

REPLICATING
OUR SUCCESS
TOWARD EXPANDING
UNIVERSAL HEALTH
COVERAGE: **LEAVE
NO-ONE BEHIND**



KHANA ANNUAL REPORT

2019



UNOPS



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Stop TB Partnership



Stop TB Partnership
TB REACH



UN WOMEN



FRONTLINE AIDS

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ACRONYMS AND ABBREVIATIONS

ACF	Active case finding	MSM	Men who have sex with Men
ART	Antiretroviral therapy	NACD	National Authority for Combating Drug
B-CoPCT	Boosted Continuum of Prevention Care and Treatment	NAP	National AIDS Program
CATA	Cambodian Anti-Tuberculosis Association	NCHADS	National Center for HIV/AIDS, Dermatology and STD
CBTx	Community Based Drug Treatment	NGO	Non-Governmental Organization
CCM	Country Coordination Mechanism	NIHA	NUS Initiative to Improve Health in Asia
CENAT	National Center for Tuberculosis and Leprosy Control	NUS	National University of Singapore
CFCS	Challenge Facility for Civil Society	OD	Operational District
CHC	Cambodian Health Committee	PDI+	Peer-Driven Intervention Plus
CNPUD	Cambodia Network for People Who Use Drug	PHD	Provincial health department
COMMIT	Community Mobilization Initiatives to End Tuberculosis	PLHIV	People living with HIV
CPN+	Cambodian Network of People Living with HIV/AIDS	PSG	Peer Support Group
CRG	Community, Rights, and Gender	PSGL	Peers support group leaders
CSO	Civil Society Organization	PWID	People who inject drug
DMHSA	Department of Mental Health and Substance Abuse	PWUD	People who use drug
DNPET	District network of people with and experienced TB	RMAA	Rapid Monitoring and Analysis for Action
FEW	Female Entertainment Workers	SAHACA	Sustaining Anti-tuberculosis and Health Action in Cambodia
GBV	Gender-based violence	SBC	Strategic behavioral communication
GF	Global Fund	SMS	Short Message Service
GF-NF	Global Fund New Funding	SOGI	Sexual Orientation and Gender Identity
GF-FRA	Funding Request Application	SRH	Sexual reproductive health
GFATM	Global Fund to Fight AIDS. Tuberculosis and Malaria	SRHR	Sexual and reproductive health and rights
HACC	Health Action Coordinating Committee	STI	Sexually Transmitted Infection
HSD	The Center for Health and Social Development	TB	Tuberculosis
ICC	Interagency Coordination Committee	TB-LON	USAID TB Local Organization Network
ID	Identification	TG	Transgender
IP	Implementing partners	TWG	Technical working group
KAP	Key Affected Population	UHC	Universal Health Coverage
KP	Key Population	UHS	University of Health Science.
KRC	KHANA Research Center	UN	United Nations
LDP	Leadership Development Program	UNAIDS	United Nations Programme on HIV/AIDS
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer	UNOPS	United Nations Office for Project Services
		USAID	United States Agency for International Development
		VHSG	Village health support group
		VM	Voice Message
		WCG	Women Core Group
		WHO	World Health Organization

MESSAGE FROM THE CHAIR OF BOARD OF DIRECTORS, KHANA



MR. TOCH POL PONNLOK

Khmer HIV/AIDS NGO Alliance (KHANA) is the largest NGO in Cambodia that provides integrated prevention, care, and support to those living with HIV/AIDS. Keeping together has created progress, but working together has sustained our success. However, that does not come without its challenges. Due to the difficulties associated with funding and locating donors, there are still some areas for improvement for KHANA. These include:

- Finding safe and available places for outreach education
- Protecting confidentiality of HIV testing and results
- Getting groups, such as MSM and TG, to join the outreach education programs and get tested
- Supplying enough medicine readily available for Syphilis and other STI treatments
- Ensuring the confidentiality and safety of KPs, as 7 EWs were arrested by authorities in Phnom Penh this year

In order to address these challenges, KHANA has targeted their solutions to these specific problems. Our solutions over the last year have included:

- Collaborating with the United Women's Network in preventing the authorities from targeting EWs and offering new opportunities to EWs instead of punishing their current situations
- Reinforcing the importance of HIV testing and the importance of knowing your HIV status to encourage testing for KPs and including testing with outreach education programs

- Implementing new tools and mechanisms, such as mobile testing, to build, engage and support the community in the way the services are delivered to improve access to more remote communities
- Receiving support from NCHADS to provide medicine to clinics such as Chhouk Sar

I would like to conclude by thanking our Board of Directors and the whole team for continuing to uphold the leadership and success of KHANA. I would also like to thank the many partners, donors, and collaborative organizations that have played such a significant role in the running of KHANA. In particular, I would like to thank the United Nations agencies, the National AIDS Authority, the Ministry of Health, the Ministry of Social Affairs, the National Authority for Combating Drugs, the Department of Mental Health and Substance Abuse (DMHSA), the Provincial Health Departments, the National Centre for Tuberculosis and Leprosy Control (CENAT), the Ministry of Social Affairs and the National Centre for HIV/AIDS, Dermatology and STD (NCHADS).

I am excited to continue our hard work and progress for the next year and the new decade.

Mr. Toch Pol Ponnlok,
Advisor to Ministry of Interior
Interim Chair of the Board of Directors, KHANA

MESSAGE FROM EXECUTIVE DIRECTOR, KHANA



MR. CHOUB SOK CHAMREUN

KHANA's key message and goal have always been that no one is left behind. We take pride in our ability to build inclusion for all. One way we achieve this is by building a strong community-based approach to all our projects. By strengthening the skills and roles of members of KPs affected with HIV/AIDS, KHANA is allowing KPs to be the leaders in the programs that will ultimately benefit each other. By allowing members from KPs to assist in the leadership, planning, and management of these outreach education programs, we have managed to create a less intimidating and more relatable and beneficial program. There are currently more educators who have experienced HIV/AIDS themselves and are members of these KPs compared to educators who have not had similar experiences. As a result, more people are reaching out and participating in prevention programs than ever before. There were also more training programs implemented for current field staff, organized by NCHADS, as well as refresher training courses on HIV/AIDS and STIs to field staff.

One of KHANA's main challenges this year has been in sourcing funding and donors. We have continued to work closely with government agencies and stakeholders to maintain access to services for people living with HIV, including KPs. One of our projects was to provide our integrated investment plan in the Preah Sihanouk province. This is a 3-year collaboration with some of their stakeholders.

KHANA has introduced new technologies such as video call interventions and text message support to improve the availability of support to KPs who live far away or are too uncomfortable to receive face-to-face support. Virtual outreach was recorded as the most used method with a 16.5% outreach. It had a particularly strong impact on MSM and

TG populations. KHANA exceeded its goal for the number of FEW, MSM and TG Populations who were reached for HIV prevention programs. The set goal was particularly focusing on the Southern Zone, which showed improvements. The main challenge was to encourage more KPs to test for HIV to know their status. HIV testing rates for all KPs have been reported to be lower than expected. To manage this, KHANA has boosted the message of how important testing and knowing their status is and included testing in more outreach education programs.

This year KHANA has devoted a lot more of its time and resources to TB. As a result, our programs have significantly and replicated. In total, 120 training sessions were conducted, and 182,632 individuals were screened for TB this year. Similar to our HIV programs, the seed and recruit was used and replicated, as well as online interventions to expand the outreach and awareness to communities. Chest x-rays are being used in the diagnosis process and are very efficient in presenting the results. Monthly meetings were also held to discuss challenges and develop strategies to help find more active cases of TB. There has also been a great impact from the collaboration between the field team, local government officials, and the Health Centre Management Committee to discuss goals, community expectations, and the day-to-day operations of the centers. The communication between all different people involved in the project enhances the overall results and experiences of all involved.

KHANA participated in the 2019 World AIDS Day event, which we have participated in many years prior and will continue to be a part of for many years to come. I look forward to witnessing the continual hard work and achievements of KHANA next year.

EXECUTIVE SUMMARY



Contribute to eliminating new HIV infections and ending TB, strengthening health systems, and achieving universal health coverage (UHC)

Improving HIV prevention

Outreach activities

In 2019, 931,469 condoms and 277,038 lubricants were distributed to female entertainment workers (FEWs), 366,282 condoms and lubricants were distributed to men who have sex with men (MSM), and 101,016 condoms and lubricants were distributed to transgender individuals (TG).

Improving HIV case detection, treatment, and adherence

mHealth

KHANA and implementing partners (IPs) have maintained the use of different approaches, through online platforms and social media, to reach hard-to-reach populations at-risk of HIV/AIDS. In total, 356 referrals for HIV/STI tests were made from the online platforms.

HIV risk screening and testing

In total, 78,707 FEWs, 38,987 MSM, and 10,799 TGs were screened to classify HIV risk levels based on behavior. Of those screened, 29,438 FEWs, 15,237 MSM, and 8,550 TGs were classified as high-risk. Based on the risk screening results, appropriate packages, that included key messages for education, HIV testing, and condom distribution, were tailored to the key populations (KPs).

Nighttime outreach activity

The nighttime outreach activity was first implemented in Phnom Penh to target young MSM, TG, and FEW (aged <30 years). In total, the activity reached 1,824 FEWs, 430 MSM, and 271 TGs. Of those reached, 404 FEWs, 185 MSM, and 96 TGs were tested for HIV.

Self-testing

This approach aimed to further reduce the barrier to testing for high-risk populations to ascertain their HIV status. In 2019, 1,690 KPs registered for the HIV self-testing service.

Strengthening community response to fight tuberculosis

In 2019, KHANA implemented the “Sustaining Anti-tuberculosis and Health Action in Cambodia (SAHACA)” project to improve early tuberculosis (TB) detection and effective linkage to treatment. A total of 193,532 people were screened, 56,632 individuals with presumptive TB were referred for chest-x-ray, and 3,595 were diagnosed with TB. KHANA also received an award from the USAID to implement a five-year community-based TB project titled “Community Mobilization Initiatives to End Tuberculosis (COMMIT)” to contribute to the efforts to end TB in Cambodia.

Increasing equitable access to healthcare and health service utilization

Mobile link to improve the health of female entertainment workers by enabling equitable access to existing health services.

The project has continued to deliver messages to 300 FEWs in the intervention group. On average, 65% of the participants in the platform actively listened to the voice messages (VM). Only 0.3% of the participants terminated the call, and 50% of those registered for text messages successfully received it as scheduled..

Harm reduction advocacy in Asia

KHANA, in collaboration with law enforcement officers, made 14 referrals to access healthcare services at Meanchey Referral Hospital and documented 5 cases of violation. KHANA also co-hosted the regional country coordinating committee and the national action plan focal points meeting in Siem Reap to further improve access to essential healthcare and harm reduction services.



Building human resilience through the development of sustainable community and organizational system

Increase access to income and other financial resources

KHANA continues to advocate for the inclusion of low-income families who were affected by TB in the government social protection schemes (Health Equity

Fund and ID Poor system). In collaboration with the commune chief and Buddhist monks, KHANA also initiated a charity donation initiative to raise funds for low-income families affected by TB.

