



INNOVATION
in
PUBLIC HEALTH

2020 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 supporting the Department of Health through the provision of clinical care and treatment services, health and community systems strengthening since October 2009. As a registered NPO, this support was provided through the utilisation of local and international donor funding to implement programmes providing 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. Kheth'Impilo further reports below the extensive work that it currently performs in various rural communities of the Eastern Cape, Western Cape and KwaZulu provinces.

The community work performed by Kheth'Impilo ensured further integration of health and community based services.

1. 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.

2. The CEO's Report

During this fiscal year, Kheth'Impilo implemented the APACE programme in Buffalo City Municipality (BCM) for the 3-month period ending 31 December 2019. This period was earmarked for the transition of the programme to the newly appointed district support partner MaTCH. Numerous meetings were conducted with BCM DOH officials, USAID, MaTCH and Kheth'Impilo officials. These meetings were arranged and facilitated by USAID. The result of these meetings included the successful transfer of programme assets procured under the USAID funded APACE programme. Staff who were employed by Kheth'Impilo to implement the APACE programme in BCM were transferred to MaTCH. This smooth transfer was made possible through regular meetings between MaTCH HR and Kheth'Impilo HR teams. Kheth'Impilo also conducted several consultation meetings with staff as required by the Labour Relations Act governing the transfer of organisational programmes.

For this fiscal year Kheth'Impilo continued implementing the community component of the APACE programme in the Western Cape. As mentioned in the previous annual report, USAID took the decision to transfer the WC APACE programme to AURUM. Implementation of the USAID-funded WC APACE community component by Kheth'Impilo is done via a sub grant from ANOVA. The implementation period of the ANOVA APACE community programme was through 30 September 2020 with a close out period of October 2020. During the reporting period, based on the annual case finding target of 7 000, KI achieved 64% of the expected performance with a yield of 5%. Of the 95 017 individuals tested, 4 471 (5%) were found to be positive after a positive HIV test. The COVID 19 epidemic and the President's State of Disaster declaration with subsequent nationwide lock down affected HIV and TB case finding activities in Q3 as planned case finding events with other partners and organizations and all community activations had to be cancelled.

ANOVA Programme Achievements – Western Cape

- **95 017** individuals established their HIV status;
- **4 471** were diagnosed as newly HIV +ve,
- **96%** case finding performance in the last year
- Screened **37 879** community members for COVID-19
- Referred **5 105** clients for clinical COVID-19 testing
- **94 764** clients were screened for TB and **241** were presumptive TB cases and referred to the facility.

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;

MEMBERS' REPORT

for the year ended 30 September 2020

During the fiscal year ending 30 September 2020, Kheth'Impilo closed out its only USAID award within the first quarter ending 31 December 2019. As per the requirements of the SA Relations Act, Kheth'Impilo embarked on and concluded the s197 processes prescribed by the Labour Relations Act by 31 December 2021. Despite the ending of this major award, Kheth'Impilo continued to implement the remaining programmes as per agreements with its various donors.

The USAID funded APACE program was closed in Buffalo City Municipality. Staff in this program were transferred to MatCH – the newly appointed partner for the Buffalo City Municipality district. Also during this reporting period, the sub-award with ANOVA ended on 30 September 2020 with a one-month close out period ending 31 October 2020. For both these programmes, KI managed to achieve its targets by the end date of each programme. As part of the close out process, KI conducted various meetings with the donor and various stakeholders present. KI ensured that it fulfilled all obligations in terms of successfully transitioning the programme to the new partners including ensuring that all programme data is transferred and shared as necessary with partners and stakeholders.

Despite the COVID-19 pandemic, the Early Childhood Development (ECD) program, 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, finalised the implementation of the programme in EThekweni and Msunduzi districts of KwaZulu Natal. Key components of the KI home-based ECHS model included: caregiver training, facilitation of age-specific playgroups, setting-up caregiver Circles of Support (CoS), mentoring and debriefing of Home Visitors and mobilizing community support. KI successfully managed to reach beneficiaries and exceeded set targets during this reporting period. Additionally, the ECHS programme added to the country's 90-90-90 targets as all our beneficiaries now know their status. All beneficiaries that tested positive were linked to care and over 95% remained virally suppressed.

This ECD programme focus shifted for the new year with implementation sites being allocated in the Eastern Cape. Funded through FHI360, the three districts that will receive services from the

USAID funded programme include Alfred Nzo, Chris Hani and OR Tambo. A total of 36,500 beneficiaries are earmarked to receive programme services targeting the age group 10 – 19 years. Funds have also been set aside to work with adolescent women and young girls and the target for this component is 6,500. During the next period, Kheth'Impilo will rekindle the relationships that it had built with the various sub-district, district and provincial departments of health.

Kheth'Impilo also continued to implement an 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 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. Funding for this initiative and programme is slated to experience reductions in future funding which will require that programme to be tailored accordingly. However, Kheth'Impilo is working with other possible donors to contribute to this very successful and needed programme.

As a partner of the Western Cape Department of Health, Kheth'Impilo has been implementing a facility based counsellor programme and a home and community based care programme in specific sites in two City of Cape Town districts, namely Eastern and Northern. The counsellor programme provides support to the department through the placing of various counsellors within facilities. The home and community based care programme provide the following services to communities in Mfuleni, Eersterivier, Scottsdene, Kraaifontein and Maccasar. The services provided across these communities include the following:

- Wellness, health promotion and prevention of ill health and injuries services are integral components of Primary Health Care re-engineering approach and are aligned to the Health Department's long term strategy, Healthcare 2030.
- Integrated Home- & Community-Based service consist of interventions that focus on wellness, health promotion, prevention of ill health and self-management support to empower clients and/or primary caregivers to take care of their own health at home.

- Support the WCG Health 90-90-90 Strategy and Integrated Management of Chronic Conditions (IMCC) to address service priorities such as the burden of TB, HIV and Non-Communicable Diseases as well as First 1,000 Days. Kheth'Impilo as a key partner assists the province to achieve its objectives and targets.
- Provision of integrated Home- & Community-Based services in the mentioned geographic areas – specifically Macassar - together with the main referral Primary Health Care facility in the designated area.
- Kheth'Impilo also engages with approved donor funded partners supporting implementation of the 90-90-90 strategy and other health system strengthening initiatives within the defined areas.
- 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.

This agreement is renewed annually on 01 April.

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 expand within Africa to allow the organisation to implement initiatives that achieve sustainable strategic competitive advantage to ensure supported individuals, communities and governments achieve their goals.

3. Executive Management Committee

This committee continued to function through this year supporting to various departments to address the challenges brought about by the COVID-19 pandemic. The latter required, where possible, staff to work from home and where this is not possible, to assist staff in ensuring that work is implemented safely and whilst adhering to the stated COVID-19 guidelines. The Executive Committee consists of the following individuals.

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.

Vincent Titus – Director

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.

Geoff Fatti – Strategic Information Lead

Dr. Geoff Fatti (MChB, MPH, PhD) is a medical epidemiologist with over 25 years professional experience in clinical, academic, research, and program monitoring and evaluation capacities. He has authored almost 70 peer-reviewed infectious diseases-related publications and is a SA National Research Foundation rated scientist.

Jacques Soine – Financial Manager

Jacques Soine is a finance and business management professional with over 20 years of experience across various industries, including the NPO sector since 2015. Jacques has a Master of Commerce degree in Business Management (M.Com) from MANCOSA, and is committed to adding measurable value through strategic analytics to support better decisions for organisational growth and sustainability, specifically within the donor compliance environment.

Shahiema Ryklief – Human Resource and Payroll Manager

Experienced (more than 15 years) Human Resource & Payroll Manager with extensive experience in the NGO and Health Sector environment. She is responsible to manage all HR functions from

recruitment to retrenchment. Her expertise in payroll management processes and integrating these with the related organisational functions (Administration & Finance). She has a well developed understanding of the professional business environment and related processes requiring coordination across business teams with a strong background in all aspects of administrative processes and responsibilities, project support, coordination and administration, office administration and management, general business administration, regular reporting, team support processes, customer relations and key stakeholder management.

