

AOGU ANNUAL REPORT 2026

Presented at the:
ANNUAL GENERAL MEETING 2026
24th SEPTEMBER, 2026 **MESTIL HOTEL, KAMPALA**



THE PEOPLE BEHIND THE REPORT

Editorial team

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Chair



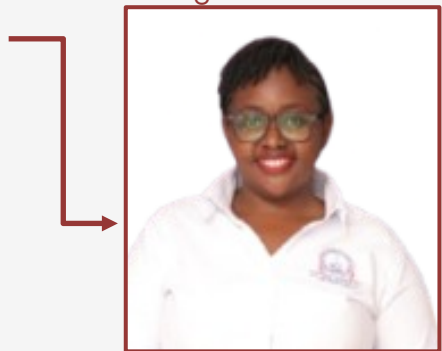
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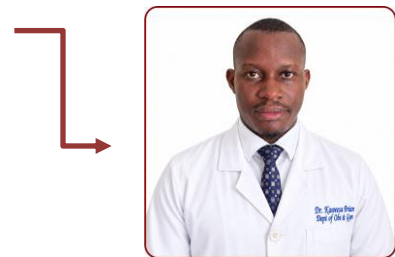
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CHAPTER 01

ABOUT AOGU (1985 – 2026)

AOGU at a Glance

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, and international levels, and champion Sexual Reproductive Health and Rights (SRHR) of the people in the region.



WHO WE ARE

Founded in 1985, AOGU is a member-based, non-political professional association comprising over 633 cumulative members dedicated to advancing reproductive health services through excellence in practice, education, research, collaborations, and advocacy. The Association provides leadership in quality reproductive health and works towards reducing preventable maternal deaths through research and advocacy.

Our Vision and Mission

VISION

To be leaders in quality reproductive health in the region.

MISSION

To advance reproductive health services through excellence in practice, education, research, collaborations, and advocacy.

CORE VALUES AND PRINCIPLES

**Professionalism . Dynamism . Transparency and Accountability . Responsiveness
Innovation . Partnership . Team work and Commitment . Standards and Quality**

KEY FOCUS AREAS

01 Advocacy & Policy Engagement:

Championing SRHR and influencing health policy

02 Research & Knowledge Generation:

Undertaking research to inform practice and policy

03 Maternal, Newborn, Sexual & Reproductive Health: Improving health outcomes for women and newborns

04 Quality Improvement & Professional Standards: Upholding excellence in clinical practice

HISTORY AND MILESTONES OF AOGU

Four decades of growth


1985

The Association of Obstetricians and Gynaecologists of Uganda (AOGU) was formed in 1985 after obstetricians recognized the need to unite and work together.

AOGU was established as a professional association to provide a platform for health professionals to exchange knowledge and experiences.

In its early years, AOGU faced challenges recruiting members, as many Ugandan specialists already belonged to the Royal College of Obstetricians and Gynaecologists in the UK.

Over time, AOGU gained credibility, expanded its membership to over 140 members, built partnerships, and became involved in various projects.

1998

In 1998, AOGU began discussions with the Society of Obstetricians and Gynaecologists of Canada (SOGC), leading to a formal partnership in 1999.

1999

Through the AOGU–SOGC partnership, AOGU secured office space, established a secretariat, and expanded membership to include midwives and nurses.

HISTORY AND MILESTONES OF AOGU

History and milestones

EXPANSION

In order to support its initiatives, AOGU has built partnerships with a number of partners and added midwives and nurses to its membership over time.

PARTNERSHIPS

To obtain office space and set up a secretariat, AOGU joined forces with the Society of Obstetricians and Gynaecologists of Canada (SOGC) in 1998.

DEDICATION TO QUALITY

Through quality in practice, education, research, partnerships, and advocacy, AOGU is dedicated to lowering avoidable maternal deaths in Uganda and improving reproductive health care.

ACKNOWLEDGMENT

AOGU's efforts to advance professionalism, conduct research, and represent its members locally, regionally, and globally are acknowledged.

The **history and achievements** of AOGU demonstrate its commitment to advancing reproductive rights and health in Uganda. The organization is still working toward its goal of being the region's premier advocate for high-quality reproductive health.



Foreword

The health of a population of a country is strongly intertwined with the nation development. As Uganda struggles hard to achieve a middle- income status, The Ministry of Health, stakeholders, development partners as well as the communities are working hard to ensure deliverance of high quality, equitable and accessible health services to all.

Globally and in Uganda in particular, maternal and new born health remains a critical concern despite the strides the country has made to ensure this segment of the population's health improves so that they can contribute meaningfully to the national development.

Maternal mortality rate of Uganda stands at 189 deaths per 100,000 live births with a neonatal death rate of 22 deaths per 1,000 live births. This is unacceptably high. Therefore, Uganda runs a risk of not achieving its target of 70 deaths per 100,000 live births and 12 neonatal deaths per 1,000 live births by 2030. This, therefore, remains a daunting problem for the country.

To fight this vice of maternal and neonatal death as well as the severe devastating ill-health arising from child birth, the entire Ugandan population without leaving anybody behind should be galvanized to address, contribute to eliminate the challenge.

Therefore, the THEME for this 21st Annual Scientific conference, chosen by the Association of Obstetricians and Gynaecologists of Uganda (TOGETHER FOR BETTER SEXUAL AND REPRODUCTIVE HEALTH (Leveraging scientific innovation and research for quality of Care) could not be any more significant/ relevant in addressing the plight of mothers and their new born babies at this time.

The forward looking, intentional and strategic undertaking by AOGU in training Obstetricians/ Gynaecologists in this country where 41 yrs ago there were only less than 20 to now having over 600 (312 Male, 305 female) has revolutionized the discipline. Training that used to be in one University now is in 6 Universities and supplemented by training through the East Central and Southern Africa College of Obstetricians and Gynaecologists. This has given a blend of synergistic perspectives, energies, activities, collaborations, sharing of resources and new horizons in teaching, research and innovativeness. This has enhanced the quality of care to mothers and newborns by having well trained persons all over in the districts of the country and participate in government programs that aim to improve maternal and neonatal health and provide quality care through services that are evidence- based.

I , therefore, take this opportunity to thank AOGU leadership, members, Collaborators, Development Partners, and the mother Min of Health for supporting AOGU to organize this conference where learning and sharing will take place.

Thank you, Conference & AGM Chair, organizing committee, presenters and participants for your commitment to the cause.

"Let us leave here with renewed zeal to go and serve the women and their babies as well as our communities."

**Thank you,
Prof. Florence Mirembe
AOGU FOUNDING MEMBER**

Membership Profile

MEMBERSHIP

633 Total Members Deceased (RIP) 31	327 Male 51.6%	306 Female 48.4%
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MEMBERSHIP TYPES

402 Full Members 63.5%	216 Associate Members 34.1%	15 Junior Members 2.4%
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CHAPTER 02

GOVERNANCE & LEADERSHIP

ORGANOGRAM



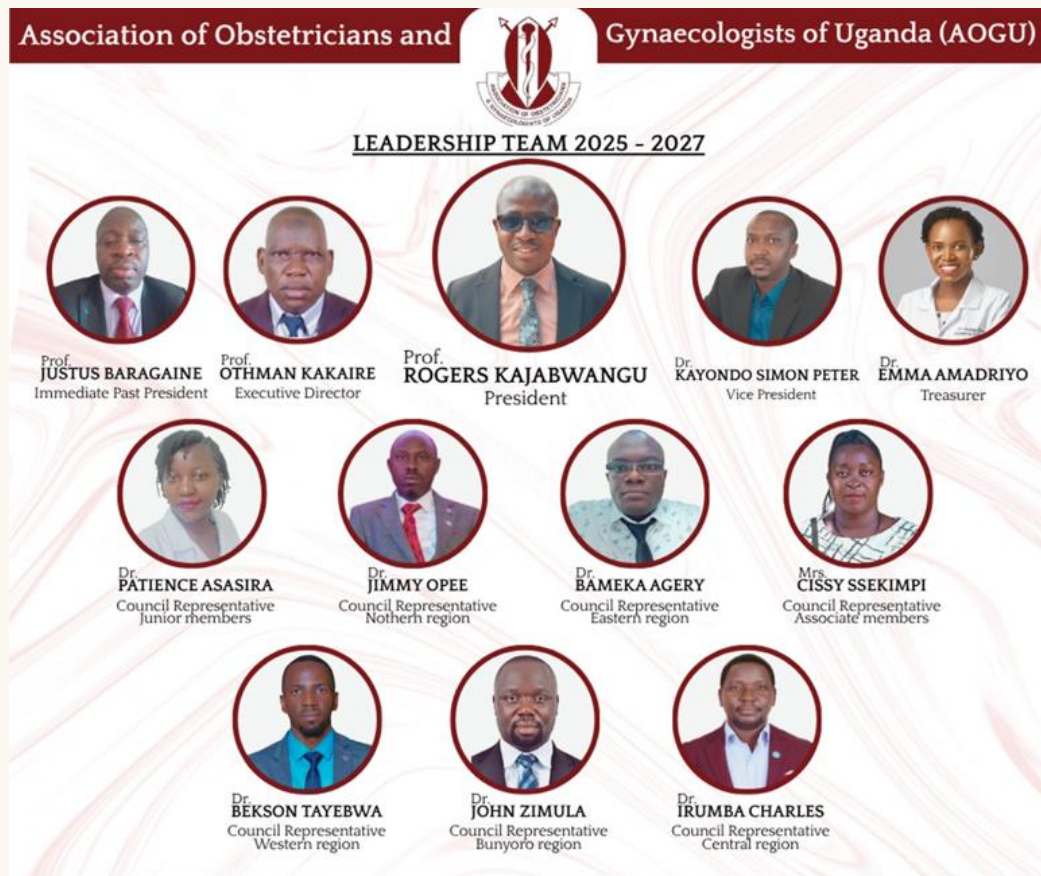
THE ANNUAL GENERAL MEETING (AGM)

The Annual General Meeting (AGM) is the supreme decision-making organ of AOGU and is composed of all registered members of AOGU subscribed for that calendar year.

The key AGM responsibilities include:

- Electing members of the executive and the council
- Reviewing and approving the constitution, strategic plans, annual work plans and budgets.
- Through the AGM, members exercise ultimate authority over the governance and strategic direction of AOGU

THE AOGU EXECUTIVE COMMITTEE



Prof. Rogers Kajabwangu

President



Prof. Rogers Kajabwangu is President of the Association of Obstetricians and Gynaecologists of Uganda (AOGU), a Consultant Obstetrician and Gynaecologist at Mbarara Regional Referral Hospital, and an Honorary Associate Professor at Mbarara University of Science and Technology (MUST). He has subspecialty training in uroGynaecology and 55 publications, with research spanning maternal and reproductive health, cervical cancer, and pelvic floor disorders.

He was among the pioneer uroGynaecology fellows at MUST and later became one of the early trainers in the programme, contributing to the development of local specialist capacity and improved access to care for women with pelvic floor disorders.

As AOGU President, he works with the Association's leadership and members to strengthen the organisation, promote continuing professional development, support scientific and professional engagement, and advance women's health in Uganda.

Dr. Kayondo Simon Peter

Vice President



Dr. Kayondo Simon Peter is an Obstetrician and gynaecologist, and he is the current vice president of the Association of Obstetricians and Gynaecologists of Uganda. He previously served as the association's Treasurer, where he served diligently. He holds MBChB and M.MED (Obs/Gyn) with an undeniable passion for advocating for women's reproductive health.

He is deeply concerned with the relatively constant national teenage pregnancy rate of 25% for a long time and the need for concerted efforts to bring it down. He is torn apart by the high rate of maternal mortality due to preventable causes like unsafe abortion, child marriage, teenage pregnancy, and poor access to SRHR services. It is for this reason that he is a strong advocate for health system strengthening in order to steadily work towards achieving SDG 3.1. He proudly led the National Consultant in the development of the Uganda PAC guidelines 2025 and also greatly participates in training and mentorship support.

Dr. Emma Amadriyo

Treasurer



Dr. Emma Amadriyo is a distinguished obstetrician and gynaecologist with great leadership attributes and a desire to serve the medical fraternity of Uganda and beyond. She holds MBChB, M.MED (Obs/Gyn) and a postgraduate diploma in project planning and management (PGD-PPM), and a postgraduate diploma in monitoring and evaluation (PGD-M&E).

She is a strong advocate of painless labour, and she dreams that one day most women will have access to Epidural analgesia, especially those expected to have vaginal delivery.

She is also passionate about postpartum care, which she believes ought to be holistic to enable total healing of mothers during the postpartum period. This quickens their recovery and acceptance of the new normal.

She has a great track record while serving as a secretary at the UMA SACCO, where she significantly contributed to the effectiveness and institutional visibility of the SACCO, which experience AOGU shall greatly tap during her tenure as the Treasurer.

Prof. Othman Kakaire

Executive Director



He is an associate professor of obstetrics and gynaecology and has been mentoring students for over the years.

He is passionate about family planning, contraceptive use, and post abortion care is unmatched and has great experienced about population and health dynamics.

He is a prominent researcher affiliated with several institutions both in Uganda and abroad, like the University of California, and has over 81 publications.

He is pro-doctors ' welfare, as demonstrated by his actions whenever injustices are taking place. He, for example, quickly responded by rejecting the internship policy 2026, which intended to deny most trainees their meagre allowance.

He has also been at the forefront of medical practice insurance to protect obstetricians and gynaecologists from challenges associated with lawsuits arising from care to their patients.

Above all, Prof. Kakaire is a firm believer that Sexual and Reproductive Health services cannot be done by any single individual and require collective efforts from various stakeholders and thus strongly encourages collaborative efforts with partners both locally and internationally.

Prof. Justus Barageine



Immediate Past President

He is the immediate past president of AOGU. He holds MBChB, M.MED (Obs/Gyn), Adv. DIP SRHR, PhD, FSCA. He is well known for his dedicated work in the field of urogynaecology, where he has passionately taught and mentored several doctors. He is currently serving in the Department of obstetrics and Gynaecology at Makerere University and is the chair of the postgraduate research. He also lectures at various universities, including Uganda Christian University and Kampala International University. He has at least 57

publications, most of which are related to fistula care.

Dr. Charles Irumba

Council Representative, Central Region



Dr. Charles Irumba is a gynaecologic oncologist who is currently working at Mulago Specialised Women and Neonatal Hospital and collaborates with Uganda Cancer Institute. He holds MBChB, MMED Obs/gyn, F.Gyn Onc, PGD-PPM and is a dedicated clinician and teacher of the craft who shares his knowledge with undergraduate and postgraduate medical students.

He is passionate about the welfare of doctors in Uganda, as seen by his engagement with the executive leadership of the Uganda Medical Association, where he serves as the deputy secretary general during the recent internship crisis. He strongly advocates

for the indemnity cover for doctors and has been at the forefront in reaching out to people, especially through social media.

Dr. Charles has been committed to ensuring current best evidence-based practices, especially among obstetricians and gynaecologists. This has been achieved mainly through organizing continuous medical education on various topics that are concerned with maternal health and SRH services.

He is the current representative of the Central region and shall surely contribute immensely to AOGU.

Dr. Jimmy Opee

Council representative, Northern region



Dr. Jimmy Opee is an obstetrician and gynaecologist and a public health specialist. He has released 21 publications providing great insights into maternal health and medical practice.

He is a lecturer and current Acting Head of the Department of Reproductive Health, FoM, Gulu University. He serves at Gulu Regional Referral Hospital with extensive experience from St. Mary's Hospital, Lacor. He is an active member of the Uganda Medical Association and AOGU, currently serving as council

representative for the Northern region.

