KHANA

UNITED FOR A STRONGER COMMUNITY

CHANGE FOR RELEVANCE AND POSITIVE IMPACTS

ANNUAL REPORT

2015

CONTENT

Change for Relevance and Positive Impacts
KHANA

ACRONYMS AND ABBREVIATION

ACM	Active Case Management	**MSM**	Men Who Have Sex with Men
ANC	Antenatal Care	**NAA**	National AIDS Authority
ART	Anti-Retroviral Therapy	**NACD**	National Authority for Combating Drugs
ARV	Anti-Retroviral Drug	**NCHADS**	National Center for HIV/AIDS, Dermatology and STD
BCC	Behavior Change Communication	**OC**	Oral Contraceptives
CBPCS	Community-Based Prevention, Care and Support	**OD**	Operational District
CoC	Continuum of Care	**OVC**	Orphans and Vulnerable Children
CoE	Center of Excellence	**OW**	Outreach Worker
CoPCT	Continuum of Prevention to Care and Treatment	**PDI**	Peer-Driven Intervention
CSO	Community Support Officer	**PLHIV**	People Living with HIV
CSV	Community Support Volunteer	**PMTCT**	Prevention of Mother to Child Transmission
EC	Emergency Contraceptive	**Pre-ART**	Pre-Anti-Retroviral Therapy
EW	Entertainment Worker	**PSG**	Peer Support Group
FP	Family Planning	**PSI/PSK**	Population Services International/ Population Services Khmer
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	**PWID**	People Who Inject Drugs
HR	Harm Reduction	**PWUD**	People Who Use Drugs
HTC	HIV Testing and Counseling	**SAHACOM**	Sustainable Action Against HIV and AIDS in Communities
IP	Implementing Partner	**SBC**	Strategic Behavioural Communications
IVR	Interactive Voice Response	**SHG**	Self-Help Group
KLLC	KHANA Livelihoods Learning Center	**SOP**	Standard Operating Procedure
KP	Key Populations	**SRH**	Sexual and Reproductive Health
KPMS	Key Performance Monitoring System	**STI**	Sexually Transmitted Infection
KSP15	KHANA Strategic Plan 2011-2015	**TA**	Technical Assistance
KSP20	KHANA Strategic Plan 2016-2020	**TB**	Tuberculosis
KSE	KHANA Social Enterprise	**TG**	Transgender People
KTH	KHANA Technical Hub	**TS Hub**	Technical Support Hub
M&E	Monitoring & Evaluation	**US-CDC**	United States Center for Disease Control and Prevention
MCH	Maternal and Child Health	**USAID**	United States Agency for International Development
MMT	Methadone Maintenance Therapy	**VHSG**	Village Health Support Group
		VSL	Village Savings and Loan

MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS

Ms. Marie-Odile Emond

Beyond critical quality HIV prevention and care and support services saving or improving people's lives on a daily basis, KHANA continues to offer, in one smart organization, a great package of mutually reinforcing contributions which this annual report illustrates. Indeed, KHANA's piloting of programmatic innovations informs advocacy and policy development which allows scaling up of the best interventions on a wide scale as well as feeding into operational research. Operational research using quality data allows for identifying possible gaps and emerging needs as well as analyzing how services work best for communities and their impact to further shape the program. Implementation requires technical expertise and strong management and governance at all levels with a well-coordinated approach. Advocacy and community support allow for more uptake of services, protecting the rights of and remaining close to the communities' evolving needs. KHANA offers all those in a very unique and professional manner.

Also, as Cambodia's socio-economic and health sector and communities' needs evolve, KHANA has adapted and is leading in adapting services and approaches. In 2015, this included promotion and support for more integrated HIV health services with TB, sexual and reproductive health, maternal and child heath interventions as well as better linkages to social health protection mechanisms for people living with greatest need and support for other livelihood support. The groundbreaking work in community-led services, such as for HIV testing, also remains promising.

KHANA's 2015 internal organizational development towards a more dynamic, cost-effective and innovative organization makes it a better fit to contribute to new health and other development areas, taking up new challenges and positioning it on the path towards sustainability. Building on past achievements and lessons learned, KHANA Boards of Directors approved the new KHANA Strategic Plan for 2016-2020 to further guide KHANA's new opportunities and future.

The Board of Directors wishes to sincerely appreciate the continued significant donors' support to KHANA as a proven reliable national NGO over many years as well as the very professional and committed KHANA team and partnership with other implementers who transform the precious resources, funding and their quality expertise, to services and changes for the Cambodian communities and especially the most marginalized or vulnerable.

MESSAGE FROM THE EXECUTIVE DIRECTOR

Mr. Choub Sok Chamreun

On behalf of KHANA, the Management Team and the Staff, I would like to present our 2015 Annual Report, highlighting the achievements, challenges, lessons learned, and the next plan of KHANA and its Implementing Partners (IPs) in delivering health and health-related HIV prevention, care and support services for key populations, including men who have sex with men (MSM), transgender people (TG), female entertainment workers (FEW), and people who inject drugs (PWID), and people living with HIV (PLHIV).

2015 marked the end of KHANA's restructuring process and also was the start of the new transition, both at the organizational and project levels. This time was critical in that while implementing the new organizational leadership, particularly with full support and assistance from all of KHANA's staff, Boards of Directors, and IPs, KHANA would still have to maintain successful and quality implementation of the ongoing key projects. The wonderful collaboration of the Ministry of Health/National Center for HIV/AIDS, Dermatology and STI Control (NCHADS), National AIDS Authority (NAA), National Authority for Combating Drugs (NACD), Ministry of Social Affairs, and Veterans and Youth Rehabilitation (MoSAVY) and other government institutions (such as Provincial/Municipal Health Departments, where KHANA and the Implementing Partners are operating), and particularly our donors, have helped KHANA and IPs to continue providing HIV prevention services amongst KP and the Community-Based Prevention, Care and Support (CBPCS) for PLHIV across twenty-four out of the twenty-five provinces in Cambodia.

2015 saw the end of the five-year USAID-funded SAHACOM project, but it was also the start of the New Funding Model of the Global Fund to Fight AIDS, Tuberculosis and Malaria (NFM/GFATM), with coverage and services handed over and transitioned from the SAHACOM project. Despite the reduction in overall funding, KHANA still managed to continue to deliver the proven model of CBPCS for PLHIV and the HIV prevention amongst key populations using innovative approaches developed under the USAID-funded HIV Flagship project.

In addition, 2015 marked both the end of KHANA Strategic Plan 2011-2015 (KSP15) and the organization's fifteen years in services as an officially registered and recognized local non-governmental organization. Not only does this underscore KHANA's long-term commitment in and contribution to HIV work in Cambodia, especially at the community level, but it also highlights the organization as one of the key players in the national HIV/AIDS Response.

The changes and evolutions that we have experienced as an organization over time, and 2015 in particular, were testing but equally transformative for KHANA. In turn, the learning and adaptation that KHANA has undergone throughout these evolving HIV and funding contexts further justifies our relevance and increasingly vital role in responding to the evolving needs of those who KHANA has served and who have been left behind due to their social statuses, vulnerability and marginalization.

