



2022



**ANNUAL
REPORT**

2023



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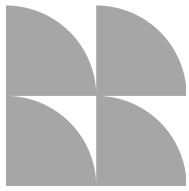
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OVERVIEW OF KHETH'IMPILO



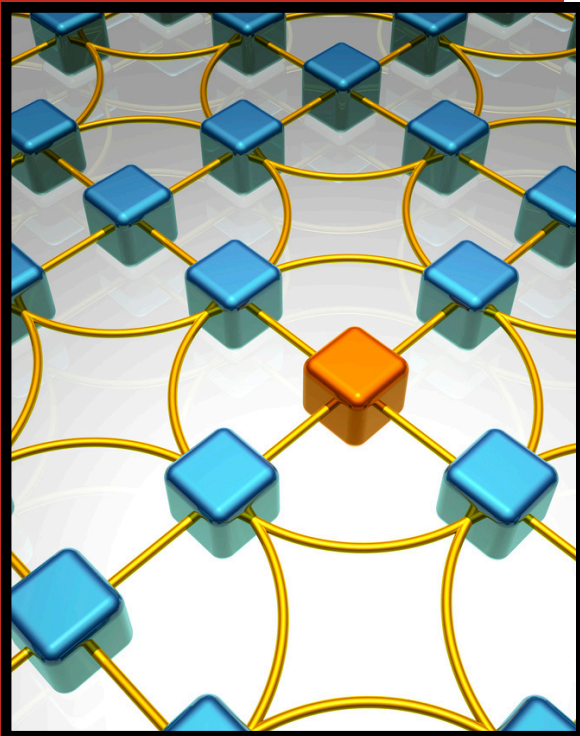
Kheth'Impilo (KI) is a South African non-profit organisation dedicated to making a positive impact on the well-being of all South Africans.

With over 20 years of experience, we have consistently adapted and delivered clinical care and treatment services, while also strengthening health and community systems through social facilitation, co-creation, interfacing health, welfare and education.



As leaders in public health and social services support, KI is committed to mitigating the social and health impacts of the triple disease pandemic affecting South Africans. We aim to support the South African Government's National Development Plan, working towards the realisation of its goals while achieving an AIDS-free generation within our time. Our commitment extends beyond borders where we provide direct programme implementation and technical assistance to the South African Government and communities across sub-Saharan Africa.

To achieve our primary aim, KI collaborates with all key stakeholders dedicated to health and social transformation, providing crucial support to vulnerable individuals from the communities we serve.





VISION, MISSION & FOCUS AREAS



VISION

A world where health and well-being for all is supported, protected and sustained.

MISSION

Our mission is to support the individual, household, communities and their Governments achieve their development goals in a sustained way.



FOCUS

- Health System Strengthening
- Community System Support
- Reesearch & Innovation

FOCUS AREAS



Health System Strengthening

Strategic Objective 1 – To improve health systems of individuals, households, communities and facilities through technical assistance, modified facility and community direct service delivery, as well as capacity building initiatives.

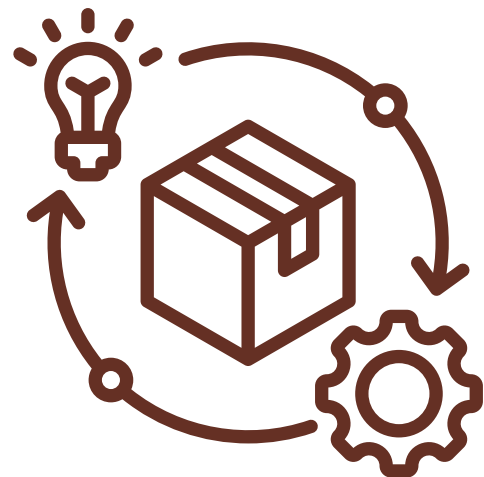


Community System Support

Strategic Objective 2 - To provide psychosocial support and strengthening to individuals and communities through bespoke models of community-based adherence support, economic development, and skills development.

Research and Innovation

Strategic Objective 3 – Identify and implement innovative health solutions that address current and potential public health challenges through the development of implementation science that evaluates research findings, methods and strategies that can be scaled and put into practice.



Training

Strategic Objective 4 – Develop and deliver quality vocational training through support, mentoring and guidance, that focuses on the development of cadres of workers that can meet the public health needs of the communities we serve.





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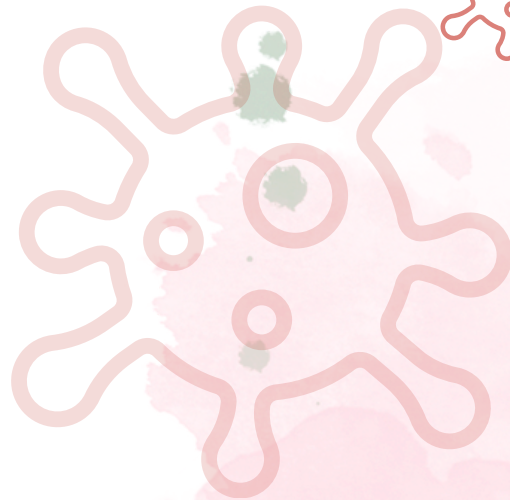
Chair Reflection

This year Kheth'Impilo (KI) celebrates its 15th anniversary, marking a decade and a half of unstinting contribution to health care for the most marginal communities.

Established with the goal of contributing to addressing the pervasive epidemics of HIV and tuberculosis, KI 's efforts have included screening, prevention, treatment and care, and its footprint reaches households in peri urban and rural communities across the country - in Kwazulu Natal, as well as in the Eastern and Western Cape. A team of frontline community health workers is supported by other health and social work cadres, and together they deliver comprehensive quality health care. In acknowledgement of the social determinants of health, projects have included a focus on sexual and reproductive health, as well as early child development, and household visits have included exploration of conditions such as high blood pressure.



Chair Reflection continued



This approach - for which there was earlier funding - worked successfully prior to the onset of the Covid pandemic. However, things have changed, with increasing pressures on financial support. Globally, the external funding environment is challenged by changing foreign development policies and priorities, which have spilled over into national declining funding opportunities, with significant impact on our budgets.

This was accompanied by increased operational costs for modalities like transport and consumables, and further compromised by power outages and load shedding. The impact on our projects was huge, necessitating significant reductions in the human resource pool and a move to more affordable accommodation.