Dr. Jimmy advocates for quality maternal health services and thus runs affordable services at Jowa Medical Centre in Gulu City.

Dr. Bekson Tayebwa

Council representative Western Region



Dr. Bekson Tayebwa is the AOGU Council Representative for Western Uganda. He is a Ugandan medical professional specializing in Obstetrics and Gynaecology, with extensive experience in clinical practice, hospital administration, medical education, and health research. He currently serves as the Medical Director/CEO of Ruharo Mission Hospital, a position he has held for >5 years, since March 2021, where he oversees clinical services, hospital administration, financial management, staff supervision, strategic planning, and institutional representation

Dr. Tayebwa holds a Bachelor of Medicine and Bachelor of Surgery (MBChB) from Gulu University and a Master of Medicine in Obstetrics and Gynaecology from Kampala International University. He also earned a Postgraduate Diploma in Health Services Management and Administration from Uganda Management Institute and is currently pursuing a Master's degree in Health Services Management and Administration

He is also a Rotarian, demonstrating his heart of service to multitudes of needy people.

Dr. John Zimula

Council Representative, Bunyoro Region



He is an obstetrician and gynaecologist, currently based at Hoima Regional Referral Hospital and the current council representation Bunyoro Region. He is a vibrant member of AOGU who is unwaveringly committed to reducing maternal deaths and improving the maternal health indicators in the Bunyoro subregion and beyond.

Dr. Bameka Agery

Council representative, Eastern Region



A strong advocate for high-risk pregnancies, Dr. Bameka Aggrey is an associate consultant, obstetrician and gynaecologist. He has contributed greatly towards the implementation guide for Maternity High Dependency Unit (HDU) setup and functionalisation. He is currently serving at Buwenge General Hospital and is the coordinator for the Busoga Local Maternity and Neonatal System.

Dr. Patience Asasira

Council representative, Junior members



Dr. Patience Asasira holds MBChB (Mak) and MMED (Obs/gyn) and is an active member of AOGU. Her great passion for quality health services geared towards SRHR services, coupled with great leadership attributes that is task oriented has made it inevitable for her to join the team.

She has been greatly mobilizing Junior members from many training institutions in the country to join the Association of Obstetricians and Gynaecologists of Uganda.

As a student leader (Chief Resident for MMED Obs/Gyn), she demonstrated great leadership qualities of character, endurance, persistence, and ensuring that there was harmony between the students and staff, above all, she is committed to her faith in God.

Mrs. Cissy Sssekimpi

Council representative, Associate Member



She is a midwife by profession who is dedicated to providing family planning services, which are incorporated with cervical cancer screening services, among others.

She currently works at Mulago Specialised Women and Neonatal Hospital. She is passionate about teaching and imparting knowledge to students of various cadres.

AOGU COMMITTEES AND TECHNICAL WORKING STRUCTURES

Structure	Summary
AOGU Council	Members of the AOGU Council met twice in the financial year, in October 2025 and May 2026. The major key output during the May meeting was the constitutional review.

Executive Committee	President: Prof. Kajabwangu Rogers Vice President: Dr. Kayondo Simon Immediate Past President: Prof. Barageine Justus Executive Director: Prof. Kakaire Othman Treasurer: Dr. Amadriyo Emma Regional Representative – Central: Dr. Iumba Charles Regional Representative – North: Dr. Opee Jimmy The Executive Committee met monthly during the year.
Finance & Project Implementation Committee	Chairperson: Prof. Kaharuza Frank Prof. Pius Okong Prof. Kajabwangu Rogers Prof. Kakaire Othman Secretary: Dr. Amadriyo Emma
Publicity Committee	Chairperson: Dr. Iumba Charles Dr. Asasira Patience Dr. Kaweesa Brian Dr. Kibuuka Balikuddembe Dr. Ebele Gift Isaac Dr. Igirimbabazi Pious
Secretariat	Accountant: Stella Nabatanzi Administrator: Susan Nasuuna Administrator Assistant: Angella Kihika Office Messenger: Daniel Sserunjogi Driver: Ssozi Obed Janitor: Fahad Mukose
21st Conference Committee 2026	Chair: Dr. Pebalo Francis Pebolo Vice Chair: Dr. Opee Jimmy Scientific Committee: Dr. Kato Paul, Dr. Byamukama Onesmus Finance Committee: Dr. Akello Jackie, Dr. Amadriyo Emma Publicity Committee: Dr. Iumba Charles - Chairperson, Dr. Asasira Patience, Dr. Kaweesa Brian, Dr. Kibuuka Balikuddembe, Dr. Ebele Gift Isaac, Dr. Igirimbabazi Pious Other Key Members: Prof. Kajabwangu Rogers – AOGU President, Prof. Kakaire Othman – AOGU Executive Director, Dr. Namagembe Imelda, Dr. Kazibwe Lawrence, Prof. Kaye Dan, Dr. Okumu Richard



CHAPTER 03

FINANCIAL YEAR REVIEW

2025 / 2026 HIGHLIGHTSF

Highlight	2025/2026 update
Land Title Name Change	The AOGU property name was officially transferred from the name of the SACCO.
Early payment of annual subscription	Over 182 members were able to pay their annual subscriptions early in the year. This was the biggest number of payments seen before the conference and AGM.
Cashless payment channels	Onboarding of MoMo Pay and Airtel Pay.
Presidential representation	The President represented the Association at the AFOG (African Federation of Obstetricians and Gynaecology) meeting, the Annual Meeting of the RSOG (Rwanda Society for Obstetrics and Gynaecology), and the inaugural ECSACOG graduation.
Member engagement	Members were engaged through CPDs, visits at their workplaces and symposiums.
Training and capacity building activities conducted by AOGU members (Contributed by Dr. Joel Njagala Calls Lwasa.)	Training on EmONC: 27 Midwives, 8 Medical officers, 4 Medical clinical officers. Training in PPH, PE, APT and Sepsis: 5 Medical clinical officers, 9 Medical officers, 52 Midwives. Trainings on EmONC in Kampala district: 26 Midwives, 5 Nurses, 3 Medical clinical officers. Hormonal IUD training: 87 Midwives. ART, Sepsis: Sustainability of efforts and follow up: 2 OBGYN, 17 Medical officers, 35 Midwives. Interval Postpartum Family Planning: Metropolitan Kampala: 1 OBGYN, 1 Medical officer , 7 Midwives. Infection prevention proved practices: 50 Interns, 24 Medical Officers, 18 Anaesthetic officers.
Media and public engagement	The Association made use of social media platforms to keep members, other stakeholders and the general public engaged and informed.

TikTok: AOGU@aogu1985 - 128 followers.
 X (Twitter): @AOGU1985 - 458 followers.
 Facebook: @AOGU 1985 - 1.4K followers.
 The Association has been more visible to members and the general public.

SELECTED AOGU CPD SERIES 2026

Comprehensive Approach to the Menopausal Woman

AOGU CPD SERIES
TOPIC: Comprehensive Approach to the Menopausal Woman

Dr. Kagezi Heugh
 MBChB, Obs/Gyn, MSWNI
 Reproductive Medicine & Advanced ART Specialist
 PRESENTER

Dr. Ssebami Leonard
 Associate Consultant Obs/Gyn
 Laparoscopic Surgeon, Dept. of Benign Gynaecology, MSWNI
 MODERATOR

TUESDAY 8TH SEPT. 2026
 7:00 PM to 8:30 PM
 MEETING ID: 837 1074 1916
 PASSCODE: AOGU2527

#ForEveryGyn
 Champions of Quality Reproductive Health

Prospective Structured Perinatal Audit & Ten Group Classification

AOGU CPD SERIES
TOPIC: Prospective Structured Perinatal Audit and the Ten Group Classification System

Dr. Michael Robson
 The National Maternity Hospital, Dublin, Ireland
 PRESENTER

Dr. Pabalo Francis Pabalo
 Obstetrician & Gynecologist, Lecturer, Gulu University
 MODERATOR

TUESDAY 28th JULY, 2026
 6:00 PM to 7:00 PM
 MEETING ID: 929 0963 3260
 PASSCODE: AOGU2527

#ForEveryGyn
 Champions of Quality Reproductive Health

Updates in Management of Endometrial Cancer

REPRODUCTIVE CANCER SERIES
TOPIC: Updates in Management of Endometrial Cancer

MODERATOR:
 Dr. Erabu Walker Dreak
 Gynaecologic Oncologist, UG - Gulu

PRESENTERS:
Dr. Erabu Walker Dreak
 Gynaecologic Oncologist, UG - Gulu

Dr. Othiniel Musana
 Gynaecologic Oncologist, Nsambya Hosp.
 International Editor for the Indian Journal of Gynecologic Oncology

Dr. Peter Kungu
 Pathologist & Laboratory Head, Kawempe National Referral Hospital

12 February, 2026
 7:00 - 8:30 PM

Join us via Zoom:
 Meeting ID: 929 0963 3260
 Passcode: AOGU2527

Professional Indemnity

AOGU CPD SERIES
TOPIC: Professional Indemnity

PANELIST:
Rehema Nambooze
 Financial Advisor, Old Mutual Group Uganda

MODERATOR:
Prof. Rogers Kasjabwangu
 President, AOGU

PRESENTER:
Prof. Frank R. Asimwe
 President, UPA
 Cons. Urologist, Transplant Surgeon, Fistula Surgeon

TUES, 28 APRIL 20
 6:30 PM - 8:00 PM 26

<https://health-go-ug.zoom.us/j/92909633260?pwd=I5JDVrcmcC8pw3gSTAOCi265CBi4x.1>
 Meeting ID: 929 0963 3260 Passcode: AOGU2527

Champions of Quality Reproductive Health

Surgical Anatomy of the Female Pelvis in Endometriosis

AOGU CPD SERIES
Let's Talk Endometriosis
PART 1

TOPIC:
Surgical Anatomy of the Female Pelvis in Endometriosis

FACILITATOR: Dr. Ssematimba Stephen
Consultant OB/GYN,
President, Association of Laparoscopic Surgeons of Uganda (ALASU)

MODERATOR: Dr. Mugisa Alex Gideon
Ass. Consultant OB/GYN,
Mulago Specialized Women's and Neonatal Hospital (MSWNH)

PRESENTER: Dr. Joe Njagi
Consultant Gynecologist
Endometriosis Specialist.

TUES, 19 MAY 2026
6:30 PM - 8:00 PM

<https://health-go-ug.zoom.us/j/92909633260?pwd=ISJvcmMcC8pw3gStAOCi265C8I4x.1>
Meeting ID: 929 0963 3260 Passcode: AOGU2527

Champions of Quality Reproductive Health

Maintaining Professional Standards / UMDPC Requirements

AOGU CPD ACTIVITIES 2026

TOPIC:
Maintaining Professional Standards in the Practice of Obstetrics and Gynecology: Aligning with the UMDPC Requirements

MODERATOR: Dr. Hellena Kasajja
Obstetrician and Gynecologist
General Military Hospital- Bombo

PRESENTER: Dr. Kisule Ivan
Deputy Registrar
UMDPC

17 March, 2026
7:00 - 8:30 PM

Join us via Zoom:
Meeting ID: 929 0963 3260
Passcode: AOGU2527

THE AOGU CAMP 2025

Kawempe National Referral Hospital & Mulago Specialised Women and Neonatal Hospital

527	132	102	19
Clients screened	Major surgeries	At Kawempe NRH	Surgeries at Mulago SWNH

Upon reaching 40 years in existence, the Association of Obstetricians and Gynaecologists of Uganda, under the leadership of Dr. Rogers Kajabwagu, decided to give back to the community by organising a gynaecological camp in partnership with Kawempe National Referral Hospital and Mulago Specialised Women and Neonatal Hospital.

The association organised the camp for five days with 2 days for screening, offering a wide range of gynaecological services to clients. The camp started on Saturday, when residents, together with specialists, began screening women who could benefit from the gynaecological services and ensuring that the necessary blood workup and other relevant investigations were done as part of pre-operative evaluation, and patients were scheduled for surgery. Hundreds of clients who didn't have gynaecological conditions that needed medical treatment were attended to too, and follow-up visits were scheduled where necessary.

The camp had superspecialists like gynae oncologists (Dr. Mubiru Musa, Dr. Charles Irumba, among others), urogynaecologists (Dr. Alia Geoffrey, Dr. Muwanguzi Paul, Dr. Susan Obore, Prof. Barageine, Dr. Mwanje Haruna), gynaecological minimally invasive specialists like Dr. Tomusange, among others, and several specialists and residents. The role of nursing staff, laboratory, and non-medical staff cannot be overemphasized during the camp.

There were 527 clients screened, and out of these, 132 had major surgeries done, the majority of which were done at Kawempe National Referral Hospital (102), i.e. Polypectomy - 4,

Myomectomy-24, TAH - 17, Cystectomy-2, Hysteroscopy-4, Evacuation-1, Suction and curettage-1, CKC-11, Cervical Repair- 1, Salpingectomy-16, RVF repair-1, VVF repair-2, TAH + BSO- 1, Salpingo-oophorectomy- 3, LEEP- 9, and Thermoablation- 5. At Mulago Specialised Women and Neonatal Hospital, 19 surgeries were performed out of the 24 clients who came for the camp.

The surgeries and recoveries postoperatively were generally good, except for one urogynaecological patient who had significant haemorrhage and had to be admitted to ICU for close monitoring, and we thank the Lord that she recovered well after the medical interventions offered at ICU.

It must be noted that the camp shortened patient waiting time for elective gynaecological surgeries and put smiles on the faces of patients who would have been operated on the following year due to logistical and human labour force challenges. The camp also enabled many residents to become thoroughly grounded in gynaecological procedures, given the enormous volume and the readiness of senior members of the association to teach and impart knowledge and skills to them.

The AOGU at 40, giving back to the community, will indeed go into history for serving humanity in our great country, and we hope for more of such initiatives to improve maternal well-being.

The camp has indeed demonstrated the significance of partnerships with hospitals and the entire health care service delivery, not forgetting the Association of Anaesthesiologists of Uganda, whose members' wholehearted participation enabled the great success.

AOGU CAMP - CLINICAL TEAM IN ACTION



CHAPTER 04

STRATEGIC PLAN REVIEW

AOGU KEY ACHIEVEMENTS AS PER STRATEGIC PLAN

Priority 1: A vibrant and resilient Association.

No.	Activity	Achievements by (30/06/2026)
1	Regional Visits.	Northern Chapter Conference Western Chapter Symposium
2	Hospital visits	Eastern Chapter: 1 Moroto RRH Western Chapter: 2 Mbarara RRH KIU Teaching Hospital Central Chapter: 10 Mengo Hospital Rubaga Hospital Kawempe NR Hospital Mulago Women's & Neonatal Hospital Nakasero Hospital Nsambya Hospital Doctor's Hospital Seguku Entebbe Hospital Naguru Hospital Masaka RR Hospital
3	Media presence.	Tiktok: AOGU@aogu1985 128 followers X (Twitter): @AOGU1985 458 followers

		Facebook: @AOGU 1985 1.4K followers
4	Land title transfer from AOGU SACCO to AOGU.	This was completed
5	Creating reserve funds	Unit Trust opened with Old Mutual April 2026
6	AOGU executive meetings	Monthly meetings have been held
7	AOGU Council meetings	2 meeting in the financial year

Priority 2: Healthy and Thriving Membership that deliver high quality care.