2015 EXECUTIVE SUMMARY

- 2015 was a year of opportunity for KHANA. While major multi-year programs, including Sustainable Action Against HIV/AIDS in Communities (SAHACOM), ended, KHANA successfully accessed the Global Fund for AIDS, Tuberculosis and Malaria's (GFATM) New Funding Model, with a smooth transition between the two programs. This new program focuses on community-based prevention, care and support for PLHIV (CBPCS), and HIV prevention program for key populations, which include MSM, TG and EW, with the objective of supporting the package of services in line with NCHADS' Boosted Continuum of Prevention to Care and Treatment (CoPCT).
- While the organization's structure evolved, so did the way it works. Not only did national coverage expand from 11 provinces in 2000 to 24 of the 25 provinces in Cambodia in 2015, but an assessment and rationalization of implementing partners (IPs), which started in 2013, also reduced numbers from 39 to 24. This reflected a strategy to "do more and better with less," in response to projected changes in the HIV funding environment in Cambodia.
- Through the existing efforts in HIV prevention (integrated with HTC), 2015 saw a notable increase in the numbers of KP under KHANA's coverage reached with our packages of activities, particularly among EWs (a 32% increase from 2014) and MSM (31% higher over the previous year).
- In 2015, out of 25,812 KP tested for HIV, 91 (0.35%) were confirmed HIV-positive, 89 of whom were enrolled. While 80 remained in treatment (19 in pre-ART and 61 in ART), 9 were unfortunately lost to follow-up. Despite the amount of effort and commitment put into getting the majority of reached KP tested for HIV, challenges remained.
- KHANA continued to implement all the components under both the core and expanded core packages of Boosted CoPCT for KP, in addition to complementing these packages of activities with innovations – such as the tablet-based risk screening tool, mHealth, Risk Tracing Snowball (RTS), condom vending machine and condom social marketing, and Unique Identifier Code (UIC) – that were expected to further enhance access to services and strengthen new case detection among KP.
- By successfully applying for the GFATM New Funding Model, KHANA also piloted streamlined CBPCS with a focus on PLHIV of greatest needs. This new model integrates support with the Health Equity Fund scheme and other available health subsidies for families affected by poverty. It also involves community structures to support PLHIV, including community support volunteers (CSV), Village Savings and Loan (VSL) groups, and Self Help Groups (SHG).
- In 2015, KHANA initiated activities to support NCHADS in the transition from a model of integrated active case management (IACM) to a new boosted model that pushed forward the goal of treatment as prevention. KHANA, as an active civil society partner to NCHADS, provided both technical and financial assistance for the implementation and roll-out of the new model, including provision of training and technical inputs for development of tools, structure and work process of Boosted IACM, service support through community case managers who would track HIV-reactive cases for confirmatory testing, early enrolment into pre-ART/ART, and regular follow-up for retention in care and treatment, and secondment of financial support for case manager assistants (CMA) at the operational districts (OD).
- KHANA maintained its support of the Option B+ strategy to actively refer HIV-positive pregnant women to antenatal care and prevention of mother-to-child transmission (PMTCT) services and follow up closely with HIV-exposed infants for immediate enrolment in pediatric AIDS care. In 2015, 112 pregnant women were identified HIV positive and all received Option B+.
- In 2015, KHANA and its IPs supported the establishment of 45 VSL groups with 606 members, 70% of whom were women. This support was made possible with the financial support from the USAID-funded HIV Flagship project. In total, from the inception of the KHANA Livelihoods Learning Center (KLLC) in 2010 until today, KHANA and its IPs have supported the establishment of 354 VSL groups with 4,524 VSL members, 3,055 of whom were female.
- In 2015, KHANA underwent a switch from an organizationally-centered foundation to a project-centered foundation to strategically address change in funding landscape and self-sustainability. Three new units emerged: Center for Population Health Research (rebranded from KHANA Research Center), KHANA Social Enterprise (transitioning from the KLLC) and the KHANA Technical Hub (evolved from the Alliance-supported Technical Support Hub). Simultaneous rationalization of staff occurred to increase the organization's technical and cost effectiveness and efficiency.

2015 HIV BY THE NUMBERS

Global 2015*

PLHIV in 2015
36.7 million

AIDS-related deaths in 2015
1.1 million

% decrease in AIDS-related deaths from 2014
8%

Total number of new HIV infections in 2015
2.1 million

People accessing treatment for AIDS in 2015
17 million

% of all PLHIV accessing treatment for AIDS in 2015
46%

Cambodia 2015**

HIV Prevalence
0.6%

Estimated PLHIV
74,572

PLHIV receiving care and treatment
57,481 (Female: 31,218 and Children: 4,406)

AIDS-related Deaths
506 (Female: 227)

New HIV Infections
3,027 (Female: 1,595)

Active Patients on ART
54,387 (Female:29,405 and Children :3,841)

*UNAIDS Fact Sheet 2016
**NCHADS, 2015

KHANA 2015

Key Populations reached with prevention interventions	**61,227**
Entertainment workers (EW)	**36,919**
Men who have sex with men (MSM)	**16,246**
Transgender people (TG)	**2,658**
People who use drugs (PWUD)	**5,132**
People who inject drugs (PWID)	**272**
Key Populations who received HTC through Finger Prick	**25,812**
PLHIV who received care treatment services	**19,736 (Female: 11,535 and Children: 2,383)**
PLHIV who received ART	**18,504 (Female: 10,832 and Children: 2,075)**
Babies born to HIV+ pregnant women	**194 (1 baby diagnosed HIV+)**
Sero-discordant couples identified and followed-up	**2,395**
PWID who enrolled in MMT	**114 (Female: 16)**
PWID who are accessing MMT daily doses	**95 (Female: 15)**

GOAL 1 Improve Integrated HIV Programming

Objectives

- To reduce the number of new HIV infections through scaled targeted prevention
- To provide care and support to people living with HIV and orphaned and vulnerable children (OVC)

A Robust Focus on Key Populations

Contributing to the national response in reaching zero new HIV infections by 2,025, KHANA carried on its work with the national program in bringing down infection rates among the KP – EW, MSM, TG, and PWID – while also providing them with tailored prevention packages of activities. Through its implementing partners and Centers of Excellence under the GFATM and the USAID-funded HIV Flagship Project, KHANA continued to implement all the components under both the core and expanded core packages of the national Boosted CoPCT for KP, in addition to complementing these packages of activities with innovations that were expected to further enhance access to services and strengthen new case detection among KP.

Figure 1: HIV Service Packages for the Standard and Boosted CoPCT for KP

Package		Component	SERVICE MODALITY			EW				MSM				TG				Drug User			
			Outreach	Drop-In Center	Health Facility	EW	HIV	PWID	PWUD	MSM	HIV	PWID	PWUD	TG	HIV	PWID	PWUD	Injecting		Injecting & Other Drug Use	
																		Inj.	HIV	Other	HIV
Core CoPCT	1	BCC	Provide	Provide	Provide & refer																
	2	Condom & Lubricant	Provide	Provide	Provide																
	3	STI screening	Provide & Refer	Provide & Refer	Provide & Refer																
	4	HIV Testing point of care	Provide & Refer	Provide & Refer	Provide																
Expanded Core Package	5	NSP	Provide & Refer	Provide & Refer	Provide																
	6	MMT	Refer	Refer	Provide & Refer																
	7	Pre-ART/ART	Refer	Refer	Provide & Refer																
	8	RH (including FP + LR)	Provide & Refer	Provide & Refer	Provide & Refer																
	9	Psycho-Social Support	Refer	Provide & Refer	Provide & Refer																

A host of innovations within the Flagship project, with KHANA being the prime and FHI 360 and PSI/PSK Consortium Partners, were also developed and rolled out at different times, scales and localities to aid the implementation of Boosted CoPCT's components, particularly at the community level. These include (but are not limited to):

- The tablet-based risk screening tool
- mHealth
- Risk tracing snowball (RTS)
- Condom vending machine and condom social marketing
- Unique Identifier Code (UIC)
- Harm reduction package for PWID

Through the existing efforts in HIV prevention (integrated with HTC), 2015 saw a steady increase in the numbers of KP under KHANA's coverage reached with our packages of activities, particularly among EWs (a 32% increase from 2014) and MSM (31% higher over the previous year). However, an opposite trend took place among PWID, which was mainly caused by (1) mobility due to fear of arrest and discrimination, (2) some PWID getting off the prevention list after entering MMT, and (3) more effective coordination led by NCHADS which resulted in de-duplication of reported data as well as clearer coverage by all organizations implementing the harm reduction program

The tablet-based risk screening tool

Field staff and OWs use tablets or smartphones embedded with questionnaire to assess the risk levels of their peers, with the results and associated key messages displayed instantly once the questionnaire is completed. Respondents at risk and high risk are then referred to HIV testing and counseling. At the same time, responses are uploaded to a cloud-based server and instantly retrievable by the risk-screening technical team for analysis and follow-up action plans. The tool was demonstrated to groups of EW, MSM and TG in Siem Reap, with plans for roll-out in Battambang, Kampong Cham, and Phnom Penh in 2016.

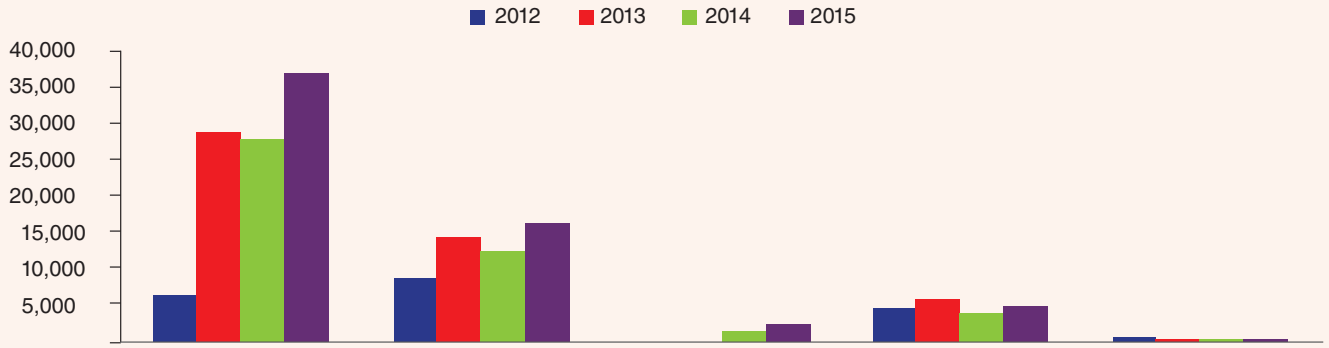
mHealth

This is a prevention communication platform consisting of (1) MyCommunity, a set of websites and Facebook Pages for SMARTgirl (EW), MStyle (MSM), and Srey Sros (TG) branded programs, and (2) "1295" Voice4U, an interactive voice response hotline for the same branded programs where KP could call in for free to get HIV information and/or talk with an online counselor.