Chair Reflection continued



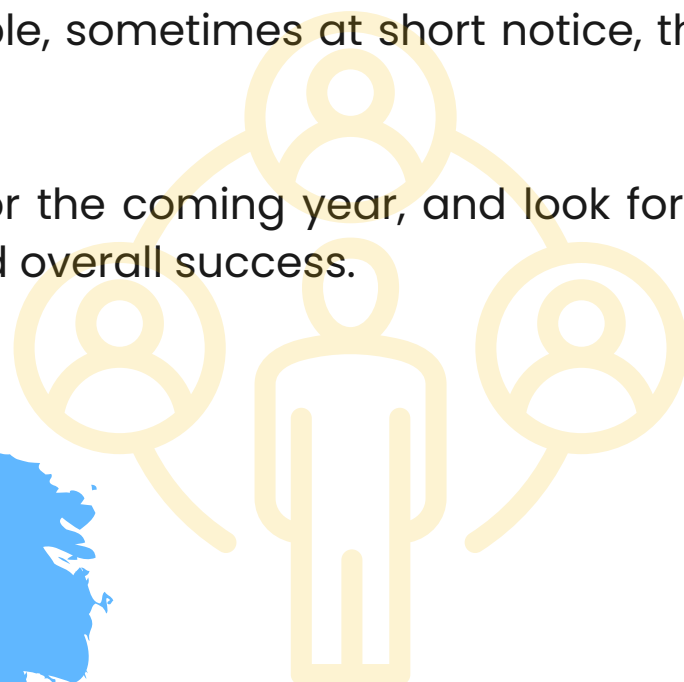
In the face of this difficult situation, and under exceptional leadership, the staff rose to the challenges with their hallmark attributes of resilience, adaptability and above all, a deep commitment to the mission of Kheth'Impilo.

With integrity, and showing care to one another and to the beneficiaries of their work, they weathered the storm, sometimes at personal cost, and we are indebted to them.

As the Board, we are privileged to be able to serve an organisation of this calibre, for which the mandate of universal health care is embedded in everything they do. The members of the small Board match the resilience of the staff, and are thanked for their wisdom and willingness to being available, sometimes at short notice, throughout the year.

We wish Kheth'Impilo well for the coming year, and look forward to a time of renewed funding and overall success.

Prof. Marian Jacobs
Board Chair



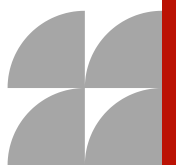
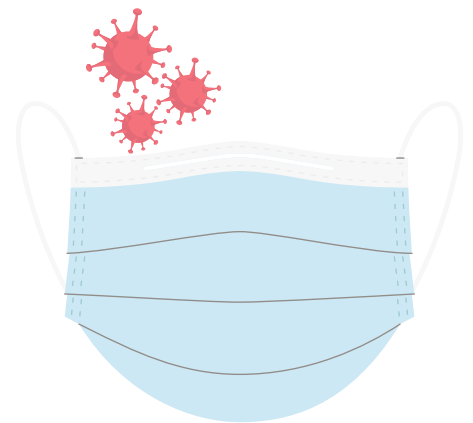


CEO REPORT

Kheth'Impilo's success is based on its ethos of being an organisation that relies on its relations with communities it serves, its staff as well as various departments that provide critical service delivery to ensure a healthy community. Co-creation for better outcomes can only come through positive relationships. This builds trust and on this foundation we can all achieve the best outcomes for all.


Transactional approaches are mostly goal oriented are short lived and not self-sustaining. Where resources a very limited transactional approaches create challenges for any intervention.

This year saw KI emerge from the Covid epidemic-smarter, resilient and ready to go forward with the focus on HIV prevention, treatment, care and support after a period of extreme challenges. The war in Ukraine/Russia sadly resulted in numerous domestic challenges due to cost of fuel increases-fueling inflation creating several budgetary stressors over this year. This situation was not helped by the vaccine rollout which cost KI its reserves- supporting in many ways the SA Governments rollout carrying hidden costs not budgeted for by the DoH and its donors





CEO REPORT continued



This year found KI working on its largest funded program as a sub-recipient to the FHI-360 Orphans and Vulnerable Children program. KI staff demonstrated resilience, courage and endurance despite the personal challenges each member went through when they had to be retrenched for a month to ensure we were able to work within budget. KI found itself in a situation where it had to fund the project operational HR and running costs and get reimbursed after. Cashflow restrictions then resulted in an inability for senior management to travel, staff stopping work for a month. Yet despite these significant challenges KI managed to reach targets. Sadly, due to matters beyond our control we were not successful in carrying on with providing this service. KI had been seriously jeopardised through this reimbursive approach even though this was to be a cooperative agreement. Nevertheless, staff put their communities first in a world thrown into turmoil, chaos with deteriorating economic growth, with limited budgets and increasing demands. KI is blessed to have such committed, dedicated and passionate staff. Sadly, this project has now closed.

The work in Advanced Clinical Care has been making great progress with extra funds coming through for ongoing implementation and expansion. This program has shown a clear need for ongoing training from basics to advanced care in HIV. The rapid turnover of nurses and doctors in the public service results in poor longer-term management of patients on ART. There is an ongoing need to ensure the standard of care is maintained and improved as new treatment options arrive and patients age and develop illnesses of lifestyle.



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C
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CEO REPORT continued



KI's community health care workers continue to provide comprehensive community based support to the DoH in the Cape Metropole. The outcomes have been positive for these communities where they have almost daily access to staff in these areas. Medication is delivered to those who cannot access treatment at facilities for various reasons. KI's CHCWs literally cover patients from cradle to grave providing integrated primary services in conjunction with the DoH

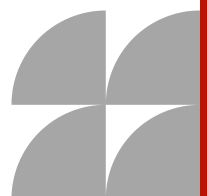


In the Ilembe, the ongoing SRHR work at high schools continued despite COVID-19, with a mad scrambling for final year exams making work a challenge after learners being at home for months. Health indicator outcomes indicated the resilience of the interventions and remained positive despite fears on the program regressing. This is despite the violence that swept this area in the prior months and the delays in accessing SASSA grants, remembering that this area has a high level of unemployment, poverty, unstable domestic environments as most working age males are absent and many learners are cared for by their grandparents.

During this period KI continued to provide relevant services and this resulted in continuous growth of the organisation to meet the growing demands of the Covid-19 pandemic.

Innovation comes through trying to meet the needs of the communities we serve with integrity, compassion and care using what we have available in an ever changing and challenging environment.

Dr Ashraf Grimwood
Chief Executive Officer



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PROGRAMME UPDATES

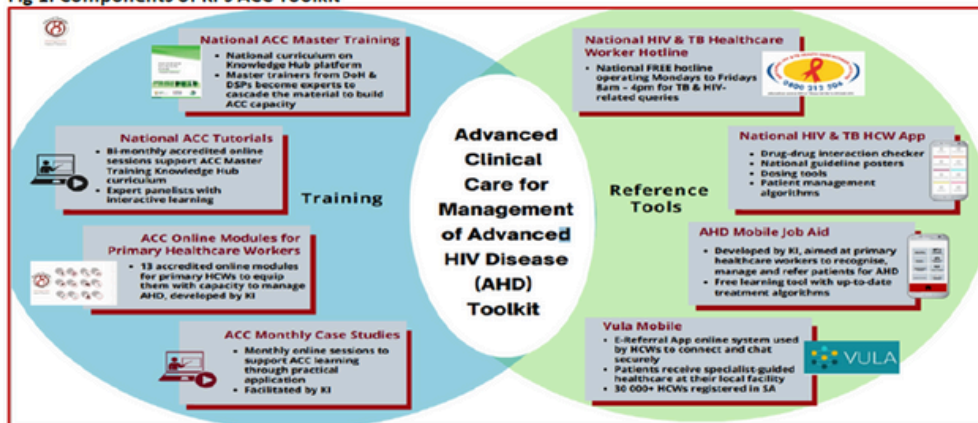


Advanced Clinical Care for HIV Disease

KI's Advanced HIV Disease (AHD) Project commenced on 01 October 2021 to provide support and strengthen the National Department of Health's (NDOH) AHD program. The overarching objective of this AHD project is to improve early identification, retention, and VL suppression of HIV and TB/HIV co-infected clients in South Africa through innovative support to health care providers via virtual platforms and face-to-face learning facilitated by expert clinicians.

