Overview

At a time when the right to health is gaining more attention from communities, governments, donors and global leaders, access to quality HIV and other health services is reckoning with the systemic inequity and human rights violations that underpin many global health challenges.

Currently, the majority of the world's poorest population live in Sub-Saharan Africa (SSA), which is also home to 69% of people living with HIV. Many factors are contributing to new HIV infections and poor treatment outcomes, including poverty, stigma and discrimination, paucity of data on key population (KP) size estimates, criminalization of sex work and same sex relationships, and limited funding for health systems strengthening. Since the advent of the HIV epidemic, Civil Society Organizations (CSOs) have played a critical role in addressing structural violence and barriers to access through advocacy, activism and serving as government watchdog. Given their knowledge of the local context, local CSOs are well placed to point to and respond to the needs of their communities.

Notwithstanding this important role of local CSOs, the recent plateauing/decline of foregn aid budgets and transitioning of funding responsibility to host governments, has posed a threat to the continuity and sustainability of CSO work. This is particularly true in environments with limited national political commitment, raising questions on how best Global Health donors can technically and financially equip civil society and advocates during this transition period.

Throughout the course of the AIDS response, vibrant advocacy and activism have driven solutions to challenges like these by focusing on accountability—making sure that power, funds and policies work for people living with and at risk for HIV. As the HIV response has matured, data informed decision-making has become a primary driver for the programmatic response. Access to and analysis of the data behind these decisions has been limited for civil society activists and advocates; at the same time, in East and Southern African countries—as in other regions—civil society organizations have been enlisted as partners by the very funders and programs they must hold accountable, increasing the risks they face when they speak out as activists.

For the past four years, the **Coalition to build Momentum, Power, Activism, Strategy and Solidarity (COMPASS) Africa has confronted these realities head on with bold, well-resourced, coalition-based, data-informed advocacy and activism.** COMPASS combines country-based coalitions of civil society groups in Malawi, Tanzania and Zimbabwe with seasoned advocacy partners in the global North. Connected through a unique structure of strategic planning, real-time support and coordinated advocacy and activism, COMPASS partners have worked together to gather, analyze and use evidence and data to drive strategic advocacy campaigns and change policy in the coalition focus countries and beyond.

In Year 4, COMPASS partners continued their bold, impact-driven advocacy during the continued and evolving challenges of the COVID-19 pandemic, and began accelerating the shift in "center of gravity" of the coalition to African leadership, informed by the findings from the OPM external learning assessment and MERL coalition health scorecard exercise. In addition, key advocacy included:

- COMPASS partners and other CSOs issued a statement ahead of the UN HLM meeting calling on the UN Secretary General and other high-level delegates to prioritize access to HIV services among key populations, as well as the empowerment of communities to fully take part in the HIV response.
- In Malawi, Zimbabwe and Tanzania, COMPASS partners have been leading CSOs efforts in advocating for increased domestic financing and efficient use of available resources.
- COMPASS Partners jointly engaged with and informed the development of the new PEPFAR Strategy (2022-2026) and the finalization processes of the Global Fund Strategy.
- COMPASS partners in all three countries pushed for inclusion of community priorities in the final C19RM proposals.
- In Year 4, COMPASS partners led efforts to address ongoing challenges with implementation of the PEPFAR funded CLM programs .

A detailed analysis of progress against goals can be found below:

Core Accomplishments in Achieving Investment Outputs and Outcomes

A. Adaptation of COMPASS Africa activities to the evolving COVID-19 pandemic response and Impact.

i) Using PEPFAR-focused work to influence actions on both Covid-19 and HIV by PEPFAR and other stakeholders

Malawi:

COMPASS partners worked with the Civil Society Advocacy Forum (CSAF) to advocate for program adaptations to mitigate the impact of COVID 19 disruptions on ART linkage, continuity and viral suppression. The COVID 19 pandemic continued to have a profound impact on vulnerable groups and posed a threat to the progress made in the HIV response. Community-led monitoring (CLM) efforts by CSOs revealed disruption of service provision in public health facilities across the country including suspension of teen clubs, fewer opening hours for ART clinics, stock-outs of drugs and commodities due to disruptions and challenges in the supply chain system leading to back-log of load samples and other services.

CSAF members with support from COMPASS partners developed the People's COP, informed by findings from CLM visits and an analysis of the MoH and PEPFAR program reports to identify gaps and challenges in service delivery and quality. In order to ensure a comprehensive and multi-

sectoral response, People's COP 21 included policy and funding requests directed at the Government of Malawi and the Global Fund. Almost 80% of the asks in the People's COP were incorporated in the final COP 21, including:

- Resumption of teen clubs services, VMMC, PrEP and HIV testing services
- 88% of stable clients have been transitioned to 6 month ARTprescriptions,
- Scale up of cervical cancer screening and treatment services from 121 to 321 facilities
- Additional investment for ART and TB treatment literacy
- Increased PrEP target from 16,000 in COP 20 to 19,195 in COP 21.
- Expanded treatment literacy for clients to start and stay on HIV and TB treatment; PEPFAR will fund five community-led PLHIV organizations to engage with the general population and five key populations-led organizations to target those groups more specifically.

Following approval of the SDS 21, COMPASS partners and CSAF members have continued to engage with PEPFAR and its Implementing partners, holding them accountable for their commitments in COP 21. By the end of 2021, Malawi had achieved 88:98:97 of the 95:95:95 UNAIDS targets. Despite this remarkable achievement, the MPHIA data shows gaps in reaching certain populations such as men, children and adolescent girls and young women. Improving viral load coverage and ART retention will remain the key focus areas for advocacy for COMPASS partners.

Tanzania:

COMPASS partners supported the Non State Actors (NSA) and other Tanzanian CSOs to develop an expanded People's COP for the first time, with a large target audience that included the Government of Tanzania, PEPFAR and GFATM. As part of the COP process, CSOs shared community data analyzing successes and gaps in HIV prevention, treatment, viral load and structural barriers in health delivery. Almost all the demands got a positive response from the COP21 Strategic Direction Summary (SDS) ; below are some illustrative inclusions:

- Support of PPE and staff training for COVID-19 for implementing partners.
- Scaling up HIV self testing (HIVST) to all regions, focusing on high risk and hard to reach populations and exploring secondary distribution of HIVST through index testing activities.
- Continued nighttime, moonlight, venue-based, and social network testing, mobile clinics, and increased numbers of KVP and PLHIV peer volunteers.
- GBV and IPV training for health workers, specifically in the context of index testing.
- PrEP scaleup in 26 regions targeting PBFW, KP, AGYW, and men and women under 30.
- Feasibility studies of vaginal ring (DVR) and long-acting cabotegravir (CAB-LA) for prevention.
- Continued support for 6-multi-month dispensing (6MMD) beyond Dar and scale-up of community ART, including mobile clinics, motorbikes, mobile pharmacies, and the use of text messaging for appointment reminders and to improve tracking of clients and adherence.
- Expansion of DREAMS interventions to three more councils.
- Scale-up of the use of GeneXpert – near point-of-care (POC) – for EID testing to address long turnaround times and low coverage, especially in hard to reach areas.

