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ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral therapy
B-CoPCT	Boosted Continuum of Prevention to Care and Treatment
B-IACM	Boosted Integrated Active Case Management
BC	Bandanh Chaktomuk
CBPCS	Community-Based Prevention, Care and Support
CCC	Cambodia's Country Coordinating Committee
CCHR	Cambodian Center for Human Rights
CENAT	National Center for Tuberculosis and Leprosy Control
CFCS	Challenge Facility for Civil Society
CNPUD	Cambodian Network for People Who Use Drugs
CoE	Center of Excellence
CS	Chhouk Sar (clinic)
CWPD	Cambodia Women for Peace and Development
EAC	Enhanced Adherence Counseling
FEW	Female Entertainment Worker
GBV	Gender Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HACC	Health Action Coordinating Committee
HPV	Human Papillomavirus
HTC	HIV Testing and Counseling
ID	Identification
IDPC	International Drug Policy Consortium
IP	Implementing Partner
KRC	KHANA Center for Population Health Research
KP	Key Populations
KSE	KHANA Social Enterprise
KSP20	KHANA Strategic Plan 2016-2020
KTH	KHANA Technical Hub
LGBT(I)	Lesbian, Gay, Bisexual, Transgender (and Intersex)
MHC	Men's Health Cambodia
MHSS	Men's Health Social Services
MMT	Methadone Maintenance Therapy
MoH	Ministry of Health
MOSVY	Ministry of Social Affairs, and Veterans and Youth Rehabilitation
MoU	Memorandum of Understanding
MSM	Men Who Have Sex with Men
NAA	National AIDS Authority
NACD	National Authority for Combating Drugs
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NFM	New Funding Model (for GFATM)
OD	Operational District
PASP	Provincial AIDS and STI Program
PDI+	Peer Driven Intervention Plus
PHD	Provincial Health Department
PLHIV	People Living with HIV
PNTT	Partner Notification, Tracing, and Testing
PSI/PSK	Population Services International/ Population Services Khmer
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
SOGI	Sexual Orientation and Gender Identity
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TG	Transgender
UHC	Universal Health Coverage
UIC	Unique Identifier Code
UNODC	United Nations Office on Drugs and Crime
US-CDC	United States Center for Disease Control and Prevention
USAID	United States Agency for International Development
VIA	Visual Inspection with Acetic Acid
VSL	Village Savings and Loans
WHO	World Health Organization

MESSAGE FROM THE INTERIM CHAIR OF
THE BOARD OF DIRECTORS

MR. TOCH POL PONNLOK

In July 2017, UNAIDS declared that seven countries, including Cambodia, were on target to fully achieve the so-called 90-90-90 goal of 90 per cent of PLHIV knowing their status; 90 percent are sustained on ART; and 90 per cent maintaining viral suppression. This is a long-awaited achievement, for which Cambodia, its government, NGOs and Civil Society Organizations can be justifiably proud.

After 21 years of commitment to improving the lives of people affected by HIV, KHANA is undoubtedly the NGO in Cambodia that has provided unrivaled leadership in recent years among NGOs, underpinned by a combination of experience, coverage and expertise. In 2017 this is funded through the USAID HIV/AIDS Flagship, Global Fund's New Funding Model, the French "5%" initiative and TB REACH WAVE 5 Grant from the Stop TB Partnership for our standalone TB Intensifying Case Detection Project.

As the epidemic shrinks in Cambodia, it becomes increasingly difficult to identify the undiagnosed final 10 percent of people living with HIV. KHANA's work in testing and refining ideas such as the "Peer Driven Intervention plus" (PDI+), initiatives such as "pillow talk" and through social media/virtual outreach such as Voice4U, have however successfully contributed to identifying individuals not previously reached by conventional outreach models.

Providing focused, innovative service delivery, technical support and advocacy requires a strong evidence base. Which is why I was delighted to see KHANA publish 15 separate peer-reviewed papers in international journals, on issues ranging from HIV prevalence among Transgendered Women; Non-Communicable Diseases among PLHIV; Inconsistent condom use by sweethearts; and the Transition to Adult Care for children living with HIV in Cambodia.

At the same time, funding is declining, and doing-more-with-less is what is expected of all of us in the HIV and AIDS sector. This year the HIV Innovate and Evaluate Project found that KHANA's use of PDI+ reduced the cost-per-case-identified among key populations, by more than half its previous cost. This is a remarkable achievement, and represents KHANA's determination to do the very best for the people of Cambodia within these new resource constraints.

KHANA's achievements are down to the wholehearted commitment of all of its staff, and its implementing partners. As the Interim Chair of the Board, I would like to take this opportunity to thank Mr. Choub Sok Chamreun for his leadership of KHANA. He and the Management Team have shown tireless commitment to ensuring KHANA remains a leader in the HIV and AIDS response in Cambodia.

On behalf of the Board, I would like to express my deep gratitude to all of our partners in government, NGOs but especially to our donors. Without your foresight and care for our shared humanitarian endeavors, our work would not be possible.

Finally, my thanks go to the individuals and communities whom we serve. Your trust in us enables us to give our very best back to you, and to ensure that coverage reaches those most in need. I and the rest of the Board, look forward to KHANA continuing to serve those in greatest need in our nation in 2018 and beyond.

INTRODUCTION FROM KHANA'S EXECUTIVE DIRECTOR

MR. CHOUB SOK CHAMREUN, M.A

Partnership for Universal Health Coverage is a clear objective for KHANA. For KHANA, better health can only be achieved when access to essential services is improved in the communities in which we work. For example, in 2017 KHANA has been working hard to improve access through its TB programs.

Within Cambodia, KHANA has been drawing on its expertise in HIV, to adapt and translate effective ways of reaching individuals with TB, who are as yet undiagnosed. For example, using KHANA's experience to bring PDI+ to TB programming makes perfect sense.

Similarly, two of KHANA's key strengths lie in listening to beneficiaries and working with other local partners. This year KHANA began work on two new networks to do just that. The first is for NGOs in the TB sector to learn from each other and exchange information, and the second is to give those affected by TB a voice at both local and national level.

KHANA has seen over many years that investing in CSO and NGO networks requires both money and human resources. For HIV and AIDS this is critical to achieving the 90-90-90 target in 2020, and in TB it is equally important to identifying new cases, ensuring compliance and minimizing opportunities for multi-drug resistant TB to spread.

As Cambodia takes greater local ownership of the response to HIV/AIDS, we acknowledge with pride and deep gratitude, the Royal Government of Cambodia's investment in treatment.

In the same way, it is essential to invest in prevention, and KHANA believes the government understands the importance of this and hopes they consider also identifying funding.

In the meantime, 2017 is a year when donor funding for HIV/AIDS programs decreased further in Cambodia, and with it, the number of NGOs also declined further. Every time a local NGO closes, institutional memory, local connections and often services, are all lost. That is why KHANA is working with existing partners to develop business plans, to supplement donor-income with new sources, to ensure survival and continue responsive, local services remain in place where possible.

Looking ahead to 2018, we commit to ensuring services continue to exist to enhance access to HIV and AIDS, SRH, drug-related, and TB services remain. We will work with the Royal Government of Cambodia and the national programs so that Cambodia is still a champion for the key public health priorities, and continues to be a showcase for others in demonstrating effective, national responses.

We commit to working with government and partners to implement the national strategic plans in 2018 for HIV and AIDS and scaling up of TB work, and development of networks, and ensuring the roll out of universal health coverage. KHANA will do this by maximizing technical assistance, with a clear thematic focus, and by collaborating with other organizations through technical assistance.

Multiple challenges lie ahead for the health of people in Cambodia. For Universal Health Coverage in 2018, KHANA will consider ways to further improve sexual and reproductive health, and address non-communicable diseases such as hepatitis, and female-related cancers by providing information and education.

Finally, I would like to wish all our partners best wishes including prosperity, good health, and success within our shared mission in 2018.

