengaluru city, Karnataka, India, funded by Wipro Cares for the period August 2021-September 2025.
- ▶ **Strengthen the capacity of UPHCs to deliver CPHC services** in Singhasandra and Roopena Agrahara in Bengaluru, and Kumbarakoppalu, and Vishwesharanagara in Mysuru, to develop an urban CPHC model that provides comparative implementation and research insights. The project also aims to operationalise the CPHC-Innovation Learning Centres (CPHC-ILC) for poor and vulnerable populations. Funded by the National Health System Resource Centre (NHSRC), for the period September 2022 - August 2025.
- ▶ **Developing an urban healthcare delivery model to ensure equitable access to Comprehensive Primary Healthcare (CPHC) in urban areas for vulnerable populations** in the Gottigere UPHC area of Bengaluru involves adopting an Implementation research approach. Funded by HCL Foundation for the period October 2023 - September 2024.
- ▶ **Strengthening CPHC systems to improve RMNCH+A outcomes for vulnerable populations in the urban areas** of Kumbarakoppalu and Vishweshwaranagara in Mysuru City. Funded by the Health Systems Transformation Platform (HSTP) and supported by the Infosys Foundation for the period April 2024 - November 2027.
- ▶ **Demonstrating the development of Tuberculosis (TB)-resilient wards in Mysuru city**, by strengthening community systems and generating demand for comprehensive TB prevention and care. The project aims to address TB, holistically by integrating responses to related health issues such as non-communicable diseases (NCDs), mental health, and other social determinants, also strengthening Urban Local Bodies (ULBs). This project is funded by the United States Agency for International Development (USAID) for the period April 2024- March 2025.
- ▶ **Implementing adolescent-led initiatives** in Kumbarakoppalu, Chamundipuram and Vishweshwarnagar in Mysuru City to address the unique and complex challenges faced by adolescents in urban areas. The objective is to enhance the health and well-being of adolescents by empowering them as key resources to

engage with health systems in vulnerable urban geographies as Ambassadors of change. Funded by Prithviraj Productions for the period April, 2024 - March, 2027.

- ▶ **The Arogya Sangama project** in collaboration with John Hopkins University, involves building a sustainable model of convergence and community engagement through the Gram Panchayat Task Force (GPTF) for responsive primary care in Chamarajanagar (Kollegal) and Raichuru (Devadurga) districts, is funded by the Department of Rural Development and Panchayat Raj, Government of Karnataka, for the period May, 2023 to May, 2025.
- ▶ **Technical Support to Government of Karnataka for integrating and implementing**

**the TB-Free Gram Panchayats** within the ambit of SDG localisation by actively engaging Gram Panchayats (GPs) in promoting health and wellbeing to ensure the health of rural vulnerable communities across 31 districts of Karnataka, funded by the United States Agency for International Development (USAID) for the period April, 2024 - March, 2025.

- ▶ **A Holistic Health and Community Development (HHCD) intervention, "Samagra Arogya"** in Vandse Gram Panchayat area, Udupi, Karnataka, in collaboration with Aruvu Collaboratory, to conduct participatory action research and develop local interventions addressing the social determinants of health, in close collaboration with community stakeholders. Funded by Prithviraj Productions for the period April, 2023 - March, 2026.

## Thematic Highlights: CPHC

- ▶ The National Health Systems Resource Centre (NHSRC) has published capacity-building manuals co-developed with KHPT for Gram Panchayat representatives and Self-Help Group (SHG) members to advance local health initiatives. Each set includes a facilitator and participant manual. The 'Panchayati Raj Members and Health' manuals enable Gram Panchayat members to participate in health program implementation, emphasizing health equity. The participant's manual is available [\[here\]](#), and the facilitator's manual is available [\[here\]](#). The 'Self-Help Groups in Community Action on Health' manuals prepare SHGs to act as health catalysts in communities. The participant's manual can be accessed [\[here\]](#), and the facilitator's manual is available [\[here\]](#).
- ▶ KHPT conducted a virtual orientation for 21 Medical Officers from Urban Primary Health Centres (UPHCs). The session covered the Comprehensive Primary Health Care (CPHC) self-assessment toolkit for UPHCs and Namma Clinics to deliver 12 CPHC services. Dr Sangeetha, State Nodal Officer, chaired the session, with Dr Swaroop N, Thematic Lead, CPHC and Dr Prarthana B.S, Thematic Lead, MNCH, from KHPT, facilitating. KHPT later conducted in-person orientations at all 21 UPHCs in Mysuru. Fourteen UPHCs submitted self-assessments, with follow-ups ongoing for the remaining seven. The reports will identify capacity gaps to plan targeted mentoring visits.
- ▶ The National Urban Health Mission (NUHM) launched an animation film "Mahila Arogya Samiti



