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# **ACRONYMS** AND ABBREVIATIONS

ART	Antiretroviral therapy	MMT	Methadone Maintenance Therapy		
B-CoPCT	Boosted Continuum of Prevention to Care and Treatment	МоН	Ministry of Health		
B-IACM	Boosted Integrated Active Case Management	MOSVY	Ministry of Social Affairs, and Veterans and Youth Rehabilitation		
CBPCS	Community-Based Prevention, Care and Support	MoU	Memorandum of Understanding		
CCC	Cambodia's Country Coordinating Committee	MSF- France	Médecins Sans Frontieres-France		
CCHR	Cambodian Center for Human Rights	MSM	Men Who Have Sex with Men		
CDRR	Community Disaster Risk Reduction	NAA	National AIDS Authority		
CENAT	National Center for Tuberculosis and Leprosy Control	NACD	National Authority for Combating Drugs		
CNPUD	Cambodian Network for People Who Use Drugs	NCHADS	National Center for HIV/AIDS, Dermatology and STD		
CoE	Center of Excellence	OVC	Orphans and Vulnerable Children		
FEW	Female Entertainment Worker	OW	Outreach Worker		
GBV	Gender Based Violence	PDI+	Peer Driven Intervention Plus		
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	PLHIV	People Living with HIV		
HACC	HIV/AIDS Coordinating Committee	PSI/PSK	Population Services International/ Population Services Khmer		
HEF	Health Equity Fund	PWID	People Who Inject Drugs		
HPV	Human Papillomavirus	PWUD	People Who Use Drugs		
HTC	HIV Testing and Counseling	SDG	Sustainable Development Goals		
ID	Identification	SOGI	Sexual Orientation and Gender Identities		
IDAHOT	International Day Against Homophobia and Transphobia	SRH	Sexual and Reproductive Health		
IP	Implementing Partner	STI	Sexually Transmitted Infection		
KRC	KHANA Center for Population Health Research	ТВ	Tuberculosis		
KLLC	KHANA Livelihoods Learning Center	TG	Transgender		
KP	Key Populations	UHC	Universal Health Coverage		
KSE	KHANA Social Enterprise	UIC	Unique Identifier Code		
KSP20	KHANA Strategic Plan 2016-2020	US-CDC	United States Center for Disease Control and Prevention		
KTH	KHANA Technical Hub	USAID	United States Agency for International Development		
LAC	Legal Aid Cambodia	VSL	Village Savings and Loans		
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex	WHO	World Health Organization		

#### MESSAGE FROM

# ACTING CHAIR OF THE BOARD OF DIRECTORS



Mr. TOUCH POL PONNLOK

Cambodia is one of the few countries worldwide to have achieved the Millennium Development Goal of halting and reversing HIV prevalence in the general population and reaching its universal access target for antiretroviral therapy (ART)¹. KHANA has made a significant contribution towards this achievement, and KHANA's Annual Report 2016 provides evidence of its continued successes as a technical leader in the HIV response in Cambodia. Its unique blend of strong leadership and governance; collaboration with the

Royal Government of Cambodia (RGC); commitment to listening to the voices of the most marginalized and vulnerable communities; and its technical expertise and adaptability to the evolving needs of communities have been key, and remain critical in continued and intensified efforts to reach key populations (KPs)<sup>2</sup> and 'leave no one behind'.

As KHANA has grown and expanded its programming over the past 20 years, it has proven its ability to adapt to changing landscapes. The introduction of a new management structure and launch of its new Strategic Plan, KSP20: 2016-2020, illustrate KHANA's desire to stay relevant and operate in the most cost effective ways in order to have sustained impact on the HIV epidemic and to address the wider needs of those who are most marginalized and vulnerable. KHANA has begun this strategic journey in a way which instils confidence that it will achieve its mission to 'lead, contribute and adapt' to enable community ownership and empowerment in the HIV response, while increasingly building sustainability and longer-term social change by prioritising livelihoods, resilience to climate change, diversity, rights and gender equity. In doing so, KHANA's Strategy is closely aligned with both national and global strategic frameworks, including contributing to the Sustainable Development Goals (SDGs).

The importance of strengthening and building sustainable health and community systems and realizing the right to health for those most marginalized, by increasing access to services, remains at the heart of KHANA's work. In 2016, KHANA has continued to work very closely with other national, regional and global organisations to address the legal barriers and challenges that hinder access to HIV and health services for KPs.

As well as implementing quality programs on the ground, 2016 has been a year in which KHANA has continued to innovate, informing not only programmatic learning and development, but also building a body of evidence and substantiating advocacy and policy at national and global levels. The KHANA Center for Population Health Research published 15 peer-reviewed publications in academic journals in 2016, and KHANA hosted technical visits to share its learning of community-based HIV programs and technical innovations with other countries in the region.

As the Acting Chair of the Board, I would like to take this opportunity to highly commend the staff of KHANA, under the strong leadership of Mr Choub Sok Chamreun, for their professionalism and continued commitment to the organization and to the national HIV response. On behalf of the Board, we would like to also register our appreciation for the continued support of our donors, and for the dedicated work of KHANA's Implementing Partners (IPs). Our thanks and heartfelt appreciation also go to the communities with whom we work to ensure our programs maximise impact.

<sup>1</sup> UNAIDS, 2016. United Nations Joint Programme of Support on HIV/AIDS in Cambodia 2016-2018. Phnom Penh: UNAIDS

<sup>2</sup> Key populations include men who have sex with men (MSM); transgender (TG); entertainment workers (EW); people who inject drugs (PWID) and people living with HIV/AIDS (PLHIV)

#### INTRODUCTION FROM

# KHANA EXECUTIVE DIRECTOR



Mr. CHOUB SOK CHAMREUN

2016 was a pivotal year for KHANA, with a new streamlined management structure formally in place in January, and the launch of a new strategic plan - KSP20: 2016-2020. KHANA's new strategic plan responds directly to the changes and evolving priorities of the national context, ensuring that KHANA's programming remains relevant, evidencebased and results in long-term impact. It leverages KHANA's leading role in strenathening Cambodia's communitybased HIV response, to expand its programming beyond HIV to improve health and wellbeing, building sustainable opportunities to build a better future for Cambodia's communities. Expanding access to HIV and wider health services, building communities' resilience for new

challenges related to climate change, promoting their full access to equal socioeconomic opportunities, and reducing inequalities, are at the center of this strategic plan.

Intensifying HIV prevention efforts, particularly for KPs, and ensuring universal access to health services remains central to KHANA's organizational mandate. In 2016 KHANA continued to make a significant contribution to achieving the national targets outlined in Cambodia 3.03, supporting initiatives across 23 provinces. Through the President's Emergency Plan for AIDS Relief/ United States Agency for International Development (PEPFAR/USAID) funded HIV/AIDS Flagship project and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) project, KHANA's IPs have reached 62,528 Key Populations (KP) with HIV prevention interventions; supported HIV testing for 39,734 KP, enabling early diagnosis and linking those who are positive to HIV care and treatment. We have continued to provide care and support to 18,002 People Living with HIV (PLHIV) across the HIV care cascade, and facilitated linkages to other development initiatives, including registering for the Identification of Poor Households (ID Poor), the Health Equity Fund (HEF), which facilitates free access to health care services, hospital transportation and food during hospital stays.

KHANA's revised mission outlines our desire to remain one of the leading organizations in the HIV response, while also addressing wider health and development needs. By the end of 2016, KHANA had expanded its programming to address Hepatitis C and Tuberculosis (TB), providing Hepatitis C screening for PLHIV at Chhouk Sar Clinic in Phnom Penh and identify service gaps in

relations to community TB responses. KHANA will intensify TB case detection in four high burden provinces, contributing to intensified efforts to end TB by 2035.

KHANA continues to play an important role in advocating for and shaping national policies that promote evidence and rights-based approaches, giving a voice to the communities KHANA serves, which are often excluded due to their social status, vulnerability and marginalization. KHANA's ongoing partnership as a Linking Organisation (LO) of the International HIV/AIDS Alliance facilitates our contribution to regional and global policy work as well as the global research agenda.

Finally, KHANA's close collaboration with the Royal Government of Cambodia (RGC) is central to its programming; 2016 saw the renewal of our Memorandum of Understanding (MoU) with the Ministry of Health (MoH) for the next five years. I would like to recognize KHANA's strategic partnerships, particularly with the MoH/National Center for HIV/ AIDS, Dermatology and STD (NCHADS); National AIDS Authority (NAA); National Authority for Combating Drugs (NACD); Ministry of Social Affairs, and Veterans and Youth Rehabilitation (MoSAVY); the National Center for Tuberculosis and Leprosy Control (CENAT), and collaboration with Provincial/Municipal Health Departments at an operational level. I also take this opportunity to gratefully acknowledge the contribution and support of KHANA's donors; the leadership and direction of KHANA's Board of Directors: and the commitment and dedication of the KHANA staff. Together we will realise KHANA's vision of a Cambodia that supports community ownership and empowerment, where all people have equitable access to quality HIV and health services and sustainable development opportunities.