EXECUTIVE SUMMARY

- In 2017 KHANA's HIV prevention programs reached 65,560 individuals within the Key Populations, representing 86% of the estimated total for the whole of Cambodia; 43,885 received a finger-prick HIV test and 285 were found to be HIV positive.
- KHANA supported 18,563 PLHIV in care and treatment, of whom 11,572 met the definition of being in "Greatest Need"

Goal 1 – Contribute to Eliminating new HIV infections, Strengthening Health Systems and achieving Universal Health Coverage

- In July 2017, UNAIDS declared that seven countries are on track to "fully achieving the 90–90–90 targets". The seven countries include only two in Asia, Cambodia and Singapore, in addition to Botswana, Denmark, Iceland, Sweden and the United Kingdom.
- While the HIV and AIDS epidemic in Cambodia continues to decline, so too does the funding for the sector. Ironically, finding new cases of HIV is becoming harder representing an increased cost-per-case found. Many of those willing to be tested have already been reached. Others may underestimate their chance of being infected, while others know the risks but choose not to be tested. Reaching both of these groups remains both essential and challenging, requiring new ways of working
- Through the USAID-funded HIV/AIDS Flagship, in partnership with PSI/PSK and Global Fund project, KHANA distributed 1,819,456 condoms and 846,838 sachets of lubricant free and sold 389,556 low-cost condoms and 98,580 sachets of lubricants.

mHealth

- In 2017, the SMARTgirl, MStyle, and Srey Sros websites had 7,212 unique visitors; and 47,023 users called the interactive Voice4U service, with 174,821 Voice4U messages/reminders sent out.

Peer-Driven Intervention Plus (PDI+)

- Around 10% of KHANA's HIV testing currently comes from PDI+, and is already resulting in increased levels of those with reactive tests who did not know their status, representing HIV positivity rates of 2.2% (MSM), 3.1% (TG), 1.8% (PWID), and 1.7% (FEWs). Preliminary findings by the USAID-funded HIV Innovate and Evaluate Project were statistically significant and showed that PDI+ is more cost-effective than the outreach model in detecting new HIV cases among KP, with an average cost per HIV case via PDI+ being nearly three times lower than that via traditional outreach.

Enhancing HIV Treatment and Adherence for All

- **KHANA has worked closely with NCHADS and other stakeholders including US-CDC, WHO, UNAIDS, FHI 360 to update and revise:**

  (1) Testing and counseling guidelines for HIV and syphilis;

  (2) The curriculum for enhanced adherence counseling (EAC) to improve the adherence of ART patients with treatment failure

  (3) Standard Operating Procedures (SOPs) for the Boosted Integrated Active Case Management (B-IACM);

  (4) Standard Operating Procedures (SOPs) for HIV index tracing through Partner Notification, Tracing, and Testing (PNTT); and

  (5) Consolidated SOPs of the community actions to achieve the three 90s targets.

  (6) The concept of PDI+

  (7) Community ICT for Prevention

Boosted Integrated Active Case Management (B-IACM)

- Over 90% of all people living with HIV, who were eligible for viral load testing, actually received the test on time and at least 80% of them showed good results, having a viral load of less than 1,000 copies per ml
- 88% were retained on ART after 12 months

Improving TB Detection and Links to Treatment

KHANA continues to provide important contributions to the National TB program. This year it delivered a higher yield, by adapting existing ideas, at low cost, to improve case finding, bringing service quality improvements across multiple organizations, not simply KHANA's direct beneficiaries.

- KHANA was awarded a grant from the Stop TB Partnership's Challenge Facility for Civil Society (CFCS) Round 7 to strengthen the community response to TB.

- KHANA worked with the TB community and initiated two TB new networks. The first is NGO-focused and serves to strengthen collaboration and the exchange of information. The second is a new community network that provides a space for people with TB, or those affected by TB, to have a unified, powerful voice.

- In 2017, KHANA received a grant to implement the Community-based Innovations for Revitalized TB Active Case Finding (ACF) for Improved Detection and Linkage to Treatment. The project covers four Operational Districts (ODs), and from August to December 2017, 2,316 people were tested for TB. Among those tested, 499 people were diagnosed with TB (all forms of TB), equal to around a 22% yield of positivity; 486 people (97%) with TB positive were initially treated.

- Through six HIV Flagship-supported health facilities, 2,485 new TB cases were detected, and 98% were tested for HIV. Of these 22 of them (1%) were confirmed HIV positive and all 22 were initiated onto ART.

HPV Screening for those at Greatest Risk

- The screening for HPV cervical lesions and cancer for FEWs has been integrated into services offered at Chhouk Sar (CS): 998 women were screened and 25 were VIA positive. Of these, 11 were treated with cryotherapy and 14 were referred for further investigation. In line with international research elsewhere, this showed HIV+ female entertainment workers at Chhouk Sar were four times more likely to have pre-cancerous lesions or require further investigations or treatment for cervical cancer.

Goal 2 – Build human resilience through the development of sustainable community and organizational systems

- This year has seen further substantial reductions to HIV program funding, reinforcing the need for more sustainable approaches among NGOs. KHANA has been working with the USAID-funded Capacity Building of Cambodia's Local Organizations project to run workshops, and assist with identifying alternative sources of finance. As a result, six clubs for SMARTgirl, MStyle and Srey Sros and Chhouk Sar clinic have all developed business plans for involving new sources of income.

Goal 3 – Strengthen Organizational and Technical Capacity of Civil Society including KHANA itself

- NGO Capacity Assessment of all 19 conducted in the final quarter of 2017 found 12/19 of Implementing Partners scored "good" or "exemplary" at the end of the program, in contrast to only 2/19 at the start of their contract and the number who were "satisfactory" had halved from 15/19 to 7/19

- In 2017, KHANA supported the updating of GIS mapping of hotspots and workplace venues of KP in 12 Operational Districts (ODs)

- In early 2017 KHANA secured funding for a Mobile Link research project from the French government's 5% initiative, to evaluate the efficacy engaging FEWs through frequent short message services (SMS) or voice messages (VM) that link them to existing high-quality services including HIV testing.

Improving Services for All Through Research

- This year saw the publication of 15 peer-reviewed journal articles from KHANA's Research Center. Topics covered ranged from HIV prevalence among Transgendered Women; Non-Communicable Diseases among PLHIV; Inconsistent condom use by sweethearts; Harm reduction intervention and policies and the Transition to Adult Care for children living with HIV in Cambodia.

- In conjunction with NCHADS, two Integrated Biological and Behavioral Surveys have been completed. The first was among Female Entertainment Workers and the second among People Who Use Drugs.

Goal 4 – Promote diversity, rights and gender equity

- KHANA is one of the sub-recipients of the Global Fund-supported Harm Reduction Advocacy in Asia project, led by Alliance India, as Principle Recipient.
- KHANA led a Harm Reduction Consultative Meeting and Harm Reduction Police training, where the Secretary General of Cambodia's NACD, requested collaboration between KHANA, and MoH to improve Community Based Drug Treatment in Cambodia
- KHANA has worked to empower and promote the meaningful engagement of KP in service delivery and policy level.

