



KHANA STRATEGIC PLAN 2021-2025

**“Moving toward Universal Health Coverage
that no one is left behind”**



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ABBREVIATION

ACT!AP	Advocate Coalition for TB in the Asia Pacific	MoPTC	Ministry of Post and Tele-Communication
AMR	Antimicrobial Resistance	MoSAVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
ART	Antiretroviral Treatment	MSM	Men Who Have Sex with Men
ARV	Antiretrovirals	MTCT	Mother to Child Transmission
B-IACM	Boosted Integrated Active Case Management	NAA	National AIDS Authority
CAD	Community ARV Delivery	NACD	National Authority for Combating Drugs
CATA	Cambodia Anti-Tuberculosis Association	NCD	Non-Communicable Disease
CAW	Community Action Worker	NCHADS	National Center for HIV/AIDS, Dermatology and STD
CBPCS	Community-based Prevention, Care and Support	NIHA	NUS Initiative to Improve Health in Asia
CDRR	Community Disaster Risk Reduction	NIPH	National Institute of Public Health
CFCS	Challenge Facility for Civil Society	NUS	National University of Singapore
CHC	Cambodian Health Committee	NTP	National Tuberculosis Program
CLM	Community-led Monitoring	NSP	National Strategic Plan
COMMIT	Community Mobilization Initiatives to End Tuberculosis	OW	Outreach worker
CWPD	Cambodian Women for Peace and Development	PLHIV	People Living with HIV
DHIS-2	District Health Information System-2	SAHACA	Sustaining Anti-tuberculosis and Health Action in Cambodia
FEW	Female Entertainment Worker	SDG	Sustainable Development Goals
GBV	Gender-Based Violence	SOGI	Sexual Orientation and Gender Identity
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	SRHR	Sexual and Reproductive Health and Rights
HEF	Health Equity Fund	STI	Sexual Transmitted Infection
HR Asia	Harm Reduction Advocacy in Asia	TasP	Treatment as Prevention
HSD	The Center for Health and Social Development	TB	Tuberculosis
ICT	Information and Communications Technologies	TB-LON	Tuberculosis Local Organization Network
IP	Implementing Partner	TB-MIS	Tuberculosis Management Information System
KP	Key Populations	TG	Transgender Person/People
KSP20	KHANA Strategic Plan: 2016-2020	TPT	TB Preventive Therapy
KSP25	KHANA Strategic Plan: 2021-2025	UHC	Universal Health Coverage
KSSC	KHANA's Support Service Center	UHS	University of Health Science
LC	Lay Counselor	UNAIDS	Joint United Nations Programme on HIV/AIDS
LGBTI	Lesbian, Gay, Bisexual, Transgender & Intersex	UNOPS	United Nations Office for Project Services
LTBI	Latent Tuberculosis Infection	USAID	United States Agency for International Development
MDR-/RR-TB	Management of Multidrug-and Resistant Tuberculosis	WHO	World Health Organization
MHC	Men's Health Cambodia		
MoH	Ministry of Health		

MESSAGES FROM THE CHAIR OF THE BOARD OF DIRECTORS

DR. OUM SOPHEAP



KHANA has played vital roles in leading the HIV/AIDS response in Cambodia and has expanded to TB-focused programs since 2016. Our current KHANA Strategic Plan 2016-2020 (KSP20) has been successfully achieved 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. By achieving the KSP2020, KHANA has worked closely with relevant government institutions, donors, key partners, CSOs, and the KP community through cooperation and partnership mechanisms. However, KSP20 will end by late this 2020 with the new KHANA Strategic Plan 2021-2025 that will be replaced.

KHANA Strategic Plan 2021-2025 (KSP25) is a bold and aspiration vision of what KHANA plans to achieve, and how we will achieve it over the next five years. It culminated in an extensive development process, involving KHANA's colleagues, key partners, and donors. This KSP25 is strategically aligned

with the National Strategic Plans (HIV/AIDS, TB, SHR, and Health) and the global strategy to end HIV by 2030 and TB by 2035. It will also contribute to the national and global targets towards achieving sustainable development goals (SDGs) and universal health coverage (UHC) by 2030.

Following the prioritized objectives, strategies, and activities under the KSP25, KHANA will accelerate the services access for key populations, multi-sectoral responses, community-led monitoring (CLM), and rights-based approaches in HIV/AIDS, TB, SRH, and public health issues. New research and innovations will continuously generate new data, evidence-based, and any other results to inform the policymakers, program designers, and any advocacy purposes.