COMPASS customized tools to conduct COVID-19 impact surveys among PLHIV, KVP and AGYW. In Tanzania, COVID-19 had a devastating effect on service delivery. With limited preparation and equipment, the already limited numbers of health staff were soon overwhelmed. It also created fear among patients, who stopped frequenting health facilities for TB, HIV prevention, treatment and viral load services. The country experienced serious stockouts of essential commodities and the roll out of both PrEP, HIVST and TLD were adversely affected by global supply chain disruptions.Despite COVID-19 denialism in the previous government, COMPASS partners carried out a number of surveys to understand how different segmentss of the community were affected by COVID19. These surveys identified poignant issues, including HIV, health, and SRH service disruptions, serious loss of livelihoods, increases in GBV/IPV and teenage pregnancies, and increased stigmatization of marginalized groups. Survey results were used by the Ministry of Health, PEPFAR and UNAIDS and informed the C19RM . During the COVID-19 RM concept note development, COMPASS partners led other CSOs to develop Constituency Charters that were used to inform the writing process. Moreover, CSOs have been incorporated in implementing CLM projects targeted to C19 RM.

To combat widespread COVID-19 denialism within the Tanzanian government, the COMPASS team maintained government contacts and pushed for the release COVID data. This engagement proved valuable with the new administration, who showed increased willingness to share data. An additional challenge has been COVID vaccine hesitancy, which the COMPASS partners have helped counter with vaccine and research literacy information.

Zimbabwe:

COMPASS Partners engaged in the COP21 process and led the drafting of the Zimbabwe Community (People's) COP, resulting in key demands being incorporated into COP21. COMPASS partners held consultative meetings with non-COMPASS CSOs and allies, including a community engagement meeting with the US Ambassador in Zimbabwe. COMPASS partners also participated in Country Planning Retreat meetings and Regional Management meetings, which provided space for CSOs to share demands and lived experiences. Some illustrative wins from the PEPFAR COP21 process for Zimbabwe include:

- Expansion of PrEP targets by 70% by expanding services in 22 districts (50,117) clients and expanded PrEP targets for KPs. Scale up of PrEP for AGYW and scaling up of differentiated service delivery approaches to support AGYW to stay on PrEP.
- Integration of HIV testing and SRH services, including a mix of client-centered approaches to enable service delivery and improve continuation of services. (e.g KP drop in centers, mobile SWs clinics, mobile PrEp refills, etc).
- Pilot of the vaginal ring in selected PEPFAR sites including demand generation, investments in models of care for the ring rollout, provider training, community engagement in program design and rollout.
- Investments in social and behavioral change by adopting community engagement models that strengthen adolescents and young people.
- Expansion of the condom program by investing an additional $3 million and increasing distribution by 186%.
- Increase of pediatric ART budget and expansion of treatment coverage for children living with HIV and transitioning them to pDTG.
- Expansion of differentiated service delivery models, family refills, outreach, and fast track models; 25% of PLHIV access services via community models of care and at least 20% from a group model
- Expansion of VL from 56% to 85% and support to viral load literacy, procurement of reagents, POC VL, cartridges, community level VL demand creation
- Maintenance of HRH investments and a joint HRH investment and health workforce inventory with government, GFATM and other development partners.

ZImbabwe COMPASS Partners engaged in the Global Fund's COVID-19 Response to ensure investments helped mitigate COVID-19 impact on HIV services. This engagement managed to ensure that the Global Fund's CLM resources and accountability mechanisms are coordinated with PEPFAR CLM, inclusion of HRH financing, and increased investments of KPs and AGYW focused interventions.

COMPASS Partners in Zimbabwe led by ACT and ZICHIRe had bilateral engagements with the US Ambassador and the Health Donor Group (including UNDP, World Bank and the Global Financing Facility). These engagements included non-COMPASS partners with finance expertise, (e.g., AFRODAD, ZIMCOD) to ensure strategic coordination with the Ministry of Finance and that potential resources from the IMFs Special Drawing Rights will prioritize health interventions and the increased recruitment, deployment and development of human resources for health.

GALZ successfully influenced the establishment of four LGBTQI inclusive and representative health center managing committees in Harare District. These committees are made up of community members and hold health centers accountable on service delivery and quality of care. GALZ also participated in the National Key Populations forum and in the Development of National KP M&E results framework where they continue to raise inclusive LGBTQI issues and gaps in service delivery for the population

Global Level:

Global Partners provided real-time support to civil society advocates in the three COMPASS countries during and leading up to the COP21 meetings, including through data analysis support and strategizing approaches and talking points for engaging PEPFAR.

Global Partner PEPFAR COP21 activities included:

- A coordinated **review of PEPFAR Strategy/Vision and COP22 Guidance** with all COMPASS partners contributing
- Health GAP and AVAC supported civil society partners in all three COMPASS countries as they **developed their People's COPs**.
- Health GAP rolled out the **2021 Rough Guide to Influencing and Monitoring PEPFAR,** a tool to help advocates understand and influence PEPFAR country programs
- Health GAP coordinated the **PEPFAR Watch webinar series** in collaboration with COMPASS partners, including amfAR, AVAC and CHANGE, and **launched the PEPFAR Watch website** as a resource hub for data-driven accountability efforts
- In preparation for the COP meetings MPact issued its **Top Tips for Key Population Advocates highlighting the significant issues at stake for KPs.**
- ICWEA provided **online mentorship and training for AGYW and WLHIV on COP engagement** and supported them to develop advocacy demands based on performance data.
- amfAR provided **data analysis support** to partners across the coalition.

- Health GAP published a seven-country report ***Measuring Up*****, detailing the recommendations of activists during COP20 with what was actually committed to by PEPFAR in final country Strategic Direction Summaries**. This tool helped activities prepare demands for PEPFAR and their national government for COP21.

ii) Deploying new and/or intensified advocacy to ensure GFATM COVID and HIV/TB/Malaria grants have an impact; new strategy is optimized for a comprehensive HIV response within the new pandemic context.

Unlike PEPFAR, which is a donor driven program with Country Operational Plans, budgets, and targets negotiated with national governments and other stakeholders but significantly informed by priorities and strategies designed by PEPFAR headquarters, the Global Fund program remains a country driven program promoting country ownership and leadership in setting up priorities and targets needed for a comprehensive HIV response. Strong and robust CSO participation in the design, planning and implementation of the Global Fund program is needed in order to achieve a comprehensive HIV response that is centered around the priorities and needs of different populations.

Malawi:

Poor information sharing, weak technical skills among CSO representatives, underfunded CCM secretariat and lack of funding for constituency consultations remain the key challenges limiting civil society participation and engagement in the Global Fund processes in Malawi.

In COMPASS year 4, ***MANASO, with financial and technical support from COMPASS, implemented a CLM project in three Global Fund supported districts aimed at enhancing the participation of CSAF members in Global Fund processes through evidence building and engagement with Global Fund implementing partners.*** Issues identified through data collection included; poor access to VMMC and SRHR services among the youth, lack of documentation of data on drug users, poor health worker attitude and lack of youth friendly health centers for young people. The findings were first shared with stakeholders at the district level and followed by engagement meetings with principal recipients and subrecipients at the national level to discuss strategies for addressing service delivery gaps.

MANASO has successfully advocated for the establishment of an online platform for reporting data on people who inject drugs. Currently, there is no national policy/guidance or programming for people who inject drugs in Malawi, despite growing evidence pointing to an increase in the number of users. In the absence of strong data, advocating for HIV and health programming for this population becomes difficult. In year 5 MANASO will use the evidence and data collected from the online platform to initiate conversation with government and other stakeholders on policy, guidelines and programming for people who inject drugs.