Risk tracing snowball (RTS)

Implemented at Chhouk Sar Clinics 1 and 2, RTS is an incentive-based mechanism in which eligible "seeds" are given 5 coupons to distribute to their peers who are believed to be at risk of HIV infection to come to the clinics for HTC and subsequent follow-up.

Figure 2: Key Populations Reached in 2015

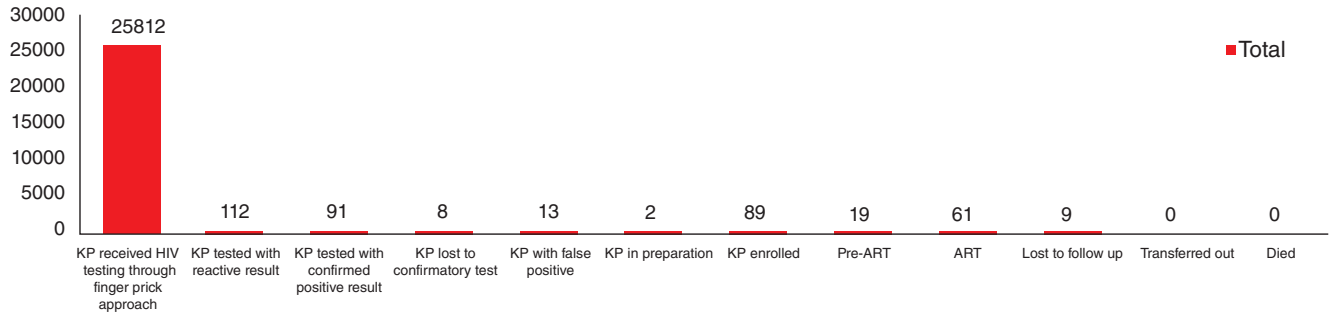


	EW	MSM	TG	PWUD	PWID
2012	6,502	8,715		4,798	534
2013	28,615	14,472		5,996	313
2014	27,999	12,406	1,582	4,129	353
2015	36,619	16,246	2,658	5,132	272

* Note: For 2012 and 2013, TG statistics were segregated with MSM statistics.

In 2015, out of 56,095 (PWUD excluded) reached KP, 25,812 (46.1%) were tested for HIV. Among those tested, 91 were confirmed HIV-positive, 89 of whom were enrolled. While 80 remained in treatment (19 in pre-ART and 61 in ART), 9 were unfortunately lost to follow-up. Despite the amount of effort and commitment put into getting the majority of reached KP tested for HIV, challenges remained. These include high mobility of the KP, lack of trust and confidence among KP themselves in the delivery of HIV testing and counseling (HTC) by lay counselors, and discrimination by community, health professionals and local authorities towards them when they access services or seek support. These issues, combined with other cultural and socio-economic factors, continued to prevent KHANA, and the national program at large, from reaching hidden KP individuals (who are believed to be at risk of infection) with proper prevention packages within a timely manner.

Figure 3: Key Populations Tested, Positive Cases, and Enrolment in Care, and Treatment in 2015



	KP received HIV testing through finger prick approach	KP tested with reactive result	KP tested with confirmed positive result	KP lost to confirmatory test	KP with false positive	KP in preparation	KP enrolled	Pre-ART	ART	Lost to follow up	Transferred out	Died
EW	16,876	81	62	7	12	1	61	10	42	9	0	0
MSM	7,183	22	20	1	1	0	20	6	14	0	0	0
TG	1,562	7	7	0	0	1	6	1	5	0	0	0
PWID	191	2	2	0	0	0	2	2	0	0	0	0

Continued Commitment to Tailored Services for Key Populations

2015 welcomed the establishment of two additional Centers of Excellence (CoE) under the Flagship project to work with PWID and MSM/TG: Korsang in Phnom Penh and Men's Health Cambodia (MHC) in Siem Reap, respectively. In addition, KHANA continued to provide technical assistance to the existing 11 community-based CoE and six Flagship-supported health facilities. Strategic behavioral communication (SBC) was also improved for EW, MSM and TG through existing SMARTgirl, MStyle and Srey Sros branded programs, respectively. Such improvement involved more regular monitoring, coaching and mentoring, and quarterly updates of key messaging based on pre-defined themes and plans.

The Condom Plus strategy continued for EWs with providers continuing services such as unmet need screening, informed choice counseling, and referrals to contraceptive sales agents as part of an integrated program supporting family planning (FP) and sexual and reproductive health (SRH). Increased access to prevention commodities, like condoms, by KP was also strengthened through on-site social condom marketing, establishing street-based peer sellers near high-risk sites, and the placement of 5 condom vending machines in high-risk entertainment establishments (4 machines in Phnom Penh and 1 in Siem Reap). A total of 650,592 condoms and 62,493 lubricant sachets were distributed to KP through social marketing activities and condom demonstration.

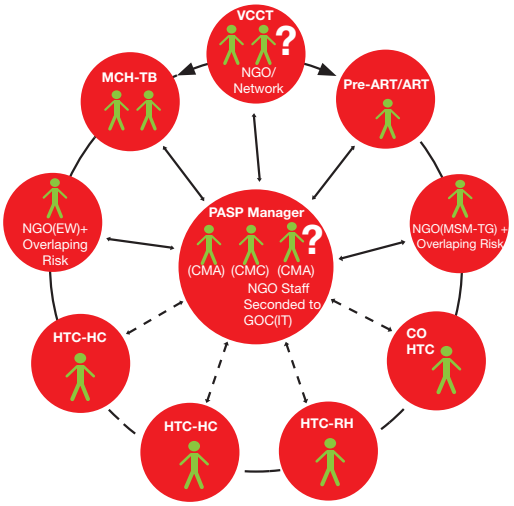
In December 2015, the Asia Action on Harm Reduction project concluded its activities. Funded by the European Commission and International HIV/AIDS Alliance, the project focused on PWID with the objective to build the political and social momentum for changes for empowering civil society and PWID themselves to inform and advocate for reform and bring about social and political changes to address HIV and foster greater participation of PWID in the community. KHANA was among several partners across six countries in Asia to participate in this project. Partnering with the Cambodian Network for People Who Use Drugs (CNPUD), KHANA supported efforts to accomplish Asia Action's objective. Despite the project's conclusion, KHANA, CNPUD, and Korsang, through the Flagship project, will continue to learn and develop innovative practices to support PWID and mitigate both the health and social risks they face as a stigmatized and vulnerable population.

Boosting Integrated Active Case Management

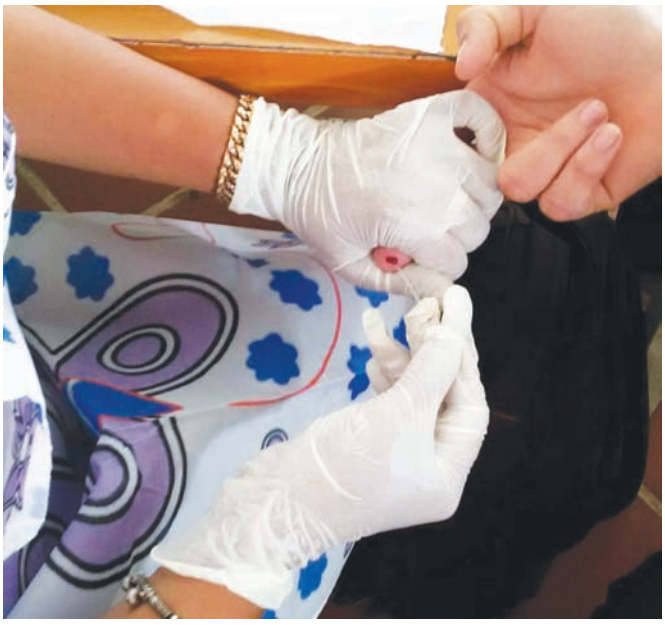
In 2015, KHANA initiated activities to support NCHADS in the transition from a model of integrated active case management (IACM) to a new boosted model that pushed forward the goal of treatment as prevention. The primary focus for Boosted IACM was placed on key populations as well as target population, including pregnant women, HIV-exposed infants, sero-discordant couples, PLHIV lost to follow-up, poorly adherent patients and TB/HIV co-infected patients. KHANA, as an active civil society partner to NCHADS, provided both technical and financial assistance for the implementation and roll-out of the new model. This included provision of training and technical inputs for development of tools, structure and work process of Boosted IACM (for example, the facilitation of formation of the Group of Champions model); service support through community case managers who would track HIV-reactive cases for confirmatory testing, early enrolment into pre-ART/ART, and regular follow-up for retention in care and treatment; and secondment of financial support for case manager assistants (CMA) at the operational districts (OD).

In addition to this streamlining, a focus on PLHIV of greatest needs and case detection among key populations was made a priority in programming as well. In terms of new case detection, KHANA and its implementing partner Chhouk Sar implemented the Risk Tracing Snowball (RTS) – an incentive-based case detection mechanism – over the period of 13 months (June 2014 – June 2015) to seek hard-to-reach cases (in comparison with new cases of HIV detected through self-referral) among all KP groups. Results from the RTS implementation were discussed in July, with the relevant technical team continuing to further streamline the tool and implementation process for a more efficient and effective rollout in 2016.

