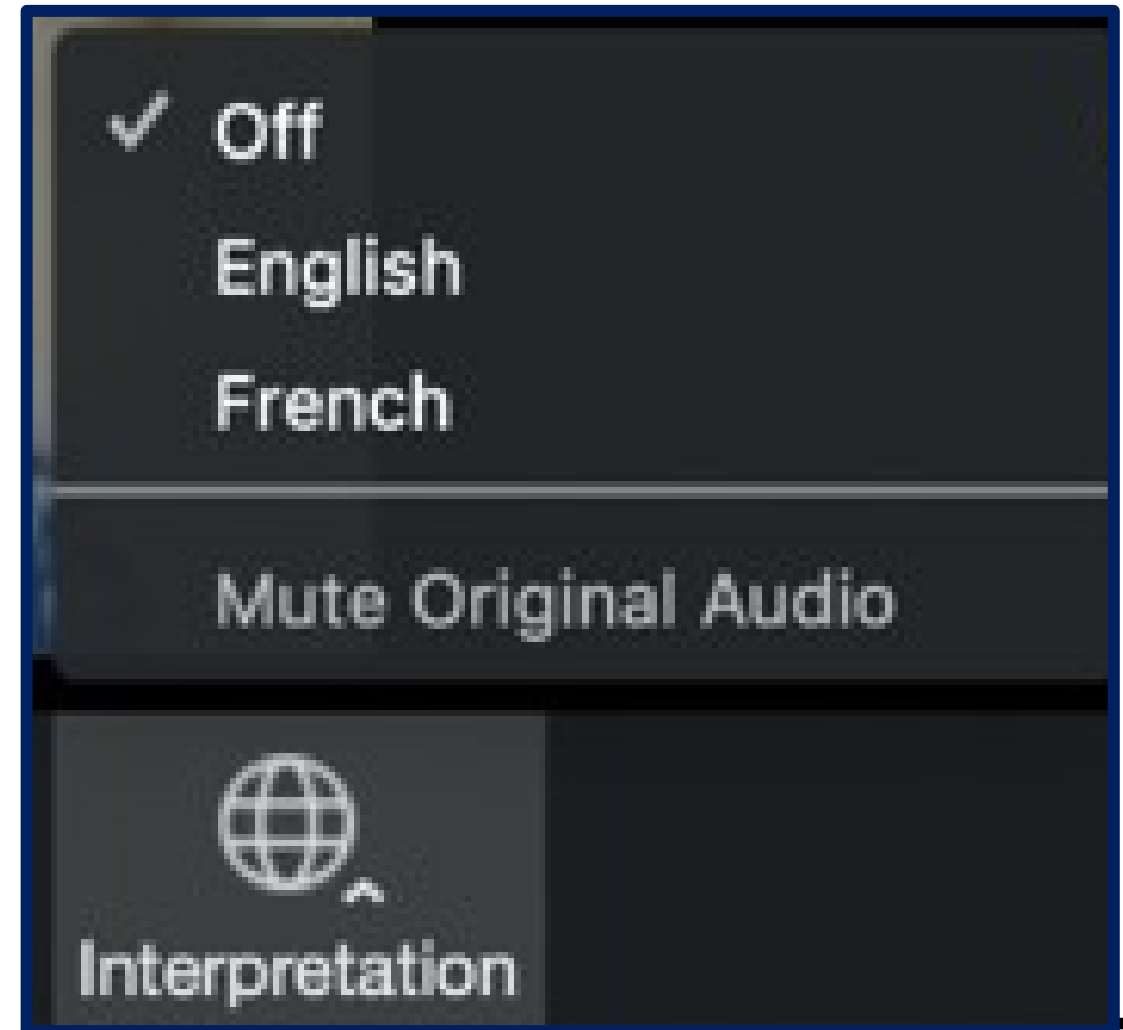# Welcome/Bienvenue/Bem-vindos

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AGENDA

TIME (SAST)	ACTIVITY	FACILITATOR
1:00 – 1:05pm **(5 minutes)**	**Meeting Logistics & Introductions**	Pragashnee Murugan (ITPC)
1:05 – 1:15pm **(10 minutes)**	**Findings from CE Advocacy Implementation** Impact Challenges	Pragashnee Murugan (ITPC)
1:15– 2:05pm **(50 minutes)**	**Case Study Examples of Successes** DRC Malawi Rwanda	Bactrin Killingo (ITPC) Ange Mavula (DRC) Lawrence Khonyongwa (Malawi) Deo Mutambuka (Rwanda)
2:05pm – 2:15pm	**Discussions**	CAN
2:15 – 2:25 pm **(10 minutes)**	**Reflections from CQUIN Network**	Maureen Syowai (ICAP)
2:25pm – 2:30pm **(5 minutes)**	**Closing Remarks**	Pragashnee Murugan (ITPC)

