



ANNUAL REPORT

2020

Overcoming Challenges for
Resilient Communities and
Continuing Progress toward
Universal Health Coverage

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ACRONYMS AND ABBREVIATIONS

ACF	: Active Case Finding
AMR	: Antimicrobial resistance
ART	: Antiretroviral therapy
AUA	: ARV Users Association
B-CoPCT	: Boosted Continuum of Prevention Care and Treatment
CAD	: Community-based Antiretroviral Delivery
CATA	: Cambodian Anti-Tuberculosis Association
CAW	: Community Action Workers
CBTx	: Community Based Drug Treatment
CEDAW	: Convention on the Elimination of All Forms of Discrimination against Women
CENAT	: National Center for Tuberculosis and Leprosy Control
CNPUD	: Cambodia Network for People Who Use Drug
COMMIT	: Community Mobilization Initiatives to End Tuberculosis
CPN+	: Cambodian People Living with HIV/AIDS Network
CSO	: Civil Society Organization
DMHSA	: Department of Mental Health and Substance Abuse
DNPET	: District network of people with and experienced TB

FEW	: Female Entertainment Workers
GFAN-AP	: Global Fund Advocates Network for Asia-Pacific
HACC	: Health Action Coordination Committee
HC	: Health Center
HCMC	: Health Center Management Committees
HL	: Hospital Linkage
IP	: Implementing Partner
IPC	: Infection prevention and Control
KAP	: Key Affected Population
CPHR	: Center for Population Health Research
KP	: Key Populations
LC	: Lay Counselor
LGBTI	: Lesbian, Gay, Bisexual, Transgender, and Intersex.
LTBI	: Latent Tuberculosis Infection
MAF-TB	: Multi-sectoral Accountability Framework for TB response
MBL	: Mobile Link Project

MHC	: Men's Health Cambodia
MoH	: Ministry of Health
MoLVT	: Ministry of Labor and Vocational Training
MoP	: Ministry of Planning
MoPTC	: Ministry of Post and Telecommunication
MSM	: Men who have sex with men
NAA	: National AIDS Authority
NACD	: National Authority for Combating Drugs
NCD	: Non-communicable Diseases
NCHADS	: National Center for HIV/AIDS, Dermatology and STD
NGO	: Non-governmental Organization
NIHA	: NUS Initiative to Improve Health in Asia
NTP	: National TB Program
NUS	: National University of Singapore
OD	: Operation District
PC	: Partner in Compassion
PDI+	: Peer-Driven Intervention Plus
PLHIV	: People living with HIV

PSG	: Peer Support Groups
PWID	: People who inject drug
PWUD	: People who use drug
RH	: Referral Hospital
SBC	: Strategic behavioral communication
SMS	: Short Message Service
SOGI	: Sexual Orientation and Gender Identity
SRH	: Sexual reproductive health
SRHR	: Sexual and reproductive health and rights.
STI	: Sexual transmitted infection
TG	: Transgender
TPO	: Transcultural Psychosocial Organization
TPT	: Tuberculosis preventive treatment
TWG	: Technical working group
UHC	: Universal health coverage
UNODC	: United Nations Office on Drugs and Crime
VHSG	: Village health support group
VM	: Voice message

MESSAGE FROM THE CHAIR OF BOARD OF DIRECTOR



DR. OUM SOPHEAP

We are delighted to see, follow, and read firsthand the progress report, lesson learned, challenges in 2020, and the following action plan to be continued in 2021 by KHANA. The 2020 report entitled "Overcoming Challenges for Resilient Communities and Continuing Progress toward Universal Health Coverage" will provide more information about the realities of the hard work of the KHANA team, including from senior management team to middle level. All staffs and volunteers in

overcoming any challenges, especially the spread of Covid-19 pandemic in Cambodia that is causing and adversely affecting, and disrupting the activities to provide information, education, care, support, and promotion of treatment for key population and vulnerable groups in all of the organization's projects. The Board would like to evaluate and commend the efforts of all KHANA management team, and all staffs in KHANA, and other implementing partners in keeping the services for key population available despite the need to change implementation guide, strategy, and activities to be aligned with the guideline and measures imposed by Ministry of Health to prevent the transmission of Covid-19. The support and partnership with all stakeholders with KHANA has kept the organization active as part of its role as civil society in promoting and supporting high-risk groups and vulnerable groups to get the health services they need.

2020 is the final year of implementing our five-year strategic plan 2016-2020, and it is also the most critical time for all organization's management and staff to summarize the five-year achievement, reflecting what we are lacking, and begin to prepare for implementing the next five-year strategic plan 2021-2025, which the Board has approved for the implementation. The Board of Directors continues to monitor and review KHANA's progress in the past closely. The board will also continue to provide strategic guidance as needed to ensure its strength on the capacity to improve the organization and on the management and innovative program implementation that meet the community's real needs.

With available resources and a new strategic plan for the next five years, starting from 2021, the Board will continue to strive and utilize strategic capability, experiences, and time to work closely with the organization's management team to continue promoting the assurance of effectiveness and result in managing the institutions and projects under the support of funders, and especially with the cooperation and support of the Royal Government of Cambodia, especially Ministry of Health, national programs, and all relevant institutions.

The Board of Directors wishes KHANA in 2021 and the years to come to continue to grow and prosper for excellence and continue to contribute to the promotion of access to health services for all populations with no one left behind.

MESSAGE FROM EXECUTIVE DIRECTOR OF KHANA



MR. CHOUB SOK CHAMREUN

On behalf of the Khmer HIV/AIDS NGO Alliance (KHANA), a local NGO which has and continue to contribute with Royal Government of Cambodia, especially the Ministry of Health and other national programs in promoting education and access to care, support, and referral services related to HIV/AIDS, Tuberculosis, other communicable and non-communicable diseases for key population, vulnerable and marginalized groups. It is my pleasure to report KHANA's

achievements, and lessons learned, challenges, and work plan for 2021. This year's report is titled "Overcoming Challenges for Resilient Communities and Continuing Progress toward Universal Health Coverage."

Like other countries worldwide, Cambodia experienced a surge of the Covid-19 pandemic in 2020, which had more or less impact on social and economic development activities depending on the context and situation in each country. Meanwhile, this pandemic also brought about hiatus, delay, or strategy modification in KHANA's activities to adapt and address the challenges caused by the outbreak of this deadly disease.

Thanks to the effort with attentiveness and enthusiasm of volunteers, peer support group, patient network, community outreach workers, and field staff who are the project's teamwork along with IPs, KHANA has overcome the barriers and continued to provide the services for its KPs through the five big projects such as; (1) the HIV/AIDS Education, Prevention, Care and Treatment Program, (2) the community-based model for the delivery of antiretroviral therapy (ART), (3) the Mobile Link project, (4) the Community-Based Innovation for Revitalized Active Case Findings (ACF) for Improved Detection and Linkage to Treatment and (5) the advocacy project.

Furthermore, to promote cooperation in experience exchange and international communication, KHANA's staff and management team have continued to take part in local and international meetings via video conference to mobilize financial resource and technical support and request continual support for Cambodia on fighting communicable and non-communicable diseases activities, and to share discoveries, lessons and experiences of implementation of HIV/AIDS response and healthcare-related with HIV/AIDS, TB, Sexual and Reproductive health, etc. As evidence, KHANA staff participated in international conferences and workshops on TB preventive treatment in Morocco and Vietnam and participation in the 23rd World Conference on HIV/AIDS in early July, 51st World Conference on Lung Health and Tuberculosis in October, and the 10th Asia-Pacific Conference on Sexual Reproductive Health and Rights in December via the technological system, and participation in other local platforms via video conferences. Besides, in contribution with the Government to fight against Covid-19, KHANA has mobilized overseas resources to purchase some food supplies and Covid-19 safety equipment for the vulnerable group in communities covered by the project and Municipal Health Department, and some health facilities.

Once again, I would like to express my profound gratitude and highly appreciate the Cambodian's Government, Ministry of Health, National Programs, Capital/Province Administration, Municipal Health Department, Health Office, Provincial Referral Hospitals, Health Centers in capital/provinces, and all institutes related for cooperation and support for every KHANA work activity. Furthermore, I am very thankful for all donors, including multilateral and bilateral, who have continued to trust and support by providing KHANA with financial and technical aid to enable KHANA and its IPs to continue their missions in promoting work on public health access for their community. Lastly, I would like to thank the Chair of Board of Directors and all Board members of KHANA for devoting their physical, mental, and intellectual efforts, experience, and skills to provide guidance and strategic direction and to ensure that KHANA remains a robust civil society organization with transparency and good governance. Finally, I would like to pray that the new year, 2021, would bring us all prosperity, growth, happiness, and I hope our cooperation continues to improve and sustainably grow.

EXECUTIVE SUMMARY

Goal 1: Contribute to eliminating new HIV infections and ending TB, strengthening health systems, and achieving universal health coverage (UHC)

Prevent new HIV infections and transmission

In 2020, a total of 47,901 Key Populations (KP) reached by KHANA's HIV prevention activities for HIV and sexually transmitted infection (STI) education—30,828 female entertainment workers (FEW), 13,233 men who have sex with men (MSM), and 4,340 transgender individuals (TG). In addition, the program conducted 37,535 HIV tests. In total,

we found 622 HIV-reactive cases, and 99% of the cases were confirmed HIV positive and enrolled in antiretroviral therapy (ART) service. We also found 784 cases of Syphilis and 915 cases of other STIs. All of the Syphilis and STI cases were referred for consultation, and they were successfully treated.

Improving HIV case detection, treatment, and adherence

mHealth

KHANA and implementing partners (IPs) have maintained the mHealth approach that is confidential and anonymized using online platforms and social media to reach hard-to-reach populations at risk of HIV/AIDS. In total, 678 referrals for HIV/STI tests were made from online platforms.

Peer-Driven Intervention Plus (PDI+)

In 2020, a full-year implementation of PDI+ comprised of 1,447 MSM and 507 TG tested for HIV. A total of 111 tests were positive in both groups (MSM=69 and TG=42), and all of them were referred for enrollment in the pre-ART and ART services. For the Syphilis test, 127 individuals were tested positive for Syphilis, and all of them were referred for treatment.

HIV risk screening and testing

29,172 FEWs, 13,227 MSM, and 4,339 TGs were screened to classify HIV risk levels. Of those screened, 10,938 FEWs, 7,407 MSM, and 3,558 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

The nighttime outreach activity was first implemented in Phnom Penh to target young FEW (aged <30 years), MSM, and TG. In total, the activity reached 3,905 FEWs, 524 MSM, and 312 TGs. Of those reached, 2,388 FEWs, 502 MSM, and 298 TGs were tested for HIV.

HIV Self-testing and PrEP

In 2020, 289 KPs registered for the HIV self-testing service. Of those who had self-tested for HIV, 31 were positive, and all of them were referred for enrollment in the pre-ART/ART services. KHANA also provides support to IP in promoting PrEP. As a result, 95 MSM, 53 TG, and 9 FEW were referred to access PrEP service at public health facility and Chhouk Sar Clinic in 2020.

Strengthening community response to fight tuberculosis

In 2020, KHANA implemented the "Community Mobilization Initiatives to End Tuberculosis, COMMIT" project to improve access to high-quality, person-centered TB, drug-resistant TB, and TB/HIV services. In addition, KHANA, the National Center for Tuberculosis and Leprosy Control (CENAT), Cambodia Anti-Tuberculosis Association (CATA),

and the National University of Singapore (NUS) jointly implemented a cluster randomized controlled trial to determine the effectiveness of community active case finding (ACF) models for the detection of tuberculosis in Cambodia. Overall, KHANA and Partners contributed to National TB Program in diagnosing 2,676 All-form TB cases, in which 884 patients are bacteriologically confirmed TB (equal 33%).

Increasing equitable access to healthcare and health service utilization

Enhanced the Universal Health Coverage (UHC) Understanding and Awareness among KP community, CSO working on Health and Journalists

In partnership with the Global Fund Advocates Network for Asia-Pacific (GFAN-AP), KHANA facilitated the translation of the Universal Health Coverage (UHC) political declaration into the local language and launched the document with the participation of government institutions and key stakeholders.

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

In 2020, we conducted a post-intervention study for the Mobile Link project (MBL) to explore how this messaging system works for some participants and not for others to increase the use of services or see a change in health outcomes. Also, the team did a final analysis of the data collected throughout the project and a cost-effectiveness study on the intervention and presented the result in a fast dissemination workshop on 23rd December 2020. This workshop was joined by all key stakeholders of the MBL project, such as the National AIDS Authority (NAA), the Ministry of Post and Telecommunication (MoPTC), and the National Center for HIV/AIDS, Dermatology and STD (NCHADS). Finally, all 180 key messages developed by the MBL project team were handed over to NCHADS for future use.

Community-based Antiretroviral Delivery (CAD)

The Community-based Antiretroviral Delivery (CAD) is a 24-month intervention using the CAD model. In this project, KHANA and its partners collaborated with 10 ART Clinics with the leadership of NCHADS to facilitate and prepare 82 ART Groups of 2000 PLHIV to help them receiving care services, support, retrieve and control ART Drug, which is a part of their responsibility to help their community and their member, especially to reduce the burden of workload for the doctors.

Harm reduction advocacy

In collaboration with the National Authority for Combating Drugs (NACD) and the Ministry of Health (MoH), KHANA conducted training on "Implementation of Harm Reduction in Partnership with Law Enforcement" to law enforcement officials and local authorities from Khan Meanchey and Chbar Ampov. There were 85 participants from NACD, MoH, Department of Mental Health and Substance Abuse (DMHSA), Municipality Anti-Drug Department, Phnom Penh Municipality Health Department, harm reduction NGOs, law enforcement officials, and local authority.

Goal 2: Building human resilience through the development of sustainable community

Increased income generation and financial resources access for women and girls living with HIV/AIDS

Under the UNWOMEN-funded project, KHANA continued to facilitate and support 4 saving groups of women and girl

living with HIV in ROKA Commune through organizing monthly meeting to build their understanding of the guidelines, policies, and procedures of saving group and its implementation, such as procedure of loan, budget management and control, and livelihood initiatives.

Enhanced Capacity of Women and Girls Living with HIV/AIDS on Financial Management and Control

KHANA convened the capacity building session on 'Enhancing Livelihood Development of Saving Groups through Effectively Financial Management and Control' at aiming to build the capacity of women core group and saving group members on financial management and control, cash flow operation, and livelihood initiatives for better living conditions, opportunities, and development.