(MAS): Before and After Situation" on urban population challenges developed by KHPT. Dr Sangeetha S. Kodakani, Deputy Director - NUHM, Karnataka, launched it on January 10 at Arogya Soudha, Bengaluru. She emphasised: "Each MAS member is important, like ASHA. Everyone is responsible for maintaining their environment for health." The film can be accessed [here](#).

- ▶ An article titled "Urban Health Systems Need Renewed Attention, Innovation, and Action" by Dr Swaroop N., was published in the Express Healthcare March 2025 edition. The article examines urban healthcare challenges, including inequities, infrastructure gaps, and disease burdens. It discusses KHPT's approach to improving healthcare access through reforms, strategies, and community engagement. The article is available on Express Healthcare Portal.
- ▶ Dr Manoj Kumar Pati, Knowledge Management Lead, KHPT presented a case study at the GLC4HSR 3rd Annual Conclave, held at the Indian National Science Academy, New Delhi, on March 11-12, 2025. The case study, "From Urban

Comprehensive Primary Health Care to Healthy Cities: A Multisectoral Model for Sustainable Health in Karnataka", demonstrated KHPT's evolution from CPHC to a Healthy City Model, highlighting how sustainable health outcomes can be achieved through local governance, multisectoral coordination, and community interventions.

- ▶ A team from the Manipal Academy of Higher Education (MAHE) evaluated the Grama Arogya programme across Davangere, Mandya, Koppal, and Bagalkote districts. This Department of Rural Development and Panchayat Raj (RDPR) evaluation assessed the programme's process, reach, and impact while identifying sustainability strategies. The Grama Arogya team coordinated with Zilla Panchayats for support. Data collection is complete, and MAHE has shared the evaluation report.
- ▶ Dr Swaroop N, KHPT and Dr Shalini Singh, Senior Researcher, Johns Hopkins Bloomberg School of Public Health, presented "Arogya Sangama - A Sustainable Model of Collaborative Governance

for Primary Health Care in Karnataka" at the JHU meeting in New Delhi on November 18. The presentation focused on research findings to optimize Gram Panchayat Task Forces. The research team includes Mr Mohan H. L., Dr Swaroop N., MrArin Kar, Ms Ambuja Kowlgi, research Lead, KHPT, Mr Vidyacharan Malave, Ms Poornima B. S. from KHPT, and Ms Uma Mahadevan, IAS (Development Commissioner, Department of Rural Development and Panchayat Raj, Karnataka Government).

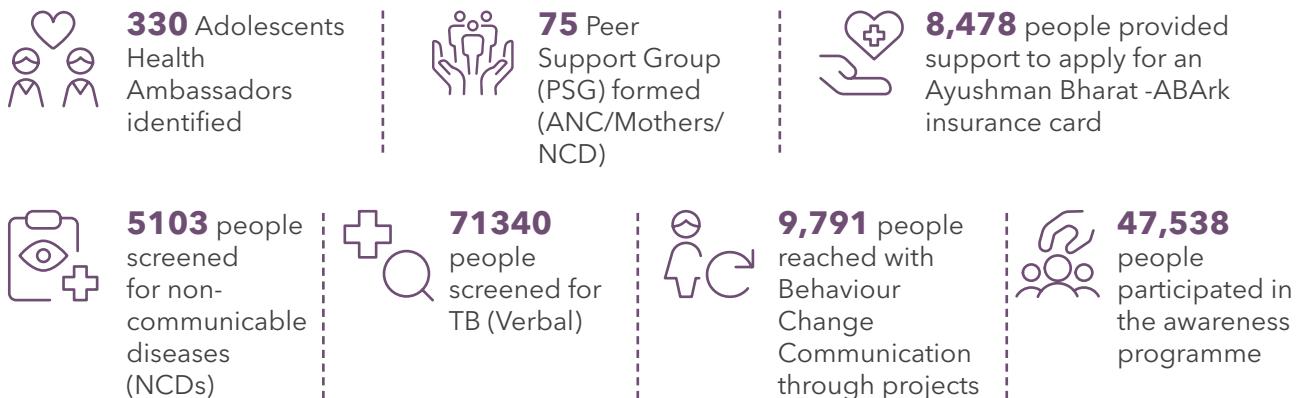
- ▶ KHPT's study "Utilization of Health Cess from Local Self-Governance to Support Community Health Initiatives in Rural Areas: An Explorative Study from Karnataka" was published in IJFMR. Authored by Dr Jyoti Koujageri, Manager - Communication at KHPT, the research examined how Gram Panchayats allocate health cess funds for rural healthcare. The study, conducted with