# 2016 EXECUTIVE SUMMARY

- O 2016 marked a critical juncture for KHANA, with the launch of a new strategic plan and a revised management structure. KSP20 articulates the organization's mission to retain its pivotal role as a leader in the HIV response, leveraging KHANA's position to strengthen Cambodia's community-based HIV response. In the next five years, KHANA will expand its programing beyond HIV to improve health and wellbeing and build sustainable opportunities for a better future for Cambodia's communities. This includes addressing broader health issues, access to economic empowerment, gender equality, rightsbased approaches, livelihoods and resilience to cope with climate change.
- KHANA's 2016 annual report focuses on achievements against four new goal areas reflected in KSP20:
- Goal 1: Contribute to eliminating new HIV infections, strengthening health systems, and achieving universal health coverage (UHC)
- Goal 2: Build human resilience through the development of sustainable community and organizational systems
- **Goal 3:** Strengthen organizational and technical capacity of civil society, including KHANA itself
- **Goal 4:** Promote diversity, rights and gender equity

- O KHANA continued to make a significant contribution to the national targets of Cambodia 3.0, contributing to eliminating new HIV infections, strengthening health systems and achieving UHC. KHANA supported initiatives across 23 provinces reaching 62,528 people with HIV prevention interventions; supporting HIV testing for 39,734 people, enabling early diagnosis and linking those who are positive to HIV care and treatment. We have continued to provide care and support to 18,002 PLHIV across the HIV care cascade, and facilitated linkages to other development initiatives including registering for the ID Poor Card and HFF services that provide free access to health care, hospital transportation and food during hospital stays.
- O Innovation and new technologies remained key, impacting on the prevention of new HIV infections and early case detection. With support from USAID through HIV/ AIDS Flagship, KHANA continued to implement an interactive, tabletbased risk-screening tool to improve the efficiency of HIV service delivery by better identifying their risk category, intensifying HIV testing for 'high risk and risk' KPs, supporting early diagnosis, and linking them to HIV care, support and treatment to ensure that people are retained along the cascade of care towards

- viral suppression. 84% of PLHIV on ART under KHANA-supported health facilities received a viral load result of less than 1,000 copies/ml. This is a significant achievement and major contribution to the national program and to the UN's 90-90-90 targets.
- O Peer-Driven Intervention Plus (PDI+) used an incentive-based snowball approach to identify new, hard-to-reach clients, particularly targeting individuals living with HIV who do not yet know their status.
- O In 2016, 1,319,493 condoms and 713,007 lubricant sachets were distributed free of charge through demonstration interventions - almost double the annual target. An additional 385,238 condoms and 100,448 lubricant sachets were sold through social marketing.
- O KHANA supported NCHADS to develop a training curriculum and tools for health care providers and trained 39 providers to provide quality clinical sexual and reproductive health (SRH) care to TG women and MSM populations to increase access to services and reduce stigma and discrimination.
- O In 2016, KHANA expanded its programming beyond HIV to address Hepatitis C and intensify its TB work. Through collaboration with MSF-France, KHANA began to provide

- Hepatitis C screening and treatment for PLHIV and KPs at Chhouk Sar Clinic. KHANA also worked with local TB organisations and CENAT to map TB programs and services and to highlight key gaps in the national TB response to leverage future funding. With support from the Stop TB Partnership, KHANA will intensify TB case detection in four high burden provinces, contributing to intensified efforts to end TB by 2035.
- O As part of its work to build an enabling environment for KPs, and in partnership with Linkages Project/
  FHI 360, UNAIDS and HIV/AIDS
  Care Cambodia (HACC), KHANA supported SMARTgirl program and two KP community networks: Bandanh Chaktomuk (national MSM network) and Cambodian Network of People Who Use Drugs (CNPUD) to document, collate and report 32 cases of violence and other rights violations. A strategic partnership with Legal Aid of Cambodia (LAC) provides legal aid, including lawyers to support court cases.
- O In 2016, KHANA Livelihoods Learning Center (KLLC) transitioned to KHANA Social Enterprise (KSE), building on the solid foundations of the economic livelihoods program to take KHANA's programming in a new strategic direction. KSE will explore ways to enhance the ability of HIV-affected communities to adapt to climate change and to implement Community Disaster Risk Reduction (CDRR).

- Efforts to mobilise resources to further explore this exciting new area of work will be a key priority for 2017 and beyond.
- O KHANA strengthened its focus on Gender Based Violence (GBV) during 2016, building the capacity of KHANA staff, CoEs, KP community networks, IPs and local authorities in Siem Reap and Battambang to improve understanding, prevention of and response to GBV. KHANA also supported SMARTgirl program to lead trainings on integrating GBV and developing Occupational Health Safety Policies into ongoing SMARTgirl, MStyle and Srey Sros programs with Female Entertainment Workers (FEWs), MSM and TG women in five provinces.
- O In 2016 KHANA organized and supported a number of advocacy and awareness raising initiatives, in collaboration with KP community networks and IPs, to increase understanding of Sexual Orientation and Gender Identities (SOGI) and to build support for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI). These included supporting LGBT Pride Week, coinciding with International Day Against Homophobia and Transphobia (IDAHOT); supporting the MSM community network. Bandanh Chaktomuk, and IP, Men's Health Cambodia (MHC), to organize anti-stigma campaigns to reduce community stigma and discrimination

- against MSM and TG women; and working with Cambodian Center for Human Rights (CCHR) Sexual Orientation and Gender Identity Project to challenge homophobia in the press.
- O KHANA Center for Population Health Research (KRC) published a total of 15 peer-reviewed publications in 2016, contributing to improving data and generating evidence to inform program planning, implementation and advocacy work. 5% Initiative approved a KRC's proposal to implement an operational research project to begin early 2017 on Mobile Link-SMS Interventions to improve health amongst FEWs. 16 partnerships with a range of academic and research institutions were established.
- O KHANA's focus on strengthening organizational and technical capacities of staff, IPs, KP networks and civil society more broadly remains central. In 2016, KHANA Technical Hub (KTH) contributed a total of 470 days of technical assistance to 31 assignments, and KHANA hosted UNAIDS-supported exchanges with NGOs and government officials from India, Indonesia, Philippines, China, and Thailand to share lessons learned on implementing the community-based HIV program.

# 2016 HIV STATISTICS



# **GLOBAL 2016**

People living with HIV (PLHIV) in 2016 36.7 million (end 2015)

Total number of new infections in 2016 2.1 million

AIDS-related deaths in 2016 1.1 million (end 2015)

People accessing treatment for AIDS in 2016

**18.2** million (June 2016) up from **15.8** million in June 2015<sup>4</sup>



### **CAMBODIA 2016**

HIV Prevalence in the general population **0.6**%<sup>5</sup>

Estimated number of PLHIV in 2016 **66,908**<sup>6</sup>

PLHIV who know their status **58,338** (Female: 31,557 and Children 3,969) <sup>7</sup>

Total number of new HIV infections in 2016 391 (Female 263)8

AIDS-related deaths in 2016 2,182 (Female 917)

PLHIV receiving ART9 56,754 (Female: 30,681 and Children: 3,626)

Estimated size of key populations

Female Entertainment workers **40,136**<sup>10</sup>

Men who have sex with men 30,891<sup>11</sup>

Transgender Women 4,093<sup>12</sup>

People who inject drugs 1,300<sup>13</sup>

<sup>4</sup> UNAIDS Fact sheet November 2016. Available at: http://www.unaids.org/en/ resources/fact-sheet)

<sup>5</sup> HIV Projection, National Center for HIV/AIDS, Dermatology and STD (NCHADS) 2016

<sup>6</sup> HIV Projection, National Center for HIV/AIDS, Dermatology and STD (NCHADS) 2016

<sup>7</sup> National Center for HIV/AIDS, Dermatology and STD (NCHADS) Report Dec 2016

<sup>8</sup> HIV Projection, National Center for HIV/AIDS, Dermatology and STD (NCHADS) 2016

<sup>9</sup> National Center for HIV/AIDS, Dermatology and STD (NCHADS) Report December 2016

