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TALES OF CHANGE

**Success stories on COVID-19
Vaccination and Impact
under USAID supported
MOMENTUM Routine
Immunization
Transformation & Equity**



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List of abbreviations

ASHA	:	Accredited Social Health Activist
CHC	:	Community Health Centre
CHO	:	Community Health Officer
COVID-19	:	Coronavirus disease 2019
FPAI	:	Family Planning Association of India
GPAAA	:	Graama Panchayath Aarogya Amrutha Abhiyaana
GPTF	:	Gram Panchayat Task Forces
IEC	:	Information, Education and Communication
JHA	:	Junior Health Assistant
KHPT	:	Karnataka Health Promotion Trust
MGNREGA	:	Mahatma Gandhi National Rural Employment Guarantee Act
MRITE	:	MOMENTUM Routine Immunization Transformation & Equity
MO	:	Medical Officer
NCDs	:	Non-Communicable Diseases
PDO	:	Panchayat Development Officer
PHC	:	Primary Health Centre
PMSMA	:	Pradhan Mantri Surakshit Matritva Abhiyan
SC	:	Scheduled Castes
SCSO	:	Soukhya Community Service Organization
ST	:	Scheduled Tribes
USAID	:	United States Agency for International Development

Acknowledgement

We acknowledge the support provided by the Department of Health and Family Welfare and Rural Development and Panchayat Raj Department, Government of Karnataka, in increasing the demand for, distribution and uptake of COVID-19 vaccination, and generating awareness of COVID-19 vaccines in rural communities. We are grateful for the assistance in bringing COVID-19 vaccination services to the people's doorstep, especially for the vulnerable and marginalized population.

We would also like to thank USAID for their support in reaching the most vulnerable groups and ensuring immunization through the MOMENTUM Routine Immunization Transformation and Equity project.

In addition, we would like to extend our gratitude to the Gram Panchayats, local community leaders, and community-based organizations that contributed to the success of the vaccination program and aided project documentation in the form of case stories.

We appreciate the frontline staff who efficiently recorded and submitted case stories. We acknowledge the time and effort they invested into developing these cases. This collection of case stories would not have been possible without the support of the district leads.





Introduction



During the initial period of the COVID-19 pandemic, India was one of the hardest-hit countries in the world. As of August 2021, more than 30 million Indians had been infected with COVID-19 and nearly half a million had succumbed to the disease. India started its national vaccination programme on January 16, 2021. Despite this, the vaccine rollout in India was plagued with several challenges, including misinformation and rumors, vaccine hesitancy, and problems with registration for vaccination and appointment scheduling.

The Economic Survey 2022-23 reports that India's National COVID-19 Vaccination Programme helped administer more than 220 crore doses of the

COVID-19 vaccine across the country as of January 6, 2023. The report stated that around 97 percent of eligible beneficiaries had already received at least one dose of the COVID-19 vaccine. Around 90 percent had received both doses. Vaccination for the age group of 12-14 years was initiated on March 16, 2022, followed by the administration of the precautionary dose for the age group of 18-59 years on April 10, 2022.

Since 2021, Karnataka Health Promotion Trust (KHPT) used its grassroots presence, rapport with communities, and strong field team to build the capacity of gram panchayats for health management, provide home isolation kits to people infected with COVID-19, provide tele-counselling services to COVID-19 infected and affected people, and develop information, education and communication (IEC) materials for local authorities and vulnerable populations. The team provided kits and COVID-19-related services in collaboration with the Government of Karnataka in 14 districts.