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CAN Members

# Overview: Community Engagement Advocacy Project

Identification of country-specific gaps and challenges based on the 2022-2023 scoring of the CE framework in DSD

Development and submission of country-specific advocacy plans to address 2-3 priority gaps/challenges

Funded advocacy projects rolled-out in 20 countries by 25 CAN network members, activities held between June – November 2024
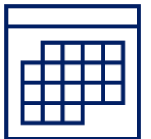
Development and submission of reports on assessing the advocacy outcomes

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Objectives

The project objective was to strengthen CE by using data to inform advocacy through:

Developing, promoting and supporting the use of the CE Tracking Tool among CAN members

Supporting CAN members to use data strategically to inform program changes

The anticipated advocacy areas of focus were:

Inclusion of communities in decision-making tables and processes and CE/CLM structure/committee

Higher involvement of DSD program implementation

Implementation of RoC feedback system in DSD services (e.g. scorecards)

Increased funding at national level for DSD programs

Strengthen the community response

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Overall Impact

- Inclusion of community data has driven advocacy initiatives

- Measurable impact for change and sustainable health systems

- Identified potential leverage points for financially sustaining CE advocacy efforts

- Has underscored the transformative potential of community-driven approaches in shaping health policies and programs

- Laid the groundwork for more inclusive and responsive health service delivery models

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Impact per Region

- ## East Africa

-Higher community engagement in decision-making instances (DSD online and government-led TWG, DSD policy validation workshops and capacity building of RoC to engage with duty bearers on DSD)

-Increased CE in DSD implementation at policy and program levels and three at client satisfaction/community scorecards or more generally CE in Monitoring & Evaluation (M&E) of DSD

- ## Southern Africa

-Increased CE in DSD implementation at program and community levels, three at higher community engagement in decision-making instances (DSD government-led TWGs, DSD meetings at district/provincial level and forums for DSD policy development)

-Improved satisfaction/community scorecards or more generally CE in DSD M&E

- ## West and Central Africa

-Increased CE in decision-making instances (DSD online and government-led TWG, DSD planning meetings prioritizing DSD models, platforms for DSD policy and guidelines development, and DSD meetings at district/provincial level)

-Increased CE in DSD implementation mainly at program and community levels, and two at client satisfaction/community scorecards or more generally CE in DSD M&E.

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Impact across Countries

- **Nigeria:** Communities identified the lack of linkages between community pharmacies and RoC as a key gap, which helped shape the national DSD strategy

- **Uganda:** district-level advocacy led to the appointment of a DSD focal person in Mityana—a position that did not exist before

- **Burundi:** community representatives were directly involved in finalizing national guidance on the role of communities in the health system, resulting in official recognition of peer educators and inclusion of CE indicators.

- **Kenya:** ISTHAR (MSM) advocated for inclusive DSD guidelines and training for service providers. ASWA (sex workers) partnered with stakeholders to improve access to services and build rights awareness. Jinsiangu (transgender community) helped create mechanisms for more sensitive care

Challenges

- Short – timeframe for implementation
- Short – term funding cycles affects scalability and sustainability of CE advocacy efforts
- Community generated data still misunderstood
- Lack of awareness on DSD
- Current political landscape decentralized CLM efforts

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Key Messages

- Use CLM to leverage and improve HIV programs
- Consolidate existing evidence to ensure community data remains relevant
- Critical time to sustain CE & CLM efforts
- Advocacy initiatives and policy should be geared towards emergency responses and geo-political contexts
- How do we as communities transform crisis into opportunity?
- Rethink funding and costing models
- Involving communities ensures sustainability of efforts