# **KHANA 2016**

KP reached with prevention interventions **62,528** 

Female Entertainment workers 41,050<sup>14</sup>

Men who have sex with men 17,961

Transgender Women 3,174

People who inject drugs 343

KP who received finger prick HIV testing and counselling (HTC) 39,734

Female Entertainment workers **25,527** 

Men who have sex with men 10,787

Transgender Women 3,086

People who inject drugs 334

KP who received HTC and known their HIV positive result 267

Female Entertainment workers 94

Men who have sex with men 65

Transgender Women 101

People who inject drugs 7

PWID enrolled in Methadone Maintenance Therapy (MMT) **110** (Female: 15)

PWID accessing MMT daily doses 99 (Female: 15)

PLHIV receiving care and treatment 18,002 (Female: 10,557 and Children: 1,970)

PLHIV receiving ART 17,272 (Female: 10,187 and Children: 1,814)

PLHIV who received Community-Based Prevention, Care and Support (CBPCS) 16,741

(Female: 9,806 and Children: 1,620)

Greatest Need PLHIV who received CBPCS 11,576 (Female: 6,705)

Babies born to HIV positive women 104 (0 baby diagnosed HIV+)

Serodiscordant couples identified and followed up 2,029

Number of people provided with HIV/TB integrated services 661



<sup>11</sup> MSM size estimation 2014

<sup>12</sup> Estimated using capture re-capture in MSM size estimation 2014

<sup>13</sup> Size estimation and PWUD/PWID IBBS 2012

<sup>14 90%</sup> EW have been issued with UIC. This figure includes up to 10% risk of double counting.



# GOAL

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

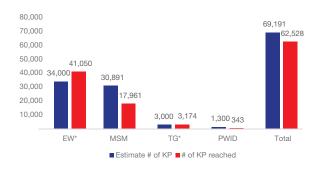
### **Objectives**

- Prevent new HIV infections and transmission
- Improve HIV case detection, treatment and adherence
- O Increase health service utilization
- O Improve equitable access to healthcare

In 2016, KHANA continued to provide substantial support to Cambodia 3.0: the elimination of new HIV infections in Cambodia by 2020. KHANA's programming supported a package of services in line with NCHADS' B-CoPCT. Under the HIV prevention framework, KHANA has implemented innovative approaches through its 12 Centres of Excellence (CoE) that target KPs, through branded programs such as SMARTgirl (for EW); MStyle (for MSM); and Srey Sros (for TG), delivered largely by peer-outreach, to bring about targeted social and behavioral change in KPs.

In 2016, KHANA and its IPs reached 62,528 KP with HIV prevention interventions. 39,734 KP were tested using finger prick HTC, and 245 were linked to care. 87% of adult PLHIV were retained in care and treatment after 12 months on ART, and 84% of PLHIV on ART registered a viral load less than 1000 copies /ml in the previous 12 months. (Please see figure 1)

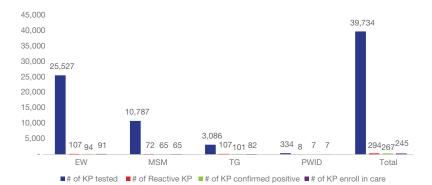
Figure 1: Comparision between national estimation and number of Key Populations reached in 2016



\* The reasons of over acheivement were likely because of minor double counting while almost 20% of KP were not yet assigned and utilized Unique Indentifier Code (UIC) that could minimize the double counting. The low-risk KP was also reached by the program because the risk screening implementation had not yet been scaled up. In addition, the national estimation was based on the estimation of FEW and TG Women using Asian Epidemic Model (AEM) since 2014, and it is not up-to-date.

The number of FEW reached was at 120% of the national estimation. The number of MSM reached was only at 58% of the national estimation although program and new strategies were implemented to reach highrisk and hard-to-reach MSM, such as Mstyle, Peer Driven Intervention (PDI) method and a risk screening tool. The number of TG Women reached was at 106% of the national estimation. The number of PWID reached contributed to 26% of the national esimation while the estimation was based on the size estimation and PWUD/PWID IBBS

Figure 2: HIV Case Detection among Key Population in 2016



These are the total achievements of HIV testing and counselling with key populations through community finger-prick testing, RTS at Chhouk Sar 1 and Chhouk Sar 2 in Phnom Penh and referal to VCCT. 3.3% of positivity of new cases was mostly reported among TG Women, 2.1% among PWID, 0.6% among MSM and 0.4% among FEW respectively. About the enrollment in care, more than 80% of them were enrolled in care. 100% in care were reported among PWID and MSM.(Please see figure 2)

In this work, KHANA remains at the forefront of technological and other innovations, for example tracking and screening for risk, case management, expanding outreach for prevention and testing, increasing linkages to care and retaining individuals in the care cascade in order to achieve viral suppression.

#### **Preventing new HIV** infections

#### Tablet-based HIV risk-screening tool

Under its HIV/AIDS Flagship Project, KHANA implemented an interactive tablet-based risk-screening tool in Battambang, Siem Reap and Kampong Cham to prioritize HTC by identifying and reaching most at risk KPs, thus supporting NCHADS' new 'Intensifying' strategy. In 2016, OWs screened a total of 4,437 EW, 2,655 MSM and 333 TG women. 62% of EW, 62% of MSM, and 72% of TG women were categorized as 'high risk' based on indicators that included: having more than seven partners per week; having sex without a condom; having sex while using drugs or alcohol; and/or having a history or symptoms of an STI. The integration of technology into this data collection tool has helped OWs to improve the quality of their work and time management, replacing paper forms and the cost of data entry. Clients also appear to be more honest in their answers and share more about their behaviours when surveyed by tablets. Scale-up of this risk screening tool is planned in 2017 to sites supported by the GFATM.

#### Using Geographic Information System (GIS) mapping

KHANA, in collaboration with HIV/AIDS Flagship partners including FHI 360 and Population Services International/ Population Services Khmer (PSI/PSK) worked with NCHADS to strengthen

efforts to 'map' KP 'hotspots' in order to more effectively target programmes and resources. Government and NGO staff working on HIV prevention programs were trained to use Geographic Positioning System (GPS) machines, tools and questionnaires and to update data to support programme design and implementation.

#### 'Pillow Talk'

In 2016, KHANA under HIV/AIDS Flagship worked through outreach workers to reach massage parlour and sauna employees and their clients with B-CoPCT service packages. KHANA supported Men's Health Social Service (MHSS) to train 41 massage parlour and sauna employees to convey information, refer MSM clients to services and promote and/or sell condoms and lubricant. (This approach is termed 'pillow talk').

#### Improving availability and accessibility of condom supplies

Through the HIV/AIDS Flagship Project, KHANA, in collaboration with PSI/PSK. worked with Government representatives, KP stakeholders - FEW, MSM, TG women. PWID. PWUD and owners of high-risk entertainment establishments (EE), to improve condom distribution, addressing issues such as: low or inconsistent availability of condoms: EE owners' reluctance to have condoms visible on premises; low visibility of condoms in health centres; condom quality issues and high volume of unregistered brands in the market.

Condoms and lubricant sachets were distributed in massage parlours, spas, saunas, karaoke parlours, beer gardens and hotspots, both free of charge through condom demonstrations and also through social marketing activities. In 2016, 1,319,493 condoms and 713,007 lubricant sachets were distributed free of charge through demonstration

interventions - almost double the annual target. In addition, through social marketing, a total of 385,238 condoms and 100,448 lubricant sachets were sold: peer-to-peer sales (66%), streetbased sales (32%), and condom vending machines (2%), with the remaining 10% distributed free of charge by OWs at high-risk venues, hotspots, and drop-in centres.

Peer-to-peer and street-based seller approaches have been highly successful in increasing availability, visibility and accessibility of condoms among KPs, especially hidden target groups around hotspots and high-risk catchment areas. In 2016, five CoE worked with 252 high-risk venues in Phnom Penh, Siem Reap, and Kampong Cham; 41% of those venues had condoms available on site. To improve the sustainability of this approach, peer condom sellers and street-based condom sellers were linked to nearby condom wholesale outlets so that they could continue to purchase products at preferential prices to re-sell in their high-risk venues. The peer-topeer initiative enables EWs to purchase condoms at times suited to their work; improves anonymity and reduces the embarrassment of buying condoms in large quantities. Peer sellers earn \$10-\$20/month from the sale of condoms.

In 2016, 69.4% of MSM reported maintaining correct and consistent condom use with male partners in the past three months, and 61.9 % TG women reported maintaining correct and consistent condom use with male partners in the past three months<sup>15</sup>.