Year (Y) 2 activities focused on strengthening elements of the AHD toolkit; increasing the usage thereof by healthcare workers (HCW) at primary healthcare (PHC) facilities; development of a "Results for Action" dashboard and data analytics tool; and increasing usage of the Vula App for AHD referrals from PHC to tertiary hospital levels. To align with updated clinical guidelines and policies that were published in April 23, all elements of the toolkit were reviewed and amended (excluding NDOH's Knowledge Hub's (KH) AHD Curriculum). All learning/training components of the toolkit are CPD accredited.

Fig 1: Components of KI's ACC Toolkit



The link below allows for the sharing of and ease of access to the multiple job aids by clinicians in the field- https://linktr.ee/advancedhivdiseasesa?utm_source=qr_code

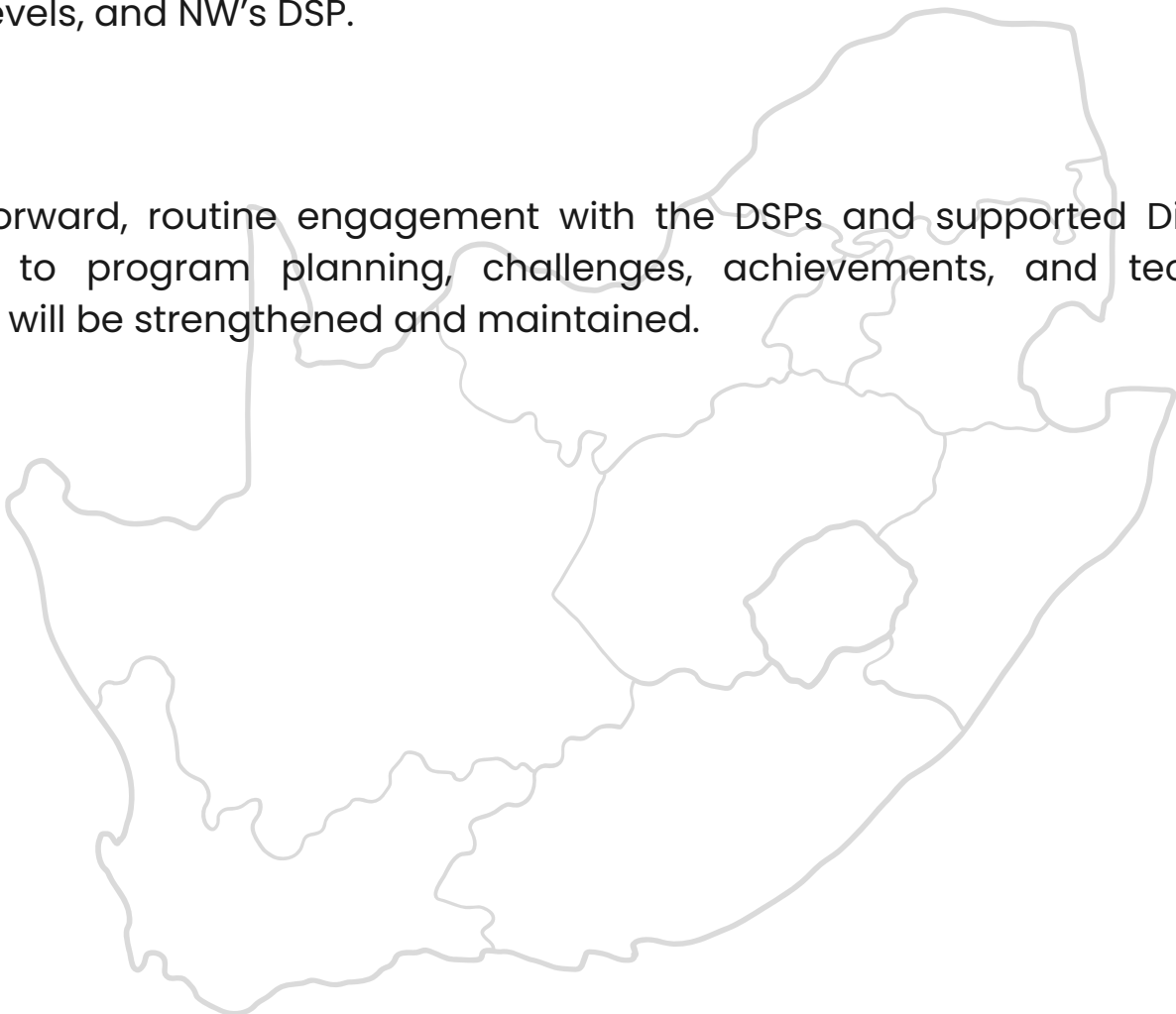




ACC Continued

Engagement with supported districts within the provinces of Eastern Cape (EC), Gauteng (GP), KwaZulu Natal (KZN), and Northwest (NW) continued to be strengthened throughout Y2. After much effort and ongoing engagement, an MOU was signed with Gauteng Provincial DOH in November 2022 and KI met with the district support partner, Wits RHI, to introduce them to KI's proposed strategy for engagement and to familiarize them with elements of the developed AHD Toolkit. In other provinces engagement with DOH Departments, Regional Training Centers, and PEPFAR District Support Partners (DSP) grew from strength-to-strength, with notable engagement and interaction occurring between KI's AHD Team and KZN DOH at provincial and district levels, and NW's DSP.

Going forward, routine engagement with the DSPs and supported Districts, relating to program planning, challenges, achievements, and technical support, will be strengthened and maintained.





AHD Toolkit Introductory Workshops

In Q1 Y2, KI conducted AHD Toolkit Introductory Workshops in the outstanding KZN districts of Zululand and eThekweni. In Q3 Y2, these workshops were conducted in the NW.



Table 1: Toolkit Workshops - Districts and Number of Attendees (Oct 22 – Sept 23)

District	Attendees
Zululand	21
eThekweni	30
Bojanala	10
Ngaka Modiri Molema	76

Due to the prolonged time that it has taken in GP to sign off MOUs and SLAs, the AHD Toolkit Introductory Workshops have not occurred as yet but are scheduled to be conducted in Ekurhuleni and Tshwane Districts GP in the first quarter of Y3.





