



INNOVATION
in
PUBLIC HEALTH

2019 ANNUAL REPORT

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CEO – KHETH'IMPILO

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1. Overview of KI

Kheth'Impilo is a South African Not for Profit Organization that has been providing clinical care and treatment services, health and community systems strengthening from 2009 Oct as KI and from Nov 2003 as ARKSA through direct programme implementation and technical assistance at all levels of health service delivery to the South African Government. Kheth'Impilo is positioned as a leader in public health innovation and being one of the few organizations that have successfully integrated Health, Welfare and Education to provide a holistic approach to serving the community in the Public Health space.

The comprehensive Health care solutions include prevention, care, treatment, and support for people infected and affected with HIV and TB supported by a range of innovative differentiated community based models of care that include community HIV testing, community based models of adherence support, early childhood development, school health and accredited training.

Our program data is evaluated by public health physicians and epidemiologists, the organization publishes on average 5 peer reviewed journal articles per annum and presents programme achievements at international conferences on a regular basis.

Kheth'Impilo has an exceptional team of healthcare professionals providing technical assistance at district and facility levels of health delivery addressing HIV and TB health service challenges for children, adolescents and adults in high HIV prevalence communities. This technical assistance is through high quality care that increases life expectancy, reduces mother to child HIV transmission, contributes to virological suppression and increased HIV survival.

Kheth'Impilo responds to a promise of Innovation in Public Health and consistently delivers on this promise with specialized solutions for development and implementation of health and community systems and services strengthening.

2. Vision, Mission and Focus areas



Vision

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

Mission

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

Our 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 are able to meet the public health needs of the communities we serve.

3. The CEO's Report

Dr Ashraf Grimwood (Insert Picture)

MEMBERS' REPORT

Fiscal year 2019 started with the commencement and implementation of a significant award (*R85 million 5-year award*), namely APACE, from USAID starting 01 October 2018. This programme required the implementation of programme activities in both the Western and Eastern Cape provinces. This USAID



award increased the organisational funding significantly, as it contributed to more than 70% of Kheth'Impilo's annual funding income. Other 2019 programmes implemented by Kheth'Impilo during this 2019 period included the following programmes:

Other Programmes	Funder	Location	Award Value
Community-based HIV testing programme	KfW (via FPD)	Eastern Cape	R36,5m
Early Childhood Household Strengthening (ECHS)	USAID (via FHI360)	KwaZulu Natal	R22,8m
Investing for Impact against Tuberculosis and HIV (Phase III)	Global Fund	Eastern, Western Cape & KZN	R126m
Community home based care and facility counsellor programme	WC DOH	Western Cape - CoCT	R17m

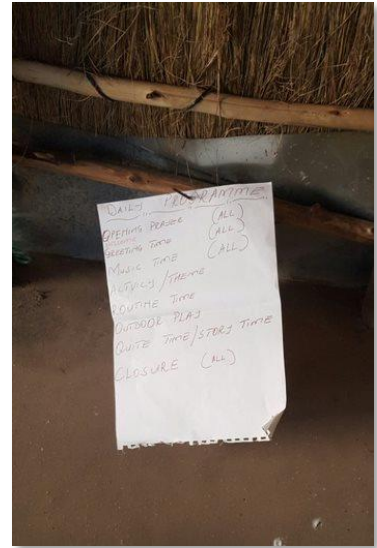
However, within 5 months of receiving the USAID award allocation notice, USAID informed Kheth'Impilo of its decision to part cancel the Western Cape component of the award effective 31 May 2019. USAID informed KI on 18 March 2019, that *"after a thorough review of the data, and noting the lag in programmatic achievements in the HIV treatment cascade in FY 18, the U.S. Agency for International Development (USAID), which oversees PEPFAR resources, made a determination to reorganize programmatic management in the district"*. The letter further stated that effective April 1, 2019 through May 31, 2019 USAID recommends Kheth'Impilo working with ANOVA to accomplish a smooth and full transition in the Western Cape by 31 May 2019. The termination of the award required that Kheth'Impilo immediately embark on restructuring the organisation. The restructuring process as prescribed by the relevant Labour Relations Act sections s197, s197(6) and s189, started in all earnest in April 2019 and continued through 30 September 2019. During this period, Foundation for Professional Development also informed Kheth'Impilo of its decision that the Community-Based HIV testing programme will end in June 2019 three prior months prior to its agreed end date of 30 September 2019. Despite the

restructuring of the organisation, Kheth'Impilo continued to implement the remaining programmes as per agreements with various donors.

In the final month of the fiscal year, namely 04 September 2019, Kheth'Impilo further received notice from USAID of its decision to cancel the Buffalo City Municipality component of the programme requesting Kheth'Impilo work with MatCH to ensure effective transition of the programme by 31 December 2019.

The decisions referenced above significantly impacted programme performance during the period. KI staff worked tirelessly amid trying and challenging times ensuring the achievement of stated program objectives and results. For **the APACE programme** KI reached over 90% of WC TROA targets.

Regardless of the motivation(s) for the decisions, KI emphatically states that its achievement over



ANOVA Programme Achievements

- **933 938** individuals established their HIV status;
- **36 560** were diagnosed as newly HIV +ve,
- **34 926 (95%)** were initiated on ART, achieving **70%** of the TX_NEW semi-annual target in CCTM;
- **73%** of the TX_NEW annual target in BCM (for year2) reached; An average of **70%** of these treatment initiations across both Districts took place within 14 days;
- TX_CURR achievement represented **82%** and **73%** achievement to the FY20 targets for CCTM and BCM respectively;
- **210 398** viral load tests performed, representing an average viral load uptake of **70%** and an average viral suppression rate of **91%** across the two Districts.

the short implementation period has been significant when compared to other SA PEPFAR partner achievements during the same period.

March 2019 signalled the end date of the **Global Fund Programme** that provided for a comprehensive package of health, education and support services for young women and

Global Fund Programme Achievements

- **109%** of young women and girls served with comprehensive health, education and support services;
- Supported over **200** DOH facilities across 3 provinces with adherence support services;
- **339,959** ART patients provided with adherence support which included counselling and linking to treatment and care;
- **89%** of ART patients in the facility and included in the programme recorded suppressed viral loads.

adolescent girls, in and out of school. This programme also provided adherence support for people living with HIV through a community/local level intervention based on a differentiated patient-centered customizable adherence support and adherence club approach.

The KfW community-based HIV testing programme was implemented as part of a consortium since September 2016 in two Eastern Cape districts. The focus of the KfW programme was to identify people living with HIV within community settings and link them to treatment. This was in alignment with the UNAIDS 90-90-90 strategy and adopted fully by South African Government as a measure of progress in the HIV response. In summary, the programme managed to test 218,519 clients, which is 82% of the final grant target of 267,270 through 30 June 2019. Additionally, The programme innovatively targeted men and youth in particular through testing in public universities and TVETS colleges and other spaces frequented by this target group. Other spaces included sports centres/fields and taverns/shebeens where programme staff were able to provide HTS. Overall, the KfW programme reached 104,889 men and 80,852 youth aged 15-24 years old that translated to 37% of all HIV tests done.



The Early Childhood Development (ECD) program is a home-based Early Childhood Household Strengthening (ECHS) program targeting HIV affected caregivers and children between 0-5 years of age who are unable to access Centre-based ECD services. Key components of the KI home-based ECHS model include: caregiver training, facilitation of age-specific playgroups, setting-up caregiver Circles of Support (CoS), mentoring and debriefing of Home Visitors and mobilizing community support.

ECHS Programme Achievements

- **7,468** beneficiaries reached with programme services;
- **125%** of targets reached;
- ECHS programme contributed to SA's 90-90-90 targets as all beneficiaries knew their status and were linked to care;
- **1,346** OVCs had their viral suppressed;
- **97,3%** of beneficiaries were virologically suppressed;

Kheth'Impilo also implemented the **Integrated School-based Sexual Reproductive Health and Rights (SRHR) program** in the iLembe district of KwaZulu Natal. The goal of this program is to reduce the HIV/STI infections, unintended pregnancies and to improve SRHR service uptake including HIV treatment care and support for high-school learners in a rural sub-district in SA. The program was initiated in 2014/15 in one high school comprising of 1,260 learners, expanded to

14 schools in 2017/2019 (n=6,500). From Aug 2018 to September of 2019, **a total of 6,533 learners (target 6,500) were reached.** The total headcount of **14,704 visits were made to the school-based and clinic-based services.** The cumulative proportion of learners seeking SRHR services for the first



time was 90%. The cumulative uptake of **Voluntary Male Medical Circumcision was 24 % and for HIV Testing Services was 60%.** For the period January to June 2019, 15 teen pregnant learners accessed services and 13 pregnant learners were enrolled in antenatal care. All of the pregnant learners enrolled in antenatal care were HIV tested, 3 tested HIV positive and all were enrolled for the prevention of mother to child transmission program. There was a 0% transmission rate to the children born. The cumulative uptake for contraceptive services was 50%. KI hosted an outreach in a community-based setting (Isiboneleo crèche) and was able to reach 79 adults, and 114 learners for health education, screening and referral for health and social protection. KI recruited 13 interns who were recipients of the KI SRHR program as learners previously, who were trained to a NQF level 4 qualification as Social Auxiliary Workers and Health Promotion officers. KI also trained educators on SRHR, HIV prevention, care and support and reached 60 educators with training as part of the continuous community-strengthening strategies.

Kheth'Impilo places great emphasis on a stakeholder approach to address the root causes of public healthcare issues in South Africa and beyond. We acknowledge that no stakeholder stands alone in the process of creating value.

Kheth'Impilo continues to strive towards operational excellence and to pursue new opportunities to provide continued services across Africa through the support of local partners to allow these local organisations to implement initiatives that achieve sustainable growth in quality service delivery that ensures supported individuals, communities and governments achieve their goals.

4. Executive Management Committee

The Executive Committee remained the same throughout this fiscal year. This committee spearheaded the organisational restructuring processes, which included consulting, liaising and contracting with various Labour experts to ensure a smooth and fair implementation of the restructuring process. This committee also ensured that the Kheth'Impilo board remained informed of the changes that included approval of the final KI structures and recruitments process to fill the various affected staffing positions.

Dr Ashraf Grimwood – Chief Executive Officer

Dr Ashraf Grimwood started his HIV work in Australia during the late 80's, and continued in South Africa from 1992. He has extensive HIV clinical experience with a community health focus in both the public and private sectors. Dr Grimwood was chair of NACOSA and previously served on the boards of Yabonga and Triangle projects. He is currently serving on the SA HIV Clinicians Society and Dira Sengwe boards and was deputy chair for the Centre for Conflict Resolution. He was previously Executive Director of ARK SA, Deputy Director of SAHIVAC as well as Director of the HIV Research Unit – Secure the Future.