The Board of Directors will provide full leadership and support in terms of strategic guidance, directions, and any decisions made to the KHANA management team, to successfully implement this ambitious KSP25.

MESSAGES FROM THE EXECUTIVE DIRECTOR, KHANA

CHOUB SOK CHAMREUN, M.A



By the end of 2020, KHANA will have matured enough within its age naturally of twenty-four years old. However, the Ministry of Interior recognizes our official age to be twenty. Over the past years, particularly our past five years: 2016-2020, 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.

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. Over the past five years, KHANA

has mobilized and expended over twenty-two million US dollars (USD 22,160,768.06) for the five-year program from 2016 to 2020 of the comprehensive plans stated in the five-year strategic plan: 2016-2020 (KSP20). This of which was budgeted twenty-eight million and five hundred thousand US dollars (USD 28,554,798.90). Thanks to our donors, including USAID, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the French 5% Initiatives, the Frontline AIDS, The Stop TB Partnership/UNOPS, and the UN agencies etc.

On behalf of the Management Team and all staff, I would like to dearly thank our committed Board of Directors for their tireless strategic directions and timely support, and I am so grateful for the continued support from the Royal Government of Cambodia, our donors, implementing partners, NGO partners, and community stakeholders. The KHANA team is strongly committed to bringing this strategy to a quality of life and staying realistic to our vision, mission, values, and principles over the next five years. We are motivated yet realistic about what lies ahead, confident in our partners' ability, however, aware of the need to maintain high-quality work that can be contributing to achieving the universal health coverage that leaves no one behind. We feel privileged to be part of a plan for healthier, stronger, and more sustainable communities throughout Cambodia.

About KHANA

Khmer HIV/AIDS NGOs Alliance, known as KHANA, is an International HIV/AIDS Alliance project in 1996. Later, KHANA has registered and recognized by the Ministry of Interior as a local NGO in 2000. Over the past twenty-four years, KHANA became one of the largest NGOs for the health sector that advocates HIV prevention and HIV related tuberculosis care, support, and treatment. KHANA also provides education on sexual reproductive health rights and other non-communicable diseases services to most vulnerable people, such as people living with HIV and tuberculosis, orphans, and vulnerable children due to HIV and other diseases and their families in Cambodia through community mobilization approach. From the beginning, KHANA works in collaboration with a strong network of community-based implementing partners (IP) connected to the communities they served.



KHANA's work is possible through the funding support from different funding agencies. KHANA's current funding agencies and donors include USAID, The GFATM (country and regional grant), Stop TB Partnership/TB REACH, French 5% Initiative, The Frontline AIDS, UNWOMEN and the University of Singapore (NUS).

KHANA is governed by a highly professional and experienced Board of Directors of seven members, currently chaired by Dr. Oum Sopheap and with day to day operation by KHANA's Executive Director, Mr. Choub Sok Chamreun, supported by the Senior Management Team that consisted of KHANA's Executive Director, the Director of KHANA's Research Center, the Senior Manager for KHANA's Support Service Center (KSSC) and the Project Directors. By May 2020, KHANA's total staff is 41 excluding another 35 lay counselors currently at field levels.

KEY PROJECTS THAT KHANA IS UNDERTAKING INCLUDE:

1. COMMIT, USAID TB-LON Project, 2019- 2024
2. HIV Prevention Program targeting key populations (MSM, FEWs and TG), GfATM: 2018-2020
3. Community-Based ART Delivery Model – French 5% Initiative: 2020-2022
4. Mobile Links Project – French 5% Initiative, 2017-2020
5. SAHACA Project, TB Reach/Stop TB Partnership, 2018-2019
6. Harm Reduction Advocacy in Asia (HR Asia), 2019-2020
7. Challenge Facility for Civil Society (CFCS) for three rounds– Stop TB Partnership, 2016-2020
8. Randomized Control Trial study on TB, NIHA-NUS, 2019-2021
9. Antimicrobial Resistance (AMR) Research, NIHA-NUS, 2020-2021
10. WOMEN & GIRLS Leadership and Empowerment – UNWOMEN, 2019-2020

Under HIV/AIDS Prevention Program targeting men who have sex with men (MSM), transgender population (TG), and female entertainment workers (FEWs), KHANA is working in Phnom Penh and other seven HIV high burden provinces such as Kandal, Kampong Speu, Preah Sihanouk, Koh Kong, Tbaung Khmom, Kampong Cham and Prey Veng in partnership with two implementing partners: Cambodian Women for Peace and Development (CWPD) and Men's Health Cambodia (MHC). KHANA's HIV prevention works contribute about 50% of the total national estimates (75,120) of all key populations in Cambodia. Following the fund availability by May 2018 through to the end of December

2019, KHANA has offered HIV testing services to 44,198 individuals. There are 706 confirmed HIV positives and supported to enroll in HIV treatment.