4. Programmes Implemented



A. HEALTH PROGRAMMES

APACE Programme – Western Cape (ANOVA)

[HIV Case Finding: Reaching the First 90](#)

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 hotspots, TVET colleges and workplaces with supervised HIV Self Screening offered at pilot sites. During the reporting period, based on the annual case finding target of 7000, KI achieved 64% of the expected performance with a yield of 5%. Of the 95 017 individuals tested, 4471 (5%) were found to be positive subsequent to a positive HIV test. The COVID 19 epidemic and the President's State of Disaster declaration with subsequent nationwide lock down affected HIV and TB case finding activities in Q3 as planned case finding events with other partners and organizations and all community activations had to be cancelled. Community health staff were redeployed to assist with COVID-19 Community screening and supporting testing and other activities within supported Siyenza facilities. Targeted HIV screening has had to be withdrawn from the communities under Provincial and District Health as well as donor directives. HIV Testing resumed in Q4 making it a challenge to reach the annual target. Given the unexpected restrictions of lockdown, when judging performance versus a pragmatic target of 8 calendar months of the original 12-month target, case-finding performance was 96%.

[Tracing of EMA and LTFU: Reaching the Second 90](#)

Based on the directive and agreed Scope of Work (SOW) with ANOVA, this activity was only planned for Q1. This activity was not implemented in Q2, Q3 and Q4. In Q1, KI Community Testers

and Linkers made follow-ups with all clients with Early Missed Appointments and unconfirmed Lost to Follow-up.

Retention and Viral Load Suppression: Reaching the Third 90

Through the APACE program KI supported the facilitation of adherence clubs (AC) in 15 sites in the Cape Metro. KI assessed three outcomes: retention in care, retention in club care and viral suppression. A total of **1244 Adherence Clubs** were supported in the reporting period with a total of **24 803 clients** remaining in club care by the end of September 2020. The overall decanting percentage was 37%. The decanting percentage is still lower than the 50% WCDOH decanting target. By end of September 2020 the viral load analysis showed a **VL suppression rate of 99%** for clients that had their VL test done and recorded in the Club Registers.

Community COVID Screening and Referrals

The SARS-CoV2 pandemic in South Africa is part of the ongoing global pandemic of coronavirus disease 2019 (COVID-19). In Q3, the KI Testers and Linkers case finding work had to be redirected to cover the Cape Metro Community COVID screening programme from April to June 2020. The KI team screened a total of 37 879 clients for COVID in the community using the WC DOH screening tool with 5104 clients referred for clinical COVID testing (13%). This amounted to >600 people screened per work day.

Cross Cutting Issues: TB, IPV, Nutrition, STIs and Family Planning Screening

In the reporting period, Kheth'Impilo offered TB, STI, Family Planning, Nutrition and IPV screening to all the clients who were offered HIV Testing Services. A total of 94 764 clients were screened for TB and 241 were presumptive TB cases and referred to the facility. A total of 94302 were screened for STIs and 177 had self-reported STI symptoms and referred to facility. A total of 94010 clients were screened for IPV/GBV with 47 clients screened positive for risks of IPV with screening questions used. A total of 45 630 clients were screened for VMMC and 82 clients were referred for VMMC services.

B. COMMUNITY PROGRAMMES

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. 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 2021.

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 2021 for operational reasons.

Kheth'Impilo - OVC/ECHS Programme

EThekwini & Msunduzi district in KwaZulu Natal

Programme Description: The USAID-funded OVC/ECHS programme entered its final year of implementation in the KwaZulu Natal province. The donor, FHI360, indicated that the programme will be moved to the Eastern Cape post 30 September 2020. This 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 Copseville, Honeyville, Swapo,Ezink etheni, France, Eastwood, Sobantu, Mbali, Snathingi, Pata, Thamboville, Thembalihle, Cinderella and Mpolweni

Programme Achievements:

The KI ECHS project has managed to reach and exceed the overall OVC SERV target of **8,994** by 6% (*total achievement 106%*). This was mainly due to the EThekwini district's over achievement of OVC SERV by 20% but also attributed due to the very good performance of Umsunduzi district's OVC SERV performance of 89%. A total of 9,536 beneficiaries were serviced during the reporting quarter against the overall annual target of 8,994.

With the change in the number of available staff within the staffing structure, KI programme team was still able to reach 106% OVC_SERV due to the teamwork provided by MER team in ensuring quality deliverables were accomplished. KI MER team assisted the programmes team with the tracking system of providing lists on a monthly basis for any gaps noticed in

performance. Performance management was made a priority during this reporting period so as to ensure the ECHS project is completed with justice.

KI ECHS team managed to complete 4,903 HIV status tracking with known HIV status in Q4 2020. MER Team supported this activity through creating lists of children that did not have their HIV status known previously. This enabled the program team to complete all outstanding HIV status tracking. KI Team reached 100% known status of it's <18years target of 100%.

CLHIV continue to remain the epicenter for OVC programmes in an attempt to reduce infant mortality rate. KI addresses the initiative by USAID and FHI360 by providing service to CLHIV enrolled in our programmes. During this reporting the total CLHIV reached accounts to 2208 out of the total 2346 annual target.

Umsunduzi District reached 915 CLHIV of the total 947 annual target and eThekwini reached 1293 of the total 1300 annual targets. Overall, KI reached 94% of the CLHIV target by 30 September 2020.

KI provided people –centred services that are organised around the health needs and preferences of beneficiaries living with HIV. Gaps between child and adult services and inadequate support for young people can result in lost to follow up. KI provided adherence support as the final step in the treatment cascade which promotes viral suppression. Individuals who were virally suppressed responded well to treatment. Of the 2,208 on treatment, 97% were virally suppressed. This was achieved by ensuring that beneficiaries on ART have access to viral load monitoring by KI Staff through assistance of the facilities as they provided viral load testing.

The table below is a summary of the programme performance across the various programme objectives.

Key activities	Outputs	Outcomes
ECHS		
Objective One: Increase the number of children between the ages 0 – 5 years that have access to physical, cognitive and emotional stimulation and HIV related services in their households		
Adherence support education	<ul style="list-style-type: none"> Caregivers were educated telephonically on ensuring that children on ART are collecting treatment and taking it on time continuously 	<ul style="list-style-type: none"> High percentage of children are virally suppressed
Education on covid 19 safety measures	<ul style="list-style-type: none"> Education on hygiene and wearing of masks was encouraged to caregivers as for some their children were returning back to school with the adjustment of lockdown. 	<ul style="list-style-type: none"> Beneficiaries were equipped with skills to prevent the spread of COVID 19
Stimulation of children on communication skills	<ul style="list-style-type: none"> Children were being taught on how and when to greet, say thank you and to say I am sorry 	<ul style="list-style-type: none"> Children were stimulated and they showed that by asking questions of clarity from caregivers

Objective Two: Strengthen the capacity of caregivers to provide a positive relationship and support their children by increasing their HIV knowledge to address non-disclosure, stigma, discrimination, low acceptance, low uptake of HTS and non-adherence to ART		
Beneficiaries were educated on adherence, covid 19 safety measures and on gender based violence	<ul style="list-style-type: none"> • Telephonical intervention was used to teach beneficiaries 	<ul style="list-style-type: none"> • Beneficiaries in the KI programme are virally suppressed.
Objective Three: Strengthen referrals and linkages to high impact HIV services, health, social, child protection and other services that enhance the wellbeing of children and their caregivers		
Psychosocial intervention	<ul style="list-style-type: none"> • Verbal referrals were made to KI social workers for case management 	<ul style="list-style-type: none"> • Beneficiaries were happy with KI services

MACAIDS

School health Sexual Reproductive Health and Rights Programme in Ilembe

KwaZulu-Natal (KZN) province of South Africa has one of the highest HIV prevalence 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 rate (43,1%) of all the districts of SA. The district has high levels of teenage pregnancy relative to the provincial and national rates. As part of the Health and Community Systems strengthening support to the Government of South Africa, particularly with respect to HIV, TB and non-communicable diseases, Kheth'Impilo implemented an innovative school-based service-linked Sexual Reproductive Health and Rights (SRHR) program to underserved adolescents in a rural, high HIV prevalence sub-district, Ndwedwe in 2014.