Eula Mothibi – Chief Operations Manager

Dr Eula Mothibi qualified as a medical doctor in 1992 whereafter she trained and qualified as a specialist physician, an HIV clinician and HIV programme manager. She worked as a physician at hospitals in KwaZulu Natal, the Northern Cape and Western Cape provinces and became the HIV Technical Specialist and HIV Treatment Programme Manager for the Northern Cape Department of Health. This was before her return to the Western Cape as the Senior HIV Technical Specialist for the Western Cape Department of Health. Dr Mothibi became the Director of Clinical services for Absolute Return for Kids SA, whereafter she co-founded the NGO Kheth'Impilo as Head of Health Services in 2009

Vincent Titus – Head of Community Services

Vincent Titus is a multi-skilled professional with over 20 years of experience in managing complex, multi-year donor funded programs where he was responsible for building the organizational capacity of civil society organizations. He is a dynamic leader with strong management and operational skills with a keen focus on managing effective relationships with diverse partners, donors, government and other stakeholders. He has demonstrated success in targeted skills transfer and organizational strengthening.

Sonja Kotze – Chief Financial Officer

Sonja Kotze has more than 18 years Global Finance and Operations experience in the private and non-profit sectors. She has worked extensively on USAID, CDC, DFID, and other bi –and multilateral cooperative agreements and contracts during this time. Her expertise extends to operational policy, process and system efficiency design as well as information technology, human resources, program and logistics support and corporate governance. She has managed the financial and governance oversights of entities in the US, UK, South Africa and a multitude of African countries. Sonja values teamwork, integrity and respect irrespective of your position in life. She is an activist at heart and works at supporting those around her to achieve their personal and professional potential.

5. Programmes Implemented



A. HEALTH PROGRAMMES

Kheth'Impilo started implementing a **USD85, 000, 000 (estimated R.1 billion) 5-year APACE programme** with effect from 01 October 2019 in both the Western and Eastern Cape provinces. For this programme, KI prioritized targeted, validated, efficient and comprehensive HIV and TB prevention, case finding, treatment initiation, retention and adherence, with interventions differentiated for population and location. An appropriate mix of staff cadre and local public and private partners delivered on two critical outcomes, namely: 1) achieving epidemic control in supported facilities in across the districts, and 2) strengthening health and community systems at district, provincial and national levels. The program had four (4) components detailed as follows:

Component 1:

Preventing new HIV infections and reducing HIV morbidity and mortality through an improved and sustained HIV and TB Continuum of Care. The three (3) result areas included the following:

1. Result 1: Increase the proportion of PLHIV who know their status;
2. Result 2: Increase the proportion PLHIV who are on treatment;
3. Result 3: Increase PLHIV who are virally suppressed.

Component 2:

Strengthening District Health System (DHS) to support of the HIV/TB Continuum of Care. This component will be implemented in both BCM and CoCT through Health Systems Strengthening (HSS) focusing on:

- MER systems
- Pharmaceutical systems
- Human resource systems

Component 3:

Strengthening Provincial Health Systems. This support was only provided to Western Cape Province.

Component 4:

Strengthening National Health Systems. The support to be provided will focus on:

- National Adherence Guideline
- School-Based HIV/SRHR services



Additionally, this programme included clinical and community components and staff were recruited to ensure programme outcomes are achieved. After five (5) months (*end March 2019*) of implementing the programme, USAID informed KI that the Western Cape clinical component of the programme be transferred in full to ANOVA. Through negotiations with both USAID and ANOVA it was agreed that KI could continue with implementing the community component of the APACE programme in Western Cape. Details of the achievement of

the APACE community programme can be found in the relevant community section of this report below.

Kheth’Impilo continued to implement both clinical and community components in Buffalo City Municipality. However, on 04 September 2019, USAID again informed KI of their decision to transfer the balance of the APACE BCM programme to Match. The final transition date for the APACE programme was 31 December 2019 as agreed to by USAID, Match and KI. Reasons offered by USAID for the decision(s) included the needs to rationalize their partners and ensuring that they each have more than one district allocated to them. Kheth’Impilo worked with both incoming partners to ensure a smooth transition whilst ensuring minimal impact and break in service delivery to beneficiaries on the programme.

Summary of APACE program targets

The table below provides an overview of program performance by District and includes baseline data with respect to City of Cape Town Metro (CCTM).

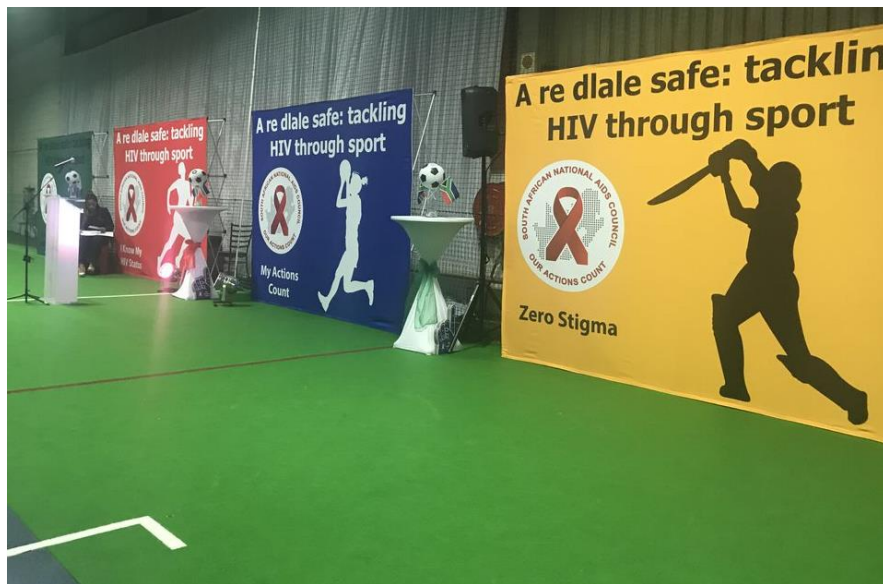
Summary of APACE program indicators

City of Cape Metro					Buffalo City Metropolitan Municipality					
	Annual Results Baseline (FY2018)	%Performance to Annual Target	Semi Annual Results (FY19)	%Performance to Semi-Annual	Semi Annual Results (FY19)	%Performance to Semi-Annual Target	Annual Results (FY19)	%Performance to Annual Target	Q1/FY20 Results	%Performance to Q1 Target
HTS_INDEX_NEWNEG			481		0		1543		30	0%
HTS_INDEX_NEWPOS			150		0		72		19	1%
HTS_SELF			3839	33%	0		1219		487	
HTS_TST	794199	77%	518313	160%	97855	109%	238105	133%	58694	66%
HTS_TST_POS	33032	54%	19461	96%	6448	76%	12843	75%	2291	37%
Yield	4%		4%		7%		5%		4%	

TX_NEW	32549	36%	16450	70%		6066	74%	12004	73%	2076	34%
Linkage	99%		85%			94%		93%	97%	91%	
TX_CURR	187501	75%	188068	82%		53613	67%	58838	74%	58049	74%
TX_Net_New	-11303		11870			7181		2211		-789	
TX_PVLS_N	96252	52%	115712			32710		38205		38777	
TX_PVLS_D	103194	50%	125981	57%		36486	96%	42617	56%	42699	55%
Viral load uptake (65%)	55%		67%					72%		74%	
Viral suppression	93%		92%					90%		91%	
PMTCT_STAT_N	61070	114%	40528	321%		5361	97%	10826	98%	2603	93%
PMTCT_STAT_D	62113	114%	40533	318%		5361	96%	10827	97%	2603	93%
Pregnant women knowing status	98%		100%			100%		100%		100%	
PMTCT_STAT_POS	11676	107%	7238	253%		1632	94%	3044	87%	688	83%
PMTCT_New Pos	2544		1344			700		1257		227	
PMTCT_Known Pos	9132		5894			932		1787		461	
PMTCT_ART_N	11297	106%	7166	257%		1604	93%	3012	88%	684	84%
PMTCT_ART_D	11676	107%	7238	253%		1632	94%	3044	87%	688	83%
HIV+ pregnant women received ART	97%		99%			98%		99%		99%	
PMTCT_EID	15044	145%	9284	344%		3036	182%	5831	175%	1594	188%
PMTCT_HEI_POS	46		67			17		23		12	
PMTCT_HEI_POS_ART	50		64			13		18		10	
HIV+ infants started on ART	92%		96%			76%		78%		83%	
TB_STAT_N	17306	91%	8382	339%		1677	88%	3632	96%	949	122%
TB_STAT_D	18525	93%	9010	361%		1786	93%	3913	102%	992	126%
TB patients with known HIV status	93%		93%			94%		93%		96%	
TB_STAT_POS	7296		3219			829		1814		462	121%
TB_STAT_New_Pos	1205		1360			335		808		202	
TB_STAT_Known_Pos	2926		1859			494		1006		260	
TB_ART_N	5932	67%	2712	225%		715	78%	1539	84%	403	100%
TB_ART_D	7296		3219			829		1814		462	121%
HIV positive TB cases on ART during TB treatment	81%		84%			86%		85%		87%	83%

The program performance for almost all indicators listed improved over the implementation period, albeit falling short of the semi-annual and annual targets. Notably, delays in rolling out HIV self-screening and challenges in implementing Index testing with fidelity, hampered case finding efforts in both Districts.

The poor linkage to care in CCTM at the end of the implementation period reflects amongst others, lingering resistance to same day initiation from DOH clinicians and the expected delays and known challenges in tracking patients from non-initiating City Health sites across the multiple data systems in use, in order to confirm treatment initiation.



Viral load uptake while seen to have improved, nevertheless remained

poor at around 50 -57% of the assigned targets or around 70% performance to the VL expected level. Poor documentation and record keeping were identified as the major elements in this regard and indeed in other areas of poor performance such as TB prevention.

Notwithstanding these challenges, the PMTCT and TB elements of the program have performed well.

Progress towards the first 90:

KI supported HCT services through the provision of HCT training and mentoring of nurses, counsellors and community health workers and exceeded the HTC_TST targets set.

Activities conducted in support of this goal in both Districts included the following:

- Engaged stakeholders in each facility (FMs, OMs, Clinicians, Pharmacists and other MDT) to conceptualize a facility specific process to normalize HIV testing. This continued to be a challenge with DOH funded NPOs working in facilities reluctant to commit to achieving specific testing targets and in many instances refusing to share their testing numbers.
- Provided containers and/or gazebos to address space constraint in identified facilities
- Assigned Testing and Linkage officers to conduct HIV testing and TB screening at high yield service points e.g. ANC, STI, Family Planning, TB clinic, youth clinic
- Provided training and on-sites coaching on Index testing, initially through partner notification in CCTM and subsequently through index case trailing (ICT) in both Districts.
- Monitored weekly case finding performance, including PITC target achievement, provided feedback to facility managers and jointly identified corrective actions to be implemented.

Progress towards the second 90

To support treatment initiation, KI provided district roving teams of doctors, nurses, pharmacy and counselling and support staff.

Recognizing that treatment initiation (TX_NEW performance) is closely linked to case finding performance, the initiating capacity available and the extent to which same day initiation was being implemented, the following measures were undertaken in both Districts, in addition to activities aimed at improving case finding detailed above,:

- Active monitoring and recall of all clients awaiting initiation (from pre-ART lists, where applicable, and those listed as newly diagnosed positives in HTS and TB registers),
- Mitigating the potential loss of clients testing positive outside of facilities, by assigning designated KI navigators in each facility, who would link to community partners and actively navigate each client to ART initiation.
- Overcoming the resistance of DoH clinicians to same day initiation through mentoring and coaching.
- Deploying KI roving teams to support initiations at non-initiating sites and strengthening referral chain with 69 non-initiating sites in CCTM.
- Boosting initiating capacity through training and mentoring to completion of nurses for NIMART, commencing with those working in TB clinics;

Progress towards the third 90

Retaining patients in care and ensuring that they are virally suppressed constitute the apex elements of the program and the ultimate yardstick against which program success would be assessed, since they link directly to the scale and quality of programme implementation earlier in the HIV cascade. The difficulties in managing patients with chronic conditions, particularly younger patients, are well recognized, so considerable effort was applied in supporting these elements lest the huge effort expended to find those who were positive and initiate them on ART be negated by the real possibility of them dropping out of care soon thereafter.