No.	Activity	
1	Online CPD.	11 in total (7 in Quarter 1, 4 in Quarter 2)
2	Physical CPD	17/04/2026 Sponsored by Vagid CL 29/05/2026 Sponsored by Philips

Priority 3: Collaborations and Partnerships with other stakeholders.

No.	Partner	Reason for partnership	STATUS
1	Ministry of Health	Development of Gyn guidelines Fistula treatment and prevention. Improvement of Essential Maternal and Child Health guidelines	Ongoing
2	UMDPC Uganda Medical and Dental Practitioners Council	Ethical and legal landscape Setting scope of practice	Visited on 31/03/26 MOU drafted under review
3	National Midwives Association of Uganda	Collaboration in capacity building activities.	Met on 30/03/2026
4	Uganda Medical Association	Provision of Professional Indemnity	Ongoing

CHALLENGES AND LESSONS LEARNT

Dr. Kayondo Simon, Vice President

AOGU had major financial challenge during the 2025-2026 period. This emanated from decreased donor funding especially from USAID due restructuring among others and UK FCBO and this has affected the association's ability to run her projects.

The main lesson learnt is that continuous engagement of members is very critical for the growth and sustainability of the association. This has been done through many drives some of which has been institution based and others through direct engagement with obgyns who responded with excitement and increased recruitment into the association.

Advocacy & Policy engagement, Research and Knowledge generation, Maternal Newborn, sexual & Reproductive Health, Quality improvement & professional standards, Partnerships and collaborations. (From Dr. Kayondo VP)

AOGU works closely with MOH playing an advisory role on matters sexual reproductive health. Supporting MOH to develop maternal health guidelines, including Essential Maternal Newborn clinical guidelines and Post abortion care guidelines. AOGU advocates for quality and universally accessible sexual reproductive health services alongside partners in a coalition called CSSMUA. Partners are such as CEHURD, PSI, MSU, IPAS, Family Medical Point, etc.

AOGU has delivered multiple trainings to her membership and the wider Medical fraternity on ethics and professional practice either virtually through CMES or physically through regional and health facility engagements, as part of wider mobilization efforts of AOGU members.

AOGU incorporates research in all our activities, programs and projects. Implementation research has been done in areas of SRHR, looking at facility readiness and adherence to standards of practice, etc. Various AOGU membership also carries out research on various areas of Maternal health including Immediate postpartum family planning uptake, vaccine initiatives, post-partum hemorrhage, cancer of the cervix, etc.

CHAPTER 05

AOGU EXECUTIVE REPORTS

PRESIDENT'S REPORT

AOGU 2026: Growing Together, Serving Better

Prof. Rogers Kajabwangu

President AOGU

As I look back on 2026, what stands out most is how our Association grew closer to its members and stronger in its contribution to women's health. Guided by our Strategic Plan 2025 to 2029 and #ForEveryGyn, we worked to make AOGU a professional home in which every obstetrician and gynaecologist feels seen, valued and represented.



Member visit to Mengo Hospital



Visit to Mbarara Regional Referral Hospital



Midwives' post-abortion care training



FIGO President meeting in Kigali



Inaugural ECSACOG graduation in Harare



Western Chapter symposium in Mbarara



Northern Chapter conference in Gulu

One of our proudest achievements this year was the successful transfer of the land title for the AOGU property. This long-standing aspiration helps secure our Association's future. We also advanced the amendment of our Constitution, reduced our debt, opened a reserve fund through a Unit Trust, and introduced easier cashless payment channels.

I am particularly grateful to our members for responding positively to our membership drive. By September, 182 full members, 15 junior members and 7 associate members had subscribed. We also introduced unique identification numbers and membership certificates.

Some of the most rewarding moments were meeting colleagues where they work. Hospital visits reached government, private-for-profit and private-not-for-profit facilities, including Mbarara, Moroto and Masaka. Our regional chapters also grew stronger, successfully convening reproductive health conferences in Gulu and Mbarara. These activities kept AOGU connected to colleagues across the country.

Regular CPDs and online CMEs continued, while the growing participation of Senior House Officers and younger colleagues was especially encouraging.

AOGU also contributed to national women's health priorities. We supported Ministry of Health guidelines for maternal health, newborn health and gynaecology. Together with UNFPA, we supported the expansion of fistula surgery services to five Regional Referral Hospitals, while our MOU with the Ministry's Department of Clinical Services progressed significantly.

Our voice also grew beyond Uganda. We strengthened our representation within ECSACOG and AFOG, participated in the inaugural ECSACOG graduation ceremony in Harare, and had the opportunity to engage the FIGO President in Kigali.

Amid these achievements, we also experienced loss. We remember with gratitude Dr Batwala Ignatius James and Dr Drake Adupa Odongo, colleagues whose service to our profession and to women's health will remain part of AOGU's story.

These achievements belong to our members, Secretariat, partners and friends. As we look ahead, my hope is that we continue building an AOGU that is stronger, closer to its members and increasingly influential in improving the health of women and newborns in Uganda.

Thank you for being part of this journey.

#ForEveryGyn

EXECUTIVE DIRECTOR'S REPORT

Prof. Kakaire Othman

AOGU Executive Director

The President and members of the Association of Obstetricians and Gynaecologists of Uganda, Honourable guests and representatives of the Ministry of Health, Our partners in healthcare and development, Distinguished speakers and researchers, Colleagues, ladies and gentlemen,

I greet you.

It is my great pleasure and honour to welcome you to this important congress of the Association of Obstetricians and Gynaecologists of Uganda. I sincerely appreciate you taking the time to attend

this gathering. Your presence demonstrates the importance you attach to advancing sexual and reproductive health and to strengthening the quality of care provided to women, girls, newborns, and families across Uganda and beyond.

Our theme, “Together for Better Sexual and Reproductive Health: Leveraging Scientific Innovation and Research for Quality Care,” is both timely and deeply relevant.

It reminds us that improving sexual and reproductive health cannot be achieved by one institution, one profession, or one individual. It requires partnership, shared responsibility, and collective action. It requires Obstetricians and Gynaecologists working alongside midwives, nurses, general practitioners, researchers, pharmacists, laboratory scientists, policymakers, health managers, communities and our development partners. Most importantly, it requires placing women, adolescents, and families at the centre of our work.

Sexual and reproductive health is a fundamental component of overall health, dignity and human development. Every woman and girl should be able to access accurate information, respectful care, safe maternity services, contraception, fertility services, prevention and treatment of sexually transmitted infections, cancer screening, and appropriate support throughout the reproductive life course.

Yet, despite the progress that has been made, significant challenges remain. We continue to encounter preventable maternal and newborn complications, unmet needs for family planning, adolescent pregnancy, infertility, gender-based violence, reproductive tract cancers, and inequities in access to quality services. These challenges are complex. They are influenced by poverty, distance, culture, limited resources, shortages of skilled personnel, weak referral systems, misinformation, and other social determinants of health. Addressing them demands evidence-based solutions and a commitment to continuous improvement.

This is where scientific innovation and research become essential.

Innovation is not limited to advanced equipment or sophisticated technology. It also includes developing simpler, safer, and more affordable ways of delivering care. It includes telemedicine, digital health platforms, point-of-care diagnostics, improved referral systems, simulation-based training, innovations in surgical practice and the use of data to guide clinical decisions. Innovation also means asking whether the care we provide is accessible, acceptable, respectful and responsive to the needs of the people we serve.

Research, on the other hand, enables us to understand our challenges more clearly and to identify interventions that work in our own context. We must strengthen locally generated evidence and ensure that research findings do not remain confined to conference presentations or academic journals. Evidence must inform clinical guidelines, policy, training and service delivery.

As professionals, we have a responsibility to promote research that responds to the realities of Uganda and the wider African region. We should encourage young clinicians and researchers to ask important questions, build research capacity and collaborate across institutions. We should support ethical research, accurate data collection and the translation of evidence into practice.

At the same time, scientific progress must always be guided by compassion and professional ethics. Every patient has the right to privacy, dignity, informed consent and respectful treatment. No technological advancement can replace the value of listening to a patient, communicating clearly and showing empathy.

As we deliberate during this congress, I encourage us to focus on several priorities.

First, let us strengthen collaboration. The challenges before us are interconnected, and our responses must also be interconnected. Stronger collaboration between professional associations, government, training institutions, private providers, civil society, and communities will enable us to achieve more.

Second, let us promote quality improvement in every health facility. Quality care is not only about having the right guidelines. It is about ensuring that those guidelines are implemented consistently, that providers are supported, and that patients receive safe, timely, and respectful care.

Third, let us invest in the next generation of specialists and healthcare providers. Mentorship, continuous professional development, skills training and supportive leadership are essential for building a resilient health system.

Fourth, let us give greater attention to adolescents, vulnerable populations and underserved communities. No one should be excluded from essential sexual and reproductive health services because of age, location, disability, poverty or social circumstances.

Fifth, let us use data more effectively. What is not measured is difficult to improve. Reliable data can help us identify gaps, monitor progress, allocate resources and hold ourselves accountable.

Finally, let us advocate for sustained investment in sexual and reproductive health. Quality care requires trained personnel, essential medicines, functioning equipment, reliable referral pathways and supportive policies. Advocacy must therefore remain an important part of our professional responsibility.

This congress offers us an opportunity not only to learn, but also to listen, reflect and act. Let us share our experiences openly, celebrate what is working, examine what is not working and identify practical solutions that can be implemented when we return to our institutions. Let us also remember that partnership must extend beyond this congress. The relationships we establish here should lead to joint research, mentorship programmes, quality improvement initiatives, policy engagement and stronger professional networks.

As the Association of Obstetricians and Gynaecologists of Uganda, we reaffirm our commitment to supporting excellence in clinical practice, education, research, advocacy and professional development. We shall continue to work with all stakeholders to advance the health and well-being of women, adolescents, newborns and families. Colleagues, the future of sexual and reproductive health depends on our willingness to work together, embrace evidence, adopt appropriate innovations and remain committed to compassionate care.

Let us leave this congress with renewed purpose:

- To place patients at the heart of every decision,
- To transform research into better clinical practice,
- To use innovation to improve access and quality,
- To mentor and empower future leaders, and
- To build a health system in which every woman and girl can receive the care she deserves.

Together, we can make a meaningful difference. Together, we can turn knowledge into action. Together, we can achieve better sexual and reproductive health for Uganda and for the region. I wish you fruitful discussions, meaningful networking, and a successful congress.

Thank you, and welcome.

OPERATIONS REPORT FOR 2025 /2026

I thank the members who have continually subscribed to the AOGU membership. Our subscribed members have increased, and I call upon all Obstetricians and Gynaecologists graduating annually to join the association. I want to also inform you all that the door for associate membership is open to all health professionals who wish to work with AOGU to advance maternal and child health.

AOGU House transfer form from SACCO to the association progressed well, and now the land title is in AOGU's name.

Both virtual and physical continuing professional development (CPD) activities were successfully organized during the year. Though we had set out to conduct monthly CPDs, at some time we carried out biweekly CPDs due to high demand.

Renovation of AOGU House remains a priority but is constrained by funding. We hope that when finances are secured, the renovations will commence forthwith.

ECSACOGS fellowship training in Uganda continues with six accredited training sites (Lacor, Mbarara, Mbale, Mulago Women & Neonatal, Lubaga and Mengo. Eighteen (18) fellows are currently enrolled: 4 in year one, five in year two, five in year three, and 4 in year four. One second-year student from Lacor, who failed the logbook, was asked to repeat but opted to discontinue the course. The first graduation Ceremony and seventh ESCACOGS scientific Conference were held on 26-28 August 2026 in Harare, Zimbabwe. AOGU was ably represented by the president, and several AOGU members attended.

All the Regional Chapters are active and running. The northern chapter organised a conference between 9th and 10th July 2026 at Boma Hotel, and the western chapter organised a symposium on 24th July 2026 at Las Vegas Hotel. The eastern chapter could not hold one due to financial constraints.

The annual audit has been completed, and the Treasurer will present audited financial statements.

Digital platforms: AOGU is running a number of digital platforms to increase our visibility. We are on X, facebook, and WhatsApp. We have an active call Centre where clients call in for free information and a website where most of the information about AOGU can be readily obtained.

AOGU has developed and approved institutional policies which strengthen AOGU's competitiveness in grant applications. These include: Safeguarding, Environmental policy, Anti-fraud and anti-corruption, procurement manual, Employee code of conduct, Ethical code of conduct, Whistleblowing, Data protection, Sexual exploitation and abuse. We are still working on the anti-money laundering policy.

Constitution Amendment: The constitution has been reviewed, and the proposed amendments have been circulated to all members. I hope each and every one of us has taken time off to read the suggested amendments. Our task is for this congress to ratify the proposed amendments. The new constitution will help transition AOGU from an association to an NGO.

Hospital Visits: This year, AOGU launched a drive to visit Hospitals and mobilize members to subscribe to AOGU. The chair AOGU central chapter and AOGU Secretariat have been at the fore front of this mobilization. We recognize the President and all members of the executive who have had a hand in this mobilization exercise. Before this conference, 184 full members, 8 associate members and 15 junior members had paid their annual subscription fees. Though this was below our expectations, we will continue to work hard so that the number of paid-up members grows.

EXISTING PROJECTS

Project	Scope / description
Catalytic Opportunity Fund (COF) Hormonal Intrauterine Device (HIUD) Project - Karamoja	250,000 USD. This is a one-year project to build the capacity and competence of health workers in scaling up hormonal IUD distribution in 51 public health facilities in the Karamoja region. This project is funded by The Catalytic Opportunity Fund (COF) and administered by The Clinton Health Access Initiative (CHAI) - USD 250,000 (Feb 2026 to January 2027).
STOP Project	AOGU is working with Marie Stopes Uganda (MSU) and UNFPA to prevent and treat women with birth injuries, including Obstetric fistula and genital prolapse, in the Busoga sub-region. The STOP project is a three-year project funded by the Republic of Iceland. Our role is to identify Urogyn teams that run the monthly camps in health facilities in Busoga.

PAMOJA Project Phase II	Funded by Amplify Change (25,837 USD). This is a two-year project implemented by CEHURD (Start date: 1st August 2026).
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COMPLETED PROJECTS

Project	Scope / description
COF Hormonal Intrauterine Device (HIUD) Project - Bugisu & Sebei	250,000 USD. This was a one-year project supporting the scaling up of Hormonal IUD in Bugisu and Sebei sub-region. The regional Obstetricians at Mbale Regional Referral Hospital are leading the coordination, training, and mentorship of the trained health workers in family planning service provision, especially the long-acting reversible methods.
Empower Project	AOGU, in partnership with Pathfinder, was implementing a five-year project funded by the British Government (388,000 GP). This was a five-year project, but funding was paused due to emergence of new pressing priorities. It was aimed at Empowering Women for Better Reproductive Health Outcomes. Our Role was to offer technical support in EmONC, ETOO, and Fistula care. These activities were running in 80 districts across Uganda, excluding West Nile and Ankole sub regions who had a different implementing partner. The Obstetricians and Gynaecologists and senior midwives in regional referral Hospitals covering those 80 districts were carrying out the training and mentorship of health providers in those districts.
PAMOJA Project Phase I	Funded by Amplify Change and implemented by CEHURD (25,000 USD). This was a one-year project that ended in August 2025. Trained health workers on PAC and Harm reduction counselling.
IPAS Project	30,000 USD. This was a one-year project to support advocacy activities for Reproductive Justice. Trained health care providers, SRHR youth, media personnel, VHTs, JLOS and Police, Women's rights groups, curriculum owners, and district health teams in self-care, VCAT, and built advocacy capacity and disseminated the abortion legal & policy framework.
CUAMM Project	AOGU had an active MOU with CUAMM (Doctors with AFRICA). We supported CUAMM to implement their RMNCAH CQI mentorships in Lango & Karamoja sub-regions. We identified and seconded Obstetricians and Gynaecologists to CUAMM who are then engaged directly to carry out the mentorships.

