

Addressing Challenges to Build Community Health Resilience

Annual Report **2021**



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ACRONYMS AND ABBREVIATIONS

ACF	Active Case Finding
ART	Antiretroviral Therapy
CC	Commune Council
C-DOTS	Community-Directly Observed Treatment, short-course
CENAT	National Centre for Tuberculosis and Leprosy Control
CI	Contact Investigation
CSO	Civil Society Organization
DNPET	District Network of People Living with or with Experience TB
DR-TB	Drug-Resistant TB
DS-TB	Drug-Susceptible TB
FA	Field Assistant
FEW	Female Entertainment Worker
FO	Field Officer
HCMC	Health Center Management Committee
HF	Health Facilities
HIV	Human Immunodeficiency Virus
HL	Hospital Linkage
ICC	Inter-Sectoral Coordination Committee
IPD	Inpatient Department
LC	Lay Counselor
LTBI	Latent Tuberculosis Infection
KP	Key Population
MDR-TB	Multidrug-resistant TB
MSM	Men who have Sex with Men
NECHR	National Ethical Committee for Health Research
NTP	National TB Program
NUS	National University of Singapore
PHB	Promoting Healthy Behavior
PHD	Provincial Health Department
PLHIV	People Living with HIV
PMD	Programmatic Management of Drug-Resistant Tuberculosis
PPA	Patient Pathway Analysis
Pro TWG-H	Provincial Technical Working Group on Health
PSG	Peer Support Group
PSI	Population Service International
RR-TB	Rifampicin-Resistant TB
SSI	Sub-Sub Implementers
SOP	Standard Operating Procedure
STP	Stop TB Partnership
TB-CRG	TB Community, Rights and Gender
TB DIAH	TB Data Impact Assessment & Communications Hub
TB-DM	Tuberculosis-Diabetes Mellitus
TB-MIS	Tuberculosis Management Information System
TG	Transgender
TPT	Tuberculosis Preventive Treatment



MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS, DR. OUM SOPHEAP

On behalf of the Board of Directors of KHANA, I am very pleased to see KHANA's resilience in addressing the challenges to both organizational and programmatic development and implementation brought on by the COVID-19 pandemic in 2021. This was possible as KHANA has a strong history and foundational support from people living with and affected by HIV and AIDS and tuberculosis, who themselves own and lead the program response throughout the country. 2021 was a challenging year for everyone nationwide resulting from the 20th February 2021 community event, where COVID-19 community transmission took root, following the emergence of a new and more contagious variant. But again, through the strong partnership and collaboration that KHANA has built with national programs and the leadership at the Ministry of Health, as well as with the support of all provincial health departments, referral hospitals, and health centers under KHANA's catchment areas, KHANA and the field teams were successful in maintaining the delivery of services to their clients through both physical and virtual approaches during these difficult times. This ensured that clients could still access life-saving medication for tuberculosis, HIV therapy, HIV and tuberculosis testing, diagnosis, and also access other necessary supplies; all safely conducted within the new framework of COVID-19 transmission prevention.

In addition, to maintaining HIV and tuberculosis service delivery, I really appreciated seeing KHANA's engagement in mobilizing additional resources to support the livelihoods of their clients affected by COVID-19, whose daily incomes were completely lost and travel restricted. The support for livelihoods, such as food and cash donations, was very beneficial for affected community members and their families in coping with the challenges and their emergency needs. Those resources became critical additional resources on top of the support offered by local authorities and the government.

While the country's situation has returned to normal due to the high national level of COVID-19 vaccination, I hope that KHANA will get back on track in achieving the targets planned for 2021 and will be able to accomplish the plan and priorities for 2022. Last but not least, once again, I sincerely thank KHANA's management team, staff, and volunteers for their sacrifice and commitment to work. I also thank our government counterparts, local authorities and donors for their leadership, and technical and financial support for KHANA. I look forward to seeing a productive 2022.



MESSAGE FROM THE EXECUTIVE DIRECTOR OF KHANA, MR. CHOUB SOK CHAMREUN, M.A

2021 was a challenging year due to the devastating arrival of a more contagious COVID-19 variant. Our program interventions to provide HIV and TB care support services to our clients were put on hold or suspended to comply with the government's travel restrictions and lockdowns. However, after putting structures in place at the community level supported by our lay counselors, outreach workers, and networks of people living with and experience TB and HIV, we were still able to reach our clients through small-scale active TB case-finding activities and virtual outreach activities for HIV intervention, as well as supplying commodities and drug treatment. In addition to maintaining our program and intervention services for our clients, KHANA continued to connect and affiliate with other in-country, regional and international stakeholders.

2021 was KHANA's first year of being a member of WHO's Civil Society Taskforce for TB, under the leadership of the Global TB Program (GTB) and in connection with Frontline AIDS, formerly known as the International HIV/AIDS Alliance, based in Brighton, United Kingdom, KHANA was elected as one of the members of the Partnership Council for the Frontline AIDS Partnership from more than sixty organizations across the globe, and we are leading Actions 1, 2 and 9 of the ten actions in the Global Plan of Action (GPA) toward ending AIDS. 2021 was also our year of joining the globally recognized Non-Communicable Disease (NCD), Injury and Poverty (NCDI-Poverty) network, with KHANA hosting the secretariat of this network. Once the NCDI-Poverty Commission in Cambodia has been officially endorsed, KHANA will become the Co-Chair of the newly established commission. In 2021, under the existing coverage areas of twelve provinces and municipalities, our HIV work partnered with five other organizations (MHC, CWPDP, AUA, PC and CPN+), while our TB program partnered with three other organizations (CHC, HSD and CATA).

Beyond our partnership with other non-governmental organizations, KHANA also worked closely and in partnership with local authorities and all provincial and municipal health departments in our target areas. At the sub-national and national levels, KHANA continued our partnerships and collaborations with WHO, UNAIDS, the National AIDS Authority (NAA), the National Center for HIV/AIDS, Dermatology and STI Control (NCHADS), the National Center for TB and Leprosy Control (CENAT), the National Center for Health Promotion (NCHP), the Communicable Disease Center (CDC), the Department of Hospital Service (DHS), and the Department of Preventive Medicine (DPM) within the Ministry of Health. We facilitated and supported two representatives from the TB-affected community to become active members of the Global Fund - Country Coordinating Committee (CCC). We also trained 68 participants (health service providers and local authorities) in CRG and developed a partnership with CamboJA, implementing a joint work plan for TB public awareness-raising, advocacy and education. Following this representation,



and our affiliations and networking, KHANA was nominated to attend the UNGASS meeting from 8-10 June 2021 as one of the members of the Cambodian delegation, and also attended the WHO Strategic and Technical Advisory Group (WHO-STAG) meeting on 21-23 June 2021. Furthermore, we attended the UNAIDS PCB (Policy Coordination Board) Special Session on UBRAF and the PCB Pre-Meeting from 29 September – 6 October 2021, and lastly attended the 52nd Lung Health Conference virtually in October 2021.

Although 2021 was a challenging year, it did not prevent us from moving forward in achieving our KHANA Strategic Plan 2021-2025 or known as KSP25. However, there is more we need to do in 2022. But under the leadership and strategic direction of KHANA's Board of Directors, our funding supporters, our strong and real partnership with our government counterparts, and with our committed staff, volunteers, and peers, we are hoping to achieve a productive 2022.

Thank you!

EXECUTIVE SUMMARY

Within the year of 2021, KHANA remains a leading organization in fighting against HIV/AIDS in Cambodia. KHANA contributed significantly in the prevention of HIV infections and transmission. A total of 44,737 Key Populations (KP) were reached by KHANA's HIV prevention activities for HIV and sexually transmitted infection (STI) education. The program conducted 32,776 HIV tests and detected 869 new HIV cases, which is equivalent to 60% contribution to the national program, while 866 (99%) of the confirmed HIV positive cases were enrolled in antiretroviral therapy (ART) service. In addition, the program detected 797 Syphilis cases and 1,899 other STI cases, while all the confirmed Syphilis and STI cases were referred for counselling and treated. KHANA supported IPs in implementing HIV prevention program including promoting of PrEP service to KPs such as FEWs, MSM and TGs, who wish to use PrEP service to prevent HIV transmission. In 2021, a total of 803 KPs, including 443 MSM, 226 TGs, and 134 FEWs were referred to public health facilities and Chhouk Sar clinic to receive PrEP service.

KHANA is also known for the delivery of Community-based Antiretroviral Delivery (CAD) during the past year. Chaired by NCHADS, NAA and KHANA, this project was launched in late 2021 having joint by relevant strategic implementing partners and beneficiaries in a total of with 75 participants. Under the leadership of NCHADS, KHANA and its partners collaborated with 10 ART clinics to facilitate and prepared 82 ART groups that consisted of 2,000 PLHIV. These groups are responsible for assisting their members in receiving care services, support, and ART drugs. Ultimately, the goals of these groups are to support their communities and members, and to ease the burdens of healthcare providers.

The adversities from the pandemic did not stop KHANA from continuing to contribute to TB-response. KHANA with its sub-partners implemented a project under the title of "Community Mobilization Initiatives to End Tuberculosis, COMMIT" to improve access to high-quality, person-centered TB, drug-resistant TB, and TB/HIV services. And in collaboration with the National Center for Tuberculosis and Leprosy Control (CENAT), Cambodia Anti-Tuberculosis Association (CATA), and the National University of Singapore (NUS), KHANA 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 the National TB Program (NTP) detecting 1,807 all forms of TB cases, in which 569 (32%) were bacteriologically confirmed cases.

With Snowball model using seeds and recruits, KHANA had a strong community network to identify presumptive TB cases and had them diagnosed to ensure the earliest TB case detection and treatment. Likewise, KHANA worked with partners implemented contact investigation activities which is a key intervention of ending TB strategy; as a result, 1,503 close contacts of pulmonary TB patients were enrolled into TB Preventive Treatment (TPT), among of whom 22.8% are children under 5 years old, within the reporting year.