Expand employment opportunities for community members

In 2019, KHANA and its IPs recruited 14 provincial coordinators, 45 field staff, and 207 outreach workers/community lay counselors throughout the Global Fund and TB Reach Wave 5 Scale-Up project sites. Apart from employment opportunities and financial incentives, KHANA also equipped them with skills, knowledge and prudent health information.

Improve access to quality and affordable services through functioning community health facilities supported by KHANA

Universal Health Coverage (UHC)

KHANA continued to be a champion of UHC to ensure access to healthcare for all without financial harm in Cambodia. KHANA also hosted a Community Health Assembly to establish the civil society organizations (CSOs) working group on UHC 2030, mobilized resources to support its functions, and developed monitoring tools to track the progress of Cambodia's UHC implementation.

OnelImpactK+

OnelImpactK+ is a mobile application that facilitates community-based monitoring of TB response. Application users reported 108 barriers during the implementation period, in which half of the barriers were reported by people with TB. Stakeholders reported an improvement in access to information about TB and in understanding the challenges faced by those with the disease. OnelImpactK+ currently implements in Siem Reap and will be scaled-up to 10 other operational districts (ODs) in 5 provinces as part of the COMMIT project.

Challenge Facility for Civil Society (CFCS)

To strengthen community-based responses to link presumptive TB cases to health facilities, KHANA engaged pagodas and religious groups in the community to raise awareness about TB. KHANA also facilitated dialogue between health facilities and the district network of people with and who have experienced TB (DNPET) to ensure functional

linkages between service recipients and service providers as well as monitor access to TB services through the Rapid Monitoring and Analysis for Action (RMAA) working group.



Strengthening the organizational and technical capacity of civil society

Strengthen the capacity of communities, partners, and other stakeholders

Tuberculosis (TB)

In 2019, KHANA continued to be a strong advocate of skills transfer and empowerment of local communities through capacity building for effective and sustainable health actions, TB education sessions, and the development of educational materials to promote case detection, treatment adherence, and counseling.

Harm reduction advocacy in Asia

KHANA organized a campaign "Support, Don't Punish" to raise awareness of the harms of criminalizing people who use drugs (PWUD) and to mobilize public action for changes to drug policy so that the rights of PWUD are fully respected. In strengthening community systems and capacity, KHANA conducted a series of training on advocacy and leadership among PWUD and other stakeholders.

Enhance the utilization of technical innovations for emerging needs

For KHANA's TB response, KHANA continued to refine the seed-and-recruit model, a novel approach to find missing TB cases in the community. KHANA also rolled out OnelImpactK+, a community-based monitoring system of the TB response. KHANA's HIV response also saw the maintenance of cutting-edge approaches, such as the utilization of social media to engage and deliver interventions to KPs

Increase the scale and scope of the KHANA Center for Population Health Research technical excellence

The KHANA Center for Population Health Research has worked extensively in informing national policy and responses to HIV, TB, and other public health issues through research. In 2019, KHANA published 16 papers in international peer-reviewed journals in collaboration with esteemed local and international

institutions. KHANA also presented research findings and operation updates at local and international conferences and meetings. KHANA's executive director also represented KHANA at the inaugural NIHA Leadership Development Programme (LDP) in Singapore in 2019

Increase the knowledge and expertise of KHANA's staff in broader areas of health and development

KHANA regularly engaged with national programs, government agencies and other partners to share the programs' progress, and to discuss the relevant action plans. At the provincial and district levels, KHANA field staff and lay counselors regularly attended the technical working group meetings on health. Capacity building initiatives were also made available for KHANA staff to improve their technical capabilities.



Promote diversity, rights, and gender equity

Promote an enabling environment for KPs, Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ), and other vulnerable groups

In 2019, KHANA trained 20 people on case documentation and reporting of cases regarding stigma and discrimination, violence, and violation of rights. KHANA practiced the presentation of gender and KPs-disaggregated data while reporting progress of projects at sub-national, national, and international meetings to highlight potential gender- and KP-specific gaps in the response.

Increase public awareness of sexual orientation and gender identity (SOGI) and gender-based violence (GBV)

KHANA organized events that occurred during Valentine's Day, gay pride week, water festival celebrations, and World AIDS Day to disseminate educational messages on HIV/AIDS, condoms, and lubricants. KHANA also provided voluntary HIV testing and counseling. Events were also organized in the province to raise awareness and promote HIV prevention and testing among FEWs.

Improve and promote sexual and reproductive health and rights (SRHR) for KPs, LGBTIQ, and other vulnerable groups

KHANA conducted a review of Cambodian law and policies to understand the barriers for LGBTIQ to access health services and social protection. For TB, KHANA conducted a "Know Your Rights" induction workshop with DNPET, non-governmental organization (NGO) partners, and key stakeholders to increase their understanding and awareness on human rights in TB response.

Promote engagement of women, KPs, LGBTIQ, and other vulnerable groups in program development, policy dialogue, and leadership within KHANA, with IPs, and at the national level

Equal opportunities were provided to qualified female candidates for staff positions aimed at enhancing the role of women in the community through case management and community involvement and balancing gender representation at the community level.



Advocacy Dialogue on LGBTI Social Inclusiveness Phnom Penh, WISDOM Project-KHANA

2019 HIV /AIDS and TB STATISTICS



Global HIV/AIDS and statistics 2018

- People living with HIV (PLHIV): **37.9** million (**32.7** million – **44.0** million)¹
- Total number of new infections: **1.7** million (**1.4** million – **2.3** million)¹
- AIDS-related death: **770,000** (**570,000** – **1.1** million)¹
- PLHIV on antiretroviral therapy (ART): **23.3** million (**20.5** million – **24.3** million)¹



Global TB statistics 2018

- TB incidence: **10.0** million (**9.0** million – **11.1** million)²
- TB related deaths (HIV-negative): **1.2** million (**1.1** million – **1.3** million)²
- TB related deaths (PLHIV): **251,000** (**223,000** – **281,000**)²



Cambodia HIV statistics 2018 & 2019

- HIV prevalence rate (adults aged **15–49**)³:
 - Total: **0.5** (**0.5** – **0.6**)
 - Men: **0.5** (**0.4** – **0.6**)
 - Women: **0.6** (**0.5** – **0.7**)
 - Young men and women: **0.1** (**<0.1** – **0.1**)
- Estimated PLHIV³:
 - Total: **73,000** (**64,000** – **84,000**)
 - Men: **33,000** (**28,000** – **38,000**)
 - Women: **37,000** (**32,000** – **42,000**)
 - Children aged 0 – 14: **3,300** (**2,800** – **3,900**)
- PLHIV who knows their status³: **60,000**
- Total number of new infections³
 - Total: **1,000** (**<1,000** – **<1,000**)
 - Men: **<500** (**<500** – **<500**)
 - Women: **<500** (**<500** – **<500**)
 - Children aged 0 – 14: **<200** (**<100** – **<200**)
- AIDS-related death³
 - Total: **1,300** (**<1,000** – **1,800**)
 - Men: **<1,000** (**<500** – **<1,000**)
 - Women: **<1,000** (**<500** – **<1,000**)
 - Children aged 0 – 14: **<100** (**<100** – **<100**)
- PLHIV receiving ART³: **60,000**
- HIV prevalence among KPs:
 - FEW: **3.2%**⁴
 - Freelancers: **11.1%**⁴
 - MSM: **4.0%**⁵
 - TG: **9.6%**⁶
 - PWUD: **5.7%**⁷
 - PWID: **15.2%**⁷

1 UNAIDS. Factsheet: World AIDS Day 2019

2 World Health Organization. Global Tuberculosis Report 2019

3 UNAIDS. Country factsheets: Cambodia. 2018

4 National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2017: FEW IBBS 2016

5 National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2019: MSM IBBS 2019

6 National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2019: TG IBBS 2019

7 National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2017: PWID and PWUD IBBS 2017

KHANA and its contribution to the national HIV response in 2019

Key populations	Estimated size of key populations	Key populations reached	Key populations who received HIV testing and counseling	Key populations who received HIV testing and counseling and were tested positive	Key populations enrolled ART treatment
Total	88,687	29,958	25,782 (86%)	465 (1.8%)	465 (100%)
FEW	49,700	18,094	14,410 (80%)	32 (0.2%)	32 (100%)
MSM	30,304	9,264	8,794 (95%)	236 (2.7%)	236 (100%)
TG	8,683	2,600	2,578 (99%)	197 (7.6%)	197 (100%)

KHANA and its contribution to the national TB response in 2019

TB cascade	Male (%)	Female (%)	Total (%)
Number of people reached and screened by seeds and village health support groups	74,638 (100%)	118,894 (100%)	193,532 (100%)
Number of people who visited the screening facilities as referred	21,728 (29%)	34,895 (29%)	56,623 (29%)
Number of people tested for TB	21,711 (99%)	34,835 (99%)	56,546 (99%)
Number of people diagnosed with all-forms TB*	1,952 (9%)	1,643 (5%)	3,595 (6%)
Number of people with all-forms TB started on treatment	1,920 (98%)	1,611 (98%)	3,531 (98%)
Number of people with all-forms TB who were successfully treated^	1,068 (56%)	844 (52%)	1,912 (54%)
Number of people diagnosed with bacteriologically confirmed TB (BK+) *	598 (3%)	423 (1%)	1,021 (2%)
Number of people with BK+ TB started on treatment	593 (99%)	415 (98%)	1,008 (99%)
Number of people with BK+ TB who were successfully treated^	339 (57%)	230 (55%)	569 (56%)

* Proportion was calculated with the number of people tested for TB as the denominator

^ Proportion presented was based on data as of December 2019. Follow-up of people with TB on treatment is ongoing in 2020.



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

OBJECTIVES:

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

LOOKING BACK AT 2018

HIV

KHANA and its implementing partners (IPs) have continued to implement HIV prevention programs among key populations (KPs)—female entertainment workers (FEW), men who have sex with men (MSM), and transgender individuals (TG). In 2018, KHANA and its IPs supported the provision of outreach education to 39,262 KP, in which 17,595 received point-of-care HIV testing and counseling. Of this, 262 were confirmed as HIV positive and they were enrolled in treatment.

Tuberculosis (TB)

KHANA implemented a TB REACH project titled “Community-Based Innovation for Revitalized Active Case Findings (ACF) for Improved Detection and Linkage to Treatment In Cambodia” and a TB REACH Scale Up titled “Sustaining Anti-Tuberculosis and Health Action in Cambodia (SAHACA)” in collaboration with the National Center for Tuberculosis and Leprosy Control (CENAT) and the local authorities to mobilize communities to find presumptive TB, screen, diagnose, and refer and support them to treatment and care. KHANA, CENAT, the Cambodia Anti-Tuberculosis Association (CATA), and the National University of Singapore (NUS) also jointly implemented an operational research project to evaluate the effectiveness of community ACF models for the detection of tuberculosis in Cambodia. In 2018, a total of 24,097 individuals were screened, and 12,785 were identified as presumptive TB. In total, 1,905 were diagnosed with TB (all-forms). More than 99% of those diagnosed with TB were enrolled in treatment



Figure 1. Project orientation to stakeholder

Harm reduction

Harm reduction advocacy project is a joint project between India HIV/AIDS Alliance, Harm Reduction International, and International Drug Policy Consortium to increase access to essential HIV and harm reduction services for people who inject drugs (PWID) in Asia through removing legal barriers, strengthening community systems and increasing the evidence base. KHANA is a partnering organization in implementing this project in Cambodia.