NDOH KNOWLEDGE HUB AHD TRAINING

TKI supported NDOH’s Knowledge Hub in hosting their AHD Training Course Cohort 4, which was open for the period Sept 22 – Feb 23. A total of 3 339 healthcare workers (HCW) registered for the course of which only 326 completed the course within the given time frame and received certification. The large variance between learners registered and those that completed and were certified, strongly reflects the sentiment of KI’s AHD team that this course is far too advanced for the PHC Nurses at which this course was pitched and that a more practical course is required that aligns to related AHD patient identification and care, and clinical care activities in the field. The number of certified learners per province and cadre are indicated in Table 2, with KI supported provinces indicated in bold.

Table 2: Knowledge Hub Cohort 4 AHD Certified HCW cadres per province (Sept 22 – Feb 23)

Province	Doctor	Clinical Associate	Nurse	Pharmacist	Other	TOTAL
Eastern Cape	13	4	48	2	3	70
Gauteng	17	3	43	2	4	69
KwaZulu-Natal	9	2	33	2	3	49
Northwest	15	3	22	0	1	41
Free State	0	0	10	0	0	10

The SA HIV Guidelines were revised in April 2023. As such the existing NDOH’s KH Advanced AHD Course needs to be amended to align to these updates. However, KI has been instructed by NDOH not to proceed with amendments to the KH AHD Curriculum until the consolidated guidelines have been officially released, and hence no further KH AHD Training cohorts have been offered.





Going forward, in collaboration with NDOH and other key stakeholders, KI will revise the AHD Curriculum in line with the official Consolidated HIV Guidelines, update content, and add to the subject matter as required. In addition, KI will continue to facilitate the CPD accreditation of the AHD Advanced course, drive demand creation and registration, and identify key topics aligned to the KH AHD training modules for discussion and presentation via virtual interactive tutorials presented by subject specialists. To enhance Cohort 4 Learner experience and understanding of the modules, KI facilitated formal interactive tutorials through the KH platform. Table 3 below indicates the topics discussed, the number of registrations, number of actual attendees, the number of queries responded to and the health cadre of attendees.

Table 3: Knowledge Hub Cohort 4 Interactive Tutorials (Oct – Nov 22)

Tutorial Topic	Registrations	Attendees	Queries Answered	Nurses	Doctors	Pharma.	Clinical Associates	Other HCWs	Non-Clinical
Cryptococcal Meningitis & AHD	2 925	1 394	94	711	262	85	25	251	60
Respiratory Disease and AHD	1 925	897	33	442	154	44	15	201	41
AHD in the paediatric population	2 382	1 302	48	570	252	81	29	292	78
Liver disease and AHD	1 767	956	34	225	97	37	11	540	46
TB Disease and AHD	2 047	1 100	34	525	253	55	19	197	51
AHD in Adolescents	1 654	672	39	298	151	21	11	158	33





STRATEGIC DATA ANALYSIS – RESULTS FOR ACTION

To improve efficiencies and “return on investment”, in Y2 KI, in collaboration with CDC, focused on strengthening their Results for Action (RfA) approach through the development of an AHD Dashboard and data analytics tool, enabling the ongoing monitoring of site-specific AHD burden data. Activities have been focussed on collating baseline data and dashboard development and it is envisaged that these will be ready for sharing with DOH and DSP stakeholders in early Y3 Q1. Through use of these tools, KI’s efforts will be focussed on providing data driven strategic insights through an intensified review of lab surveillance data received and routinely collated monthly. KI has engaged a health economist specialising in Public Health to assist with the triangulation of data and development of data analysis tools. Taking into consideration patient volumes / total clients remaining on treatment (TROA), and the analysis of clinical markers such as viral load suppression (VL)/CD4s, data will be presented and shared with the DSPs within the supported districts, through user friendly visual dashboards. In line with DOH’s 100 site initiative (highlighting the 100 worst performing sites nationally), the worst performing facilities within each district will be highlighted.

Furthermore, to support site-specific improved performance, KI, in collaboration with DSPs, have developed a checklist (audit tool) to determine if the sites in question, have the appropriate capacity and resources in place to ensure that WHO’s minimum package of interventions are provided to all clients presenting with advanced HIV disease. The objective for this, is to drive focused supportive supervision to both the DSPs and DOH, which will be differentiated according to need, and aligned to the DSPs AHD-specific implementation efforts. In collaboration with the DSPs, KI will determine the site-specific interventions required, the elements of the AHD Toolkit required, and provide clinical mentorship and support, and or facilitate other interventions that will drive improved performance. Required site-specific interventions will be documented and monitored over time, and, together with the ongoing monitoring of site-specific performance, KI will be able to determine if data-driven interventions have resulted in improved site-specific outcomes. In collaboration with the DSPs, KI will present the RfA dashboards to DOH at the quarterly district meetings, together with feedback on the site – specific interventions taken to address the poor performance.





REFERRAL PATHWAYS

KI has developed a strong partnership with Vula and will continue to collaborate on driving use of this referral tool within GP's supported districts. KI will, in collaboration with DSPs, will strengthen and define existing AHD referral pathways to enable efficient and optimal patient care, using the Vula App. KI will continue to drive the uptake of usage by DOH, ensuring that all clinicians/departments included within district specific AHD referral pathways, are fully "on-boarded" as required for smooth implementation.

National NDOH AHD M&E Framework

KI will, under the direction and guidance of CDC (SA), continue to collaborate and engage with the NDOH and National AHD Task Team on finalizing the draft AHD M&E Framework and indicators.

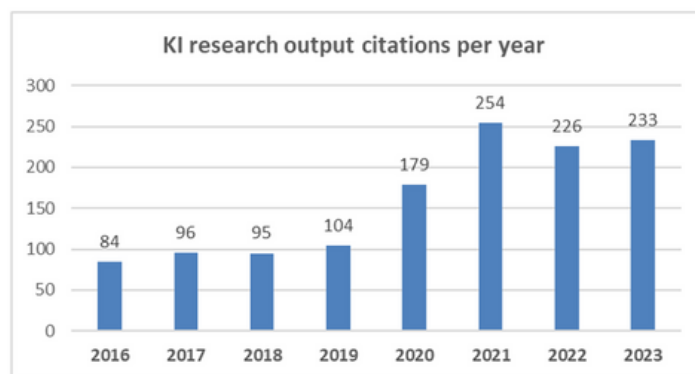


Strategic Information



Strategic Information Management

Kheth'Impilo performs operational and implementation science research related to public health programs in Southern Africa. Data collected by KI is evaluated by epidemiologists and results from ethically approved studies are submitted for publication in international peer-reviewed journals. In 2023 Kheth'Impilo contributors authored five peer-reviewed journal articles including high impact journals such as Clinical Infections Diseases. Cumulative citations of Kheth'Impilo's research output reached 1700, including 233 citations during 2023 (see figure).



There were two conference presentations that were accepted, i.e. poster presentation at the 11th SA AIDS Conference 20-23 June 2023, Durban, Kwazulu-Natal, South Africa and an oral presentation.