Tanzania:

In Tanzania COMPASS partners assisted Non State Actors (NSA), the umbrella body coordinating the 14 constituencies of the Global Fund's country's coordinating mechanism (CCM), to strengthen its advocacy capabilities. COMPASS partners helped address some organizational weaknesses, including the creation of a governance manual, improved coordination, and an expanded mandate to represent health CSOs with PEPFAR and other development partners. These efforts have led to improved functioning and enhanced ability to articulate community priorities and oversee GFATM, PEPFAR and Government programming in Tanzania.

COMPASS partners assisted NSA partners to submit the C19RM proposals to Global Fund and assisted KP constituencies and other CSOs to create charters with community-specific priorities. Approximately US $3 million was allocated for community response including CLM and risk communication activities; the Key and Vulnerable Populations Forum (KVP-F) was allocated US$100,000 for CLM interventions.

The KVPF was successful in securing its inclusion in program implementation and CLM activities in the GF 2021-2023 grant to Amref. Note, this success was hard-won, as initial, direct outreach to Amref went unanswered. Working with AVAC, KVPF reached out to GF leadership in Geneva, which prompted action from Amref locally.

Zimbabwe:

COMPASS partner ZiCHIRe secured Technical Assistance from the Eastern National Network of AIDS Service organizations (EANNASO) to conduct the Global Fund COVID-19 resource mobilization CSO country dialogue consultations, writing and grant making. COMPASS partners participated in this process, which culminated in additional resources to the Global Fund portfolio in Zimbabwe. One of the leaders of ZiCHIRe was re-nominated into the Zimbabwean CCM and Ethics Committee, creating greater opportunity for policy advocacy.

Global level:

Shaping input into the new GFATM Strategy*:* AVAC was part of the stakeholders consultation workshop organized by UNDP to get community input on priorities for the Global Fund's new Global AIDS Strategy. The consultation report highlighted community priorities and led to some final revisions in the Strategy, including text committing to integration with country-led universal healthcare (UHC) efforts.

amfAR continued to push the GFATM to release more granular budget data, particularly data focusing on GFATM's support for programming for Key Populations.

Health GAP is lead for a consortium (Community-Led Accountability Working Group, or CLAW), selected by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to offer technical assistance for civil society networks implementing CLM of HIV, TB, and malaria responses in South Asia and Eastern and Southern Africa. In this work, they are **working to ensure that the Global Fund increasingly and meaningfully integrates community-determined priorities in its programs, particularly in overlapping COMPASS countries.**

iii) Articulating a new activist agenda for access, domestic resource mobilization and health systems strengthening

Transnational influence and domestic advocacy by CSOs in sub-Saharan Africa, has resulted in the adoption of ambitious health reforms including: the introduction of new financing mechanisms such as performance based financing, the strengthening of public private partnerships, adoption of pooled financing strategies, and the establishment of trust funds.

Malawi:

COMPASS partners led by CEDEP and MANET+ engaged Government and other stakeholders on the establishment of a Health Trust Fund. Malawi's Health sector continues to be poorly financed, with government contributions towards the health sector budget below the 15% Abuja declaration. Between 2010 and 2015, the average per-capita health expenditure in Malawi was US$35, significantly lower than the SADC average of US$209. The national HIV program is 95% funded by international donors. The Government and other stakeholders have shown commitment towards the trust fund and in year 5 COMPASS will continue to push for its establishment.

Tanzania:

Sikika led COMPASS partners and other CSOs in engaging with the AIDS Trust Fund (ATF) Management Team under the Tanzania Commission on AIDS (TACAIDS) and within the Prime Minister's Office. With other CSOs, the team engaged the Parliamentary Committees on HIV, TB and Drugs to discuss a levy to support HIV programming. This team was invited to assist in building the strategic plan for ATF 2021-2023 and engage with the Parliament and the Prime Minister's Office.

COMPASS partners continue to advocate for increased health and HIV budgets, Universal Health Coverage, and sustainable financing of ATF. Partners also pushed for focused health budget analyses to inform advocacy campaigns on Domestic Resource Mobilization. The HIV budget in Tanzania is heavily dependent (93-97%) on donor resources. In FY 2021/22, the GoT decreased their contribution to the HIV budget from 7.3% to 3.2% (~USD$720,000). However, the contribution to the AIDS Trust Fund has remained constant. The percentage contribution of GDP to the health budget in FY 2020/2021 was 1.6%, up from 1.4% in the previous year.

Zimbabwe:

COMPASS Zimbabwe partners, in close coordination with other non-COMPASS CSO partners, lobbied parliament and submitted Health Budget Manifestos to influence an increase in per capita government health expenditure from USD $30 (2020) to USD $45 (2021), and the share of national budget allocated to health from 12.7%% to 14.9%. With this increase, the health budget allocation is just 0.1% shy of the Abuja Declaration and African Heads of States targets. In addition, the Ministry of Health committed to a specific SRHR budget code within the overall national budget.

ZiCHIRe secured government commitments to implement the World Bank Public Expenditure Tracking Survey (PETs) framework and explore earmarking part of the third party motor vehicle insurance to the AIDS Levy. They achieved these wins by engaging with the Minister of Finance, Parliament's Budget Committee, and the Chair of the Health Committee as well as participating in Economic Policy Forums and Dialogues with the Parliament of Zimbabwe.

ZNNP+ led PLHIV engagements with parliamentary portfolio committees (HIV, Finance and Health) demanding an increased national budget for ARVs in Zimbabwe. Currently the Ministry of Health is unable to review the 6MMD policy due to inadequate funding to maintain stable ART supplies. ZNNP+ continues to lobby for the adoption and implementation of 6MMD despite shortages in funding for ARVs.

Global Level:

AVAC created a COMPASS DRM working group to facilitate sharing among COMPASS partners on DRM. AVAC has also linked this DRM working group to AVAC's broader network of partners working on DRM to support South-South learning across networks and coalitions.

iv) Securing emergency and long-term solutions to unmet SRHR and HIV integration needs

Malawi:

In Malawi, the Coalition of Women Living with HIV (COWLHA) with support from other COMPASS partners have been advocating for integration of SRH and HIV services focusing on women living with HIV. In November 2019, COWLHA with support from UNAIDS conducted an assessment of SRH and HIV integration across health facilities in Malawi, which revealed gaps in policy and guidelines that support integration of services, lack of health care worker training and limited space and infrastructure.

In year 4, ***COWLHA implemented a campaign aimed at integration of services in all health facilities across the country.*** COWLHA's advocacy efforts focused on pushing the government to initiate the guideline development process. The guidelines have since been developed and will be launched in Q1, 2022, however full integration will require technical, financial and human resources and addressing existing health systems gaps. In year 5 COWLHA will advocate for additional resources from PEPFAR and Global Fund for SRH and HIV integration.

Tanzania:

A community score card study, led by COMPASS partners DWWT and TAYOA, was conducted in 2021 to assess the quality of SRH services received by WLHIV, FSW and AGYW in 8 districts, A policy brief was developed identifying gaps and challenges to be addressed by the government and

providing recommendations on SRH services. The brief was discussed with the government in September 2021 and a key recommendation was development of an SRH policy. The COMPASS partners provided examples of policies from Malawi and Zambia. In this same meeting, CENTA advocated for PrEP in Tanzania, based on a policy brief they developed highlighting government apathy and their slow move to endorse the PrEP framework. As a result of these engagements:

- Three regions were added to the regular DREAMS councils in COP21.
- The SRH needs in most of the Community Score Card councils were addressed either partially or fully including availability of condoms, contraception, ANC and PNC, VMMC, scaling up of self testing services, ART and PrEP administration, menstrual hygiene, promotion of safer sex, STI management, cervical cancer screening, post abortion care, viral load suppression, and addressing socio-cultural, economic and political factors increasing vulnerability to HIV.
- The PrEP framework was signed in September 2021, after a passionate engagement with the COMPASS partners, CSOs and other stakeholders in Tanzania.
- A total of 1324 WLHIV, FSW and AGYW in 3 regions have been enrolled into the Community Health Insurance Fund (CHiF) by October 2021 as a direct result of a DWWT campaign.
- GBV cases reporting and referral mechanisms have been strengthened in councils along the transport corridor. More than 140 women were supported by December 2021. In addition, there are 30 GBV champions trained in the 6 councils reached by DWWT.
- 4 councils have been included into Timiza Malengo, a program funded by Global Fund to support AGYW as part of HIV prevention.

