

CHALLENGES AND OPPORTUNITIES IN TIME OF AMIDST COVID-19 POST RECOVERY

ANNUAL REPORT
2022

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ACRONYMS AND ABBREVIATIONS

ACF	Active Case Finding
ART	Antiretroviral Therapy
CAD	Community-Based Antiretroviral Delivery
CC	Commune Council
C-DOTS	Community-Directly Observed Treatment, Short-course
CENAT	National Centre for Tuberculosis and Leprosy Control
CI	Contact Investigation
CLM	Community-led monitoring
COMMIT	Community Mobilization Initiatives to End Tuberculosis
CSO	Civil Society Organization
DNPET	District Network of People Living with or with Experience of 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
NCD	Non-communicable disease
NECHR	National Ethical Committee for Human Research
NTP	National TB Program
NUS	National University of Singapore
PHB	Promoting Healthy Behavior Project
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 Services International
RR-TB	Rifampicin-Resistant TB
SSI	Sub-Sub Implementers
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
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
UHC	Universal Health Coverage



MESSAGE FROM THE CHAIR OF

BOARD OF DIRECTOR

2022 has been less challenging than the previous COVID-19 pandemic years, but it has also been a year for boosting efforts to ensure KHANA's work and services are proceeding according to plan and meeting targets. I am thankful to see that KHANA's team have tried their best to accelerate their work and fulfil their commitments. This year marked the second year of KHANA's Strategic Plan implementation, and KHANA's Management Team and staff have, as always, walked the implementation of this plan in the right direction. As the Chair of KHANA's Board of Directors and on behalf of all Board members, I want to express our sincere appreciation for the high level of commitment from and efforts of the whole management team, and for the tireless contribution from all KHANA staff to achieving KHANA's strategic plan and ensuring

our continuation as the leading local NGOs in Cambodia's health sector. The COVID-19 pandemic has shown us that only by working together can we succeed in overcoming problems like this.

The involvement of civil society organizations and community members in this work is vital, particularly those members from the most marginalized and vulnerable populations; and is, in fact, the only way that success can be achieved. The important roles performed by civil society organizations and community members have been recognized and are valued, with these groups and individuals seen as equal partners in the fight against the pandemic and in contributing to build an effective, sustainable, and resilient health system. Thus, investing in and capacitating civil society organizations and the community in pandemic preparedness, prevention, and response are a must, which will achieve value for money and effective responses to challenges in the future. The results that KHANA have achieved in 2022 demonstrate the effectiveness of great partnership and collaboration with stakeholders from all levels: national, sub-national, and grassroots.

I would like to take this opportunity to thank the national programs, the health and local authorities at all levels, KHANA's Implementing Partners, Village Health Support Groups (VHSGs), Outreach Workers, and all field staff for their meaningful collaboration, support, and partnership. In addition to this, I would like to thank KHANA's donors for their continuing support, both financially and technically, to make KHANA stay relevant and a strong, healthy organization in contributing to the promotion of

healthy behaviour in key populations, particularly the most marginalized and vulnerable, and also in contributing to the ending of AIDS, TB, and other health problems in Cambodia. I strongly believe that with the necessary support and funds, KHANA can continue to be one of the effective partners working toward achieving a Universal Health Coverage response in Cambodia; leaving no one behind. I look forward to seeing the great results that KHANA will achieve in 2023.

Dr. Oum Sopheap,

Chair of KHANA's Board of Directors





MESSAGE FROM EXECUTIVE

DIRECTOR OF KHANA

On behalf of KHANA's Management Team, and all staffs, I would like to sincerely thanks KHANA's Board of Directors for their strategic guidance, and oversight support, to KHANA in implementing KHANA Strategic Plan for its year 2, while it is also in the significant year of achieving targets and results in post COVID-19 pandemic through the catchup plan implementation, as we agreed with our donors. In addition to this, I like to thank to our Implementing Partners, our field staff teams and our strategic and collaborating partners including our national programs, NCHADS and CENAT and other departments and programs at MoH level for your leadership, championship, and direction. The achievement of KHANA's works in 2022, could not be possible without your collaboration and supports.

In 2022, through partnership with our Implementing Partners, and with the supports of all health and local authorities at different levels and with our committed project teams, KHANA continued to provide HIV prevention education and care, as well as contributing to intensifying TB case in HIV and TB burden provinces

across Cambodia. In addition, KHANA continued to lead and represent civil society organizations and people living with disease to voice their concerns out relating to the access of HIV and TB care services at national, regional, and global level. KHANA supported the networks of people living with TB to register with MoI and recognized as TBPeople Cambodia and continued to strengthen their organizational and institutional capacity to represent their consistency for fully and actively engage in TB response in Cambodia. KHANA contributed to 61% of HIV case detection coverage of national HIV case detection efforts, while our HIV prevention program targeting key populations covered and reached out to over 60% of all national estimates, while our TB prevention and care has contributed to 9% of TB case detection nationwide in our ten operational health districts in Cambodia. However, KHANA has contributed to 41% of national coverage for TB preventive therapy (TPT) services.

On the other sides of our HIV and TB works, in 2022, KHANA continued to involve in COVID-19 pandemic prevention education for COVID-19 risk communication and community engagement efforts, in addition to support our most and marginalized populations to get the booster dose of COVID-19 vaccination.

To maintain our connection and affiliation with different organizations for policy and advocacy works and collaboration, as well as for resource mobilization, KHANA has contributed to share our program best practices and lessons learned at different forums both at the national level, regional level, and global level. Our research centre continued to share our research papers and publications resulting from our program works, in which can be useful for informed program interventions to both HIV and TB and other health related issues.

KHANA currently operate in fourteen provinces across Cambodia reaching key populations to HIV, and for TB care services targeting key and vulnerable populations in underserved districts. The results and achievement of KHANA's works in 2022 is another milestone of our KSP25, at the same time, I look forward to the fruitful results in the coming year in 2023.

Choub Sok Chamreun,

KHANA Executive Director

EXECUTIVE SUMMARY



KHANA remains Cambodia's leading organization in fighting against HIV/AIDS as well as other communicable and non-communicable diseases within the past decade. KHANA and its partners contributed significantly to the prevention of HIV infections and transmission. A total of 55,747 Key Populations (KP) have been reached by KHANA's HIV and sexually transmitted infection (STI) prevention efforts. The program has conducted 47,196 HIV tests and detected 1,330 new HIV cases, contributing to 61% of the national program. All the confirmed HIV positive cases were enrolled in the antiretroviral therapy (ART) service. In addition, the program has detected 1,522 Syphilis cases and 3,825 other STI cases, all of which have been referred for counselling and treatment. KHANA has supported IPs in implementing HIV prevention programs including promoting PrEP service to KPs such as FEWs, MSM and TGs, who wish to use PrEP to prevent HIV transmission. In 2022, a total of 209 KPs (157 MSM, 42 TGs, and 10 FEWs) were referred to community's PrEP services in Phnom Penh and Preah Sihanouk province. KHANA is also known for the delivery of Community-based Antiretroviral Delivery (CAD) which was launched in the past year. Under the leadership of NCHADS, KHANA and its partners have collaborated with 10 ART clinics to establish and facilitate 82 ART groups consisting of 2,049 PLHIV. These groups are responsible for assisting their members in receiving care services, support, and ART drugs. Ultimately, the goals of these groups' establishment are to support their communities and members and to ease the burdens of healthcare providers.

KHANA and sub-partners have continued to contribute to TB response in Cambodia by implementing the project titled "Community Mobilization Initiatives to End Tuberculosis (COMMIT)," which is a five-year project from 2019 to 2024, funded by the United States Agency for International Development (USAID) through TB-LON project. COMMIT aims to improve access to high-quality, person-centered TB, drug resistant-TB, and TB/HIV services. The objective is to strengthen TB service delivery platforms, reduce TB transmission and disease progression, and accelerate TB research and innovations with improved impact on program implementation. Overall, KHANA and its partners have contributed approximately 9% to the National TB Program (NTP), detecting 2,844 TB cases, 33% of which are bacteriologically confirmed. With the Snowball model using seeds and recruits, KHANA has generated a

strong community network to identify presumptive TB cases ensuring early TB case detection, diagnosis, and treatment. Likewise, KHANA has worked with its partners to conduct contact tracing and investigation activities, a key intervention of ending TB strategy. As a result, 2,549 close contacts of pulmonary TB patients were enrolled in TB Preventive Treatment (TPT), among whom 7% are children under 5 years old. Furthermore, KHANA and its partners have facilitated the detection of 130 TB cases among diabetic patients, 129 MDR/RR-TB cases, and maintained the activities at all sites across the country.

KHANA has meaningfully engaged various key stakeholders such as CENAT, development partners, NGO partners, relevant line ministries, journalists, celebrities, health and local authorities through various channels to increase support and resource mobilization. In marking World TB Day, KHANA engaged over 500 participants to commemorate the event, including the members of the senate, the provincial governor, representatives from the national TB program, policymakers, journalists, and CSOs working on TB. For a meaningful engagement of people living with and experiencing TB at a community, sub-national and national level, a total of 103 peer support groups (PSG) and 4 TB networks at the district level have been established in Siem Reap, Kandal, and Tboung Khmum provinces. Both platforms' critical role is to represent their constituency in various TB forums.

KHANA, in collaboration with strategic partners, have facilitated the establishment and launch of a national network of people affected and infected by TB, known as "TBPeople Cambodia." In addition, KHANA has supported the implementation of the community-led monitoring (CLM) – OnelImpact Cambodia, a tool that empowers people with TB and communities to access information on TB, human rights, key messages from TB survivors, and TB care/support services. It also allows people affected by TB to engage with their peers in chat forums, access TB support groups, and learn more about regional and global TB community networks. As of 2022, the OnelImpact app has recruited over 600 users in six ODs. In addition, KHANA team has also shared its achievements and best practices through the virtual 2022 World Conference on Lung Health, with three abstracts presented.