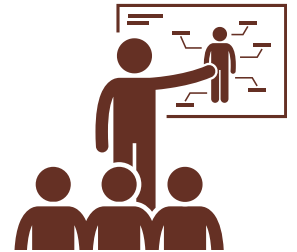


Integrated School Based SRHR



INTEGRATED SCHOOL-BASED SRHR PROGRAM

This integrated school-based Sexual Reproductive Health & Rights (SRHR) program aims to prevent and reduce the impact of HIV, TB, STI, CV19, and teenage pregnancy in a cluster of rural high schools. The objectives are to improve access to and increase utilization of SRHR health and welfare services through education, counselling, screening, referral, and linkage to services. The services are delivered by a multi-disciplinary team across multiple health and welfare sectors.



The program targeted four high schools in Ndwedwe, Ilembe, KwaZulu-Natal with continuous SRHR services and four with intermittent SRHR services. During the 2022/23 reporting period, the teams managed to reduce the teenage pregnancies, improved uptake of SRHR services and HIV prevention knowledge, attitudes and behaviour amongst the girl learners. However, whilst there have been improvements, there has been a surge in mental health-related issues and substance abuse among learners.





Impact

To date, 6401 learners have accessed the program (annual program target n=3040)- almost double the target- highlighting a surge in demand for care and support. All those enrolled in the program received SRHR education and screening services. A headcount of 1553 individual counselling sessions were offered, and 678 learners sought healthcare at clinics.

The ART retention and suppression rates were 100%. A total of 697 learners were provided social protection support, and 294 (42%) were referred for welfare services, of which 270 (39%) were orphans and vulnerable. Learners were assisted with Identity Documents(n=234), counselled and referred for substance abuse (n=66), rape (n=10), GBV (n=18) and 577 females were provided menstrual hygiene products and education. The HIV Testing Service uptake rate for the first time was 56% for new and 80% for accumulative (new and repeat) visits. The annual teenage pregnancy rate was 1%, a systematic decline from 14% in 2014.



In partnership with Food Forward SA, 30 OVC learner households have been enrolled in a food security initiative, an intervention that provides monthly food parcels to households.

Photo: Learner receiving a food parcel





Community Orientated Primary Care

COMMUNITY ORIENTATED PRIMARY CARE (COPC)

COPC is an Integrated Health and Wellness Services project, funded by the Western Cape Department of Health (WCDOH). For the period, 1 October 2022 – March 2023, KI was only funded to offer services at five sites, i.e. Eerste River, Macassar, Mfuleni, Kraaifontein, and Scottsdene.

A call for proposals were launched by the WCDOH for COPC and Wellness services at the end of the 2022 year and KI was successful and received funding for eleven sites, i.e. Bonteheuwel, Eerste River, Inzama Bantu, Kensington, Langa, Macassar, Moorreesburg, Porteville, Scottsdene, Silversands/Wesbank, and Weltevreden. Sadly, we needed to transition the programs in Kraaifontein and Mfuleni to ANOVA.

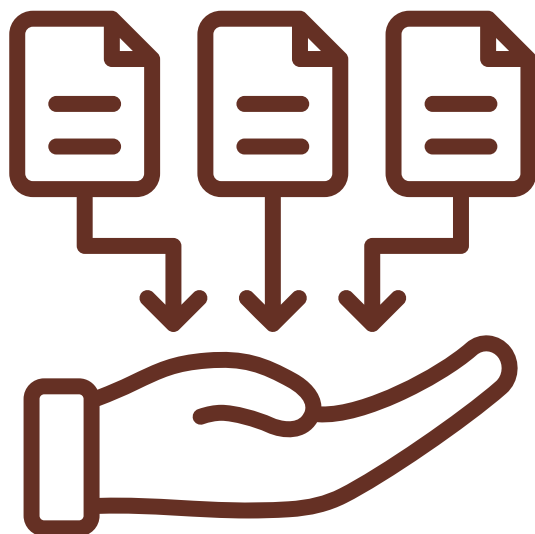




Implementation Overview

The project provides comprehensive services, such as illness prevention, acute and chronic care, Antenatal and Post Natal Care, and nutrition rehabilitation, delivered by community healthcare workers and nurses directly to patients' homes. This community-based approach ensures accessibility and convenience, fostering better health outcomes and community involvement.

For the period 1 October 2022 – 30 April 2023, KI's record-keeping and reporting was manually driven which lacked mechanisms to identify and eliminate record duplication. In May 2023, the project transitioned to an electronic data management system, **Redcap**, to improve data accuracy and reporting efficiency.





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Despite the challenges to switch from a manual to an electronic record-keeping system, the Integrated Health and Wellness Services project has made significant strides, and we are the only NPO currently utilising a patient-level data management system for the COPC project in the Western Cape. The transition to an electronic data management system and the expansion of service sites reflects the project's growth and potential for greater impact. In future, addressing data management challenges and improving patient-level tracking are crucial for enhancing service delivery and reporting accuracy.

The experiences and lessons learned over this period will inform future improvements and strengthen the project's overall effectiveness.

Photos: ECD outreaches include Vitamin A and deworming as well as wellness education and exercise. I was also involved in a toy making workshop with the KESS Occupational Therapists.





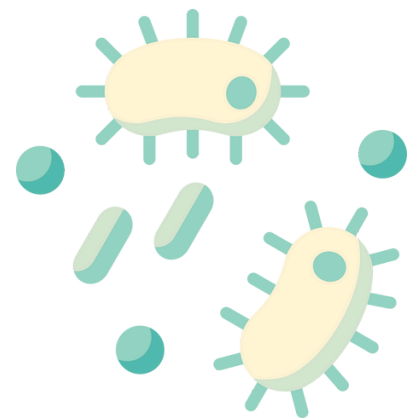
USAID ADAPT COVID-19 VACCINATION PROJECT

The purpose of the USG Global Vaccination program was to provide an integrated HIV/TB and COVID-19 response to vaccinate at least 70% of the 9 million people in USAID-supported districts who are currently not vaccinated.

The ADAPT vaccination program implemented by KI included multiple levels of influence - from the individual to community and health services. Vaccination strategies were responsive to population concerns and associated information needs about the safety and efficacy of COVID-19 vaccines. Besides mobilising adults, the key population included the under 18's. KI primarily focused on school going children, embarking on a strategy to create 'Agents of change' while we ensured other critical groups were included like perinatal women and women seeking family planning as well as Non-Communicable Disease (NCD) clubs.

In addition to the above, KI took Covid-19 vaccination services to eligible men and women to their places of work, taxi ranks, old age homes, households in the areas that we supported.

Right to Care contracted KI to provide increased capacity in the ADAPT supported health districts (namely, Mitchells Plain and Southern sub-structures, Western Cape and Nelson Mandela Bay, Eastern Cape).