The table below summarizes the main challenges to retention and viral load testing and the remedial actions taken by KI, but it should be noted that many of these challenges are systemic in nature and not limited to the delivery of HIV/AIDS related services:

Challenge	Remedial Actions
<p>Poor filing systems due to poor infrastructure, no shelving, poor systems, no clerks, leading to lost files and duplicate files resulting in long waiting times</p> <p>HPRS system having intermittent connectivity, duplicate numbers, little hardware, resulting in staff losing confidence in the HPRS system.</p> <p>Some patients still had patient carry cards that were used to issue meds with no records kept</p>	<ul style="list-style-type: none"> ✓ Provision of bulk filers and support to revamp filing systems and hire filing clerks ✓ Support the implementation of the HPRS system (BCM) ✓ Provision of shelving in some cases ✓ Provision of hardware and connectivity to speed up the processes
<p>Overcrowded facilities</p>	<ul style="list-style-type: none"> ✓ Decanting of stable, virally suppressed clients to adherence clubs or CCMDD ✓ Provision of containers and integrating them with facility infrastructure to improve the overall flow of patients within each facility .

Poor recording of patient visits, data delays or files bypassing data capturers	<ul style="list-style-type: none"> ✓ Coaching and mentoring of clinicians on completion of clinical records ✓ Prohibition on issuing medicines on patient carry cards ✓ Revision of file flow within facilities ✓ Regular audits of files and registers and data clean up by roving DCs ✓ Implementation of a detailed process to generate weekly lists of early, late missed appointments and uLTFU, validate these against pharmacy records and patients files and actively follow-up defaulters. ✓ Reconciliation of CCMDD dormant patient lists
Patient self-transfer between facilities resulting in duplicate registration / Poor recording of patients transferred out	<ul style="list-style-type: none"> ✓ KI implementing unique ID to track patients across District using Name, Surname and DoB
Viral loads not done or not recorded as done Results not acted upon	<ul style="list-style-type: none"> ✓ Training ✓ Generation of “viral load due” reports for action, ✓ Folder audits to confirm that these test were done and ✓ Track and document outstanding VL results, whilst ensuring that clinicians act upon these results where necessary.
Advanced clinical care with poor management of failing patients	<ul style="list-style-type: none"> ✓ Acute monitoring, supervision and training supported better patient care and retention and viral suppression outcomes

Recommendations:

1. Applying remedial action in high impact facilities - *addressing the early, late missed appointment and uLTFU lists, correcting the data deficiencies and if possible, implementing active case management*, - could potentially lead to the near full correction of the current District negative TX_NETT_NEW ;
2. Understanding which patients are being lost is as important as determining where they are being lost from;
3. Patients are lost to follow up within the first 3 months of treatment. Not unexpectedly, these largely comprise young individuals, who we know from general clinical/public health experience, are likely having difficulty in coming to terms with the fact that they now have a potentially lethal, lifelong and life changing health condition.
4. Viewed in greater depth, it confirms that young women and girls are infected earlier and in larger numbers than their male peers and this is mirrored in their dropout rates in early treatment. This rises steadily from early adolescence to reach a peak in young women aged 25 -29, before declining steeply in women aged 45 – 49 before once again beginning to rise as they age. In contrast, early treatment dropout rates in young men begin to rise steeply in men older than 24, reaching a peak in men aged 30 – 34, before gradually declining in men aged 45 – 49, albeit settling at a higher level compared to their female peers. These observations point to several opportunities for possible programmatic improvement across the HIV value chain and are presented as recommendations below:

5. Pre and post-test counselling, especially for younger patients needs to be quality assured, to ensure that the content and means of communicating actually meets their needs.
6. From the onset, younger patients should receive enhanced adherence services, which should include a thorough psychosocial assessment backed up by appropriate services. These services should ideally be delivered within age appropriate support groups and wherever possible, under the mentorship of people who have themselves walked this life journey, eg the proposed 'new' cadre of patient advocates/case managers.
7. Such services should nevertheless still be accessible to the significant numbers of older, early treatment defaulters. The slow decline in the defaulter rate for older men suggests that services specifically focused on their needs and delivered through the appropriate channels e.g. men's clubs, will need to be sustained over a much longer period.
8. The accelerated transfer of stable patients to CCMDD should hopefully free up capacity to implement the changes above.

B. COMMUNITY PROGRAMMES

APACE Community Component

The programme package for the community component included HIV Testing Services, Track and Trace of Early Missed Appointments and Unconfirmed Lost to Follow Up and Adherence Clubs. The APACE KI program began 1 October 2018 in the Cape Metro and it included the Clinical and Community Components. This report covers only the community component. Recruitment, training and inductions of staff for the programme commenced in Q1 (Jan –March 2019). Full programme implementation commenced from 1 April 2019 to the end of the year. Data presented in this report covers Q2 (April –June 2019), Q3 (July –September 2019) and Q4 (October –December 2019).

The report covers activities and achievements of the following programs:

HIV Case Finding: Reaching the First 90

During the reporting period KI supported 26 Siyenza sites and 4 non-Siyenza sites in the Cape Metro. The focus of the program was on case finding activities, which included Index Case Testing (ICT), targeted testing to reach men and youth via community hotpots, TVET colleges and workplaces with supervised HIV Self Screening offered at pilot sites. In Q2, KI contracted Africa Centre as a Sub Recipient to assist with case finding. The data presented is inclusive of the Africa Centre data for Q2.

The table below shows the overall HIV tests done, the number tested HIV positive and the yield:

	HIV Tested	HIV Positive	Yield
Q2 (April –June 2019)	22,502	840	3.7%
Q3 (July – September 2019)	24,405	924	4%
Q4 (October- December 2019)	27,845	1,387	5%
Total	74,752	3,151	4.2%

In the reporting period a total of 74 752 clients were tested, with 3,151 testing positive giving a yield of 4.2%. Targeted outreaches to reach men and youth contributed significantly to the total HIV positives. Facility ICT done in community and community ICT done in adherence clubs did not happen as planned due to challenges and hence affected case finding performance. TVETS and Work Place testing produced low yields.

Linkage to Care: Reaching the Second 90

Throughout the reporting period, the KI team actively supported efforts to link all clients to treatment. In Q2, KI provided transport for HIV positive service users for ART initiation at the nearest facility. KI Community Testers and Linkers undertook follow-ups with all clients referred

to facilities for treatment initiation to ensure successful linkage and provided support where needed.

Retention and Viral Load Suppression: Reaching the Third 90

Through the APACE program KI supported the facilitation of adherence clubs (AC) in 15 PHC sites in the Cape Metro. KI assessed three outcomes: retention in care, retention in club care and viral suppression. In 2019, a total of 1136 Adherence Clubs were being supported by KI with a total of 27802 service users remaining in clubs by the end of December 2019. The overall decanting percentage was 41%. The decanting percentage was however still lower than the 50% of the decanting WCDOH target. By end of December 2019 the viral load analysis showed a VL suppression rate of 99% for clients that had their VL test done and recorded in the Club Register (31,6%) at 12 months after adherence club enrolment. Critically, 90% of patients retained in clinic care at 12 months were still receiving their care in adherence clubs, suggesting a high level of satisfaction with the service delivery model.

Kheth’Impilo – Integrated Home and Community Based Care Programme Northern and Eastern districts in Western Cape

Kheth’Impilo continued to implement the integrated home and community based care programme with WC DOH as its funder during the reporting period. During 2017, the WC DOH introduced the concept of **Community Orientated Primary Care (COPC)** to their staff and strategic partners. This COPC concept, which informed the services provided by the KI programme during this period, is both a philosophy and methodology that assists the Health Department in strengthening the more preventative and promotive aspects of its services within community-based settings.

Total funding for the WC DOH programme covers the following intervention areas:

District	Programme Component
Northern	Integrated Home and Community-Based
	Counsellor Programme
Eastern	Integrated Home and Community-Based
	Counsellor Programme

The above funding agreement is for implementation of the WC DOH funded NPO programme through 31 March 2020.

The WC DOH contracted Kheth’Impilo to implement a programme rendering health services to address the assessed health needs in Kraaifontein, Scottsdene, Macassar, Mfuleni and Eersterivier according to the following objectives:

- Self-management &/or psychosocial rehabilitation interventions;
- Nutrition interventions;
- Rehabilitative care;
- Palliative care;
- Wellness &/or counselling interventions that complement both facility &/or community-based services.

The home- & community-based services are implemented in the allocated and defined geographic area together with the main referral Primary Health Care facility. In March 2019, WC DOH informed KI that it allocated the Mfuleni site as part of the KI implementation area.

Home- and Community-Based (HCB) services are provided to patients in their own home or an alternate living environment offering individual assessment and interventions supporting admission avoidance, faster recovery from illness, timely discharge from hospital and achievement and maintenance of optimal functioning. **Wellness,**



health promotion and prevention of ill health consists of an array of interventions that support the actions people take to maintain health and wellbeing, prevent illness and accidents, care for minor health problems/ailments and long term conditions. **HCB** services include screening and referral (where applicable); assessment; care planning; interventions/treatments; and monitoring & review.

Kheth'Impilo worked to include components of the COPC concept in the HCB implementation of the programme. The aim of the COPC concept is to re-orientate health services from not only reacting when people become ill enough to present themselves for care, but to **proactively** look at a whole community and addressing the most important challenges together with community members and organisations. This approach means **promoting** health and carrying out more **preventative** interventions at household and community level, as well as in health facilities.

Previously the WC DOH programme was severely underfunded and staff salaries were underfunded. This discrepancy, including many others, was brought to the attention of the department and this year the department included improved benefits for staff members such as uniforms.

Achievements: across all the areas of implementation, KI managed to achieve at least 90% of the allocated set targets for the programme.

The WCDOH programme included the provision of counselling services in both facility and community settings. Staff members were allocated to the various nodes identified by WCDOH. WC DOH also informed all NPOs that this category of staff was only to be employed through 31 March 2020 for operational reasons.

Kheth'Impilo – EC Community-Based HIV Testing Programme Sarah Baartman and Chris Hani districts in Eastern Cape

KfW, a German donor, through the Foundation for Professional Development (FPD) supported the Community Based HIV (CB-HTS) Testing program that KI implemented in the two Eastern Cape districts of Sarah Baartman and Chris Hani.

For this programme, KI as a consortium member of the KfW programme covered the mentioned two EC implementation districts of the programme. Other consortium partners covered Mpumalanga and two further EC districts of Nelson Mandela and ORT. The focus of the KfW programme was to identify people living with HIV within community settings and to link them to treatment in alignment with UNAIDS 90-90-90 strategy which the South African government fully adopted as a measure of progress in its HIV response. For the KI component of the programme a total number of 103 identified facilities were supported within the KI allocated districts - namely, 41 facilities in Sarah Baartman and 62 facilities in Chris Hani. These facilities were the entry points for all programme services that were provided in the targeted communities that included being a source of HIV index clients, resource for testing kits and to support the linkage to care for identified HIV positives.



