KHETH’IMPILO
SOLUTIONS IN MOTION
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Kheth’Impilo concluded a remarkable year with exciting outcomes. The culmination of successful interventions, the passionate driving force within the organisation’s culture, its executive management and dedicated staff affirmed the organisation’s commitment to finding new solutions that bring us closer to an AIDS free generation in our time.

The organisation’s results reflect sound execution of work plans, centered on quality patient and client care. Kheth’Impilo has demonstrated consistent growth in the past years and continues to grow and expand nationally.

This year’s annual report, themed Solutions in Motion, also announces the expansion in organizational focus with ongoing emphasis on quality of delivery. Kheth’Impilo will continue to respond to the HIV epidemic through health systems strengthening and technical assistance with expanded operations in social welfare and education.

The expanded focus positions Kheth’Impilo as a preferred partner in Health, Welfare and Education innovation in 2014.

Thank you to our donors, executive management and staff. The achievements attained would not have been possible without your continued support.

“This year’s annual report, themed Solutions in Motion, announces the expansion in organizational focus with ongoing emphasis on quality of delivery.”
Our mission
To support the South African Government in achieving its goals for the scale-up of quality services for the management of HIV/AIDS in the Primary Health Care sector as outlined in the National Strategic Plan.

Our objectives
a. The organisation’s main objectives are to support the South African Government’s HIV National Strategic Plan in its quest to achieve an AIDS-free generation in our time through:
   • The provision of comprehensive FAMILY CENTRED HIV prevention, treatment, care and support services by supporting the Comprehensive Care Management and Treatment (CCMT) programmes in government health care centres:
   – Work with community-based organisations around community support of the above patients thus ensuring the long-term adherence to care and treatment;
   – Ensure those who are in care and vulnerable are able to access government social welfare or development assistance.

b. The organisation’s secondary objectives is to work in collaboration with other organisations that mainly deal with health transformation and psychosocial support of those who are vulnerable in communities served.

Our values
• Passion for the work we do;
• Compassion for the people we serve;
• Service excellence for all our clients and partners;
• Transparency and accountability;
• Team work, collaboration and mutual respect;
• An innovative approach to strategic thinking;
• Justice and an ethical approach to all that we do;
• A human rights approach to all that we do;
• A sustainable environment that supports staff development, growth and up-skilling to:
  - Increase knowledge and competence; and
  - stay abreast of new developments in the HIV field

KHETH’IMPILO –
ABOUT US

1 MILLION
OVER A MILLION PEOPLE TESTED

140 000
OVER 140,000 INITIATED ON TREATMENT

= 10%
OF POPULATION IN SUPPORTED CARE
OUR VISION –
An AIDS FREE
generation in our time.

Our logo
The circle of life is maintained by the older generation looking after the younger generation. The ribbon loops are formed by the overlapping of the ‘heads’ of 2 ‘elders’ holding the younger generation, symbolised here as an infant. The AIDS ribbon as a theme was chosen, with the colour red to remind us of the time in the early 1980s when we had to overcome bureaucratic red tape to ensure early access to prevention, treatment, care and support – this is unfortunately still relevant today. Kheth’Impilo, which means “choose life”, was chosen to instill a positive approach in attitude to making choices about us as an organisation, about what we do in supporting our mission and vision as well as how we would like our communities and patients to make decisions which promote positive health-seeking behaviour.
1. Introduction to Kheth’Impilo

Kheth’Impilo specialises in solution design, development and implementation of health and community systems and services strengthening in marginalised communities. The comprehensive health care solutions include treatment, care and support for people infected with and affected by HIV and TB as well as a range of innovative models of care for health service delivery that increase access to treatment and contribute to a reduced treatment gap.

Kheth’Impilo is a South African Not for Profit Organisation established in terms of The Non Profit Organisations Act, no.71 of 1997, a Black Economic Empowerment (BEE) Level 3 value added supplier and registered as a Public Benefit Organisation [PBO] with section 18A exemption.

The organisation currently employs more than 1000 members of staff nationally and provides support to over 380 clinics throughout 8 districts with high HIV and TB prevalence, including: Eastern Cape (Nelson Mandela B Metro, Amathole), KwaZulu Natal (EThekwini, Amajuba, Ilembe and uMgungundlovu), Mpumalanga (Ehlanzeni) and the Western Cape (Metro). In these districts Kheth’Impilo’s programmes scale up access to prevention, care, treatment and support services which contribute to the National Strategic Plan goals of reaching 80% of people living with HIV/AIDS and reducing new HIV infections by 50%.

2. Kheth’Impilo Programmes

The organisation’s operations include clinical interventions managed by the Health Services Cluster, which cover HIV Counselling and Testing (HCT), Prevention of Mother to Child Transmission (PMTCT), HIV patient wellness, Adult and Paediatric HIV/TB Treatment, Care and support.

Kheth’Impilo implements programmes that strengthen the following:

- HIV/AIDS counselling and testing
- Adult and pediatrics Antiretroviral treatment
- Training of both clinical and community support staff
- Pharmaceutical services support and training
- Prevention of Mother to Child Transmission (PMTCT)
- TB treatment and care
- Community Adherence Support/Psycho-social Support Services including Early Childhood Development (ECD) to patients and their families.

The Health Services Cluster is supported by the Community Services Cluster, which provides adherence and psycho-social
support interventions for patients through its Patient Advocate model. Community workers, called Patient Advocates, are employed, trained and mentored to provide community-based treatment support, counselling on barriers to adherence such as substance abuse, and alcohol, and also provide psycho-social support in the patient’s home with special attention paid to the very ill, pregnant, TB infected, children and adolescents, as well as patients struggling with disclosure. These Patient Advocates are supported by trained auxiliary social workers as well as qualified social workers. PAs are the link between the clinical services and the community, and enable Kheth’Impilo to identify challenges that may become barriers to treatment and support or refer patients for services to address these challenges.

3. Kheth’Impilo Patients
The organisation provides support to communities who are poor and unemployed, mainly women and children who live in both rural and peri-urban areas within districts where they access services at the primary level of care. These communities have the highest prevalence of HIV and TB and have high levels of food and income insecurity. Unemployment often touches on 60% with poor prospects for future employment.

Patients include:

1. Predominantly unemployed, adult black females from urban, peri-urban and deep rural, resource-poor settings with little or no chance of advancement or employment
2. Children and infants under 5 years
3. Unemployed or unemployable men
4. Key populations including adolescents and young pregnant women
5. Unemployed youth and OVCs (orphans and vulnerable children)

4. Kheth’Impilo Training
Kheth’Impilo places great emphasis on education, training and development. The organisation is aligned with the Health and Welfare Sectoral, Education and Training Authority in South Africa and provides intensive training for community workers (PAs) which enables and encourages career pathing for previously unemployed matriculants. Available learnerships for matriculants include; basic pharmacist assistant, post-basic pharmacist assistant, Social Auxiliary work, Community adherence as well as Phlebotomy technical assistant. The matriculants are taken through this training with a view to entering the health sector employment, a great need in view of the high unemployment rate amongst youth. The organisation also provides continuous professional development and training to healthcare professionals on HIV, STIs, TB treatment, care and prevention. For CPD and short courses the organization is accredited with the Health Professions Council of South Africa, earning CPD points on completion.