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 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 supported by a roving technical team.

The key program outputs cover the period October 2019 to September 2020. For this period 7,292 recipients were reached. A total headcount of 5555 visits were made to the school-based and clinic-based services, with 15% of these being first-time visits. The cumulative proportion of learners seeking SRHR services for the first time was 92%. The cumulative uptake for HIV Testing Services was 69% in September 2020. KI established and a support group for pregnant or parent learners to keep girls in school, reduce HIV risk and to improve maternal and child health outcomes. For the period 78% enrolled in antenatal care and for the period. All pregnant learners

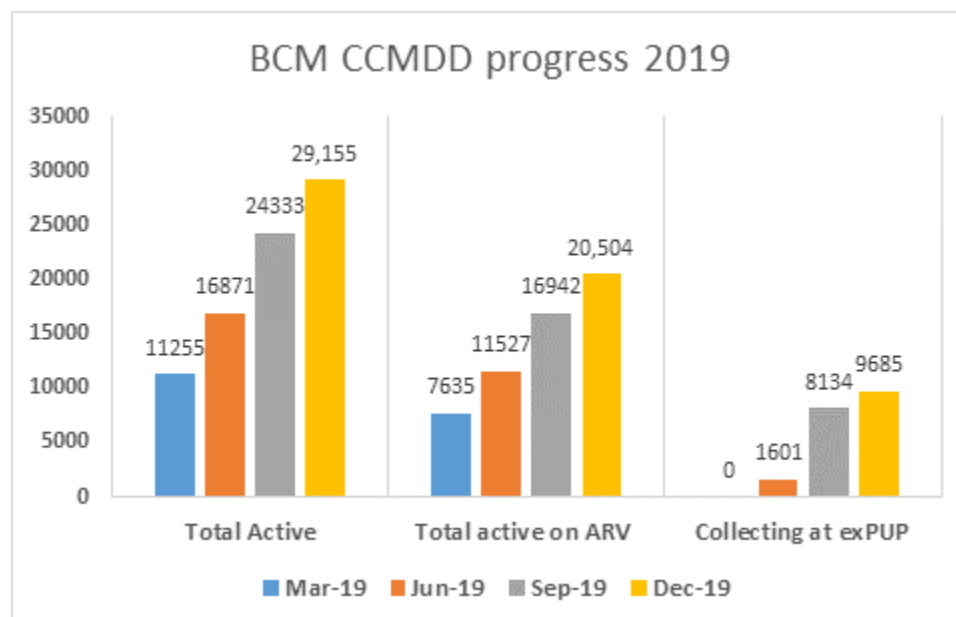
enrolled in antenatal care were HIV tested and all tested babies tested HIV negative at birth. The overall teenage pregnancy rate was reduced from 14% in 2014 to 1.6% in 2020.

A total of 51 learners were on ongoing ARV care and support and 78% were virologically suppressed. With respect to the SRHR modules, 85% of learners were reached. The cumulative uptake for contraceptive services was 54%. KI has continuously engaged with the 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 level. 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 Education. A total of 390 learners were successfully assisted with acquiring Identity Documents. KI trained and col delivered with the Ndwedwe Municipality an SRHR jamboree reaching over 600 learners in December 2019. In light of the high levels of food insecurity and hunger due to the COVID-19 lock-down, KI secured a donation from the Presidents Solidarity Fund and together with the schools and community volunteers distributed over 2 days, food parcels to 1250 vulnerable learner households (8,436 recipients) for a month by leveraging off this school health programme. KI trained all our programme staff for COVID-19 management and in turn, the programme staff trained 84 educators at the 8 schools. In addition, KI screened and educated 5,456 individuals for COVID-19 at the community level in collaboration with the district Department of health, and supported the district health clinics, by providing health services and health education in terms of hand washing, COVID-19 screening and general health education. In addition, KI assisted the 8 schools with daily screening for COVID-19 for this period, reaching a cumulative headcount of 25,097. KI screened a total headcount of 1289 educators and assisted the educators and health care workers to prepare the program recipients with regard to health and safety under the exceptional times of COVID-19. KI mentored 13 high-school graduates, who were former recipients of our program as school learners who enrolled to train as Community Youth Health Workers and Social Auxiliary Workers- the cadre of staff who can deliver this program. This training initiative was funded by the National Skills Development Framework of SA and the learners graduated from the programme. Four of the 13 learners commenced with a university degree.

Pharmacy Programme

Buffalo City final quarter Pharmaceutical Services (1 October 2019 to 31 December 2019)

Figure 1: CCMDD progress Q1/FY20



As indicated above, the total number of active clients on CCMDD has increased by a further 4 822 during Q1. This brings the total Active clients enrolled on CCMDD to 29 155 of which 20 504 are active on ARV. The number of clients using external pick up points has increased to 9 685. Overall these numbers represent great progress in this program and accelerated implementation hereof should hopefully free up resources, which could then be re-directed towards other, more problematic program areas as indicated above.

For the same period, BCM had 91.52% reporting compliance on the Vodacom Stock Visibility Solution application (**SVS**) and 98.43% medicine availability across all facilities.

Rx Solutions store module were installed and functional at 11 facility pharmacies in BCM and the dispensing module at 6 facilities.

Adherence club support in the City of Cape Town

Progress to Targets towards the third 90: Adherence Clubs

During the financial year October 2019 to September 2020, KI assisted the establishment, running and maintenance of facility and community Adherence Clubs in the Cape Metro as part of differentiated models of medicine delivery and the NDOH adherence guidelines for HIV, TB and NCDs. Adherence clubs is the WCDOH preferred model of differentiated ART delivery. To ensure growth, continuity and sustainability of the Adherence Clubs, KI used this financial year

to continue to establish, maintain and improve the quality of the adherence clubs while awaiting information and guidance from ANOVA as to which cadres of staff members to focus training on and thereby to build capacity for the handover of the adherence club support functions to ensure long term sustainability. During Q4, KI and Anova had various discussions regarding the sustainability of the adherence clubs and agreed on a transition plan for the Clubs.

We recognize the WCDOH Community Orientated Primary Care (COPC) model refers to the inclusion of adherence. However, this adherence component refers to generalized treatment adherence and not specifically ART adherence and the facilitation of adherence clubs. Lessons learned through the implementation of the Adherence club model includes adherence rates more than 95% and VL suppression rates of 99%. HIV adherence requires specific and detailed services and patient monitoring. For this reason, KI believes that HIV adherence and support should be negotiated with WCDOH to support effective transitioning of the PEPFAR funded HIV Adherence components for inclusion in the WC COPC Model.

The tables and graphs below show KI's Adherence performance data in Q4 in 15 supported facilities. The table below shows that a total of 1 244 Adherence Clubs were supported with a total of 24 803 clients remaining in club care by the end of September 2020, up from 23 034 in 1086 clubs at the end of September 2019. Information displayed in this report is information obtained directly from the adherence club registers in facility as official Sinjani data is not available.

During the December reporting period there were many challenges with staff being on leave and club registers not able to be located for reporting purposes. IN response to this challenge, KI designed a application on RedCap for the club facilitators to capture club data directly to RedCap. The RedCap club functionality improved the availability of club data.

Viral load uptake increased from 56.7% in September 2019 to 71% in September 2020 with a VL suppression rate of 99%. During the same time, the percentage of patients decanted into adherence clubs decreased from 39% to 37%.

During Q3 the adherence clubs were severely affected by the COVID-19 pandemic, subsequent lockdown and need for physical distancing. However, the facilities were quick to implement changes to adherence clubs to assure clients have access to medication and illustrated the resilience of adherence club's system. Several changes were adapted by facilities. Some used driver systems like Uber or local NPOs to deliver prepacked CDU medication to club patients' homes. At other facilities, the clients still visited the facility and received medication from a club facilitator while practising physical distancing. Other facilities implemented a combination of these methods. The changes were not without challenges, however with constant support and feedback from club facilitators, challenged were addressed.

