



**AOGU ANNUAL GENERAL MEETING 2022**  
**AND AUDIT REPORT 2022**

GOLF COURSE HOTEL - KAMPALA

10<sup>th</sup> NOVEMBER 2022



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## A BRIDGED PROFILE

The Association of Obstetricians and Gynaecologists of Uganda (AOGU) is a registered non-profit, professional organization with a mandate to promote professionalism, undertake research, represent its members at local, regional, international level and champion Sexual Reproductive Health & Rights of the people in the region

### AOGU PERMANENT ADDRESS

P. O Box 11966,

Tel: 0393, 215014, 0703 215014

Block 213, Plot 608, Sserumaga Road, Bukoto I, Kalonda Zone, Bukoto, Kampala, Uganda

### VISION

To be a leading champion of quality reproductive health in the region.

### MISSION

Advance Reproductive Health services through excellence in practice, education, research, collaborations and advocacy.

### CORE VALUES AND PRINCIPLES

#### Professionalism

Members of AOGU shall adhere to their professional code of conduct and ethics in performance of their duties as prescribed for the medical field in general and for the obstetrics and gynecology profession in particular. AOGU shall provide fair treatment to all clients irrespective of gender, religion, race, ability or ethnic back- ground.

#### Transparency and accountability

Members shall be open when providing reproductive health respect and answerable for their actions or inactions.

#### Responsiveness

AOGU and its members shall be responsive to the expectations and needs of its members, partners and communities in a timely manner.

#### Innovation

Members of AOGU shall always explore new and creative ways of maximizing AOGU contribution to RH service delivery for the benefit of Ugandans through research.

**Dynamism**

Both the individual members and the association as a whole shall handle the affairs of the association with vitality, energy and enthusiasm.

**Teamwork and commitment**

AOGU members shall work together as responsible and loyal members of the corporate family.

**Partnership**

AOGU will work closely with key partners in RH to contribute to sustainable human development and improvement of the quality of life.

**Standards and quality**

AOGU shall promote and maintain standards and quality in reproductive health service delivery.

# AOGU COMMITTEES

## 1 EXECUTIVE COMMITTEE

President:	Dr. Musana Othniel
President Elect:	
Dr. Vice President:	Dr. Ntuyo Peter
Past President:	Dr. Busingye Priscilla
Executive Director:	Dr. Kaye Dan
Treasurer:	Dr. Kayondo Simon
Junior Member:	Dr. Hope Sandra

## 2 COUNCIL MEMBERS

Executive Members:

Junior Member:

General Practitioner Member:

Associate Member: Sr. Mary Adong

Community Representative: Dr. Kiggundu Spire

All Past Presidents:

Regional Members:

Chairpersons of all AOGU Committees and Projects

## 3 REGIONAL MEMBERS

CENTRAL	Dr. Anne Akello
WEST	Dr. Kajabwangu Rodgers
NORTH	Dr. Akello Jacqueline
EAST	Dr. Kizaala Susan Nyende

## 4. COMMITTEES

### 1. EXECUTIVE COMMITTEE

- The President
- The President Elect
- The Vice President
- The Immediate Past President
- The Executive Director
- The Treasurer
- Two committee members (Regional)



**2. PROFESSIONAL DEVELOPMENT ETHICS AND DISCIPLINARY COMMITTEE**

**Chairperson:** Prof. Pius Okong  
**3 Past Presidents:** Dr. Byaruhanga Romano  
Dr. Wasswa SSalongo  
Sr. Busingye Priscilla  
**2 Co-opted Members:** Dr. Namugga Jane  
Dr. Kizaala Susan

**3. RESEARCH AND PUBLICITY COMMITTEE**

Vice President:  
Executive Director:  
President Elect:  
Junior Member:  
Two co-opted Members: Dr. Pebalo Francis and Dr. Bameka Agrey

**4. FINANCE AND PROJECT IMPLEMENTATION COMMITTEE**

President: Chairperson  
Treasurer:  
Executive Director:  
Project Leaders:  
Two co-opted members: Dr. Atuhairwe Susan and Immediate Past Treasurer

## **AGENDA FOR AOGU ANNUAL GENERAL MEETING THURSDAY 10<sup>TH</sup> NOVEMBER ,2022**

Chair Person: Dr. Kayondo Musa

Rapporteur:

Time Keeper: Dr. Pebalo Francis

<b>Time</b>	<b>Activity</b>	<b>Presenter/Facilitators</b>
4.00 – 4.15	Registration	AOGU Secretariat
4.15 – 4.20	Opening Prayer	Dr. Ntuyo Peter
4.20 – 4.30	Welcome remarks by AOGU President	Dr. Musana Othniel
4.30 – 4.45	Minutes of the previous Annual General meeting and matters arising	Prof. Kaye Daniel
4.45 – 5.30	Reports: <ul style="list-style-type: none"> <li>• Management Report (15min)</li> <li>• Treasurer's Report (15min)</li> </ul>	Prof. Kaye Dan Dr. Kayondo Simon
5.30 – 6.15	Nomination and election of: <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. President Elect</li> </ol>	To elect a returning officer at the AGM
6.15 – 6.30	Closing Remarks	AOGU President

## WELCOME REMARKS BY AOGU PRESIDENT



I wish to welcome you all to this year's Annual General Meeting. I would like to thank the members of the Association of Obstetricians and Gynaecologists of Uganda (AOGU) for entrusting us with the responsibility to lead the vision and implementation of the mission of AOGU.

This year AOGU marks 37 years since its inception as a professional association. AOGU and its members have contributed immensely to providing solutions for reproductive health to Ugandans of all ages.

The AOGU is currently implementing the 2019-2024 Strategic plan that has set key policy agenda as below;

**Policy Priority one:** lead the development, dissemination and implementation of **Evidence based safety bundles** to prevent maternal mortality and morbidity.

**Policy Priority two:** Improving **access to and coverage** of key Obstetrics and Gynaecology services including super-specialisations

**Policy priority three:** **Quality improvement** for obstetrics and gynaecology services/SRH

**Policy Priority four:** Build new and strengthen existing **partnerships/networks** for SRHR and service delivery

**Priority five:** Promote **Research** in practice

**Priority six:** **Advocacy** for members' welfare and key SRHR issues

AOGU through its expert members supports the Ministry of Health and other partners in the implementation of key SRH programmes. AOGU has shown its commitment to the national cause by appointing and seconding members to lead expert committees at National and subnational level.

AOGU has also sponsored the development and dissemination of the Essential Maternal and Newborn Care Guidelines 2022, the PPH and PET guidelines nationally.

AOGU is also in collaboration with the Uganda Medical and Dental Practitioners Council (UMDPC) to spear head a program to improve regulation of Obstetrics and Gynaecology practice, improve access to CPD, Shape the scope of practice well as set standards of practice.

AOGU is strengthening its Regional Branches to enable the implementation of present and future AOGU led National and Subnational programmes. AOGU will continue to visit all regions and hold regional conferences.

AOGU through its advocacy programmes will continue to increase the visibility of issues affecting its members both in the public and private sector. AOGU will also continue to advocate for key SRHR issues that affect Ugandan Women and Adolescents.

As president, I encourage members to ensure their subscriptions are up-to-date. I also remind AOGU members to offer leadership and lead accountability at all levels offering Obstetrics and Gynaecology services.

Thank you.

Dr Othiniel Musana

President AOGU

## MINUTES OF THE AOGU ANNUAL GENERAL MEETING (AGM) OF 18<sup>TH</sup> NOVEMBER, 2021

### Attendees

	Name	Title	Work place	Telephone/Email
1	Adong Mary	ANO	MSWNH	0773474981; <a href="mailto:mary.adong@gmail.com">mary.adong@gmail.com</a>
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4	Akena Wilberforce	Obs/Gyn	TMR	<a href="mailto:wilfredakena@gmail.com">wilfredakena@gmail.com</a>
5	Ampwera Rodgers	Obs/Gyn SHO	MSWNH/Kawempe	0757953320; <a href="mailto:drampwera@gmail.com">drampwera@gmail.com</a>
6	Atuhairwe Susan	Obs/Gyn	MSWNH	0705629530; <a href="mailto:atususan96@gmail.com">atususan96@gmail.com</a>
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38	Okiror Paul Olol	Obs/Gyn SHO	MSWNH/Kawempe	0782943060; <a href="mailto:gopeol@yahoo.com">gopeol@yahoo.com</a>
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## Agenda

1. Opening Prayer
2. Welcome and opening remarks by AOGU President
3. Minutes of the previous meeting and matters arising
4. Presentation of Executive Director's report
5. Presentation of Treasurer's report AOGU
6. Presentation of the issues about the AOGU SACCO
7. Nomination and election of office bearers (Vice President, Treasurer and council members)
8. Closing remarks from In-coming President

## AGM 01/21: Prayer and preliminaries:

The meeting was called to order at 5.30p.m by the president of AOGU, Dr. Sr. Priscilla Busingye. The motion to adopt the agenda was moved by Dr. Suzan Atuhaire and seconded by Dr. Frank Kaharuza.