#### Integrating Human Papillomavirus (HPV) screening with HIV testing and treatment

Cervical cancer is the most common form of cancer among women in Cambodia, and women living with HIV are between two and 12 times more likely to develop it16. Prior to October 2015,

<sup>15</sup> MSM-IBBS/size estimation published in 2015 and the TG-IBBS in 2016

<sup>16</sup> Sneden, J et al. 2012. Integrating Cervical Cancer Screening into HIV Services in Sub-Saharan Africa. Evidence2Policy Initiative. September, 1–4. Retrieved from http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/e2pi-integrating-cervical-cancer.pdf

there was no provision in Cambodia for cervical screening dedicated to women living with HIV, or KPs, such as FEW. In 2016, Chhouk Sar Clinic, a CoE offering KP friendly services in Phnom Penh, integrated HIV testing with HPV screening, screening 1,042 clients for cervical abnormalities<sup>17</sup>.

### Improving HIV case detection, treatment, and adherence

#### Partner notification tracing and testing

In 2016, KHANA worked with ART clinics to support the tracing and testing of partners, an important intervention to enable those who test HIV positive to have timely access to ART and to work with others, including serodiscordant couples, to maintain their HIV-negative status. In 2016, 296 partners of PLHIV in four ART clinics (Siem Reap, Kampong Cham, Pochentong and Meanchey) were traced and followed up; 292 were tested for HIV, with 65 testing positive and enrolled in ART services. KHANA provided care and treatment services to 18,002 PLHIV, accounting for 31% of

the total coverage under the national HIV program. (See Figure 3)

### Community-based finger-prick

Since 2015, KHANA has prioritized strengthening and expanding its community-based HTC approach. In 2016, in collaboration with FHI 360, KHANA introduced small test kits for lav counsellors to take to harder-to-reach locations and/or to locations where greater confidentially is needed, such as rental dwellings. In partnership with NCHADS, KHANA conducted trainings with OWs. In 2016, OWs tested 39,734 individuals using finger-prick testing, 267 of whom were confirmed HIV positive (~0.7%) and enrolled in health services, with 96 receiving ART.

KHANA and FHI 360 are working closely with the United States Center for Disease Control and Prevention (US-CDC) and NCHADS to support the implementation of an HTC Quality Assurance/Quality Control pilot at 15 health centres and 13 communities in Battambang, Kampong Cham, Siem Reap, and Phnom Penh. Through the HTC Technical Working Group, KHANA is also involved in revising HTC guidelines and HTC training curriculum for healthcare providers in collaboration with NCHADS, the World

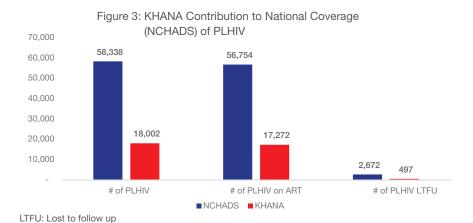
Health Organisation (WHO) and IPs.

#### PDI+

In August 2016, KHANA initiated Peer-Driven Intervention Plus (PDI+) for MSM, TG women and PWID in Phnom Penh and Siem Reap. The PDI approach, originally used only with PWID, uses an incentive-based snowball mechanism to identify new clients, particularly individuals living with HIV who do not yet know their status. PDI+ uses the same snowballing approach, but extends to all KPs, including MSM, TG women and PWID and links HIV-positive clients directly to community case managers (employed by the CoE/IP) who facilitate critical linkages with care and treatment services at health facilities, for example ensuring that those who test HIV positive receive confirmatory testing and are enrolled in and maintained along the cascade of care.

#### Reaching hidden and hard-toreach MSM and TG women with Panpa and Mae Phum ('Brokers')

To expand coverage to hard-to-reach and marginalized populations, KHANA have supported IPs to train Panpa and Mae Phum ('brokers') as OWs and HIV testing providers. These brokers, already known and trusted, provide information on HIV, including testing and referral services, to other people in their networks. With KHANA support, MHSS and MHC trained 19 brokers in Phnom Penh and Siem Reap: 13 MSM from MStyle and six TG women from Srey Sros. They provided HIV information to 369 MSM and 60 TG women, the majority of whom had not been reached by other programs. Following this, 65 MSM and 40 TG women were screened for STIs. 29 TG women received HIV testing, three of whom were subsequently referred to clinics for confirmatory testing and enrolment in care and treatment.



<sup>17</sup> Penfold S, 2016). 10 Innovations from the USAID HIV/AIDS Flagship. KHANA, Phnom Penh, Cambodia

#### Addressing Hepatitis C and intensifying efforts to end TB

In 2016, KHANA expanded its programming beyond HIV to address Hepatitis C and to further intensify its TB work. Through collaboration with MSF-France, KHANA began to provide Hepatitis C screening and treatment for PLHIV and KPs at Chhouk Sar Clinic to address the growing burden of Hepatitis C in Cambodia, KHANA also worked in partnership with local TB organisations and CENAT to map TB programs and services and to highlight key gaps in the national TB response to leverage future funding. With support from the Stop TB Partnership, KHANA began to intensify TB case detection in four high burden

provinces, contributing to intensified efforts to end TB by 2035. This work will continue to be a priority for KHANA in 2017 and beyond.

### Increasing access to and utilization of health services

KHANA continues to play a key role in strengthening health systems by providing extensive technical assistance (as described under Goal 3) in efforts to increase both access and the quality of services provided, particularly for KPs. Specifically, KHANA has addressed stigma and discrimination of MSM

and TG women in healthcare settings, supporting NCHADS to develop a health care provider training curriculum and trained providers in selected sites to improve the quality of sexual and reproductive health services offered to these populations. Additionally, KHANA's collaboration with FHI 360 through the HIV/AIDS Flagship Project has increased service uptake amongst 'hidden' MSM in particular, through mHealth innovations such as MyCommunity (websites and Facebook pages) and Voice4U (a toll-free hotline for HIV information and online counselling). KHANA has also supported a mapping of PLHIV and ID Poor households eligible to receive financial and social support to better access government health services.



### Case Study

Sreythea, is a mother of two children. When she was diagnosed with HIV she felt isolated, frightened and worried about the future. At first she didn't want to speak with anyone in her family or village and became isolated. A Community Active Case Manager (CACM) from one of KHANA's CoEs - Salvation Center Cambodia (SCC) met Sreythea, but she felt unable to accept her HIV status and didn't want to speak with him, and she didn't show up for appointments. Over time, the CACM was able to build a relationship of trust with Sreythea; he finally managed to persuade her to make a hospital appointment some distance away from her home, because Sreythea did not want her family or villagers to know she had HIV.

Now pregnant with her third baby, SCC provides ongoing support to Sreythea to access a range of services including Prevention of Mother to Child Transmission (PMTCT), care and treatment support through home-visits. and ART at the provincial hospital. SCC also supports her to access Government welfare services, including financial support to build a house.



# GOAL

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

#### **Objectives**

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

The changing HIV epidemic and the need to empower communities affected by HIV in a more sustainable way has led KHANA to explore beyond the immediate health needs of HIV-affected individuals, to factors such as quality of life, food security, livelihoods, education, community and the environment. Such determinants contribute significantly to health of the individual, affecting healthseeking behaviour, treatment adherence, access to information, longer-term social empowerment, and improved socioeconomic and general health outcomes. Within this context, the KHANA Livelihoods Learning Center (KLLC) has been operating the economic livelihoods program for PLHIV and other KPs since early 2011.

In 2016, KLLC transitioned to KHANA Social Enterprise (KSE), and under

KSP20 will build on the solid foundations of the economic livelihoods program to take KHANA's programming in a new strategic direction. KSE will explore ways to enhance the ability of HIVaffected communities to adapt to climate change and to implement Community Disaster Risk Reduction (CDRD). As this represents a new area of work for KHANA, KSE began to implement this objective in 2016 and efforts to mobilise resources to intensify to implement this objective will be a key priority for 2017 and beyond.

#### Increasing access to income and employment opportunities for communities

KSE has delivered economic strengthening and sustainable livelihoods training to HIV-affected households and those with orphans and vulnerable children (OVC). KSE takes a household asset maximization approach to promote secure livelihoods for PLHIV and OVC, with the ultimate goal of improving health outcomes. Clients are empowered with technical livelihood skills to produce enough nutritional foods for their own household; generate additional income and increase asset retention and food security; and improve access to primary and secondary education and health care.

KSE has two sites - in Kampong Speu and Kampong Chhnang provinces - that act as Centres of Excellence, providing peer learning, skills sharing and practical training in resource and financial management, home gardening and livestock farming.

