

REVISED KHANA STRATEGIC PLAN (BOOSTED KSP15) HIGHLIGHTS

2013
2015



United Nations
World Food Programme



Revised KHANA Strategic Plan

2013 -2015 (Boosted KSP15) Highlights

KHANA's Vision:

KHANA aspires to a Cambodia where all people have equal access to quality HIV and health services, and development opportunities.

KHANA's Mission:

To contribute to the HIV and AIDS response, health, well-being and development of communities.

Boosted KSP15 Goals:

1. Improve integrated HIV programming.
2. Improve community health outcomes in relation to sexual and reproductive health, maternal and child health and tuberculosis.
3. Support secure livelihoods.
4. Strengthen management capacity and technical excellence in community HIV, health and development responses.

About KHANA

- KHANA is the largest NGO providing HIV prevention, care and support services in Cambodia, and works in 19 provinces and 1 municipality through 39 IPs and 3 strategic partners, covering 48 ODs and 348 health centers.

The Boosted KSP15

- The revision of the KSP15 is based on findings and recommendations of the mid-term review (June 2013).
- To remain consistent with the needs of the country, communities and for KHANA, several of the objectives, indicators and targets of KSP15 have been updated.
- The Boosted KSP15 has broadened KHANA's scope and addresses wider health and development needs of the communities.
- The Boosted KSP15 reflects the long term vision of KHANA and will set the scene for planning beyond KSP15.

Message from the Chair of the Board of Directors



It is a pleasure for me to introduce KHANA's revised strategic plan for 2013 – 2015 (Boosted KSP15). The mid-term review of KHANA's original 5-year strategic plan (KSP15) identified significant achievements, as well as challenges and lessons learned, during the first 2.5 years. The Boosted KSP15 provides clear guidance for where KHANA is headed and has been updated to meet the challenges ahead.

Since 2011, there have been significant changes in policy, funding and community needs in Cambodia, making it necessary for KHANA to adapt its long-term strategies to align with these changes. The most notable change is the roll-out of Cambodia 3.0, which is a new health sector strategy with the goal of zero new HIV infections by 2020. The Boosted KSP15 also takes into account the recent commencement of the USAID HIV/AIDS Flagship Project, which KHANA is the prime recipient of, as well as the closeout of SAHACOM, WFP and EC projects.

To remain relevant and effective, KHANA must not only build on its strengths and successes, it must also be innovative and responsive, and broaden its scope of action. KHANA will continue to champion rights-based approaches and gender mainstreaming in its HIV, health and development work; and increase its advocacy for a stronger enabling environment for MARPs.

Cambodia is one of the few developing countries in the world with decreasing incidence of new HIV infections. Through the Boosted KSP15, KHANA will perpetuate this success by supporting the national program, strengthening old strategic partnerships and establish new ones to sustain and expand the scope of its programming, while always placing communities at the front and center of KHANA's work to ensure a sustainable, cost-effective and empowering outcome.

The Boosted KSP15 will lead KHANA's evolution as an organization as it embraces new opportunities to develop a holistic and rights-based approach for communities. We are excited and confident about the path ahead. Even though there are challenging times coming up, it is clear from the Boosted KSP15 that KHANA is committed to contributing to stronger, healthier communities throughout Cambodia.

On behalf of the Board, I congratulate KHANA on its successes so far and wish the senior management team and staff members the best for the second half of the KSP15.

A handwritten signature in blue ink, appearing to be 'Marie-Odile Emond', with a stylized flourish at the end.

Marie-Odile Emond
Chair of the Board of Directors
August 2013

Message from the Executive Director



I am honored to share with you the Boosted KSP15 which will guide KHANA's work from mid-2013 until the end of 2015. Achievements, challenges and lessons learned from the first half of the KSP15, documented in the mid-term review in June 2013, have been carefully considered and have informed the revision of this strategic plan. Terrific gains in reaching the KSP15 goals were achieved, where several of the targets had in fact been surpassed.

However, because of the evolving HIV situation in Cambodia, the revision of KSP15 was necessary to ensure that KHANA continues to innovate and respond to a changing environment, and integrate new ideas and scope of work into its programs. Not only does the Boosted KSP15 address emerging challenges, it also provides KHANA a platform to embrace new opportunities.