Strengthening the human resources, linkages, and referrals at the operational district, referral hospital, and health center level

KHANA conducted coordination meetings with Operational District (OD), Referral Hospital (RH), Health Center (HC) staff, and other stakeholders to establish referral hubs for sputum samples transportation and to raise relevant issues and find solutions. KHANA also performed field monitoring visits and provided coaching to Field Officers and Assistant as well as Lay Counselors (LC) over Snowball approach, M&E and TB preventive infection activity.

Engaging with key stakeholders for TB at the national level, sub-national level, and community level

To mobilize the support of policymakers for TB response at the national level, the KHANA actively engaged with parliament and senate members to provide information regarding TB and issues that required their support. As for community level, the KHANA organized orientation sessions to establish TB Peer Support Groups (PSG). By the end of 2020, KHANA facilitated the formation of 24 PSGs at 18 health centers in 4 OD.

Facilitating the use of digital tools to improve referral, follow-up, and TB awareness

To capture a better picture of community TB results, KHANA organized OnelImpactK+ Orientation Training for four different ODs: Ou Raing Euv, Sen Sok, Por Sen Chey, and Sa Ang. The training aimed to build capacity in using OnelImpactK+, both in using the App (installing) and in providing technical support to the field teams.

COVID-19 Pandemic Response

In contribution to the government's response to the COVID-19 pandemic, KHANA received fundraisings from other countries to support vulnerable groups under KHANA respective sites, the Provincial Health Department (PHD), and health facilities (HF).

Goal 3: Strengthening organizational and technical capacity of civil society

Strengthen the capacity of communities, partners, and other stakeholder

Harm Reduction

KHANA organized training on data collection, documentation,

and data analysis for advocacy to Cambodia Network for People Who Use Drug (CNPUD) and their provincial focal points. 35 persons included CNPUD Executive committee, provincial focal points, harm reduction NGOs, United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Office on Drugs and Crime (UNODC) join the training workshop. In the same year, KHANA also collaborated with Health Action Coordination Committee (HACC) to select the Executive Committee of CNPUD for 2020-2022 (Two Years) and to present the new project of the Global Fund which supports the networks.

Enhance the utilization of technical innovations for emerging needs

Documented the COVID-19 pandemic impacts for HIV/AIDS, SRH, and TB Programs

KHANA initially worked on documenting the service impacts on HIV/AIDS, TB, and sexual and reproductive health (SRH) Programs in the country during this crisis. However, the report only represents the key facts provided by people from the national programs, UN agencies, Civil Society Organizations (CSO), and KP representatives.

Increase the scale and scope of the KRC technical excellence

In 2020, KHANA Center for Population Health Research (KHANA-CPHR) published 20 papers in international peer-reviewed journals, covering various health topics such as HIV/AIDS, STI, TB, mental health, drugs and substance use, and viral hepatitis. KHANA also presented the operation updates and the finding from studies to local and international conferences such as AIDS2020 Conference, The Union Conference, and APCRSR10.

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

Building Basic Mental Health Support for Community Health Workers to Coping with Stressed during the Covid-19 Crisis

In collaboration with the Transcultural Psychosocial Organization (TPO) Cambodia, KHANA organized the Basic Mental Health Support training for community health workers (Outreach Workers and Case Management Persons) from the HIV/AIDS programs. It aims to build understanding and awareness on how to cope with stress during the pandemic and provide ongoing support to affected communities they serve for on addressing the mental health issues.

Goal 4: Promote diversity, rights, and gender equity

Promote an enabling environment for KPs, LGBTI, and other vulnerable groups

KHANA together with the Stop TB Cambodia organized a

TV Talks Show on Partnership to End TB by 2020 in marking World TB Day 2020. The main objective of this TV talk show was to strengthen collaboration, cooperation, and partnership initiatives among government institutions, UN agencies, key partners, CSO, TB networks, and relevant stakeholders to contribute towards reaching the country target to end TB by 2030.

In 2020, KHANA contributed to promoting an enabling environment for vulnerable groups through research, by publishing 14 research papers to further understand and address the issues among both HIV and TB KPs, such as access to health services, gender-based violence (GBV), and stigma.

KHANA and IPs are also planning to provide a 24-Hours emotional support hotlines called "SMARTgirl Chatline", which tailored to FEWs who experienced GBV issues.

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

KHANA organized International Women Day by inviting all KHANA staff and volunteers (included the project staff at the field) to join and celebrate this important event for promoting the rights of women, girls, and TGs specifically.

In 2020, KHANA evaluated the MBL project. Over the 15-month trial of MBL intervention, an average of 7.8% of women per month requested GBV services – whereas this number was 0% at baseline. This proved that the discrete messaging intervention delivered through the MBL is having an impact on attitudes towards and utilization of GBV services.

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

In collaboration with Cambodian National Council for Women and Provincial Department of Women Affairs of Battambang, KHANA hosted the "CEDAW Capacity Building Workshop among Affected Women and Girls and Local Authorities" which aimed to increase understanding and awareness of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) among women and girls living with HIV/AIDS and local authorities in ROKA Commune.

KHANA provided training in the Sexual Reproductive Health and Sexuality Training to women and girl living with HIV/ AIDS in ROKA Commune alongside women core group members at aiming to increase their knowledge and skills on SRH, Gender Responsive and Gender-Based Violence.

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

TB workshop amongst identified CSOs, people affected by TB, journalists, and celebrities aimed to raise awareness and promote meaningful engagement of journalists and celebrities in TB response. It was a platform to build connections and relationships among participants to work together in partnership to end TB in Cambodia.

KHANA organized capacity-building training on GBV and Legal Aid Service among KP and PLHIV community members including women, girls, and young people. The training aimed to build capacity participants on Gender and Culture, GBV, sexual harassment, Human Rights, legal aid services, and case documentation and reporting about rights abuse and violation.



2020 HIV/AIDS and TB Statistics

Global HIV/AIDS statistics 2019

- People living with HIV (PLHIV): **38.0 million (36.1 million – 44.5 million)**
- Total number of new infections: **1.7 million (1.2 million – 2.2 million)¹**
- AIDS-related death: **690,000 (500,000 – 970,000)¹**
- PLHIV on antiretroviral therapy (ART): **26.0 million (25.1 million – 26.2 million)¹**

Global TB statistics 2019

- TB incidence: **10.0 million (8.9 million – 11.0 million)**
- TB related deaths (HIV-negative): **1.2 million (1.1 million – 1.3 million)²**
- TB related deaths (PLHIV): **208,000 (177,000 – 242,000)²**

Cambodia HIV statistics 2019

- HIV prevalence - (adults aged 15–49) :
 - Total: 0.5 (0.4 – 0.6)
 - Men: 0.5 (0.4 – 0.5)
 - Women: 0.5 (0.4 – 0.6)
 - Young men and women: 0.1 (<0.1 – 0.2)
- Estimated PLHIV³:
 - Total: 73,000 (63,000 – 84,000)
 - Men: 33,000 (29,000 – 39,000)
 - Women: 36,000 (32,000 – 42,000)
 - Children aged 0 – 14: 2,900 (2,400 – 3,500)
- PLHIV who knows their status³: 61,000
- Total number of new infections³:
 - Total: 1,000 (<1,000 – <1,000)
 - Men: <500 (<500 – <1,000)
 - Women: <500 (<500 – <500)
 - Children aged 0 – 14: <200 (<100 – <100)
- AIDS-related deaths³:
 - Total: 1,300 (<1,000 – 1,800)
 - Men: <1,000 (<1,000 – <1,000)
 - Women: <1,000 (<500 – <1,000)
 - Children aged 0 – 14: <100 (<100 – <100)
- PLHIV receiving ART³: 61,193
- HIV prevalence among KPs:
 - FEW: 3.2%
 - Freelancers: 11.1%⁴
 - MSM: 4.0%
 - TG: 9.6%
 - PWUD: 5.7%
 - PWID: 15.2%⁷

¹ UNAIDS. Factsheet: World AIDS Day 2020

² World Health Organization. Global Tuberculosis Report 2020

³ UNAIDS. Country factsheets: Cambodia. 2019

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 2020**

Key populations	Estimated size of KP (national)	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	47,901	37,535 (78.4%)	626 (1.7%)	622(99.4%)
FEW	49,700	30,328	21,352 (70.4%)	24 (0.1%)	24 (100.0%)
MSM	30,304	13,233	12,234 (92.5%)	361 (3.0%)	358 (99.2%)
TG	8,683	4,340	3,949 (91.0%)	241 (6.1%)	240 (99.6%)

• **KHANA and its contribution to the national TB response in 2020**

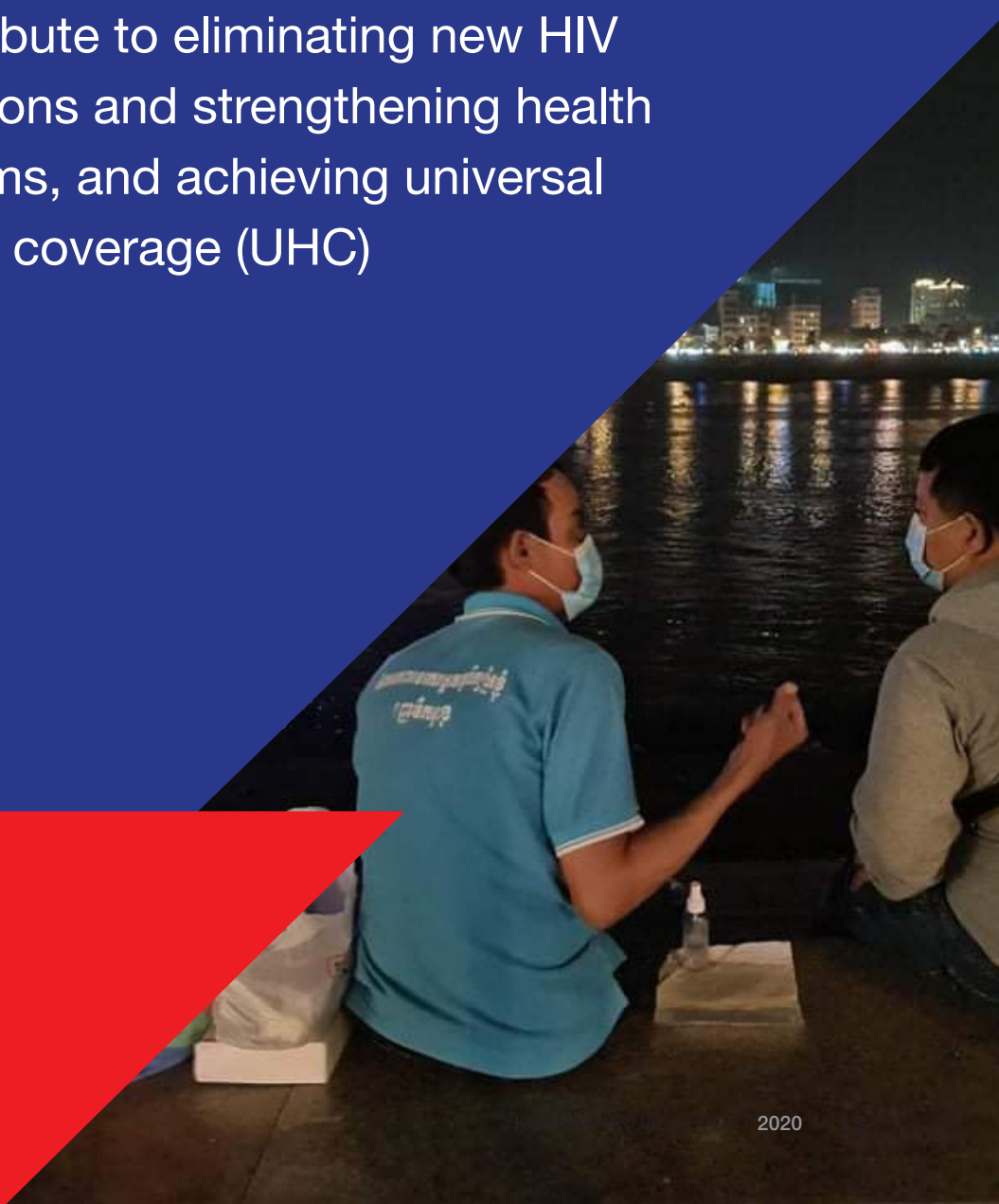
TB cascade of care	KHANA	CENAT**
Number of people reached and screened by seeds and village health support groups	86,364	N/A
Number of people who visited the screening facilities as referred	26,686	N/A
Number of people tested for TB	26,196	N/A
Number of people diagnosed with all-forms TB	2,676*	29,136
Number of people with all-forms TB started on treatment	2,676	N/A
Number of people diagnosed with bacteriologically confirmed TB (BK+)	884*	10,243
Number of people with BK+ TB started on treatment	884	N/A

* COMMIT and NIHA Project

** CENAT Annual Report 2020

Goal 1

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 2019

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 2019, KHANA and its IPs supported the provision of outreach education to 29,958 KP, in which 25,782 received point-of-care HIV testing and counseling. Of this, 464 were confirmed as HIV positive, and they were enrolled in treatment.

Tuberculosis (TB)

KHANA, Cambodia Health Committee (CHC), Health and Social Development (HSD), and Cambodia Anti-Tuberculosis Association (CATA) has been implementing a USAID-funded project titled “Community Mobilization Initiatives to End Tuberculosis, COMMIT” in collaboration with the National Center for Tuberculosis and Leprosy Control (CENAT) and the local authorities to improve access to high-quality, person-centered TB, drug resistant-TB, and TB/HIV services. It also aims to strengthen TB service delivery platforms, reduce TB transmission and disease progression, and accelerate TB research and innovations that positively impact program implementation. Additionally, KHANA, CENAT, 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.



Figure 1. US Ambassador visits COMMIT project site, May 2020

In addition, KHANA and Partners also investigated 3,378 close-contacts of 499 TB index cases, and helped identifying and referring 1,431 latent-TB cases to receive TB preventive treatment (TPT) at their local operational districts (OD), which cover by the project.

To improve TB awareness-raising as well as to advocate the relevant stakeholders, including the policymakers, KHANA with CENAT jointly organized the TB sensitization workshop among 50 journalists and. KHANA organized a round table discussion, which was broadcasting on many TV channels, over the improvement and the implementation of partnership mechanisms to end TB in 2030 having participated by the Director of CENAT, Representative of the World Health Organization (WHO), and a former TB patient. Moreover, KHANA with a representative of CENAT, and IPs occasionally met with the high government officials from Ministry of Planning (MoP) and Ministry of Labor and Vocational Training (MoLVT) to advocate for TB integration and prioritization in the workplace policy and social protection guideline and action framework which lead to promote the Multi-sectoral Accountability Framework for TB response (MAF-TB).