Clients are also provided with cash grants for investment in income-generating activities. KSE supports Village Savings and Loans (VSL) cooperatives that promote pro-savings behaviour and improve self-resilience. The pooled savings provide members with low-risk and low-cost access to small capital and emergency funds; as well as loans to group members to conduct incomegenerating activities. KHANA livelihood team guides the use of savings, helps to generate business ideas, and identify as skills building needs, referring clients to KSE and its team of KHANA Economic Livelihood Specialists. 309 VSL groups with 3,918 members are currently operating across 13 provinces.

Clients of the economic livelihoods program are households mainly headed by women living with HIV or households of vulnerable children affected and infected by HIV. Often in these target households the husband/father has died of HIV or abandoned the family. Due to HIV and gender norms these households are extremely marginalized. They have restricted livelihood opportunities due to poor health, stigma and discrimination, and lack of skills and investment capital.

Other key populations such as FEW, MSM, and PWUD also benefit from the program.

In 2016, KSE collaborated with KRC and the University of Tokyo in a study to examine the impact of a livelihood program on the mental health of PLHIV in Cambodia; findings from this study have been incorporated into ongoing programs. KSE has already begun exploring potential integration

of HIV-affected households with other livelihoods projects and will continue to strengthen linkages with these projects and with social protection schemes such as the ID Poor Card and the HEF.



family were living in Oddor Meanchey province when they were both diagnosed with HIV. They experienced stigma and feeling ashamed when villagers wouldn't talk to them and other parents prevented children. He says, 66my wife and I absolutely suffered from this infection. The family 99.

Sophoeut and his wife had no jobs or income and their poor living discrimination, led Sophoeut to want to commit suicide. They decided to leave no land, the health of the whole family deteriorated. Sophoeut built a basic shelter on the pavement.

Staff from SCC-CoE became aware of the family's situation and visited his home, uniforms and other essentials. SCC staff supported Sophoeut and his wife to Reap province.

Today the family live in Trapeang Ses village in Siem Reap province. SCC-CoE has supported Sophoeut to get a job as a security guard through their Community Based Education project, paying 80 USD per month, while his wife earns 113 USD per month from her work as a cook. In day selling young fish 'fingerlings' which



# GOAL

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

### **Objectives**

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

KHANA's focus on strengthening organizational and technical capacities of staff, IPs, KP networks and civil society more broadly remains central. Supported by major funding grants obtained through USAID and GFATM and income generated through the KTH and KRC, KHANA is committed to effectively design, pilot, implement and replicate technical innovations, such as those funded under HIV/AIDS Flagship Project, GFATM, and KRC, that can then inform the development of guidelines, frameworks, and policies at the national level, in addition to disseminating lessons learned and good practice with other countries and organizations in the region and globally.

In 2016, KHANA continued to strengthen the governance and leadership of its IPs, supporting 12 of them to transition to become Centres of Excellence (CoE): Cambodian Women for Peace and Development (CWPD) - two centres; Korsang (KS); Men's Health Cambodia (MHC) - two centres, one for MStyle

Program and one for Srey Sros; Men's Health Social Service (MHSS); Phnom Srey Organization for Development (PSOD); Angkor Hospital for Children (AHC); Salvation Service Center (SCC); ARV Users Association (two centres - one in Phnom Penh and a second in Kampong Cham) and Chhouk Sar Clinic. The centres provide technical leadership, strong project management and implementation. In 2016, 90% of KHANA partners reported a strengthened capacity to implement their work.

In building CoEs, KHANA has focused specifically on developing new approaches to improve detection of new HIV cases and provision of support along the HIV cascade, but has also supported the development of strategic plans and helped to identify new resource generating opportunities to promote sustainability. In 2016, the CoEs played a critical role, sharing their technical expertise, resources and lessons learned through the HIV/AIDS Flagship project, and sharing technical innovations in sites funded by the GFATM. Staff and peers from each CoE become the technical support providers to other IPs and NGOs across Cambodia.

### Strengthening organizational capacity of community networks and supporting KP leadership

KHANA continues to support KP leadership and the institutional strengthening and advocacy activities of the SMARTgirl program, as well as national KP networks - Bandanh Chaktomuk (national MSM network), and CNPUD (national network of PUD), to strengthen the voices of KPs and their abilities to advocate effectively to promote their rights. In 2016, KHANA supported the development of job descriptions for Executive Committee members, recruitment of network coordinators, and provided ongoing mentoring and coaching.

KHANA provided training to BC members on Global Fund processes to support their engagement on Cambodia's Country Coordinating Committee (CCC) and to strengthen MSM and TG women voices in community dialogues and concept note development processes. The CCC includes four KPs representatives from MSM, TG women, PWID, and EW communities.

In 2016, KHANA supported BC's members, especially myself, to get more understanding about Global Fund structures and its processes. This really helped me to raise specific issues related to MSM and TG women through the CCC and make sure that these were addressed.

Kong Bunthorn, Coordinator of BC and MSM Representative on the CCM



#### **Enhancing and** scaling up technical **Innovations**

Through the HIV/AIDS Flagship Project, and in collaboration with consortium partners (FHI 360 and PSI/PSK), KHANA plays a leading role in developing and coordinating 'cutting edge' technical innovations that respond to emerging HIV prevention and treatment needs, particularly for KPs. By documenting these innovations, disseminating lessons learned and providing training and skills transfer to key stakeholders, including specifically Government representatives, Flagship Consortium partners, KHANA CoE and implementing partners and donor agencies, these activities are then incorporated into other national programs (including those supported by the GFATM) promoting their sustainability.

#### Unique Identifier Codes (UIC)

In 2016, KHANA rolled out the UIC system to community and health facilities to track the services received by individual KPs, consequently improving linkages between community and health facilities, enabling better case monitoring, improving follow up and referral pathways and reducing double counting. In 2016, KHANA and PSI/PSK organized workshops for Government and NGO staff from six provinces, in collaboration with NCHADS, and provided technical support to IPs and CoE on UIC code development, timely card distribution, correctly recording relevant codes when KP access various services, and monitoring the use of UIC in their databases. By December 2016, 81% of reached KPs (50,946/62,528) have been assigned with UIC, and 80% of the printed cards (26,234/32,647) were distributed to them. NCHADS integrated UIC into its Pre-ART/ART database at sites including Chhouk Sar 1, Chhouk Sar 2, Khmer-Soviet Friendship Hospital, Preah Kossamak Hospital, Kampong Cham Provincial Hospital, and Siem Reap Provincial Hospital. By the end of 2016, four health facilities and all KHANA CoE were using UIC to effectively track KPs across the HIV cascade.

Totally, 73% (194/267) of new case detection among key populations utilized UIC and 78% (190/245) of enrolled KPs presented UIC to outreach workers and health providers.

#### Viral load testing and early ART initiation

KHANA continues to strive to improve quality HIV care, treatment and integration services to achieve universal health coverage, as identified in its

first strategic goal. In 2016 KHANA remained a critical partner of NCHADS in its transition from a model of Integrated Active Case Management to a new boosted model that extends to encompass treatment as prevention. KHANA provided technical capacity building, coaching and mentoring to ART clinics in 12 high-risk operational districts, as well as transitioning three of its IPs to become CoE in this technical area including Chhouk Sar Clinic in Phnom Penh, Angkor Hospital for Children (AHC) in Siem Reap and the ARV User's Association (AUA) in Phnom Penh and Kampong Cham. Technical support focused on early ART initiation; viral load testing; improving the management of PLHIV on ART; and partner notification tracing & testing (PNTT) strategies to ensure that people access services and are retained along the cascade of care towards viral suppression.

### Strengthening technical capacity to respond to **Hepatitis C**

In collaboration with TREATAsia, KHANA organized an intensive training on viral Hepatitis for 76 participants from KHANA's IPs, collaborating partners, UN agencies, and Government partners. This responded to findings from a large-scale survey on Hepatitis C mono-infection and HIV co-infection among pregnant women and PLHIV in four selected provinces, conducted earlier in the year by KHANA Center for Population Health Research (KRC) in collaboration with University of Health Sciences, Phnom Penh, under USAID Flagship Project, and KSP20 focus on expanding beyond HIV to address broader priority health concerns.

#### KHANA Technical Hub

In 2016, KHANA revised its technical hub tools, procedures and consultant database, to strengthen its consultant recruitment and management processes,

following the Hub's transition from the Alliance to KHANA Technical Hub in 2015. In addition, KTH developed its branding package, including updating its website within the sub domain of KHANA's website. This year, the KTH contributed a total of 470 days of technical assistance to 31 projects, primarily to clients in Cambodia, but also including UNAIDS/Indonesia and UNAIDS/India.