The Boosted KSP15 focuses on enhancing integration of HIV, sexual and reproductive health/family planning, maternal and child health, and TB; and targeted interventions for MARPs who are hard-to-reach and with overlapping risk behaviors. A large part of the revised strategy supports the implementation of Cambodia 3.0 – for instance, strengthening new case detection and active case management for retention in the care cascade and the use of treatment as prevention. There is also an increased focus on improving the enabling environment for MARPs to access essential services, as well as improving the livelihoods of PLHIV and MARPs, all of which will be integrated into community based prevention, care and support programs under the Boosted KSP15.

A significant challenge ahead will be the declining availability of program funding and the close out of projects under the EC, WFP and SAHACOM. The Boosted KSP15 has highlighted these gaps and will leverage resources from non-traditional donors to not only maintain, but to increase coverage and implement a wider scope of development priorities. The 5-year USAID/ Flagship grant (2012-2017) will enable us to explore new innovations, develop best practice models and strengthen community systems for greater local ownership, sustainability and effectiveness of interventions.

The KSP15 will be used as KHANA's overall guiding document until 2015. We are excited and confident about the path ahead. There will be challenging times, but we will endeavor to work with all our partners to maintain high quality work and contribute to stronger, healthier communities throughout Cambodia.

On behalf of KHANA, the Senior Management Team, and all staff, I wish to express my gratitude to our active Board of Directors for their tireless strategic guidance and support; to the national programs with whom we work as well as other key stakeholders, the donor agencies, our implementing partners and the community networks and individuals for your meaningful participation and collaboration.

I wish you all the best and I look forward to working with you in the years to come.

Dr. Oum Sopheap
Executive Director August 2013

GOAL 1: Improve integrated HIV programming

OBJECTIVES

1. To reduce the number of new HIV infections through scaled targeted prevention.
2. To provide care and support to people living with and affected by HIV, and OVC.

OBJECTIVES STRATEGIES

1. Prevent HIV infection among MARPs and their sexual partners through community based interventions.
2. Support communities to provide sustainable care and support for PLHIV and OVC and build social capital.
3. Promote an enabling environment, influence policy dialogues and ensure affected populations are able to influence policy, plans, programs, research agendas and services that affect them.



Indicators Of Success	Baseline (Q1 2011)	Midterm (Q1 2013)	Endline (Q4 2015)
% PLHIV receiving a minimum package of support through community based prevention, care and support.	>90%	>95%	>95%
% eligible adults and children with HIV infection receiving ART.	>90	>90%	>90%
% OVC aged 0 - 17 whose households received free basic external support in caring for the child.	>80%	>84%	>90%
% MARP reached with HIV prevention interventions in the last quarter	>70%	>80%	>90%
% self-reported satisfaction with HIV services (CBPCS) among KHANA program clients.	>70%	96%	>90%
% EW reported maintaining correct and consistent condom use with clients in the past three months	83%	85.3%	>90%
% EW reported maintaining correct and consistent condom use with sweethearts in the past 3 months	N/A	34.1%	>50%
% MSM reported maintaining correct and consistent condom use with male partners in the past month.	N/A	62.4%	>70%
% PWUD reported maintaining correct and consistent condom use with any sex partner in the past 12 months	N/A	53.7%	>60%
% PWUD reported maintaining correct and consistent condom use with any sex partner in the past 12 months	60%	63%	>65%
% PWID consistently practicing safe injection techniques in past 12 months	N/A	90%	>90%
# of policy fora on harm reduction participated by KHANA representative in the last 12 months	N/A	N/A	12

- Specific targeting of **hard-to-reach** and **high risk MARPs with overlapping risk behaviors, and their partners.**
- KHANA will strengthen care **cas**cade and improve treatment adherence through **case management.**
- Increase **positive prevention** interventions and contribute to **Treatment as Prevention.**
- Scale-up innovative **community-based testing and counseling,** resulting in increased/early testing of MARPs and partner testing.
- Rights-based approach to provide **harm reduction services** and advocate for a stronger **enabling environment** for MARPs.