Figure 4: Structure and workflow of Group of Champions (GoC) of the Boosted IACM Model (NCHADS, 2015)



At each of the stages within the GoC framework, KHANA provides both financial and technical assistance, from case identification to viral suppression, essentially covering the entire HIV cascade.



Supporting Priority PLHIV at the Community Level

KHANA began to pilot a new mode of CBPCS from April 2015 onwards. The opportunity arose with the advent of the GF-NFM and the nearing closure of SAHACOM of its one-year extension. A rapid assessment of PLHIV was conducted to categorize them as being of greatest needs or stabilized, and noted to possess an ID Poor Card that would make them eligible for subsidized health care through the Health Equity Fund (HEF). Simultaneously, community structures to support PLHIV, including CSVs, VSL groups and PLHIV self-help groups (SHG), were strengthened. The resulting new model of CBPCS puts a focus on PLHIV of greatest needs by providing them with a tailored package of support and referral to pre-ART/ART, including transportation, home visits as required, and group counseling/education at pre-ART/ART clinics. PLHIV categorized as stabilized continued to receive support through SHG and VSL groups, and those able to receive the ID Poor card continued to receive transportation support to pre-ART/ART clinics. This new model of CBPCS integrates support into the HEF scheme, with a program of benefits for beneficiaries

Totally, 8,736 PLHV with the greatest needs were provided with care and support, which is 62% of all total PLHIV. Among those categorized as greatest-need PLHIV, 17% were identified to possess an ID Poor card while 83% of greatest need PLHIV did not.

Following this pilot period, the new model of CBPCS was adopted by all KHANA's IPs after experiences and lessons were shared during a 2-day workshop in August 2015. Ongoing support was provided to IPs. To date, the greatest challenge was the time-consuming collection and management of data required to categorize PLHIV and determine enrollment status and eligibility for ID Poor benefits. Application to receive HEF benefits also requires a long process of identification and assessment. Furthermore, some stabilized PLHIV were unhappy with the withdrawal of financial support for transportation. A review of the CBPCS project as a whole was conducted by the URC's Innovate and Evaluate Project team at the end of 2015.

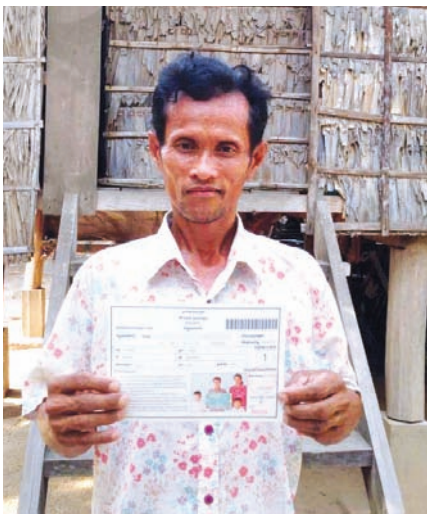
At the same time, KHANA also collaborated with NCHADS to include lay counselors in CBPCS programming. As a result of KHANA's committed advocacy, NCHADS agreed to train community-based lay counselors for the project of CBPCS rather than only for prevention. All of this work has led to a concept note and standard operating procedure (SOP) for this new model of CBPCS at the national level.

Innovations in Data Systems

Innovation is paramount to the mission of Flagship. These innovations are not limited to activities and tools used at the community level but also extend to the systems which govern how HIV/AIDS services are delivered in Cambodia. One such system, Unique Identifier Codes (UIC) for individual case tracking, was scaled up to non-Flagship sites as a result of support provided to CoE and Flagship-supported health facilities. This system allows IPs to improve outreach and services provided to KPs and has made capable individual tracking, case management and improved linkages between services for KPs. This is done through the registration of KP with the UIC. Individuals are then given printed cards to present at facilities when services are being accessed. In total, up to December 2015, 76% (34,302 individuals) of reached KP have been assigned with UIC, and 71% of the printed cards (23,269 cards) were distributed to them.

Likewise, the District Health Information System, Version 2.0, and SyrEx2 were improved to better monitor and report on the quality and accessibility of prevention, care and treatment services. This will ultimately improve the quality of services and how they are accessed across affected communities. CoE were also trained to use these systems to strengthen their own data utilization in addition to Data Quality Audits (DQA) regularly rolled out every six months. By being able to analyze their own data, CoE will be able to make programmatic adjustments and improve their effectiveness at the community level.

While GIS mapping is a pre-existing tool, KHANA provided technical assistance to NCHADS and the US-CDC to use it to collect strategic data and identify overlapping hotspots and health care services. This GIS mapping also provided a platform for CoE to access comprehensive geographical data on overlapping risks of KP to better target interventions. By creating visual representations of data, decision makers and technical experts will be better able to allocate resources to where they are most needed.



KHANA's Continued Assistance in the National Response to HIV Outbreak in Roka

In November 2014, an HIV-positive patient being treated for TB claimed to have been infected by a private medical practitioner in Roka commune in Battambang province. This leads to extensive self-referral for HIV testing in the community. As of December 31, 2014, at least 212 individuals of the 1,940 tested were confirmed to be HIV-positive at Battambang Referral Hospital.

In 2015, KHANA and its IPs provided support to NCHADS and their response to the outbreak in Roka Commune. In collaboration with Social Services of Cambodia (SSC) and Buddhism for Development (BFD), KHANA supported counseling and updated the health training for CSVs to effectively help HIV-impacted families. KHANA also assisted the Angkor Hospital for Children (AHC) to assess pediatric AIDS care services at the health facility level in Roka Commune and provided responsive technical capacity building to fill in gaps. As a result of these interventions, the majority of families affected by this outbreak report they were feeling better now as a result of the health care services and information made available to them. In addition, KHANA's research team also conducted a number of studies through collaboration with various national and international institutions. One of them was a documentation study of the whole outbreak, looking at the overall situation at the site as well as potential issues (such as stigma and discrimination and barrier to access to health services) associated with the outbreak. Another was a case control study, in collaboration with NCHADS, University of Health Sciences, World Health Organization (WHO) Cambodia Office, and WHO regional office (WPRO), to identify risk factors associated with recently diagnosed HIV+ cases in the Roka commune.

GOAL 2 Improve Community Health Outcomes (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 others
- To support community participation and strengthen linkages in TB and HIV programing

KHANA continued its work to strengthen referral network linkages across SRH, FP, STI and TB services with the spectrum of HIV/AIDS services at community health services in collaboration with both IPs and government health facilities. CSVs were also further integrated into the community health system by extending their counseling to TB, STI, and pregnant women, in addition to sero-discordant couples. A new project to pilot cancer screening at the Chhouk Sar community clinic was also initiated.

Figure 5: Indicators of Success for Improving Community Health Outcomes

EW received family planning/SRH	4,834
Babies born to HIV+ pregnant women	194
HIV+ babies	1
TB patient tested HIV and received their results	121
TB patient tested HIV and received positive results	2
PLHIV screened for TB	2,016
PLHIV tested TB positive	36
PLHIV received TB treatment	36
Pregnant women reached	4,052
Pregnant women tested	3,962
Pregnant women received positive results	3
Pregnant women received Option B+	112

Continued TB Integration

Referrals of TB patients to HIV services were added to the list of CSV responsibilities. In 2015, two of the 121 HIV-suspected TB patients were found to be HIV-positive. In the opposite perspective, CSVs also continued to work in close collaboration with health facilities to follow up on PLHIV who were also infected with TB. In this way, CSVs were an extension of the community Directly Observed Treatment Short course (C-DOTS) volunteers.

Maintaining SRH, FP, and MCH Services at the Community Level

During this reporting year, 88 PLHIV received counseling and support and accessed modern contraceptives (excluding condoms) through IP programming involving both SHG and CSVs. This came about through an integration of SRH topics into SHG meetings as well as one-on-one discussion in which sexually active PLHIV were provided with health education on FP, including birth spacing and condom use. CSVs and field staff also continued to provide these services through referral of clients to other NGOs specializing in SRH and government health facility.