Zimbabwe:

'Uncapping the Age of Consent,' a campaign to expand adolescents' and young people's access to sexual and reproductive health services, gained traction and visibility In Zimbabwe over the past year. There is political will to improve access to health services by young people in Zimbabwe. Political leadership acknowledges the challenges that age restrictions pose to the health of adolescents and young people. This is an area that has seen temporary plans and interim policies to allow young people to access SRH services at various facilities across the country. Specific wins in this area include:

- COMPASS identified aligned CSOs and created the Age of Consent Task Force, which successfully pushed a petition in March 2020, initiating an official parliamentary process where the Access Taskforce was invited to present oral evidence to Parliament. The Taskforce presented to the Portfolio Committee on Health and the Senate Thematic Committee on HIV. The Minister of Health has acknowledged inconsistencies, but has proposed realignment of laws vs. amendment.
- Collaborated with UNICEF to draft the amendment for Parliament and engage with the Ministry of Justice.hey also funded and facilitated the participation of over 1,500 young people in the Public Hearings across the country who were in support of the Petition to defend it during the Public Hearings.
- Held Strategic planning meetings with champion Parliamentarians, resulting in a positive public hearings report that acknowledges the gaps and challenges faced by young people when accessing services and provides concrete recommendations to the Ministry of Health and Child Care.
- Was nominated to be part of the National Taskforce on Population and Development (NTFPD) for Monitoring the Implementation of ICPD25.
- Secured a positive report from Parliament, which recommended that the Minister of Health amend the Public Health Act, and secured a Minister of Health position paper acknowledging the issues around age of consent, but non- committal to recommendations made by Parliament.

My Age Zimbabwe successfully influenced the National AIDS Council of Zimbabwe to set up the National Technical Working Group on COVID-19, SGBV, SRHR, HIV and AIDS for people living with disability and led the drafting of the ToRs and establishment of the TWG, which is now fully convened and supported by the National AIDS Council of Zimbabwe. My Age Zimbabwe revised the National DREAMS Assessment tool to capture gaps and challenges for populations being missed by DREAMS programs like AGYW with disabilities. The National DREAMS and Youth Coordinator is now the Secretariat of the newly established TWG. My Age secured a commitment from the government on financing and mainstreaming inclusive materials for AGYW living with disability and most at risk of HIV. The Ministry of Health and Child Care fulfilled their commitment to training Health Communicators around the country on disability communication.

Global Level:

With the removal of the Global Gag Rule (GGR) by the new US administration, **CHANGE shared an explainer document with COMPASS partners and met with the Office of HIV and AIDS at USAID to share recommendations on the removal of the GGR from existing agreements,** as well as relay in-country COMPASS partners' calls for increased integration of HIV and AIDS with family planning and maternal and child health programs.

CHANGE also facilitated the engagement of young women advocates from COMPASS countries with US policy makers:

- Conducted a **virtual Reverse Congressional delegation ("reverse co-del") with six young women leaders from COMPASS partners in Malawi, Tanzania, and Zimbabwe,** with the objective of uplifting the expertise and self-stated needs of AGYW to inform U.S. policymakers about the importance of U.S. support and leadership for SRHR and HIV prevention and treatment.
- Led a **Hill briefing** by AGYW advocates, supported by Congresswoman Barbara Lee, to inform Congressional staff about the importance of improving and expanding U.S. HIV prevention programs and increasing access to internal condoms information and supplies, for AGYW.
- Hosted an **Executive Briefing for U.S. Executive Agency Staff as part of PEPFAR and U.S. government(USG) outreach**. Forty-three USG officials attended from the White House Gender Policy Council, the Department of State (PEPFAR), USAID, HHS, CDC, HRSA, Peace Corps, and the Department of Defense. Each speaker made the case for U.S. leadership and investments in HIV prevention for AGYW and spoke to the need for more attention to female/internal condoms.
- Coordinated the **participation of a young woman advocate from Zimbabwe,in a virtual global girls' consultation with the White House Gender Policy Council to give input to the development of the U.S. Gender Strategy.**

v) (Re)-defining activism and advocacy tactics and coalitions for the COVID context and the future

Evidence-based advocacy remains the backbone of the COMPASS work. Community led monitoring (CLM) has been instrumental in providing the needed evidence to hold the government, donors and other stakeholders accountable. CLM allows communities to design, implement and carry out routine, ongoing monitoring of the quality and accessibility of HIV treatment and prevention services. Through CLM, PEPFAR and Global Fund supported programs can have insights on persistent problems, service delivery gaps, and barriers to service uptake at the facility- and community- level.

CSOs are also using CLM to track in real time the disruption of HIV and TB services due to COVID 19 as well as monitoring the impact of COVID 19 on HIV and TB service delivery and outcomes.

Malawi:

There are four CLM programs being implemented by different stakeholders in Malawi. In the last three years, we have seen a growing interest in CLM among donors, which has resulted in a proliferation of stakeholders implementing CLM and the need for stronger collaboration and coordination.

- In July 2021 COMPASS partners in Malawi, led by MANASO, were part of the Global Fund COVID 19 Response Mechanism proposal writing team, where they advocated for the inclusion of a budget line for CLM. The C19RM program is implemented by MANET+ with a specific focus on the impact of COVID 19 on HIV, TB and Malaria services in Global Fund supported districts.
- CSAF, with financial and technical support from PEPFAR and UNAIDS, is implementing a CLM program in 6 PEPFAR supported districts. MANASO is hosting and managing the grant whilst implementation is being done by the wider CSAF membership.
- JONEHA, with technical and financial support from COMPASS, is implementing a CLM program in five PEPFAR supported districts focusing on drug stock out, cervical cancer screening and treatment services, and ART retention.
- MANERELA is implementing a CLM program focusing on the non-PEPFAR supported districtsof Kasungu and Dedza. The program is being implemented with technical and financial support from ITPC

In order to strengthen collaboration and coordination and facilitate the sharing of lessons and best practices among the different stakeholders, in December 2020 a CLM Governance Advisory Committee was established consisting of CSAF representatives, COMPASS partners and CLM implementing organizations. The committee meets once a quarter to share progress across programs, identify advocacy issues and plan and coordinate advocacy activities.

Tanzania:

COMPASS assisted partners in Tanzania in developing an effective CLM mechanism. In Tanzania three COMPASS partners (NACOPHA, SIKIKA and KVPF) lead the CLM endeavor. NACOPHA led the Tanzanian CSOs and stakeholders to create the national CLM tools with the support of UNAIDS, ITPC, Health Gap, COMPASS and PEPFAR.