Prevent new HIV infections and transmission

Outreach activities

KHANA maintained the implementation of outreach activities following 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 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 2020, the program exceeded expectations, with a total of 47,901 KPs reached for HIV and sexually transmitted infection (STI) education—30,828 FEWs, 13,233 MSMs, and 4,340 TGs. The program conducted 37,535 HIV tests. In total, we found 622 HIV reactive cases, and 99% of the cases were confirmed HIV positive and enrolled in antiretroviral therapy (ART) service. We also found 784 cases of Syphilis and 915 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

The effective supply, distribution, and promotion of condoms and lubricants are essential to successful HIV prevention interventions. Condoms have been recommended as an HIV prevention method since the mid-1980s and remain the most effective tool in preventing HIV transmission. KHANA has continued to support the provision of condoms and lubricants to KPs through IPs to prevent HIV/AIDS and STI transmission. In 2020, 658,659 condoms and 202,755 lubricants were distributed to FEWs, 370,476 condoms, and 282,681 lubricants were distributed to MSMs, and 113,463 condoms and 84,762 lubricants were distributed to TGs. In total, 1,169,598 condoms and 570,198 lubricants were distributed to the KPs during outreach education activities throughout 2020.

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 behavior 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, a Facebook page, and dating apps that offered GIS-mapped service locations, HIV news and information, individual risk assessment tool, and online counseling. In 2020, the SMARTgirl website was accessed by 2,511 users and garnered 2,414 likes on its Facebook page. Mstyle website was accessed by 3,743 users and garnered 7,613 likes on its Facebook page. Srey Sros website was accessed by 348 users and garnered 1,845 likes on its Facebook page. A total of 678 referrals (30 from SMARTgirl, 460 from Mstyle, and 188 Srey Sros) were made from the websites, Facebook pages, and dating apps for HIV and STI testing. Of the 678 referrals, a total of 93 HIV (2 from SMARTgirl, 55 from Mstyle, 36 from Srey Sros), and 121 Syphilis tests (1 from SMARTgirl, 75 from Mstyle, and 45 from Srey Sros) were reactive. These cases were duly referred for enrollment in the pre-ART and ART services.

Success Story 1: Virtual Enabled Education during COVID-19 Pandemic

Va Sreylin, known as Lina, is a 25-year-old woman from a poor family of three children which two of her siblings are men. Lina was born in village No. 5, Peam Prathnos commune, Koh Sotin district, the province of Kampong Cham.

Due to family living conditions and her father fell seriously ill, she dropped school at grade six and left home to work as a coffee waitress in Kampong Cham town earning around 450,000 riels per month. She was working for about two years at the cafe shop, then moved to Phnom Penh and worked at a clothing shop earning around 120 US dollars per month. Her work gave her no time to rest, but the salary was not enough to pay for rental house and other expenses as well as to support her family at

hometown. Therefore, she quit the clothing shop and went back with a friend to find a job in Kampong Cham town. She got a job at a karaoke bar and worked as a brewer.

As COVID-19 community transmission, the government announced the closure of entertainment services nationwide, including karaoke bars, massage parlors, cafes, clubs, and cinemas across the country. She is now unemployed, but she tried her best to make a living as an online product seller. She sells lotions and earns some money to support her family. Although she is busy with her business, she takes her time to receive phone calls or chats with CWPDP staff, who are constantly providing discussions on women's health, HIV prevention, and STIs.

She would like to thank CWPDP for providing health education to herself through phone calls and chats and referring her for blood tests and STI checked-up as well as providing condoms to women working in massage parlors, coffee shops, and other entertainment venues. She also be grateful for providing education on HIV and COVID-19 prevention as well as the ongoing support for individuals, both physical and mental health, with a referral for STI checked-up and treatment at the provincial referral hospital.



Figure 2. Sreylin received a call for key health messages

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, and 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).

In 2020, a full-year implementation of PDI+

comprised of 1,447 MSM and 507 TG tested for HIV. A total of 111 tests were positive in both groups (MSM=69 and TG=42), and all of them were referred for enrollment in the pre-ART and ART services. For the Syphilis test, 127 individuals were tested positive for Syphilis, and all of them were referred for treatment.



Figure 3. 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, 29,172 FEWs, 13,227 MSM, and 4,339 TGs were screened. Of those screened, 10,938 FEWs, 7,407 MSM, and 3,558 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 2020. In total, the activity reached 3,905 FEWs, 524 MSM, and 312 TGs. Of those reached, 2,388 FEWs, 502 MSM, and 298 TGs were tested for HIV. Two FEWs, 31 MSM, and 23 TGs were positive for HIV, and all of them were referred for enrollment in ART services.

HIV Self-testing and PrEP

KHANA continued to provide support to IPs in implementing HIV-self testing among FEW, MSM, and TG in Phnom Penh municipality and other eight provinces. This approach aimed to further reduce the barriers to testing for high-risk populations to ascertain their HIV status. In 2020, the plan was to reach 28,891; however, 47,901 KPs registered for the HIV self-testing service, which overachieved quality than was expected. Of those who had self-tested for HIV, 622 were positive, and all of them were referred for enrollment in the pre-ART/ART services.

KHANA is also providing support to IP in implementing HIV prevention program including promoting PrEP service to KPs (FEW, MSM and TG) who wish to use PrEP service to prevent HIV transmission. As a result, there were 95 MSM, 53 TG, and 9 FEW referred to access PrEP service at public health facility & Chhouk Sar clinic in 2020.

Success Story 2: Voluntary act and Delightedness to get PrEP

Ty Savuth, a 23 years old male, is a MSM. He was born in Takeo provincial town. He finished high school in 2018. Due to poor living conditions, Savuth left his hometown to find a job and he got a job at a garment factory in Phnom Penh.

During work in Phnom Penh, Savuth started having sexual interest in man and he has often changed sexual partners. He did not want others to know his status as MSM, so he did not have any relationship with other people if not necessary.

Through working on various interventions, Savuth decided to participate in project activity of HIV preventions such as outreach education, condom provision, and HIV testing through social media. Soeung Chanty, Outreach Worker of Men's Health Cambodia (MHC) tried to meet

Savuth through the Facebook page "Strong Phuc". Through the hard-working of the outreach worker, so make Savuth has felt confident and agreed to meet the outreach worker. Even at this meeting, Savuth has not yet agreed to get HIV tests, Savuth has felt happy and received messages for education on HIV/AIDS, Syphilis, and STI.

Savuth agreed to meet outreach worker in the next times and will get HIV testing and bring his partners to participate in project activities and especially, They are prepared to get PrEP for HIV prevention.

Savuth is very thankful to MHC's outreach worker who supports and let him participate in the project activity of HIV prevention and refer him to access services and get better health conditions.

Developing effective systems

KHANA regularly attended the National MSM & TG Technical Working Group (TWG) meeting organized by the National AIDS Authority (NAA). 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 2020 to review the progress of project implementation, discuss challenges, and identify the best solutions to address the issues.



Figure 4. Savuth is reading flipbook to aware on HIV/AIDS & STI prevention

In 2020, 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

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 has been implementing in partnership with CHC, HSD, and CATA. COMMIT has been implementing in ten ODs across Phnom Penh, Kandal, Kampong Cham, and Thbong Khmum between October 2019 and September 2024.

In this project, we included TB key affected populations (KAP)—close contact of persons with TB, people living with HIV (PLHIV), elderly aged 55 and over, or people with diabetes. The project was over 10 ODs— OD Sen Sok, OD Por Sen Chey, OD Ou Raing Ov, OD Leuk Dek, OD Saang, OD Stueng Trang, OD Kang Meas, OD Soung, OD Mukampul, and OD Lvea Em. A total of 86 health centers and 10 referral hospitals were included in this project.

A total of 86,364 people was screened with all proposed approaches from ACF of CATA to snowball using seeds and recruits to community TB screening using village health support groups (VHSG) and hospital linkages. Amongst those screened, a total of 21,810 people was screened by hospital linkages (HL). Within the total screened 68,364 people, 26,686 (1,657 from HL) people were identified as presumptive TB, and 26,196 (1,526 from HL) people were tested for TB. Finally, 2,120 people were diagnosed with all forms of TB (318 from HL), and of those, 687 were bacteriologically confirmed TB (169 from HL). Of those notified as all TB forms, 1,712 were enrolled on treatment. For TB/DM, 775 people with diabetes were screened for TB (74 diagnosed with TB), and all of them were enrolled in treatment. MDR-TB activities were maintained at all sites, and a total of 124 people with RR-TB/MDR-TB were on treatment.



Figure 5. COMMIT project launching, February 2020

⁸ TB-MIS, retrieved on March 30, 2021

Also, in 2020, KHANA, CENAT, CATA, and the National University of Singapore (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, namely OD Cheung Prey, OD Kanchreach (KHANA ACF), OD Boribo, OD Dambae (CATA ACF), OD Ponhea Leu, OD Phnom Srouch (CENAT ACF) OD Koh Soutin, and OD Stoung (Passive Case Finding). As a result of this project, 556 people were identified as all-form TB patients, and 197 of them were bacteriologically confirmed. All of them registered and started TB treatment at all 46 local health centers in 6 ODs.

Success Story 3: Prevent TB disease progression, saving-life treatment

Cambodian National Tuberculosis Program (NTP) had started TPT in preventing the progression of latent or new TB infection to disease. In contribution to this effort of the national TB program, the COMMIT project, funded by USAID, KHANA and the IPs (CHC, HSD and CATA) support the Ministry of Health (MoH), CENAT and PHD to implement a TPT within the ten underserved ODs in Phnom Penh, Kandal, Tbaung Khmum and Kampong Cham.

With project support, NTP, PHD, and COMMIT provided 16 training to 246 health care providers. In the presence of key health care providers, the COMMIT team, with the support of the health center, commenced intensive TPT index case investigation activities across the catchment areas. Totally, 499 identified index cases, of those eligible as the contacts of index cases, 1,431 received TPT.

With the support of COMMIT's field staff and health center staff, a 78 years old man, living with positive bacteriological TB (BK+) current is on third month TB treatment, and his three family members and five neighbors residing at Boeung Kam Pers village, Toul Sophy commune, Ou Raing Euv district, Tboung Khmum province are on TPT, 3 HP regimen treatment.

He is well understood of the cause of TB transmission within his family; he doesn't want to transmit TB to his family and neighbors. He takes medicine carefully and also supports his family members and his neighbors to adhere to TPT treatment weekly; he believes that TB is quite impacted to his life; if we are on proper medication, we can avoid them from TB disease.



Figure 6. Support and follow up TPT treatment by COMMIT Project Team in Ou Raing Euv OD

Increasing equitable access to healthcare and health service utilization

Enhanced the Universal Health Coverage (UHC) Understanding and Awareness among KP community, CSO working on Health and Journalists

In partnership with the Global Fund Advocates Network for Asia-Pacific (GFAN-AP), KHANA facilitated the translation of the Universal Health Coverage (UHC) political declaration into the local language and launched the document with the participation of government institutions and key stakeholders. The translation of the UHC declaration aims to provide a comprehensive understanding and awareness of UHC and the commitments agreed by Heads of States to affected communities and civil society organizations (CSO) working in the health sector in Cambodia. The launch event brought together 30 participants by providing an opportunity for those KPs community and CSOs working in the health sector to understand the UHC political declaration and propose specific recommendations in relation to the roles of community and civil society organizations in supporting and/or contributing to the government to meet the UHC that we want.

Engaged Journalists for Supporting Over the Universal Health Coverage (UHC) Awareness Raising among Public Audiences

In collaboration with the Cambodian Journalists Alliance (CamboJA), KHANA supported to develop UHC Guide for Journalists, which is a guiding tool to increase meaningful engagement and critical roles of journalists. The UHC Guide was launched and used to select the champion among journalists who are good at report writing or producing articles on public health promotion and improvement.

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

The Mobile Link project (MBL) is an innovative intervention that aims to engage FEWs in Cambodia through frequent theory-based text such as short message service (SMS) or voice message (VM) that link them to existing high-quality prevention, care, and treatment services. This project was funded by a 5% initiative and implemented in 2018. The intervention finished on 31st June 2019.

In 2020, we conducted a post-intervention study, which aims to explore how this messaging system works for some participants and not for others in terms of increasing the use of services or seeing changes in health outcomes. From the study, we learned that MBL intervention helped increase FEW's knowledge on health, increasing their confidence and bravery to take control of their own health, seeking timely health services and not always through outreach workers, and it's easier for them to reach the outreach worker. The final results



Figure 7. Engaged Journalists for Supporting Over the Universal Health Coverage (UHC) Awareness Raising among Public Audiences



Figure 8. Mobile link to improve the health of female entertainment workers by enabling equitable access to existing health services

were disseminated in the final workshop, which was conducted at Cambodiana Hotel on 23rd December 2020, presided by H.E Dr. Tia Phalla, Vice-Chair of the NAA represent the H.E Dr. Ieng Moly, the Senior Minister and Chair of the NAA. It was also honored by H.E Khay Khunheng, Secretary of State of the Ministry of Post and Telecommunication (MoPTC), Dr. Lan Vanseng, Deputy Director of National Center for HIV/AIDS, Dermatology and STD (NCHADS). Besides presenting the result of the final analysis to the participants, the team also handed over the 180 key health messages within 10 topics related to HIV/STI, Sexual and Reproductive Health and Rights (SRHR), Drug use, gender-based violence (GBV), and Cervical Cancer, which were used during the intervention and other related documents to NCHADS.

This project provided a broad contribution to the scientific and academic society at the international level through publication. Thirteen manuscripts were prepared for publication using data from the formative studies, baseline survey data, midterm survey data, and end-line survey data. Topics covered by the manuscripts include the utilization of participatory and qualitative research methods; alcohol use among FEWs; condom use negotiation after the brothel ban in Cambodia; understanding pathways to entertainment work; experiences of GBV; and intra-vaginal practices among FEWs.

Implementation and Evaluation of a Community-Based Model for Delivery of Antiretroviral Therapy (CAD)

CAD is a 24-month intervention using the CAD model. This project is supported by “Initiative” grant through Expertise France. In this project, KHANA collaborated with 10 ART Clinic in Phnom Penh, Kampong Thom, Kampot, Takeo, and Koh Kong Province, with the leadership of NCHADS, to facilitate and prepare 82 Groups of 2000 PLHIV to help them receiving care services, support, retrieve and control ART Drug, which is a part of their responsibility to help their community and their member, especially to reduce the burden of workload for the doctors. This project also helps them to understand more about ART drug usage, emotional support, and forming community-saving groups, which is a method to strengthen their solidarity and allow them to help each other when needed.