This programme was initially planned to be implemented through 30 September 2019. However, on 28 March 2019, FPD informed KI of their decision to end the KI programme implementation by June 2019. At the time FPD highlighting issues of underperformance by KI. This programme implementation was effectively shortened by 3 months with the agreed end date for implementation of 30 June 2019.

The programme utilized multiple modalities and strategies to ensure the achievement of set goals. Some of the modalities included index case trailing (ICT), workplace testing, twilight, mobile testing and home based-HTS. Home based testing was at the centre of all HTS services that were offered by the programme due to its nature of being easier to enter a community and being less complex to navigate. Through the index client trailing modality, the programme positivity yield ranged between a minimum of 4% to a high of 38%. The programme approach also varied between the districts due to their geographical differences that fundamentally

influenced community programming. An example of this included work place testing being prioritised in the Sarah Baartman district as the district was at the centre of commercial citrus farming in the Eastern Cape Province.

The table below reflects the districts that the district DOH allocated to the KI KfW programme and that received services from the KfW programme. Initially three (3) sub-districts were allocated in Sarah Baartman and four (4) sub-districts within Chris Hani. For the latter district, the Enoch Ngijima sub-district (5th sub-district) was added by the district DOH towards the end of programme implementation. This was done in consultation with KI and to ensure the programme reached its set targets.

Province	Allocated District	Allocated Sub-District
Eastern Cape	Sarah Baartman	Kouga
		Makana
		Camdemboo
	Chris Hani	Intsika Yethu
		Sakhisizwe
		Enoch Ngijima
		Engcobo
	Inxuba Yathemba	

FPD started the process of selecting CBOs to work alongside KI in the allocated sub-districts. The solicitation process was managed by FPD and KI staff were invited to attend the initial stakeholder introductory meetings with FPD staff. A total of seven CBOs (*see table 3 below*) were appointed and CBO agreements were signed and held by FPD.

Province	District	Sub-District	Community Based Organization
Eastern Cape	Sarah Baartman	Makana	<ul style="list-style-type: none"> Jabez HIV/AIDS Grahamstown Hospice
		Camdemboo	<ul style="list-style-type: none"> Camdeboo Hospice
	Chris Hani	Sakhisizwe	<ul style="list-style-type: none"> Sakhisizwe
		Enoch Ngijima	<ul style="list-style-type: none"> Sinako Ncedisizwe

Achievements: In summary, the programme managed to test 218,519 clients, representing 82% of the final grant target of 267,270 through 30 June 2019. This achievement is therefore in stark contrast to the reported FPD underperformance of the KI programme. This programme achievement is in line with what other organisations are achieving implementing similar programmes and as reported by EC DOH at the last KfW programme review meeting in June 2019. The final report also noted that FPD adjusted the programme targets higher during the implementation period of the grant. The initial 3 year HIV testing target for both district only amounted to 134, 850. The revised target therefore represents an increase of 98% during the period of implementation. Therefore, the KI programme achievement should be viewed in the light of the target increases coupled with resource challenges experienced by the programme. Resource challenges were continually brought to the attention of FPD and were discussed during

partner meetings hoping that these could be addressed in a timely manner. Much needed resources in transport were only added to the programme in the final four months of its implementation because of long delays and inability of the donor (FPD) to immediately address the programme needs. Additionally, KI regularly reviewed and managed the grant spending in its efforts to minimise the impact of challenges on the programme outcomes.

In its final report to FPD, KI mentioned that implementing a community based HTS programme within a rural setting requires substantial investment in human and financial resources, continuous building and maintenance of stakeholder relations to ensure that activities are effectively and efficiently implemented and to ensure the achievement of programme results.

Kheth’Impilo – Global Fund Programme (Phase III)

KwaZulu Natal, Eastern Cape & Western Cape Provinces

The Global Fund (GF) programme implementing the *Investing for Impact against Tuberculosis and HIV (Phase III)* programme with KI as Principal Recipient (PR) ended on 31 March 2019. The total value of this grant amounted to **US\$20,246,415**. KI was unsuccessful in its application bid to continue as Principal Recipient for Global Fund post this end date due to KI not being able to demonstrate a B-EE scoring of 3 or under. However, KI implemented the programme as one of the eight PRs for GF with specific focus on adherence support, service provision to young women and girls (YWG) and the provision of specific support to department of basic education (DoBE). The GF program was implemented in nine (9) districts across three (3) provinces (*KwaZulu Natal, Eastern Cape and Western Cape*) and with specific support to the national department of basic education. KI implemented the following activities under this program:

- Provision of a comprehensive package of health, education and support services for young women and adolescent girls, in and out of school, age 10-24, aimed at implementing life skills education, behaviour change and empowerment for young women and girls, through the peer-education youth club model (in and out of school);
- Targeting parents of young women and girls, and adolescents who bear the responsibility of parenting to equip them with the necessary skills;
- Strengthening the ability of schools to identify and support vulnerable children and mobilise resources in the school and community;
- Providing adherence intervention model for people living with HIV through community/local level interventions based on a patient-centered customizable (differentiated) adherence support and adherence club approach.

The target group/beneficiaries of the Global Fund Program include: young women and girls; adolescents and youth, (*in and out of school*); community based organisations; other vulnerable populations; and ART patients.

Young Women and Girls programme component was implemented in the following EC districts together with the appointed sub partner, Small Projects Foundation:

Province	District	Sub-Recipient	Programme
Eastern Cape	OR Tambo	Small Projects Foundation	Adolescent Girls and Young Women
	Nelson Mandela	Kheth’Impilo	Adolescent Girls and Young Women

Young Women and Girls Programme Achievement include:

Programme Component	Target	Actual	Performance
Soul Buddyz Clubs (Primary school) 10-14 boys and girls	5 000	5 435	109%
Keeping Girls in Schools (Secondary school) 14-18 females	14 000	15 281	109%
Rise Young Women's Clubs (Out of school) 19-24 females	2 000	2 065	103%
Teen Parenting (In and out of school)	800	1 070	134%
Child protection: abused children 10-17 girls	80	29	36%
Child protection: inappropriate sexual behaviour 10-14 boys	60	30	50%
Total	21 940	23 910	109%

The Young Women and Girls intervention included a HTS component that was designed to test and reach young women and girls with life skills and HIV based education. The total grant target for HTS was 54,000 and the KI programme reached 43,631 (83%) with HTS services. Whilst the programme HTS component performed well initially, the spread of misinformation within the Eastern Cape dogged, halted and slowed the implementation of this programme service. Further, the lack of an HIV school policy to allow testing in school did not only affect reaching of the right target group but also the yield as most of the tests were un-targeted and random through Jamborees in the communities achieving yield of 2.5% (1,039). Through the department of basic education, a revised HIV school policy was eventually implemented but at the end of the GF programme implementation period.

Adherence Programme: The KI treatment care and support (Adherence) component was aligned to SA National Strategic Plan for HIV, TB and STIs 2017–2022, which aimed to accelerate progress towards meeting the fast-track targets by: (1) reducing new HIV infections; improving treatment, care and support; reaching key and vulnerable populations; and (2) addressing the social and structural drivers of HIV, tuberculosis and sexually transmitted infections.

Delivery of this component of the programme was through a community/local level intervention based on a patient-centered, customizable adherence support. This involved psychosocial support and enhanced adherence-counselling systems that address the causes of adherence risk and non-adherence on an individual-level and multi-session time-limited intervention for people recently diagnosed with HIV. The adherence component was delivered in the following areas across the country:

Province	District	KI / Selected Sub recipient
EC	Buffalo City	Kheth'Impilo
	NMBM	Kheth'Impilo
	OR Tambo	Siyakhanyisa
	Amatole	Kheth'Impilo
KZN	Ugu	South Coast Hospice
	uMgungundlovu	Kheth'Impilo
	eThekwini (North)	Nompumelelo
	eThekwini (Central - South)	Think
	eThekwini West	St Clements
	iLembe (KwaDukuza)	Vulamehlo
	iLembe (Mandeni)	Siyakwamukela
WC	WC Metro	Kheth'Impilo

At the end of the adherence programme KI was supporting over 200 DOH facilities **reaching a total of 339,959 (97%) ART patients** with adherence support. These patients received adherence support at least once a quarter.

Reflecting on VL suppression the KI programme considered total VL done 12 months post ART initiation and the table below shows VL suppression rate of the programme for the per period.

Reporting Period	VL Done	VL Suppressed	Suppression Rate
Period 4	2,917	2,366	81.1%
Period 6	22,900	20,340	88.9%

Lessons learned from implementing the Adherence programme component included the following:

- Patients see the option to pick up more months of medication at more convenient locations as a key strength of interventions. KI believes that this will improve adherence. Further, it is important to ensure that issues of staffing and medication delivery logistics be resolved prior to implementation.
- Patients enrolled in adherence clubs of the DMD reported high satisfaction with these services in terms of convenience and saving time. These patients were able to frequent the clinic less often and there was a perception of improved quality of care amongst adherence club members.
- Information sessions on viral load testing and strengthening of beneficiaries knowledge of the results was appreciated by most club members. Requests received were for off-site laboratory blood test and clinical consultations. Patients were not appreciative of blood drawn and test results being lost causing tests to be repeated unnecessarily
- Prior to AGL introduction in a clinic, it is important to address some of the perceived clinic-level barriers to adherence, ensuring site readiness and sufficient resources so that providers feel engaged and empowered to implement the interventions and address the issues of clinical staff attitudes towards patients and the recruitment of eligible patients for DMD medication scripting resolved.

Kheth'Impilo - OVC/ECHS Programme

EThekwini & Msunduzi district in KwaZulu Natal

Programme Description: The KI's home-based ECHS program targets HIV affected caregivers and children between 0-5 years of age who are unable to access centre-based ECD services. Key components of the KI home-based ECHS model include caregiver training, facilitation of age-specific playgroups, setting-up caregiver Circles of Support (CoS), mentoring and debriefing of Home Visitors and mobilizing community support.

The project supports the development of children <5 years through improved parenting and child development skills within HIV affected households, while also addressing psycho-social and economic barriers that adversely affect early childhood development.

The objectives of the programme include the following:

1. To increase the number of children between the ages 0 - 5 years who receive physical, cognitive and emotional stimulation in their household during early childhood;
2. To strengthen parents / guardian and caregiver capacity to provide a positive relationship and a developmental environment that promotes early childhood development;
3. To build the capacity of organizations to enable them to provide good quality ECHS supervision and support services.

The programme covered the following geographic areas within the two districts:

EThekwini Ntuzuma G, Newtown A, Mshayazafe, Amaoti Namibia, Besta, Ezimangweni, Dube Village, Bhambai, Ohlange, & Stop 8, Kwa – Mashu Section A,B,C and D, section P, J,K,M, Mancinza, Siyanda and Ntlungwana

Msunduzi Copeville, Honeyville, Swapo, Ezink etheni, France, Eastwood, Sobantu, Mbali, Snathingi, Pata, Thamboville, Thembalihle, Cinderella and Mpolweni

Programme Achievements: KI successfully managed to reach 7,486 which totals 125% of the set target for OVC serviced (OVC_SERV) at the end of this implementation period. Coordination between KI M&E and programme departments allowed for successful achievement of results. Beneficiaries as per the OVC sub-populations (*HIV positive children, HIV-exposed infants, biological children of female sex workers, children living with HIV-positive caregivers and children exposed to GBV*) were all served with programme services.