- NACOPHA, together with KVPF, conducted CLM to assess the services received by KVP in 2019. The results of that CLM found that there were considerable problems with regards to index testing. This CLM was part of the studies that were used to inform the directive on COP19 guidance on index testing. Currently NACOPHA conducts CLM to assess the quality of services received by PLHIV. NACOPHA's CLM is funded by PEPFAR.
- Sikika has been leading the CLM efforts of the Global Fund under the PR1. The GFATM CLM activities are taking place in 12 districts of the country. They also implement PEPFAR based CLM under PEPFAR in one council.
- The KVPF is also implementing PEPFAR based CLM in 3 councils and GFATM CLM focused on COVID19 in 10 regions: Arusha, Kilimanjaro, Dodoma, Manyara, Mwanza, Geita, Mbeya, Ruvuma, Pwani and Morogoro.

In order to ensure alignment, COMPASS Tanzania established a CLM Stakeholders Forum that was later strengthened by UNAIDS and PEPFAR. COMPASS partners in Tanzania assisted by the Global COMPASS team are continuing the work to strengthen the Tanzania CLM Stakeholders' forum into Y5.

Zimbabwe:

ACT in Zimbabwe was selected by PEPFAR to lead technical CLM support to a group of 16 CBOs. ACT coordinates, builds capacity, consolidates CLM data and leads national-level advocacy in various accountability structures and platforms. The CLM push that was started in 2016 at the ROP , culminated in a pilot that was implemented in five Districts of Zimbabwe and garnered major wins, including the establishment and strengthening of a Health Centre Committee, Integrated Sample Transportation, multi-month dispensing, TPT scale up, and surge planning. A National Steering Committee was established and it successfully advocated for technical assistance from UNAIDS to fund the tools harmonization process, which was done through Health Gap. The country then piloted the tools, which are now being utilized for both PEPFAR and Global Fund CLM. The National Steering Committee comprises key stakeholders, including policy, funding, and key population bodies and is co-chaired by National AIDS Council and the KP Technical Support Forum chairperson.

In order to address the ongoing challenges with implementation of the PEPFAR funded CLM program, amfAR conducted a survey to gain CSO insights and experiences with CLM implementation. The findings from the survey informed the development of recommendations on how best to improve the design and structure of the CLM program which will be shared with the PEPFAR team at OGAC.

Global Level:

amfAR and Health GAP supported the development, evolution, and digitization of the survey tools and the build-out of the initial CLM dashboard in Malawi. amfAR also supported colleagues in both Tanzania and Zimbabwe on the development of their tools. In Zimbabwe, baseline data collection and routine data collection survey tools were input into CommCare in preparation for electronic data collection to begin. Data dashboard development will begin after data collection begins.

Summary of COMPASS Year 4 partner campaigns and outcomes by country:

Table Key			
Win A tangible shift in policy, investment or service delivery approach taken in the context of focused, specific COMPASS partner demands for the shift which subsequently took place. We don't claim full credit for obtaining the shift, but have documentation of advocacy on this issue in the spaces where decisions were made.	**Partial win** A campaign or focal area in which significant progress was made that has or is expected to impact follow-up steps on the critical path to achieving a full win as defined above. For example, securing parliamentarian buy-in and multi-stakeholder consensus on the agenda for age of consent is a partial win, insofar as no policy has changed, but these steps are, if not pre-requisites for, then significantly supportive of the ultimate outcome.	**No win** A campaign—which may be ongoing—in which no significant barriers shifted in the period covered. Process milestones like inclusion in decision-making spaces may be achieved,	**COVID-19 disruption** New/singular to Year 3, this category reflects work that could not take place as planned or be pivoted in the context of lockdowns or other pandemic-related shifts

Country	Thematic Area	# campaigns	Results
Malawi	AGYW/ SRHR	2	• COWLHA secured the government's commitment to allocate resources for infrastructure development at the health-facility level nationwide, which will accommodate integrated HIV/SRHR services. Guidelines for integration of HIV and SRHR services were also finalized and are currently awaiting official launch. COWLHA will follow up to ensure the successful development of Standard Operating Procedures for roll out of integrated HIV/SRHR services. • Through MANASO's advocacy, duty bearers committed to creating awareness of HIV services and developing and adopting district specific action plans to address the gaps identified. AGYWs and ABYM were empowered through peer-led advocacy meetings to make safe decisions and advocate for their rights to accessing health services.

			• MANASO promoted availability of data on Injectable Drug Users by setting up district IDU Task Forces.
	DSD	2	• COWLHA conducted strategic engagement meetings on the CAGs Model for DSD with MOH, which led to district health offices taking charge of the responsibilities for advocacy and leadership in the process of planning for introduction of CAGs, thus promoting ownership of the campaign at district level. • COWLHA received authorisation from the Ministry of Health to conduct the CAGs Model pilot in 2 districts in order to strengthen the evidence base on the model. • Development of the roadmap is a commendable step for Malawi in its quest to roll-out the T=T/U=U campaign. Through its role as the Co-chair of the T=T Taskforce, COMPASS will follow up with MOH and CDC to ensure implementation. However, major budget cuts in the Global PEPFAR budget stalled CSAF's progress on securing funding for roll-out of T=T/U=U in Malawi.
	National financing	1	• The COMPASS Project Coordinator was included as the Civil Society representative in the revived Malawi Health Financing Technical Working Group. The representative used this key platform to successfully push for the establishment of the Health Fund. • CEDEP/MANET in collaboration with the Universal Health Coalition will continue following up to ensure inclusion of the fund in the Health Financing Strategy and operationalization of the strategy.
	Key populations	1	• LITE, through the COP 21 development processes, advocated for KP-led organizations implementing KPIF to transition and implement COP FY21. This was taken on board and all 4 organisations are now implementing COP. • Improved community engagement and evidence-based KP programming was achieved through an exercise to document the experiences of Key Populations in accessing healthcare services. The findings were used in engagements with DHA and at the Joint Annual review where the Ministry of Health endorsed the establishment of one stop centre in hybrid facilities where KPs can access services.
	CLM	1	• JONEHA successfully persuaded PEPFAR, implementing partners and Department of Cervical Cancer Control Program to scale up cervical cancer screening services in year 4 resulting in the scale up of 80 cervical cancer screening services sites in PEPFAR supported districts, from a target of 20 sites. • As a result of engagements with the Department of HIV AIDS, different strategies and interventions were employed leading to the reduction of defaulter rates from 49% to 15%, which exceeded the original target for reduction of 25%. • Through JONEHA's advocacy in collaboration with other stakeholders, Parliament and the Ministry of Finance committed to address the issue of persistent drug stock outs through provision of funds towards the recapitalization plan of the central medical stores. The fund disbursement process has been initiated with close to 50% of the total already disbursed thus far.
Tanzania	Key Populations	2	• Following engagements with CENTA and KVPF, the Tanzanian government officially approved the national PrEP Framework in September 2021 for countrywide rollout of PrEP in September 2021. • From TANPUD's campaign of scaling up MAT facilities, a total of 7 new MAT satellites have been constructed in 3 regions during Y4. Ongoing monitoring of the established MAT Clinics and Satellite centers in 5 councils and scale up to other regions and prisons.