IMPROVING HIV PREVENTION

Outreach activities

KHANA maintained the implementation of outreach activities in accordance with the Boosted Continuum of Prevention Care and Treatment (B-CoPCT) approach and provided HIV prevention service packages to KPs. Key innovations were implemented to improve case finding and early HIV diagnosis among key and other hard-to-reach populations.

The coverage of KHANA's HIV/AIDS prevention activities included mostly the southern zone of Cambodia that comprised seven provinces and the capital, Phnom Penh. In total, the program aimed to reach 28,861 KPs, which comprised 18,578 of FEWs, 8,524 MSMs, and 1,759 TGs. In 2019, the program

exceeded expectations, with a total of 29,958 of KPs reached for HIV and sexually transmitted infection (STI) education—18,094 FEWs, 9,264 MSMs, and 2,600 TGs. The program conducted 35,977 HIV and Syphilis tests for 25,782 KPs. In total, we found 486 HIV reactive cases, and 95% of the cases were confirmed HIV positive and enrolled in antiretroviral therapy (ART) service. We also found 516 cases of Syphilis, and 1617 cases of other STIs. All of the Syphilis and STI cases were referred for consultation, and they were successfully treated.

Condom and lubricant distribution for KPs

KHANA has continued to support the provision of condoms and lubricants to KPs through IPs to prevent HIV/AIDS and STI transmission. In 2019, 931,469 condoms and 277,038 lubricants were distributed to FEWs, 366,282 condoms and lubricants were distributed to MSM, and 101,016 condoms and lubricants were distributed to TG. In total, 1,398,767 condoms and 744,336 lubricants were distributed to the KPs during outreach education activities throughout 2019.

IMPROVING HIV CASE DETECTION, TREATMENT, AND ADHERENCE

KHANA and IPs have maintained the use of different approaches through online platforms and social media—Facebook, the webpage of SMARTgirl for FEW, Mstyle for MSM, Srey Sros for TG and dating apps including Grindr, Blue, and hornet—to reach hard-to-reach populations at-risk of HIV/AIDS. The approach aimed to develop program-specific strategic behavioral change communication (SBC) materials in providing key messages on HIV/AIDS, STI, counseling, and information on HIV testing to hard-to-reach populations.

mHealth

KHANA and IPs have maintained the implementation of the mHealth approach that is confidential and anonymized using the website, Facebook page, and dating apps to engage hard-to-reach KPs. The approach was delivered through “My Community”, a set of interactive websites, Facebook page and dating apps that offered GIS-mapped service locations, HIV news and information, individual risk assessment tool and online counseling. In 2019, the SMARTgirl website was accessed by 4,896 users and garnered 2,047 likes on its Facebook page. Mstyle website was

accessed by 4,932 users and garnered 6,983 likes on its Facebook page. Srey Sros website was accessed by 210 users and garnered 1,236 likes on its Facebook page. A total of 356 referrals (18 from SMARTgirl, 249 from Mstyle, and 89 Srey Sros) were made from the websites, Facebook pages, and dating apps for HIV and STI testing. Of the 356 referrals, a total of 66 HIV (43 from Mstyle, 21 Srey Sros and 2 from SMARTgirl), and 55 Syphilis tests (2 from SMARTgirl, 35 from Mstyle, and 18 Srey Sros) were reactive. These cases were duly referred for enrollment in the pre-ART and ART services.

Peer-Driven Intervention Plus (PDI+)

KHANA has provided oversight and support to IPs on outreach quality assurance, implementation guidance on PDI+, risk screening, virtual outreach, quality control for HIV testing services, and SBC tool development. KHANA conducted regular field monitoring visits to provide technical support and onsite coaching of field staff on the implementation of PDI+ among KPs. In 2018, the implementation of PDI+ was planned for 6 months between July and December. Building on the successes reported in 2018, the implementation of PDI+ was extended to 2019 (implementation period: April to December 2019). Overall, 1,306 MSM and 408 TG were tested. A total of 91 tests were positive in both groups (MSM=46 and TG=45), and all 91 individuals were referred for enrollment in the pre-ART and ART services. For Syphilis test, 118 individuals were tested positive for Syphilis and all of them were referred for treatment.



Figure 2. HIV testing by PDI staff

HIV risk screening and testing

KHANA and IPs also implemented risk screening activities to classify further the HIV risk levels based on behavior. Risk levels classification aimed to improve the provision of HIV services through the prioritization of HIV testing and targeted messaging among KPs. Tablet-based questionnaires were used to collect data. In total, 6,612 FEWs, 1,142 MSM, and 264 TGs were screened. Of those screened, 4,917 FEWs, 965 MSM, and 221 TGs were classified as high-risk. Based on the risk screening results, appropriate packages that included key messages for education, HIV testing, and condom distribution were tailored to the KPs.

Nighttime outreach activity

KHANA has also expanded the outreach activity to implement HIV testing at nighttime. The nighttime outreach activity was first implemented in Phnom Penh to target young MSM, TG, and FEW (aged <30 years). It was a new HIV case detection modality to identify high-risk groups who were unable to partake in daytime outreach activities. During the outreach, mobile HIV testing services were provided. This project was implemented in the fourth quarter of 2019. In total, the activity reached 1,824 FEWs, 430 MSM, and 271 TGs. Of those reached, 404 FEWs, 185 MSM, and 96 TGs were tested for HIV. Two FEWs, 15 MSM, and 3 TGs were positive for HIV, and all of them were referred for enrolment in ART services.



Figure 3. HIV outreach and testing at Nighttime

Self-testing

KHANA continued to provide support to IPs in implementing HIV-self testing among FEW, MSM, and TG in Phnom Penh. This approach aimed to further reduce the barrier to testing for high-risk populations to ascertain their HIV status. In 2019, 1,690 KPs registered for the HIV self-testing service. Of those who self-tested for HIV, 60 tested positive, and all of them were referred for enrollment in the pre-ART/ART services.

EXPERIENCE OF A HIV SELF-TEST USER

Srey Mom, 26 years old, is the eldest daughter of a family of 5 living in Samrong district, Takeo Province.

Srey Mom dropped out of school in 2013 due to her family's struggle with poverty. She mentioned that her parents did not have another source of income besides rice farming and selling traditional snacks in the village. Sometimes, they did not have enough for two meals per day. Her father cannot work due to a chronic disease. "Being the eldest daughter, seeing my family struggle in these conditions made me really upset and I didn't know how to help them", she said. She decided to leave her family to work in a factory in Phnom Penh. However, she earned very little from that job, and decided to work in a Karaoke

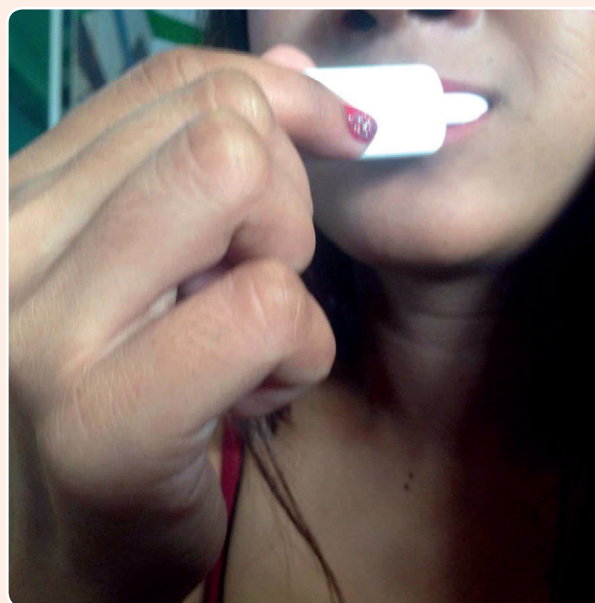


Figure 4. Srey Mom perform HIV self-test

instead, upon recommendation by her friend. She said that she had many sexual partners. Some of them used condoms, but some of them did not. Twice, she became pregnant and underwent abortion. She also mentioned that she was never informed or tested for HIV and STIs before she was introduced to the SMARTgirl group.

One day, she met with the SMARTgirl group. She was provided with outreach education about HIV and STIs, and was introduced to HIV-self-testing, which she can perform by herself without worrying about confidentiality. She voluntarily tested by herself, and found out that she is HIV-positive. She enrolled into ART service at Chhouk Sar clinic. She said she is very thankful to the SMARTgirl team that follows-up with her and encourages her to adhere to ART, which eventually improved her health condition.

DEVELOPING EFFECTIVE SYSTEMS

KHANA regularly attended the National MSM & TG Technical Working Group (TWG) meeting organized by the National AIDS Authority. The meetings aimed to share the progress and achievements of the project implemented by KHANA and its IPs. The meetings also identified critical solutions to address the key challenges to support project implementation. KHANA and its IPs also organized three Joint Management Team Meetings throughout 2019 to review the progress of project implementation, discuss challenges, and identify the best solutions to address the issues.

In 2019, KHANA and IPs continued to work closely with the relevant Provincial Health Departments (PHD) in implementing and monitoring the progress of the project. KHANA regularly attended the Pro-TWG for Health meetings and kept PHD updated through its quarterly and annual reports. These meetings made it easier for KHANA to address issues encountered during field implementation, thus ensuring smoother project implementation. In the long run, regular engagements at the national and sub-national levels also facilitated capacity building, fostered partnerships, and aided the development of effective systems for future scale-up and sustainability.

STRENGTHENING COMMUNITY RESPONSE TO FIGHT TUBERCULOSIS

The SAHACA project aimed to implement community-based innovative interventions that included 1) ACF using innovative snowball approach and mobile diagnostic units to find presumptive TB, screen, diagnose, and refer them to treatment and care; 2) integrated active case management system to ensure all persons with TB were duly followed-up and supported while receiving TB treatment; and 3) community mobilization to sustain TB response in Cambodia. We mobilized community-based lay counselors and village help support groups (VHSG) to support presumptive TB, collaborate with local government authorities and health care providers in care provision, and improve early case detection and effective linkage to treatment. This project was funded by the Stop TB Partnership/UNOPS under the TB REACH Wave 5 Scale-Up grant.



