

# UNITE FOR UNIVERSAL HEALTH COVERAGE: TIME FOR COLLECTIVE ACTION



KHANA **ANNUAL REPORT**

# 2018

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# ACRONYMS AND ABBREVIATIONS

<b>ACF</b>	Active Case Finding
<b>AEM</b>	Asian Epidemic Model
<b>AHC</b>	Angkor Hospital for Children
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>B-CoPCT</b>	Boosted Continuum of Prevention to Care and Treatment
<b>CATA</b>	Cambodia Anti-Tuberculosis Association
<b>CBPCS</b>	Community-Based Prevention, Care and Support
<b>CBTx</b>	Community Based Treatment
<b>CENAT</b>	National Center for Tuberculosis and Leprosy Control
<b>CFCS</b>	Challenge Facility for Civil Society
<b>CCJ</b>	Club of the Cambodian Journalists
<b>CNPUD</b>	Cambodian Network for People Who Use Drugs
<b>CoE</b>	Center of Excellence
<b>CRG</b>	Community, Rights, and Gender
<b>CS</b>	Chhouk Sar (clinic)
<b>CSO</b>	Civil Society Organization
<b>CWPD</b>	Cambodia Women for Peace and Development
<b>CXR</b>	Chest X-ray
<b>DMHSA</b>	Department of Mental Health and Substance Abuse
<b>DNPET</b>	District Network of People Living with and Experienced TB
<b>EPTB</b>	Extra-pulmonary Tuberculosis
<b>FEW</b>	Female Entertainment Worker
<b>FHI360</b>	FHI360
<b>FR</b>	Funding Request
<b>GBV</b>	Gender-Based Violence
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis, and Malaria
<b>GF-FR</b>	Global Fund Funding Request
<b>GF-NFM</b>	Global Fund New Funding Model
<b>GF-NF</b>	Global Fund New Funding
<b>GIS</b>	Geographic Information System
<b>HC</b>	Health Centers
<b>HPV</b>	Human Papillomavirus
<b>HTC</b>	HIV Testing and Counseling
<b>IBBS</b>	Integrated Biological and Behavioral Survey
<b>ICC</b>	Interagency Coordination Committee
<b>ID</b>	Identification
<b>IDAHOT</b>	International Day Against Homophobia and Transphobia
<b>IP</b>	Implementing Partner
<b>KHANA-CPHR</b>	KHANA Center for Population Health Research
<b>KP</b>	Key Populations
<b>LC</b>	Lay Counsellor

<b>LGBTIQ</b>	Lesbian, Gay, Bisexual, Transgender and Intersex
<b>MHC</b>	Men's Health Cambodia
<b>MHSS</b>	Men's Health and Social Services
<b>MMT</b>	Methadone Maintenance Therapy
<b>MoPTC</b>	Ministry of Post and Telecommunication
<b>MSM</b>	Men Who Have Sex with Men
<b>NAA</b>	National AIDS Authority
<b>NCHADS</b>	National Center for HIV/AIDS, Dermatology and STD
<b>NGO</b>	Non-Governmental Organization
<b>NSP</b>	National Strategic Plan
<b>NIHA</b>	NUS Initiative to Improve Health in Asia
<b>NTP</b>	National Tuberculosis Program
<b>NUS</b>	National University of Singapore
<b>OD</b>	Operational District
<b>PDI+</b>	Peer-Driven Intervention Plus
<b>PHD</b>	Provincial Health Department
<b>PLHIV</b>	People Living with HIV
<b>Pro-TWG</b>	Provincial Technical Working Group
<b>PSI/PSK</b>	Population Services International/ Population Services Khmer
<b>PSG</b>	Peer Support Group
<b>PWID</b>	People Who Inject Drugs
<b>PWUD</b>	People Who Use Drugs
<b>SBC</b>	Social Behavioral Change
<b>SCDI</b>	Supporting Community Development Initiatives
<b>SI-TWG</b>	Strategic Information Technical Working Group
<b>SMS</b>	Short Message Service
<b>SOGI</b>	Sexual Orientation and Gender Identities
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TG</b>	Transgender
<b>UHC</b>	Universal Health Coverage
<b>UIC</b>	Unique Identifier Code
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>USAID</b>	United States Agency for International Development
<b>VCCT</b>	Voluntary Confidential Counseling and Testing
<b>VHSG</b>	Village Health Support Group
<b>VM</b>	Voice Message
<b>WHO</b>	World Health Organization

# MESSAGE FROM INTERIM CHAIR OF BOARD OF DIRECTORS, KHANA

MR. TOCH POL PONNLOK



## INTERIM CHAIR OF THE BOARD OF DIRECTORS

2018 was indeed a tough and challenging year for KHANA, due to the change of donor's focus and the grant mechanism of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) in Cambodia. At the same time, we are observing a change in disease trends in the country. The rate of non-communicable diseases in Cambodia has been rising and currently account for sixty percent of all deaths in the country. Concerning infectious diseases, we are observing an increase in HIV incidence amongst young men who have sex with men and the transgender population.

To respond to these pressing challenges, it is crucial to foster close collaboration and cooperation between key stakeholders. The theme for Universal Health Coverage Day 2018 – *“Unite for Universal Health Coverage: Now Is the Time for Collective Action”* – echoes the importance of unity in ensuring that no one is left behind, in particular, those who are marginalized and highly vulnerable to HIV, HIV and TB co-infection and other health-related issues such as diabetes, hypertension and cardiovascular disease.

It has been my privilege and honor to join KHANA and witness the unwavering commitment and efforts made by our staff and associates, as well as the implementing partners contributing successfully in implementing the activities and achieving outstanding results throughout 2018. Despite limited funding for HIV and HIV-related health programs, I strongly believe in our continued support from the government, institutions, donors, our implementing partners and stakeholders. 2019 will be as a productive year in responding to the needs of our beneficiaries.

On behalf of the Board of Directors of KHANA, I would like to take this opportunity to express my heartfelt thank you to all members and advisors of the Board of Directors for their strategic contribution in directing KHANA to continue to be one of the key non-governmental organizations in Cambodia for HIV and other health and development programs. I would also like to thank the implementing partners, collaborators and other strategic partners in particular the National AIDS Authority, National Authority for Combating Drugs, Ministry of Health, Ministry of Social Affairs, Veterans, and Youth Rehabilitation, National Center for HIV/AIDS, Dermatology and STD, National Center for Tuberculosis and Leprosy Control, Department of Mental Health and Substance Abuse, and Provincial Health Departments for their leadership, collaboration and support. Lastly, I would like to thank donors and the United Nations agencies for their financial and technical support.

I look forward to a productive and impactful 2019.

**Mr. Toch Pol Ponnlok,**  
Advisor to Ministry of Interior  
Interim Chair of the Board of Directors, KHANA

# MESSAGE FROM EXECUTIVE DIRECTOR, KHANA

**MR. CHOUB SOK CHAMREUN**



“Unite for Universal Health Coverage: Now Is the Time for Collective Action,” is the theme for Universal Health Coverage Day, 2018. Health is a basic human right, and everyone should have access to the highest attainable standards of health care. To ensure the fulfillment of this theme and leave no one behind, KHANA and its implementing partners have collaborated closely with government institutions, and key stakeholders to deliver HIV, tuberculosis (TB), and other related health services in 2018.

The end of the HIV/AIDS Flagship Project and the introduction of the new funding mechanism by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) in 2018 have proven to be challenging for KHANA to continue providing comprehensive HIV services with wider coverage. In response to this change, KHANA has modified its existing partnership and grant management mechanisms to meet the expectations. As a result, KHANA has been awarded a three-year grant by the GFATM to provide HIV prevention services to key populations in eight high HIV burden provinces in the southern region of Cambodia. During the first year of the implementation, there was a late start to the first quarter; however, we were still able to reach and test more than 17,000 individuals at-risk for HIV, detect 253 new cases, and support their enrolment into treatment programs. The new case detection rate was higher compared to that in 2017. Under the Mobile Link project funded by the French 5% Initiative, we have developed a theory-based messaging intervention for improving the HIV and sexual and reproductive health services of female entertainment workers (FEW) in Cambodia. The project is ongoing in four provinces, and 300 FEWs have been registered to-date.

For TB, we have concluded a twelve-month demonstration project of an innovative community-based TB active case finding strategy in four high TB burden provinces in Cambodia. The intervention was shown to increase the yield of TB case notification. Consequently, KHANA has received continued funding to scale-up the intervention to find undiagnosed TB cases in 12 other operation districts. KHANA also received additional grants to develop a digital solution to monitor TB at the community level and to support

the capacity development of people living with TB and TB survivors to become advocates for TB. In 2018, KHANA also conducted several coordination meetings and consultative workshops on harm reduction and community-based drugs treatment services in collaboration with the Department of Mental Health and Substance Abuse, Ministry of Health and the Secretariat General of National Authority for Combating Drugs. A total of nine meetings and workshops were conducted, with the participation of 349 law enforcement officers and local authorities. To promote the understanding of risks and awareness of drug use and prevention education, KHANA also organized one training workshop for 40 community counselors and social workers.

Regarding collaborations and partnerships, KHANA has proven to be a relevant and salient partner coordinating major public awareness events on HIV and drug use in Cambodia. At the regional and international platform, KHANA continued to strengthen collaborations and efforts in respond to health issues through participation in meetings, forums, and key conferences such as the ASEAN Taskforce Meeting on HIV and Drug Use, the International AIDS Conference, the Union Conference on Lung Health and the United Nations (UN) General Assembly on TB.

On behalf of KHANA, I would like to take this opportunity to thank and express my gratitude to our Board of Directors and Board Advisors for their strategic advice in leading KHANA and to continue to be one of the key non-governmental organizations in Cambodia. I would also like to thank our implementing partners, collaborators and strategic partners in particular the National AIDS Authority, National Authority for Combating Drugs, Ministry of Health, Ministry of Social Affairs, Veterans, and Youth Rehabilitation, National Center for HIV/AIDS, Dermatology and STD, National Center for Tuberculosis and Leprosy Control (CENAT), Department of Mental Health and Substance Abuse and Provincial Health Departments for their leadership, collaboration and support. Lastly, I would like to thank our donors and the United Nations agencies for their financial and technical support.

I look forward to a productive 2019.

