DETAILS OF MEMBERS- African region

1. ABBAS KIGOZI- I work for an organization brings together like-minded entities and individual actors whose preoccupation is publicizing, exposing and advocating for curbing corruption in Uganda. Anti Corruption Coalition Uganda (ACCU) provides a forum through which these actors can enhance their capacities in the fight against corruption as one strong voice and force that can effectively engage government on issues of corruption. ACCU Regional Anti-Corruption Coalition (RACCs) memberships bring geographical diversity as they are spread throughout the country. This ensures that ACCU is present on the ground and in touch with the grassroots communities.
2. ANTENEH ASEFA- I am lecturer in Hawassa University College of Medicine and Health Sciences, school of Public health. I am a lecturer of health systems and health care management. I spend my time mostly in academic and research activities which are targeted to bring innovative solutions to community health problems widely felt in my country. in addition to these, i am a resource person serving the regional and national health bureaus by providing technical support mainly in the area of prevention of mother-to-child transmission of HIV (PMTCT) and other maternal and newborn health services. I have currently finalized two regional researches 1) understanding the dynamics of PMTCT services in south Ethiopia and 2) Institutional delivery rate and factors affecting it in South Ethiopia; I am a PI for both. Besides, there are other researches I have conducted in the areas of tuberculosis, Antiretroviral treatment, Medical education, disrespect and abuse during childbirth, hospital care quality, pre-ART services.
3. ASGHAR ALI KHAN – Asghar Ali Khan is working with Governance and social accountability actions and networking across Pakistan, particularly the conflict-stricken region-Khyber pakhtunkhwa and FATA.
4. DR. ASHIRU ADAMU ABUBAKAR- I am one of the ten (10) Maternal Health Young Champions in the world chosen by Institute of International Education in collaboration with Maternal Health Task Force of the Harvard School of Public Health, to undergo a nine month in country/ Fellowship program (maternal health young champion fellowship) in order to build our capacity in field research especially in the area of maternal health. For my fellowship, I am attached to a community based Non-governmental organization in Jigawa state of Nigeria called Health Education Initiative for Women (HEIFOW). I am presently studying attitude of health workers as it affects utilization of maternal health services in rural communities of Jigawa State, Nigeria.
5. BAHOLINIRINA RAKOTOMALALA- Since May 2013, I am serving as Maternal and Child health and Malaria clinical training advisor for Intrahealth International in a five year project funded by USAID. As such I develop training curriculum, implement and develop capacity building strategy for medical doctors and do supervision. In this project we are working with private clinics networked by PSI in social franchising called "Top Reseau". Implemented at national level this project covers both rural and urban area.
6. CAROLINE OTHIM- Caroline Othim is working with National Taxpayers Association, Nairobi, Kenya. Since 2006. NTA has implemented programmes focused on building citizen demand and strengthening government service delivery performance to enhance accountability through monitoring of the quality of public services and management of devolved funds. NTA envisions an accountable, citizen-responsive government delivering quality services. Its mission is to promote accountable, effective and efficient collection and utilization of public resources through citizen empowerment, enhancing public service delivery and partnership building.Caromine Othim want to interact with professionals to increase his knowledge in monitoring to ensure accountability and transparency and to harvest results.
7. DAVID MUSOKE- I am currently involved in research exploring how youth can increase access to maternal health services in rural communities in Uganda in addition to other work in rural areas in the country. Makerere University School of Public Health is involved in several public health work in communities including in HIV, malaria, TB, non-communicable diseases, environmental health and maternal, reproductive and child health.
8. DEIYA MPAZE- I am working as Head off Programs and my roles is to lead the team on different programs/projects on making sure the voice of people living with HIV are heard and they are visible. We also advocate for their rights, accessing health services as well as accessing friendly services on general demands.
9. ELINAMI LOWASSA MUNGURE- My work is around the following area;

* Advocate for proper health investment at National level (MPs and Relevant ministries) and at district level
* Technical support to CSOs working on health related issues on Advocacy and resource mobilisation area
* train community on civic education special emphasize on holding their leaders accountable

Currently am conducting a small study on policy and budget commitment toward reducing the gap of unmet need for family planning. We work in the United Republic of Tanzania, in seven regions Arusha, Manyara, Shinyanga, Tanga, Dodoma, Dar es Salaam and Kilimanjaro

