



Building Bridges: Amplifying Community Engagement in DSD Decision-Making and Programming:

Results from a comparison of field rollout of the Community Engagement Tracking Tool in 21 African countries between 2022 and 2023

AUGUST 2024



About

About ITPC

The International Treatment Preparedness Coalition (ITPC) is a global network of people living with HIV and community activists working to achieve universal access to optimal HIV treatment for those in need. Formed in 2003, ITPC actively advocates for treatment access across the globe through the focus of three strategic pillars:

- * Intellectual property and access to medicines (#MakeMedicinesAffordable)
- * Community-led monitoring and accountability (#WatchWhatMatters)
- * Activism and capacity building (#BuildResilientCommunities)

To learn more about ITPC and our work, visit itpcglobal.org.

About Watch What Matters

Watch What Matters is a community monitoring and research initiative that gathers data on access to and quality of HIV treatment globally. It fulfills one of ITPC's core strategic objectives: to ensure that those in power remain accountable to the communities they serve.

Watch What Matters aims to streamline and standardize treatment access data collected by communities. It helps ensure that data is no longer collected in a fragmented way and reflects the issues and questions that are most important to people living with and affected by HIV. It relies on a unique model that empowers communities to systematically, routinely collect and analyze qualitative and quantitative data on access barriers, and use this data to guide advocacy efforts and promote accountability.

To learn more about **Watch What Matters** and our work, visit WatchWhatMatters.org.

About Build Resilient Communities (BRC):

#Build Resilient Communities. The progress to date in access to HIV treatment and improvements in the quality of HIV services are based on communities self-organizing and demanding their right to health. ITPC understands the importance of creating meaningful partnerships within the movement to form broader coalitions to fight for social justice.

To learn more about **Build Resilient Communities** and our work, visit BRC.org.

Lead writer: Nadia Peerun

Editing support and coordination: Pragashnee Murugan, Susan Perez and Nadia Raff

Copy-edit: Laila Steele

Design: Sarah Sills

Thank you to all the people living with HIV and the members of the community advocacy network (CAN) who shared their experiences to inform the report and lead on implementing the tool.

To download this report from the ITPC website, click [here](#).

Suggested citation

BUILDING BRIDGES: AMPLIFYING COMMUNITY ENGAGEMENT IN DSD DECISION-MAKING AND PROGRAMMING

Results from a comparison of field rollout of the Community Engagement Tracking Tool in 21 African countries between 2022 and 2023

Copyright © 2024 ITPC

Table of Contents

ACRONYMS	I
ACKNOWLEDGEMENTS	II
EXECUTIVE SUMMARY	1
WAY FORWARD	5
BACKGROUND	6
METHODOLOGY	8
Overview of 2023 Results	9
Progression of community engagement in DSD: Comparative analysis between 2022 and 2023	10
Overview of results by region	12
East Africa	13
Southern Africa	13
West and Central Africa	15
Trends of community engagement in DSD rollout at policy level	18
Trends of community engagement in DSD rollout at programme level	19
Trends of community engagement in DSD rollout at community level	20
CONCLUSIONS	21
RECOMMENDATIONS	26
ANNEXES	28
Annex I – Community Engagement Tracking Tool: List of indicators 2022 and 2023	28
Annex II – Community Engagement Tracking Tool 2023: A snapshot	30
Annex III – Community Engagement Tracking Tool: Colour Code	31
Annex IV – Dashboard with 2022 CE results	31
Annex V – Overview of changes in scope of data collection per country	32
Annex VI – Overview of country ranking	35
Annex VII – Overview of indicator ranking 2023	36
Annex VIII – List of detailed results per indicator and per country	37
Annex IX – List of countries trained for leading the CE tool rollout	43

Acronyms

ART	Antiretroviral therapy
CAN	Community advocacy network
CE	Community engagement
CIV	Côte d'Ivoire
CLM	Community-led monitoring
CQUIN	HIV Coverage, Quality, and Impact Network
CSO	Civil society organization
DRC	Democratic Republic of Congo
DSD	Differentiated service delivery
GIPA	Greater Involvement of People Living with HIV
GIZ	German Agency for International Cooperation
IAS	International AIDS Society
ITPC	International Treatment Preparedness Coalition
LENEPWHA	Lesotho Network of People Living with HIV and AIDS
LibNeP+	Liberia Network of Persons Living with HIV
M&E	Monitoring and evaluation
MANET+	Malawi Network of People Living with HIV/AIDS
MoH	Ministry of Health
NACOPHA	National Council of People Living with HIV in Tanzania
NAFOPHANU	National Forum of People Living with HIV/AIDS Networks in Uganda
NAP+	Ghana Network of Persons Living with HIV/AIDS
NEP+	Network of Networks of HIV positives in Ethiopia
NEPHAK	National Empowerment Network of People Living with HIV/AIDS in Kenya
NEPWAN	Network of People Living with HIV and AIDS in Nigeria
NEPWU	National Empowerment of Positive Women United
NETHIPS	Network of HIV Positives in Sierra Leone
NZP+	Network of Zambian People Living with HIV/AIDS
PEPFAR	US President's Emergency Plan for AIDS Relief
PLASOC-M	Civil Society Platform for Health in Mozambique
PLHIV	People living with HIV
RBP+	Réseau Burundais des Personnes Vivant avec le VIH/SIDA
ReCAP+	Réseau Camerounais des association des personnes Vivant avec le VIH/SIDA
RIP+	Réseau Ivoirien des organisations de Personnes vivant avec le VIH
RNP+	Réseau National des Associations de PVVIH (Senegal)
RoC	Recipients of care
RRP+	Rwanda Network of People Living with HIV/AIDS
TAC	Treatment Action Campaign
TWG	Treatment working group
UCOP+	Union Congolaise des Organisations des PvVIH
ZNNP+	Zimbabwe National Network of People Living with HIV

Acknowledgements

ITPC thanks and acknowledges those who have supported our work with the Community Engagement Tool project. In particular, we recognize and appreciate the hard work and efforts of all members of the Community Advocacy Network (CAN). Our thanks to (listed alphabetically by name of organization):

Lourenço Sumbane
**Civil Society Platform
for Health in Mozambique**

Lindiwe Simelane
Dream Alive Eswatini

Elsie Ayeh
**Ghana Network of Persons
Living with HIV/AIDS**

Rankoletsí Bokaako
**Lesotho Network of People
Living with HIV and AIDS**

Woke Cole
**Liberia Network of People
Living with HIV and AIDS**

Lawrence Khonyongwa
**Malawi Network of People
Living with HIV/AIDS**

Victoria Zindo
**National Empowerment of
Positive Women United (South
Sudan)**

Stella Kentutsi
**National Forum of People Living
with HIV/AIDS Networks in
Uganda**

Nelson Otwoma
**National Empowerment
Network of People
living with HIV/AIDS in Kenya**

Kassahun Tadese
**Network of Networks of HIV
positives in Ethiopia**

Idrissa Songo
**Network of HIV Positives in
Sierra Leone**

Ibrahim Abdulkadir
**Network of People Living with
HIV and AIDS in Nigeria**

Fred Chungu
**Network of Zambian People
Living with HIV/AIDS**

Hamza Burikukiye
**Réseau Burundais des
Personnes Vivant avec le
VIH/SIDA**

Jean Jules
**Réseau Camerounais des
association des personnes
Vivant avec le VIH/SIDA**

Nicolas Vako
**Réseau Ivoirien des organisa-
tions de Personnes vivant avec
le VIH**

Soukèye Ndiaye
**Réseau National des
Associations de PVVIH (Senegal)**

Deo Mutambuka
**Rwanda Network of People
Living with HIV/AIDS**

Anele Yawa
Treatment Action Campaign

Ange Mavula
**Union Congolaise des
Organisations des PvVIH**

Tatenda Makoni
**Zimbabwe National Network of
People Living with HIV**

We would also like to commend the data teams who steadfastly visited health facilities, collected data, and assisted with the data verification process. We are grateful to the ministries of health and national AIDS committee officials, partners, civil society organizations (CSOs), and members of the community who assisted with the data collection process. ITPC also acknowledges technical and financial support from ICAP at Columbia University in New York via the HIV Coverage, Quality and Impact Network (CQUIN), as well as the Bill & Melinda Gates Foundation.

ITPC would like to thank independent consultants Bactrin Killingo, who facilitated the training sessions and provided support during this entire process, Nadia Peerun, who is the author of this report, and Susan Perez, who designed the CE tool, and assisted with the review of data sheets. Lastly, ITPC would like to thank reviewers for their feedback and comments on earlier drafts.

Executive Summary

As countries strive to enhance differentiated service delivery (DSD) for efficient and high-quality HIV services, there is a strong emphasis on community engagement (CE). By actively involving communities in programme design, implementation, monitoring, evaluation, and policymaking, CE aims to improve the relevance, acceptability, and effectiveness of these programmes.

In response to the lack of tools to assess CE, ITPC and ICAP at Columbia University's CQUIN learning network collaborated with countries of the Community Advocacy Network (CAN) to develop a CE tracking tool. The tool is designed to be used by national networks of people living with HIV representatives of the CQUIN learning network to assess community engagement in their respective countries. The findings of the assessment inform the staging of the CE domain of the CQUIN Capability Maturity Model, developed to monitor and evaluate the progress of DSD for HIV treatment across its member countries. Financial support for data collection related the community engagement was provided by ICAP at Columbia University, and the Bill & Melinda Gates Foundation.

Following a successful pilot of the CE tracking tool in 2021, the tool was rolled out in 20 CAN countries in 2022, providing a comprehensive assessment of the extent to which communities are engaged in DSD design and implementation, as well as monitoring and evaluation and at policy, programme, and community levels.

In 2023, grants were disbursed to all 22 CQUIN/CAN member countries for the rollout of the revamped CE tracking tool, and 21 countries rolled it out. This report analyzes the changes in CE levels between the two years. The key findings and corresponding recommendations bring further insight into the progress of CE and how to bridge the identified gaps to strengthen meaningful CE in countries that are rolling out DSD programmes.

1

Key findings

Seventy percent of countries report strengthening of CE.

Tracking CE in DSD rollout effectively provided evidence for countries to act on to improve their levels of CE. The progress achieved is mainly related to the sensitization, capacity-building, and advocacy efforts of the leading networks of people living with HIV in each country. All countries report that their sensitization and advocacy activities have led to better consideration for CE by authorities, as well as command of DSD concepts by service providers and communities.

Data on CE has also become more available, reliable, and representative, with countries noting the data collection process is more familiar and authorities are more willing to seek and provide the data.

Reductions in the level of CE are primarily linked to changes in data collection scope rather than decreases in engagement efforts. Most countries reporting lower CE levels introduced new data collection sites in 2023 to be more representative, resulting in a fall in the overall level of engagement.

Recommendation

Continue to improve scope of data collection process and promote country learning to track meaningful CE.

Although the data collection process is more streamlined, countries should be making sure that their sampling of data collection sites remains sufficiently consistent to allow for robust comparison over the years.

In addition, due consideration should be given to measuring more than just the participation of communities in DSD-related activities, but also their effective influence on DSD policies, strategies and programmes, which would be an outcome of meaningful engagement. This can be done by engaging local stakeholders to co-create effective tracking solutions in all the stages of DSD. This subject can be addressed in country-to-country learning sessions and meetings with CAN members.

2

Key findings

Similar to 2022, communities are more involved in the design of DSD policies and programmes and less in the monitoring and evaluation of DSD programmes.

CE levels in the design stage of DSD were satisfactory in 2022 and remained so in 2023. While engagement in the implementation stage increased to satisfactory levels in 2023, engagement in the monitoring and evaluation (M&E) stage remained minimal. Some countries reported purposefully focusing on improving engagement at policy and implementation levels before addressing the M&E stage. Challenges in M&E-related activities are related to recipients of care (RoC) not yet being considered as having a role to play in the technical field of M&E and funding-related issues, such as donor-funded activities ceasing at the end of the project and more generally limited resources to start or sustain the DSD-related M&E activities.

Data analysis has revealed that the most considerable increase in CE was reported in activities requiring little to no additional funding, such as meetings for CQUIN Capability Maturity Model self-assessments, technical working groups, policy validation, and M&E. The operational funding

required to include RoC in existing joint supervision visits or start doing them if the activity does not exist, and to set up a community-led monitoring system in health facilities implementing DSD, is one of the reasons that these activities have once again seen the lowest CE scoring. These factors most likely contributed to the relatively low improvement rate at implementation stage between the two years (+11%).

However, despite the M&E stage having the lowest levels of engagement overall, this is also the stage where the most progress in engagement was noted (44% increase), driven by M&E activities such as meetings, impact assessments, and CQUIN self-assessments. The fact that CE in the design stage of DSD was already at a more mature stage in 2022 (70%) justifies its lower improvement rate between the two years (+14%).

The consistently strong engagement at policy level has started to produce a visible impact at the level of DSD, such as in Ghana, where they ensured inclusion of RoC in their community antiretroviral therapy (ART) delivery model, or in Zambia, where community committees of people living with HIV are now accessing constituency funds to implement health-related developmental programmes.

Recommendation

Co-create strategies with duty bearers to address the systemic issues that are keeping engagement low in the monitoring and evaluation of DSD programmes.

Countries should seek out duty bearers to understand what the most appropriate strategy is to address the gap in the M&E stage of DSD rollout. Sensitization may have to target specific technicians on M&E technical working groups to change their attitude towards CE in their field. Civil society organizations should also consider proposing strategies that ensure the RoC representatives are fully equipped to contribute to M&E discussions, such

as representation by the M&E team of a strong CSO with community consultations prior to or after strategic M&E exercises.