# EXECUTIVE SUMMARY

## **GOAL 1** **Contribute to Eliminating of new HIV Infections, Strengthening Health Systems, and Achieving Universal Health Coverage (UHC)**

- Through continued, effective interventions, and by maintaining the current high level of coverage of antiretroviral therapy (ART) among people living with HIV (PLHIV), Cambodia is one of the first low and middle-income countries to have achieved the global targets of 90-90-90 by 2020 and is working toward virtual elimination of HIV transmission by 2025. This achievement is emphasized by a significant decline in the HIV prevalence of 1.4% over the last 18 years.
- Along with its implementing partners, KHANA has continued to support its key populations (KPs) in reducing HIV/AIDS and sexually transmitted infection (STI) transmission through the distribution of condoms and lubricants. Throughout 2018, a total of 821,746 condoms were distributed, with 423,342 going to female entertainment worker (FEW), 301,356 to men who have sex with men (MSM), and 97,048 to transgender (TG).

### *mHealth*

- Over the course of the year, the websites have gathered great attention, with over 7,683 unique visitors accessing their pages, with an accumulation of 9,555 likes on their posts.
- In addition to this, 78 users of the mHealth platforms from KPs were tested for HIV and syphilis, with 16 and 18 users being identified positive for HIV and syphilis respectively and referred to treatment.

### *Extending mHealth through Mobile Link Intervention for FEW*

- During 2018, KHANA implemented randomized control trial (RCT) effectiveness of the Mobile Link, an intervention designed to engage FEW through frequent short message service (SMS) or voice messages (VM) to link them to the existing high-quality HIV and sexual and reproductive health services.
- The project consisted of 180 content messages that provided health information on health promotion and prevention.

- In total, 300 FEWs from all project sites were registered into the system for the intervention. Baseline results was found that 80.7% of the women have been tested for HIV in lifetime, 64.1% have been tested for HIV in the past 6 months, 25.3% used condom at the last sex, 70.5% always used condoms with clients, 19.9% always used condoms with partners not in exchange for money or gifts, 24.1% have been screened for STI when experienced symptoms, 87.5% been treated when diagnosed with STI, 30.7% used contraceptive methods, 78.0% had abortion and 20.7% experienced gender-based violence.

### *Peer-Driven Intervention Plus (PDI+) in 2018*

- PDI+ activities reached 247 participants (224 MSM and 23 TG women), who were able to receive HIV testing and counseling. Subsequently, 25 cases were reactive for HIV (22 MSM and 3 TG women) and were referred for confirmatory testing where they were enrolled in Pre-ART/ART services.

### *Improving TB Detection and Linking to Treatment*

- Throughout 2018, KHANA continued to improve TB detection by implementing an active community-based snowballing approach designed to find new cases and connect identified people to treatment. To do this, KHANA mobilized community-based lay counselors to help those who may have TB and worked with local health authorities to promote early case detection as well as linkage to treatment.
- The target goal was to screen 2,544 suspected TB individuals who may have TB. However, 6,275 people were screened. There were 5,620 people who were identified having various symptoms of TB; of this, 1,620 cases with all forms of TB were identified. More than 99% of the cases identified were put on treatment.

## **GOAL 2** **Build Human Resilience through the Development of Sustainable Community and Organizational Systems**

### *Universal Health Coverage*

- KHANA has purposely started to focus on Universal Health Coverage (UHC), which has ultimately blossomed into a global health movement. UHC means individuals and communities can receive health services they need without suffering financial hardships.



### *Increasing Employment Opportunities for Community Members*

- Moving forward from completion of the HIV/AIDS Flagship Project in 2017, KHANA has now expanded its services beyond HIV towards TB. By developing new programs to target these key populations, KHANA has increased employment opportunities for community members.

### *OneImpactK+*

- OneImpactK+ is a digital solution to promote community monitoring and participation in the TB response effort. This program has provided a safe space to people living with TB and assisted them in being compliant with their medications, and reporting their side effects and concerns. The OneImpactK+ also strengthens the roles of TB community by providing access to a peer support community, leaders, advocates, and other TB networks.



### **Strengthen Organizational and Technical Capacity of Civil Society**

- Strengthened Implementing Partners and Networks
- KHANA contributed and collaborated actively with its IPs in TB discussions this year. Highlights of the year included:
  - KHANA organized World TB Day in four ODs across Cambodia to improve TB awareness.
  - In collaboration with the National University of Singapore (NUS), CENAT and Cambodia Anti-Tuberculosis Association (CATA), KHANA submitted a proposal to the NUS Initiative to Improve Health in Asia (NIHA). Another proposal was also submitted to 5% Initiative Expertise France, was also submitted to further expand the TB program to other ODs in Cambodia that were not served by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) or other NGOs in 2018.
  - Facilitated the establishment of a district network of people living with and experiencing TB (DNPET) to connect the TB community in Siem Reap with a trained peer support group (PSG).

- In collaboration with the Department of Mental Health and Substance Abuse (DMHSA) and the National Authority for Combating Drugs (NACD), KHANA conducted educational meetings with law enforcement officials in Cambodia to improve the current policing practices regarding people who use drugs (PWUD).

### *Technical Innovations for Emerging Needs*

- In 2018, KHANA provided and maintained a shared technology-based communication tool, the DHIS2 system, which eased data sharing and tracking of individuals enrolled in HIV prevention programs for KHANA and its implementing partners.
- KHANA integrated the technology-based method of using short message services (SMS) and voice messages (VM) into their already successful SmartGirl clubs, in order to connect FEWs with important HIV and sexual and reproductive health services.

### *Improving Services for All through Research*

- KHANA Center for Population Health Research published 11 peer-reviewed journal articles in 2018. These papers covered a range of topics including exposure to GBV for TG women; viral suppression among adolescents living with HIV; impact of oral interventions on children living with HIV; social and behavioral factors associated with risky sexual behavior among university students; and the Sexual behaviours, HIV knowledge and testing attitudes among FEW.
- KHANA has been engaged in many regional and international platforms such as International AIDS Conference, the Union World Conference on Lung Health, UN High-level Meeting on TB, Exchange Visits and various regional meeting on key populations included LGBTIQ people and youth.



### **Promote Diversity, Rights and Gender Equity**

### *Promoting an Enabling Environment*

- Successful steps were taken to create civil societies free from the discrimination of marginalized individuals:

- o The Harm Reduction Advocacy in Asia project educated local law enforcement officials about issues surrounding drug use and provided them with information to more efficiently connect the PWUD population with necessary services.
- o In collaboration with the Club of Cambodian Journalists (CCJ), KHANA worked to reduce the stigma and discrimination surrounding drug use by developing a code of conduct for the Cambodian media.
- o “The Support, Don’t Punish!” campaign openly and actively spread the messages of harm reduction for PWUDs using the film and music industry as well as social media.

#### *Raising Awareness of Sexual Orientation and Gender Identity (SOGI)*

- KHANA and MHC co-organized outreach activities and HIV testing during Cambodia’s Gay Pride. The event was a success with over 1,470 individuals attending to celebrate sexual diversity, form social ties, and promote gay rights.
- KHANA participated in multiple campaigns in 2018 that reached out to key populations including FEW, MSM and TG women; among them, 513 individuals agreed to be tested for HIV and syphilis.

- In 2018, KHANA trained members of Bandanh Chatomok, SmartGirl Network, and Cambodia Network of People who Use Drug (CNPUD) on topics including gender-based violence, sexual orientation, and gender Identity, legal rights, and legal literacy in order to better support individuals in their communities.

#### *Improving Sexual and Reproductive Health and Rights (SRHR) For KPs, LGBTI and Other Vulnerable Groups*

- In 2018, KHANA conducted dialogues regarding LGBT issues at both the national and sub-national levels, to advance the rights of these individuals in Cambodia through changes in the current legal and political environment.

#### *Promoting Engagement of Women, KPs, LGBTI and Other Vulnerable Groups in Program Development*

- Through the WISDOM project, KHANA trained 45 LGBT people, from three provinces, to become LGBT activists in their respective communities. The activists were trained in issue identification, data collection, data analysis, local advocacy, and community education.



Advocacy Dialogue on LGBTI Social Inclusiveness Phnom Penh, WISDOM Project-KHANA



# 2018 HIV and TB



## Global HIV/AIDS and Statistics 2018 Fact Sheet

- People living with HIV (PLHIV) in 2017: **36.9** million (end 2017)<sup>1</sup>
- Total number of new infections in 2017: **1.8** million (2017)<sup>1</sup>
- AIDS-related deaths in 2017: **940,000** (2017)<sup>1</sup>
- PLHIV on Antiretroviral Therapy (ART) in 2017: **21.7** million (2017)<sup>1</sup>



## Cambodia TB 2018

- TB Incidence in 2017: **326/100,000**
- TB prevalence in 2017: **668/100,000**
- TB case notification in 2018: **28,757**
- TB related death in 2017: **19/100,000**



## Cambodia HIV/AIDS 2018

- HIV prevalence in 2018: **0.6%**<sup>2</sup>
- Estimated PLHIV in 2018: **66,980**<sup>2</sup>
- PLHIV in care: **59,164** (Female: **31,770** and Children **3,192**)<sup>3</sup>
- Total number of new infections in 2018: **538**<sup>2</sup>
- AIDS-related deaths in 2018: **2,432**<sup>2</sup>
- PLHIV receiving ART: **55,654** (Female: **30,065** and Children: **3,055**)<sup>2</sup>
- HIV prevalence among key populations:
  - FEW: **3.2%**, Freelancers: **11.1%**<sup>4</sup>
  - MSM: **2.3%**<sup>5</sup>
  - TG women: **5.9%**<sup>6</sup>
  - PWUD: **5.7%**<sup>7</sup>
  - PWID: **15.2%**<sup>7</sup>

## KHANA 2018

### Key Populations

Key Populations (KP)	Estimated Size of KP	KP Reached with Prevention Interventions	KP who Received Finger Prick HIV Testing and Counselling (HTC)	KP who Received HTC and Received their HIV Positive Result
Total	76,420	39,262 (51%)	17,595 (45%)	262 (1.48%)
Female entertainment workers	40,136	26,788	10,772	36
Men who have sex with men	30,891	9,791	5,265	185
Transgender women	4,093	2,427	1,509	41
People who inject drugs	1,300	256	49	0

<sup>1</sup> UNAIDS Fact sheet 2018. Available at: <http://www.unaids.org/en/resources/fact-sheet>