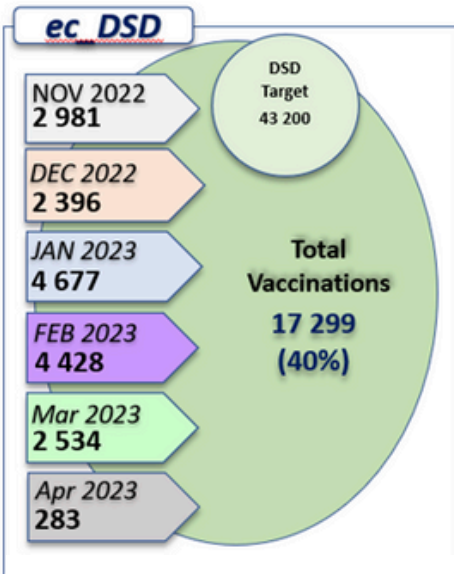


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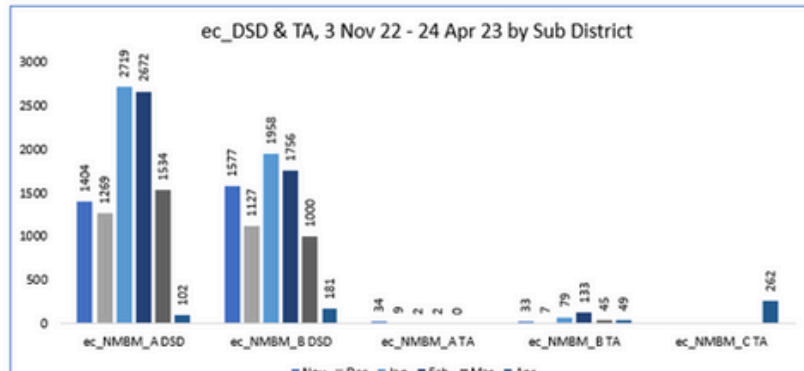


Achievements

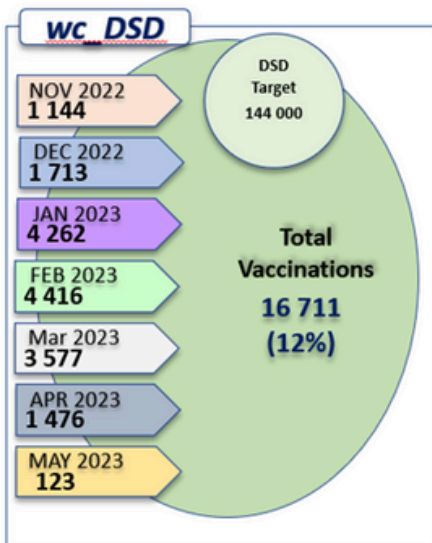
Kheth'Impilo Program performance against target (per sub district) Eastern Cape 7 Nov 2022 – 24 Apr 2023



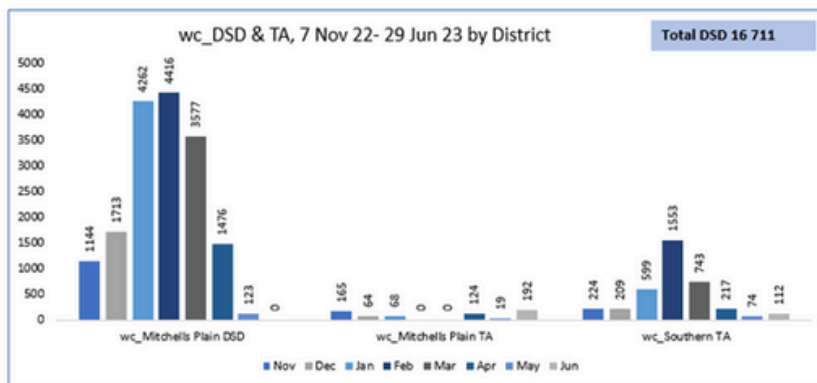
Sub District	Targets	Rolling Targets	Total	Nov	Dec	Jan	Feb	Mar	Apr	%
ec_NMBM_A_DSD	28 800	19 100	9700	1404	1269	2719	2672	1534	102	34%
ec_NMBM_B_DSD	14 400	6 801	7599	1577	1127	1958	1756	1000	181	53%
ec_NMBM_A_TA	9 336	9 289	47	34	9	2	2	0	0	1%
ec_NMBM_B_TA	14 400	14 054	346	33	79	133	45	49	262	2%



Kheth'Impilo Program performance against target (per sub district) Western Cape 7 Nov 2022 – 29 Jun 2023



Sub District	Targets	Rolling Targets	Total Vaccinations	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	%
wc_Mitchells Plain DSD	144 000	127 289	16711	1144	1713	4262	4416	3577	1476	123	0	11.6%
wc_Mitchells Plain TA	144 000	143 368	632	165	64	68	0	0	124	19	192	0.4%
wc_Southern TA	32 436	28 705	3731	224	209	599	1553	743	217	74	112	11.5%





Achievements

At the end of March 2023, reflecting the turning point in the COVID-19 pandemic in the first quarter of 2023, the National Department of Health introduced a shift to integrating COVID-19 vaccines into routine healthcare services to aid South Africa in building and strengthening health and data systems and service delivery platforms for all vaccine-preventable diseases.

In April 2023, KI was informed that the project will come to an end at the end of May or early June 2023.

ID	Lesson Learned	Recommendation
1	The ADAPT M&E forms and systems must all be completed and ready for implementation before implementation start date and not be in development whilst program is ongoing	M&E registers, and program reporting forms and systems to be designed whilst program activities are being designed. Keep the forms, registers and systems simple and create simple standard operating procedures which clinical staff and lay staff can refer to whilst in the field.
2	Integration of activities should have been done from day one with facility staff at facility level.	Involve facility staff from day one educating and preparing them on the project exit strategy.
3	The longer people have to wait for the stock availability of Pfizer, the more people will opt out of going for the vaccines	An alternative option to Pfizer vaccine to be sourced





OVCY FAMILY STRENGTHENING PROGRAMME

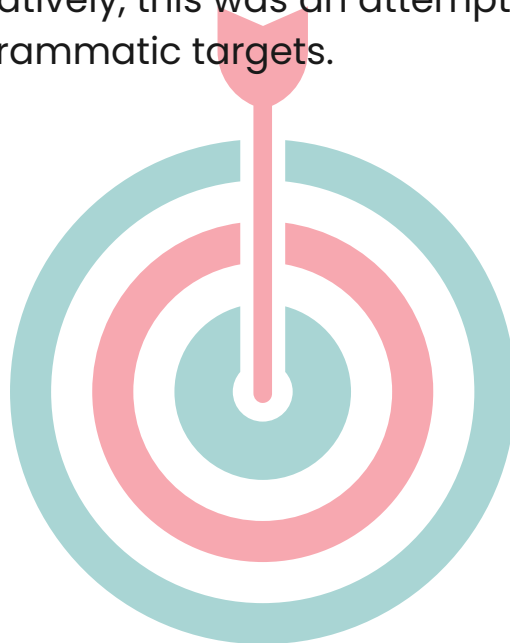
Kheth'Impilo OVC Family Strengthening project seeks to contribute to reaching the 95-95-95 goals to achieve epidemic control and an AIDS-free generation by responding to the social, economic, and emotional consequences of the HIV and AIDS on children, their families, and the communities that support them. The goal of the OVC Family Strengthening project is to improve the health and well-being of children and families by mitigating the impact of HIV and AIDS, increasing children's resilience, and reducing their risk of HIV infection. In COP22, Kheth'Impilo will continue to implement the OVC Family Strengthening project in Alfred Nzo, Buffalo City, Chris Hani, Oliver Tambo.