In the first six months of program report for 2020, KHANA and partners have offered HIV testing services to over twenty thousand individuals in key populations. From these tests, two hundred eighty-five have confirmed HIV positives and are now enrolled in the HIV treatment. KHANA's HIV prevention work contributes to the National Program, i.e., NCHADS to find the missing cases in Cambodia, which is estimated at around 7,000-10,000. Our efforts within different innovative approaches equip and inform key populations with HIV and AIDS information, supplies condoms and lubes, and support the referral to HIV and STI services. Our innovative approach has also focused mainly on helping key populations at higher risk of HIV to access early HIV testing and then supporting them to enroll in HIV treatment.

Since 2016, KHANA was also active in tuberculosis (TB) research and program implementation. In 2018, KHANA developed an innovative community-based active case finding strategy that supported 6,360 presumptive TB for screening and treatment. Furthermore, KHANA has also received continued funding support from the Stop TB Partnership/TB REACH to find undiagnosed TB cases in 10 provinces and to develop a digital solution for community-based monitoring of TB response in Cambodia. KHANA's

institutional capabilities are reflected through its strong management structures and technical capacities in service delivery, project monitoring and evaluation, research, grant management, and advocacy.

In late 2019, KHANA signed an agreement with USAID to implement the Community Mobilization Initiatives to End Tuberculosis (COMMIT), a five-year project: October 1, 2019, to September 30, 2024. This project aims to improve access to high-quality, person-centered TB, drug resistant-TB, and TB/HIV services, strengthen the TB service delivery platforms, reduce TB transmission and disease progression, and accelerate TB research and innovations improved impact on program implementation. This project's strategy aligns with NTP/NSP, WHO End TB Strategy, and USAID's Country Development Cooperation and Global TB Strategies to reduce the TB burden in Cambodia. In the next five years, the project through TB Local Organization Network (TB-LON) grant is aiming at: (1) Improved access to high-

quality, person-centered TB, DR-TB, and TB/HIV services ; (2) Strengthened TB service delivery platform ; (3) Reduced TB transmission, and disease progression and (4) Accelerate and impact on program implementation through TB research and innovations. This project is managed and implemented by KHANA as prime in partnership with CHC, HSD, and CATA. The project is working in Phnom Penh, Kandal, Kampong Cham, and Thboung Khmum, covering ten TB high burden operational districts in Cambodia.

From the 1st January 2020 through to 31 December 2022, KHANA has already implemented the Community-Based ART Delivery (CAD) model project, targeting 2,000 clients in 10 ART clinics in five provinces. This project's overall objective is to contribute to building an effective and sustainable continuum of care model for all people living with HIV in Cambodia. It is expected that this innovative approach to ART provision contributing to the country's achievement of the 90-90-90 strategy, which is also central to the current Global Fund-supported program. The project will inform the design of a CAD model suited to the national context based on existing evidence and adjust to the local context and to gather evidence for scale-up in the country. It will bring the ART provision closer to the people living with HIV, reducing social and economic barriers, improving quality of life and mental health, improving treatment adherence and treatment outcome. It will also ease the ART clinics' burden by reducing the number of face-to-face facility-based consultations, thus allowing higher quality care to more needy clients on ART.

KHANA is a key member of the technical working group for TB at the Frontline AIDS and the Advocate Coalition for TB in the Asia Pacific (ACT!AP). KHANA is also a key technical partner for Stop TB Partnership by implementing projects supported by TB-REACH and Challenge Facility for Civil Society.