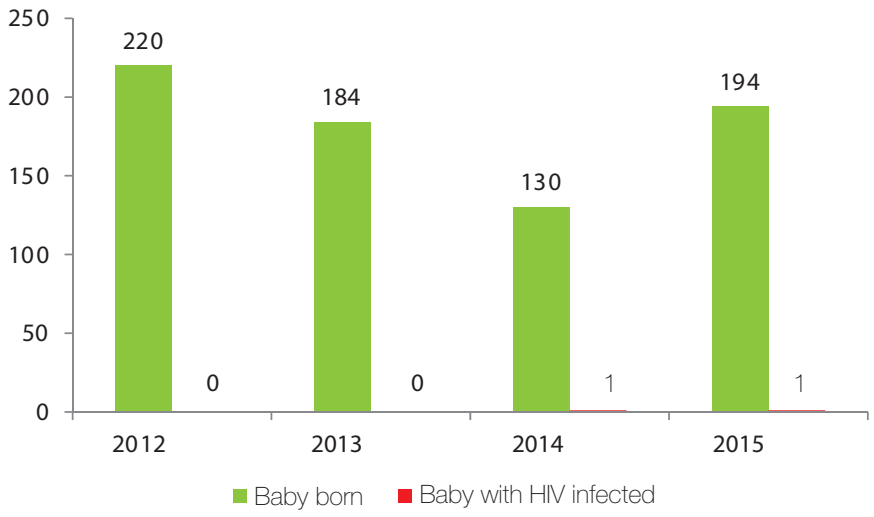
At health facilities, Flagship provided technical assistance for the implementation of point-of-care HTC, including at health centers, family health clinics, antenatal care, and TB services as part of the boosted Continuum of Care (CoC) program.

KHANA maintained its support of the Option B+ strategy to actively refer HIV-positive pregnant women to ANC and PMTCT and follow up closely with HIV-exposed infants for immediate enrolment in pediatric AIDS care. In 2015, 112 pregnant women were identified HIV positive and all received Option B+. At the community level, CSVs also continued to assist with following up with HIV-positive pregnant women to ensure their health be regularly checked and that they receive PMTCT in a timely and convenient manner. Significantly, as a result of effective PMTCT program, among those HIV-positive pregnant women, only one infant was diagnosed with HIV.

Figure 6: Pregnant Women Accessing SRH and FP Services

Pregnant women reached	4,052
Pregnant women tested	3,962
Pregnant women received positive results	3
Positive Pregnant women received Option B+	112

Figure 7: Babies born to PLHIV Women



Integrated Services for TB and MCH for Key Populations at the Community Level

Sophal, a female EW working in Phnom Penh, has been a client at Chhouk Sar for over a decade, since she started receiving ART following a referral by a friend. With adherence to her ART, her health improved with a high CD4 count. One-to-one counseling and positive prevention has also motivated Sophal to consistently use condoms with her clients. Sophal also now has a child who is HIV-negative as a result of MCH and PMTCT services that she has also received at Chhouk Sar.

In 2015, Sophal was suspected of having TB during one of her regular visits to Chhouk Sar, and was referred to the local health center for testing and treatment. Following her TB treatment, Sophal's CD4 count had declined. However, with the help of the friendly doctors at Chhouk Sar and continued monitoring, Sophal's health improved with ART; her CD4 count rose from 17 to 474 cells/mm^3, and her viral load declined to 48 copies/mL.

GOAL 3 Support Secure Livelihoods

Objectives

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

Integrating VSL program among PLHIV remained a core task of KHANA's IPs in 2015. Despite the conclusion of SAHACOM and this year marking the last year of financial support from Flagship to the KHANA Livelihoods Learning Center (KLLC), the organization is finding ways to support the income generation and to improve livelihoods for PLHIV through provision of livelihoods skills from agriculture-related activities to small business activities and the establishment of saving groups to mobilize community savings.

Reaching More to Save

With the last year of financial support from Flagship to KHANA's KLLC and its transition to the GFATM New Funding Model, KHANA focused on linking VSL to existing SHG. KHANA and its IPs transitioned its VSL training to new and existing members to support the formation of their own organic VSL groups. These new hybridized VSL and SHG groups received a number of benefits from this saving program. SHG were promoted to widely participate in saving money, running income-generating activities while also contributing to efforts to minimize discrimination against PLHIV. Members also were able to access group savings to borrow money for emergency expenses. Ultimately, these new groups helped to partially finance PLHIV's material and health needs.

In 2015, KHANA and its IPs supported the establishment of 45 VSL groups with 606 members, 70% of whom were women. This support was made possible with the financial support from Flagship. In total, from the inception of the KLLC in 2010 until today, KHANA and its IPs have supported the establishment of 354 VSL groups with 4,524 VSL members, 3,055 of whom were female (representing 68% of the total number of VSL members throughout the whole KHANA's coverage area). In 2016, KHANA plans to update the active members of VSL groups and will use these existing and active group members to reach out to more and new beneficiaries to start their savings.

Continuing Support to Livelihoods

In 2015, apart from the VSL savings, KHANA, in collaboration with its IPs, organized 5 skill training sessions in chicken raising and mushroom growing to 130 PLHIV, especially those from Roka commune of Battambang province. Of these participants, 68 were female. It is important to note that since 2010, with financial support from the Alliance/EU, SAHACOM and Flagship, KHANA has worked with its IPs to provide 71 training sessions in agriculture-related business and financial literacy for 1,958 beneficiaries, mainly those who are living with HIV. Of these participants, 855 were female breadwinners.

With the transition from KLLC to KHANA Social Enterprise (KSE), opportunities to integrate HIV-affected households with pre-existing livelihoods projects were presented. As a result, strengthened linkages between USAID and Oxfam GB were supported through HIV sensitization conducted by KLLC. Likewise, IPs were encouraged to collaborate with local livelihoods projects as well to seek fundraising opportunities to support poor families. **Salvation Center Cambodia, a KHANA's IP, noted, *"PLHIV are able to work among themselves to discuss their problems and solutions and to earn more incomes from doing small trade or working in different occupations,"* as a result of KHANA support.**

Entrepreneurship and HIV

Despite several attempts to end her life when she learned she was HIV-positive more than a decade ago, Ms. Pa Reun is now a successful entrepreneur of her own making. A divorced mother of two, Pa Reun experienced considerable difficulties to support her family, which further increased her anguish. Fortunately, Pa Reun's situation was quickly identified by the Battambang Women's AIDS Project (BWAP), one of KHANA's IPs who is working to support PLHIV in the district that Pa Reun lives. Through BWAP, Pa Ruen was selected to join training sessions provided by KHANA Livelihoods Learning Center (KLLC). These trainings aimed to equip participants with practical agricultural skills, financial literacy and business planning with the objective of beneficiaries having more options to improve their living standards. In 2012, Pa Reun also joined a Village Savings and Loan group in her community. Revisiting Pa Reun in 2015, she is now one of the most hardworking individuals in her community. Both of her sons are employed and Pa Reun, herself, runs a strong poultry business, raising more than 100 chickens to supply to local markets. She also obtained capital from her VSL group to expand her business. Using these funds, she is renting a two-hectare plot of land to start a small cassava farm. She is also now a leader within her community. She coordinates the VSL and SHG and also offers her home as a drop-in-center for drug users and other community members seeking counseling and support.

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 continued to support its partners. The organization assisted Cambodia's PLHIV network, CPN+, to build a human rights advocacy tool to combat economic discrimination against their beneficiaries. With their government and national level partners, KHANA also contributed to Technical Working Groups to reach consensus on new models for case detection. Simultaneously, KHANA was improving the way it works through 2015. This has resulted in three units, with a higher level in autonomy, providing assistance to activities internal and external to the organization. KHANA also shared its technical expertise and program and research experience through conferences and South-to-South learning in the efforts of advancing HIV/AIDS skills and knowledge exchange among relevant partners and networks at the national, regional and international levels. This will not only help raise the technical profile of KHANA but will also channel new lines of revenue as it looks towards the future.

Strengthening Health Governance through Improved M&E

During the last reporting period in 2014, KHANA's Monitoring and Evaluation (M&E) team identified potential double counts in certain indicators related to outreach activities, SHG meetings and other community sessions. To address these issues, a new computer program, TeamViewer, was installed. This communication and remote system allows for team members from both KHANA and IP sides to reduce conflicting data, avoid confusion and repeat file sending.

KHANA also revised its M&E system in order to capture indicators of all stages of the HIV cascade – starting from HIV testing, to pre-ART/ART enrollment and viral load suppression. Viral load testing, however, remains a challenge to both providing informed medical decisions and national data analysis due to inefficiencies in the way viral load is documented. Overworked physicians at ART sites often do not request viral load counts. The samples that are indeed taken require a long period to reach the Phnom Penh testing site, and an equally long time for testing and return of results. In response, KHANA worked with NCHADS and health facilities to modify the treatment guideline to increase the viral load testing frequency for the eligible PLHIV and provide site-level support to improve the tracking and recording of the data.

Assessing and Strengthening Implementing Partners

In late 2013, KHANA first piloted the Purple-o-Meter, to establish the baseline of capacities possessed by each IP and to develop an integrated capacity building plan for each IP. This year, KHANA once again employed the Purple-O-Meter to reselect IPs for the extension of the SAHACOM project and transition to GFATM New Funding Model. The assessment found that IPs were conducting their programs without an updated program manual, as well has gaps in governance, communications, management and monitoring. As a result, re-selected IPs were not able to implement, monitor or evaluate their programs in line with the updated national and KHANA guidelines. KHANA began a process to develop program guides for each IP. These program guides, written in Khmer, defined roles and responsibilities of each team member and updated guidelines for activities, like the new model of integrated active case management, and data collection tools to NCHADS and KHANA standards. As a result of these guides, IPs now had a way to ensure that new and remaining staff members were aware of IP operations and standards of practice.