Alongside KHANA, there are three IPs under the CAD project, which are ARV Users Association (AUA), Partner in Compassion (PC), and Cambodian People Living with HIV/AIDS Network (CPN+). In 2020, the CAD project was establishing its groundwork before kick-starting the intervention in 2021. With the support from NCHADS, CAD implementation guides, protocol, and tools have been drafted and finalized. The application for ethics review has been submitted and approved by the National Ethics Committee for Health Research (NECHR) of the Ministry of Health of Cambodia on 26th October 2020. 17 project staff (41% female) at implementing partner level have been recruited or nominated by IPs to take charge of CAD project implementation. Besides, 82 (54% Female) Community Action Workers (CAW) were also recruited by IPs in each site. Planning monitoring and report form, Data management system (REDCap), CAD registration form, and sampling procedure were also established in 2020



Figure 9. Validating the eligibility of stable PLHIV by physician at ART clinic

Asia Harm Reduction Advocacy

In collaboration with the National Authority for Combating Drugs (NACD) and MoH, KHANA under the Harm Reduction Advocacy in Asia (HRAAsia) project, funded by the Global Fund through the India HIV/AIDS Alliance, conducted training on “Implementation of Harm Reduction in Partnership with Law Enforcement” to law enforcement officials and local authorities from Khan Meanchey and Chbar Ampov. The objectives of the training are (1) to raise awareness on the importance of the partnership of law enforcement in harm reduction and treatment, (2) improve understanding of local police and local authorities about government’s policy and strategy of harm reduction, (3) and introduce the law enforcement related to



Figure 10. Asia Harm Reduction Advocacy

referral mechanisms to refer people who use drugs to access treatment service and rehabilitation. There were 85 participants from NACD, MoH, Department of Mental Health and Substance Abuse (DMHSA), Municipality Anti-Drug Department, Phnom Penh Municipality Health Department, harm reduction NGOs, law enforcement officials, and local authority. Way forward, (1) health providers, law enforcement officials, and local authority will work as a partner to support people who use drug to access Community Based Drug Treatment (CBTx) service in their community, (2) Law enforcement will directly refer people who use drug from community to nearby referral hospital/health centers and (3) NACD will form a committee to monitor the progress of the implementation of harm reduction in partnership with law enforcement and CBTx.



Figure 11. Training on Implementation of Harm Reduction in Partnership with Law Enforcement 06-07 October 2020



GOAL 02

Building human resilience through
the development of sustainable
community



- ▶ **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**

Increased income generation and financial resources access for women and girls living with HIV/AIDS

Under the UNWOMEN-funded project, KHANA continued to facilitate and support 4 saving groups of women and girl living with HIV/AIDS in ROKA Commune through organizing monthly meeting to build their understanding of the guidelines, policies, and procedures of saving group and its implementation such as procedure of loan, budget management and control, and livelihood initiatives supported by the project. Several livelihood ideas/initiatives were proposed by saving group members to improve their living conditions such as rice plantation, animal feeding (chicken, duck, pig, and cow), and land buying. By supporting these initiatives, KHANA provided seed grants to each saving group member to buy chicken and duck together with animal feeds and other technical livelihood advice. In addition, the KHANA field team continued to provide ongoing support to all saving group members by connecting them to other local organizations that provide any kinds of support associated with livelihood and agriculture activities.

Enhanced Capacity of Women and Girls Living with HIV/AIDS on Financial Management and Control

KHANA convened the capacity building session on 'Enhancing Livelihood Development of Saving Groups through Effectively Financial Management and Control' at aiming to build the capacity of women core group and saving group members on financial management and control, cash flow operation, and livelihood initiatives for better living conditions, opportunities, and development. This capacity-building session also provided the concept of effective investment and management for the small business, how to create a safe space for financial incomes and cash flows from their business. After the training session, the members of the women core group and saving group equipped specific knowledge, skills, and experiences on livelihood development and initiatives to improve their daily income generation and small business plan development in their local context.

Strengthening the human resources, linkages, and referrals at the operational district, referral hospital, and health center level for TB

As part of routine activity, KHANA conducted coordination meetings with OD, Referral Hospital (RH), Health Center (HC) staffs, and other stakeholders to establish a diagnostic connectivity, a referral arrangement for sputum samples transportation, and to raise relevant issues and to find solutions. KHANA also performed field monitoring visits and provided coaching to Field Officers and Assistant as well as Lay Councillors (LC) over Snowball approach, M&E and TB preventive infection activity; however, amidst COVID-19, virtual platform was used for capacity strengthening and discussion over challenges and flexibility to keep the project moving.

Engaging with key stakeholders for TB at the sub-national level (provincial, OD, and facility), and the community level

To mobilize the support of policymakers for TB response at the national level, the KHANA had engaged with parliament and senate members to provide information regarding TB and issues that required their support. Significantly, KHANA jointly supported the MoP workshop on the Inclusion KPs into the ID Poor Registration Process. Three workshops were organized, which brought together Provincial Department of Planning, CSO working on TB, KPs community. The workshop aims to build the understanding and awareness of the On-Demand ID-Poor Registration Process. TB issues and affected people by TB in these workshops were sensitized and vulnerable groups to be prioritized and focused on. At the sub-national (provincial, OD, and facility) and the community level, the COMMIT project team was able to engage stakeholders in including TB as one of their agendas to sustain the response to TB in their respective locality. There were 36 communes; 80% (36/45) had TB in their meeting agenda and planned to address TB issues in their development program. In addition to this, 83% (35/42) health center management committees (HCMC) included TB into their meeting agenda under KHANA five ODs coverages. The COMMIT team will continue to work with the commune councils in the project sites in ending TB.

To further highlight the community's roles in TB care, the KHANA organized orientation sessions to establish TB Peer Support Groups (PSG). By the end of 2020, KHANA facilitated the formation of 24 PSGs at 18 health centers in 04 districts, with a total of 294 members who are living with TB and/or TB survivors. These PSGs play a critical role in bringing the voices of TB-affected people to program- and/or policy-making bodies, enabling them to improve program interventions and to address the barriers to accessing TB services.

Improving the TB lab network and diagnostic services at project sites and implementation of diagnostic connectivity with TB-MIS

With the financial support of USAID, nine GeneXpert machines were procured and shipped to Cambodia. The nine machines will be placed in nine underserved ODs under COMMIT. The handover event will be performed in January 2021, followed by a training workshop and kick-off operations in February 2021.

Several consultation meetings about the COMMIT baseline assessment were conducted to improve the quality and comprehensiveness of the findings, especially to identify the gaps in TB services and health facility services in the



Figure 12. Commune Council Meeting, Peam Raing commune of Leuk Dek district, Kandal province, November 2020

community. The key findings from this baseline assessment informed COMMIT's prioritization of and planning for the workplan for the rest of the year and guided the development of services and the response to capacity gaps in the COMMIT-supported ODs.

Facilitating the use of digital tools to improve referral, follow-up, and TB awareness

To capture a better picture of community TB results, KHANA organized OnelImpactK+ Orientation Training for four different ODs: Ou Raing Euv OD, Sen Sok OD, Por Sen Chey OD, and Sa Ang OD. The training aimed to build capacity in using OnelImpactK+, both in using the App (installing) and in providing technical support to the field teams. The PSG leaders were trained in OnelImpactK+ and installed the App. Furthermore, KHANA organized a OnelImpactK+ strategic meeting for PSG and District network of people with and experienced TB (DNPET) to identify critical challenges and ways to overcome these, opportunities from OnelImpactK+ implementation, and also how to utilize the data collected.

COVID-19 Pandemic Emergency Response

In contribution to the government's response to the COVID-19 pandemic, in 2020, KHANA mobilized and received funds from other countries to support emergency food assistance and COVID-19 materials for the most vulnerable groups under KHANA respective sites, PHD and health facilities (HF). The supplies consist of 13,300 posters, 820 liters of alcohol, 220 bottles of hand gel, 2,350 pieces of small soap, 250 handkerchiefs, and 24,000 facemasks. Foods were also given to 4,221 PLHIV and at-risk groups in the municipality of Phnom Penh, the province of Kandal, Kampong Cham, Tbong Khmum, Kampong Speu, Battambang, Prey Veng, Svay Rieng, and Preah Sihanouk.

GOAL 03

Strengthening organizational and technical capacity of civil society



- ▶ 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 KRC technical excellence
- ▶ Increase the knowledge and expertise of KHANA's staff in broader development

Strengthen the capacity of communities, partners, and other stakeholders

Harm Reduction

KHANA organized training on data collection, documentation, and data analysis for advocacy to Cambodia Network for People Who Use Drug (CNPUD) and their provincial focal points. 35 persons included CNPUD Executive committee, provincial focal points, harm reduction NGOs, United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Office on Drugs and Crime (UNODC) join the training workshop. The data collection tools were simplified which is easy to fill in information from the field. And Ms. Excel was



Figure 13. Training on data collection, documentation, and data analysis for advocacy to CNPUD, 26 August 2020

introduced to participants as tools to support data analysis and data interpretation. Way forward, Excom of CNPUD is the central point for collecting the case documentation and with support from KHANA and Health Action Coordination Committee (HACC), Excom will do data entry of collected cases into Ms. Excel for data consolidation, analysis, and interpretation.

KHANA also collaborated with HACC to select the Executive Committee of CNPUD for 2020-2022 (Two Years) and to present the new project of the Global Fund which supports the networks. 42 participants attended the meeting including a representative from the people who inject drug (PWID)/ people who use drug (PWUD) representative from Korsang, Mith Samlanh, CNPUD member, CNPUD advisory group member, UNODC, Key NGOs stakeholders. As result, five members of Ex-Com of CNPUD elected included Mr. Ouk Tha (Chair), Mr. Preoun Savon, Mr. Man Samy, Mrs. Rath Sam Arth, and Mr. Meas Sarin.

Enhance the utilization of technical innovations for emerging needs

Documented the COVID-19 pandemic impacts for HIV/AIDS and TB Programs

COVID-19 pandemic has posed significant limitations on the scope of all project implementations and actions of KHANA and partners. However, KHANA and its partnerships in TB and HIV programs have learned from these obstacles they have encountered, and been challenged to circumvent them by surfacing new ideas and locating new opportunities as they move forward. The program implementers are finding a novel way to maintain its achievements.



Figure 14. CNPUD quarterly meeting, 03 March 2020

Increase the scale and scope of the KHANA-CPHR technical excellence

Over the years, KHANA Center for Population Health Research (KHANA-CPHR) has been working with stakeholders, both national and international researchers, and the grassroots community to conduct health research studies in Cambodian community. Those research studies aim to understand more about the public health issue in our community, to test out public health models that are newly innovated or proved to be effective and successful in other countries within our community's context and to inform national policy in response to those various issues, especially HIV and TB. Those studies will also turn to health journal publications, which contribute to the pool of knowledge about public health in the world.

Three notable operational studies that KHANA-CPHR has been doing are operating under the NUS Initiative to Improve Health in Asia grant (NIHA). The first study is a cluster randomized control trial, which is a collaboration between KHANA, CATA, CENAT, and NUS, to determine the effectiveness of community TB ACF models in Cambodia. It also aims to establish the effect of ACF strategies on TB treatment outcomes and to estimate the cost-effectiveness of the interventions. The interventions started in late 2019, and are still continuing throughout 2020.

The second study is a joint project between KHANA, NUS, and MoH, to understand the drivers of antimicrobial resistance (AMR) and scoping for its control in Cambodia's healthcare system. This study aims to further uncover the covert and overt drivers of AMR in Cambodia by using a triangulation of both qualitative and quantitative methods, by conducting point prevalence surveys of antimicrobial use in 16 public hospitals, and conduct a scoping review of the current infection prevention and control (IPC) program and determine the barriers and facilitators for IPC in a sample of public hospitals. The project is also aiming to interview key informant in AMR in one health for it social network analysis to understand the driver of AMR in Cambodia.

The third project is the collaboration between KHANA-CPHR, the MoH in Cambodia, and Duke-NUS Medical School, Singapore to tailor and implement the WHO Package of Essential Non-Communicable Diseases Interventions, called the PEN Package. This package aim to address the rapid rise of non-communicable diseases (NCD), starting with hypertension and diabetes. In this project, the researchers work together with local stakeholders, such as staff of Health Centers and Referral hospital to identify detailed functional specifications of a national NCD programme based on the WHO PEN, and match each specification with a portfolio of tools that will enable local providers and stakeholders at the district level to implement a customized NCD programme that is suitable and sustainable.

In 2020, KHANA published 20 papers in international peer-reviewed journals, covering various health topics such as HIV/AIDS, STI, TB, mental health, drugs and substance use, and viral hepatitis. These papers were published in collaboration with esteemed institutions in the world such as the Touro University of California, NUS, Kyushu University of Japan, and other local institutions such as NCHADS, National Pediatric Hospital, CENAT, and National Institute of Public Health.



Figure 15. Health Journal Publication by KHANA-CPHR

KHANA also presented the operation updates and the finding from studies to local and international conferences. Six oral presentations and nine poster presentations were accepted and presented at major public health conferences in the world, such as the 23rd International AIDS Conference (AIDS2020), the 51st World Conference on Lung Health of the International Union Against Tuberculosis and Lung Disease (The Union), and the 10th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR10).

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

Building Basic Mental Health Support for Community Health Workers to Coping with Stressed during the Covid-19 Crisis

In collaboration with the Transcultural Psychosocial Organization (TPO) Cambodia, KHANA organized the Basic Mental Health Support training for community health workers (Outreach Workers and Case Management Persons) from the HIV/AIDS programs. It aims to build understanding and awareness on how to cope with stress during the pandemic and provide ongoing support to affected communities they serve for on addressing the mental health issues. 60 participants attended the session and equipped knowledge and skills on mental health support in which to provide ongoing peer supports to their respective communities during and after the Covid-19 crisis.

GOAL 04

Promote diversity, rights,
and gender equity



- 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

Promote an enabling environment for KPs, LGBTI, and other vulnerable groups

Commemorated the World TB Day 2020

In marking World TB Day during the Covid-19 pandemic, KHANA developed key messages and strategies on Partnership Mechanisms and Multi-sectoral Accountability Framework (MAF) in TB response reached out to the targeting audiences such as high government officials, policymakers, key stakeholders, and respective people living with and experienced TB. The key messages were printed and disseminated widely through technical support

from the National TB Program, Stop TB Partnership, and the COMMIT Project for online and offline promotions. As result, 10 key messages were developed and focused on the political commitment and leadership to end TB, partnership mechanism and multi-sectoral accountability framework for TB responses, TPT, and TB services access. Under the USAID-Funded COMMIT Project, the banners and key messages were placed at health facilities and public gathering places. 112 big banners were printed and placed in 41 health facilities including health centers and operational health districts. Also, the Facebook page of KHANA was uploaded and posted the messages to make sure the audiences were able to access and learn from various activities related TB for this particular event.