Figure 5. Field Staff provide TB education to people who come for diagnosis with Mobile ACF

In this project, we included TB key affected populations (KAPs)—close contact of persons with TB, PLHIV, elderly aged above 55, or people with diabetes. The project was implemented in 12 operational districts (ODs) within 10 provinces—OD Sampovloun, OD Samrong, OD Stung Treng, OD Ponheakrek, OD Sithorkandal, OD Kamchaymea, OD Remeashek, OD Koh Thom, OD Koh Andeith, OD Angkor Chey, OD Kampong Trach, and OD Oudong. A total of 143 health centers in the 12 ODs were included in this project.

For the snowball model, community-based lay counselors played a role in identifying potential seeds among KAPs and TB survivors to find other presumptive TB in the community. This intervention employed a targeted screening approach as KAPs faced disproportionate geographical, economic, social, and biomedical barriers to detection and linkage to treatment such as long distance to health facilities, lack of transportation, and the inability to provide good sputum samples. For the ACF using mobile diagnostic units, CATA and KHANA jointly organized mass screening sessions that were efficient and effective in screening and diagnosing people with TB. For those who could not receive their test results on time, KHANA's lay counselors were trained to communicate the test results, refer, and support them for treatment at the health facilities. This project saw a total of 193,532 people screened by seeds and VHSG and identified and referred 56,632 presumptive TB for TB work-up. The take-up rate was 99.8%, and among those who were tested for TB, the project found 3,595 people with TB (all-forms). Of these, 1,021 of them had bacteriologically confirmed TB (sputum smear-positive/BK+). A total of 3,532 people with TB (all-forms) were enrolled in treatment.

Also, in 2019, KHANA, CENAT, CATA, and NUS jointly implemented a cluster randomized controlled trial to determine the effectiveness of community ACF models for the detection of tuberculosis in Cambodia.

This NUS Initiative to Improve Health in Asia (NIHA) funded project also aims to establish the effect of ACF strategies on TB treatment outcomes and to estimate the cost-effectiveness of the interventions. This project is currently being implemented in 8 selected ODs.

In the last quarter of 2019, KHANA received an award from the USAID TB Local Organization Network (TB-LON) grant to implement a five-year community-based TB project in Cambodia. The project, titled “Community Mobilization Initiatives to End Tuberculosis (COMMIT),” aims to 1) improve access to high-quality, person-centered TB, drug resistant-TB, and TB/HIV services; 2) strengthen TB service delivery platforms; 3) reduce TB transmission and disease progression, and; 4) accelerate TB research and innovations with improved impact on program implementation. COMMIT's strategies are in alignment with the National TB Program/National Strategic Plan, WHO End TB Strategy, and USAID's Country Development Cooperation and Global TB Strategies in reducing TB burden in Cambodia. This project is managed by KHANA as the prime recipient of the grant, and it will be implemented in partnership with Cambodian Health Committee (CHC), the Center for Health and Social Development (HSD), and CATA. COMMIT will be implemented in 10 ODs across Phnom Penh, Kandal, Kampong Cham, and Thbong Khmum between October 2019 and September 2024.



Figure 6. Villager presenting coupon to LC at Health Center for diagnosis

SUCCESSFUL TREATMENT OF A BK+ POSITIVE PEOPLE LIVING WITH TB

Uncle Sa Kan (56 years old) lives with his wife, son, and 3 daughters in Koh Thom District, Kandal Province. He was diagnosed with bacteriologically-confirmed TB (BK+) by CATA's mobile screening at Pothi Reamea Health Center on the 20th of June, 2019. He started treatment soon after his diagnosis. His TB symptoms were fever, cough, and weight loss. Before he was diagnosed with TB, he used to buy medicine from the pharmacy for his TB symptoms. His health improved for a short while only before it continued to deteriorate.

On the 24th of June, 2019, KHANA field staff conducted a field visit to educate the communities about TB control, prevention, and stigma. After the session, the KHANA team requested Uncle Sa Kan to become a seed in his village, and he voluntarily accepted the role. After the training, he started his role as a seed, and he was happy with his role. Not only could he earn some monetary incentives, but he also was able to help people in his village to know more about TB, prevent the spread of TB, and refer people presumed to have TB to Health Centers for TB screening. He added that he was pleased to see Snowball and Mobile ACF in his village, which helps to find presumptive TB cases, and refers them to free TB screening, diagnosis, and treatment.



Figure 7. Uncle Sa Kan resume work after treated from TB

Nowadays, Uncle Sa Kan is 100% completely cured of TB. He was worried about his family getting infected with TB. Therefore, he urged them to get tested. Fortunately, all 5 of his family members were negative for TB. Now, he could earn more income compared to when he was sick with TB, as his strength was improved after he got cured of TB. He also mentioned that, because he received education from KHANA's LC, he could prevent the disease from spreading to his family. He is very thankful to KHANA and CATA for these active-case finding activities. Without these, he would still be spending out-of-pocket to seek symptomatic treatment, which had an impact on his income, while also risking his family members of contracting TB.

INCREASING EQUITABLE ACCESS TO HEALTHCARE AND HEALTH SERVICE UTILIZATION

Mobile link to improve the health of female entertainment workers by enabling equitable access to existing health services.

The Mobile Link project is an innovative intervention that aims to engage FEWs in Cambodia through frequent theory-based text, i.e., short message service (SMS) or voice messages (VM), that link them to existing high-quality prevention, care, and treatment services. The intervention was integrated into the existing program within the SMARTGirl Clubs, an HIV and STI prevention program, in order to continue health advocacy among FEW. This project was funded by the 5% Initiative and has been implemented since 2018. Using operator services for message delivery to a registered phone number of FEWs in the intervention group, the project sent 2 short messages and two voice calls per week for 60 weeks to those who registered for text message and voice call, respectively. Both text message and voice call had the same message content covering three components— of rights to health, health information, and health promotion.

Over this reporting period, the project continued to deliver messages to 300 FEWs in the intervention group. On average, 65% of the participants in the platform actively listened to the VM. Only 0.3% of the participants terminated the call, and 50% of those registered for text messages successfully received it as scheduled.

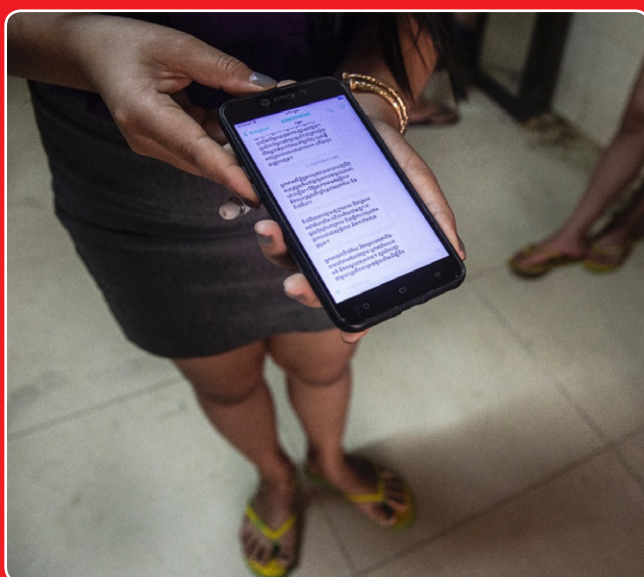
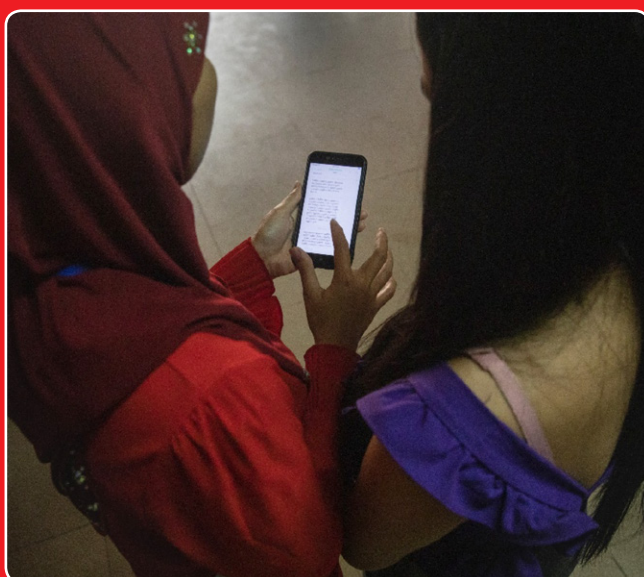


Figure 8. FEWs view Mobile Link SMS on their phone, at Entertainment venue

Harm reduction advocacy in Asia

Throughout the year, KHANA made a total of 14 referrals in collaboration with law enforcement officers to access healthcare services at Meanchey Referral Hospital and documented 5 cases of violation. KHANA also co-hosted the regional country coordinating committee and the national action plan focal points meeting in Siem Reap to share experiences and discuss future action points further to improve access to essential healthcare and harm reduction services.



BUILDING HUMAN RESILIENCE THROUGH THE DEVELOPMENT OF SUSTAINABLE COMMUNITY AND ORGANIZATIONAL SYSTEM

OBJECTIVES:

- Increase access to income and other financial resources
- Increase employment opportunities for community members
- Improve access to quality and affordable services through functioning community health facilities supported by KHANA

INCREASE ACCESS TO INCOME AND OTHER FINANCIAL RESOURCES

Financial difficulties were a significant barrier for presumptive TB and KPs to access TB services. Through the Challenge Facility for Civil Society (CFCS) initiatives, KHANA continued to advocate for the inclusion of low-income families who were affected by TB in the government social protection schemes—health equity fund and ID poor system. In collaboration with the commune chief and Buddhist monks, KHANA also initiated a charity donation initiative to raise funds for low-income families affected by TB. This initiative was facilitated by the District Network of People Living with and Experienced TB (DNPET) and Peer Support Group (PSG). The charity boxes that were placed at pagodas and hotels raised 182,000 riels (equals to USD45) as of June 2019. In addition, KHANA also established 8 separate groups of funds where members of the TB community contributed collectively to a savings fund, and those who needed money to implement their business plan could borrow from it. To-date, the groups have amassed 958,000 riels (240 USD).

INCREASE EMPLOYMENT OPPORTUNITIES FOR COMMUNITY MEMBERS

KHANA has always committed to empowering communities by mobilizing members of the local

communities in its projects. In 2019, KHANA and its IPs recruited 14 provincial coordinators, 45 field staff, and 207 outreach workers/community lay counselors throughout the Global Fund and TB Reach Wave 5 Scale-Up project sites. These field staffs were responsible for the implementation of HIV outreach, prevention, and care activities for KPs in 8 provinces. In Roka commune, KHANA recruited women living with HIV to form the Women Core Group (WCG). WCG was responsible for collecting information on the difficulties faced by other women and young PLHIV in the commune. This information was discussed with KHANA, the chief of commune and village, and representatives of the Roka Referral Hospital to develop potential solutions. KHANA also equipped the WCG with new knowledge, skills, and information on HIV/AIDS, STIs, and sexual reproductive health (SRH) to improve their work performance. KHANA also facilitated the participation of the members of WCG in training related to livelihood.

In KHANA's TB projects, KHANA continued to create employment opportunities in the local communities through the recruitment and incentivization of lay counselors, seeds, recruiters, VHSGs, and other field staff in implementing TB case finding activities in the community.