KI has contributed to linkage to care and treatment cascade of 95-95-95 by reaching 99.9% of first '95 as total of 3,976 OVC who knew their HIV status. Second '95 had been reached by 100% of the OVC that tested positive and who were linked to care and initiated on ART. KI further also successfully aligned the ECHS programme to UNICEF 95-95-95 objectives ensuring that all programme beneficiaries knew their status. All beneficiaries that tested positive (1,384) under the programme were also linked to care and of which 1,346 OVCs had suppressed viral loads.

This represents a 97.3% suppression rate using all the viral load results reported under 1000 copies/ml.

Pregnant mothers living with HIV/AIDS were enrolled into the programme and KI reports that all children were delivered without HIV. This result was achieved through ongoing educational support and follow up by KI case finders at the facilities and at home.

KI also strengthened support groups for children living with HIV/AIDS within facilities. This was a change from the previous home-based focus of service provision linked to the establishment of play groups in a home setting. However, the programme still noted a decline in children with high viral loads as the management of HIV/AIDS through psycho-social support that impacted the families receiving programme support.

KI maintained a good working relationship with all DSPs and further strengthened successful working relations with DOH facilities and other stakeholders by actively participating in and attending war room and nerve centre meetings. The employment of a linkage officer who is an enrolled nurse as part of the KI programme improved communication between DOH nursing staff and the KI programme.

The KI ECHS programme was set a target of reaching at least 20% of CLHIV. KI was able to reach total of 1,384 (20%) HIV positive children. KI achieved this target by retaining and supporting HIV positive children carried forward from the previous year. KI also targeted positive children in clinics with high TROA (*total remaining on ART*) numbers within the respective districts of EThekweni and Msunduzi.

A total of 47% of the total beneficiaries reached were caregivers who were offered education support at the facilities with emphasis on the themes of Basic HIV/AIDS education and facts. KI rendered educational support as well as awareness on the concepts of viral load, adherence as well as gender based violence.

Challenges: Due to the budget constraints the ECHS programme experienced a high ratio of case finder to beneficiaries (1 293). Throughout the programme implementation, this proved to be challenging whilst at the same time ensuring the quality of service delivery. Also due to the late obligation of funding from the donor the recruitment of staff could not commence until the first quarter of this fiscal year.

KI worked with the donor to implement programme changes that affected M&E systems and increased oversight. For this reason staff needed to be trained on improved tools and guidance. This required the M&E officer to operate at M&E manager level. However, FHI360 did allow for the provision of a MER Manager post in the approved budget.

MACAIDS

Annual report School health Sexual Reproductive Health and Rights Programme in ILembe

KwaZulu-Natal (KZN) province of South Africa has one of the highest HIV prevalence rates amongst women attending public sector antenatal clinics of all the nine provinces of South Africa at 41.1%. The ILembe district within the province ranks the fourth highest rates (43,1%) of all the districts if SA. ¹The district has higher levels of teenage pregnancy relative to the provincial and national rates. As part of the Health and Community Systems strengthening support provided to the Government of South Africa, particularly with respect to HIV, TB and non-communicable diseases, Kheth'Impilo implemented a school-based service-linked Sexual Reproductive Health and Rights (SRHR) program to underserved adolescents in a rural, high HIV prevalence sub-district, Ndwedwe, four years ago.

The program model is premised on the National Integrated School Health Policy (ISHP) of South Africa (SA), which involves key sectoral partners such as the Depts. of Social Development, Health, Education, Community-Based Organizations (CBO) and the private sector to deliver integrated SRHR services. The goal of this project is to reduce the HIV/STI infections, unintended pregnancies and to improve SRHR service uptake including HIV treatment care and support for high-school learners. The project integrates these services by leveraging-off the school as a platform to deliver comprehensive HIV prevention, treatment, care & support services. A team comprising of social workers, social auxiliary workers (SAWs), nurses and primary health care staff deliver these services and is supported by a roving technical team. The key program outputs covers the period January 2019 to December 2019. A total of 7,500 recipients (target n=6500) were reached. A total of 10,644 visits were made to the school-based and clinic-based services, with 13% of these being first-time visits. The cumulative proportion of learners seeking SRHR services for the first time was 92%. The cumulative uptake of HIV Testing Services was 63% in December 2019.

KI established a support group for pregnant or parent learners to keep girls in school, reduce HIV risk and to improve the maternal and child health outcomes. For the period, 90% enrolled in antenatal care. All pregnant learners enrolled in antenatal care were HIV tested. The overall teenage pregnancy rate was reduced from 14% in 2014 to 1.4% in December 2019. A total of 77 learners were on ongoing ARV care and support and 70 % were virologically suppressed. With respect to the SRHR modules, 85% of learners were reached, and a total of 8,931 individual & group school-based counselling for HIV, STI & SRHR sessions were provided by the roving teams. The cumulative uptake for contraceptive services was 54%. KI has continuously engaged with the National Departments of Health and Education with regard to the implementation of the SRHR Integrated School Health Policy, in the context of policy, strategy, and implementation at the district levels. KI delivered training to educators and offered SRHR training during the school holidays to 87 grade 9 learners within the district in collaboration with the Department of

¹ Department of Health (2019). The 2017 National Antenatal Sentinel HIV Survey, South Africa, National Department of Health. https://www.nicd.ac.za/wp-content/uploads/2019/07/Antenatal_survey-report_24July19.pdf

Education. A total of 536 learners were successfully assisted with acquiring identity documents. KI trained and delivered with the Ndwedwe Municipality a SRHR jamboree reaching over 600 learners in December 2019. As part of the community strengthening strategy, 13 high-school graduates, who were previously recipients of our program through KI's mentorship, were enrolled into a post-matric programme to train as Youth Health Workers and Social Auxiliary Workers. This is the cadre of staff who can deliver the SRHR program. This training initiative was funded by the National Skills development framework of SA. All 13 learners graduated from the program, 7 of these secured further funding to pursue higher-level university degrees in finance and social work. The remaining were supported by KI to enter the labour market as health and social welfare cadre.



Pharmacy Programme

Kheth'Impilo (KI) pharmaceutical services aspire to improve Health systems through three focus areas:

Improved Quality of pharmacy and patient care

Continual uninterrupted provision of essential medication

Human Resource Development

These focus areas include improvement of good pharmacy practice and supply chain management, the development and implementation of differentiated models of care, promotion of pharmacovigilance and training through existing models as well as ongoing innovations.

1. Improved quality of pharmacy and patient care:

As part of improvement of pharmacy and patient care, KI employed roving pharmacists and post basic pharmacist assistants (PBPAs) take responsibility to support primary healthcare facilities in the quality provision of essential medication and good pharmacy practice (GPP) according to the national core standards and essential medicine lists.

In 2014, the KI Pharmacy Department implemented a quarterly assessment tool, which focus on; Supply Chain Management (SCM) and Good Pharmacy Practice (GPP) compliance; the availability of essential medication; security of medicine storage areas; cold chain management; quality of pharmacy and patient related documentation and facility decongestion strategies.

Roving pharmacists focus their mentoring and support efforts at clinic level on gaps identifies during the quarterly audits.

From the time KI implemented the quarterly quality assessment tool, to project completion, the assessment results from four districts, indicates that quality of specific focus areas **improved from 58% to 80%**.

2. Continual uninterrupted provision of essential medication:

In conjunction with the work done to improve medicine management and quality of medicine storage at facility level, KI supports the decanting of clients into a variety of differentiated models of care (DMOC) to improve access to medication and patient experience. Since 2010, KI supported the development and implementation of adherence clubs in the Eastern Cape, KZN and the Western Cape. KI supported the implementation of the CCMDD program and Fast Lanes in KZN and the Eastern Cape. In the DRC and Burundi KI – as part of the EQUIP consortium – KI

supported the development and implementation of medicine points of distribution (PODIs) and in Zimbabwe Community ART (CARGs) groups.

Whilst KI supported differentiated service delivery, the following improvements were made in collaboration with the departments of health and external service providers:

In BCM, the total ARV clients active on CCMDD increased from 7 635 to 20 504 between March and December 2019.

In the CoCT, Kheth'Impilo was part of the pilot and initial implementation of adherence clubs and supported the implementation; roll out, training and quality improvement until May 2019. In June 2019, 77 600 clients collected ARV medication in adherence clubs.

In Msunduzi, September 2018, adherence clubs have grown to 4 390 clients remaining in care in clubs and 41 868 clients have been enrolled on the CCMDD programme.

3. Human resources development

Sub-Saharan Africa (SSA) has 25% of the world's HIV disease burden but only 1.3% of the world's health workers. This shortage of human resources for health is a critical limitation to the provision of antiretroviral treatment (ART) to those in need of it in SSA, the region having the highest burden of HIV globally. The lack of qualified human resources is a major challenge to meeting the United Nations three 90s targets for testing, treatment coverage and viral suppression.

Pharmaceutical services also experience staff shortages and workload pressure, particularly as the ART programme has expanded rapidly during the last two decades. Additionally, hospitals, community health clinics and some primary healthcare clinics have pharmacists; though, the rest of the clinics, medicine is managed and dispensed by nurses or post-basic pharmacist assistants (PBPA). The African region has the lowest density of pharmaceutical staff worldwide. Pharmaceutical care is an important component of the ART programme.

To address this critical shortage, Kheth'Impilo embarked on a pharmacist Assistant Learnership programme with start-up funding from the Elton John AIDS Foundation (EJAF) in 2011.

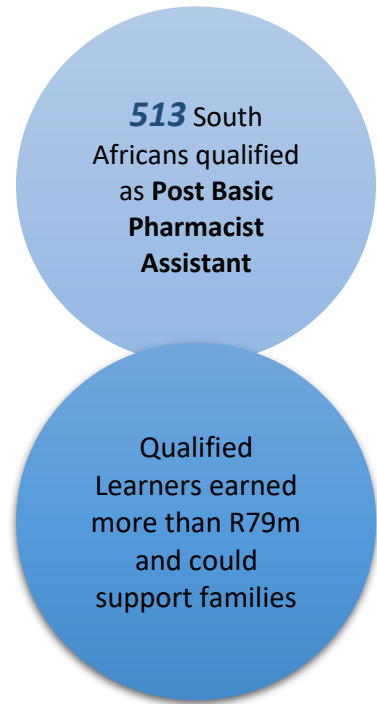
In the first 7 years of the KI Pharmacist assistant Learnership, 513 young South Africans, mostly from marginalised communities, earned a Post Basic Pharmacist assistant qualification. With this qualification, the majority of these learners are working in the public health sector as pharmacist assistants. Based on the entry-level salary for a pharmacist assistant with a two-year qualification, **these learners earn more than R79 million rand every year.** Earnings they use to support whole families. The total cost of the Learnership during the seven years was approximately R71 million. The KI EJAF pharmacist assistant learners showed a 95% completion rate.