the RDPR Department, highlighted the need for improved financial governance in rural health. The article can be accessed on the [IJFMR](#) portal.

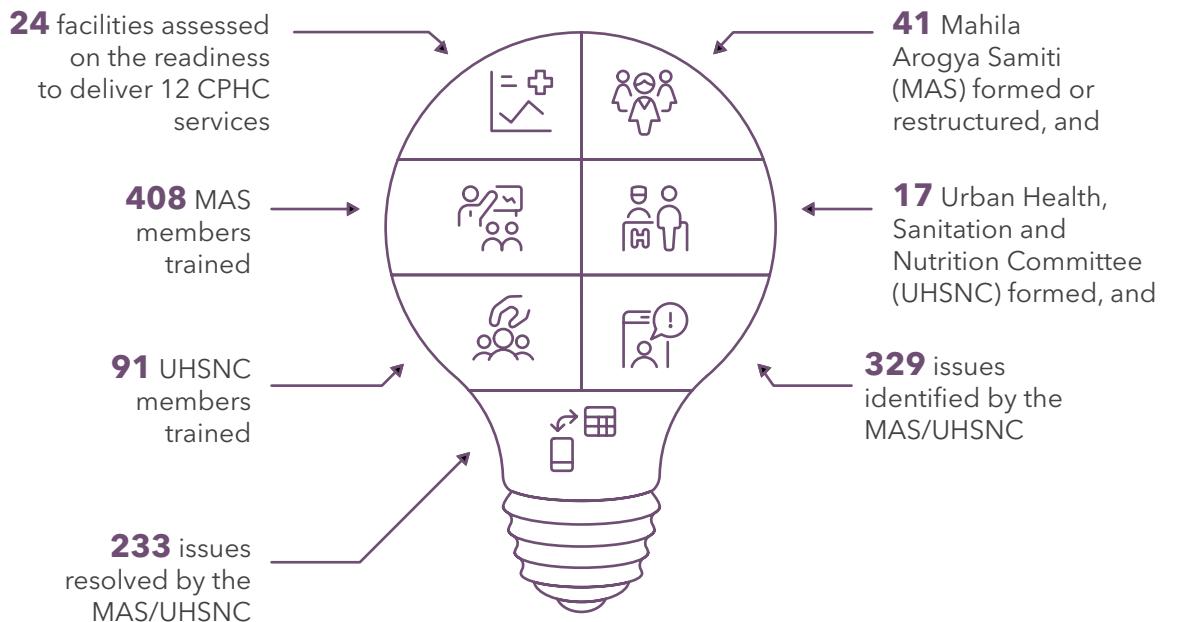
- ▶ KHPT co-authored a study with Johns Hopkins University, presented by Dr Shalini Singh, Senior Researcher, Johns Hopkins Bloomberg School of Public Health, at the EPHP conference titled "Negotiating Community, Gram Panchayat, and Health Provider Dynamics to Leverage Local Governance for Primary Health Care," shared early insights from the Arogya Sangama project in Karnataka. It highlighted efforts to strengthen local governance and community health initiatives at Health and Wellness Centres through Gram Panchayat Task Forces formed during COVID-19. Co-authors included Dr Swaroop N, and Dr Ambuja Kowlgi from KHPT, and Ms Uma Mahadevan, Development Commissioner, RDPR, GoK.

