

**ANNUAL
REPORT | 2014**

**Boosting Technical Expertise for More
Effective Outreach**



CONTENT

- 1:** Acronyms and Abbreviation
- 2:** Messages from Chair of the Board of Directors and Executive Director
- 3:** 2014 in Review
- 4:** HIV/AIDS by the Numbers in 2014
- 5–7:** **Goal 1:** Improve Integrated HIV Programming
- 8–10:** **Goal 2:** Improve Community Health Outcomes in Relations to SRH, MCH, and TB
- 11–13:** **Goal 3:** Support Secure Livelihoods
- 14–16:** **Goal 4:** Strengthen Management Capacity and Technical Excellence in Community HIV, Health, and Development Responses
- 17:** Looking Forward: KHANA's Priorities for 2015
- 18:** Financial Information for 2014
- 19–21:** Leadership and Staff in 2014
- 22–23:** KHANA's Implementing Partners in 2014

Back Cover: KHANA Coverage 2014

ACRONYMS AND ABBREVIATIONS

ACM	Active Case Management	MSM	Men Who Have Sex With Men
ANC	Antenatal Care	NAA	National AIDS Authority
ART	Anti-Retroviral Treatment	NACD	National Authority for Combating Drug
ARV	Anti-Retroviral Drug	NCHADS	National Center for HIV and AIDS, Dermatology, and STD
BCC	Behavior Change Communication	OC	Oral Contraceptive
CBPCS	Community-Based Prevention, Care and Support	OD	Operational District
CIA	Children Infected with HIV/AIDS	OVC	Orphans and Vulnerable Children
CoC	Continuum of Care	OW	Outreach Worker
CoE	Center of Excellence	PDI	Peer-Driven Intervention
CoPCT	Continuum of Prevention to Care and Treatment	PLHIV	People Living With HIV
CSO	Community Support Officer	PMTCT	Prevention of Mother-to-Child Transmission
CSV	Community Support Volunteer	PSG	Peer-Support Group
EC	Emergency Contraceptive	PSI/PSK	Population Service International/ Population Service Khmer
EW	Entertainment Worker	PWID	People Who Inject Drugs
FP	Family Planning	PWUD	People Who Use Drugs
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria	SAHACOM	Sustainable Action Against HIV and AIDS in Communities
HCBC	Home- and Community-Based Care	SBC	Strategic Behavioral Communications
HR	Harm Reduction	SHG	Self-Help Group
HTC	HIV Testing and Counseling	SOP	Standard Operating Procedure
IEC	Information Education and Communication	SRH	Sexual and Reproductive Health
IP	Implementing Partner	STI	Sexually Transmitted Infection
IVR	Interactive Voice Response	TA	Technical Assistance
KLLC	KHANA Livelihood Learning Center	TB	Tuberculosis
KP	Key Populations	TG	Transgender People
KPMS	Key Performance Monitoring System	TS Hub	Technical Support Hub
KSP15	KHANA's 2011-2015 Strategic Plan	USAID	United States Agency for International Development
M&E	Monitoring and Evaluation	VHSG	Village Health Support Group
MCH	Maternal and Child Health	VSL	Village Savings and Loan
MMT	Methadone Maintenance Therapy		



Ms. Marie-Odile Emond
Chair of the Board of Director

During 2014, KHANA remained the largest implementing NGO for HIV services in Cambodia and continued, in excellent cooperation with partners, to design, pilot and implement new approaches and more sustainable service delivery models for communities, contributing to Cambodia's goal of eliminating new HIV infections by 2020. Indeed, in addition to doubling the number of HIV finger prick tests done at community level compared to 2013,

MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS

KHANA, through its Flagship project's Geographic Information System mapping, identified more than 2,000 hotspots and establishments for groups at higher risk of HIV. This allows more targeted prevention for people at higher risk of HIV under the national response, including KHANA's work with its Implementing Partners, to deliver quality HIV testing, counseling and treatment services. It also includes closely supporting marginalized communities, such as the transgender one, to advance their rights and protection. Another 2014 major development led by KHANA was the design of a new and more integrated Community-Based Prevention, Care and Support model that would adapt better to the evolving needs of People Living with HIV.

Amidst a challenging context of reduced external funding for HIV in Cambodia and the planned closeout of its SAHACOM

project, KHANA successfully conducted an internal restructuring and reviewed its programme, optimizing its human and financial resources and performance for impact. More than ever, the organization remains **United for a Stronger Community** and continues to deliver technical assistance to various partners at the national, sub-national and community levels.

Looking towards 2015, I trust the KHANA team will continue to deliver critical services with optimized use of existing resources, thanks to excellent management practice. Furthermore, by developing and sharing best practices and operational research to inform new policies and sustainable models for HIV, health and other development areas, I strongly believe KHANA is building the future and better prepared to move ahead to new endeavors from 2015.



Dr. Oum Sopheap
Executive Director

In early December 2014, the small village of Roka Commune in Battambang province faced an HIV outbreak we had not seen in Cambodia before. Within weeks, more than 200 people, aging from 4 to 79 years old, tested HIV-positive. KHANA and our HIV/AIDS Flagship Consortium Partners quickly decided to provide assistance and analyze the cause of this human disaster. Roka was a strong reminder why our work remains vital. Streamlined community-based prevention, care and support, cost-

MESSAGE FROM THE EXECUTIVE DIRECTOR

effective innovations to encourage access to health services by key populations, and strengthened adherence to and retention in treatment are key to tackle HIV in Cambodia.

2014 marked another year of noticeable changes for KHANA. The organization undertook an internal organizational reshuffle to better and more effectively respond to the evolving funding context and HIV outlooks at the national and sub-national level. In addition, in a large effort to see more members of the key populations, especially those who are hard to reach, have access to health support services, we have employed a number of technical innovations, such the Unique Identifier Code (UIC) and System (UIS) for comprehensive and coordinated service provision, GIS key population hotspot mapping, and robust Integrated Active Case Management (IACM). Such initiatives and others within our roster of activities have helped and will continue

to help KHANA and our national and sub-national partners coordinate our work better, avoid overlapping cases, and reach out to hidden risk groups more effectively. Moreover, in 2014 KHANA and its Implementing Partners (IPs) continued to successfully deliver each step of the HIV Cascade, from HIV case detection to immediate enrollment at Pre-ART/ART care, to early initiation of ART, and to high rate retention in care. Another critical achievement of KHANA's was the successful implementation of the five-year USAID-funded SAHACOM project, which received an extension well into 2015.

On behalf of KHANA, the Senior Management Team, and all staff, I would like to express my gratitude towards our active Board of Directors, donors, national and international strategic partners, implementing partners, networks, and communities, for their guidance and cooperation. I am personally looking forward to all new tasks that await us in 2015.

2014 IN REVIEW



2014 has seen many structural changes within KHANA, which has led to discussing and adjusting all programs and core responsibilities to respond to a changing donor environment. These changes will help to streamline KHANA's objectives and activities to reduce HIV infections. We want to use this Executive Summary to present to you some selected highlights of 2014.

We are proud to say that HIV case detection was significantly improved through various technical innovations, such as an interactive tablet-based screening tool, using SMARTgirl, MStyle and Srey Sros as the program platforms, that identifies members of key populations who are at a high risk of HIV acquisition. Improved integrated active case management techniques and trainings proved successful in avoiding overlapping cases as well as increasing the referral system for newly identified HIV cases.

In total, KHANA reached 46,469 key populations (KP), including 27,999 entertainment workers (EW), 1,582 transgender people (TG), 12,406 men who have sex with men (MSM), 4,129 people who use drugs (PWUD), and 353 people who inject drugs (PWID). 17,610 people living with HIV (PLHIV) received a minimum package of support through community-based prevention, care and support (CBPCS). 16,389 of them received ART.

Remarkable improvements were also made in increasing the number of finger-prick testing. Compared to 10,441 in 2013, numbers roughly doubled in 2014 to 20,365 finger prick tests carried out, with a total of 144 new cases detected. Due to various challenges, including lack of finger-prick testing materials, only 68% of the annual target for finger prick testing was achieved.