During the period that EJAF, later with great contributions from the USAID, HWSETA and SASSIX, funded the KI pharmacist assistant learnership, **1006 learners** received a national accredited qualification (Basic and/or Post basic). **491** qualified as basic pharmacist assistants and **515 as Post Basic Pharmacist Assistants (PBPAs)**. A further 20 learners are in training at time of publication.

Because these learners work in public health facilities from day one of their vocational training, they form part of a multidisciplinary team that **supported more than 657 864 patients per month of whom more than 133 643 were on ART** at any given time.

2020 and Beyond

Kheth'Impilo pharmaceutical services continue to support the development of human resources for health as well as quality improvement of pharmaceutical systems and programmes, including differentiates models of care, supply chain management, good pharmacy practice and pharmacovigilance.



Clinical Training Programme



Staff trained included predominantly healthcare workers from facilities (clinics, Community day care centres, mobile clinics and hospitals) in the Department of Health supporting HIV and TB clinics as well as Antenatal clinics. Primary focus is on medical officers, professional nurses and pharmacists. Additional staff attending training workshops are working the various other allied departments such as emergency out patients, chronic care e.g. Diabetes, hypertension. Other stakeholders attending included staff from Department of Correctional Services, other NGOs etc. Secondary target audience include allied professionals e.g. physiotherapists, managers and supervisors.

The purpose of the Clinical training is to:

1. **Upskill staff** who have not had experience treating and caring for HIV infected patients
2. Staff often rotate through various specialized and generalized clinics at facilities in services not dedicated to HIV care e.g. psychiatric posts, antenatal care, TB clinics. They will need **HIV specialized training**.
3. **Induct staff** who are newly employed or whom may have come out from retirement
4. **Update existing staff on new guidelines** and updates (as these are regularly updated at a National and provincial level as protocols and medicines change)
5. Train new staff who may have **replaced staff** that have left due to retirement, illness, pregnancy or transferred out to another facility/province.
6. **Limited** existing staff and the need for skeleton staff to remain at busy facilities while staff are away at off-site training workshops result in *not all staff* being able to attend each training workshop.

Note: Workshop size are limited to a manageable 25 to 30 participants. Also, only a limited number of workshops and selected titles are run every year. As a result, some staff may wait a year before being eligible again to attend a training workshop. KI continues updating course material to align with new Department of Health policies, guidelines and practices in both HIV and TB ensuring all staff are current in the practice.

Clinical Training report - October 2018 to December 2019 (12 + 3 months) FY 2018/19

During the fiscal year ending 30 September 2019, the Clinical training programme to support HIV and HIV co-infected patients with Tuberculosis continued. The expanded list of training topics was offered within the programmes to include PMTCT, Drugs resistant TB as well as preparation for the long awaited rollout of the new ARV medicine – Dolutegravir. Nurse Initiated Management of Anti-Retroviral Therapy (NIMART) training continued to be a focus area.

The Training Department was also awarded two tenders to support the Department of Health of Western Cape. It provided off-site clinical workshops. It operated from October 2018 to March 2019 and 14 workshops were conducted (including HIV, PMTCT and mentoring). All this was administered by Donovan Baatjies (Training and Development Lead). Official certificates from the Peoples Development Centre in Cape Town and University of Cape Town were obtained for the year so all courses could be recognized for CPD points by the HPCSA.

The Clinical Training department had access to a new cadre of worker to provide capacity for the workshops. Consultant trainers were employed by Kheth'Impilo (KI) on a part-time basis for six months till September 2019. As specialists in their field, they were tasked with focusing on training topics that enabled them to focus on training in the field of HIV/AIDS.

The Clinical training Department of KI keeps staff current through “*HIV in the news dissemination*”. This is a weekly electronic newsletter with local and international updates.

KI retrenchments and scale-down impacted on *logistics* and *capacity to deliver* more training workshops. After June 2019, the Clinical Training Department was significantly scaled down with administrative staff no longer available. Diminutive supportive functions impacted capturing of training data, logistical support for creating workshops as well as creation of training workbooks and Certificates of Attendance.

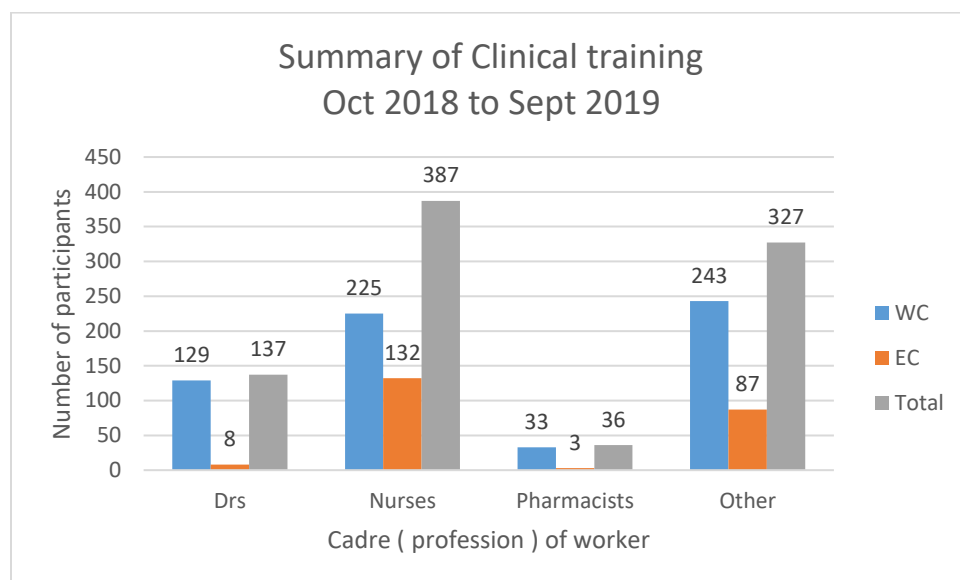
KI attended the “*Healthcare Worker Training on the introduction of Dolutegravir for the Treatment of HIV infection*” in Johannesburg (9 – 11 July) with subsequent plans to cascade down training in EC and WC. Tools and materials were made available to update all healthcare workers.

KI attended the - RfA workshop in August 2019- using the website www.nicd.ac.za staff can now use the dashboard to obtain real-time VL, CD4, HIV PCR and ELISA results on any patients anywhere in South Africa. This enables staff to promptly access VL results and action them.

Clinical Training statistics summary

A total of 890 healthcare workers were trained during October 2018 and September 2019. No workshops were conducted between October 2019 and December 2019.

It can be noted from the graph below that there is a difference in cadre of staff attending workshops in the two provinces. Nurses always form the majority of participants and they form the backbone of services. A lot of other staff are also attend workshops. They include facility managers, operational managers, programme managers, supervisors, pharmacist assistants and junior staff used in facilities where human resources are constrained. Other stakeholders include staff from NGOs and other governmental services such Dept. of Correctional Services.



Training topics Oct 2018 to Sept 2019	Total number of participants	Number of workshops
HIV rapid testing Continuous Quality Improvement (RTCQI)	177	6
PMTCT management	35	1
HIV Testing Services (HTS) scale up & linkage to treatment	64	1
Management of Drug Sensitive & Drug resistant TB	32	1
Adult HIV management to support NIMART	136	5
Paediatric HIV	22	1
HIV RTCQI & HIV testing workshop	18	1
Index Client Trailing (ICT) and adherence, HIV self-screening (HIVSS) and monitoring and evaluation (M&E)	102	3
HIV management & induction	29	1
ICT	110	4
HIV Clinical management	35	1
Adult & paediatric Drug sensitive (DS) and Drug resistant (DR) TB	28	1
Workshop to 102 general practitioners at an “ Emerging Market Healthcare Open Day Presentation “	102	1
TOTAL	890	27

The following *additional* workshops were added to the training timetable, as the need to remain flexible and adaptable to healthcare worker needs was evident:

Training topics Oct 2018 to Sept 2019	Total number of participants	Number of workshops
Adult & paediatric Drug sensitive (DS) and Drug resistant (DR) TB	51	2
Results for Action (RfA) NICD / NHLS collaborative	22	1
Dolutegravir update in EC	191	5
Two tenders for DoH WC (Oct 2018 to March 2019) – capped at maximum of 20 participants per workshop	202	12

TOTAL	466	20
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This is a total of 47 workshops over 12 months for 1356 healthcare workers in two provinces.

The duration of the workshops varied from 2 to 5 full days depending on topic. Usually one facilitator allocated to a two day workshop, two facilitators needed for a three day workshops and 2 to 3 facilitators for 5 day workshops. There was a total of 9 facilitators used for all the above workshops. Seven were in fulltime Kheth'Impilo employees, while two provided part-time support during the year. All were doctors and technical experts in their field of medicine. In addition, one was a professional nurse and one a pharmacist supported the workshops. Topics were used depending on needs assessment and local demands.

Strategic Information Team

The Strategic Information team consists of the following staff members: Dr Geoffrey Fatti (SI lead), Riyaad Ally (SI Manager) & Raj Govender (SI specialist)

Kheth'Impilo's Strategic Information department's goal is to achieve optimal program results through high-quality information gathering, and the application of evidence to support program management. Our strategy is to I) vigorously pursue and make available high-quality data, II) critically analyse and utilise results, III) provide feedback to program managers in order to improve program performance, and IV) respond with agility to changing reporting needs.

A: Monitoring, Evaluation & Reporting (MER)

The Kheth'Impilo MER team is tasked with the development of data collection systems that provide insight into the various interventions implemented by the organization, and to report to funders. Our MER outcomes provide valuable information that influence management decisions and ensure high quality program management. The approach ensures that Kheth'Impilo continues to assist the communities where the data originated from by providing unique, data-driven solutions which address root causes and ensure that donor resources are deployed effectively and efficiently.

In 2019, KI produced reports for funders including USAID, the Global Fund, EQUIP health, MACAIDS, FHI360, leDEA and the Department of Health. KI's MER department swiftly adapted reporting systems for USAIDs APACE program in Cape Town and Buffalo City Metro districts, including the reporting of HIV treatment indicators on a daily basis for sites included in "The Blitz" and the Siyenza programs. A number of the ambitious Siyenza targets were achieved for Cape Town sites during the eight week Siyenza period.

In 2019 KI installed its own Research Electronic Data Capture (REDCap) server. This application has allowed KI to develop custom-designed real-time data collection systems including data collection using hand-held devices. A REDCap database was specifically designed for collecting and reporting results for the Cape Town community-based HIV testing program. The REDCap server provides a flexible solution for data collection and reporting system development for ongoing and future program implementation.

B: Research

Research mission: To implement high-quality international-level operational and implementation science research and to demonstrate publishable, evidence-based outcomes.

Kheth'Impilo performs operational and implementation science research related to HIV prevention and treatment in Southern Africa. Data collected by KI is evaluated by

epidemiologists and results are published in peer-reviewed journals and presented at conferences both locally and internationally.

In 2019, KI implemented the Multi-Month Dispensing of Antiretroviral Treatment Cluster-Randomized Trial in Zimbabwe. This trial evaluates community-based extended dispensing intervals of ART (up to six-monthly) utilizing community ART groups (CARGs) at 30 sites in five districts, in both urban and rural areas. Results from the trial have been published internationally and data analyses and report write-ups are ongoing. KI also assisted with the Multimonth Dispensing of ART cluster-randomized trial in conjunction with EQUIP health in Lesotho, and KI lead the data analyses related to the trial.