KHANA Center for Population Health Research, the research arm of KHANA, is a leading think tank staffed with researchers of high caliber. It has produced substantial

scientific evidence for policy development and advocacy for the refinement of population health in Cambodia. It has worked with and for national bodies, such as the National Center for HIV/AIDS, Dermatology and STD (NCHADS), the National AIDS Authority (NAA), the National Institute of Public Health (NIPH) and the University of Health Sciences (UHS). The Center has also partnered with several international universities and research institutions and have submitted grant proposals to and received research grants from world-class funding entities, such as the 5% Initiative, Bill & Melinda Gate Foundation, World Bank, National University of Singapore, the National Institutes of Health. It has strong academic, policy and applied research capabilities, strong research management knowledge and skills and rigorous scientific publication stints with international peer-reviewed journals. It possesses a proven track record in quantitative and qualitative studies on population health issues at both micro and macro levels. KHANA

Center for Population Health Research also has strong capacities in administering large-scale data collection from sensitive respondents and in managing such delicate data with firm ethics and high professionalism. It has a well-trained and experienced pool of data collection supervisors and enumerators, which can be capitalized on and rapidly mobilized. Over the past few year, KHANA Center has been published over 40 peer reviewed publications.

KHANA has continued its significant technical expertise in the development and implementation of project performance management and M&E frameworks. We use the logical framework approach for establishing comprehensive and functional M&E systems, which are outcomes and results-focused for the effective planning, budgeting, and implementation of our programs; while focusing on maximizing the accessibility, relevance, and use of M&E data and reports. KHANA's work also includes developing monitoring and reporting toolkits, checklists, and database; and harmonizing performance indicators.

Also, procedures have been put in place to ensure adequate data flow - from the data collection to review, analysis, and entry into a comprehensive database. The database collects and stores all program information required to generate quarterly progress reports. Detailed documentation of the implementation process, case studies, lessons learned, and qualitative evidence collection is also conducted to provide a complete set of program information. KHANA has experience hosting and managing an innovative data management system using District Health Information System-2 (DHIS-2). It is a web-based, and open-sourced system for user-friendly data collection, management, and analysis. The systematic collection and analysis of data allow for the reliable tracking of performance by an individual implementing partner and the overall project across the project's life. To improve the accuracy, reliability, and integrity of reported data, KHANA conducts regular data quality audits of the entire spectrum of data management and assess the quality of monitoring outputs

and the data management capacity of the implementing partners.

Furthermore, KHANA has demonstrated excellent cost efficiency by significantly increasing the number of beneficiaries reached over the past

few years while concurrently maintaining professional staff and management structure and overhead costs. KHANA provides managerial and technical support on financial/ programmatic management, monitoring, and evaluation, governance, and leadership to local partners. Additionally, providing technical support to strengthen the organizational capacity of implementing partners and adopting standard guidelines on operational policies and procedures to improve accountability and program implementation effectiveness.



MOVING FORWARD TO KHANA

Strategic Plan: 2021-2025 (KSP25)



KHANA's Strategic Plan is to be implemented from 2021 to 2025, referred to as KSP25, and falls under the organizational theme "Moving toward Universal Health Coverage that no one is left behind." This strategic plan was developed in consultation with all staff and KHANA's Board of Directors, building on the open discussion during the 74th Board Meeting, 18th January 2019. The Board reached a consensus that confirmed the current KHANA directions, particularly the KSP20, are still relevant and shall be continued; however, KHANA is required to be engaged as a business in supporting organizational sustainability. The strategic plan was also well discussed with KHANA's management and staff during the All-Staff Team Building meetings, 22nd-23rd June 2020, at V-Kirirom. The outcome of these meetings resulted in all staff members and the management team agreeing with the Board's statement that the current directions of KHANA are well matching with funding availability and donors' focus.

KHANA shall maintain its vision, mission, and values as updated in 2016, but aims to specify other tuberculosis, viral hepatitis, other health services including NCD, and sustainable development opportunities. The purpose of this is to reflect the organization's contributions over the past five years to continue transitioning itself into broader areas of health and development. The Management Team proposed this to KHANA's Board of Directors during the 78th Board of Directors Meeting, 12th

August 2020, at Tonle Bassac I, Chamcar Mon, Phnom Penh; it was finally endorsed and approved by the Board of Directors.

This strategic plan was structured into Vision, Mission, and Core Values and followed the four strategic goals. Each goal is structured into Objectives, Strategies, and Indicators used as a tool to measure the program's successes overtime during the next five years.

Within 2021-2025, for KHANA's Strategic Plan to achieve its vision and missions while maintaining its core values under the four strategic goals, there will be a total of fifteen million US dollars to be budgeted, mobilized from donors and relevant stakeholders. Within these current pipelines, over ninety percent of the required budget is reliant on donors' approval to support this ambitious strategic plan.