Furthermore, KHANA also helped to improve how IPs interact with each other. Recognizing a lack of coordination and collaboration at the sub-national level, Flagship and Global Fund staff supported IPs to attend OD and provincial-level meetings to share information, follow up, and work together more effectively.

As KHANA's work expands to include broader development topics, the team also assisted IPs to tackle other problems affecting key populations. In particular, KHANA supported its network partners Bandanh Chaktomuk and CPN+ to build their capacity for human rights advocacy for its MSM, TG and PLHIV beneficiaries. **CNPUD noted that KHANA provided trainings to staff on how to write human rights case studies, track laws, and hold public forums with communities and government officials to advocate for their needs. *"We are now able to speak in public forums, and to speak with policy makers,"* they exclaimed.**

Partners in Compassion Restructuring

While KHANA was undergoing its own restructuring, it was supporting the organizational reform of one of its own IPs. Since Partners in Compassion (PC) was about to take on responsibility to implement the new model of CBPCS in two provinces, a similar organizational reform took place to ensure that PC was prepared for the new model. In 2015, PC revised and rationalized their staff and community structures to best fit the new model of streamlined CBPCS with the assistance from KHANA. This support was provided in line with its organizational and institutional development objectives under Flagship. By placing financial management staff closer to the beneficiaries, PC would ensure that PLHIV of greatest needs would receive priority, while also ensuring that stabilized PLHIV continued to receive an adequate level of support.

Improving the Use of Available Data

At the systemic level, the wealth of data available was utilized via collaboration efforts between KHANA, the University of Health Sciences and the URC's HIV Innovates and Evaluates Project, and NCHADS. To improve data utilization, documentation and dissemination among stakeholders, a number of studies were completed in 2015 to inform programmatic scale-up and provide additional evidence of trends and impacts to decision-makers. With the breadth of data available, the diversity of analyses was extensive. Published studies included HIV-self referrals among KPs, an Integrated Biological and Behavioral study (IBBS), size estimations of MSM and TG populations, and hepatitis C mono-infection and HIV co-infection in Cambodia and the epidemiology, risk factors and burden of disease. Exploring these trends within pre-existing data sets allowed KHANA, its stakeholders, and policy makers, to identify new areas for potential activities, adjust existing programs to more accurate population sizes, and provide additional evidence for stakeholders to explore.

Supporting National-Level Policy

In addition to national level guidelines for the new mode of streamlined CBPCS and integrated active case management, NCHADS has also agreed to integrate FP and birth spacing services into pre-ART/ART clinics as a result of KHANA program implementation to show the viability of these activities.

KHANA also advocated for the integration of HIV and TB services to ensure that TB patients are provided with HTC. These activities, implemented by KHANA's partner ARV Users Association (AUA), had shown evidence of success within health facilities.

Dwindling resources for HIV have also called for related services to be supported by existing HEF resources. Previously, HEF did not support PLHIV due to an assumption that donors' funding and NGOs provided for this. Recognizing this, KHANA's new streamlined model of CBPCS is working closely with HEF to ensure that eligible PLHIV possess an ID Poor card to make them eligible for services.

In 2015, KHANA was also part of the technical working group responsible for expanding the Good Food Tool Kit from adult PLHIV to include positive pregnant women and children infected with HIV.

Restructuring KHANA Technical Hub

The International HIV/AIDS Alliance (known as the Alliance) created "Alliance's Regional Technical Support Hubs for South-East Asia and Pacific Region " (SEAP-TS Hub) in 2007 to provide high quality, local and regional technical support to the Alliance's Linking Organizations (LO) and others contributing to community-based responses to HIV/AIDS. Since May 2009, KHANA was chosen by the Alliance to host this TS Hub, which provided long- and short-term technical support services to networks and organisations across the South-East Asia and Pacific region. It emphasized south-to-south technical support using local providers, and the support provided responded to civil society's needs in monitoring and evaluation, financial management, research, governance, and organizational development. The SEAP-TS Hub applied a range of capacity building methods, including training, workshops, visits, mentoring, dissemination of tools, and sharing of research and best practices to support the delivery of technical assistance (TA).

In 2015, with the growth of KHANA's expertise in managing the technical support provision and with the conclusion of Alliance's financial support to SEAP-TS Hub, KHANA, with a consensus from the Alliance, decided to transition the Alliance's TS Hub into the KHANA Technical Hub (KTH) which is fully managed by KHANA. The newly created KTH builds on KHANA's expertise to advance the organization's profile, with a focus on innovative community-based programming. KTH has undertaken a serious review of its potentiality and opportunity and KTH Action Framework 2015 was developed to guide its implementation direction. Through KTH, KHANA is able to provide and share its innovations to other regional stakeholders.

Throughout 2015, KTH has delivered 19 projects, with a total of 350 consultancy days. TA provided through the facilitation of KTH during the year included technical knowledge on active case management, Boosted Link Response, Treatment as Prevention, development of KHANA Research Center's Operation Manual, KHANA Strategic Plan 2016-2020, Capacity Building to GFATM projects, CBPCS training to CPN+ and its advocacy tool development, research on adolescents living with HIV, and budget analysis at health centers. Recipients of TA in 2015 included KHANA, NGO Forum, UNICEF, ASPECA and UNAIDS/Indonesia. In 2016 KTH will continue to facilitate the consultancy services and to re-visit KTH's operation procedures and other necessary tools to ensure their compliance with Cambodia tax regulations and other laws.

An Organizational Reshuffle Put Into Action

Both the environment of aid and the HIV epidemic in Cambodia have evolved considerably since 2000. As such, KHANA itself recognized the need to also evolve its structure. By changing the way it does business, and how its human resources are organized, KHANA is making strides to be more responsive, more efficient and more effective to Cambodia's development challenges. As a result, a plan for organizational restructuring was developed in July 2014 and put into action from then until the first quarter of 2015.

The organization became smaller in its size, with support functions rationalized to a "core team," lead by an Executive Director, who was newly appointed in July 2015, and a support team of information technology, finance and administrative professionals rationalized to a team of four. Simultaneously, KHANA became project-based, with smaller dedicated teams for GFATM and Flagship projects. Despite the smaller size, the KHANA team became more committed with updated skills and a passion for learning. One implementing partner described "it was very good with new staff, new structure, new ideas, new innovations." Another KHANA staff member agreed that "it is clearer now to the staff and donors – that these are the project staff dedicated to their particular project."

The long-term advantages of KHANA's restructuring started to make themselves apparent towards the end of 2015. With the new Executive Director setting the good example of collaboration and commitment to KHANA as a new organization, the newly restructured KHANA began to see the fruits of its work. After a year of becoming comfortable with their new environment and position, staff are more committed and excited about their work and the future of KHANA than before. In the long run, the restructuring of KHANA has created a stronger team with the skills and support needed to continue supporting HIV and AIDS and more in Cambodia.

Center for Population Health Research

In 2015, KHANA's Research Center shifted its model of work and was rebranded as the Center of Population Health Research. The Center was created to recognize the need for a strong institution with full capacity to produce scientific evidence for policy development and advocacy to improve population health in Cambodia. Its core vision is to become a nationally and regionally recognized leading research institution with a mission to improve the well-being of people through innovative population health research. By responding to the global need of scientific evidence, the Center wishes to contribute robust scientific and academic research through the dissemination of its research findings in highly regarded academic journals. In 2015 alone, KHANA published eight articles in esteemed academic journals including AIDS Care and BMC Infectious Diseases.

To accomplish its goals, the Center has strengthened its relationships and collaboration with national institutions such as NCHADS, National AIDS Authority (NAA), National Institute of Public Health (NIPH), and University of Health Sciences (UHS). The Center has also worked on several research projects in collaboration with academic institutions around the world, including Stanford University, Touro University in California, UCSF, UCLA, UC Berkeley, University of Washington, University of Tokyo, the London School of Hygiene and Tropical Medicine, National University of Singapore, Mahidol University, and Chinese University of Hong Kong.

LOOKING FORWARD: KHANA'S PRIORITIES FOR 2016

In 2014 and 2015, KHANA placed a focus on laying a new foundation for the organization to enter a new era in HIV/AIDS in Cambodia. With the hard work it commits to becoming a KHANA that can do more with less, through a rationalization of its staff and IPs while also expanding its geographic and technical scope, the organization is excited to move into a new paradigm of work.

Stronger Implementing Partners and Community Networks

With the completion of the program manual for IPs, KHANA is planning to introduce the document to all staff to help guide IPs to improve their program implementation. This will not only strengthen the governance of IPs, but also ensure that they can best achieve targets and monitor achievements as Cambodia moves towards reaching its 90-90-90 goals, especially in the area of new case detection.

With the success of the piloting of the new streamlined model of CBPCS, and its adoption by NCHADS, KHANA will also be working to prepare IPs to provide the comprehensive cascade of HIV services in care and treatment and viral load suppression.