	CLM	2	• COMPASS partners under the leadership of NACOPHA, with support from UNAIDS, assisted in the formulation of standardized CLM tools to assess the quality of HIV services in the country which are now used by all CLM implementers. • Three (3) KP-led CSOs are currently implementing CLM under PEPFAR small grant after continuous KVP Forum advocacy on the engagement of KP-led CSOs in CLM implementation. • There are still struggles in coordinating the CLM structure in Tanzania among the key actors. COMPASS via AVAC and HEPs is assisting in ensuring better coordination.
	HRH	1	• BMF influenced the usage of the Direct Health Facility Fund in five councils as a means to continue compensating Community Health Care Workers. These councils have been able to support 508 CHWs in 137 health facilities. • BMF successfully influenced the Ministry of Health to endorse the National Health Workforce Volunteerism Guidelines as a basis for increasing the number of Human Resources for Health (HRH) in the underserved regions. • BMF engaged two Parliamentary Committees in October 2021 and got their commitment to push the Government to prioritize increased budget allocation for HRH, adoption of Community Based Health Workers Policy including utilization of the National Health Workforce Volunteerism Guidelines.
	AGYW/ SRHR	3	• A total of 1,324 WLHIV, FSW and AGYW in 3 regions have been enrolled into Community Health Insurance Fund by October 2021 as a result of DWWT campaign on ensuring they have access to quality health unlimited by their economic situations. • GBV case reporting and referral mechanisms have been strengthened with more than 140 women supported by December 2021. In addition, 30 GBV champions were trained in the 6 councils reached by DWWT. 4 councils have been included into Timiza Malengo, a program funded by Global Fund to support AGYW as part of HIV prevention. • The government position remains noncommittal towards the establishment of the AGYW Forum, posing a continued challenge to the achievement of this campaign outcome.
	National financing	1	• Sikika led COMPASS Partners and CSOs in engagements with the Parliament which led to providing support to the development of the Strategic Plan for AIDS Trust Fund 2021-2023 and the Health Sector Financing Strategy, Sikika will continue following up on implementation of the Single National Health Insurance Fund.
Zimbabwe	DSD	2	• BHASO secured commitment of PEPFAR funds to roll-out of the OFCAD initiative in the COP21 process. Continued advocacy and follow up to ensure commitments are honored. • ZNNP+ successfully advocated for the Ministry of Health to include 6-month multi-months dispensing (6MMD) in the National Treatment Guidelines on Multi-month dispensing of ARVs. ZNNP+ will continue advocating for inclusive guidelines and availability of sufficient stocks to guarantee implementation of 6MMD.
	National Financing	1	• CSO advocacy contributed to the successful increase in the overall budget allocation for health from 12.7% in 2021 to 14.9% in 2022. • The Parliament of Zimbabwe adopted the World Bank Public Expenditure Tracking Survey (PETS) following engagement with ACT and ZiCHIRe wherein they presented findings from citizen consultations on national budget and health financing. • ACT and ZiCHIRE will collaborate on budget tracking & monitoring and capacity-strengthening of civil society on the national budget to ensure efficient and transparent use of all health related resources. The involvement of CSOs will help identify resource leakages which will lead to better decision making by the government and improved efficiency in health programming and resource allocation. Collaboration with like minded organisations – ZIMCODD and Southern Africa Parliamentary support Trust led to a meeting where a task force to lead PETS

			was established, with the participation of the Ministry of Finance and chaired by the Chairperson of the Parliamentary Portfolio committee on Health. • ZiCHIRe engaged the Minister of tansport and got his support to petition the government to allocate part of third party insurance to the health sector - and HIV programming in particular, to improve health service delivery systems in the country. In a meeting to present CSO priorities for the national budget to parliamentarians, it was also agreed that parliament would monitor utilization of the special drawings reserve allocated to Zimbabwe, to which ZiCHIRe submitted CSO priorities for utilization for the SDR. • Engagement with National AIDS council (NAC) on social contracting and increasing participation of communities and KPs in allocation of resources from National AIDS Trust Fund is at advanced stages with national networks already starting to receive funds for PLHIV coordination.
	AGYW/ SRHR/ COVID-19 impact	2	• ACT received positive feedback from Parliament on the Public Hearing Report on the Age Restrictions to access health services. Adolescents and policymakers acknowledged the structural and legal barriers to access. However, non-health players are in disagreement on how to address the challenges posing a big hurdle to the durability of the campaign wins. • The Minister acknowledged the inconsistencies in the law. ACT will engage the Minister through other strategies to push for the amendment.My Age facilitated the establishment of a National Disability Technical Working Group on COVID-19, SGBV, SRHR, HIV and AIDS.
	Key populations	1	• GALZ successfully advocated for the establishment of inclusive Health Centre committees. Ongoing mentoring of HCW on provision of LGBTIQ- friendly services. • GALZ was shortlisted for Frontline AIDS PrEP CLM and planning to conduct an in-country meeting on KP health design and funding sustainability.
	TB	1	• TPT coverage increased to 50% in Umzingwane District. Advocacy efforts led to a total of 16 health facilities fully implementing the TPT programme with trained health personnel. • Umzingwane District reported Zero co-infection of COVID-19 and TB attributed to the combined effort of UAN, civil society and government. Implementation and advocacy lessons to be applied for scale up in other districts.
	HRH	1	• ACT advocacy led to PEPFAR supporting a Human Resource for Health Inventory exercise. Findings will be used to inform advocacy to address key HRH gaps noted. Although an increase was registered in the overall health budget, efforts are still needed for advocacy to translate this win to actual HRH outcomes. Success realized in pushing PEPFAR to commit 32% (allocating $73,168.65 out of a budget of $230,373.52) proportion of resources towards HRH in COP21.

B. New activities in COMPASS Africa year 4:

i) Shifting COMPASS "center of gravity" to African partners:

Year 4 of COMPASS was an intensive period of learning and reflection and planning for COMPASS 2.0. Following the in-depth analysis of the Coalition Health Scorecard and external OPM learning assessment findings, COMPASS partners began, in late 2020, to discuss and envision the strategy and approach for COMPASS 2.0, including core priorities for leadership and governance. While the external learning assessments and internal Scorecard reflected COMPASS' role as a transnational coalition as a core strength, they also highlighted the importance of shifting to African partner-led decision making, governance, and grantmaking.

In Year 4 Global South and North partners formed task teams to take on issues raised from the assessments, including strengthening communications, improving South-South learning mechanisms, and ensuring a shared vision for the coalition. In addition, in early 2021 a cross-coalition working group formed to collaboratively define the strategy for COMPASS 2.0 through several months of working group sessions and country consultation meetings to define targeted outcomes and approaches in COMPASS 2.0.

At the country level, coalitions held mini strategy labs where they updated their landscape analyses and workshopped their campaign strategic action plans for an anticipated COMPASS 2.0, and collaboratively defined country-level strategies and outcomes for the coming years. These

strategy labs were also opportunities for the COMPASS country coalitions to engage and inform non-COMPASS CSO partners about the planned advocacy campaigns. Global Partners joined remotely for targeted sessions during the three-day meetings and developed their Year 5 work plans in response to the strategies and priorities identified by each country coalition.

At the end of Year 4, AVAC facilitated a **global-level virtual strategy lab** where all partners met over three online sessions to share their top wins and lessons learned from Year 4 of COMPASS and to define the way forward for COMPASS 2.0. These sessions built momentum for the Year 5 priority of refreshing the COMPASS Africa partner-led governance structure and vision for the coalition.

AVAC and PZAT worked together to develop and update processes and tools for PZAT to take over sub-grants management for all Zimbabwe COMPASS partners. PZAT took over this sub-granting role at the start of Year 5, and will provide targeted technical support to Zimbabwe partners on grants and financial management. Moving forward, partners will collaboratively define how sub-granting will be managed in future years of COMPASS.