Minute	Action points
<b>AGM 02/21: Welcome remarks/Report by the AOGU President:</b>	
<p>In her welcome remarks, the AOGU President, Dr. Sr. Priscilla Busingye welcomed members on behalf of the executive and on behalf of the conference and the AGM. She was grateful to the Lord for having sustained the members present. A moment of silence was observed and prayed for the souls of the different obstetricians and gynecologists, members' relatives and close ones that had passed on, to rest in eternal peace. She thanked the members for supporting the executive and the secretariat especially in the tough time of Covid 19. She welcomed and congratulated the new young obstetricians who had finished their practice.</p> <p>The Executive members of the AOGU board were acknowledged having been great stewards of the offices they were entrusted with in the challenging times given the pandemic that has affected all the world and nations including associations. Also mentioned some of the representations of AOGU including:</p> <ul style="list-style-type: none"> <li>▪ The National safe motherhood expert committee of the Ministry of Health</li> <li>▪ The MCH working group of the Ministry of Health</li> <li>▪ The Fistula technical working group</li> <li>▪ A number of meetings and correspondences with external and internal partners</li> <li>▪ Members were also applauded for their efforts in rebranding AOGU as an entity that advocates for maternal health and wellbeing and not one that promotes abortion.</li> <li>▪ Response was also shared on the calculative step taken on the pressure from FIGO to have a position paper on abortion.</li> <li>▪ Following the Permanent secretary's stand, it was reported that there is need to advocate more for prevention of maternal death but also speak for the voiceless as well.</li> <li>▪ Importantly was the need to have the ability to work with different partners in mentorships and master trainers in ECSACOG on behalf of AOGU.</li> </ul> <p>The President presented the challenges that the association was facing including:</p> <ul style="list-style-type: none"> <li>▪ Low subscriptions amongst the membership</li> <li>▪ Inability to increase salaries of the secretariat staff for a long time</li> <li>▪ Few projects coming on board and yet that is where income comes from.</li> <li>▪ The Covid 19 pandemic that has interrupted many things and have not yet recovered</li> <li>▪ An attempt to sue the association because of the project on abortion and that was sorted</li> <li>▪ Issues to do with the SACCO</li> </ul> <p>She finally shared some desired recommendations:</p> <ul style="list-style-type: none"> <li>▪ That members share their profiles on the AOGU website for the world to know what the organization is doing.</li> <li>▪ That as members develop their business cards they could subscribe and put an addition, AOGU member. Not only should they add ECSACOG but also AOGU.</li> <li>▪ Team work is required for AOGU to grow.</li> <li>▪ An encouragement to the young Gyns and Obstetricians to embrace AOGU as their home and to join in at every level</li> </ul> <p>In her concluding remarks, the President thanked members for their time and effort extended to AOGU.</p>	

Minute	Action points
<p><b>AGM 03/21: Minutes of the previous meeting and matters arising:</b></p>	
<p>The Executive Director Professor Dan Kaye led members through the minutes of the previous meeting. Dr. Kaharuza Frank moved a motion agreeing to the fact that the minutes were a true record of what transpired during the previous meeting. He was seconded by Dr. Beyeza Jolly.</p>	
<p><b>AGM 04/21: Executive Director's report</b></p>	
<p>The Executive Director on behalf of AOGU welcomed the members to Annual General Meeting 2021. He acknowledged the members for having played a big role in helping the association implement the strategic plan 2019-2024. Implemented in partnership with the Ministry of Health, several academic institution and several non-government organisations.</p> <ol style="list-style-type: none"> <li>1. <b>Mentorships:</b> AOGU received funds for mentorship with different partners for PAC/HARM reduction and for advocacy activities which had been ongoing for most of the year.</li> <li>2. <b>Projects</b> <ul style="list-style-type: none"> <li>▪ <b>Safe Abortion Action Fund project:</b> This fund ended on 31<sup>st</sup> March 2021, however an extension granted up to 31<sup>st</sup> December 2021. The project is training health care providers in Post abortion care and post abortion family planning. <ul style="list-style-type: none"> <li>▪ <b>The Advocacy for Prevention of Maternal Mortality project:</b> This project focuses on advocacy for prevention of morbidity and mortality from unsafe abortion. It has been running for a 3-year period and is in its second last quarter ending on 31<sup>st</sup> March 2022. Through the project, AOGU has had engagements with several stakeholders including religious leaders, political leaders, village health teams, and parliamentarians. These have been tasked to identify, using the abortion harm reduction model, a role they must play in ensuring that mothers do not suffer or die from abortion complications.</li> <li>▪ <b>The Abortion Harm Reduction project:</b> This project received an extension up to December 2021 having supposed to end in May 2021. The extension was meant to ensure continued training of healthcare providers in Mbarara, Masaka, Mityana and Mubende on how to use the Abortion Harm reduction model, with training in post abortion care to prevent mortality and morbidity from abortion complications.</li> <li>▪ <b>Mentorships in Emergency Obstetric Care:</b> The mentorships are being done with the MOH. AOGU also has MOUs with several civil society organisations, including ACHEST, AMREF, CUAMM, SAMASHA, ZEINTH Solutions Limited, JHPEGHO, BAYLOR-Uganda, among others, carrying out mentorship in emergency obstetric care and strengthening service delivery in 9 regions. Each organisation has a region and AOGU is playing a very key role in supporting these activities.</li> <li>▪ <b>Mentorship for advocacy for Sexual and Reproductive Health and Rights:</b> This has continued with partners particularly Centre for health, CEHURD, Marie Stopes and several small NGOs which were identified as being already in the field providing advocacy for Sexual and Reproductive health. These include COHERINET, KYETUME, Hope Now, Reproductive Health Uganda and others.</li> <li>▪ <b>Prevention of postpartum haemorrhage:</b> This is a small project where FIGO wanted AOGU to play the lead role in the dissemination of guidelines for management of postpartum haemorrhage. First activity was on the updating of guidelines so that they could be adapted to their context and eventually disseminating them. The activity is still ongoing.</li> </ul> </li> </ul> </li> </ol>	
<p><b>AGM 05/21: Treasurer's report June 2018</b></p>	
<p>The Treasurer presented the financial performance of the association for year ended 30th June 2021. The following salient points were reported:</p> <ul style="list-style-type: none"> <li>▪ AOGU made a surplus of UGX 31,005,267 in 2020/2021 (89% decrease from the previous year when compared to 2019/2020). The decrease is as result in reporting of donor income/ restricted funds. The gain in exchange reported is due to the difference between the accounting system rate and the actual transaction at the point of execution.</li> </ul>	

Minute	Action points
<ul style="list-style-type: none"> <li>▪ Donor income not spent is not yet earned and thus should be deferred as a liability in the statement of financial position at the end of the financial year. Donor income obtained during the financial year 2020/2021 was UGX 1,457,251,742 versus UGX 1,754,368,764 in 2019/2020. This was a decrease of 16.9% when compared to the previous financial year 2020.</li> <li>▪ Unrestricted income declined from UGX 294,289,257 in 2019/2020 to UGX 112,997,116 in 2020/2021. There was a reduction in revenue collected by 61.6%. The main reason was none collection in conference registration and contributions. Other income generating activities also contributed to this trend.</li> <li>▪ Total expenditure for the year was UGX 1,562,504,731 with a 16% decrease from the previous year.</li> </ul> <p><b>Income of the year</b></p> <p>It was projected that the organisation would receive UGX 1,294,691,628 in revenue collections. The sources were; donor income (restricted income), hire of training materials, projects contribution towards administration costs and annual subscriptions. By 30<sup>th</sup>-06-2021, AOGU had collected UGX 1,468,065,959 representing 11% revenue budget performance.</p> <p><b>Expenditure of the year</b></p> <p>Out of UGX 1,468,065,959 received as income, UGX 1,562,504,735 was incurred as total expenditure for the period.</p> <p><b>Achievements for the financial year 2020/2021</b></p> <p>The treasurer reported that at the beginning of the last budget period, objectives were set some of which were achieved, including having salaries and wages being paid to date, having in place Audited financial books for the period 2020/2021 and ensuring Donor Projects implemented for funds received.</p> <p>The following challenges were listed:</p> <ul style="list-style-type: none"> <li>▪ Local income is still strained</li> <li>▪ Member subscription still low</li> <li>▪ Administration costs only received from few projects</li> <li>▪ Some activities affected due to Covid related lockdowns</li> </ul> <p>The Treasurer then made the following recommendations:</p> <ul style="list-style-type: none"> <li>▪ There is need for an MOU between AOGU and UMDPC to make it mandatory for practicing OB/Gyns to subscribe to the Association as prerequisite for their renewal of the annual medical license.</li> <li>▪ That individual members be encouraged to write grants and also team up with AOGU.</li> <li>▪ That grants in SRH be channeled through AOGU and managed by AOGU at minimal administration costs</li> <li>▪ And that there is need to recruit members from postgraduate schools.</li> </ul> <p>In conclusion, the treasurer thanked AOGU council, various AOGU committees, AOGU secretariat for the cooperation, AOGU accountant and ED with whom they managed the finances, AOGU members for giving him the chance to serve and hope to serve more in future. He then wished members the best as they strive to make AOGU the Champion for the quality reproductive health in the region.</p>	
<p><b>AGM 06/21: AOGU SACCO issues:</b></p>	