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During COP22, KI worked under very difficult conditions as a result of the financial constraints that ultimately led to cashflow challenges and placed undue pressure on KI as an organisation. The reason for the financial constraints was because KI needed to fund the implementation of the programs whilst waiting to be reimbursed by FHI 360. KI reduced the head office support staff from 1 July 2023 which also impacted the program at large negatively, this was an attempt to stretch the budget to allow KI to reach programmatic targets.



KI field staff were resilient and focused on achieving the targets for the OVCY/DREAMS program in the Eastern Cape (EC) province during this time. FHI 360 released funds towards the end of Q3 of COP22 and they appointed a consultant to support the teams on the ground, reviewing the achievements against targets. The consultant was familiar with KI and FHI360 and could objectively assist in getting the funds released by FHI360 to support the implementation plans of KI. With this additional support, KI management redirected funds allocated for oversight visits by the Program Director, as the operational costs during the implementation of the accelerated plans soared.



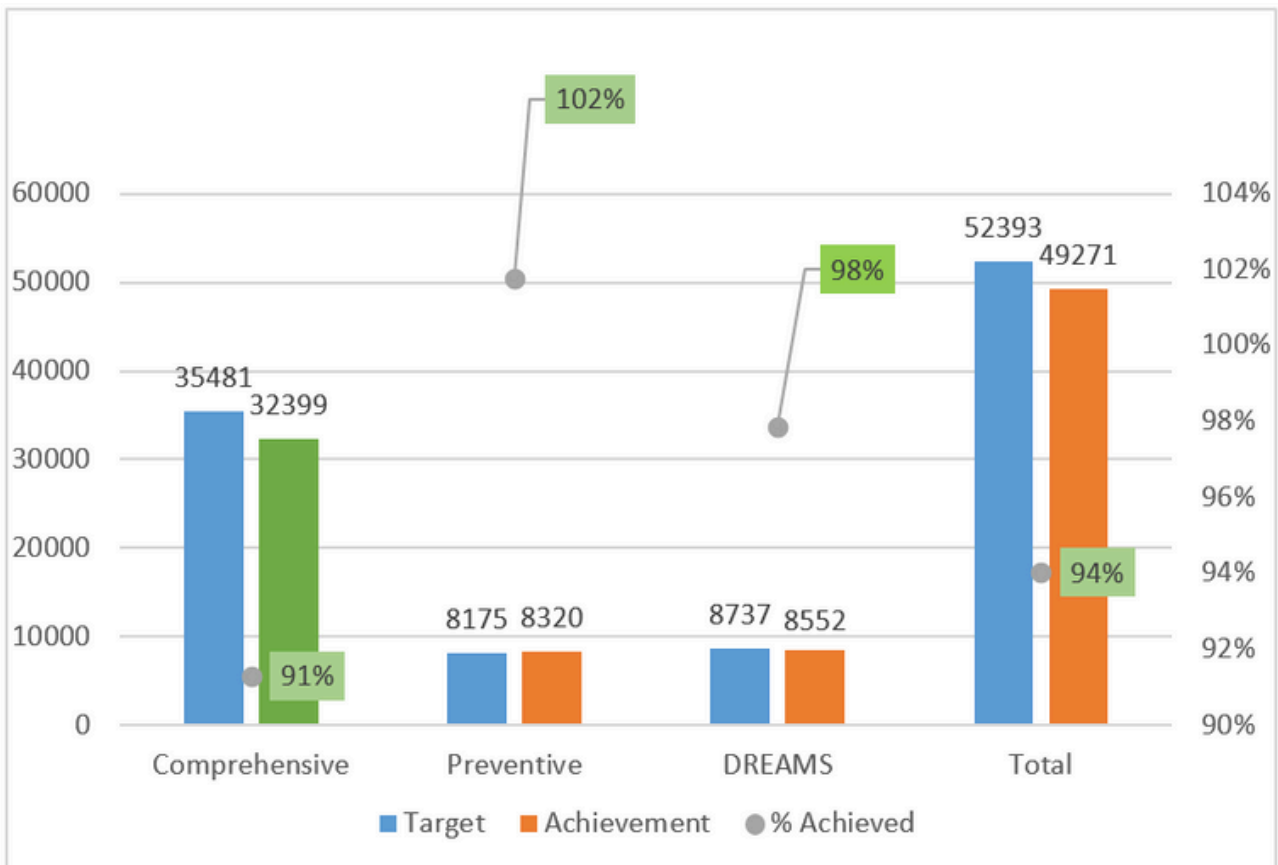


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The District Coordinators and the Program Manager were able to reallocate existing staff and resources which allowed them to reach beneficiaries in the outlying areas of the respective districts. FHI 360 managed to make additional funds available for the employment of 20 x CHWs, 4 x filing clerks and 4 x data capturers and 5 hired cars (1x Chris Hani, 1 x BCM, 3 x in ORT) to support the accelerated plan implementation. The additional staff members were originally contracted for 2 months but towards the end of their contract, FHI 360 made additional funds available to extend contracts for another month which allowed KI to maintain the performance and impact positively on the enrolees of the program.

The chart below illustrates performance by each component (OVC Comprehensive, Preventive, and DREAMS Family Strengthening) and the overall program performance against the OVC_SERV indicator.

Graph 1: Overall OVC_SERV performance by component as at FY23, Q4





The total OVC served consisted of those who received OVC preventive services 8289 (102%), comprehensive services and active DREAMS beneficiaries 8552 (98%) who received an OVC service. In addition, 884 (46%) were OVC aged 18-20 years still in secondary school.

KI finished the Q4 period on a high by achieving 94% of the overall OVC_Serv target. This is a remarkable achievement considering that KI reported 50% of the overall OVC_Serv target at the end of Q3. The comprehensive targets achieved in Q4 were 91% compared to the 42% achieved at the end of Q3. KI continued with the accelerated implementation plans of the prevention program in Q4 and managed to achieve 102% at the end of Q4; the over achievement was due to more learners attending the sessions when training was done per school. KI achieved 98% of the DREAMS target by the end of the quarter, another great improvement on Q3 where we reported an achievement of 59% against target.

The OVCY Family Strengthening came to an end at on the 31 September 2023 and we are proud of what we achieved over the year even though the financial environment made it very difficult for the teams.