HIV/AIDS and TB Statistics

Global HIV/AIDS Statistics 2020

- People living with HIV (PLHIV): 37.7 million [30.2 million–45.1 million]¹
- Total number of new infections: 1.5 million [1.0 million–2.0 million]¹
- AIDS-related death: 680 000 [480 000–1 million]¹
- PLHIV on antiretroviral therapy (ART): 28.2 million up from 7.8 million [6.9 million–7.9 million] in 2010.¹

Global TB Statistics 2020²

- TB incidence: 9.9 million (8.9 million – 11.0 million)
- TB related deaths (HIV-negative): 1.3 million (1.2 million – 1.4 million)
- TB related deaths (PLHIV): 214,000 (187,000 - 242,000)

Cambodia HIV Statistics 2020

- **HIV prevalence - (adults aged 15–49) :**

- ▶ Total: 0.5 (0.5 – 0.6)
- ▶ Men: 0.5 (0.4 – 0.6)
- ▶ Women: 0.6 (0.5 – 0.6)
- ▶ Young men: 0.2 [0.2 - 0.3]
- ▶ Young women: 0.2 [0.2 - 0.2]

- **Estimated PLHIV :**

- ▶ Total: 75 000 [67 000 - 83 000]
- ▶ Men: 34 000 [31 000 - 38 000]
- ▶ Women: 38 000 [34 000 - 42 000]
- ▶ Children aged 0 – 14: 2800 [2300 - 3200]

- **PLHIV who knows their status³: 63,000**

- **Total number of new infections³**

- ▶ Total: 1100 [1000 - 1200]
- ▶ Men: <500 (<500 – <1,000)
- ▶ Women: <500 (<500 – <500)
- ▶ Children aged 0 – 14: <200 (<100 – <100)

- **AIDS-related death**

- ▶ Total: 1200 [<1000 - 1500]
- ▶ Men: <500 [<500 - <1000]
- ▶ Women: <1000 [<500 - <1000]
- ▶ Children aged 0 – 14: <100 [<100 - <100]

- **PLHIV receiving ART³: 62 000**
- **HIV prevalence among KPs:**
 - ▶ FEW: 3.2%⁴
 - ▶ Freelancers: 11.1%⁴
 - ▶ MSM: 4.0%⁵
 - ▶ TG: 9.6%⁶
 - ▶ PWUD: 5.7%⁷
 - ▶ PWID: 15.2%⁷

Cambodia TB Statistics 2021

- **TB incidence 274 per 100,000 population**
- **Case detections 21,627 TB all forms**
 - ▶ 7,615 bacteriologically confirmed new TB cases

KHANA and its contribution to the national HIV response in 2021

Key populations	Estimated size of KP (national)	Key populations reached	Key populations who received HIV testing and counselling	Key populations who received HIV testing and counselling and were tested positive	Key populations enrolled ART treatment
Total	88,687	44,737	32,776 (73.3%)	869 (2.7%)	866 (99.9%)
FEW	49,700	18,243	12,971 (71.1%)	54 (0.4%)	53 (98.1%)
MSM	30,304	20,736	15,564 (75.1%)	512 (3.3%)	510 (99.6%)
TG	8,683	5,758	4,241 (73.7%)	303 (7.1%)	303 (100%)

KHANA and its contribution to the national TB response in 2021

TB Cascade of Care	Number
Number of people reached and screened for TB symptoms	67,483
Number of people who visited the screening facilities as referred	20,413
Number of people tested for TB	19,503
Number of people diagnosed with all-forms TB	1,807*
Number of people with all-forms TB started on treatment	1,785
Number of people diagnosed with bacteriologically confirmed TB (BK+)	569*
Number of people with BK+ TB started on treatment	561

* *COMMIT and NIHA Project*

1. UNAIDS. Factsheet: World AIDS Day 2021

2. World Health Organization. Global Tuberculosis Report 2021

3. UNAIDS. Country factsheets: Cambodia. 2020

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

GOAL 1: CONTRIBUTE TO ELIMINATING NEW HIV INFECTIONS AND TUBERCULOSIS, STRENGTHENING HEALTH SYSTEMS THAT ADDRESS NCD, HCV, AND ACHIEVING UNIVERSAL HEALTH COVERAGE (UHC)

1.1. PREVENT NEW HIV INFECTION AND TUBERCULOSIS 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.



Figure 01: Physical outreach activity credited to CWPDP

The coverage of KHANA's HIV prevention activities included mostly the southern zone of Cambodia that comprised eight provinces and the capital, Phnom Penh. In total, the program aimed to reach 40,218 KPs, which comprised 13,679 of FEWs, 23,067 MSM, and 3,472 TGs. In 2021, the program exceeded expectations, with a total of 44,737 KPs reached for HIV and sexually transmitted infection (STI) education—18,243 FEWs, 20,736 MSM, and 5,758 TGs. The program conducted 32,776 HIV tests. In total, we found 869 HIV reactive cases, and 99% of the 866 cases were confirmed HIV positive and enrolled in antiretroviral therapy (ART) service. We also found 797 cases of Syphilis and 1,899 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 as 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 2021, 730,899 condoms and 39,907 lubricants were distributed to FEWs, 535,387 condoms, and 402,196 lubricants were distributed to MSM, and 149,337 condoms and 109,402 lubricants were distributed to TGs. In total, 1,415,623 condoms and 551,505 lubricants were distributed to the KPs during outreach education activities throughout 2021.

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 behaviour change communication (SBC) materials in providing key messages on HIV/AIDS, STI, counselling, and information on HIV testing to hard-to-reach populations.

MHealth

KHANA and IPs have maintained the implementation of the mHealth approach that is confidential and anonymized using the website, Facebook page, and dating apps to engage hard-to-reach KPs. The approach was delivered through “My Community”, a set of interactive websites, Facebook pages, and dating apps that offered GIS-mapped service locations, HIV news and information, individual risk assessment tool, and online counseling. In 2021, the SMARTgirl website was accessed by 2,335 and garnered 2,990 likes on its Facebook page. Mstyle website was accessed by 5,194 users and garnered 8,002 likes on its Facebook page. Srey Sros website was accessed by 1,880 users and garnered 2,270 likes on its Facebook page. A total of 916 referrals (80 from SMARTgirl, 668 from Mstyle, and 168 Srey Sros) were made from the websites, Facebook pages, and dating apps for HIV and STI testing. Of the 916 referrals, a total of 86 HIV (1 from SMARTgirl, 59 from Mstyle, 26 from Srey Sros), and 40 Syphilis tests (1 from SMARTgirl, 26 from Mstyle, and 13 from Srey Sros) were reactive. These cases were duly referred for enrolment in the pre-ART and ART services.

Success Story 01: ART adherence is make KP-PLHIV get better health



*Figure 02: Udom access to get confirmatory test at health facility.
Photo credited to MHC-Phnom Penh*

Muth Udom, 25, is the third of five children whose parents are farmers in Kien Svay district, Kandal province.

► Before being involved in this project:

Due to the poor living conditions of the family, Udom came to Phnom Penh to work for a private company in order to earn extra income for his family. In his free time, Udom liked to come to a steam sauna venue, which provides services for men who have sex with men. It is not only a steam sauna, but also a place where Udom could find a sexual partner. Every time he went there, he met and had sex with different male partners. Udom had never thought about HIV prevention, even though he had received educational messages on HIV and STIs, because he did not believe that he has had intercourse with an infected person. Shortly after returning home, Udom began to feel unwell. He always felt exhausted. However, Udom still did not care much about his health.

► Time being involved in the project:

In May 2021, Udom saw the messages posted by the Men's Health of Cambodia (MHC) on social media. Udom was startled because in that message there were some symptoms similar to his. Udom immediately inquired the team through contact number. Udom also got appointment for a blood test. Udom met with the MHC team and received another counseling and got a blood test with HIVST. The results showed reactive for HIV. Udom was shocked because he did not expect "it could happen", but the shock gradually subsided after he received additional counseling and accepted the preliminary results. Udom agreed to confirm

the test at Chbar Ampov Referral Hospital. Udom was again astonished because the test results showed “HIV positive”. Finally, Udom accepted this result and agreed to register for ART and followed the doctor's appointment. Now, Udom feels that his health is starting to improve as he is taking ARV regularly.

Udom said that all young people should start to change their sexual behavior, which is a risk to health and life. People should use condoms and lubricants properly to avoid transmission to others.

Udom would also like to thank MHC staff who assisted him in receiving HIV test and get treatment promptly.

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 to field staff on the implementation of PDI+ among KPs. In 2021, a full-year implementation of PDI+, HIV testing by PDI+ staff comprised of 645 MSM and 233 TGs tested for HIV. A total of 73 tests were positive in both groups (MSM=39 and TG=34), and 72 were referred for enrolment in the pre-ART and ART services except one TG reactive test not yet confirmatory test. For the Syphilis test, 65 individuals were tested positive for Syphilis, and 64 were referred for treatment.



Figure 03: PDI+ activity- credited to MHC

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, 18,243 FEWs, 21,980 MSM, and 6,029 TGs were screened. Of those screened, 18,243 FEWs, 12,432 MSM, and 5,128 TGs were classified as high-risk. Based on the risk screening results, appropriate packages that included educational key messages, HIV test, and condom distribution were tailored for KPs.

Night-time outreach activity

KHANA has continued to implement HIV testing at night-time. The night-time outreach activity was first implemented in Phnom Penh to target young MSM, and TGs (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. In 2021, the activity reached 616 MSM, and 358 TGs. Of those reached, 493 MSM, and 225 TGs were tested for HIV. 31 MSM, and 18 TGs were positive for HIV, and all of them were referred for enrolment in ART services.



Figure 04: OW implemented HIV testing at night-time credited to KHANA-GF team

HIV Self-testing activity

KHANA continued to provide support to IPs in implementing HIV-self testing among FEWs, MSM, and TGs in Phnom Penh municipality and other eight provinces. This approach aimed to further reduce the barriers to HIV testing for high-risk populations. In 2021, there were 2,262 KPs registered for the HIV self-testing service. Of those who had self-tested for HIV, 341 were positive, and all of them were referred for enrolment in the pre-ART/ ART services.

Success Story 02: HIV-Self testing is important for FEW during COVID-19 pandemic

Chhun Malin, 35 years old, lives in Takhmao City, Kandal Province, married in 2011 and has one child. However, due to family problems, she got a divorce in 2019.



Figure 05: Malin performs HIV-self testing

► Before being involved in the project:

Malin has started working in a factory for two years. Struggling to make ends meet for her family, she decided to work as a waiter in a shop. She went out and slept with male clients without protecting herself properly. "Sometimes I use a condom, but sometimes I don't use a condom when sleeping with guests," says Malin.

One day, Malin met the SMARTgirl team on the phone. She consulted with them about women's health and STIs, and asked for HIV self- test after outreach worker provided test options. She also requested a HIVST kit to perform at home.

► Time being involved in the project:

Malin telephoned to outreach worker directly for help with the test. She was desperate and dared not tell the SMARTgirl team immediately about her result. However SMARTgirl kept asking about health problems. "When I found out the results, I did not immediately contact the SMARTgirl team, but the SMARTgirl team kept in touch with me until I decided to tell the team that I had HIV and I asked the SMARTgirl mental health team for help," Malin added.

While it was not possible to get out of the district due to Covid restriction, the SMARTgirl team was able to inform Malin about Meanchey Referral Hospital where she could register for her treatment. Malin confirmed the test again at Chey Chumnas Referral Hospital as informed by the SMARTgirl team and got antiretroviral treatment that day.