TV Talks Show on Partnership Mechanism to End TB by 2030

KHANA together with the Stop TB Cambodia organized a TV Talks Show on Partnership to End TB by 2020 in marking World TB Day 2020. The main objective of this TV talk show was to strengthen collaboration, cooperation, and partnership initiatives among government institutions, UN agencies, key partners, CSO, TB networks, and relevant stakeholders to contribute towards reaching the country target to end TB by 2030. The platform was also to



Figure 16. Banners of Key Messages for World TB Day 2020



Figure 17. TV Talks Show on Partnership Mechanism to End TB by 2030

mobilize the support and engagement of key stakeholders including parliament members, politicians, private sectors, media, celebrities, and key actors to join forces for TB response. Four speakers are from different sectors such as 1)- Dr. Huot Chanyuda (CENAT Director), 2)- Dr. Deng Serengkea (Technical Officer/WHO), 3)- Mr. Choub Sok Chamreun (CSO Representative), and 4)- Ms. Nhork Kong (TB survivor). This recording program was run, lived, and replayed on the National Television of Khmer (TVK), Facebook's page of the Blue Media One Production, and KHANA where were reached a big number of audiences.

KHANA's contribution to promoting enabling environments for KPs through producing evidence-based

KHANA contributed to promoting an enabling environment for vulnerable groups through research. In 2020, KHANA-CPHR published 14 research papers to further understand and address the issues among both HIV and TB KPs, such as access to health services, GBV, and stigma. For instance, in collaboration with CENAT, KHANA-CPHR conducted a national assessment to identify TB KPs to be prioritized for national programs. As a result, seven TB KPs were identified. Key themes that inhibit access to TB services included the lack of knowledge and awareness, distance to TB clinics, lack of time and financial means, and other systemic barriers such as inconsistencies in policy and guideline implementation at different levels of the health system and lack of financial and human resources required for effective program implementation. Another notable study, which is a collaboration between KHANA and NUS, focused on stigmatization among TB patients in the Cambodian community. The study found that 56% and 51% of participants experienced self-stigma and perceived stigma by the community, respectively. This study also found that higher knowledge about TB was inversely associated with both self-stigma and community stigma, suggesting that stigma-reduction strategies are needed to be incorporated in the national TB response.

24-Hours Chatline services to help with GBV issues

KHANA and its IPs are also planning to provide emotional support hotlines called "SMARTgirl Chatline " tailored to FEWs who experienced GBV. A qualitative formative study was conducted to gather qualitative data on stressors, coping strategies, and preferences for chat-based hotline (chatline) functions in order to inform the development of a Chatline for FEWs in Cambodia. The findings suggest that FEWs in Cambodia would prefer a 24hr call line (with chat option) staffed by women who can provide emotional support from a kind and comforting respondent who can advise on personal problems, encouragement that will improve mood and address depression, and direct them to immediate help for violence. Upon the findings, Chatline intervention will be launched using Whatsapp as a mode of communication with supporting staff to make Chatline available for 24 hours. KHANA will cooperate with other key stakeholders including the Ministry of Women's Affair, hospitals, clinics, local authorities, and local organizations which provide GBV services and support to make appropriate referrals for GBV survivors. Participants of the SMARTgirl Chatline pilot project will be made aware of the free confidential emotional support services, escorted referrals to clinical and legal GBV services through regular in-person outreach activities.

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

I am Generation Equality: Realizing Women's Rights

KHANA organized International Women Day by inviting all KHANA staff and volunteers (included the project staff at the field) to join and celebrate this important event for promoting the rights of women, girls, and TGs specifically under the theme of 'I am Generation Equality: Realizing Women's Rights'. The event has highlighted the histories of International Women Day and specific elected themes for specific years especially the themes focused on women and health, women and HIV, and women and economic empowerment. Furthermore, the selected key messages were presented and shared widely among staff and volunteers as well as through social

networks. At the project site, the field team attended the International Women Day event which was organized by the Provincial Governor of Battambang and Provincial Department of Women Affair. The International Women Day event was convened to disseminate the statement and key messages from Prime Minister and give souvenirs to invited women and girls.

Experience of GBV among FEW

In 2020, KHANA evaluated the MBL intervention, which was a 60-week randomized controlled trial that finished in June 2019, aimed to increase the utilization of HIV, SRH, and GBV services among FEWs. In the formative participatory work, when FEWs were asked about their experiences of GBV, they reported many forms of GBV ranging from micro-aggressions at their workplace to rape and violent beatings. However, 33.2% of participants reported feeling that there was nothing to do in response to abuse. Over the 15-month trial of MBL intervention, an average of 7.8% of women per month requested GBV services – whereas this number was 0% at baseline. This proved that the discrete messaging intervention delivered through MBL is having an impact on attitudes towards and utilization of GBV services.

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

Promoted CEDAW and Health-related Issues amongst local authorities, Health Service Providers, and Relevant Key Stakeholders

In collaboration with Cambodian National Council for Women and Provincial Department of Women Affairs of Battambang, KHANA hosted the “CEDAW Capacity Building Workshop among Affected Women and Girls and Local Authorities” which aimed to increase understanding and awareness of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) among women and girls living with HIV/AIDS and local authorities in ROKA Commune, so that they can identify their critical roles to support CEDAW initiatives and implementation in their respective community. The workshop brought together 40 participants who are the local authorities, local police, affected communities, CSO partners, and key stakeholders to equip their knowledge and skills on CEDAW and to identify specific roles to support the CEDAW implementation at the sub-national and community level.

Improved Sexual and Reproductive Health (SRH) Understanding and Services Access among KP, Women, and Girls

KHANA provided training in the SRH to women and girl living with HIV/AIDS in ROKA Commune alongside women core group members at aiming to increase their knowledge and skills on SRH, Gender Responsive and GBV. The participants were able to play the leading roles to drive the community sessions aiming to share SRH with other community members including young people. This was a platform to empower women and girls through giving safe spaces to take leadership roles and providing peer support to their community members. Many topics related to SRH and well-being were discussed including sex, gender, gender identity, sexual pleasure, emotional feeling, belief, and GBV.



Figure 18. HIV and Sexual Reproductive Health (SRH) Community Dialogue amongst young girls

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

Sensitization TB workshop amongst identified CSOs, people affected by TB, journalists, and celebrities

The sensitization workshop aimed to raise awareness and promote meaningful engagement of journalists and celebrities in TB response. It was a platform to build connections and relationships among participants to work together in partnership to end TB in Cambodia. 55 participants attended this important event including Journalists, celebrities, National TB Program, UN Agency, CSOs working, and people living with and experienced TB. In the opening session, Dr. Lucica Mardale, Director of the Stop TB Partnership delivered her remarks by emphasizing the critical roles of media institutions and celebrities to join hands with NTP to end TB while Dr. Huot Chanyuda also confirmed to be working as the partnership with journalists and celebrities will make significant changes in TB works. It is noted that the journalists can write any articles and reports on TB and other health issues that lead to influence the audiences while the celebrities are also able to help spread key messages on TB to the public and affected community by TB.



Figure 19. Sensitization Workshop among Journalists and Celebrities

Increased Technical Knowledge of KPs, Women, and Girls Living with HIV/AIDS on GBV, Domestic Violence, and Legal Aid Services

KHANA organized capacity-building training on GBV and Legal Aid Service among KP and PLHIV community members including women, girls, and young people. The training aimed to build capacity participants on Gender and Culture, GBV, sexual harassment, Human Rights, legal aid services, and case documentation and reporting about rights abuse and violation. As result, the participants have increased their knowledge, skills, and experiences for the topics provided and they continued to share this equipped knowledge and skills with their respective community through outreach sessions. The women core group members performed to document the cases that occurred on the ground on violence, rights abuse/violation, and stigma against PLHIV women and girls. In addition, after the training, the women core group members performed to collect cases at their respective communities. 15 cases were collected and documented in relation the domestic violence, rights violations, and drug use (children of women living with HIV). All cases were documented and kept at KHANA and the majority of those were reported to commune council members during the monthly meeting.

KHANA STRATEGIC PLAN

(KSP20): Key Snapshots

Vision:

KHANA aspires to a Cambodia that supports community ownership and empowerment, where all people have equitable access to quality HIV and health services, and sustainable development opportunities.

Mission:

To continue to be a leader in the HIV response while addressing wider health and development needs

Core Values:

- ▶ **Efficiency and Effectiveness:** KHANA strives at all times to offer value for money within a process and results-oriented framework built on professionalism, social responsibility, and sustainability.
- ▶ **Learning and Sharing:** KHANA produces and uses evidence-based research, innovates and pilots new ideas, and incorporates knowledge and best practices into all of our work. KHANA's findings and research are utilized and disseminated to build the knowledge of all stakeholders.
- ▶ **Good Governance:** KHANA exists for the benefit of the communities it serves, and as such, communicates and operates transparently and with accountability. KHANA helps build the capacity of communities and other organizations to develop these practices as well.
- ▶ **Collaboration and Partnership:** KHANA believes that complex issues benefit from the input of multiple stakeholders who hold a range of perspectives. KHANA has benefitted as a result of the relationships formed with communities, organizations, and government bodies.
- ▶ **Gender Equity:** KHANA promotes equitable access to services, inclusive input, and leadership at all levels. The KHANA team works to decrease gender disparities in society, and to end violence and power inequalities within relationships.
- ▶ **Diversity:** KHANA supports the rights of KP, Lesbian, Gay, Bisexual, Transgender & Intersex (LGBTI), and other vulnerable groups in order to build stronger awareness and respect for diversity. KHANA also influences policies that promote and build inclusivity for all.

The last five years of incredible achievements:

KHANA is now at the endpoint of its five-year strategic plan 2016-2020 (KSP20) and is taking the opportunity to summarize the progress made. KHANA has played vital roles in leading the HIV/AIDS response in Cambodia and has expanded to TB-focused programs since 2016. The KSP20 has successfully achieved this by reaching out to many key populations, marginalized and vulnerable groups. The program also includes other people in need who were affected by HIV/ AIDS, TB, and other health-related issues. From 2016 to 2020, KHANA is very grateful and delighted to work closely with the National AIDS Authority (NAA), National Authority for Combating Drugs (NACD), Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY), Ministry of Women's Affairs (MoWA), Ministry of Post and Tele- Communication (MoPTC), National Center for HIV/AIDS, Dermatology and STD (NCHADS) and National Center for Tuberculosis Control and Leprosy (CENAT) of the Ministry of Health. KHANA has also worked closely with donors, key partners, CSOs, and the KP community through cooperation and partnership mechanisms.

Over the past five years, KHANA has moved and strived as individuals to support the country towards achieving universal health coverage. KHANA believes that health for all is required, guaranteed, and steadily available to everyone in need, without any financial hardship and regardless of who they are, where they are from, or what they do. The results of our past five years have given us a different sense of learning in managing our program and organization. During the time of declined funding, the loss of program within the competitive process of grasping the funds, while we also need to challenge the newly emerging health issues and problems, including the COVID-19 pandemic.

Summary of key highlights

Goal	Objectives	Key highlights
Goal 1: Contribute to eliminating new HIV infections, strengthening health systems, and achieving universal health coverage (UHC)	<ol style="list-style-type: none"> 1. Prevent new HIV infections and transmission 2. Improve HIV case detection, treatment, and adherence 3. Increase health service utilization 4. Improve equitable access to healthcare 	2020 Prevention new HIV infection and transmission: KHANA improved HIV and STI prevention programs. The prevention activities have reached 47,901 totals of Key Populations (KP), including female entertainment workers (FEW), men who have sex with men (MSM), and transgender individuals (TG). Improving HIV case detection, treatment, and adherence: KHANA and partners maintained the mHealth, which aims to improve HIV case detection using online platforms and social media support to reach hard-to-reach and high-risk population of HIV/AIDS. Peer-Driven Intervention Plus (PDI+) - in 2020, the great achievement of a full-year implementation of PDI+ comprised of 1,447 MSM and TG, and all of them were successfully referred to enrolment in the pre-ART services. Nighttime outreach activity - Outreach activities in the nighttime was first implemented in Phnom Penh city among the adolescent group. HIV Self-testing and PrEP – More than 10% were HIV positive after self-testing enrolled in pre-ART services. KHANA also provided support to IP in promoting PrEP.

Strengthening community response to fight TB - KHANA and key partners have implemented the “Community Mobilization Initiatives to End Tuberculosis, COMMIT” project to improve access to high-quality, person-centered TB, drug-resistant TB, and TB/HIV services.

Increase health service utilization and improve equitable access to healthcare:

Increasing equitable access to healthcare and health service utilization – The Universal Health Coverage (UHC) continued to advocate understanding to the KP community, CSO working on health, and journalists. Mobile link is a project aims to improve the health of female entertainment workers by enabling equitable access to existing health services.

Community-based Antiretroviral Delivery (CAD) has implemented a 24-month intervention using the CAD model.

Harm reduction advocacy - In collaboration with the National Authority for Combating Drugs (NACD), and Ministry of Health (MoH), KHANA conducted training on “Implementation of Harm Reduction in Partnership with Law Enforcement.”

2019

To contribute to elimination of new infected HIV and TB, KHANA continues to strengthen the health systems to achieve universal health coverage (UHC). Therefore, we saw many outreach activities to promote condoms and lubricants use among FEWs and MSM in Cambodia. In addition, there are repeated activities such as improving HIV case detection, treatment, and adherence called mHealth, which lead by KHANA and its implementing partners. Besides these, KHANA also achieved a great amount of HIV-risk group screening and testing among MSM, TGs, and FEWs. There are also other activities like Nighttime outreach activities, HIV self-testing, strengthening community response to fight against tuberculosis under COMMIT project, and increasing equitable access to healthcare and health service utilization under Mobile Link project to improve health of FEWs by allowing them to access the existing health services. Last but not least, with Harm Reduction Advocacy in Asia, KHANA with steer committees at national and sub-national levels have tried to improve their accessibility in services as mentioned in the 2020 key achievement.

2018

KHANA has contributed to Cambodia, which is one of the low and middle-income countries, to achieve a high level of coverage of antiretroviral therapy (ART) among people living with HIV (PLHIV). Since then, HIV prevalence of 1.4% over the last 18 years has significantly declined. Besides, KHANA along with its key partners have continued to support key populations (KPs) in reducing HIV/AIDS and sexually transmitted infection (STI) using

different reproductive health preventive methods among high-risk population.

mHealth – As usual, the mHealth platforms have improved, reaching almost ten thousand audiences liked and viewed the websites. As result, 78 users of the mHealth platforms from KPs were tested for HIV and syphilis, with 16 and 18 users being identified positive for HIV and syphilis respectively, and referred to treatment.