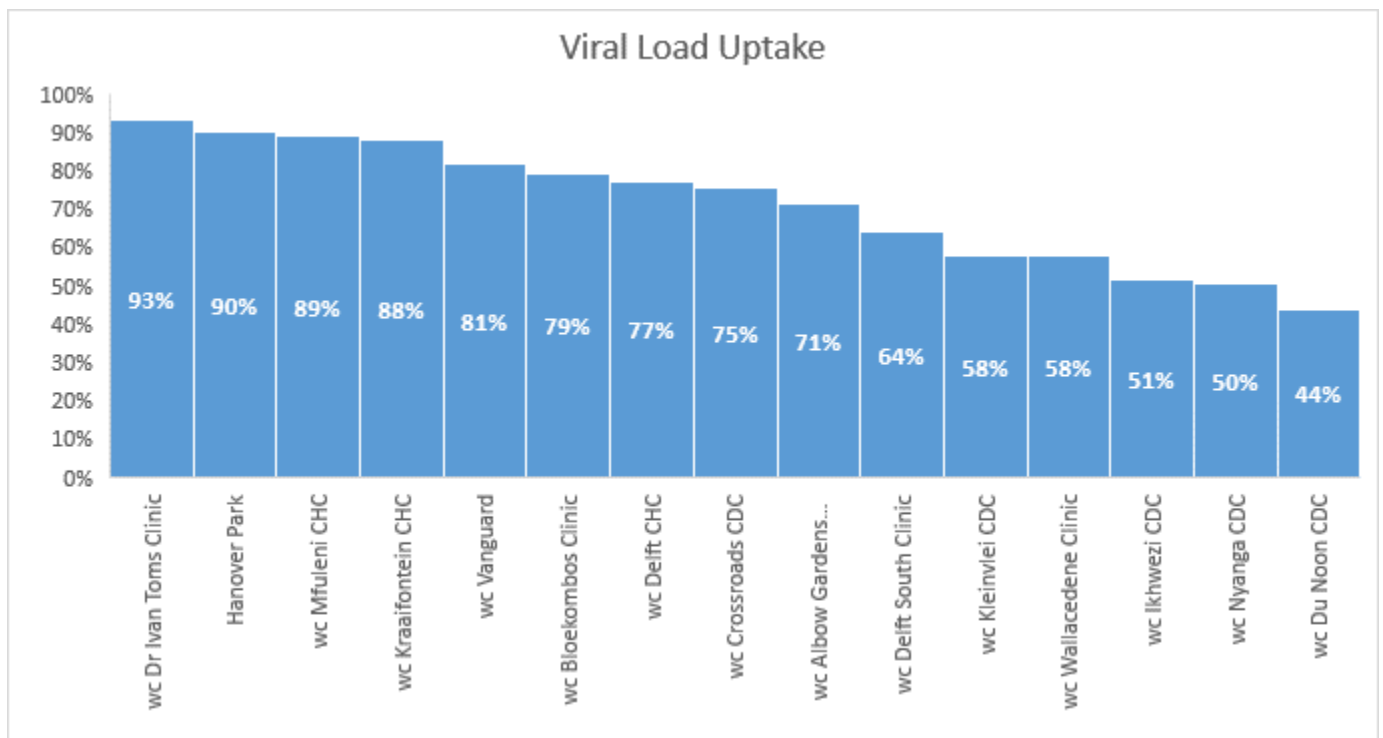
Furthermore, many of the club facilitators and other KI staff had to undergo 14 days of quarantine and or self-isolation, sometimes more than once due to COVID-19-exposure and disease. To support the clients, staff were reallocated during these periods of time.

Q4 brought with it its own challenges. While physical distancing were still in place and club facilitators worked hard to follow up with patients who missed appointments due to direct or indirect effects from the COVID 19 pandemic, Club facilitators and supervisors alike received the information that contracts will end at the end of September 2020. Naturally, this information caused morale to sink and worries about the future to arise. Notwithstanding, club facilitators continued serving and following up with patients till the last day of their contracts and in the end most of them were retained in the positions of club facilitators which ensures sustained service delivery to the club patients.

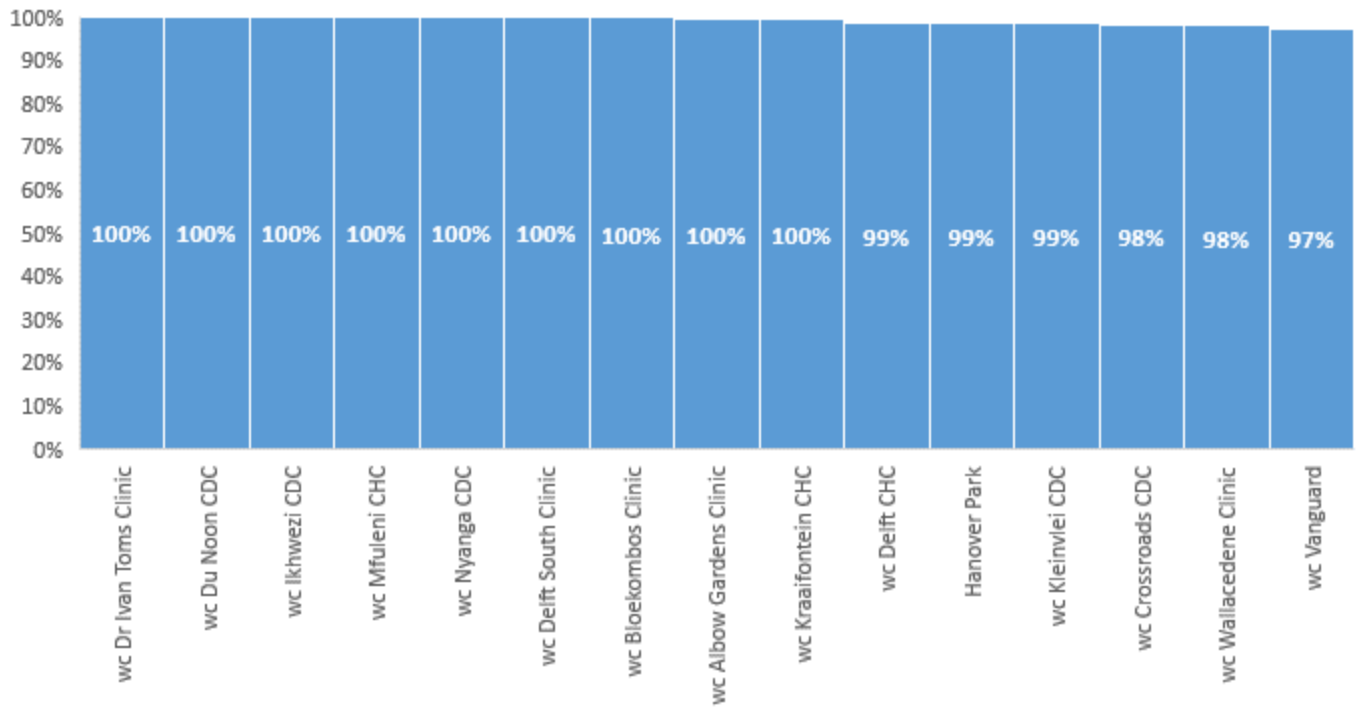
Data collection at the end of Q4 went smoothly due to open communication and collaboration between KI, DOH and Anova. Even so, nine club registers (at Delft CHC and Vanguard) could not be located for data collection and four clubs were cancelled prior to lockdown (at Du Noon, Kraaifontein and Hanover Park). Therefore, the data from these registers are not included in the tables below.