2021

HIV/AIDS AND TB STATISTICS

Global HIV/AIDS Statistics 2021

- People living with HIV (PLHIV): 38.4 million [33.9 million–43.8 million]¹
- Total number of new infections: 1.5 million [1.1 million–2.0 million]¹
- AIDS-related death: 650 000 [510 000–860 000]¹
- PLHIV on antiretroviral therapy (ART): 28.7 million up from 7.8 million in 2010¹

Global TB Statistics 2021

- TB incidence: 10.6 million (9.9 million – 11 million)²
- TB related deaths (HIV-negative): 1.4 million (1.3 million – 1.5 million)²
- TB related deaths (PLHIV): 187,000 (158,000 - 218,000)²

Cambodia HIV Statistics 2021

- **HIV prevalence (Adult aged 15 to 49)³**
- Total: 0.6 (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 PLHIV³**
- Total: 74,000 [67,000 - 82,000]
- Men: 34,000 [31,000 - 38,000]
- Women: 38,000 [34,000 - 42,000]
- Children aged 0 – 14: 2,300 [1,900 - 2,700]
- **PLHIV who know their status: 63 000**
- **Total number of new infections³**
- Total: 1,100 [<1,000 - 1,200]
- Men: <1,000 (<1,000 – <1,000)
- Women: <500 (<500 – <500)
- Children aged 0 – 14: <100 (<100 – <200)
- **AIDS-related deaths³**
- Total: 1,100 [<1,000 - 1,500]
- Men: <500 [<500 - <1,000]
- Women: <1,000 [<500 - <1,000]
- Children aged 0 – 14: <100 [<100 - <100]
- **PLHIV receiving ART³: 63 000**
- **HIV prevalence among KPs:**
- FEW⁴: 4.9%
- Freelancers⁴: 6.9%

1 UNAIDS. Global HIV & AIDS statistics — Fact sheet 2022

2 Global tuberculosis report 2022

3 UNAIDS. Country factsheets: Cambodia. 2021

4 National Centre for HIV/AIDS, Dermatology and STD (NCHADS) 2022; FEW IBBS 2022

- MSM⁵: 4.0%
- TG⁶: 9.6%
- PWUD⁷: 5.7%
- PWID⁷: 15.2%

Cambodia TB Statistics 2021²

› Estimates of TB burden

- Total TB incidence: 48K (33K – 66K) | 288 (197 – 396) per 100,000 pop.
- HIV-positive TB incidence: 820 (550 – 1.1K) | 4.9 (3.3 – 6.9) per 100,000 pop.
- MDR/RR-TB incidence: 1K (290 – 1.8K) | 6.2 (1.8 – 11) per 100,000 pop.
- Incidence (0-14 years): 8.7K (5.1K – 12K)
- Incidence (≥ 15 years): 39K (23K – 55K)
- Incidence (females): 19K (9.9K – 28K)
- Incidence (males): 29K (15K – 43K)
- HIV-negative TB mortality: 3.4K (2.4K – 4.7K) | 21 (14 – 28) per 100,000 pop.
- HIV-positive TB mortality: 560 (380 – 770) | 3.4 (2.3 – 4.6) per 100,000 pop.

› Notifications

- › New and relapse cases: 21K | 130 per 100,000 pop.
- › % new and relapse cases with known HIV-positive status: 80%
- › % pulmonary TB among new and relapse cases: 59%
- › % BK+ among new and relapse pulmonary cases: 60%
- › % new and relapse aged cases, age 0-14 years: 23%
- › % women among new and relapse cases: 32%
- › % men among new and relapse cases: 45%
- › Total of cases notified: 21.7K

Table 1: KHANA and its contribution to the national HIV response in 2022

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	91,375	55,747	47,196 (84.7%)	1,330 (2.8%)	1,330 (100%)
FEW	52,388	22,157	19,272 (87.0%)	71 (0.4%)	71 (100%)
MSM	30,304	27,236	22,646 (83.1%)	892 (3.9%)	892 (100%)
TG	8,683	6,354	5,278 (83.1%)	367 (7.0%)	367 (100%)

Table 2: KHANA and its contribution to the national TB response in 2022

Key populations	People screened for TB symptoms	Presumptive TB cases identified	Presumptive TB cases tested	People detected with all forms of TB	All forms of TB started on treatment
Total	118,607	28,881 (24.4%)	28,265 (97.9%)	2,844 (10.1%)	2,794 (98.2%)
Female	70,981	16,579 (23.4%)	16,215 (97.8%)	1,313 (8.1%)	1,284 (97.8%)
Male	47,626	12,302 (25.8%)	12,050 (98.0%)	1,531 (12.7%)	1,510 (98.6%)

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 and tuberculosis infections, strengthening health systems addressing NCD and HCV, and achieving universal health coverage (UHC)

1.1. Prevent new HIV and Tuberculosis infections and transmission

HIV/AIDS Outreach activities

KHANA has 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 detection of HIV among key and other hard-to-reach populations.



Figure 1: Physical outreach activity, credited by CWPD

The coverage of KHANA's HIV prevention activities included mostly the southern regions of Cambodia, which comprise of eight provinces and the capital, Phnom Penh. In total, the program aimed to reach 40,218 KPs, which includes 13,679 of FEWs, 23,067 MSMs, and 3,472 TGs. In 2022, the program exceeded its goal, with a total of 55,747 KPs reached for HIV and sexually transmitted infection (STI) education—22,157 FEWs, 27,236 MSMs, and 6,354 TGs. The program conducted 47,196 HIV tests. In total 1,346 HIV reactive cases were detected, 99% of the 1,330 cases were confirmed HIV positive, and enrolled in antiretroviral therapy (ART) service. Additionally, 1,522 cases of syphilis and 3,825 cases of other STIs were detected. All the syphilis and STI cases were referred for consultation, and were successfully treated.

Condom and lubricant distribution for key populations (KP)

The effective supply, distribution, and promotion of condoms and lubricants use are essential to successful HIV prevention interventions. Condoms have been recommended as an HIV prevention method since the mid-1980s and remain the most effective tool in preventing HIV transmission. KHANA has continued to support the distribution of condoms and lubricants to KPs through IPs to prevent HIV/AIDS and STI transmission. In 2022, 842,014 condoms and 1,506 lubricants were distributed to FEWs, 1,142,965 condoms and 446,160 lubricants were distributed to MSMs, and 265,840 condoms and 98,855 lubricants were distributed to TGs. In total, 2,250,819 condoms and 546,521 lubricants were distributed to the KPs during outreach education activities throughout 2022.

Improving HIV case detection, treatment, and adherence

KHANA and IPs have utilized different approaches including 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. These aimed to develop program-specific strategic behaviour change communication (SBC) materials in providing education on HIV/AIDS, STI, counseling, and information on HIV testing to hard-to-reach populations.

MHealth

KHANA and IPs have maintained the implementation of the mHealth approach that is confidential and anonymous for users. Social media such as Facebook pages and dating apps to engage hard-to-reach KPs are utilized. The approach was delivered through "My Community", a set of interactive websites, a Facebook page, and dating apps

that offered GIS-mapped service locations, HIV related information, individual risk assessment tool, and online counseling. In 2022, the SMARTgirl website was accessed by 1,078 users and earned 14,964 likes on its Facebook page. Mstyle website was accessed by 2,086 users and earned 108,336 likes on its Facebook page. Srey Sros website was accessed by 1,319 users and earned 42,561

likes on its Facebook page. A total of 1,849 referrals (384 from SMARTgirl, 1088 from Mstyle, and 377 Srey Sros) were made from the websites, Facebook pages, and dating apps for HIV and STI testing. Of the 1,849 referrals, a total of 145 HIV (7 from SMARTgirl, 94 from Mstyle, 44 from Srey Sros), and 143 syphilis tests (10 from SMARTgirl, 72 from Mstyle, and 61 from Srey Sros) were reactive. These cases were referred for enrolment in the pre-ART and ART services.

Case Study #1: **A Transgender person's challenges against discrimination for better health**

Kheng Touch, nicknamed Srey Touch, is a 28-year-old transgender woman born in Preah Prosop village, Preah Prosop commune, Khsach Kandal district, Kandal province. Srey Touch finished her studies at grade eight due to financial difficulties in her family.



Figure 2: Srey Touch accessing ART at a health facility. Photo credited by MHC-Phnom Penh

Before being involved in this project:

Srey Touch started a business by selling food to factory workers in order to earn some money to support her family. Like most Transgender people (TG), Srey Touch often endured ridicule, stigma and discrimination from her neighbors. Srey Touch also suffered immense pressure from her parents to change her behavior into more manly expectations. However, Srey Touch continued to dress up as a woman and have romantic relationships with men.

Despite the emotional and physical pressure from her surrounding environments, Srey Touch was unable to assimilate to societal expectations of her being male at birth.

Srey Touch left home and went to live with friends. During her romantic relationships and sexual encounters, Srey Touch admits that she rarely used a condom due to the belief that it takes away some feeling during sex. One day, Srey Touch was beaten and forced to have sex with a group of men. Srey Touch did not report this matter to the local authorities. About two to three months after her violent encounter, Srey Touch began to experience a downturn in her health, with symptoms of frequent dizziness, fever, chills, and unusual fatigue.

Time being involved in the project:

Srey Touch's friend introduced her to the team of Men's Health of Cambodia (MHC). After listening to Srey Touch's life story, the team encouraged her to take a blood test. The preliminary results showed that Srey Touch's rapid test was positive for HIV. Srey Touch was immediately shocked and started crying. The MHC team provided counselling and encouraging words about the value of life and acceptance of the truth.

Srey Touch was then referred for confirmatory testing, which confirmed her HIV status, and was started on antiretroviral therapy (ART). Currently, Srey Touch's health has improved, and she has a strong social support system consisting of her friends as well as the MHC team.

PDI+ activities

KHANA has provided oversight and support to IPs regarding outreach quality assurance, implementation guidance on PDI+, risk screening, virtual outreach, quality control for HIV testing services, and SBC tool development. KHANA conducted regular field monitoring visits to provide technical support and onsite coaching to field staff regarding the implementation of PDI+ among KPs. In 2022, with a full-year's implementation of PDI+, the PDI staff tested a sum of 1,245 MSM and 328 TG for HIV. A total of 121

tests were positive among both groups (MSM=74 and TG=47), and all 121 were referred for enrollment in pre-ART and ART services. Regarding Syphilis co-testing, 138 individuals tested positive for Syphilis, and all 138 were referred for appropriate treatment.



Figure 3: PDI+ activity- credited by MHC-Kandal

HIV risk screening and testing

KHANA and IPs have also implemented risk screening activities to classify the level of HIV risk (low, medium, high), which is contingent on the individual's behavior and activity. Risk level classification is used 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 and conduct risk assessment. In total, 22,157 FEWs, 27,236 MSM, and 6,354 TGs were screened. Of those screened, 22,157 FEWs, 16,610 MSM, and 5,554 TGs were classified as high-risk. Based on the risk screening results, tailored services such as, patient education, HIV testing, treatment, and condom distribution were provided to the KPs.

Night-time outreach activity

KHANA has continued to implement HIV testing at night time. The night-time outreach activity has been implemented in Phnom Penh to target young FEW, MSM, and TG (aged <30 years). It is an existing HIV case detection modality to identify high-risk groups that are unreachable during daytime outreach activities.

During the outreach, mobile HIV testing services are provided. In 2022, the activity reached 480 FEW, 987 MSM, and 273 TGs. Of those reached, 268 FEW, 893 MSM, and 216 TGs were tested for HIV. 71 MSM, and 8 TGs tested positive for HIV, and all of them were referred for enrollment in ART services.



Figure 4: Night-time outreach activity- credited by KHANA GF team

HIV Self-testing activity

KHANA has continued to provide support to IPs in implementing HIV-self testing among FEW, MSM, and TG in the Phnom Penh municipality as well as in eight other provinces. This approach aimed to further reduce the barriers to testing for high-risk populations in order to ascertain their HIV status. In 2022, there were 3,382 KPs registered for the HIV self-testing service. Of those who had self-tested for HIV, 325 were positive, and all of them were referred for enrollment in the pre-ART/ ART services.