In addition, the SMARTgirl team has registered in the list of target groups and supported for room rental through KHANA and has already received \$ 22.

I am very grateful to the management & leaders of organizations who try to support female entertainment workers and particular women victims like me "She said".

Lastly, Malin would like to SMARTgirl team to get success in HIV respond in Cambodia.

PrEP implementation

KHANA is also providing support to IP in implementing HIV prevention program including promoting PrEP service to KPs (FEWs, MSM and TGs) who wish to use PrEP service to prevent HIV transmission. As a result, in 2021, there were 443 MSM, 226 TG, and 134 FEWs referred to public health facilities & Chhouk Sar clinic to receive PrEP service.

Recency test results

KHANA and IPs encouraged KP who found HIV+ to get recency test at health facilities to ascertain their HIV transmission status as recently infected or longtime infected. As a result, there were 47 of 53 FEWs found HIV+ received recency test and among those there were 9 FEWs were recently infected & 38 were longtime infected. There were 458 of 510 MSM found HIV+ received recency test and among those there were 56 MSM were recency infected & 402 were longtime infected. In addition, there were 262 of 303 TGs who found HIV+ received recency test and among those there were 32 TGs were recency infected & 230 were longtime infected.

Strengthening good collaboration & communication with stakeholders

In 2021, 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.

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

CAD is a 24-month intervention using the CAD model starting from January 2020 to December 2022 and it is likely to be extended to 2023 due to COVID-19 disruptions. This project is supported by "Initiative" grant through Expertise France. In this project, KHANA collaborated with 10 ART Clinics in Phnom Penh, Kampong Thom, Kampot, Takeo, and Koh Kong Province, under the leadership of NCHADS, to facilitate and prepare 82 ART groups that consisted of 2,000 PLHIVs. These groups are responsible for assisting their members in receiving care services, support, and ART drugs. Ultimately, the goals of these groups are to support their communities and members, and to ease the burdens

of healthcare providers. Beside helping them understand more about ART drug usage, emotional support, this project also help forming a community saving group, 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+). Following the finalization of CAD implementation guides, protocol, and tools, the project conducted kick-off meeting on May 11, 2021, chaired by NCHADS Director. The main survey took place from 26 July to 24 November 2021 covering 4,102 surveys completed in 20 hospitals of 10 provinces. A total of 3,334 patients' files were reviewed and entered into REDCap. The launching of CAD intervention was held



Figure 06: CAD Project Orientation to HCWs and local stakeholder

on a hybrid meeting, which is combined as virtual and face-to-face meeting, on the 1st of November 2021, chaired by NCHADS, NAA and KHANA. The launching was participated by 75 relevant strategic, implementing partners and beneficiaries.

Tuberculosis (TB)

In 2021, KHANA continued to work on TB prevention as part of the “Community Mobilization Initiatives to End Tuberculosis (COMMIT) project,” which is a five-year project from 2019 to 2024, funded by the United States Agency for International Development (USAID) The aims of the project are to improve access to high-quality, person-centered TB, drug resistant-TB, and TB/HIV services; strengthen TB service delivery platforms; reduce TB transmission and disease progression, and accelerate TB research and innovations with improved impact on program implementation. COMMIT’s strategies align with the National TB Program/National Strategic Plan, WHO End TB Strategy, and USAID’s Country Development

Cooperation and Global TB Strategies in reducing the TB burden in Cambodia. COMMIT focuses on finding undiagnosed TB patients and ensuring quality diagnosis and treatment in the targeted areas of the project in ten Operational Health Districts (OD) that require additional attention in the provision of TB-related services. All project activities have been carrying out to help local people get easier access to services and information that can increase the search for patients that the TB care services have missed and provide them the treatment that they required.

Through the contact investigation (CI) intervention, 2,117 people were notified as the close contacts of 409 bacteriological TB patients, given ratio 6:1. Of the notified close contacts, 1,503 cases (22.8% children under 5 years old) were referred and enrolled on TPT.



Figure 07: Collection of Sputum for TB Diagnostic Test through GeneXpert during the mobile Active Case Finding (ACF) event

1.2. IMPROVE HIV AND TB CASE DETECTION, TREATMENT AND ADHERENCE

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 2020, KHANA and its IPs supported the provision of outreach education to 47,901 KP, in which 37,535 received point-of-care HIV testing and counseling. Of this, 626 were confirmed as HIV positive, and 622 were enrolled in treatment.

TB case detection through community active case findings and hospital linkage

COMMIT project covers a total population of around 1.2 million under the 10 ODs, namely: OD Steung Trong, OD Kong Meas, OD O Raing Ov, OD Suong, OD Leuk Dek, OD Saang, OD Muk Kampoul, OD Lvea Em, OD Po Sen Chey, and OD Sen Sok. In 2021, 65,492 people were screened for TB symptoms through

all approaches, including TB active mobile case finding, snowball using seeds and recruits, community TB screening using village health support groups (VHSG), TB and DM bi-directional screening and hospital linkages. Within the 65,492 people who were screened, 19,817 people (30%) were identified as presumptive TB, and 18,917 (95%) of cases were tested for TB. 1,731 people (9%) were diagnosed with all forms of TB, and of those, 546 (32%) were bacteriologically confirmed cases. 1,709 (99%) were enrolled on the treatment of those notified as all forms. As part of the TB and DM bi-directional screening efforts, 82 cases were diagnosed with TB among 698 people with diabetes. Furthermore, COMMIT facilitated the maintenance of MDR-TB activities at all sites across the country.

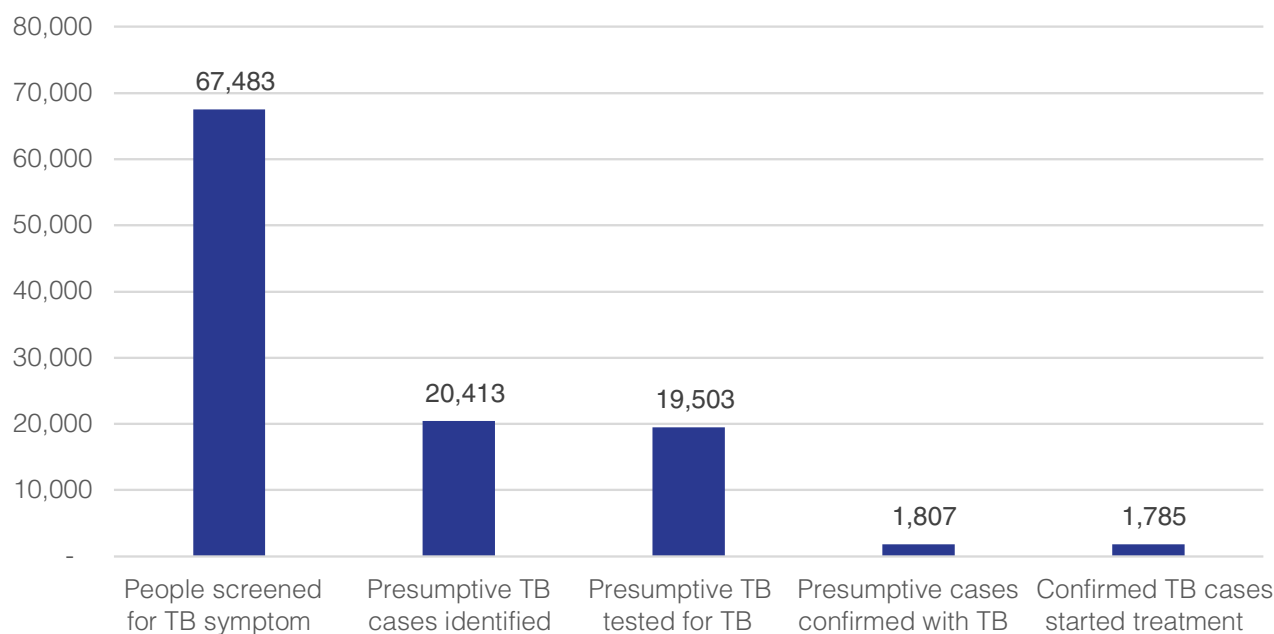


Figure 08: Home-visit to TB patients conducted by LC with FO supervision, Por Sen Chey OD, Phnom Penh

KHANA with NUS implemented community-based TB screening services using a variety of approaches to learn about the results, effectiveness, and costs that can help national programs contribute to ending the TB epidemic by 2030. The project collaborates with the National Center for Tuberculosis and Leprosy Control on a TB active case finding using mobile testing, sputum checking, and diagnosis, focusing on TB high-risk populations in two ODs: Phnom Sruoch OD of Kampong Speu Province and Ponhea Leu OD of Kandal Province; and in collaboration with the Cambodia Anti-Tuberculosis Association (CATA) on the TB active case finding using mobile means to provide TB testing, sputum checking and diagnosis, focusing on the population who is over 55 years old in the communities of Boribo OD in Kampong Chhnang Province and Dambeh OD of Tbong Khmum Province. For this project, KHANA field-staff in the community also actively seeks out TB cases, using the Seeds and Recruit model, in which the Seeds are the people affected by or living with TB or who have been diagnosed with TB. They also use TB case management methods, starting from case findings until treatment is completed and cured in common high-risk groups in communities in Cheung Prey OD in Kampong Cham Province and Kanhchriech OD in Prey Veng Province.

In 2021, from January to June, the project was implemented in two ODs: Cheung Prey and Kanhchriech and conducted a total of 1991 screenings on people for TB symptoms. Of those screened, 596 were identified as presumptive cases, and 586 were tested for TB. As a result, 76 people were diagnosed with all forms of TB, and 23 of them were bacteriologically confirmed cases. The field operation ended in June 2021; the research team analyzed the data and it will be presented to NTP and stakeholders by early 2022.

TB Cascade of Care in 2021



KHANA, through the COMMIT project, has supported the Cambodian National TB program (NTP) in scaling up molecular diagnosis of TB through the introduction of USAID-procured GeneXpert diagnostic machines, a new powerful and rapid TB diagnostic tool. The COMMIT project has trained lab technicians in ten underserved operational districts on optimal utilization of these state-of-the-art devices to bring diagnostic capabilities closer to the community, improve quality of diagnosis, and improve Cambodia's ability to find TB missing cases towards Cambodia's goal of ending TB by 2030.

COMMIT worked in partnership with IDDS, following discussions with CENAT, on the development of GeneXpert connectivity solutions using DataToCare, which will be further connected with TB-MIS to ensure interoperability for better data visibility and management. Furthermore, 14 HCs and 1 National TB Referral Lab (NTRL) were chosen, protocols were developed, and tools for the pilot of Truenat in the coming years were finalized.