Minute	Action points
<p>Dr. Musana gave updates on the SACCO stating that the AOGU SACCO has been running for several years, however in the previous SACCO audit, it was noted that there were some discrepancies with the SACCO account.</p> <p>Members were reminded of the SACCO's intentions, including the purchase of the AOGU property in Bukoto on Serumaga Road, which is also known to the members. This property, they were told, is as a result of members' contributions and savings. The initial plan was to grow the association, and improve financing by investing. With that in mind, the house was handed over to the SACCO because the Laws governing the SACCOs in Uganda do not allow groups like AOGU to become shareholders but rather, Individuals and no individual should own more than 30% of the total shares available for the SACCO.</p> <p>A decision was made to transfer the cost of the house and shares for opening that investment, which is about 99.9% of the shares of that house, which brings the discrepancy in the books of accounts.</p> <p>The auditors considered a decision to be taken to comply with the Laws of the country that govern the SACCO. AOGU had to either donate the house to the SACCO or take it back. This was discussed with SACCO executive and AOGU Council and they decided to transfer the house back to AOGU.</p> <p>The issue is still pending until the SACCO AGM members sit. Once that is done, the process of transferring titles from the names of the SACCO into the names of AOGU will begin. When the property is transferred, there will be need of selecting Trustees of AOGU that can keep the property.</p>	
<p><b>AGM 07/21: Nomination and election of office bearers</b></p> <p>Members were reminded of the Constitution which interested parties to express interest if interested in serving in different leadership positions. Dr. Romano Byaruhanga was nominated as the day's returning officer. The voting was done by secret ballot.</p>	
<p>The following nominations were done in the various positions:</p> <ol style="list-style-type: none"> <li>1. Vice President <ul style="list-style-type: none"> <li>▪ Dr. Ann Akello</li> <li>▪ Dr. Peter Ntuuyo (won with 20 votes)</li> </ul> </li> <li>2. Treasurer <ul style="list-style-type: none"> <li>▪ Dr. Simon Peter Kayondo (unopposed)</li> </ul> </li> <li>3. Committee members <ul style="list-style-type: none"> <li>▪ Dr. Hope Sandra – Junior member</li> <li>▪ Dr. Rodgers Kajabwangu – Western region</li> <li>▪ Dr. Jackqueline Akello – Northern region</li> <li>▪ Dr. Ann Akello – Central region</li> <li>▪ Dr. Susan Kizaala Nyende – Eastern region</li> <li>▪ Dr. Spire Kiggundu – Community representative</li> <li>▪ Sr. Mary Adong – Associate member</li> </ul> </li> <li>4. <b>President:</b> Othniel Musana</li> </ol>	

### Matters arising and emerging issues

1. **Dr. Spire Kigunddu** was grateful for the work done at the secretariat. Extended special thanks to the outgoing Executive and wishing luck to the incoming one as well.

His concern was on the regulation practice; mentioning that AOGU can do more for them to regulate practice in the country, especially when it comes to low relief from other associations where they come up with regular protocols to guide our practice as a country. One of the reasons as to why members may have lost interest, he said, is that they want to feel AOGU putting in more pressure on harmonizing practice in the country for example as there are many things that keep on changing in the dynamic medical world. Thus, AOGU should come out strongly to advise, guide and advocate to this cause.

The changing protocols could be posted on the website to guide practice as some of the colleagues are in hard-to-reach places, can rechain and rebuild most of the protocols that are followed, which would make them feel that the subscription is worth it.

**Dr. Priscilla** agreed on the need to guide members on the protocols.

2. **Dr. Susan:** Putting more emphasis on what Dr. Kigundu said, AOGU has to come out strongly as a body to guide as so much is going on in the field especially with the concern of the caesarean section rates. **AOGU needs to come out as a body to bring back the reputation of obstetricians and gynaecologists.** It was stated in the media that doctors are operating for money, even when it is not necessary. It could be mothers asking for it as she has personally had mothers who have requested for it but could not agree if there was no indication. The mothers would go somewhere else where it can be done. **AOGU should come out to help the mothers who think that getting caesarean is the norm.**
3. **Dr. Olive Sentumbwe** advised Dr. Musana to create a team to talk about the different aspects, having the caesarean section birth, as he has begun bridging the gap between the people and Obs/Gyns and what they are saying about them.

**Members were urged to continue going to the red spots where they need to supervise as members of AOGU, to create annual meetings with specific topics in partnership with other bodies, because many of the things going wrong and hurting the community are about them.** She expressed her gratitude for their participation in the revision of the protocols, urged them to use them to see how they work and revise again.

In response to the concern raised by Dr. Priscilla that more people are showing less interest in AOGU activities, **it was suggested that the association becomes more inclusive in opening up the space for others to get involved,** and include the young obstetricians and gynaecologists joining to improve and motivate people.

4. **On the issue of increase of membership:** An observation had been made by a member who was a junior obstetrician and when he qualified, he did not see enough reasons for joining the association. Need to head in a direction of putting consequences of people not joining like attaching a license as well articulating the benefits of being a member. This may be one of the reasons why few Obs/Gyns join and pay membership.

5. **Professor Kaye** stated that AOGU does not have the mandate to stop practice without a license however medical council does, and cannot discontinue somebody because they have not registered. He encouraged the members to participate so as to enjoy the benefits and cited that he has visited a number of districts in the country with in the Covid period and has been a representative of AOGU not an individual.

**Dr. Priscilla** asked the leadership of AOGU to meet the Registrar and work together to help them become a strong body. One of the ways identified was for members who do various mentorships to begin identifying themselves with AOGU. This will create mileage for the association.

**Dr. Bwaga** – AOGU representative of Mid-Western region of Uganda, noted that the mission of AOGU has something to do with quality Reproductive Health in the region and an element of excellence in practice, education, research and collaboration. Hoima region, has been ranked among the poor performing regions in the country for some good number of years now. Having worked in Hoima he observed some challenges and unfortunately the Gynecologists and the ministry make guidelines and recommendations without recognizing those very challenges. Therefore, there is need for support from and involvement of AOGU as far as improvement in the region is concerned.

**Professor Kaye** responded by stating that, in the previous year, he along with Dr. Kayondo had visited the region as AOGU and involved several districts, emphasizing that they were AOGU not individuals and was strengthening service delivery there.

**Dr. Olive Ssentumbwe expressed her pleasure to meet Dr. Bwaga in person and requested to regroup and see what to do 2022 in the region** and this should be done as a group. She urged him to continue doing what he has been doing.

### **Concluding Remarks**

The Chairperson, Dr. Busingye thanked the returning officer officiating the elections and all the members that had shown interest in serving AOGU. She urged the new leaders to lead with respect as they also study the psychology of all the members. She charged the President elect to make AOGU vibrant and to consult the Past Presidents and other members. She urged him to advocate for the voiceless as there is no safe killing.

Dr. Busingye added that the moment one stops learning and re-learning, that person starts declining in the world thus the need to keep open and get more opportunities as highlighted in the AOGU strategic plan that ends in 2024. If members build the association, she said, and own it and pay up the membership, their presence will be visible not only in the region but beyond.

Finally she prompted the Incoming President to aim at compassionate care, knowing that it's the small things done with great love that make a difference. She thanked members for the congratulatory messages on the grant she won. She was happy to have Dr. Musana on the Executive as it will give her some time to focus on her new responsibilities of the community work. She also thanked the members for the opportunity given to serve them and where things did not go right to be pardoned.

### **Closing Remarks by the Incoming President**

The President Dr. Musana thanked Dr. Busingye and accepted the assignment for the next two years that he has been learning for the last five years. He also thanked his teachers and the people who mentored him.

While at Nsambya Hospital for his internship, he understood that everything is a process and it is in that sense that he came to serve believing that there is need for passion, recognizing how the outgoing team has been passionate. There are more members in the private sector than in the public, making it difficult to reach out, hence encouraged them to join others for guidance and growth.

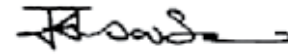
He agreed to setting up an agenda as requested by Dr. Atwiine and push for it, as he urged the members to be great representatives and not bring shame on their teachers, as there is power in the group and power as a college rather than working as individuals, diversity with a common purpose.

Members were encouraged to support AOGU, knowing that they were requested by the council to come as a body to take up the role to regulate practice in the country and if explained well, it will solve most of the problems. He stressed the need to come together to solicit for funds and have all the different groups' needs met by the association.

The meeting adjourned at 6.30pm with a prayer from Dr. Suzan.

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**Dr. Othiniel Musana**  
AOGU President



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**Prof. Dan K. Kaye**  
AOGU Executive Director

## **EXECUTIVE DIRECTOR: MANAGEMENT REPORT TO AOGU ANNUAL GENERAL MEETING HELD ON THE 10<sup>TH</sup>, NOVEMBER, 2022**



Dear esteemed Member, Associate members, Junior members and our partners

I wish to welcome you all to this Annual general meeting. I wish to applaud the support of the members, partners, and the Ministry of Health for the support given to me in the last 6 years. I extend my gratitude to all the partners and funders for their support in ensuring that we achieve our vision of becoming leaders in quality reproductive health in the region.

I wish you good deliberations, sharing, interactions and mutual learning during the meeting as we strive to secure the reproductive health future of women in Uganda.

Chair I now wish to Present to the members the AOGU management report

### **PARTNERSHIPS**

AOGU has nurtured partnerships with the Society of Obstetrics and Gynaecology of Canada (SOGC), Social Justice Fund, Canada, FIGO, East Central Southern Africa Obstetrics College (ECSACOG), Save the Children in Uganda, Mariestopes, White Ribbon Alliance, Uganda Christian University Mukono, Uganda Private Midwives Association, Uganda Society of Anesthesia, Uganda National Midwives Union, African Midwives Research Network (AMRN), Action AID Uganda, Child Health and Development Centre, Makerere University, Regional Centre for Quality of Health Care , Baylor, Infectious Disease Institute, CHAI, UHMG, PACE, UNFPA, CUAMM, RHITES, JHPIEGO, Makerere School of Public Health and MOH.