Looking ahead, KHANA will continue to work closely with the existing community networks, strengthening their institutional and advocacy capacity and sustainability plan while also further boosting their meaningful representation at the sub-national and national and regional levels. KHANA, along with such other partners as the LINKAGES project, hopes to improve community networks' role in support their members and peers in accessing legal support services.

Diversifying Fundraising Opportunities

Traditional grant-based resources for development activities are dwindling in Cambodia. While KHANA appreciates its existing donor support, the organization recognizes the need to explore more diverse sources as funds have moved away from HIV/AIDS. As a result, KHANA is looking to show the development community the breadth of its technical expertise by seeking funding opportunities from innovative and cross-cutting projects. Social enterprise, community-based climate change adaptation (especially within the health dimension), gender equity and rights, and universal health coverage, are all topics which intersect with KHANA's pre-existing HIV/AIDS work.

Furthermore, KSE, KTH and the Center for Population Health Research look forward to becoming autonomous, self-reliant units of income generation for KHANA. While all will have their activities funded through 2017, their leadership intends to be rigorous in how and where it seeks funding for their work to continue. By leveraging its technical expertise and implementing a strong business model, KHANA is excited to move into a new era of HIV and development in Cambodia.

KSP20 and a New Focus on Gender Equity and Rights

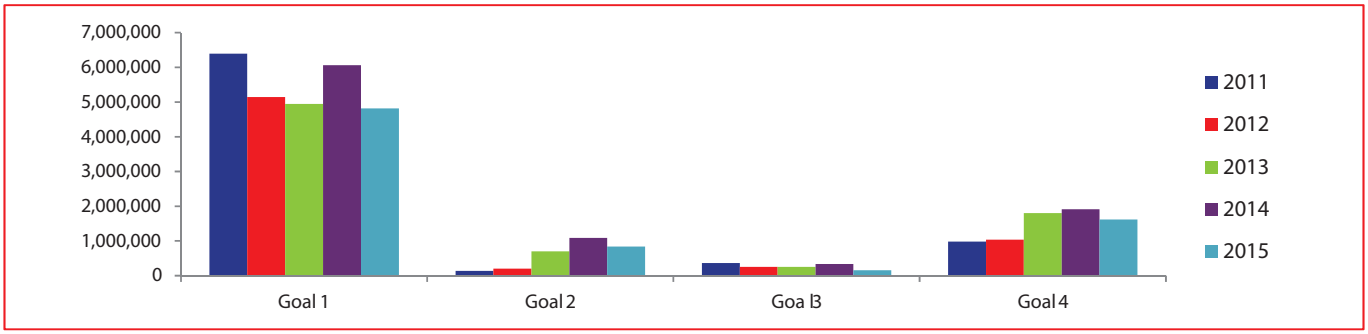
Throughout KHANA, staff members are feeling the excitement of the impending KHANA Strategic plan for 2016-2020 (KSP20). With the recognition of the need to support vulnerable populations at their source, KHANA plans to move beyond HIV and link to national level development priorities. This will include work in community-oriented climate change adaptation and preparedness, gender empowerment, equity and rights, multidisciplinary research, and broader health topics, while continuing to deliver on the mission to further address HIV and advance health and development for more resilient communities. The official launch for the new strategic document is planned for mid-2016.

FINANCIAL INFORMATION FOR 2015

Figure 8: KHANA's Financial Summary for the 2006 – 2015 Period

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Revenue	4,715,789	5,692,719	5,989,303	7,404,894	7,825,040	8,547,504	7,452,794	9,024,323	12,830,102	9,798,757
Expenditure	4,630,460	5,110,330	5,830,958	6,634,619	7,679,885	7,872,142	6,632,279	7,700,872	9,403,037	7,427,956
Variance	85,329	582,389	158,344	770,275	145,155	675,362	820,515	1,323,451	3,427,064	2,370,801
Non-utilization Rate	2%	10%	3%	10%	2%	8%	11%	15%	27%	24%

Figure 9: Spending for KSP15



	Goal 1	Goal 2	Goal 3	Goal 4
2011	6,392,105	139,021	361,729	979,286
2012	5,144,171	201,900	250,259	1,035,950
2013	4,945,936	698,408	250,323	1,806,205
2014	6,062,839	1,088,717	337,740	1,913,741
2015	4,818,141	838,539	155,325	1,615,951

The fund was significantly reduced from last year due to the end of the agreement of DFAT/HAARP and the final year of USAID/ SAHACOM, EC/ASIA Action, GF HIV and GF HSS Project. KHANA was not able to spend all, leaving a 24% non-utilization rate in 2015. This was firstly the result of a recommendation for the GF HIV and HSS project, that activities be slowed down in order to use the available grant for three and a half years instead of two years as initially planned. Another reason was the delays of signing agreement and first disbursement of the GF New Funding Model.

