**Civil Society Representation**

**ACT-Accelerator Health System Connector (HSC)**

**Application Form**

**IMPORTANT: This application should not exceed six pages.**

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| **Personal details** | |
| Name | Tumuheirwe Florence |
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| Gender (if | Female |

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| **NGO/ Community details** | |
| Please specify if you are applying as an NGO **or** Community Representative? (Please only select one option)  Please note, for the purposes of this call the role of Community Representative is open to all populations who are known to have vulnerability to COVID-19 and communities living with COVID-19 (including Long COVID) | I am applying as an NGO representative |
| Name of Community Based Organisation, Group, Network or NGO of affiliation | Kigezi Women in Development formerly known as Kabale Women in Development (KWID) |
| Address of organisation | Plot 110 Kabale Mbarara road, P.O. BOX 894 Kabale, South Western Uganda in East Africa |
| Brief description of the NGO/ Community group and geographical scope. Please include details of global health programmes | Kigezi Women in Development (KWID) formerly known as Kabale women in Development is an indigenous non-government organization operating in Kigezi and neighbouring districts , and was established in 1996 to enhance social, economic cultural and political development to empower its members and beneficiaries to exercise their rights and spur development, a social contract that provides a coherent frame work within which poverty, ill health, unemployment, illiteracy, poor leadership, oppression, harassment, neglect, abuse, environmental degradation, hunger, and disunity can be effectively addressed.  KWID’s vision is a developed society free of social injustices and its mission is empowering women, girls and other vulnerable persons to address hindrances to their advancement through advocacy, networking and capacity building. Over the last 25 years, KWID has implemented community mobilization and empowerment projects aiming at building the capacity of women, girls and other vulnerable persons to exercise their rights, actively participate in decision making processes, advocate and demand for improved services. KWID envisions a future where women and girls have a voice and resources to enhance their contribution to sustainable social-economic and political development. |
| Position in organisation (if relevant) | Executive Director |
| Focus of work (if relevant) | One of our focus areas is Advocacy for improved quality of effective Reproductive Maternal New child and adolescent health. We address issues of access to sexual and reproductive health and rights, HIV and AIDS prevention and response, water and sanitation challenges and climate change effects through education talks, home visits and referring clients to service delivery points. We advocate for provision of personal protective equipment for health workers during COVID-19 pandemic, prioritisation of women and girls SRH services during the pandemic, improved health systems, curbing gender based violence and reduction of teenage pregnancies. |