2017 HIV AND AIDS STATISTICS

Global 2017

- People living with HIV (PLHIV) **36.7** million (end 2016)
- Total number of new infections **1.8** million (2016)
- AIDS-related deaths **1** million (2016)
- PLHIV on Antiretroviral Therapy (ART) **20.9** million (June 2017)[1]

Cambodia 2017

- HIV Prevalence in 2017 **0.6%**[2]
- Estimated PLHIV in 2017 **68,678**[3]
- PLHIV in care **59,238** (Female: **32,029** and Children **3,552**)[4]
- Total number of new infections in 2017 **572**[5]
- AIDS-related deaths in 2017 **2,272**
- PLHIV receiving ART[6] **58,516** (Female: **31,661** and Children: **3,408**)

KHANA 2017 Key Populations (KP)	Estimated size of KP	KP reached with prevention interventions	KP who received finger prick HIV testing and counselling (HTC)	KP who received HTC and received their HIV positive result
Total	76,420	65,560 (86%)	43,885(67%)	285 (0.6%)
Female entertainment workers	40,136[7]	43,720[8]	28,542	80
Men who have sex with men	30,891[9]	17,800	12,537	168
Transgender women	4,093[10]	3,595	2,550	34
People who inject drugs	1,300[11]	445	256	3

1 UNAIDS Fact sheet 2017. Available at: http://www.unaids.org/en/resources/fact-sheet)
2 Spectrum/AEM Modelling 2016, National Center for HIV/AIDS, Dermatology and STD (NCHADS) 2016
3 HIV Projection, National Center for HIV/AIDS, Dermatology and STD (NCHADS) 2016
4 National Center for HIV/AIDS, Dermatology and STD (NCHADS) Report Q4 by Dec 2017
5 HIV Projection, National Center for HIV/AIDS, Dermatology and STD (NCHADS) 2016
6 National Center for HIV/AIDS, Dermatology and STD (NCHADS) Report Q4 by Dec 2017
7 KHANA/NCHADS size estimation 2015 (Now recognised as under reporting the number of FEW based on our current information/programming)
8 90% FEW have been issued with UIC. This figure includes up to 10% risk of double counting.
9 MSM size estimation 2014
10 Estimated using capture re-capture in MSM size estimation 2014
11 Size estimation and PWUD/PWID IBBS 2012

PWID who enrolled in Methadone Maintenance Therapy (MMT)

104

(Female: 16)

PWID accessing MMT daily doses

82

(Female: 14)

PLHIV in care and treatment

18,563

(Female: 10,850 and Children: 1,445)

PLHIV receiving ART

18,209

(Female: 10,666 and Children: 1,375)

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

17,292

(Female: 10,119 and Children: 1,142)

Greatest need PLHIV who received CBPCS

11,572

(Female: 6,741)

Babies born to HIV positive women

92

(2 baby diagnosed HIV+)

Sero-discordant couples identified and followed up

2,119

(4 Sero-Conversion Couples)

TB patients tested HIV and received their results

2,485

TB patients tested HIV and received their positive results

22

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

Objectives:

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

In July 2017, UNAIDS declared that seven countries are on track to "fully achieving the 90–90–90 targets". The seven countries include only two in Asia, Cambodia and Singapore, in addition to Botswana, Denmark, Iceland, Sweden and the United Kingdom.[12]

While the HIV and AIDS epidemic in Cambodia continues to decline, so too does the funding for the sector. Ironically, finding new cases of HIV is becoming harder representing an increased cost-per-case found. Many of those willing to be tested have already been reached. Others may underestimate their chance of being infected, while others know the risks but choose not to be tested. Reaching both of these groups remains both essential and challenging, requiring new ways of working.

In 2017 KHANA has continued pursuing Goal 1 through the USAID funded HIV/AIDS Flagship; the Global Fund-supported New Funding Model (NFM). Both grants have enabled KHANA to pursue all four objectives, through high-level support to the national program and through front-line service delivery to key populations (KP) and people living with HIV (PLHIV), in line with NCHADS' Boosted Continuum of Prevention to Care and Treatment (B-CoPCT) and newly developed Boosted Integrated Active Case Management (B-IACM).

KHANA's primary focus for the detection of new cases is with the female entertainment workers (FEWs), men who have sex with men (MSM), transgender women (TG) and people who inject drugs (PWID). The combined coverage of USAID-funded HIV/AIDS grant and the Global Fund NFM has enabled KHANA to provide services in 23 out of the country's 25 provinces/municipality. This demonstrates KHANA's unrivalled combination of expertise and experience within Cambodia.

IMPROVING HIV PREVENTION

The three branded prevention programs, SMARTgirl (for FEWs), MStyle (for MSM) and Srey Sros (for TG) continue to evolve and adapt in 2017. Strategic Behavioral Communication approaches identify key messages every quarter that are pre-tested with key populations to ensure relevance and resonance. These require considerable local input to be successful. In the last year, there have been two SBC Master Trainer workshops, with 114 participants.

Funding from the USAID-funded HIV/AIDS Flagship, KHANA has continued to develop and refine innovations through their 12 USAID-funded Centers of Excellence (CoEs). In 2017, the national program has formally adopted:

- Peer-Driven Intervention plus (PDI+)
- Social media/virtual outreach (inc. mHealth)
- Community HIV testing service supported by quality assurance/control measures
- KP Branded Programs

Availability of Condoms

Through the USAID-funded HIV/AIDS Flagship, in partnership with PSI/PSK and Global Fund project, KHANA has continued to improve access to both free and low-cost condoms and lubricants. Increased access to condoms for female FEWs reduces the chance of acquiring HIV and other STIs.

1,819,456 condoms distributed:	**846,838** sachets of lubricant to
980,668 to FEWs	300,568 to FEWs
630,904 to MSM	416,896 to MSM
168,334 to TG	129,374 to TG
39,550 to PWID	
389,556 condoms & **98,580** sachets of lubricant sold	

12 UNAIDS. "Ending AIDS Progress towards the 90–90–90 Targets." Geneva, 2017. http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf

EXTENDING HIV CASE DETECTION

In total, KHANA reached 65,560 individuals within these KPs in 2017. Of these 43,885 took an HIV test, the majority of whom were FEW (67%) while MSM, TG women, and PWID accounted for 27%, 5%, and 1%, respectively in comparison with the total number of HIV testing. The number of KP tested is still low—only approximately 67% of all reached KPs because only those considered high risk and at-risk KPs are encouraged to take an HIV test.

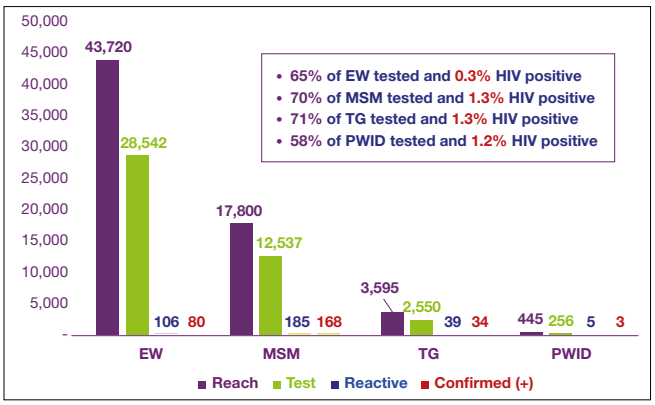


Figure 1: HIV Case Detection by Key Population in 2017

Of those tested, 285 (0.6%) individuals were confirmed HIV positive. This low level of detection demonstrates the need to move away from conventional outreach models, if the country is to succeed in identifying harder-to-reach undiagnosed individuals living with HIV.

mHealth

mHealth builds on USAID's SMARTgirl, MStyle, and Srey Sros program brands to deliver two components, "My Community" (interactive websites and Facebook pages offering GIS-mapped service locations and downloadable referrals) and "Voice4U" (interactive voice response system that provides callers with online counseling, on-demand HIV information, and medication/appointment reminders).

In 2017, the websites had 7,212 unique visitors; and 47,023 users called the Voice4U service, with 174,821 Voice4U messages/reminders sent out.

This year, the HIV/AIDS Flagship rolled out the use of messaging for MSM through Grindr, BoyAhoy, and Hornet geosocial networking apps to reach and promote HIV testing among unreached MSM. In 2017, this resulted in 98 users accepting HIV tests, and 10 reactive cases being identified.

Peer-Driven Intervention Plus (PDI+)

In 2017, KHANA rolled out the Peer Driven Intervention Plus (PDI+) approach to all CoE and TA sites. PDI+ is an incentive-based, peer-centered, snowballing approach where seeds are provided with coupons to recruit peers within their networks to access risk screening and HIV testing services at PDI+ locations. Some of these peers are further encouraged to get their fellow peers to access the HIV services via the same process.

Around 10% of KHANA's HIV testing currently comes from PDI+, and is already resulting in increased levels of those with reactive tests who did not know their status, representing HIV positivity rates of 2.2% (MSM), 3.1% (TG), 1.8% (PWID), and 1.7% (FEWs). Preliminary findings by the USAID-funded HIV Innovate and Evaluate Project were statistically significant and showed that PDI+ is more cost-effective than the outreach model in detecting new HIV cases among KP. The average cost per HIV case via PDI+ ($7,912) was nearly three times lower than that via traditional outreach ($19,982).