SUBMITTED PROPOSALS UNDER CONSIDERATION

1. We have submitted a proposal to the Beginnings Fund. It aims to reduce maternal and perinatal morbidity and mortality through the use of evidence-based maternity bundles.
2. We have also submitted a proposal to COF for the mentorship of health professionals in all national, regional, and district hospitals on the delivery of hormonal IUD services.

PARTNERSHIP

AOGU has nurtured partnerships with East Central Southern Africa Obstetrics College(ECSACOG), Seed Global, the Society of Obstetrics and Gynaecology of Canada(SOGC), Social Justice Fund Canada, FIGO, Save the Children in Uganda, Marie Stopes, White Ribbon Alliance, Uganda Christian University Mukono, Uganda Private Midwives Association, Uganda Pediatrics 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, PACE, UNFPA, CUAMM, RHITES, JHPIEGO, Makerere School of Public Health, WHO, CEHURD BAMA and MOH.

Challenges and Sustainability

The biggest challenge we are faced with is resource mobilization. The grants are still few, and I appeal to members to write and manage grants through AOUGU. We have structures in place for the smooth running of any kind of grant or project.

Opportunities:

- Growing membership who have various skills.
- Strategic Partnerships: Strengthen alliances with the Ministry of Health, international agencies, and local NGOs to co-implement national safety guidelines and community outreach programs
- Regional Expansion: Build on the success of regional branches—like the Western Chapter symposium in Mbarara—to decentralize training, scientific conferences, and maternal health advocacy across more Ugandan districts

I conclude by thanking the Executive Committee and the Secretariat staff for the support they have rendered me to ensure continuity of AOGU work.

TREASURER'S REPORT

AOGU 2025/2026 FINANCIAL PERFORMANCE

Dr. Amadriyo Emma

Treasurer

On behalf of the Executive Committee, I am pleased to present the Treasurer's Report for the financial year ended 30 June 2026. The report provides a comparative review of the Association's income, expenditure, surplus, financial position and cash resources, with particular attention to the major movements between 2026 and 2025.

The financial statements for the year were audited and the auditors expressed the opinion that they give a true and fair view of the financial position, financial performance and cash flows of the Association in accordance with the applicable financial reporting framework.

1. Income Performance

Total income increased from UGX 984,993,339 million in 2025 to UGX 1.867 billion in 2026, representing an increase of 89.6%. The growth was primarily driven by donor income, which increased by 123.9%, while local income declined by 12.3%.

Income Category	2026 (UGX)	2025 (UGX)	Movement (UGX)	% Change
Donor income	1,649,695,436	736,918,827	912,776,609	123.9% ↑
Local income	217,457,229	248,074,512	(30,617,283)	12.3% ↓
TOTAL INCOME	1,867,152,665	984,993,339	882,159,326	89.6% ↑

2. Expenditure Performance

Total expenditure increased from UGX 932.469 million in 2025 to UGX 1.852 billion in 2026, representing an increase of 98.6%. The increase was largely associated with the scale-up of donor-funded programs and activities.

Expenditure Category	2026 (UGX)	2025 (UGX)	Movement (UGX)	% Change
Staff expenses	485,181,842	286,553,181	198,628,661	69.3% ↑
Administrative expenses	131,418,243	96,674,355	34,743,888	35.9% ↑
Donor Operating expenses	1,227,635,396	545,026,513	682,608,883	125.2% ↑
Finance costs	7,765,944	4,215,205	3,550,739	84.2% ↑
TOTAL EXPENDITURE	1,852,001,425	932,469,254	919,532,171	98.6% ↑

3. Surplus for the Year

Particulars	2026 (UGX)	2025 (UGX)	Movement (UGX)	% Change
Total Income	1,867,152,665	984,993,339	882,159,326	89.6% ↑
Total Expenditure	(1,852,001,425)	(932,469,254)	(919,532,171)	98.6% ↑
SURPLUS	15,151,240	52,524,085	(37,372,845)	71.2% ↓

Although total income increased by 89.6%, expenditure increased at a faster rate of 98.6%. As a result, the annual surplus reduced from UGX 52.524 million in 2025 to UGX 15.151 million in 2026, a reduction of UGX 37.373 million or 71.2%. The surplus margin reduced from approximately 5.3% of income in 2025 to 0.8% in 2026.

4. Statement of Financial Position

Particulars	2026 (UGX)	2025 (UGX)	% Change
Property, Plant & Equipment	1,158,330,835	686,281,273	68.8% ↑
Unit Trust Investment	18,859,505	-	New
Trade & Other Receivables	5,160,000	11,607,636	55.5% ↓
Cash & Cash Equivalents	97,090,355	179,237,102	45.8% ↓
Current Assets	102,250,355	190,844,738	46.4% ↓
Current Liabilities	189,456,109	284,342,227	33.4% ↓
Net Current Liabilities	87,205,754	93,497,489	6.7% improvement

Property, plant and equipment increased significantly, largely due to the revaluation of the Association's property. Members' surplus increased substantially, mainly as a result of the revaluation reserve rather than the operating surplus for the year. Receivables reduced by 55.5%, which is a positive movement in working-capital management.

4.1 Current Liabilities

Liability	2026 (UGX)	2025 (UGX)
Trade payables	9,258,329	-
PAYE	10,270,263	-
NSSF	4,659,473	-
House payables	105,222,500	122,467,500
Withholding tax	1,484,700	716,399
Deferred income	58,560,844	161,158,328
TOTAL CURRENT LIABILITIES	189,456,109	284,342,227

5. Cash and Cash Equivalents

Cash Position	2026 (UGX)	2025 (UGX)	% Change
Cash in hand	5,300	4,800	10.4% ↑
Bank balances	97,085,055	179,232,302	45.8% ↓
TOTAL CASH & CASH EQUIVALENTS	97,090,355	179,237,102	45.8% ↓

Cash and cash equivalents decreased by UGX 82.147 million, from UGX 179.237 million in 2025 to UGX 97.090 million in 2026. At year-end, approximately UGX 80.717 million was held in UGX balances and UGX 16.373 million in USD balances.

Investment activities used UGX 27.860 million during the year. This included UGX 18.860 million invested in the Unit Trust and UGX 9.000 million relating to stamp duty and other costs associated with transferring the title of the land into AOGU's name.

The UGX 9 million represents costs associated with the legal transfer and registration of the existing land to the AOGU name. Consequently, the amount was capitalized as part of the cost of the land/property rather than being treated as an ordinary administrative or operating expenses

7. Key Achievements

AOGU HOUSE DEBT REDUCTION

CATEGORY	Amount in UGX	Payment made	Date	Balance
Loans and interest (Life sure)	25,200,000	-		25,200,000
SACCO member Contributions	41,762,500	-		41,762,500
AOGU member Contributions	17,245,000	17,245,000	June 2026	0
AOGU SACCO SAVINGS	38,260,000	-		38,260,000
Total	122,467,500	17,245,000		105,222,500

Another category will be selected to be cleared in this new financial year.

LAND TITLE NAME CHANGE

The Land title has been officially transferred from the name "Association of Obstetricians and Gynaecologists of Uganda – SACCO" to "Association of Obstetricians and Gynaecologists of Uganda (AOGU) Limited".

CASH FREE PAYMENT OPTIONS

The association registered for MoMo Pay and Airtel Pay making it easier for members to contribute to the associations. They have been added to the previously existing Stanbic bank payment option.

STANBIC BANK: Ass of Obs & Gyno, 9030005946661

MTN MOMO: Merchant Code: 02240146

AIRTEL PAY: Merchant Code: 6636367



Association of
Obstetricians and
Gynaecologists
of Uganda
(AOGU)

Payment Details



USSD Code: ***185*9#**
Merchant Code: **6636367**



MTN
MoMo

USSD Code: ***165*3#**
Merchant Code: **02240146**



Stanbic Bank
A member of Standard Bank Group

Acc. Name: **Ass of Obs & Gyno**
Acc. No: **9030005946661**
Branch: Stanbic Bank, Mulago

#ForEveryGyn

Champions of Quality Reproductive Health

BUILDING SUSTAINABILITY RESERVES

The Executive has been intentional about setting aside funds to grow a pool of reserves for the future of the association.

A Unit Trust was opened with Old Mutual (UAP).

In the financial year **2025/2026** a total of **UGX .18,859,500** was deposited in the Unit Trust for the association.

2026 SUBSCRIPTION DRIVE

A subscription campaign was carried out to raise 500 subscriptions for the year 2026.

The achievement was:

- **182 full members (OBGYNs)**
- **15 Junior members (SHOs)**
- **7 Associate members**

This has been the biggest number of subscriptions achieved before the conference as it has previously been.

8. Key Financial Challenges

- AOGU is heavily donor dependent and yet the current **donor environment is limited**. Donor income as well comes with restrictions on what it can be used for.
- **Limited unrestricted funds** (12% of total income).

These are the funds that can easily be utilized for member engagement activities and member welfare.

- **Low subscriptions.**

Out of the 491 OBGYN registered with UMDPC by start of 2026, AOGU only saw 182 subscriptions by 8th Sept 2026.

7. Recommendations for Improvement

- Urgent need for diversification of sources of funds particularly for unrestricted income
- AOGU to explore social enterprise avenues
- Need for consistently setting aside reserve funds for sustainability
- Encourage more OBGYNs to subscribe to the association annually.
- Members of AOGU are encouraged to write their grant proposals through the association. Members with research grants are also encouraged implement through the association.
- Attract new funding partners and maintain relationship with the current funding partners.
- Plans for AOGU House / Property for income generation
- In the short term: Renovation to create office spaces for rent.
- In the Long term: construction of an actual office complex with training spaces. This would create office space, training facilities.

8. Conclusion

AOGU has remained financially viable through the financial year 2025/2026 however with a small surplus of 15,151,240 UGX. This poses a sustainability risk in the event of limited donor funding.

To build a financially sustainable association, focus is being put on reducing the debt, increasing unrestricted income and building the association reserves.



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REPORT OF THE INDEPENDENT AUDITORS MEMBERS OF ASSOCIATION OF OBSTETRICIANS AND GYNAECOLOGISTS OF UGANDA.

Opinion

We have audited the accompanying financial statements of the (AOGU) set out on pages 6 to 20, which comprise the statement of financial position as at 30 June 2026, the statement of income and expenditure, statement of changes in funds and statement of cash flows for the year ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Organisation as at 30 June 2026, and of its financial performance and its cash flows for the year ended in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities (IFRS for SMEs) and the requirements of the Non Governmental Organisations Act of Uganda, Cap 109.

Basis for opinion

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 Organisation 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.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged With Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Non Governmental Organisations' Act of Uganda, Cap 109, 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.

In preparing the financial statements, the directors are responsible for assessing the Association'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 Association or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association's financial reporting processes.

Auditor's responsibilities for the audit of the financial statements

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 misstatement when it exists. Misstatements 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:

PROPOSED 2026 / 2027 BUDGET

PROJECTED INCOME

Revenue Source	Budget (UGX)
Restricted Revenue	
COF Project	1,440,000,000
CHEHURD (PAMOJA)	118,169,109
IPAS	109,500,000
Other Donor Income	500,000,000
Total Restricted Income	2,167,669,109
Unrestricted Revenue	
Member Subscriptions	50,000,000
10% contribution from projects	216,766,911
Other Income	11,545,159
Conference Registration & Contributions	153,935,640
Member Contributions (10%)	1,500,000
Rental Income	16,800,000
Total Unrestricted Income	450,547,710
TOTAL PROJECTED INCOME	2,618,216,819

EXPENDITURE BUDGET

B. Expenditure Budget	Budget (UGX)
Programme Costs	
COF Programme	1,440,000,000
CHEHURD Programme	118,169,109
IPAS Programme	109,500,000
Other Donor Programmes	500,000,000
Total Programme Costs	2,167,669,109
Secretariat/Core Operations Budget	Secretariat/Core Operations Budget
Staff Salaries	172,709,808

NSSF	17,270,981
Administrative Expenses	117,344,000
Capital Equipment	15,000,000
Governance & Membership Activities	143,000,000
Materials Development & Consultancy	6,000,000
Contingency	9,081,076
Total Secretariat/Core Operations Budget	480,405,865
TOTAL EXPENDITURE	2,648,074,974

FUNDING SUMMARY

Schedule 1: Revenue Sources Budget	
All donor grants and unrestricted income.	2,401,449,908
Schedule 2: Expenditure Budget	
Programme Costs	2,167,669,109
Secretariat Costs	480,405,865
Schedule 3: Core Cost Recovery Analysis	
Description	Amount (UGX)
Total Secretariat/Core Operations Budget	(480,405,865)
Funded from Overheads/ project salary contribution (10% of program income)	216,766,911
Funded from Membership Fees	50,000,000
Funded from Conference Income	153,935,640
Funded from Rental Income	16,800,000
Funded from Income (10 % Member Contributions	1,500,000
Funded from Other Income	11,545,159
Funded from UT Interest Income	6,000,000
Surplus/(Deficit)	(23,858,155)
Add back depreciation expenses	31,000,000
Cash Surplus/(Deficit)	7,141,845

CHAPTER 06

AOGU REGIONAL CHAPTER REPORTS

AOGU WESTERN CHAPTER REPORT

Dr. Tayebwa Bekson

AOGU Council Representative - Western Region

The AOGU Western Chapter continued to strengthen its presence across Western Uganda during the reporting period through member mobilisation, scientific engagement, continuous professional development (CPD), and strategic partnerships. The chapter successfully conducted membership sensitization visits, organised the 1st Annual Reproductive Health Symposium, facilitated several CPD activities, and enhanced collaboration among obstetricians, gynaecologists, residents, midwives, nurses, and other healthcare professionals in the region.

These activities contributed significantly to increased awareness of AOGU, strengthened professional networking, enhanced visibility of the association, and promoted continuous learning among reproductive health practitioners.

AOGU Western Chapter Leadership Committee

Dr. Bekson Tayebwa	Chairperson/AOGU Council Representative
Dr. Fiona Asimwe	Secretary
Dr. Edwin Geoffrey Semambo	Treasurer
Dr. Sezalio Masembe	Publicity
Dr. Brenda Ainomugisha	Welfare
Dr. Onesmus Byamukama	CPD/Scientific Affairs
Dr. Ahabwe Onesmus Magezi	Representative – Kigezi
Dr. Leevan Tibaijuka	Representative – Ankole
Dr Hillary Turyahebwa	Representative - Rwenzori
Prof. Musa Kayondo	Advisor
Prof. Godfrey R. Mugenyi	Advisor
Sr. Pearl Kwikiriza	Representative – Associate Members
	3 Representatives – Residents from MUST, KIU, KABALE



AOGU Western Chapter Committee with the AOGU President

About the Western Chapter

The AOGU Western Chapter serves the Ankole, Kigezi, and Rwenzori sub-regions, covering approximately 26 districts in Western Uganda. The region hosts several major healthcare institutions and training centres that contribute significantly to maternal and reproductive health services.