3

Key findings

The CE tracking process successfully capacitated and empowered CAN members to influence funding processes, creating potential for significant progress in DSD services.

Several countries reported that the data from the CE tracking tool was central in influencing budgeting and resource mobilization exercises. Countries used the Global Fund's Grant Cycle 7 (GC7) as an opportunity to influence budgeting decisions. Sierra Leone increased the number of expert clients in DSD health facilities as a result of advocacy during the Global Fund's Grant Cycle 6 (GC6) reprogramming. Nigeria successfully included more community-led DSD interventions and community-led impact assessments in their GC7 country proposal. Malawi is planning to expand the CE tracking rollout with potential support from the German Agency for International Cooperation (GIZ). In Mozambique, the 2022 results were used to secure funds from the International AIDS Society (IAS) for DSD-related advocacy, leading to a 50% increase in health facility training that included RoC.

Recommendation

Leverage the strong CE at all levels to influence budgeting of CE into DSD strategies.

The strong levels of engagement in forums where policy and design decisions on DSD are made

(technical and thematic working groups, policy validation exercises, programme design, and M&E meetings) are opportunities that countries should be taking to obtain more information on DSD funding. With this information, the organizations tracking CE can advocate for more attention to budgeting for CE to address the most urgent gaps identified in the DSD rollout.

4

Key findings

Sensitization, capacity-building, and advocacy activities, although limited in scope by funding, have positively influenced attitudes towards CE in DSD and contributed to bridging previously identified gaps.

All countries report having conducted sensitization and advocacy activities between 2022 and 2023 for better CE in DSD, which has led to better consideration for CE by authorities, as well as command of DSD concepts by communities. Some countries have noted visible changes, such as Cameroon reporting that their efforts have led to "*community engagement being on the lips of everyone*". Mozambique reports that, following their efforts, "*RoC are now being treated more as equals when they contribute to meetings, and the ministry of health has started creating time in meeting agendas for RoC input*". However, these initiatives were limited in scope by funding, so the positive outcomes varied from country to country.

Other countries chose to link their capacity-building initiatives to targeted advocacy efforts on specific activities, such as in Rwanda, where the empowerment of 49 community leaders who advocated for their right to be part of DSD health facility trainings led to 100% CE in that activity.

In South Sudan, because of the sharing of 2022 CE tracking results, the capacity of eight was built to lead in community service provision, resulting in an increase in CE in demand-creation activities by RoC by 90%.

Recommendation

Mobilize funding to reinforce and expand coverage of sensitization, capacity-building and advocacy actions.

While acknowledging that resource mobilization is an ongoing challenge, with a comprehensive knowledge of the DSD country funding and results from the CE tracking tool, CSOs can build strong grant applications to showcase the added value and potential impact of CE in their country's DSD program.

In addition to influencing country budgeting for DSD, CSOs can fundraise small grants to empower more RoC and advocate more strategically for changes. This would have a long-lasting and sustainable impact on DSD initiatives.

5

Key findings

Developed relationships with duty bearers have created opportunities for further engagement, subsequently strengthening CE levels and improving DSD policies and programmes.

Nurturing relationships developed with duty bearers was identified in 2022 as one of the focus areas that needed to continue to improve. Using their 2022 CE results, each country decided on the best

strategy to create more opportunities for CE and address urgent DSD-related issues. Several countries report a significant impact on their local environment and programmes, such as in South Sudan, where engagement results more than doubled partly due to widespread sharing of the 2022 results and advocacy efforts.

Based on the 2022 results, Senegal's advocacy strategy targeted regional duty bearers, which led to a 15% increase in CE in policy and implementation levels of DSD.

CSOs' advocacy actions and the opportunities they used through their relationship with duty bearers could be directly linked to substantial improvements in the quality of the country's DSD rollout. For example, in Liberia, three ARV dispensation community centers are being created, bringing treatment closer to communities.

In Zambia, the inclusion of the network of people living with HIV on national DSD technical working groups set in motion several developments, including increased stipends for community health workers, an improved payment system for them, and more regular monitoring of the community ART model. Ultimately, this has led to full CE in a multi-month ARV dispensation research project which took place over 12 months.

These examples illustrate to what extent monitoring of CE can cause a ripple effect across DSD programmes, increasing their scope and quality.

Recommendation

Build on existing relationships with duty bearers to improve community engagement at decentralized levels.

Countries that have comparative data showing that CE levels are lower at decentralized levels are advised to share these strategically with the relevant duty bearers, leveraging the relationship they have built around advocating for better CE.

Way Forward

The ongoing tracking of CE in DSD is a critical component in enhancing the effectiveness and reach of HIV services across diverse regions. Building on last year's insights, this year's findings further underscore the vital role of CE in DSD, highlighting both expected and unexpected outcomes.

One of the most significant expected outcomes of sustaining CE tracking is the continuous filling of knowledge gaps regarding the role of RoC in DSD. The tracking tool offers specific feedback on areas where RoC needs to be more involved, thereby enhancing their engagement and participation in not only the implementation stage of DSD, but also in decision-making phases. Seventy percent of countries have been able to improve their CE levels, and several countries report improvements in attitudes from duty bearers towards CE, more collaborative relationships with authorities, and RoC understanding their roles better, resulting in more meaningful engagement.

Despite the relatively short period (18 months) since the beginning of CE tracking, several countries are already reporting significant impact on DSD programmes: a more people-centered approach to community ART delivery, DSD community health workers accessing fairer remuneration, RoC engaging in a multi-month research project, community participation in DSD programme monitoring and RoC accessing public funds to implement developmental programmes at a decentralized level.

Moreover, there are promising prospects for several countries that used funding opportunities to further enhance CE and its impact on DSD. The CE tracking model enables implementers to develop both short- and long-term advocacy plans to address engagement issues in DSD models. ITPC has secured small grants from the Bill & Melinda Gates Foundation for CAN members to develop and implement short-term advocacy plans during 2024. This initiative will build on the existing outcomes to increase levels of engagement and impact on DSD services.

Despite consequent progress in the M&E stage of DSD, CE is still highest at the design stages of DSD policies and programmes and lowest at the end stage of implementation. There are still challenges in obtaining data to assess all the CE indicators. The insights gained with data that is available and accessible can help address these systemic dysfunctions and develop relevant strategies to ensure that RoC are at the heart of DSD.

Countries need to keep tracking CE to continue building bridges between stakeholders to amplify community voices, ensuring that DSD services are adequately responding to their needs and, ultimately, that all RoC can access quality HIV health services.

Background

As countries work to scale up DSD to provide efficient and high-quality HIV services, particular attention is being given to CE. CE considers that a higher level of involvement of communities in programme design, implementation, and M&E as well as policymaking will improve the relevance, acceptability and effectiveness of programmes.

Following the launch of CQUIN in March 2017, designed to accelerate DSD scale-up, and of the CAN that aims to co-create solutions for meaningful engagement of people living with HIV in DSD initiatives, the CE tracking tool was developed in 2021.

CQUIN is a learning network designed to accelerate DSD scale-up by fostering joint learning, country-to-country exchange, and targeted technical assistance for its member countries. The CQUIN Capability Maturity Model is a tool used by CQUIN to monitor and evaluate the progress of DSD for HIV treatment across its member countries. It helps these countries assess their advancements in implementing DSD models and identify areas that need improvement to enhance the quality and coverage of HIV services. The findings of the CE tracking tool inform the staging of the CE domain of the CQUIN Capability Maturity Model.



Figure 1. Insights from 2022 CE tracking tool

In collaboration with CQUIN and the ITPC, the CAN rolled out the CE tracking tool in 20 countries in 2022¹ (see Annex IV for the 2022 results dashboard). The framework includes indicators for CE across agreed upon levels (policy, programme, community) and DSD areas (design, implementation and M&E) (see Annex I for list of indicators).

The 2022 rollout provided comprehensive insights that are summarized below (full report available [here](#).)

As with other community-led monitoring (CLM) practices, regular data collection is key, so the CE tracking tool was rolled out again in 21 countries² in 2023. The following report presents the findings from the comparison of results between the two consecutive years of data collection, the outcomes of this ongoing CE tracking process, and recommendations to make levels of CE progress and increase the positive impact on DSD programmes.

1 Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

2 Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Uganda, Zambia and Zimbabwe.

Methodology

The methodology of the CE tracking tool 2023 rollout followed the 2022 approach. Twenty-one countries participated in the process in 2023, namely Burundi, Cameroon, Côte d'Ivoire (CIV), Democratic Republic of Congo (DRC), Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Uganda, Zambia, and Zimbabwe, as illustrated in *Figure 2*.



Figure 2. Countries leading the CE tool rollout 2023

Following the refresher training ITPC held in June 2023 with the representatives from the national people living with HIV networks in all 21 countries (see *Annex IX for the list of national people living with HIV networks trained*), small grants were disbursed to support data collection from 1 June 2022 to 31 May 2023. Data collectors were mainly staff or members of the people living with HIV networks leading the data collection or affiliated networks.

The 2022 data collection tool was updated for added clarity and user-friendliness based on country recommendations and the updated 2023 Excel CE tracking tool (see *Annex II for a snapshot of the tool*) contained the list of 18 quantitative indicators (see *Annex 1 for the list of indicators*) classified by policy, programme, and community level. The instructions on how to fill it in include descriptions of numerators and denominators as well as examples of data sources/evidence.

Data collectors either administered electronically by sending the tool via email for the respondents to fill in, or they filled it in themselves following interviews. Most evidence was sourced from invitations, attendance registers, and reports from meetings organized by local HIV/AIDS authorities and/or public health sectors, as well as health facility records and verbal recollections from DSD coordinators.

Qualitative reports documented the country specificities of the data collection process, the key lessons learnt during rollout, the main challenges encountered, how they used the results of the CE tracking tool, and recommendations to improve the tool and CE. Additional questions were sent to countries by email for more in-depth responses on reasons for the increase or decrease in scores between 2022 and 2023.

Following several rounds of data quality checks with the ITPC team to finalize their data sheets, ITPC consolidated all country data into a single multi-country scoring sheet, cross-checking that all results were properly scored.

The percentage results for each indicator were translated into the equivalent scoring as illustrated below.

SCORING LEVELS & DEFINITIONS					
0 %	0-20%	21-40%	41-60%	61-80%	81-100%
<p>CANNOT SCORE DUE TO ANY OF THE FOLLOWING:</p> <ol style="list-style-type: none"> The activity is not planned. No data (the data source is not defined, available, accessible) 	<p>RoC are not involved in the DSD activity and there are currently no plans to engage these groups</p>	<p>RoC are not currently engaged in DSD activity, but engagement with RoC is planned or meetings and discussions with RoC are ongoing.</p> <p>“Activity planned in next reporting period”</p>	<p>RoC are minimally engaged in the DSD activity</p>	<p>RoC are satisfactorily engaged in the DSD activity</p>	<p>RoC are meaningfully engaged in the DSD activity</p>

* When the activity was implemented during the previous reporting period, last year's scores are duplicated (year 2022)

Figure 3. Scoring levels and definition

The changes in the data collection tool between the two years were considered in the comparative analysis in the following ways:

1. The group of countries rolling out the tool varied, with Lesotho and South Africa joining the 2023 cohort and Tanzania not participating in the 2023 round. The 2022 results that were used to compare changes were adjusted to reflect this.
2. The updating and addition of new indicators reduced the scope of comparable indicators to 15 common ones. Overall, scoring of countries was calculated on these common indicators to enable a reliable comparison of the variability within the CE levels between 2022 and 2023.

Moreover, changes in the scope of data collection in some countries resulted in difficulties in comparing results, which are highlighted in the relevant sections of the report (*see Annex V for changes in data scope per country*).

Quantitative CE scores on the 15 common indicators between 2022 and 2023 were analyzed by level of DSD rollout (policy, programme, and community) and stage of DSD rollout (design, implementation, and M&E). The scoring of the three newly scored indicators was analyzed separately. The average scores for each country were grouped

within dashboards per region – southern, East, West and Central Africa – and reasons for the changes in the average levels of CE were documented per country. Considerations around the changes in CE within DSD programmes were discussed with countries and documented under the key findings section.

Overview of 2023 Results

With the progress in results in different countries, more than 75% of this year's indicators are in the satisfactory to meaningful level of engagement. The remaining 15% of indicators scored minimal engagement. There are no indicators that scored less than 40% (*see Annex VII for the ranking of indicators*).

The results of the 2023 CE tool rollout were shared with the CAN countries during the CQUIN meeting “integrating non-HIV services into HIV programmes” (Nairobi, Kenya, April 2024). The outcomes of the ongoing CE tracking have been shared and disseminated across various relevant platforms to highlight how CE can be used as an approach to monitor CE.