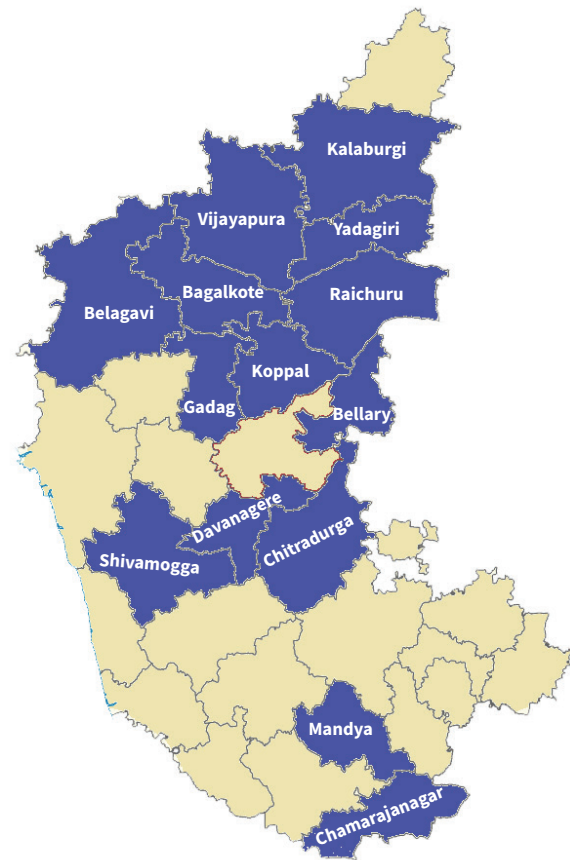
The vaccination program dovetails with KHPT's existing efforts. The main advantage that KHPT has in the vaccination campaign is its experience in implementing health campaigns. To effectively increase COVID-19 vaccination access, KHPT reached out to vulnerable and marginalized

populations such as tribal groups, mine workers, migrant workers, female sex workers, and transgender people, and ensured that myths and misinformation regarding COVID-19 vaccination were addressed.

KHPT partnered with the MOMENTUM Routine Immunization Transformation and Equity project to ramp up COVID-19 vaccination among vulnerable and marginalized groups in the state of Karnataka. The vaccination project was implemented in collaboration with the Health Department and the Department of Rural Development and Panchayat Raj. It aimed to sensitize vulnerable populations such as Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) workers, migrants, factory workers, school dropouts, people with disabilities, and pregnant women for vaccination in the intervention districts. The team mobilized people for vaccination through home visits, assisted them in reaching vaccination camps, assisted their registration for vaccination, and followed up with them to ensure they received their due vaccines. They engaged important community institutions and conducted effective IEC campaigns to promote the uptake of vaccination.

The project was implemented in 14 districts (Bellary, Bagalkote, Raichuru, Gadag, Vijayapura, Koppal, Kalaburagi, Belagavi, Yadagiri, Davanagere, Mandya, Chamarajanagar, Chitradurga, and Shivamogga) in Karnataka, particularly among vulnerable and marginalized populations, with a successful vaccination coverage.

The main highlights of the project were vaccinating vulnerable populations who had previously displayed



Map showing the districts implemented by the project

high refusal; and addressing cultural barriers, myths and superstitions related to COVID-19 vaccination by using strategies such as interpersonal communication, mid-media (community cinema, folk shows, street plays), and innovative solutions and partnerships with non-governmental organizations (NGOs) and the private sector. These interventions have been presented in Tales of Change: Case Studies on COVID-19 Vaccination and Impact 2023.

Impact of collaboration with Gram Panchayats

“

Hanapura is a remote village in the Guledgudda taluk of the Bagalkot district in Karnataka. Administered by the Hanapura panchayat, the village is predominantly inhabited by the Lambani community, most of whom work as daily wage laborers at MGNREGA sites.

Owing to the remoteness of the village, the community experiences difficulty in accessing government health facilities in the Sirur, Goudageri and Tavargere villages. During the COVID-19 vaccination drive, when health workers visited the

Hanapura Gram Panchayat, they discovered that the villagers were not vaccinated against COVID-19. This motivated the health workers to organize a camp to ensure vaccination for the entire community.

Volunteers from the MOMENTUM Routine Immunization Transformation and Equity project visited all houses of the village to motivate villagers to visit the camp. However, the response was poor and very few members came forward to get vaccinated. This was reported to the Panchayat Development Officer (PDO) and the MGNREGA facilitator in



Workers being facilitated with vaccination at their work site

Hanapura Gram Panchayat, following which the gram panchayat organized a special awareness program at the MGNREGA workplaces to address vaccine hesitancy.

When the vaccination camp was organized a second time, screening for non-communicable diseases (NCDs) was offered at the MGNREGA workplaces. The workers' response was different this time; all workers were willing to get vaccinated. In three days' time, the project team successfully facilitated the vaccination of 303 people at the workplaces.

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Taking vaccination to the workplace

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Halekote village is part of the Sathegala gram panchayat in Kollegal taluk of Chamarajanagar district in Karnataka. Kollegal is 11 kilometers away from the village, which is populated mainly by members of the scheduled castes (SC) and scheduled tribes (ST) communities. The village is well connected to adjoining areas because of public and private transport facilities and has a railway station which is about 10 kilometres away.