KHANA, its Flagship Consortium Partners, including FHI 360 and PSI/PSK, and USAID have supported the National Center for HIV and AIDS, Dermatology, and STD (NCHADS) in developing a National Guidance Note for a Comprehensive Geographical Information System (GIS) Mapping among KP. 2,072 hotspots and entertainment establishments in



11 Operational Districts (ODs) were successfully analyzed and mapped. The results show information by location of programmatic coverage and gaps and presents service delivery points, condom accessibility and high-risk locales. Workshops have been held to draw upon lessons learned and improve the GIS mapping before sharing the results with NCHADS.

The Regional Technical Support Hub (TS Hub) and the Research Team continued putting serious efforts into streamlining KHANA's evidence-based programming through qualitative and quantitative research, innovative survey mechanisms, and quality technical assistance. Key research was carried out by KHANA and key stakeholders, such as NCHADS, in developing concept notes for transgender people (TG), and people with overlapping risks. TS Hub did not only carry out Cambodian-based research but also contributed in several workshops and

research projects in Thailand, China and the Philippines in a strengthened South-to-South collaboration.

The Sustainable Action against HIV and AIDS in Communities (SAHACOM) project, funded by USAID, ended after five years. The overall findings of the final evaluation indicated several positive changes in key outcome indicators, including the reduction of HIV prevalence among pregnant women attending antenatal care, increased rate of retention to ART, increased proportion of PLHIV on ART, improved overall health conditions and quality of life of PLHIV, and increased levels of satisfaction with community- and home-based care services and child care support.

Lastly, donors that supported the work of KHANA in 2014 included USAID, the European Union, Australian Aids/HAARP, GFATM, and the International HIV/AIDS Alliance.

HIV BY THE NUMBERS IN 2014: GLOBALLY, CAMBODIA, AND KHANA



Globally (UNAIDS, 2014)

People living with HIV in **2013: 35 million**

AIDS-related deaths in **2013: 1.5 million, 35%** decrease since **2005**

New HIV infections in 2013:

- Total: **2.1 million, 38%** decrease since **2001**
- Children: **240,000, 58%** decrease since **2001**

People accessing treatment in **2013: 12.9 million, 37%** of all people living with HIV

Cambodia (NCHADS, 2014)

HIV prevalence rate: 0.7%

People living with HIV:

- Total: 72,159
- Female: 38,788

Children living with HIV:

- Total: 6,176
- Female: 3,024

AIDS-related deaths:

- Total: 2,321
- Female: 1,199

New HIV infections:

- Total: 1,003
- Female: 427

Active patients on Pre-ART:

- Total: 4,117
- Female: 2,505
- Children: 753

Active patients on ART:

- Total: 52,399
- Female: 28,175
- Children: 3,937

KHANA

Key Populations (KP)
reached: 46,469

- Entertainment workers (EW): 27,999
- Men who have sex with men (MSM): 12,406
- Transgender people (TG): 1,582
- People who use drugs (PWUD): 4,129
- People who inject drugs (PWID): 353

KP taking finger

- Prick testing: 20,365
- EW: 12,860 (HIV+: 93)
- MSM: 4,312 (HIV+: 21)
- TG: 412 (HIV+: 5)
- PWUD: 2,627 (HIV+: 15)
- PWID: 154 (HIV+: 10)

PLHIV receiving minimum
package of care and support
through CBPCS: 17,610

- PLHIV (>=18 years old) :15,246 (Female: 9,050)
- Children infected with HIV/AIDS (CIA): 2,364 (female: 1,195)
- PLHIV (>=18 years old) receiving ART:14,376 (Female: 8,554)
- CIA receiving ART: 2,013 (Female: 1,022)
- PWID enrolled in Methadone Maintenance Therapy (MMT): 259 (Female: 42)
- PWID accessing MMT daily doses: 109 (Female: 18)
- Babies born to HIV+ pregnant women: 130 (HIV+ babies: 1)
- Sero-discordant couples identified and followed up: 1,894
- Sero-conversion: 6
- Sero-conversion on ART: 4
- PLHIV on mobility in 2014: 638
- Deaths during Pre-ART and ART: 153

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 HIV, and OVC



KHANA continued to implement a community-based model of service provision, working through its Implementing Partners (IP) and promoting leadership roles for members of communities affected by HIV.

The main achievements of 2014 included the provision of a variety of community-based services and improved case detection owing to new technical innovations and an improved integrated case management. With better integrated active case support, PLHIV were rapidly enrolled in treatment and received the medical assistance they needed. Various new technical innovations and assessments also helped KHANA to better identify hard-to-reach KP, prepare for new programs and avoid overlapping cases.

Another highlight is the use of updated packaged tools for platforms, such as SMARTgirl (for entertainment workers, MStyle (for men who have sex with men) and Srey Sros (for the transgender community).

Enhancing Technical Innovations for Improved Case Detection

An interactive tablet-and smartphone-based screening tool was developed to improve effectiveness and efficiency of HIV service delivery by identifying those in need of services. Using SMARTgirl, MStyle and Srey Sros as the program platforms, this innovation uses a tablet-based questionnaire to identify members of KP who are at a high risk of HIV acquisition. It also identifies individuals with additional service needs, such as STI screening and contraception. Once the questionnaire is completed, key messages about risk behavior are available to the outreach personnel who facilitate case management and follow-up.

Srey Sros, a specific branded program for TG, was launched in March 2014 in Siem Reap and is part of granting access to services and rights counseling to Cambodia's transgender community. KHANA and its partners developed a training curriculum and manual on human rights and conducted training to outreach workers on how to facilitate a better rights access to beneficiaries.

Other significant technical innovations include comprehensive GIS mapping of 2,072 hotspots and entertainment establishments in 11 Operational Districts. All tools combined have resulted in better identifying places of intervention, strategies and overlapping cases on which outreach strategies can be based upon.

New Integrated Active Case Management

KHANA supported the implementation of a new integrated active case management (IACM) in six high burden ODs (four in Phnom Penh, one in Kampong Cham, and one in Siem Reap). IACM focuses primarily on newly identified HIV positive clients and HIV-positive pregnant women and their HIV-exposed infants. KHANA worked closely with its 13 community CoE and 6 Flagship-supported health facility sites to recruit and train new case managers and create a stronger network between communities and health facilities. As a result, 90% of all PLHIV who tested HIV-positive were enrolled for pre-ART/ART.

Continued Community-Based Prevention, Care and Support

17,610 PLHIV received a minimum package of support through community-

Figure 1: Key Populations reached from 2012 to 2014

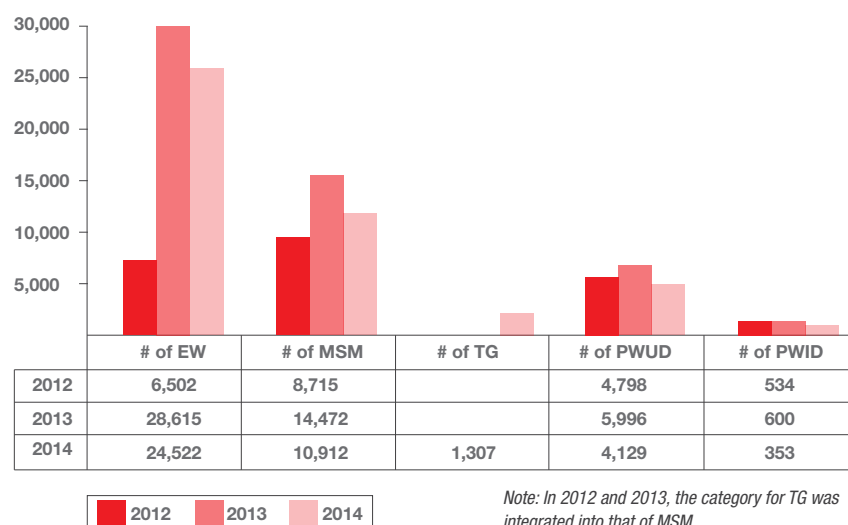


Figure 2: Finger Prick testing 2013-2014

Key Populations	2013	2014
EW	5,442	12,860
MSM	3,267	4,312
TG	-	412
PWID	279	154
PWUD	1,442	2,627
Total	10,430	20,365

based prevention, care and support services (CBPCS). 16,389 PLHIV received ART treatment, surpassing KHANA's expectations for 2014. This higher achievement benefited from the implementation of revised SOPs for Treatment as Prevention (TasP) and Linked Response and commitments of Community Support Volunteers (CSV) to monitor and track CD4 counts and facilitate eligible PLHIV to ART. In addition, 20,444 orphans and vulnerable children (OVC) received basic support, such as schooling materials and psychological support.