Success Story 03: Bringing a family good health supported by the COMMIT project in Oraing Euv District, Tboung Khmum Province


Kheng Sokhim is a 44-year-old man who used to work as a laborer in Thailand for a couple of years. He now lives in Tuol Tunsoang village, Ampil Tapok commune, Oraing Euv district, with his wife and three children, and works as a construction worker. He was diagnosed with TB in February 2021 through COMMIT-supported active case finding, using a Seeds and Recruits model, known as the Snowball modality, in conjunction with the mobilization of digitalized tools by the ACF team. Sokhim was then started on TB treatment at the Ampil Tapok health center.



Figure 09: Kheng Sokhim, a former TB patient

Following his TB treatment initiation, contact investigation activities were undertaken in May 2021 on his close contacts, including his wife and three kids. Through the clinical screenings conducted in the contact investigation process, the health center staff identified presumptive TB symptoms in his three kids and referred them for chest X-rays at Oraing Euv referral hospital. As a result, one of his kids was diagnosed with TB and given TB treatment, while his wife and the two other kids were considered eligible and started TB preventive treatment (TPT).

The whole family received appropriate TB treatment (active or preventive) and support. The health center and project team, including the Lay Counselor (LC), routinely visited the family to follow up on medications and counseling. In the end, Sokhim was successfully treated and cured of TB, with his family members completing full course treatments as well.



Sokhim said he was delighted that his family had received support and care both for active TB treatment and preventive treatment. Sokhim and his wife expressed their gratitude to the COMMIT team and the stakeholders for restoring their family's health. They also shared their experience with their neighbors and relatives, encouraged them to see healthcare providers without delay when they feel ill, and to prevent TB infection through taking TPT regimens.

1.3. INCREASE HEALTH SERVICE UTILIZATION

Support enhancement of health information system, including TB-MIS, in order to achieve more harmonized and aligned systems

Under the COMMIT project, KHANA provides technical assistance to the NTP for the development of the Electronic Recording and Reporting Data based platform, which is currently called the TB Management Information System (TB-MIS), to increase access to quality data and usage of data for policy making. Based on the project's assistance, the TB-MIS includes most of the needed modules to record and track data and progress towards targets. The COMMIT site's direct electronic data collection from the health center was decentralized; this strategy allows OD TB supervisors to shift their responsibility to monitor the entry update and data quality check. TB-MIS will be used as a primary real-time recording and reporting system in the near future. By the end of 2021, COMMIT had facilitated TB-MIS trainings for 47 health centers and three referral hospitals across the project's five operational health districts. The remaining health centers are planned for early 2022.

1.4. IMPROVE EQUITABLE ACCESS TO HEALTH CARE

TB Community, Rights and Gender (CRG) Induction Workshop

In late 2021, KHANA alongside NTP conducted a TB-CRG Induction Workshop in Kampong Cham province, which brought together participants from four ODs in Kampong Cham and Tboung Khmum. 68 of the attendees were health service providers, local authority representatives or community workers. The workshop aimed to build understanding and awareness about CRG amongst health service providers and local authorities to promote meaningful engagement of people affected by TB at the community and sub-national level, and to discuss the way forward/next steps for the advancement of TB-CRG Investment Packages, interventions, and implementation mechanisms in TB programming. The same workshop on TB-CRG will be rolled out to other ODs in the coming quarters.

Mobilize and work with key partners and stakeholders to scale up affordable healthcare initiatives and social health protection mechanisms



Figure 10: TB-CRG Induction Workshop held in Kampong Cham province, December 2021

With technical assistance from the Stop TB Partnership through the Challenges Facility for Civil Society (CFCS) grant, KHANA facilitated the formation of 88 peer support groups (PSGs) with a total of 1,402 members who are living with TB and/or as TB survivors. The PSGs have been established and are used for TB community-led-monitoring, psycho-socio peers supports, and they play a critical role in bringing the voices of TB-affected people to the ears of the program- and policy-making bodies, enabling them to improve program interventions and address barriers to accessing TB services. In addition, four District Networks of People Living with or with Experience of TB (DNPET) were established in Siem Reap, Leuk Dek, Sa Ang, and Oraing Euv districts. PSG and DNPET informed the critical barriers to TB service access in the monthly commune council meetings, quarterly meetings, and other TB-related platforms. PSG leaders are contributing to find the TB missing cases by referring presumptive TB and TB with diabetes to LCs and health service providers for TB testing and diagnosis.

DNPET of Sa-ang, Oraing Euv, and Siem Reap mobilized resources from different sources, including pagodas and other local people, to provide socio-economic support to poor families living with TB and enroll them in the ID-Poor System. In Sa-ang and Oraing Euv, the DNPET collected a total of 250,000 and 502,300 Riel respectively to provide emergency food support for their peers and strengthen the social capital. Some of the elected members of the DNPET have been recruited as candidates for the upcoming commune council election in 2022 following their active engagement and essential roles in promoting health amongst the local people. They will have more roles as TB ambassadors to play in the future in their community, and they will become great advocates for prioritizing TB in the development.

GOAL 2: BUILDING HUMAN RESILIENCE THROUGH THE DEVELOPMENT OF SUSTAINABLE COMMUNITY

2.1. INCREASE ACCESS TO INCOME AND OTHER FINANCIAL RESOURCES

Advocate with relevant key stakeholders to enable TB patients' access to social protection mechanisms such as ID Poor and Health Equity Fund

At ground level, the project team is making efforts to have TB included in the Commune Council meeting agendas and to advocate for increasing TB prioritization in the development of Commune Development and Investment Plans. The team also involved Commune Councils in various endeavors to raise TB awareness on the ground, such as at World TB Day and the development of local milestones to end TB. They join forces with the COMMIT project to raise awareness of TB in the community and support referrals of TB presumptive people for testing, diagnosis, and treatment. In addition, COMMIT facilitates and scales up the development of more peer support groups for people living with TB and TB survivors. These networks operate at a local level to build support systems and assist others to access TB care and sustain TB response.



Figure 11: COMMIT project staff joined a meeting with commune council of Tuol Sophy, Oraing Euv district, Tboung Khmum province

2.2. INCREASE EMPLOYMENT OPPORTUNITIES FOR COMMUNITY MEMBERS

Success Story 04: Increasing opportunity: a potential seed referring the right people to TB diagnosis

Pum Leang Y is 59-year-old, born and living in Ta Nou Village, Sa Ang Phnom Commune, Sa Sang district, Kandal province. Leang Y has some primary education and involves with social work as a Village Health Support Group (VHSG) having participated in many training workshops organized by governmental institutions and NGOs. As she used to live with TB patients as both her grandmother and mother died of TB, Leang Y was recruited as a seed in early 2020 for Tanu and Tuol Sala Villages. Now she's friendly and well-known in her community. She becomes a potential seed, that can refer many presumptive TB to HC for testing.

Leang Y is confident with her roles as she learns about her community very well. She told that she identifies the presumptive cases based on the background of the key population having the yield of about 70% TB detection compared to the referral cases. Leang Y is happy as a seed. "People spend a lot of money to do merit while I just spend my time to do merit", said Leang Y.



Figure 12: Leang Y gives a coupon to a TB suspect who will then access to health center for re-screening TB symptoms and test

2.3. ENHANCE THE ABILITY OF AFFECTED COMMUNITIES IN CLIMATE CHANGE ADAPTATION AND DISASTER RISK REDUCTION

COVID-19 Pandemic Emergency Response

In contribution to the government's response to the COVID-19 pandemic, in 2021, 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. Foods were also given to 856 PLHIV and at-risk groups in the municipality of Phnom Penh, the province of Kandal, Kampong Cham, Tbong Khmum, Kampong Speu, Kampong Thom, Battambang, Prey Veng, Takeo, and Preah Sihanouk.

Success Story 05: The importance of the Empowering Community for COVID-19 Preventive and Control Measures Project for the Local COVID-19 Response and Preparedness at Commune/Sangkat Level



Figure 13: Deputy Chief of Sangkat Steung Mean Chey, Phnom Penh municipality

"The community has faced many challenges resulting from the COVID-19 outbreak, such as risks involving, loss of income as well as travel restrictions," said Mrs. Sipha Savet, Deputy Chief of Sangkat Steung Mean Chey 1, in charge of Sangkat's Women's Affairs. She added, "Local people are at high risk of contracting

COVID-19 unknowingly at some point, and this could be passed on to their family members who are in contact with each other, and this is due to a lack of COVID-19 information awareness associated with the preventive measures as well as the protective materials (alcohol, masks, hand sanitizers) that are not fully available to everyone because some families are already living in poverty conditions.”

To support the local COVID-19 response and preparedness in Sangkat Steung Mean Chey 1, which was classified as a Red Zone (highly hit COVID-19 area) in Phnom Penh, KHANA has partnered with local authorities, including the chief of Sangkat, commune council, local police, and village health support groups (VHSGs), to conduct COVID-19 awareness raising one time per week through community campaigns and poster distributions at hotspot areas such as markets, garment factories, and other gathering places. Notably, the Sangkat also has its own action plan to conduct COVID-19 awareness-raising campaigns at least three times a week using tricycle, in addition to KHANA supported activities, because Stung Mean Chey 1 is a complicated area with a huge number of people.

The Deputy Chief of Sangkat Steung Mean Chey 1 pointed out that the KHANA's project, namely “Empowering Community for COVID-19 Preventive and Control Measure Project”, of the USAID-funded EQHA Project through FHI360, has made a significant contribution and support to the local COVID-19 response and preparedness of Sangkat Steung Mean Chey 1 through providing local people with a better understanding of how to properly practice the COVID-19 preventive and control measures, especially by giving a warning sign to protect themselves and their families from severe illness. Furthermore, the key preventive messages from the COVID-19 community awareness raising, which was performed by the village health support groups (VHSGs), have been widely disseminated amongst local people with a focus on the 3 DOs and 3 DON'Ts.

Finally, Deputy Chief of Sangkat Steung Mean Chey 1 would like to thank KHANA and its donors for supporting and contributing to the local COVID-19 response and preparedness action plan and request their continued support because the COVID-19 pandemic has not yet come to an end. There is still a need to improve understanding and awareness of COVID-19 preventive and control measures, which will help local people receive updated COVID-19 information, particularly correct information and awareness on the new COVID-19 variance (Delta).

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

Success Story 06: From Volunteering to Highly Skilled and Committed to Ending TB in a High Burden Community

Born in a poor family in Tuol Ampil Village, Kraing Yov Commune, Sa Sang District, Kandal Province, Bun Puor left school with some primary education and served as a soldier away from his hometown. Ten years later, in 1979, he returned home and married his now-wife, earning his living as a farmer, then voluntarily serving as a health volunteer at his local infirmary in 1986, which provided primary care and later became known as a health center. Puor is now known as knowledgeable and a focal person on TB for Krang Yov Health Center, Sa Ang Operational Health District, Kandal Province.