Figure 5: Self-testing among FEW, MSM and TG

Case Study #2:

Importance of condom use in prevention of HIV & STIs

Em Srey Mom is a 43 years-old living in Kampong Papil Village, Kampong Porpil Commune, Pearang District, Prey Veng Province. She was married in 2001. In 2007, her husband died in an accident, and she is currently living with her daughter.



Figure 6: Srey Mom received blood test for HIV & Syphilis from OW. Photo credited by CWPD-Prey Veng

In 2021, Sreymom moved to work in the entertainment service sector in Prey Veng province and met with the SMARTgirl team during their visit to her workplace to provide education about HIV, AIDS and STIs, and how to prevent HIV / STIs. After learning about the risk factors, she was afraid that she got infected. This is because she does not practice condom use consistently when having sexual intercourse with her guests. After being instructed by the SMARTgirl team, she decided to have a blood test for HIV & STI. Fortunately, she did not have an HIV or syphilis infection. However, she had some STI symptoms, so she was then referred by the SMARTgirl team to the hospital for treatment.

"I would like to thank the Cambodian Women's Association for Peace and Development in Prey Veng under the technical assistance and funding from KHANA for providing good advice to me and my female colleagues, helping us know about HIV, STIs and Covid-19 prevention, personal hygiene, blood tests, medical check-ups, etc", she said.

"I hope that in the future, the SMARTgirl program will continue to support female entertainment workers in Prey Veng to prevent HIV and STIs" Sreymom continued.

PrEP implementation

KHANA has also been providing support to IP in implementing HIV prevention program including promoting PrEP service to KPs (FEW, MSM and TG) who wish to use PrEP services to prevent HIV transmission. As a result, there were 2,121 MSM, 698 TG, and 528 FEW referred to access PrEP service at public health facility & Chhouk Sar clinic in 2022.

CBO's PrEP implementation

KHANA has received support from NCHADS to setup two community's PrEP (One in Phnom Penh & another in Preah Sihanouk) to support those who wish to use PrEP service to prevent HIV transmission. As a result, there were 157 MSM, 42 TG and 10 FEW who accessed the community's PrEP services in Phnom Penh and Preah Sihanouk provinces.



Figure 7: PrEP implementation to prevent HIV transmission

Recency test results

KHANA and IPs encouraged KP who were found to be HIV+ to get the recency test at health facility to know their HIV infection status as recently infected or long-term infected. As a result, 70 of 71 FEW who were found to be HIV+ received recency testing, and among those, 11 FEW were recently infected and 59 were long-term infected. 892 of 892 MSM who were found to be HIV+ received recency test, and among those, 89 MSM were recently infected and 803 were long-term infected. In addition, 367 of 367 TG who were found to be HIV+ received recency testing, and among those, 30 TG were recently infected and 337 were long-term infected.

Strengthening good collaboration & communication with stakeholders

In 2022, KHANA and IPs maintained a close working relationship with the Provincial Health Departments (PHD) to implement and monitor the progress of projects. 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 implementations. Furthermore, 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. However, due to COVID-19 disruptions it has been extended to 2023. This project is supported by an "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, with the leadership of NCHADS, to facilitate PLHIV in ART groups. 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 community members, and to ease the burdens of healthcare providers. Beside helping them understand more about ART drug usage and providing emotional support, this project also helps form a community saving group, which is a method to strengthen their solidarity and allow them to help each other when needed.

Since the project launch in 2021, 82 ART groups were formed to assist 2,049 PLHIVs (1,232 females), which improved patients' retention and medical adherence among stable PLHIVs. It also helped alleviate the burdens of healthcare providers (HCPs) in ART sites. CAWs has delivered ARV packages to more than 99% (n=2030) of PLHIVs. At the same time, CAWs were also required to monitor their members' health status and record their medical information whenever they received medications. As a result, the number of records submitted were identical to the number of ARV dispensed. If any PLHIVs were unwell, CAWs had to refer them to ART clinics or health facilities for further check-ups. Moreover, CAWs also performed pill counting to monitor their members medical adherence, and within the last 6 months of 2022, more than 99% of PLHIVs were able to adhere to their medication. Less than 1% (n=4) of PLHIVs missed their appointments, and they received one-on-one counseling from CAWs as stated in the project's protocol.



Figure 8: CAW attended bi-monthly meeting at ART sites

In addition, CAWs also attended bi-monthly meetings with ART sites and assisted in organizing ART group education sessions with their members to remind them about the importance of medical adherence and provide healthy life tips. Furthermore, to assist PLHIVs members financially and ensure the sustainability of the project, CAD also organized village-saving loan program as another indicator of CAD. This is a program that serve as a budget source for CAD members in case they require mortgage. As of the end of 2022, 23 groups of VSL consisting of 260 members (female = 168) had been formed in 3 implementing sites at Takeo and Kampot. Last but not least, to ensure the quality of services delivered, several site visits had also been carried out by HCPs from ART sites, as well as officers from NCHADS. The results of these quality assessment responses received from such visits were all positive.

Table 3: Number of group and members by ART sites

Province	Referral Hospital	ART Group	Member	Male	Female	Youth*	KP
Phnom Penh	Meanchey	6	151	65	86	0	11
	Por Chentong	7	161	68	93	0	10
Kampong Thom	Baray-Santouk	3	84	30	54	1	0
	Kampong Thom	14	350	154	196	2	0
Koh Kong	Smach Meanchey	9	215	99	116	0	0
	Srae Ambel	3	73	30	43	0	0
Kampot	Kampong Trach	11	277	108	169	9	0
	Kampot	10	243	81	162	5	0
Takeo	Kirivong	5	127	49	78	1	0
	Daun Keo	14	351	123	228	7	2
Total		82	2049	817	1232	25	23
%			100.0%	39.9%	60.1%	1.2%	1.1%

* Aged 15 – 19 years

Several challenges were faced and overcome during the project implementation period. First and foremost was the lockdown during the COVID-19 pandemic. The restriction severely impacted the implementation of the project even after the passing of the COVID-19 pandemic at the beginning of 2022. To circumvent this problem, CAWs delivered ARV packages to small groups of members or even individual members since large group gathering was prohibited at the time. After the restriction was lifted, new challenges emerged regarding PLHIVs with IDPoor. The HCPs required people to visit ART clinics to receive

treatment raising many concerns regarding barriers to care. The only course of action was to advise PLHIVs to comply with the request from the ART sites. Fortunately, the implementation period of the project almost reached the end; therefore, this challenge did not affect the validity of the project. The problem regarding distance barriers, conflicting schedules, and privacy concerns were reported by CAWs. CAWs sought to set up an agreed time and place to deliver ARV to their members for the former problem and to deliver ARV packages privately to PLHIVs in case of the latter.

Tuberculosis (TB)

TB case detection through community active case findings and hospital linkage



Figure 9: LC facilitated health center staff to pay TB patient a supervision visit

In 2022, KHANA and sub-partners continued to contribute to the TB response by implementing the project titled “Community Mobilization Initiatives to End Tuberculosis (COMMIT)”. COMMIT is a five-year project from 2019 to 2024, funded by the United States Agency for International Development (USAID) through TB-LON project. Its objectives 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. The project activities enable the local people to access treatment services and provide vital information to identify people with TB that the TB care services missed. Through collaborative efforts, COMMIT was able to implement the planned activities and achieve most milestones across the ten existing ODs, namely OD Por Sen Chey, OD Sen Sok, OD Leuk Dek, OD Sa-ang, OD Mukkampung, OD Lvea Aem, OD Stueng Trang, OD Kang Meas, OD Oraing Euv, and OD Suong. In quarter 4, the project expanded its coverage to four underserved ODs, including OD Praek Pnov, OD Koh Soutin, OD Srae Ambel, and OD Bar Kaev. In total, COMMIT covers 14 ODs under the municipality and five provinces: Kandal, Kampong Cham, Thboung Khmum, Koh Kong, and Ratanakiri, with a total population of 1.5 million.

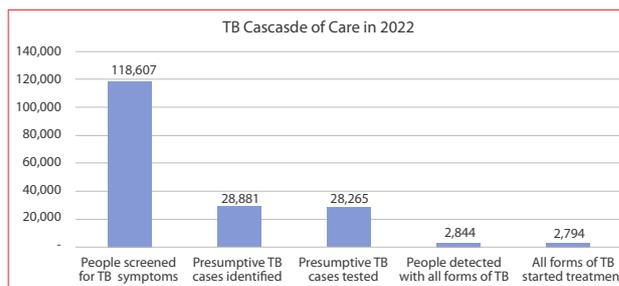


Figure 1: TB Cascade of Care under COMMIT Project

In 2022, 118,607 people (59.8% females) were screened for TB symptoms through all approaches, including the mobile ACF, Snowball using seeds and recruits, the Community TB Screening using village health support groups (VHSG), and Hospital Linkages. Of the 118,607 people screened, 28,881 people (24.4%) were identified with presumptive TB, of which 28,265 (97.9%) underwent TB testing. The tests detected 2,844 people (10.1%) with all forms of TB, 933 (32.8%) of which were bacteriologically confirmed cases. Of those confirmed cases, 2,794 (98.2%) were enrolled in treatment. As part of the TB and DM bi-directional screening efforts, 130 cases (4.8%) were diagnosed with TB among 2,693 people with diabetes. Furthermore, COMMIT facilitated maintaining MDR-TB activities at all sites across the country.

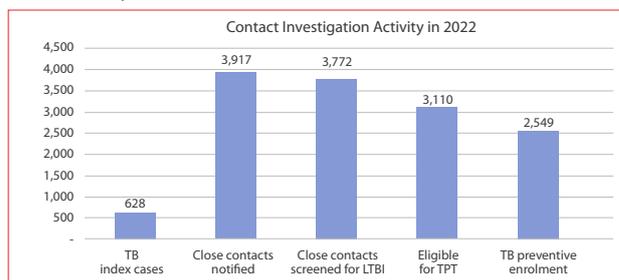


Figure 2: Contact Investigation Activity under COMMIT Project

Strengthen implementation of TB preventive therapy

COMMIT strengthened the implementation of contact investigation (CI) by engaging health providers and local authorities to boost CI activities among the close contacts of bacteriologically pulmonary TB patients, and to improve TPT uptake and completion. The project supported CI activities on 628 index cases, of which 3,110 people were found to be eligible for TPT and 2,549 enrolled in TPT (54.4% female and 7.0% children under 5). This marked the achievement of a >80% rate in TPT uptake within the eligible group. COMMIT supported 95% of the year 2021 cohort (1,428 out of 1,503 enrolled cases) to complete full courses of TPT treatment.