### **ACTIVITIES/PROJECTS**

1. Launch of AOGU Chapters for Central, Western, Eastern and Northern regions where members organise and conduct regional CMEs facilitated by AOGU.
2. The Self-care Abortion Feasibility and Effectiveness (SAFE) Project under the Safe Abortion Action Fund (SAAF) project 2022 – 2025: Funded by International Planned Parenthood Federation. Advocate using digital platforms to support abortion care projects under the Abortion harm reduction model, implement self-managed abortion as a matter of social justice by empowering individuals to address and mitigate linked issues such as abortion stigma, poor access to services, non-responsive health systems, available opportunities for support from call centres, women's empowerment and participation in society. The project trained 40 healthcare providers from private and public health facilities, in both provision of long-acting reversible contraception and postabortion care. It established a Whatsapp platform for biweekly video-conference based seminars and for regular updates for trainees to share challenges, opportunities

and experiences. It is in advanced stages of establishing a call centre and online applications to support virtual mentorships for the trained healthcare providers. The project shall continue funding regular quarterly meetings of the joint Sexual and Reproductive health and Rights Network and Coalition meetings, previously funded by the APMM project, to provide a forum for advocacy to strengthen SRH research, service delivery, training and advocacy. Innovations and linkages in postabortion care and post-abortion family planning (I-LINK) Project: 2022 - 2023 – funded by International Planned Parenthood Federation via FosFeminista. The project-initiated innovations in Linkages to expand equitable access to comprehensive sexual and reproductive (SRH) services in Uganda within the current legal and policy framework. The project goal is to empower women and girls to take charge of their SRH and make informed decision about their health, in line with their needs, preferences and choices. The project objectives being:

- (i) To build capacity of 80 health care providers in private and lower-level health facilities (which are close to communities) to provide comprehensive SRH services that protect, respect and fulfil human rights, abortion harm reduction counselling and postabortion care within the legal and policy framework of Uganda plus voluntary family planning.
  - (ii) Build capacity of 40 VHT members to link underserved women and girls to comprehensive SRH services at private and public health facilities within their localities and communities by training them in basics of family planning and abortion care counselling so that they can strengthen linkages between the communities, health facilities and private health facilities, and provide family planning methods such as injectables, pills and barrier methods.
  - (iii) Use digital tools and platforms to support service providers in delivering quality contraceptive services, while strengthening linkages and synergies between the trainees and the communities in provision of comprehensive SRH services (harm reduction, life exception and PAC support) by establishing SMS and WhatsApp group for sharing information among AOGU members and trained healthcare providers, and conduct Video-conferencing (zoom) seminars for continuing Professional Development seminars on different aspects and topics of SRH.
- Strengthen collection and use of evidence and data (build local capacity to collect, analyze and use abortion care and family planning data efficiently) to inform SRH services, programs and policies. The project procured (and trained 20 healthcare providers in using) tablets and mobile phones with applications, to collect and transmit data in real-time. The goal is to support the Collection of data on uptake and complications of service use, to inform SRH services. The project supports 20 health facilities in Wakiso and Kampala districts with family planning commodities, and manual vacuum aspiration sets.

AOGU as both an organization and through its members has participated actively in the activities of the National Safe Motherhood Committee (NASMEC)

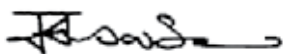
3. Advocacy for Prevention of Maternal morbidity and Mortality (APMM) PROJECT: 2018 – 2022: Funded by International Federation of Gynecology and Obstetrics (FIGO) to strengthen advocacy for postabortion care and SRHR in general (ot service delivery for safe abortions or advocacy to change or alter the current national abortion laws). The initiative of the advocacy was funded by FIGO, and had a no-cost extension up

to March 31, 2023 The project was to strengthen management and organizational capacity of AOGU, Establish or strengthen a coordinated SRHR stakeholders and health system partners to advocate for safe abortion and improved access to Comprehensive Abortion Care (CAC), Create increased acceptance to discuss the impact of abortion among health workers, policy makers and the general population, ensure communication and sensitization about the national legal frameworks and guidelines on safe abortion, Advocate for better generation and use of evidence on abortion in the country. The expanding access and options to postabortion care and postabortion family planning project, funded by IPPF through SAAF project. We had an extension of the project from May–December 31, 2021. Activities included updates of the already trained healthcare providers on abortion care and family planning, and orientation In advocacy for SRHR and the legal and policy–framework on SRH including abortion care.

4. Mentorships in Emergency Obstetric Care, funded by the World Bank through the Ministry of Health, with Obstetricians as the technical consultants: The mentorships were supervised by the Ministry of Health (MOH). AOGU also had MOUs with several civil society organizations, who were the actual implementors of the mentorships. These included ACHEST, AMREF, CUAMM, SAMASHA, ZEINTH Solutions Limited, JHPEGHO, BAYLOR–Uganda, among others. The focus of the mentorship was emergency obstetric care and strengthening service delivery in 9 regions. Each organization covered one of the 9 regions and AOGU is played a key role in supporting these activities. However, only 2 organizations (ACHEST and AMREF Uganda) submitted final reports to AOGU.
5. Mentorship for advocacy for Sexual and Reproductive Health and Rights, through the Coalition to Stop Morbidity and Mortality from Abortions. This has continued with partners particularly Centre for health, CEHURD, Marie Stopes and several small NGOs which were identified as being already in the field providing advocacy for Sexual and Reproductive health. These include COHERINET, KYETUME, Hope Now, Reproductive Health Uganda and others.
6. Country wide Dissemination of PPH guidelines and Protocols 2022: The dissemination of guidelines and protocols was done in all regions of Uganda with the support from Ministry of health and Ferring Pharmaceuticals. The proceedings were livestreamed via zoom video-conferencing to those unable to attend physically. AOGU facilitated the dissemination of PPH management guidelines as well as the development and dissemination of job aides. With funding from FIGO.
7. The AOGU executive and AOGU councils approved the Position statement on Abortion in Uganda. The position was widely disseminated by mail, Whatsapp and other for a to members and other stakeholders.
8. The AOGU organized an orientation meeting of the new AOGU executive members and committee members, as well as review of the AOGU strategic plan. The meeting was held in Jinja, February 22–24, 2022. At the meeting, there was a lecture on leadership and governance given to members.
9. The AOGU members of the APMM project attended an Annual Learning meeting in Kigali, March 2–6, 2022. At the meeting, the different countries in the ECSA region where the FIGO project are located, namely Mozambique, Kenya, Zambia and Rwanda disseminated the outcomes of their projects.

10. AOGU was represented at the Centre for International Reproductive Health Training meeting with theme: Strengthening Sexual and Reproductive Health through research and training, in Kigali, October 4-9, 2022, represented by the President, Executive Director and Treasurer. A FIGO-funded side meeting resolved to establish a community of practice for SRHR for gynecologists in the ECSA region.
11. AOGU was represented at the East and Central African College of Obstetricians and Gynecologists (ECSACOG) Conference in Victoria Falls, Zimbabwe, Centre for International Reproductive Health Training meeting with theme: Strengthening Sexual and Reproductive Health through research and training, in Kigali, October 12-15, 2022. AOGU was represented by the Executive Director and Treasurer. At the meeting, ECSACOG resolved to strengthen delivery of SRH services through preservice and in-service training. The meeting was attended by several members, including the President, treasurer and country representatives of ECSACOG.
12. To facilitate and strengthen regulation of practice, AOGU engaged the Medical Council with the aim of ensuring delegation of powers of regulation to the professional associations, including AOGU. AOGU has a memorandum of understanding with Medical Council to this effect. This development shall enable AOGU to come out strongly to advise, guide and advocate for obs/gyn practice standards, including standards for sub-specialty development.
13. AOGU facilitated the update of clinical management guidelines, and has posted these on the website to guide practice.
14. AOGU has released volume 1 and 2 of newsletters that are uploaded on the website, with Prof. Dan K Kaye as the chief editor.
15. Policy briefs have been published and uploaded on the AOGU website. Members are encouraged to write more policy briefs to keep up the momentum.

I would like to thank the Executive Committee that I have worked with and all friends who have advised me to ensure that AOGU continues to grow as a vibrant organization. In a special way I acknowledge the invaluable support of the AOGU secretariat staff for their tireless effort of keeping the office vibrant. Thank you very much for the efforts in ensuring that AOGU achieves its mission of advancing excellence in Reproductive health through practice, education, research, collaborations and advocacy. I call on you to support the upcoming executive team and it is my hope and prayer that as AOGU members we continue to embrace togetherness as we champion AOGU to higher heights.



.....  
**Prof. Dan . K. Kaye**  
**EXECUTIVE DIRECTOR**



## REPORT OF THE TRESURER FOR THE FINANCIAL YEAR ENDED 30<sup>TH</sup> JUNE 2022



Chair, I am pleased to present this report to AOGU members on the financial performance of the Association. The figures presented have been adapted from the AOGU Audited Accounts 30<sup>th</sup> June 2022.

I hereby present to members a statement of Income and expenditure of the Association for the year ended 30<sup>th</sup> June 2022

Particulars	Notes	2022	2021
		UGX	UGX
<b>INCOME</b>			
Donor Income	1	1,478,262,330	1,457,251,742
Local Income	2	239,957,824	112,997,116
Total Income		1,718,220,154	1,570,248,858
<b>EXPENSES</b>			
Employment costs		(329,194,787)	-425,691,555
Other administration costs expenses		(117,632,707)	-75,940,004
Operating Expenses		(1,207,829,755)	-1,054,155,924
Finance Costs		(7,200,497)	16,543,591
		(1,661,857,746)	(1,539,243,892)
Surplus for the period		56,362,408	31,004,966

The 2021-2022 Financial Statement of Activities above shows that the Association made a surplus of UGX 56,362,408 which is an increase of 44.9% compared to the financial year as at

The Association's detailed sources of income and expenditure are as shown below:

### Note 1: AOGU Donor Income Sources

DONOR INCOME	2022	2021
FIGO APPM	884,549,890	865,016,975
FIGO PPH	17,031,568	-
FIGO KIT	13,903,920	17,751,526
MARIESTOPPS	18,760,000	156,053,939
IPPF-SAAF	166,822,725	139,066,875
IPPF-HARM	115,203,001	44,227,126
ACOG Foundation	31,576,348	130,491,801
FOS- FESMINISTA -ILINK	107,282,170	-
FERRING	115,765,458	-
CHAI	-	104,643,500
Other donor incomes	7,367,250	-
<b>Total Donor Income</b>	<b>1,478,262,330</b>	<b>1,457,251,742</b>

Donor income obtained during the financial year 2022 was UGX 1,478,262,330 with a slight increase of 1.4% compared to the previous financial year 2021.