KI also participated in the implementation of the HIV Prevention Trials Network (HPTN) 071 Population Effects of Antiretroviral Treatment to Reduce HIV Infection (PopART) community-randomized trial in Cape Town. This is the largest HIV prevention trial performed ever. KI participated in a number of operational research analyses related to the trial, including leading the analysis and write-up of a paper analyzing virological outcomes of participants initiating early ART with high CD4 cell counts, prior to the World Health Organization guidelines recommending implementation of Universal ART for all people living with HIV. This article was published in one of the leading international infectious diseases journals *Clinical Infectious Diseases*, and results support the implementation of Universal ART.

Kheth'Impilo is a member of the International Epidemiological Databases to Evaluate AIDS (IeDEA), Southern Africa, and contributed electronic data to this research consortium in 2019, and participated in manuscript preparation for international publication. KI has developed collaborations with 18 university and research institutions nationally and internationally.

KI also performed operational research regarding its HIV prevention program for adolescents in rural KwaZulu-Natal, with manuscripts being submitted for peer-reviewed publication.

KI submitted a scientific letter which was published in *Tropical Medicine and International Health* which called for a re-assessment and revision of the current South African Adherence Guidelines for chronic diseases.

Research output in 2019 included seven peer-reviewed publications (total to date >50) and seven local and international conference presentations (total to date >120). KI peer-reviewed literature was cited 100 times in 2019 (890 citations to date, including by the World Health Organization and UNAIDS). (See 2019 research output details under “Publications” below).

C. Support Services

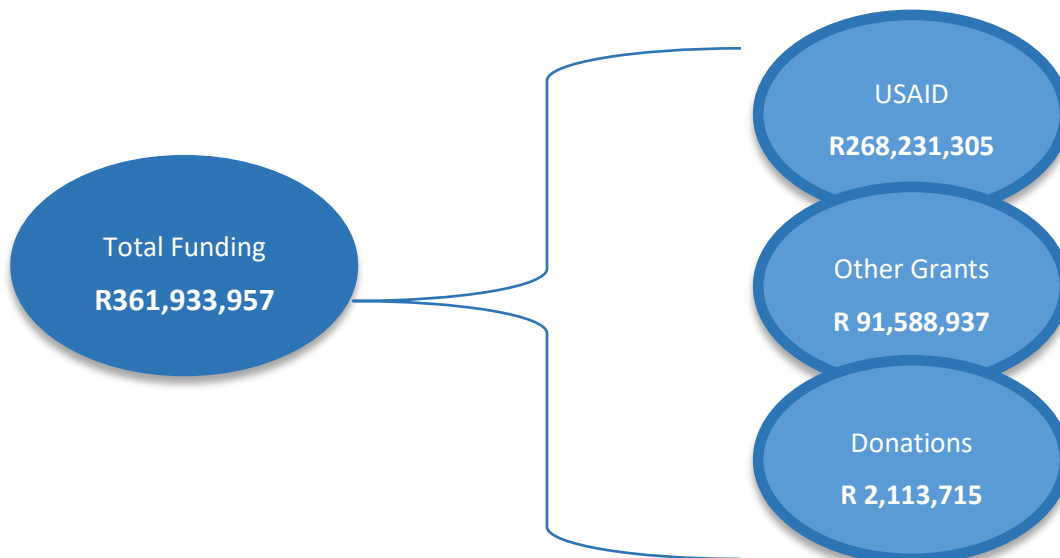
1. Finance

During this fiscal year, Kheth’Impilo updated its Finance policy and procedures, and HR policies (numeration and benefit structure) and employment contracts. The policies and procedures revisions were presented to the Kheth’Impilo Board and were approved after review. Employment contracts were updated where all national staff received indefinite contracts and field staff, where applicable, fixed term contracts. Kheth’Impilo continued to refine its accounting system, MS Navigator, including the utilization of additional modules previously not used to strengthen the organisations finance, accounting and internal control systems.

The organizational restructure did not only affect the field implementation staff but also staff based at the national office and specifically the support services staff. Staff positions within Finance, Facilities, IT, and HR were reduced to ensure the organisation reduced its indirect costs (IDC) to match projected reduced budgets. Details of the impact of the restructure on the support services department is detailed in the HR section below.

The Kheth’Impilo auditors were Ernst and Young who performed the annual audit at 30 September 2019. For this audit, they issued an unqualified audit report stating: **“THE FINANCIAL STATEMENTS PRESENT FAIRLY, IN ALL MATERIAL RESPECTS, THE FINANCIAL POSITION OF KHETH’IMPILO AIDS FREE LIVING”**

The overall organizational financial position is summarised as follows:



AWARDS

The following table lists the successful awards for the implementation of associated programmes during this annual report period. The table shows estimated award amounts for the full implementation period and the projected budgeted amount for the annual report period. Further analysis also shows the variances over previous reporting period.

Donor	Award	Award Period (Yrs)	Estimated Amount
USAID 1	Health Systems Strengthening	6	R726,009,845
USAID 2	Accelerating Program Achievements to Control the Epidemic - CoCT & BCM	5	R1,147,500,000
Global Fund	Investing for Impact against Tuberculosis and HIV (Phase III)	3	R273,326,600
CDC	ACC	5	R135,000,000
EQUIP	EQUIP	3	R258,196,410
FPD	Community HIV Testing Programme	3	R36,533,024
FHI360	Early Childhood Household Strengthening Program	5	R21,188,249
MACAIDS	MACAIDS	5	R14,106,650
HWSETA	HWSETA	4	R22,008,477
DOH	Facility Counsellor and Home Based Care Programme	5	R23,403,916
<i>Total Award Revenue for this Annual Reporting Period</i>			R 359,820,242
<i>Previous Year Total Award Revenue</i>			R 389,426,244
<i>Percentage Increase/(Decrease) in Award Amount</i>			(7.6%)

During this period, there has been a slight decrease (7.6%) in aggregated donor funding when compared to the previous year. The APACE award is significant for a single project and is the highest award ever received and recorded by Kheth'Impilo since its inception in 2009. Overall, **USAID award revenue represents 73.8% of Kheth'Impilo annual income**, compared to 55% in the previous year.

The decrease in award funding reflected in the table above is due to the fact that a number of awards reached the end of its implementation period. It should also be noted that another significant awards, namely CDC (a USG agency) funded programme and the EQUIP (*also USAID funded*), ended in December 2018 and mainly accounted for the decrease in award funding. The active awards that were closed during the previous and current reporting period are included in the table below:

Donor	Award	Award Period (Yrs)	Total Award Amount
USAID 1	Health Systems Strengthening	6	R726,009,845
Global Fund	Investing for Impact against Tuberculosis and HIV (Phase III)	3	R273,326,600
CDC	Advanced Clinical Care	5	R135,000,000
FPD	Community HIV Testing Programme	3	R36,533,024
<i>Total Number of Awards closed this period</i>			4

In order to diversify its donor mix, Kheth’Impilo actively pursued and submitted proposals to other government, universities and foundations. A number of the proposals were declined and a number of donors have postponed making funding decisions due to changes in funding priorities. Kheth’Impilo is forecasting a significant decrease in its funding base due to the notification received from its main donor, USAID, during the annual reporting period.

Kheth’Impilo submitted the following proposals during the Annual Report period. Attempts were made by KI to diversify its funding base as can be seen from the proposal submission listing below. It is also important to note that KI also submitted a proposal to USAID/RHAP (*Regional HIV and AIDS Program*) as part of its strategy to increase its footprint within the Southern Africa region and neighbouring countries. This list also indicates, where possible, the definitive response KI received from the donor based on their review of the submitted proposal.

Donor	Proposal Name	Submission Date	Award Amount	Proposal Outcome
USAID	APACE – CoCT and Buffalo City Municipality	Jan 2019	ZAR 85m	<i>Successful</i>
MatCH	High yield community-based HIV testing and/or adherence club support	Jan 2019	R1m	<i>Funding Postponed</i>
USAID	Karabo ea Bophelo (KB) Activity in Lesotho	Apr 2019	USD 35m	<i>Unsuccessful</i>
MACAIDS	Tides Foundation/MAC AIDS Grant Recommendation 1811-55332	Nov 2018	USD 250K	<i>Successful</i>
DBE	SRH&R Tender – Northern Cape	Nov 2018	ZAR 4.8m	<i>Unsuccessful</i>
CDC	Strengthening the Health System Capacity to Implement HIV Prevention, Care, and Treatment Services	Oct 2018	USD 30m	<i>TBA</i>
NACOSA	Community-based Violence Prevention and Linkages to Response	Oct 2018	EOI	<i>TBA</i>

Table: List of Proposal Submitted during the year

The Kheth'Impilo organizational Balance Sheet and Income Statement for the period through 30 September 2019 and included in the Annual Audited Financial Statements are as follows:

BALANCE SHEET

	2019 R	2018 R
ASSETS		
Non-current assets		
Property and Equipment	5,055,239	6,920,925
Current assets	76,850,960	64,583,465
Trade and other receivables	2,644,868	11,446,587
Cash and cash equivalents	74,206,092	53,136,878
Total assets	81,906,199	71,504,390
FUNDS AND LIABILITIES		
Funds		
Accumulated surplus	31,024,261	24,612,287
Current liabilities	50,881,938	46,892,103
Deferred lease liability	40,317	11,699
Trade and other payables	26,843,557	38,158,990
Income received in advance	23,998,064	8,721,414
	81,906,199	71,504,390

INCOME STATEMENT

	2019	2018
	R	R
Revenue	361,933,957	389,512,767
Other Income	3,721,716	1,317,459
Operating expenses	(361,071,175)	(390,307,035)
	<hr/>	<hr/>
Operating surplus	4,584,498	523,191
Net interest received	1,827,476	1,061,278
	<hr/>	<hr/>
Total comprehensive surplus for the year	6,411,974	1,584,469

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR END 30 SEPTEMBER 2019

	Accumulated surplus R
Balance at 30 September 2017	23,027,818
Surplus for the year	1,584,469
	<hr/>
Balance at 30 September 2018	24,612,287
Surplus for the year	6,411,974
	<hr/>
Balance at 30 September 2019	31,024,261

2. Human Resources

The 2019 fiscal year (starting 1 Oct 2018) was one of the more challenging years in the Kheth'Impilo HR department.

The year started with the organisation being awarded 10 sub districts under the APACE programme with USAID. In supporting the organisation's vision of: *'A world where health and well-being for all is supported, protected & sustained,'* the HR department embarked on the massive recruitment drive for this programme whilst ensuring that people that share KI's core values insofar as having passion for the work that we do & compassion for the people we serve are recruited. In the Western Cape the department embarked on rapid internal recruiting as well as setting up of offices in the following sub-districts; Khayelitsha, Klipfontein, Mitchell's Plain, Eastern, Northern, Southern and Western in the City of Cape Town. Simultaneously offices were being set up in Buffalo City Metro with recruitment for offices that were to be set up in Bisho, East London and Mdantsane, the central office being in the city.