Contributing to the indicator of success in HIV prevention works, KHANA Asia Action Harm Reduction (AAHR) implemented a number of advocacy initiatives in creating an enabling environment for drug users to access treatment and health services with less fear of arrest and detention. Such work included sensitization meetings on harm reduction to Police at Khan and Sangkat levels to increase their awareness

and their roles in protecting PWID/PWUD from the public health hazards and supporting their access to health and non-health services.

Challenges

KHANA faced a high turn-over in outreach workers (OW), partially due to the closing of the SAHACOM project, work mobility of OW and the absence of a salary. This resulted in slowed capacity building and recruitment. By the same token, the number of PLHIV and OVC supported slightly decreased compared to 2013, due to rapidly declining funding in which KHANA had to streamline the number of IPs. In terms of finger prick testing, there was still limited support from venue owners at Karaoke venues and restaurants for EW as the amount of time that is required was said to affect business. Additionally, KHANA faced shortages in finger prick and syphilis testing materials, which limited the number of tests taken.

From Victim to Community Champion

Mr.Vorn Vann is a 56-year old former policeman from Siem Reap. After his wife died, Vann decided to re-marry, not knowing that his first wife had died of HIV. In 2005 his second wife got pregnant. Around the same time, Vann fell seriously ill, suffering from diarrhea and eczemas. Not being able to determine his sickness, he decided to get tested for HIV with his wife. Soon he found out that he was HIV-positive, while luckily his wife had not been infected.



Being afraid of the stigma, Vann went through a long depression, even considering ending his own life. Meeting counselors changed his mind. They encouraged him to get health care and stay hopeful for his child and wife. In 2006, Vann got registered with the home-based care team in Siem Reap where he was supported with a travel budget to access

health services, food supply and health follow-ups. Thanks to the support, he was able to open a small business, which provided enough money for his daily expenses.

Using his own experience, Vann decided to become a member in the local self-help group. Today, as a Self Help Group (SHG)

Leader, he informs other HIV patients about health services and business trainings in monthly meetings. With his team members, he also carries out home visits, refers members to health services, prepares a weekly budget plan, and tries to set a good example for other patients.

OVC aged 0-17 whose households receive free basic external support in caring for the child	20,444
Finger prick testing	20,365
	EW 12,860
	MSM 4,312
	TG 412
	PWUD 2,627
	PWID 154
Number of contacts (PWUD)	30,417
Number of contacts (PWID)	26,473
PWID enrolled in MMT	259
	Female 42
PWID accessing MMT daily doses	109
	Female 18

Health System Strengthening (HSS)

Number of villages where VHSGs have referral and feedback system in place	789
Number of functioning HCMC	44
Total number of active VHSG/HCMC in program catchment areas	2,079
Number of people who received the health services among those referred by VHSG.	12,457
Number of referrals, including pregnant women, by members of VHSGs who receive transportation cost to access health centers	11,639

GOAL 2:

IMPROVE COMMUNITY HEALTH OUTCOMES IN RELATION TO SRH, MCH, AND TB

OBJECTIVES

- To strengthen community understanding of SRH/FP, MCH and other emerging health issues
- To support family and community-level behavior change, and increase access to and uptake of services for SRH/FP, MCH and other
- To support community participation and strengthen linkages in TB and HIV programming



Integrating sexual and reproductive health and HIV responses, family planning (FP), Tuberculosis (TB) and maternal health care remains a key priority for KHANA and has proven very successful in addressing vulnerable groups who have a large unmet need for these services.

KHANA's IPs, including their staff and volunteers, received regular training by KHANA and provided comprehensive education and information on sexual and reproductive health (SRH) to PLHIV, mothers affected by HIV, sero-discordant couples and adolescent OVCs. To convey key messages effectively, all partners used various outreach methodologies and materials, such as tablets, flip books and posters.

A main achievement in 2014 can be seen in the increase in condoms and lubes distributed and sold – 844,248 – compared to 734,131 in 2013. This shows that outreach and social marketing have positive effects on risk reducing behaviors amongst key target audiences.

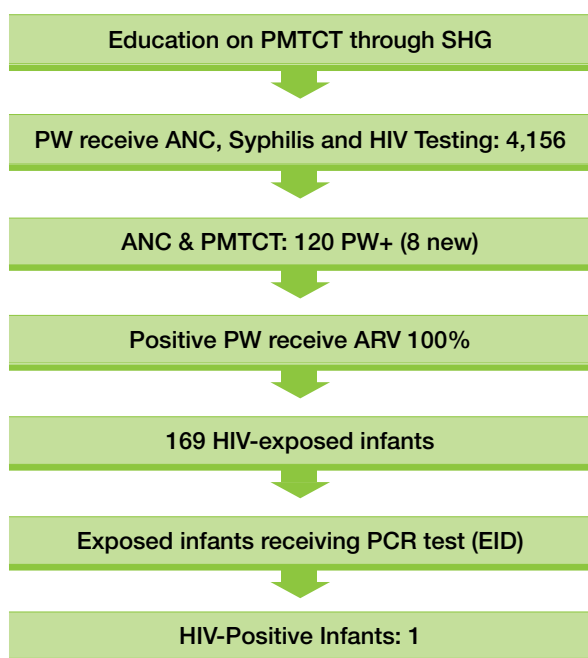
Successes in Social Marketing

To reduce the risks of unwanted pregnancy and STI infections, KHANA set up quarterly meetings with five CoE to improve condom sales to KP. Peer-to-peer outreach workers and CoE staff were trained in ten sessions on social marketing and communication tools as well as counseling skills. As a result, 844,248 condoms and lubes were distributed and sold – compared to 734,131 in 2013. For example, through the Condom Social

Marketing initiative under the HIV/AIDS Flagship Project, the number of condoms sold (255,307) more than doubled the sales target (115,605). In terms of distribution channels, 71% were via the peer-to-peer channel, while 28% were street-based.

Selected CoE also began socially marketing contraception products. During this period, CoE staff sold 1,048 oral

contraceptives (OCs) and 178 emergency contraceptives (ECs). In addition, of the 604 EWs (23%) who took-up a family planning method at CoE sites, 17% adopted a long-acting method (injection, implant, or IUD). Ongoing training of OWs and sales officers also led to increased sales in the last quarter of 2014, which suggests that the social marketing campaigns are moving in the right direction.



Prevention of Mother-to-Child Transmission

SRH, Prevention of Mother To Child Transmission (PMTCT), FP and TB education and counseling was offered through one-on-one and quarterly group education with the aim of improving the service uptake of pregnant women to HTC, and access to PMTCT and Option B+. Antenatal Care (ANC) services Contributed to safe delivery and newborns free from HIV. 4,156 pregnant women were tested for HIV and received their results. Out of these, 8 pregnant women were newly identified as HIV positive and, together with other 112 HIV+ pregnant women, received Option B+. 169 HIV-exposed infants received DNA PCR test and follow-up within 18 months of birth. 1 of the 169 was tested HIV-positive.

STI check-ups and TB screening

A total of 23,160 KP received STI screening and testing at health and community facilities in 2014. 10 out of 80 KP who were screened for TB received TB treatment. 87 out of 238 PLHIV who were screened for TB received TB treatment.

Technical innovations to help Family Planning

To reach more KP, KHANA, Open Institute and In STEDD, National AIDS Authority (NAA) and Ministry of Telecommunications and Post and other partners developed "Voice4U", an interactive voice response (IVR) system for populations at high risk of HIV in Cambodia. By simply calling an interactive phone system, individuals can access health-related information, counseling services, and request service and/or medication reminders. Six mini-drama, three songs, fifteen information-

sharing messages, twenty-four reminding messages, and forty-five quizzes were developed and tested with target audiences.

In addition, in 2014, 55,805 KP and PLHIV attended education sessions on STI, SRH, FP, MCH, and/or TB.



Challenges

Despite trainings, KHANA found that Option B+ for positive pregnant women was not yet rolled out at every Pre-ART/ART clinic. Furthermore, the STI testing rate remained low at approximately 50% of

the annual target, as KP often did not like to be tested at their family health clinics. Syphilis testing, which was introduced as part of the finger prick testing amongst KP further proved insufficient during the implementation stage.

Stemming from insecure funding, KHANA had to postpone refresher trainings to the Community Support Volunteers (CSV) and OW on SRH and MCH.