**Note 2: AOGU Local Income Sources**

LOCAL INCOME	2022	2021
Member subscriptions	17,480,000	10,227,548
Contributions 10%	17,319,751	18,696,840
Logistic support	158,380,462	70,770,811
Other incomes	5,640,000	5,337,663
Registration fees	28,757,000	-
Rental income	7,000,000	-
ECSACOG Membership	5,380,611	7,964,254
<b>Total</b>	<b>239,957,824</b>	<b>112,997,116</b>

There was an increase in locally generated revenue 52.9% an improvement from last year. This has mainly been attributed to the increase in annual subscription and increase in the administration costs earned from the projects and other activities. (The activities included the MOH countrywide mentorships.)

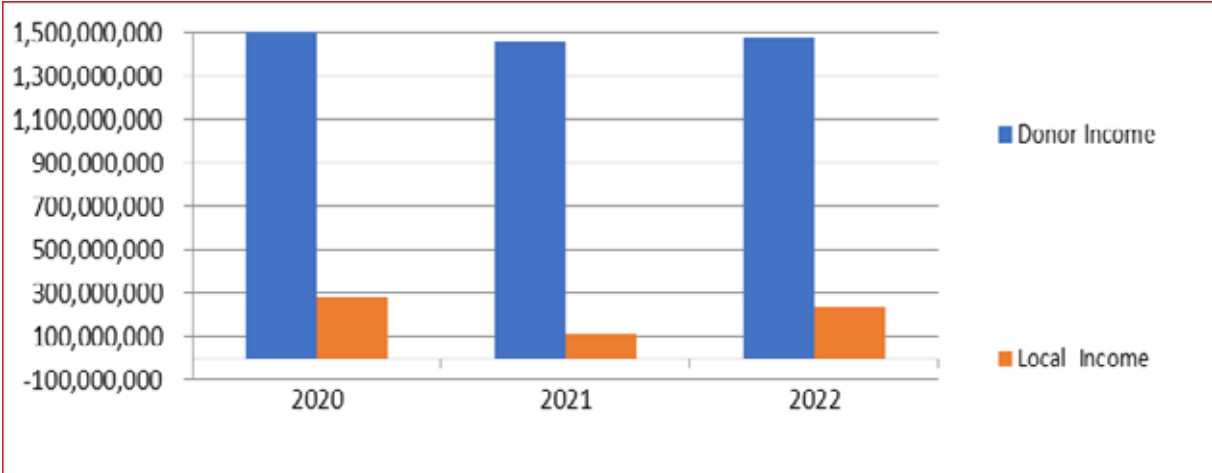


Figure 1: AOGU Income over the last three financial years

## Expenditure

Total expenditure for the year was UGX 1,661,857,746. An increase of 7.4% from the previous year. Expenditure presented by various cost lines as represented below.

<b>1. ADMINISTRATIVE EXPENSES:</b>	<b>2022</b>	<b>2021</b>
<b>Employment costs</b>		
Salaries and wages	308,812,806	82,046,940
Welfare expenses	5,290,000	8,672,037
Employee's NSSF 10% contribution	15,091,981	21,284,370
Other HR expenses	0	
	<b>329,194,787</b>	<b>112,003,347</b>
<b>Other administrative expenses</b>		
Office supplies expenses	8,640,000	5,340,000
Insurance expenses	4,785,680	4,785,680
Equipment costs	6,357,000	3,071,620
Professional fees	74,701,280	39,809,000
Utility costs	2,260,700	2,769,144
Office expenses	4,906,990	3,412,620
Communication expenses	15,981,057	16,751,940
	<b>117,632,707</b>	<b>75,940,004</b>
<b>Total administrative expenses</b>	<b>446,827,494</b>	<b>187,943,351</b>
<b>2. OPERATING EXPENSES</b>		
Meeting expenses	241,651,300	279,724,118
Marketing and publicity expenses	145,185,360	41,798,000
Transport and postage expenses	8,739,700	5,606,300
Repairs & maintenance expense	30,163,960	12,922,710
Research & surveys	48,090,717	186,657,921
Other costs	252,096,438	67,408,412
Workshops & seminars	133,787,708	29,876,800
Monitoring & evaluation costs	79,418,797	137,456,300
Training costs	267,960,775	292,705,363
	<b>1,207,094,755</b>	<b>1,054,155,924</b>
<b>3. NET FINANCE COSTS</b>		
Foreign exchange losses	-1,876,784	-23,261,148
Bank charges	9,077,281	6,717,256
	<b>7,200,497</b>	<b>-16,543,892</b>

## **BUDGET PERFORMANCE FOR THE 2021/2022 AND BUDGET ESTIMATES FOR THE YEAR 2022/2023**

### **Budget Performance for the 2021/2022**

This budget was presented to the finance and executive committee meeting. All in attendance were members of the executive and finance committee.

The budget gives details on;

- ✓ Approved Budget estimates for the financial year 2021/2022
- ✓ Actual performances 1/07/2021- 30/06/2022

#### **Income for the year**

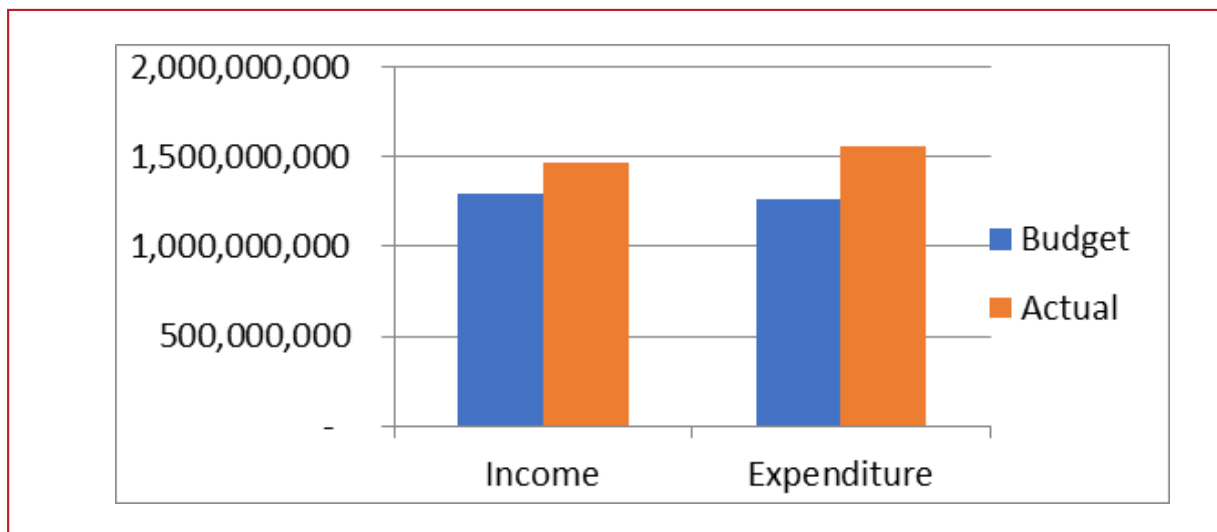
Chair, it was projected that the organization would receive UGX 1,212,667,628 (One billion two hundred twelve million six hundred sixty-seven thousand six hundred twenty-eight shillings only) in revenue collections majority of which are donor income (Restricted income), hire of training materials projects contribution towards administration costs, conference contribution and annual subscriptions.

By 30<sup>th</sup>-06-2022, we had collected UGX 1,718,220,154 (One Billion seven hundred eighteen million two hundred twenty thousand one hundred fifty-four shillings only) representing 29.4% revenue budget performance. *(This is clearly indicated in the budget actual column- See appendix 1)*

#### **Expenditure for the year**

Chair and members, I would also want to bring to your attention that out of UGX 1,718,220,154 (One Billion seven hundred eighteen million two hundred twenty thousand one hundred fifty-four shillings only) received as income UGX 1,661,857,746 (One Billion six hundred sixty-one million eight hundred fifty seven thousand seven hundred forty six shillings only) was incurred as total expenditure for the period *(refer to the appendix 1 Actual column)*.

*Table 3: Shows a comparison of the income and expenditure in relation to the budget (Budgetary Performance in the financial year 1st July 2021 to 30th June 2022)*



### Achievements for the financial year 2021/2022

At the beginning of the last budget period, we set objectives and I am glad to report that we achieved some of them. These include:

- ✓ Salaries, wages and allowances have been paid to date
- ✓ Audited financial books for the period 2021/2022
- ✓ Donor Project have been implemented for funds received
- ✓ New projects have been brought on board during the past financial year.
- ✓ New member recruitment drives have been undertaken at regional level.
- ✓ Regional chapters have been supported more to strengthen.
- ✓ Junior members have been recruited more than before.

### Challenges

Like last year, when I reported at the AGM that even though the Institution had a surplus, our local income is still strained, member subscription are still low, although improving. Administrative costs were only received from a few projects this year as well.

### Recommendations

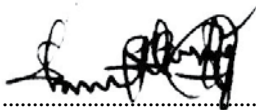
- Sign MOU between the Medical Council and the association where all practicing OBGYs are mandated to subscribe to AOGU as prerequisite for their renewal of the annual medical license. This will increase our annual subscription collection. The negotiations are ongoing with UMDPC.
- Encourage individual members who write grants to team up with AOGU and write grants or their grants are channeled through AOGU and managed by AOGU at minimal admin costs.
- AOGU continues to interest the members in the activities through regional and training institution engagements.

### Conclusion

Whilst conditions remain challenging, I am confident that the Institution will continue be in overall surplus in 2022 as we continue to roll out the new Institution strategy. I would like to take this opportunity to thank the council and the various AOGU committees, and the secretariat for the cooperation which enabled the finance committee monitor and evaluate activities planned in the concluded year.

I wish you all the best in this year and let's strive to make AOGU the Champion for quality reproductive health in the region.