INDICATORS (2023)	Liberia	Rwanda	Uganda	Eswatini	Cote d'Ivoire	Nigeria	Lesotho	Zambia	Sierra Leone	Mezambique	Senegal	DRC	Ghana	Cameroon	South Sudan	Ethiopia	Burundi	South Africa	Zimbabwe	Malawi	Kenya	
% of TWG and task team meetings on DSD where RoC/community members participated during the reporting period	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of policy validation exercises where RoC/community members participated	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of online DSD TWG and task team platforms that include RoC/community members	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of DSD-related M&E meetings that include RoC/community members	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of DSD impact assessment/evaluations where RoC/community members participated	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of meetings focused on DSD programme design where RoC/community members participated	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of DSD M&E tools development meetings where RoC/community members participated	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of DSD supportive supervision visits that include RoC/community members	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of CQUIN Capability Maturity Model self-assessments conducted by MoH where RoC/community members participated and led on community engagement domain	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of thematic working group meetings where RoC/community members presented	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of DSD sensitization/demand creation activities led by or actively involving RoC/community members	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of health facilities with DSD where RoC work as service providers	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of health facilities offering DSD services where community score cards and/or RoC satisfaction surveys are implemented	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
AVERAGE COUNTRY SCORE	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of government-developed DSD policy communication materials that acknowledged input from national networks of PLHIV	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of peer educators who attended health education learning sessions	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
% of RoC/community members who attended health education learning sessions	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Figure 4. Dashboard of community engagement results – 2023

Progression of community engagement in DSD: Comparative analysis between 2022 and 2023

Among the countries tracking CE efforts in DSD, the results are progressing. In 2022, 49% of results had scored satisfactory or meaningful engagement (see Annex IV for 2022 dashboard). As illustrated in Figure 4 above, in 2023, 67% of CE results scored satisfactory or meaningful engagement (61-100% achievement rate).

The five countries scoring no current engagement (0-40%) in 2022 progressed and in 2023, all countries scored more than 40%. Seven countries scored minimal engagement (41-60%) and nine countries scored satisfactory engagement (61-80%). In 2022, only one country had scored mean-

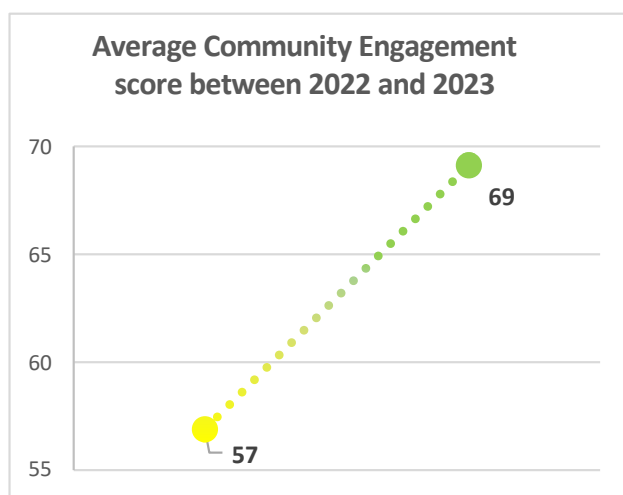


Figure 5. Trends in CE between 2022 and 2023

ingful engagement (81-100%), and this increased to five countries in 2023 (see Annex VI for 2023 country ranking).

On average, CE has progressed from 57% to 69% between 2022 and 2023 (equivalent to a 21% increase), shifting from minimal to satisfactory CE. Levels of CE have risen in 70% of countries tracking CE since 2022.

Similarly to 2022, CE is generally stronger in the stage of policy development of DSD. The 35% increase in CE at policy level is the main driver for the improvement of the overall average score between the two years. The three highest-scoring CE indicators remain in the design stage: technical working groups, policy validation meetings and planning meetings.

However, the progress in the policy stage is a result of improvement of scoring on M&E activities: M&E meetings and impact assessments. Similarly, the progress at programme level is driven by CQUIN self-assessment meetings.

Although the highest increase in CE was in the M&E stage of DSD (44%), it is once more the stage with relatively lower engagement levels compared to policy and programme levels.

The three lowest-scoring community engagement indicators are once again found at the M&E and implementation stages: DSD supportive supervision visits, community scorecards or satisfaction surveys in DSD health facilities, and DSD impact assessments/evaluations (see Figure 5).

Another factor that contributed to the overall increase in CE was the significant progress made on activities previously reporting no CE, or that had not yet been implemented or for which data was not available. When comparing the activities that scored zero CE in 2022 with their corresponding results in 2023, the same cluster of activities progress from 0% CE to an average score of 51% for activities previously totally excluding CE, and to 58% for activities that had not yet been implemented in the country or that lacked data. As illustrated in the table below, the improved rates of CE were mainly at the programme level and in the M&E stage of DSD rollout.

ACTIVITY STATUS AND SCORE IN 2022	AVERAGE SCORE OF SAME ACTIVITIES IN 2023	ACTIVITIES MOST IMPACTED BY IMPROVEMENT IN COMMUNITY ENGAGEMENT
NO CE IN EXISTING ACTIVITIES - 0%	51%	IMPLEMENTATION: supportive supervision visits M&E: meetings, impact assessments, tools development meetings, CQUIN assessments
ACTIVITY NOT YET IMPLEMENTED IN COUNTRY - 0%	58%	DESIGN: technical working groups IMPLEMENTATION: health facility trainings M&E: impact assessments, CQUIN assessments, health facilities with community scorecards
DATA NOT AVAILABLE - 0%		IMPLEMENTATION: health facility trainings M&E: health facilities with community scorecards

Table 1. Changes in scoring of activities that scored zero CE in 2022

Overview of results by region

In the following sections, comparative results on the 15 common indicators between 2022 and 2023 have been classified by region and an analysis per level of DSD rollout (policy, programme, and community) highlights the most significant shifts in levels of CE between 2022 and 2023.

All three African regions are reporting satisfactory average levels of CE in DSD rollout. The most significant change between 2022 and 2023 was in East Africa, where levels of CE progressed by 71%, followed by southern Africa, with a 14% increase in CE. The West and Central African regions have not experienced major shifts, with an average 2% increase for the region.

INDICATORS (2022-2023)	Rwanda		Uganda		South Sudan		Ethiopia		Burundi		Kenya	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
% of TWG and task team meetings on DSD where RoC/community members participated during the reporting period	Green	Green	Red	Green	Light Green	Yellow	Green	Green	Light Green	Green	Light Green	Light Green
% of policy validation exercises where RoC/community members participated	Green	Green	Grey	Green	Green	Green	Light Green	Green	Yellow	Green	Green	Green
% of online DSD TWG and task team platforms that include RoC/community members	Green	Green	Red	Green	Grey	Green	Red	Green	Grey	Yellow	Yellow	Green
% of DSD-related M&E meetings that include RoC/community members	Green	Green	Red	Green	Yellow	Green	Yellow	Light Green	Grey	Green	Yellow	Green
% of DSD impact assessment/evaluations where RoC/community members participated	Grey	Green	Grey	Green	Green	Green	Red	Green	Grey	Green	Grey	Light Green
% of meetings focused on DSD programme design where RoC/community members participated	Green	Green	Grey	Grey	Green	Green	Green	Green	Green	Green	Red	Yellow
% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models	Green	Green	Grey	Green	Light Green	Light Green	Light Green	Light Green	Green	Green	Red	Green
% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants	Light Green	Green	Red	Yellow	Grey	Green	Red	Red	Grey	Red	Green	Light Green
% of DSD M&E tools development meetings where RoC/community members participated	Green	Green	Red	Green	Red	Green	Red	Red	Green	Green	Green	Yellow
% of DSD supportive supervision visits that include RoC/community members	Yellow	Yellow	Grey	Green	Red	Green	Light Green	Red	Red	Green	Red	Red
% of CQUIN Capability Maturity Model self-assessments conducted by MoH where RoC/community members participated and led on community engagement domain	Grey	Green	Grey	Green	Green	Grey	Red	Green	Grey	Green	Grey	Green
% of thematic working group meetings where RoC/community members presented	Green	Green	Grey	Light Green	Green	Green	Yellow	Yellow	Grey	Green	Yellow	Green
% of DSD sensitization/demand creation activities led by or actively involving RoC/community members	Green	Green	Grey	Green	Red	Green	Green	Green	Grey	Green	Green	Green
% of health facilities with DSD where RoC work as service providers	Green	Green	Light Green	Light Green	Red	Light Green	Light Green	Light Green	Red	Green	Light Green	Yellow
% of health facilities offering DSD services where community score cards and/or RoC satisfaction surveys are implemented	Green	Yellow	Grey	Yellow	Grey	Red	Red	Red	Grey	Red	Grey	Yellow
AVERAGE COUNTRY SCORE	Light Green	Green	Red	Light Green	Yellow	Light Green	Light Green	Light Green	Yellow	Light Green	Yellow	Light Green
% of government-developed DSD policy communication materials that acknowledged input from national networks of PLHIV	Green	Green	Red	Red	Green	Yellow	Yellow	Grey	Red	Green	Light Green	Green
% of peer educators who attended health education learning sessions	N/A	Green	N/A	Green	N/A	Green	N/A	Yellow	N/A	Green	N/A	Light Green
% of RoC/community members who attended health education learning sessions	N/A	Light Green	N/A	Green	N/A	Green	N/A	Light Green	N/A	Green	N/A	Light Green

Figure 6. Comparative scores of CE between 2022 and 2023 – East Africa

EAST AFRICA

The significant increase in CE in the eastern Africa region was mainly due to Uganda, Burundi, Kenya, and South Sudan's consequent progress. The average score in 2022 for the region was 45%, equivalent to minimal levels of CE and in 2023, this scoring increased to a satisfactory level (77%).

"We built capacity of 49 NGO and RoC representatives, who then advocated for their right to be part of DSD health facility trainings, leading to 100% community engagement in that activity."

RRP+, Rwanda

Rwanda conducted large-scale community sensitizations that helped shift the perspective of communities, which led to more engagement.

Uganda experienced a substantial increase in CE scorings and availability of data due to strengthened collaboration with the new DSD coordinator. They also opted for a sampling method for data collection to make it more manageable. Post-Covid restrictions were also eased, facilitating data collection.

South Sudan obtained more support for the strengthening of DSD activities through UN Development Programme, Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR). The creation of a multi-stakeholder strategic information TWG, newly launched online DSD platforms, and capacity-building for the inclusion of RoC in health facility trainings all contributed to their progress.

"As a result of feedback from the 2022 CE tracking tool, AMREF Health Africa, through support from the Global Fund, built the capacity of eight CSOs to lead community service provision with a focus on demand creation for HIV services. As a result, community engagement in DSD demand creation activities led by or actively involving RoC/community members increased by 90%."

NEPWU, South Sudan

Ethiopia's results remained the same. The country reports that CE is not a formalized practice, especially at sub-national levels and so varies according to the individual duty bearer's willingness.

Burundi's close collaboration with a more robust national DSD coordination as DSD rollout picked up contributed to the 86% increase in CE at implementation level. Their focused advocacy strategy led to a 60% increase in CE in their M&E stage.

Kenya reported that CE is becoming more structured and meaningful with the development of the DSD Framework by the Ministry of Health/National AIDS and STI Control Program. They also conducted sensitization leading to RoC being familiar with DSD and CE concepts.

SOUTHERN AFRICA

The level of CE has increased by 14% in the southern Africa region, pushed mainly by the introduction of South Africa, which has satisfactory levels of CE. The average score in 2022 for the region was 59%, equivalent to minimal levels of CE and in 2023, this scoring increased to a satisfactory level (67%).

INDICATORS (2022-2023)	Eswatini		Lesotho		Zambia		Mozambique		South Africa		Zimbabwe		Malawi	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
% of TWG and task team meetings on DSD where RoC/community members participated during the reporting period	Green	Green	N/A	Green	Green	Green	Yellow	Green	N/A	Green	Green	Green	Yellow	Green
% of policy validation exercises where RoC/community members participated	Green	Green	N/A	Green	Green	Green	Green	Green	N/A	Green	Green	Green	Green	Green
% of online DSD TWG and task team platforms that include RoC/community members	Green	Green	N/A	Yellow	Green	Green	Green	Green	N/A	Green	Green	Green	Yellow	Yellow
% of DSD-related M&E meetings that include RoC/community members	Green	Green	N/A	Red	Green	Grey	Red	Red	N/A	Green	Red	Green	Red	Green
% of DSD impact assessment/evaluations where RoC/community members participated	Grey	Grey	N/A	Red	Red	Grey	Red	Red	N/A	Grey	Grey	Yellow	Red	Red
% of meetings focused on DSD programme design where RoC/community members participated	Green	Green	N/A	Green	Green	Green	Green	Green	N/A	Green	Green	Green	Yellow	Green
% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models	Green	Yellow	N/A	Green	Green	Grey	Green	Green	N/A	Green	Green	Green	Yellow	Green
% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants	Grey	Yellow	N/A	Green	Green	Green	Yellow	Green	N/A	Green	Yellow	Green	Red	Red
% of DSD M&E tools development meetings where RoC/community members participated	Red	Yellow	N/A	Red	Green	Grey	Red	Red	N/A	Green	Red	Grey	Red	Green
% of DSD supportive supervision visits that include RoC/community members	Red	Yellow	N/A	Grey	Green	Yellow	Red	Red	N/A	Green	Green	Green	Red	Red
% of CQUIN Capability Maturity Model self-assessments conducted by MoH where RoC/community members participated and led on community engagement domain	Grey	Yellow	N/A	Green	Green	Green	Green	Green	N/A	Green	Green	Green	Red	Green
% of thematic working group meetings where RoC/community members presented	Grey	Yellow	N/A	Red	Green	Green	Green	Green	N/A	Green	Green	Green	Yellow	Green
% of DSD sensitization/demand creation activities led by or actively involving RoC/community members	Red	Yellow	N/A	Yellow	Green	Green	Green	Green	N/A	Green	Green	Green	Yellow	Grey
% of health facilities with DSD where RoC work as service providers	Green	Green	N/A	Green	Green	Green	Green	Green	N/A	Green	Green	Green	Yellow	Yellow
% of health facilities offering DSD services where community score cards and/or RoC satisfaction surveys are implemented	Grey	Red	N/A	Green	Red	Yellow	Green	Green	N/A	Green	Yellow	Green	Green	Grey
AVERAGE COUNTRY SCORE	Yellow	Yellow	N/A	Yellow	Green	Green	Green	Green	N/A	Green	Green	Green	Yellow	Yellow
% of government-developed DSD policy communication materials that acknowledged input from national networks of PLHIV	Red	Green	N/A	Red	Red	Green	Green	Red	N/A	Grey	Green	Green	Green	Green
% of peer educators who attended health education learning sessions	N/A	Yellow	N/A	Green	N/A	Grey	N/A	Red	N/A	Green	N/A	Green	N/A	Green
% of RoC/community members who attended health education learning sessions	N/A	Yellow	N/A	Yellow	N/A	Grey	N/A	Red	N/A	Green	N/A	Green	N/A	Yellow

Figure 7. Comparative scores of CE between 2022 and 2023 –Southern Africa

Eswatini, Zambia and Mozambique did not experience considerable shifts in levels of CE. Although Eswatini’s overall results are similar over the two years, six activities that scored zero are now known to be planned in 2024.