5. Impact and job creation
Kheth’Impilo impacts on patients, their households, communities and facilities through the delivery of integrated services. Given the high patient load experienced at certain health access points, the support allows more people within these populations to access faster and better quality care within the District Health System than would otherwise be possible. Kheth’Impilo’s approach has a positive impact on health outcomes and employment opportunities created provide disadvantaged people and their communities the means to support themselves and their families.

“Working in close partnership with the Department of Health”
HIV and Non-Communicable Diseases in South Africa

HIV was first documented in South Africa in 1982. Great strides have been made to address and control this disease. The impact of better access to antiretroviral medication and HIV care has resulted in an improvement in general life expectancy and reduced rates of HIV transmission.

However, a group of diseases known as Non-Communicable Diseases (NCDs) has been present for many hundreds of years. Growing evidence reports that this group of diseases will become a major focus for health care workers in the coming years.

It will also become a large source for morbidity and mortality. NCDs comprise four main diseases; diabetes, hypertension, cardiovascular disease and cancer.

An overhaul of the primary health care system to introduce the antiretroviral programme began in earnest in 2004 in South Africa. The National Tuberculosis Control (NTC) programme soon piggybacked on the efforts of all healthcare workers, operation managers and stakeholders to improve services (currently 60 to 80% of TB infected patients have HIV as well, and the TB cure rate continue to improve. TB services continues to benefit tremendously from improved HIV care as the models of service delivery were overhauled. This was needed to streamline the burgeoning population of chronic patients now regularly attending clinics and hospitals. By now, many years have been spent focusing on these two infectious diseases.

In time, healthcare workers are going to have to adjust the focus of the delivery of their health services. There is a clear projected shift from HIV to NCDs as a burden of disease between 2008 and 2030.

Projected burden of Disease (percentage of Total DALYs) by Groups of Disorders and Conditions, SAA, 2008 and 2030

Source: Authors from [28]
Projected DALYs by cause for 2008, 2030 - standard DALYs (3 percent discounting, age weights) – Baseline scenario.
4 At the time of preparation of this report, projections of mortality and burden of disease were not available through the Global Burden of Disease study 2010 [17] so an earlier version [28] was used for Figures 2 and 9.
Last year the World Bank reported on the proportion of deaths by cause in sub-Saharan Africa in 2010. Tuberculosis and HIV accounted for 16%, while non-communicable diseases accounted for 25%.

Health care workers must move away from infectious diseases in the future because the burden of HIV and TB will have been markedly reduced. New targets set with the “final push to control HIV” by UNAIDS for ending the AIDS epidemic by the year 2030 include:

• 90% reduction in new HIV infections – currently there are 370 000 new infections annually in South Africa (5.7% in children under 15 years of age). This is equivalent to approximately 1 000 HIV infections per day.

• 90% reduction in stigma and discrimination:

“Sixty percent of countries report having laws, regulations or policies that are barriers to effective HIV services for key populations and vulnerable groups (5). In particular, over 100 countries criminalize some or all aspects of sex work. At least 76 countries criminalize sexual relations between people of the same sex. Indeed, some countries impose the death penalty for convictions under such laws.

• 90% reduction in AIDS related deaths – 200 000 people died in South Africa in 2013 from AIDS related illnesses (down from 380 000 in 2009). This is approximately 548 per day. The death rate of children under 5 years of age to HIV was 31% in 2009 and decreased to 28% in 2010.

This will require sustaining some of the Millennium Development Goals (MDGs) beyond the 2015 deadline.

In South Africa by 2030:

• 90% of people need to know their status – globally it is estimated that 54.3% of people who are HIV positive actually know their status. Another annual survey reported that 72.4% of pregnant women in South Africa knew their HIV status. Approximately 8.5 million people between ages 16 – 64 years are tested annually.

• 90% who are HIV positive are on treatment – in South Africa there are currently 6.3 million HIV positive people, with 2.5 million already initiated on antiretroviral treatment (ART) since the NDoH ART programme got underway in earnest in April 2004. This is 11.9% of the current total population of 53 million. Challenges remain to keep patients on treatment. At 36 months, 37% of patients have been reported to be lost to follow-up.

• 90% of those on treatment are virally suppressed – current results from the NDoH Dashboard programme indicators reveal a national average of 42% while the target has been set at 80%. KwaZulu Natal province, with the most patients on ART, has figures ranging between 27.8% to 30.7% in the last two years.

Note that 2030 coincides with the South African target date for all National Development Plan (NDP) goals.

Public health teams will have to start turning their attention to non-communicable diseases (NCDs) that have been affecting patients insidiously for many years prior to the known existence of HIV. NCDs account for 43% of total deaths in South Africa. The probability of dying between the ages of 30 and 70 years from the four main NCDs is 27%.

There are about 8.2 million people older than 15 years of age with hypertension in South Africa, of whom approximately 2.7 million are on treatment (and about 0.9 million controlled on treatment). Another 3.5 million South Africans suffer from diabetes (about 6% of the population) with another estimated 5 million with pre-diabetes. Diabetes prevalence is highest in the Indian population. KwaZulu Natal province has the highest proportion of Indians in South Africa as well as the highest number of people living with HIV. This province will face a double burden of chronic diseases in the years to come.

By 2010, global cardio-vascular disease (CVD), diabetes mellitus (DM) and chronic obstructive airways disease (COPD) were ranked as 7th, 8th, 9th highest cause of DALYs# in southern sub-Saharan Africa. A further shift in relative disease burden is expected by 2030.

HIV has challenged all role players in the health sector but we have triumphed even in the face of delayed programme implementation prior to 2004. Lessons learnt from HIV chronic medication programmes and service delivery to support chronic conditions can be equally applied to NCDs. We cannot afford to ignore the challenges we face with NCDs, and the time to act is now if we are to bring preventable diseases under control.

* DALYs = Disability Adjusted Life Years = a measure of overall burden expressed as the number of years lost due to ill-health, disability or early death

Dean A Solomon
Health Care Training Manager
July 2014

DR DEAN SOLOMON
“Driving solutions that improve general population health”

**DR ASHRAF GRIMWOOD**
Chief Executive Officer

Dr 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 is also 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.

**DR EULA MOTHIBI**
Head: Health Services Cluster

Dr 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.
BRUCE DAWSON
Head: Support Services Cluster
Bruce Dawson is a multi-skilled finance, IT and project management specialist who has had extensive experience both in South Africa and abroad. Bruce is passionate about team building, coaching, creating empowerment, talent promotion and aligning individual and business unit goals to organisational objectives. He was the former finance director of ARK SA, has operated as owner, director and consultant in the FMCG, manufacturing, retail, health and education industries, and brings a wealth of experience to Kheth’Impilo.

NONTUTHUZELO MANJEZI
Programme Manager: Community Services Cluster
Nontuthuzelo Manjezi is a clinical nurse practitioner with extensive experience in community nursing in remote rural and informal settlements. Her focus was on maternal and women’s health especially antenatal primary care. Nontuthuzelo was also a nurse educator for Eastern Cape nursing students and was also involved with research in sexual and reproductive health at the Women’s Health Research Unit at the University of Cape Town. Nontuthuzelo also worked with the Planned Parenthood Association of South Africa (PPFSA) in sexual and reproductive health, supporting NGOs who provide related services. She started working for Kheth’Impilo as a manager overseeing community adherence worker training and she now manages the Community Services Cluster in her current capacity.