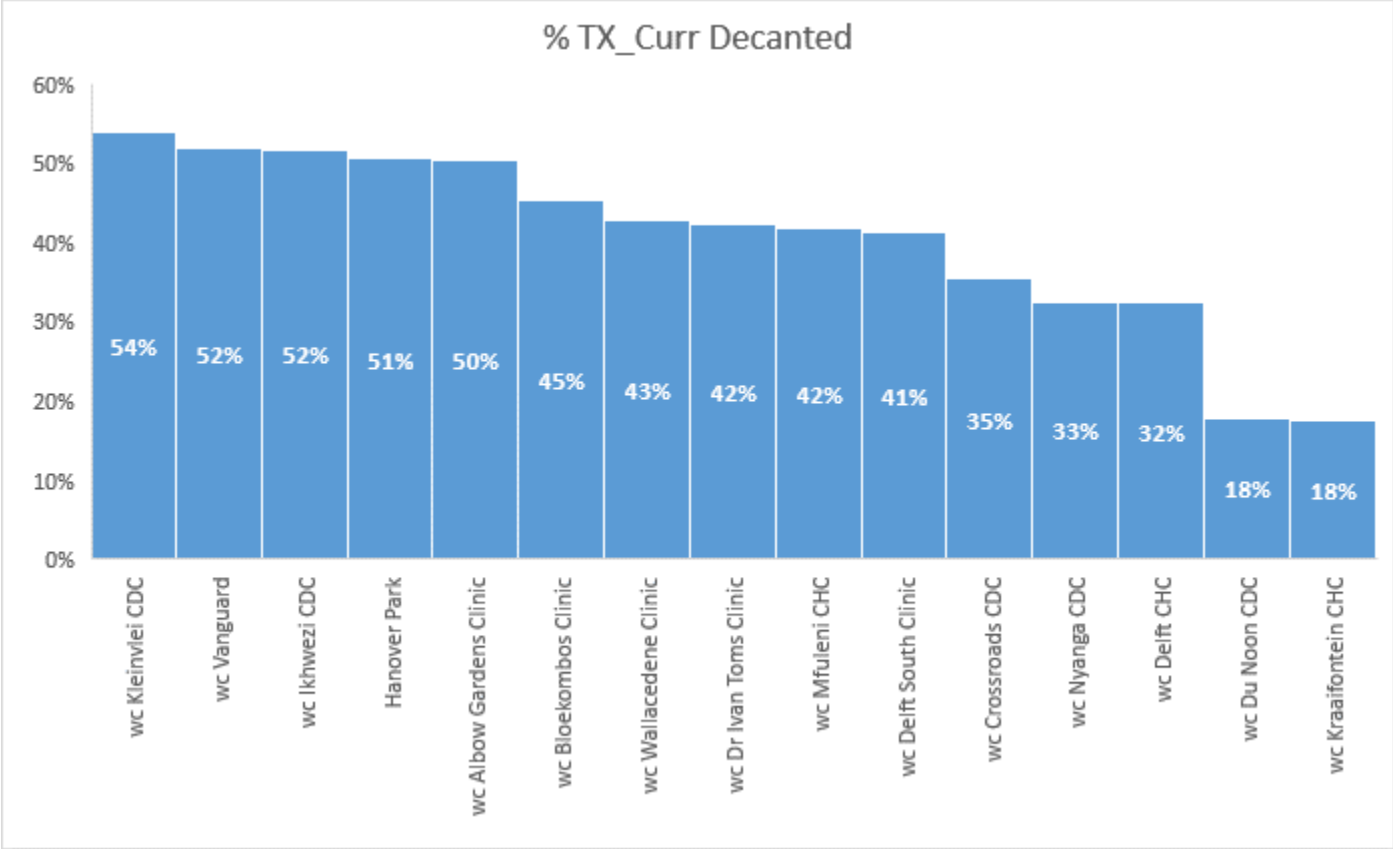
Facility	TROA	Total Number of Clubs	Active Clients in Club	% of TX_Curr Decanted	Viral Load Done at 12 Months and Recorded in Registers	Viral Load Uptake	VL Suppressed	Suppression Rate
Albow Gardens	4119	120	2075	50%	1481	71%	1475	100%
wc Bloekombos Clinic	3409	81	1548	45%	1223	79%	1220	100%
wc Crossroads CDC	7717	106	2737	35%	2105	75%	2025	98%
wc Delft CHC	6643	131	2149	32%	1777	77%	1632	99%
wc Delft South Clinic	3445	71	1419	41%	906	64%	904	100%
wc Dr Ivan Toms Clinic	4042	79	1706	42%	1593	93%	1593	100%
wc Du Noon CDC	8474	53	1514	18%	660	44%	660	100%
wc Hanover Park CHC	2473	89	1253	51%	1221	90%	1116	99%

wc Ikhwezi CDC	3773	119	1952	52%	1004	51%	1004	100%
wc Kleinvlei CDC	1802	49	973	54%	574	58%	556	99%
wc Kraaifontein CHC	6131	41	1075	18%	948	88%	944	100%
wc Mfuleni CHC	4395	77	1838	42%	1635	89%	1635	100%
wc Nyanga CDC	5442	63	1770	33%	890	50%	890	100%
wc Vanguard CHC	2994	69	1550	52%	1263	81%	1226	97%
wc Wallacedene Clinic	5253	96	2244	43%	1333	58%	1272	98%
Grand Total	70 112	1 244	24 803	37%	18 314	71%	18 152	99%



Viral Load Suppression Rate





Highlights

- The KI smart phones used by Club Facilitators assisted with sending reminders to club adherence clients and for recalls.
- As from March 2020, club facilitators captured club summary data directly onto RedCap which greatly supported the collection of data.
- During and after the lockdown the clubs adapted fast to ensure CDU parcels reach patients.

Training:

Kheth’Impilo Pharmacist assistant learnership

Of the 22 learner post basic pharmacist assistants who enrolled in the training in 2019, 16 completed their training during the reporting period and registered as qualified post basic pharmacist assistants with the South African Pharmacy Council (SAPC). This brings the total number of PBPAs who qualified as part of the Kheth’Impilo Pharmacist Assistant training programme to 527.

Dispensing course for authorised Prescribers

During this reporting period, we close to complete a dispensing course for authorised prescribers that will form part of the planned Kheth'Impilo Training Academy.

Clinical Training Programme

HIV training for Healthcare workers

The Western Cape Department of Health launched their revised Guidelines in December 2019. These were aligned with National Department of Health new guidelines to support the introduction of new antiretroviral medicines (dolutegravir). To rollout the revised large, new and urgent ART treatment programme Kheth 'Impilo was asked to be included and provide training support.



It was held at Lentegeur Conference venue in Mitchells Plain, Cape Town. Approximately 140 delegates attended Wednesday workshop on 29 January 2020 with another 140 delegates on Friday 31st January 2020.



Lentegeur Conference

Covid-19 training for healthcare workers.

I conducted five workshops in the field during March 2019 to provide onsite healthcare workers with fundamental information about a relatively new disease caused by the SARS CoV-2 virus. Emphasis was placed on prevention measures and clinical tools to provide personal protection all staff in community facilities. Slide shows (Power Point®) were generated based upon new guidelines and equipment needed to protect staff distributed. Covid 19 brought most face to face off-site classical classroom workshops to an abrupt halt. . There was also a transition away from the regular HIV/AIDS and Tuberculosis workshops to the urgent need to inform and upskill staff on the relatively new SARS CoV-2 pandemic. This entailed a fundamental knowledge about the new virus as well as use of personal protective equipment (PPE). Attempts to uphold all infection control protocols instituted but not all venues adequately geared for this eg limited ventilation, limited space and size etc. Small training groups were included to increase physical distancing.

Covid training, Boardroom, KI

Submissions and support for funding and grant proposal

The Training Department provided data, references and input where needed for funding proposals and applications.

Summer School 2020 at University of Stellenbosch

At the start of 2020, support to one of the 23 Modules for the online training of students at the University of Stellenbosch was provided. The *Diploma in HIV Management* had approximately 140 students registered from around the world, predominantly from Africa. 2020 was also the first year that this Diploma switched from classroom (face to face) student support to online computer lecture support during lockdown in South Africa. It is an annual programme and has been running for many years.

A working Module on “ HIV Prevention Strategies ” was submitted in March 2020. It included a broad course outline, questions, numerous references for additional study purposes and an assignment for each student to complete as part of the overall course requirements. It was moderated by external evaluators and passed for submission.