To address the health needs of the villagers, the elected representative of Sathegala Gram Panchayat planned a health camp for all MGNREGA workers under the Graama Panchayat Aarogya Amrutha Abhiyaana (GPAAA) in collaboration with the Panchayat Raj Department. A discussion was held between the team leader of MGNREGA in Halekote village, Taluka Coordinator of M-RITE project, and PDO of Sathegala to organize the health camp. The MGNREGA workers were briefed on GPAAA and the M-RITE project. They were also made aware of the benefits of vaccination, and those who came forward were facilitated with vaccination. The camp had an attendance of 68 people, including 56 women who were screened for diabetes, blood pressure and



Community Health Officer educates MGNREGA workers about vaccination and health issues at work site

anemia with the health management kit provided by the project. Two men and eight women were referred for further treatment. The Community Health Officer (CHO) and local Accredited Social Health Activist (ASHA) dutifully contributed to the organization of the camp.

The PDO, zonal, district and taluk coordinators of the M-RITE project, Community Health Officers of Kayaka Mitra Roja; project volunteers; and Gram Panchayat staff participated dedicatedly in the vaccination camp.

”

Convenience at the workplace

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A team of ASHAs and a project volunteer from the Gadhiganur Gram Panchayat of Vijayanagara district visited members of the Bhuvana Gram Panchayat to discuss the vaccination of MGNREGA workers in the area. During the discussion, they understood that all the workers returned to their homes in the evening, and not necessarily at the same time. Therefore, they decided to go to the workers' workplace, educate them about vaccination, and facilitate their first dose of vaccination. They consulted with the medical officer (MO) of the Primary Health Centre (PHC) for the same.

A few workers did not agree to get vaccinated because they feared the side effects of the vaccine. Additionally, as they were all daily wage earners, they were afraid of losing their daily wage due to falling sick after vaccination. They, however, were motivated by discussing how getting vaccinated was useful in preventing COVID-19. After receiving information about the importance of vaccination, they came forward and 102 people were facilitated



■ MGNREGA workers vaccinating at the working site against COVID-19

with vaccination, of whom 19 were men and 83 were women. Two women were facilitated with the second dose, and a total of 100 people were facilitated with vaccination with the precautionary dose. A week later, the rest of the workers were facilitated with vaccination.

Going to the workplace of the community prevented wage loss of the workers, and saved the time and effort of the project team and government health staff. Government functionaries' cooperation made all the difference.

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Minority community leaders step in to enable vaccination

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The Kalaburagi district is located in the northern part of Karnataka. In Kalaburagi city, Islam is the second most commonly practiced religion. The project team implemented COVID-19 immunization interventions in Kalaburagi. As part of the project, volunteers went house to house in Bilal Colony in Jewargi taluk to trace people who had not yet been vaccinated. The team found that very few people had received the first and second doses of the COVID-19 vaccine, and none of them had taken the precautionary dose.

An M-RITE volunteer visited a local mosque in Bilal Colony, where he discovered that very few people in the area had been vaccinated. The volunteer met with reluctance and refusal to get vaccinated with the precautionary dose. The general sentiment was, “We have already received two doses and this is enough. If we get the precautionary dose, we will have a fever and side effects.” The volunteer reassured the people that it was completely safe to get the precautionary dose. The local leader also convinced the people. This



■ **A Muslim community leadership initiative enables vaccination in the community in the Kalaburagi district**

yielded positive results and the community members agreed to get vaccinated.

The M-RITE volunteer and Taluka Coordinator organized a vaccination camp at Bilal Colony Mosque where a total of 45 people were facilitated with vaccination. Two people received the first dose, three received the second dose, and 40 people received the precautionary dose during the camp.

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Persuasion and persistence yield positive results

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Parveena Khalila (40), a woman from the Muslim community in the Faratabad Gram Panchayat of Kalaburgi district, lives with her husband, who is a medical doctor. The project's volunteers visited her home to inquire about her vaccination, which was due. Parveena shared that she had not taken the second dose and that her first dose was completed nearly nine months ago. When the volunteers attempted to understand her hesitancy, she said she was not interested in taking the second dose. The volunteers visited her house a week later and found that Parveena had still not been vaccinated. They tried to convince her, saying that it was her moral responsibility as a doctor's wife to take initiative and convince people to get vaccinated. They also said that if she would not set



■ **CHO with Praveena Khalila during vaccination against COVID -19 after convincing her**

an example, people who were illiterate might not be willing to take the second dose. Gradually, she became motivated to get vaccinated, and the volunteers escorted her to the vaccination centre and back home.