Extending mHealth through Mobile Link Intervention for FEW - The project consisted of 180 content messages that provided health information on health promotion and prevention. In total, 300 FEWs from all project sites were registered into the system for the intervention.

Peer-Driven Intervention Plus (PDI+) in 2018 – The activities reached 247 participants (224 MSM and 23 TG women), who were able to receive HIV testing and counseling.

Improving TB Detection and Linking to Treatment – KHANA continued to improve TB cases detection by implementing an active community-based snowballing approach, designed to find new cases and connect identified people to treatment. More than 99% of the cases identified were put on treatment.

2017

For HIV and AIDS, this is critical for achieving the 90-90-90 target in 2020, and as for TB, it is equally important to identify new cases, ensuring compliance, and minimizing opportunities for multi-drug resistant TB to spread. For HIV prevention in mHealth and peer-driven intervention plus (PDI+), they accounted about 10% of KHANA's HIV testing.

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: testing and counseling guidelines for HIV and syphilis and enhanced compound of curriculum, SOPs, and community prevention in HIV program. KHANA has implemented Boosted Integrated Active Case Management (B-IACM), which 88% were retained on ART after 12 months. Through six HIV Flagship-supported health facilities, 2,485 new TB cases were detected, and 98% were tested for HIV.

Improving TB Detection and Links to Treatment - 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.

2016

To contribute to eliminating new HIV infections, KHANA continued to provide substantial support to Cambodia 3.0, the elimination of new HIV infections in Cambodia by 2020. In this strategy, KHANA has implemented innovative approaches to many program

		<p>activities. Therefore, in 2016, KHANA and its IPs reached 62,528 KP with HIV prevention interventions.</p> <p>Innovation and new technologies - key impact on the prevention of new HIV infections and early case detection. With support from USAID through HIV/ AIDS Flagship, KHANA continued to implement an interactive, tablet-based risk-screening tool to improve the efficiency of HIV services.</p> <p>Peer-Driven Intervention Plus (PDI+) used an incentive-based snowball approach to identify new, hard-to-reach clients, particularly targeting individuals living with HIV who do not yet know their status.</p>
<p>Goal 2:</p> <p>Build human resilience through the development of sustainable community and organizational systems.</p>	<ol style="list-style-type: none"> 1. Increase access to income and other financial resources 2. Increase employment opportunities for community members 3. Enhance the ability of affected communities in climate change adaptation and disaster risk reduction 4. Improve access to quality and affordable services through functioning community health facilities supported by KHANA 	<p>2020</p> <p>KHANA was awarded for the implementation of a Community-Based Model for Delivery of Antiretroviral Therapy (CAD), with a total of EUR 1,155,974 for three years (2020-2023), with the financial support of 'Initiative' grant through Expertise France. The community's model to support, monitor, and deliver ART brings them closer to the community.</p> <p>Given the impact of COVID-19, KHANA developed a Contingency plan to respond to the emerging pandemic. Besides, in contribution to the government's response to the COVID-19 pandemic, KHANA received and mobilized funds from other countries to support vulnerable groups under KHANA's respective sites, the Provincial Health Department (PHD), and health facilities (HF).</p> <p>2019</p> <p>KHANA received a five-year grant (2019-2024) with 8 million US dollars, a USAID-funded project, to implement the Community Mobilization Initiatives to End Tuberculosis (COMMIT), through Community Network Organization (LON).</p> <p>KHANA 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.</p> <p>As usual, KHANA continued to be a champion of UHC to ensure access to healthcare for all without financial harm in Cambodia. In the meantime, OnelImpactK+, which aims to improve the challenge to understand among stakeholder's reports on TB, has been improved. The challenge facility for civil society (CFCS) has strengthened community-based responses to link presumptive TB cases to health facilities. In addition, KHANA engaged pagodas and religious groups in the community to raise awareness about TB and linkage services for health providers and TB patients.</p>

2018

KHANA has purposely started to focus on Universal Health Coverage (UHC), which has ultimately blossomed into a global health movement.

Increasing Employment Opportunities for Community Members - KHANA moved forward from the completion of the HIV/AIDS Flagship Project in 2017. KHANA has now expanded its services beyond HIV towards TB.

OnelmpactK+ is a digital solution to promote community monitoring and participation in the TB response effort. This program has provided a safe space to people living with TB and assisted them in being compliant with their medications, and reporting their side effects and concerns. The OnelmpactK+ also strengthens the roles of TB community by providing access to a peer support community, leaders, advocates, and other TB networks.

2017

In 2017, KHANA has seen further substantial reductions of funding for HIV programs, 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. Moving forward from the completion of the HIV/ AIDS Flagship Project in 2017, KHANA has now expanded its services beyond HIV towards TB. By developing new programs to target these key populations, KHANA has increased employment opportunities for community members.

2016

In 2016, KHANA Livelihoods Learning Center (KLLC) transitioned to KHANA Social Enterprise (KSE), built on the solid foundations of the economic livelihoods program to take KHANA's programming to a new strategic direction. KSE will explore ways to enhance the ability of HIV-affected communities to adapt the climate change and to implement Community Disaster Risk Reduction (CDRR). Efforts to mobilize resources to further explore this exciting new area of work will be a key priority for 2017 and beyond.

As a part of its work to build an enabling environment for KPs, and in partnership with Linkages Project/FHI 360, UNAIDS, and HACC Cambodia, KHANA supported the SMARTgirl program and two KP community networks: Bandanh Chaktomuk (national MSM network) and Cambodian Network of People Who Use Drugs (CNPUD) to document, collate, and report 32 cases of violence and other rights violations. A strategic partnership with Legal Aid of Cambodia (LAC) provides legal aid, including lawyers to support court cases.

Goal 3:

Strengthen the organizational and technical capacity of civil society, including KHANA itself

1. Strengthen the capacity of communities, partners, and other stakeholders
2. Enhance the utilization of technical innovations for emerging needs.
3. Increase the scale and scope of the KHANA Research Center's technical excellence
4. Increase the knowledge and expertise of KHANA's staff in broader areas of health and development

2020

Strengthen the capacity of communities, partners, and other stakeholders - KHANA organized training on data collection, documentation, and data analysis for advocacy to Cambodia Network for People Who Use Drug (CNPUD) and their provincial focal points.

District Network of People with/affected by TB was established, with the support of 44 peer support groups.

Increase the knowledge and expertise of KHANA's staff in broader areas of health and development - Building Basic Mental Health Support for Community Health Workers to Coping with Stressed during the Covid-19 Crisis by collaboration with the Transcultural Psychosocial Organization (TPO).

Increase the scale and scope of the KRC technical excellence - KHANA Center for Population Health Research (KHANA-CPHR) published 20 papers in international peer-reviewed journals, covering various health topics such as HIV/AIDS, STI, TB, mental health, drugs and substance use, and viral hepatitis.

2019

KHANA continues to strengthen the capacity to respond to TB in communities' collaborated works with partners and other stakeholders by advocating skills and empowerment of local communities to improve TB case detection, treatment, adherence, and counseling. In the meantime, KHANA organized a campaign called, "Support, Don't Punish" to raise awareness of the harms that people who use drug is experiencing, by conducting a series of training and educating key persons among PWUD. KHANA also enhanced the utilization of technical innovations for emerging needs, which continued to refine the seed-and-recruit model, a novel approach to finding missing TB cases in the community.

Increase the scale and scope of the KHANA Center for Population Health Research technical excellence – through research publications, 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 of 16 articles ranked international journals. KHANA also presented research findings and operation updates at local and international conferences and meetings.

2018

For this year, KHANA highlighted key achievements of collaborative work with key partners on TB as follows:

Collaboration with the National University of Singapore (NUS), CENAT, and Cambodia Anti-Tuberculosis Association (CATA), KHANA submitted a proposal to the NUS Initiative to Improve Health in Asia (NIHA). Establishing the district network of people experience with TB (DNPET) training peer support group (PSG)

Collaboration with the Department of Mental Health and Substance Abuse (NACD) regarding people who use drug (PWUD)

Technical Innovations for Emerging Needs - KHANA provided and maintained a shared technology-based communication tool, the DHIS2 system in the HIV program, and integrated the use of short message services (SMS) and voice messages (VM) into their already successful SMARTgirl clubs.

Improving services for all through research - KHANA Center for Population Health Research published 11 peer-reviewed journal articles. KHANA engaged in many regional and international platforms such as International AIDS Conference, and the Union World Conference on Lung Health.

2017

KHANA conducted the NGO Capacity Assessment of 19 conducted in the final quarter of 2017 and found 12/19 of Implementing Partners scored “good” or “exemplary” at the end of the program.

To support 12 Operational Districts (ODs), KHANA has updated the GIS mapping surrounding workplaces.

KHANA secured funding for a Mobile Link research project 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.

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.

2016

Innovation and new technologies remained a key impact on the prevention of new HIV infections and early case detection. With support from USAID through HIV/AIDS Flagship, KHANA continued to implement an interactive, tablet-based risk-screening tool to improve the efficiency of HIV service delivery by better identifying their risk category, intensifying HIV testing for ‘high risk and low risk’ KPs, supporting early diagnosis, and linking them to HIV care, support, and treatment to ensure that people are retained along the cascade of care towards viral suppression. 84% of PLHIV on ART under KHANA-supported health facilities received a viral load result of fewer than 1,000 copies/ml. This is a significant achievement and a major contribution to the national program and the UN's 90-90-90 targets.

KHANA supported NCHADS to develop a training curriculum and tools for health care providers and trained 39 providers to provide

		<p>quality clinical sexual and reproductive health (SRH) care to TG women and MSM populations to increase access to services and reduce stigma and discrimination.</p> <p>KHANA strengthened its focus on Gender-Based Violence (GBV) during 2016 by building the capacity of KHANA staff, CoEs, KP community networks, IPs, and local authorities in Siem Reap and Battambang to improve understanding, prevention of and response to GBV. KHANA also supported the SMARTgirl program to lead training on integrating GBV and developing Occupational Health Safety Policies into ongoing SMARTgirl, MStyle, and Srey Sros programs with Female Entertainment Workers (FEWs), MSM, and TG women in five provinces.</p>
<p>Goal 4:</p> <p>Promote diversity, rights, and gender equity</p>	<ol style="list-style-type: none"> 1. Promote an enabling environment for KPs, LGBTI and other vulnerable groups 2. Increase public awareness on sexual orientation and gender identity (SOGI) and gender-based violence (GBV) 3. Improve and promote sexual and reproductive health and rights (SRHR) for KPs, LGBTI, and other vulnerable groups 4. Promote engagement of women, KPs, LGBTI, and other 	<p>2020</p> <p>KHANA promoted knowledge sharing through research; KHANA published 20 research articles addressing HIV and TB KPs and other GBV and stigma issues. Besides, 24-hour hotlines support, the “SMARTgirl chatline” was provided to FEW who experienced GBV issues. To respond COVID-19 outbreak, KHANA developed a contingency plan, documentation of program impacts, and recommending the necessary actions, challenges, and implications for the COVID-19 pandemic.</p> <p>KHANA organized events, including International Women Day, to celebrate this momentous event for promoting the rights of women, girls, and TGs specifically. KHANA also evaluated MBL to prove that the discrete messaging intervention delivered through the MBL impacts attitudes towards and utilization of GBV services.</p> <p>KHANA improved and promoted sexual and reproductive health and rights (SRHR) for KPs, LGBTI, and other vulnerable groups - KHANA hosted the “CEDAW Capacity Building Workshop among Affected Women and Girls and Local Authorities” and provided training in the Sexual Reproductive Health and Sexuality Training to women and girl living with HIV/AIDS in ROKA Commune alongside women core group members.</p> <p>KHANA promoted 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 - KHANA organized capacity-building training on GBV and Legal Aid Service among KP and PLHIV community members including women, girls, and young people and celebrated the TB workshop among people affected by TB, journalists, and celebrities to raise awareness about TB burden in Cambodia.</p> <p>2019</p> <p>KHANA promotes diversity rights and gender equity -enabling environment for KPs, Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ), and other vulnerable groups. Also, KHANA increased public awareness of sexual orientation and gender identity (SOGI) and gender-based violence (GBV) through</p>

vulnerable groups in program development, policy dialogue, and leadership within KHANA, with IP, and at the national level

events, especially valentine's day, gay pride week, water festival celebrations, and World AIDS day.

KHANA continued to improve and promote sexual and reproductive health and rights (SRHR) for KPs, LGBTIQ, and other vulnerable groups - KHANA reviewed the current Cambodian law and policy 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 of human rights in TB response

2018

Promoting an Enabling Environment - Successful steps were taken to create civil societies freed from the discrimination of marginalized individuals: Harm reduction advocacy in Asian project, in collaboration with the Club of Cambodian Journalists (CCJ), and led campaign, "Support, Don't Punish"

Raising Awareness of Sexual Orientation and Gender Identity (SOGI) - KHANA and MHC co-organized outreach activities and HIV testing during Cambodia's Gay Pride Week and participated in multiple campaigns in 2018 that reached out to key populations including FEW, MSM, and TG women.

Improving Sexual and Reproductive Health and Rights (SRHR)- KHANA conducted dialogues regarding LGBT issues at both the national and sub-national levels, to advance the rights of these individuals in Cambodia through changes in the current legal and political environment. Besides, through the WISDOM project, KHANA trained 45 LGBT people from three provinces, to become LGBT activists in their respective communities.

2017

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 Principal Recipient.

KHANA led a Harm Reduction Consultative Meeting and Harm Reduction Police training, where the Secretary-General of Cambodia's NACD, requested a 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 at the service delivery and policy level.

2016

KHANA organized and supported many advocacy and awareness-raising initiatives, in collaboration with KP community networks and IPs, to increase understanding of Sexual Orientation and Gender Identities (SOGI) and to build support for Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI). These included supporting

LGBT Pride Week, coinciding with International Day Against Homophobia and Transphobia (IDAHOT); supporting the MSM community network, Bandanh Chaktomuk, and IP, Men's Health Cambodia (MHC), to organize anti-stigma campaigns to reduce community stigma and discrimination against MSM and TG women and working with Cambodian Center for Human Rights (CCHR) on Sexual Orientation and Gender Identity Project to challenge homophobia in the press.