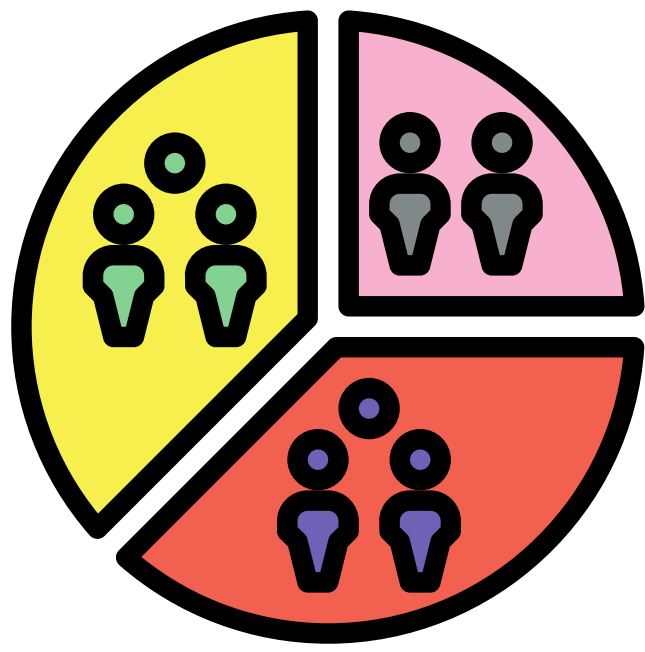
HUMAN RESOURCES

The HR Department serviced a staff complement of 989 individuals during the fiscal year ending September 2023. The organisation paid out to its staff just over R 215 million in salaries and benefits that included a 13th cheque, contributions to Pension, Medical Aid and Group life; where applicable.



KI STAFF DEMOGRAPHIC

	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL
FEMALE	586	312	2	4	904
MALE	51	28	3	3	85
TOTAL	637	340	5	7	989





STAFF TURNOVER

Terminations during period October 2021 to September 2022 were mainly due to contracts coming to an end. KI had minimal staff turnover, 40 in total.



NEW HIRES

The HR Department successfully recruited 580 staff members onto its payroll between October 2022 and September 2023.

406 new people were employed on the Integrated Home-Based Care project funded by Western Cape Department of Health.

80 new staff members were employed on the Adapt Vaccination programme funded by Right to Care.

We employed 54 staff members on the IMAGINE and Intensive Economic strengthening projects funded by NACOSA and FHI 360 respectively, both programmes focus is the empowering of young women and adolescent girls.

Termination Reason	Number
Abscondments	5
Dismissed	2
End of Contract	375
Resignations	48
Retirement	0
Retrenchments	4
Grand Total	434





INDUSTRIAL RELATIONS

The organisation needed to do a critical restructure at head office, which resulted in temporary salary cuts for head office staff. As part of the restructure process, we had to merge certain positions leading to a few layoffs.



COMPLIANCE

EMP501 was successfully submitted to SARS in May 2023 and staff members were issued with IRP5's.

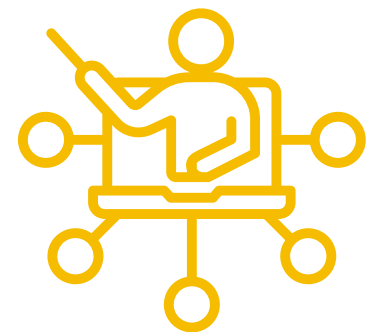
USAID and CDC required a quarterly report HRID, this deadline has been consistently met during the 2023 financial year.



TRAINING

Training at KI is on-going with a focus on improving workplace deliverables. The Community Care workers partake in sessions weekly to improve on service delivery.

Data capturers attended REDCAP & EVDS training sessions facilitated by the SI Department.





SUPPORT SERVICES: INFORMATION TECHNOLOGY



With ever increasing pressure on Programs to yield favourable target outcomes, IT Support continued their efforts to introduce new collaborative methods in the workplace. IT was called upon to create info media pamphlets & social media content for the Intensive Economic Strengthening (IES) program.

In ongoing assistance to our Department of Health (DOH) component, we embraced a directive to provide every Professional Nurse with a mobile device and a KI email address. Additionally, each office received a minimum of two laptops.



Addressing the escalating costs associated with third-party support, encompassing managed services and offsite backups, we initiated a project to transition our legacy Server applications to the cloud. This initiative alone was projected to result in a 50% reduction in professional services costs.





FINANCE



In the financial year ending 30 September 2023, KI received reduced donor funding when compared to previous financial years. This outlines the challenges for funding for the near future.



Donor Funding

Total Funding	FY22	FY23
USAID	33 449 919	35 455 712
Other	28 475 115	22 275 618
Total	61 925 034	57 731 329

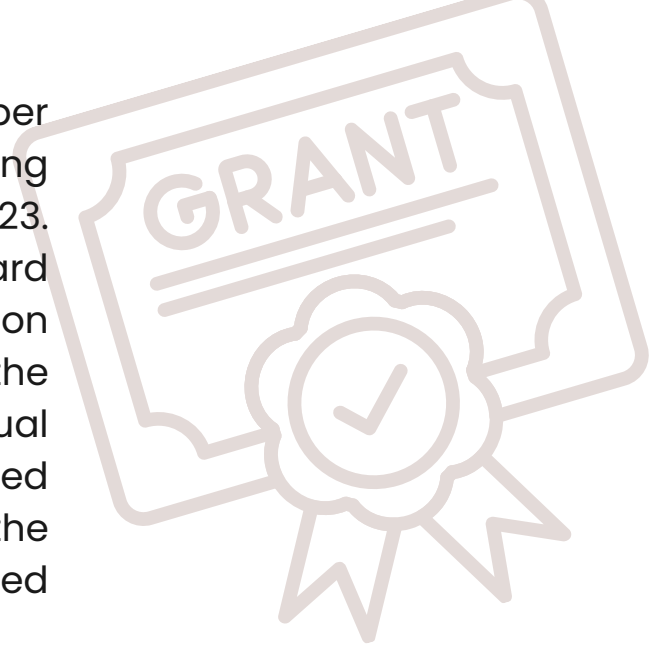
Funding was reduced by 7% in FY23 when compared to FY22





Awards

The following table lists the burn rate per funded programmes implemented during the fiscal year ending 30 September 2023. The table shows estimated award amounts for the full implementation period, life of project expenditure and the projected pipeline budget for the annual reporting period. Kheth'Impilo maintained a healthy burn rate throughout the implementation period of mentioned programmes.



#	Award	End Date	Months Remaining	Obligation	Total Expenses (Sep '23)	Remaining Obligated Balance	Burn Rate
1	DOHEAST	03-31-24	6	66 706 987	60 884 992	5 821 995	91%
2	DOHNORTH	03-31-24	6	43 883 714	40 332 687	3 551 028	92%
3	DOHMP	03-31-24	6	11 877 246	4 671 421	7 205 825	39%
4	DOHSW	03-31-24	6	6 984 352	2 531 489	4 452 863	36%
5	DOHWC	03-31-24	6	3 639 359	1 642 692	1 996 667	45%
6	FHI	10-31-24	1	119 265 652	117 902 377	1 363 275	99%
7	CDC	09-30-24	12	16 831 951	16 831 951	-	100%
8	IDEA	08-31-23	0	4 456 610	4 456 610	-	100%
9	MACAIDS	05-31-24	8	27 765 604	26 645 120	1 120 484	96%
10	NACOSA	06-30-25	21	18 359 205	2 131 963	16 227 242	12%

319 770 680	278 031 302	41 739 378	87%
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