”

Blind beliefs - addressing them for creating impact

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Under the Momentum - Routine Immunization Transformation and Equity project, volunteers initiated house-to-house visits to mobilize people for vaccination. During one such visit, a volunteer discovered that Mehrabi (48) had not received even her first dose of vaccination. Mehrabi shared that all vaccination camps were held on the grounds of the local Maramma Temple and the Goddess Maramma entered her body every time she went there. The volunteers then asked her if she would be willing to go to another venue for her vaccination or receive it at her house. She stated that she would prefer to get the vaccine at home. The volunteers consulted with the local ASHA and CHO, who were hesitant about the home-based vaccine administration, and believed



■ **CHO with Mehrabi during vaccination against COVID-19 after convincing her**

that she was mentally ill and she gave different reasons each time for not getting vaccinated. However, the volunteers persisted and visited her home, finally succeeding in facilitating the vaccination of Mehrabi.

”

Dispelling myths among the youth

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During a home visit, project volunteers and Taluk Coordinators met Nasreen Khaja, a 19-year-old student from an economically weak section of Madagiri village in Sirwara Taluk of Raichur district.

She had not been vaccinated as she had dropped out of school and faced several myths about COVID-19 vaccination. The volunteers spoke to her, addressing her fears till she was motivated to get vaccinated. They convinced her family as well. The volunteers escorted her to the vaccination centre, facilitated vaccination with the first dose, and tracked her for her second dose. Her parents shared, “Nasreen was scared of getting vaccinated- even the sight of a needle scared her earlier. We are happy that the project team was able to convince her.” Health workers of the village were also appreciative of the project team



Nasreen’s mother and the CHO ensuring that Nasreen was vaccinated against COVID-19

for dispelling myths that the community believed in, which prevented them from getting vaccinated. This particularly helped dropouts, migrants, and laborers from the minority community who had been missed during previous vaccination drives.

”

Peer support for pregnant women

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Vijayalakshmi (26), lives in Vodeyar Gonal village in Hungund taluk, Bagalkot. After several attempts at conceiving a child, Vijayalakshmi found that she was pregnant, which made her apprehensive about getting her first dose of the COVID-19 vaccine. Her mother too advised her to not get vaccinated, fearing that Vijayalakshmi’s child might be harmed, or that she might fall sick. Her husband was insistent on avoiding vaccination as well. To address vaccine hesitancy, health workers put in the effort to convince her and her family, however, they could not facilitate behavior change on the first attempt.

At a vaccination camp organized in an Anganwadi centre at a later time, the ASHA, Junior Health Assistant, and Anganwadi worker sought the support of the project’s Taluka Coordinator to counsel Vijayalakshmi, but she remained hesitant. The ASHA identified another woman, Umashree, at the camp, who had taken her first dose while she was pregnant. The project’s Taluka Coordinator and frontline worker team requested Umashree speak with Vijayalakshmi.

Umashree (35), shared, “I was eight months pregnant when I took the first dose. I had no health problems at all after taking the vaccine. Now, two months



Peer counseling convinces a pregnant woman to take the first dose of the COVID-19 vaccine

after my delivery, I have come for the second dose.” Vijayalakshmi spoke to her husband, who after understanding that Umashree’s child was healthy after she was vaccinated, gathered further information on the vaccine from the frontline workers, and eventually became receptive to vaccination. Vijayalakshmi eventually received her first dose, stress-free, while she was three months pregnant, and gradually became a strong role model for vaccination in her village.

”

Youth ambassadors convince the community to get vaccinated

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Lakshmiwadi is a small village in the Gundewadi Gram Panchayat of Athani Taluk in the Belagavi district. The village is home to a nomadic community, the Nandiwale, which constitutes 90% of the village's population. The women of the community sell hairpins, small plastic items, etc. to obtain food for themselves. They live challenging but content lives, and receive food as alms from the villagers belonging to economically richer groups. Unfortunately, they have no reliable source of food.