## CPHC : Our Reach (2024-2025)

### Community ownership and participation



## Health system strengthening



## Health care delivery and continuum of care services



# Case Story: Transforming Health and Sanitation

## A Success Story of a Mahila Arogya Samiti (MAS) in Bengaluru

Virat Nagar, in southern Bengaluru near Bommanahalli, Lake City, and Roopena Agrahara, has two Mahila Arogya Samiti (MAS) groups, each comprising **17** women, selected from a population of **2,500**. These groups address community health, nutrition, and sanitation challenges. Through training from Urban Primary Health Centre (UPHC) and KHPT, they act on drainage, mosquito control, garbage management, and organize health camps. The MAS identified problems such as improper drainage, which leads to mosquito breeding and increased disease risk; poor garbage segregation; and the need for drinking water storage at Namma Clinic. They noted elderly residents couldn't access non-communicable disease (NCD) testing and Ayushman Bharat Health Account (ABHA) registration.

The MAS held monthly meetings at Namma Clinic and coordinated via WhatsApp. They conducted awareness drives, met BBMP officials, and worked with healthcare professionals. With UPHC and KHPT staff, they engaged the community to clean areas, fix drainage, address mosquito issues, organize health camps, and improve waste management during March-August 2024.

Despite neighbors' skepticism who teased them for "doing time pass" and "not having work", the MAS members persisted. The community began recognizing their dedication, seeking their help for health and sanitation issues. This transformation validated their work and strengthened their commitment to community well-being.

One MAS member said, *"Before, I didn't know how to approach people and officials, even for mosquito issues. Now, I can easily approach the BBMP."* This shows how MAS transforms women into community leaders, driving change in Virat Nagar. A beneficiary noted, *"In our Muslim community, women typically don't leave homes. However, my family has been supportive. Thanks to MAS, my family and disabled son have accessed services like ABHA registration, healthcare facilities, and health education."*

The MAS members have planned future activities focusing on community engagement, professional development, and positive impacts, including resource mapping and identifying key individuals who can resolve community issues.



## A collaborative effort to combat TB in Chiratgundu Gram Panchayat



Mallamma (80), wife of Peddaiah, belongs to a family of eight in Chiratgundu Gram Panchayat, Vijayanagara district. The family's main source of income is daily wage work.

During a visit to Gram Panchayat (GP), Mallamma mentioned symptoms like cough, weight loss, and blood in phlegm. The KHPT team, a GP member, and a Community Health Officer (CHO) visited her house to inquire about her symptoms. They advised family members with symptoms to get tested, highlighting the risk of disease transmission. Mallamma's sputum was collected and sent to the nearest Primary Health Centre (PHC) through ASHA. The test confirmed her TB diagnosis three days later.

The family was instructed to maintain cleanliness, take preventive measures, take daily medication for 6 months, and modify their diet to improve their health. KHPT staff emphasized informing the CHO about health issues and following instructions. The CHO gave tablets to Mallamma and advised family members to undergo sputum testing. The health personnel and the KHPT team met with GP to discuss organising a health check-up camp for tuberculosis and non-communicable diseases (NCDs), and related measures.

KHPT supported GP in organizing a health screening and awareness camp. The program concluded with a message to GP members to encourage testing for similar symptoms and raise awareness in the community.

## Quotes

“

The Karnataka Government's decision to introduce pre-primary classes in Anganwadi centres, including LKG and UKG, offers a crucial opportunity to support early childhood education. The resources, such as different types of toys and teaching aids provided by KHPT, will greatly benefit this initiative, enabling us to better serve underprivileged children and ensure they receive quality learning materials from the start.

**Hamsaveni**, Anganwadi Teacher of Kudlu Slum Quarters, Bengaluru.

”

“

As the DDO in each Panchayat, the Panchayat Development Officer (PDO) plays a central role in all sub-committees. With support from the Secretary and SDS in reporting and coordination, the PDO should be involved in planning, organising, implementing, and reporting alongside Gram Panchayat Task Force (GPTF) members. Participation of all GPTF members during planning is crucial, as outcomes can only be achieved through collective engagement and shared ownership of the committee's vision. The participatory workshop by KHPT helped analyse the GPTF structure and jointly plan health initiatives for the community.

**Assistant Director**, Panchayat Raj, Devadurga

”

## A. New Projects

### 1. Implementation Research to develop an optimised model of comprehensive interventions and delivery strategies to reduce stillbirth in partnership with St. John's Research Institute (SJRI).

**Funder:** the Department of Health Research-Indian Council of Medical Research

**Duration:** 3 years

**Geography:** Haveri district, Karnataka

### 2. Implementation Research on Immediate Kangaroo Mother Care (i-KMC) in partnership with St. John's Research Institute (SJRI).