IMPROVE ACCESS TO QUALITY AND AFFORDABLE SERVICES THROUGH FUNCTIONING COMMUNITY HEALTH FACILITIES SUPPORTED BY KHANA

Universal Health Coverage (UHC)

The goal of UHC is to ensure all people and communities can use and have access to quality health services that they require without the cost of health services exposing people to financial harm. In 2019, KHANA continued to be a champion of UHC in Cambodia. At the national level, KHANA had an engagement with a member of the parliament and a member of the 8th commission on health, social works, veterans' affairs, youth rehabilitation, vocational training, and women

affairs to discuss issues on HIV/AIDS, TB, and UHC at both the national and global level. KHANA also highlighted the importance and practicality of a multi-sectoral response in TB and UHC that could benefit Cambodia. The discussion also focused on the critical roles of senators and members of parliaments in supporting UHC. The meeting was highly appreciated, and this information was presented to the relevant ministries and institutions to mobilize domestic resources. KHANA also had a separate meeting with an elected Member of Congress of the National Assembly, to discuss the achievements, challenges, and opportunities in improving HIV/AIDS, TB, and UHC responses in Cambodia. The elected congressman acknowledged the vital role of the congress in facilitating the initiatives to mobilize the National Assembly in addressing global health issues and supporting UHC implementation in Cambodia.

To mark UHC 2030 day, KHANA, Health Action Coordinating Committee (HACC), and the Cambodian Network of People Living with HIV/AIDS (CPN+) hosted a Community Health Assembly on the 12th of December 2019. The event brought together over 40 participants from the affected communities, civil society organizations (CSO) working on health, youth representatives, United Nations (UN) agencies, and key stakeholders. The assembly was a unique platform in providing information regarding the UN-high-level meeting on UHC, political commitments made by states, and follow-up actions to be taken at the national, regional, and global levels. The assembly reviewed and discussed the critical roles of community and CSOs in supporting and contributing to UHC implementation in the country through partnerships with government institutions towards achieving UHC 2030. It was an opportunity to build momentum towards UHC locally. Many topics were discussed and highlighted during the meeting. These included primary health care for vulnerable and marginalized groups, communicable diseases (HIV, TB, SRH), non-communicable diseases, nutrition, and hygiene. Health financing, the roles of community and CSOs, and key indicators of UHC were also discussed. The attendees of the assembly agreed to establish the CSO working group on UHC 2030, mobilize resources to support its functions, and develop monitoring tools to track the progress of Cambodia's UHC implementation.



Figure 9: UHC 2030 day

OnelImpactK+

With the support of Stop TB Partnership, KHANA piloted OnelImpactK+ in Siem Reap to promote community engagement in TB response using digital solutions. OnelImpactK+ is a mobile application that was designed by Dure Technology to facilitate community-based monitoring of TB response. In 2019, OnelImpactK+ was used by 122 people with TB in Siem Reap. They were supported by 20 peer support group leaders (PSGL). The OnelImpactK+ application has four domains—Get Knowledgeable, Get Access, Get Connected, and Get Involved. Application users could report their problems regarding drug side-effects, access to services, TB treatment and adherence, stigma and discrimination, and treatment discontinuation. The PSGL was trained on OnelImpactK+ and supported its implementation in the community.

A total of 244 downloaded the application, of which 122 were people with TB. Application users reported 108 barriers during the implementation period, where 49% of the barriers were reported by people with TB. Six people with TB reported treatment discontinuation using the application. It was reflected in the pilot project that individual-level information was used by PSGL to respond to problems reported locally.

People with TB also noted an increase in their ability to access information and report problems using the application. Likewise, PSGL reported an improvement in their ability to track and understand the challenges faced by people with TB. Both PSGL and people with TB unanimously recommended the use of OnelImpactK+ in monitoring TB response. Information collected via the application also allowed KHANA to accurately present the challenges affecting people with TB to other stakeholders. CENAT also reported an improvement in the availability of information on TB services. Upon further refinement and training, OnelImpactK+ will be scaled-up to 10 other ODs in 5 provinces as part of the COMMIT project.

Challenge Facility for Civil Society (CFCS)

The CFCS was a Stop TB Partnership funded project to strengthen the roles of community and key stakeholders in TB response. The project was primarily implemented in Siem Reap. To strengthen community-based responses to link presumptive TB to health facilities, KHANA engaged pagodas and religious groups in the community to raise awareness about TB during community events and festivals. KHANA also facilitated dialogues between health facilities and DNPET that resulted in the formation of OD Rapid Monitoring and Analysis for Action (RMAA) working group. The formation of RMAA aimed to ensure functional linkages between service recipients

and service providers while also monitoring access to TB services. The OD-RMAA meeting was conducted regularly by OD staff, DNPET, and KHANA staff to discuss the progress of TB response in the OD and key challenges faced by people with TB regarding access to services, stigma, and discrimination, and treatment adherence. A similar mechanism for the health centers (HC-RMAA) was also set up to strengthen the collaboration between the project team (DNPET and PSGL) and health centers in addressing the issues faced by people with TB.

Empowering women living with HIV

In 2019, KHANA conducted ten community sessions with WCG, which were attended by 77 women living with HIV. These community sessions aimed to understand the issues faced by women living with HIV and provide support. The sessions also included educational topics on HIV/AIDS prevention, SRH, gender promotion, and sanitation. Additionally, KHANA organized a special session with 25 women living with HIV/AIDS aged between 15-49 years to discuss, share, and exchange experiences on ART, mental health, nutrition, and stigma. The session allowed them to discuss openly with health providers on their personal health issues/challenges and the additional support that they needed. The activity also aimed to empower women living with HIV through experience sharing and discussing the issues that they faced.



Figure 10: Cambodia Pilot Training: Right of People with TB



STRENGTHENING ORGANIZATIONAL AND TECHNICAL CAPACITY OF CIVIL SOCIETY

OBJECTIVES:

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

STRENGTHEN THE CAPACITY OF COMMUNITIES, PARTNERS, AND OTHER STAKEHOLDERS

Tuberculosis (TB)

In 2019, KHANA continued to be a strong advocate of skills transfer and empowerment of local communities through capacity building for effective and sustainable health actions. To further strengthen the function of affected communities such as the DNPET, KHANA has invested in building the capacity of DNPET through a series of training on the roles of the network, TB services, national program strategies.



Figure 11: DNPET Semester meeting

In 2019, KHANA organized 47 community forums that were led by PSGL and DNPET within communities affected by TB. There were 782 participants (478 female) who attended the meeting. The forum focused on the roles of DNPET, national TB response, TB education, TB stigma, and discrimination, and addressed issues raised by communities affected by TB. KHANA also conducted TB education sessions by engaging pagodas and religious groups in providing TB awareness and education during traditional festivals and cultural events. In total, 15 TB outreach/educations were conducted by PSGL. The sessions were attended by 434 participants (338 female). The sessions focused on basic knowledge and information about TB, TB prevention, TB diagnosis and treatment, and location of TB services in their localities.

KHANA also developed educational materials to promote case detection, treatment adherence, and counseling. KHANA printed 10000 copies of TB education and promotion materials and disseminated them to 12 OD where KHANA's TB projects were based. The materials were also used to support the World TB Day event. These materials were used by DNPET, PSGL, lay counselors, and health services providers at the community and the health facilities. KHANA also conducted a semester of learning and practice exchange with the HC-RMAA team to share experiences, practices, and propositions to further improve the engagement of CSO, community, and DNPET in the TB response.

Harm reduction advocacy in Asia

KHANA organized a campaign "Support, Don't Punish" campaign to raise awareness of the harms of criminalizing people who use drugs (PWUD), and to mobilize public action for changes to drug policy so that the rights of PWUD are fully respected. This campaign also aimed to promote harm reduction to end HIV among this at-risk group. High ranking government officials, law enforcement officials, service providers, local authorities, UN agencies, CSOs, community networks, and members of the

communities were invited to discuss and identify the role of each key stakeholder in supporting harm reduction and HIV programs, and public health and strengthen the partnership between relevant government institutions, CSOs and effected community in addressing drug and harm related issues. During the campaign, issues, challenges, and urgent needs of PWUD were also raised.

In partnership with India HIV/AIDS Alliance and Cambodia Country Coordination Mechanism (CCM), KHANA co-hosted the Regional CCM and National AIDS Program (NAP) Focal Points Meeting in Siem Reap to increase (1) understanding of CCM and NAP members vis-à-vis the importance of having harm reduction activities at scale in countries, in order to stop new transmissions and to find and treat those with HIV (2) understanding of CCM and NAP on the current status in terms of coverage and gaps for drug users in each of 7 countries and impact this is having on HIV epidemics and (3) understanding of CCM and NAP members on barriers to accessing services at-scale. The meeting was attended by representatives from Cambodia, Indonesia, India, Thailand, Nepal, and the Philippines. During the meeting, each country partner developed stakeholder engagement strategies to identify gaps, potential ways to fill those gaps, and identify the potential sources of finances.



Figure 12: CCM Meeting in Siem Reap

In strengthening community systems and capacity, KHANA conducted a series of training on advocacy and leadership among PWUD, overdose management for law enforcement officers and the affected communities, and training of educators for law enforcement officers on harm reduction. With support from the Global fund and Frontline AIDS, KHANA conducted an overdose training session to law enforcement officers, local authorities, harm reduction non-governmental organization (NGO) staffs, community networks, and members of the communities in October 2019.



Figure 13: Meeting to monitor the progress of CBTx implementation

The training was received by law enforcement officers, local authorities, harm reduction NGO staff, and the larger community. The aim was to improve their capacity with skills on overdose prevention and management, to contribute to a reduction of the drug overdose-related deaths, and to strengthen the partnership between different stakeholders in addressing drugs and harm related issues. There were 29 participants representing CSOs, NGOs, and the communities and 23 law enforcement officials who attended the session. The participants learned

about harm reduction and its core package service, leadership, advocacy knowledge, and skills on harm reduction. Apart from service providers and community members, KHANA also trained PWUD on the concept of harm reduction, leadership, and advocacy skills. The session also aimed to involve beneficiaries in developing a work plan on advocacy initiatives to improve harm reduction practices and access to health services. A total of 24 participants that included Cambodia Network for People Who Use Drug (CNPUD) members, outreach workers, and PWUD attended the training.



Figure 14: Advocacy and Leadership Training

To increase the service uptake of community-based drug treatment (CBTx), KHANA collaborated with National Authority for Combating Drug (NACD) and Department of Mental Health and Substance Abuse (DMHSA) to routinely conduct meetings to monitor the progress the implementation of CBTx in Sangkat Chhba Ampov I and II of KHAN Chhba Ampov.

HIV

In 2019, KHANA continued to strengthen the capacity of field staff and outreach workers in promoting HIV testing through social media and outreach activities. This was accomplished through routine field monitoring, provision of technical support, in-person

coaching, and refresher training. The approaches were applied across KHANA's programs, such as PDI+ and all forms of outreach activities (e.g., physical, virtual, and nighttime). KHANA also formed groups of young MSM willing to participate in the program and built their capacities on HIV prevention so that they could transfer the knowledge to their partners and social network.