SONIA COLEDIDGE
National Human Resources Manager
Sonia Coleridge is a multi-skilled Human Resources Executive who is passionate about building a superior workforce through leadership and technical direction. Prior to Kheth’Impilo, Sonia spent 5 years with the Truth and Reconciliation Commission (TRC) where she received tribute for her contribution towards building a culture of human rights and reconstruction in South Africa. She started with Absolute Return for Kids SA in 2003 and has been with Kheth’Impilo since 2009 where she established a successful Human Resource and Payroll Department implementing best HR practice nationally. Sonia is a member of HR Future, the South African Payroll Association and South African Board of People Practices.
“Kheth’Impilo is a preferred partner in Health, Welfare and Education innovation.”

HILLARY MORRIS
Chairperson
Hillary is passionate about community development, and her managerial experience within a developmental framework is instrumental in her continuous mentoring of leaders within the non-profit sector. Hillary specializes in organizational development work from grassroots level. She was the first National Director of Black Sash, co-founded the Aurora Women’s Network and served on numerous boards before her involvement with Kheth’Impilo. She is also the Chair of West Coast Tourism, her other passion in life.

DALMARI STEWARD
Member
Dalmari has over 34 years of leadership experience in staff and volunteer management in the NGO/NPO sector. Her strengths are in administration, leadership development and Organizational Development. She has a passion for sharing her skills and knowledge on both a local and international scale. Her skills include governance at an executive level for national NPO’s as well as leading local NPO’s to become both financially and administratively sound.

WILLIAM KERFOOT
Member
William is a Human Rights lawyer experienced in HIV related cases. He has been an attorney with the Legal Resources Centre Cape Town since 1984. William served on the Board of Manna Community Food Service and is presently on the Board of the Alternative Information Development Centre (AIDC).
BoarD
about the

Member
Noma is passionate about community development. Her area of expertise is capacity building and enterprise development. She completed her studies in sociology, anthropology and political studies in 1989. Noma started her career in development with Catholic Welfare and Development as programme manager for micro-lending and small business development. She joined the Independent Development Trust where she is currently Programme Manager in the regional office, overseeing a range of diverse development programmes.

Member
Roxy acquired marketing and sales skills over ten years of working in the retail, building and tourism sectors, during which she developed her passion for people development. Roxy is an inspirational international speaker, life coach, mentor and model who appears in a number of print and television commercials internationally. She is an entrepreneur who created and hosts The Roxy Marosa Show, focusing on transformation, and she has been operating as a multi-skilled and entrepreneurial freelancer since 2002. Her services and unique facilitation style are well received, and are enjoyed by facilitation style are well received, and are enjoyed by corporate, private and public enterprises both locally and internationally.

Vice Chairperson
Michael is currently a director and co-founder of Zantsi Capital, a financial services company focused on delivering sustainable financial and operational solutions to assist community and individual upliftment. Michael started his career in asset management where he worked as a financial analyst and portfolio manager. He co-founded a company that focused on the commercialization of innovative technologies and services in a variety of industry sectors. The desire to see a share of the economic success of these technologies and future commercial ventures applied in support of upliftment solutions, resulted in the formation of Zantsi Capital.
Our achievements demonstrate a broader improvement in health outcomes, but our work here is not done yet. Despite the successes South Africa is making, pivotal to our success in overcoming the HIV epidemic is ensuring that patients are virologically suppressed.

Kheth’Impilo has pioneered many public health and community based interventions that have proven effective. These interventions include the patient advocate who as a cadre of community care worker has shown significant improvement in adherence to anti-retroviral treatment for all categories of patients starting from children, adolescents, pregnant women and the elderly. The social auxiliary worker with early childhood development training- has shown measurable improvement in the parenting skills of care-givers for HIV affected households, impacting positively on child growth and development. The roving quality nurse mentor supporting the antenatal clinic staff have demonstrated improvement in their work practices and outcomes for all pregnant women, the training and mentoring of NIMART nurses and the training of facility managers in the better use of clinical data etc. have all assisted the overall improvement in service delivery at the primary health care level.

We know that managing the epidemic successfully will take focus, drive and passion with a healthy dose of strategic thinking, planning, implementation oversight, quality improvement and assurance. South Africa is not quite at a place where there is a united civil society movement of business and the not-for-profit sectors that focuses on assisting the South African Government with achieving its goals. NGOs like Kheth’Impilo compete to access funding to provide this assistance. Translating this contribution into meaningful change on the ground is challenging and my team has done well in shifting from direct service delivery to technical assistance and health systems strengthening.

There are close to 6 million positive individuals in South Africa. The number of new infections are estimated to be over 370 000 per year. There are over half a million new TB infections a year on the back of this epidemic. Our Government continues to need all the help it can get. There is no quick fix, only a committed partnership focused towards a common goal – an AIDS Free Generation in OUR time.
A QUICK LOOK AT •

KHETH’IMPILO

TOTAL STAFF COMPLEMENT

966

800+ PREVIOUSLY UNEMPLOYED MATRICULANTS TRAINED

10 FUNDERS + 17 PROJECTS

349 SUPPORTED FACILITIES

R643M OVER 5 YEARS

OVER 1 000 000 PEOPLE TESTED

INITIATED 140 000+ ON TREATMENT

10% POPULATION IN CARE SUPPORTED
EXECUTIVE CLUSTER
Kheth’Impilo is an equal opportunity employer who ensures that all personnel policies and practices are free of discrimination and comply with all applicable labour laws, basic conditions of employment and donor compliance.

The Human Resources unit recruits and selects employees, and administers the organisation’s benefits programs, document management processes, leave, contract and compensation management and performance management. The unit provides employee training in rules and regulations that govern the workplace, including occupational health and safety.

**HUMAN RESOURCES**

**EQUITY 2013**

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<td>195</td>
<td>164</td>
</tr>
<tr>
<td>INDIANS</td>
<td>980</td>
<td>802</td>
</tr>
<tr>
<td>COLOURED</td>
<td>1175</td>
<td>966</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1175</td>
<td>966</td>
</tr>
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</table>

- **232 clinical** 798 non-clinical
- **164 clinical** 723 non-clinical
- **R8 446 262.13**
- **R7 588 513.10**

**SONIA COLEDRIDGE**

National Human Resources Manager

Sonia Coleridge is a multi-skilled Human Resources Executive who is passionate about building a superior workforce through leadership and technical direction. Prior to Kheth’Impilo, Sonia spent 5 years with the Truth and Reconciliation Commission (TRC) where she received tribute for her contribution towards building a culture of human rights and reconstruction in South Africa. She started with Absolute Return for Kids SA in 2003 and has been with Kheth’Impilo since 2009 where she established a successful Human Resource and Payroll Department implementing best HR practice nationally. Sonia is a member of HR Future, the South African Payroll Association and South African Board of People Practices.

**STAFF COMPLEMENT**

**KLINICAAL & NON-KLINICAAL STAFF**

**PAYROLL**

**HR SUPPORT**
EXECUTIVE CLUSTER

COMMUNICATIONS

“Positioning the organisation as the leader in public health innovation”

Communication plays a fundamental role in moving the organisation from brand recognition to brand preference in the primary health care sector and positions the organisation as the leader in Public Health Innovation. Our ability to communicate with donors, patients and communities affected by HIV/AIDS is one of the more important components of Kheth’Impilo’s work and helps to ensure patients receive quality treatment and ongoing support.