1. GLADYS NAIRUBA – Working with Anti Corruption Coalition Uganda. Under the Gender Strategic Social Accountability Project we have 640 women monitors monitoring health and education facilities and these were trained in PETS, the issues identified are followed through public accountability forums and national level advocacy events. We have 8 regional partners that we work with with 80 women monitors per district. The 640 women are organised under Women action groups, and through these groups they monitor health service delivery and report using the sms function, carry out civic education and demand for accountability with the support from the regional partners and ACCU.
2. JAMES MLALI – James Mlali involved in policy and budget analysis for evidence-based advocacy and social accountability monitoring at national and district level. He manage advocacy projects at Health Promotion Tanzania (HDT).
3. JANE LIBERATY MACHA- Monitoring and Evaluation of health interventions that aim to facilitate the progress toward universal health coverage. Universal coverage in terms of the financial protection and access to health services. I am involved in doing the monitoring of five intervention implemented by the government of Tanzania to facilitate financial protection and access to health care to the population. The study is using a case study approach; therefore we are implementing the project in four districts two urban and two rural districts. One of the aspects that we are interested is to see the flow of information from the district level to the community and to what extent do the community needs are incorporated in the district health plans. The plan is to have regular visit to these district and community members are key respondent that we aim to meet and collect their views with regard to the intervention of interest.
4. JITIHADA BARAKA- Working in Ifkara Health Institute. As a research offiicer below are my responsibilities:

• Plan for the project activities including tools development and Mapping

• Organize qualitative data collection [budgeting, training, deploying field workers.

• facilitate participatory and reflexive and action

• Supervising data collection in the districts allocated

• Organizing data and plan for analysis as project schedule timeline

• Analyses qualitative data

1. JOSPHINE NYAMBURA KINYANJUI- I work as a programmes Officer at an NGO called Health Rights Advocacy Forum (HERAF). This is a non-governmental organization that brings together strategic partners in the form of Health Professionals Bodies and Associations, Non-Governmental Organizations (NGOs), Patients’ Organizations, Faith Based Organizations (FBOs), Research Institutions and Universities involved in health issues, HIV and AIDS and Human Rights Networks among others to advocate for health as a fundamental human right in Kenya. It was established in 2006 and registered as a non-governmental organization in Kenya by the NGO Coordination Board in 2007. HERAF's strategic areas include;

* Create and Increase Awareness on the Right to Health in Kenya
* Evidence Based Advocacy for Health System Strengthening at National and County Levels
* Strengthen Community Participation in Health Sector Governance
* Promote Efficient and Sustainable Health Care Financing System
* Institutional Development of HERAF Systems for Delivery of the Organisational Mandate. All our project, ranging from Community monitoring, Devolution in the health sector and budget work and advocacy have entailed training and provision of technical support for our participants and beneficiaries. I also work under the M and E department which ensures the monitoring and evaluation of HERAF's projects and implementation of all project M and E plans.

1. KANYA MDAKA- Project Coordinator - Learning Network for Health and Human Rights. The Learning Network (LN) is an action research project involving five civil society organisations (The Cape Metro Health Forum, Epilepsy South Africa, The Women on Farms Project, Ikamva Labantu and The Women’s Circle) and four higher education institutions (University of Cape Town, University of the Western Cape, Maastricht University in the Netherlands and Warwick University in the UK) collaborating to explore how collective action and reflection can identify best practice with regard to using human rights and community participation to advance health.
2. KIBIRIGE JAMES- Am a program officer in charge of Community empowerment at CEHURD and so am charged with mobilizing the communities and empowering them through trainings to demand for their rights in the field of health through advocacy. I have carried out community consultations on the people’s perception to inform the formation of the next MDGs, the training on community participation as a vehicle for realizing the right to health. This work is done in Uganda in the districts of Kampala, Mukono, Kibog, Kyankwanzi, Kamwenge, Gulu, Buikwe among others.
3. LILIAN MKUSA - As a program officer My work is to empower the local communities to be able to demand accountability from their learders. Daraja Letu local News paper and other projects. The work is being done by using the media, Daraja Letu local news paper which gives chances to citizens to speak out challenges facing them in their communities, with the health project we are using community health score cards to rank challenges facing communities in their health facilities
4. LISA WOODS- The Royal Tropical Institute (KIT) is lead in a Consortium that aims to support the goal of the Government of South Sudan to reduce maternal mortality. The South Sudan Health Action Research Project will be implemented by KIT and three consortium partners (International Medical Corps (IMC), HealthNet, and Cordaid) to contribute to reducing maternal mortality in Upper Nile, Northern Bahr el Ghazal and Western Bahr el Ghazal states. The SHARP project expects to have the following Outcomes:

* Increased accessibility, availability and quality of maternal health services.
* Capacity developed at all levels of the MOH to deliver quality comprehensive reproductive health services.
* Context-specific knowledge produced on effective models of service delivery for increased use of reproductive health services.
* Women, men, adolescents, families and communities demand quality reproductive health services.

As Country Coordinator, my role is to coordinate and take a lead in Outputs 3 and 4.