<sup>2</sup> ESTIMATIONS AND PROJECTIONS OF HIV/AIDS AT SUB-NATIONAL LEVEL IN CAMBODIA 2016-2020, National Centre for HIV/AIDS, Dermatology and STD (NCHADS) (December 2016)

<sup>3</sup> National Centre for HIV/AIDS, Dermatology and STD (NCHADS) ART-Report Q3 by Sept 2018

<sup>4</sup> National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2017: FEW IBBS 2016

<sup>5</sup> National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2016: MSM IBBS 2014

<sup>6</sup> National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2016: TG IBBS 2016

<sup>7</sup> National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2017: PWID and PWUD IBBS 2017

## HIV self-test among key populations

KHANA 2018 Key Populations (KP)	Target Plan	KP Reached through HIV-Self-Test Interventions	KP who Received HIV-Self-Test	KP who Received HIV-Self-Test and Received HIV Positive Result
Total	1,290	81	81	11
Female entertainment workers	430	20	20	1
Men who have sex with men	430	59	59	9
Transgender women	430	2	2	1

PWID who enrolled in Methadone Maintenance Therapy (MMT)

**86**

(Female: 15)

PLHIV receiving ART

**7,420**

(Female: 3,470 and Children: 337)

PWID accessing MMT daily doses

**86**

(Female: 15)

PLHIV who received Community-Based Prevention, Care and Support (CBPCS)

**7,483**

(Female: 3,445 and Children: 302)

PLHIV in care and treatment

**7,483**

(Female: 3,445 and Children: 302)

Sero-discordant couples identified and followed up

**252**

### TB Data:

- Number of people screened **24,097** (Female: 14,458)
- Number of people with presumptive TB **12,785** (Female: 7,350)
- Number of people tested **12,772** (Female: 7,345)
- Number of people diagnosed with Bac+ TB **606** (Female: 217)
- Number of people diagnosed with all forms TB **1,905** (Female: 890)
- Number of Bac+ TB patients started on treatment **603** (Female: 246)
- Number of all forms TB patients started on treatment **1,896** (Female: 881)



## CONTRIBUTE TO ELIMINATING NEW HIV INFECTIONS, STRENGTHENING HEALTH SYSTEMS, AND ACHIEVING UNIVERSAL HEALTH COVERAGE (UHC)

### OBJECTIVES:

- Prevent New HIV Infections and Transmission
- Improve HIV Case Detection, Treatment and Adherence
- Increase Health Service Utilization
- Improve Equitable Access to Healthcare

### LOOKING BACK TO 2017

The HIV/AIDS Flagship Project is a five-year project that provided innovative assistance in HIV prevention, care, support, and treatment. This was made possible by a team of partners including KHANA, FHI360, and PSI/PSK. Some of the successes produced by the Flagship include communication tools and programs such as:

- SmartGirl, Mstyle, Srey Sros, the Social Behavioral Change (SBC) Package
- Boosted Integrated Active Case Management Partner Notification Tracing and Testing System
- GIS mapping, Purple-o-Meter, and PDI+
- Unique Identifier Code Implementation
- KP Community Network Capacity Assessment Tools

KPs such as FEW, MSM, TG women, PWUD, PWID, Cambodian youth, and PLHIV benefited from the aforementioned programs throughout 2017.

Following the continuation of effective interventions, and by maintaining the current high level of coverage of ART among PLHIV, Cambodia aims to become one of the first low end middle-income country to achieve the global targets of 90-90-90 by 2020 and the virtual elimination of HIV transmission by 2025. This achievement has been underscored by a significant decline in estimated HIV prevalence in the adult general population by 1.4% over the last 18 years, representing a substantial challenge for KHANA

in evaluating its mission to adapt to the changing circumstances in the country.

The activities planned by KHANA under the Global Fund Grant Request are all based around the strategic prioritization of the interventions, to support the objectives of the national HIV strategic plan in Cambodia. The changing nature of the epidemic as a result of its maturity and the success achieved in the last decades has been reflected in the differences in the demographic prevalence of HIV. The most recent projection, Asia Epidemic Model (AEM) suggests that the majority of new infections (43%) in 2016 were through heterosexual transmissions among low-risk men and women, with 68% of newly identified cases coming from members of the population without an identified risk. It is additionally estimated that a significant portion of the remaining 12,000 cases might come from PLHIV who may have remained undiagnosed for a long period of time.

KHANA has continued to pursue its objectives, focusing on the detection of new cases in FEWs, MSM, and TG women. Due to the changing nature of the epidemic, KHANA is also extending the scope of Goal 1, placing an increased emphasis on tuberculosis (TB) related services, and the impact of gender-based violence (GBV) with a particular focus on FEWs.

The services provided by KHANA have reached provinces all over the country. The continued use of the Boosted Continuum of Prevention to Care and Treatment (B-CoPCT) approach has allowed KHANA to liaise with national stakeholders and to remain an organization committed to assist those in marginalized communities.

### IMPROVING HIV PREVENTION

#### HIV Screening for Those at Greatest Risk

The continued implementation of risk screening by KHANA aims to further classify risk levels based on the behavior of certain populations in order to establish a list of priorities for testing as well as targeted key messaging among KPs.

## Condom Distribution

Along with its implementing partners (IP), KHANA has continued to support its KPs in reducing HIV and STI transmission through the distribution of condoms and lubricants. Throughout 2018, a total of 821,746 condoms were distributed, with 423,342 going to FEW, 301,356 to MSM, and 97,048 to TG women.

## EXTENDING HIV CASE DETECTION

In 2018, KHANA supported the provision of outreach education to 32,695 members of KPs. In total 14,607 of these people underwent HIV testing, with FEWs, MSM, and TG women accounting for 52%, 37%, and 11%, respectively. Of those tested, 163 (1.1%) returned with positive results, the majority of which were MSM, and 159 were enrolled in ART/Pre-ART services. This relatively low rate of detection among KPs represents the need to expand case detection for hard-to-reach individuals, and encourage them to get tested. KHANA was able to generate U-UIC's for 17,733 members of the KPs, recording them through data collection and entering it in the database system.

## Mobile Health (mHealth)

The mHealth approach continued to promote service uptake among hard-to-reach and hidden populations, delivering confidential and anonymous services. Along with the platforms of SMARTgirl, Srey Sros, and Mstyle. There are two additional components which are "My Community", interactive websites and Facebook pages that offer a range of services, and "Voice4U", an interactive voice response system that provides online counseling. Over the course of the year, the websites had over 7,683 unique visitors access their pages, with an accumulation of 9,555 likes on their posts.

In addition to this, 78 users of the mHealth platforms from KPs were also tested for HIV and syphilis through Facebook, with 16 and 18 being identified and referred to treatment for HIV and syphilis, respectively.

## Virtual Outreach and KP Differentiation

In order to target these hard-to-reach populations and extend case detection, KHANA and IPs adopted a KP differentiated approach for their mHealth platforms so they would be able to reach these individuals of high risk. Together with the three platforms used, campaigns through dating apps such as Grindr,

Blued, and Hornet were incorporated directing at identifying the best ways to address the risks within each branding program, and to develop SBC materials and various tools to provide key messages on HIV and AIDS to reach hidden populations, so they can access information on HIV and AIDS.

## Peer-Driven Intervention Plus (PDI+)

PDI+ approach first began in 2017 and continued throughout 2018 with the incentive-based snowball approach, which gained momentum as more seeds were placed in locations around the country. KHANA program staff have conducted onsite coaching on PDI+ to field staff, outreach workers, PDI+ staff, and Project Coordinator in 7 provinces.

As a result, PDI+ activities reached 247 participants (224 MSM and 23 TG women), who were able to receive HIV testing and counseling. Subsequently, 25 cases were reactive for HIV (22 MSM and 3 TG women) and were referred for confirmatory testing, and then enrolled in Pre-ART/ART services. This data were included in the HIV cascade among KPs. PDI+ activities are invaluable face-to-face, but can also be successful with virtual outreach. As such, KHANA staff have undertaken training on how seeds could target hidden populations through avenues such as social media.

## DEVELOPING EFFECTIVE SYSTEMS

KHANA staff had three sub-national meetings to review and provide inputs on the indicators of national database management for HIV prevention programs among KPs. The meetings resulted in 15 agreed upon indicators used for the tracking of outreach education data and HIV testing (under funding support from Global Fund-Funding Request for 2018-2020). The reporting and data collection forms were simplified to support outreach workers and field staff when collecting data.

KHANA staff regularly attended provincial technical working group (Pro-TWG) for health meetings. These meetings are organised by the provincial health departments, with the objective being to share of progress updates on the project funds from the Global Fund Funding Request 2018-2020; with HIV prevention programs in their respective coverage areas. These meetings made things easier for KHANA to issues encountered during field implementation, thus ensuring smoother program implementation.

## STRENGTHENING THE COMMUNITY RESPONSE TO TUBERCULOSIS

It is estimated 36% of TB cases were undiagnosed in Cambodia throughout 2017. Due to this sobering statistic, KHANA is continuing its effort to reduce the TB burden in Cambodia via the development of new programs and interventions, especially given the connection TB has to HIV.

### Improving TB Detection and Links to Treatment

Throughout 2018, KHANA continued to improve TB case detection by implementing an active community-based snowballing approach designed to find new cases and connect people to treatment. To do this, KHANA mobilized community-based lay counselors to help those who may have TB; worked with local health authorities, and promoted early case detection as well as more effective linkage to treatment.

The snowball active case finding approach is a system of rapid, targeted, and low-cost community social mobilization, involving people survivors to increase case finding. This seed-and-recruit method utilized seeds and recruits who were community leaders/former TB patients to identify TB KPs (e.g., people living with HIV, household contacts of TB patients, and elderly), and people who may have TB. Recruits could then become new recruiters to find other potential cases in the community.

The process of growing recruits is meant to reflect a growing snowball and is a cost-effective, convenient, and incentive-based approach.

### Funding and Partners

Village health support groups (VHSG), health centers (HC), operational districts (OD), and provincial health departments (PHD) collaborated to achieve the full effect of outreach. The Global Fund TB Grant supported the VHSGs to strengthen links between people who may have TB and HCs. This also assisted with case detection through educational activities within the community at locations such as pagodas, but also in individual case detection through the investigation of household contacts.

Additionally, KHANA's project was supported by the National TB Program (NTP), local government, and commune councils. This enabled mobilization of community-based lay counsellors (LC) equipped to support early detection and treatment of TB.