Figure 10: LC supported health center to perform contact investigation at village level

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 2021, KHANA and its IPs supported the provision of outreach education to 44,737 KP, of which 32,776 received point-of-care HIV testing and counseling. Of those tested, 869 were confirmed as HIV-positive, 866 of which enrolled in treatment.

KHANA values the integrity of science, technology, and innovation in enhancing TB case-finding efforts. In addition to the scaling-up GeneXpert® systems created in 2021, KHANA has also been collaborating with key stakeholders and partners to improve the TB lab network and diagnostic services across the project coverage. This includes the installation of system connectivity between

DataToCare (DTC) and GeneXpert®, which involved hands-on training across the project’s ten referral hospitals (RHs) for healthcare providers, including laboratory staff. It also involved the identification of interconnectivity between TB-MIS and DTC has also been made. Additionally, this year marked the introduction of digital chest x-rays and Truenat™ MTB, a high-tech TB diagnostic tool that utilizes a chip-based real-time PCR to test for TB.

1.3. Increase health service utilization

Peer Support Group Establishment and Community-led Monitoring

To provide meaningful engagement to people living with and experiencing TB at a community, sub-national and national levels, 103 peer support groups (PSG) and 4 TB networks were established at the district level. These groups and networks are located in 3 different provinces in Siem Reap, Kandal, and Tboung Khmum. Both platforms play critical roles in representing their constituency in various TB forums. KHANA has also collaborated with strategic partners to establish and launch “TBPeople Cambodia,” a national network of people affected and infected by TB. In addition, KHANA has implemented the community-led monitoring (CLM) – OnelImpact Cambodia tool app that empowers people with TB and communities to access information on TB, human rights, key messages from TB survivors and champions, and TB care and support services. It further enables people affected by TB to engage with their peers, access TB support groups and chat forums, and learn more about regional and global TB community networks. Over 600 users in six ODs have engaged the OnelImpact app in 2022.

Strengthen health information system, including TB MIS to contribute toward more harmonized and aligned systems.

KHANA, through the USAID-funded COMMIT project, continued to support the NTP to implement the TB-MIS in order to collect routine data on TB-confirmed cases nationwide and expand the use of TPT to 51 ODs across 12 provinces. COMMIT extended its support on customizing the TB-MIS to capture presumptive TB cases and offered other additional system features. It conducted the drill-down training on TB-MIS utilization for HF level staff within COMMIT’s coverage. COMMIT also provided mobile tablets to all 85 HCs to enhance the timely recording and reporting of all presumptive TB cases into TB-MIS.

1.4. Improve equitable access to health care

Engagement with key TB stakeholders in the private sector



Figure 11: The Mobile ACF conducted at HC Por Sen Chey, 21 September 2022

KHANA and partners have engaged key stakeholders, including those at the OD and HF levels, and local authorities in working with the private sector. This year, KHANA, through the COMMIT project, was also able to engage private sector organizations in TB screening at 29 non-health private sector sites including 2 construction sites, 24 brick kilns, and 3 garment factories. As show in table 3, the low yield of TB case detections from the mobile ACF sessions at the garment factories and construction sites alerted the program team regarding the need to re-strategize this modality, particularly in light of the fact that the workers are mainly young and healthy based on the results of Chest X-ray film readings.

Table 3: TB case finding at non-health private sector sites

Type of non-health private sector sites	Number of institutions	Number of Tests	All forms of TB notification	Bacteriologically confirmed cases
Brick kilns	24	558	12	5
Construction	2	97	0	0
Garment factory	3	595	2	2
Overall	29	1,250	14	7

Promote a country's multi-sectoral response to end TB

KHANA assisted WHO and CENAT in the revision and finalization of the terms of reference as well as a guide

for the national consultative workshop on Multi-Sectoral Accountability Framework for TB (MAF-TB) Response amongst line ministries, UN agencies, development partners, private sector, Civil Societies, and TB affected communities, which is planned to be conducted in early 2023.

Through a joint work plan with the journalist association (CamboJA) to increase TB awareness-raising amongst the public, focusing on key populations, a total of 16 articles on TB and TB-related issues have been written and disseminated by these journalists/journalist associations. Additionally, three educational videos that focus on TB prevention/TB prevention treatment (TPT), policy and country commitment level, and quality of sputum collection have been produced.

KHANA, in collaboration with NTP and Stop TB Cambodia, organized the country dialogue to review the country's progress on the UNHLM 2022 targets. The dialogue focused on reviewing the country's progressions and targets of the country's response to TB, before then reaffirming the country's commitment and effort to reach said targets. The dialogue brought together 60 participants from the senate, line ministries, CCC/CCM, Provincial Health Departments, Labor Federation, CSO, community networks of people affected by TB, journalists, and celebrities. Additionally, KHANA has engaged with members of parliament and NTP to host a TV round table discussion regarding the country's progress toward the United Nations High-Level Meeting 2023. The goal was to support NTP in disseminating information about the country's preparedness and recovery plan for the national TB program post COVID-19, ensuring that the messages regarding the country targets and commitments toward UNHLM-TB 2023 were spread to policymakers, program developers, donors, influencers, CSO, people affected TB, and key stakeholders.

In collaboration with the Ministry of Labor and Vocational Training and CENAT, the Secretariat of Stop TB Cambodia supported organizing a consultation meeting on TB and Workplace Policy to review the existing employment policies and procedures as well as identify entry points of the TB agenda that could be well-incorporated, focused, and read. This exercise aimed to enhance effective engagement of employment or textile sectors in TB programming through developing/implementing TB workplace policy/guideline/action plans in order to develop a joint work plan between MoLVT and CENAT to revise and implement said TB workplace policy/guideline/action plans.

Goal 2

Build 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

In August, 2022, KHANA had a meeting with H.E Keo Ouly, Director of Identification of Poor Families, Ministry of Planning and his colleague to discuss the preparation and planning for the upcoming demand creation workshop on equity card (known as ID poor card) amongst people living with HIV and TB. The workshop involved the equity card's technical persons, local authorities and representatives of people affected by HIV and TB from selected provinces such as Phnom Penh, Kandal, Kampong Cham and Tboung Khmum Province.



Figure 12: KHANA and H.E Keo Ouly meeting at Ministry of Planning on August 5, 2022

Community-Based Model for Delivery of Antiretroviral Therapy (CAD) for PLHIV

It has been proven that community-based delivery services play an essential role in HIV responses in other regions and improve retention across HIV cascade by decentralizing HIV treatment delivery and task shifting to include community health workers to dispense ART. To assist the Ministry of Health in realizing their goals of achieving 95-95-95 goals regarding HIV/AIDS, KHANA along with partnered NGOs have implemented a Community-Based Model for Delivery of Antiretroviral Therapy (CAD) in Cambodia under the leadership of NAA and NCHADS. The goals of this model are to maintain ART adherence and viral load suppression among stable PLHIVs, while reduce the work burden of healthcare providers at the ART sites. The model also seeks to improve the quality of life, social support, and mental health of PLHIVs. As of the end of 2022, CAD was able to maintain smooth operation and achieved considerable success across all its indicators as 99% of registered CAG within 82 groups received their medications from CAWs and maintained viral load suppression. NCHADS' also recognized CAWs for their dedication to delivering ARV to their members and their ability to accomplish their tasks as stated in CAD indicators.

Integrated within CAD is Village Saving Loan Program (VSL), which is designed to serve as a microfinance that could financially assist CAG group members. Furthermore, VSL could also be utilized to provide financial reimbursement and support to CAWs after the end of the implementation period of CAD program and ensure the continuity of CAD even after the end of the program. By the end of 2022, a total of 71 VSL groups was successfully formed across the 10 ART sites.

COMMIT and TB People Community Establishment

At the project level, the field project team made efforts to have TB included in the commune council and HCMC meeting agendas. The team also involved commune councils in various endeavors to raise TB awareness on the ground, such as World TB Day. In collaboration with ODs, COMMIT assessed and awarded certificates of appreciation to 70 commune and sangkat administrations whose performance matched the selection criteria. Moreover, COMMIT facilitated and scaled up the development of more Peer Support Group (PSGs) for people living with

TB and TB survivors, expanding to reach all corners of the project's delivery areas. There are now up to 101 groups across the country and, most importantly, the national TB network has also now been established. On top of that, COMMIT supported a total of 432 users of the OnImpact K+ app, which enables Community-Led Monitoring (CLM), and allows PSG's and DNPET's issues to be brought to the attention of PHDs, ODs, and meetings of commune councils and ODs. These TB network mechanisms and innovative technology act as a support system and assist more people to access TB care and sustain the TB response.

On top of improving TB case detection, treatment and adherence, KHANA has also been focusing on building human resilience to contribute to TB response in Cambodia. In particular, KHANA and its key strategic partners has been actively working on establishing and launching a national network of people affected and infected by TB, known as "TBPeople Cambodia". The main goals of this community establishment are 1) to promote the practice of community engagement mechanism by focusing on basic human rights and rights of people affected by TB to contribute towards achieving Cambodia's goal to end TB, 2) to contribute in reducing communicable diseases, especially TB, to improve the economy and develop the country through community and country without TB, 3) to promote roles and meaningful participation of people affected by TB including women, children and other vulnerable groups in the process to achieving Cambodia without TB, and 4) to facilitate and support the establishment, improvement and operation of network and group of people affected by TB at province and community levels to fulfil important roles in representation, partnership and leadership in TB response.

2.2. Increase employment opportunities for community members

In building resilience of sustainable community as one of the key strategic goals of its strategic plan 2021-2025, KHANA has searched and engaged many potential community members with the implementation of activities under various schemes for HIV and TB responses and other health-related activities. Under the Seeds and Recruits model of TB project, KHANA strengthened the community members, most of whom experienced or affected by TB, providing on-the-job-coaching and continuous support.

Case Study 3:

Mr. Hong Sarun, from a volunteer to a Lay Counsellor

Mr. Hong Sarun lives in Soy village, Mean commune, Oraing Euv district of Tbong Khmum province. At his early fifties, Sarun was a Seed serving his volunteering services from March 2020 to April 2021. Later on, Sarun applied for a job as a Lay Counselor (LC) when a former LC of Mean and Ampil Tapok Health Centers had resigned from the position. Based on the process interview and his work performance within the past 2 years as a Seed who has strong will and keens to learn new things, Sarun was offered the position. He becomes LC supporting two health centers: Mean and Ampil Tapok, in May 2021 until today. Sarun has done a very good job having high responsibility, and performed close collaboration with target group, health center and referral hospital staffs, NGO staffs, and other stakeholders.



Figure 13: Mr. Sarun, on the left side, conducted home visits to a household of TB disease and preventive treatment

Case Study #4:

Mrs. Khon Phalla, from a Lay Councilor to a Commune Council member

Similarly on the other hand, Mrs. Khon Phalla, 44-year-old, lives in Toul Sopor village, Toul Sophy commune, Oraing Euv district of Tbong Khmum province. Firstly, she joined KHANA/COMMIT as a Lay Counsellor in OD Oraing Euv in February 2020. Of her outstanding performance within more than two years with KHANA/COMMIT project, she had become popular in her community and finally asked to resign from her position in August 2022. Phalla is now a commune council member of Tuol Sophy commune of Oraing Euv district, the same district where she was working as a Lay Counsellor. As an ambassador who had received training and coaching support from KHANA/COMMIT project, Phalla has continued to support and facilitate the project activities dealing with TB prevention, finding and treatment of TB in the community.