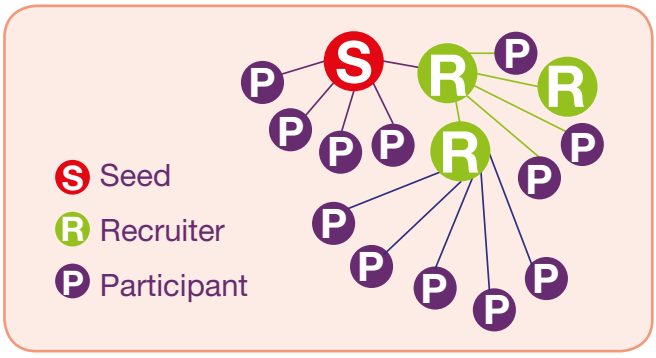


Figure 2 – Peer Driven Intervention Plus (PDI+) Model

ENHANCING HIV TREATMENT AND ADHERENCE FOR ALL

Updating and Revising National Guidelines

KHANA has worked closely with NCHADS and other stakeholders including US-CDC, WHO, UNAIDS, FHI-360 to update and revise:

1. Testing and counseling guideline for HIV and syphilis;
2. The curriculum for enhanced adherence counseling (EAC) to improve the adherence of ART patients with treatment failure
3. Standard Operating Procedures (SOPs) for the Boosted Integrated Active Case Management (B-IACM);
4. Standard Operating Procedures (SOPs) for HIV index tracing through Partner Notification, Tracing, and Testing (PNTT); and
5. Consolidated SOPs of the community actions to achieve the three 90s targets.
6. The concept Note of PDI+
7. Community ICT for Prevention

Boosted Integrated Active Case Management (B-IACM)

Bopha receiving post-test counselling at VCCT

Bopha, a 24 year old HIV positive pregnant woman living in a remote commune in Siem Reap province. She had her first antenatal care (ANC) check-up at Siem Reap Provincial Hospital where B-IACM was first piloted. A midwife at the clinic encouraged her to get HIV testing, and the result was reactive. She was accompanied by a case management supporter to get her confirmatory test on the same day at a voluntary confidential counseling and testing (VCCT) center within the hospital. She was confirmed HIV positive and offered post-test counselling, and supported by a case management team to be enrolled for ART. On the same day, the B-IACM team convinced Bopha to bring her husband for HIV testing. He was also found to be HIV positive and registered in the same ART clinic. Bopha delivered a baby boy five months later. With a close follow-up and support from the beginning, her baby was free from HIV.

The technical assistance and mentoring to IP sites focused on (1) strengthening ART initiation and (2) viral load testing and management of people living with HIV on ART with detectable viral load of more than 1,000 copies per ml by clinicians. Over 90% of all people living with HIV in each ART cohort, who were eligible for viral load testing, actually received the test on time and at least 80% of them showed good results, having a viral load of less than 1,000 copies per ml.

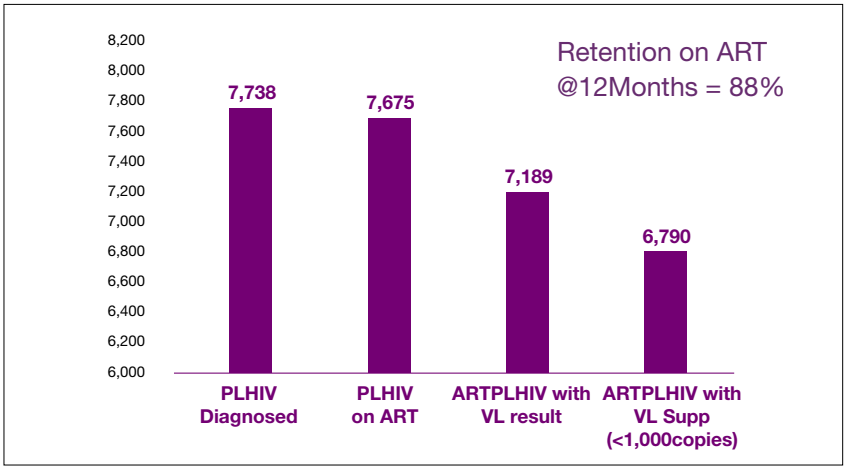


Figure 3 HIV Care Cascade in 7 CoE/TA-HF by Sept 2017

INCREASING HEALTH SERVICE UTILIZATION

Sak and his care taker receiving education session on ARV adherence

Sak was born in 2000, and diagnosed HIV positive in 2006, and he commenced ART in June 2007. Sak's mother gave ARV to her son on time, correctly and carefully as advised, and Sak consequently remained in good health with an undetected Viral Load (VL).

In late 2015, he began to miss his regular appointments. His mother informed KHANA he had left home and was living with friends and his girlfriend.

A Peer Educator met Sak and informed him about HIV, and the importance of treatment adherence. Together they visited the adult clinic several times, before successfully transitioned to his new service. Since then Sak has not missed a single follow up appointment and is in good health. He is still in school and planning to take his high school exam.

KHANA developed a monitoring checklist for FP service management (including patient flow, supply, and reporting) and the quality of service delivery. This ensured providers continued (1) screening for unmet needs, (2) offering informed choice counselling, and (3) referring the clients with unmet needs to access the services they need. This resulted in 4,836 individual FEWs being screened for unmet need, and 1,437 receiving integrated family planning and HIV services.

IMPROVING TB DETECTION AND LINKS TO TREATMENT

KHANA continues to provide important contributions to the National TB program, delivering a proven higher yield. KHANA's expertise in other sectors allows it to adapt existing ideas, at low cost, to improve case finding.

These innovations are for national implementation and bring service quality improvements across multiple organizations, not simply KHANA's direct beneficiaries.

Strengthening the community response to Tuberculosis

KHANA was awarded a grant from the Stop TB Partnership's Challenge Facility for Civil Society (CFCS) Round 7 to strengthen the community response to TB. The project aims to build, strengthen and mentor the national TB community.

KHANA worked with the TB community to develop a mapping report of community action, and identify coverage and service gaps in the existing response. This resulted in a TB NGO Service Directory and assessment report, which were shared with the National program, stakeholders and grantees.

This year KHANA initiated two new TB networks. The first is NGO-focused and serves to strengthen collaboration and the exchange of information between those working on the TB response in Cambodia. The second is a new community network that provides a space for people with TB, or those affected by TB, to have a unified, powerful voice and to ensure that TB services are responsive to the needs of the community, and are informed by and accountable to those who need these services the most.

In 2017, KHANA received a grant to implement the Community-based Innovations for Revitalized TB Active Case Finding (ACF) for Improved Detection and Linkage to Treatment. KHANA's existing community HIV infrastructure allowed easy integration, and creating synergy, and adaptation of the Peer Driven Intervention (PDI+) for newly detected TB cases in Cambodia.

The project covers four ODs (Don Keo, Kampong Chhnang, Mongkul Borey and Siem Reap). From August to December 2017, 2,316 people coming with peer-referral coupon were verbally screened and all of them were tested for TB. Among those tested, 499 were diagnosed with TB (all forms of TB), yielding approximately 22% positivity; 486 people (97%) with TB positive were initially treated.

At operational district level, KHANA has provided TA to six health facilities through the HIV/AIDS Flagship project. The emphasis is to ensure that all new TB patients know their HIV status and are enrolled in ART if tested positive. Across 6 ODs, 2,485 new TB cases were detected, and 98% were tested for HIV. Of these 22 of them (1%) were confirmed HIV positive and all 22 were initiated onto ART.