KHANA's focus on strengthening organizational and technical capacities of staff, IPs, KP networks, and civil society more broadly remains central. In 2016, KHANA Technical Hub (KTH) contributed a total of 470 days of technical assistance to 31 assignments, and KHANA hosted UNAIDS-supported exchanges with NGOs and government officials from India, Indonesia, Philippines, China, and Thailand to share lessons-learned on implementing the community-based HIV program.

The last five years of program monitoring data:

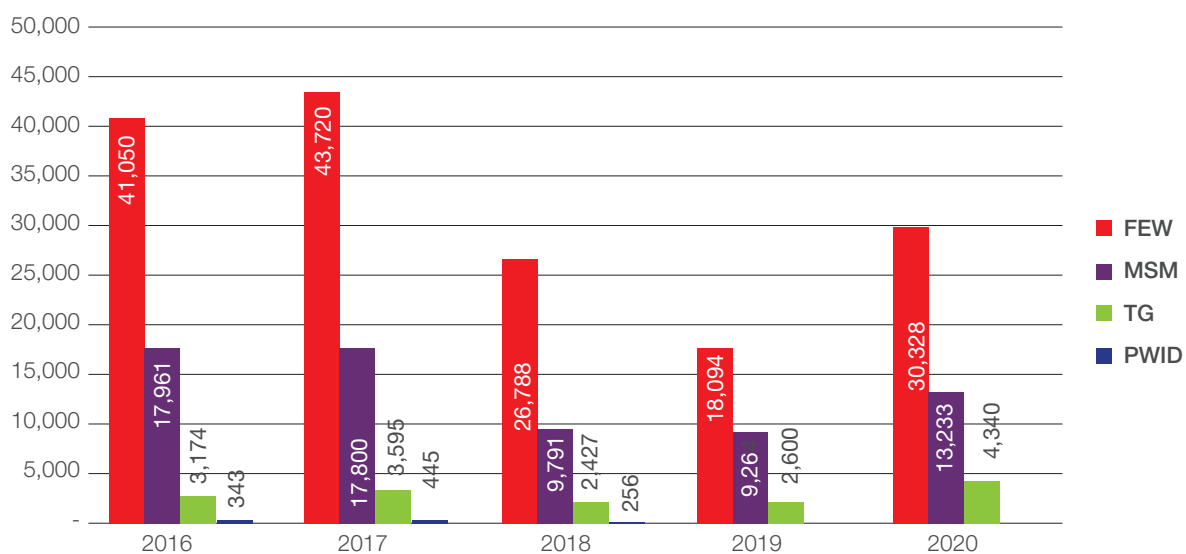
Over the past five-years, KHANA received support from the Global Fund and Flagship project, funded by USAID, to tackle HIV problem in Cambodia. Around 60 thousands KPs were reached each year in 2016 and 2017, until USAID-Flagship project ended in 2018. Despite that, with the supports of KHANA's implementing partners under Global Fund, around 30 thousands KPs were reached from 2018 to 2020.

Number of HIV Key population reached by KHANA from 2016 to 2020

Year/KP	FEW	MSM	TG	PWID	Total*
2016	41,050	17,961	3,174	343	62,528
2017	43,720	17,800	3,595	445	65,560
2018	26,788	9,791	2,427	256	39,262
2019	18,094	9,264	2,600	0	29,958
2020	30,328	13,233	4,340	0	47,901
Total*	159,980	68,049	16,136	1,044	245,209

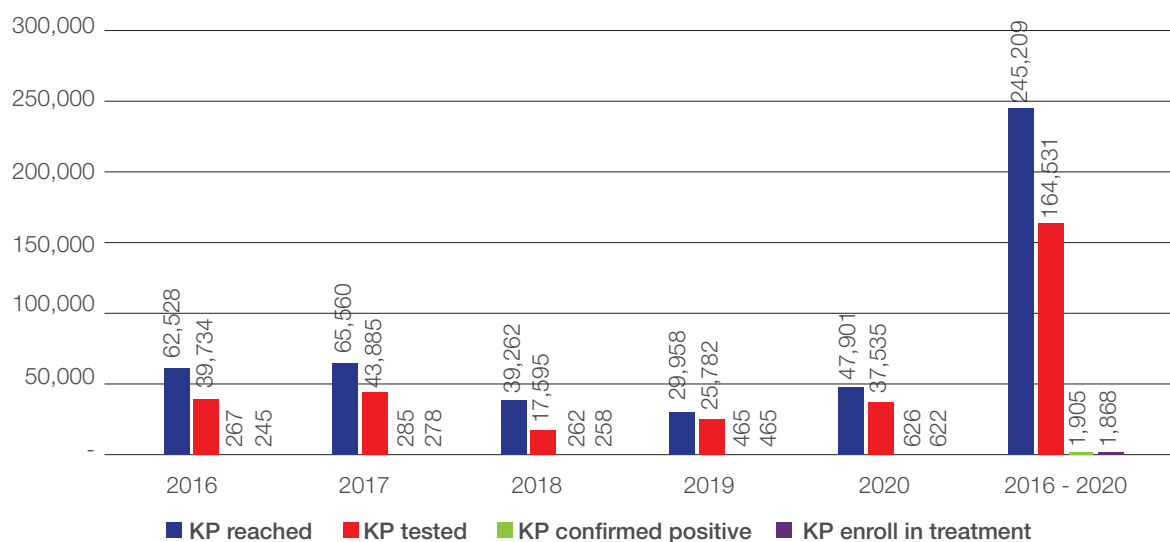
*Total number of KPs reached from 2016 to 2020 doesn't represent the number of individuals correctly, since the same individual can be recounted in the next following year.

HIV key population reached from 2016-2020



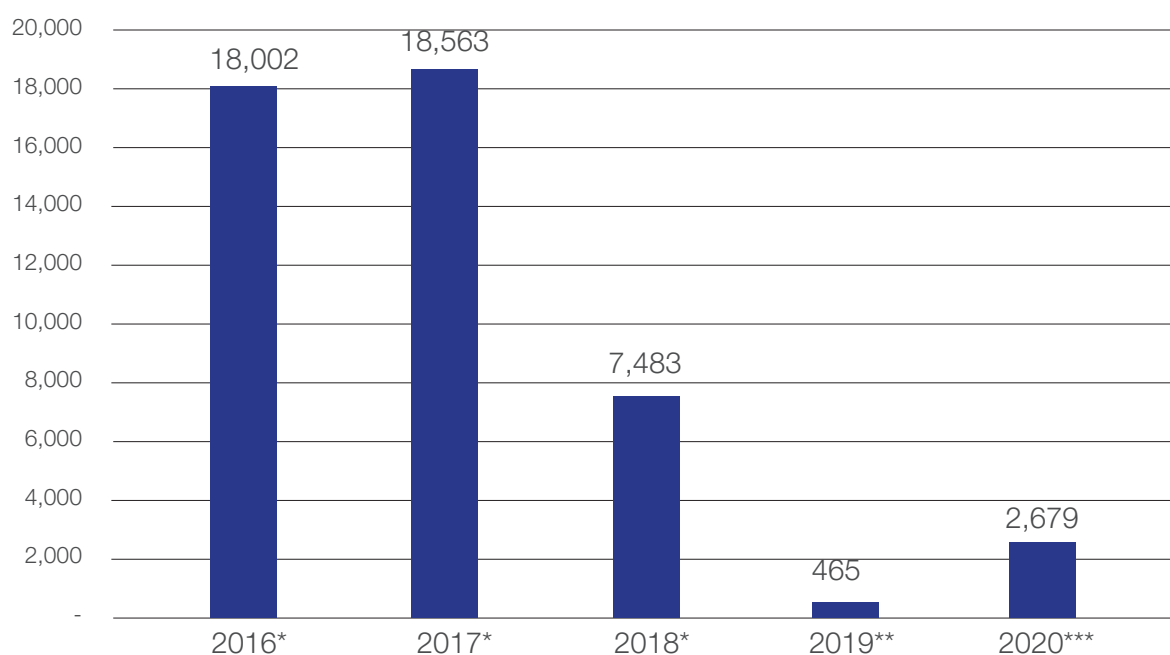
Number of HIV key population by cascade of care from 2016-2020

Year/Cascade	KP reached	KP tested	KP confirmed positive	KP enroll in treatment
2016	62,528	39,734	267	245
2017	65,560	43,885	285	278
2018	39,262	17,595	262	258
2019	29,958	25,782	465	465
2020	47,901	37,535	626	622
Total	245,209	164,531	1,905	1,868



By KHANA's effort from 2016 to 2020, 245,209 key populations were reached. A total of 164,531 KPs agreed for HIV testing. Among them, 1,905 were found to be HIV positive, and 1,868 of them were successfully referred for treatment.

Number of PLHIV in care and treatment



* All PLHIV referred for care and treatment under USAID-Flagship project, and Global Fund

** All KP PLHIV was detected and referred for care and treatment by implementing partners under Global Fund

*** Among all PLHIV referred for care and treatment, 2057 stable PLHIV were registered for Community-based ART Delivery service, and other 622 KP PLHIV were detected and referred by KHANA's implementing partners under Global Fund

From 2016 to 2020, 47,192 PLHIV were referred to care and treatment by KHANA. Majority of them were part of USAID-Flagship project, which ended in 2018. However, in 2020, KHANA received another grant from France Initiative to implement Community-based ART Delivery service (CAD). As a result, in 2020, KHANA referred 2,679 PLHIV into treatment and care, which is a huge jump from 465 in 2019.

Number of people diagnosed with TB by cascade of care from 2018-2020

Year	# of Screened population	# of Presumptive TB identified	# of presumptive population tested for TB	# of All-form cases identified	# of All-form TB cases started treatment	# of BK+ cases identified	# of BK+ patients started treatment
2018	24,097	12,785	12,772	1,905	1,896	606	603
2019	193,532	56,623	56,546	3,595	3,531	1,021	1,008
2020	86,364	26,686	26,196	2,676	2,676	884	884
Total	303,993	96, 094	95,514	7,620	7,547	2,314	2,298

KHANA started implementing TB active case finding intervention from 2018. By using expertise and experiences with HIV prevention program, KHANA has been strongly contributing into national TB response to end TB by 2030. In 2019, we see that KHANA's intervention reached 193,532 people, and among those, we successfully referred 3,531 TB cases to treatment. However, our intervention was hindered in 2020 due to Covid-19 pandemic. Even so, with our strong commitment and effort, we managed to referred 2,676 new TB cases to treatment.

KHANA's revenue and expenditure from 2016-2020

From 2016-2020, KHANA has mobilized and expended over twenty-two million US dollars (USD 22,160,768.06) for the five-year program. KHANA received funds from key donors, including USAID, The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the Initiatives, the Frontline AIDS, The Stop TB Partnership/UNOPS, the National University of Singapore, the Kyushu University, and the UN agencies.

Description	2016	2017	2018	2019	2020	Total [2016-2020]
Revenue	7,350,191	9,162,202	2,696,122	3,050,506	3,774,891	26,033,912
Expenditure	7,022,999	6,177,553	2,560,553	2,602,893	3,115,193	21,479,192
Variance	327,191	2,984,649	135,569	447,613	659,697	4,554,720
Burning rate	96%	67%	95%	85%	83%	83%

KHANA's priority for 2021

In 2021, year one of the new KHANA Strategic Plan 2021-25 (KSP25) is taking the lessons learned of the last five years to reflect the emerging issues and needs. 2021 will also consider the ongoing relevance of the goal and strategies.

Organizational key priorities

- ▶ Implement HIV/AIDS Prevention Project under GFATM 2021-2023
- ▶ Implement COMMIT Project under USAID-TB-LON
- ▶ Implement CAD project under Initiative through Expertise France
- ▶ Work with multiple institutions to roll out KHANA's technical innovations and research
- ▶ Promote technical assistance, capacity building development and resource mobilization
- ▶ Strengthen partnership with international agencies, national, provincial, and local partners, and stakeholders
- ▶ Maintain the connection as a strategic partner of Frontlines AIDS

Key priority by goals

▶ Goal 1

- Implement HIV/AIDS Prevention Project under GFATM 2021-2023
- Implement COMMIT Project under USAID-TB-LON
- Implement CAD project under Initiative through Expertise France

▶ Goal 2

- Strengthen the roles of TB and HIV affected communities through training, capacity building, mentoring, and coaching
- Implement non-communicable disease and injury poverty network (NCDI)
- Develop, refine, adapt and implement the new innovative strategies, guidelines, and tools

▶ Goal 3

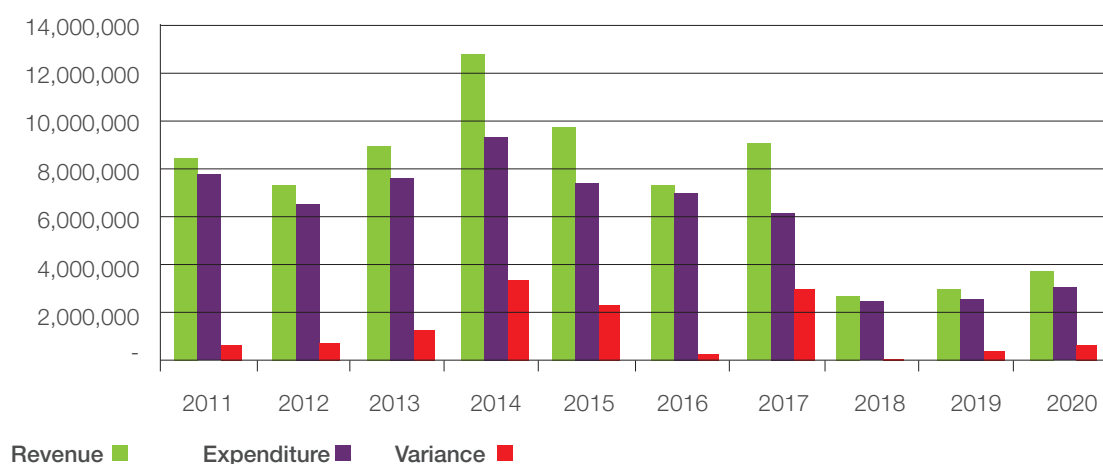
- Implement and evaluation a community-based model for the delivery of antiretroviral therapy (ART) in Cambodia
- Implement cluster randomized controlled trial to evaluate the effectiveness of community active case-finding models to increase TB case detection in Cambodia
- Implement the operation research on understanding the drivers of antimicrobial resistance and scoping for its control, with a specific focus on antimicrobial stewardship in the human healthcare system
- Implement operational research project to improve oral health among children living with HIV
- Implement operational research on TB and HIV related topics

▶ Goal 4

- Continue to focus on empowering communities of HIV, TB, and other health-affected communities to ensure that their rights are respected and that communities are meaningfully engaged in service delivery, evaluation, policy development, and implementation.
- Continue to work closely with a government agency, international partners, networks, and key stakeholders to support an enabling environment for PLHIV, PLWTB, and KP for health, treatment, and social services.