Figure 14: Mrs. Phalla, a former LC, at a commune council meeting

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

C19RM

Under the Global Fund to Fight AIDS, Tuberculosis and Malaria through the COVID-19 Rapid Mechanism, KHANA partnered with the National Center for Health Promotion to conduct a capacity building training on Community-Led Monitoring (CLM) - community feedback and response system for the COVID-19 response on March 22, 2022 in Kampong Cham Province for health promotion staff at the provincial health department and the OD office and the community network representatives of people affected by AIDS and TB from Kandal and Prey Veng province.

The main purpose of this training was to strengthen the participants' capacity for the strategy of community participation mechanisms, focusing on feedback and response systems, and to build partnerships, cooperation and communication between community health workers, community network leaders selected for the project with health service providers at the provincial and district health executive levels.



Figure 15: Capacity Building Training on Community-Led Monitoring (CLM) – Community Feedback and Response System for the COVID-19 response on March 22, 2022 in Kampong Cham province

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

Case Study #5:

COMMIT leaving no one behind to ending TB

COMMIT meaningfully engaged local authorities to strengthen service delivery and rally for community participation. The COMMIT team worked closely with local authorities, who are key strategic partners, in order to better integrate the cause of TB in their development plans. These efforts were made possible through various community platforms, including participation meetings with the Health Center Management Committee (HCMC), Commune Councils (CC), and Commune Committee for Women and Children (CCWC) as well as community forums.



Figure 16: Mrs. Choun Huoy, a CCWC focal person of Peam Raing Commune Administration, Leuk Daek District, Kandal province

Mrs. Choun Huoy is a 63-year-old widow, who lives in Peam Raing Commune, Leuk Daek District in Kandal Province. She has been a commune council member since 2002 and is a focal person for the CCWC in Peam Raing Commune Administration. She said that with the support of the COMMIT project and its use of the seeds and recruits model, TB awareness and prevention has increased exponentially. Through COMMIT, forty-two new cases of active TB within her community have been detected and eighty-one individuals enrolled on TB preventive treatment (TPT). This data provides evidence that conventional screening practices performed at the health facility level and basic case-finding services are limited in nature and stresses the importance of programs geared toward community engagement in case-finding, treatment, and prevention of TB in local communities. Mrs. Huoy expressed her deep appreciation for the support of community-based active case-finding interventions such as mobile active case-finding (ACF), which help to bring vital digital diagnostic tools to distant communities to aid in TB case-finding and diagnosis.

Mrs. Huoy said that the commune was supporting TB work in many ways including funding in the Commune Investment Plan (CIP) budget to help cover the transportation fees for the most impoverished and vulnerable TB patients within the community (i.e., those who hold ID Poor cards or identify as being vulnerable TB patients). In 2022, the commune helped four TB patients cover the costs of transportation and TB-related services. Additionally, the commune will continue to celebrate World TB Day, as in previous years, which is celebrated on March 24. These celebration events serve to engage community networks, health centers, and schoolteachers in order to promote key messages about TB interventions. Lastly, Mrs. Huoy said, “The End TB strategy requires the full participation of all community members to help address the urgent need for finding, treating, and preventing TB. Local authorities are essential in ensuring this participation, as well as in aiding coordination with relevant stakeholders, including social support services.”



Goal 3

Strengthen organizational and technical capacity of civil society

3.1. Strengthen capacity of communities, partners, and other stakeholders

TB M&E Training to TB-Supervisors

KHANA, in collaboration with TB DIAH and STAR, continued to support CENAT in providing the second round of Training of Trainer (ToT) sessions on TB M&E for provincial TB and lab supervisors from 25 cities/provinces, taking place in March 2022. With the support from TB DIAH and STAR, KHANA supported CENAT to organize the cascade training in September 2022 for district TB supervisors in COMMIT's four target provinces: Phnom Penh, Kandal, Kampong Cham, and Tboung Khmum, which covered a total of 33 ODs. The training events focused on strengthening the TB M&E knowledge base and skills of all the NTP staff at

central, provincial, and OD levels. The basic premise on which the curriculum was built was that staff, who were already engaged in TB M&E activities, required more than just basic knowledge to enhance their M&E skills. Through andragogic learning methods, the participants learned about the fundamentals of TB M&E and surveillance in light of the national priorities set out in the National Strategic Plan (NSP). In addition, they gained hands-on training in how to analyze and interpret TB data and synthesize it to develop M&E reports with relevant visuals that engaged stakeholders and informed programmatic and policy decisions. The participants also became familiar with the basics of developing M&E plans and gained a better understanding of how to develop, operate, manage, and maintain a well-functioning M&E system in the context of TB M&E in Cambodia.

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

The TB Management Information System (TB-MIS) is a web-based tool that enables decision-makers to monitor the status of TB presumptive test, and treatment by integrating data across key aspects of TB control. It was developed and managed by CENAT with technical assistance from the USAID-funded COMMIT project, in which KHANA is the main organization to provide technical support since



Figure 17: TB M&E training for OD TB Supervisors held in Siem Reap province from 31 August to 2 September 2022

October 2020. Throughout the support of COMMIT, TB-MIS has been customized to fit the context of the case management flow of Cambodia's TB program. It has been customized to capture case registration including TB tests, treatment, follow-up, and outcome data of drug-susceptible TB (DS-TB), drug-resistant TB (DR-TB), close contact to TB index cases, and Treatment Preventive Therapy (TPT) of all health facilities from the paper-based recording forms and registers. In addition, TB-MIS also continues to customize the feature for capturing and evaluating TB presumptive cases to be confirmed TB cases for treatment.

This year, KHANA continued to support CENAT to conduct the drill-down training on the utilization of TB-MIS on both technical and financial parts to the remaining 43 health facilities (38 HCs and 5 RHs) of 5 ODs under the COMMIT project's coverage. The purpose of this was to enable a shift in the responsibility of OD TB supervisors to monitor the entry uptake and data quality check, which was entered directly by TB staff at all trained HCs. The drill-down training session includes recording and reporting the presumptive TB case, evaluating a tested presumptive TB case, immediately putting a confirmed TB on treatment, and tracking the treatment outcome. Since then, all 95 health facilities (85 HCs and 10 RHs) of 10 ODs under COMMIT's coverage could directly perform data entry from their health facilities. However, the remaining 93 ODs continue to rely on OD TB supervisors to perform data entry of DS-TB cases into the system. For the DR-TB cases, data entry is still performed by all 11 treatment sites throughout the country.

In collaboration with IDDS, the setting up trial on diagnostic connectivity between GeneXpert laboratories, either to National TB Referral Laboratory (NTRL) for laboratory management purpose or to TB-MIS, for pushing the GeneXpert test results automatically within 10 RHs under COMMIT's coverage has been made. By the end of the year 2022, the connection between GeneXpert laboratories to NTRL is available by using DataToCare platform, but the connection between DataToCare to TB-MIS is still in progress of developing and customizing both platforms to ensure they could interact with each other via Application Program Interface (API). Additionally, another technical assistance from USAID in collaborating with COMMIT and TB-DAIH project, was the assisted CENAT in developing the TB-MIS roadmap. This was to ensure either short-term or long-term approaches for transiting from completely

customizing the TB-MIS platform with comprehensive functionalities for users at central and peripheral levels, rolling-out the utilization to all health facilities level in countrywide, and considering the reduction of paper-based forms and register books with directly electronic recording and reporting system by TB-MIS.

In addition, following the 8-months-implementation of a trial on direct capturing the presumptive TB cases from 95 health facilities under COMMIT project, CENAT and COMMIT project conducted a reflection meeting to review the report of uptake presumptive TB cases and TB case notification. The result of the meeting showed that a trial of direct TB data entry from health facilities and introducing the feature of recording presumptive TB cases can be expanded countrywide.



Figure 18: COMMIT supported NTP in setting the annual indicator targets at the Annual Operational Planning meeting held in Siem Reap, December 20-21, 2022



KHANA led and joined coordination meetings with CENAT, USAID, and other partners, including meetings on the annual operational work plan and the quarterly workshop for TB control, to present the project progress, challenges, and lessons learned to seek support on how the project could be synergized and better aligned with CENAT's strategic plan and the priorities of both CENAT and other stakeholders. KHANA/COMMIT team participated in the 2023 TB Annual Operation Plan (AOP) workshop, held in late December 2022. The workshop was attended by approximately 300 participants, who were from CENAT, PHDs, ODs, NGOs, and development partners. The team met with TB Supervisors from PHD and OD levels and provided technical support to plan the annual indicator targets, which were proposed by CENAT. It proved to be a great time and also strengthened project collaboration and coordination with key strategic stakeholders.

3.2. Enhance the utilization of technical innovations for emerging needs

Expanding Rapid Diagnostic Tools for TB



Figure 19: Chest X-ray training with technical support from DELFT Imaging, held in Kampong Cham province from 27 to 29 July 2022

In the beginning of 2022, KHANA and partners supported NTP in piloting the feasibility of Molbio Truenat™, which is a new rapid molecular TB diagnostic tool. This includes the on-site installation and hands-on training of 14 selected HCs and the National Tuberculosis Referral Lab (NTRL). KHANA, in collaboration with the NTP and IDDS, organized a two-day training workshop for health facility staff, as part of the operational research. Moreover, KHANA facilitated the official handover of the six USAID-donated digital Chest X-ray (CXR) devices to CENAT in late June 2022. Under the

direction and leadership of CENAT, KHANA coordinated with DELFT Imaging in organizing a three-day training workshop in late July 2022, for healthcare providers of the referral hospitals within the COMMIT project sites. This training focused on the use of digital CXR and provided a basic overview of CXR's result interpretation with AI software (CAD4TB). There were 41 attendees at the training workshop, including a representative from CENAT, RH staff (RH directors, Physician X-ray interpreters, and X-ray technicians), COMMIT project staff, and representatives from the Institute Pasteur and JATA.

3.3. Increase the scale and scope of the KRC technical excellence

In 2022, KHANA worked with line-ministries, national institutes, and civil societies to implement research studies and innovative interventions to improve the population's quality of life.

The management of HIV/AIDS burdens on Cambodia has always been KHANA's priority. Financed by the L'Initiative/Expertise France, KHANA and three implementing partners (AUA, PC, and CPN+) began the implementation of CAD in mid-2020 across 10 ART sites in 5 provinces. The program aims to alleviate the financial burdens of PLHIVs and workload of HCPs while maintaining the continuum of care and treatment outcomes. Throughout the implementation period of CAD, the program has achieved significant success across all the indicators within the program. CAD has ultimately been reported to be relevant to the expectation and needs of PLHIVs and HCPs and has great potential to be successful.