Puor volunteered in the infirmary in times of need, when the health care system was plagued by a lack of trained personnel, a lack of knowledge of public health and epidemiology, security problems related to the

continuing war, and severe infrastructure problems in the years preceding and following the Khmer Rouge. He did not receive any benefits or wages until the closure of the infirmary in the 1990s, when the national health reform began. From that time on, he has served as a contracted member of the staff. Throughout his career, he has reported learning a lot from his health professional colleagues and has participated in many training workshops on TB/HIV and ARV provided by governmental institutions and NGOs. Recently, he attended a three-day TB-MIS training organized by the USAID/COMMIT project, in collaboration with CENAT and Sa Sang OD, because he enters HC TB data into the system.

For the last 18 years, Puor has been in charge of TB in Kraing Yov Health Center and has diagnosed and treated a thousand TB cases, of which around 400 have been bacteriologically confirmed. Puor fully understands the impact of TB on his community. He said, "I am proud to be working here to have found and treated hundreds of TB cases, but I am sad for my community who are living in a poor rural setting affected by TB". Puor is committed to ending TB in his community. He highly values community participation through the Snowball approach using seeds and recruits, as this close working with the community successfully identifies TB affected populations and links them to TB services through appointed Lay Counselors, supervised by KHANA.

As one of the health providers, Puor has convinced his colleagues of the need for improved awareness raising activities and increased the uptake of TB preventive therapy (TPT) among the close contacts of bacteriologically confirmed pulmonary TB through Contact Investigation activities. Puor himself provides timely medication to the confirmed TB cases and those eligible for TPT. He has also been focusing on the collection of quality sputum and performing effective smears to ensure successful TB treatment. "Ending TB requires strong commitment, multisectoral collaboration, the right motivation, an engaged community, and no stigma," Puor commented.



Figure 14: Bun Puor, TB focal person of Kraing Yov HC, Sa-ang OD, Kandal province

GOAL 3: STRENGTHENING ORGANIZATIONAL AND TECHNICAL CAPACITY OF CIVIL SOCIETY

3.1. STRENGTHEN CAPACITY OF COMMUNITIES, PARTNERS, AND OTHER STAKEHOLDERS

TB M&E TOT Training to PHD TB-Supervisors.

In collaboration with TB-DIAH and NTP, KHANA jointly provided TB M&E Training of Trainer (ToT) training for provincial TB supervisors from November 10th to November 17th, 2021 in Siem Reap. A total of 25 trainees (16% female) from 24 city-provinces attended the training. The next round of ToT is expected in March 2022, due to the timing and technical revision of TB-DIAH. While TB-MIS road map transition plan discussions have happened many times between COMMIT and TB-DIAH, process in the form of action is expected in the next quarter.



Figure 15: TB M&E TOT training for provincial TB Supervisor, Siem Reap Province, November 2021

TB-MIS Technical Assistance and Training Down to Health Center Level

KHANA/COMMIT provided the technical assistance to NTP in customizing the TB-MIS system. Those included but not limited to (1) customized some reports such as 1.2 Case Detection Summary, (1.7) List Indicator Report Summary, and (1.12) Global fund reports – all, (2) customized the feature of TB presumptive registration, evaluating those presumptive to be confirmed TB cases and continuing on treatment. In 2021, KHANA/COMMIT supported NTP in providing a drill-down training on the utilization of

TB-MIS to 47-health centers and 3 referral hospitals under five ODs of the COMMIT's project coverage. This training enables a shift in the responsibility of OD TB supervisors to monitor the entry uptake and data quality checks, which shifts to direct entry by TB staff at all trained health centers. KHANA/COMMIT have been supporting to NTP on maintaining a helpdesk team for day-to-day operation to provide remote technical supports through different means, including directly communicating via phone call and/or submitting their feedback in the Telegram groups.

Promote learning and sharing with communities, partners, and stakeholders.



Figure 16: TB-MIS Technical assistance and training to health center

mobilize the support of stakeholders for TB response, KHANA engaged with CENAT and other development and implementing partners, relevant line ministries, journalists, and celebrities to document, present, and share information about TB work. In 2021, KHANA organized four quarterly coordination meetings with CENAT and strategic partners to share COMMIT project monitoring data and held one consultative meeting to review COMMIT achievement and workplan. In addition, KHANA and sub-partners participated in the 2022 TB Annual Operation Plan workshop, which was organized by CENAT in Siem Reap from December 14 to 16, 2021. KHANA met with the supervisors from PHDs and ODs to develop their annual work plan and target. It proved to be a great time to also strengthen the project collaboration and coordination. Some key challenges were also identified and shared with PHDs and ODs to identify their support needs in the upcoming year.

3.2. ENHANCE THE UTILIZATION OF TECHNICAL INNOVATIONS FOR EMERGING NEEDS

Expanding Rapid Diagnostic Tools for TB



Figure 17: Handover Ceremony of USAID-supported GeneXpert to NTP, January 2021

In early 2021, KHANA supported NTP in scaling up molecular diagnosis of TB through the introduction of USAID-procured GeneXpert diagnostic machines, a new and rapid TB diagnostic tool. The nine machines help to increase TB case detection and catch cases missed by smear microscopy. The presence of the GeneXpert machines in COMMIT's underserved ODs also supports reducing sputum referrals and the time taken to receive test results. The COMMIT project trained lab technicians in ten underserved operational districts on optimal utilization of these state-of-the-art devices to bring diagnostic capabilities closer to the community, improve quality of diagnosis, and improve Cambodia's ability to find TB missing cases towards Cambodia's goal of ending TB by 2030.

3.3. INCREASE THE SCALE AND SCOPE OF THE KRC TECHNICAL EXCELLENCE

Cohort Study on Tuberculosis

Through the COMMIT project, KHANA and NUS's technical team attended the coordination meeting between CENAT and CCTBR to input into the development of the cohort study protocol "Tuberculosis Disease and Infection in Cambodia", which subsequently received approval from the National Ethics Committee for Health Research (NECHR) on December 27, 2021 (Ref.# 319 NECHR). Data collection and analysis are expected to be completed in 2022.

COMMIT Baseline Assessment Dissemination Workshop

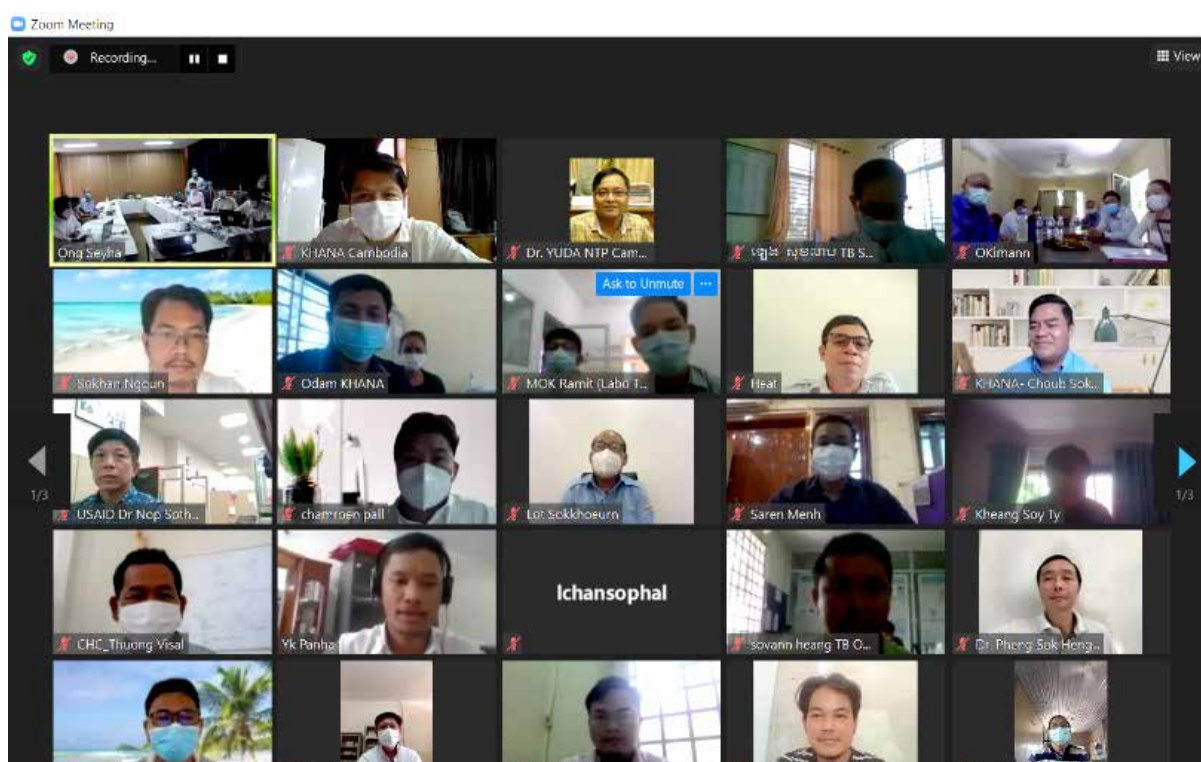


Figure 18: Virtual dissemination workshop of COMMIT baseline assessment report, June 2021

In collaboration with CENAT, KHANA and partners organized a virtual workshop to disseminate data from the baseline assessment. The workshop took place on June 25, 2021, in a hybrid-style event that combined a live-streamed video conference from CENAT and virtual participation by all other individuals. The primary purpose of this dissemination workshop was to share the baseline assessment's key findings, recommendations, GIS map development, and to collect any final comments from the stakeholders on this assessment. It was very well-planned and, as such, a significant number of participants joined this important event. A team of six presenters and nine facilitators from CENAT and KHANA were at CENAT for the conference, and more than one hundred participants virtually joined the workshop through Zoom. The event produced a few action points, such as sharing the final draft report with all stakeholders in order to collect feedback before it is published and distributed, and having each OD print out the maps

to allow for further checks as several places were highlighted as missing from the maps during the event. The finalized maps are to be printed and distributed to all sites. It is estimated that four maps will be supplied to each OD, with two printed maps to be displayed at RHs and two at ODs, and that additional A3 color printed maps were also distributed to the ten ODs.