KTH facilitated a learning exchange program for Government and NGO partners from India and the Philippines to share KHANA CoE experience in implementing the Community-based HIV Testing Program for KPs, in particular MSM and TG women. In collaboration with UNAIDS, Chinese delegates were also hosted to learn about KHANA's partnership with NCHADS/MoH. In addition, the KTH also documented HIV/ AIDS Flagship funded programmatic innovations to inform creative approaches in other areas; conducted a systematic review on HIV Pre-Exposure Prophylaxis (PrEP) among MSM and TG women; conducted research on adolescents living with HIV; and supported the establishment of a national TB network and the development of a TB program in line with the HIV program.

#### KHANA Center for **Population Health** Research (KRC)

KRC was established in 2015 to provide evidence-based information to support policy development and advocacy to improve the health wellbeing of people in Cambodia. KRC conducts robust scientific research that responds to the national and global needs of scientific evidence, and contributes to wider scientific and academic communities through dissemination of research findings. It aims to expand national, regional and international partnerships with private sector, government, and academia in population health research.

Within KHANA, KRC has worked collaboratively with KTH to ensure optimal use of regional lessons learned and good practices in HIV care and prevention. The center has successfully conducted a number of high quality research studies, publishing research articles in international peer-reviewed journals and submitting successful grant proposals to major funding agencies. At the end of the year, the KRC received a grant from 5% Initiative to implement an operational research project to begin early 2017 on Mobile link-SMS intervention to improve health of FEW.

In 2016, KRC contributed to improving data and generating evidence to inform program planning and implementation, publishing a total of 15 peer-reviewed publications focusing on HIV risk factors, HIV prevention (including the impact of mobile technologies), program coverage and changes in HIV prevalence with KPs (PWID/PWUD, MSM, EW and TG women); the impact of livelihoods interventions with PLHIV; cost/benefit analysis of HIV integrated care and prevention programs in Cambodia; the IBBS of Transgender Women and size estimation of MSM population in Cambodia. KRC worked closely with national institutions such as NCHADS, NAA, National Institute of Public Health, University of Health Sciences, and the HIV Innovate and Evaluate Project in Cambodia, in addition to academic institutions from around the world. including several in the US, Japan, UK, Singapore, Hong Kong and Thailand. In 2016, 16 partnerships were created for the purposes of advancing health and development research and 15 national programs/policies were influenced by KHANA led innovations and research.





# GOAL

# PROMOTE DIVERSITY, RIGHTS AND GENDER EQUITY

#### **Objectives**

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

KSP20 places a strong emphasis on promoting diversity, gender equity and rights. In 2016 KHANA worked together with community networks and representatives from KPs and other vulnerable groups - including MSM, TG women, EW, and PWID/PWUD to conduct advocacy and awarenessraising activities to influence the direction of national policies and programs, making certain that national dialogues are informed by those who are affected most and promoting rights-based and evidence-informed approaches and solutions. KHANA also worked closely with national bodies including NAA, NCHADS, Ministry of Interior, and relevant ministries through participation

on relevant national Technical Working Groups. Key priorities included human rights (including documenting, reporting and responding to rights violations); GBV; SOGI, and advocating for a Support Don't Punish approach to drug use in response to the proposed Anti-Drug Campaign.

# Promoting an enabling environment for KPs and LGBTI

# Documenting, monitoring and responding to human rights violations

KHANA is committed to supporting more effective documentation, monitoring and responses to violence and other rights violations at community level. In 2016, and in partnership with Linkages Project/ FHI 360, UNAIDS and HACC, KHANA delivered training to three KP community networks, CoE and IPs on reporting and documenting violation cases against KPs, including providing information on human rights, GBV and sexual assault, forms of stigma and discrimination and effective mechanisms to report and document cases. KHANA has provided ongoing support to the three KP community networks, each one with a focal point designated to document, collate and report cases at community level. Building broad and strategic partnerships with legal aid, health providers, lawyers and human rights organisations is important

to ensure an enabling environment for this work. The Consortium have developed a partnership with Legal Aid of Cambodia to provide legal aid services and lawyers to support those cases that go to court. A total of 32 cases have already been reported following the recent training.

# Taking a 'Support Don't Punish' approach to Drug Use

KHANA supported the Cambodian Network for People Who Use Drugs (CNPUD), and KORSANG (KS) to organize a consultative meeting among CSOs working with PWUD/PWID to share concerns about the Government's proposal to implement an Anti-Drug Campaign. The meeting aimed to clarify the campaign's implementation plan, advocate for the rights of PWUD, and identify opportunities for CNPUD and NGOs/CSOs to become involved, including sharing evidence-based approaches to promote harm reduction rather than criminalisation as an effective strategy and connecting PWUD to appropriate care and treatment services. KHANA also continues to work with the media in Cambodia to raise concerns about the impact of the Anti-Drug Campaign.

In response to this proposed campaign and to mark the "International Day against Drug Abuse and Illicit Trafficking" in Cambodia, KHANA and CNPUD conducted a dialogue promoting the messages of the global campaign

### Case Study: Reporting and Responding to Violations against People Who Use Drugs (PUD)

Cambodian Network for People who Use Drugs (CNPUD) is a community network providing support to PWUD at grass-roots level and conducting advocacy with Government and other key stakeholders to ensure that the voices of PUD (PWID/PWUD) are heard. Following concerns over the treatment of PWUD, KHANA provided training and support to CNPUD to document and report cases of members who were violated or arrested by local police. Critically, CNPUD also works closely with local authority, police and rehabilitation centre officials to respond to these cases and release PUD from detention centres. CNPUD has already reported and responded to 10 rights violations within a short time period, catalysing other KP community networks to document and respond to rights violations in a similar way.



'Support. Don't Punish.', that advocates against the criminalisation of PWUD/ PWID. Representatives from the FHI 360 Linkages Project, WHO, and UNAIDS gave technical inputs on current drug trends in Cambodia, and advocated for the development of an effective policy response that respects both evidencebased approaches and human rights principles, and effective treatment options for PUD in order to address HIV, other infections such as Hepatitis C and to promote their broader health outcomes. Representatives from NACD, NAA, MoH, MoI, Police Commissariat, CSOs and community networks participated in the dialogue.

KHANA's work on harm reduction is further supported by a regional grant from the GFATM 'Harm Reduction Advocacy in Asia', led by Alliance India, to remove legal barriers to access harm reduction services, strengthen community systems and strategic information across six countries in the region, including Cambodia. As such. KHANA's national advocacy work leverages the good practice and lessons learned resulting from its partnership with other linking organisations of the International HIV/ AIDS Alliance and facilitates new regional partnerships, such as with Asian Network of People Who Use Drugs (ANPUD).

### Increasing the focus on GBV

KHANA supported SMARTgirl program to lead trainings on integrating GBV and developing Occupational Health Safety Policies into ongoing SMARTgirl, Mstyle and Srey Sros programs with EWs, MSM and TG women in five provinces (Banteay Meanchey, Battambang, Kampong Cham, Pursat and Siem Reap), promoting safety mechanisms in the workplace and providing advice and support on legal assistance when rights are violated. Additionally, KHANA integrated a focus



on GBV within trainings delivered to KP community networks, CoE and IPs and local authorities in Siem Reap and Battambang to improve understanding of the issues, and strengthen programming to prevent and respond to GBV. KHANA has also developed its own staff capacity on both GBV and SOGI, through training and education.

### Raising public awareness and support on Sexual Orientation and **Gender Identities** (SOGI)

KHANA organized and supported a number of advocacy and awareness raising initiatives, in collaboration with KP community networks and IPs, to increase understanding of SOGI and to build support for LGBTI.

#### LGBT Pride Week and IDAHOT

KHANA supported LGBT Pride Week event, coinciding with the International Day against Homophobia, and Transphobia (IDAHOT), and organized in collaboration with civil society

organizations and key stakeholders supporting LGBT issues in Cambodia, such as UNAIDS. The events aimed to raise awareness among program and policy makers, particularly those in senior Government positions, of the issues facing LGBT and how these can be best addressed through changes in relevant laws, policies, national guidelines and strategic plans.

#### Anti-stigma against MSM and TG campaigns

KHANA supported the MSM community network, Bandanh Chaktomuk, and IP MHC to organize community fora and anti-stigma campaigns in Battambang and Siem Reap respectively in order to reduce community stigma and discrimination against MSM and TG, and to promote access to health and related services for these KPs. Collectively, the two events reached over 200 people, including representatives from local authorities, police, parents/guardians, and MSM and TG women themselves. mobilizing support for the Mstyle Program and the MSM and TG women communities.