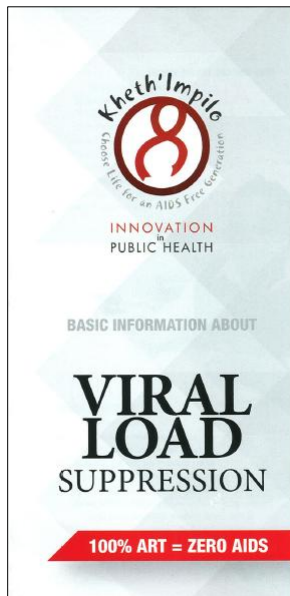
Student support regarding the Module itself and assignment queries was provided throughout the year. All assignments were submitted by the end of August 2020, and each marked by myself. A results sheet was shared with the Diploma team at Stellenbosch University partnered with Africa Centre. Again these examinations were moderated by an external examiner to maintain quality and standards.

Note : I was asked towards the end of 2020 to be available again for the 2021 Summer school intake and to this I agreed.

Kheth Impilo online Clinical training courses

Four updated and revised “electronic courses” (each over two full days) were prepared for submission in 2021.

Networking and training



Z pamphlet about Viral Load

KI continued to work closely with many local South Africa institutions for learning, Universities, Centres for higher learning and medical organizations including :

Western Cape Department of Health

University of Western Cape

University of Cape Town

Africa Centre / University of Stellenbosch

Medicines Information Centre (MIC)

Peoples Development Centre (PDC)

The KI Clinical Training department had forged many good working relationships over its many years of existence. Sourcing external job aids, posters, flyers journals, booklets and printed material complimented many of the workshops. KI also provided limited printed material training support as well.

Online information and staff support

Newsletters continued to be regularly emailed to staff, and for further onward dissemination. It contained regular updates and advisories pertaining to Covid-19, as well regular updates on HIV/AIDS and Tuberculosis. Online local and international lectures, policy documents and guidelines shared throughout the period.

I also had the opportunity to attend many online meetings, conferences and discussion groups. The Knowledge Hub (which was piloted by the National Department of Health since 2018/2019) also ran a number of online courses and trainings :

- Southern Africa HIV Clinicians Society (SAHCS)
- Knowledge Hun, National Department of Health
- Pharmaceutical companies
- International organizations

Summary

The Kheth'Impilo Clinical Training Department was markedly reduced in size. Administrative staff and Clinical trainers support ended between July and September 2020. First quarter (October to December 2019) spent on consolidating KI administration for statistics collection and logistical support. It was streamlined and redesigned as a much smaller department with roles and responsibilities shared with remaining existing KI staff. Most of the Clinical trainer (part-time and fulltime) support ended in September 2020. The Clinical training department's ability to provide HIV / AIDS and TB support was further impacted in 2020 to make way for Covid-19 training in its place.

The future of KI Clinical training Department must now lie in online electronic support and training programmes. These are planned for 2021.

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 2020, KI produced reports for funders including USAID, Anova health institute, FHI360, the Western Cape Department of Health, MACAIDS, and IeDEA. During the COVID-19 lockdown period, KI also reported community-based COVID-19 screening activities performed by the Cape Town community team to USAID and to Anova using a Research Electronic Data Capture (REDCap) database custom-designed by KI. In addition, REDCap databases were developed for staff screening for COVID symptoms and staff work activities during lockdown. The MER team

also designed a dashboard to visualize local COVID-19 data in Cape Town, which was updated daily.

The MER team assisted the Kheth'Impilo Democratic Republic of Congo team with USAID funder reports and data analyses. The MER team also developed a Standard Operating Procedure for the Protection of Personal Information.

During the latter part of the financial year, the MER team planned the implementation of a new monitoring system in the Eastern Cape districts of Chris Hani, OR Tambo and Alfred Nzo for the FHI60-funded Orphans and Vulnerable children program that commenced in October 2020. This system entailed collection of both weekly aggregated data and detailed individual-level data using the Community-Based Intervention Monitoring System (CBIMS).

B: Research

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

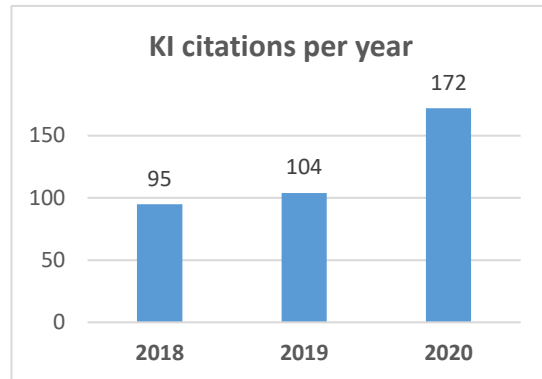
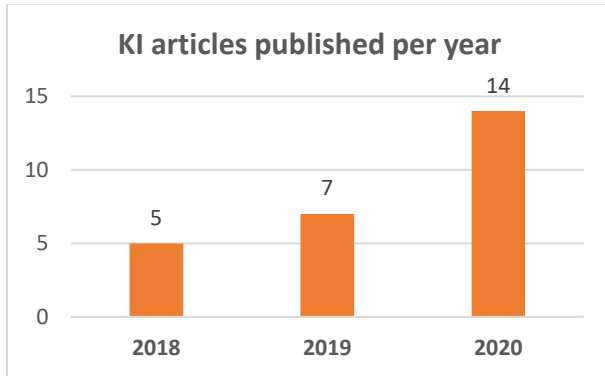
Research mission: To implement high-quality international-level operational and implementation science research and to demonstrate publishable, evidence-based outcomes.

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 submitted for publication in international peer-reviewed journals and presented at conferences both locally and internationally.

Research output in the 2020 financial year was very strong, with Kheth'Impilo contributors authoring 14 peer-reviewed journal articles in high-impact international journals including *the Lancet Global Health*, *Clinical Infectious Diseases*, *Journal of the International AIDS Society*, *AIDS*, and *the Journal of Acquired Immune Deficiency Syndromes*. Data from KI's community-based COVID-19 screening program was also published in *Clinical Infectious Diseases*. Seven international conference presentations were authored, including presentations at the *2020 International AIDS Conference* and the *2020 Conference on Retroviruses and Opportunistic Infections (CROI)*. KI was the recipient of the International AIDS Society/MSD Prize for Operational and Implementation Research in Differentiated Service Delivery at the International AIDS Conference (AIDS 2020).

Cumulative citations of Kheth'Impilo's research work reached 1000 (including citations by the World Health Organization and UNAIDS), with >170 citations during 2020.

Articles published and citations increased substantially year-on-year as shown in the figures below.



Data collection for the Multi-Month Dispensing of Antiretroviral Treatment Cluster-Randomized Trial in Zimbabwe was completed, and a number of manuscripts related to the trial are in various stages of completion. 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. Outcomes included clinical outcomes, cost outcomes and qualitative enquiry. KI also assisted with the Multimonth Dispensing of ART cluster-randomized trial in conjunction with EQUIP health in Lesotho, and KI led the data analyses related to both trials. Data from these trials were also pooled for further analysis and investigation.

Kheth'Impilo is a member of the steering group of the International Epidemiological Databases to Evaluate AIDS Southern Africa (IeDEA-SA), and contributed electronic data to this research consortium in 2020 and participated in manuscript preparation for publication.

KI is a member of the HIV Prevention Trials Network (HPTN) 071 Population Effects of Antiretroviral Treatment to Reduce HIV Infection (PopART) Research Collective in collaboration with the Desmond Tutu TB Centre, Faculty of Medicine and Health Sciences, Stellenbosch University. This collective performs operational research in relation to the PopART cluster-randomized trial in South Africa, and a number of manuscripts are currently in development.

KI collaborated in a pilot study of an innovative community-based directly observed antiretroviral therapy using a patient-nominated treatment supporter and text messaging intervention for pregnant women living with HIV in Cape Town. A manuscript from this study is currently in peer review.

KI performed operational research regarding the MACAIDS-funded HIV prevention program for adolescents in rural KwaZulu-Natal, with a manuscript submitted for peer-reviewed publication.

C. Support Services

1. Finance

During this fiscal year, Kheth’Impilo updated its Finance Procedures Manual to ensure continued relevance in the context of recent changes in donor funded programmes and support services resource structures. The review process facilitated cross-functional engagement between support services departments and fostered strategic alignment of internal controls to improve collaboration around shared organisational objectives.