GOAL 2: Improve community health outcomes in relation to SRH, MCH and TB

Indicators Of Success	Baseline (Q1 2011)
1. To strengthen community understanding of SRH/FP, MCH and other emerging health issues.	<ol style="list-style-type: none"> 1. Increase knowledge & awareness of FP and how to prevent unwanted pregnancy, and improve awareness of nutrition, hygiene & other emerging health issues at the community level. 2. Build capacity of KHANA and IPs to integrate gender mainstreaming into SRH and MCH programming, especially in addressing GBV.
2. To support family and community level behavior change, and increase access to and uptake of services for SRH/FP, MCH and other	<ol style="list-style-type: none"> 1. Develop and ensure utilization of safe referral pathways. 2. Improve coordination mechanisms and linkages by working with key partners. 3. Increase access to and uptake of integrated HIV/STI/SRH/FP/MCH services that are affordable and appropriate for key client groups
3. To support community participation and strengthen linkages in TB and HIV programming.	<ol style="list-style-type: none"> 1. Increase community awareness and build capacity of IP on how to access TB services. 2. Strengthen service referrals and collaboration between TB and HIV programs to implement the Three 'I's strategy.



Indicators of Success	Baseline (Q1 2011)	Midterm (Q1 2013)	Endline (Q4 2015)
% IPs show increased coverage of integrated programs through reporting on specific indicators relating to SRH, MCH and TB.	N/A	>50%	>70%
# of KHANA and implementing partner staff receive training on gender mainstreaming in the area of equitable access to health services in the previous 12 months.	N/A	>50%	>50%
% MARP and PLHIV attended education sessions on HIV, STI, SRH, MCH or TB at least once in the last 6 months.	N/A	>70%	>80%
% HIV-positive pregnant women provided with Option B+ in the last quarter.	N/A	>90%	>95%
% EW who underwent abortion in the past 12 months utilized safe abortion services (health facility or NGO clinic)	N/A	>20%	>60%
% Infants born to HIV-infected women receiving ARV prophylaxis are HIV-positive.	N/A	<2%	<2%
% MARP received referral support for STI screening/testing (health facility/community) in the last quarter.	N/A	>20%	>90%

- In alignment with Boosted Linked Response and the Three I's , KHANA will strengthen **safe referral pathways** to promote integration of HIV with **SRH/FP, MCH and TB**; and enhance access to new recommendations for PMTCT (Option B+).
- Increase scope of technical expertise to effectively address **nutrition, malaria and other emerging health issues**.
- Promote **diversity, gender equality and the elimination of GBV**.
- Build internal staff capacity on **reproductive, maternal, neonatal and child health**.
- Improve **screening and treatment adherence for TB among PLHIV**, and case management between HIV and TB programs.



GOAL 3: Support secure livelihoods

OBJECTIVES	STRATEGIES
1. To improve socio-economic livelihoods among vulnerable households, including people living with and affected by HIV and MARPs.	<ol style="list-style-type: none"> 1. Increase livelihood and vocational capacities for PLHIV, MARPs and other vulnerable groups through training schemes, technical support provision, and linkages with existing livelihood programs, social enterprises and private sector partners. 2. Improve household resilience and food security.
2. To alleviate the socio-economic and human impacts of HIV on the individual, family and community.	<ol style="list-style-type: none"> 1. Mobilize communities to increase economic empowerment and reduce HIV-related stigma and discrimination. 2. Increase support for those affected by HIV and vulnerable communities to access social protection and assistance programs.

Indicators of Success	Baseline (Q1 2011)	Midterm (Q1 2013)	Endline (Q4 2015)
% households supported by the KHANA livelihoods program feel that they have improved their livelihood and vocational capacities, as a direct result of KHANA's support.	57%	Pending evaluation	>80%
% households supported by the KHANA livelihoods program demonstrate an increase in income at household level.	N/A	Pending evaluation	>80%
% households supported by KHANA have a dedicated budget source for improved health outcomes and/or livelihood strengthening activities.	N/A	Pending evaluation	>80%

- Expand access to **social safety nets and scale up livelihood strengthening activities** to deliver a more holistic package of services and contribute to a broader development agenda.
- PLHIV, MARPs and their family members are referred to existing **livelihood and training programs**, including business skills development, small grants and work placements.
- Support small-scale **income generation activities, savings schemes and nutritional food production** to increase economic empowerment, reduce HIV-related stigma and discrimination, and improve household resilience to shocks and food security.
- Increase support to community-based responses in HIV-sensitive **social protection and assistance programs**, in line with the National Social Protection Strategy.
- KHANA's **Livelihood and Learning Center** is a one-stop service delivery center supporting secure livelihoods with agricultural and vocational training and information, business skills management coaching, and start-up capital for income-generating activities.