Success in PMTCT and Positive Prevention

Ms. Lux Sophal is a 32-year-old mother of four. After testing HIV-positive from her second husband in 2008, Sophal now lives in a happy marriage with her third husband, who is HIV-negative.

Sophal was nervous to have another baby with her HIV-negative husband, fearing she might pass her status to the child. With the support of care and support of Key of Social Health Educational Road (KOSHER), one of KHANA's IPs, she received medical treatment and advice on how to behave as a sero-discordant couple. She strictly adhered to the KOSHER CSO and doctor's advice for ART adherence, and regular ANC in aim of preventing HIV transmission to her baby. In a counseling meeting Sophal told KHANA:

"Fortunately, the baby girl was born healthy and HIV-free for her first CPR test in 2013".



Indicators of Success

HIV+ pregnant women provided with a minimum package of support (referral to ART, ANC, and delivery at health facility)	120
Infants born to HIV+ women receiving ARV prophylaxis being HIV+	169
KPs receiving referral support for STI screening/testing (at health facility/community)	23,160
	Province = 20
	NGO=37
	OD=56
	HC=434
IPs showing increased coverage of integrated programs through reporting on specific indicators related to SRH, MCH and TB	
KPs and PLHIV attending education sessions on HIV, SIT, SRH, MCH, and TB at least once every six months	54,561
Sero-discordant couples identified and followed-up	1,806
Sero-conversion	6
Suspected KPs screened for TB	80
KPs receiving TB treatment	10
Suspected PLHIV screened for TB	238
PLHIV receiving TB treatment	87

GOAL 3: SUPPORT SECURE LIVELIHOODS

OBJECTIVES

- To improve socio-economic livelihoods among vulnerable households, including people living with and affected by HIV and KPs
- To alleviate the socio-economic and human impacts of HIV on the individual, family and community



Livelihoods are central concerns to communities affected by HIV, as improved household and financial security improve resilience to shocks, contribute to improved health outcomes, and decrease stigma and discrimination. KHANA invests in various forms of skill training, financial support and Village Saving Loans (VSL) to empower people living and people affected by HIV.

Among the many achievements in 2014, was the successful annex of KHANA's Livelihood program to the USAID funded Livelihood initiative HARVEST, which enables beneficiaries to maximize their skills and KHANA to ensure that beneficiaries under the ending SAHACOM project can continue to access skill training.

70 new Village Saving and Loan Groups were established to share money and access skill training in small business activities. KHANA's Research Team reviewed all Livelihood Programs in August 2014, finding that most groups run smoothly despite a high demand of funding from its members.

Lastly, a new initiative linking poor households to the national ID Poor card has commenced and is likely to improve health outcomes amongst poor HIV patients in the future.

Expanding the Village Savings and Loan Initiative

Over the past four years, KHANA and its implementing partners have set up 309 VSL groups with 3,918 members, amongst whom 2,628 are women. In 2014 KHANA created 70 new VSL groups with 1,040 members, of which 661 are women. Despite experiencing difficulties in managing the funding provided, all people involved managed to pay back their loans and maintain the group's reputation and all VSLs run smoothly with only minor technical support from KHANA's team.

"During the meeting, IP livelihoods staff explained me to relieve anxiety, do not think to commit suicide, forget what others had thought about me, and live happily with my family." VSL Group member.



Figure 3: Village Saving Loan Groups 2011-2014

VSL	2012	2013	2014	Total
VSL Members	1,883	995	1,040	3,918
Female VSL members	1,293	674	661	2628

Advancing Livelihood Skills

KHANA carried out 14 skill training sessions with 413 participants primarily focusing on improving micro-business and agricultural skills, such as chicken and pig raising, and gardening. Two exchange visits offered a great opportunity for beneficiaries who have been trained by KLLC to share their practical experiences with their peers and discover new production technologies. In a survey 98.8% of respondents said that the skill training had improved their livelihood and vocational capacity and 92.31% said that the support had improved their family income.

The beneficiaries included 58 IP staff, 322 PLHIV, 4 OVC households and 29 KPs. 200 households were visited for additional mentoring and follow-up, of which 141 applied the skills learned from KHANA Livelihood Learning Centres (KLLC). Other 38 participants were invited to join four exchange visits to KLLCs.

Further livelihood support was arranged in form of cash grants. To apply their newly required skills in micro business activities, 149 people were selected to support their own livelihoods initiatives.

"Since I had shared in the group, people in his village respected me more, and I can express my views in the community," said Cash Grant recipient.

Establishing new Livelihood links with USAID HARVEST Program

To increase the outreach of KHANA's Livelihood programs, KHANA has joined forces with USAID's HARVEST program. Under this partnership more KHANA beneficiaries will be able to access training and skill development. So far 10 households of families affected by HIV were linked to the HARVEST project in three provinces, receiving technical support and skill training in modern agriculture technologies and management practices. After the end of KHANA's SAHACOM program, HARVEST will take on additional members.

Registering the poors for national ID Poor

To help the poorest in the community, KHANA and its IPs have commenced helping poor KPs and PLHIV to register to the national ID Poor system. KHANA is currently collecting data amongst PLHIV eligible for such services and will expand the registration process in 2015.

Challenges

Uncertainties and delays in funding from KHANA's side have resulted in reduced commitment and fear amongst IPs, often leading to less support to beneficiaries on the ground, especially on technical support provision and cash grant follow up. Another immediate result was a relative high staff turn over and a gap in program monitoring.

KHANA plans to transform its KLLC into social business entities that can live on past the end of funding in 2015. Furthermore, as several IPs are experts in health provision rather than livelihood initiatives, KHANA has identified the need to continue capacity building for several partners.

A Hard-Working Mother and Entrepreneur

Ms. So Sokha is sitting in her stall on the market of Roka Korng Commune. The mother of four has gone through many difficult years. After her husband died of HIV ten years ago, she was saddened to find that she also tested HIV positive. To send her children to school, Sokha worked as a banana vendor over the last ten years. Now with the children growing older, they need more money to attend school. Yet, when Sokha tried to access a loan from a local bank, she was refused due to her HIV status. This is when Sokha heard about her local Village Saving Loans (VSL) group. After she joined a group of 14 members in June 2013, she received training on how to improve her business and was able to access a \$120 cash grant to invest in her business. Now Sokha runs a small shop that also sells coffee, coconuts and bananas.



“If I compare my life to some years ago, there is no comparison. We faced many difficulties, didn’t have enough food and weren’t able to buy materials for school. I am happy that today I can run my business smoothly. All my children are at school and eat three decent meals a day”

Indicators of Success

Households supported by KHANA livelihoods program feeling that they have improved their livelihood and vocational capacities, as a direct result of KHANA's support	98%
Households supported by KHANA livelihoods program demonstrating an increase in income at household level	92%
Training sessions	14 sessions (219 female; 58 IP staff; 322 PLHIVs; 4 OVC Households and 29 KPs)
Households visited as part of after-training follow-up and technical support provision	200 households
Households visited applying skills they learned from the training	141 households
VSL members	1,040 VSL members (661 female)
VSL savings	Saving= 9486 shares = 43,182,000 Riel
Cash Grants	149 HH beneficiaries (112 female)

GOAL 4:

STRENGTHEN MANAGEMENT CAPACITY AND TECHNICAL EXCELLENCE IN COMMUNITY HIV, HEALTH, AND DEVELOPMENT RESPONSES

OBJECTIVES

- To build capacity of civil society for more sustainable community-based responses to HIV, health and development needs
- To strengthen national research capacity supporting evidence-based programming on HIV, health and development
- To improve the strategic use of KHANA program data
- 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



KHANA is committed to providing long-term technical support and training to its IPs and CSOs to strengthen management, leadership, and technical capacities at the strategic and operational levels.

In 2014, KHANA held and assisted multiple workshops with IPs, Government agencies and interested foreign Governments and HIV research centers. Other than conducting research for KHANA's own behalf, KHANA carried out a series of research studies for partners and clients and published papers in two international health journals.

Working under USAID funded Flagship project has helped to streamline programs with other NGOs, to advance policies for the Cambodian Government and to develop and share technologies that identify and better reach KPs and PLHIV with the aim of reducing new infections by 2020.