A systems health check was performed on our Serenic accounting system, MS Navigator, which included updating of the Award Vision module historical data to improve accuracy of Kheth’Impilo financial and donor reports populated by the Jet Reports application.

Organisational restructuring and other strategies, including the direct allocation of shared resources to donor funded projects where appropriate, were employed to reduce and align our indirect costs to the reduced level of funding that KI has at present, as a result of recently closed out awards. These include ANOVA, APACE, CDC, Global Fund, and FPD. Indirect costs were reduced by 42% (R1.7m per month down to R1m per month). This is a significant achievement from a sustainability perspective, given that shortfalls on cost recovery from donors have historically been absorbed by unrestricted reserves.

Ernst and Young performed the annual audit as at 30 September 2020. 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”**

Changes in Donor Funding FY19/20:

Sources of Revenue	FY19	FY20
USAID	265,521,435	73,188,558
Other	94,298,807	21,907,244
Donations	2,113,715	25,778
Total	361,933,957	95,121,580

-74%

AWARDS

The following table lists the award pipeline balances for the implementation of associated programmes as at the end of September 2020. The table shows estimated award amounts for the full implementation period, life of project expenditure and the projected pipeline budget for the annual reporting period.

#	Award No.	End Date	Estimate	Obligation	Total Expenses (Jun'21)	Remaining Obligated Balance	Burn Rate
1	DOHEAST	3-31-22	50,840,947	50,840,947	41,018,719	9,822,228	81%
2	DOHNORTH	3-31-22	35,165,096	35,165,096	31,167,497	3,997,598	89%
3	FHI	9-30-21	65,486,726	65,486,726	52,109,194	13,377,532	80%
4	IEDA	6-30-22	2,857,868	2,857,868	2,174,647	683,222	76%
5	MAC	5-25-22	23,125,666	23,125,666	23,040,908	84,758	100%
6	SETA	5-31-20	18,447,375	18,447,375	17,030,748	1,416,627	92%

195,923,678	195,923,678	166,541,712	29,381,966	85%
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In order to diversify its donor mix, Kheth’Impilo actively pursued and submitted proposals to various donor organisations. Some proposals were unsuccessful, for others outcomes have been delayed, and five were successful. Kheth’Impilo is forecasting relative stability in terms of funding for the next annual reporting period.

Donor	Proposal Name	Award Amount	Proposal Outcome
CDC	ACC	USD 1.5m	Successful
CDC	HEC	USD 32.9m	Unsuccessful
CDC	Mental Health	USD 2.8m	Unsuccessful
DSD	Substance Use Disorders (SUD)	R3.6m	TBA
GIZ-VW	Vaccine Roll Out	R21m	TBA
MACAIDS	Tides Foundation	USD 100K	Successful
NACOSA	AGYW SOCIAL IMPACT BOND (SIB)	EOI	Successful
Solidarity Response Fund	Vaccine Roll Out	R2.9m	Successful
University of Bern	leDEA-SA	USD 41k	Successful

The Kheth'Impilo organizational Balance Sheet and Income Statement for the period through 30 September 2020 and included in the Annual Audited Financial Statements are as follows:

BALANCE SHEET

	2020	2019
	R	R
ASSETS		
Non-current assets		
Property and Equipment	1,535,448	5,055,239
Current assets	34,819,516	76,850,960
Trade and other receivables	3,236,865	3,070,118
Cash and cash equivalents	31,582,651	74,206,092
Total assets	<u>36,354,964</u>	<u>82,331,449</u>
FUNDS AND LIABILITIES		
Funds		
Accumulated surplus	20,927,220	31,449,511
Current liabilities	15,427,744	50,881,938
Deferred lease liability	162,380	40,317
Trade and other payables	9,303,207	26,843,557
Income received in advance	5,962,157	23,998,064
	<u>36,354,964</u>	<u>82,331,449</u>

INCOME STATEMENT

	2020	2019
	R	R
Revenue	95,121,580	361,933,957
Other Income	1,039,478	3,721,716
Operating expenses	(107,576,166)	(360,645,925)
Operating surplus	(11,415,108)	5,009,748
Net interest received	892,817	1,827,476
Total comprehensive surplus for the year	<u>(10,522,291)</u>	<u>6,837,224</u>

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR END 30 SEPTEMBER 2020

	Accumulated surplus R
Balance at 30 September 2018	24,612,287
Surplus for the year restated	6,837,224
Restated Balance at 30 September 2019	<u>31,449,511</u>
Deficit for the year	(10,522,291)
Balance at 30 September 2020	<u>20,927,220</u>

2. Human Resources

The HR Department provided human resources and industrial relation to its staff complement of 620 individuals during the current financial year. Staff members were employed across all of the provinces where Kheth'Impilo programmes were implemented. Additionally, with the onset of COVID-19 pandemic and associated lockdowns. Kheth'Impilo managed to implement SA government regulations whilst at the same time ensuring that staff are protected in the work environment.

COVID-19

March 2020 saw our world on its head, COVID-19 had reared its head in South Africa and at that brought about the 1st wave of the pandemic. The HR department supported organisational actions to minimise COVID-19 exposure including mitigating the risk of staff contracting the virus. Spearheaded by the CEO; DR Ashraf Grimwood, KI formulated a COVID-19 task team in early March 2020 and started campaigning and educating KI staff of the importance of correct hand washing, social distancing, mask wearing and protective protocols. This was followed quite quickly by the development and roll-out of the KI COVID-19 policy in April 2020. The roll-out of the policy was supported by education sessions to staff on the ground in person by the CEO & HR during the hard lockdown. Through this action, KI managed to allay the fears many staff members faced during this uncertain time. We continued with this strategy through 2020. All staff members were issued with Kheth'Impilo branded cloth masks.

KI has had 63 staff members test positive for the COVID-19 virus since the onset of virus in March 2020. 4 of the 63 staff members were admitted to hospital. It is important to note that 1 staff member refused admission to hospital. All KI staff members have since recovered from contracting the virus.

In line with the organisation's value systems and particularly tapping social responsibilities, staff members at the National office in Pinelands put together care-packages for donation to patients at one of the isolation facilities in Cape Town.

Please see table below for the breakdown of the staff demographic.

KI Staff demographic

Please see table below for the breakdown of the staff demographic for the period through 30 September 2020.

	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL
FEMALE	414	143	-	-	557
MALE	44	13	3	3	63
TOTAL	458	156	3	3	620

Staff Turnover

Staff turnover remained high for the period through 30 September 2020. In total, 155 employees left the employ of the organization. The table below provides further analysis of the reason(s) for the high staff turnover.

Termination Reason	Number
Abscondments	14
Dismissed	3
End of Contract	60
Resignations	61
Retrenchments	17
Grand Total	155

Industrial Relations

We had our fair share of disciplinaries during the year which resulted in 3 dismissals & 14 abscondments. The majority of our outcomes resulted in corrective counselling for behaviour or poor work performance. KI staff participated in 1 organised strike incident that resulted in some intimidation of some staff members at one of sites in the Western Cape. This was resolved swiftly and amicably with no damage to property or person/s.

COMPLIANCE

During this annual report period, KI remain compliant with government statutory requirements for registered NPOs. The EMP501 was successfully submitted to SARS on due date and staff members were issued with IRP5's. The WSP & ATR for the period too was successfully submitted to HWSETA.

Kheth'Impilo also submitted reports that included Employment Equity targets for the period. This report is submitted in December/January of each year.

Kheth'Impilo compliance also extended to the current donor agreements. Kheth'Impilo submits quarterly reports as it relates the staff employed on the various donor funded programmes.

Training

2020/2021 KI transitioned it MS Office platform to MS 365 to allow for seamless collaboration between teams. Teams needed to be trained on all the tools at their disposal and the IT department swept in and conducted excellent training sessions. 80% of all training to staff this year had been internal, with a strong focus on internal processes and the improvement thereof.

We have also rolled out the performance management policy to staff.

3. Information Technology

2020-2021 - IT undertook a cost-cutting exercise, without compromising infrastructure and service delivery. Part of the exercise was eliminating all Telkom lines and finally implementing a VOIP (Voice over IP) solution. We were able to migrate physical Server hardware to virtual environments, in so, lowering risk failure of redundant hardware components.