Zambia’s levels of CE fell slightly due to the data collection covering new geographical zones in 2023 and data not being available on previously well-performing indicators linked to the Clinton Health Access Initiative’s support to government to implement M&E activities ending in 2022.

Mozambique improved to 100% CE in TWG, and health facility trainings related to the updating of their DSD package as a result of advocacy with the ministry of health.



“After the 2022 data collection round, we secured funding from IAS to conduct advocacy targeting DSD health facilities. This led to a 50% increase in health facility trainings that included RoC. We

are also happy to see that the Ministry of Health is using the 2022 results in their planning process.” **PLASOC-M, Mozambique**

Community engagement increased in both **Zimbabwe** and **Malawi** due to continued engagement and strong advocacy with their ministries of health.

Both **Lesotho** and **South Africa** are new countries in the 2023 data collection round, so there is no comparison between the two years.

WEST AND CENTRAL AFRICA

The overall CE results do not vary much for the West and Central Africa region. CE levels remain satisfactory between 2022 and 2023, with a small increase from 64% to 65%.

The consequent increase in CE in **Cameroon** due to CQUIN and CAN support while DSD rollout was decentralized was counterbalanced by the reduction in CE in **Ghana**. The fall in CE in **Ghana** was due to expansion of data collection from regional capitals to rural areas and low scoring in rural regions.

INDICATORS (2022-2023)	Liberia		Côte d'Ivoire		Nigeria		Sierra Leone		Senegal		DRC		Ghana		Cameroon	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
% of TWG and task team meetings on DSD where RoC/community members participated during the reporting period	Green	Green	Green	Green	Yellow	Green	Green	Green	Yellow	Grey	Green	Green	Yellow	Red	Green	Green
% of policy validation exercises where RoC/community members participated	Green	Green	Green	Green	Green	Green	Yellow	Green	Yellow	Green	Green	Green	Yellow	Red	Grey	Green
% of online DSD TWG and task team platforms that include RoC/community members	Green	Yellow	Grey	Grey	Green	Grey	Green	Green	Green	Green	Grey	Green	Yellow	Red	Grey	Green
% of DSD-related M&E meetings that include RoC/community members	Green	Green	Green	Green	Yellow	Green	Grey	Yellow	Orange	Grey	Green	Green	Yellow	Orange	Grey	Yellow
% of DSD impact assessment/evaluations where RoC/community members participated	Green	Yellow	Green	Green	Yellow	Green	Grey	Grey	Red	Grey	Green	Red	Orange	Orange	Grey	Green
% of meetings focused on DSD programme design where RoC/community members participated	Green	Green	Green	Green	Green	Orange	Yellow	Green	Red	Grey	Green	Green	Orange	Orange	Green	Green
% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models	Green	Green	Green	Green	Yellow	Green	Green	Green	Red	Grey	Green	Green	Red	Grey	Green	Green
% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants	Green	Green	Green	Green	Green	Orange	Green	Green	Yellow	Yellow	Grey	Green	Green	Green	Grey	Green
% of DSD M&E tools development meetings where RoC/community members participated	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Grey	Green	Green	Green	Green	Green	Green
% of DSD supportive supervision visits that include RoC/community members	Green	Green	Green	Green	Red	Red	Grey	Grey	Orange	Yellow	Green	Green	Yellow	Yellow	Grey	Grey
% of CQUIN Capability Maturity Model self-assessments conducted by MoH where RoC/community members participated and led on community engagement domain	Grey	Green	Green	Green	Green	Green	Green	Orange	Red	Grey	Green	Green	Orange	Orange	Green	Green
% of thematic working group meetings where RoC/community members presented	Green	Green	Green	Green	Green	Yellow	Green	Grey	Red	Green	Green	Green	Yellow	Yellow	Green	Green
% of DSD sensitization/demand creation activities led by or actively involving RoC/community members	Green	Green	Green	Green	Green	Orange	Green	Orange	Yellow	Green	Green	Green	Green	Green	Grey	Orange
% of health facilities with DSD where RoC work as service providers	Green	Green	Green	Green	Yellow	Red	Green	Red	Green	Green	Green	Green	Yellow	Yellow	Green	Green
% of health facilities offering DSD services where community score cards and/or RoC satisfaction surveys are implemented	Green	Green	Green	Green	Orange	Orange	Grey	Red	Yellow	Green	Green	Yellow	Green	Green	Grey	Grey
AVERAGE COUNTRY SCORE	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow	Orange	Yellow	Green	Green	Yellow	Orange	Orange	Green
% of government-developed DSD policy communication materials that acknowledged input from national networks of PLHIV	Orange	Green	Red	Green	Yellow	Green	Green	Green	Green	Yellow	Grey	Red	Red	Red	Red	Green
% of peer educators who attended health education learning sessions	N/A	Orange	N/A	Green	N/A	Orange	N/A	Grey	N/A	Orange	N/A	Green	N/A	Yellow	N/A	Orange
% of RoC/community members who attended health education learning sessions	N/A	Green	N/A	Green	N/A	Orange	N/A	Grey	N/A	Green	N/A	Yellow	N/A	Yellow	N/A	Orange

Figure 8. Comparative scores of community engagement between 2022 and 2023 – West and Central Africa

.....
“Compared to the first year of data collection that was limited to Yaoundé, all ten regions of the country were covered in 2023. As DSD became more coordinated at national level and coverage increased thanks to technical support from the CQUIN and CAN, we were able to leverage on our existing CLM structure by mobilizing the same data collectors to successfully expand tracking of community engagement in DSD.”

ReCAP+, Cameroon

.....
In **Nigeria**, results fell because two new geopolitical zones were included in the 2023 data collection. A more in-depth training of their data collectors led to a better command of the CE tracking tool, and previously misinterpreted indicators were more accurately informed.

.....
“In 2022, we realized that regional RoC leaders did not have a sufficient command of the CE tracking tool. In 2023, we held an in-depth orientation meeting for them and increased the scope of data collection to all six regions of the country. So the fall in community engagement on some indicators is related to collecting more informed and representative responses rather than a worsening of community engagement levels.”

NEPWHAN, Nigeria

Sierra Leone's results remained low because their DSD community model is not yet fully rolled out. Thematic working groups don't exist at sub-national level, and funding for demand-creation activities stopped between the reporting periods. In addition, the number of health facilities considered for monitoring of RoC working as service providers shifted from 30 to 600, bringing down the results for this indicator.

In **Liberia**, although CE levels remain high, there was a slight fall in scoring because, although communities were invited, they could not attend some DSD-related meetings.

.....
“We advocated for higher CE in the implementation stage of DSD and, as a result, three ARV dispensation community centers are being created, bringing treatment closer to communities.”

LibNeP+, Liberia

.....
Based on 2022 results showing weaker engagement in decentralized health sites, **Senegal's** advocacy strategy targeting regional duty bearers (governors, prefects, chief medical staff) improved policy and implementation indicators by an average of 15%.

Côte d'Ivoire sustained meaningful CE for 11 out of the 15 indicators. They conducted large-scale community sensitizations that helped shift the perspective of communities and led to more engagement from them.

In the **DRC**, meaningful levels of CE were sustained due to the strong awareness of civil society on the concept of CE and increased willingness of authorities to engage with communities.

.....

“The fact that the reporting on CE in DSD is on a yearly basis helped us advocate with the authorities, communities and relevant stakeholders for increased attention to the indicators that were lagging. We all agreed that we wanted better results the next year. After we shared the results obtained in 2022, WhatsApp groups were created for the various TWGs, the DSD indicators were integrated in the treatment observatory tracking system and not only were more RoC included in trainings, but a timeslot was also given to them to facilitate training on specific themes.”

UCOP+, DRC

.....

Overview of results per CE level and stage of DSD rollout

LEVEL	AVERAGE SCORES		
	2022	2023	INCREASE
Policy	55%	74%	35%
Programme	56%	66%	18%
Community	61%	67%	10%

Table 2. Average increase in scoring per level

STAGE	AVERAGE SCORES		
	2022	2023	INCREASE
Design	70%	80%	14%
Implementation	57%	63%	11%
M&E	41%	59%	44%

Table 3. Average increase in scoring per stage

According to the scoring of indicators (Table 2), all levels of DSD rollout have moved from minimal to satisfactory CE, the highest increases being at policy level. This 35% increase is mainly driven by improved CE levels in impact assessments increasing from zero to 100% in six countries (Rwanda, Uganda, Nigeria, Cameroon, Ethiopia, and Burundi) and scores improving to meaningful engagement in M&E meetings in eight countries (Burundi, Ethiopia, South Sudan, Nigeria, Uganda, Kenya, Zimbabwe, and Malawi).

RoC are still satisfactorily engaged in the design stage of DSD rollout (Table 3) and have shifted from being minimally to satisfactorily engaged in the implementation stage. Although engagement remains minimal in the M&E stage, there has been a 44% increase in this DSD rollout stage. This is due to the shift in engagement levels in impact assessments and M&E meetings described above. The indicator related to self-assessments was also clarified as being the CQUIN Capability Maturity Model self-assessment, which was consequently better informed in the 2023 data collection.

The trends in the levels of DSD rollout (policy, programme, community) are analyzed in more detail in the following section. The analysis compares all the countries that tracked CE in 2022 to the ones that tracked CE in 2023.

Trends of community engagement in DSD rollout at policy level

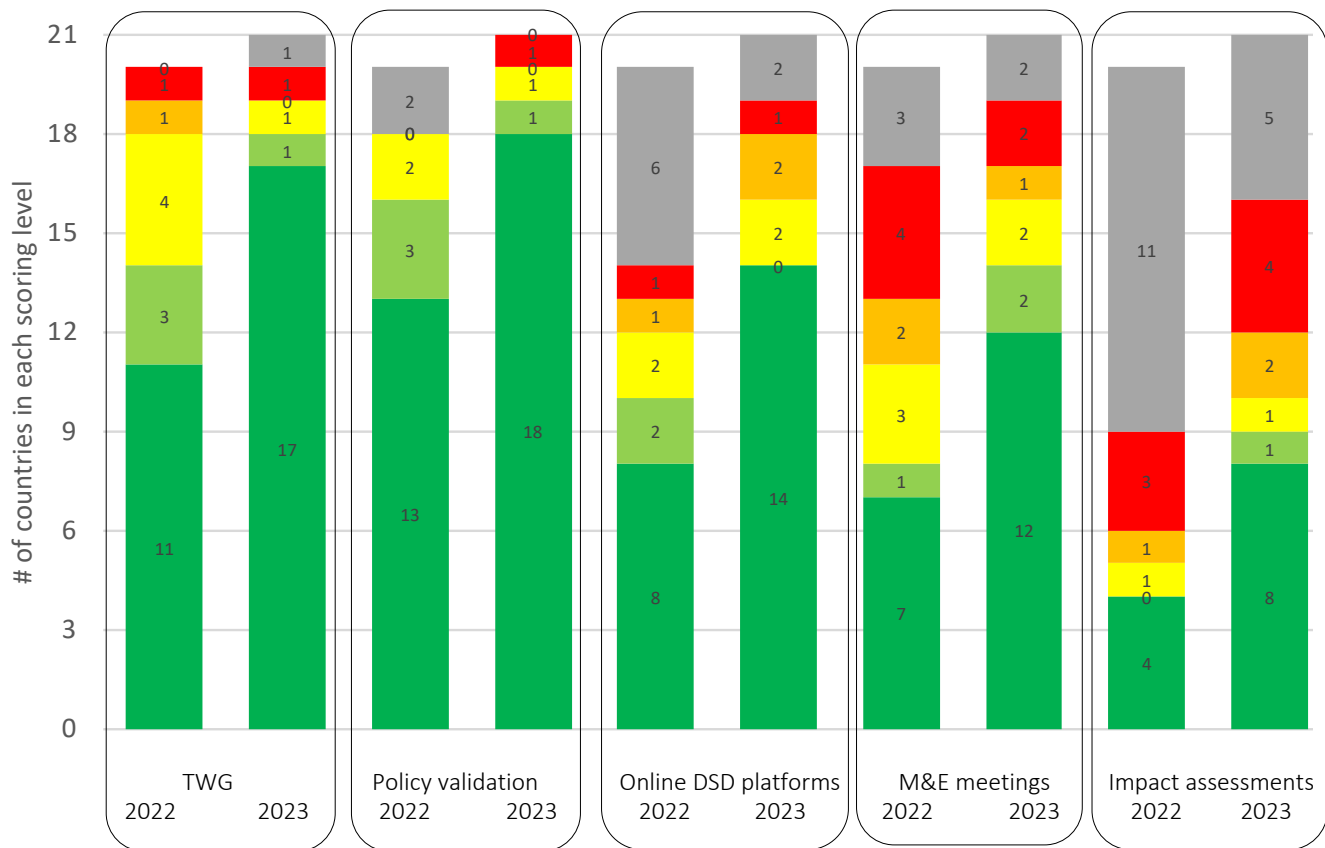


Figure 9. Policy level scoring of 15 common indicators between 2022 and 2023 by number of countries

As illustrated in *Figure 9*, at policy level, the majority of countries now report meaningful engagement in TWGs and policy validation meetings.