1. LUMASIA EMMANUEL KARANI – Training of communities on the right to health, research on social accountability and also provide technical assistance on community monitoring on the health services provision.
2. LULAMILE TIMBILITI- Knowledge generation and dissemination collecting information. Making the information available (knowledge networks). Develop framework. Mobilization. Media Campaign. Civil society to implement. Building alliances thematic and across Communities on national level. Raise issues related to the environment and food for example. Empowerment and capacity building. Communication skills. Lobbying the government to address the structural determinants (social responsibility, availability of information, marginalized people and communities, sanitation)
3. MANKA MARTIN KWAY- Manka Martin Kway is working with German Foundation for World Population, Tanzania which is involved in monitoring budget commitments made by donors, planned budget and released budget at country level. GFWP also do the same for government where they GFWP government commitment and actual disbursement. At district level GFWP monitors disbursement of funds from central government to local government. At community level, GFWP are monitoring how the money is spent if contraceptives are available, health facilities are served with skilled personnel and if there are required equipments for quality service delivery.   
   Manka Martin Kway want to share the experience from their intervention and also to learn from other members on how they could improve their operations.

## MASUMA MAMDANI- Masuma Mamdani is working with Ifakara Health Institute, Tanzania which is involved in a wide range of research and policy work at community, national, regional and internal level focused on health systems, health policy and innovations. Masuma's interests are in the broader area of addressing social determinants of health and inequity and related policy analysis; as well as promoting accountability for quality of care at all levels. Masuma provides considerable technical support to other research projects within health systems and impact evaluation.

1. MARTIN NAPISA - The NTA is a national, independent, non-partisan organisation focused on promoting good governance in Kenya through citizen empowerment, enhancing public service delivery and partnership building. NTA is registered as a company limited by guarantee. The NTA represents all citizens, as everyone pays taxes.Am involved in coordination of National activies,Training and Technical support.
2. METASEBIA ADMASSSU JOFFE- Our work is research based. The focus of the research in on Close to community providers’ performance on maternal health. The research is titled "Context analysis for the performance and sustainability of ‘close-to community’ providers to improve CTC providers’ health services". so in this particular organizational work, I am working as a Research Associate and am involved in conducting qualitative research including in-depth interview, Focused group discussion and Key informants interview I am also involved on transcription and translation part.
3. MILKAH CHEGE- HERAF is a non-governmental organization that works through strategic partners to advocate for health as a fundamental human right in Kenya. Focusing on various areas for effective realization of the right to Health, the activities of HERAF focus on information dissemination and awareness creation, evidence based advocacy for health systems strengthening at national and county level government, strengthening community participation in health sector governance and promoting an efficient and sustainable health care financing system.
4. MUNKOMBWE BARZLAR- I am a Nutritionist by Profession and the position of the District Nutritionist and Health Promotion Officer at Mpulungu Community Medical Office in Northern part of Zambia. Specific Functions:

* Conduct community mobilization.
* Coordinate health education activities.
* Conduct School health Activities.
* Conduct community diagnosis.
* Spearhead National/International Health Days commemoration and health campaigns and other activities including exhibitions at shows and other events.
* Work with the media organization especially community radios operating in the District
* Coordinating various information, Education and Communication (IEC) activities in the District.
* Spearhead health learning and information material distributions.
* Strengthen and adapt community based initiative such as drama.
* Coordinate and strengthen community support groups such as TB, PMTC, HIV/AIDS, and Breast Feeding etc.
* Identify partners and foster inter-sectoral collaboration for health promotions activities.
* Provide health promotions technical support to lower levels i.e. health centre and community levels.
* Conduct nutrition outreach activities
* Conduct monitoring and evaluation of health promotion activities in the district.

The above mentioned activities are some of the many activities undertaken by my office.