HPV SCREENING FOR THOSE AT GREATEST RISK

The screening for HPV cervical lesions and cancer for female FEWs has been integrated into services offered at Chhouk Sar (CS) in collaboration with the Sihanouk Hospital Center of Hope (SHCH). One medical doctor and one midwife were trained at SHCH in February 2015 to implement visual inspection with acetic acid and "one-day" visits, and a cryotherapy machine was also set up to provide services to FEWs. Women with suspected cervical cancer lesions were transferred to SHCH or other national hospitals (such as Calmette or Khmer Soviet Friendship Hospital) for further diagnosis and treatment.

HIV Status	# of HPV screens	# & % VIA positive	# of cryo therapy among VIA-positive	Possible cervical cancer, referred out
PLHIV	190	14 (7.4%)	7	7
Non-PLHIV	808	11 (1.4%)	4	7
Total	998	25 (2.5%)	11	14

Of these, 11 were treated with cryotherapy and 14 were referred for further investigation. In line with international research elsewhere, this showed HIV positive female entertainment workers at Chhouk Sar were four times more likely to have pre-cancerous lesions or require further investigations or treatment for cervical cancer than HIV negative entertainment workers.

Female Entertainment worker screened for HPV cervical lesions and cancer

GOAL 2

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

Objectives:

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

Originally KHANA was funded by the Global Fund to assist some of the most vulnerable PLHIV through their Village Savings and Loans (VSL) initiative. While donor funding has ended and VSLs are now owned by local communities, KHANA remains committed to supporting them through periodic monitoring and supervision to ensure their impact is maintained, and schemes continue. In total, there are 106 current/functioning VSLs with 2,233 members.

Village Saving and Loans Group Meeting in Kampong Chhnang Province

Village loans create income and savings

Mr. Mom feeding pig for his additional income generation

Mr. Mom is 44 years old, and lives in Sdok Commune, Kampong Speu province. In 2005, both he and his wife, and subsequently his two children were all diagnosed HIV positive. At the time, he became depressed, gave up work and even locked himself in his house.

In 2009 with assistance from KHANA-IP Women Service Organisation (WOSO), Mr. Mom and his wife became volunteers with the NGO. He gained a scholarship to study agriculture at college, and now in 2017 he earns $300 to $375/month raising poultry and pigs. For Mom, the scheme has been a real success. "The village savings and loan scheme are important" he says, adding "now I can save some income and one day I will buy my own farmland".

SUSTAINING ACCESS TO QUALITY AND AFFORDABLE SERVICES

This year has seen further substantial reductions to HIV program funding, reinforcing the need for more sustainable approaches among NGOs. KHANA has been working with the USAID-funded Capacity Building of Cambodia's Local Organizations project to run workshops, and assist with identifying alternative sources of finance. As a result, six clubs for SMARTgirl, MStyle, Srey Sros and Chhouk Sar clinic have all developed business plans involving new sources of income.

Business Planning for NGOs

In 2017 KHANA has facilitated business-planning support to MHC, MHSS, CWPD, PSOD, Korsang and Chhouk Sar to develop business plans. Each came up with their own ideas and vary from developing a fee-for-service clinic alongside KP clubs; wedding planning; souvenir shops aimed at foreigners; asking owners of Entertainment Establishments to contribute $1/FEW to the Sangkat, to fund a SMARTgirl club (now that it's in the Sangkat Plan) and even a car and moto-washing business.

The program does not have any seed-funding, therefore taking the initial steps beyond planning are still challenging, although KHANA remains committed to seeing these sought-after and essential services continue even in the face of reductions in NGO-income.

KHANA financial sustainability and resource mobilization

As an organization, KHANA is constantly looking at different ways to ensure continued delivery of essential services to target populations. This means becoming more resilient in the face of declining traditional donor resources.

Under the KSP20 work has begun on exploring non-traditional income sources such as through social enterprise (e.g. running drug treatment center and re-integration, and/or TG Hormonal Health clinic) and partnering with non-traditional entities.

Business Plan training

GOAL 3 STRENGTHEN ORGANIZATIONAL AND TECHNICAL CAPACITY OF CIVIL SOCIETY, INCLUDING KHANA ITSELF

Objectives:

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

STRENGTHENING IP AND NETWORKS

KHANA continued to strengthen governance and leadership in all IPs to ensure proper project management and implementation. This included assistance to Korsang to address gaps in the function of its board functioning, and for AUA to develop their new strategic plan.

KHANA continued to build institutional and advocacy capacity, and technical support for three KP community networks — Bandanh Chaktomuk, SMARTgirl, and CNPUD. Ongoing support included following up on each network's workplan and budget, organizing quarterly coordination meetings and assisting with advocacy activities.

In July 2017 KHANA supported every KP network to conduct its quarterly meeting, which reviewed and updated thier achievements, challenges and implementation of its workplan.

Purple-O-Meter

This year KHANA reviewed and updated the Purple-O-Meter (KHANA NGO Capacity Assessment Tool) and KP Community Network Capacity Assessment Tool before undertaking the NGO Capacity Assessment of all 19 of its Implementing Partners in the final quarter of 2017.

Comparing the baseline assessment of 2013 (at the start of the HIV/AIDS Flagship) with the final assessment in 2017, 12/19 of Implementing Partners scored "good" or "exemplary" at the end of the program, in contrast to only 2/19 at the start of their contract. No organization scored less than satisfactory in 2017, and the number who were "satisfactory" had halved from 15/19 to 7/19.

Implementing Partners awarded Purple-O-Meter Certification for 2018-2020

Supporting Sustainability

TECHNICAL INNOVATIONS FOR EMERGING NEEDS

GIS Mapping

In 2017, KHANA supported the updating of GIS mapping of hotspots and workplace venues of KP in 12 Operational Districts in Phnom Penh, Kampong Cham, Siem Reap, Banteay Meanchey, and Preah Sihanouk provinces.

Reaching Hidden Populations through Innovation

In February KHANA, through USAID funding, supported MHSS, MHC, CWPD, Korsang, and KP community networks to join a workshop on HIV/AIDS awareness led by NAA. The event aimed to promote innovations, such as mHealth and PDI+, among hidden KP, young people in the general population, as well as through MStyle, Srey Sros and the SMARTgirl branded programs and harm reduction program to the public.

Unique Identifier Code

Through the USAID-funded HIV/AIDS Flagship technical assistance has been provided to seven CoE and non-CoE working on prevention to improve their UIC implementation. By December 2017, 87% of target KPs (60,593 out of 69,870) have been assigned with UIC, and 39% of KP (27,527 / 69,870 total KP) received UIC card. However, challenges remain, with few providers and health facilities understanding it. Consequently, NCHADS has stopped using it in health facilities, but it will continue to be used in the community.

Mobile Link

In early 2017 KHANA secured funding from the French government's 5% initiative, to evaluate the efficacy of engaging FEWs through frequent short message services (SMS) or voice messages (VM) that link them to existing high-quality services including HIV testing. The intervention will be integrated into existing programming within the Smart Girl clubs, which provide HIV and syphilis prevention programming, testing and linkage to services for FEWs.

Signing Agreement between KHANA & French Embassy on Moblie Link Project

Digital Payments of Payments to Outreach Workers

Following a study on the acceptability of digital payments, technical support for the concept was provided to all USAID-supported IP to ensure effective implementation. Following the selection of Wing as the digital payment partner, the mechanism was rolled out to all of KHANA's implementing partners.

IMPROVING SERVICES FOR ALL THROUGH RESEARCH

This year saw the publication of 15 peer-reviewed journal articles from KHANA's Research Center (see Appendix A for full citations). Topics covered ranged from HIV prevalence among Transgendered Women; Non-Communicable Diseases among PLHIV; Inconsistent condom use by sweethearts; Harm reduction intervention and policies and the Transition to Adult Care for children living with HIV in Cambodia.

In conjunction with NCHADS, two Integrated Biological and Behavioral Surveys have been completed. The first was among Female Entertainment Workers and the second among People Who Use Drugs.

In addition, KHANA work continued on a multi-faceted study looking at "Experiences of Violence and Access to Health Services among Female Entertainment Workers".

KHANA Technical Hub

In 2017, KHANA's Technical Hub facilitated 30 consultancies, with a total of 779 days. The technical assignments were focused on organizational program management, documentation of key innovations, knowledge management and sharing, research and training.