**Funder:** the Department of Health Research-Indian Council of Medical Research (DHR-ICMR)

**Duration:** 3 years

**Geography:** Selected health facilities in Kolar district, Karnataka

### 3. KHPT launches the project "Sankalp" in Koppal district: On July 10, 2024, KHPT, in collaboration with St. John's Research Institute (SJRI), launched the district-level project "Sankalp: Strengthening Program Implementation and Monitoring to Achieve Single-Digit Neonatal Mortality".

**Funder:** Indian Council of Medical Research (ICMR) and the Bill & Melinda Gates Foundation,

**Duration:** 3 years

**Geography:** Koppal district, Karnataka

### 4. First-1000-Days of Life: Implementation Research for a District Model of Care in Karnataka, India.

**Funder:** Indian Council of Medical Research (ICMR)

**Duration:** 5 years

**Geography:** Chitradurga district, Karnataka

### 5. "Supporting India's domestic ecosystem for the provision of fortified oils while ensuring sustainability and quality assurance".

**Funder:** Bill & Melinda Gates Foundation (BMGF)

**Duration:** 2 years

**Geography:** 7 states. (Madhya Pradesh, Gujarat, Uttar Pradesh, Karnataka, Andhra Pradesh, Rajasthan, and Tamil Nadu)

### 6. "Scaling up of fortification of milk and wheat flour in select geographies of India".

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

**Duration:** 20 months

**Geography:** 11 states (Punjab, Haryana, Madhya Pradesh, Gujarat, Himachal Pradesh, Uttar Pradesh, Ladakh, Jammu & Kashmir, North-eastern states, Maharashtra and Tamil Nadu)

### 7. Project entitled "Provide Technical and Program Management Support to State Governments in Implementation of Double Fortified Salt (DFS) in Five States of India".

**Funder:** Nutrition International

**Duration:** 1 year (March 7th 2025-31st April 2026)

**Geography:** 5 states. (Andhra Pradesh, Himachal Pradesh, Karnataka, Rajasthan, Tamil Nadu/Haryana)

### 8. Project to provide support to WHO to conduct Verification claims of NTEP India for the World Bank Credit.

**Funder:** WHO

**Duration:** April-June 2025

### 9. The digital project Sangaati funded by ACT Grants that aims to provide easily accessible and correct information on TB to communities and frontline workers in a no stigmatizing manner.

**Funder:** ACT Grants

**Duration:** 10 months

## B. MOU Signed

- ▶ **KHPT signed a Memorandum of Understanding (MoU) with Pallium India** to facilitate technical support and knowledge exchange for the development and implementation of Gram Panchayat-led palliative care initiatives in Karnataka. (Non-financial)
- ▶ **Memorandum of Understanding between the Rural Development and Panchayat Raj (RDPR) Department and KHPT** for the implementation of the project titled "Palliative Care at the Gram Panchayat Level." (Non-financial)
- ▶ **Memorandum of Understanding between the Rural Development and Panchayat Raj (RDPR) Department and KHPT** to collaboratively design, test, and implement a system for adolescent representation and participation at the Panchayat level. (Non-financial)
- ▶ **Grant Agreement signed between KHPT and the Bill & Melinda Gates Foundation** to support India's domestic ecosystem for the provision and uptake of quality fortified edible oil (Vitamin A and D) through system strengthening, establishment of sustainable mechanisms, and awareness creation on fortified staples as part of comprehensive diets.
- ▶ **Nutrition International signed a Grant Agreement with KHPT** to support the project titled "Provide Technical and Program Management Support to State Governments in the Implementation of Double Fortified Salt (DFS) in Five States of India." The project aims to strengthen DFS implementation by offering strategic technical and programmatic support to state governments.
- ▶ **Dasra approved a grant to KHPT** as a fellowship for **Mallika Tharakan**, to amplify India's social impact story and champion the voices of vulnerable communities. The fellowship is effective from August 2024 to March 2025.
- ▶ **Grant Agreement signed between KHPT and the Bill & Melinda Gates Foundation** for the project titled "Sankalp: Strengthening Program Implementation and Monitoring to Achieve Single-Digit Neonatal Mortality."
- ▶ **ITC signed an agreement with KHPT** to fund the project titled "Accelerated Efforts to Improve Nutrition Across the Continuum of Care Through a Convergence-Based, Multi-Sectoral Approach in Mysuru and Kolar Districts of Karnataka (2024-25)."
- ▶ **Charity Contribution Agreement signed between Prithviraj Productions and KHPT** to pilot an adolescent-led initiative that fosters deeper and long-term change in communities, aiming to ensure the well-being of adolescents in both urban and rural contexts.
- ▶ **ACT Grants entered into an agreement with KHPT** for the implementation of the Sangaati mobile app in Karnataka, including enhancements to improve its conversational capabilities and extension to the Hindi language.