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

Capacity Strengthening through Exchange Learning Visits



Figure 19: Exchange Learning Visit to Kraing Yov Health Center, Sa-ang OD

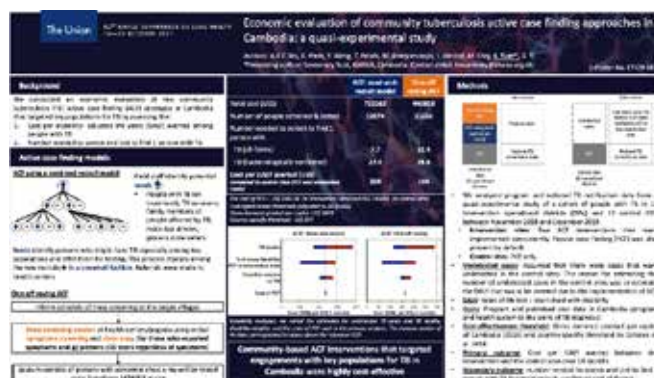
To improve the Snowball program implementation, KHANA, in collaboration with Sa-ang OD, organized a learning exchange visit in late September 2021. The primary purposes of the visit were to improve case detection through the Snowball approach, including the selection of potential seeds and coordination of LCs, to exchange experiences between ODs that use the same approaches, and to conduct a visit to see GeneXpert and Chest X-ray activities in at RH. A team of twenty participated in this learning exchange visit, including FOs, FAs and LCs from five ODs, and management, technical and M&E team from the Head Office. In addition, two seeds were invited to share their experiences at the event.

Collaboration and International Relations

In 2021, KHANA management and staff continued to strengthen collaboration and international relations by joining global and international meetings/conferences through video conferences in order to do

KHANA also shared the experiences from the project at the WHO high-level event for the global drive to scale up TB prevention. This included providing our technical input to and joining together with WHO, civil society and other partners to make a strong Call To Action for access to TB preventive treatment for those in need, urging governments to undertake the necessary actions over the next 18 months to reach the globally agreed targets by 2022. This call has become more relevant and urgent given the disruptions to TB care delivery, supply chains, and other program activities due to COVID-19. The UN Secretary General, in his 2020 Progress Report on TB, called for prioritizing and dramatically scaling up access to TB preventive treatment and stronger multisectoral action. It is now urgent for countries and partners to undertake a systematic and invigorated drive to boost the evaluation of people at risk of TB and increase access to TB preventive treatment and other preventive actions. Additionally, COMMIT also provided technical input as a member of WHO's Civil Society Taskforce to the WHO implementation handbook "Ethics, equity, and human rights in the management of TB." Furthermore, COMMIT was both involved in and supported WHO in the development of the report: "Community perspectives on the duration of drug-susceptible TB treatment: Results from a qualitative survey."

KHANA delegates attended the 52nd Union Conference and presented three abstracts, which had been accepted as e-poster presentations: 1) A cascade of care for latent tuberculosis infection in 86 Cambodian treatment centers; 2) an economic evaluation of community tuberculosis active case finding approaches in Cambodia: a quasi-experimental study; and 3) integrated HIV and TB work in community-based programs reaching unreached populations.



KHANA worked with Frontline AIDS and its global partners to develop the global policy brief: 'The Road to Integrated Service: Putting People First.' The initiative followed on from WHO's policy on collaborative TB/HIV activities to establish and strengthen mechanisms for integrated delivery of TB and HIV services. KHANA developed a snapshot of the TB and HIV program, addressing the road traveled: (1) activecase finding for tuberculosis and HIV prevention, as well as treatment adherence support among key populations (2) incorporating HIV prevention and treatment adherence support into a community based model; and (3) the cascade of TB and HIV services, from screening to prevention and treatment adherence. The policy "Integrated working for HIV and TB in community-based programs reaching unreachable populations" will be presented at the Community Connect, 52nd UNION.



GOAL 4: PROMOTE AN ENABLING ENVIRONMENT FOR KPS, LGBTI, TB PATIENTS, AND OTHER VULNERABLE GROUPS

4.1. PROMOTE AN ENABLING ENVIRONMENT FOR KPS, LBGTI AND OTHER VULNERABLE GROUPS

Commemorated the World TB Day 2021

In collaboration with CENAT, KHANA organized a Video Conference ZOOM Meetings to mark World TB Day 2021 under the theme “Time Is Ticking” to raise public awareness about the devastating health, social, and economic consequences of TB, and to step up efforts to end the global TB epidemic. The activities for World TB Day 2021 were initially planned to take place in Oraing Euv OD so as to involve the local officials, especially the provincial governor and other stakeholders, since the TB burden and associated stigma is particularly high in this area. However, this plan was unable to go ahead as physical gathering restrictions were put in place due to the impact of COVID-19 linked to the February 20 Community Event.

Despite the change in location, the ZOOM Video Conference went ahead smoothly. The virtual participants in the event included the Director of CENAT, representatives from USAID, from the World Health Organization, from the Stop TB Partnership, and from TB patient groups, with a further 60 guests from development partners, NGOs, government officials, and journalists. Along with the video conference, KHANA's Facebook page livestreamed the event, receiving 2.2K views.



Figure 20: Commemorated the World TB Day 2021

Additionally, TB light-up events and awareness raising through banners were carried out across the 10 ODs, which are comprised of 10 RHs, 86 health centers, and 93 communes, aiming to get everyone fully engaged with World TB Day. At night, the LED displays were lit up, one at CENAT and another one at KHANA headquarters, and cabling was situated at the gates of the 10 RHs to light up banners saying, “Congratulations on World TB Day, March 24”. The light-up events conveyed people’s commitment towards ending TB.

4.2. INCREASE PUBLIC AWARENESS ON SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) AND GENDER-BASED VIOLENCE (GBV)

Staff Capacity Building to Develop SMARTgirl 24-hour Chatline Intervention to Address GBV issue

To build the staff capacity for developing the SMARTgirl Chatline staff training manual, KHANA had several meetings with FHI360 and was invited to participate in a training on Gender-Based Violence (GBV) and HIV/AIDS Response for health care providers conducted by Phnom Penh Municipal Health Department with technical support from the EpiC project by FHI360 and the National Center for HIV/AIDS, Dermatology and STD (NCHADS). In return, KHANA staff gained a better understanding of GBV response from various key documents presented, such as the Principles Guideline for Service Providers, Essential Services for GBV and HIV Response, and First-line Support (LIVES) for GBV Victims. These documents are essential in developing a practical training manual for Chatline staff to provide GBV support for FEWs in Cambodia.



Figure 21: Training for Chatline Staff to Provide Gender-Based Violence Support for Female Entertainment Workers on March 23-26, 2022

4.3. IMPROVE AND PROMOTE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) FOR KPS, LGBTI AND OTHER VULNERABLE GROUPS

Assessing Gender-Based Violence among Female Entertainment workers in Cambodia during Global Pandemic Under the SMARTgirl Chatline project funded by the World Bank, KHANA conducted a quantitative study called “Disaster Resilience of FEWs in Cambodia during the COVID-19 Pandemic” to identify and assess the economic and social impact of a global pandemic on FEWs in Cambodia by identifying life stressors exacerbated by the global crisis as well as protective factors that may promote resilience among FEWs to help alleviate the adverse effects of the pandemic. This cross-sectional study was conducted via phone call by experienced female data collectors, and various questions were included in the survey to assess the changes before and after the onset of the pandemic, and GBV was one of them. FEWs were asked about how often they had experienced the 4 types of GBV since early 2020.

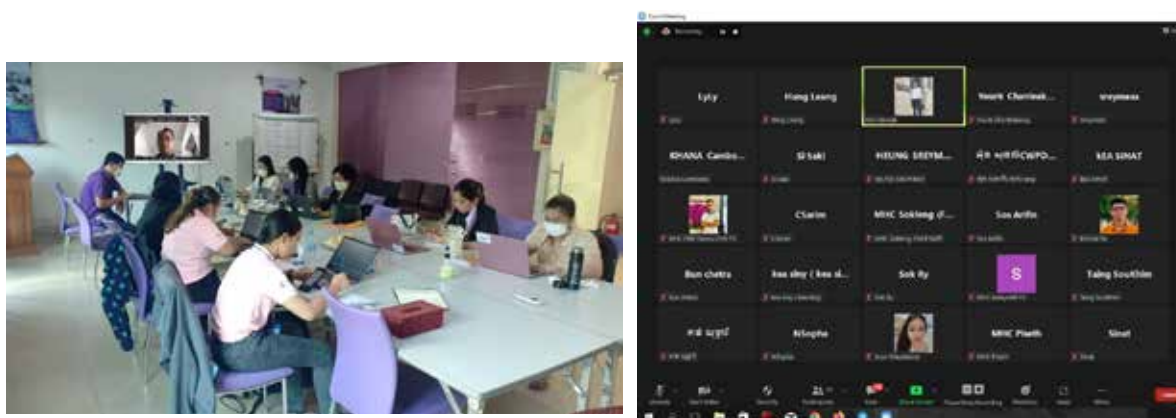


Figure 22: HIV Self Testing Training for Chatline Counselors

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

Engaged FEWs in a Group Model Building Exercise to better understand their needs during pandemic for guiding future policies/interventions

In collaboration with NUS, KHANA conducted a Group Model Building Exercise to map the impact of COVID-19 on the mental health of FEWs in Cambodia by incorporating feedback perspectives from multiple stakeholders, including NCHADS, NAA, UNAIDS, CWPDP, online counsellors, field staff, OW, and FEWs themselves. Due to the COVID-19 situation, this 2-day exercise was conducted in hybrid mode in which OW and FEWs joined physically at KHANA and the rest of the stakeholders joined via Zoom. During the exercise, all stakeholders, especially FEWs, got the opportunity to share their valuable insights and experiences to identify factors and variables that contribute to FEWs' mental health, and existing and possible new interventions/policies that can address the problem. As a result, significant relationships and issues contributing to the mental health of FEWs in Cambodia during the global pandemic were drawn, and these findings can be used to guide future policies and interventions supporting FEWs in Cambodia during current COVID-19 pandemic and for future similar events.