COMPASS global partners developed a needs assessment to identify priority areas for capacity strengthening support The needs assessment identified both campaign advocacy-focused priorities (e.g. support for development/ refinement of CLM survey tools to gather actionable data, GFATM engagement) and organizational capacity needs (e.g. training on developing an organizational strategic plan, financial management). This survey informed global partner work plans for Year 5 of COMPASS, including individualized partner TA plans and coalition-wide organizational capacity strengthening. In Year 4 AVAC and MPact began providing one-on-one mentorship to organizations needing more support around grants management and reporting.

The focus of the MERL work in year 4 was twofold; i) Evaluation of comprehensive contributions/impacts of the Transnational Activism model (including country- and global-level impacts); and ii) Strengthening the "L" (Learning) component of MERL across coalition partners. At the core of MERL was embedding with countries to harvest granular outcomes and learnings for COMPASS—and beyond. We continued to work with country coalitions especially, including new partners to support learning, reflection and strengthened results tracking. Although our interventions were implemented using virtual platforms, there was great responsiveness and participation by COMPASS partners, which in itself is an indication of an appreciation of the value of MERL in advocacy work.

- ***One of the key MERL achievements in year 4 was the identification of and support for MERL champions across COMPASS Africa*** whose role is to motivate, mobilize and lead MERL activities at local level as a means to build a cohort of strong MERL resources within the COMPASS Africa coalition and within country coalitions. Ten champions were identified through country level consultations and nominations. An inception meeting was conducted with champions to set the agenda for the supportive role they would be playing within their country coalitions and across COMPASS. A brainstorming session was also held to identify their immediate learning needs. MERL champions received training on fundamentals of MERL and participated in a series of webinars to strengthen their understanding and ability to apply MERL in the COMPASS campaigns.

- ***Following the capacity strengthening activities, MERL champions took a leading role in the utilization of the SPARC-bit template to document the most significant outcomes for each country.*** The SPARC method continues to be used to create case studies that highlight key successes and longer term outcomes of COMPASS partner campaigns. The SPARC-bits method is focused on short- and mid- term outcomes or wins that were achieved in the process of implementing campaigns so that COMPASS partners track and share interim successes.Two editions of consolidated COMPASS Africa newsletters were consequently finalized and disseminated across the coalition as a tool for learning and reflection (See appendices A and B). There is still some work needed to strengthen the quality of the stories; and champions will continually work with country teams to refine the outcomes harvesting and documentation process. MERL champions are steadily gaining momentum and legitimacy within their country coalitions. Of note was their key role in supporting country teams in the development of the results tracker for COMPASS 2.0. MERL champions also played an active facilitation role during the annual in-country strategy labs where they helped partners to reflect on outcomes of 2021.

- ***The MERL team developed and finalized a MERL handbook for advocacy champions*** (Appendix C). The toolkit is designed to capture the basics of Advocacy MERL, in a simple format which utilizes language that engages the reader and takes them through an accompanied learning experience; with avatars that communicate via dialogue boxes. The toolkit also incorporates practice and reflection activities as a form of self-assessment. This ground-breaking tool will be used to strengthen the MERL capacity of COMPASS partners and beyond. A complementary reference book was also developed specifically for COMPASS Africa partners in order for them to access and learn from actual experienced examples from the coalition (Appendix D). Utilizing content and feedback from varied MERL engagements with partners throughout the last few years of COMPASS implementation, the book will provide simple and structured support to advocates implementing complex, non-linear interventions; for more effective and sustained advocacy.

- ***Following development and dissemination of the preliminary findings of the Coalition Health Scorecard and COMPASS Transnational activism case study, the MERL team worked with the COMPASS program support team to mobilize and coordinate Coalition Health Task Teams i***n their self-convened meetings and development of plans to address issues raised in the coalition health scorecard., The three teams were focusing on: COMPASS communication; south-south collaborations; and ensuring a shared vision. An extensive review and refinement of the case study was also carried out by MERL and Program support in February 2021, based on triangulation of score card data, IDIs and FGDs. In August 2021, the MERL team reviewed the coalition health scorecard tool to incorporate emerging issues and key indicators based on findings from the previous assessment into an updated tool.

- ***An updated and refined scorecard tool was administered from September to October 2021***. A total of 51 respondents completed the score card; 9 from Malawi, 15 from Tanzania, 15 from Zimbabwe, 5 representing global partners and 7 AVAC staff members. Data

analysis and triangulation with qualitative information was conducted. Dissemination of preliminary findings to partners, validation of the findings and mapping of follow up actions as a coalition was scheduled for January 2022. Key takeaways include the following;

- Strong sense of understanding and agreement on the **vision** for the COMPASS coalition among partners
- Coalition interactions are generally characterized by respect and support, resulting in strengthened **partnerships** and improved advocacy efforts
- More could still be done to continue to strengthen linkages between Country and Global partners, and between different country coalitions
- **Accountability and conflict resolution** mechanisms require further visibility and support to be effective
- **Roles and responsibilities** are well-defined and acceptable, but governance/ **decision-making at** the country and AVAC levels could be more transparent and inclusive
- **Communication** channels are available, appropriate, and adequate

Reflection and planning mechanisms are strong at the country level, but could be further strengthened at the cross-country and North/South level.The COMPASS governance working group will be taking up these findings and recommendations as they map out updated governance and sub-granting approaches for COMPASS 2.0.

- ***From March to June 2021, the MERL team led a series of webinars for COMPASS partners to refresh and build on key MERL concepts and tools.*** The webinars included review of basic MERL concepts, defining outcomes, building SPARC stories, completing C-CAATs, and using the results of Scorecard 1.0 as learning tools to continuously improve the COMPASS model.
- ***Continued support for development and completion of Strategic Action Plans and C-CAATs*** to document planning and subsequent successes related to partners' campaigns.

ii) Ownership of data analysis for advocacy among global south partners

CSOs led by COMPASS partners in all three countries are actively engaged in PEPFAR's Oversight and Accountability Response Teams (POARTS). By requesting and analyzing PEPFAR quarterly data in preparation for quarterly PEPFAR partners' regular meetings they have been able to recognize program gaps and assist in pointing them out for improvement of services. Where there is a serious gap requiring some remedy, CSOs request PEPFAR to commit itself and provide a specific date to address the issue identified. COMPASS partners also relate the quarterly CSO PEPFAR's data review to measure the progress of some of their advocacy campaigns. Where PEPFAR data is not clear, CSOs prepare to seek for clarification during the PEPFAR Partners' Meetings. Quarter 4 data is very important for assessing how PEPFAR fared during the year and also in helping CSOs to develop their priorities in the on-coming year. Global partners amfAR, AVAC and Health GAP provide data analysis support to country partners as needed.

amfAR in collaboration with HEPS Uganda will establish a Regional Hub for Data Analysis, Monitoring and Activism (DAMA) in Year 5 of COMPASS. HEPS in collaboration with amfAR has piloted the data desk model which established a dedicated data geek that offers technical support to the Uganda PEPFAR coalition to use data driven advocacy to influence PEPFAR programming through PEPFAR data analysis and community monitoring using a scorecard. HEPS plays a key role in this data analysis and has, for years, served as an informal resource within the COMPASS coalition of advocates, recently taking on a formal, expanded mentorship role under COMPASS. In Year 5, this model willbe expanded to Malawi, Tanzania and Zimbabwe. This hub will provide hands-on technical assistance and advocacy support to COMPASS country coalitions seeking to strengthen their community-led monitoring work on HIV/AIDS. DAMA will also serve as a convening space for data champions with effective ongoing work to share best practices and develop collaborative campaigns. The collaboration of amfAR and HEPS will therefore support COMPASS country partners to establish data champions that will support country partners with PEPFAR program performance data analysis to facilitate meaningful and effective oversight and accountability for PEPFAR and Global Fund programs.

iii) COMPASS as an "engine" for innovation in primary prevention:

Contributing civil society expertise in sub-national innovation.