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| **Skills, experience and attributes** Please read the criteria and profile of responsibilities carefully and ***list specific examples*** of your skills, experience and attributes and ***write out in detail your experience*** with specific organizations, projects, funding mechanisms, accountability mechanisms: |
| Direct experience/expertise in at least one area of work of the ACT-A – Health systems, Vaccines, Diagnostics and/or Therapeutics (please detail specific lived, technical or advocacy knowledge that may be relevant) |
| Working with World Vision, KWID implemented civil society empowerment project using the citizen’s voice and action strategy to improve health systems. KWID was sub-granted and its capacity built in how to use social accountability and monitoring standards, community gatherings, interface meetings and score cards to improve health systems. KWID facilitated citizen engagements at village, parish, sub county up to district level. In partnership with World Vision, KWID implemented advocacy activities on maternal and child health with dialogues at district and national level including the global week of action that was attended by parliamentarians. Stakeholders at both district and national made commitments to improve health service delivery.  Working in partnership with Amref Health Africa Uganda, KWID implemented a five year (2016-2020) Health Systems Advocacy Partnership project with support from the Dutch Ministry of Foreign Affairs in seven sub-counties of Kabale. The project’s goal was to enable communities realize their right to the highest attainable sexual and reproductive health, crucial for equitable, sustainable economic development. We influenced health budgets, provided platforms to citizens and duty bearers to engage on pertinent issues and collectively come up with practical actions to address health issues. KWID followed up all the commitments and 90% of the asks (the change we wanted to see) were achieved. A sustainability plan was put in place to sustain out-comes of the project and continue following up the 10% until is achieved. |
| Experience leading collaborative and consultative approaches with civil society and communities in order to develop shared policy positions (please provide examples, particularly of experience at a global level) |
| I delivered a poster I co-authored with Amref Health Africa (Uganda country office) Communication and Fundraising Manager Lilian Kamanzi at the Health Africa Agenda International conference 5- 7th March 2019 in Kigali. The poster was titled: “*ACTIVATING THE UNHEARD VOICES IN COMMUNITIES TO DEMAND FOR THE RIGHT TO HEALTH*” <https://drive.google.com/file/d/1qebqluiQST3wbapjrX1F7K4t1C4MRp2b/view?usp=sharing> I shared how providing a platform (organizing a citizens’ hearing) for citizens to engage with duty bearers yield quick results a case of Health Systems Advocacy partnership project in Kabale District in partnership with Amref Health Africa with support from the Ministry of Foreign Affairs of Netherland. The conference was geared to be one of the largest health convening in Africa, with over 1,500 participants. Africa Health 2019 served as a platform to foster new ideas and home-grown solutions to the continent’s most pressing health challenges, with a focus on achieving universal health coverage (UHC) in Africa by 2030. The conference was a key opportunity to map a pathway from commitment to action on UHC and building momentum among diverse stakeholders, including policymakers, civil society, technical experts, innovators, the private sector, thought leaders, scientists and youth leaders. I am happy to have been part of the team that made those commitments and I am doing my best to contribute to their achievements.  Additionally, I delivered a joint presentation with Uganda’s Country Director at Amref Health Africa Uganda on “*IMPROVED YOUTH SEXUAL REPRODUCTIVE HEALTH RIGHTS THROUGH SOCIAL ACCOUNTABILITY”* <https://www.nairobisummiticpd.org/programme/listen-uganda-using-social-accountability-srhr> during the International conference on Population and Development ICPD25 Nairobi summit 12-14 November 2019. I am happy to have been part of the team that committed to achieve the three transformative results namely: Zero maternal death, Zero unmet need of family planning and zero gender- based violence and harmful practices within the next decade. Over 9,500 delegates from 170 countries took part in this radically inclusive conference whose theme was “LEAVING NO ONE BEHIND, ENSURING RIGHTS AND CHOICES FOR ALL). Since then, I try my level best to make sure my actions contribute to achieving it but sometimes I am limited by the number of networks and platforms I am able to access to amplify this noble cause. |
| Work to date in the response to COVID at the community, regional or global level – please be specific about the focus of your COVID related work (if any) and your rationale for engaging in COVID work (for example this could be but is not limited to such things as: access to medicines/tools campaigning or advocacy, supporting Community Health initiatives providing COVID services or how the provision of services have changed to respond to the challenge of COVID, advocating to your government to invest in COVID responses nationally/globally, delivering COVID specific services, engaging in resource mobilization for ACT-A, etc) if applicable share links to any media, briefs/research or advocacy campaign materials |
| Conducted radio talk shows to inform citizens that amidst COVID-19 effects including total rock-down when public and private transport was prohibited, they needed to access other health services like sexual and reproductive services and chronic diseases that need monthly re-fills.  Used radio sports to constantly remind them that though there is COVID-19, other health issues still exist and need to be addressed to live health lives. The radio sports also reminded health service providers and service users to observe standard operating procedures to stay safe.  Through community champions and Village Health Teams, we reached out to citizens to have tippy taps (locally made hand washing facilities)  Advocated for use of face masks and practice social distancing to avoid being infected by COVID-19  Advocated for alternative ways of getting health services nearer to the people through engaging with district task forces and district health teams  Participated in counselling people in quarantine centres and communities not to discriminate COVID-19 suspects and survivors  Put in place a Sanitation and hygiene concept to reach-out to our beneficiaries in small numbers of not more than 20 people with standard operating procedures to reach communities with information, Participated in digital meetings to contribute views to district task forces, advocate for strategies to implement during the COVID-19 pandemic and ensure that citizens access health services. Have participated in many WEBNERS organized by different development partners to access information and contribute views. I disseminate the information through KWID platforms and networks |