Meanwhile, the KHANA Research Center has started a documentation project to archive the achievements, challenges, and lessons learned from the HIV/AIDS Flagship. This is in addition to a planned evaluation by the USAID-funded HIV/AIDS Innovate and Evaluate Project by the University Research Company (URC).

Strengthening KHANA's Staff

During 2017 regular learning and sharing sessions took place for KHANA staff, covering topics such as women and savings; sustainable development goals; PDI+; and digital payment. This supported in the effective transfer of knowledge, skills, and updated information to all IP, assisting in effective program implementation at the community level.

Harm reduction

In September 2017, KHANA organized a 2-day learning visit on drug detoxification and drug rehabilitation at Roads and Bridges to Recovery (RBR), a private-run Drug and Rehabilitation Center in Manila, Philippines. This trip was arranged for delegation composed of KHANA and MoH Under Secretary of State for Health, to understand, learn and how can the successful modality of drug detoxification and rehabilitation be adapted in Cambodian context. The delegation has learned that this center provides effective treatment and adequate period of drug treatment, resulting in 32% relapse rate.

To support KHANA's social enterprise outlined in the Strategic Plan 2016-2020, PBR is happy to come Cambodia and supports KHANA to start up drug detoxification and rehabilitation center such as preparation of business plan, master plan and costing as well technical support through exchange learning of the psychiatric every month to Cambodia.

International Exposure and Cooperation

KHANA's representatives were invited to join in 40 different events at regional and international level including meetings, trainings, conferences, workshops, and exchange learnings conducted in 19 countries. In the events, KHANA staff learned ideas and best practices with other participants as well as shared their experiences and expertise related to the implementation of technical innovations in achieving the 90-90-90 targets in Cambodia. The covering main topics were learned and shared such as PrEP implementation, drug policy advocacy strategy, harm reduction, Stigma reduction, tuberculosis, Hepatitis C, ICT, human right and gender for KP, and lung health.

GOAL 4 PROMOTE DIVERSITY, RIGHTS AND GENDER EQUITY

Objectives:

- Promote an enabling environment for KPs, LGBTI 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
- Promote engagement of women, KPs, LGBTI and other vulnerable groups in program development, policy dialogue, and leadership within KHANA, with IPs, and at the national level

PROMOTING AN ENABLING ENVIRONMENT

KHANA is one of the sub-recipients of the Global Fund-supported Harm Reduction Advocacy in Asia project, led by Alliance India. The project is intended to increase access to essential HIV and harm reduction services for people who inject drugs in Asia through removing legal barriers, community systems strengthening and increasing the evidence base.

KHANA continues to promote the "Support! Don't Punish" approach to counter the many misconceptions and myths related to drug use. This involves building partnership with government officials including MOH, NACD, and the police. Through formal and informal meetings in conjunction with UNODC, UNAIDS, and NAA, KHANA has sought to improve the quality of community based treatment, enabling drug users to be treated at home and in health centers nearby their home rather than compulsory rehabilitation centers.

Support! Don't Punish Campaign

As part of the project KHANA led a Harm Reduction Consultative Meeting in June which gathered Cambodian CSO stakeholders together to share regional harm reduction initiatives and to identify challenges. The meeting identified four main themes, which have since been discussed with officials from National Authority for Combatting Drugs (NACD) and the National AIDS Authority (NAA).

The "Removed Legal Barrier" project, supported by Global Fund at country level, covers 19 provinces, working onsite with outreach workers and MSM, TG, FEW, and PWUD to train them to improve documentation and reporting of rights violation. This year the program documented 110 cases of rights violations.

Learning from China (I) - KHANA helps make positive progress

Following an official visit to China led by MOH officials, representatives from AIDS Care China came to Cambodia and shared details about a Community Based Drug Treatment pilot at a workshop organised by KHANA in October.

The pilot includes police referral and support, MMT service plus, Needle Syringe Program and Naloxone, PDI, and overall support and care. It required backing from law enforcement, health departments and NGOs. As result of the pilot, police referred 305 drug users to a "Safety Harbor"; doses were adjusted for 170 users; 15,971 take-home doses have been supplied with a urine test positive rate was lower than 3%; and 24 people who over-dosed were rescued through Naloxone. The drug user related crime rate in the pilot area has dropped 40% in 2016.

Secretary General of Cambodia's NACD, Pol. Gen. Meas Vyrith, stressed the importance of partnership among civil society, government and law enforcement and requested collaboration between KHANA, AIDS Care China and MoH on drug-related work in Cambodia.

INCREASING PUBLIC AWARENESS ON SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

The month of May saw KHANA working through the HIV/AIDS Flagship to coordinate various events for Pride Week. These involved widespread participation by individuals from the LGBT community, CSOs, and government agencies (local authorities, police and the NAA). Events provided a platform to raise awareness among related ministries and Cambodian Human Right Committee on issues of such as GBV, stigma and discrimination, bullying, and human rights violation.

In March 2017, Flagship staff supported CWPD in organizing the International Women's Day at SMARTgirl Club. The event aimed to provide an overview of international women's day history, specific rights of FEW and basic knowledge and information on GBV to program staff and FEW.

During the year KHANA worked with NCHADS to adapt the existing training curriculum for health care providers who provide SRH services to MSM and TG women, and the revision of SoPs and guidelines for STI services.

Subsequent training for health care service providers on the revised STI curriculum, involved 27 participants from NCHADS, provincial referral hospitals, family health clinics, PHDs, PASP from Phnom Penh, Kampong Cham, and Siem Reap and NGO clinics including Medecins Despoir Du Cambodge and Chhouk Sar.

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

Through the APCOM funded WISDOM Project, KHANA trained 45 LGBT people in three provinces to become LGBT activists, so they are better able to articulate issues in their respective communities.

KHANA also trained 22 LGBT advocates and LGBT community leaders from 6 provinces, to improve their technical capacity and knowledge on Health and HIV and AIDS, Social Protection Services, Employment and Education, Legal Aid Support, and Leadership Skills.

Through the HIV/AIDS Flagship, staff supported MHSS and MHC in work with the MSM and TG network, in collaboration with LINKAGES. The event included 51 participants from the MSM National TWG, sub-national TWGs, local government, service providers, and the Provincial AIDS and STI Program (PASP), as well as lawyers, judges, members of local organizations, and members of MSM and TG groups. The meeting, chaired by the Secretary General of NAA, H.E. Dr. Teng Kunthy, and Deputy Director of NCHADS, Dr. Lan Vanseng, Chief of the MSM/TG National TWG, identified issues and opportunities for future joint-working to strengthen collaboration.

In collaboration with UNWOMEN and CCHR, KHANA conducted the Advocacy Dialogue on LGBT Social Inclusiveness. This involved targeted ministries including Ministry of Labor and Vocational Training, Ministry of Education, Youth and Sport and Ministry of Justice and aimed to review national policies, guidelines, legislation, National Strategic Plan to assess how they support or address issues faced by LGBT individuals.

KHANA staff release speech to the regional conference on LGBT rights, resources and resilience.