With the imminent approval for the FHI360 support in the Eastern Cape Districts, IT started the setup of 3 district offices. These offices included LTE internet, with VOIP telephony, making internal branch to branch calls free. The biggest challenge was the rollout of approximately 40 laptops and 150 mobile phones – a fait achieved during November & December 2020.

By now we had fully migrated our email system to Microsoft 365 (M365) and enjoying practical tools such as MS Teams and OneDrive. Slowly the various organizational units implemented slight changes in their work process – Example: The HR department started using M365 Forms to encourage online job applications.

Our long mooted idea of an online Learning Management System (LMS) gained traction.

The IT role is currently limited to technical support, but also assisting course curators when needed.

Mid 2021 we started the intense preparations for the proposed Vaccination Drive Sites.

D. Publications

Kheth'Impilo Academic Publications and Conference Presentations

2020 financial year peer-reviewed journal publications (Kheth'Impilo contributors in bold)

1. Nachega JB, **Grimwood A**, Mahomed H, **Fatti G**, Preiser W, Kallay O, et al. From Easing Lockdowns to Scaling-Up Community-Based COVID-19 Screening, Testing, and Contact Tracing in Africa - Shared Approaches, Innovations, and Challenges to Minimize Morbidity and Mortality. *Clinical Infectious Diseases*. 72(2):327-331. Epublished 31 May 2020
2. Nachega, J. B., **Fatti, G.**, Zumla, A., & Geng, E. H. The where, when, and how of community-based versus clinic-based ART delivery in South Africa and Uganda. *Lancet Global Health*. 2020: 8(10), e1245-e1246.
3. Pillay, T., Cornell, M., Fox, M. P., Euvrard, J., **Fatti, G.**, Technau, K. G., . . . Johnson, L. F. Recording of HIV viral loads and viral suppression in South African patients receiving antiretroviral treatment: a multicentre cohort study. *Antiviral Therapy*. 2020;25(5):257-266
4. Gichane MW, Wechsberg WM, Ndirangu J, Browne FA, Bonner CP, **Grimwood A, Shaikh N**, Howard B, Zule WA. Implementation science outcomes of a gender-focused HIV and alcohol risk-reduction intervention in usual-care settings in South Africa. *Drug Alcohol Depend*. 2020 Oct 1;215:108206.
5. Tukei, B. B., **Fatti, G.**, Tiam, A., **Ngorima-Mabhena, N.**, Tukei, V. J., Tshabalala, I, Itumeleng Tshabalala, I, Sejana, V, **Muzenda, T.**, . Chasela, C. (2020). Twelve-Month Outcomes of Community-Based Differentiated Models of Multimonth Dispensing of ART Among Stable HIV-Infected Adults in Lesotho: A Cluster-Randomized Noninferiority Trial. *Journal of Acquired Immune Deficiency Syndromes*. 2020: 85(3), 280-291.
6. Tsondai, P. R., Braithwaite, K., **Fatti, G.**, Bolton Moore, C., Chimbetete, C., Rabie, H., . . . Davies, M. A. (2020). Characteristics and outcomes of adolescents living with perinatally acquired HIV within Southern Africa. *AIDS*. 2020: 34(15), 2275-2284.
7. Zaniewski E, Ostinelli CHD, Chammartin F, Maxwell N, Davies M-A, Euvrard J, .. Muhairwe J, **Fatti G**, Prozesky H, Wood R, Ford N, Fox P, Egger M. Trends in CD4 and viral load testing 2005 to 2018: Multi-cohort study of people living with HIV in Southern Africa. *Journal of the International AIDS Society*. 2020. 23:e25546.

8. Nyakato P, Davies MA, Technau KG, **Fatti G**, Rabie H, Tanser F, et al. Virologic response to efavirenz-based first-line antiretroviral therapy in children with previous exposure to antiretrovirals to prevent mother-to-child transmission. *PLoS One*. 2020;15(5):e0233693
9. **Collaborative Initiative for Paediatric HIV Education and Research (CIPHER) Global Cohort Collaboration**. Outcomes of second-line antiretroviral therapy among children living with HIV: a global cohort analysis. *Journal of the International AIDS Society*. 2020;23(4):e25477-e.
10. **Fatti G, Ngorima-Mabhena N, Mothibi E, Muzenda T**, Choto R, ..**Grimwood A**. Outcomes of Three versus Six-Monthly Dispensing of Antiretroviral Treatment (ART) for Stable HIV Patients in Community ART Refill Groups: A Cluster-Randomized Trial in Zimbabwe. *J Acquir Immune Defic Syndr*. 2020 Jun 1;84(2):162-172.
11. Tsondai, P. R., Sohn, A. H., Phiri, S., Sikombe, K., Sawry, S., Chimbetete, C., **Fatti, G.**, Hobbins, M. A., Technau, K. G., Rabie, H., Bernheimer, J., Fox, M. P., Judd, A., Collins, I. J. & Davies, M. A. Characterizing the double-sided cascade of care for adolescents living with HIV transitioning to adulthood across Southern Africa. 2020. *Journal of the International AIDS Society*. 23, e25447
12. 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*. 2020 Feb;39(2):127-133
13. **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*. 2020 Jan 16;70(3):395-403
14. **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.

Conference presentations

Oral

1. Betty B. Tukei, **Geoffrey Fatti**, Appolinaire Tiam, Vincent Tukei, Thapelo Maotoe, Ian Sanne, Thembisile Xulu, **Nicky Mabhena**, Francis Akpan, Ian Membe. Community-Based Multimonth Dispensing Of ART: A Cluster Randomized Trial In Lesotho.

Conference on Retroviruses and Opportunistic Infections (CROI), March 8–11, 2020, Boston, Massachusetts, USA.

Oral-poster discussion

- de Waal R, Rabie H, Technau K, Eley B, Sipambo N, Cotton M, Boulle A, Wood R, Tanser F, **Fatti G**, Egger M & Davies MA. Abacavir safety and efficacy in young infants in South African observational cohorts. Conference on Retroviruses and Opportunistic Infections (CROI), March 8–11, 2020, Boston, Massachusetts, USA.

Poster

- Geoffrey Fatti, Nicoletta Ngorima-Mabhena, Eula Mothibi, Trish Muzenda**, Regis Choto, Tonderai Kasu, Taurayi A. Tafuma, Nyika Mahachi, Kudakwashe C. Takarinda, Tsitsi Apollo, Owen Mugurungi, Charles Chasela, Risa M. Hoffman, **Ashraf Grimwood**. Outcomes of Three versus Six-Monthly Dispensing of Antiretroviral Treatment (ART) for Stable HIV Participants in Community ART Refill Groups: Subgroup Analyses from a Cluster-Randomized Trial in Zimbabwe. 23rd International AIDS Conference (AIDS 2020 Virtual). 6-10 July 2020.
- B.E. Nichols , **G. Fatti**, R. Cele , N. Lekodeba , T. Maotoe , M.V. Sejana , C. Chasela , I. O Faturiyele, B. Tukei , S. Rosen. Economic evaluation of differentiated service delivery models for ART service delivery in Lesotho: Cost to provider and cost to patient. 23rd International AIDS Conference (AIDS 2020 Virtual). 6-10 July 2020.
- 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. Using a multi-state model to examine advanced HIV disease and engagement in care among patients on antiretroviral therapy in southern Africa. 23rd International AIDS Conference (AIDS 2020 Virtual). 6-10 July 2020.
- Geoffrey Fatti, Nicoletta Ngorima-Mabhena, Ashraf Grimwood, Eula Mothibi**, Charles Chasela, Risa M. Hoffman, Owen Mugurungi, Tsitsi Apollo, Kudakwashe Takarinda. 3- vs 6-Monthly Dispensing Of ART In Community ART Groups: A Cluster Randomized Trial. Conference on Retroviruses and Opportunistic Infections (CROI), March 8–11, 2020, Boston, Massachusetts, USA.
- Reneé de Waal, Helena Rabie, Karl Technau, Brian Eley, Nosisa Sipambo, Mark Cotton, Andrew Boulle, 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.

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