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CE Resources: https://itpcglobal.org/our-work/build-resilient-communities/community-engagement
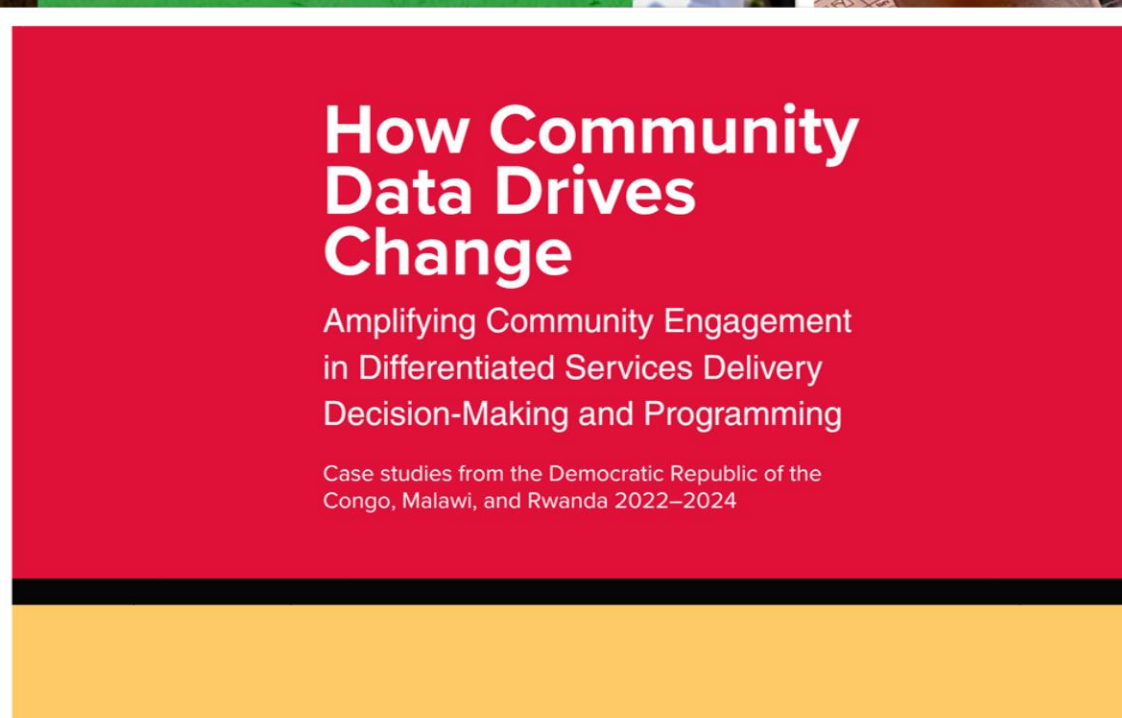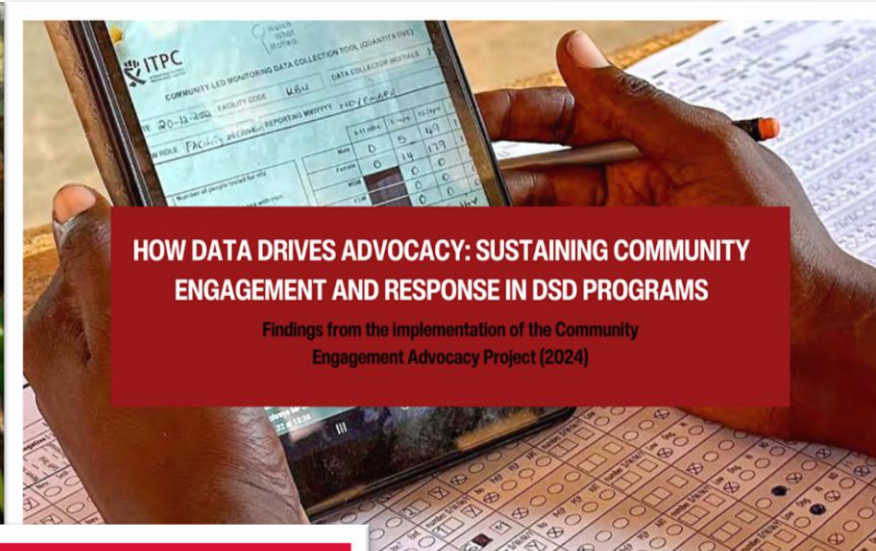
Thank You!

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