Data is now more available on online DSD platforms that include RoC, policymakers, programme implementers and health providers, and more than half of the countries now report meaningful engagement on these platforms.

In 2022, 45% of countries reported that M&E meetings on DSD were either not happening or that there was no CE. In 2023, 60% of countries now report meaningful or satisfactory CE for this activity.

Similarly, half the countries reported that impact assessments had not yet been carried out in 2022

and in 2023, only two countries report that this activity is not happening. The number of countries reporting meaningful CE in impact assessments doubled and out of the four countries that report no engagement in impact assessments, two have already conducted this exercise in the past but could not track the level of engagement.

More than half the countries reported meaningful engagement on the revised indicator related to government-developed DSD policy communication materials that acknowledged input from national networks of people living with HIV.

Results of each indicator by country for 2023 are detailed in *Annex VIII*.

Trends of community engagement in DSD rollout at programme level

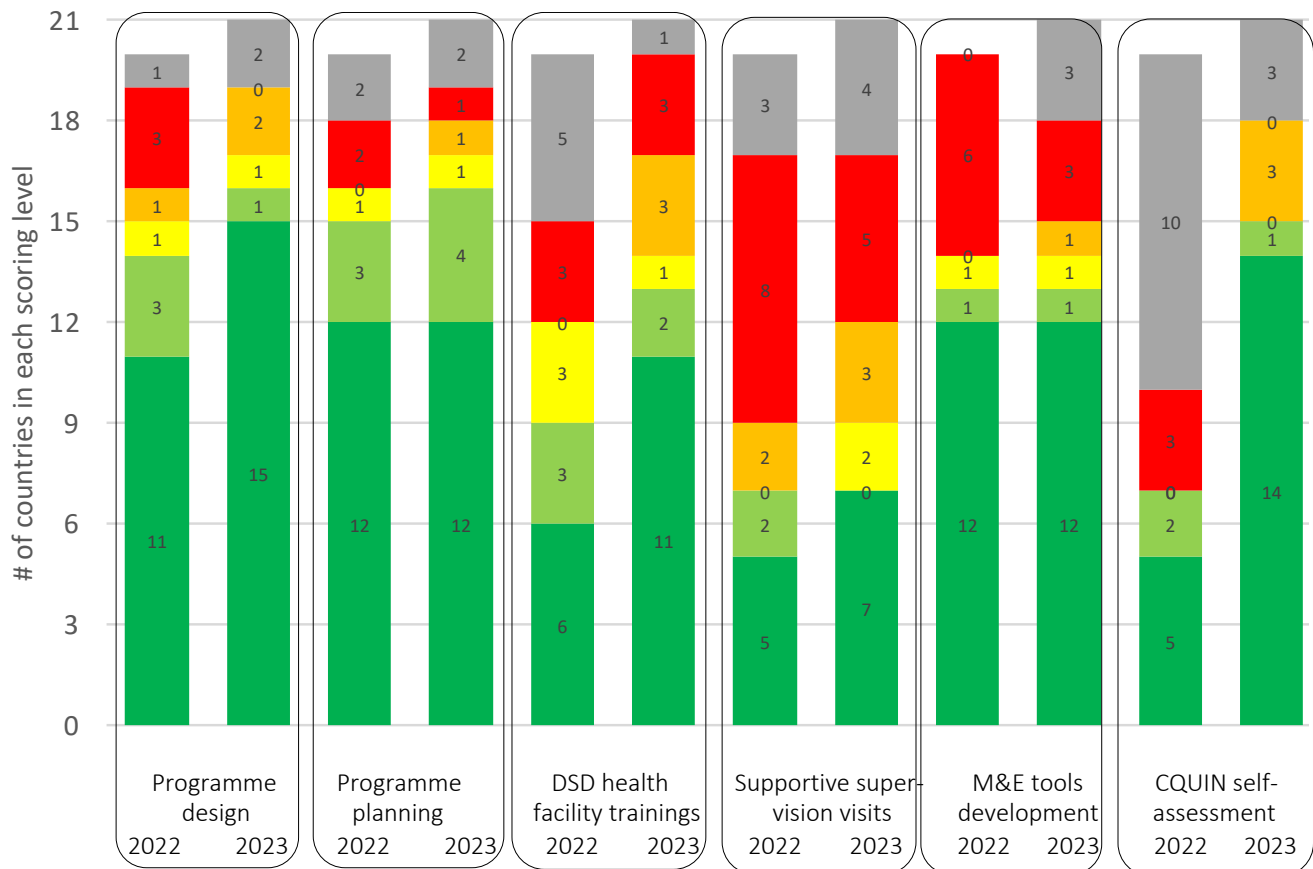


Figure 10. Programme level scoring of 15 common indicators between 2022 and 2023 by number of countries

As illustrated in *Figure 10*, at programme level, the main change is seen for the CQUIN self-assessment activity. In 2022, half the countries reported that self-assessments were not conducted but once the indicator was clarified as being the CQUIN Capability Maturity Model self-assessment, it was better informed. In 2023, 70% of countries report meaningful or satisfactory engagement in this activity. Only CIV and South Sudan report that CQUIN self-assessments are not happening, and Senegal could not provide data for this activity.

CE in DSD health facility trainings have improved, with data being more available and nearly twice as many countries reporting meaningful engagement in these trainings.

Results for programme design meetings, programme planning meetings for prioritization of DSD and M&E tools development meetings did not significantly improve. However, it is noted that Zambia, Senegal and Zimbabwe, who were able to report on the M&E tool development indicator in 2022, could not provide data for 2023.

The number of countries reporting no CE in supportive supervision visits dropped from 40% to 23%. Four countries still report that data is not available or that the activity is not happening.

Results of each indicator by country for 2023 are detailed in *Annex VIII*.

Trends of community engagement in DSD rollout at community level

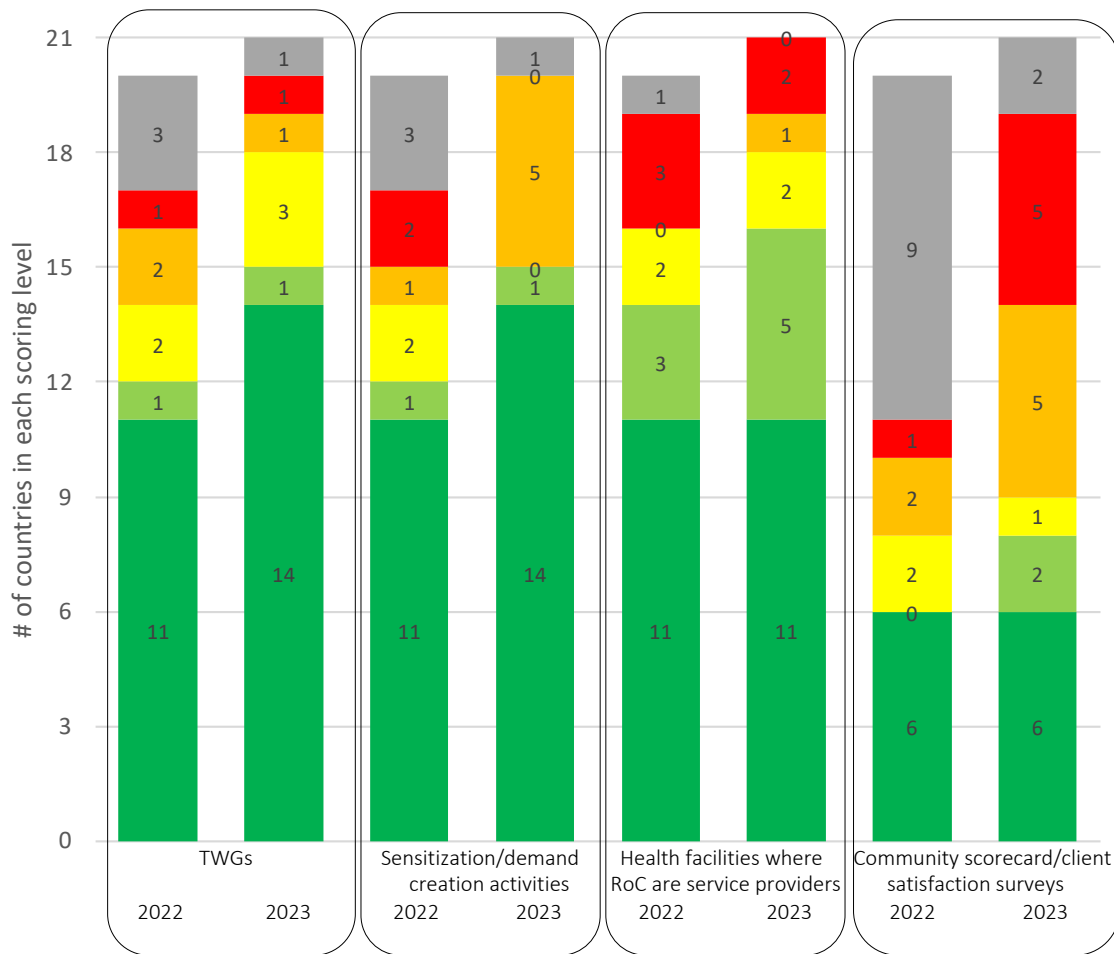


Figure 11. Community-level scoring of 15 common indicators between 2022 and 2023 by number of countries

As in Figure 11, at community level, the number of countries reporting meaningful CE in DSD thematic working groups and in DSD sensitization/demand creation activities has increased. The countries that reported in 2022 either no engagement at all in DSD sensitization/demand creation or that these activities were not happening are now all reporting either meaningful engagement or that engagement with RoC is planned in future activities.

The number of countries that report satisfactory engagement of RoC as service providers in DSD healthcare facilities has increased. In addition, two complementary indicators introduced in 2023, tracking engagement through peer educators and RoC/community members' participation

in health education learning sessions both scored meaningful or satisfactory levels of engagement in half of the countries.

The number of countries reporting that community scorecards and/or RoC satisfaction surveys in DSD health facilities did not exist or that data on this could not be obtained fell from nine to two between 2022 and 2023. Despite the slight improvement in levels of engagement, it is also now clearer that feedback mechanisms in DSD health facilities have a very low coverage in nearly a quarter of countries.

Results of each indicator by country for 2023 are detailed in Annex VIII.

Conclusions

The following section presents key conclusions and recommendations based on an analysis of the results.

The most considerable increase in CE was reported in activities requiring little to no additional funding, indicating that budgeting for CE is key.

The variability in results between 2022 and 2023 indicates that most of the activities that have experienced a considerable increase in CE and are now in the satisfactory to meaningful range of engagement are ones that do not require substantial financial resources. These are mainly meetings (CQUIN self-assessment, TWGs, policy validation, and M&E) and the creation of online platforms (half the countries mentioned WhatsApp groups).

Although health facility trainings which include RoC, which is an activity requiring operational funding, also experienced a significant increase in CE, more than half of the countries reported funding challenges that limited the scope of these trainings.

The lowest-performing indicators in 2023 are activities that commonly require operational funding – to include RoC in existing joint supervision visits or start doing them if the activity does not exist, and to set up a CLM system for scorecard/satisfaction surveys in DSD health facilities. These factors most likely contributed to the relatively low improvement rate at implementation stage between the two years (+11%). DSD impact assessments are also among the lowest performing indicators, but it is also the indicator that has the most countries reporting that the activity does not exist or data for this is not available.

The CE tracking process successfully capacitated and empowered CAN members to influence funding processes, creating potential for significant progress in DSD services.

As mentioned previously, funding is one of the factors that affects progress in CE. The 2022 CE results provided evidence for countries to influence funding processes to improve DSD programmes.

.....

“Following the 2022 results, we advocated for strengthening of CE in the implementation of DSD. NETHIPS subsequently obtained the approval for more expert clients assigned in health facilities under Global Fund GC6 reprogramming.”

NETHIPS, Sierra Leone

.....

The Global Fund’s Grant Cycle 7 (GC7) country proposals, GC6 reprogramming, and the Covid-19 Response Mechanisms (C19RM) were the main opportunities that countries leveraged to influence funding decisions. However, countries also raised funds or obtained support from other external donors such as the IAS and the President’s Emergency Plan for AIDS Relief. The positive outcomes of these initiatives were related to strengthening CE in DSD activities, improving the quality of HIV care services, and creating links between CE tracking and other CLM initiatives to expand their scope.

.....
“We used the evidence from the monitoring of community engagement and CQUIN national dashboard to successfully advocate for the inclusion of community-led DSD interventions and community-led impact assessment of CLM (including on community engagement in DSD) in the GC7 country proposal.”

NEPWHAN, Nigeria

.....
Targeting strategic forums linked to donor funding processes for advocacy on resourcing can also sometimes have an impact beyond the funding requests.