The details of this strategic plan are shown below.



Vision

KHANA aspires to a Cambodia that supports community ownership and empowerment, where all people have equitable access to quality HIV, tuberculosis (TB); and other health services, including NCD and HCV, and sustainable development opportunities.



Mission

To continue to be a leader in the HIV and tuberculosis (TB) responses, while addressing wider health and development needs.



Core Values

- **Efficiency and Effectiveness:** KHANA always strives 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 our work. KHANA's research and findings are utilized and disseminated to build an understanding 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 Key Populations, Lesbian, Gay, Bisexual, Transgender & Intersex (LGBTI), tuberculosis patients, and other vulnerable groups to build more vital awareness and respect for diversity. KHANA also influences policies that promote and build inclusivity for all.

GOALS

Goal 1

Contribute to eliminating new HIV and TB, strengthening health systems that address NCD, viral hepatitis and achieving universal health coverage (UHC).

Objectives and Strategies:

1.1. Prevent new HIV and TB infections and transmission.

- a. Intensify the implementation of Treatment as Prevention (TasP) and differentiated care model among PLHIV, especially serodiscordant couples, HIV-positive pregnant women and stable PLHIV
- b. Ensure effective mechanisms to virtually eliminate mother to child transmission (MTCT) to reach an AIDS-free generation (such as Option B+).
- c. Maximize the use of ICT, including social media and mHealth for emerging KP at a higher risk of HIV and TB.
- d. Adopt and implement policies and guidelines to manage LTBI, including introducing and scale-up of the new TPT regimens.
- e. Strengthen implementation of TB preventive therapy for close contacts of Smear Positive TB cases and eligible children under the age of 5 years screened, and PLHIV will be prioritized for preventive treatment

1.2. Improve HIV and TB case detection, treatment, and adherence.

- a. Identify KPs at a higher risk of HIV and reach them using innovative approaches.
- b. Support the expansion of HIV Boosted Integrated Active Case Management (B-IACM).
- c. Support HIV point-of-care service quality, including the support of community-based ART delivery
- d. Increase TB case detection through community active case findings and hospital linkage
- e. Improve the TB diagnostic connectivity services, including scaling up diagnostic services
- f. Build the health center staff's capacity to plan and coordinate outreach services and ensure effective monitoring to detect better, treat, and prevent TB.

1.3. Increase health service utilization.

- a. Ensure functioning feedback platforms for users and service providers.
- b. Create service demand at the community level (through quality assurance and quality improvement).
- c. Strengthen health information system, including TB MIS to contribute toward more harmonized and aligned systems.

1.4. Improve equitable access to healthcare.

- a. Advocate with relevant key stakeholders to enable TB patients' access to social protection mechanisms such as ID Poor and Health Equity Fund.
- b. Promote understanding clients' and providers' rights and responsibilities in healthcare and social protection mechanisms – such as ID Poor and Health Equity Fund (HEF) under the Community-Based Prevention, Care, and Support (CBPCS) model.
- c. Optimize the use of existing community health and non-health structures to increase access to healthcare for all.
- d. Mobilize and work with key partners and stakeholders to scale up affordable healthcare initiatives and social health protection mechanisms.

Indicator of success:

- % of female entertainment worker reported consistent condom use with client in the past three months
- % of men who have sex with men and transgender women reported consistent condom use with male partners in the past three months
- % of stable PLHIV adhered to ART and sustained viral load suppression
- % of diagnosed TB (all form and BK+) reported successfully complete treatment
- % of PLHIV and diagnosed TB in KHANA programs received social protection scheme



GOALS

Goal 2

Build human resilience through the development of sustainable community and organizational systems.

Objectives and Strategies:

2.1. Increase access to income and other financial resources.

- a. Provide skills building on home gardening, livestock raising, and financial literacy to beneficiary communities.
- b. Promote saving behaviors through best practice models amongst beneficiary communities.
- c. Support linkages to credible financial institutions and other alternatives for beneficiary communities.
- d. Leverage KHANA's expertise, along with any innovations and program models to support the acquisition of financial resources.

2.2. Increase employment opportunities for beneficiary community members.

- a. Support access to vocational training to increase employability.
- b. Promote job placement linkages with potential employers and agencies.
- c. Provide career counseling and job search skills.