Initiatives such as Narrative Therapy practice was used to derive success stories from program beneficiaries for illustrative program reporting as well as demonstrating impact. Infographics was introduced to translate complex program data outcomes and achievements for a diverse audience.

Communication plays an ongoing role in the conduct of the organisation’s business to ensure our stakeholders remain informed, educated and inspired by the work the organisation does. We continually strive towards achieving this by conveying program outcomes and successes in a consistent, clear and authentic way through various channels.

Kheth’Impilo makes provision for co-branding with partners and funders to ensure they are correctly identified, acknowledged and promoted visually and verbally where appropriate.

Focus areas include:
- Effectively translating the organisation’s mission, vision and values
- Assisting the organisation in achieving its fundraising and recruitment goals
- Ensuring that the positive image of the organisation is maintained
- Establishing effective media relations and ensuring correct media communication
- Corporate Social Investment (CSI)
- Co-branding
- All promotional activities.

SHANE EVERTS
Executive Support and Communications Coordinator

Shane Everts is a multi-skilled individual dedicated to advancing the organizational goals through effective communication. He ensures that all publications reflect the brand and ethos of the organisation for optimized relations with donors, government departments, private sector, affected communities, media and the general public. Shane was the project coordinator for the strategic research initiatives division at the South African Medical Research Council and the Centre for Conflict Resolution prior to joining Kheth’Impilo in 2010.
Monitoring and Evaluation

Kheth’Impilo has an internal M&E department with M&E indicators and systems that collect and verify our data. This department is tasked with the development of the data collection system which provides insight into the various interventions implemented by the organization. Our monitoring and evaluation outcomes provide valuable input that influences management decisions and ensures 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.

Riyaad Ally
National M&E Manager

Riyaad is multi-skilled and practically experienced in design, development and implementation of Monitoring and Evaluation systems responsive to program and donor needs. He provides Technical District Support for Tier.net and is responsible for data validation of the District Health Information System (DHIS). Riyaad started his career as an educator in 2004 before taking up data coordination at Absolute Return for Kids SA in 2006. He started with Kheth’Impilo in 2009 where his M&E experience and knowledge of database and systems design allow for effective program data analysis.
“We continue to deliver a program that can compete with any other in the developed world.”

Our data is evaluated by epidemiologists and results are published in peer review journals and presented at conferences internationally.

Kheth’Impilo has demonstrated that innovative interventions such as Patient Advocate support for clients receiving antiretroviral treatment, Nurse Quality Mentor support for antenatal and maternal facilities, and Social Auxiliary Worker mentoring on early childhood development for caregivers are solutions which yield excellent results.

The Patient Advocate clinic-linked community adherence support program keeps patients in care and virologically suppressed 60 months after treatment initiation. The nurse quality mentor programme achieved a significant reduction in mother to child transmission close to 2% and the training of learner basic and post basic pharmacist assistants became indirectly supervised pharmacist assistants assisting with the management of primary health care facilities in record time. The Kheth’Impilo roving teams of doctors, nurses, pharmacists, social workers and data quality officers competently show how large areas can be managed with limited resources, delivering a program that can compete with any other in the developed world.

Dr Shaikh is an infectious disease Epidemiologist and has worked extensively in the public health sector in South Africa. She completed an MPH in Epidemiology at Columbia University New York, as a Post-doctoral Fogarty Fellow in 1994. She was awarded the Oliver Tambo Fellowship for Public Health Leadership, and has a graduate Diploma in Health Management, from the University of Cape Town. She previously worked as a Senior Specialist/ HIV/AIDS in the HIV/AIDS Directorate of the Western Cape Department of Health and headed the Epidemiology and Surveillance Unit of the Western Cape Department of Health. Dr Shaikh has worked as an academic, researcher and health manager during the course of her career. Her main expertise centres on the epidemiology of HIV, TB and STI’s, HIV surveillance, mortality surveillance, health systems research, monitoring and evaluation of programs in the public health sector.
OPERATIONS CLUSTER
PATIENTS ON TREATMENT FOR THE PERIOD
01 OCTOBER 2012 TO END SEPTEMBER 2013.

PMTCT TRANSMISSION RATE
- **PCR TRANSMISSION**: 1.98%
- **ELIZA TRANSMISSION**: 2.04%

HEALTH SERVICE PROGRAMMES

PATIENTS CURRENTLY ON ART TREATMENT
1 Oct’12 to end Sept ’13

**Amajuba DM**
- Total: 26 070
- Male: 9657
- Female: 13 448
- >15: 2965

**City of Cape Town Metro**
- Total: 105 887
- Male: 35 241
- Female: 65 448
- >15: 5198

**Health Service Programmes**
DDr 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 Kwa-Zulu 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.

**Health Cluster**

**TB Patients Tested**
- Total: 7,624
- Tested Positive: 4,173
- Patients Started On Treatment: 2,272

**Patients In Total Tested - 1 Oct 2012 To End Sept 2013**
- Total: 6,440,010

**Facilities Supported**
- 349

**TB Patients Tested**
- iLembe DM: 46,175
- Umgungundlovu DM: 57,751

**Patients Tested**
- iLembe DM: 13,934
- Umgungundlovu DM: 17,343

**Patients Tested Positive**
- iLembe DM: 2,918
- Umgungundlovu DM: 3,849

**TB Patients Tested**
- iLembe DM: 3,058
- Umgungundlovu DM: 1917
Health system strengthening (HSS) includes all activities designed to improve the capacity of a health system to deliver healthcare services to achieve the desired health outcomes for the population it serves.

Kheth’Impilo’s approach to Health system strengthening has been to work from the position of “know” which means understanding the health system we are to strengthen, towards the outcomes we hope to see, being the “expected” position.

The HSS program was initiated with a basic baseline health system assessment in the supported districts. These assessments assisted with a better understanding of some of the system issues that need strengthening.

Health system strengthening (HSS) includes all activities designed to improve the capacity of a health system to deliver healthcare services to achieve the desired health outcomes for the population it serves.

Through the knowledge gained, our HSS implementation strategy was modeled leading to capacity building, quality improvement & increased access.

Several healthcare workers (HCWs) where trained on the many areas of healthcare they provide to the populace. These trainings are complemented with structured mentorship that ensure grounding of knowledge. Some of these include “NIMART” training and mentorship, “leadership & governance” training for District and facility managers, “use of information for management” training for managers among many others.

In addition, quality improvement projects were rolled out across the districts to improve; Viral load uptake, HIV 18 months antibody test rate and IPT uptake rate. These activities have seen KI get involved

HSS Assessment:

<table>
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<th>Determinants</th>
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**HEALTH SYSTEMS STRENGTHENING PROGRAMME**

**DR BON EGBUJIE**

Dr Bon Egbeju is Public health specialist passionate about the improvement of health systems through the use of information. He began his public health career working in the monitoring, evaluation and research sphere having worked for the school of public health (SOPH) of University of The Western Cape (UWC) as well as Family health international (FHI 360) where he contributed a great deal to the PEPFAR sponsored “GHAIN” project in Nigeria. He has also worked for the Harvard School of Public Health managed AIDS Prevention Initiative in Nigeria (APIN) project where after he joined Kheth’Impilo in 2013. He has a degree in Medicine and surgery (MBBS) as well as Masters in Public Health (MPH). He is a licenced medical practitioner and a member of the Health Professional Council of South Africa (HSPCA) as well as the Medical and Dental Council of Nigeria (MDCN).
at the service delivery level in an effort to further improve quality of care provided by the health system. Our Pharmacy staff consistently carry out audits of pharmacy prescriptions, clinical folder and data quality audits and subsequently assisted facilities to institute corrective measures to improve areas of identified gaps.