.....
“We secured C19RM Global Fund funding to implement further CLM activities and we are planning on expanding CE tracking rollout with potential GIZ support.”

MANET+, Malawi

.....
The examples from this report illustrate that when advocacy strategies also target budgeting and funding forums, it can lead to substantial changes at country level and benefit all RoC.

Seventy percent of countries report a strengthening of CE.

Tracking CE in DSD rollout provided evidence for countries to act on to improve their levels of CE. The main reasons reported for progress are related to the sensitization, capacity-building and advocacy efforts, which are detailed in the next sections.

Reductions in levels of CE are primarily linked to changes in data collection scope rather than

decreases in engagement efforts. Most of the six countries reporting lower CE scores introduced new data collection sites in 2023 to be more representative. These new sites were often more rural-based and had weaker CE levels. Only one country reported that the fall in CE is due to them struggling with formalizing CE in the HIV care system.

These initiatives are in line with previous recommendations to ensure the scope of data collected was nationally representative.

Communities are once again most often involved in the design of DSD policies and programmes and less in the M&E of DSD programmes.

CE levels in the design stage of DSD were satisfactory in 2022 and remained so in 2023. The fact that CE in the design stage of DSD was already at a more mature stage in 2022 (70%) justifies its lower improvement rate between the two years (+14%). Strong CE at policy level provided opportunities to countries to ensure that the design of DSD programmes was built around models that best serve RoC, having a direct positive impact on the implementation stage of DSD.

.....
“Initially, local authorities planned on using the community-based health planning services for ART delivery – a model that did not include RoC on their field teams. Our advocacy at policy level on community engagement in ART delivery successfully influenced the authorities, and the revised operating model will ensure the inclusion of RoC in the community ART delivery.”

NAP+, Ghana

Although CE shifted to satisfactory in the implementation stage of DSD and engagement in the M&E stage remained minimal, the latter was the stage where CE progressed the most between 2022 and 2023.

Generally, levels of engagement progressed because of M&E activities – M&E meetings and impact assessment at policy level, CQUIN self-assessments at programme level and scorecards/satisfaction surveys at community level. Although the M&E stage of DSD still has the lowest levels of CE, the countries that focused their advocacy strategy on CE in M&E activities achieved significant results.

The main challenges slowing progression at the M&E stage are that RoC are not yet considered by authorities as having a role to play in the technical field of M&E, activities such as scorecard systems in healthcare centers are often donor-funded and stop when the project funding ends, and countries needing to focus their efforts firstly on improving policy and implementation levels before addressing the M&E stage.

Sensitization, capacity-building and advocacy activities, although limited in scope by funding, have positively influenced attitudes towards CE in DSD and contributed to bridging previously identified gaps.

“We empowered 20 leaders of RoC on CE and RoC role in DSD. Before they were fearful of talking during meetings but are now comfortable in claiming their right to participate in DSD meetings and actively contribute to DSD design and implementation.”

ReCAP+, Cameroon

The analysis of reasons for weak CE in 2022 deduced that low capacities of RoC to understand their role in DSD rollout and engage in DSD design, implementation, and M&E is one of the factors that contributed to low levels of engagement. Several countries also noted a gap in the recognition of the importance of CE. This situation also resulted in data collectors and health facilities having a hard time understanding all the indicators and thus collecting or providing the data in a timely manner.

“We shared the 2022 results during the CQUIN dashboard staging, which created space for dialogue around community engagement. We see how this has influenced the perception and attitudes of local authorities. Today, RoC are being treated more as equals when they contribute to meetings, and the ministry of health has started creating time in meeting agendas for RoC input.”

ZNNP+, Zimbabwe

All countries report having conducted sensitization and advocacy activities between 2022 and 2023 for better CE in DSD, which has led to better consideration for CE by authorities and command of DSD concepts by communities. However, these initiatives were limited in scope by funding, so the outcomes varied from country to country.

Developed relationships with duty bearers have created opportunities for further engagement, subsequently strengthening CE levels and improving DSD policies and programmes.

All countries noted in 2022 the need to sustain the dialogue around CE with duty bearers and

local authorities that started around the first data collection process and supplement this with advocacy based on the findings.

The networks of people living with HIV nurtured the relationship with duty bearers and local authorities and advocated to improve CE levels. Most countries report that progress in CE in 2023 is mainly linked to their advocacy efforts.

Using their 2022 CE results, each country decided on the best strategy to create more opportunities for CE and address the urgent DSD-related issues. Some countries chose to target a wide audience through their advocacy, reinforcing the voices of communities in the design and implementation of DSD programmes. Comparison of 2022 results demonstrated in some countries the discrepancies between CE at the central and decentralized levels. Advocacy initiatives then specifically targeted regional duty bearers based on these insights. Most importantly the advocacy actions could be directly linked in some cases to substantial improvement in the quality of the country's DSD rollout.

.....

“Using the 2022 CE results, we advocated for the full involvement of RoC in key decision-making processes: CLM technical working groups, quarterly review meetings, validation meetings, stakeholder engagement meetings; and during events such as World AIDS Day. We targeted the ministry of health, AIDS commission, the President’s Emergency Plan for AIDS Relief and Global Fund implementing partners, international NGOs implementing DSD and UN agencies. Community voices are now heard and integrated to programme design and implementation, including joint supervision monitoring with implementing partners. The community’s

contribution to service delivery is seen as more transparent compared to previously, creating more trusting relationships.”

NEPWU, South Sudan

.....

However, advocacy initiatives were limited by funding and, although most countries have successfully progressed with the means at hand, advocacy budgets are essential for the CE tracking process to reach its full potential of impact on DSD rollout.

Data on CE has become more available, reliable and representative.

.....

“In 2023, 20 data collectors obtained data from 104 health facilities. Our president met with the national DSD coordinator to obtain the list of DSD sites and NAP+ sent official letters to the ministry of health, national and regional HIV programmes and DSD coordination introducing the data collection process as well as the data collectors and requesting their collaboration. Data collectors chose the sites they were familiar with from the list of DSD sites, and they were given printed copies of the letters to show the nurses in charge at health facility level. Our data collectors were well trained to clearly communicate the purpose of the exercise and the mutual benefits of collaborating. This strategy facilitated entry and willingness of authorities for data collection.”

NAP+, Ghana

In 2022, the recommendations related to data were to make the data collection process more user-friendly and develop formalized collaborative frameworks with duty bearers. These recommendations were based on the main challenges reported: unavailability of data or supporting evidence on certain indicators or on a nationwide level, difficulties in administering the data collection tool, and varying levels of willingness and availability of health authorities to provide the requested data.

IIPC updated the tracking tool and developed a user manual as per the 2022 recommendations to make the data collection process more user-friendly. Refresher training based on the updated tool was conducted and a data collection plan for 2023 was developed.

The updated CE tracking tool was generally well received across different countries, with users appreciating its comprehensiveness and ability to capture essential data. Suggestions for improvement are related to better device compatibility, ease of capturing and consolidating data from multiple sites, and translation of the tool into local languages.

In the 2023 data collection, 40% of countries increased their scope either by covering more data sites or involving more institutions in the process, making their data more representative. Although two countries reduced their sampling, this was done to focus on problematic geographical zones identified in 2022 or to produce urban and rural comparative data. Details of the change in data scope are detailed in *Annex V*.

Although an exact comparison of availability of data between 2022 and 2023 cannot be made due to the change in countries and indicators, countries do report that the data collection process was easier in 2023.



“We shared the results of the first round of data collection with the network of organizations of people living with HIV, Cadre Consultatif et Décisionnel des Organisations des Personnes vivant avec le VIH (CCDP+), of which RBP+ is a member, to have a common advocacy action plan on how to improve community engagement and DSD services. The network subsequently advocated with the national DSD TWG and the community observatory steering committee on community engagement. These actions significantly strengthened collaboration with the ministry of health departments and the national HIV programme, resulting in official authorizations to facilitate data collection, which enabled the gathering of data for eight indicators for which data was not available the previous year.”

RBP+, Burundi



Promoting country-to-country learning and capacity-building supported the CAN in tracking and enhancing CE.

The experiences of tracking CE were identified as a rich source of learning practices to be shared. Capacitating and strengthening the CAN has also led to various country-to-country learning sessions and meetings where CAN members presented on key topics related to advanced HIV disease and PrEP for key populations in 2023. These sessions have effectively enhanced CE, assisted the CAN with data collection, data analysis, and using results to improve DSD services, and HIV programmes more generally.

Recommendations

Based on the conclusions of the analysis, four main recommendations have been developed to support future tracking of CE and to ensure that levels of CE in DSD rollout improve.

Leverage strong CE at all levels to influence budgeting of CE into DSD strategies

The significant influence on levels of CE and impact on DSD programmes has been seen in the countries that obtained allocations or reallocations of DSD and HIV care funding. The strong levels of engagement in forums where policy and design decisions on DSD are made (technical and thematic working groups, policy validation exercises, programme design, and M&E meetings) are opportunities that countries should be taking to obtain more information on DSD funding. With this information, the organizations tracking CE can advocate for more attention to budgeting for CE to address the most urgent gaps identified in the DSD rollout.

Several countries were successful in influencing country concept notes for the Global Fund CG7, and they should ensure that the grant-making process continues to consider the proposed CE strategies in their country's DSD plan.

Build on existing relationships with duty bearers to improve CE at decentralized levels and in monitoring and evaluation of DSD programmes

Countries that have comparative data showing that CE levels are lower at decentralized levels are advised to share these with the duty bearers that are sensitized to CE. Countries should strategically target duty bearers that can influence CE strategies at regional levels or in rural settings. Alternatively, as it was done in Senegal, organizations can directly target regional authorities. However, targeting the central level first could be more time-effective and ensure that regional/rural interventions are more successful.

Co-create strategies with duty bearers to address the systemic issues that are keeping engagement low in the M&E of DSD programmes

To improve CE in the monitoring and evaluation of DSD, countries can seek out duty bearers to understand what the most appropriate strategy is to address this gap. Sensitization may have to target specific technicians on M&E technical working groups to change their attitude towards CE in their field. CSOs should also consider proposing strategies that ensure the RoC representatives are fully equipped to contribute to M&E discussions, such as representation by the M&E team of a strong CSO with community consultations prior to/after strategic M&E exercises.

Generally, all countries should continue fostering relations with duty bearers and local authorities to continue exploring opportunities to make CE progress at all levels of DSD programmes.

Mobilize funding to reinforce and expand coverage of sensitization, capacity-building and advocacy actions

Acknowledging that resource mobilization is a challenge for all CSOs, and that country funding is often proportionately more for health systems strengthening and less for community systems strengthening, CSOs can still seek out opportunities to address this gap.

With comprehensive knowledge of the DSD country funding and results from the CE tracking tool, CSOs can build strong grant applications to showcase the added value and potential impact of CE in their country's DSD programme. If in addition to influencing country budgeting for DSD, CSOs can fundraise small grants to empower more RoC and advocate more strategically for changes, this would have a long-lasting and sustainable impact.

Continue to improve scope of data collection process and promote country learning to track meaningful CE

Although the data collection process is more fluid from the second round of data collection, countries should be making sure that their data scope is stable enough to allow for solid comparison over the years.

It is advised that ITPC guides countries specifically on this, ensuring that the choice of data sites and coverage is as strategic as possible. Representative sampling should be encouraged for cost-efficiency purposes and a clear process for consolidation of facility-level data, especially in countries with a large number of data sites, should be developed and communicated.

One of the issues raised during the first data collection process was the fact that community participation rather than meaningful CE was being tracked in various stages of DSD design, implementation and M&E stages.

Although this was identified as an opportunity for local stakeholders to co-create a tracking solution to effectively measure meaningful engagement rather than only participation in DSD rollout, minimal attention has been given to this recommendation and it is still relevant. This subject can be addressed in country-to-country learning sessions and meetings with CAN members.