KHANA's Semi-Annual IP Meeting and SAHACOM Closeout Meeting in Siem Reap on 10th July, 2014

Improving the Capacity of and Collaboration with KHANA's Partners

Throughout 2014, KHANA continually held and attended workshops and trainings both in Cambodia and internationally to increase their and their partners' capacity. Amongst others, KHANA trained 444 CSV in providing CBPCS and 66 IP staff were trained on Boosted Continuum of Prevention to Care and Treatment (CoPCT) and CBPCS. At the Annual IP Management Meeting on January 28, KHANA and its IPs came together to enhance relationship, share lessons learnt, inform outstanding achievements, and re-introduce new or revised tools, policies, and compliance, which proved successful in improving program and financial management commitment and capacity. KHANA had the opportunity to meet with its IP at another critical event – the KHANA's IP Semi-Annual Meeting and SAHACOM Closeout Meeting in Siem Reap in July 2014. Discussions focused on improving IP's performance and capacity in strengthening their (key) activities, establishing better coordination and communication among themselves and KHANA, and streamlining their priorities amid the changing funding context, which could result in a reduced number of IP getting grants from KHANA. The Meeting touched upon the evaluation of the SAHACOM Closeout as well.

National Knowledge Sharing

In February, KHANA shared their ideas with UN Women to discuss gender integration into KHANA's projects. As a result, KHANA conducted a study on gender and harm reduction and updated its gender strategy. In May

2014, the Unique Identifier Code (UIC) and System (UIS), a Flagship technical innovation, was officially launched at an event chaired by H.E. Dr. Mean Chi Vun, Director of NCHADS, and attended by representatives from USAID and Flagship, 100 other participants from PASP, CoE and other relevant stakeholders. This UIC model has been adopted as the national standard for key populations (EW, MSM, TG and PWUD/PWID). In the same month, the first round of GIS hotspot mapping data dissemination workshop also took place in Phnom Penh, giving relevant governmental, implementing and donor partners an opportunity to see first-hand how the system worked, what data could be collected, and how such data could and should be interpreted. Last but not least, selected KHANA staff went on some international trips to share lessons learned and best practices with the regional partners, including a visit to China that focused on community-based treatment for drug users (CBTx) and a technical assistance (TA) trip to the Philippines that focused on community-based treatment, including finger prick testing, to UNAIDS and its partners.

Donor Recognition of KHANA's Capacity as a strong and competent local NGO

In 2014, KHANA underwent a number of assessments conducted by its chief donors, including the International HIV/AIDS Alliance, USAID, and Global Fund. The three assessments – Alliance's NGO Accreditation Cycle 2, USAID Organizational Capacity Assessment (USAID OCA), and Global Fund's Sub-Recipient Capacity Assessment – all returned highly positive results, which acted as further proof of KHANA's strong

organizational capability and competence as a local NGO in both organizational and programmatic management.

National and International Cooperation

The KHANA AAHR project focuses on building the political and social momentum for change by empowering civil society, including people who inject drugs, to inform, advocate for positive reform, and bring about social and political change to address HIV and foster greater community participation of people who inject drugs. Throughout 2014, KHANA worked closely with sub-national and national government bodies, including the National Authority for Combating Drugs (NACD), in advocacy work and through numerous awareness raising activities for harm reduction. It is worth noting that KHANA has also been committed to working with the national programs to encourage active involvement from drug users in harm reduction discussion and policy making and to better address their needs as well.

In July KHANA representatives joined 13,000 international delegates at the annual AIDS 2014 conference in Melbourne. The conference focused on community-based care and prevention methodologies where KHANA could exchange ideas and best practices with other participants.

KHANA experts were also invited to join debates about technical support on community-based HIV testing in the Philippines in early December. In a workshop organized by the National Center for Disease Control and Prevention and the National AIDS and STI Prevention and Control Program of the Department of Health, KHANA staff shared its experience and expertise related to the implementation of finger prick testing approach and reaching key populations in Cambodia.

SAHACOM Evaluation Outcomes

2014 saw the end of USAID-funded SAHACOM project. In the end-of-project evaluation, both KHANA's internal research team and USAID's independent evaluation team assessed efficiency and effectiveness of the program. The specific objective of this study was to assess the changes of key outcome indicators in terms of ICP, SRH/FP, Maternal and Child Health (MCH), livelihoods, and social protection among PLHIV, OVC, EW, MSM, and PWUD/PWID.

The final evaluation found that the project had accomplished a better government coverage for PLHIV and OVC and managed to link PLHIV to various health support services. The SHG, with sustained collaboration with local authorities and communities, had led to reduce AIDS-related stigma and discrimination at the village level. In order to build on positive outcomes while transitioning to a new programme model, KHANA was awarded an extension of one year for the care and support services for PLHIV.

International recognition in health journals

KHANA received international recognition by publishing two peer reviewed journal

articles in international health papers. "Improving Education Opportunity, Health, and Quality of Life of Orphans and Vulnerable Children: The Sustainable Action against HIV and AIDS in Communities (SAHACOM)" was published in Tropical Disease & Health. A second study called "Factors Associated with Risky Sexual Behavior among Unmarried Most-at-Risk Young People in Cambodia" was published in the American Journal of Public Health Research. This study explored factors associated with risky sexual behavior (RSB) among unmarried most-at-risk young people in Cambodia.

Challenges

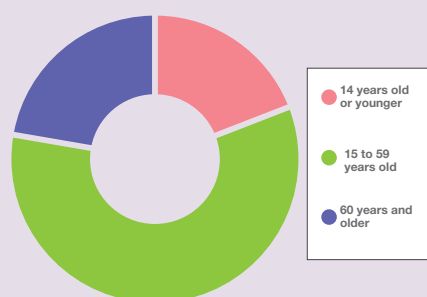
KHANA faced several setbacks in

distributing the UIC card. Due to high mobility of key populations and high staff turn over, only 52% of planned UICs were distributed in 2014. KHANA is currently reviewing its work plan for 2015 for a better distribution network.

In early December 2014, a big HIV outbreak with 212 diagnosed HIV-positive cases shook Cambodia. Through investigation, it was speculated that an unlicensed doctor was allegedly reusing needles and spreading HIV amongst his patients.

In November 2014 an HIV positive TB patient claimed to have been infected by a private practitioner in Roka commune. This led to extensive self-referral for HIV testing in the community. As of 31 December 2014, at least 212 people of 1,940 tested

Figure 4: Age Distribution of Roka Patients



were found to be reactive cases and later confirmed HIV-positive by further testing at the Battambang Referral Hospital. Among the 212 people who tested HIV positive, 174 (82%) are from Roka village and 75 people were also tested for Hepatitis C virus.

To respond to the crisis, KHANA's research team joined forces with its many national and international partners to undertake a study into the causes behind the outbreak. KHANA immediately initiated referrals, counseling and support for affected HIV patients.

Through, the Provincial Health Department and a doctor from Chhouk Sar clinic, all patients received access to Pre-ART and ART in Roka health center. In addition, patients were taught basic

knowledge of opportunistic infections, coping with ART side effects, and positive prevention via counseling sessions and a TV program. KHANA and the Flagship team continued to monitor and review data and key support activities on a weekly basis to provide timely response and ensure that all patients were enrolled and received necessary medical treatment.



Indicators of Success

Research studies conducted and technical reports published in collaboration with the national program and disseminated at the national level	9
Technical support workshops	64
<ul style="list-style-type: none"> • 2 technical support workshop on governance and leadership for CoE 	For CoE 34 participants of 9 CoEs For other IPs 34 participants of 30 KHANA's IPs
<ul style="list-style-type: none"> • 1 technical support workshop on governance and leadership for non-Flagship CoE 	
<ul style="list-style-type: none"> • 1 technical support workshop on policy advocacy and governance for network. 	
TA assignments	34
Consultants contracted	27
Consultancy days	583
CoE	13