Presented by:



Dr. Kayondo Simon Peter

**AOGU Treasurer**

## Appendix 1: Budget Performance 2021/2022 and Budget Estimates 2022/2023

no	Budget Item	2021-2022		Variance	%ge Increase/Decrease	Proposed Budget for FY 22/23	Account Code	Assumptions for proposed Budget Estimates
		Approved Budget 2021/2022	Actual Budget					
<b>01</b>	<b>Revenue</b>							
	<b>Restricted Income</b>							
a	FIGO SAA PROJECT	736,110,828	884,549,890	148,439,062	20%	69,778,152	41060	APMM activites budget
b	IPPF -SAAF	134,156,800	166,822,725	32,665,925	24%	774,000,000	41060	SAAF activites budget
c	CHAI	80,000,000	-	(80,000,000)	100%	-	41060	as planned as contract was already signed
d	MARIESTOPS	104,400,000	18,760,000	(85,640,000)	-82%	-	41060	
e	IPPF FOSMINSTA	-	107,282,170	107,282,170	0%	48,600,000	41060	I Link Project
f	ECSACOG Subscription fees	-	5,380,611	5,380,611	0%	30,175,000	41060	
g	FIGO PPH	-	17,031,568	17,031,568	0%	35,200,000	41060	PPH Activities
h	Other Donor Income	-	283,815,977		0%	100,000,000	41060	contracts in pipeline
	<b>Total Restricted Revenue/ Dono</b>	<b>1,054,667,628</b>	<b>1,483,642,941</b>	<b>122,747,157</b>	<b>12%</b>	<b>1,057,753,152</b>	<b>41060</b>	
	<b>Non Restricted Income</b>							
2	Member subscription	12,000,000	17,480,000	5,480,000	46%	30,590,000	42010	Estimate based on past Receipts With 25% Increment
3	Other Income	6,000,000	5,640,000	(360,000)	-6%	20,000,000	42060	Estimate based on past Receipts
4	Administration costs	100,000,000	158,380,462	58,380,462	58%	165,000,000	42030	Estimate based on past Receipts
5	AOGU Conference	20,000,000	28,757,000	8,757,000	44%	75,000,000	42090	Estimate based on conference expenditure
6	10% Member Contributions	20,000,000	17,319,751	(2,680,249)	-13%	20,000,000	42020	Estimate based on past Receipts
7	Rental Income	-	7,000,000	7,000,000	0%	22,800,000	42020	Expeected rental come
	<b>Total Non Restricted Revenue</b>	<b>158,000,000</b>	<b>234,577,213</b>	<b>69,577,213</b>	<b>44%</b>	<b>333,390,000</b>		
	<b>Total Income</b>	<b>1,212,667,628</b>	<b>1,718,220,154</b>	<b>192,324,370</b>	<b>16%</b>	<b>1,391,143,152</b>		
<b>02</b>	<b>Operating Expense</b>							
1	Staff Costs	147,420,000	53,457,500	93,962,500	64%	185,717,400	60100	Refer to budget break down sheet
2	Office Supplies	1,200,000	-	1,200,000	100%	1,200,000	60500	
3	Communication/Office Phones	600,000	210,000	390,000	65%	600,000	60300	
4	Internet	3,600,000	4,113,000	(513,000)	-14%	4,068,000	60310	
5	Office rent	-	-	-	0%	-	60200	
6	Bank charges	3,000,000	5,114,711	(2,114,711)	-70%	3,000,000	61500	
7	Audit	5,000,000	5,900,000	(900,000)	-18%	5,900,000	61300	
8	Printing and Photo copying	500,000	-	500,000	100%	500,000	60500	
9	Local Transport/ Fuel	8,000,000	1,515,000	6,485,000	81%	4,800,000	60800	
10	Office Petty Cash	4,800,000	4,357,490	442,510	9%	6,000,000	64000	
11	Utility Bills	2,400,000	2,260,700	139,300	6%	4,800,000	66000	
12	Web Hosting Fees	1,000,000	1,171,270	(171,270)	-17%	1,000,000	70000	
13	Computer hardware	-	-	-	0%	-	70000	
14	Photocopier	-	-	-	0%	-	70000	
15	Capital Equipment	3,000,000	2,948,360	51,640	2%	3,000,000	60400	
16	Office Repair and Maintenance	2,400,000	1,148,000	1,252,000	52%	2,400,000	60600	
17	Repair of House Roof	14,835,000	9,105,000	5,730,000	39%	-	60600	
18	Computer Repair and services	-	-	-	0%	1,800,000		
19	Vehicle maintenance	-	-	-	0%	2,400,000		
20	Vehicle insurance/ PMO renewals	-	-	-	0%	5,330,000		
21	Depreciation costs	10,000,000	15,995,575	-	0%	3,000,000		
22	Postage and Delivery	100,000	-	100,000	100%	100,000	60700	
23	Material/Publications	1,000,000	-	1,000,000	100%	1,000,000	51130	
24	Annual Conference and AGM	50,000,000	41,608,780	8,391,220	17%	56,250,000	51450	
25	Costs/other committee meetings	-	-	-	0%	6,400,000	51100	
26	Continuing Medical Education(CMEs)	6,000,000	3,675,000	2,325,000	39%	9,000,000	63100	
27	Council meeting Costs	7,000,000	3,230,000	3,770,000	54%	7,000,000		
28	Consultancy/ Professional Fees	2,000,000	-	2,000,000	100%	2,000,000	61420	
29	AOGU Annual of year Party	5,000,000	-	5,000,000	100%	6,000,000	51455	
30	FIGO Subscriptions	2,000,000	1,416,176	583,824	29%	2,000,000	61700	
31	Security	-	-	-	0%	7,800,000		
31	Welfare	4,800,000	5,290,000	(490,000)	-10%	4,800,000	64100	
32	Tax Payments /KCCA Fees	3,000,000	319,246	2,680,754	89%	3,000,000	71110	
33	Contingency	5,813,100	-	5,813,100	100%	6,817,308		
34	Programs Activity costs	904,220,216	1,499,021,938	(594,801,722)	-66%	1,057,753,152		
	<b>Total Operating Expense</b>	<b>1,198,688,316</b>	<b>1,661,857,746</b>	<b>(457,173,855)</b>	<b>-38%</b>	<b>1,405,435,860</b>		
	<b>Surplus/( deficit)</b>	<b>13,979,312</b>	<b>56,362,408</b>		<b>0%</b>	<b>14,292,708</b>		

## Appendix 2: Paid up Members Subscription as of 9<sup>th</sup> November 2022


### MEMBERS

NAMES	R/NO.		
1. Dr. Wasswa Ssalongo	5938	43. Dr. Byaruhanga Emmanuel	6385
2. Dr. Nanak Pandya	6080	44. Dr. Kajabwangu Rodgers	6386
3. Dr. Ojik Victor	6096	45. Dr. Kazibwe Lawrence	6387
4. Dr. Ninsiima Lynette	6097	46. Dr. Ssemujju Augustine	6390
5. Dr. Edward Kikabi	6098	47. Dr. Musiime James Nabaasa	6391
6. Dr. Aniku Dan	6100	48. Dr. Henry Mark Lugobe	6392
7. Dr. Kimono Susan	6301	49. Dr. Ainomugisha Brenda	6394
8. Dr. Ssebadduka Peter	6308	50. Dr. Kayondo Musa	6395
9. Dr. Barageine Justus	6309	51. Dr. Luyiga Mariam	6396
10. Dr. Ntuyo Peter	6310	52. Dr. Biryabarema Christine	6397
11. Dr. Namugga Jane	6311	53. Dr. Atuhairwe Susan	6398
12. Dr. Kizaala Suzan	6312	54. Dr. Nakimuli Annetee	6399
13. Dr. Bameka Aggrey	6313	55. Dr. Murokora Dan	6400
14. Dr. Musana Othniel	6316	56. Dr. Kaharuza Frank	6451
15. Dr. Medad Mwebesa	6317	57. Dr. Arwinyo Baifa	6452
16. Prof. Mirembe Florence	6318	58. Dr. Nakabembe Eve	6453
17. Dr. Ibanda Hood	6323	59. Dr. Akello Jacklene	6454
18. Prof. Dan Kaye	6328		
19. Dr. Beyeza Jolly	6329		
20. Dr. Namagembe Imelda	6330		
21. Dr. Mugenyi Godfrey	6331		
22. Dr. Priscilla Busingye	6332		
23. Dr. Musaba Milton	6333		
24. Dr. Mugabe Keneth	6334		
25. Dr. Kayondo Simon	6336		
26. Dr. Kakaire Othman	6337		
27. Dr. Chebet Irene	6338		
28. Dr. Okello James	6351		
29. Dr. Nkonwa Innocent	6352		
30. Dr. Esiru Godfrey	6353		
31. Dr. Ssempewo Herman	6354		
32. Dr. Isagara Peter	6355		
33. Dr. Buga Paul	6356		
34. Dr. Bekson Tayebwa	6363		
35. Dr. Francis Banyar	6364		
36. Dr. Tezita Johnbosco	6366		
37. Dr. Kusasira Stephen	6367		
38. Dr. Humphrey Lwanga	6368		
39. Dr. Wanyama John	6369		
40. Dr. Irumba Charles	6370		
41. Dr. Wanyera Peter	6373		
42. Dr. Ononge Sam	6384		