Several studies and reports have documented the impact of COVID 19 on HIV prevention, including a decline in access to HIV testing and prevention services. In Malawi, between March 2020 to June 2021, a number of HIV prevention services including oral PrEP, VMMC, and community-based testing were suspended due to COVID reversing the gains made so far. The need for renewed effort towards HIV primary prevention cannot be overemphasized.

To strengthen efforts around HIV prevention, Georgetown University is implementing the HIV prevention strategy project in Blantyre. The project is being implemented through a consortium which brings together different players in HIV prevention. The Blantyre CSO network is part of the consortium getting technical support from COMPASS and CSAF members. The project focuses on two objectives: i) Catalyzing locally-led development of an optimized system for rapid and sustained uptake of HIV prevention interventions and products ii) Ensuring sustained

prevention performance and implementation by embedding key functions within district-level systems, leveraging multi-sectoral capabilities, and an adaptive learning framework to create a regionally replicable model.

Building a comprehensive PrEP platform. Despite commendable progress initiating more people on ART, the rate of new HIV infections across the three COMPASS countries remains unacceptably high. Achieving meaningful reductions in new HIV infections will require improving access to HIV prevention services through implementation of evidence based interventions using client-centered delivery models that are adapted to the evolving needs of different populations. Across all the three COMPASS countries, delivery of oral PrEP is largely facility based. In Malawi Oral PrEP is delivered through public health facilities and Drop in centers.

In Tanzania,CSOs. with support from COMPASS partners, successfully advocated for inclusion of community distribution of PrEP in PEPFAR SDS 21. TAYOA, through its stay PrEPARED campaign, successfully advocated for community distribution of PrEP for AGYW as a top priority for PEPFAR and Government. KVPF and CENTA participated in the country's PrEP TWG and pushed for the endorsement of the PrEP framework. KVPF, CENTA, DARE and DWWT pushed the government to ensure availability and accessibility of PrEP and their work led to the signing of the PrEP Framework and in PEPFAR maintaining its target of 180,000 in COP21. From October 1- December 15, 2021, 8,180 new clients have initiated PrEP and there has been an 860% increase in the number of sites prepared to offer PrEP. In Tanzania, PrEP is administered via a facility-community model where enrolled PrEP clients can receive drugs via their peers, who also play a big role in both demand creation and in adherence.

The Tanzanian government is still hesitant to sustain conversations on DVR and CAB-LA, however they are willing to approve both following approval by the WHO. The GoT has raised objections on DVR given that it does not protect during anal sex or against pregnancy and STIs. COMPASS partners continue to advocate to widen the prevention options for Tanzanian cis-women. While there is still a lack of demand creation and PrEP messaging materials in several councils in the country, it is important to note progress made by various COMPASS partners in the development of demand creation and PrEP messaging materials more broadly.

In Zimbabwe, CSOs requested PEPFAR to increase PrEP targets, resulting in the expansion of PrEP for priority populations to 22 Districts and a subsequent increase from 28,604 to 50,117 clients from COP20 to COP21. There was considerable increases in Targets for AGYW (132%), transgender communities (201%), MSM (77%), and SW (68%) from COP20 to COP21. There is, however, low PrEP literacy and access by general, at-risk population groups.

With more regulatory approvals expected for DVR and CAB-LA in 2022, building and defining a comprehensive PrEP delivery platform will be critical to improve uptake of HIV prevention services across all COMPASS countries. In year 5 COMPASS will collaborate with prevention market manager and IAS to define what a comprehensive delivery platform for PrEP (Oral PrEP, DVR and CAB-LA) should look like. CSOs will push for a revision of the PrEP guidelines to align with the new WHO guidance on creatinine and Hepatitis B testing for oral PrEP which allows for community based distribution. In Tanzania Oral PrEP is delivered through health facilities.

Situating primary prevention in community-led monitoring. Following the success of HIV treatment and vertical transmission cascades in identifying service delivery gaps, there is a growing interest in developing and implementing HIV prevention cascades to inform appropriate programming. There are challenges due to the complexities of HIV prevention. UNAIDS recommends two types of cascades: a cohort cascade and a cross-sectional cascade. As countries adapt their HIV prevention programming, and monitoring and evaluation to align with this new thinking, COMPASS partners across the three countries have further refined and adapted their CLM programs and are now using the cascade approach to monitor uptake of HIV prevention interventions for different populations. In Year 4, **COMPASS partners used CLM to assess gaps in service delivery and uptake of HIV primary prevention, including oral PrEP and VMMC, against annual targets. Findings were used to inform recommendations for improving HIV programming.**

In Malawi, CLM efforts by COMPASS partners and CSOs revealed low uptake of oral PrEP (33% of annual target) and lack of follow up of clients who drop out of the PrEP program. CSOs have used the findings to push for the improved PrEP awareness and decentralized delivery.

In Tanzania, one of the main issues highlighted by CLM was a shortage of service providers (including lab technicians, nurses and clinicians). This was observed in 85% of wards visited and affects prevention, treatment and viral load testing services. PrEP uptake and adherence is also poor. The Tanzanian government will require more engagements with the CSOs. PEPFAR is also moving away from socially marketed condoms and HIVST; there is a need to ensure that price is not a barrier to access. The ban on lubricants still exists calling for a need for heightened engagement.

In Zimbabwe the CLM onboarded 16 CBOs late in COP 21 and last quarter began capacity building, tool development , harmonization and piloting. A baseline was conducted and the following issues were identified:

- Low treatment literacy and preparedness
- User fees still being charged in facilities
- Lack of availability of PrEP services in most facilities
- Health Care worker attrition
- Condom unavailability remains an issue in hard to reach sites
- Gaps in integrating HIV, TB and COVID-19 testing

In Year 5, HEPS will leverage its membership in the UNAIDS Global Prevention Coalition and country experience of the HIV Prevention Roadmap implementation advocacy to initiate a comprehensive HIV prevention advocacy agenda for COMPASS country partners. The Road

Map is meant to provide a basis for countries to scale up HIV prevention as part of fast-Tracking a comprehensive HIV response to meet global and national targets and commitments. The Roadmap primarily focuses on the 25 countries that account for up to 75% of all adult new infections globally, the 'prevention Coalition countries' and all the 3 COMPASS countries are part of the targeted 25 countries. Partners will be supported to introduce advocacy campaigns for prevention roadmap implementation as an advocacy tool to pester country governments to fulfill roadmap target commitments.

iv) ***Global Leadership Positions and Shifts that Align with COMPASS Advocacy Agenda:***

- **Community-Led Monitoring:** In recent years there has been increased buy-in to and investment commitments from UNAIDS, GFATM, PEPFAR for CLM, in alignment with COMPASS advocacy for the past few years.
- **COVID-19:** COMPASS partners have worked with other CSOs to push GFATM and PEPFAR to mitigate the impact of COVID on HIV and TB services - we have seen increased PEPFAR funding for COVID through the America Rescue Plan (ARPA) and GFATM through C19RM. COMPASS partners were part of country level consultations and contributed to the development of the PEPFAR's COVID response plans during COP 21 planning process, and also led CSO participation in the development of the C19RM proposal ensuring community priorities are included (Sikika in Tanzania, ZiCHIRe in Zimbabwe, MANASO and MANET+ in Malawi).