In improving access, KI provides support to facilities who provide ART services. These include, setting up ART adherence club in facilities to ensure clients receiving ART are not lost in care and through the reduced patient load, new clients are able to access treatment in supported facilities.

The HSS program also provides support to the Health information system, key among these are the installation and sign-off of the Tier.net which is the National platform for HIV data management. Several districts supported are now able to review their data for better programme management and planning;
Pharmaceutical Services
Kheth’Impilo continued its support of scaling up treatment for patients at all operating sites. Initially the larger CHCs had pharmacists manning the sites, but with the mandate to scale up treatment and the skills gap, Kheth’Impilo had to start looking at a cadre to support pharmacy services. With the mandate of the nurses to concentrate on NIMART there was a further imperative to take away dispensing from the nurses. The Elton John AIDS Foundation funded a training program to train pharmacist assistants.

A total number of 318 learners have been enrolled on the pharmacist assistant training program across WC, MPU, KZN and EC. Kheth’Impilo-supported pharmacist assistant learners currently operate from 86 training sites across 20 districts within these provinces. The South African Pharmacy Council (SAPC) is in the process of obtaining approval from the South African Qualifications Authority (SAQA) to extend the deadline for registration of learners on the Basic and Post Basic training to June 2014 and 2015 with teach out periods until 2017 and 2018 respectively. The pharmaceutical services department established a good working relationship with the South African Pharmacy Council. Kheth’Impio was assigned a designated contact person to address all registration queries facilitating learner registrations.

The pharmacy program supported 27 indirectly supervised post basic qualified pharmacist assistants providing ART to patients accessing treatment at 25 primary health care facilities. Kheth’Impilo received further funding from USAID to expand this training program.

Pharmaceutical Services has an important role to play in the provision of quality healthcare and Health System Strengthening (HSS) in South Africa. Kheth’Impilo Pharmaceutical Services aspire to improve Health Systems through three main focus areas: 1. Improved quality of pharmacy and patient care; 2. Continual uninterrupted provision of essential drugs; 3. Ongoing innovations.

Improved quality of care
The Kheth’Impio pharmacy department is changing focus from direct implementation to Technical Assistance and Health System Strengthening.

In the last year Kheth’Impilo successfully negotiated the release of a number of facility based pharmacists in Ilembe to become roving supervisory pharmacists who now cover greater areas, providing services to more patients. These supervisory pharmacists also join the group of existing Kheth’Imilo pharmacists who focus on the continual mentoring of post basic pharmacist’s assistants and NIMART nurses.

The success of mentoring is measured by the recording of monthly audits of the

LIZETTE MONTEITH
National Pharmaceutical Manager
Lizette is a Pharmacist specializing in advanced health management. She has co-authored several publications around the impact of Pharmacist assistants and pharmacy services, specifically relating to antiretroviral treatment and improving patient care in a public health setting. Lizette worked in the United Kingdom for 5 years before she joined Absolute Return for Kids SA in 2008. She joined Kheth’Impilo in 2009 where she pioneered the Pharmacist Assistant Learnership program as a public health solution targeting unemployed youth in South Africa. Her extensive experience and international exposure allowed her to implement a unique approach to improve pharmaceutical health care in the public sector.
primary healthcare clinic dispensaries supported by indirectly supervised post basic pharmacist assistants. Monthly audits review general Good Pharmacy Practice (GPP) compliance of the dispensaries, stock control and availability, the quality of prescribing as well as the quality of counselling provided to the patients.

Supervisory pharmacists review interventions recorded by indirectly supervised post basic pharmacist assistants and audit Nurse Initiated Management of anti-retroviral therapy (NIMART) prescriptions and to identify training gaps amongst the clinicians.

Continual uninterrupted supply of essential drugs
Indirectly supervised post basic pharmacist assistants and roving pharmacist assistants are responsible for quality provision of essential drugs according to the National Core Standards and Essential Drug List. Mentoring and support by pharmacists focuses on daily stock management as well as the development of skills for stock procurement and forecasting.

The success of this intervention is measured on a monthly basis by looking at two specific indicators. Firstly Kheth’Impilo measures the value of expired medication as a percentage of the total facility stock value and secondly report on essential drug availability.

New innovations
The load on the pharmacy staff is greater than ever with the rapid increase in the number of patients remaining in care and the integration of HIV and TB.

The environment does not allow for the increase in capacity and infrastructure at the same rate as growing patient numbers.

Meeting growing demand, requires new innovative methods of working to increase output while maintaining quality of patient care and reducing the number of patients at the Public Health Centres daily.

Adherence clubs were piloted in the Western Cape with great success. Kheth’Impilo Pharmacy Services currently supports 8 facilities in the Western Cape with 82 clubs and 1407 patients remaining in care. The successful adherence club model is being rolled out to districts in KwaZuluNatal.

Other aspects to consider include increased pharmacy support at additional sites, utilising existing staff, the mentoring of Pharmacists employed by the Department of Health as supervisory Pharmacists and ongoing decentralization of services.

“Meeting growing demand, requires new innovative methods of working to increase output while maintaining quality of patient care and reducing the number of patients at the Public Health Centres daily.”

25
PRIMARY HEALTH CARE FACILITIES
64
FACILITIES SUPPORTED
52786
PATIENTS IN CARE

PHARMACEUTICAL SERVICES
The treatment and clinical approach of HIV has progressed rapidly over the last decade since the commencement of South Africa’s comprehensive HIV treatment roll out. This has resulted in the need for regular updating of all health care workers including community health workers on the latest treatment guidelines. Kheth’Impilo’s quality clinical training provides post-graduate professionals with updated information to ensure they have the ongoing skills needed to manage complex HIV and TB patients effectively with diverse pathologies on multiple drug treatment. The need continually increases as the growing numbers of patients with HIV age and develop the expected array of non-communicable diseases. The provision of didactic workshops with follow-on onsite coaching, mentoring and support has become a cornerstone within the Kheth’Impilo Training Department.
Dr Dean Solomon is a medical doctor and subject matter expert in clinical training. He spent the past ten years supporting the treatment and management of complex patients in the public health sector. Dean recognized the need for high quality clinical training in 2004 during the National roll out of antiretroviral treatment in South Africa. He developed CPD accredited training material aligned with public health care to support healthcare workers in both public and private sectors. Dean works closely with various stakeholders tasked with in-service clinical training.

BECOME A KHETH’IMPILO TRAINED CLINICIAN

DR DEAN SOLOMON

700+ HEALTHCARE PROFESSIONALS TRAINED

132 Doctors 320 Nurses 205 Pharmacists

in Basic HIV
• Advanced HIV
• HIV Drug Resistance
• Paediatric HIV
• PMTCT

BOOK YOUR TRAINING TODAY!
training@khethimpilo.org
COMMUNITY SERVICES CLUSTER

Community Services Cluster

Kheth’Impilo’s Community systems strengthening solutions have the unique ability to interact, react and engage with affected communities. The development of a quick and responsive environment improves health outcomes of supported patients with increased reach and impact. The cluster focuses on providing holistic support to patients and their families addressing health problems and adherence to anti-retrovirals while providing psychosocial support. Our current community solutions include the following:

Home based HIV counselling and Testing Program

The new Kheth’Impilo HCT program is set to drive home screening and testing through a targeted community approach. The program will provide services to individuals, couples and families, assisting them with knowing their HIV status; identifying HIV / TB infected individuals and sero-discordant couples with a focus on hard to reach and most at risk populations. The innovative approach will improve access to treatment, care and support services for those who test positive.