In addition, KHANA also sought to expand the knowledge regarding the HIV prevention with specific focuses on vulnerable key populations such as FEWs and PWUDs. KHANA has worked with ministries, national and international research institutes to study on gender-based violence, sexual behaviors, and risky behaviors among FEWs. The results showed a significant number of FEWs who had experienced abuses and violence and the need of a revolutionary occupational policy to manage the problem. Furthermore, research studies have also been conducted on PWUDs, MSMs, and TGs to ascertain their HIV risk behaviors and access to required services. These studies revealed similar risk behaviors among the aforementioned key populations and the lack of access to prevention and health services and the urgent need of HIV prevention activities, as well as drug management and addiction services, including an innovative strategy to reach key population virtually and physically.

In an effort to optimize the treatment and prevention of TB in Cambodia, KHANA has collaborated with WHO and researchers from Japan, US, Australia, and London, to review TB patient-pathway and care cascade. The study showed Cambodians tendency of seeking healthcare services from private sectors and the significant numbers of people with presumptive-TB and vulnerable population who did not access and seek treatment from healthcare facilities.

The study has revealed significant gaps within care-seeking, coverage, and access to TB services and TPT in Cambodia, which could provide invaluable insights for future studies and policies.

The knowledge and findings that KHANA had achieved were shared and disseminated during international symposiums and conferences. In June 2022, KHANA presented the study under the title of “Linking Female Entertainment Workers in Cambodia to HIV, Sexual and Reproductive Health, and Gender-Based Violence Services: The Mobile Link Randomized Controlled Trial” in APACC Virtual Conference. Afterward, key interventions of COMMIT, as well as the achievement, challenges, and lessons learned from the project were addressed by KHANA in October 2022 during USAID Symposium, which was held in Washington, D.C, US. During World Conference on Lung Health in November 2022, KHANA presented to the world methods that could be used to improve TB case-detection, as well as patients health-seeking behaviors and a cascade of care analysis among TB patients. The challenges experienced and the lesson learned from the implementation of TB program during the COVID-19 pandemic were also presented during this conference.

3.4. Increase the knowledge and expertise of KHANA’s staff in broader areas of health and development



Figure 20: COMMIT/Snowball team conducted mid-year review meeting, 28 April 2022

KHANA implemented the Snowball model, using seeds and recruits, operated in five ODs under the COMMIT project. It involved targeted face-to-face screening in the community and the referral of people with presumptive TB to health facilities. To improve the program implementation, KHANA conducted a mid-year review on the Snowball approach with the aim of reviewing the activities, identifying challenges and lessons learned, and strengthening the capacity of FOs, FAs and community Lay Counsellors (LC), taking place in April 2022. A total of 40 participants participated in the meeting, including 5 KHANA HQ staff, 9 FOs/FAs, 21 LCs and 5 potential seeds.

Collaboration and International Relations

In 2022, KHANA management and staff continued to strengthen collaboration and international relations by joining global and international meetings/conferences through video conferences in order to raise fund and obtain technical support in the fight against communicable and non-communicable diseases as well as to share research findings and lessons learned in response to HIV/AIDS, TB, sexual, and reproductive health.

KHANA joined the quarterly workshop for TB control, organised by CENAT, and shared the progress, challenges, and lessons learned. COMMIT also engaged with CENAT, USAID, WHO, stakeholders, and key strategic partners at relevant joint meetings to share the work plan, program data, challenges, and lessons learned, and to seek support on how the project could be synergized and better aligned with CENAT’s strategic plan and the priorities of both CENAT, USAID, WHO, implementing partners, and other stakeholders. KHANA joined TB DIAH and CENAT in reviewing the draft National Monitoring and Evaluation (M&E) Plan and Data Quality Review (DQR) Guidelines for OD level.

The COMMIT team provided feedback and shared program data with WHO in a TB epidemiological review that took place in December 2022. In consultation with CENAT, COMMIT also worked in collaboration with ACT! AP, TAG, and the Stop TB Partnership to develop a policy/advocacy plan to increase the country’s commitment and efforts in the lead-up to the UNHLM-TB 2023 and TB prevention prioritisation agenda. KHANA delegate attended and presented its program innovations during the USAID TB Symposium, which was organised at Washington DC. Also, KHANA team virtually joint and presented challenges, lessons learned and an abstract: A combined holistic approach to increase tuberculosis cases in Cambodia, a result of program monitoring data of 96 points of care in 2022, at the 53rd Union Conference in November 2022.



Figure 21: Challenges, lessons learned and an abstract shared at the 53rd Union Conference, November 2022

KHANA's Executive Director, the Chief of Party of the COMMIT project, in his additional capacity as one of the members of the WHO Civil Society Task Force for TB, attended the two-day Strategic and Technical Advisory Group – TB 2022 (STAG-TB2022) meeting and the 1-day WHO Civil Society Task Force on TB meeting in Geneva. In the meetings, he raised the important roles of CSOs and affected communities in TB response, using on the ground experience from the COMMIT project at the STAG-TB 2022 meeting. He also joined WHO's Director General and WHO's Global TB Program Director to discuss plans for the upcoming Civil Society Hearing for the 2nd UNHLM on TB in 2023, and again at the launch of the report by the WHO Civil Society Task Force for TB. He was involved in running the Town Hall Talk Show as one of the speakers, along with WHO's Director General and WHO's Global TB Program Director, to share the results and progressive works of WHO's Civil Society Task Force for TB.

KHANA, as one of Frontline AIDS partners, joined in the

development of a Policy Brief "ON THE ROAD TO PUTTING PEOPLE FIRST: JOURNEY TO INTEGRATED HEALTH SERVICES FOR KEY POPULATIONS". KHANA and other Frontline AIDS partners have been developing and applying models of integrated, person-centred care for key populations to address HIV, TB and viral hepatitis C co-infection. The aim of this policy brief is to share snapshots of their journeys, capture the key enablers and barriers, and provide recommendations for policy makers who design and lead national programmes addressing HIV, TB and viral hepatitis. Being the largest national non-governmental organization (NGO) providing integrated HIV and TB prevention, care and support services at the community level in Cambodia, KHANA has shared some of the effectively implemented interventions/approaches such as Boosted integrated Active Case Management (B-IACM) and "Community Mobilization Initiatives to End Tuberculosis" (COMMIT-project), which have shown promising outcomes in case detection, prevention and treatment adherence for both HIV and TB.

Goal 4

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

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

Commemorated the World TB Day 2022



Figure 22: World TB Day Commemoration organised at Srae Spey pagoda in Oraing Euv district, Tboung Khmum province, 24 March 2022

In collaboration with the NTP and local authorities, COMMIT organised the commemoration of World TB Day under the theme “Invest to End TB. Save Lives.” This in-person event was hosted on 24 March 2022 in Oraing Euv OD in Tboung Khmum province, bringing together over 400 participants including members of parliament (MPs); representatives from the NTP; government bodies at provincial, district and commune levels; HCs; local authorities; policymakers; journalists; CSOs working on TB; people living with and with experience of TB; and other relevant stakeholders at the local level. The key speakers included the Deputy Provincial Governor, the NTP Director, a USAID representative, a CSO representative, and people affected by TB. They declared their intention to accelerate their commitment, efforts, and investments toward both the United Nations High-Level Meeting on TB (UNHLM-TB) 2023 and the country’s goal

to end TB by 2030. Other activities occurring across the 10 RHs/ODs included awareness raising events through hanging banners, distributing posters and leaflets, and light-up events. In addition, certificates of appreciation were awarded to commune and sangkat administrations whose performance matched the selection criteria, with 70 communes and sangkats in total receiving the certificates.

As part of the World TB Day, a televised round table discussion on the “Country’s progress toward the United Nations High Level Meeting, 2023” was organized, in which KHANA engaged MPs and the NTP. There were four speakers representing various stakeholders: the Senate, the MoH/NTP, WHO and CSOs. The televised round table discussion aimed to support the NTP in disseminating its country preparedness and recovery/response plan for the post COVID-19 era, making sure messages about the country targets and commitments on UNHLM-TB 2023 reached policymakers, program developers, donors, influencers, CSOs, people affected by TB, and other key stakeholders. The event also aimed to strengthen the partnership mechanisms for reaching the country’s target by 2030 and marked the country’s commitments and efforts linked to the UNHLM-TB 2023. The program was broadcast on 25th of March 2022 on Cambodia’s national television to mark World TB Day and then rebroadcast twice to ensure the contents of the round table discussion could reach a bigger audience.

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

SMARTGirl 24-hour Chatline Intervention to address GBV Issue

KHANA has also continued to contribute to addressing gender-based violence (GBV) among vulnerable key population. On April 1st 2022, KHANA officially launched a 24-hour emotional support hotline for GBV survivors among FEWs in Cambodia, called SMARTGirl 24-hour Chatline which is a project funded by Sexual Violence Research Initiative (SVRI) and World Bank Group. The pilot intervention was live for 6 months and received 17 callers from Facebook Messenger and WhatsApp. Of the 17 callers, there were 2 GBV cases, 11 sexual and reproductive health (SRH) cases, 1 psychological case, and 3 emotional issue cases. For the project evaluation, 4 Chatline participants were reached and asked to give their feedback about the service used. All of them said they felt stronger and happier after chatting with Chatline team, and they were grateful

that the team could give emotional support as well as referrals to healthcare resources when they needed them.

Build the capacity of KHANA and its partners to address GBV issues

SMARTGirl Chatline was supported by 7 staff members; 1 Chatline Supervisor to monitor Chatline staff and the overall operation, and 6 Chatline Operators to respond to calls and messages from GBV survivors. 3 separate training events were conducted with technical support from FHI360 to ensure that Chatline staff were equipped with sufficient knowledge and skills to respond and provide GBV support to FEWs. KHANA also involved outreach workers and online counselors from KHANA's IPs such as Cambodian Women for Peace and Development (CWPD) and Men's Health Cambodia (MHC) in these training to build their capacity in responding to GBV issues among other key populations including MSM and women in the general population.

During the first training on March 23rd-26th, 2022, Chatline staff and all outreach workers were provided with extensive knowledge and skills about GBV and how to respond to GBV issues; essential services for GBV response; emergency health service to respond to sexual-gender based violence; code of ethics; referral pathways; strategies for support; as well as staff policies. In addition, during the second training on April 28th, they gained comprehensive information about HIV Self-Test, Pre-Exposure Prophylaxis, Post-Exposure Prophylaxis, and Emergency Contraceptives. The last training was a refresher conducted on July 19th, 2022, to review the lessons previously learned and update on new techniques and strategies to converse with FEWs.

During in-dept interview for the project evaluation, the Chatline staff said they had gained a lot of knowledge and skills from the training, and they were pleased to have been able to assist those who really needed help.