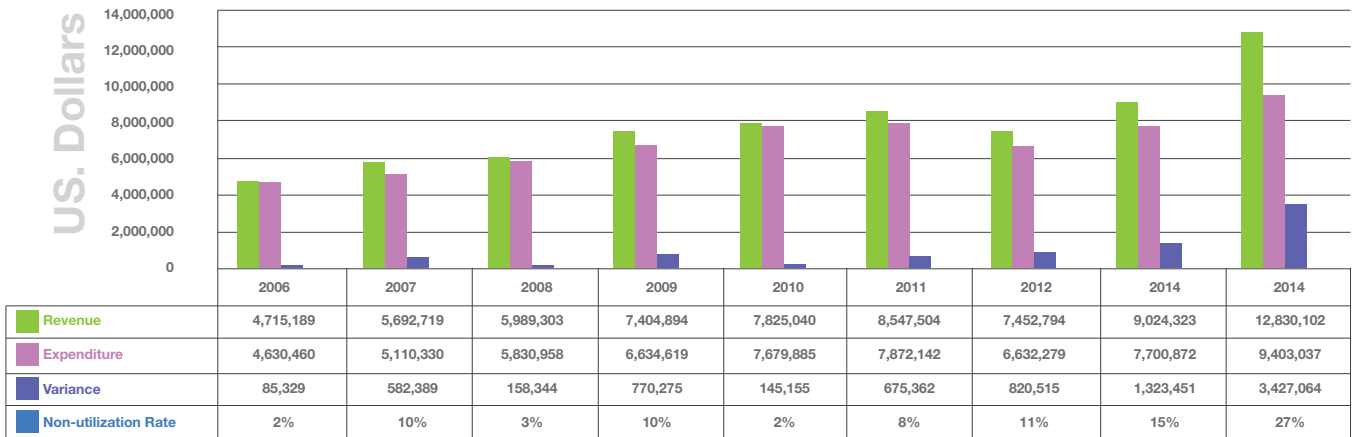
LOOKING FORWARD: KHANA'S PRIORITIES FOR 2015

With all the achievements and challenges in 2014, KHANA is looking into solidifying their organizational structure and management and building upon their longstanding quality of innovations, training, research collaboration, documentation, and technical support assistance. Despite reduced funding, 2015 present sample opportunities on the road towards zero new infections by 2020.

- KHANA is currently conducting an organizational reshuffle to ensure on-going core operations and smooth transition to the fifth generation of KHANA with a post-2015 vision in response to the decreasing funding and the need for more cost-effective business model and implementation arrangements.
- Strengthening the linkages for improved quality and integration of services, KHANA will continue supporting IACM in 6 high-burden ODs and extend the IACM to lost and follow-up PLHIV and TB-HIV co-infected patients. Using IACM, KHANA hopes to promote EID and early ART/CTX and monitoring for patients.
- KHANA will continue to implement and assess a host of Flagship technical innovations, including UIC/UIS, GIS hotspot mapping, IACM, risk screening, risk tracing snowball, mHealth, FP/HIV integration, and social marketing/condom vending machines.
- KHANA's Livelihood Team aims to transform their KLLC into a social enterprise model for better long-term sustainability and less donor reliance. It will also continue to carry out VSL training and establish new groups with up to 2,000 beneficiaries, provide skill training provision, and conduct a household economic survey to assess which families are eligible to access the national ID Poor system.
- KHANA will continue to strengthen the capacity of Flagship Consortium members, government partners, IPs and CoE on the use of application such as GPS and GIS software and development of research protocols to improve case detection and overlapping cases. In addition, a Flagship Data Hub to store strategic information and publications will be linked to national program databases, such as those of NCHADS.
- To improve data comparison and M&E processes between all partners, KHANA will present a harmonized web-based M&E system, including clear indicators, reference sheets and data collection tools for all CoE and IPs. Workshops and monitoring in 2015 will help a smooth transition in the use of these new tools.
- Thus far, planned research projects for 2015 include amongst others a feasibility study of take home self-testing among key populations; further GIS mapping, data analysis and report writing for the national HIV program; a TG size estimation and IBBS for NCHADS; a study on hidden populations, focusing on the characteristics and multiple-risk behaviors of high risk KPs; the prevalence of non-communicable diseases and associated factors among PLHIV in Cambodia; health behavior survey among young university students; and a few manuscripts for peer-e viewed publication.
- Together with partners, KHANA will provide technical support to NCHADS to design a new Community-based Healthcare (CBHC) model for better decentralized and integrated HIV care. Orientation sessions on CBHC will also be also provided to IP and CoE who will actively participate in the new model.

FINANCIAL INFORMATION FOR 2014

Figure 5: KHANA's financial summary for the 2006-2014 period (Each year's revenue is the total approved budget from donors)



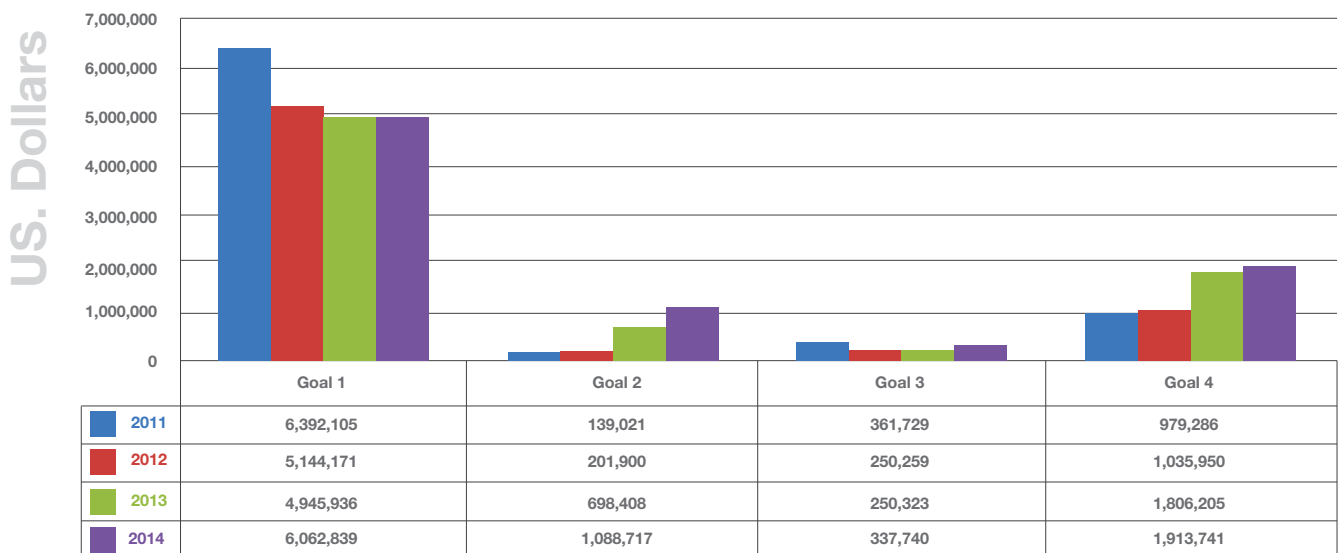
The budget saw a steady increase over the last years; however, due to several impeding factors, KHANA was not able to spend all, leaving it with a 27% non-utilization rate in 2014. This was firstly the result of GF HIV and HSS project, in which it was recommended to slow down activities in 2014 in order to use the available grant for 3.5 years instead of 2

years as initially planned. Another reason lay within delayed or cancelled meetings from the side of local government partners, who were not available for regular meetings. The Flagship program further saw restrictions in the cash grant and had reduced operation costs in the areas of personnel cost (due to staff turnover), office costs, workshops,

technical assistance and field visits to CoE. Lastly, under KHANA's SAHACOM project, KHANA spent less money than anticipated for each IP.

Each Goal experienced increased funding compared to the previous years. This was primarily due to KHANA taking over more implementing partners from FHI 360 and increasing coverage under the GF-HIV grant.