The Recruitment & Selection department had to fill over 600 posts in the Western Cape and 300 posts in the Eastern Cape including medical doctors, Quality Nurse Mentors, NIMART nurses, pharmacists, Post basic pharmacist assistants and testers. We focused on service excellence in attempting to meet our rather tight deadlines as per the work plan. Targets had to be reached within the first quarter. These recruitment timelines deemed challenging and not all positions were filled timeously during the first quarter of 2019. The HR department expanded significantly during this period to better manage the additional workload.

KI Headcount in May 2019

Gender	African	Coloured	Indian	White	Total
Female	1456	271	13	19	1,759
Male	303	58	2	9	372
TOTAL					2,131

KI Headcount 30 September 2019

Gender	African	Coloured	Indian	White	Total
Female	491	103	-	3	597
Male	99	16	-	-	115
TOTAL					713

Due to circumstances outside of KI's control, the organisation was notified early in Q2 that we would need to hand over the APACE funded districts in City of Cape Town to another NGO due to poor performance in Q1 [which was an untruth as we reached targets]. As a result the organisation embarked on the S197 and S197(6) labour relations processes with KI continuing to support the community APACE programme in the City of Cape Town. The organisation was also notified of the loss of FPD funding in the Eastern Cape. This resulted in an organisational restructure at the head office in Cape Town during the last 2 quarters of 2019 whereby we needed to undertake s189 and 74 head office staff was retrenched in total by the end of September 2019 - effectively reducing the organisation head office staff.

During October 2018, our employee relations management tool we successfully migrated to PEOPLE 300 from the VIP platform. This tool is a step closer to reaching our goal of a paperless

environment. KI ERP is modernising its systems that allow for more flexibility and integration capabilities to provide better management of the recruitment process.

Despite the challenges that the loss of funding brings to any organisation the HR department continues to provide a professional service to the organisation with the same passion and compassion as we always had.

3. Information Technology

The 2018-2019 Quarter 1&2 saw the IT Department engage in a seemingly impossible task of acquiring and deploying new IT equipment for the APACE Program. The need to open 6 satellite offices in the Western Cape and 2 additional offices in the Eastern Cape, meant that IT had to acquire and setup additional servers and security firewalls for each of these sites.

While the office setups were underway, an order of 110 new Laptops was placed to meet the demand of the rapid ongoing recruitment. The bulk of the order arrived December 17, 2018 and with most of the staff expected on the 7th January 2019, IT feverishly took up the challenge and managed to fully setup 80 laptops before years end. Bearing in mind that all this was achieved while maintaining the upkeep of our existing infrastructure and employee support.

IT and ME&R managed to setup and configure a data capturing system in the form of the open-source software, REDCAP. With REDCAP in place, we started the deployment of 120 Android-Mobile device units. The devices allowed for real-time data capturing and reporting. Mobile devices are managed and governed through a Vodacom Mobile Device management portal.

June 2019- KI National Office moved from CT-CBD to the Pinelands Suburb. This move offered up new challenges, a lack in a critical IT service, INTERNET CONNECTIVITY. We decided to virtualize our Exchange Email Server and move it to a hosted cloud space, little did we know that this decision would benefit Kheth'Impilo in 2020.

With the unfortunate news that of the reallocation of the APACE funding to another NGO, IT assisted in the transitioning of KI assets and staff to ANOVA.

With the KI landscape dramatically changing, IT started the process of exploring different work methodologies. We virtualized some of our physical hardware servers and tasked IT vendors to submit a Request for Proposal (RFP) – Migration of services to Microsoft 365 platform. The RFP was met with much enthusiasm and promise.

D. Publications

Kheth'Impilo Academic Publications and Conference Presentations

Peer-Reviewed Publications:

(Kheth'Impilo contributors in bold):

1. Victoria Iyun, Karl Technau, Brian Eley, Helena Rabie, Andrew Boulle, **Geoffrey Fatti**, Matthias Egger, Frank Tanser, Robin Wood, Lee Fairlie, Mark F. Cotton, Mary-Ann Davies. Earlier antiretroviral therapy initiation and decreasing mortality among HIV-infected infants initiating antiretroviral therapy within 3 months of age in South Africa, 2006-2017. *Pediatric Infectious Diseases Journal*. 2019 epub ahead of print
2. **Geoffrey Fatti, Najma Shaikh**, Peter Bock, Jean Nachega, **Ashraf Grimwood**. South African National Adherence Guidelines: Need for Revision? *Tropical Medicine and International Health*. 2019, 24(10): 1260–1262.
3. Peter Bock, Graeme Hoddinott, Leonard Maschilla, Rory Holtman, Nelis Grobbelaar, Dillon Wademan, Rory Dunbar, **Geoffrey Fatti**, James Kruger, Nathan Ford, Colette Gunst, Sue-Ann Meehan. Retention in care and factors critical for effectively implementing antiretroviral adherence clubs in a rural district in South Africa. *Journal of the International AIDS Society*. 2019, 22:e25396
4. **Geoffrey Fatti; Ashraf Grimwood**; Jean B. Nachega; Jenna Nelson; Kelsea LaSorda; Gert van Zyl; Nelis Grobbelaar; Helen Ayles; Richard Hayes; Nulda Beyers; Sarah Fidler; Peter Bock on behalf of the HPTN 071 (PopART) study team. Better Virological Outcomes amongst People Living with HIV Initiating Early Antiretroviral Treatment (CD4 cell counts ≥ 500 cells/ μ L) in the HPTN 071 (PopART) Trial in South Africa. *Clinical Infectious Diseases*. 2019 Mar 16.
5. Peter Bock, Kerry Nel, **Geoffrey Fatti**, Rosa Sloom, Nathan Ford, Karen Jennings, Jacqueline Voget, Colette Gunst, Nelis Grobbelaar, Françoise Louis, Sian Floyd, Richard Hayes, Helen Ayles, Nulda Beyers & Sarah Fidler on behalf of the HPTN 071 (PopART) team. Renal dysfunction by baseline CD4 cell count in a cohort of adults starting antiretroviral treatment regardless of CD4 count in the HPTN 071 (PopART) study in South Africa. *HIV Medicine*. 2019. 20: 392–403. epub Apr 8.
6. **The Collaborative Initiative for Paediatric HIV Education and Research (CIPHER) Global Cohort Collaboration**. Incidence of switching to second-line antiretroviral therapy and

associated factors in children with HIV: an international cohort collaboration. *Lancet HIV*. 2019; 6: e105–15 (Feb 2019).

7. David C. Boettiger, Matthew G. Law, Annette H. Sohn, Mary-Ann Davies, Kara Woos-Kaloustian, Valeriane Leroy, Marcel Yotebieng, **Geoffrey Fatti**, Rachel Vreeman, Andrew Edmonds, James Batte, Adebola Adedimeji and Azar Kariminia. Temporal trends in cotrimoxazole use among children on antiretroviral therapy and the impact of cotrimoxazole on rates of mortality in children without severe immune deficiency. *Journal of the Pediatric Infectious Diseases Society*. 2019; 8(5): 450-460

Conference presentations

Oral

1. Priscilla R. Tsondai, Kate Braithwaite, **Geoffrey Fatti**, Carolyn Bolton Moore, Cleophas Chimbetete, Helena Rabie, Sam Phiri, Shobna Sawry, Brian Eley, Janneke H van Dijk, Jonathan Euvrard, Frank Tanser, Katayoun Taghavi, Annette H. Sohn, Mary-Ann Davies. Describing the characteristics and long-term outcomes of adolescents living with perinatally acquired HIV in the leDEA-Southern Africa Collaboration: 2004-2017. 10th IAS Conference on HIV Science, Mexico City, Mexico, 21 to 24 July 2019.
2. Priscilla R. Tsondai, Kate Braithwaite, **Geoffrey Fatti**, Carolyn Bolton Moore, Cleophas Chimbetete, Helena Rabie, Sam Phiri, Shobna Sawry, Brian Eley, Janneke H van Dijk, Jonathan Euvrard, Frank Tanser, Katayoun Taghavi, Annette H. Sohn, Mary-Ann Davies. Describing the characteristics and long-term outcomes of adolescents living with perinatally acquired HIV in the leDEA-Southern Africa Collaboration: 2004-2017. 11th International Workshop on HIV & Pediatrics, Mexico City, Mexico, 19 to 20 July 2019.

Poster

3. Reneé de Waal, Helena Rabie, Karl Technau, Brian Eley, Nosisa Sipambo, Mark Cotton, Andrew Boule, Robin Wood, Frank Tanser, **Geoffrey Fatti**, Matthias Egger, Mary-Ann Davies. Abacavir safety and efficacy in young infants in South African observational cohorts. International Epidemiological Databases to Evaluate AIDS All-Africa Meeting; Johannesburg, South Africa, 30-31 October 2019.
4. **Jaqualine Chaurura**, **Ashraf Grimwood**, **Eula Mothibi**, **Delphin Kabamba**, **Lizette Monteith**, Mgcini Sibanda, Geoffrey Fatti, Phumuzile Hlongwane. Improving ART patients health outcomes through Community ART Refill Groups and Postes de Distribution Communautaire implementation: Lessons Learnt from Zimbabwe and Democratic

Republic of Congo. 9th South African AIDS Conference, Durban, South Africa, 11–14 June, 2019

5. Priscilla Tsondai, Kate Braithwaite, **Geoffrey Fatti**, Carolyn Bolton Moore, Cleophas Chimbetete, Helena Rabie, Sam Phiri, Shobna Sawry, Brian Eley, Janneke H van Dijk, Jonathan Euvrard, Frank Tanser, Katayoun Taghavi, Annette H. Sohn, Mary-Ann Davies.. Describing the characteristics and long-term outcomes of adolescents living with perinatally acquired HIV in the leDEA-Southern Africa Collaboration: 2004-2017. International Workshop on HIV and Hepatitis Observational Databases (IWHOD) Athens, Greece, March 2019.

6. G. Patten, M.-A. Davies, G. Maartens, M. von Lettow, M. Fox, N. Sipambo, R. Wood, K. Technau, B. Eley, H. Prozesky, M. Osler, **G. Fatti**, F. Tanser, C. Chimbetete, K. Malisita, J. Muhairwe, J. Burgos-Soto, C. Kunzekwenyika, S. Phiri, N. Anderegg, N. Ford on behalf of leDEA Southern Africa. Characteristics and outcomes of adults and children >5 years with advanced HIV disease in Southern Africa. 23rd International Workshop on HIV and Hepatitis Observational Databases (IWHOD) Athens, Greece, March 2019.

7. **Geoffrey Fatti; Ashraf Grimwood**; Sue-Ann Meehan, Jean B. Nachega, Jenna Nelson; Kelsea LaSorda; Gert van Zyl; Nelis Grobbelaar; Helen Ayles; Richard Hayes; Nulda Beyers; Sarah Fidler; Peter Bock on behalf of the HPTN 071 (PopART) study team. Better Virological Outcomes When Initiating Early ART In The HPTN 071 (PopART) Trial. Conference on Retroviruses and Opportunistic Infections (CROI), March 4 - 7, 2019, Seattle, Washington, USA.

E. Acknowledgements

The content of this report contains the results and achievements derived from research, work and audited data reflecting the views of Kheth'Impilo and not necessarily that of our donors. This report, the work it portrays and the achievements reflected therein, would not have been possible without our donors, the direction of the board, executive management and commitment of our staff.

FUNDERS



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