Raise awareness of GBV using media and peer-reviewed publications

KHANA created an official Facebook page for SMARTGirl Chatline to promote the project itself as well as to raise awareness of women's rights and GBV issues. The Facebook page gained 465 likes, 483 follows, and reached . Of 465 people who like the page, 78.6% were female, and most of them are adults aged between 18 and 34. Contents about

women's rights, GBV issues, and how to seek GBV support were posted in public every day throughout the 6-month intervention. The most engaging post reached 2,243 people which include not only FEWs, but also people in the general population in Facebook community.

KHANA has also published several peer-reviewed journals concerning GBV issue among key population in Cambodia such as Gender-based violence, psychological distress, sexual behaviours and binge drinking among female entertainment workers in Cambodia, Post-Gender-Based Violence Services Utilization Among Female Entertainment Workers in Cambodia, Income loss and gender-based violence during the COVID-19 pandemic among female entertainment workers in Cambodia, etc. This dissemination is essential to inform all the stakeholders such as local and international NGOs, policymakers, donors, researchers, etc. about GBV situation in Cambodia.

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

Develop Service Directory for GBV response

KHANA, with the technical support from FHI360 and strategic partners, has developed a GBV service directory which is a compilation of a list of health and non-health related service providers for GBV and post-GBV including local and international non-governmental organizations (NGOs), referral hospital, clinics, local authorities, etc. There are various available services for women who experience different types of violence including both medical and non-medical care services such as post-GBV clinical services, domestic violence shelter services, rape kits, post-exposure prophylaxis (PEP), emergency contraception (EC), psychosocial support, legal advice, legal aid, etc. This service directory contains not only the contact information of all the GBV service providers mentioned above, but also all the other key information about essential services for GBV victims such as types of service, services order, referral pathway, information on how to support, and refer the victims based on their actual needs. This was an essential component for our online counselors to provide referral support to the GBV victims timely and effectively.

Raise Awareness of and Support for Referrals to SRHR services

Throughout the 6-month live intervention period of SMARTGirl Chatline pilot project, KHANA received 11 cases of sexual and reproductive health (SRH) problems out of 17 callers who contacted Chatline for support. Chatline operators provided them with emotional support and encouraged them to seek healthcare services before connecting them to outreach workers of KHANA's IP, CWPDP, to ensure that they could access the right healthcare services for their issue free of charge. For the promotional activities of the project, SMARTGirl Chatline Facebook page also posted various content on SRH on top of GBV content to raise awareness of SRH and service availability for KP.

Through these activities, KHANA SMARTGirl Chatline acted as a bridge to connect KPs suffering from GBV and SRH issues who are not brave enough to talk about their problems with OWs in person, to get the support they need in a more comfortable and accessible way.

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

Inclusive Development, Gender Equality, and Female Empowerment

KHANA values inclusive development within program development, policy dialogue, and leadership. Specifically, the indigenous people living in the community were employed as part of the TB project workforce in Bar Kaev OD of Ratanakiri province. Engaging target populations in TB services, and TB detection and prevention will help end TB for everyone by 2030. KHANA and its sub-partners facilitated and empowered women to engage more men in TB screening events, treatment, care, support, and prevention because men are more likely to have TB but are harder to reach than women. In total, the project has 1,793 frontline healthcare workers (50.4% women), including the COMMIT project staff, VHSGs, and PSGs, working with beneficiaries to find missing TB cases.

Case Study #6:

COMMIT leaving no one behind to end TB



Figure 21: Workforce in Bar Kaev OD in Ratanakiri province, a new and extraordinary addition to COMMIT's project coverage

KHANA, through the USAID-funded Community Mobilization Initiatives to End Tuberculosis (COMMIT) project, expanded its coverage to Bar Kaev Operational Health District (OD) in Ratanakiri Province. The results of the feasibility visits to this OD, which took place in early 2022, revealed that this area had no TB program support from any donors nor any partners for technical and financial support either. The area was an underserved district with limited resources (human, material, and financial) to strengthen TB case notifications, TB prevention, care support, and treatment programs.

Bar Kaev OD covers three administrative districts (Ou Ya Dav, Andoung Meas, and Bar Kaev), with a total population of 75,874, one referral hospital, 11 health centers and one health post. In contrast to other areas in the project, this area is mainly populated by the highland Khmer Loeu people. These people, who are minority groups elsewhere in Cambodia, include Tampuan, Jarai, Kreung, Brou, Kachok, and Kavet, and each of these indigenous groups speaks its own language.

Learning from previous project implementation, it is key to see that this area is extraordinary compared to

others with regards to their social norms and behaviors. To add to and complement the governmental workforce tackling TB in order to find, treat, and prevent TB effectively in this particular OD, COMMIT has recruited seven new staff members: one Field Officer and six Lay Counsellors (LCs), with all six LCs being deployed across the twelve health centers in the three administrative districts. The COMMIT project values inclusive development, including gender equality and diversity for TB response, and all of the above 7 new staff members are indigenous people living in the community.

Through engaging individuals from the community who can speak multiple locally used languages, it is believed that the project will inclusively involve all target populations in TB services, detection, and prevention in order to end TB by 2030. One of the LCs said, "I am going to work well in my community where people speak different languages. I can speak those languages and will support them to access TB services as well as support them during their TB treatment."

ANNEXES

KHANA'S PRIORITY FOR 2023

The 2023 will be a year three of KHANA Strategic Plan 2021-25 (KSP25), ongoing relevance of the goal and strategies will be maintained.

Organizational key priorities

- Continue the final year of HIV/AIDS Prevention Project, GFATM 2021-2023
- Continue year four of COMMIT Project under USAID-funded project, 2019-2024
- Conclude the final year of CAD project, L'Initiative through Expertise France, 2020-2022, with one year of no-cost extension (Jan-Dec 2023)
- Implement year one of TB LON Mental Health, Asia (2023-2025)
- 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

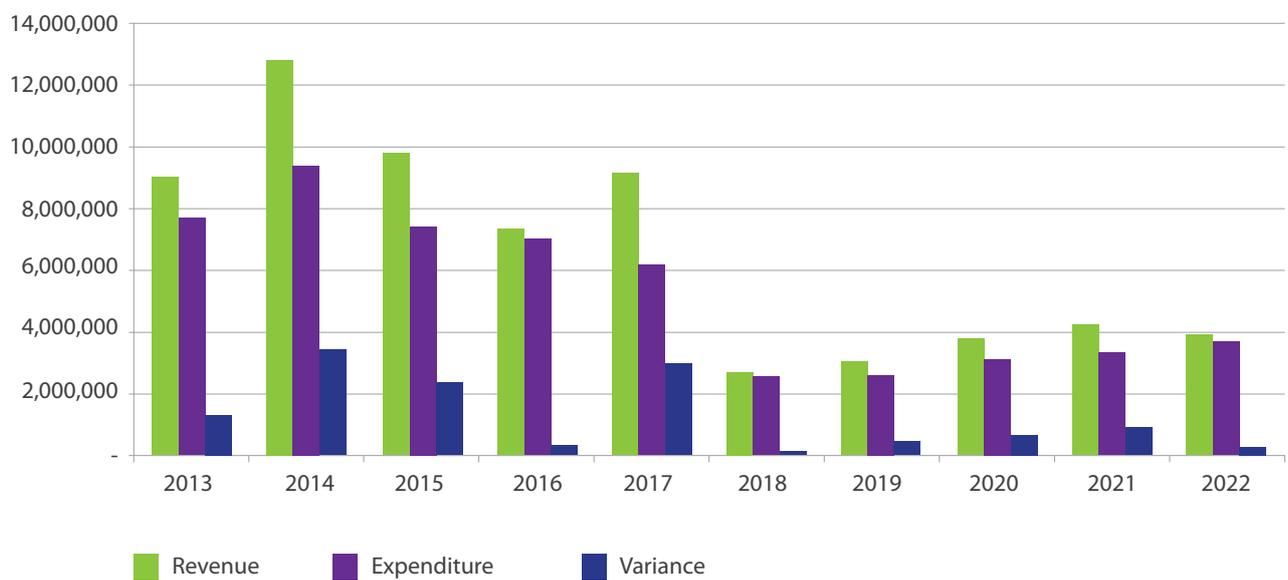
KHANA maintained the key activities across strategic goal

- 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

- Implement year one of TB LON Mental Health, Asia
- 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
 - Publish 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 CAD project
 - Follow-up study on Cohort of TB disease and infection in Cambodia
- 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 2022

Description	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Revenue	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	3,931,338
Expenditure	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	3,656,511
Variance	1,323,451	3,427,064	2,370,801	327,191	2,984,649	135,569	447,613	659,697	916,559	274,827
Burning Rate	85%	73%	76%	96%	67%	95%	85%	83%	78%	93%



LEADERSHIP AND STAFFING

KHANA Board 2022

1	Oum Sopheap	Chair
2	Long Dianna	Vice Chair
3	Phon Sampha	Treasurer
4	Bou Molika	Member
5	Ek Toeur	Member
6	Im Sarun	Member

KHANA STAFF CONTACT LIST

No	NAME	SEX	POSITION TITLE
1	<i>Choub Sok Chamreun</i>	<i>M</i>	<i>Executive Director</i>
2	<i>Sam Manet</i>	<i>F</i>	<i>Secretary to Office of Executive Director</i>

KHANA CENTER for POPULATION HEALTH RESEARCH (KHANA-CPHR)

3	<i>Yi Siyan</i>	<i>M</i>	<i>Research Director</i>
4	<i>Tuot Sovannary</i>	<i>M</i>	<i>Research Manager</i>
5	<i>Chhoun Pheak</i>	<i>M</i>	<i>Research Fellow</i>
6	<i>Pall Chamroen</i>	<i>M</i>	<i>Research Fellow</i>
7	<i>Taing Hang Leang</i>	<i>M</i>	<i>Research Assistant</i>
8	<i>Tep Sovanvorleak</i>	<i>F</i>	<i>Research Assistant</i>
9	<i>Yourk Chanleaksmey</i>	<i>F</i>	<i>Research Assistant</i>

CAD Project

10	<i>Khay Sovann</i>	<i>M</i>	<i>Monitoring and Evaluation Officer</i>
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GFATM PROJECT (GF-FR)

11	<i>Seng Por Sroun</i>	<i>M</i>	<i>Project Manager</i>
12	<i>Oeur Sadat</i>	<i>M</i>	<i>Technical Officer for HIV Online & Social Media Coordination</i>
13	<i>Saman Dimara</i>	<i>M</i>	<i>M&E Officer</i>
13	<i>Eang Songheang</i>	<i>M</i>	<i>Communication Officer</i>
15	<i>Yun Chandarany</i>	<i>F</i>	<i>Program Officer</i>

COMMIT Project

16	<i>Menh Saren</i>	<i>M</i>	<i>PMEL Manager</i>
17	<i>Ly Chansophal</i>	<i>M</i>	<i>Technical Officer (Active Case Finding)</i>
18	<i>Prum Dalish</i>	<i>F</i>	<i>Senior Policy and Advocacy Officer</i>
19	<i>Ong Seyha</i>	<i>M</i>	<i>M&E Officer</i>
20	<i>Chhoun Sokhaley</i>	<i>F</i>	<i>Grant Management Officer</i>
21	<i>Penh Vannat</i>	<i>F</i>	<i>Field Officer - OD Sa Ang</i>