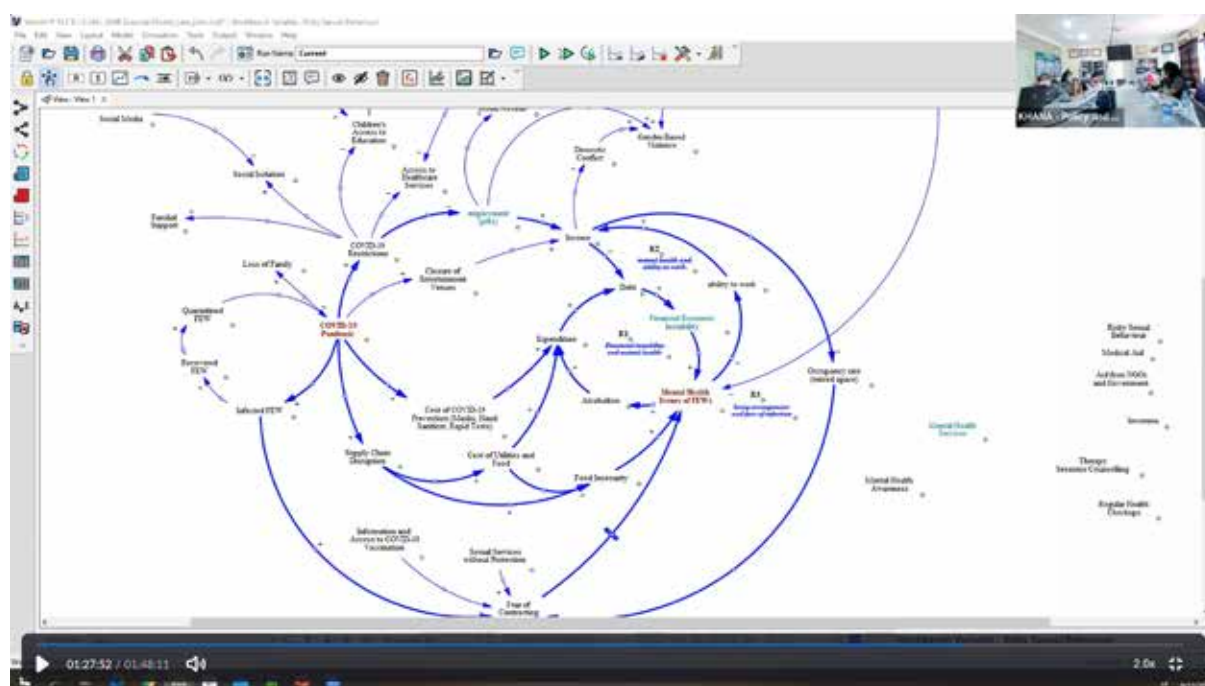


Figure 23: Group Model Building Exercise: Understanding the impact of COVID-19 on the mental health of female entertainment workers in Cambodia on December 08-09, 2021

KHANA'S PRIORITY FOR 2022

It was year two of the new KHANA Strategic Plan 2021-25 (KSP25), ongoing relevance of the goal and strategies maintained.

Organizational key priorities

- Continue year two of HIV/AIDS Prevention Project, GFATM 2021-2023
- Continue year three of COMMIT Project under USAID-funded project, 2019-2024
- Continue year three of CAD project, L'Initiative through Expertise France, 2020-2022
- 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, local partners, and stakeholders
- Maintain the connection as a strategic partner of Frontlines AIDS

Key priority by goals

KHANA maintained the key activities across strategic goal

• Goal 1

- ▶ Implement HIV/AIDS Prevention Project under GFATM
- ▶ Implement COMMIT Project under USAID-TB-LON
- ▶ Implement CAD project under L'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
- ▶ Disseminate the finding of the cluster randomized controlled trial on the effectiveness of community active case-finding models to increase TB case detection in Cambodia
- ▶ Disseminate the findings of 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 the Cohort study of TB disease and infection in Cambodia
- ▶ Implement the feasibility of Truenat operation research

• Goal 4

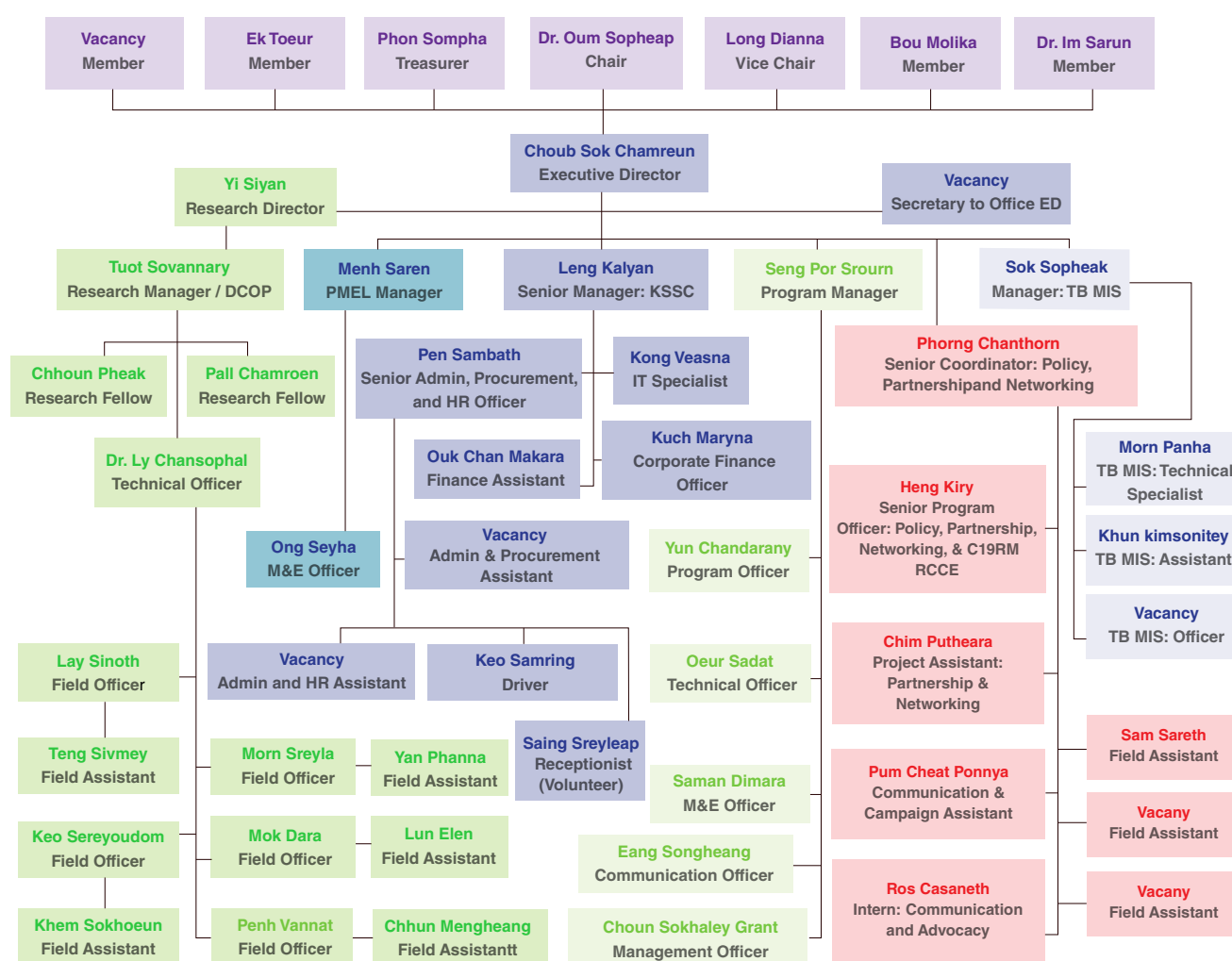
- ▶ Continue to focus on empowering communities of HIV, TB, and other health-affected communities to ensure that their rights are respected and that communities are meaningfully engaged in service delivery, evaluation, policy development, and implementation.
- ▶ Continue to work closely with a government 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 2021

Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
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	4,242,178
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	3,325,620
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	916,559
Burning Rate	92%	89%	85%	73%	76%	96%	67%	95%	85%	83%	78%

LEADERSHIP AND STAFFING

KHANA'S ORGANIZATIONAL CHART



KHANA STAFF CONTACT LIST

NAME	SEX	POSITION TITLE
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Choub Sok Chamreun	M	Executive Director
Kao Pichanrasmey	F	Secretary to Executive Director (Volunteer)

KHANA CENTER for POPULATION HEALTH RESEARCH (KHANA-CPHR)

NAME	SEX	POSITION TITLE
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Yi Siyan	M	Research Director
Tuot Sovannary	M	Research Manager
Chhoun Pheak	M	Research Fellow
Pall Chamroen	M	Research Fellow
Eng Sothearith	M	Research Assistant
Taing Hang Leang	M	Research Assistant
Tep Sovanvorleak	F	Research Assistant

NUS NIHA PROJECT

NAME	SEX	POSITION TITLE
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Mann Makara	F	Field Officer - OD Kanhchreach
Yim Bun Sorn	M	Field Officer - OD Choeung Prey

CAD PROJECT

NAME	SEX	POSITION TITLE
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Khay Sovann	M	Monitoring and Evaluation Officer
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GFATM PROJECT (GF-FR)

NAME	SEX	POSITION TITLE
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Seng Por Sourn	M	Project Manager
Oeur Sadat	M	Technical Officer for HIV Online & Social Media Coordination
Saman Dimara	M	M&E Officer
Eang Songheang	M	Communication Officer
Yun Chandarany	F	Program Officer
Chhoun Sokhaley	F	Grant Management Officer

COMMIT PROJECT

NAME	SEX	POSITION TITLE
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Menh Saren	M	PMEL Manager
Ly Chansopha	M	Technical Officer (Active Case Finding)
Phin Savey	M	Policy and Advocacy Officer
Ong Seyha	M	M&E Officer
Penh Vannat	F	Field Officer - OD Sa Ang
Chhung Mengheang	M	Field Assistant - OD Sa Ang
Man Seyla	F	Field Officer - OD Leuk Dek
Yan Phanna	M	Field Assistant - OD Leuk Dek
Mok Dara	M	Field Officer - OD Ou Raing Euv
Lun Elen	F	Field Assistant - OD Ou Raing Euv

Keo Sereyodam	M	Field Officer - OD Por Sen chey
Khem Sokhoeun	F	Field Assistant - OD Por Sen chey
Lay Sinoth	F	Field Officer - OD Sen Sok
Teng Sivmey	F	Field Assistant - OD Sen Sok

TB- MIS Unit

Im Chanry	M	Manager for TB-MIS
Thor Chanrasmey	M	MIS Officer
Sok Sopheak	M	Manager for TB-MIS
Morn Panha	M	TB-MIS Technical Specialist (System Developer)
Khun Kimsonitey	F	TB-MIS Assistant

CFCS AND COVID-19 PROJECT

NAME	SEX	POSITION TITLE
Phorng Chanthorn	M	Senior Coordinator: Policy, Partnership, and Networking
Heng Kiry	M	Senior Program Officer: Policy, Partnership, Networking and C19RM-RCCE

CFCS Project

Chhim Putheara	F	Project Assistant: Partnership, and Networking
Ros Casaneth	F	Intern: Communication and Advocacy
Tin Sreymom	F	Field Assistant
Som Sareth	F	Field Assistant
Khiev Puthi	M	Field Assistant

COVID-19 Project

Koksi Thanit	M	Site Activities and Communication Officer-Kampong Cham Province
Sam Soula	F	Site Activities and Communication Officer-Tbong Khmum Province
Neou Picheth	M	Site Activities and Communication Officer-Tbong Khmum Province