2.3. Enhance the ability of affected communities in climate change adaptation and disaster risk reduction.

- a. Raise awareness on 'climate change impacts and adaptation' and mainstream through KHANA's programs.
- b. Provide skill-building on climate change adaptation to ensure food security and nutrition.
- c. Implement the Community Disaster Risk Reduction (CDRR) program in KHANA's coverage areas at risk of disasters.
- d. Promote KHANA's linkages and partnerships with existing key partners and stakeholders in disaster risk reduction.

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

- a. Model, promote, and facilitate quality within community health initiatives (professionalism, ethical conduct, service).
- b. Support responsible linkages and referrals to other health services.

Indicator of success:

- # of selected peer support group/ART group increased their ability to adapt the climate change impact
- # of selected peer support group/ART group increased their employment opportunity
- # of selected communities/health facilities with increased quality of services

GOALS

Goal 3

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

Objectives and Strategies:

- 3.1. Strengthen the capacity of communities, partners, and other stakeholders.
 - a. Provide technical training and support.
 - b. Strengthen systems and capacity to monitor and analyze real-time data at facility and OD levels by building healthcare providers' capacity to optimize the utilization of TB-MIS, collect and analyze data, and utilize for decision-making and resource allocation.
 - c. Promote learning and sharing with communities, partners, and stakeholders.
 - d. Functionalize the KHANA Technical Hub through KHANA Research Center.
 - e. Leverage KHANA's technical expertise and empower staff to engage in KHANA Technical Hub's service provision.
- 3.2. Enhance the utilization of technical innovations for emerging needs.
 - a. Optimize the use of technical innovations to inform policy development and program design.
 - b. Strengthen collaboration with policy and decision-makers to implement and integrate technical innovations into national programs.
- 3.3. Increase the scale and scope of the KHANA Research Center's technical excellence
 - a. Expand scientific research areas for promoting the health and quality of life of the populations.
 - b. Work in partnership nationally, regionally, and internationally with the private sector, government, and academia in population health and development research.
 - c. Disseminate and share best practices, technical excellence, and new research findings of population health research to those in positions that effect change.
- 3.4. Increase the knowledge and expertise of KHANA's staff in broader areas of health and development.
 - a. Enhance and develop KHANA's staff's technical capacities through technical sessions, learning, and sharing.
 - b. Develop ability- building opportunities through attendance at local and regional meetings, workshops, symposia, training, conferences, and dialogue.

c. Leverage technical support from Frontline AIDS academia, and other organizations.

○ # of technical innovative model developed and used

Indicator of success:

○ % of KHANA's partners improved program, M&E and financial capacity to implement their work

○ # of evidence-based research published and improved program design and implementation

○ # of capacity building opportunities (learning, sharing, workshop, symposium, training, and conference) enhanced



GOALS

Goal 4

Promote diversity, rights, and gender equity.

Objectives and Strategies:

4.1. Promote an enabling environment for KPs, LGBTI, TB patients, and other vulnerable groups.

- a. Document, monitor, and respond to rights violations and violence.
- b. Build broad and strategic partnerships with legal aid, health and non-health providers, including lawyers and human rights organizations, to ensure a supportive and enabling environment.

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

- a. Build the capacity of KHANA and its partners to better understand SOGI and GBV, along with practical ways to address issues.
- b. Integrate SOGI and GBV into programming.
- c. Collaborate with the media to raise awareness on SOGI and GBV for families and communities.

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

- a. Adapt/refine/develop service packages for communities.

- b. Support for complete referrals to SRHR services.

- c. Raise awareness of SRHR and service availability.

4.4. Promote engagement of women, KPs, LGBTI, TB patients, and other vulnerable groups in program development, policy dialogue, and leadership within KHANA, with IP, and at the national level.

- a. Support and monitor meaningful participation at every implementation level, including program design, policy dialogue, and forums.

- b. Document the impact of meaningful participation.

- c. Build leadership and advocacy skills.

- d. Integrate gender equity into program development and policies.

Indicator of success:

- # of LC/OW/CAW/KP/PLHIV/Women increased opportunity in policy and advocacy works
- # of LC/OW/CAW/KP/PLHIV/Women increased awareness of GBV and SOGI among program
- # of LC/OW/CAW/KP/PLHIV/Women increased accessibility to SRHR and GBV services
- # of LC/OW/CAW/KP/PLHIV/Women increased opportunity in program development and implementation

KHANA'S ONGOING COMMITMENT & FUNDING IN PIPELINES:



The KSP25 guides KHANA strategic directions as a continued leading organization for community ownership and empowerment over the next five years in the HIV response but aims to specify other tuberculosis, viral hepatitis, other health services including NCD, and sustainable development opportunities. The purpose of this is to reflect the organization's contributions over the past five years to continue transitioning itself into broader areas of health and development. It is an ambitious but manageable plan guided by the expectations and needs of the communities KHANA team serves.