ENHANCE THE UTILIZATION OF TECHNICAL INNOVATIONS FOR EMERGING NEEDS

KHANA was known for its technical expertise in program innovations, monitoring and evaluation, and organizational and institutional development. KHANA has pioneered the use of mobile technologies, social media, and social innovations in its operations. For KHANA's TB response, KHANA continued to refine the seed-and-recruit model, a novel approach to find missing TB cases in the community. This model is a system of rapid, targeted low-cost community social mobilization, involving people who themselves had experienced TB (TB survivors), to increase case finding in the community. KHANA also rolled out OnelImpactK+, a community-based monitoring system of the TB response. In 2019, the project was fully implemented and evaluated. The project will be scaled-up in 10 other ODs in 2020 under COMMIT project.

KHANA's HIV response also saw the maintenance of cutting-edge approaches, such as the utilization of social media to engage and deliver interventions to the KPs. In 2019, KHANA continued to evaluate the efficacy of engaging FEW using SMS and VM. The technology has linked FEW to quality and essential health services on HIV, STI, and SRH.

KHANA had also maintained the DHIS2 system to track data of individuals when they were engaged through the HIV prevention programs; the data were extracted and used for analyses. The DHIS2 system was aligned with the national database management for prevention programs. This database allowed program staff to understand, monitor, and check data at the field level, verify data management of IPs, and review the mapping of venues/hotspots and monitor the number of KPs.

INCREASE THE SCALE AND SCOPE OF THE KHANA CENTER FOR POPULATION HEALTH RESEARCH TECHNICAL EXCELLENCE

The KHANA Center for Population Health Research has worked extensively with beneficiaries and key stakeholders in implementing care and support for communities affected by HIV and TB in Cambodia. Our research has also been instrumental in informing national policy and responses to TB and HIV. KHANA has a comprehensive monitoring and reporting system in place to track program performance regularly and quickly resolve any challenges that arise.

In 2019, KHANA published 16 papers in international peer-reviewed journals. These papers covered a range of topics that included HIV, TB, drugs and substance use, non-communicable diseases, and viral hepatitis. These papers were published in collaboration with both esteemed international institutions such as the Touro University California, National University of Singapore, Lancaster University, Kyushu University, Nagoya University, and local institutions such as National Centre for HIV/AIDS, Dermatology and STD (NCHADS), CENAT, and the National Institute of Public Health.



Figure 15: KHANA's intern visited Chhouk Sar Clinic.

The center also participated actively in the drafting of key policies and guidelines. KHANA was a key participant in the World Health Organization (WHO) joint HIV and TB program review 2019, the national strategic plan for TB 2021-2030, national Hepatitis C guideline and the Latent TB Infection Guideline

In addition, KHANA also presented research findings and operation updates at local and international conferences and meetings. KHANA sent representatives to The Union World Conference on Lung Health in India, International Harm Reduction Conference, Asia-Pacific AIDS, and Co-Infection Conference in Portugal, the Bi-Regional workshop on improving strategic information on HIV and hepatitis elimination focusing on KP in India.

KHANA's executive director also represented KHANA at the inaugural NIHA Leadership Development Programme (LDP) in Singapore in 2019. The LDP aimed to provide senior regulators, health policymakers, and practitioners a comprehensive perspective of applying health technology assessment to advance UHC. KHANA presented Cambodia's economic development and challenges in ensuring the effectiveness, equity, and sustainability of UHC under the epidemiological, economic, and demographic transitions in Asia. The LDP was well attended by other subject experts from renowned institutions such as the WHO, United Nations Development Programme, Ministry of Health, Singapore, London School of Hygiene and Tropical Medicine, Imperial College London, and Saw Swee Hock School of Public Health, NUS.

INCREASE THE KNOWLEDGE AND EXPERTISE OF KHANA'S STAFF IN BROADER AREAS OF HEALTH AND DEVELOPMENT

KHANA regularly engaged with CENAT and other partners at the Interagency Coordination Committee (ICC) meetings and the Annual Operation Plan Meeting to share progress, review performance, and to discuss the annual action plan. These engagements allowed KHANA to meet other TB project implementers and government officials to review TB activities within

Cambodia. KHANA also participated actively in the sub-technical working group for TB control, a quarterly workshop on TB control, and latent TB infection training. During these meetings, KHANA shared project results with the relevant stakeholders, the challenges we encountered, the success stories, and rallied support from all stakeholders to implement the activities successfully. At the provincial and district levels, KHANA field staff and lay counselors regularly attended the technical working group meetings on health. During these meetings, KHANA staff routinely shared the progress of the project, challenges, success stories, and advocated for further support for the project. They also learned from others during the meeting on their experiences implementing other TB control activities in the community.

KHANA staff has also participated in the training on HIV prevention and database management system organized by NCHADS. The training session aimed to strengthen the capacity of data management and monitoring as well as educating evaluation officers on the use of tools and reporting system for HIV prevention, testing, and counseling to ensure consistency and integrity. KHANA and its IPs also attended orientation on data collection that was aimed to improve knowledge and capacity on the utility of data collection tools. Similar capacity building initiatives in the area of harm reduction were also made available for KHANA staff to improve their technical capabilities. KHANA attended a meeting on the linked response for HIV/AIDS and drug interventions organized by the University of Health Science (UHS). The meeting attended by the Ministry of Health, NCHADS, NACD, DMHSA, harm reduction NGOs and UN agencies discussed potential solutions to respond to HIV/AIDS and drug use in Cambodia and the role of UHS in providing capacity to health providers at health facilities.

Through these engagements at the international, national, and sub-national levels, KHANA has built valuable partnerships. KHANA's staff also benefited professionally through these engagements.



PROMOTE DIVERSITY, RIGHTS, AND GENDER EQUITY

OBJECTIVES:

- Promote an enabling environment for KPs, Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ), and other vulnerable groups
- Increase public awareness of 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

PROMOTE AN ENABLING ENVIRONMENT FOR KPS, LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX, AND QUEER (LGBTIQ), AND OTHER VULNERABLE GROUPS

KHANA has continued to be a strong advocate to improve TB service provision and enhance an enabling environment to reduce barriers to access TB services. KHANA supported the DNPET to develop a plan that included the use of data for advocacy. KHANA also documented experience of presumptive TB and people with TB whose rights to access diagnosis and treatment were violated by their workplace manager/owners or by the community they were living in. In 2019, KHANA trained 20 people (15 PSGL and 5 DNPET) on case documentation and case reporting regarding stigma and discrimination, violence, and violation of rights. The training also improved the knowledge of participants on gender issues in TB response, GBV, and the forms of violence or abuse. In addition, the refresher training was also conducted among DNPET's members. In total, 7 cases were

documented and reported by DNPET and PSGL (1 case on violence and 6 cases on TB stigma).

Throughout the year, KHANA worked closely with national and sub-national stakeholders to create an enabling environment for HIV, TB, and other health responses. KHANA supported various working groups on HIV and TB and facilitated the implementation of relevant programs. Through these engagements, KHANA raised key issues that affected KPs and other vulnerable groups to the relevant authorities to improve the health outcomes of these populations. For example, KHANA practiced the presentation of gender and KPs-disaggregated data while reporting progress of projects at sub-national, national, and international meetings to highlight potential gender and KPs specific gaps in the response. Action plan and accountability mechanism for the community, right, and gender were also routinely shared with relevant stakeholders in various meetings.

In 2019, KHANA conducted various meetings to monitor the progress of CBTx at Sangkat Chhba Ampov I and II. Other informal meetings with CNPUD, harm reduction partners, and government officials to discuss harm reduction agenda and policy were also held. Through these meetings, KHANA was able to sensitize partners and collaborators on the issue of advocacy, discuss harm reduction agenda and policy and increase the visibility and acceptance of CNPUD among local authorities, policymakers, service providers, and law enforcement authorities. At the national level, KHANA attended sub-technical working group meetings of viral hepatitis to develop the National Strategic Plan, and clinical guidelines for viral hepatitis B and C. KHANA also conducted dialogues with the Ministry of Health and NACD to support access to health services and reduce discrimination against drug victims, in the spirit of "Support, Don't Punish". To further combat discrimination and increase access to healthcare and harm reduction services, KHANA also developed and launched the code of conduct for media reporting drug use and PWUD in 2019.

INCREASE PUBLIC AWARENESS OF SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) AND GBV

KHANA and its IPs also co-organized various outreach activities in conjunction with other significant events such as Valentine's Day, Gay Pride Week, and Water Festival celebrations to provide health education on HIV prevention, distribute condoms and lubricants, and HIV/STI testing services. During Valentine's Day, KHANA collaborated with the National AIDS Authority to showcase the information, education, and communication materials on HIV/AIDS transmission and prevention, and distribute condoms and lubricants to participants. At the event, KHANA reached 85 participants through outreach education, distributed 5,620 condoms, and performed 35 voluntary HIV tests. In the same month, KHANA also conducted a similar event at a health fair event organized by the US Embassy.

During Gay Pride Week, KHANA conducted outreach activities for ten days at entertainment establishments. Educational messages on HIV/AIDS, condoms, and lubricants were distributed. Voluntary HIV testing and counseling were also provided. In total, 581 MSM and 73 TG (included 473 foreigners) participated in the event. KHANA and its IPs also organized events in the province to promote and raise awareness on HIV prevention and testing among KPs, especially FEWs. Approximately 1044 people participated in the events. In collaboration with the National AIDS Authority and Phnom Penh Municipal AIDS Department, KHANA and its IPs organized an awareness-raising and public outreach event during Water Festival celebrations in Phnom Penh. The event provided health education messages on HIV prevention. Free condoms and lubricants were distributed. Voluntary HIV and STI testing were also provided. KHANA also organized a similar campaign during World AIDS Day. Through these events that were well participated by KPs and members of the public, KHANA was able to raise awareness on SOGI, GBV, SRH, and HIV/STI prevention effectively.

IMPROVE AND PROMOTE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) FOR KPs, LGBTIQ, AND OTHER VULNERABLE GROUPS

KHANA is well known as a KP-focused organization in Cambodia through its work to promote and improve the rights of KPs and other marginalized and vulnerable groups including FEW, MSM, TG women, people who use/inject drugs, PLHIV, people with TB, and young people. KHANA has implemented several community campaigns, dialogues, and forums to promote the rights of LGBTIQ in 2019.