The chapter is strategically positioned within a region that hosts three universities offering postgraduate training in Obstetrics and Gynaecology:

- Mbarara University of Science and Technology (MUST)
- Kampala International University (KIU)
- Kabale University

Additionally, the region hosts major referral facilities, including Mbarara Regional Referral Hospital and Kabale Regional Referral Hospital, alongside numerous district and general hospitals that provide reproductive healthcare services.

The chapter therefore plays an important role in advancing professional development, promoting evidence-based practice, supporting research, and strengthening collaboration among obstetricians and gynaecologists in the region.

Membership Mobilization and Sensitization Activities

During the reporting period, the chapter, led by the Chairperson and supported by the AOGU President, Prof. Rogers Kajabangu, conducted physical mobilisation and sensitisation visits aimed

at increasing membership enrolment, encouraging subscription to the association, and raising awareness about the benefits of AOGU membership.

Institutions Visited

- Kampala International University Teaching Hospital (KIUTH)
- Mbarara Regional Referral Hospital / Mbarara University of Science and Technology (MUST)

The mobilisation activities targeted:

- Obstetricians and gynaecologists
- Residents in training
- Lecturers and academic staff
- Midwives and nurses
- Medical officers and interns

During these visits, presentations were delivered on the objectives, achievements, and opportunities available through AOGU membership. Interactive discussions and networking sessions provided participants with an opportunity to engage with AOGU leadership, share experiences, and discuss regional reproductive health priorities.

Outcomes

The mobilisations contributed to:

- Improved engagement with practicing specialists and trainees.
- Increased awareness of AOGU activities and membership benefits.
- Strengthened relationships with teaching institutions and referral hospitals.
- Enhanced visibility of the association within the Western Region.
- Increased interest in active participation in chapter activities.

Scientific and Academic Activities

1st Annual Reproductive Health Symposium

One of the major achievements of the reporting period was the successful organisation of the 1st Annual Reproductive Health Symposium held on 24th July 2026 at Las Vegas Garden Hotel, Mbarara City.

The symposium brought together reproductive health professionals from across the region to share experiences, discuss emerging evidence, and explore innovative approaches to improving maternal and reproductive health outcomes.

Participation

A total of 144 participants attended the symposium.

Cadre	Attendance	Percentage
Obstetrics & Gynaecology Specialists/Residents	63	43.8%
Midwives and Nurses	30	20.8%
Medical Officers and Interns	19	13.2%
Other Health Professionals	33	22.2%
Total	144	100%

Key Achievements of the Symposium

The symposium achieved several important objectives:

- Enhanced professional networking among reproductive health practitioners.
- Strengthened interdisciplinary collaboration across different healthcare cadres.
- Promoted dissemination of current scientific knowledge and best practices.
- Increased public and media visibility of AOGU and its regional activities, as the activities were broadcast on several electronic and print media public platforms such as TVs, radios, newspapers, etc.
- Mobilised potential new members for the association.
- Strengthened the operationalisation of the Western Chapter leadership structure.
- Provided a platform for discussing regional reproductive health challenges and opportunities.

Continuous Professional Development (CPD)

The chapter remained committed to continuous learning and professional growth among its members.

During the reporting period, a total of four (4) CPD sessions were conducted:

- Two virtual CPD sessions organised in collaboration with AOGU National.
- Two physical CPD sessions were conducted in partnership with pharmaceutical stakeholders and healthcare partners.

These educational activities provided opportunities for healthcare professionals to update their knowledge, share experiences, and discuss advances in obstetrics, gynaecology, reproductive medicine, and maternal health care.

Impact of CPD Activities

The CPD sessions contributed to:

- Improved access to current professional knowledge.
- Strengthened engagement of members within the region.
- Increased collaboration between healthcare providers and partners.
- Promotion of evidence-based clinical practice.

Key Achievements During the Reporting Period

The Western Chapter registered several notable achievements during the year:

- Successfully established and operationalised the regional leadership structure.
- Conducted membership mobilisation and sensitisation activities in key training and referral institutions.
- Successfully organised the 1st Annual Reproductive Health Symposium.
- Facilitated four CPD activities for healthcare professionals.
- Strengthened collaboration with academic institutions and regional hospitals.
- Increased the visibility and recognition of AOGU within the Western Region.
- Expanded professional engagement among obstetricians, gynaecologists, residents, midwives, nurses, and allied health professionals.

Challenges

Despite these achievements, the chapter encountered several challenges, including:

- Limited financial resources to support regional activities.
- Geographical distance between districts, making participation difficult for some members.
- Variable levels of member subscription and engagement.
- Limited funding for scientific and academic activities.
- Addressing these challenges will require stronger member participation, enhanced partnerships, and innovative approaches to programme delivery.

Future Priorities (2026–2027)

The chapter plans to focus on the following priorities:

- Membership Growth
 - Intensify membership mobilization activities across all districts.
 - Increase subscription and retention of existing members.
 - Enhance engagement of resident doctors and associate members.
- Professional Development
 - Conduct regular regional CPD sessions.
 - Collaborate closely with the Ankole LMNS and other professional bodies in delivering CPDs.
 - Host national AOGU CPD activities in the Western Region.
- Scientific Engagement
 - Institutionalize the Annual Reproductive Health Symposium as a flagship regional scientific event.
 - Promote research presentations and publication among members and residents.
 - Strengthen mentorship opportunities for trainee specialists.
- Partnerships and Resource Mobilization
 - Expand partnerships with universities, hospitals, development partners, and pharmaceutical companies.
 - Mobilize financial and technical resources to support chapter activities.

Conclusion

The 2025/2026 reporting period was characterized by significant progress in establishing and strengthening the AOGU Western Chapter. Through membership mobilization, scientific engagement, CPD activities, and stakeholder collaboration, the chapter enhanced its visibility and contribution to advancing reproductive health in Western Uganda.

The chapter remains committed to supporting the objectives of AOGU and fostering excellence in obstetrics and Gynaecology through professional development, research, advocacy, and collaboration.

Pictures from the activities

AOGU WESTERN CHAPTER 1st ANNUAL REPRODUCTIVE HEALTH SYMPOSIUM



AOGU Membership mobilisation and sensitisation drive at Mbarara Regional Referral Hospital / MUST with the AOGU President



AOGU Membership mobilization and sensitization drive at Kampala International University

AOGU CENTRAL CHAPTER, REPORT.

Dr. Irumba Charles

AOGU Council Representative - Central Region

Geographical coverage that includes:

- Kampala Metropolitan including Mukono and Wakiso
- Greater Masaka region
- Mubende region
- Mid central region

Training institutions

The region hosts 2 medical schools that offer MMed OBGY.

1. Makerere University, College of Health Sciences
2. Mother Kevin Post Graduate School Nsambya.

The region also hosts a fellowship training centre for Gyn-oncology at the Uganda Cancer Institute.

Hospital visits

During this year, the central region has invested in hospital visits to meet member at their work places. A total of 11 hospital visits.

Mengo Hospital



Rubaga Hospital



Kawempe NR Hospital



Doctor's Hospital Seguku



Naguru Hospital



Nsambya Hospital



Masaka RR Hospital



Nakasero Hospital



Mulago Women's & Neonatal Hospital



Entebbe Hospital



Continuous Professional Development activities

The region has organized virtual CPD activities for the national level and physical CPD activities for the regional level.

Challenges

- Wide geographical scope making distant areas underserved.
- Financial limitations to organize team building engagements.

CHAPTER 07

MEMBERSHIP & MEMBER SERVICES

AOGU MEMBERSHIP GROWTH

AOGU registered the highest number of new members in 2026 (70 members) following the year 2020 that registered 59 members having full membership registering the highest number of 49 compared to Junior members and Associate with 15 and 6 members respectively.

This brings the cumulative number of registered members to **633**.

The AOGU executive has made deliberate efforts in engaging the OBGY SHOs (residents) and junior OBGY specialised that have newly completed their studies.

Membership Registration as per classifications over the years.

Year	Full members	Junior members	Associate members	Total
2020	6	0	53	59
2021	22	0	2	24
2022	26	0	1	27
2023	33	0	17	50
2024	16	0	2	18
2025	17	0	8	25
2026	49	15	6	70

MEMBER BENEFITS AND PROFESSIONAL SERVICES

Professional Indemnity

AOGU has collaborated with UMA to provide Professional indemnity services to her members. This collaboration was explored as way to bring down the cost professional indemnity for her members and UMA provides a pool of many more doctors.

The infographic is titled "2026/2027 PROFESSIONAL INDEMNITY COVER". It features the logos of the Uganda Medical Association (UMA) and the Association of Obstetricians and Gynaecologists of Uganda (AOGU). A central shield icon displays "UGX 1 BILLION COVER" and "12 MONTHS (2026/27)". Key details include: Coverage Period: 12 MONTHS (2026/27); Cumulative Cover: UGX 1 BILLION. A section titled "PROTECT YOUR PRACTICE. PROTECT YOUR FUTURE." states that the cover is available exclusively to fully subscribed UMA members with a valid UMDPC Annual Practising Licence. The "APPLICATION REQUIREMENTS" section is divided into three categories: Financial Requirements (UMA Annual Subscription UGX 100,000 and Indemnity Premium UGX 270,000), Identification & Licensing (National ID Front & Back and Valid 2026 APL Licence), and Professional Profile (Passport Photo and Updated CV). "PAYMENT OPTIONS" include STANBIC BANK WANDEGEYA BRANCH (Account Name: Uganda Medical Association, Account No: 9030005898225) and MTN MoMo (Dial: *165*3#, MoMo Code: 143994, Reference: UMA Number + Indemnity). An "APPLY NOW" button with a QR code and a "Scan QR Code to Apply" link are provided. Contact information includes 0706 744 927, www.uma.ug, and @TheUMAofficial. The footer reads "SERVING DOCTORS. PROTECTING PROFESSIONALS."

Professional Indemnity Cover information for 2026/2027, provided through the AOGU–UMA collaboration.

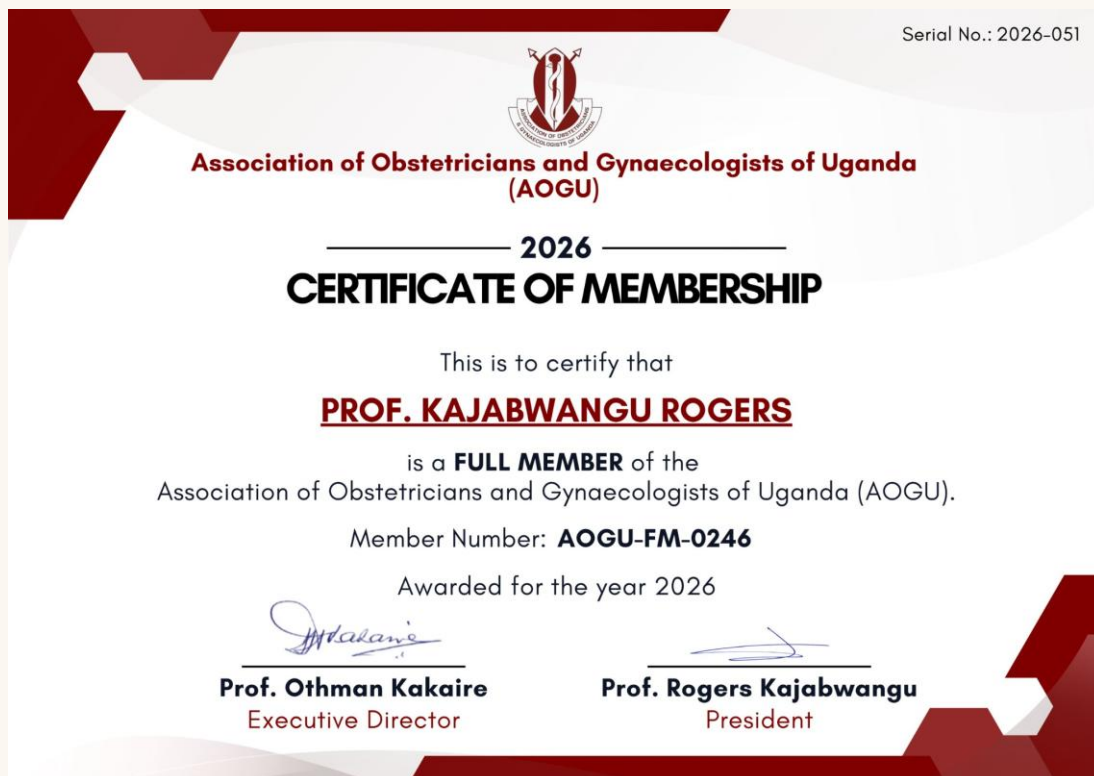
Member identification numbers

Each member of AOGU now has a unique identifier that is alpha-numeric. These identifiers categorise members into the following:

- ✚ **Full members (FM):** These are Obstetricians and Gynaecologists
- ✚ **Junior members (JM):** These are OBGY SHOs or ECSACOG fellows
- ✚ **Associate Members (AM):** These are other members outside the above that would like to associate with members.

Membership certification

This year, members received certificates of membership for the first time. These will be carried and improved with each year.



Example of the 2026 AOGU Certificate of Membership issued to the Association President.

Member welfare and Support

Obituary

This year, we have lost **2 members** of our association:

1. Dr. Ignatius Batwala
2. Dr. Drake Adupa

May their Souls rest in peace.

The association has also been able to stand with colleagues who have lost loved ones.

Member Engagement Initiatives

- ✚ Hospital visits
- ✚ Online CPD activities
- ✚ Physical CPD activities
- ✚ Engagement of junior members OBGY SHOs / Residents / ECSACOG fellows in activities.

MEMBER VOICES

What members hope to see next

<i>"I hope to see an AOGU where mentorship crosses generations, knowledge crosses institutions, and collaboration crosses geographical boundaries, an Association where every member has a voice and an opportunity to contribute. Together, we can build a united, innovative and influential professional community that advances its members, shapes health policy, promotes research and innovation, and ultimately transforms obstetric and gynaecological care for every woman in Uganda, today and for generations to come."</i> Dr. Kagezi Heugh MBChB, MMed Obs/Gyn Reproductive Medicine & Advanced ART Specialist Mulago Specialised Women and Neonatal Hospital	<i>"I hope to see AOGU build the next generation from upcountry - linking senior consultants with junior doctors and residents upcountry, supporting research in practice, super-specialization access, and protecting our professional welfare."</i> Dr. Aderu David Senior Lecturer, OBGY Department Soroti University
	<i>I thank AOGU, our mother association, for uniting and supporting us and giving us a collective voice for women's health.</i> Dr. Ajok Jennifer Associate Consultant Jinja Regional Referral Hospital



CHAPTER 08

OBGY SUB-SPECIALITIES

1. Maternal–Fetal Medicine

A Concise Clinical Overview

Dr. Mike N. Kagawa, MMed, MFM, PhD, FAIMER Fellow, ECSA-COG Fellow



Maternal–fetal medicine (MFM) is the subspecialty of obstetrics and gynaecology focused on preventing, diagnosing and managing maternal, fetal and placental complications. MFM specialists provide consultation or co-management for pregnancies requiring surveillance beyond routine antenatal care.

High-risk pregnancy

A pregnancy is high risk when maternal disease, obstetric history, fetal/placental findings or anticipated complications increase morbidity or mortality and warrant specialist input. Common triggers include hypertensive disease, diabetes, cardiac or

connective-tissue disease, sickle-cell disease, multifetal gestation, recurrent pregnancy loss, prior fetal anomaly or unexplained stillbirth, suspected aneuploidy, abnormal growth, threatened preterm labour, and concerning ultrasound findings.