The literacy rate of the village is poor, as are the health indicators. The awareness levels of vaccination are low. COVID-19 claimed many lives in the village, however, there was hesitancy among the community to get vaccinated because they reasoned that vaccination would not be helpful, and believed in superstitions.

Gradually, health workers convinced the community to take their first and second doses, but pregnant women still remained unvaccinated despite being

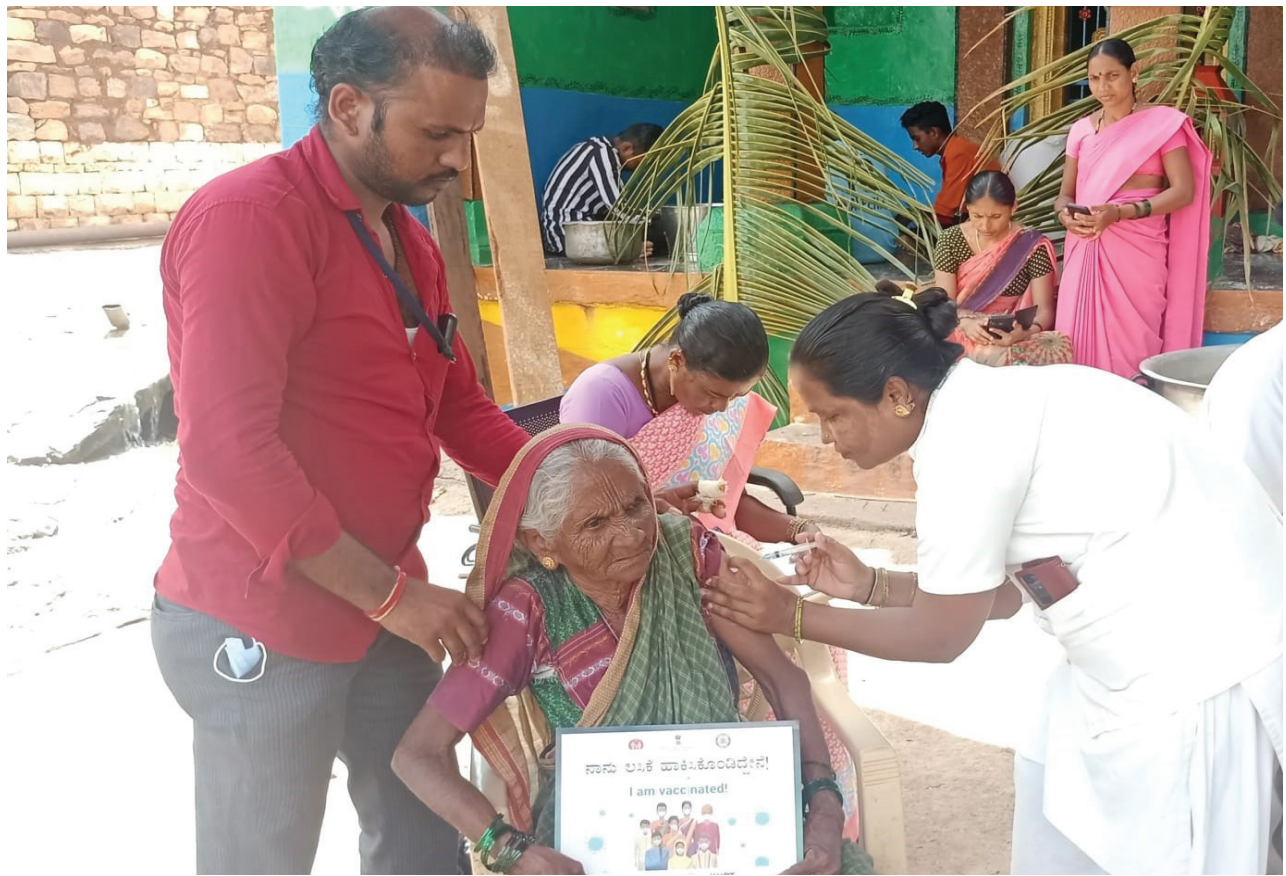


Pregnant women receive the COVID-19 vaccine after a thorough discussion with a healthcare provider and KHPT team

asked by health department staff to get their due doses. The women also refused the precautionary doses. The situation was particularly challenging.