### ASSOCIATE MEMBERS

1. Dr. Rose Lilly Acan
2. Dr. Sadia Hassan Mohamed
3. Dr. Byaruhanga Paul
4. Dr. Okullo Richardson
5. Dr. Bagala John Paul
6. Sr. Beatrice Kibuuka
7. Sr. Namutebi Elizabeth
8. Sr. Nakirijja Emilly
9. Sr. Namufumba Madina
10. Sr. Ssentongo Gertrude
11. Sr. Mary Adong
12. Sr. Prossy Ssekimpi
13. Sr. Akol Josephine
14. Sr. Zawedde Racheal
15. Sr. Namakula Rita
16. Sr. Rita Nalunkuuma
17. Sr. Kusiima Beatrice
18. Sr. Sandra Basalirwa
19. Sr. Nabuuma Betty
20. Sr. Susan Anyango
21. Sr. Beatrice Najjemba

**APPENDIX 3:****INDEPENDENT AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS OF THE ASSOCIATION OF OBSTETRICIANS AND GYNAECOLOGISTS OF UGANDA FOR THE YEAR ENDED 30<sup>TH</sup> JUNE 2022**

 <p><b>RKA</b> CERTIFIED PUBLIC ACCOUNTANTS &amp; AF 0160</p>	<p><b>RKA &amp; COMPANY</b> 6th Floor, Lourdel Towers Plot 1 Lourdel Road, Nakasero P.O. Box 70589, Clock-Tower, Kampala Tel: 0200 905 167, 0704 009 920, 0701 604 863 Email: info@rka.ug Website: www.rka.ug</p>
<p><b>REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF THE ASSOCIATION OF OBSTETRICIANS AND GYNAECOLOGISTS OF UGANDA.</b></p>	
<p><b>Opinion</b></p>	
<p>We have audited the accompanying financial statements of the Association of Obstetricians and Gynaecologists of Uganda (AOGU) set out on pages 6 to 18, which comprise the statement of financial position as at 30 June 2022, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended, and notes to the financial statements, including a summary of significant accounting policies.</p>	
<p>In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Organisation as at 30 June 2022, and of its financial performance and its cash flows for the year ended in accordance with International Financial Reporting Standard for Small and Medium-sized Entities (IFRS for SMEs) and the requirements of the Non Governmental Organisations Act of Uganda, 2016.</p>	
<p><b>Basis of opinion</b></p>	
<p>We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code), together with the ethical requirements that are relevant to our audit of the financial statements in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code.</p>	
<p>We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.</p>	
<p><b>Responsibilities of Management and Those Charged With Governance for the Financial Statements</b></p>	
<p>Management is responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Non Governmental Organisations' Act of Uganda, 2016, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.</p>	
<p>In preparing the financial statements, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.</p>	
<p>Those charged with governance are responsible for overseeing the Company's financial reporting processes.</p>	
<p><b>Auditor's responsibilities for the audit of the financial statements</b></p>	
<p>Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material mis-statement when it exists. Mis-statements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:</p>	
<p>Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from</p>	
<p>The firm is Licensed and Regulated by the Institute of Certified Public Accountants of Uganda. Practitioners: Robert Ashe Kakande, CPA, FCCA, Msc. Accounting and Finance (MUK), B.com (Hons) (MUK) HDM (MUBS) Silajji B. Kanyesigye, CPA, FCCA, MSc. Management (UMI), PODITRA, PGDM, TADAT, BSc. Mathematics (Hons)(MUK).</p>	



fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.


We also provide management with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

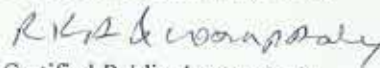
#### Report on other legal and regulatory requirements

As required by the Companies Act No.1 of 2012, we report to you, based on our audit that:

- (i) we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
- (ii) in our opinion proper books of account have been kept by the company, so far as appears from our examination of those books; and
- (iii) the Organisation's statement of financial position and statement of income and expenditure are in agreement with the books of account.

The engagement partner on the audit resulting in this independent auditor's report is CPA Robert Ashe Kakande.

  
Robert Ashe Kakande (P0270)

  
Certified Public Accountants  
Kampala

09/11/2022



## APPENDIX 4: PICTORIAL



*AOGU 16<sup>th</sup> Annual Scientific Conference*



*APMM Project – M&E Kick off meeting*



*APMM project – AOGU -post graduates engagement Mbarara*



*ECSACOG Meeting in Kigali, Rwanda*



*SAFE Project (PAC Training)- Lawyer Noor Nakibuka (CEHURD), Taking health workers through the laws on abortion in Uganda*



*SAFE Project - Post Abortion Care (PAC) Training of health workers from Kampala Capital City Authority and Wakiso District*



*FIGO Annual Reflection Meeting 2022 – Kigali, Rwanda*



*AOGU meeting with Fos Feminista M&E Coordinator*



*SAAF Project – LARC Training in Kawempe National Referral Hospital*



*SAAF Project LARC Training of health workers from wakiso and Kampala health facilities*

**APPENDIX 5: THE CONSTITUTION**

**ASSOCIATION OF OBSTETRICIANS & GYNAECOLOGISTS OF UGANDA**

P. O. Box 11966, Phone: +256- 41-4533451, Kampala - Uganda, Fax: +256-41-4533451, E-mail: gynuganda@yahoo.com

Our Ref:

Your Ref:



Date: \_\_\_\_\_

*Association of Obstetricians & Gynaecologists of Uganda (AOGU) Rm C4, 2nd Floor  
Anatomy Building, Makerere College of Health Sciences, P.O. Box 11966, Kampala  
Tel: +256414533451; Fax: 256414533451. E-mail: gynuganda@yahoo.com*

**CONSTITUTION OF THE ASSOCIATION OF OBSTETRICIANS AND  
GYNAECOLOGISTS OF UGANDA 2012**

*[Handwritten signature]*  
*[Handwritten initials]*

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## Article 1: Name and Status

1.01 The name of the Association shall be:

**“ASSOCIATION OF OBSTETRICIANS AND GYNAECOLOGISTS OF UGANDA”**

In short the Association shall be known as **AOGU**.

1.02 AOGU shall be a non-political and a non-profit making Organization and shall be generally governed by this Constitution.

1.03 AOGU shall be the official organization representing Uganda’s Obstetricians and Gynecologists and other Associate members. The Association shall have:

**Mandate:** To promote professionalism, undertake Research, Champion Sexual Reproductive Health & Rights of the people and represents its members at local, regional and international levels.

**Vision:** To be a leading champion of quality reproductive health in the region.

**Mission:** Provide good leadership at all levels, for quality reproductive health in the region.

**Core values and principles:** Professionalism, transparency and accountability, responsiveness, innovation, dynamism, teamwork and commitment, partnership, standards and quality

In this endeavor it shall maintain constant liaison with national and international medical colleges, societies and organizations, the central, regional and local governments, other institutional and health care groups.

1.04 AOGU shall establish a secretariat whose composition, location, terms and conditions of service of personnel shall be determined by AOGU Council.

The Executive Director shall be the substantive head of the secretariat.

## Article 2: Headquarters

2.0 The official headquarters of the Association shall be in Kampala or any other place in Uganda as determined by the AGM.



### **Article 3: Objectives**

- 3.01 To provide a forum for exchange of professional knowledge, experience and ideas among obstetricians and gynaecologists in and outside Uganda.
- 3.02 To promote, scrutinize and foster facilities for the training of post-graduates, undergraduates, mid-wives, nurses and para-medicals in all fields of obstetrics and gynaecology.
- 3.03 To provide where necessary professional and technical advice to the Ministry of health, Uganda Medical and Dental Practitioners Council and any related organization and/or institution in Uganda.
- 3.04 To encourage active co-operation with International Health Agencies, Institutions, Associations and Societies.
- 3.05. To ensure and project a high standard of Practice and ethics of Obstetrics and Gynaecology in Uganda.
- 3.06. To encourage research in all sectors of Practice of Obstetrics and Gynaecology.

### **Article 4: Membership**

Any person eligible to become a Member of the Association of Obstetricians and Gynecologists of Uganda under any of the categories mentioned below shall become a Member upon:

- a) Application, approval by AOGU Council and payment of the appropriate annual fee as determined by Association Laws, Ethics and Professional Development Committee.
- b) Nomination by two members of AOGU and approval by the AOGU Council.

#### **4.0 Categories of Membership:**

##### **4.0.1 Member Obstetrician and Gynaecologist (OB/GYN)**

A person who is licensed to practice medicine in Uganda and has a Specialist Certificate or other postgraduate qualification in Obstetrics and Gynecology acceptable to AOGU council or whose specialty training in Obstetrics and Gynecology is recognized by Uganda Medical and Dental Practitioners Council is eligible to become a member OB/GYN upon application and approval by AOGU Council.

##### **4.0.2 Life Member**

An active member of AOGU, who has served the Association in a certain capacity throughout his/her years of service and has been a member of the Association for at least 25 years, may apply to be a life member.



#### 4.0.3 Honorary Member

Any member of the association may propose to the council a distinguished individual for honorary membership. Upon approval by Council and by a majority of members voting at the Annual General Meeting (AGM), the distinguished individual shall become an Honorary Member. Honorary members shall not be required to pay fees and will not vote at meetings or hold office.

#### 4.0.4 International Member

A person who is licensed to practice medicine outside Uganda with a certificate acceptable to Council and recognized by Uganda Medical and Dental practitioners Council or equivalent organization in another country may apply to be an International Member.

#### 4.0.5 Junior Member

A person who is enrolled in a postgraduate training programme in Obstetrics and Gynaecology (OB/GYN) acceptable to Council may apply to become a Junior Member. Junior Members may not vote or hold office except as specified in AOGU By-Laws. A junior member in AOGU Council shall have a vote in the Council.

#### 4.0.6 General Practitioner Member

A person who is enrolled in General Practice in Uganda may apply to be a General Practitioner Member and exercise all rights privileges of a member except hold office on the Executive Committee.

#### 4.0.7 Junior Member

A person who is enrolled in a Ugandan Medical or Midwifery/Nursing school may apply to become a Junior member. Junior members will not vote or hold office.