Putting the fetus at the centre of care

Maternal stability does not guarantee fetal well-being. In low-resource settings, assessment is often maternal-by-proxy, obstetric ultrasonography provides direct evaluation of viability, anatomy, growth, amniotic fluid, placental function and fetal circulation. It should complement—not replace—clinical assessment and locally appropriate referral pathways.

Core MFM services and clinical application

Domain	Clinical essentials
Prenatal screening and	Offer informed, patient-centred discussion of aneuploidy screening and

Domain	Clinical essentials
diagnosis	diagnostic options. Screening estimates probability, CVS or amniocentesis provides diagnostic testing. Positive or abnormal findings require genetic counselling, detailed ultrasound and access to confirmatory testing.
Targeted obstetric ultrasound	Confirm viability and dating, assess placentation, fluid and fetal number, perform a systematic structural survey, ideally at 18–22 weeks, including head/brain, face, heart/outflow tracts, chest, abdomen/cord, spine and limbs.
Growth and Doppler surveillance	Establish gestational age early, preferably from first-trimester crown–rump length, and avoid later redating. Assess serial BPD, HC, AC, FL and estimated fetal weight. When growth restriction or placental insufficiency is suspected, integrate amniotic fluid and umbilical, middle cerebral and—when indicated—ductus venosus or uterine artery Doppler.
Preterm birth risk	Transvaginal cervical-length assessment helps stratify women with symptoms or recognised risk. Interpret results with gestational age and the clinical picture to target corticosteroids, magnesium sulfate for fetal neuroprotection, progesterone or transfer according to protocol, while avoiding unnecessary intervention.
Pre-eclampsia	Combine maternal risk factors, blood pressure and, where available, biomarkers and uterine artery Doppler for risk assessment. Use guideline-directed aspirin prophylaxis for eligible patients, ideally initiated early. Established disease requires maternal surveillance plus serial assessment of growth, fluid, placental function and fetal well-being.

Priorities for resource-limited settings

Prioritise reliable pregnancy dating, a systematic anatomy scan, risk-based growth surveillance, blood-pressure assessment, cervical-length assessment when indicated, standardised reporting, image-quality assurance, and timely referral. Protocols should reflect available expertise, laboratory support, neonatal capacity and transport options.

Clinical takeaway: Effective MFM combines maternal assessment with direct fetal and placental surveillance to identify risk early, individualise care and ensure delivery at the right time and place.

2.BENIGN GYNAECOLOGY

THEN, NOW AND THE FUTURE

BY Dr. KAZIBWE LAWRENCE

Dr. Lawrence is a renowned obstetrician and gynaecologist who is the current clinical head of Kawempe National Referral Hospital. He has extensive clinical experience, which he has accrued over several years, that has enabled him to develop an eagle eye for clinical cases and, together

with his team, guides the management of complex obstetrics and gynaecological conditions at Kawempe National Referral Hospital. He is passionate about the need to understand clinical presentations from first principles, that is to say, from physiology, anatomy, and pathology to clinical presentation and how treatment goals are arrived at. The leadership of Dr. Kazibwe and commitment towards saving every mother and baby cannot be overstated.

When asked about Benign gynaecology, he excitedly shared his views based on what is being done at Kawempe National Referral Hospital and the Country at large, giving a glimpse into what used to be the future now.

- He reports that minimally Invasive Procedures for diagnostics and benign lesion management for benign gynaecological conditions are taking shape in the country and that almost all benign conditions of the uterus, ovary, and tubal required open surgical interventions can be done through minimally invasive surgery. The shift towards minimally invasive surgery is due to the fact that many specialists have acquired the necessary skills and the surgeries are associated with less hospital stay, fewer medications, less pain, and a better cosmetic profile.

He went on to allay misconceptions that may be associated with minimally invasive surgeries, such as,

- Minimally invasive procedure takes too long to conduct, and clarified that once all is set up and the tower is fully functional, most procedures are usually done in under 90 minutes.
- Expensive to procure as compared to the patient economics of the old practice and clarified that it might seem too expensive in acquiring the Laparoscopic/ Hysteroscopic Tower equipments yet this is the only Hitch in the beginning when compared to the very expensive old model of open laparotomy consumables for the patients and the long hospital stay, nursing processes, antibiotics, analgesics resources, more human resource needs to care take the long staying patient that needs care on a 24/7 basis .
- Endoscopy and minimally invasive procedures require special visiting expatriates to conduct these kinds of procedures, which is not true. He stressed that every resident should be able to learn and start to practice these procedures, and he is confident about this as evidenced by the many currently practicing them.

It is upon this background that he believes that the approach to care should change in the following ways:

The number of open Exploratory Laparotomies of ruptured ectopic pregnancies should ideally all have been done laparoscopically.

Most of the elective benign patients should benefit from minimally invasive procedures to optimize outcomes and ride on the huge advantages of Laparoscopy.

Planning to boost this area is ongoing to ensure that adoption of modern technology, to have the taxpayers benefit from this, is achieved.

Many obstetrics conditions, especially a high number of caesarean sections close to 40 mothers in five days in a week- require a huge work force and resources, space to accommodate the post operated mothers for a minimum of 72 hours. This ends up relegating minimal attention to the very many mothers that require elective benign procedures, awaiting a little longer, an average of two months, to ever get a chance of being worked on.

He further iterated that newer advances keep on coming from time to for example, the use of High Intensity Focused Ultrasound ablation for uterine fibroids and adenomyosis should be kept in mind by practicing gynaecologists. He went on to sure infrastrural development for minimally invasive surgeries ought to be in development plans. This should go hand in hand with in-service training of specialists so as to adapt to the rapidly changing medical practice. He believes that the Ministry of Health, together with training institutions look towards the direction of minimally invasive surgeries given its numerous benefits and that it would pay great dividends to the country as morbidity will be reduced.

He concluded by saying that All current AOGU- Gynaecologist members must uphold the Spirit and Intentions of the founding members (encourage more of the Qualifying Gynaecologists from school to join the association) that we are a Professional Body that should Champion, Adopt/ Embrace Latest Technologies, Advocate for the Sexual Reproductive Health for all Ugandan Women to have a Healthy productive woman, a foundation of a family and greatest contributor to improved Tax Base. **For God and My Country.**

3.GYNAECOLOGIC ONCOLOGY

ASGOU MEMOIR

Dr. BIRUNGI JULIET

The Association of Gynaecologic Oncologists of Uganda Ltd (ASGOU) is a professional body bringing together sub-specialists committed to advancing the prevention, diagnosis, treatment and overall care of women affected by gynaecological cancers in Uganda. Established in 2024, ASGOU provides a platform for professional development, collaboration, clinical leadership, advocacy and member welfare, with the ultimate goal of transforming women's cancer care in Uganda.

Through collaboration with national, regional and international partners, ASGOU seeks to strengthen the capacity and visibility of gynaecologic oncology as a specialised field and to contribute meaningfully to the improvement of cancer services, training, research and policy in Uganda.

Leadership

President: **Dr. Jane Namugga**

Vice President: **Dr. Mariam Nabwire**

Secretary: **Dr. Juliet Birungi**

Treasurer: **Dr. Peter Gimei**

Our Vision

To be the benchmark of professional development, National health leadership and member welfare in gynaecologic oncology, fostering a highly motivated workforce that transforms women's cancer care in Uganda.

Our Mission

To elevate women's cancer care in Uganda by providing cutting-edge professional development, building strong clinical leaders and fostering a supportive welfare system that empowers our members to thrive.

Our Core Values — ECSIL

Excellence: We pursue the highest standards in clinical practice, education, research and professional development.

Compassion: We uphold patient-centred care and demonstrate empathy, dignity and respect for women and their families.

Solidarity: We promote unity, collaboration and mutual support among members and partners in the shared pursuit of better women's cancer care.

Integrity: We uphold honesty, accountability, ethical practice and professionalism in all that we do.

Leadership: We develop and support visionary leaders who will influence policy, strengthen health systems and advance gynaecologic oncology in Uganda.

Where ASGOU Members Serve

Institution / location	ASGOU members
Uganda Cancer Institute, Mulago	Dr. Origa Martin, Dr. Julius Nkalubo, Dr. Pius Mulamira, Dr. Mariam Nabwire
Mulago Specialised Women and Neonatal Hospital	Dr. Jane Namugga, Dr. Juliet Birungi, Dr. Charles Irumba
Kawempe National Referral Hospital	Dr. Musa Mubiru
International Hospital Kampala (C-Care IHK)	Dr. Peter Gimei

St. Francis Hospital Nsambya	Dr. Othiniel Musana
Mubende Regional Referral Hospital	Dr. Richard Mulumba
Mbale Regional Referral Hospital	Dr. Julius Nteziyaremye
Mbarara Regional Referral Hospital	Dr. Joy Muhumuza
Uganda Cancer Institute - Regional Cancer Centre, Gulu	Dr. Walter Drake Erabu
Yumbe Regional Referral Hospital	Dr. Wilfred Inzama
Maseno University (Kenya)	Dr. Jerome Katumba
Consultancy services at	Nakasero Hospital Limited, Kampala Hospital, 3Rivers Cancer Centre, Doctors' Hospital Sseguku, C-Care Gulu

PIVOTAL PERSONS

- Prof. Miriam Nakalembe
- Dr. Anthony Okoth
- Dr. Caroline Nakisige
- Dr. Judith Ajeani

ASSOCIATE MEMBERS

- Dr. Solomon Kibudde - Radiation Oncologist
- Dr. Julius Mugisha – Radiologists

ESTEEMED INTERNATIONAL MENTORS

- Prof. Ueda Stephanie
- Prof. Paula Lee
- Dr. Joyce Varghese

4. MINIMALLY INVASIVE SURGERY IN OBGYN

Expanding Access to Laparoscopic Surgical Training in Uganda: The Role of Kyabirwa Surgical Center

By Dr. Carolyne Oleo



Introduction

Laparoscopic surgery has become an integral component of modern surgical practice. Compared with conventional open surgery, laparoscopic procedures are associated with smaller incisions, reduced postoperative pain, shorter hospital stays, earlier return to normal activities, and improved cosmetic outcomes. However, access to minimally invasive surgery (MIS) remains uneven globally, particularly in low- and middle-income countries (LMICs). Uganda faces many of the challenges common

to resource-constrained healthcare systems, including limited access to specialized equipment, inadequate surgical infrastructure, shortages of trained laparoscopic surgeons, and limited opportunities for structured surgical simulation.

Training surgeons in laparoscopic surgery is particularly challenging because these procedures require specialized psychomotor skills that differ substantially from those used in open surgery. Fundamentals of Laparoscopic Surgery (FLS) provides a structured approach to developing these basic skills through cognitive education, simulation, deliberate practice, and objective assessment. In Uganda, Kyabirwa Surgical Center (KSC) provides an innovative example of how infrastructure, simulation, telementoring, and international collaboration can be combined to expand access to laparoscopic surgical training.

The Need for Laparoscopic Training in Uganda

Uganda has made considerable progress in surgical capacity development, but access to laparoscopic surgery remains concentrated in selected urban and referral hospitals. For many surgical trainees, opportunities to develop laparoscopic skills are limited by the availability of equipment, experienced mentors, operating-room time, and appropriate patient case volumes.

Traditional apprenticeship alone may not provide sufficient opportunities for trainees to acquire basic laparoscopic psychomotor skills. Simulation offers an important solution by allowing trainees to practise repeatedly in a controlled environment without placing patients at risk. A structured FLS curriculum can provide a standardized foundation before trainees progress to supervised clinical procedures.

The importance of locally accessible training cannot be underestimated. Requiring Ugandan trainees to travel internationally for laparoscopic courses and certification is expensive and unsustainable for most individuals and institutions. Establishing training and assessment capacity within Uganda therefore has the potential to reduce geographical and financial barriers while strengthening local surgical education.

Kyabirwa Surgical Center

Kyabirwa Surgical Center is an ambulatory surgical center located in rural Jinja, Uganda. It was developed with an emphasis on sustainable surgical care and local capacity building. A distinctive feature of KSC is its purpose-built infrastructure designed to support minimally invasive surgery and remote collaboration. This includes reliable internet connectivity and backup power systems, which are particularly important for advanced laparoscopic surgery and telementoring in a rural environment.

KSC's experience demonstrates that advanced surgical services and training do not necessarily have to be restricted to major urban hospitals. Its infrastructure provides an environment in which surgeons can perform laparoscopic procedures while simultaneously accessing remote expertise and mentorship.

Between October 2021 and February 2024, a Ugandan surgeon at KSC performed 61 telementored laparoscopic operations, including 37 appendectomies and 24 cholecystectomies. This experience demonstrated the potential of telementoring to support laparoscopic surgery in an underserved setting and to connect local surgeons with experienced mentors. Such an approach is highly relevant to surgical education because it provides a mechanism for transferring knowledge and expertise without requiring mentors to be physically present.

Development of FLS Training

An important development at KSC has been the establishment of a dedicated Simulation Center. The center provides training in laparoscopic surgery as well as endoscopy, anesthesia, surgical skills, and nursing. Its laparoscopic program combines theoretical education, simulation-based practice, and clinical exposure.

FLS is particularly suited to this environment because its core skills can be practised repeatedly using simulation. Exercises such as peg transfer, precision cutting, ligation, suturing, and knot tying provide trainees with opportunities to develop hand-eye coordination, depth perception, bimanual dexterity, and instrument handling.

The establishment of an FLS testing site at KSC is especially significant. The official FLS program lists Global Surgical Initiatives–Kyabirwa Surgical Center in Jinja among its FLS testing centers. This provides Ugandan surgeons and trainees with local access to standardized assessment and reduces the need to travel abroad for examination.

The first Global Laparoscopic Advancement Program (GLAP) training and FLS testing at KSC was conducted in October and November 2024. The program brought together surgeons and surgical trainees with experienced faculty and combined online education with intensive hands-on training. This blended approach demonstrates how digital learning can complement face-to-face simulation and reduce the amount of time trainees need to spend away from their clinical responsibilities.

Simulation and Low-Cost Training

Cost is one of the major barriers to laparoscopic training in LMICs. Commercial laparoscopic simulators and instruments can be expensive, and maintenance may be difficult when replacement parts are unavailable locally.

The development and use of locally produced laparoscopic box trainers offer a potential solution. Recent research involving a Ugandan-manufactured laparoscopic trainer demonstrated that such equipment could differentiate between individuals with different levels of laparoscopic experience. Locally manufactured equipment may therefore provide an affordable entry point for basic skills training.

At KSC, simulation can be used as part of progression from basic psychomotor skills to supervised clinical practice. Trainees can first develop fundamental skills in the simulation laboratory, receive feedback from faculty, and subsequently apply these skills in the operating theatre.

This approach is important because FLS certification should not be regarded as equivalent to complete operative competence. Simulation provides a safe environment for developing specific technical skills, but trainees must still acquire clinical judgment, procedural knowledge, non-technical skills, and operative experience under appropriate supervision.

Building Local Faculty Capacity

A sustainable laparoscopic training program requires trained local educators. Although international faculty and partnerships can provide valuable expertise during program development, long-term dependence on external trainers is unlikely to be sustainable.

KSC provides an opportunity to develop a Ugandan faculty of laparoscopic educators through a train-the-trainer approach. Experienced Ugandan surgeons can be trained in simulation instruction, assessment, feedback, and curriculum delivery. They can then train subsequent groups of residents and practicing surgeons.