Annex I – Community Engagement Tracking Tool: List of indicators 2022 and 2023

Policy level indicators - 2022	Policy level indicators - 2023
% of TWG on DSD where RoC participated	% of TWG and task team meetings on DSD where RoC/ community members participated during the reporting period
% of policy validation exercises where RoC participated	% of policy validation exercises where RoC/community members participated
% of online DSD platforms that include RoC, policymakers, programme implementers and health providers	% of online DSD TWG and task team platforms that include RoC/community members
# of communication materials produced by RoC to educate communities about policies, results of evaluations/assessments	% of government-developed DSD policy communication materials that acknowledged input from national networks of people living with HIV
% of M&E meetings that include RoC	% of DSD-related M&E meetings that include RoC/ community members
% of impact assessment exercises where RoC participated	% of DSD impact assessment/evaluations where RoC/ community members participated
Programme level indicators - 2022	Programme level indicators - 2023
% of meetings focused on DSD programme design where RoC participated	% of meetings focused on DSD programme design where RoC/community members participated
% of DSD planning meetings where RoC provided recommendations on prioritization of DSD models	% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models
% of DSD health facility trainings that include RoC as planners and facilitators	% of DSD health facility trainings that include RoC/ community members as planners, facilitators, and participants
% of DSD supportive supervision visits that include RoC leaders	% of DSD supportive supervision visits that include RoC/ community members
% of DSD M&E tools development meetings where RoC participated	% of DSD M&E tools development meetings where RoC/ community members participated
% of DSD M&E activities where RoC participated	-
% of self-assessments where RoC participated and led on CE domain	% of CQUIN Capability Maturity Model self-assessments conducted by ministries of health where RoC/community members participated and led on CE domain

Community level indicators 2022	Community level indicators 2023
# of community-level platforms established aimed at gathering RoC views on DSD models	-
% of thematic working groups where RoC participated	% of thematic working group meetings where RoC/ community members presented
% of DSD sensitization/demand creation activities led by or actively involving RoC	% of DSD sensitization/demand creation activities led by or actively involving RoC/community members
% of health facility with DSD where RoC work as service providers	% of health facilities with DSD where RoC work as service providers
# of trainings organized for peer educators and RoC	% of peer educators who attended health education learning sessions
	% of RoC/community members who attended health education learning sessions
% of DSD facilities where community scorecards and/or client satisfaction surveys are implemented	% of health facilities offering DSD services where community scorecards and/or RoC satisfaction surveys are implemented

Annex II – Community Engagement Tracking Tool 2023: A snapshot

POLICY LEVEL (6 INDICATORS)										
DESIGN OF DSD POLICY										
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? <i>Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu</i>	NUMERATOR: # of TWG and TT mtgs on DSD where RoC/ community members participated	DATA SOURCE(S) FOR NUMERATOR <i>Type of data, source of data, date: month(s), year</i>	DENOMINATOR: # of TWG and TT mtgs organized by the government where DSD discussed	DATA SOURCE(S) FOR DENOMINATOR <i>Type of data, source of data, date: month(s), year</i>	% RESULT (numerator divided by denominator x 100)
PLD.1	Consult with recipient of care (RoC)/community leadership to facilitate information-sharing re: differentiated service delivery (DSD) models described in DSD policy documents Include RoC/community members in policy and guidelines formulation task teams (TT) and technical working groups (TWGs)	% of technical working group (TWG) and Task Team (TT) meetings on DSD where RoC/ community members participated during the reporting period	To determine the %, count # of TWG and TT meetings where RoC/community members participated (numerator) divided by the total # of TWG and TT meetings organized by the government where DSD was discussed (denominator)	National only [do not include sub-national data]						-
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? <i>Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu</i>	NUMERATOR: # of TWG and TT mtgs on DSD where RoC/ community members participated	DATA SOURCE(S) FOR NUMERATOR <i>Type of data, source of data, date: month(s), year</i>	DENOMINATOR: # of DSD policy validation mtgs organized by the government	DATA SOURCE(S) FOR DENOMINATOR <i>Type of data, source of data, date: month(s), year</i>	% RESULT (numerator divided by denominator x 100)
PLD.2	Include recipients of care (RoC)/community members in policy validation exercises	% of policy validation exercises where RoC/ community members participated	To determine the %, count # of DSD-related policy validation meetings where RoC/community members participated divided by the total # of DSD-related policy validation meetings organized by the government	National						-
Indicator code	HOW TO ENGAGE	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? <i>Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu</i>	NUMERATOR: # of online DSD platforms that includes RoC/ community members	DATA SOURCE(S) FOR NUMERATOR <i>Type of data, source of data, date: month(s), year</i>	DENOMINATOR: # of online DSD TWG and TT platforms	DATA SOURCE(S) FOR DENOMINATOR <i>Type of data, source of data, date: month(s), year</i>	% RESULT (numerator divided by denominator x 100)
PLD.3	Include ROC/community members onto online DSD-related platforms for the TWG and TT	% of online DSD TWG and TT platforms that include RoC/community members	To determine the %, count the # of online DSD TT and TWG platforms that include RoC/ community members divided by the total # of online DSD TWG and TT platforms	National [do not include sub-national data or CSO-only platforms]						-

Annex III – Community Engagement Tracking Tool: Colour Code

SCORING LEVELS & DEFINITIONS					
0 %	0-20%	21-40%	41-60%	61-80%	81-100%
<p>CANNOT SCORE DUE TO ANY OF THE FOLLOWING:</p> <p>1. The activity is not planned.</p> <p>2. No data (the data source is not defined, available, accessible)</p>	<p>RoC are not involved in the DSD activity and there are currently no plans to engage these groups</p>	<p>RoC are not currently engaged in DSD activity, but engagement with RoC is planned or meetings and discussions with RoC are ongoing.</p> <p>“Activity planned in next reporting period”</p>	<p>RoC are minimally engaged in the DSD activity</p>	<p>RoC are satisfactorily engaged in the DSD activity</p>	<p>RoC are meaningfully engaged in the DSD activity</p>

* When the activity was implemented during the previous reporting period, last year's scores are duplicated (year 2022)

Annex IV – Dashboard with 2022 CE results

AREA	INDICATORS	COUNTRIES																			
		Rwanda	Sierra Leone	Zambia	Zimbabwe	Ethiopia	South Sudan	Eswatini	DRC	Ghana	Liberia	Burundi	Senegal	Cameroon	Kenya	Malawi	Mozambique	Uganda	CIV	Nigeria	Tanzania
POLICY LEVEL	% of TWG on DSD where RoC participated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of policy validation exercises where RoC participated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of online DSD platforms that include RoC, policymakers, programme implementers and health providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	# of communication materials produced by RoC to educate communities about policies, results of evaluations/assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of M&E meetings that include RoC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAM LEVEL	% of impact assessment exercises where RoC participated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of meetings focused on DSD programme design where RoC participated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of DSD planning meetings where RoC provided recommendations on prioritization of DSD models	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of DSD health facility trainings that include RoC as planners and facilitators	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of DSD supportive supervision visits that include RoC Leaders	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of DSD M&E tools development meetings where RoC participated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of DSD M&E activities where RoC participated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNITY LEVEL	% of self-assessments where RoC participated and led on community engagement domain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	# of community-level platforms established aimed at gathering RoC views on DSD models	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of thematic working groups where RoC participated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of DSD sensitization/demand creation activities led by or actively involving RoC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of health facilities with DSD where RoC work as service providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The 2022 dashboard was developed to guide countries on their levels of CE.

Annex V – Overview of changes in scope of data collection per country

COUNTRY	IMPLEMENTING ORGANIZATION	SITES/INSTITUTIONS PROVIDING DATA	CHARACTERIZE SCOPE OF DATA (2022)	CHANGES IN DATA COLLECTION SITES (2023)
BURUNDI	Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+)	National AIDS Control Programme and CQUIN coordinator	Nationally representative (2022 and 2023)	Increased number of health facilities providing DSD in country, which were also included in data collection.
CAMEROON	Réseau Camerounais des association des personnes Vivant avec le VIH/SIDA (ReCAP+)	National AIDS Control Committee Department of Disease Control and Epidemics Regional delegates of ReCAP+	Not nationally representative (2022) Nationally representative (2023)	Scope moved from mainly the capital in 2022 to 39 sites across all 10 regions of the country. Change due to increased DSD rollout.
CIV	Réseau Ivoirien des organisations de Personnes vivant avec le VIH (RIP+)	Community advisors from the four sites: AGEFOSYN, Dispensaire Sœur Catherine, HG Yopougon Attié, CEPREF National AIDS Control Program	Not nationally representative (2022 and 2023)	Increased sampling of facilities from one sanitary district in 2022 to 11 sanitary districts in 2023 out of a total of 113 in the country.
DRC	Union Congolaise des Organisations des PvVIH (UCOP+)	National AIDS and STI Control Programme Ministry of Health Two health facilities (one supported by the Global Fund and the other by PEPFAR) and two community associations	Not nationally representative (2022 and 2023)	Inclusion of one additional province (Lualaba) in addition to province of Kinshasa. Data collected from 30 sites in 2023 compared to four sites in 2022.
ESWATINI	Dream Alive Eswatini	Ministry of Health: Swaziland National AIDS Program	Nationally representative	No change
ETHIOPIA	Network of Networks of HIV positives in Ethiopia (NEP+)	Health facilities, CSOs, regional health bureaus and Federal Ministry of Health Regions: Oromia, Addis Ababa, Amhara and Southern Region Nation & Nationalities Peoples Regions	Nationally representative (2022 and 2023)	No change
GHANA	Ghana Network of Persons Living with HIV/AIDS (NAP+)	70 health facilities in nine out in the 16 regions in Ghana. National AIDS Control Program Christian Health Association of Ghana	Nationally representative (2022 and 2023)	Increased coverage to 13 regions out of a total of 16 regions in the country. Increased health facilities covered to 104. More focus on rural data sites.
KENYA	National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK)	No details provided	Not nationally representative (2022 and 2023)	Six out of 47 counties covered in the 2023 data collection process. Counties: Nairobi, Homa Bay, Meru, Kiambu, Nakuru, and Mombasa (2023).
LESOTHO	Lesotho Network of People Living with HIV and AIDS (LENPWHA)	District hospitals Three out of 10 districts were covered (Mafeteng, Berea, and Leribe)	Not nationally representative (2023)	N/A (first data collected was in 2023)
LIBERIA	Liberia Network of Persons Living with HIV (LibNeP+)	National AIDS Commission Ministry of Health	Not nationally representative (2022 and 2023)	No change
MALAWI	Malawi Network of People Living with HIV (MANET+)	Ministry of Health Department of HIV DSD section Districts: Salima, Lilongwe, and Blantyre	Not nationally representative (2022 and 2023)	One district was changed to gain more of a rural perspective. Districts: Salima, Lilongwe and Mzimba.

COUNTRY	IMPLEMENTING ORGANIZATION	SITES/INSTITUTIONS PROVIDING DATA	CHARACTERIZE SCOPE OF DATA (2022)	CHANGES IN DATA COLLECTION SITES (2023)
MOZAMBIQUE	Civil Society Platform for Health in Mozambique (PLASOC-M)	Ministry of Health: Coordinator of the Disease Surveillance Department & National Director of the HIV programme and the Care and Treatment Coordinator. Health facilities: Clinical Directors of Mavalane General Hospital, three organisations of people living with HIV: Associação Hixikanwe, Associação Hixikanwe, Amovapsa, and Amovapsa, and Associação Kindlimuka	Not nationally representative (2022 and 2023)	Addition of five more data sites within the same provinces covered (two provinces out of a total of 11 provinces in the country).
NIGERIA	Network of People Living with HIV and AIDS in Nigeria (NEPWHAN)	Ministry of Health, State Agencies for the Control of AIDS, health facilities and support groups in four states: Cross Rivers, Ekiti, Nassarawa, and Lagos	Not nationally representative (2022 and 2023)	Sampling increased from two geopolitical zones to all six geopolitical zones, and from four states to six states (Anambra, Bauchi, Benue, Cross River, Oyo, and Osun).
RWANDA	Rwanda Network of People Living with HIV/AIDS (RRP+)	Three districts and the city of Kigali: Health facilities Ministry of Health Rwanda Biomedical Center UNAIDS RoC 15 implementing partners of community DSD	Not nationally representative (2022 and 2023)	No change
SENEGAL	Réseau National des Associations de PVVIH (RNP+)	Data managers in the districts, health zones and at the level of state agencies at the decentralized level (governorates and county)	Nationally representative (2022) Not nationally representative (2023)	Sampling reduced from 14 regions to seven regions, which were identified as problematic in 2022.
SIERRA LEONE	Network of HIV Positives in Sierra Leone (NETHIPS)	National AIDS Control Programme Health facilities and community ART groups in the western area/Freetown Peninsula	Not nationally representative (2022 and 2023)	No change
SOUTH AFRICA	Treatment Action Campaign (TAC)	Healthcare facilities community members district coordinators, pharmacists and managers Ritshidze feedback meeting	Not nationally representative (2023)	N/A (first data collected was in 2023)
SOUTH SUDAN	National Empowerment of Positive Women United (NEPWU)	Ministry of Health South Sudan AIDS Commission Network of Aids Service Organizations (umbrella CSO)	Nationally representative (2022 and 2023)	Addition of the following data sources: facility administrators, implementing partners, management information system team for HIV, TWG leads, and the M&E team from the ministry of health.
UGANDA	National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU)	DSD coordinator District people living with HIV Coordinators Sampling of health facilities in 29 districts of all four regions of the country	Nationally representative (2022 and 2023)	Sampling reduced from 29 districts to eight (Mityana, Bugiri, Kotido, Bududa, Amuru, Koboko, Hoima, and Masindi) but stayed representative of all four regions of the country.

COUNTRY	IMPLEMENTING ORGANIZATION	SITES/INSTITUTIONS PROVIDING DATA	CHARACTERIZE SCOPE OF DATA (2022)	CHANGES IN DATA COLLECTION SITES (2023)
ZAMBIA	Network of Zambian People Living with HIV/AIDS (NZP+)	Ministry of Health: Public health specialist, DSD National M&E Focal Point Partners: Clinton Health Access Initiative, Howard University, Center for Infectious Disease Research in Zambia, and Aids Healthcare Foundation Community: RoC from CSO health facilities: ART In-Charges and Community Adherence Support Supervisors	Nationally representative (2022) Not nationally representative (2023)	Sampling of seven new districts with high HIV prevalence to compare results between different geographical zones.
ZIMBABWE	Zimbabwe National Network of People Living with HIV (ZNNP+)	Ministry of Health and childcare, National AIDS Council, Zimbabwe National Family Planning Council, and local health facilities	Nationally representative	No change

Annex VI — Overview of country ranking

The following table illustrates the average score of each country based on the 15 common CE indicators ranked from highest to lowest based on results from 2023. The 2022 results are included to compare the changes in CE levels.