## POSH Related Activities 2024

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- ▶ 10 committees formed covering all workplaces and offices of KHPT for the year 2024
- ▶ One training on roles and responsibilities was organized for IC members, facilitated by an external legal expert, Ms. Sowmya Bhat
- ▶ Orientation and Sensitization Training for staff was conducted across all workplaces and offices
- ▶ Gender and sexual harassment sensitization material and IC committee details were displayed across all workplaces and offices
- ▶ Two sexual harassment cases were received in 2024, and were investigated and disposed by the appropriate IC committee in 2024. Actions recommended by the IC committee were implemented and no cases were pending as of 31st December, 2024.

## Financials

### 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, 2025 (Rupees)	For the year ended 31st March, 2024 (Rupees)
<b>Income</b>			
Grants Received - Utilized	3	51,03,48,224	53,62,92,590
Interest Income	8	1,60,18,025	98,66,243
Donations Others		8,388	-
Sale of Assets		21,753	-
Exchange Difference		10,15,324	1,44,456
<b>Total</b>		<b>52,74,11,714</b>	<b>54,63,03,289</b>
<b>Expenditure</b>			
Programme Expenses	9		
- Grants to NGOs		14,92,68,831	44,31,355
- Implementation Expenses		33,31,39,982	45,32,54,334
- Implementation Equipments		10,11,074	67,23,104
- Training and Capacity Building Expenses		30,87,034	2,12,67,258
Administrative Expenses			
- Personnel Expenses	10	2,26,10,984	2,80,81,321
- Administrative and other expenses	11	2,02,70,858	2,57,19,044
- Interest Earned-Refunded		60,94,809	12,54,772
- Exchange Difference		-	3,66,161
<b>Total</b>		<b>53,54,83,572</b>	<b>54,10,97,549</b>
<b>Excess of Expenditure over Income transferred to General Reserve</b>		<b>-80,71,858</b>	<b>52,05,740</b>

For Karnataka Health Promotion Trust

  
Mohan H L  
Chief Executive Officer

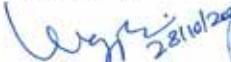
Place: Bangalore  
Date : 28-Oct-2025



  
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.3-4, IT Park, Behind KSSIDC Admin. Office, Rajajinagar Industrial Area, Rajajinagar, Bangalore - 560 044

Balance sheet - Consolidated

Particulars	Note	As at 31st March, 2025 (Rupees)	As at 31st March, 2024 (Rupees)
<b>I Sources of Funds</b>			
<b>1 Reserves</b>			
Corpus fund	1	10,000	10,000
General Reserve	2	17,73,33,035	18,54,04,893
Grant Received in Advance	3	20,82,33,677	11,14,60,720
<b>Total</b>		<b>38,55,76,712</b>	<b>29,68,75,613</b>
<b>II Application of Funds</b>			
<b>1 Current Assets, Loans and Advances</b>			
Cash and Bank Balances	4	34,36,13,259	25,44,00,777
Loans and advances	5	2,96,12,846	1,80,51,338
Grant Receivable	3	2,59,70,439	3,22,83,459
<b>Total</b>		<b>39,91,96,544</b>	<b>30,57,35,574</b>
<b>2 Less : Current Liabilities and provisions</b>			
Current Liabilities	6	1,20,86,237	73,10,757
Provisions	7	15,33,595	15,49,204
<b>Total</b>		<b>1,36,19,832</b>	<b>88,59,961</b>
<b>Net current assets</b>		<b>38,55,76,712</b>	<b>29,68,75,613</b>
<b>Total</b>		<b>38,55,76,712</b>	<b>29,68,75,613</b>