### Project Sites and Key Populations

In 2018, TB Reach Wave 5 project was conducted in four ODs including Siem Reap, Mongkul Borey, Kampong Chhnang, and Daun Keo, whereas TB Reach Wave 5 Scale-up was extended to 12 ODs including Samraong, Sampov Loun, Steung Treng, Sitho Kandal, Romeas Hek, Kamchay Mea, Kampong Trach, Angkor Chey, Koh Andet, Koh Thom, Oudong, and Ponhea Krek. Certain KPs affected by TB consist of people living with HIV, people over the age of 55, people with diabetes, and children or the elderly who live in contact with another TB infected person.

### Results and Successes

In total, the number of people screened in 2018 was 24,097. There were 12,785 people who identified with various symptoms of TB. Of this, 1,905 people had all forms of TB. More than 99% of the people identified with all forms of TB were started on treatment.

A total of 7,648 people with TB were diagnosed by Chest x-ray and 679 people were smear positive. A total of 4,030 people were screened using GeneXpert and 453 patients were BK+. Microscopy was used to screen 1,275 people and 153 people were positive. Lastly, 1,206 people were screened for extra-pulmonary TB (EPTB) and 620 people were diagnosed with TB.

Proportions of bacteriologically confirmed cases highlight the benefit of targeting TB using a seed and recruit method. This should encourage further funding and future resource provisions. This year's success was made possible through support by national and local authorities, communities, HCs, stakeholders, and the TB Reach Wave 5 Scale-Up Grant that was awarded in 2017 for the feasibility of the Snowball Approach. Utilization of GeneXpert also reduced the time taken to diagnose and treat which allowed more cases to be screened. Additionally, LCs personal experience in TB allowed them to engage with patients and increase their knowledge of TB based upon shared experiences thus increasing trust and confidentiality between them and patients. Looking forward, KHANA hopes to improve their intervention for a nationwide expansion of the project and will collaborate with Cambodia Anti-Tuberculosis Association (CATA) to try to achieve this goal.



## A VALUE OF EARLY TB DIAGNOSIS AND TREATMENT

“The time and effort you spent helping me were more than I could have asked for.”

Mrs. Chork Sary is a 57-year-old farmer who lives in Samraong village, Thlork Commune, Trang District, Takeo Province with her three daughters.

After getting tested negative for TB, her illness continued with mild fever, insomnia, coughing, night sweats, and weight loss. Due to this illness, she was not able to focus on her daily activities, so she abandoned her small business and stayed at home. She was suspected by our seed of having TB, but our seed could not convince her to meet our LC at a nearby health center because she did not want to go outside. The seed notified a lay counselor (LC), and they visited her house together. They exchanged introduction as well as asking her for general information regarding her condition.

During the interview, her symptoms suggested TB, so the seed sent her to the health facility for sputum collection immediately. Thereafter CXR, the result that she had smear negative TB. Treatment was initiated at the health center on that day. In the intensive phase of treatment, the seed and lay counselor with the collaboration from village health support group (VHSG) alongside the seed and LC, made a regular home visit to provide emotional counseling and education on side effects and dosing of the TB medications. After 2 months of the treatment, her health had improved, and she could return to her daily activities and work as usual.

Finally, Mrs. Chork Sary was delighted to have been supported by the stakeholders. She said that if KHANA did not seek out suspected TB cases in her commune through LC, she probably would not have known that she had TB. She strongly hopes that KHANA would continue such support to help other individuals with TB in her community as well as in Cambodia as a whole



**Mrs. Chork Sary works in her farm after the successful TB treatment**

## INCREASING HEALTH SERVICE UTILIZATION FOR FEMALE ENTERTAINMENT WORKERS

The prevalence of HIV in the general population has declined in Cambodia. The HIV epidemic is now confined to KPs. One important hard-to-reach KP is FEW.

### Extending mHealth through Mobile Link Intervention for FEW

During 2018, KHANA implemented a project evaluating the effectiveness of Mobile Link, an intervention designed to engage FEW through frequent short message service (SMS) or voice messages (VM) and link them to existing HIV and sexual and reproductive health services. The intervention was integrated into the existing program within the SMARTGirl Clubs, an HIV and STI prevention program in order to continue health advocacy among FEW.

The project is a collaboration between KHANA and approved by the National Ethics Committee for Health Research Ethical Committee of Touro University, California. The 5% initiative funded the project.

### Results and Successes

In the intervention, 180 content messages were designed to provide health rights messages, health information, and health promotion and prevention. In total, 300 FEW from four study sites were registered into the system for the intervention and baseline survey (56% from Phnom Penh, 15% from Battambang, 15% from Banteay Meanchey, and 14% from Siem Reap). At baseline, we found that 80.7% of the study participants in the intervention groups had been tested for HIV in lifetime, 64.1% had been tested for HIV in the past 6 months, 25.3% used condom with sweetheart at the last sex, 70.5% always used condoms with clients in the past 3 months, 19.9% always used condoms with partner not exchange for money or gifts, 24.1% had been screened for STI when experienced symptoms, 87.5% had been treated when diagnosed with STI, 30.7% used a modern contraceptive methods, 78.0% had abortion, 20.7% experienced gender-based violence. A pilot intervention was completed by sending messages to 50 FEW randomly selected from the registry. The system sent through voice calls to 35 FEW (65%) and

text messages to 15 FEW (35%) two times per week for four weeks.

After the pilot, the Mobile Link Intervention recruited 300 FEW to participate in the intervention. The results indicate that 50% of participants listened to complete VMs, 50% of participants received the SMS successfully, and on average 7 women per week requested to be connected to staff members for more services. In addition, a total of 600 FEW were interviewed for the baseline survey.

Overall, this has allowed KHANA to gain insights into the lives of FEW by acquiring detailed information on childhood conditions, pathways to sex work, condom use self-efficacy, HIV risk perception, STI symptoms, contraception use, substance use, and experiences with gender-based violence. This was made possible by the Mobile Link, which built close connections with participants during the intervention to provide them with the relevant health information in addition to collecting data. The project team has developed manuscripts for peer-reviewed publications while the project overall has allowed KHANA to assess their service utilization and improve on equitable access to healthcare.

## IMPROVING EQUITABLE ACCESS TO HEALTHCARE

### PULSE:

PULSE is the online survey project funded by the 5% Initiative targeting young MSM aged between 15-24 years old in Mekong Sub-Region by emphasizing the specific issues such as sexual health, stigma and discrimination, sexual orientation, and gender identity and expression. Through the first launch of the PULSE survey in 2018, KHANA reached out to 767 young people who completed the survey. All of them were young MSM. The first wave of this online survey was implemented from March to May 2018 in 9 provinces with high burden of HIV prevalence among MSM and TG women including Phnom Penh, Battambang, Banteay Meanchey, Siem Reap, Kandal, Kampong Thom, Prey Veng, Kampong Cham, and Preah Sihanouk. In order to reach those young MSM, KHANA used creative promotion tactics on both online and offline to ensure the survey reached out to a sufficient number of MSM in communities.



## BUILD HUMAN RESILIENCE THROUGH THE DEVELOPMENT OF SUSTAINABLE COMMUNITY AND ORGANIZATIONAL SYSTEMS

### OBJECTIVES:

- Increase access to income and other financial resources
- Increase employment opportunities for community members
- Enhance the ability of affected communities in climate change adaptation and disaster risk reduction
- Improve access to quality and affordable services through functioning community health facilities supported by KHANA

### UNIVERSAL HEALTH COVERAGE (UHC)

KHANA has purposely started to focus on UHC, which has ultimately blossomed into a global health movement. UHC means individuals and communities receive the health services they may need without suffering financial hardship. This structure allows everyone to have equal access to services, which address the most significant causes of diseases and deaths. This ensures the quality of the services, whether they are good enough to improve the health of people receiving them.

In 2018, KHANA, together with civil society organizations working on health, attended the first ever UHC event by partnering with Ministry of Health and the World Health Organization to work towards UHC in 2030 under financial support from UHC2030. The Royal Government of Cambodia has shown commitment to achieving UHC2030 through developing a number of national policies and guidelines, strategies and innovations to support individuals of low Socio-economic status in accessing health care via social health protection and ID poor programs. In addition, the government health expenditure has been increased since 2012 and continued to do so in 2018; however, the annual out-of-pocket household expenditure has also increased,

especially for poor households. As a result, primary healthcare and long-term illness care are likely to be affected by financial hardships.

### INCREASING EMPLOYMENT OPPORTUNITIES FOR COMMUNITY MEMBERS

KHANA has always demonstrated a commitment to empowering members from the communities to mobilize and enact positive changes in their environments. For example, KHANA joined with CWPDP and MHC to recruit 14 Provincial Coordinators, 29 field staff as well as 126 outreach workers throughout the provinces. These numbers include the 7 personnel of CWPDP who oversee 16 field staff and 71 outreach workers, as well as the 7 personnel of MHC who are responsible for 13 field staff and 55 outreach workers. These workers are responsible for implementing projects in 8 provinces, with 13 ODs for FEW covered by CWPDP, 18 ODs for MSM, and 13 ODs for TG women covered by MHC.

Moving forward from completion of the HIV/AIDS Flagship Project in 2017, KHANA has now expanded its services beyond HIV to include TB. By developing new programs to target these TB KPs, KHANA has increased employment opportunities for community members. For TB, these can be seen through the seed-and-recruit method where lay counselors, village health support groups, health centers, and other relevant field staff all engage in incentive-based employment practices. Regarding FEW, the Mobile Link intervention was integrated into the existing SmartGirl Clubs program. However, the study required relevant community members to conduct interviews, which again increased employment opportunities.

### IMPROVED ACCESS TO QUALITY AND AFFORDABLE SERVICES

This year has continued to improve on last year's efforts by the ongoing provision of services. These include SmartGirl, Mstyle, Srey Sros and relevant health centers located in many districts where KPs are found. In addition, the distribution of condoms



and lubricant to members of KPs has continued throughout the year. This is in conjunction with newly implemented programs such as the peer-and-recruit method for TB, where KHANA is looking for new ways to eradicate health problems and increase access to quality services.

KHANA's work as an NGO is important, however, donor resources tend to decline which adds to the challenges already present in this field of work. This often occurs when success rates are high, such as in the field of HIV prevention over the last 10 years. However, it is often that these issues are complex and intertwined. Examples can be seen from members of the LGBTQIA+ community or FEW who also need to deal with societal stigma and gender inequity. Similarly, for people with TB, many patients will present with simultaneous issues such as being HIV+ or geriatric issues. There are many intersecting key populations that are affected by both social and biological factors, which is why KHANA chooses to stay strong and resilient in finding ways to help these KPs despite recent declines in funding.