1. NAJJUNJU JULIE- Action Group for Health, Human Rights and HIV/AIDS(AGHA) Uganda, is located in Uganda, East Africa. Our secretariat is located in the central province of Uganda, Kampala District. AGHA is actively working in Pallisa, Budaka, Lyatonde, Mityana, Nwoya and Soroti. AGHA's work focuses on Health Financing, Health rights Advocacy, Human Resources for Health and Advocacy and Networking plus capacity Building. AGHA builds capacity of CSOs at National and community level resource monitoring using social accountability tools, community advocacy under maternal health project, adolescent matter project, health literacy campaign and CSO shadow reporting on the performance of the health sector.
2. OPIO GEOFFREY ATIM- GOAL Uganda- Senior Accountability Manager. GOAL Uganda and its partners have been researching and designing and implementing a health accountability project, ACT Health (Accountability Can Transform Health). The large scale pilot has covered all of the 33 health facilities in Bugiri District, southeast Uganda and is currently scaling up to 355 health facilities across 15 districts. My major role is to ensure technical quality implementation of the programme which includes providing technical support through mentorship of local organizations, trainings etc. There is a rigorous monitoring and research aspect of the programme (working with Trinity University in Dublin and IDinsights), so we can learn why this approach is so effective and share this with our partners and other interested organisations.
3. PETER N. NGURE- DSW Kenya in a national organization working nationally but also doing pilots in Kilifi, Nairobi, Mombasa, West Pokot and Kakamega counties. DSW runs projects aimed at empowering young people around reproductive health and their reproductive health rights. I manage the Euro-leverage project, in which we are advocating for the government to reach 15% investment in health in all its budget and particularly to invest more resources in reproductive health, maternal care and adolescent reproductive health education. We advocate for better information on family planning and more investment into assisting communities plan their families and in so doing have quality babies who they are able to support. We develop budget briefs and policy fact sheets which DSW and other organizations use for advocacy towards better health financing.
4. RAMIRO PAULINO MUDALAVA- health advisor in the area linked to HIV / AIDS (pediatric, adult, adolescents and young adults).
5. RAZAFINIMANANA RIANA HENINTSOA HERINAVALONA- I am working for PSI as regional coordinator for a network of private clinic that provide primary care to mother and children under 5 through social franchising called Top Reseau. I am managing the central region portfolio and then managing the capacity building, quality insurance and demand creation with a big network of Interpersonal Communication agent. My portfolio is comprised of more than 46 clinics with more than 65 medical doctors and nurses. In one side i implement a capacity building strategy aiming at strengthening the doctors capacity to provide services, we give both clinical, communication, and lately we introduced a module on business management to insure that those private clinics can access credit to expand their service offer. We also provide supportive supervision making sure that those clinics are in line with our minimum of quality standard and then provide training refreshment if needed. I also provide capacity building for our network of communication agent (women, youth, MSM, sex workers peer educators) to help them sensitize people to use our clinics.
6. ROBERT BOURGOING - I am an international consultant with a focus on aid transparency and accountability in the field of global health and also developing an ambitious capacity building program to support members of the civil society to take an active part in the governance of Global Fund programs worldwide.
7. SERUNJOGI FRANCIS- Pioneering the justiciability of the right to health as a means of enforcing human rights in East Africa. By promoting access to medicines, knowledge, food, and other life necessities by all people in Uganda and East Africa through advocating for public health policies, laws and practices that support and uphold human rights at community, national and international levels.
8. TATENDA NHAPI- Action research on community development
9. THERESE BOULLE- Support and capacity building for health committees in the Nelson Mandela Bay Health District. Health committees are the facility based committees tasked with governance, oversight, holding the services accountable, dynamic communication link with local communities, social mobilisation and advocacy. Have documented some of these processes and aim to do more research and documentation. Currently I am working with the University of Cape Town and collaborating on a programme to strengthen the capacity of health committees in the Eastern and Western Cape, South Africa.
10. TINASHE NJANJI- I am a social justice and health activist who works for the Peoples Health Movement South Africa. We work towards improving the capacity of individuals and communities to realise their right to health and health care.
11. TSEGAYE TEWELDE- There is community based education, we are involved in to identify community health problem, prioritization and intervention
12. VINCENT LENGWE - Executive Director- Copperbelt Trade and Development Forum (CTDF). The nature of interventions under CTDF mandate includes; community awareness creation and training on various developmental issues around; trade/ investment, environment, good governance, gender, sustainable use of natural resources and labour market practices. Our interventions are therefore primarily aimed at sensitizing and building capacity among various vulnerable community clusters as a way of enabling them to access, understand, interpret and articulate issues on various prerequisite developmental variables necessary for sustainable community or economic development. Advocacy- The socio-economic perception of CTDF borders on the principle that sustainable economic growth and equitable wealth distribution can only be guaranteed were good governance and prudent or efficient management of natural resources exists. As such the Copperbelt Trade and Development Forum interventions are partly designed to focus on developmental factors such as;

* Revenue transparency and accountability around natural resource management
* Illegal mineral trade
* Fiscal policy analysis around mineral extraction and beneficiation, and
* Environmental sustainability

1. WALLACE MAWIRE- l am a Key Correspondent for the Key Correspondents Programme which aims to influence HIV and broader health policy, programming and financing at a local, national and international level by supporting Key Correspondents, with a particular focus on representatives from marginalised groups most at risk of HIV and people living with HIV, to report the HIV, health and human rights stories that matter to them. The Key Correspondents Programme is a network of citizen journalists supported by the International HIV/AIDS Alliance, which assists the network with mentoring, training and opportunities to be more widely heard.
2. ZINGISA SOFAYIYA- I am working with Community Health Committees where I mentor and train community health committees also known as clinic committees. I have to strengthen them in their roles and guide them so that they can be able to perform their functions.