For Karnataka Health Promotion Trust

  
Mohan H L  
Chief Executive Officer

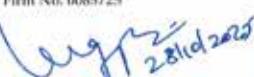
Place: Bangalore  
Date : 28-Oct-2025



  
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

	As at 31st March, 2025 (Rupees)	As at 31st March, 2024 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 1: Corpus Fund</b>		
Opening balance	10,000	10,000
	<hr/>	<hr/>
	10,000	10,000
<b>Note 2: General Reserve</b>		
Opening balance	18,54,04,893	18,01,99,153
Add: Transferred from Income & Expenditure A/c	-80,71,858	52,05,740
	<hr/>	<hr/>
	17,73,33,035	18,54,04,893
<b>Note 3: Grant Received in Advance</b>		
Opening balance	7,81,77,261	7,97,04,541
<b>Grants Received during the year</b>		
United States Agency for International Development-OVC	7,42,36,848	25,80,83,887
Global Alliance for Improve Nutrition	1,36,28,941	1,80,00,000
Wellspring Philanthropic Fund	63,11,625	81,93,000
DASRA	3,29,743	-
ACCESS Health International Inc	19,24,137	-
JSI Research & Training Institute Inc	-	1,23,54,450
UNOPS-Stop TB	10,93,204	92,96,158
New Venture Fund	-	2,48,22,000
Bill & Melinda Gates Foundation	3,44,86,724	1,16,99,940
Nutrition International	1,25,60,181	-
Gorgoroth PTE Ltd	5,52,076	-
Karnataka State Aids Prevention Society - KSAPS	-	-
The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)	33,11,07,203	-
Azim Premji Philanthropic Initiative	2,20,00,000	3,72,34,000
CBCI Society for Medical Education	1,04,01,197	5,32,327
FIND India	40,968	3,16,80,373
Healthiums Medtech Pvt Ltd	41,98,150	14,50,115
Health Systems Transformation Platform	41,96,115	-
H T Parekh Foundation	-	2,28,70,000
Wipro Cares	90,17,750	83,97,709
HCL Foundation	70,00,000	26,48,000
Cherian Dominic & Annie Dominic	-	36,000
Ashraya Hastha Trust	1,77,56,942	1,47,68,893
Dept. Women & Child Development-GoK	-	6,25,00,000
Khorakiwala	1,00,00,000	-
KaiOS Technologies	-	8,60,000
National Health Systems Resource Centre (NHSRC)	21,91,147	5,43,229
GoK-RDPR-Arogya Sangama	69,94,179	65,11,500
ITC Ltd	88,83,005	37,82,005
Delta Nutriliives Pvt Ltd	50,00,000	-
Prithviraj Productions Private Limited	92,50,000	-
United Way of Bengaluru	1,62,19,800	-
	<hr/>	<hr/>
	68,75,59,196	61,59,68,127



Add:

Interest Earned Refunded		
Bill & Melinda Gates Foundation	5,20,651	-
FIND India	11,840	1,16,477
HCL Foundation	36,026	-
Axia Premji Philanthropic Initiative	2,97,715	4,84,155
Dept. Women & Child Development-GoK	7,92,346	6,54,140
ITC Ltd	1,901	-
GoK-RDPR-Arogya Sangama	1,20,959	-
The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)	41,00,637	-
CBCI Society for Medical Education	1,55,706	-
Health Systems Transformation Platform	57,028	-
<b>Gross Totals</b>	<b>60,94,809</b>	<b>12,54,772</b>

Less:

Refund of Grants Funds		
Karnataka State Aids Prevention Society - KSAPS	-	17,16,142
Wipro Cares	-	7,87,395
Johnson & Johnson Private Limited	-	4,71,216
ITC Ltd	26,298	-
FIND India	921	-
	<b>27,219</b>	<b>29,74,753</b>
Exchange Difference Income transferred	10,15,324	1,44,456
Exchange Difference Loss transferred	-	-3,66,161
Grant Utilized transferred to Income & Expenditure Account	51,03,48,224	53,62,92,590
	<b>51,13,63,548</b>	<b>53,60,70,885</b>
Grant Received in Advance	<b>18,22,63,238</b>	<b>7,81,77,261</b>
Grant Payable	20,82,33,677	11,14,60,720
Grant Receivable	2,59,70,439	3,32,83,459
Total	<b>18,22,63,238</b>	<b>7,81,77,261</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, 2025 (Rupees)	As at 31st March, 2024 (Rupees)
<b>Notes forming part of the accounts - Consolidated</b>		
<b>Note 4: Cash and bank balances</b>		
Cash in Hand	6,329	12,508
Balance with Scheduled Banks		
in savings accounts	17,36,06,930	18,42,17,272
in deposit accounts	17,00,00,000	7,01,70,997
	<hr/> <u>34,36,13,259</u>	<hr/> <u>25,44,00,777</u>
<b>Note 5: Loans and advances</b>		
Advances recoverable in cash or in kind or for value to be received	2,14,80,047	83,96,488
TDS receivable	30,88,264	27,63,796
Deposits	50,44,535	68,91,054
	<hr/> <u>2,96,12,846</u>	<hr/> <u>1,80,51,338</u>
<b>Note 6 : Current liabilities</b>		
TDS payable	22,84,028	28,95,882
Sundry creditors	37,53,037	7,88,225
Other liabilities	60,49,172	36,26,650
	<hr/> <u>1,20,86,237</u>	<hr/> <u>73,10,757</u>
<b>Note 7 : Provisions</b>		
Accruals - Payable	15,33,595	15,49,204
	<hr/> <u>15,33,595</u>	<hr/> <u>15,49,204</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, 2025 (Rupees)	For the year ended 31st March, 2024 (Rupees)
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Notes forming part of the accounts - Consolidated