#### OneImpactK+

In 2018, KHANA began to foster the community engagement and empowerment for TB response. OneImpactK+ is a digital solution to promote community monitoring and participation in the TB response effort. This program has been providing a

safe space to people living with TB and has assisted them in being compliant with their medications, and allowing to report their side effects and concerns. The OneImpactK+ also strengthens the roles of the TB community by providing access to a peer support community, leaders, advocates, and other TB networks. This year, KHANA organized two pieces of training for the Executive Committee of the District Network of people living with TB as well as survivors. People living with TB, survivors, and peer support group leaders were trained on how to effectively use the application and respond to issues that may be raised through the app platform by members.

#### Challenge Facility for Civil Society (CFCS):

Challenge Facility for Civil Society (CFCS) Project is a small grant funded by Stop TB Partnership aiming to strengthen the roles of community and key stakeholders in TB response. The project is principally implemented in Siem Reap OD and covering 28 health centers. Through CFCS, KHANA has provided support to establish a TB network (known as a district network of people living with and who have been diagnosed with TB in the past), 28 peer support group leaders, and developed 10 charity boxes and placed in pagodas and tourist attractions. The charity boxes allow donations to help people living with TB who face difficulties with access to health and other social support services.



TB Community Network Establishment Meeting in OD-SRP, CFCS-R8 Project

## QUALITY SERVICES BOOSTS CONFIDENCE FOR FEW

“I feel fully confident and thankful to Chhouk Sar Clinic where medical doctors and service providers are friendly and provide proper services”.

**Name: Sok Ny**

**Age: 34**

Within the last five years, Ms. Ny has experienced life as a FEW. Her monthly salary of \$80/month working in a restaurant was not enough to support her family, even when she began working at night, selling fruit. During that time, she was approached by a client who asked to sleep with her for \$120. Thinking of her family, she agreed to the service. She asked him to use a condom, but he refused to wear one and continued with the service. As Ms. Ny thought this job could help and support her family, she continued to work in this industry.

Ms. Ny knows about the high-risk nature of the job, particularly in terms of sexual harassment and sexual health. In terms of sexual health, Ms. Ny has consulted a private clinic where she voluntarily got tested for HIV. The result was not confirmed but did indicate a positive sign of HIV. Her friend then informed her to access VCCT services at Chhouk Sar Clinic. The diagnosis was the same, indicating an HIV+ status. Ms. Ny agreed to receive treatment in 2010. She was tested for a viral load count in 2015 where the result was undetectable.

Sok Ny recommends both national and international donors to continue funding support for Chhouk Sar Clinic, and in doing so, will provide them the means to expand their services which were originally targeting KPs of the greater Cambodian population.



Chhouk Sar Clinic staff provided counseling to Sok Ny on ART adherent.



Chhouk Sar Clinic staff provided ART medicine to Sok Ny.



## IMPROVED QUALITY OF LIFE THROUGH TREATMENT APPROACHES FOR PEOPLE LIVING WITH HIV

“I thank the Angkor Hospital for Children (AHC) team for helping my family. Without this support, my life would be very difficult. Please continue to help my daughter.”

**Name: Sreymom**

**Age: 3**

Sreymom experienced persistent illness until it was discovered by AHC-CoE in 2015 she was living with HIV. She was put on antiretroviral therapy (ART) and attended her medical appointments consistently for three months. However, she began to miss appointments, so the team decided to make a home visit instead.

It was found that Sreymom and her family were living in poor conditions. They were originally living with Sreymom's aunt, but after learning about her diagnosis, her aunt evicted them because she was afraid her own family might become infected with HIV. That's when the homecare team found them squatting in an abandoned house in their village. Overcome with the situation, Sreymom's mother experienced severe mental health issues. Due to the difficult situation, it was extremely difficult to attend treatment sessions. However, HIV counselors provided services to the family and advised them of how best to manage ART to keep Sreymom healthy.

The AHC team has provided interventions for the family and community. Now, Sreymom's mother feels hopeful for the future and can manage Sreymom's medication correctly. Today, Sreymom and her family have a proper home to live in due to an agreement with the landlord. They now no longer face discrimination as they did before. People from the community and NGOs continue to visit Sreymom and her family to provide the appropriate social and psychological support they need.



AHC counselor and social worker staff provide homecare to Sreymom.



Chief of Village, Vice-Chief of village and CCWC visit and provide social support to Sreymom's family

## A BETTER LIFE FOR HIV+ PWID THROUGH MMT AND ART ADHERENCE

“Now I don’t need to go and find money anymore for the heroin.”

**Name: Sok Sreymao**

**Age: 36**

Mrs. Sreymao grew up as a scavenger along with her husband. At the young age of 16, she decided to use Yama. This continued into adulthood before she changed from Yama to Heroin. Mrs. Sreymao and her husband decided to move to a location where heroin was easily accessible. A known hotspot is Boeung Trabek, where heroin is sold at all times.

It was at Boeung Trabek where Mrs. Sreymao encountered a Korsang outreach worker who educated her in harm reduction. She was referred to MMT services where she received counseling and agreed to take an HIV test. Result as HIV+. Mrs. Sreymao was shocked, but counselors did their best to provide emotional support and regular access to pre-ART treatment.

Since then, Mrs. Sreymao has thanked the support network in Cambodia. She hopes the program can incorporate a system that allows patients to take their doses at home. She would also like to thank Korsang, who helped her and other target members to receive MMT services and drug support programs in Cambodia.



Sreymao visit Chhouk Sar clinic to access ART service.



## STRENGTHEN ORGANIZATIONAL AND TECHNICAL CAPACITY OF CIVIL SOCIETY, INCLUDING KHANA ITSELF

### OBJECTIVES:

- Strengthen the capacity of communities, partners, and other stakeholders
- Enhance the utilization of technical innovations for emerging needs
- Increase the scale and scope of the KHANA-CPHR technical excellence
- Increase the knowledge and expertise of KHANA's staff in broader areas of health and development

### STRENGTHENING IP AND NETWORKS

#### Tuberculosis

At the national level, KHANA's project team regularly engage with the NTP for support and progress sharing, particularly at the Interagency Coordination Committee (ICC) meetings. KHANA was invited to the Annual Operation Plan Meeting with the NTP to review the performance and to discuss the action plan. This led to the opportunity for KHANA to meet other TB project implementers and government officials to review other TB activities within Cambodia. In addition, KHANA participated in The Union World Conference on Lung Health.

At the provincial and district levels, field officers, field assistants, and LCs participate in monthly technical working group meetings to share the progress and challenges of KHANA's TB projects. LCs also regularly attend the commune council and health center management committee meetings. LCs use this forum as a platform to mobilize relevant community support for KHANA's active case finding TB projects. Furthermore, the team had the opportunity to showcase the project to delegates from USAID, and the presentation received positive feedbacks and appreciation.

KHANA also participated in the TB Financing toward Sustainability in Cambodia workshop that was facilitated by USAID and aimed to reiterate the significance of the Global Fund in supporting NGOs. Moreover, in 2018, KHANA organized World TB Day in order to provide an opportunity for national and local leaders, as well as people living with TB, to express their commitment and support for TB control activities in Cambodia. The participants included monks, the municipal director, the provincial health department directors, OD directors, health center staff, commune council members, TB patients, LCs, and community members.

KHANA, in collaboration with the National University of Singapore (NUS), CENAT and Cambodia Anti-Tuberculosis Association (CATA), submitted a proposal to the NUS Initiative to Improve Health in Asia (NIHA). Another proposal to 5% Initiative, was also submitted to further expand the TB project to other ODs in Cambodia that were not served by the Global Fund or other NGOs in 2018.

Over the next few years, KHANA will collaborate with CATA to find the missing TB cases, especially within hard-to-reach groups, by using effective approaches developed by both organizations.

#### Female Entertainment Workers

KHANA continued to engage with IP throughout 2018. During the Mobile Link project, progress and outcomes of the intervention were shared to discuss at the Strategic Information Technical Working Group (SI-TWG) meeting and also with the National Center for HIV/AIDS, Dermatology and STD (NCHADS), National AIDS Authority (NAA), WHO, UNAIDS, FHI 360, and other stakeholders. Further, KHANA reported to NAA, Ministry of Post and Telecommunication (MoPTC), and NCHADS.

The project was presented at the Alliance Community Health Research Forum with participating organizations including Alliance secretariat, Alliance India, Alliance Ukraine, MAMTA India, SCDI Vietnam, AIDS Care China, NAA, University of Health Science, and KHANA.

### Supporting the Establishment of a District Network of People Living with and Experienced TB (DNPET)

Through the TB Challenge Facility for Civil Society (CFCS) project, KHANA supported the peer support group (PSG) Leaders of the TB community to form a district network of people living with and experiencing TB (DNPET) in Siem Reap OD. The intention of DNPET is to bring awareness to the issues faced by the TB community.

Five PSG members were elected, using an election process developed by KHANA, to become the executive committee of DNPET. Their roles include leadership, management, and coordination to oversee and provide strategic guidance for the further development of DNPET. KHANA continued to support DNPET in its development of a six-month work-plan; aligning it with CFCS strategies and activities. KHANA's future support will include helping to implement work-plans, build the capacity of PSG leaders and DNPET, and guide collaboration and partnership strengthening with local health authorities.

### Harm Reduction

KHANA has always demonstrated a strong commitment to strengthening the capacity of its communities and partners, an objective that was successfully achieved throughout the year, especially in the field of harm reduction.

During 2018, KHANA collaborated with the Department of Mental Health and Substance Abuse (DMHSA) and the National Authority for Combating Drugs (NACD) to conduct a series of sensitization meetings with local authorities, communities, and outreach workers in Khan Chbar Ampov. These meetings aimed to provide an orientation for law enforcement officials on the implementation of Community Based Drug Treatment (CBTx), the use of a referral mechanism, and how to

construct a collaborative list of PWUD to refer to the hospital. For this referral mechanism, KHANA, AIDS Care China, and the DMHSA have worked closely with health providers and the community to increase the referral of PWUD to access CBTx services.