COUNTRY		AVERAGE SCORE	
		2022	2023
1.	Rwanda	80	91
2.	Liberia	93	91
3.	Zimbabwe	72	86
4.	South Africa	N/A	86
5.	DRC	80	83
6.	Côte d'Ivoire	80	80
7.	Uganda	5	79
8.	Burundi	32	78
9.	Cameroon	27	78
10.	South Sudan	46	76
11.	Mozambique	66	73
12.	Kenya	45	73
13.	Zambia	77	63
14.	Ethiopia	63	62
15.	Malawi	35	57
16.	Lesotho	N/A	54
17.	Nigeria	61	53
18.	Sierra Leone	59	53
19.	Eswatini	47	50
20.	Senegal	38	43
21.	Ghana	75	42

Annex VII – Overview of indicator ranking 2023

The following illustrates the ranking of the 18 indicators tracked in 2023 based on average scores of the 21 countries.

RANK	COMMUNITY ENGAGEMENT INDICATOR	SCORE
1	% of policy validation exercises where RoC/community members participated	92%
2	% of TWG and task team meetings on DSD where RoC/community members participated during the reporting period	87%
3	% of meetings focused on DSD programme design where RoC/community members participated	80%
4	% of health facilities with DSD where RoC work as service providers	76%
5	% of DSD planning meetings where RoC/community members provided recommendations on prioritization of DSD models	76%
6	% of thematic working group meetings where RoC/community members presented	75%
7	% of DSD sensitization/demand creation activities led by or actively involving RoC/community members	73%
8	% of CQUIN Capability Maturity Model self-assessments conducted by ministries of health where RoC/community members participated and led on CE domain	73%
9	% of online DSD TWG and TT platforms that include RoC/community members	71%
10	% of DSD-related M&E meetings that include RoC/community members	69%
11	% of DSD health facility trainings that include RoC/community members as planners, facilitators and participants	64%
12	% of DSD M&E tools development meetings where RoC/community members participated	64%
13	% of government-developed DSD policy communication materials that acknowledged input from national networks of people living with HIV	63%
14	% of peer educators who attended health education learning sessions	61%
15	% of RoC/community members who attended health education learning sessions	60%
16	% of DSD impact assessment/evaluations where RoC/community members participated	47%
17	% of health facilities offering DSD services where community scorecards and/or RoC satisfaction surveys are implemented	45%
18	% of DSD supportive supervision visits that include RoC/community members	41%

Annex VIII – List of detailed results per indicator and per country

Results of CE in DSD rollout at policy level (2023)

TWG and task team meetings on DSD where RoC/community members participated	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, Uganda, Eswatini, CIV, Nigeria, Lesotho, Zambia, Sierra Leone, Mozambique, DRC, Cameroon, Ethiopia, Burundi, South Africa, Zimbabwe, Malawi	Meaningful CE
Kenya	Satisfactory CE
South Sudan	Minimal CE
-	Engagement with RoC is planned and/or activity is planned in the next reporting period
Ghana	No CE
-	Activity is not planned in country
Senegal	Data not available
Policy validation exercises where RoC participated	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, Uganda, Eswatini, CIV, Nigeria, Lesotho, Zambia, Sierra Leone, Mozambique, Senegal, DRC, Cameroon, South Sudan, South Africa, Zimbabwe, Malawi, Kenya	Meaningful CE
Ethiopia	Satisfactory CE
Burundi	Minimal CE
-	Engagement with RoC is planned and/or activity is planned in the next reporting period
Ghana	No CE
-	Activity is not planned in country
-	Data not available
Online DSD platforms that include RoC, policymakers, programme implementers, and health providers	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Rwanda, Uganda, Eswatini, Zambia, Sierra Leone, Mozambique, Senegal, DRC, Cameroon, South Sudan, Ethiopia, South Africa, Zimbabwe, Kenya	Meaningful CE
-	Satisfactory CE
Liberia, Malawi	Minimal CE
Lesotho, Burundi	Engagement with RoC is planned and/or activity is planned in the next reporting period

Ghana	No CE
Nigeria	Activity is not planned in country
CIV	Data not available
Government-developed DSD policy communication materials that acknowledged input from national networks of people living with HIV	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, CIV, Nigeria, Zambia, Sierra Leone, Senegal, Cameroon, Burundi, Zimbabwe, Malawi, Kenya	Meaningful CE
Eswatini	Satisfactory CE
-	Minimal CE
South Sudan	Engagement with RoC is planned and/or activity is planned in the next reporting period
Uganda, Lesotho, Mozambique, Ghana	No CE
DRC	Activity is not planned in country
Ethiopia, South Africa	Data not available
M&E meetings that include RoC	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, Uganda, Eswatini, CIV, Nigeria, DRC, South Sudan, Burundi, Zimbabwe, Malawi, Kenya	Meaningful CE
Ethiopia, South Africa	Satisfactory CE
Sierra Leone, Cameroon	Minimal CE
Ghana	Engagement with RoC is planned and/or activity is planned in the next reporting period
Lesotho, Mozambique	No CE
-	Activity is not planned in country
Zambia, Senegal	Data not available
Impact assessment exercises where RoC participated	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Rwanda, Uganda, CIV, Nigeria, Cameroon, South Sudan, Ethiopia, Burundi	Meaningful CE
Kenya	Satisfactory CE
Liberia	Minimal CE
Ghana, Zimbabwe	Engagement with RoC is planned and/or activity is planned in the next reporting period
Lesotho, Mozambique, DRC, Malawi	No CE

Zambia, Sierra Leone	Activity is not planned in country
Eswatini, Senegal, South Africa	Data not available

Results of CE in DSD rollout at programme level (2023)

Meetings focused on DSD programme design where RoC participated	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Rwanda, Eswatini, CIV, Lesotho, Zambia, Sierra Leone, Mozambique, DRC, Cameroon, South Sudan, Ethiopia, Burundi, South Africa, Zimbabwe, Malawi	Meaningful CE
Liberia	Satisfactory CE
Kenya	Minimal CE
Nigeria, Ghana	Engagement with RoC is planned and/or activity is planned in the next reporting period
-	No CE
Uganda	Activity is not planned in country
Senegal	Data not available
DSD planning meetings where RoC provided recommendations on prioritization of DSD models	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Rwanda, Uganda, CIV, Lesotho, Sierra Leone, Mozambique, DRC, Cameroon, Burundi, Zimbabwe, Malawi, Kenya	Meaningful CE
Liberia, South Sudan, Ethiopia, South Africa	Satisfactory CE
Nigeria	Minimal CE
Eswatini	Engagement with RoC is planned and/or activity is planned in the next reporting period
Ghana	No CE
-	Activity is not planned in country
Senegal, Zambia	Data not available
DSD health facility trainings that include RoC as planners and facilitators	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, Lesotho, Zambia, Sierra Leone, Mozambique, DRC, Cameroon, South Sudan, South Africa, Zimbabwe	Meaningful CE
Ghana, Kenya	Satisfactory CE
Senegal	Minimal CE

Uganda, Eswatini, Nigeria	Engagement with RoC is planned and/or activity is planned in the next reporting period
Ethiopia, Burundi, Malawi	No CE
-	Activity is not planned in country
CIV	Data not available
DSD M&E tools development meetings where RoC participated	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, Uganda, CIV, Sierra Leone, DRC, Ghana, Cameroon, South Sudan, Burundi, South Africa, Malawi	Meaningful CE
Nigeria	Satisfactory CE
Kenya	Minimal CE
Eswatini	Engagement with RoC is planned and/or activity is planned in the next reporting period
Lesotho, Mozambique, Ethiopia	No CE
-	Activity is not planned in country
Zambia, Senegal, Zimbabwe	Data not available
DSD supportive supervision visits that include RoC leaders	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Uganda, CIV, South Sudan, Burundi, South Africa, Zimbabwe	Meaningful CE
-	Satisfactory CE
Senegal, Ghana	Minimal CE
Rwanda, Eswatini, Zambia	Engagement with RoC is planned and/or activity is planned in the next reporting period
Nigeria, Mozambique, Ethiopia, Malawi, Kenya	No CE
DRC, Cameroon	Activity is not planned in country
Lesotho, Sierra Leone	Data not available
CQUIN Capability Maturity Model self-assessments conducted by ministries of health where RoC/community members participated and led on CE domain	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, Uganda, Lesotho, Zambia, Mozambique, DRC, Cameroon, Ethiopia, Burundi, South Africa, Zimbabwe, Malawi, Kenya	Meaningful CE
Nigeria	Satisfactory CE

-	Minimal CE
Eswatini, Sierra Leone, Ghana	Engagement with RoC is planned and/or activity is planned in the next reporting period
-	No CE
CIV, South Sudan	Activity is not planned in country
Senegal	Data not available

Results of CE in DSD rollout at community level (2023)

Thematic working groups where RoC participated	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, CIV, Zambia, Mozambique, Senegal, DRC, Cameroon, South Sudan, Burundi, South Africa, Zimbabwe, Malawi, Kenya	Meaningful CE
Uganda	Satisfactory CE
Nigeria, Ghana, Ethiopia	Minimal CE
Eswatini	Engagement with RoC is planned and/or activity is planned in the next reporting period
Lesotho	No CE
Sierra Leone	Activity is not planned in country
-	Data not available
DSD sensitization/demand creation activities led by or actively involving RoC	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, Uganda, CIV, Zambia, Mozambique, Senegal, DRC, South Sudan, Ethiopia, Burundi, South Africa, Zimbabwe, Kenya	Meaningful CE
Ghana	Satisfactory CE
-	Minimal CE
Eswatini, Nigeria, Lesotho, Sierra Leone, Cameroon	Engagement with RoC is planned and/or activity is planned in the next reporting period
-	No CE
-	Activity is not planned in country
Malawi	Data not available

Health facilities with DSD where RoC work as service providers	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Rwanda, Eswatini, CIV, Lesotho, Zambia, Mozambique, DRC, Cameroon, Burundi, Zimbabwe	Meaningful CE
Uganda, Senegal, South Sudan, Ethiopia, South Africa	Satisfactory CE
Ghana, Kenya	Minimal CE
Malawi	Engagement with RoC is planned and/or activity is planned in the next reporting period
Nigeria, Sierra Leone	No CE
-	Activity is not planned in country
-	Data not available
Peer educators attending health education learning sessions	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Rwanda, Uganda, CIV, Lesotho, DRC, South Sudan, Burundi, South Africa, Zimbabwe	Meaningful CE
Malawi, Kenya	Satisfactory CE
Eswatini, Ghana, Ethiopia	Minimal CE
Liberia, Nigeria, Senegal, Cameroon	Engagement with RoC is planned and/or activity is planned in the next reporting period
Mozambique	No CE
-	Activity is not planned in country
Zambia, Sierra Leone	Data not available
RoC/community members attending health education learning sessions	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, Uganda, CIV, Senegal, South Sudan, Burundi, South Africa	Meaningful CE
Rwanda, Ethiopia, Zimbabwe, Kenya	Satisfactory CE
Eswatini, DRC, Ghana	Minimal CE
Nigeria, Lesotho, Cameroon, Malawi	Engagement with RoC is planned and/or activity is planned in the next reporting period
Mozambique	No CE
-	Activity is not planned in country
Zambia, Sierra Leone	Data not available

DSD facilities where community scorecards and/or client satisfaction surveys are implemented	
COUNTRIES	LEVEL OF COMMUNITY ENGAGEMENT
Liberia, CIV, Lesotho, Mozambique, Senegal, Zimbabwe	Meaningful CE
Ghana, South Africa	Satisfactory CE
DRC	Minimal CE
Rwanda, Uganda, Nigeria, Zambia, Kenya	Engagement with RoC is planned and/or activity is planned in the next reporting period
Eswatini, Sierra Leone, South Sudan, Ethiopia, Burundi	No CE
Malawi	Activity is not planned in country
Cameroon	Data not available

Annex IX – List of countries trained for leading the CE tool rollout

COUNTRY	NAME OF PARTICIPATING ORGANIZATION
BURUNDI	Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+)
CAMEROON	Réseau Camerounais des association des personnes Vivant avec le VIH/SIDA (ReCAP+)
CIV	Réseau Ivoirien des organisations de Personnes vivant avec le VIH (RIP+)
DRC	Union Congolaise des Organisations des PvVIH (UCOP+)
ESWATINI	Dream Alive Eswatini
ETHIOPIA	Network of Networks of HIV positives in Ethiopia (NEP+)
GHANA	Ghana Network of Persons Living with HIV/AIDS (NAP+)
KENYA	National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK)
LESOTHO	Lesotho Network of People Living with HIV/AIDS (LENEPWHA)
LIBERIA	Liberia Network of Persons Living with HIV (LibNeP+)
MALAWI	Malawi Network of People Living with HIV (MANET+)
MOZAMBIQUE	Civil Society Platform for Health in Mozambique (PLASOC-M)
NIGERIA	Network of People Living with HIV and AIDS in Nigeria (NEPWHAN)
RWANDA	Rwanda Network of People Living with HIV/AIDS (RRP+)
SENEGAL	Réseau National des Associations de PVVIH (RNP+)
SIERRA LEONE	Network of HIV Positives in Sierra Leone (NETHIPS)
SOUTH AFRICA	Treatment Action Campaign (TAC)
SOUTH SUDAN	National Empowerment of Positive Women United (NEPWU)
TANZANIA	National Council of People Living with HIV in Tanzania (NACOPHA)
UGANDA	National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU)
ZAMBIA	Network of Zambian People Living with HIV and AIDS (NZP+)
ZIMBABWE	Zimbabwe National Network of People Living with HIV (ZNNP+)



To download this report from the ITPC website, click [here](#).