FINANCIAL INFORMATION

Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Revenue	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	3,774,891
Expenditure	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	3,115,193
Variance	675,362	820,515	1,323,451	3,427,064	2,370,801	327,191	2,984,649	135,569	447,613	659,697
Burning Rate	92%	89%	85%	73%	76%	96%	67%	95%	85%	83%



LEADERSHIP AND STAFFING

Board Members – 6 (Female 1, Male 5)

Name	Position
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Dr. Oum Sopheap Chair person

Phon Sampha Treasurer

Neou Sovattha Member

Srun Srorn Member

Dr. Heng Sopheab Member

Masamine Jimba Advisory Board

KHANA staff 2020- 55 (Female 22, Male 33)

Name	Position
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Chea Phearom Field Officer

Chhim Putheara Project Assistant

Chhoun Pheak Senior Research Fellow

Chhung Mengheang Field Assistant

Choub Sok Chamreun Executive Director

Eang Songheang Advocacy Officer

Heng Kiry Project Coordinator

Im Chanry MIS Manager

Keo Samring Driver

Keo Sereyodam Field Officer

Khay Sovan Senior M&E Officer

Khem Sokhoeun Field Assistant

Khem Sreynet Field Assistant

Khiev Puthi Field Assistant

Kim Sopheak Senior Admin Procurement and HR Officer

Kong Veasna IT Specialist

Kuch Mayina Grant Management Officer

Kun Someth HR consultant

Lay Sinoth Field Officer

Leng Kalyan Senior Manager KSSC

Lim Likeav Secretary to ED

Lun Elen Field Assistant

Ly Chansophal	Technical Officer
Man Makara	Field Officer
Man Seyla	Field Officer
Measserey Somarann	Finance Officer
Mok Dara	Field Officer
Morn Panha	Technical MIS Officer
Oeur Sadat	Senior Program Officer
Ong Seyha	M&E Officer
Ork Chetra	Research Assistant
Oukrak Sopheaneath	Field Officer
Pall Chamoeun	Research Fellow
Pen Sambath	Finance Officer
Pen Vannat	Field Officer
Phorng Chanthorn	Project Coordinator
Sam Sareth	Field Assistant
Saman Dimara	Database Officer
Seng Paopiseth	Field Assistant

Seng Por Sourn	Project Manager
Soeurng Marina	Field Assistant
Sok Vatola	PMEL Manager
Teang Vannaroth	Finance Assistant
Teng Sivmey	Field Assistant
Thor Chanrasmey	MIS Officer
Tuot Sovannary	Research Manager
Vorn Chorvorn	Field Assistant
Yan Phanna	Field Assistant
Yi Siyan	Research Director
Yim Bunshorn	Field Officer
Yun Chandarany	Project Officer
• Volunteers – 2 (Female 1, Male 1)	
Eng Sothearith	Research Officer (Volunteer)
Kao Pich Chanrasmey	Secretary to ED (Volunteer)
Man Maly	Admin and Procurement Assistant (Volunteer)
Saing Sreyleap	Admin and Procurement Officer (Volunteer)

APPENDIX A: LIST OF IMPLEMENTING PARTNERS 2020

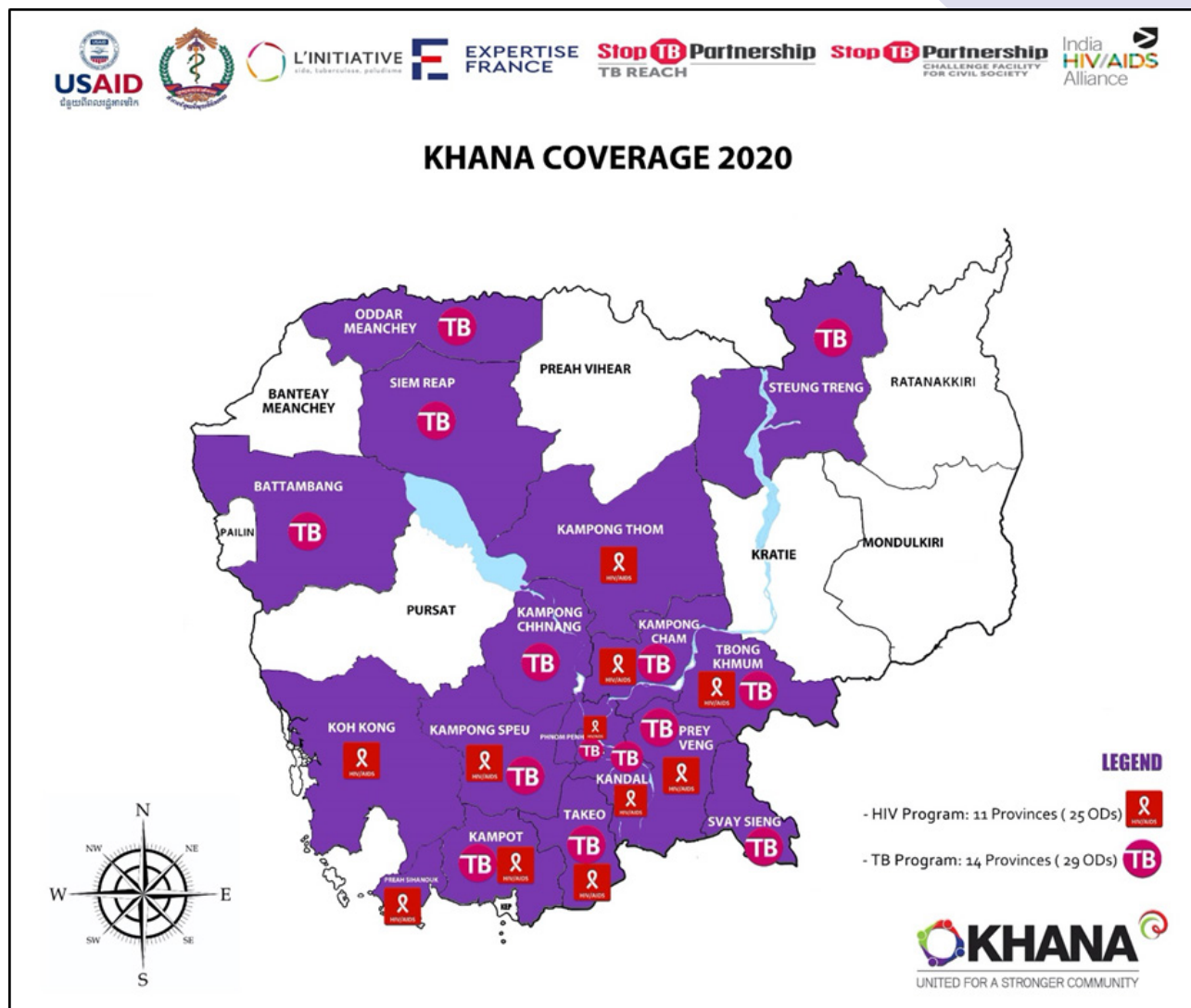
Abbreviation	Full name	Address
AUA	ARV Users Association	House: #7FEo, St. 432, Boeung Tompon, Meanchey, Phnom Penh, Cambodia.
CATA	Cambodia Anti-Tuberculosis Association	c/o CENAT, st. 278/95, Sangkat Beoung Keng Kang II, Phnom Penh, Cambodia
CHC	Cambodian Health Committee	#297, St 28 Krusa (72P), Rongchak Village, Sangkat Koh Khleang, Khan Sen Sok, Phnom Penh, Cambodia
CPN+	Cambodian People Living with HIV/AIDS Network	#84, St.606, Sangkat Boeung Kak 2, Khan Tuol Kork, Phnom Penh, Cambodia
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
HSD	Health and Social Development	VTRUST Building # 10 (4th, floor), Street 109, Mittapheap Sangkat, Prampir Meakkakra Khan, Phnom Penh Capital, Cambodia
PC	Partners in Compassion	Wat O'Poit, Sramoch Her village, Chambok commune, Bati district, Takeo province

APPENDIX B: KHANA'S PUBLICATIONS IN 2020

N	Title	Authors	Journal
1	Dental caries in association with viral load in children living with HIV in Phnom Penh, Cambodia: a cross-sectional study	Kimiyo Kikuchi, Junko Yasuoka, Sovannary Tuot, Sumiyo Okawa, Sokunthea Yem, Pheak Chhuon, Makoto Murayama, Chanthean Huot, Siyan Yi	Research Square
2	Nutritional status and dietary diversity of school-age children living with HIV: a cross sectional study in Phnom Penh, Cambodia	Junko Yasuoka, Siyan Yi, Sumiyo Okawa, Sovannary Tuot, Makoto Murayama, Chanthean Huot, Pheak Chhoun, Sokunthea Yem, Kazuki Yuzuriha, Tetsuya Mizutani, Kimiyo Kikuchi	Research Square
3	Outcomes of HIV treatment from the private sector in low-income and middle-income countries: a systematic review protocol	Gitau Mburu, Ewemade Igbiniedion, Sin How Lim, Aung Zayar Paing, Siyan Yi, Stefan Elbe, Grace W Mwai	BMJ Open
4	Risk factors of HIV infection among female entertainment workers in Cambodia: Findings of a national survey	Sovannary Tuot, Alvin Kuo Jing Teo, Pheak Chhoun, Phalkun Mun, Kiesha Prem, Siyan Yi	PLoS One
5	Perceived barriers and facilitators in using text and voice messaging for improving HIV and sexual and reproductive health of female entertainment workers in Cambodia: a qualitative study	Kiyoko Kai Xuan Ong, Janelle Shaina Ng, Chhorvoin Om, Pheak Chhoun, Sovannary Tuot, Siyan Yi	mHealth
6	Gender-based violence and factors associated with victimization among female entertainment workers in Cambodia: a cross-sectional study	Carlijn Willeke Wieten, Pheak Chhoun, Sovannary Tuot, Carinne Brody, Siyan Yi	SAGE Journals
7	Female Entertainment Workers and Condom Use Negotiation in Post 100% Condom Use Era Cambodia	Carinne Brody, Rebecca Reno, Pheak Chhoun, Kathryn Kaplan, Sovannary Tuot, Siyan Yi	Springer Link
8	Characterizing and Measuring Tuberculosis Stigma in the Community: A Mixed-Methods Study in Cambodia	Alvin Kuo Jing Teo, Rayner Kay Jin Tan, Caoimhe Smyth, Viorel Soltan, Sothearith Eng, Chetra Ork, Ngovlyly Sok, Sovannary Tuot, Li Yang Hsu, and Siyan Yi	Open Forum Infectious Diseases Major Article
9	Mobilising community networks for early identification of tuberculosis and treatment initiation in Cambodia: an evaluation of a seed-and-recruit model	Alvin Kuo Jing Teo, Kiesha Prem, Sovannary Tuot, Chetra Ork, Sothearith Eng, Tripti Pande, Monyrath Chry, Li Yang Hsu, and Siyan Yi	ERJ Open Research

10	Determinants of delayed diagnosis and treatment of tuberculosis in Cambodia: a mixed-methods study	Alvin Kuo Jing Teo, Chetra Ork, Sothearith Eng, Ngovlyly Sok, Sovannary Tuot, Li Yang Hsu, and Siyan Yi	BMC
11	Gender and key population disparities in tuberculosis programs in Cambodia: findings from a national assessment	Siyan Y, Alvin Kuo Jing Teo, Say Sok, Sovannary Tuot, Sivanna Tieng, Kim Eam Khun, Sok Chamreun Choub, Sok Heng Pheng, Tan Eang Mao	Research Square
12	Effect of community active case-finding strategies for detection of tuberculosis in Cambodia: study protocol for a pragmatic cluster randomized controlled trial	Alvin Kuo Jing Teo, Kiesha Prem, Konstantin Evdokimov, Chetra Ork, Sothearith Eng, Sovannary Tuot, Monyrath Chry, Tan Eang Mao, Li Yang Hsu and Siyan Yi	BMC
13	Determinants of delayed diagnosis and treatment of tuberculosis in high-burden countries: a mixed-methods systematic review and meta-analysis	Alvin Kuo Jing Teo, Shweta R Singh, Kiesha Prem, Li Yang Hsu, Siyan Yi	BMC Respiratory Research
14	HIV risks and recent HIV testing among transgender women in Cambodia: Findings from a national survey	Say Sok, Reaksmey Hong, Pheak Chhoun, Navy Chann, Sovannary Tuot, Phalkun Mun, Carinne Brody, Siyan Yi	PLOS ONE
15	Risk factors associated with HIV and hepatitis C virus co-infection among people who inject drugs in Cambodia	Chan Hang Saing, Kiesha Prem, Ponha Uk, Pheak Chhoun, Navy Chann, Sovannary Tuot, Phalkun Mun, Siyan Yi	International Journal of Drug Policy
16	Prevalence and social determinants of psychological distress among people who use drugs in Cambodia	Chan Hang Saing, Kiesha Prem, Ponha Uk, Navy Chann, Pheak Chhoun, Phalkun Mun, Sovannary Tuot, Siyan Yi	BMC International Journal of Mental Health Systems
17	Syphilis infection among people who use and inject drugs in Cambodia: a cross-sectional study using the respondent-driven sampling method	Siyan Yi, Kiesha Prem, Pheak Chhoun, Navy Chann, Sovannary Tuot, Phalkun Mun, Gitau Mburu	Journals International journal of STD & AIDS
18	Health Behaviors among Male and Female University Students in Cambodia: A Cross-Sectional Survey	Say Sok, Khuondyla Pal, Sovannary Tuot, Rosa Yi, Pheak Chhoun and Siyan Yi	Journal of Environmental and Public Health
19	Social marginalization, gender-based violence, and binge drinking among transgender women in Cambodia.	Siyan Yi, Navy Chann, Pheak Chhoun, Sovannary Tuot, Phalkun Mun, Carinne Brody	International Journal of Drug Policy
20	Implementing a sustainable health insurance system in Cambodia: a study protocol for developing and validating an efficient household income-level assessment model for equitable premium collection	Haruyo Nakamura, Floriano Amimo, Siyan Yi, Sovannary Tuot, Tomoya Yoshida, Makoto Tobe and Shuhei Nomura	BMC

APPENDIX C: KHANA COVERAGE 2020





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Phnom Penh 3, Kingdom of Cambodia
Tel: 023 211 505 | Fax: 023 214 049
Website: www.khana.org.kh