22	Chhung Mengheang	M	Field Assistant - OD Sa Ang
23	Man Seyla	F	Field Officer - OD Leuk Dek
24	Yan Phanna	M	Field Assistant - OD Leuk Dek
25	Mok Dara	M	Field Officer - OD Ou Raing Euv
26	Chea Seth	F	Field Assistant - OD Ou Raing Euv
27	Keo Sereyodam	M	Field Officer - OD Por Sen chey
28	Khem Sokhoeun	F	Field Assistant - OD Por Sen chey
29	Lay Sinoth	F	Field Officer - OD Sen Sok
30	Teng Sivmey	F	Field Assistant - OD Sen Sok
31	Meth Chhay	M	Field Officer - OD Srae Ambel
32	Keo Bunma	M	Field Officer - OD Bar Kaev
33	Ouk Chomnith	M	Field Officer - OD Koh Soutin
34	Chhour Rat Soksopheap	M	Field Officer - OD Praek Phov
TB- MIS Unit			
35	Sok Sopheak	M	Manager for TB-MIS
36	Morn Panha	M	TB-MIS Technical Specialist (System Developer)
37	Khun Kimsonitey	F	TB-MIS Officer
CFCS and COVID-19 PROJECT			
38	Phong Chanthorn	M	Senior Coordinator: Policy, Partnership, and Networking
39	Heng Kiry	M	Senior Program Officer: Policy, Partnership, Networking and C19RM-RCCE
40	Chhun Roern	M	Technical Officer: Partnership and Coordination
CFCS Project			
41	Chhim Putheara	F	Project Assistant: Partnership, and Networking
41	Ros Casaneth	F	Intern: Communication and Advocacy
43	Som Sareth	F	Field Assistant
STOP TB Cambodia			
44	Pum Cheatponnya	F	Communication and Campaign Assistant
KHANA SUPPORT SERVICE CENTER			
45	Leng Kalyan	F	Senior Manager: KHANA Support Service Center
Information & Technology Unit			
46	Kong Veasna	M	IT Specialist
Finance Unit			
47	Kuch Maryna	F	Corporate Finance Coordinator
48	Ouk Chan Makara	F	Finance Assistant
HR, Administration and Procurement Unit			
49	Pen Sambath	M	Senior Admin, Procurement and HR Officer
50	Tara Sokharath	F	Admin and HR Assistant
51	Keo Samring	M	General Admin Assistant
52	Saing Sreyleap	F	Receptionist (Volunteer)
53	Tem Sodane	F	Admin and Procurement Officer (Volunteer)



LIST OF IMPLEMENTING PARTNERS 2022

Abbreviation	Full name	Address
CWPD	Cambodian Women for Peace and Development	# 128D9-D10, Str. Samdech Sothearos, Sangkat Tonle Bassac, Khan Chamcar Morn, Phnom Penh, Cambodia
MHC	Men's Health Cambodia	# 28B5, St75, Sangkat Srah Chork, Khan Daun Penh, Phnom Penh, Cambodia
AUA	ARV Users Association	#7FEo, St.432 Sangkat Boeung Tompun, Khan Meanchey Phnom Penh, 12351
PC	Partners in Compassion	Wat Opoit, Sromouch Haer Village, Chormbok Commune, Baty District, Takeo
CPN+	Cambodian People Living with HIV/AIDS Network	#20, st09, Sangkat Chak Angre Krom, Khan Meanchey, Phnom Penh
CATA	Cambodia Anti-Tuberculosis Association	c/o CENAT, st. 278/95, Sangkat Beoung Keng Kang II, Phnom Penh, Cambodia
CHC	Cambodian Health Committee	#297, St 28 Krusa (72P), Rongchak Village, Sangkat Koh Khleang, Khan Sen Sok, Phnom Penh, Cambodia
HSD	Health and Social Development	VTRUST Building # 10 (4th, floor), Street 109, Mittapheap Sangkat, Prampir Meakkakra Khan, Phnom Penh Capital, Cambodia

KHANA's publications in 2022

No	Authors	Title	Journal	Year	Weblink
1	Phearavin Pheng, Laurence Meyer, Olivier Ségéral, Phalla Chea, Siyan Yi, Sovannary Tuot, John M. Kaldor and Vonthanak Saphonn	Hepatitis C seroprevalence among people living with HIV/AIDS and pregnant women in four provinces in Cambodia: an integrated bio-behavioral survey	BMC Infectious Diseases	2022	https://doi.org/10.1186/s12879-022-07163-2
2	Chan Hang Saing, Pheak Chhoun, Navy Chann, Ponha Uk, Phalkun Mun, Sovannary Tuot, Siyan Yi	Sex Under the Influence of Drugs Among People Who Use Drugs in Cambodia: Findings From a National Survey	SpringLink	2022	https://doi.org/10.1007/s10508-021-02243-x

No	Authors	Title	Journal	Year	Weblink
3	Carinne Brody, Pheak Chhoun, Sovannary Tuot, Anne E Fehrenbacher, Alexander Moran, Dallas Swendeman, Siyan Yi	A Mobile Intervention to Link Young Female Entertainment Workers in Cambodia to Health and Gender-Based Violence Services: Randomized Controlled Trial	PubMed	2022	https://pubmed.ncbi.nlm.nih.gov/34982716/
4	Sreymom Oy, Pheak Chhoun, Sovannary Tuot, Carinne Brody, Pamina M. Gorbach, Siyan Yi	Gender-based violence, psychological distress, sexual behaviours and binge drinking among female entertainment workers in Cambodia: a cross-sectional study	BMJ Open	2022	https://bmjopen.bmj.com/content/12/4/e054139
5	Michael M. Cassell, Philippe Girault, Sopha Nith, Chandary Rang, Sereyvisith Sokhan, Sovannary Tuot et al.	A Cross-Sectional Assessment of HIV Self-Testing Preferences and Uptake Among Key Populations in Phnom Penh, Cambodia	Global Health: Science and Practice	2022	https://www.ghspjournal.org/content/10/3/e2100412
6	Sreymom Oy, Chan Hang Saing, Sokunthea Yem, Pheak Chhoun, Sovannary Tuot, and Siyan Yi	Post-Gender-Based Violence Services Utilization Among Female Entertainment Workers in Cambodia: A Cross-Sectional Study	SAGE	2022	https://doi.org/10.1177/10778012221147911
7	Thérèse Delvaux, Vichea Ouk, Sovannarith Samreth, Socheata Yos, Romain Tep, Chamroen Pall, Vannak Keo, Serongkea Deng, Win Htin Khin Cho, Sivantha Hul, Somnang Chhorn, Sovannary Tuot, Rattana Kim	Challenges and outcomes of implementing a national syphilis follow-up system for the elimination of congenital syphilis in Cambodia: a mixed-methods study	BMJ Open	2022	http://dx.doi.org/10.1136/bmjopen-2022-063261

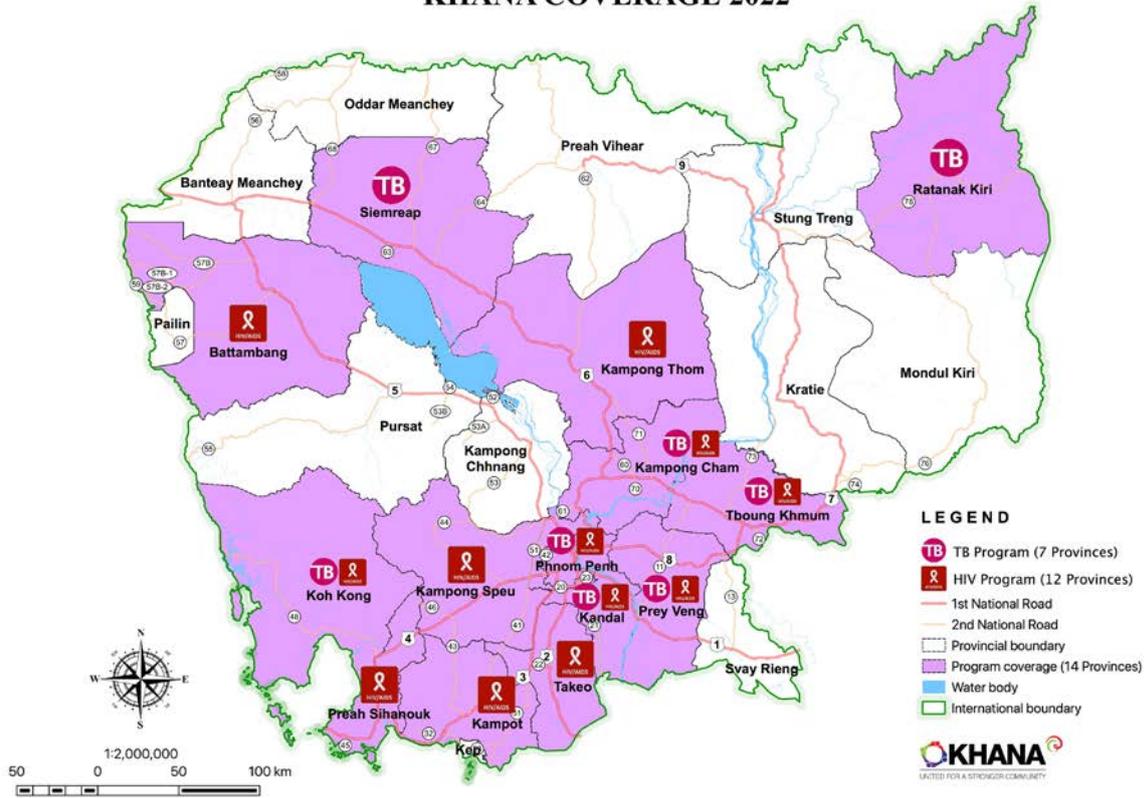


No	Authors	Title	Journal	Year	Weblink
8	Carinne Brody ^{1*} , Natasha Harrison ² and Siyan Yi ^{1,3}	Income loss and gender-based violence during the COVID-19 pandemic among female entertainment workers in Cambodia: a cross-sectional phone survey	BMC Public Health	2022	https://doi.org/10.1186/s12889-023-15044-9
9	Alvin Kuo Jing Teo, Fukushi Morishita, Kiesha Prem, Sothearith Eng, Yom An, Chan Yuda Huot, Kim Eam Khun, Sivanna Tieng, Serongkea Deng, Sovannary Tuot, Siyan Yi	Where are the missing people affected by tuberculosis? A programme review of patient-pathway and cascade of care to optimise tuberculosis case-finding, treatment and prevention in Cambodia	BMJ Global Health	2022	http://dx.doi.org/10.1136/bmjgh-2022-010994

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