Working with artists, media and celebrities to challenge homophobia and promote 'Test and Treat' campaign

KHANA worked in collaboration with NAA to conduct HIV/AIDS sensitization among media writers and Khmer Artist Association members. Celebrities and artists were encouraged to act as role models, promoting key messages of the 'Test and Treat' campaign through photo and video shoots as a way to disseminate messages to hard-to -reach KPs who may be their fans. In another initiative, KHANA collaborated with the Sexual Orientation and Gender Identity Project of Cambodian Center for Human Rights (CCHR) to deliver training on human rights and SOGI with media writers/editors focusing on challenging homophobia in the press.

### **Promoting KP** leadership and representation

KHANA is committed to promoting the engagement and leadership of those who are marginalized and vulnerable, including KPs, LGBTI and women in program development, implementation and policy dialogue. KHANA's ongoing support and capacity building of the three KP community networks, as described under Goal 3, is instrumental to this and KHANA facilitates mechanisms and

platforms to support their engagement at national, provincial and community levels to ensure that their voices are heard by decision and policy makers, health service providers and other relevant stakeholders. For example, KHANA provides support to the National Technical Working Group on MSM and TG women, under the leadership of NAA, and this year facilitated the national MSM network BC to join this group and the MSM and TG Core Group (led by NCHADS). Similarly, a representative from SMARTgirl program was invited to join the EW Core Group (led by NCHADS) and Tripartite Coordination Committee (led by Ministry of Labour and Vocational Training). CNPUD was engaged in national

consultative meetings and dialogues with the Department of Mental Health and Substance Abuse, Ministry of Health to develop service packages for PWUD, including community-based treatment.

#### Facilitating KP Community Dialogue

KHANA also supports KP engagement in provincial and community level meetings and events. For example, this year KHANA supported three KP community networks, CNPUD, SMARTgirl program, and BC to conduct community dialogues with their respective communities in Siem Reap, Banteay Meanchey, Battambang and Pursat. This proved an effective

mechanism to hear and collate KP voices, stories and issues, which have been subsequently strengthened the advocacy activities of the KP community networks and KHANA.

#### New Generation Leadership **Training**

In 2016 KHANA supported PSOD to provide refresher New Generation Leadership training tailored to young KPs to build their knowledge and develop their leadership, representation and advocacy skills to become young leaders on HIV/AIDS, role models for their peers and to participate actively in articulating the needs of young people/KPs and shaping the national response.



# LOOKING FORWARD: KHANA'S PRIORITIES FOR 2017

In 2016, KHANA consolidated its new management and organizational structure and launched its exciting new Strategic Plan, KSP20, which was developed through a participatory process involving key stakeholders such as Government representatives and donors, KHANA staff, Board of Directors and Implementing Partners. In 2017 and beyond, KSP20 will guide KHANA's programming, enabling the organization and its IPs to remain committed to implementing the Cambodian Sustainable Development Goals (CSDGs), contributing to UHC in 2017, and following the principles of Leave No One Behind!18

#### The following represent key priorities for KHANA in 2017:

- O Prioritize resource mobilization opportunities to support activities under Goal #2 of the KSP20. Due to funding restrictions, KHANA made less progress implementing activities outlined under Goal 2: Build human resilience through the development of sustainable community and organizational systems. Successful funding raising and diversification in order to implement interventions outlined in the KSP20 are therefore a priority. These include promoting access to income and other financial resources by offering skills building on livestock raising, home gardening, etc., implementing Village Savings Loan models; facilitating access to vocational training and linkages to job placements; and activities to support communities to deal with the impact of climate change and natural disasters.
- O Ensure skills transfer of key technical innovations developed by PEPFAR/ USAID under the HIV/AIDS Flagship Project to NCHADS to ensure future sustainability, with support from the Global Fund, and prepare and implement close out of the project. The HIV/AIDS Flagship Project, for which KHANA is the Prime in a consortium with FHI 360 and PSI/PSK, ends in November 2017. KHANA has worked closely with the consortium partners, NCHADS and other donors since the beginning of the project to continuously share good practice and lessons learned to ensure that these are scaled up through other programmes. KHANA documented 10 of the most significant innovations at the end of 201619 and in the final implementation year will ensure their incorporation where possible within existing Government and other donor funded programmes. KHANA will also implement the recommendations from the findings of the end-line evaluation of the Flagship Project to contribute to achieving the Cambodia 3. 0 Initiatives.
- O Leverage and diversify funding opportunities current funding cycles of USAID-Flagship and Global Fund come to an end in late 2017, risking the sustainability of some critical community health initiatives and services, including KP-friendly clinics such as Chhouk Sar Clinic and Medicine De L'Espoir Cambodge (MEC). KHANA will engage with GFATM and will participate in the PEPFAR/ **USAID Country Operational Planning**

- process for 2018-2020 to advocate for the continued prioritization of community-level activities, particularly in HIV prevention. Additionally, KHANA will leverage its own expertise, and its ability to pilot, design, implement, and replicate innovations in order to explore other funding resources beyond traditional donor streams to ensure an ongoing model of community-led services and selected facilities.
- O Expand the technical scope of work building on linkages with existing programming for KPs; for example, increasing KHANA's focus on TB and Hepatitis C. KHANA will focus on the implementation of TB Reach Wave 5, funded by the Stop TB Partnership, to support and intensify the process to detect and treat new TB cases in four high TB burden provinces in Cambodia. KHANA will also to continue to implement the Hepatitis C work begun in 2016.
- O Intensify the focus on GBV, SOGI and Human Rights. In 2017, KHANA will continue to strengthen the focus on GBV and SOGI, supporting the development of a SOGI and GBV training manual and delivering accompanying training to all CoEs and IPs to strengthen their capacity in these areas. KHANA will also support sustainable initiatives whereby empowered community members will carry forward work on SOGI and GBV.
- O Strengthening evidence-based approaches and technical innovations including mHealth. KRC, supported

<sup>18</sup> The commitment to 'leave no one behind' has been a key feature of all the discussions on the post-2015 agenda and the SDGs.

<sup>19</sup> Penfold S, 2016). 10 Innovations from the USAID HIV/AIDS Flagship. KHANA, Phnom Penh, Cambodia

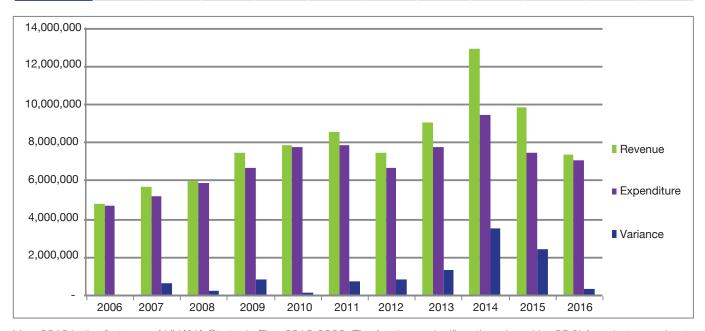
by 5% Initiative, will implement an Operational Research Project on EWs. The project will work with SMARTgirl, MStyle and Srey Sros programs to increase the use of technology to promote behavior change and increase access to HIV services for EW. In addition, KRC will continue to support the NCHADS to implement the routine sentinel surveillance survey including PWUD/PWID size estimation and IBBS.

O Continue to adapt to evolving national context. KHANA's consideration of broader social and economic determinants, policy and operational research will continue to inform how the organization most effectively responds to needs and will continue to contribute to improving the health and well-being of individuals and communities. In following this approach, KHANA will also be in a position to continue to adapt to changing contexts, support and influence national level plans, focus on regional and international priorities, and advance progress towards the Sustainable Development Goals.



# **FINANCIAL INFORMATION FOR 2016**

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Revenue (USD)	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	7,350,191
Expenditure (USD)	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	7,022,999
Variance (USD)	85,329	582,389	158,344	770,275	145,155	675,362	820,515	1,323,451	3,427,064	2,370,801	327,191
Non-utilization	2%	10%	3%	10%	2%	8%	11%	15%	27%	24%	4%
Rate											



Year 2016 is the first year of KHANA Strategic Plan 2016-2020. The fund was significantly reduced by 25 % from last year due to the project closed -out of USAID/SAHACOM and EC/Asia Action. KHANA was able to utilize the fund received during the year by 96% which is the result of collective efforts and synergies of KHANA, consortium partners, and implementing partners to improve program performance. The utilization result is comparatively higher than the previous years.