STOP TB Cambodia

Pum Cheatponnya	F	Communication and Campaign Assistant
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KHANA SUPPORT SERVICE CENTER

NAME	SEX	POSITION TITLE
Leng Kalyan	F	Senior Manager: KHANA Support Service Center

Information & Technology Unit

Kong Veasna	M	IT Specailist
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Finance Unit

Kuch Maryna	F	Corperate Finance Coordinator
Chheang Solina	F	Finance Assistant
Ouk Chan Makara	F	Finance Assistant

HR, Administration and Procurement Unit

Pen Sambath	M	Senior Admin, Procurement and HR Officer
Kim Sopheak	F	Senior Admin, Procurement and HR Officer
Keo Samring	M	Driver
Man Maly	F	Admin and Procurement Officer (Volunteer)
Saing Sreyleap	F	Receptionist (Volunteer)

LIST OF IMPLEMENTING PARTNERS 2021

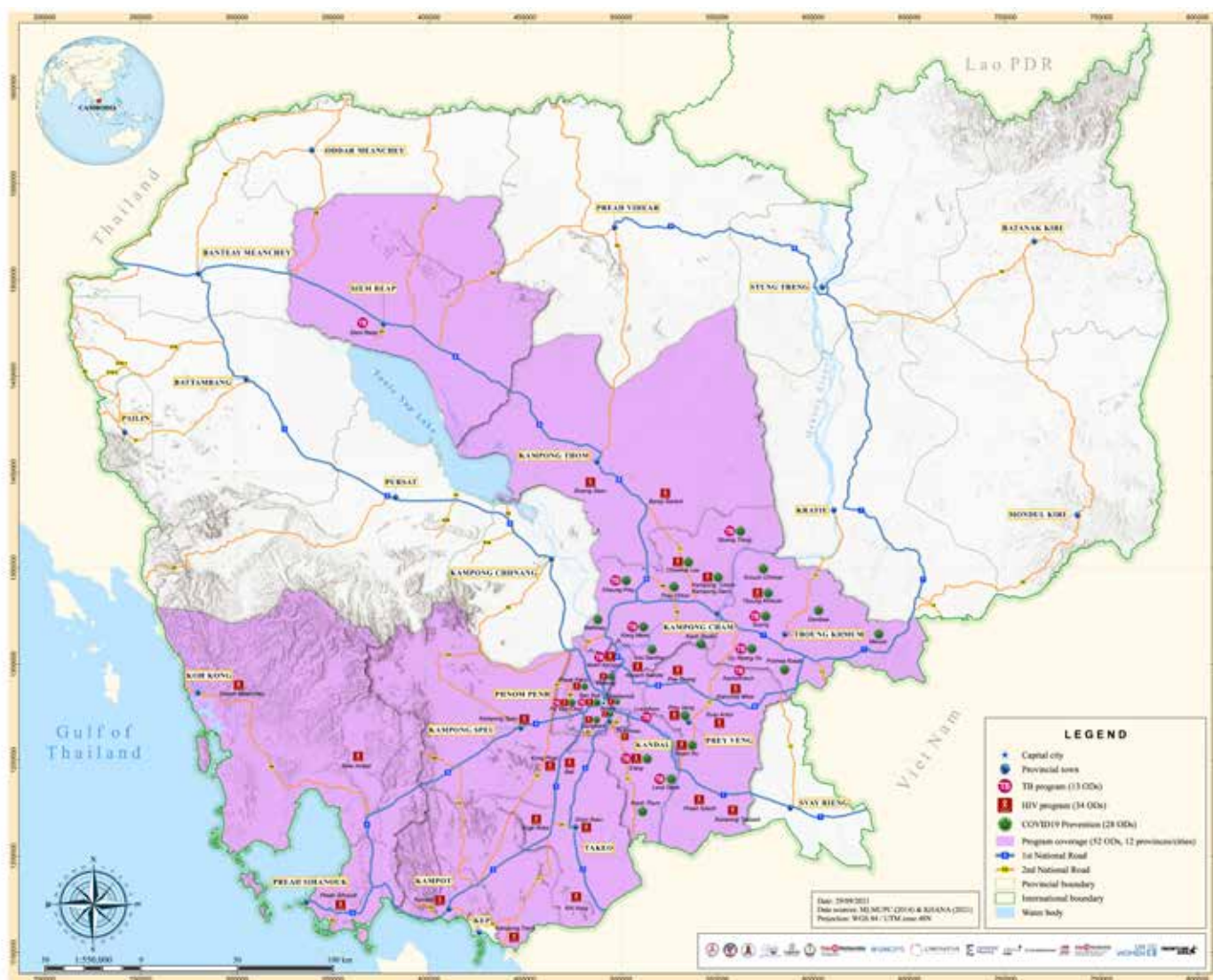
ABBREVIATION	FULL NAME	ADDRESS
AUA	ARV Users Association	House: #7FEo, St. 432, Boeung Tompon, Meanchey, Phnom Penh, Cambodia.
CATA	Cambodia Anti-Tuberculosis Association	c/o CENAT, st. 278/95, Sangkat Beoung Keng Kang II, Phnom Penh, Cambodia
CHC	Cambodian Health Committee	#297, St 28 Krua (72P), Rongchak 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
HSD	Health and Social Development	VTRUST Building # 10 (4th, floor), Street 109, Mittapheap Sangkat, Prampir Meakkakra Khan, Phnom Penh Capital, Cambodia
MHC	Men Health Cambodia	# 28B5, St75, Sangkat Srah Chork, Khan Daun Penh, Phnom Penh, Cambodia
PC	Partners in Compassion	Wat O'Poit, Sramoch Her village, Chambok commune, Bati district, Takeo province

KHANA'S PUBLICATIONS IN 2021

AUTHORS	TITLE	JOURNAL	WEBLINK
Carinne Brody , Rachel L. Berkowitz ,Pheak Chhoun, Kathryn C. Kaplan , Sovannary Tuot and Siyan Yi	Feeling clean": stigma and intravaginal practices among female entertainment workers in Cambodia	BMC Women's Health	https://doi.org/10.1186/s12905-021-01271-y
Carinne Brody, Pheak Chhoun, Sovannary Tuot, Siyan Yi, Anne E. Fehrenbacher, Alexander Moran, Dallas Swendeman	Improving access to health services for female entertainment workers in Cambodia: findings from the Mobile Link randomised controlled trial	The Lancet Global Health	DOI:10.1016/S2214-109X(21)00123-6
Jane Mingjie Lim, Pheak Chhoun, Sovannary Tuot, Chhorvoin Om, Sidonn Krang, Sovann Ly, Li Yang Hsu, Siyan Yi, Clarence C. Tamg, Tan Eang Mao	Public knowledge, attitudes and practices surrounding antibiotic use and resistance in Cambodia	JAC-Antimicrobial Resistance	https://academic.oup.com/jacamr/article/3/1/dlaa115/6127117
Haruyo Nakamura, Floriano Amimo, Siyan Yi, Sovannary Tuot, Tomoya Yoshida, Makoto Tobe, Md. Mizanur Rahman, Daisuke Yoneoka, Aya Ishizuka and Shuhei Nomura	Developing and validating regression models for predicting household consumption to introduce an equitable and sustainable health insurance system in Cambodia	WILEY	https://onlinelibrary.wiley.com/doi/10.1002/hpm.3269

AUTHORS	TITLE	JOURNAL	WEBLINK
Gene Bukhman, Ana Olga Mocumbi, Neil Gupta, Mary Amuyunzu-Nyamongo, Moses Echodu, Anu Gomanju, Yogesh Jain, Biraj Karmacharya, Sharon Kapambwe, Aimée Lulebo, Julie Makani, Jones Kaponda Masiye, Paladie Kampuhwe Mategeko, Eunice Owino of the NCDI Poverty Network† Collaborator of NCDI Poverty Network, Hero Kol, Choub Sok Chamreun, Pheak Chhoun, Sovannary Tuot	From a Lancet Commission to the NCDI Poverty Network: reaching the poorest billion through integration science	The Lancet	https://doi.org/10.1016/S0140-6736(21)02321-7
ovannary Tuot, Alvin Kuo Jing Teo, Kiesha Prem, Pheak Chhoun, Chamroen Pall, Mengieng Ung, Penh Sun Ly, Masamine Jimba, and Siyan Yi	Community-based model for the delivery of antiretroviral therapy in Cambodia: a quasi- experimental study protocol	BMC Infectious Diseases	https://doi.org/10.1186/s12879-021-06414-y
Chee Wen Eng, Sovannary Tuot, Navy Chann, Pheak Chhoun, Phalkun Mun, Siyan Yi miyo Kikuchi	Recent HIV testing and associated factors among people who use drugs in Cambodia: a national cross- sectional study	BMJ Open	http://dx.doi.org/10.1136/bmjopen-2020-045282
Kimiyo Kikuchi, Siyan Yi, Junko Yasuoka, Sovannary Tuot, SumiyoOkawa, Makoto Murayama, Sokunthea Yem, Pheak Chhoun, Sothearith Eng,	Oral health among HIV-positive and HIV-negative children in Phnom Penh, Cambodia: a cross-sectional study	BMJ Paediatrics Open	http://dx.doi.org/10.1136/bmjpo-2020-000992
Kimiyo Kikuchi, Junko Yasuoka, Sovannary Tuot, Sumiyo Okawa, Sokunthea Yem, Pheak Chhoun, Makoto Murayama, Chanthany Huot and Siyan Yi	Dental caries in association with viral load in children living with HIV in Phnom Penh, Cambodia: a cross-sectional study	BMC Oral Health	https://doi.org/10.1186/s12903-021-01441-2
GBD 2019 HIV Collaborators, Siyan Yi	Global, regional, and national sex-specific burden and control of the HIV epidemic, 1990-2019, for 204 countries and territories: the Global Burden of Diseases Study 2019	BMC Oral Health	https://doi.org/10.1186/s12903-021-01441-2
Siyan Yi, Alvin Kuo Jing Teo, Say Sok, Sovannary Tuot, Sivanna Tieng, Kim Eam Khun, Sok Chamreun Choub, Sok Heng Pheng and Tan Eang Mao	Barriers in access to services and information gaps by genders and key populations in the national Tuberculosis programme in Cambodia	International Journal of Transgender Health	https://www.tandfonline.com/doi/abs/10.1080/26895269.2021.1985677

KHANA COVERAGE 2021



#33 Street 71, Tonle Bassac, Chamkarmon, Phnom Penh
P.O. Box 2311 Phnom Penh 3, Kingdom of Cambodia
Tel: (855) 23 211 505 | Fax: (855) 23 214 049
<http://www.khana.org.kh>

KHANA is one of the partners of the **FRONTLINE AIDS** 