**Note 8: Interest Income**

From Savings Bank Accounts	80,40,491	56,71,703
From Fixed Deposits with Bank	79,77,534	41,94,540
	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>
	1,60,18,025	98,66,243

**Note 9 : Programme Expenses**

Grants to NGO's	14,92,68,831	44,31,555
Programme Implementation Expenses	33,31,39,982	45,32,54,334
Programme Implementation Equipments	10,11,074	67,23,104
Training and Capacity Building Expenses	30,87,034	2,12,67,258
	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>
	48,65,06,921	48,56,76,251

**Note 10 : Personnel Expenses**

Salaries	2,25,93,534	2,80,73,821
Consultancy Charges	16,333	-
Overtime Allowance	1,117	-
Relocation Charges-Joining	-	7,500
	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>
	2,26,10,984	2,80,81,321



## 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, 2025 (Rupees)	For the year ended 31st March, 2024 (Rupees)
<b>Note 11 : Adminstrative and other expenses</b>		
<b>Communications</b>		
Courier Charges	73,997	79,004
Data Card Expenses	4,49,241	15,31,520
Email/internet & Wireless	-	-
Internet Charges	2,37,473	1,93,082
Mobile Charges	6,67,191	11,54,831
Postage & Telegrams	327	4,902
Telephone Charges	84,560	85,907
<b>Office Running Expenses</b>		
AMC for Equipments & Others	96,965	1,13,516
Bank Charges	61,521	1,10,741
Books & Periodicals	30,286	44,987
Computer Running Expenses	1,43,742	4,87,603
Electricity/Water / Maintenance Charges	10,89,791	14,30,584
Insurance - Assets	86,377	68,416
Insurance - Others	35,447	30,369
Office Expenses	-	5,572
Office Repairs and Maintenance	19,99,533	32,13,650
Printing & Stationery	10,47,810	11,13,892
Rent-Office	91,06,773	1,06,38,800
Rent - Others	11,84,567	8,19,273
Software Expenses	4,28,511	15,93,006
Staff Welfare-Tea/coffee/meal	1,21,129	1,31,816
Website Development & Maintenance	5,87,593	3,38,582
Registration Fees-Legal & Others	2,75,017	1,07,311
<b>Other Expenses</b>		
Interest Paid-Income Tax	93,312	40
Interest Paid-Professional Tax	2,500	-
Interest Paid-Others	-	3,055
<b>Travel Expenses-Staff &amp; Consultants</b>		
Local Conveyance	-	5,469
Travel Expenses-National-Accommodation	92,938	44,512
Travel Expenses-National-Air tickets	45,516	8,404
Travel Expenses-National-Others	-	1,500
Travel Expenses-National-Perdiem	1,770	18,648
Travel Expenses-National-Train/Bus	5,078	19,712
<b>Vehicle Expenses</b>		
Vehicle-Repair & Maintenance	-	31,821
Vehicle Fuel Expenses	3,13,998	4,22,204
Vehicle Hire Charges	395	30,033
<b>Professional Charges-Audit Fees</b>		
Audit Fees-FY-2023-24	-	4,74,950
Audit Fees-FY-2024-25	3,65,709	-
<b>Professional Charges</b>		
Professional Fees	15,41,791	13,56,302
<b>Total</b>	<b>2,02,70,858</b>	<b>2,57,19,044</b>



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## **KHPT**

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