PA Support Structure

NONTUTHUZELO MANJEZI
Community Services Project Manager

Nontuthuzelo Manjezi is a clinical nurse practitioner with extensive community nursing experience in remote rural and informal settlements. She primarily focused on maternal and women’s health especially antenatal primary care. Nontuthuzelo was a nurse educator for Eastern Cape nursing students and she was also involved with sexual and reproductive health research at the UCT Women’s Health Research Unit. Nontuthuzelo worked with the PPFSA in sexual and reproductive health supporting NGOs and she has in the employ of Kheth’Impilo as the manager for the training of community adherence workers now heading Community Services.
ADHERENCE PROGRAM

The flagship program optimises patient treatment goals and improves adherence while supporting patient education. The program uses a patient centered approach where patients are encouraged to participate in the management of their treatment and lifestyle choices, through the patient advocate model which was uniquely developed and implemented by Kheth’Impilo. Patient Advocates are recruited from the areas in which they live, and provide a vital link between the community and clinic staff. The Patient Advocates are supported by social workers who focus on critical social issues that could potentially become barriers to adherence, and clinical staff then are able to address clinical need.

The Kheth’Impilo PA model continues to show outstanding results in patients’ adherence to treatment Kheth’Impilo data shows that 79% of patients remain in care after five years of therapy when supported by a Patient Advocate. Over 3000 Patient Advocates (PAs) have been trained to date and continue to support adherence to treatment as well as assisting patients with possible barriers to adherence.

With Patient Advocate support

- 79% of patients remain in care after 5 years
- 3000+ Patient Advocates trained to date to support adherence
- 238 211 total patients supported by PAs
- PMTCT 51181
- ART 166 324
- CHILDREN 20 706
It was a summer day. It was hot... We were about to go out. Something attracted me. It was under a very big tree. There were two kids, the one was eight and the small one...if I was looking I would say 6 months...I came closer, they were taking care of each other. I tried to hold the small one. Where is the mother? I hold this one. To my surprise she was very weak. "How old is the baby?" He said, "One year". I took the clinic card from the bag. This baby was weighing six kilograms as per card. I get inside to look for the mother. The mother was sixteen years old. She was inside to get her TB treatment. I took the card to the clinic sister. "Can you interpret the card for me?" The sister told me the baby defaulted TB treatment. The baby was born of an HIV positive mother. They don’t have money, even to go home. I offered them to take them home. They were living in a temporal two roomed house. The home members were seventeen. The grandmother was selling fruits. The older sister is working at Shoprite. Only the kids are inside the house...plus minus eight kids. I took them to hospital. They were tested for TB. Four of them were diagnosed. This was not reported. There was nobody.

It started by the time I saw the two kids under the tree...

“It all started that day I saw the two kids under the tree...”
“...BRINGING OUT THE HIDDEN STRENGTH IN EVERY SITUATION”

BY KHANYISA LUCWABA

How did Khanyisa inspire others?

“Khanyisa, you did see and you took action. You noticed everything that was important. You lookoutfor other. I will always lay my hand to helping others and not doubt what I see. I will look beyond” Bonga Jezile

“Khanyisa, there are people out there who just need to be listened to...Tell me what is it that you need help with...What would be relevant to the situation you are in?” Axolile Mapekula

“Khanyisa tried to understand. It touched me. She made a change in that community... in that family” Nokubonga Ngcoba
Kheth’Impilo presents an innovative model of a community-based, household focused Early Childhood Development program which utilizes the combined household capacity and knowledge to support the parenting of children through roving social auxiliary workers and social workers. The ECD program offers solutions to improve parenting skills, nutrition, literacy and language development while establishing reliable referral pathways to facilitate registration documentation, immunization and grant access for infants, toddlers and children.

Kheth’Impilo offers the only solution in South Africa where qualified Social Auxiliary workers have medical, psychosocial and ECD experience. The Social Auxiliary worker training includes an ECD elective, providing our health and psychosocial experienced patient advocates with the skills of ECD practitioners in our communities. The model ensures a cost-effective, integrated home based early childhood development training solution for caregivers to accomplish the desired results for children’s development and lifelong learning.

“A unique approach to education, access to social services and referral for caregivers”
We had a fantastic year of Support Caregivers Group would like the Project to continue and one wants it to expand to the whole province area of Inhambane. Because:

- There are many young mothers who want to join the group but they can't join because of a limited number.
- We have gained a lot of information about Safety and hygiene, Nutrition, Stages of Development, Poverty, Alzheimer's, HIV and AIDS and Immunization.
- Before this Project we did not know the importance of washing hands if the child is from the toilet, we also did not know that if one has lost one's he must keep on decreasing ECD group and that the child know when it has dropped so that he can start treatment. We also learned about the importance of future the child to the choice for nutrition and we are now able to read and understand the weight of our children; we have also started our gardens to eliminate Poverty.
- Our kids know colours and how to count up to 5, they know differences between fruits and vegetables, they name, draw and colour in.
- The gap between our children and those that others ECD courses is gradually narrowing.

**Early Childhood Development Program**

Kholiswa Ngonzo is a qualified social worker and experienced project manager who specializes in ECD. Kholiswa was the Grant Access project manager at ARK SA before she joined Kheth‘Impilo. She started her career at SHAWCO, a student operated body of the University of Cape Town where she gained valuable experience in ECD through the nutrition program for children under 5 years. 

**Full time employed social auxiliary workers**
- 16

**Number of care givers supported**
- 866

**Children (supported) prepared for lifelong learning**
- 1492

**2013**
BRUCE DAWSON
Head: Support Services Cluster

Bruce Dawson is a multi-skilled finance, IT and project management specialist who has had extensive experience both in South Africa and abroad. Bruce is passionate about team building, coaching, creating empowerment, talent promotion and aligning individual and business unit goals to organisational objectives. He was the former finance director of ARK SA, has operated as owner, director and consultant in the FMCG, manufacturing, retail, health and education industries and brings a wealth of experience to Kheth’Impilo.

Finance

The finance department’s focus has been to consolidate the transactional compliance of prior years in relation to USAID funding with specific emphasis on the close-out of the initial co-operative grant agreement with USAID. Kheth’Impilo had a successful audit report from external auditor, Deloittes. The organisation managed funding totalling R129m in the last financial year, processing more than 221 000 financial transactions, in addition to paying salaries to 1175 employees monthly.

Kheth’Impilo successfully secured co-operative grant agreements with USAID/PEPFAR and concluded negotiations of grant extensions for Global Fund, Western Cape Department of Health, Elton John Aids Foundation and the DG Murray Trust.

*The Organisation has undergone various pre-award assessments, performed by KPMG, Price Waterhouse Coopers, and Ernst & Young, confirming the strength of our control, process and financial systems.