LOOKING FORWARD:
KHANA'S PRIORITIES FOR 2018

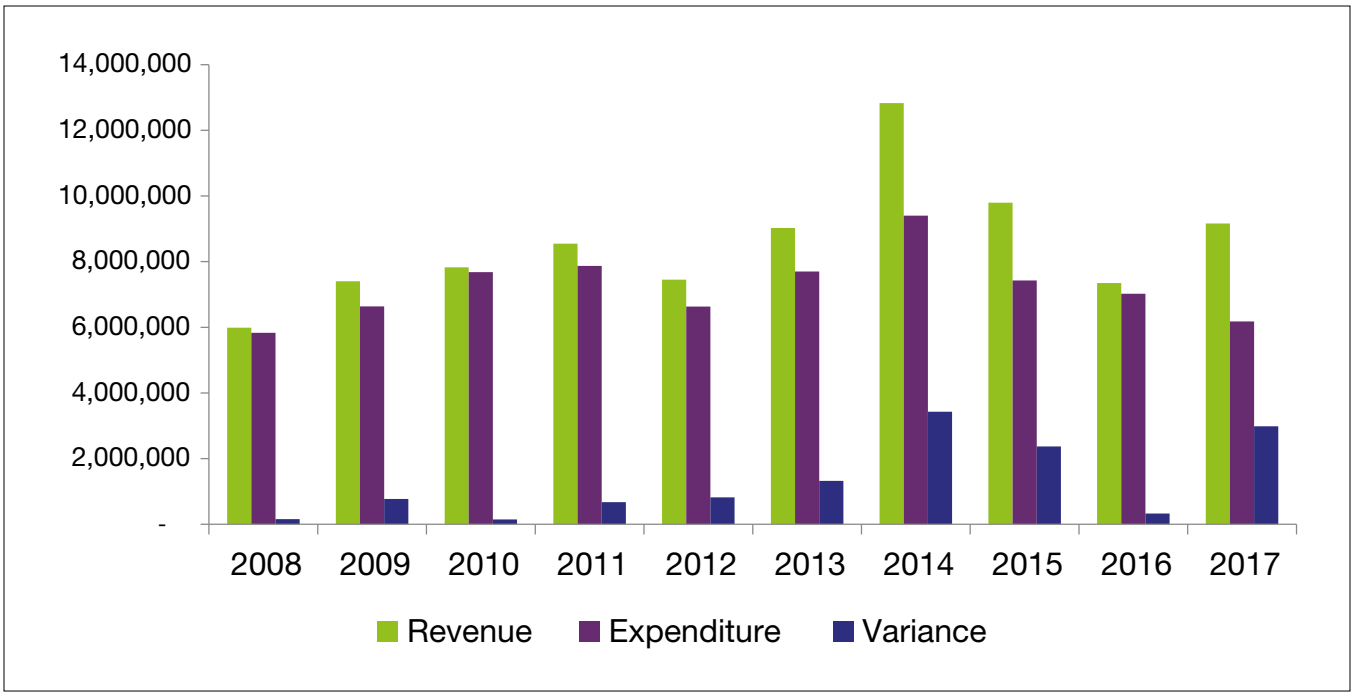
Organizational Priorities

- Transitioning USAID funded HIV/AIDS Flagship to the Global Fund New Funding Request
- Close out GF-NFM and prepare for GF-NF Request Implementation
- Work with multiple organizations to roll out KHANA's technical innovations under the GF New Funding Request
- **Goal 1**
  - Boosted active case finding using snowball approach to increase TB case notification
- **Goal 2**
  - Further explore on the social enterprise businesses for sustaining the organization
  - Continue fund-raising efforts
- **Goal 3**
  - Implementation of operation research using text message and voice call intervention among FEW
  - Disseminate IBBS and size estimation among PWUD and PWID
  - Design of large scale survey on IBBS among MSM and TG women
  - Maintain the connection, as L.O of the International HIV/AIDS Alliance
  - Promote the technical assistance and services
- **Goal 4**
  - Community TB network to serve as a close partner with service providers, donors and government agencies to ensure that TB services are responsive to the needs of the community, and are informed by those who need these services the most
  - Continue to focus on community action to drive our work by empowering the community to ensure their rights are respected and there is meaningful engagement in service delivery and evaluation as well as policy development and implementation.
  - Continue to work closely government agency and other key stakeholders to support enabling environment for PLHIV and KP for health, treatment, and social services.
  - Maintain the partnership with the organizations and networks in the regions on TB works, HIV works and other non-communicable diseases

TB and Gender Validation workshop

FINANCIAL INFORMATION

Annual Financial Summary (USD)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Budget	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	9,162,202
Expenditure	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	6,177,553
Variance	158,344	770,275	145,155	675,362	820,515	1,323,451	3,427,064	2,370,801	327,191	2,984,649
Burning Rate	**97%**	**90%**	**98%**	**92%**	**89%**	**85%**	**73%**	**76%**	**96%**	**67%**



Year 2017 is the second year of KHANA Strategic Plan 2016-2020. The budget was significantly increased by 25% from last year due to the introduction of new projects: GF Regional Grant, 5% Initiative, TB Reach Wave 5, the reprogramming of GF, and USAID funded HIV/AIDS Flagship closed out. In contradictory, the expenditure was underspent by 12% compared to last year expenditure and the burning rated at only 67%. These are due to non-expenditure on USAID funded HIV/AIDS closed out since the project extends to July 13, 2018, non-procurement of bulk purchase on GF and the new project introduced but spent less at its initiation period.

LEADERSHIP AND STAFFING

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

Toch Pol Ponnlok	Vice Chairperson and Interim Chair of Boards
Phon Sampha	Treasurer
Neou Sovattha	Member
Srun Srorn	Member
Pen Monorom	Member
Suos Premprey	Member
Masamine Jimba	Member
Ou Sophanarith	Technical Advisor (Deputy CEO Canadia Bank)

KHANA STAFF 2017 – 49 Staff (35 male & 14 female)

Cheav Thary	Senior Finance Officer
Chhim Kolab	Deputy Chief of Party and Manager: HIV Care, Support and Treatment
Chhim Satya	Grant Management Officer (Flagship)
Chhit Thy	Technical Advisor: HIV Care, Support, Treatment and Innovations
Chhith Vannak	Finance Officer
Chhoun Pheak	Research Coordinator
Chhun Mony Oudum	Grant Management Officer
Chhun Samnang	Driver
Choub Sok Chamreun	Executive Director
Chrea Sunnarith	Grant Management Officer
Hak Siphirath	Grant Management Officer (Flagship)
Hak Sreylen	Grant Management Officer (Flagship) (outgoing)
Heng Kiry	Database Management Officer (Flagship)
Hong Sokky	Senior Finance Officer
Kang Chan Sambo	Grant Management Officer
Keo Samring	Driver
Kheng Sokan	Database Developer
Kim Sopheak	Senior Admin and Procurement Officer
Khay Sovann	Database Management Officer (Global Fund)
Kong Veasna	Information Technology Officer
Kun Someth	Senior Human Resource Officer
Leng Kalyan	Manager: KHANA Support Service Center
Ly Sangky	Project Director: Global Fund
Measserey Somarann	Finance Officer
Ngin Chanrith	Senior Research Advisor (outgoing)
Ny Socheat	Technical Advisor: Health Facility
Pal Khuon Dyla	Research Fellow (outgoing)
Pen Sambath	Finance Officer
Penh Phanith	Admin and Contracting Officer (outgoing)
Phorng Chanthorn	Advocacy Officer
Phy Pha	Grant Management Officer (Flagship)
Prom Chanrith	Manager: Strategic Information and Innovations
Saman Dimara	Senior Monitoring and Evaluation Officer (Flagship)
Sau Kessana	Grant Management Officer
Seng Por Srourn	Grant Manager
So Kimhai	Technical Advisor HIV Prevention and Innovations
Sok Meng Heang	Senior Finance Officer (outgoing)
Sok Vatola	Senior Monitoring and Evaluation Officer
Sopha Ratana	Manager: HIV Prevention and Innovations
Sou Sochenda	Manager: Organizational and Institutional Development, Policy and Training
Thy Sokunthearo	Administrative Officer
Tith Hieng Seka	Technical Advisor: HIV Prevention and Innovations (outgoing)
Tuot Sovannary	Research Manager
Vann Sengly	Driver
Yen Sothea	Driver
Yi Siyan	Director of Center for Population Health Research
Yim Tythono	Project Officer for Removing Legal Barriers
Yun Chandarany	Grant Management Officer
Ung Meng Ieng	Research Advisor (Outgoing)

VOLUNTEERS – 12 (4 male & 8 female)