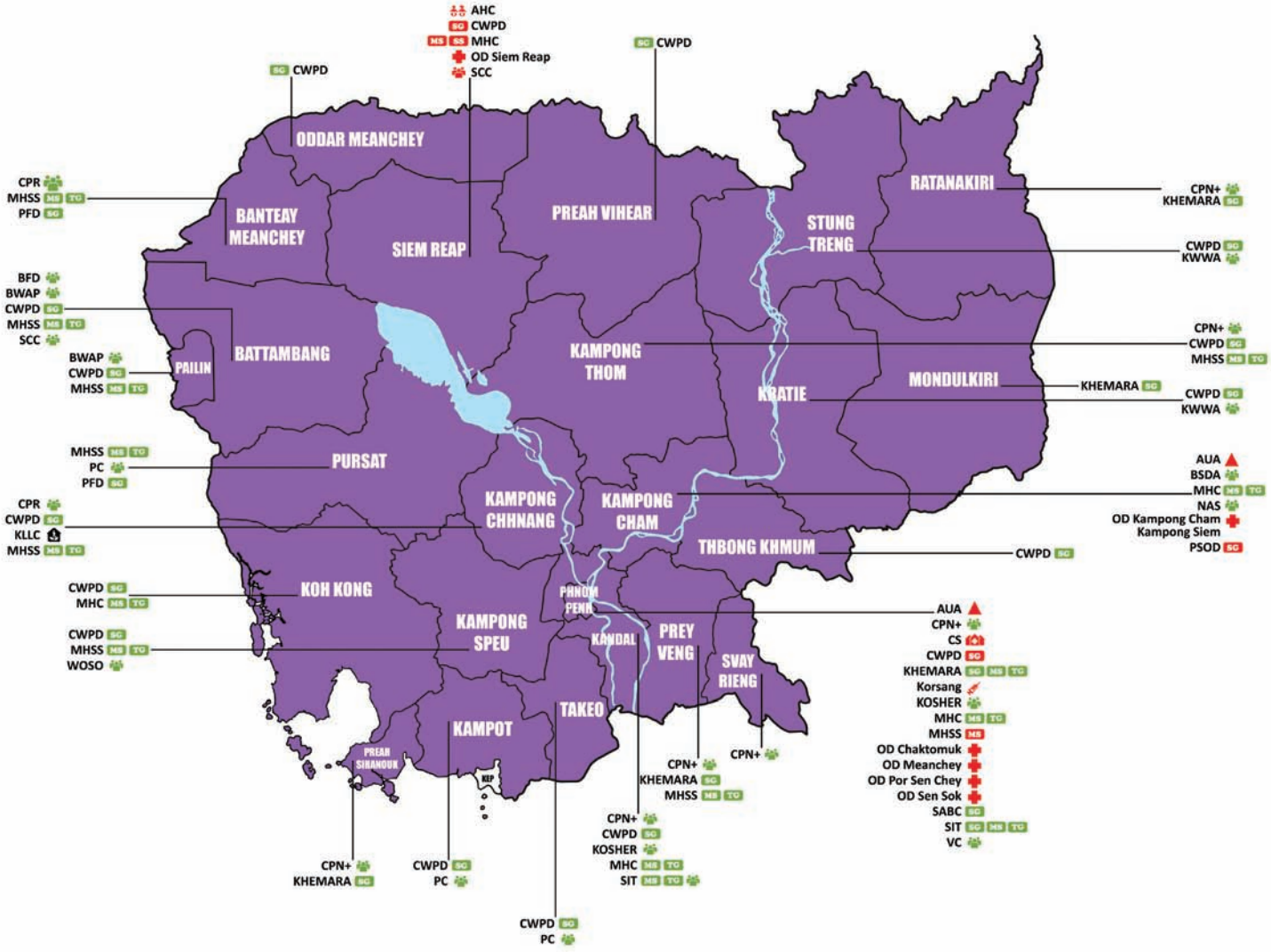
LEADERSHIP AND STAFF IN 2015

Name	Sex	Position Title
KHANA BOARD MEMBERS		
Ms. Marie-Odile Emond	F	Chairperson (Country Coordinator, UNAIDS)
Toch Pol Ponlork	M	Vice Chairperson (Deputy Team Leader of ADB-Grant Project, NCSS)
Ou Sophanarith	M	Treasurer (Financial Controller, Canadia Bank Plc.)
Phon Sampha	M	Member (Group Head of Corporate Strategy and Organizational Development)
Neou Sovattha	F	Member (Program Manager: Citizens and Youths Engagement Program)
Srun Srorn	M	Member (Independent Consultant)
So Sok Bunthoeun	M	Member
TECHNICAL ADVISORS		
Dr. Tea Phauly	M	Technical Advisor (MARP Consultant)
Sarah Knibbs	F	Technical Advisor (Deputy Country Representative, UNFPA)
David Wilkinson	M	Technical Advisor (International Health Consultant)
KHANA STAFF AS OF DECEMBER 2015		
An Virak Rithy	M	Senior Admin and Procurement Officer
Cheav Thary	M	Senior Finance Officer
Chheang Phalla	M	Economic Livelihoods Officer (Techical Support)
Chheav Aphyra	M	Grant Management Officer
Chhim Kolab	F	Deputy Chief of Party and Key Personnel Objective 2
Chhim Satya	M	Policy Officer
Chhit Thy	M	Technical Advisor: HIV Care, Support, Treatment and Innovations
Chhith Vannak	F	Finance Officer
Chhoun Pheak	M	Research Fellow
Chhun Mony Oudum	M	Grant Management Officer
Chhun Samnang	M	Driver
Choub Sok Chamreun	M	In-coming Executive Director
Chrea Sunnarith	M	Grant Management Officer
Hak Sreylen	F	Grant Management Officer 2
Heng Kiry	M	Database Management Officer Objective 3
Heng Sophy	M	Information Technology Advisor
Hong Sokky	F	Finance Officer
Hul Sivantha	F	Key Personnel Objective 1 (Manager: HIV Prevention and Innovations)
Kang Chan Sambo	F	Grant Management Officer
Kaoeun Chetra	M	Technical Support Provider (HIV Flagship, Objective 2)
Keo Samring	M	Driver
Kheng Sokan	M	Senior Database Management Officer
Kim Rattana	M	Senior Organizational and Institutional Development Advisor
Kim Sopheak	F	Senior Finance Officer
Koh Youra	M	Finance Officer
Kong Veasna	M	Information Technology Officer
Kun Someth	M	Senior Human Resource Officer
Leng Kalyan	F	Manager: KHANA Support Service Center

Name	Sex	Position Title
Ly Chansophal	M	Senior Training Coordinator
Ly Sangky	M	Monitoring and Evaluation Manager
Measserey Somarann	F	Finance Officer
Mey Sovannara	M	Technical Support Provider (EC Asia Action)
Noy Prorphea	M	Grant Management Officer - Objective 2
Ny Socheat	M	Technical Advisor: Health Facility
Pal Khuon Dyla	F	Research Fellow
Oum Sopheap	M	Out-coming Executive Director
Ouk Chanmakara	F	Finance Officer
Penh Phanith	M	Admin and Contracting Officer
Phorng Chanthorn	M	Grant Management Officer Objective 1
Pich Sinat	M	Driver
Phy Pha	M	Grant Management Officer 1
Prom Chanrith	M	Manager: Strategic Information and Innovations
Saman Dimara	M	Senior Monitoring and Evaluation Officer - Objective 3
Sau Kessana	M	Grant Management Officer
Sea Sokuntheavy	F	Economic Livelihoods Officer (Social Marketing)
Seng Por Srourn	M	Grant Manager
Sieng Vanna	F	Grant Management Officer
So Kim Hai	M	Technical Advisor Objective 1
Sopha Ratana	M	Manager: HIV Prevention and Innovations
Sou Sochenda	F	Project Manager: EC Asia Action
Sok Meng Heang	M	Senior Finance Officer
Sok Vatola	M	Senior Monitoring and Evaluation Officer
Sron Samrithea	M	Manager: Organizational and Institutional Development/ Social Enterprise
Sun Chanmarina	F	Senior Finance Officer
Thy Sokunthearo	M	Admin Officer: Fixed Assets and Stock Management
Tith Hieng Seka	F	Technical Advisor: HIV Prevention and Innovations
Tith Khimuy	M	Project Director
Tuot Sovannary	M	Research Manager
Un Yaran	F	Economic Livelihoods Officer: Social Marketing
Vann Sengly	M	Driver
Yen Sothea	M	Driver
Yi Siyan	M	Director of Center for Population Health Research
Yim Tythono	M	Training Officer
Yim Muddhita	F	Finance Officer
Yun Chandarany	F	Grant Management Officer
VOLUNTEER LIST		
Pen Sambath	M	Finance and HR Officer
Sor Pich Srey Leak	F	Admin Assistant: Reception
Song Meng Srun	M	Research Assistant

KHANA'S IMPLEMENTING PARTNERS IN 2015

NGO	Full name in English	Contact Person	Position	Mobile	Email
AHC	Angkor Hospital for Children	Dr. Ngoun Chanpheaktra	Acting Executive Director	012 988 996	pheaktra@angkorhospital.org
AUA	ARV Users Association	Ms. Hean Sienghorn	Executive Director	017 847 356	sienghorn@auacambodia.org
BFD	Buddhism for Development	Mr. Heng Monichenda	Executive Director	012 817 915	bfdkhmer@bfdkhmer.org; p-chear@bfdkhmer.org
BSDA	Buddhism and Society Development Association	Mr. Thorn Vandong	Executive Director	012 788 973	director@bsda-cambodia.org
BWAP	Battambang Women's AIDS Project	Ms. Ing Siv Heng	Executive Director	017 989 811	ingsivheng@yahoo.com
CPN+	Cambodian People Living With HIV/AIDS Network	Mr. Sorn Sothearidd h	National Coordinator	089 68 56 86	ssothearidd h@cpnplus.org.kh
CPR	Community Poverty Reduction	Mr. Eung Sengkim	Executive Director	012 833 584	sengkim_cpr@yahoo.com
CS	CHHOUK SAR ASSOCIATION	Ms. Pen Dara	Project Manager	092 919 219	michramy@yahoo.com
CWPD	Cambodia Women for Peace and Development	Mrs. Meach Sotheary	Executive Director	012 739 851	sotheary@cwpd.net
KHEMARA	KHEMARA	Ms. Koy Phallany	Executive Director	017 589 887	khemara@camnet.com.kh; phallany.khemara@gmail.com
KOSHER	Key of Social Health Educational Road	Mr. Ngoun San	Executive Director	012 928 290	kosher_org@yahoo.com
KS	Korsang	Mr. Taing Phoeuk	Executive Director	085 565 551	taing@korsang-ks.org
KWWA	Kampuchea Women Welfare Action	Mrs. Yous Thy	Executive Director	012 916 329	yousthy@gmail.com; kwwakrt@camintel.com
MHC	Men Health Cambodia	Mr. Mao Kim Run	Executive Director	012 404 669 087 50 86 19	kimrunmao@gmail.com
MHSS	Men's Health Social Service	Mr. Dork Pagna	Executive Director	017 366 644	dpagnamhss@yahoo.com
NAS	Nak Akphivath Sahakum	Mr. Keut Theng	Executive Director	089 879 965	naskt heng@gmail.com
PC	Partner in Compassion	Mr. San Vandin	Executive Director	012 414 689	partnersincompassion@rocketmail.com
PFD	Poor Family Development	Mr. Meas Yem	Executive Director	012 998 423	pfdbmc@online.com.kh myem@pfdcambodia.org
PSOD	PHNOMSREY Organization For Development	Ms. Hany Fiya	Executive Director	012 440 808	fiyapsad@gmail.com
SABC	Solidarity Association of Beer Promoters in Cambodia	Ms. Ly Lekhena	Executive Director	016 552 166	sabc.leakhena@gmail.com
SCC	Salvation Center Cambodia	Mr. Tep Monyrotha	Executive Director	012 970 828	rotha@scc.org.kh
SIT	Save Incapacity Teenagers	Mr. Chhun Roeurn	Executive Director	012 473 751	sit_teen@yahoo.com
VC	Vithey Chivet	Mr. Huot Totem	Executive Director	012 864 193	vitheychivet@yahoo.com
WOSO	Women Service Organisation	Ms. Sous Navan	Executive Director	012 368 410 012 877 801	woso.oungdara@yahoo.com



2015 KHANA COVERAGE

COVERAGE SUMMARY

Centers of Excellence: 13
Health Facility Sites Receiving Flagship TA: 6
Implementing Partners: 24
Provinces and Municipality: 24
Operational Districts: 71
Health Centers: 501

Strategic Partners:
CPN+
International HIV/AIDS Alliance
Flagship Consortium Partners:
FHI360, PSI/PSK

LEGEND

- Community-Based Health Facility (HF) for KP
- Community- and Health Facility-Based Coordination for PLHIV
- Flagship-Supported Health Facility Site
- Harm Reduction (PWID)
- Livelihood Demonstration Center
- Pediatric Health Facility
- CBPCS
- MStyle Package (MS)
- SMARTgirl Package (SG)
- Srey Sros Package (CoE) (SS)
- Programming for Transgender People (IP) (TG)
- Center of Excellence (CoE)
- Implementing Partner (IP)

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

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