# LEADERSHIP AND STAFF IN 2016

Name	Sex	Position (Title)
BOARD MEMBERS		
Marie-Odile Emond	F	Board of Directors (Country Director of
		UNAIDS)-Outgoing
Toch Pol Ponlork	M	Vice Chairperson and Interim Chair of
		Board (Deputy Team Leader of ADB-
		Grant Project, NCSS)
Phon Sampha	M	Treasurer (Group Head of Corporate
		Strategy and Organizational
		Development)
Neou Sovattha	F	Member (Youth and Gender Equality
		Programme Officer at UN Women,
		Phnom Penh)
Pen Monorom	F	Member (Finance Manager, Norwegian
		People's Aid)
Srun Srorn	M	Member (Independent Consultant)
Suos Premprey	M	Member (Senior Program Manager,
		Health, Development Cooperation,
		Australian Embassy)
Masamine Jimba	M	Member (Professor and Chair,
		Department of Community and Global
		Health, Graduate School of Medicine,
		The University of Tokyo)
So Sok Bunthoeun	М	Member
TECHNICAL ADVISO		
Tea Phauly	M	Technical Advisor (Outgoing)
Sarah Knibbs	F	Technical Advisor (Outgoing)
Ou Sophanarith	M	Technical Advisor (Deputy CEO Canadia Bank)
David Wilkinson	М	Technical Advisor (International Health
		Consultant)

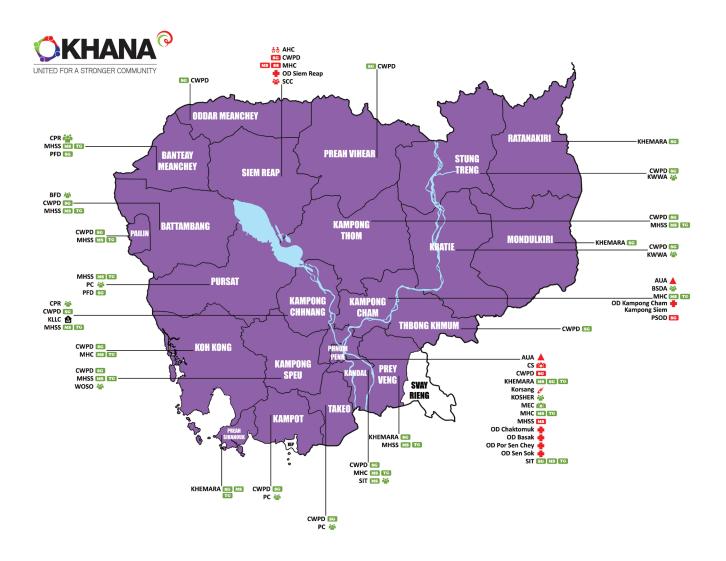
Name	Sex	Position (Title)
KHANA STAFF 2016		
An Virak Rithy	F	Senior Admin and Procurement Officer
Cheav Thary	M	Senior Finance Officer
Chhim Kolab	F	Deputy Chief of Party and Manager:
		HIV Care and Treatment
Chhim Satya	M	Grant Management Officer
Chhit Thy	M	Technical Advisor: HIV Care, Support,
		Treatment and Innovation
Chhith Vannak	F	Finance Officer
Chhoun Pheak	М	Research Fellow
Chhun Mony	M	Grant Management Officer
Oudum		
Chhun Samnang	M	Driver
Choub Sok	M	Executive Director/ Chief of Party HIV/
Chamreun		AID Flagship Project
Chrea Sunnarith	M	Grant Management Officer
Hak Siphirath	F	Grant Management Officer
Hak Sreylen	F	Grant Management Officer
Heng Kiry	M	Database Management Officer
Hong Sokky	F	Finance Officer
Hul Sivantha	F	Manager: HIV Prevention and
		Innovations (Outgoing)
Kang Chansambo	F	Grant Management Officer
Keo Samring	M	Driver
Khay Sovann	M	Database Management Officer
Kheng Sokan	M	Senior Database Management Officer
Kim Sopheak	F	Senior Finance Officer
Kong Veasna	M	IT Officer
Kun Someth	M	Senior HR Officer



Name	Sev	Position (Title)
Leng Kalyan	F	Manager: KHANA Support Service
Long Raiyan	'	Center Center
Ly Congley	М	Project Director: Global Fund
Ly Sangky	F	Finance Officer
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Ngin Chanrith	M	Senior Research Advisor
Ny Socheat	M	Technical Advisor: Health Facility
Ong Seyha	М	Quality Assurance and Quality Control
D 11(1 D 1	_	Officer
Pal Khuon Dyla	F	Research Fellow
Penh Phanith	M	Admin & Contracting Officer
Phorng Chanthorn	M	Advocacy Officer
Prom Chanrith	M	Manager: Strategic Information and
		Innovations
Phy Pha	M	Grant Management Officer
Saman Dimara	M	Senior M&E Officer
Sau Kessana	М	Grant Management Officer
Seng Por Srourn	M	Grant Manager
So Kimhai	М	Technical Advisor: HIV Prevention and
		Innovations
Sok Meng Heang	М	Senior Finance Officer
Sok Vatola	М	Senior Monitoring and Evaluation Officer
Sopha Ratana	М	Manager: HIV Prevention and
		Innovations
Sou Sochenda	F	Manager: Organizational and Institutional
		Development
Sron Samrithea	М	Manager: Social Enterprise (outgoing)
Subash Das	М	Organization Program/Finance Strategic
Shrestha		Management Consultant
Thy Sokunthearo	М	Admin Officer
Tith Hieng Seka	F	Technical Advisor: HIV Prevention and
		Innovations
Tith Khimuy	M	Project Director: Global Fund (outgoing)
Tuot Sovannary	М	Research Manager
Van Sengly	М	Driver
Yen Sothea	M	Driver
Yi Siyan	M	Research Director
Yim Tythono	M	Training Officer
Yun Chandarany	F	Grant Management Officer
VOLUNTEERS		
Khay Vathana	М	Admin Assistant
Kim Rithidet	М	Communication Officer
Mok Sun Hour	M	Monitoring and Evaluation Assistant
Pen Sambath	М	Finance and HR Officer
Teang Vannarath	F	Reception Officer
Sor Pich Srey Leak	F	Admin Assistant: Reception
Puthy Arya	F	Grant Management Assistant

# **IMPLEMENTING** PARTNERS IN 2016

NGO	Full name
AUA	ARV Users Association
AHC	Angkor Hospital for Children (Center of
Allo	Excellence)
AUA	ARV Users Association (Two Centres of Excellence: Phnom Penh and Kampong Cham)
BFD	Buddhism for Development
BSDA	Buddhism and Society Development
DODA	Association
CPR	Community Poverty Reduction
CS	Chhouk Sar Clinic (Center of Excellence offering KP-friendly services)
CWPD	Cambodian Women for Peace and Development (Two Centres of Excellence for SMARTgirl Program: Phnom Penh and Siem Reap)
Khemara	Khemara
KOSHER	Key of Social Health Educational Road
KS	Korsang (KHANA Center of Excellence for
NO	Harm Reduction)
KWWA	Kampuchea Women Welfare Action
MEC	Medicine De L'Espoir Cambodge
MHC	Men's Health Cambodia (Two Centres
	of Excellence: MStyle and Srey Sros
	Programs: Siem Reap)
MHSS	Men's Health Social Service (KHANA Center of
	Excellence for MStyle Program: Phnom Penh)
PC	Partner in Compassion
PFD	Poor Family Development
PSOD	Phnom Srey Organization for Development
	(KHANA Center of Excellence for
000	SMARTgirl program: Kampong Cham)
SCC	Salvation Center Cambodia (Center of
SIT	Excellence)
	Save Incapacity Teenagers  Warran's Savine Organisation
WOSO	Women's Service Organisation





Health Facility CoE: 6
Community CoE: 13
IP Sites receiving Flagship TA: 26
HF Sites Receiving Flagship TA: 6
Implementing Partners: 20
Provinces and Municipality: 23
Operational Districts: 61
Health Centers: 527
Strategic Partners:
CPN+
International HIV/AIDS Alliance

Flagship Consortium Partners:

FHI360, PSI/PSK

# Center of Excellence (CoE) Implementing Partner (IP) Community-Based Health Facility (HF) for KPs

Community- and Health Facility-Based Coordination for PLHIV

Flagship-Supported Health Facility Site

Harm Reduction (PWID)

Livelihood Demonstration Center 🚯 Pediatric Health Facility 🚓

Community-Based Prevention, Care and Support (CBPCS)

MStyle Package MS SMARTgirl Package SC

Srey Sros Package (CoE) SS

**LEGEND** 

Programming for Transgender People (IP) TG



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

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