Chan Minea	Assistant to Executive Director (outgoing)
Khay Vathana	Office Management Officer
Kim Rithidet	Communication Officer
Lim Likeav	Assistant to Executive Director
Man Thida	Reception Officer
Mok Sun Hour	Monitoring and Evaluation Assistant
Ork Chetra	Project Assistant
Ou Uylong	Monitoring and Evaluation Assistant
Puthy Arya	Grant Management Assistant (outgoing)
Phom Sreymoch	Project Assistant
Seng Saomey	Training and Partnership Officer
Sok Ngovlyly	Research Assistant
Teang Vannaroth	Finance Assistant

KHANA SERVICE CONTRACT EMPLOYEES – 9 (5 male & 4 female)

Chea Phearom	Field Officer (TB Reach Wave 5)
Chhoeuy Sokuntheary	Field Officer (TB Reach Wave 5)
Chhuon Sreyla	Field Assistant (TB Reach Wave 5)
Keo Sereyodam	Field Officer (TB Reach Wave 5)
Ly Chansophal	Project Coordinator (TB Reach Wave 5 and CFCS)
Man Seyla	Field Assistant (TB Reach Wave 5)
Meas Vecheka	Field Assistant (TB Reach Wave 5)
Ong Seyha	Monitoring and Evaluation Officer (TB Reach Wave 5)
Pov Setharath	Field Assistant (TB Reach Wave 5)
Yim Bun Sorn	Field Officer (TB Reach Wave 5)

APPENDIX A:
IMPLEMENTING PARTNERS IN 2017

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

APPENDIX B:
PEER-REVIEWED PUBLICATIONS

1. Srean Chhim, Chanrith Ngin, Pheak Chhoun, Sovannary Tuot, Cheaty Ly, Phalkun Mun, Khondyla Pal, John Macom, Jean-Philippe Dousset, Gitau Mburu, Siyan Yi. (2017). Prevalence and factors associated with HIV infection among transgender women in Cambodia: results from a national Integrated Biological and Behavioral Survey. BMJ Open 2017;7: e015390. doi:10.1136/bmjopen-2016-015390

2. Srean Chhim, John Macom, Chettana Pav, Nirada Nim, Phearun Yun, Sopheap Seng, Kolab Chhim, Sovannary Tuot and Siyan Yi. (2017). Using risk-tracing snowball approach to increase HIV case detection among high-risk populations in Cambodia: an intervention study. BMC Infectious Diseases (2017) 17:689 DOI 10.1186/s12879-017-2790-1

3. Chhoun P, Tuot S, Harries AD, Kyaw NTT, Pal K, Mun P, et al. (2017) High prevalence of non- communicable diseases and associated risk factors amongst adults living with HIV in Cambodia. PLoS ONE 12(11): e0187591. https://doi.org/10.1371/ journal. pone.0187591

4. Sovannary Tuot, Sopheab Heng, Chhorvann Chhea, Eunice Salonga, Siyan Yi. (2017). How harm reduction programs work in the context of village and commune safety policy: Lessons learned from a national non-governmental organization in Cambodia. Journal of Addition Disorder and Rehabilitation

5. Soaman Dizechi, Carinne Brody, Sovannary Tuot, Chhorvann Chhea, Vonthanak Saphonn, Kunthearith Yung, Sanh Kim and Siyan Yi. (2017). Youth paying for sex: what are the associated factors? Findings from a cross-sectional study in Cambodia. BMC Public Health (2018) 18:113 DOI 10.1186/s12889-017-4999-8

6. Siyan Yi, Chanrith Ngin, Sovannary Tuot, Pheak Chhoun, Tyler Fleming, Carinne Brody.. (2017). Utilization of traditional, complementary and alternative medicine and mental health among patients with chronic diseases in primary health care settings in Cambodia. International Journal of Mental Health Systems 2017;11: 58.

7. Siyan Yi, Chanrith Ngin, Khuondyla Pal, Vohith Khol, Sovannary Tuot, Sokunmealiny Sau, et al. (2017). Transition into adult care: factors associated with level of preparedness among adolescents living with HIV in Cambodia. AIDS Res Ther. 2017;14(1):33.

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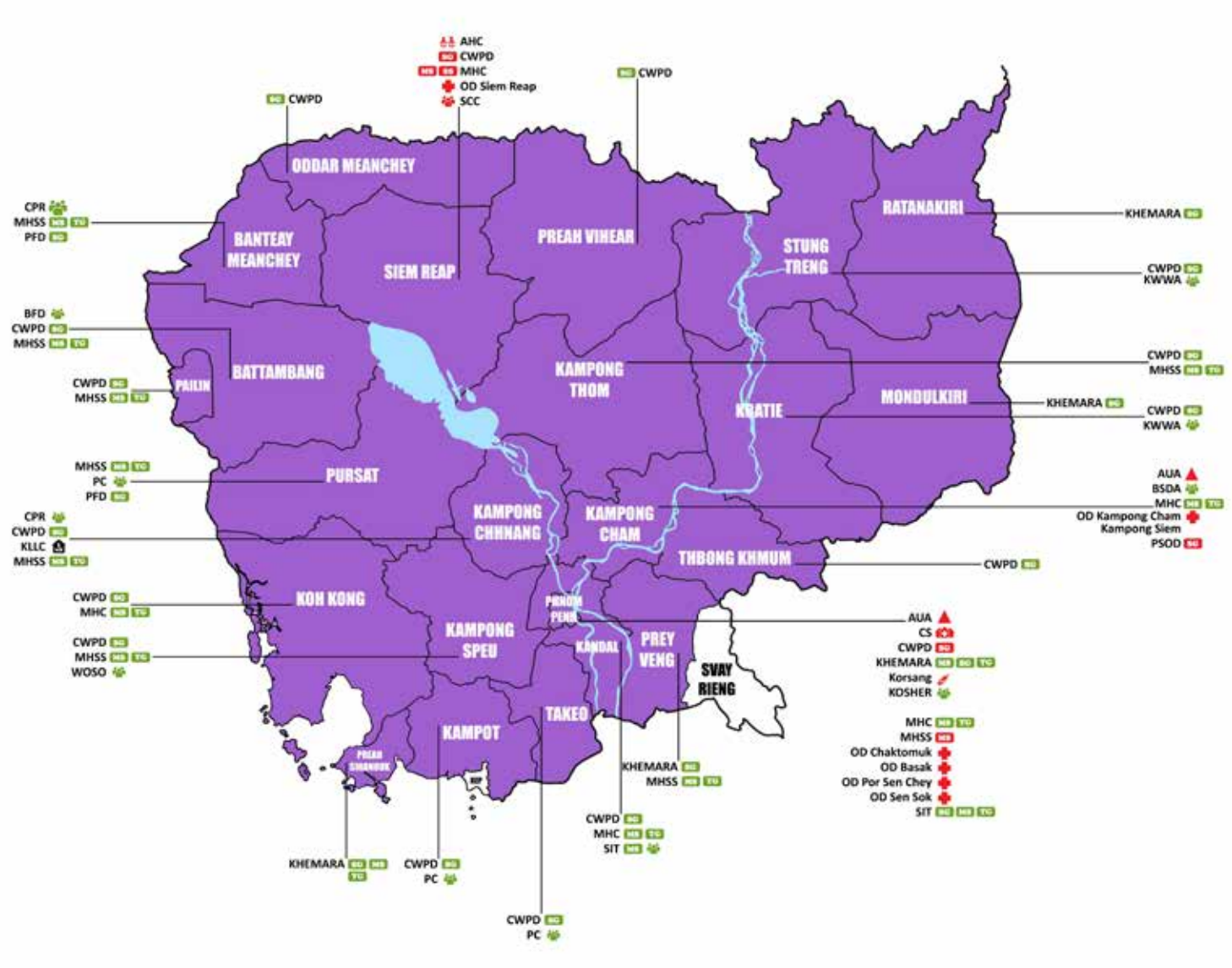
KHANA Coverage 2017



COVERAGE SUMMARY

Health Facility CoE:	6
Community CoE:	12
IP Sites receiving Flagship TA:	13
HF Sites Receiving Flagship TA:	12
Implementing Partners:	19
Provinces and Municipality:	23
Operational Districts:	62
Health Centers:	527

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

LEGEND

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 SG
Srey Sros Package (CoE) SS
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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