| Please detail relevant experience in any/all of the areas detailed in the Profile and Responsibilities section of the Application Package and Information. Please provide specific examples of experience. |
| I participated in community reproductive health project under Care International in Kabale District phase 1 1994-1998 and phase 11 1999-2003. The goal of the project was to improve reproductive health status of men, women and adolescents. The project covered areas of Family Planning (FP), Maternal health care (MH) and Sexually transmitted Infections (STI) control/prevention  I was identified by community members as the person with qualities of a Community Reproductive Health Worker (CRHW), trained and deployed to provide information, education and communication on reproductive health services; Provide contraceptives as per Ministry of health policy;  Refer clients for reproductive health services; Conduct home visits and follow-ups; Manage records and supplies; And carry out self- assessment to improve the quality of service.  I performed well my duties and was made the chief CRHW to represent fellow CRHWs before visitors and motivate fellow CRHWs through exchange visits. As an economist, I also became a social Mobilizer, gained community mobilization and empowerment skills through facilitating community dialogues , conducting health education talks as well as linking women, men, and adolescents to service delivery points through referral. I initiated the strategy of using music dance and drama in CRHWs sensitization meetings which popularized me and positioned me to access other development opportunities like being identified and trained as a Community Base Health trainer of trainers, serving on the District HIV/AIDS committee, mobilizing and supervising Community led HIV/AIDs Initiatives and many others |
| Compelling communication skills with emphasis on engaging with broad ranges of stakeholders and/or advocacy. Please be specific with your examples of work showcasing your skills in English and feel free to share links to videos, published documents/content. Please include any languages other thank English that you are able to communicate in. |
| I have excellent communication skills in English and I have engaged with various stakeholders at regional, national and international level. To start with, on World Population Day, I participated in a televised National dialogue under the theme; putting brakes on COVID-19 pandemic and safe guarding the health and rights of women, girls and vulnerable communities. It revolved around how covid-19 affected SRH service delivery and steps Uganda can undertake to reverse the situation (<https://youtu.be/0rKyXxpQeIs>). Secondly, in addition to my poster presentation at the Africa Health Agenda International Conference (AHAIC), I shared my experience as a community reproductive health worker during the break out sessions at the conference emphasising the important role health workers play in achieving Universal Health Coverage (<https://www.youtube.com/watch?t=4&v=LtTNkjg_9B8&feature=youtu.be>). Through my advocacy journey, I have used my communication skills to mobilize community members and rally them to achieve my advocacy objectives for example, I contributed to 1 million signatures and on behalf of other petitioners, I presented the petition to the speaker of Uganda’s parliament asking it to reject proposed taxes on the Agriculture sector saying they will destroy the sector. (<http://radioonefm90.com/farmers-petition-parliament-over-taxes-on-agric-inputs/>). Due to this petition, the then finance minister Hon. Maria Kiwanuka while presenting the 2014/2015 National Budget announced the Termination of Value Added Tax on supply of machinery, tools and supply of seed, fertilizers, and pesticides among others. Likewise, I championed the collection of 2306 signatures to petition Kabale local government to improve Maziba health center in Kabale. I also presented that petition to the speaker of the local executive council (<https://chimpreports.com/ndorwa-residents-petition-kabale-district-speaker-over-health-centre/>)  Other related links to my attest to my communication and stakeholder holder engagement skills;   * Girls’; access to SRH services in Uganda <https://viceversaonline.nl/2020/10/07/als-anticonceptie-een-duivels-dilemma-lijkt-te-zijn/> * Organizing a citizens’ hearing of 322 participants <https://youtu.be/dX37wry5OqI?t=5> * Advocacy for family planning services <https://www.independent.co.ug/lower-health-centres-in-kabale-now-provide-long-term-family-planning-services/> * Advocacy against GBV <https://ugandaradionetwork.net/story/domestic-wrangles-on-the-rise-in-kabale-1> |

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| **COVID-19** |
| The selection panel will also ensure representation of people living with COVID-19, Long-COVID and community based and/or frontline health work. If you are currently living with COVID-19 or have experience as a healthcare worker and you are happy to disclose this information as part of the nomination process please include this information here: |
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**PLEASE DO NOT EXCEED 6 PAGES.**

**Please submit the following to Katy Kydd Wright (**[**katy@globalfundadvocatesnetwork.org**](mailto:katy@globalfundadvocatesnetwork.org)**) by NOON/12 pm Eastern Time Wednesday February 24th:**

* **Completed application form**
* **Short CV/resume (maximum 2 page)**
* **Letter of reference from the NGO to which you are affiliated (if applying as an NGO representative) or from a Community representative or colleague (if applying as a Community representative)**