Local authority and law enforcement officials agreed to refer drug users to access services if there is an identified need in the community. They will utilize the ASSIST tool to connect PWUD to services including drug treatment planning, counseling, and psychosocial support; case management; and referral for HIV or other disease treatment. Additionally, local authority and law enforcement officials will create a Community Coordination Committee. The committee will be tasked with holding a routine meeting in each commune to review activities, update the data of drug users, and respond to challenges with solutions.

### TECHNICAL INNOVATIONS FOR EMERGING NEEDS

#### Reaching Hidden Populations through Innovation

Throughout the later half of the year, KHANA contributed to several meetings including Pro-TWG, Boosted-CoPCT, MSM and TG, and others. The meeting to address gender and rights of the LGBT+ community, organized by the National AIDS Authority, was a particularly significant opportunity aiming to promote new innovative ways to reach hidden populations; emphasis was placed on the use of social media. These meetings allowed KHANA staff to identify challenges in program implementation and develop solutions to overcome existing barriers.

#### Maintaining Database Management Systems

KHANA has maintained the DHIS2 system to track raw data of individuals when they are reached through the HIV prevention programs; the data are extracted and used for analyses. The DHIS2 system is aligned with the national database management for prevention programs. This database allows program and M&E staff to perform the following: (1) understand, monitor, and check data at the field level; (2) verify data management of IPs, and (3) to review the mapping list of venues/hotspots and the number of KPs.



## Creating Mobile Link

In 2018, KHANA continued to evaluate the efficacy of engaging FEWs using short message services (SMS) and voice messages (VM). The technology links FEWs to high-quality health services including HIV and STI testing, sexual and reproductive health, family planning, etc. This year, the intervention was successfully integrated into the existing SmartGirl Clubs, an HIV and STI prevention program. Through this intervention, KHANA continues the goal of enhancing services in the utilization of technical innovations for emerging needs.

## IMPROVING SERVICES FOR ALL THROUGH RESEARCH

KHANA Center for Population Health Research published 11 peer-reviewed journal articles over the course of 2018. These papers covered a range of topics including GBV for TG women; HIV treatment among adolescents living with HIV; oral health interventions for children living with HIV; sexual behavior among university students; and HIV testing attitudes among FEW.

KHANA's Key Population and Gender Assessment in the TB Response study explored gender and key population discrepancy in relation to the Cambodian national TB response. Seven different KPs were focused in the assessments. Key themes were identified that inhibited access to TB services including a lack of knowledge and awareness, distance to TB clinics, lack of time and financial means, and other systemic barriers, such as service integration. We did not find any indications of discriminatory practices against women and KPs. Community participation in the response was encouraging. There are gaps in data on gender and KPs for TB programs. Gender and KP disparities are well-recognized in Cambodia. Barriers to TB services faced by KPs need to be addressed through engaging with stakeholders, educating, raising awareness, training health providers, and

service integration. Data availability is vital, and data should be duly utilized. Mechanisms to ensure equality and inclusivity are necessary to end TB in Cambodia.

In addition to this, KHANA's project team has vigorously worked to draft five manuscripts, with focus on FEW, for peer-reviewed publication. The manuscripts will be submitted to different peer-reviewed journals in the next reporting period.

## Strengthening KHANA's Staff

Throughout the year, KHANA's staff attended many workshops and meetings organized by NCHADS, which allowed staff members to assess their knowledge and continue their professional development. Key concepts covered throughout the training included database management, PDI+ guidance note revision, outreach curriculum development, risk screening tool revision and program implementation. These meetings demonstrated KHANA's dedication to developing the knowledge base and skills of its staff, so they may better serve Cambodia's communities.

## Interacting with International Stakeholders

KHANA is well recognized as a stronger country partner for HIV, TB, and health-related issues by engaging in many regional and international platforms such as International AIDS Conferences, 49th Union World Conference on Lung Health, UN High-level meeting on TB, Exchange Visits and various regional meetings on KPs including LGBTIQ people and youth. Through the platforms, KHANA's staff members have learnt to identify new strategies and innovations to help support the ongoing projects and their implementations. They also share about KHANA's work in particular fields, raise community voices, and join advocacy efforts in addressing main issues arising from the KPs and marginalized and vulnerable groups. KHANA has also built networking and partnerships with regional and international organizations, networks, and donors.





## PROMOTE DIVERSITY, RIGHTS AND GENDER EQUITY

### OBJECTIVES:

- Promote an enabling environment for KPs, LGBTIQ, and other vulnerable groups
- Increase public awareness of sexual orientation, gender identity (SOGI) and gender-based violence (GBV)
- Improve and promote sexual and reproductive health and rights (SRHR) for KPs, LGBTI and other vulnerable groups (Gender Equality)
- Promote engagement of women, KPs, LGBTI and other vulnerable groups in program development, policy dialogue, and leadership within KHANA, with IPs, and at the national level

### PROMOTING AN ENABLING ENVIRONMENT

KHANA has tirelessly continued to advocate for individuals from marginalized backgrounds, attempting to create a civil society free from discrimination. An example of KHANA's efforts includes the Harm Reduction Advocacy in Asia project (HRAAsia) which strives to disable the barriers and strengthen the available services for PWID in Asia. Through a two-prong approach, KHANA executed this project. First, by increasing the knowledge base of local law enforcement officials surrounding drug use and second, by strengthening the referral process to assist PWUD with accessing appropriate health facilities. Also, under the grant of HRAAsia project, KHANA has worked with the Club of the Cambodia Journalists (CCJ) to develop a code of conduct for the media when they report on drug use in Cambodian in order to reduce the current stigma and discrimination.

KHANA also collaborated with NGOs and UN agencies to form a Harm Reduction CSO Led Committee. The overall goal of the CSO led Committee is to focus on harm reduction and drug policies in order to

better assist the country's HIV/AIDS population that concurrently use drugs. A directory of health service providers and legal aid assistance was also created and shared among stakeholders. Through regular monitoring meetings, KHANA provides capacity building to Cambodia Network of People who Use Drugs (CNPUD) in the form of harm reduction, drug control laws, advocacy manual, etc.

"The Support Don't Punish" campaign, is another example of KHANA's efforts to disable the stigma and misunderstanding surrounding drug use and demonstrating how these individuals should be treated. KHANA advocated for support of this campaign through formal meetings with key stakeholders and harm reduction NGOs. Informal meetings were conducted with advocacy champions from the film and music industry to seek support on harm reduction promotion for the campaign. The project team provided information on harm reduction in the form of the National Strategic Plan (NSP), MMT and CBTx; the messages were spread to fans through social media. By engaging members of the media, this allowed the knowledge to reach hidden populations, as well as individuals who typically would not seek out conventional forms of health promotion.

### Gender Equity among TB Projects

KHANA's project has contributed towards gender empowerment within the TB community by providing staff with relevant knowledge about access to treatment for both male and female participants. A recent field trip led by staff, assistants and LCs allowed patients, particularly women, to be introduced to relevant TB treatment services.

Women were encouraged to join the TB intervention projects, which provided job opportunities for them. The same opportunity was offered to male patients. Twenty-three females and thirty males were able to become LCs.

Former people living with TB, known as "seeds", motivated high-risk women to seek early diagnosis and treatment. The overall project aligned with

KHANA's Strategic Plan (2016-2020) by decreasing gender knowledge gaps among staff and community members and also, by engaging women in the project development.

### Enabling Environment

KHANA has worked closely with the National AIDS Authority and relevant government bodies to create an enabling environment for HIV, TB, and health response. KHANA has provided support to the national technical working group on MSM and TG to develop the annual plan and facilitate its implementation. Through the working group, KHANA has initiated important conversations and raised key issues surrounding HIV programs and helped develop solutions to address the issues around collaboration, partnership, and joint support from local authorities and entertainment establishment owners.

Regarding TB programs, KHANA regularly attends National TB Program meetings at both the national and sub-national levels. At the national level, KHANA is able to raise issues of program implementation and seek support from national partners. At the sub-national level, KHANA program teams attended regular quarterly provincial meetings where the teams can present projects, address challenges, and strengthen communication with the goal of improving collaboration and partnership with local health management bodies.

### RAISING AWARENESS OF SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

In May of 2018, KHANA and MHC co-organized outreach activities and HIV testing during the 10 days of Cambodia Gay Pride. The outreach involved collaboration with entertainment venues to provide educational activities around HIV testing to the MSM and TG who attended the event.

Additionally, during Cambodia Gay Pride, educational materials surrounding HIV and AIDS were disseminated, condoms and lubricants were distributed, and HIV testing and counseling were provided.

There were approximately 1,470 attendees at the event. 525 MSM and 150 TG attended the education sessions and received condoms and lubricants from staff. There were 90 people (78 MSM and 12 TG) willing to undergo HIV testing at this event. Of the 90

tests, four MSM were found to have a reactive test, and three were referred for a confirmatory test and enrollment in ART. The fourth individual was lost to follow up, as he was a tourist.

### Campaigning to Raise Awareness of HIV, HTC, and TB

The campaign has been an effective mechanism to raise awareness of HIV among KPs and marginalized, vulnerable groups, which include young people, women, and girls. KHANA joined the HIV awareness and HTC campaign at the Valentine's Day event, Pride Week, International Youth Day, UN Day and World AIDS Day. Through these events, KHANA reached out many KPs and young people to provide education and understanding of HIV, STIs, and SRH. In addition, individuals were encouraged to get HIV and syphilis testing if they suspected they had been exposed to them. There were 17 campaigns that have reached out to KPs; among them, 513 individuals were tested for HIV and syphilis. Of those individuals tested, nine tested positive for HIV and 13 tested positive for syphilis. Five individuals were referred for confirmatory tests and enrolled for care and treatment services.

2018 was the year KHANA supported and joined the World TB Day celebration. Under the TB Reach Wave 5 Project, KHANA organized the TB event in four ODs across Cambodia including Siem Reap, Doun Keo, Mongkul Borey, and Kampong Chhnang. The World TB Day aimed to increase TB awareness among communities and mobilize the support and engagement of local authorities and key stakeholders in the TB response.

### GBV, SOGIE and Legal Aid

In 2018, KHANA continued to support KP networks through capacity building and education on GBV, legal literacy, and Sexual Orientation and Gender Identity and Expression (SOGIE). KHANA trained core members of Bandanh Chatomok, SmartGirl Network and Cambodia Network of People who Use Drug (CNPUD) on topics including case documentation and reporting, GBV, SOGIE, legal rights, and legal literacy. In addition, each network has reached out to their provincial focal points to build their knowledge and skills further on these particular topics in order to support their respective communities.