The local health office informed the projects Taluka Coordinator that Lakshmiwadi village residents, including pregnant women, had refused their precautionary doses.

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The Taluka Coordinator then met the village PDO, village panchayat members, and village elders; however, there was strong resistance towards vaccination. Through effective consultation with the village elders, people's local representatives, and the youth; the village members were mobilized for vaccination. All stakeholders were engaged in generating awareness; even children were involved. The stakeholders put up posters next to streets and in village stores. Children brought their parents and grandparents to the vaccination camp, and sang and danced to encourage others to get vaccinated.

Coordinators, volunteers, ASHA workers, and village youth promoted vaccination by going door-to-door. However, there were some refusals - three pregnant women refused to attend the vaccination camp. After ASHA workers and coordinators visited these women at their homes and explained the importance of vaccination to them, they agreed to receive their due doses. One young woman who was four months pregnant shared that she was experiencing difficulty while trying to conceive, and agreed to get vaccinated only when the KHPT team discussed vaccination with her; she took all due doses and is now content with her decision.

Disability must not be a reason for hesitancy

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Manohara and Rajeshwari Madiwala are parents to three school-going children, two of whom are physically disabled; and the third is mentally disabled since birth, with deteriorating health. None of them were vaccinated because of the belief that their disabilities would not allow them to get vaccinated, and due to associated fears. The project volunteers decided to convince the parents, following which they facilitated the vaccination of the three children, which the parents accepted well.

In a similar situation, in a family in the Chimmanachoda Gram Panchayat of Chincholi taluk of the Kalaburagi district, comprising Bhimshya, a laborer, and his daughter Kaveri (22), who lives with a mental disability; the daughter was not vaccinated, since her father believed that her staying at home ensured her safety. When a health volunteer visited their home, she was alone and could not communicate



Kaveri receiving her first dose of COVID-19 vaccine

properly. The volunteer waited for her parents and spoke to them when they returned. After educating them on COVID-19 vaccination, they seemed convinced but still refused to vaccinate Kaveri. After consistent dialogue and sharing similar experiences from other villages with the parents, the father agreed to get Kaveri vaccinated. At last, Kaveri received her first dose of vaccination.

”

Reaching communities at their doorstep

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Hosur village is located on a hill at the confluence of Bagalkot, Koppal, and Gadag districts of Karnataka. It is home to daily wage laborers and agricultural laborers, and the nearest healthcare facility is 10 kilometres from the village.

Frontline health workers, including the ASHA and other community health workers, found that villagers were unwilling to travel to the PHC to get vaccinated since they feared losing their daily wages. Additionally, many of the villagers who had received the first dose were hesitant to get the second, fearing that the accompanying fever and chills would rob them of a day's work.

The lack of attendance at the health facilities prompted district health authorities to organize camps in the villages. However, the camps did not attract enough villagers. Hence, the ASHAs and CHOs decided to procure the vaccination list from the PHC and vaccinate villagers 'on the go' when they headed to work in the fields.

Taluka Coordinators from the USAID-funded M-RITE project, focuses on engaging local governance bodies to boost vaccination rates, accompanied the frontline health workers and



Frontline health workers facilitate on-the-spot vaccination for agricultural laborers

counselled villagers who were reluctant to take their due vaccination. They emphasized the importance of being fully protected from COVID-19, even if it meant bearing side effects for one or two days.

ASHAs and Taluka Coordinators requested laborers traveling in autos and on motorcycles to their workplace to stop, and facilitated their vaccination. On the same day or the next day, they would upload the laborers' details to the vaccination database. They managed to facilitate 900 first-dose vaccines and 520 second-dose vaccines, by making it convenient for people to receive them, and helping them understand why they were important.

”

In the village of Sonna, situated in the Bagalkot district, frontline workers faced a different issue with the population engaged in agricultural livelihoods. Over half of the population of the village worked at farmhouses known as 'garden houses', which had agricultural land (mostly sugarcane fields) attached to them. These garden houses could be located a few kilometres from each other and the population was spread over a wider area.

The team conducted communication activities on COVID-19 vaccination in the main village. They had not reached the garden houses and villagers were not fully aware of the risks of being unvaccinated yet. Villagers depicted the attitude that accessing health

facilities was important only if sick, and there was little chance of them visiting the PHC for vaccination during the busy sugarcane cutting season.