Figure 6: Spending and strategic investment for KSP15



LEADERSHIP AND STAFF IN 2014

No.	Name	Position on Board
1	Marie-Odile Emond	Chairperson
2	Ou Sophanarith	Treasurer
3	Toch Pol Ponnlok	Vice Chairperson
4	Graeme Storer	Member
5	Phon Sampha	Member
6	Neou Sovattha	Member
7	Srun Srom	Member
8	Dr. Tea Phauly	Technical Advisor
9	Sarah Knibbs	Technical Advisor
10	David Wilinson	Technical Advisor

MANAGEMENT AND STAFF

No.	Name	Position
1	Oum Sopheap	Executive Director
2	An Virak Rithy	Admin and Procurement Team Leader
3	Chea Thira	Program Officer
4	Cheav Thary	Senior Accountant
5	Chheang Phalla	Livelihoods Program Officer: Skill Training
6	Chheav Aphyra	Policy Officer
7	Chhim Kolab	Programs Manager
8	Chhim Satya	Communication Officer (EC-Asia Action)
9	Chhin Meng An	Senior Accountant: IP Finance
10	Chhit Thy	Program Officer
11	Chhith Vannak	Finance Officer: IP Finance
12	Chhoun Pheak	Research Fellow: HIV and Health
13	Chhun Samnang	Driver
14	Choub Sok Chamreun	Deputy Director: Operations
15	Doung Davy	Office Assistant
16	Hem Serey	Internal Audit Team Leader
17	Heng Kiry	Outreach Officer
18	Heng Sophanna	Finance Officer
19	Heng Sophy	Information Technology Coordinator
20	Hong Reaksmeay	Policy and Strategy Manager
21	Hong Sokky	Finance Officer
22	Hor Many	Program Officer
23	Houn Soriya	Secretary to Executive Director
24	Kang Davan	Team Leader: IP Finance
25	Kaoeun Chetra	Technical Advisor: HIV, Health and Innovations (Health Facilities/System)
26	Keo Samring	Driver
27	Kim Rattana	Administration Manager
28	Kim Sopheap	Finance Officer

29	Kun Someth	Human Resource Officer
30	Lay Huoy	Program Officer
31	Leng Bun Meng	Program Officer
32	Leng Kalyan	Finance Manager
33	Leng Sodany	Finance Officer: IP Finance
34	Ly Chansopha	Technical Coordinator: Trainings
35	Ma Kol Chenda	Program Officer
36	Measserey Somarann	Internal Auditor
37	Meng Soklin	Officer
38	Mey Sovannara	Senior Communications Officer
39	Moeun Sok San	Data Analyst
40	Noy Prophea	Technical Advisor: HIV, Health and Innovations (PLHIV)
41	Ny Socheat	Technical Advisor: HIV, Health and Innovations (MARPs)
42	Pen Monorom	Deputy Director: Finance
43	Penh Phanith	Technical Advisor: Organizational Strengthening and Technical Assistance
44	Phomg Chanthorn	MARPs Coordinator
45	Pich Sinat	Driver
46	Prom Chanrith	Programs Team Leader
47	Pum Sophiny	Policy Officer
48	Revanta Dhamarajah	Technical Support HUB Manager
49	Saman Dimara	Program Officer
50	Sau Kessana	Program Officer
51	Sea Sokuntheavy	Livelihoods Program Officer: VSL
52	Seng Por Sroum	Finance Manager: IP Finance
53	Sieng Vanna	Finance Officer: IP Finance
54	Sin Sovanna	Team Leader: Corporate Finance
55	So Kim Hai	MMC Manager/Technical Advisor: Harm Reduction
56	Sok Chorn	Office Assistant
57	Sok Meng Heang	Finance Officer: IP Finance
58	Sok Vatola	Regional Cooperation Coordinator
59	Sopha Ratana	Senior Information Management Officer
60	Sou Sochenda	Programs Team Leader
61	Sreng Ratana	Internal Auditor
62	Sron Samrithea	Livelihoods Program Manager
63	Sun Chanmarina	Finance Officer
64	Suong Samedy	Research Fellow: Livelihoods
65	Thin Kouland	Senior Research Fellow: HIV, Health and Development
66	Tieng Thida	HR Advisor
67	Tith Khimuy	Deputy Director: Programs
68	Tuot Sovannary	Research Manager
69	Va Loung Kham Pha	Financial Analyst
70	Vann Sengly	Driver
71	Veth Sokhim	Chief of HR Unit
72	Vong Chesda	Program Officer
73	Yen Sothea	Driver
74	Yi Siyan	Research Director
75	Yoeun Vanna	Economic Livelihoods Specialist: Technical Support

VOLUNTEERS

No.	Name	Position
1	Chea Panhavon	Program Officer
2	Chhit Kesor	Finance Assistant: Corporate Finance
3	Chhun Mony Oudum	Technical Support Hub Officer
4	Chour Angkea Kesity	Finance Officer: IP Finance
5	Chrea Sunnarith	Assistant to Programs Team Leader
6	Hak Sreylen	Admin Assistant - TSHUB
7	Kamm Prayuth	Economic Livelihoods Assistant
8	Khan Mongdya	Procurement Officer
9	Kim Sotheary	Finance Assistant
10	Koh Youra	Assistant to Finance Manager
11	Kong Veasna	Information Technology Assistant
12	Lok Nau	Implementing Partner Support Assistant
13	Nai Sokeang	Assistant to Administration Manager
14	Net Dany	Program Assistant
15	Noan Sereiboth	Research Assistant
16	Nourn Ravuth	Communication Assistant
17	Ouk Chan Makara	Admin Assistant: Reception
18	Pheng Sophors	Finance Assistant: IP Finance
19	Sao Sreyneth	Finance Technical Assistant
20	Sum Sreylaksmn	Finance Assistant: IP Finance
21	Suon Sourkea	Admin Assistant: Logistics
22	Thy Sokunthearo	Admin Assistant: Asset and Stock Management
23	Va Sonyka	Admin Assistant - TSHUB
24	Vun Monirath	Monitoring and Evaluation Officer
25	Yim Muddhita	Assistant to Planning, Monitoring and Reporting Manager
26	Yim Tythono	Acting Secretary to ED
27	Youeng Sotheary	Finance Assistant: IP Finance
28	Yun Chandarany	Implementing Partner Support Assistant

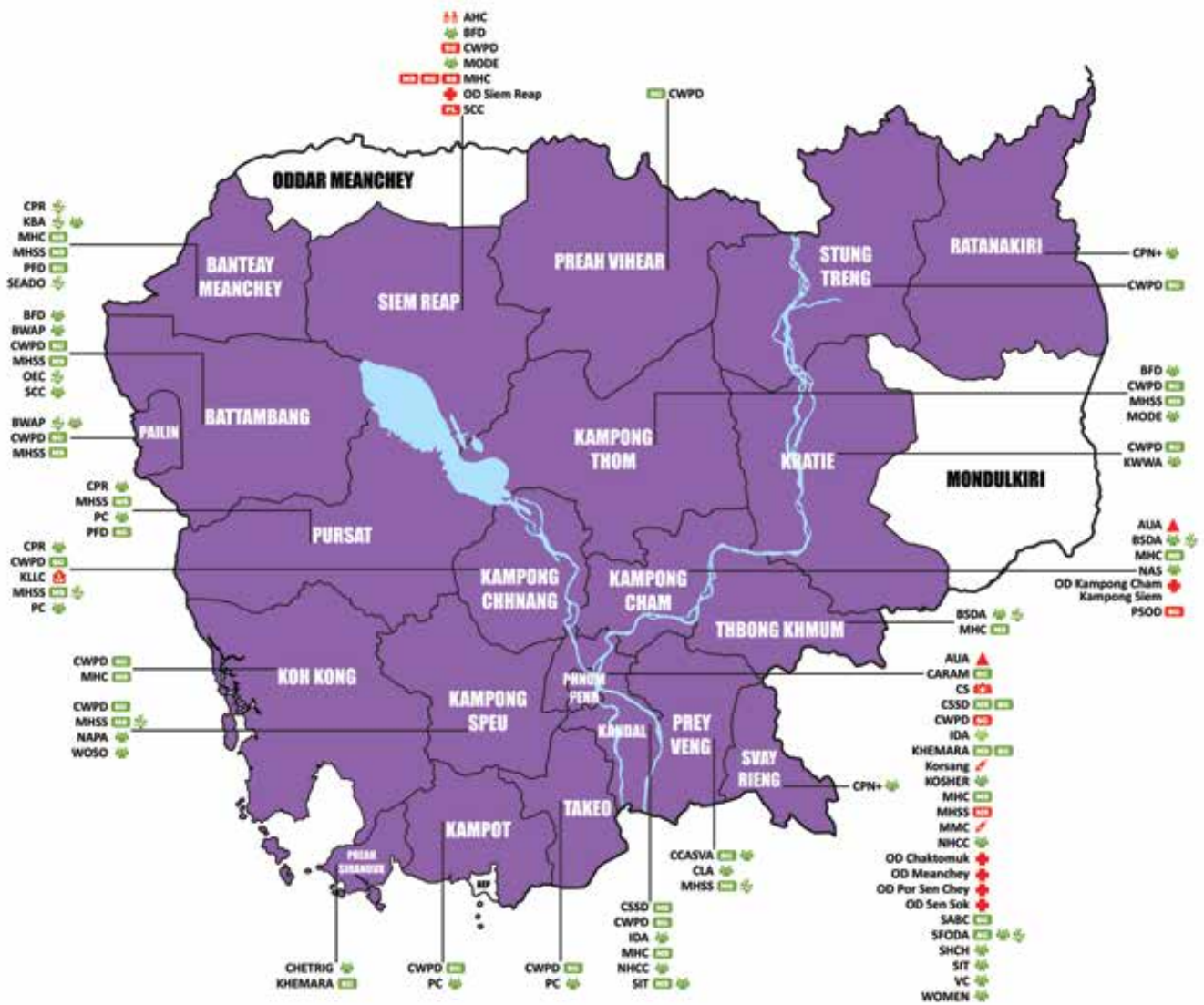
INTERNATIONAL CONSULTANTS

No.	Name	Position
1	Leslie Ong	Program and Business Development Advisor
2	Adrian Chong	Change Management Consultant