LGBTIQ in Cambodia continues to face challenges, including a lack of employment opportunities, discrimination, abuse, and other rights violations due to their expression of SOGI. To provide evidence-based information related to LGBTIQ, KHANA conducted a review of Cambodian law and policies to further understand the barriers for LGBTIQ to access health services and social protection. Through the review and assessments, KHANA recommended amendments to HIV law to establish safe spaces for LGBTIQ to access health care, include LGBTIQ sensitivities in health guidelines, and roll out assessments of health providers' understanding of SOGI. KHANA also advocated for a stronger partnership between government institutions, CSOs, and the communities, including active inclusion of LGBTIQ in meetings and technical working groups. Subsequently, KHANA organized a dissemination workshop to share the findings with government institutions, local authorities, and other stakeholders. This policy dialogue was presided over by HE Ieng Mouly, Senior Minister in Charge of Special Mission and Chair of the National AIDS Authority. At the workshop, a high level of commitment was expressed to address the critical issues and needs of LGBTIQ within national strategies and actions. Key stakeholders and participants of the workshop debated on crucial findings and derived the ways forward to jointly address critical barriers among LGBTIQ in accessing health and social support services. A policy brief was also distributed.

Furthermore, KHANA also explored the challenges of KPs network in the community and drafted a roadmap through a workshop attended by representatives of KPs and community groups. To further improve the rights of KPs, LGBTIQ, and other vulnerable groups, KHANA had engaged with the private sectors to find potential ways to collaborate.

For TB, KHANA conducted a “Know Your Rights” induction workshop with DNPET, NGO partners, and key stakeholders to increase their understanding and awareness on human rights in TB response. KHANA shared the definition of human rights, the relationship between human rights and TB, human rights-based approaches in TB response, and the CRG (community, rights, and gender) mechanisms. Through this workshop, the capacity of the TB network was enhanced, reaching a greater number of KPs. DNPET was able to continue its mission to improve the TB community’s access to diagnosis, prevention, care, and treatment services.

PROMOTE ENGAGEMENT OF WOMEN, KPS, LGBTIQ AND OTHER VULNERABLE GROUPS IN PROGRAM DEVELOPMENT, POLICY DIALOGUE, AND LEADERSHIP WITHIN KHANA, WITH IPS, AND AT THE NATIONAL LEVEL

In KHANA’s Strategic Plan (2016-2020), promoting diversity, rights, and gender equity has been highlighted as one of its four main goals. KHANA recently developed a training manual, aiming to

provide internal staff and its partners a better understanding of the basic concepts about “sex” and “gender”, as well as concepts related to SOGI, and sexual and GBV. The training manual was constantly put into practice for KHANA staff and KHANA’s IPs to understand better the basic concepts of gender as well as the right to access treatment services for both men and women.

Equal opportunities were provided to qualified female candidates for staff positions aimed at enhancing the role of women in the community through case management and community involvement and balancing gender representation at the community level. In addition, men and women employees were encouraged to participate in mentoring and training sessions held in the field and at KHANA headquarters. Evident throughout the programs implemented by KHANA, program beneficiaries (KPs and communities affected by TB, HIV, and other health issues) were consistently engaged during program design, planning, monitoring, evaluation, and dissemination of results. Employment opportunities were also created to ensure that these key stakeholders could be engaged in a sustainable manner. Through these engagements, members of the communities had the opportunity to improve their technical capacity and knowledge on health, social protection services, capacity and future employment, education, rights awareness, and leadership skills.

LOOKING FORWARD:

KHANA'S PRIORITIES IN 2020

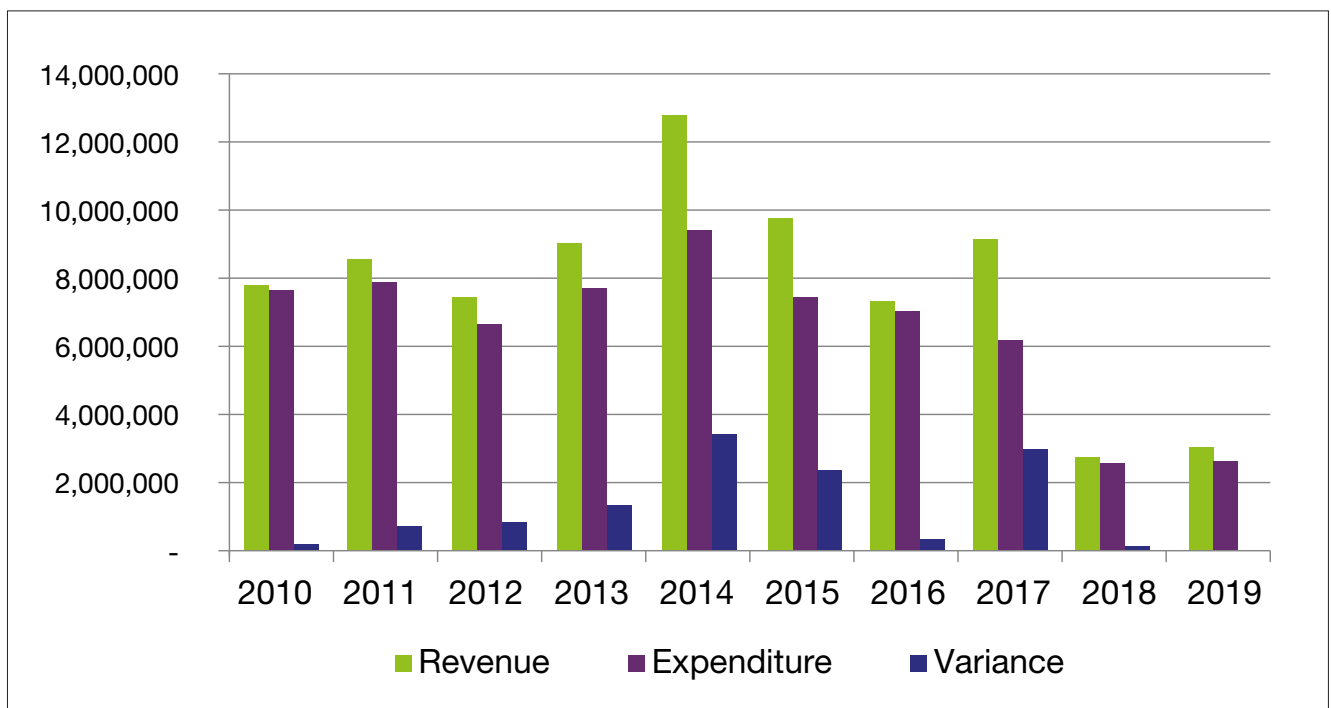
Organizational Priorities

- Implement GF-NF Request
- Prepare new grant proposal for GFATM (GF-FRA) for HIV and TB
- Implement COMMIT Project under USAID-TB-LON
- Work with multiple organizations to roll out KHANA's technical innovations under the GF New Funding Request and COMMIT Project
- Promote technical assistance and resource mobilization
- Strengthen partnership with international agencies, national, provincial, and local partners and stakeholders through technical support and capacity building
- Maintain the connection, as LO of the Frontlines AIDS
- Produce scientific evidences and disseminate research findings for program and policy development
- **Goal 1**
 - Implement HIV prevention programs under the GF-NF Request
 - Implement TB program under COMMIT (USAID TB-LON)
 - Implement UHC principle ensuring no one is left behind
- **Goal 2**
 - Strengthen the roles of TB and HIV affected communities through training, capacity building, mentoring, and coaching
 - Develop, adapt, and implement new guidelines and tools
- **Goal 3**
 - Implement operational research projects on the use of text messages and voice call intervention to prevent HIV and improve the health of FEW
 - Implement and evaluation a community-based model for the delivery of antiretroviral therapy (ART) in Cambodia
 - Implement research on cluster randomized controlled trial to evaluate the effectiveness of community active case-finding models to increase TB case detection in Cambodia
 - Implement research on understanding the development and implementation of Cambodia's national action plan on antimicrobial resistance: lessons from policy actors
 - Implement operational research project to improve oral health among children living with HIV
- **Goal 4**
 - Continue to focus on the empowerment of TB and HIV communities to ensure that their rights are respected and that communities are meaningfully engaged in service delivery, policy development, and implementation.
 - Continue to work closely with government agencies and other key stakeholders to support an enabling environment for PLHIV, people living with TB, key vulnerable populations and KPs for health, treatment, and social services.

FINANCIAL INFORMATION

Description	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Revenue	7,825,040	8,547,504	7,452,794	9,024,323	12,830,102	9,798,757	7,350,191	9,162,202	2,696,122	3,050,506
Expenditure	7,679,885	7,872,142	6,632,279	7,700,872	9,403,037	7,427,956	7,022,999	6,177,553	2,560,553	2,602,893
Variance	145,155	675,362	820,515	1,323,451	3,427,064	2,370,801	327,191	2,984,649	135,569	447,613
Burning Rate	98%	92%	89%	85%	73%	76%	96%	67%	95%	85%

Table 1: Financial Information of KHANA from 2010 to 2019



LEADERSHIP AND STAFFING

BOARD MEMBERS - 6 (Female 1, Male 5)

Name	Position
Dr. Oum Sopheap	Chair person
Phon Sampha	Treasurer
Neou Sovattha	Member
Srun Sorn	Member
Dr. Heng Sopheap	Member
Dr. Masamine Jimba	Advisory Board

KHANA STAFF 2019 – 55 (Female 22, Male 33)

Name	Position
Beng Touch	Field Officer
Chea Phearom	Field Officer
Chhai Seangher	Field Assistant
Chheouy Sokuntheary	Field Officer
Chhoeum Srey Oun	Field Assistant
Chhoun Pheak	Senior Research Fellow
Choub Sok Chamreun	Executive Director
Duch Sophy	Field Officer
Eang Songheag	Communication Officer
Heng Kiry	Project Coordinator – Regional Harm Reduction Asia
Keo Samring	Driver
Keo Sereyodam	Field Officer
Keo Song	Field Officer
Keub Sambath	Field Assistant
Khann Vannda	Field Officer
Khem Sreynet	Field Staff
Kim Sopheap	Senior Admin Procurement and HR Officer
Kong Veasna	IT Specialist
Kun Someth	HR consultant
Lay Sinoth	Field Officer
Leng Kalyan	Senior Manager: KHANA Support Service Center
Ly Chansophal	Project Coordinator: TB Reach Wave 5 Scale Up
Measserey Somarann	Finance Officer
Minh Hou	Field Staff
Morn Seyla	Field Assistant

ONG Seyha

Ork Chetra	Monitoring and Evaluation Officer
Oukrak Sopheaneath	Research Assistant
Pen Sambath	Field Officer
Pen Sopha	Finance Officer
Penh Vannat	Field Officer
Phan Soklim	Field Officer
Phong Chanthorn	Field Assistant
	Coordinator: Networking and Partnership
Pov Sreyvy	Field Staff
Pov Thavy	Field Assistant
Prin Phally	Field Staff
Ry Sokreach	Field Assistant
Saman Dimara	Monitoring and Evaluation Officer
San Da	Field Assistant
Sar Sophonnarith	Field Officer
Sau Kessana	Technical and Advocacy Officer- Regional Harm Reduction Asia Project Program Director
Seng Por Sroun	Field Assistant
Ses Votha	Research Assistant
Sok Ngovlily	Manager: Planning Monitoring Evaluation and Learning
Sok Vatola	Field Assistant
Sun Saphors	Finance Assistant
Teang Vannaroth	Field Assistant
Teng Sivmey	Research Manager
Tuot Sovannary	Field Officer
Uk Vann	Field Assistant
Vourn Salim	Field Staff
Yet Ravy	Research Director
Yi Siyan	Field Officer
Yim Bun Sorn	Program Officer
Yun Chandarany	