It is idealistic in that it strives to create a positive vision for Cambodia. Built out of collaboration with both internal and external stakeholders, it embodies the human voice and the integration of multiple perspectives on what has been done and what needs to be done. These reflections are seen as a show of commitment by stakeholders to continued support for the work being done by KHANA. They are in turn translated into this plan as a show of commitment by the KHANA to its stakeholders.

The KSP25 is also realistic, with actionable items that KHANA will need to adhere to. As part of this, KHANA will need to review elements that leverage successful implementation, while critically reflecting on challenges to achieving goals. As part of a sustainability plan, and to remain vigilant to changing circumstances and evolving contexts, and to show commitment and accountability to its donors, KHANA will develop regular work and business plans, update yearly

operational and costing plans, ensure robust monitoring and reporting system including on specific indicators relating to the four-goal areas, ensure that the proposed key interventions are effective in guiding high-quality responses to community health outcomes, and hold a midterm review at the end of year three.

The organization will also consult with, invite input from all stakeholders, make strategic choices on how best to mobilize resources from traditional and non-traditional funding streams to meet goals, and look at ways to develop income-generating activities. KHANA staff will also need to review roles and responsibilities to ensure the most effective response, adjusting processes, structures, and human resources accordingly. As in the past, management excellence and strong accountability to optimize all available resources will be prioritized.

KHANA's commitments extend beyond the

community level. It also works within national and international strategies to guarantee more collaborative, unified, and consistent work within Cambodian and regional contexts. At the national level, KHANA has aligned itself to those plans set out by NCHADS, and CENAT of the Ministry of Health, the National Strategic Development Plan, the National Authority for Combating Drugs, and the National AIDS Authority (NAA).

At the global level, KHANA has aligned with the Frontline AIDS and the United Nations Sustainable Development Goals (SDGs) to form a broader picture of helping KHANA more effectively contribute to health and development needs.

As KHANA looks ahead for the next five

years, it will continue to live by a “Lead, Contribute, Adapt” philosophy that currently in use and to be continued and will significantly benefit from it by:

- Maintaining leadership in areas of expertise.
- Staying connected, relationship-oriented, well-known, and trusted.
- Building enviable structures and professionalism.
- Optimizing value for money, prioritizing and focusing.
- Meaningfully contributing to the national programs through technical excellence.
- Continually innovating and adapting to change; and
- Remaining committed to all aspects of its work, along with communities being served.

Funding in Pipelines:

Donor	Project Name	Timeframes: January 2021-December 2025				
		Jan-Dec21 (USD)	Jan-Dec22 (USD)	Jan-Dec23 (USD)	Jan-Dec24 (USD)	Jan-Dec25 (USD)
USAID	The COMMIT	1,633,080	1,782,721	1,450,126	1,640,399	-
The GFATM	HIV/AIDS Prevention with KPs	1,200,362	1,173,794	1,035,772	-	-
The French 5% Initiatives	Community ARV Delivery Model	419,592	431,404	-	-	-
Stop TB Partnership/ UNOPS	CSCF	66,809	-	-	-	-
USAID through FHI360	Community Empowerment for Covid-19 Prevention and Control Measures	197,398	-	-	-	-
Additional fund to be raised to support KHANA five-year Strategic Plan		-	-	-	-	641,954
TOTAL		3,517,241	3,387,919	2,485,897	1,640,399	641,954

DOCUMENTS REVIEWED:

- KHANA, KHANA Strategic Plan 2016-2020 (KSP20)
- NCHADS, Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2016-2020
- MoH, Health Strategic Plan 2016-2020
- NAA, The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023)
- National Strategic Plan for Control of Tuberculosis, 2014-2020
- RGC, National Social Protection Policy Framework 2016-2025
- Cambodia HIV and Social Protection Assessment, June 2020
- CENAT, Standard Operating Procedure for the Programmatic Management of Multidrug-and Resistant Tuberculosis (MDR-/RR-TB), Cambodia, 2019
- UNAIDS, Seizing the Moment, tackling entrenched inequalities to end epidemics, Global AIDS Update, 2020





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