TOTAL OPERATING BUDGET

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Operating Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>R113 255,837</td>
</tr>
<tr>
<td>2012</td>
<td>R115 630,305</td>
</tr>
<tr>
<td>2013</td>
<td>R129 093,750</td>
</tr>
</tbody>
</table>

2011 221 974 213 046 329 872
2012
2013

NO OF FINANCIAL TRANSACTIONS
Information Technology
The organisation’s IT infrastructure supports approximately 167 networked users and an additional 110 remote access users nationwide. The IT department mainly focused on maintaining a 99.9% uptime of network and applications. These included business critical applications such as email server and the Enterprise Resource Planning (ERP) system. The department improved disaster recovery plans following an IT audit, ensuring that increased backup facilities (redundancy) and tighter access controls were implemented. Kheth’Impilo increased the active monitoring of network infrastructure including hardware, software and bandwidth usage audits and applied the relevant system updates/patches where necessary, mainly for Maconomy, VIP payroll/HR Premier/ESS throughout the year.

Two IT specialist in 2013 managing

- 120 3G users
- 600gb bandwidth usage
- 5 apps developed
- 30 systems
- 200 users
### BALANCE STATEMENT

<table>
<thead>
<tr>
<th>30 SEPTEMBER 2013</th>
<th>STATEMENT OF FINANCIAL POSITION</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>2 728 825</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>1 338 570</td>
</tr>
<tr>
<td>Bank and cash</td>
<td>17 083 040</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>21 150 435</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>30 SEPTEMBER 2013</th>
<th>STATEMENT OF FINANCIAL POSITION</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td><strong>FUNDS</strong></td>
<td></td>
</tr>
<tr>
<td>Accumulated (deficit) surplus</td>
<td>7 488 425</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
</tr>
<tr>
<td>Deferred lease liability</td>
<td>14 679</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>6 871 787</td>
</tr>
<tr>
<td>Income received in advance</td>
<td>6 775 544</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY AND LIABILITIES</strong></td>
<td>21 150 435</td>
</tr>
</tbody>
</table>

### INCOME STATEMENT

**FOR THE YEAR ENDED 30 SEPT 2013** | STATEMENT OF COMPREHENSIVE INCOME
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>120 192 755</td>
</tr>
<tr>
<td>Other income</td>
<td>7 488 425</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(116 485 134)</td>
</tr>
<tr>
<td><strong>OPERATING SURPLUS</strong></td>
<td>4 722 612</td>
</tr>
<tr>
<td>Net Interest received</td>
<td>372 916</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY AND LIABILITIES</strong></td>
<td>21 150 435</td>
</tr>
</tbody>
</table>
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF KHETH’IMPOLO AIDS FREE LIVING

We have audited the annual financial statements of Kheth’Impilo AIDS Free Living, set out on pages to 8 to 18, which comprise the statement of financial position as at 30 September 2013, and the statement of comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information.

Members’ Responsibility for the Financial Statements
The association’s members are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and for such internal control as the members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion
In common with similar organisations, it is not feasible for Kheth’Impilo AIDS Free Living to institute accounting controls over cash collections from minor donations and certain fund raising projects prior to the initial entry of these collections in the accounting records. Accordingly, it was impracticable for us to extend our examination beyond the receipts actually recorded.
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF
KHETH’IMPILO AIDS FREE LIVING (Continued)

Qualified Opinion
In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we been able to extend our examination of cash collections from minor donations and certain fund raising projects, the financial statements present fairly, in all material respects, the financial position of Kheth’Impilo Aids Free Living at 30 September 2013, and the results of its operations and cash flows for the year then ended in accordance with International Financial Reporting Standards for Small and Medium-sized Entities.

Other reports
As part of our audit of the annual financial statements for the year ended 30 September 2013, we have read the Members’ Report for the purpose of identifying whether there are material inconsistencies between this report and the audited financial statements. This report is the responsibility of the preparer. Based on reading this report we have not identified material inconsistencies between this report and the audited financial statements. However, we have not audited this report and accordingly do not express an opinion on this report.

Deloitte & Touche
Registered Auditors

Per C Sickle
Partner
17 December 2013
Kheth’Impilo recognises the need for quality education as the key intervention that will ensure sustainable development of our communities. We place great emphasis on education, training and development. The organisation is an accredited training service provider through the Health and Welfare Sectoral, Education and Training Authority in South Africa. Our training approach enables learners to attain credits towards a full qualification that allow them to gain both theoretical knowledge and practical experience. The solution ensures better and faster access to quality care through an innovative job creation model designed to develop and uplift people within disadvantaged populations.

Kheth’Impilo provides quality education and career pathing through the following training solutions

**Community Health Care Worker Learnership (PAs)**
Kheth’Impilo trains community workers or Patient Advocates on 54 credits towards the Further Education and Training Certificate: A Public Awareness Promotion of Dread Disease and HIV/AIDS qualification with a HIV Counselling and Testing component.

This qualification is intended to enable lay people and/or health care workers to help individuals and/or groups to approach the HIV/AIDS pandemic and any other dread disease in an integrated way so that the condition may be managed satisfactorily.

On completion the Patient Advocate is able to assist those infected or affected by HIV/AIDS and/or other dread disease to understand and accept the condition and take positive and necessary steps to enrich the quality of life of the patient and deal with the consequences of the pandemic.

The Counselling skills component is intended specifically to enable Patient Advocates with the skills to assist patients in finding solutions with managing HIV and effectively addressing patient concerns. Counselling skills better equip Patient Advocates to know their scope of practice, behave ethically and know when to refer patients.

**Social Auxiliary Worker Learnership (SAWs)**

The purpose of the qualification is to equip qualifying learners with the basic knowledge and understanding of the South African context within which social services are delivered. Social Auxiliary Workers are geared to understand social development in terms of the needs, policies and the role of a social auxiliary worker in a community context.

Basic knowledge of human behaviour, relationship systems and social issues and the ability to address social needs using appropriate social auxiliary work methods and techniques are covered. This training solution provides the skills to work as a team member and as a provider of support services to a social work team.

The successful completion of the qualification will enable these learners to register with the SA Council for Social Service Professions as a Social Auxiliary Worker in terms of section 18 of the Social Service Professions Act, 1978 (Act 110 of 1978) while providing the opportunity to continue learning and gain access to the Bachelor of Social Work (NQF Level 7) qualification.

**Pharmacist Assistant Learnerships**

The learnership consists of a structured theoretical component as well as work place experience.

The purpose of this Certificate qualification is to equip learners to understand and
acquaint themselves with the underlying principles of all of the major areas related to the pharmaceutical environment by providing them with grounding in the relevant legislative and ethical requirements as well as the basic technical skills required in the field.

Qualifying learners, who meet all necessary requirements, will be able to register as a Pharmacist’s Assistant (Basic) with the South African Pharmacy Council.

Learners are required to complete all the unit standards listed in the specialisation category in order to qualify for registration with the Pharmacy Council as a Pharmacist Assistant (Basic).

The Post Basic Pharmacist Assistant learnership is designed to meet the needs of learners who have completed the Pharmacist Assistant (Basic) learnership who wish to further their competencies in this field.

The post basic component also consists of a theoretical component with workplace experience.

Pharmacist Assistance is aimed at developing the core technical knowledge and personal skills needed by pharmacist assistants that will enable them to perform their functions by applying their skills to new technological and scientific developments.

These skills should enable them to adapt to the changing environment and still meet the needs of pharmacy and the changing health-care system.