VOLUNTEERS – 4 (Female 3, Male 1)

Eng Sothearith	Research Officer (Volunteer)
Lim Likeav	Secretary to Executive Director (Volunteer)
Man Thida	Reception Officer (Volunteer)
Saing Sreyleap	Admin and Procurement Officer (Volunteer)

APPENDIX A:

IMPLEMENTING PARTNERS IN 2019

ABBREVIATION	FULL NAME	ADDRESS
CWPD	Cambodian Women for Peace and Development	# 128D9-D10, Str. Samdech Sothearos, Sangkat Tonle Bassac, Khan Chamcar Morn, Phnom Penh, Cambodia
MHC	Men Health Cambodia	# 28B5, St75, Sangkat Srah Chork, Khan Daun Penh, Phnom Penh, Cambodia
MHSS	Men Health Social Service	#57, Street 21, Sangkat Tonle Basac, Khan Chomka Morn Phnom Penh, Cambodia
CATA	Cambodia Ant-Tuberculosis Association	c/o CENAT, st. 278/95, Sangkat Beoung Keng Kang II, Phnom Penh, Cambodia
CHC	Cambodian Health Committee	#297, St 28 Krusa (72P), Rongchak Village, Sangkat Koh Khleang, Khan Sen Sok, Phnom Penh, Cambodia
HSD	Health and Social Development	VTRUST Building # 10 (4th, floor), Street 109, Mittapheap Sangkat, Prampir Meakkakra Khan, Phnom Penh Capital, Cambodia

APPENDIX B:

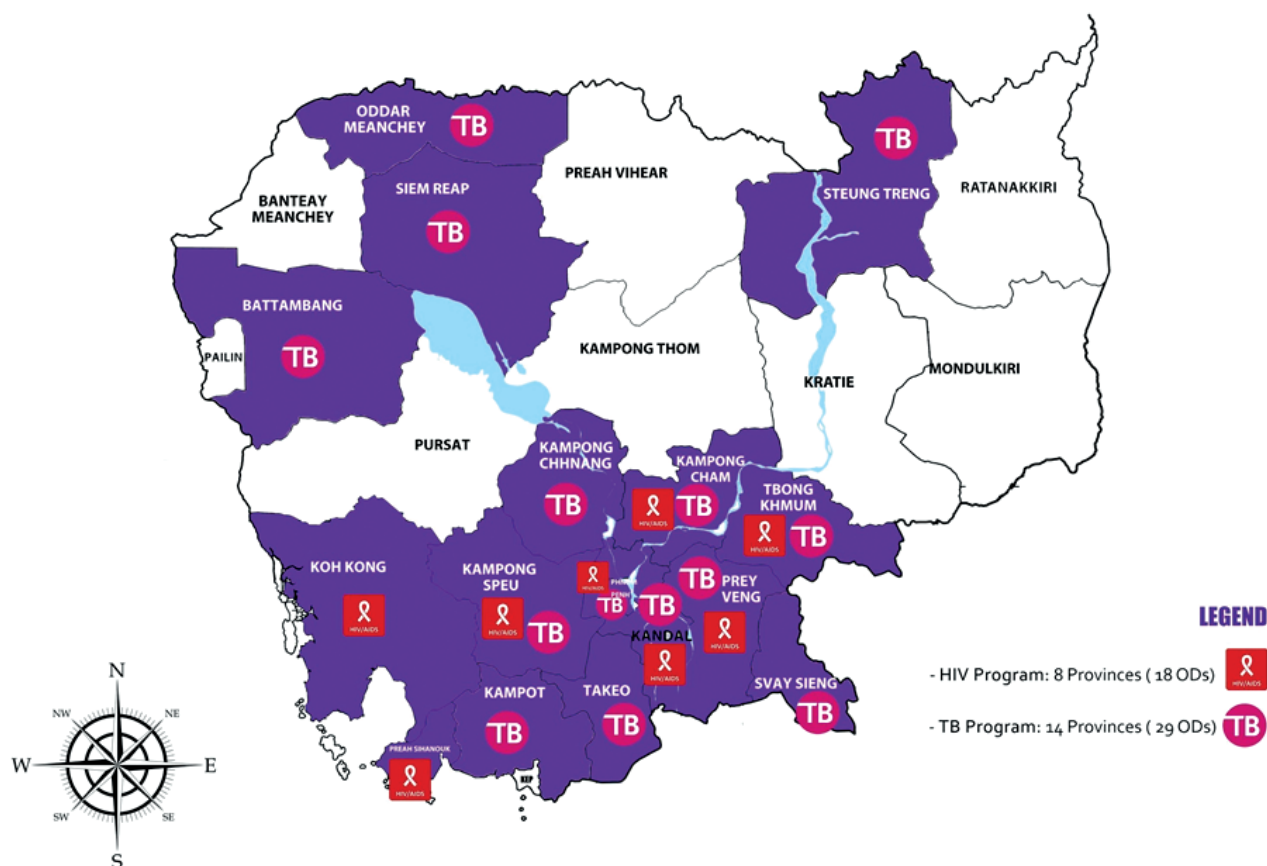
KHANA'S PEER-REVIEWED PUBLICATIONS IN 2019

N	TITLE	AUTHORS	JOURNAL	LINK
1	"We Cannot Avoid Drinking": Alcohol Use among Female Entertainment Workers in Cambodia	Carinne Brody, Kathryn C. Kaplan, Sovannary Tuot, Pheak Chhoun, Caroline Farr, Dallas Swendeman, Siyan Yi	Subst Use Misuse	https://www.tandfonline.com/doi/full/10.1080/10826084.2019.1691596
2	Do combination HIV prevention programmes result in increased empowerment, inclusion and agency to demand equal rights for marginalised populations in low-income and middle-income countries? A systematic review	Carinne Brody, Say Sok, Sovannary Tuot, Marija Pantelic, Enrique Restoy, Siyan Yi	BMJ Glob Health	https://gh.bmj.com/content/bmjgh/4/5/e001560.full.pdf
3	Prevalence and correlates of amphetamine-type stimulant use among transgender women in Cambodia	Gitau Mburu, Sovannary Tuot, Phalkun Mun, Pheak Chhoun, Navy Chann, Siyan Yi	Int J Drug Policy	https://www.sciencedirect.com/science/article/abs/pii/S0955395919302531
4	Association of oral health status with the CD4+ cell count in children living with HIV in Phnom Penh, Cambodia	Kimiyo Kikuchi, Yusuke Furukawa, Sovannary Tuot S, Khuondyla Pal, Chanthany Huot, Siyan Yi	Sci Rep	https://www.nature.com/articles/s41598-019-51077-0
5	Childhood conditions, pathways to entertainment work and current practices of female entertainment workers in Cambodia: Baseline findings from the Mobile Link trial	Carinne Brody, Pheak Chhoun, Sovannary Tuot, Dallas Swendeman, Siyan Yi	PLoS One	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0216578
6	Prevalence and risk factors of HIV infection among people who inject drugs in Cambodia: findings from a national survey	Gitau Mburu, Pheak Chhoun, Navy Chann, Sovannary Tuot, Phalkun Mun, Siyan Yi	Subst Abuse Treat Prev Policy	https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-019-0232-3

7	Health behaviors among male and female university students in Cambodia: a cross-sectional survey	Say Sok, Khuondyla Pal, Sovannary Tuot, Rosa Yi, Pheak Chhoun, Siyan	bioRxiv	DOI: 10.1101/742718
8	“Who cares” is key: factors associated with oral health status in children living with HIV in Phnom Penh, Cambodia	Kimiyo Kikuchi K, Yusuke Furukawa, Sovannary Tuot, Khuondyla Pal, Chantheany Huot, Siyan Yi	AIDS Care	https://www.tandfonline.com/doi/abs/10.1080/09540121.2019.1622634? journalCode=caic20
9	Factors associated with medication adherence among people with diabetes mellitus in poor urban areas of Cambodia: A cross-sectional study	Akiyo Nonogaki, Hen Heang, Siyan Yi, Maurits van Pelt, Hiroko Yamashina, Chie Taniguchi, Tomoko Nishida, Hisataka Sakakibara	PLoS One	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0225000
10	Using participatory methods to build an mHealth intervention for female entertainment workers in Cambodia: the development of the Mobile Link project	Pheak Chhoun, Kathryn C. Kaplan, Carlijn Wieten, Ida Jelveh, Mitchell Lienemann, Sovannary Tuot, Carinne Brody, Siyan Yi	mHealth	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6737450/
11	Acceptability of active case finding with a seed-and-recruit model to improve tuberculosis case detection and linkage to treatment in Cambodia: A qualitative study	Sovannary Tuot, Alvin Teo, Danielle Cazabon, Say Sok, Mengieng Ung, Chan Sophal Ly, Sok Chamreun Choub, Siyan Yi	PLoS One	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0210919
12	Prevalence of HIV and Risk Behaviors among Female Entertainment Workers in Cambodia: A National Biological and Behavioral Survey	Siyan Yi, Pheak Chhoun, Navy Chann, Sovannary Tuot, Sok Chamreun Choub, Phalkun Mun	American Journal of Public Health Research,	DOI:10.12691/ajphr-7 -3-2
13	Delayed diagnosis and treatment of pulmonary tuberculosis in high-burden countries: a systematic review protocol	Alvin Teo, Shweta Singh, Kiesha Prem, Li Yang Hsu, Siyan Yi	BMJ Open	https://bmjopen.bmj.com/content/9/7/e029807

14	Prevalence and correlates of HIV infection among people who use drugs in Cambodia: a cross-sectional survey using respondent driven sampling method	Sovannary Tuot, Gitau Mburu, Phalkun Mun, Pheak Chhoun, Navy Chann, Kiesha Prem, Siyan Yi	BMC Infect Dis	https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-019-4154-5
15	Access to community-based HIV services among transgender women in Cambodia: findings from a national survey	Siyan Yi, Say Sok, Srean Chhim, Pheak Chhoun, Navy Chan, Sovannary Tuot, et al	Int J Equity Health	https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-0974-6
16	Prevalence of and risk factors for hepatitis C virus antibody among people who inject drugs in Cambodia: a national biological and behavioral survey	Siyan Yi, Phalkun Mun, Pheak Chhoun, Navy Chann, Sovannary Tuot, Gitau Mburu	Harm Reduct J	https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-019-0299-1
17	Factors associated with condom use with non-commercial partners among sexually active transgender women in Cambodia: findings from a national survey using respondent-driven sampling	Siyan Yi, Amelia Plant, Sovannary Tuot, Phalkun Mun, Srean Chhim, Navy Chann, et al	BMC Public Health	https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6656-x

APPENDIX C: KHANA'S COVERAGE 2019



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