This model has the potential to create a multiplier effect. Rather than training individual surgeons in isolation, investment in faculty development can establish a continuing educational system capable of producing successive cohorts of laparoscopic surgeons.

Challenges and Sustainability

Despite its potential, expanding laparoscopic training through KSC and similar centers will require attention to several challenges. These include equipment acquisition and maintenance, availability of laparoscopic instruments and consumables, funding, faculty time, trainee workload, and access to sufficient operative cases.

Another important issue is sustainability. Training programs should be integrated into existing postgraduate surgical education rather than relying exclusively on short-term workshops or external funding. Collaboration between KSC, universities, teaching hospitals, professional associations, and government institutions could facilitate broader integration of laparoscopic training into Uganda's surgical education system.

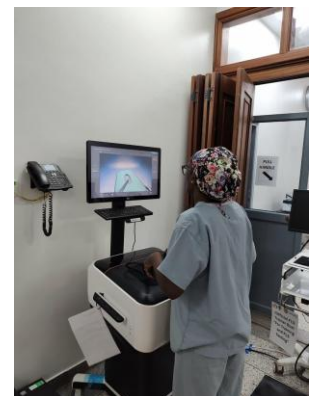
There is also a need for research evaluating the outcomes of FLS training. Future studies should examine improvements in technical performance, skill retention, cost-effectiveness, transfer of simulation skills to the operating theatre, trainee satisfaction, and ultimately patient outcomes.

Conclusion

Expanding access to laparoscopic surgical training is an important component of strengthening surgical capacity in Uganda. Kyabirwa Surgical Center demonstrates how innovative infrastructure, simulation, FLS assessment, telementoring, and local-international partnerships can be combined to address some of the barriers to minimally invasive surgical education.

The establishment of accessible FLS training and assessment at KSC represents an important step toward reducing the geographical and financial barriers faced by Ugandan surgeons and trainees. Its experience suggests that rural location and resource limitations do not necessarily preclude advanced surgical education when appropriate systems are developed.

The future success of this approach will depend on local faculty development, sustainable financing, equipment maintenance, integration with postgraduate training, and rigorous evaluation of educational and clinical outcomes. With continued investment and collaboration, Kyabirwa Surgical Center could contribute significantly to expanding access to laparoscopic surgical training in Uganda and potentially serve as a model for minimally invasive surgical education across sub-Saharan Africa.



5.URO-GYNAECOLOGY

BIRTH INJURIES IN UGANDA

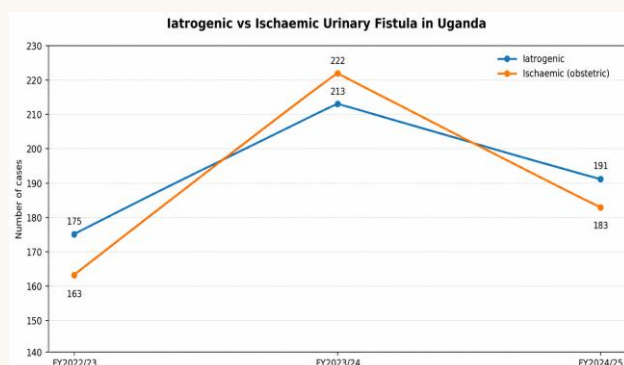


Background: Birth injury remains an important, largely preventable cause of long-term maternal morbidity in Uganda. The birth-injuries include genitourinary fistulae, rectovaginal fistulae, obstetric ano-sphincter injuries (OASIS), and urinary incontinence. Obstetric fistula may arise from prolonged obstructed labour with pressure

necrosis (ischaemic fistula) or from inadvertent injury to the bladder, ureter or genital tract during obstetric or gynaecological surgery (iatrogenic fistula). Uganda has made progress in access to maternity care and fistula repair with a reported fistula prevalence of ~0.6%; however, a substantial treatment backlog, inequity and a high proportion of iatrogenic fistulae remain.

Health-facility deliveries and Caesarean sections: Health-facility deliveries have steadily risen from 1.41 million in FY2022/23 to 1.59 million in FY2024/25 - an increase of about 12% in two years. ~13.9% of live births are caesarean sections nationally. Increasing access to operative delivery is therefore a major maternal-health gain, but surgical volume must be matched by competent teams and supervision and safe operative technique.

Status of birth injuries: Across the last three financial years, more than 4,300 women have received treatment for fistula and other childbirth injuries in Uganda. The active treatment facilities providing fistula care have expanded from 24 to at least 32 facilities. Urinary fistula consistently accounts for ~26–31% of reported birth injuries, while OASIS has become an increasingly prominent; stress urinary incontinence remained relatively uncommon at about 4–6%. Among urinary fistulae, iatrogenic and ischaemic fistula each accounting for almost half of cases every year, together contributing more than 95% of the burden. Over the last 3 years, the proportional contribution of iatrogenic fistula remained relatively stable at ~47–50%, and the absolute numbers have increased from ~175 cases and peaked at 213 cases. Caesarean section remained the leading preceding operation, accounting for approximately 47–58% of iatrogenic fistulae. Women commonly lived with birth injuries for around eight years before receiving surgical care, indicating persistent barriers to early identification, referral and specialist treatment.



Mbarara University of Science and Technology/Mbarara Regional Referral Hospital was introduced to improve the safety of Caesarean sections and other emergency obstetric surgeries among junior doctors. Between 2022 and 2024, 131 providers were trained and 738 supervised Caesarean sections performed. The programme targets key causes of iatrogenic fistula through simulation, pelvic anatomy training and supervised CS. At Mbarara, iatrogenic fistula cases declined from 39 in 2020 to 19 in 2024, supporting wider scale-up of structured operative-obstetric training.



Adopted from <https://doi.org/10.2147/IJWH.S594992>

UroGynaecology Fellowship at MUST: MUST has established East Africa's first fellowship in Urogynaecology and Female Pelvic Floor Surgery, with MRRH as the primary clinical training site. The locally developed competency-based programme combines structured didactics, supervised surgical apprenticeship and outreach training; early evaluation showed substantial improvement in fellows' competencies and expansion of specialist services to satellite sites in Uganda, DRC and South Sudan. This is important for birth-injury care because fistula, obstetric anal sphincter injuries, prolapse and urinary incontinence require skills beyond general training. Equally important, the fellowship creates a platform for subspecialty training and reduce reliance on overseas fellowships while retaining specialist expertise within Uganda and the region.

Priority direction

1. Prevent ischaemic injury through reliable labour monitoring, timely referral and access to comprehensive emergency obstetric care.
2. Prevent iatrogenic injury by scaling ETOO, supervised surgical practice, case audit and specialist mentorship
3. Expand continuous specialist birth-injury services beyond periodic camps.

Compiled by:

Prof. Musa Kayondo

MBChB, MMED, PhD

Associate Professor Obstetrics & Gynaecology

**Fistula and Advanced Female Pelvic Surgeon
Department Chair Obstetrics & Gynaecology I
MUST/MRRH**

**Chair Urogynaecology & Female Pelvic Floor
Reconstruction Surgery Fellowship @ MUST/MRRH**

**Essential Training in Operative Obstetrics (ETOO):
preventing iatrogenic fistula:** The ETOO programme at

6.REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

Dr. BAHIZI EMMANUEL

Greetings from Uganda fertility society (UFS). UFS is a legally registered entity that brings together different professionals in the field of reproductive medicine and ART.

It was officially registered in 2023 under URSB

VISION OF UFS

To be a reliable and Productive reproductive fertility society aiming to harness the collective input of all Reproductive professionals in Uganda

MISSION

To improve the quality of reproductive medicine care for infertility couples in Uganda and promote Research and clinical Practice in the field of Infertility

MEMBERSHIP

UFS's Membership is open to gynaecologists with interest in reproductive medicine, Embryologists Biomedical laboratory Technologists and fertility Trained Nurses.

Membership can be Ordinary, Life time or Honorary for the Doctors and others are Associate Members.

Goals and Objectives of UFS

- ✚ To provide a strong voice in improving care of infertility patients and advocate for the rights of infertile couples. UFS and AOGU are involved in the ongoing development of Uganda's ART Bill
- ✚ To insure and advocate for training opportunities for UFS members
- ✚ To provide a platform for Professional Development activities through CPD webinars, Symposiums and Annual scientific conferences to the Members
- ✚ To link with other professional bodies like our own AOGU and international fertility organisations such as AFFS, IFFS, ASRM and ESHRE which will provide more platform for exchange of Knowledge and promote Research

UFS Current Leadership

President: **Dr Zaake Daniel**

Vice President, **Dr Mark Muyingo**

Secretary General: **Dr Bahizi Emmanuel**

Treasurer: **Dr Susan Atuhairwe**

Honorary President: **Dr Robert Busingye**

Committee Chairs:

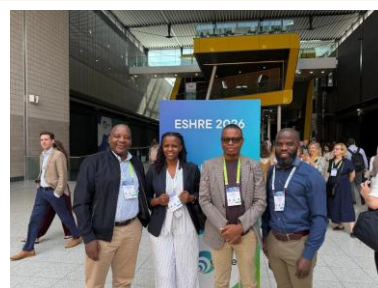
Scientific Committee Chair: **Dr Rujumba Davis**

Patients' rights committee chair, **Dr Castro Kisuule**

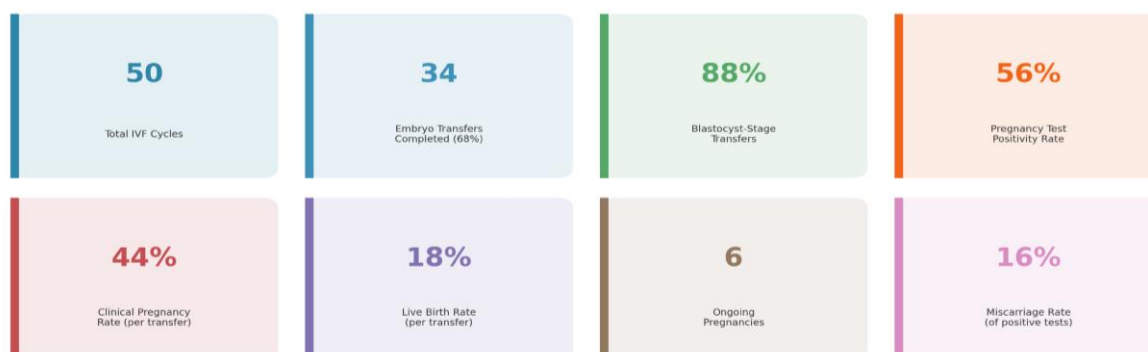
Ethics Committee chair: **Dr Hilary Aheisibwe**

International relations committee chair: **Dr Najjemba Aminah**

Associate Members Representative: **Dr Menya**



IVF Program KPI Summary — Mulago Specialized Women and Neonatal Hospital (Aug 2024-Aug 2026)



The Journey of IVF at Mulago Specialised Women's and Neonatal Hospital.
(Contributed by Dr. Rujumba Davis)

CHAPTER 09

OTHER ENGAGEMENTS

Corporate Social Responsibility

AOGU Outreach

AOGU Call Centre is a digital outreach portal through which clients especially women can call to seek advice on OBGYN services. They are supported with referral to health units near them where they can seek care.

The call centre has however been slow in growing the volume of calls that come through.

To increase utilisation, AOGU is exploring options of social enterprising using telemedicine services through the call centre.

AOGU CALL CENTRE
INFORMATION | GUIDANCE | SUPPORT

Call: **0800111471**
WhatsApp: **0716143792**

WE CAN HELP WITH:

- Information on OBGYN services
- Membership Support
- Referral to Health Facilities
- CPD and Event Information
- General Inquiries

CONTACT US:

AOGU Secretariat
Gynaecologists House, Bukoto off Kisasi Road
Plot 608, Sserumaga Road, Bukoto I
P.O. Box 11966, Kampala.
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+256 393 215 014
@AOGU1985

#ForEveryGyn Champions of Quality Reproductive Health

SCAN TO VISIT OUR WEBSITE

Environmental Friendliness

AOGU has taken intentional efforts to reduce use of paper and adopt digital material. The first steps have been the 21st Conference which has had a hybrid of digital and paper based abstract books, digital abstract poster presentations. Participants have been able to use the provided QR codes to access conference material and this very report.

New and Upcoming

1. AOGU medical camp for OBGY services
2. AOGU Telemedicine services
3. Revamp of the AOGU house
4. Team building activities
5. More regional and hospital visits

ANNEXES

MINUTES OF THE ANNUAL GENERAL MEETING (AGM)

Date: 13 November 2025, Time: 5:00 pm – 8:30 pm

Venue: Kabira Country Club

(Held alongside the AOGU 20th Annual Scientific Conference)

Resolutions made 1. The Executive Committee and Council to review the current constitution, identify articles requiring amendment or clarification, Draft proposed constitutional amendments and supporting bylaws/implementation guidelines, Circulate the draft amendments to members for input and Convene an Extraordinary General Meeting (EGM) dedicated to discussion and voting on proposed amendments.

2. Prioritise Professional indemnity for the association

AGM 01/25: Opening Prayer

The meeting was called to order by the Chairperson, Prof. Justus Barageine, who warmly welcomed all members to the Annual General Meeting (AGM) held alongside the AOGU 20th Annual Scientific Conference.

A prayer was led by Sr. Dr. Priscilla Busingye, committing the deliberations to God's guidance and seeking divine guidance, wisdom in electing new leaders, unity, and continued service to mothers and children in Uganda.

AGM 02/25: Attendance

The Secretariat confirmed that there were 92 paid-up members, of which 47 were present and eligible to vote in accordance with the AOGU Constitution.

Members noted that while attendance was strong, the physical attendance booklet had not been delivered by the printer. The Chair assured the House that attendance would be verified and properly maintained in future AGMs.

AGM 03/25: Chairperson's Remarks

The Chairperson, Prof. Justus Barageine, delivered brief but substantive remarks as he officially opened the Annual General Meeting.

He:

- ✚ Welcomed all members to the AGM and appreciated their commitment to the Association.
- ✚ Noted the presence of senior members, founders, past presidents, Council members, and regional representatives.
- ✚ Reaffirmed the importance of the AGM as the apex governance forum for reviewing performance, strengthening accountability, and electing leaders.
- ✚ Highlighted AOGU's growth over the past decades and commended members for their dedication to improving maternal and newborn health in Uganda.
- ✚ Encouraged constructive participation in the agenda items that would follow, especially on governance, financial accountability, and leadership transition.
- ✚ Requested members to engage respectfully and to focus on decisions that strengthen the association's institutional capacity.
- ✚ He emphasized that the meeting would proceed efficiently due to time limitations and the need to complete elections on schedule.

AGM 04/25: Adoption of the Agenda

The agenda was presented by the Chair and projected to the members. It included:

- ✚ Prayer
- ✚ Chairperson's Remarks
- ✚ Review and adoption of previous minutes
- ✚ Matters Arising
- ✚ Executive Director's Report
- ✚ Treasurer's Report
- ✚ Additional Reports
- ✚ Elections
- ✚ Remarks by Incoming President
- ✚ Closing

No amendments were proposed.

Motion: Adoption of the agenda

Moved by: Prof. Pius

Seconded by: Prof. Kayondo

Resolution: Agenda adopted unanimously.

The Chair noted that agenda items may be rearranged slightly to accommodate time and logistical considerations.