Access to the qualification is open to all learners who comply with the requirements of the current Regulations relating to Pharmacy Education and Training.

Successful candidates are paid an allowance and are employed on a one year contract during their studies.

Phlebotomy learnership

The learnership consists of a 7 month structured theoretical learning component with 17 months workplace experience. The training is outcomes-based according to the SAQA unit standards that make up the qualification.

Learners are taught anatomy and physiology, medical ethics, laboratory safety (including HIV infection prevention), and how to safely collect blood and non-blood specimens for medical pathology and blood transfusion purposes.

On successful completion of the two year course and a Board Examination set by the Society of Medical Laboratory Technologists of South Africa (SMLTA) the learner is able to register with the HPCSA as a qualified Phlebotomy Technician and is able to work in pathology laboratories or blood transfusion services.

The entry level criterion required includes Mathematics at NQF level 4/Grade 12, First Language at NQF level 4/Grade 12, and Second Language at NQF level 4/grade 12.

Selection includes pre-interview testing and panel interviews.
CONTRIBUTE UP TO 1% OF YOUR NPAT FOR RETURN ON INVESTMENT.

LET’S WORK TOGETHER FOR AN AIDS FREE GENERATION

1 CONTACT US
0861 KHETHI

2 SUPPORT US
www.khethimpilo.org
info@khethimpilo.org

AND QUALIFY FOR A SECTION 18A TAX REBATE!

GET 100% ALLOCATED TOWARDS YOUR BEE SPEND

“Moral Imperative Drives CSI Expenditure”
Goal 1
We are looking to expand our BEE initiatives further to facilitate strategic CSI and CSR partnerships that will provide access to diversified funding for our organisation. Therefore, Kheth’Impilo now offers a structured business case, specifically geared towards BEE and Socio-Economic Development donations that qualify for section 18A rebate to further improve tax efficiency for corporate donors.

Goal 2
Involve corporate donors with our existing job creation models to secure further funding as a BEE spend initiative that enables and encourages sustainable career pathing for previously disadvantaged black matriculants.

Goal 3
Expand the Kheth’Impilo economic transformation project for further development and upliftment of disadvantaged black matriculants and their communities through education and health.

Position your company brand as socially responsible through a value added partnership that provides return on BEE spend and investment.

Corporate respondents were asked to rank the factors describing their business rationale for social investment, choosing up to three drivers. Most (84%) stated that a moral imperative to ‘do the right thing’ was one of the top-three considerations, followed by reputational benefits (60%). More companies cited the Department of Trade and Industry’s (dti) Broad-based Black Economic Empowerment (BBBE) Codes of Good Practice as a key driver (44%) rather than industry sector charter obligations (28%).

Most CSI budgets are calculated using financial ratios
The most common method of delivering CSI budgets in 2013 was a percentage of profit-tax profit. On average, the 41% of companies following this approach are small, when viewed over a long period, shifts in methodology are apparent. The use of post-tax profits as a basis for budget calculations has nearly tripled since 2003. At the same time, the proportion of companies determining their budgets through more qualitative means, such as company or board decisions, has more than halved. These changes can largely be attributed to the introduction in 2007 of the dti’s BBBEE Codes of Good Practice, which recommend expenditure of 1% NPAT on socio-economic development (SED). The proportion of companies earning the full five points for SED on the BBBEE scorecard continues to rise, with 60% of companies earning five points in 2013 (versus 53% in 2012).

CORPORATE SOCIAL RESPONSIBILITY – GIVE AND GAIN REALITY IN SOUTH AFRICA

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<th>% Corporate response</th>
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**DRIVERS OF CSI**

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**CSI EXPENDITURE BY MOST IMPORTANT RATIONALE**

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<td>% of post-tax profit/NPAT</td>
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**METHOD OF DETERMINING CSI BUDGET**

*2013 16th Edition CSI Handbook, published by Trialogue*
“I build trust with patients, explaining why it is important to continue taking their treatment.”

Ms Barbra Matasane
Barbra is a community care worker and Kheth’Impilo Patient Advocate. She completed her Social Auxiliary worker qualification in 2012 and continues her work as a community health care worker, dedicated to making a difference.

I build trust with patients, explaining why it is important to continue taking their treatment.

Barbra is living openly with HIV. She was a complex patient currently on second line therapy. As a patient, she was down referred from Tygerberg hospital to the Kraaifontein day hospital in Cape Town and has written extensively about her journey with HIV. She joined Kheth’Impilo in 2005 as a Patient Advocate and quickly progressed to team leader in 2006 before her appointment as patient facilitator in 2009. Her commitment and involvement would not end here; Barbara was successfully completed her Social Auxiliary worker qualification in 2012 where after she assisted Social Workers with Early Childhood development for those households affected by HIV/AIDS.

Barbra recently had her second child. Successful PMTCT intervention ensured better prospects for a healthy, HIV negative boy named Neo.

In June 2013, President Obama visited a community health center in Cape Town which provides health advice, testing and counseling, as well as educational opportunities, sport and recreational activities for young people. President Obama’s visit highlighted South Africa’s work to combat HIV/AIDS and secure the health and success of Africa’s next generation.

Barbra was invited to share her story of determination and informed the discussion about the patient support she provides.

2012

Journal Publications


4. Geoffrey Fatti, Graeme Meintjes, Jawaya Shea, Brian Eley, Ashraf Grimwood. Improved Survival and Antiretroviral Treatment Outcomes in Adults Receiving Community-Based Adherence Support: Five-Year Results from a Multicentre Cohort Study in South Africa.

Conferences

1. Community-Based Adherence Support Associated with Improved Virological Suppression in Adults Receiving Antiretroviral Treatment: Five-Year Outcomes from a Multicentre Cohort Study in South Africa

2. Where the Tide Will Turn: How is Community Level Participation Most Effective in Turning the Tide?

3. Community-Based Adherence Support Improves Patient Retention and Mortality in Adults Receiving Antiretroviral Treatment: Five-Year Outcomes from a Multicohort Study in South Africa.
Geoffrey Fatti, Ashraf Grimwood, Eula Mothibi, Mokgadi Malahlela, Alfeous Rundare 19th Conference on Retroviruses and Opportunistic Infections (CROI), Seattle, March 2012

Alfeous Rundare, Bonolo Pududu, Ashraf Grimwood, Eula Mothibi,
Geoffrey Fatti 19th Conference on Retroviruses and Opportunistic Infections (CROI), Seattle, USA, March 2012


6. Community based adherence support is associated with improved uptake of six weeks PCR test and reduced HIV transmission rates in PMTCT programs: An analysis from routine data in resource limited settings in South Africa.

Alfeous Rundare, Geoffrey Fatti, Eula Mothibi, Mokgadi Malahlela, Ashraf Grimwood

XIX International AIDS conference, Washington, USA, July 2012

2013

Journal publications:


Conference presentations:

Oral


11th International AIDS IMPACT Conference, Barcelona, Spain. 29th September to 2nd October 2013.


**PUBLICATIONS**

**Posters**

10. Comparison of baseline characteristics and antiretroviral treatment outcomes between early, mid and late adolescents: a multicentre cohort study from South Africa. Geoffrey Fatti, Eula Mothibi, Brian Eley, Ashraf Grimwood.

7th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Kuala Lumpur, Malaysia, 30 June - 3 July 2013


Khethimpilo is transitioning from direct service delivery to technical assistance and health systems strengthening.
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