## IMPROVING AND PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) FOR KPs, LGBTI, AND OTHER VULNERABLE GROUPS

### Promoting KP Rights and Gender Equality:

KHANA is well known as a KP-focused organization in Cambodia through its work in promoting and improving the rights of KPs and other marginalized and vulnerable groups including FEW, MSM, TG women, people who use/inject drugs, people living with HIV, people living with TB, and young people. KHANA has implemented a number of community campaigns, dialogues, and forums to promote the rights of KP and LGBT people including International Women's Day, Zero Discrimination Day, LGBT Pride Week, International Day against Homophobia and Transphobia (IDAHOT), and International Day against Drug Abuse and Illicit Trafficking.

KHANA conducted the national LGBT dialogues with relevant stakeholders including the Ministry of Labor and Vocational Training; the Ministry of Justice; the Ministry of Education, Youth and Sport, and the Cambodia Human Rights Committee. The purpose of this dialogue was to sensitize these individuals to the common LGBT issues and incite a discussion on ways legal and policy environments are able to respond to these issues. KHANA also conducted dialogues at the sub-national (provincial) level to sensitize local authorities, local police, and key stakeholders to LGBT issues. KHANA's goal was to advance LGBT rights at both the community and national level.

Of particular importance to the gender equality advocacy, KHANA organized the, "Know Your Rights" Induction Workshop among the district network of people living with and experiencing TB in order to increase participant's understanding and awareness on a rights-based approach to TB response. The workshop united the executive committee members, peer support group leaders, village health support group, local TB organizations, and local health management to learn about a rights-based TB approach, community, rights, and gender (CRG), and KPs rights.

### PROMOTING ENGAGEMENT OF WOMEN, KPs, LGBTI AND OTHER VULNERABLE GROUPS IN PROGRAM DEVELOPMENT

Through the WISDOM Project, KHANA trained 45 LGBT people, from three provinces, to become LGBT activists in their respective communities. The activists were trained in issue identification, data collection, data analysis, local advocacy, and community education.

KHANA also trained 22 LGBT advocates and LGBT community leaders from 6 provinces, to improve their technical capacity and knowledge on health and HIV, social protection services, employment and education, legal aid support, and leadership skills.

Through the HIV/AIDS Flagship project, KHANA staff supported MHSS and MHC in their work with the MSM and TG networks.



KHANA Team engaged in the National TWG on MSM and TG to raise the issue faced by MSM and TG community in relation to health and social support services access

# LOOKING FORWARD: KHANA'S PRIORITIES FOR 2019

## Organizational Priorities

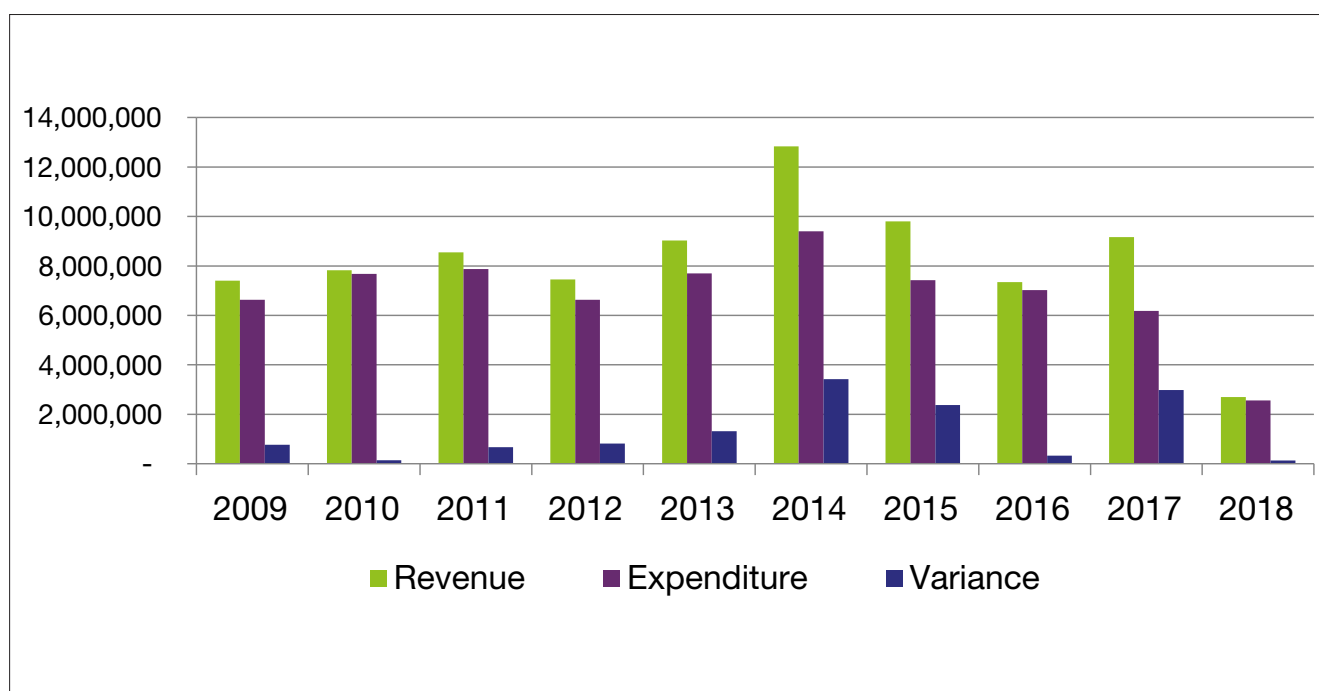
- Streamline the staffing structure to ensure organizational efficiency and relevance for continuity and sustainability
- Maintain existing networks and linkages and identify new partnerships, opportunities and collaborations for better resources mobilizations, and for new and innovative business engagement
- Expand and implement technical innovations of USAID funded HIV/AIDS Flagship project for the new Global Fund funded project under the Global New Funding Request in the Southern Zone of Cambodia targeting MSM, TG women and FEWs.
- Maintain the partnership with the organizations and networks in the regions on TB works, HIV works and other non-communicable diseases
- Promote the technical assistance and services
  
- **Goal 1**
  - Implementing of the targeted HIV prevention among KPs under Global Funded-New Funding Request in Southern zone of Cambodia
  - Scaling and sustaining active case finding using snowball approach to increase TB case notification and links to diagnosis, care, and treatment
  - Engaging in the implementation of Universal Health Coverage (UHC) principles to ensure no one is left behind for services, particularly the key, marginalized, and most vulnerable populations
  
- **Goal 2**
  - Strengthening the roles of affected community to utilize their full potential, ownership, and leadership in health service planning, management, and implementation.
  - Implementing new tools and mechanisms that can build, support, and engage community in services delivery
  
- **Goal 3**
  - Implementing operational research using text messages and voice call intervention among FEW
  - Implementing the project entitled: Implementation and Evaluation of a Community-Based Model for Delivery of Antiretroviral Therapy (ART) in Cambodia
  - Implementing a Randomized Control Trial (RTC) on Effectiveness of an active case finding strategy with a seed-and-recruit model to increase tuberculosis case detection in Cambodia
  
- **Goal 4**
  - Building community TB networks to serve as a close partner with service providers, donors, and government agencies to ensure that TB services are responsive to the needs of the community, and are informed by those who need these services the most
  - Continuing to focus on community action to drive our work by empowering the community to ensure their rights are respected, and there is meaningful engagement in service delivery and evaluation as well as policy development and implementation.
  - Continuing to work closely with government agencies and other key stakeholders to maintain enabling environment for PLHIV and KPs to access HIV and other health and non-health services



# FINANCIAL INFORMATION

Table 1: Financial Information of KHANA from 2009 to 2018

Description	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Revenue	7,404,894	7,825,040	8,547,504	7,452,794	9,024,323	12,830,102	9,798,757	7,350,191	9,162,202	2,696,122
Expenditure	6,634,619	7,679,885	7,872,142	6,632,279	7,700,872	9,403,037	7,427,956	7,022,999	6,177,553	2,560,553
Variance	770,275	145,155	675,362	820,515	1,323,451	3,427,064	2,370,801	327,191	2,984,649	135,569
Burning Rate	90%	98%	92%	89%	85%	73%	76%	96%	67%	95%



The year 2018 is the third year of KHANA Strategic Plan 2016-2020. The budget decreased significantly by 71% compared to last year due to the end of HIV/AIDS Flagship Project and the change of Global Fund's mechanism. However, the burning rate was better compared to last year.



# LEADERSHIP AND STAFFING



## BOARD MEMBERS - 7 Members and 1 Technical Advisor (6 male and 2 female)

<b>Toch Pol Ponnlok</b>	Interim Chair of Boards
<b>Phon Sampha</b>	Treasurer
<b>Neou Sovattha</b>	Member
<b>Srun Srorn</b>	Member
<b>Pen Monorom</b>	Member
<b>Suos Premprey</b>	Member
<b>Masamine Jimba</b>	Member
<b>Ou Sophanarith</b>	Technical Advisor



## KHANA STAFF 2018 – 72 (51 male & 21 female)

<b>Choub Sok Chamreun</b>	Executive Director
<b>Beng Touch</b>	Field Officer (TB Reach Wave5 Scale-Up Project)
<b>Chea Phearom</b>	Field Officer (TB Reach Wave5 Scale-Up Project)
<b>Cheav Thary</b>	Senior Finance Officer
<b>Chhai Seangher</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>Chhim Kolab</b>	Deputy Chief of Party and Manager: HIV Care, Support and Treatment (Flagship)
<b>Chhim Satya</b>	Grant Management Officer (Flagship Project)
<b>Chhit thy</b>	Technical Advisor: HIV care, support, Treatment and Innovations (Flagship Project)
<b>Chhith Vannak</b>	Finance Officer (Flagship Project)
<b>Chhoeuy Sokuntheary</b>	Field Officer (CFCS Project)
<b>Chhoun Pheak</b>	Research Coordinator (Mobile Link Project)
<b>Chhun Monyodum</b>	Grant Management Officer (Global Fund Project)
<b>Chhun Samnang</b>	Driver
<b>Chhuon Sreyla</b>	Field Assistant (TB Reach Wave5 Project)