The ASHAs and CHO walked house to house as early as 7:30 in the morning to vaccinate agricultural workers before they left for the field. The Taluka Coordinators of the project provided the laborers with accurate information on COVID-19 and helped them understand the risks of being unvaccinated. The ASHAs and CHO covered 5-6 kilometres on foot per day, reaching 6 people with the first dose and 35 people with the second.





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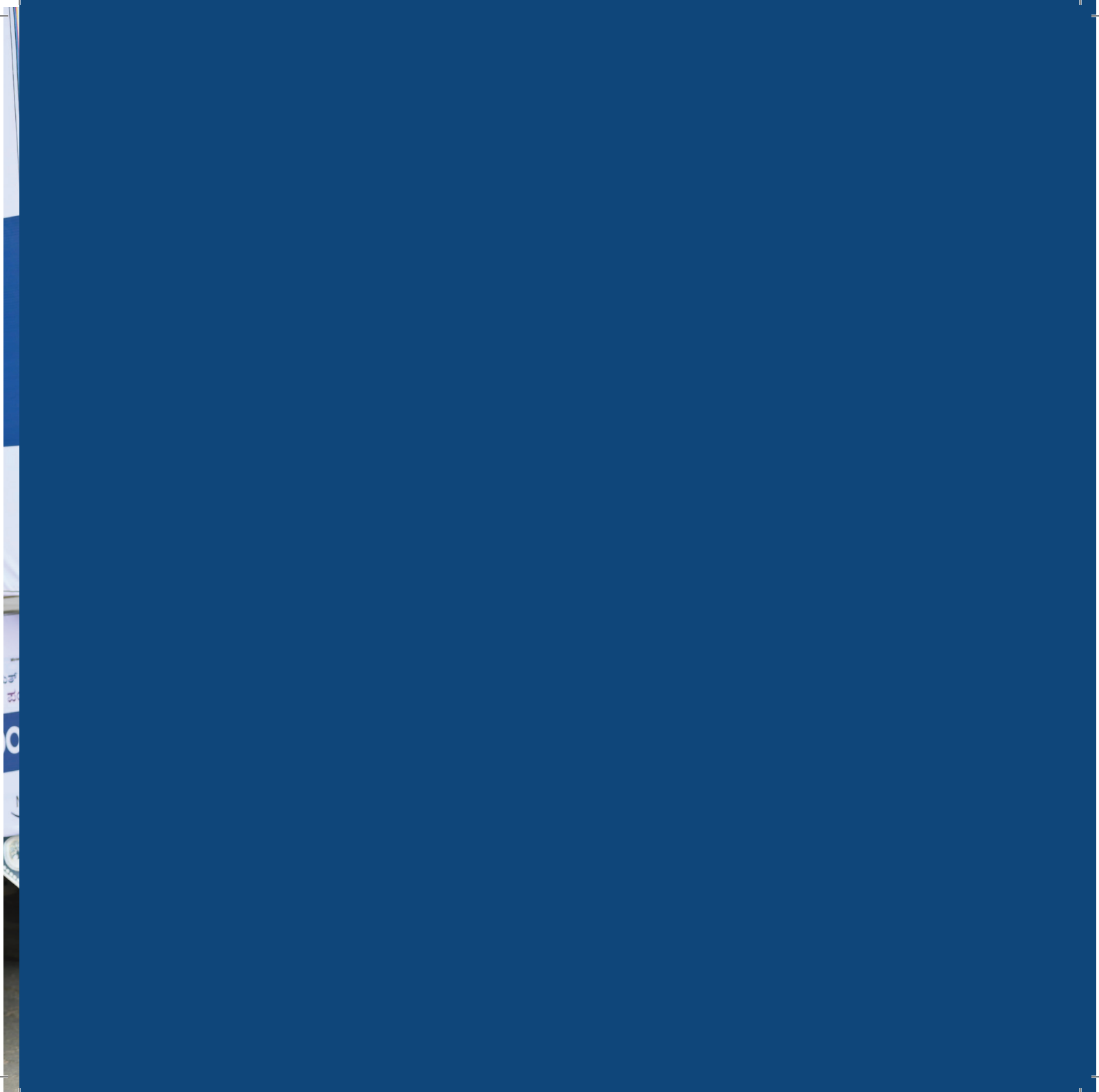
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