KHANA'S IMPLEMENTING PARTNERS IN 2014

No	NGO	Full name in English	Contact Person	Position	Mobile	E-mail
1	AUA	ARV Users Association	Ms. Han Sienghorn	Executive Director	017 847 356	sienghorn@auacambodia.org
2	BFD	Baddism for Development	Venerable Heng Monichenda	Executive Director	012 817 915	bfdbattambang@bfdkhmer.org
3	BSDA	Buddhism and Society Development Association	Venerable Thorn Vandong	Executive Director	012 788 973	director@bsda-cambodia.org
4	BWAP	Battambang Women's Aids Project	Ms. Ing Siv Heng	Executive Director	016 777 199	sivheng@online.com.kh
5	CARAM	Coordination of Action Research on AIDS and Mobility	Mr. Ya Navuth	Executive Director	012 961 427 023 218 065	caram.cam@online.com.kh
6	CCASVA	Cambodian Children Against Starvation and Violence Association	Mr. Phok Bun Roeun	Executive Director	023 993 615 012 888 613	bunroeun@ccasva.org
7	CHETRIG	Community Health & Education Target for Reforming Inter-Group	Mr. Eak Sakphear	Executive Director	081 777 127	chetrig_news@yahoo.com
8	CLA	Children and Life Association	Ms. Buth Saman	Executive Director	012 623 034	buthsaman@yahoo.com
9	CPN+	Cambodian People Living With HIV/AIDS Network	Mr. Sorn Sotheariddh	National Coordinator	012 664 447	ssotheariddh@khana.org.kh
10	CPR	Community Poverty Reduction	Mr. Eung Sengkim	Executive Director	012 833 584	sengkim_cpr@yahoo.com
11	CS	CHHOUK SAR ASSOCIATION	Ms. Pen Dara	Director	011 243 417	michramy@yahoo.com
12	CWPD	Cambodian Women for Peace and Development	Ms. Meach Soktheary	Executive Director	023 222 453	info@cwpd.net
13	IDA	Indradevi Association	Mrs Dy Ratha	Executive Director	012 897 161	ngo.indradevi@yahoo.com
14	KBA	Khmer Buddhist Association	Mr. Ros Monichoth	Executive Director	012 428 771 097 673 9922	rosmonichoth_kba@yahoo.com
15	KHEMARA	KHEMARA	Ms. Koy Phallany	Executive Director	097 874 4745	khemara@camnet.com.kh
16	KOSHER	Key of Social Health Educational Road	Mr. Nguon San	Executive Director	012 928 290	kosher_org@yahoo.com
17	KS	Korsang	Mr. Taing Phoek	Executive Director	012 258 024	taing@korsang-ks.org
18	KWWA	Kampuchea Women Welfare Action	Mrs. Yous Thy	Executive Director	012 916 329	kwwakrt@camintel.com thyous@gmail.com
19	MHC	Men Health Cambodia	Mr. Mao Kim Run	Executive Director	016 945 129 012 404 669	kimrunmao@hotmail.com
20	MHSS	Men's Health Social Service	Mr. Phal Sophat	Executive Director	012 893 138	sophatmhss@yahoo.com
21	MODE	Minority Organization Development Economy	Mr. Peanh Sinal	Executive Director	012 947 924 012 898 258	mode_ed@camintel.com sinalpeanh@yahoo.com

No	NGO	Full name in English	Contact Person	Position	Mobile	E-mail
22	NAPA	National Prosperity Association	Ms. Aing Chamreun	Executive Director	016 838 387 092 613 587	napa9396@yahoo.com
23	NAS	Nak Akphivath Sahakum	Mr. Keut Theng	Executive Director	089 879 965	nas_health@yahoo.com nasktheng@gmail.com
24	NHCC	New Hope for Cambodian Children	Mr. Sok Phalla	Executive Director	012 507 327	phallasok@yahoo.com
25	OEC	Operations Enfants du Cambodge	Mrs. Tith Davy	Executive Director	012 910 095	oec@camintel.com
26	PC	Partner in Compassion	Mr. San Vandin	Executive Director	012 414 689 011 926 037	partnersincompassion@rocketmail.com
27	PFD	Poor Family Development	Mr. Meas Yeum	Executive Director	012 998 423	pfdbmc@online.com.kh
28	PSOD	Phnom Srey Organization for Development	Mrs. Hany Fiya	Executive Director	012 440 808	fiyapsad@gmail.com
29	SABC	Solidarity Association of Beer Promotions in Cambodia	Mrs. Ly Leakhena	Executive Director	016 552 166	cambodia.sabc@gmail.com
30	SCC	Salvation Center Cambodia	Mr. Prom Theoun	Executive Director	012 901 738	thoeunsc@online.com.kh
31	SEADO	Social, Environment, Agricultural Development Organization	Mr. Kong Samnang	Executive Director	012 867 480 097 864 8333	seado@forum.org.kh
32	SFODA	Sacrifice Family and Orphans Development Association	Mr. Pen Sophan	Executive Director	012 842 495	sfoda_ngo@yahoo.com
33	SHCH	Sihanouk Hospital Center of Hope	Mr. Vathana Chhawalit	Community Project Coordinator & HBC Team Leader	011 822 113	vchhavelith@yahoo.com
34	SIT	Save Incapacity Teenagers	Mr. Chhun Roeun	Executive Director	012 473 751	sit_teen@yahoo.com
35	VC	Vithey Chivet	Mr. Huot Totem	Executive Director	012 864 193	vitheychivet@yahoo.com
36	WOMEN	Women Organization for Modern Economy and Nursing	Mr. Chea Sarith	President	012 949 982	women@camnet.com.kh
37	WOSO	Women Service Organisation	Ms. Sous Navan	Executive Director	012 368 410 012 877 801	woso.oungdara@yahoo.com



KHANA COVERAGE 2014

COVERAGE SUMMARY

Health Facility CoE: 6
 Community CoE: 13
 IP Sites receiving Flagship TA: 33
 HF Sites Receiving Flagship TA: 15
 Implementing Partners: 39
 Provinces and Municipality: 22
 Operational Districts: 56
 Health Centers: 537
 Strategic Partners:
 CPN+
 International HIV/AIDS Alliance
 Flagship Consortium Partners:
 FHI360, PSI/PSK

LEGEND

- Community-Based Health Facility (HF) for MARPs
- Community- and Health Facility-Based Coordination for PLHIV
- Flagship-Supported Health Facility Site
- Harm Reduction
- Livelihood
- Pediatric Health Facility
- CEPCS
- HIV Prevention for PWUD
- MStyle
- PLHIV
- SMARTGIRL
- Srey Sros
- Center of Excellence (CoE)
- Implementing Partner (IP)

Designed by **Graphic Roots** - www.graphicroots.net



#33, Street 71, Sangkat Tonle Bassac,
 Khan Chamkarmon, Phnom Penh, P.O.Box 2311
 Phnom Penh 3, Kingdom of Cambodia
 Tel: 023 211 505 | Fax: 023 214 049
 Website: www.khana.org.kh



Khana is a linking organisation of the global partnership
 International HIV/AIDS Alliance
 Supporting Community Action on AIDS in Developing Countries

The International HIV/AIDS Alliance (Alliance Secretariat)
 Preece House, 91-101 Davigdor Road, Hove, BN3 1RE, UK
 Tel: +44(0) 12 7371 8900 | Fax: +44(0) 12 7371 8901
 E-mail: mail@aidsalliance.org | www.aidsalliance.org