#### 4.0.8 Associate Member

A person who belongs to one of the following medical fields may apply to become associate Member:

- a) Basic sciences
- b) Other disciplines of medicine and public health.
- c) Midwifery and Nursing.

Associate members may exercise all rights and privileges except the right to vote or hold office.

#### **4.0.9 Community Representative**

The community representative is defined as a key member in the community who has interest in promoting Sexual Reproductive Rights and will be nominated and approved by the AOGU council. A Community representative will not vote or hold any office.

### **Article 5: AOGU Council**

#### **5.0 Preamble**

AOGU Council is responsible for policies and for formulating the strategic directions of the Association.

#### **5.01 AOGU Council**

Shall consist of the following officers of the Association of Obstetricians and Gynaecologists of Uganda:

##### **The members of the Executive:**

- The President
- Immediate Past President
- President Elect
- Vice President
- Executive Director (ED)
- Treasurer

##### **Council Members**

- Four Regional Members
- A junior member
- General Practitioner Member
- Associate Member
- Community representative
- All past presidents.
- Chair Persons of all AOGU Committees

Council members are elected for a two-year term except Past Presidents

#### **5.02 Nomination and Election**

- a) The members of the AOGU Council shall be elected from the fully paid-up membership of the organization. Each fully registered member, other than the junior member shall be eligible for election to the Council.
- b) In order to maintain continuity, seats on the AOGU Council will generally become vacant every two years. Except for Executive Director whose term is three years.



- c) A call for AOGU council member nominations will be issued by the Executive committee at least one month before the election of the vacant post. The call for nominations will be formally announced by print, e-mail or web-posting before each Annual General meeting
- d) Candidates for various positions:
  - i. shall express their intention in writing to hold office.
  - ii. shall be nominated by at least 2 fully paid up members 2 weeks before the AGM
  - iii. The nomination process shall be closed 2 weeks before the AGM.
- e) A Brief curriculum vitae will be provided for each nominee, to all the members of AOGU at the Annual General Meeting and each nominee be asked to make a brief presentation.
- f) Election shall be by secret ballot.
- g) A returning officer shall be nominated at the Annual General meeting, who will distribute ballots containing the names of the slate of the nominees to the post/s vacant.
- h) The vote is determined by a majority of the returned ballots.
- i) All positions due for election fall vacant at the beginning of elections
- j) The Executive Director shall serve for duration of three years. The person can be re-elected for one consecutive term for that particular post
- k) In case a post does not receive applications, the Secretariat shall inform the members of AOGU within one week of the closure of nominations.
- l) In the event where a member of the current AOGU Executive or the Executive Director wishes to stand for an alternative post, he/she will follow the same criteria and place in a letter of resignation which will be effected on the day of the AGM. His or her previous post will have been advertised and nominations received.
- m) In the event of resignation, death or incapacity of a current office bearer the position of that office will be declared vacant and the executive will then nominate an acting head till the time of the AGM.



### **5.03 Other non-Executive Council Members**

Other non executive council members (*Regional, Junior, General Practice and Associate Members*) shall be nominated by their respective constituencies within a month of the election.

## **Article 6: Administrative Committees**

These committees shall comprise of:

- a) Executive Committee
- b) Professional development, Ethics and Disciplinary Committee
- c) Research and publicity Committee
- d) Finance and Project implementation committee
- e) Other Standing Committees as deemed necessary by the Council

### **6.01 Executive Committee**

The Executive committee shall comprise of:

- a) The President
- b) The President Elect
- c) The Vice President
- d) The Immediate Past President
- e) The Executive Director (as Secretary)
- f) The Treasurer
- g) Two (2) Committee Members who are regional representatives

The executive committee shall be the effective administrative body of AOGU in accordance with the Association By-Laws.

### **6.02 The Professional development, Ethics and Disciplinary Committee**

This committee shall comprise of:

- a) A Chairperson
- b) 3 Past Presidents
- c) Two co-opted members

Association By-Laws, Ethics and Professional Development Committee shall be responsible for drawing Association By-laws as standard operating procedures for functioning of the committees, membership fees and other related matters. It shall be responsible for promoting ethics and professional practice, members' disciplinary issues and development of the profession of Obstetrics and Gynaecology in Uganda. It shall regularly review and publish at least once a year revised or new guidelines or news about these issues.



**6.03 The Research and Publicity Committee:**

The Committee component shall comprise of:

- a) The Vice president
- b) The Executive Director
- c) The President Elect
- d) A junior member
- e) Two co-opted members

This committee will be responsible for development of research, planning and organization of scientific meetings and CMEs for AOGU members and publications of AOGU brochures, newsletters, journals, guidelines, reports use of media etc.

**6.04 Finance and Project implementation committee**

The Finance and Project implementation committee shall comprise of:

- a) The President
- b) Executive Director
- c) The Treasurer
- d) Project Team Leaders
- e) Two Co-opted members

This committee shall be responsible for sourcing and overseeing the finances of AOGU in accordance with Association By-Laws.

**All these other committees** should have not less than five members selected from the council at the first council meeting following elections. President elect shall be ex officio members of each and every committee.

**Article 7: AOGU By-Laws****7.01 AGM, Council and Committees**

- a) Annual general Meeting (AGM) will be held once a year
- b) AOGU Council shall meet at least once every four months to review progress of Association activities, monitor implementation of the strategic plans and guide the committees on the way forward.
- c) The administrative Committees shall have the powers to co-opt other persons to the committee e.g. experts in the respective fields.
- d) The Chairperson of each committee shall automatically be a member of AOGU Council.



- e) The chairperson of each committee can attend the executive committee meeting as required or when invited.
- f) Each administrative committee shall meet at least once every two months except the executive committee that shall meet at least once a month.

Specific By-Laws about quorum for AGM, Council, Committee meetings, voting procedures, membership etc. shall be drawn by the Association By- Laws, Ethics and Professional Committee, and come into force upon approval by a simple majority of AOGU Council.

- g) Any member of the Association who is in arrears of payment of fees may not exercise the privileges of Membership until the arrears are paid.
- h) A community member is defined as a person who has interest in promoting sexual reproductive rights and is nominated and approved by council.

## **7.02 Functions and Terms of Reference of Association Officers**

### **7.02.1 The President and Vice President**

The President is the overall executive of AOGU. The President shall chair the AGM, Council and Executive meetings and provide leadership to AOGU. The President is responsible for overall representation of AOGU (in person or delegation) at different Fora.

The Vice-President chairs these meetings in the absence of the President.

### **7.02.2 The Executive Director**

- a) Secretary of AGM, AOGU Council and the Executive Committee
- b) Oversees the implementation of the association programs
- c) Oversees the day-to-day running of the secretariat and reports to AOGU Executive committee and the Council
- d) Facilitates the functioning of the Council and the Administrative committees
- e) Shall act as the principal Public Relations Officer of AOGU and facilitate relations and communication with other organizations.
- f) Support the Association Projects and ensure preparation of project reports.
- g) Oversee the Association finances and will be a signatory to the association accounts





- h) Liaise with members and other organizations to fundraise for the associations functions.
- i) Ensure proper documentation and archiving of Association activities
- j) Organize and call meetings in consultation with the chairpersons
- k) Carry out other duties as prescribed by the council and the executive
- l) Shall be appointed for a three year contract on a full time or part time basis in accordance with AOGU By-Laws.

### 7.02.3 The Treasurer

- a) Facilitates financial management, prepares the financial statements and audited accounts to be presented to the Executive, Council and AGM.
- b) Assists Executive Director to prepare AOGU budgets and reports to the Executive and the Council.

### 7.02.4 The Auditors

Shall be appointed by Council according to Association By-Laws.

### 7.02.5 The Legal advisor

Council may appoint a Legal Advisor who shall be a registered and practicing lawyer to assist the Association according to the By-Laws.

### 7.02.6 Other members

The responsibilities of other members of the Council and committees shall be spelled in the By-Laws.

## Article 8: Finances

Details as provided in the By-Laws

- 8.01 The financial year of the Association shall be a period of twelve months beginning on the 1<sup>st</sup> day of January and ending on the 31<sup>st</sup> day of December.
- 8.02 All funds of the Association shall be used solely for the purpose of the Association and with the approval of the Executive Committee.
- 8.03 The Executive Director shall keep such petty cash for day-to-day running as the executive Committee shall determine.
- 8.04 The Association shall have operational bank account(s) with one or more registered financial institution(s) (*as licensed by Bank of Uganda*) in the Association's names operated by the President, Treasurer and Executive Director.

- 8.05 The mandate in the bank shall be either of the following
- i. The President,
  - ii. The Treasurer
  - iii. The Executive Director
- 8.06 The Treasurer shall be the principle signatory to all bank accounts
- 8.07 The signatories shall sign any cheques, promissory notes, bills of exchange and all negotiable instruments drawn and relating to the Association's bank account for and on behalf of AOGU.

#### **Article 9: Amendment**

- 9.01 Proposal for amendment of this constitution must reach the Chairperson of the Professional Development, Ethics and Disciplinary Committee three months before the AGM. Proposed changes may be considered by the Council which will make recommendations to the AGM.
- 9.02 The proposed amendment of this Constitution shall be circulated to the members at least two weeks before the date of the Annual General Meeting.
- 9.03 If two thirds (2/3) of the voting members present at the AGM are in favour of the proposed amendment(s) of this Constitution, then the Constitution shall be amended accordingly.
- 9.04 The minimum quorum accepted for the AGM to be held shall be one third (1/3) of the fully paid up members.

#### **Article 10: Adoption of constitution**

The Constitution was first adopted at the Annual General Meeting of the Association on September 10, 2005. It has been reviewed and amended.

This Constitution has been adopted at the Extra-ordinary Annual General Meeting on the 19 day of December 2012.





**ASSOCIATION OF OBSTETRICIANS & GYNAECOLOGISTS OF UGANDA**

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