GOAL 4: Strengthen management capacity and technical excellence in community HIV, health and development responses

OBJECTIVES	STRATEGIES
<p>1. To build capacity of civil society for more sustainable community based responses to HIV, health and development needs.</p>	<ol style="list-style-type: none"> 1. Strengthen the organizational and technical capacities of civil society, in particular of IPs. 2. Provide capacity building through the Regional TS Hub to support CSOs in South East Asia and the Pacific region to deliver more effective regional HIV responses to scale. 3. Strengthen organizational capacity of KHANA in the area of strategic partnerships and coordination, knowledge management and resource mobilization at the national and regional levels.
<p>2. To strengthen national research capacity supporting evidence based programming on HIV, health and development.</p>	<ol style="list-style-type: none"> 1. Conduct operational research, surveillance and studies. 2. Improve research capacity through technical support provision & training. 3. Work in partnerships with relevant government & NGOs.
<p>3. To improve the strategic use of KHANA program data.</p>	<ol style="list-style-type: none"> 1. Strengthen capacity of KHANA's data management and M&E system. 2. Maximize data utilization & dissemination to inform programs, advocacy & decision making.
<p>4. To share knowledge and lessons learned to improve the quality and effectiveness of KHANA programming, advocacy and systems in Cambodia and in the South East Asia & Pacific region.</p>	<ol style="list-style-type: none"> 1. Promote exchange opportunities & south to south learning. 2. Promote good practice through KHANA Demonstration Centers, Alliance Good Practice Guides & Standards, & Communities of Practice. 3. Leverage lessons, quality assurance, and technical support from the Regional TS Hub.

Indicators of Success	Baseline (Q1 2011)	Midterm (Q1 2013)	Endline (Q4 2015)
% KHANA's implementing partners have increased institutional capacity (determined by the Purple-O-Meter).	N/A	>70%	>80%
# of CoE established and supported	N/A	17	16
Number of research studies conducted and technical reports published in collaboration with the national program and are disseminated at the national level.	5	7	>10
Number of case studies, and progress reports produced and published in the last 12 months	10	10	15

- Long-term technical support provided to IPs and other CSOs for **strengthening management, leadership and technical capacities** at the strategic and operational levels.
- **Increase KHANA expertise** on broader health/development issues.
- **Dedicated research team** will partner with government, and academic and business communities.
- Link **program monitoring to strategic information and knowledge sharing**, and strengthen our **internal M&E systems**.
- Improve **knowledge management** to inform program development and participate in **South-to-South learning and exchange**.
- KHANA TS Hub will incorporate the use of regional lessons **learned and good practice guidance** into our own programming.
- Selected IPs and health facilities will be supported with TA to become **CoE** to test and implement cost-effective innovations.



Conclusion

The Boosted KSP15 builds on the achievements of the first term of KSP15. It provides the foundation to effectively respond to the changing needs of the community and aligns with national strategies, resulting in cost-effective interventions and improved outcomes for communities. KHANA will work towards sustaining the excellent programmatic achievements to date; and to expand the synergies with other health and development sectors related to HIV for a more comprehensive and holistic approach to health. Even though KHANA programs have shown to offer high social return on investment, the unit costs per person reached with KHANA prevention programs will increase as the pockets of hidden and hard-to-reach populations shrink in the coming years. KHANA will continue to work with implementing and strategic partners, and the national program, to meet emerging challenges and address the gaps in providing comprehensive action for HIV, health and development in Cambodia, while remaining close to communities living with and affected by HIV.



Acronyms

CBO	Community-based Organization
CoC	Continuum of Care
CoE	Centers of Excellence
CoPCT	Continuum of Prevention to Care and Treatment
CSO	Civil Society Organizations
EW	Entertainment Worker
FP	Family Planning
GFATM	Global Fund to Fight Against AIDS, TB and Malaria
IBBS	Integrated Biological and Behavioral Study
IP	Implementing Partner
MARPs	Most-At-Risk Populations
MARYP	Most-At-Risk Young People
MCH	Maternal Child Health
MSM	Men who have sex with Men
MTCT	Mother-to-Child Transmission
OD	Operational District
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
SRH	Sexual and Reproductive Health
SoP	Standard Operating Procedure
TB	Tuberculosis
TG	Transgender People
TS	Technical Support
WFP	World Food Program

KHANA

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