**Chrea Sunnarith**

**Duch Sophy**

**Eang Songhenag**

**Hak Siphirath**

**Heng Kiry**

**Hong Sokky**

**Keo Samring**

**Keo Sereyodam**

**Keo Song**

**Keub Sambath**

**Khann Vannnda**

**Khay Sovann**

**Kheng Sokan**

**Kim Sopheak**

**Kong Veasna**

**Kun Someth**

**Lay Sinoth**

**Leng Kalyan**

**Ly Chansopha**

**Ly Sangky**

**Meas Vecheka**

**Measserey Somarann**

**Morn Seyla**

**Ny Socheat**

**Ong Seyha**

Grant Management Officer (Flagship)

Field Officer (TB Reach Wave5 Scale-Up Project)

Communication Officer (Global Fund Project)

Grant Management Officer (Flagship)

M&E and Advocacy Officer (Regional Harm Reduction Asia)

Senior Finance Office (Global Fund Project)

Driver

Field Officer (TB Reach Wave5 Scale-Up Project)

Field Officer (TB Reach Wave5 Scale-Up Project)

Field Assistant (TB Reach Wave5 Scale-Up Project)

Field Officer (TB Reach Wave5 Scale-Up Project)

Data base Management Officer

Database Developer

Senior HR, Admin and

Procurement Officer

IT Specialist

Senior Human Resource Officer

Field Officer (TB Reach Wave5 Scale-Up Project)

Senior Manager: KHANA

Support Service Center

Project Coordinator (TB Reach Wave5 Scale Up Project)

Project Director (Global Fund Project)

Field Assistant (TB Reach Wave5 Project)

Finance Officer (TB Reach Wave5 Scale Up Project)

Field Assistant (TB Reach Wave5 Scale-Up Project)

Technical Advisor: Health Facility (Flagship Project)

Monitoring & Evaluation Officer (TB Reach Wave5 Scale Up Project)

<b>Pen Sambath</b>	Finance Officer (Global Fund Project)
<b>Pen Sopha</b>	Field Officer (TB Reach Wave5 Scale-Up Project)
<b>Penh Vannat</b>	Field Officer (TB Reach Wave5 Scale-Up Project)
<b>Phan Soklim</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>Phorng Chanthorn</b>	Senior Advocacy Officer (CSCF/SAHACA Project)
<b>Phy Pha</b>	Grant management Officer (Flagship)
<b>Pov Thavy</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>Pov Setharath</b>	Field Assistant (TB Reach Wave5 Project)
<b>Prom Chanrith</b>	Manager: strategic Information and innovations (Flagship Project)
<b>Ry Sokreach</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>Saman Dimara</b>	Monitoring and Evaluation Officer (Global Fund Project)
<b>San Da</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>Sar Sophornnarith</b>	Field Officer (TB Reach Wave5 Scale-Up Project)
<b>Sau Kessana</b>	Technical and Advocacy Officer (Regional Harm Reduction Asia)
<b>Seng Por Sourn</b>	Grant manager (Global Fund Project)
<b>Ses Vutha</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>So Kimhai</b>	Technical Advisor HIV Prevention and Innovations
<b>Sok Vatola</b>	Senior M&E Officer (Global Fund Project)
<b>Sopha Ratana</b>	Manager: HIV Prevention and Innovations (Flagship Project)
<b>Sou Sochenda</b>	Manager: Organizational and Institutional Development, Policy and Training (Flagship)
<b>Sun Samphors</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>Subash Das Shrestha</b>	Organization Program/ Finance Strategic

<b>Teng Sivmey</b>	Management Advisor
<b>Thy Sokunthearo</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>Tuot Sovannary</b>	Administrative Officer
<b>Uk Vann</b>	Research Manager
<b>Vann Sengly</b>	Field Officer (TB Reach Wave5 Scale-Up Project)
<b>Vourn Salim</b>	Driver
<b>Yem Sokunthea</b>	Field Assistant (TB Reach Wave5 Scale-Up Project)
<b>Yi Siyan</b>	Research Fellow
<b>Yim Bunsorn</b>	Director of center for Population Health Research
<b>Yim Tythono</b>	Field Officer (TB Reach Wave5 Scale-Up Project)
<b>Yun Chandarany</b>	Project Officer for Removing Legal Barriers
	Program Officer (Global Fund Project)



**VOLUNTEER 2018** – 11 (4 male & 7 female)

<b>Khay Vathana</b>	Office Management Officer (Volunteer)
<b>Kim Rithidet</b>	Communication Officer (Volunteer)
<b>Lim Likeav</b>	Assistant to Executive Director
<b>Man Thida</b>	Reception Officer
<b>Ork Chetra</b>	Monitoring and Evaluation Officer (Volunteer)
<b>Ou Uylong</b>	Monitoring and Evaluation Officer (Volunteer)
<b>Phom Sreymoch</b>	Project Officer (Volunteer)
<b>Seng Saomey</b>	Training and Partnership Officer (Volunteer)
<b>Sok Ngovlyly</b>	Research Officer (Volunteer)
<b>Teang Vannaroth</b>	Finance Officer (Volunteer)
<b>Kong May May</b>	Finance Officer (Volunteer)

**LAY COUNSELOR 2018** – 83 (TB Wave5 Scale up Project 73 staff, CFCS/SAHACA Project 5 staff, Mobile Link Project 5 staff)

# APPENDIX A:

## IMPLEMENTING PARTNERS IN 2018

<b>AHC</b>	Angkor Hospital for Children
<b>AUA</b>	ARV Users Association
<b>BFD</b>	Buddhism for Development
<b>BSDA</b>	Buddhism for Social Development Action
<b>CPR</b>	Community Poverty Reduction
<b>CS</b>	CHHOUK SAR ASSOCIATION
<b>CWPD</b>	Cambodia Women for Peace and Development
<b>KHEMARA</b>	KHEMARA
<b>KOSHER</b>	Key of Social Health Educational Road
<b>KS</b>	Korsang
<b>KWWA</b>	Kampuchea Women Welfare Action
<b>MHC</b>	Men's Health Cambodia
<b>MHSS</b>	Men's Health Social Service
<b>PC</b>	Partner in Compassion
<b>PFD</b>	Poor Family Development
<b>PSOD</b>	Phnom Srey Organization for Development
<b>SCC</b>	Salvation Center Cambodia
<b>SIT</b>	Save Incapacity Teenagers
<b>WOSO</b>	Women Service Organization
<b>CATA</b>	Cambodia Anti-Tuberculosis Association

# APPENDIX B:

## PEER-REVIEWED PUBLICATIONS

Improving overall health of children living with HIV through an oral health intervention in Cambodia: study protocol for a randomized controlled trial. Kikuchi K, Yasuoka J, Tuot S, Yem S, Chhoun P, Okawa S, Murayama M, Huot C, Yi S. *Trials*. 2018 Dec 6;19(1):673. doi: 10.1186/s13063-018-3047-z.

Factors associated with viral non-suppression among adolescents living with HIV in Cambodia: a cross-sectional study. Chhim K, Mburu G, Tuot S, Sopha R, Khol V, Chhoun P, Yi S. *AIDS Res Ther*. 2018 Nov 17;15(1):20. doi: 10.1186/s12981-018-0205-z.

Characteristics of adolescents living with HIV receiving care and treatment services in antiretroviral therapy clinics in Cambodia: descriptive findings from a cross-sectional study. Yi S, Tuot S, Pal K, Khol V, Sok S, Chhoun P, Ferguson L, Mburu G. *BMC Health Serv Res*. 2018 Oct 16;18(1):781. doi: 10.1186/s12913-018-3580-1.

Social and behavioural factors associated with depressive symptoms among university students in Cambodia: a cross-sectional study. Ngin C, Pal K, Tuot S, Chhoun P, Yi R, Yi S. *BMJ Open*. 2018 Sep 28;8(9):e019918. doi: 10.1136/bmjopen-2017-019918.

Social and behavioural factors associated with risky sexual behaviours among university students in nine ASEAN countries: a multi-country cross-sectional study. Yi S, Te V, Pengpid S, Peltzer K. *SAHARA J*. 2018 Dec;15(1):71-79. doi: 10.1080/17290376.2018.1503967.

HIV prevalence, related risk behaviors, and correlates of HIV infection among people who use drugs in Cambodia. Heng Sopheab, Chhorvann Chhea, Sovannary Tuot and Jonathan A. Muir. *BMC Infectious Diseases* (2018) 18:562 <https://doi.org/10.1186/s12879-018-3472-3>

Sexual behaviors, HIV knowledge, HIV testing attitudes and recent HIV testing among female entertainment workers in Cambodia: A cross-sectional study. Yi S, Tuot S, Chhoun P, Pal K, Chhim K, Ngin C, Brody C. *PLoS One*. 2018 Jul 2;13(7):e0198095. doi: 10.1371/journal.pone.0198095. eCollection 2018.

Exposure to gender-based violence and depressive symptoms among transgender women in Cambodia: findings from the National Integrated Biological and Behavioral Survey 2016. Yi S, Tuot S, Chhim S, Chhoun P, Mun P, Mburu G. *Int J Ment Health Syst*. 2018 May 29;12:24. doi: 10.1186/s13033-018-0206-2.

Mobile Link - a theory-based messaging intervention for improving sexual and reproductive health of female entertainment workers in Cambodia: study protocol of a randomized controlled trial. Brody C, Tuot S, Chhoun P, Swendenman D, Kaplan KC, Yi S. *Trials*. 2018 Apr 19;19(1):235. doi: 10.1186/s13063-018-2614-7. Erratum in: *Trials*. 2018 Dec 13;19(1):686.

Prevalence of and factors associated with utilization of herbal medicines among outpatients in primary health centers in Cambodia. Pearson H, Fleming T, Chhoun P, Tuot S, Brody C, Yi S. *BMC Complement Altern Med*. 2018 Apr 2;18(1):114. doi: 10.1186/s12906-018-2181-1.

Social-support needs among adolescents living with HIV in transition from pediatric to adult care in Cambodia: findings from a cross-sectional study. Toth G, Mburu G, Tuot S, Khol V, Ngin C, Chhoun P, Yi S. *AIDS Res Ther*. 2018 Mar 28;15(1):8. doi: 10.1186/s12981-018-0195-x.

Youth paying for sex: what are the associated factors? Findings from a cross-sectional study in Cambodia. Dizechi S, Brody C, Tuot S, Chhea C, Saphonn V, Yung K, Kim S, Yi S. *BMC Public Health*. 2018 Jan 8;18(1):113. doi: 10.1186/s12889-017-4999-8.