AGM 05/25: Review and Confirmation of Previous Minutes

The previous minutes were presented by Prof. Kakaire, who summarized key highlights from the 2024 AGM, including:

- ✚ Re-activation of Northern and Eastern chapters
- ✚ Growth in CPDs and mentorship activities
- ✚ Strategic contributions to LMNS and NASMEC
- ✚ Rising financial challenges due to inconsistent subscriptions
- ✚ Progress in fellowship training and partnerships

Election of Dr. Rogers Kajibwangu as President-Elect

Motion: To confirm the minutes as an accurate record

Moved by: Prof. Romano

Seconded by: Prof. Byamugisha, Dr. Ntuuyo, Dr. Namagembe Imelda and others.

Resolution: Minutes adopted as a true record without amendment

AGM 06/25: Matters Arising from Minute 3, 4, and 5

A number of issues were discussed in relation to the previous AGM minutes and ongoing governance concerns.

6.1. Attendance List Management

Members expressed concern regarding:

- ✚ Missing attendance lists from the previous AGM
- ✚ Absence of a physical signing list for this AGM
- ✚ Inconsistencies between the projected list, the printed booklet, and actual participants in the room
- ✚ Challenges reconciling who attended versus who is eligible to vote

The Secretariat clarified that:

- ✚ The attendance booklet was printed but not delivered on time.
- ✚ Some members attend without signing, which complicates future verification.
- ✚ A more reliable system is required going forward.

Agreed Measures for Future AGMs:

- ✚ Physical hardcopy signing sheets

- ✚ Projected attendance list for cross-checking
- ✚ Updated and pre-validated list of fully paid-up members
- ✚ Electronic backup and verification at registration

Members emphasized that accurate attendance affects:

- ✚ Governance legitimacy
- ✚ Voting eligibility
- ✚ Validation of resolutions
- ✚ Institutional credibility

6.2. Clarification on Quorum

Quorum confirmed by show of hands and reference to the paid-up members list (92 total, 47 physically present).

Prof. Frank Kaharuza guided members that the Constitution requires one-third of registered members for quorum. With 47 (paid-up) members in the hall, quorum was deemed met.

The Chair emphasized that while all may attend the AGM, only fully paid-up members may vote.

6.3. Importance of Constitutional Compliance

Several members raised concerns about:

- ✚ Repeated suspension of Article 5.02 (nomination procedure)
- ✚ Incomplete nomination documents not flagged early by the Secretariat
- ✚ Lack of procedural consistency in previous AGMs
- ✚ The need for election management guidelines and operational bylaws

Key points included:

- ✚ The Secretariat should notify candidates promptly when documents are missing.
- ✚ Constitutional clauses should only be suspended in exceptional circumstances.
- ✚ AOGU requires governance reforms to ensure smooth, transparent elections in future AGMs.

These issues reaffirmed the need for consistent application of constitutional provisions and timely communication by the Secretariat during election cycles.

AGM 07/25: Executive Director's Report – Prof. Othman Kakaire

The Executive Director presented the Management Report covering institutional performance, program implementation, governance progress, and financial sustainability during the reporting period.

7.1. Membership and Institutional Affairs

Prof. Kakaire appreciated members who have continued to subscribe to AOGU. Paid-up membership remains fewer than 250, despite the increasing number of obstetricians and gynaecologists nationwide. Regional chapters continue to mobilise new and returning members.

Transfer of AOGU House from the SACCO to the Association is ongoing pending an inspection visit by the Cooperative Society authorities. Routine CPD activities, including bi-weekly virtual CMEs, were successfully organised during the year.

AOGU continues to coordinate ECSACOGS fellowship training in Uganda, with four accredited training sites (Lacor, Mbarara, Mbale and Mulago Women & Neonatal).

Fifteen fellows are currently enrolled across the three fellowship levels. AOGU has also assumed management of the former SAFE call centre, now operated directly by the Association. Renovation of AOGU House remains a priority but is constrained by funding.

7.2. Governance and Compliance

The ED reported governance gaps identified during engagements with funders and partners. Key updates included:

7.2.1 Organogram:

The current structure places the President as chair of the AGM, Council and Executive, which has raised concerns regarding functional separation of roles. Council is reviewing this arrangement. This review aims to ensure clear separation between governance oversight, executive management, and operational functions.

7.2.2 Policy Framework:

AOGU has developed and approved a comprehensive set of institutional policies, including:

- ✚ Safeguarding
- ✚ Environmental policy
- ✚ Anti-fraud and anti-corruption
- ✚ Anti-money laundering
- ✚ Employee code of conduct
- ✚ Ethical code of conduct
- ✚ Whistleblowing
- ✚ Data protection
- ✚ Sexual exploitation and abuse

These policies strengthen AOGU's competitiveness in grant applications.

7.2.3 Audit:

Annual audit has been completed, and the Treasurer will present audited financial statements.

7.3. Ongoing Projects

The ED highlighted several active projects:

1. **STOP Project** (Busoga Region) – Partnership with MSU and UNFPA focusing on fistula prevention, genital prolapse management and monthly urogynaecology outreach camps.

2. **EMPOWER Project** – Five-year project with Pathfinder International, aimed at strengthening EmONC, ETOO and fistula care across 80 districts. Regional obstetricians and midwives lead mentorship for district-level providers.
3. **Catalytic Opportunity Fund (COF)** – Hormonal IUD Project (USD 250,000) – Scaling up hormonal and copper IUD services in Bugisu and Sebei. Midwives and nurses trained to conduct and cascade IUD insertion skills in line with MoH counselling guidelines.
4. **IPAS Reproductive Justice Project** (USD 30,000) – Advocacy for harm reduction, post-abortion care, and engagement with police, health workers, students and media.
5. **CUAMM RMNCAH Project** – AOGU seconds competent specialists to support RMNCAH CQI implementation in Lango and Karamoja through quarterly mentorship.

7.4. Completed Projects

Two projects concluded during the period:

1. **SAAF Project** (USD 215,000) – Trained health workers in post-abortion care and harm reduction, established weekly virtual CMEs and a functioning call centre.
2. **PAMOJA Project** (CEHURD, USD 25,000) – Trained health workers in Kayunga and Mukono districts in post-abortion care and harm reduction.

7.5. Submitted Proposals and Funding Pipeline

1. COF HIUD (Karamoja): Under review, has passed early stages of appraisal.
2. COF PPH (Karamoja): Deferred due to national non-adoption of graduated drapes in Mama Kits.
3. Child Survival Grant (IDI–La Caixa Foundation): Proposal submitted, awaiting feedback.

7.6. Partnerships

AOGU continues to strengthen collaborations with ECSACOG, SOGC, FIGO, Save the Children, MSU, WRA, CUAMM, RHITES, Makerere University, IDI, UNFPA, WHO and several national professional associations.

AOGU is also partnering with the Naguru Teenage Centre to support pregnant and parenting adolescents.

Members who represented AOGU at the 2025 FIGO Congress in South Africa were congratulated, with special recognition to Prof. Annette Nakimuli for receiving an award.

7.7. Challenges and Sustainability

Key challenges include limited grant inflows and low annual subscription rates. Sustainability measures underway include rental income from AOGU House, exploration of a consultancy model, a proposed unit trust account for project funds, and strengthening AOGU as a grants-hosting institution (retaining 10% overhead).

7.8. Appreciation

The ED thanked the Executive Committee, Secretariat, partners and membership for their continued support and commitment.

Motion: To receive the Executive Director's Report as presented

Moved by: Dr. Sr. Precilla Busingye

Seconded by: Prof. Nakimuli

Resolution: The AGM received the Executive Director's Report as presented.

AGM 08/25: Matters Arising from the Executive Director's Report

Following receipt of the ED's Report, the Chair invited members to raise matters requiring clarification or resolution.

8.1. Professional Indemnity for Members

The ED briefed members that AOGU is exploring options for establishing a group professional indemnity scheme. Two possible approaches were presented:

- i. Joining the existing surgeons' scheme under UAP
 - ✚ Approx. annual premium: UGX 570,000
 - ✚ Coverage up to approx. UGX 700 million
 - ✚ Advantage: economies of scale
- ii. Establishing an independent AOGU indemnity scheme
 - ✚ Requires at least 40 committed members
 - ✚ Premium currently estimated slightly above the surgeons' package

Members acknowledged the longstanding need for indemnity and emphasised:

- ✚ Importance of strict adherence to clinical protocols and proper documentation, without which claims cannot be honoured.
- ✚ Necessity of mobilising members to join any group scheme to reduce premiums.
- ✚ Appreciation for grant-writing efforts that have expanded AOGU's institutional visibility and financial base.

After discussion, members agreed that professional indemnity is a priority for the Association and requires structured mobilisation to achieve adequate enrolment.

8.1.1 Action Point:

The ED will circulate detailed options via the AOGU WhatsApp platform and mobilise members to enrol in a group cover.

8.2. Governance, Council Leadership and Constitutional Review

The ED requested guidance on establishing a separate Council Chairperson. Members deliberated and clarified the following:

- ✚ The current constitution designates the President as chair of the AGM, Council and Executive.
- ✚ Creating a new council leadership structure has constitutional implications and cannot be determined at an AGM without prior notice.
- ✚ AOGU lacks bylaws and implementation guidelines to operationalise the constitution, which has contributed to ambiguity in roles.
- ✚ Some members proposed narrowing the President's role to strategic leadership while allowing the ED to manage the Executive.
- ✚ Others recommended handling all required amendments comprehensively, rather than amending isolated articles.

It was also noted that AOGU is a registered NGO, which requires stronger governance alignment, including clarity on a board of directors.

Members agreed that the constitutional review process must be holistic, consultative, and aligned with AOGU's operational realities as a registered NGO.

8.2.1 Resolution on Constitutional Review

Prof. Romano proposed, and Prof. Rogers (incoming Executive leader) seconded, the following resolution:

Resolved: That the Executive Committee and Council shall:

- ✚ Review the current constitution and identify articles requiring amendment or clarification.
- ✚ Draft proposed constitutional amendments and supporting bylaws/implementation guidelines.
- ✚ Circulate the draft amendments to members for input.
- ✚ Convene an Extraordinary General Meeting (EGM) dedicated to discussion and voting on proposed amendments.
- ✚ The AGM adopted the resolution by consensus. AGM 09/25: Treasurer's Report – Dr. Kayondo Simon Peter
- ✚ The Treasurer gave a detailed financial overview for FY 2024/2025.

9.1. Income Highlights

- ✚ Total income: UGX 984,993,339
- ✚ Donor income increased from UGX 446M → 736M
- ✚ Local income increased from UGX 122M → 248M

9.2. Expenditure Highlights

- ✚ Total expenditure: UGX 932,469,254

- ✚ Major costs: project operations, staff, administration

9.3. Surplus

A surplus of UGX 52 million was reported — a significant improvement from last year's deficit.

9.4. Financial Position

- ✚ Assets: UGX 877M
- ✚ Liabilities: UGX 284M
- ✚ Net worth: UGX 593M

9.5. Auditor's Opinion

Presented by Mr. Anthony Yesibo (RKA & Co).

The audit received a clean, unqualified opinion.

Motion to adopt report:

Moved by: Dr. Ntuuyo

Seconded by: Ms. Susan Atir

Resolution: Adopted.

AGM 10/25: Elections

Chair of Electoral Commission: Dr. Imelda Namaganda

Assisted by: Dr. David Munganiza

The Electoral Commission supervised the elections in accordance with the Constitution and the list of fully paid-up members eligible to vote. Voting was by secret ballot. After verification of voter eligibility and completion of the balloting process, results were declared as follows:

10.1 Executive Director

Prof. Othman Kakaire – 31 votes

Dr. Othniel Musana – 18 votes

Outcome: **Prof. Othman Kakaire** elected Executive Director.

10.2 Treasurer

Dr. Amadriyo Emma – 31 votes

Dr. Kaziwe Lawrence – 17 votes

Outcome: **Dr. Amadriyo Emma** elected Treasurer.

10.3 Vice President

Dr. Simon Peter Kayondo – 26 votes

Dr. Sebadduka Peter – 22 votes

Outcome: **Dr. Simon Peter Kayondo** elected Vice President.

10.4 Associate Member Representative

Candidate: Sr Cissy Prossy Sekimpi Nagujja

Outcome: Elected unopposed.

10.5 Regional Representatives

Western Region: Dr. Tayebwa Bixon – elected unopposed

Central Region: Dr. Irumba – elected unopposed

Eastern Region: Dr. Bameka Aggrey – confirmed and accepted nomination

Northern Region: Dr Jimmy Opee

Bunyoro: Awaiting formal communication and nomination

The Electoral Commission closed the process after confirming the results and handed over the full list of elected leaders to the Chair.

AGM 12/25: Remarks by Outgoing Leadership

The outgoing leadership thanked the membership for their confidence and support during their term of office. They acknowledged the progress made across programs, training, partnerships, and institutional strengthening, while recognizing ongoing challenges that require sustained commitment particularly in governance reform, financial sustainability, and member mobilization.

They urged the incoming team to:

- ✚ Consolidate gains made in regional capacity building
- ✚ Sustain momentum in grant acquisition and project implementation
- ✚ Advance the ongoing institutional reforms, including constitutional review
- ✚ Strengthen engagement with partners, donors, and national platforms
- ✚ Promote unity, professionalism, and service within AOGU

AGM 13/25: Remarks by Incoming President, Dr. Rogers

The newly elected President, Dr. Rogers, delivered an inaugural address outlining his vision and priorities.

He expressed gratitude to members for entrusting him with the leadership of the Association and paid tribute to past Presidents and leaders for building AOGU into a resilient professional body.

He emphasized that serving in leadership particularly in a voluntary association requires sacrifice, commitment, and personal resource investment. He pledged to lead with diligence and humility, noting the need for collective support from senior members and the wider membership.

13.1. Priority Areas for the New Term

1. Revitalizing Membership Engagement

- ✚ Strengthen subscription compliance through timely renewals and improved communication.
- ✚ Reconnect inactive members and implement deliberate retention strategies to build a more active and inclusive membership base.

2. Strengthening Strategic Partnerships

- ✚ Deepen collaboration with the Ministry of Health, development partners, academic institutions, and professional bodies.

- ✚ Reposition AOGU as a leading technical authority in maternal, newborn, and reproductive health at national and regional levels.

3. Enhancing AOGU Visibility and Advocacy

- ✚ Increase AOGU's presence in national policy dialogues, media, and professional forums.
- ✚ Position the Association as a respected voice on SRHR, clinical standards, and health systems strengthening.

4. Supporting and Empowering Regional Chapters

- ✚ Conduct targeted outreach to chapters to strengthen structures and engagement.
- ✚ Provide capacity-building, mentorship, and coordination support to enhance active participation across all regions.

5. Advancing Governance and Financial Sustainability

- ✚ Complete the constitutional review process and develop comprehensive bylaws and implementation guidelines.
- ✚ Strengthen governance systems, transparency, and accountability within the Association.
- ✚ Expand local revenue mobilization initiatives to reduce dependence on external funding and ensure long-term sustainability.

Dr. Rogers called for unity, mentorship, and shared responsibility, urging members to shift from asking "What do I benefit?" to "What can I contribute to strengthen AOGU for future generations?"

AGM 14/25: Closing Prayer & Adjournment

A closing prayer was led by Dr. Ntuyo, committing the new leadership and the Association's work to continued guidance, collaboration, and service to mothers, newborns, and families across Uganda. There being no further business, the Chairperson adjourned the meeting at 8:30 PM.

Dr. Barageine Justus	Dr. Kakaire Othman
Chairperson	Secretary
Date:	Date:

These minutes were reviewed and confirmed as a true and accurate record of the proceedings of the AOGU Annual General Meeting held on 13 November 2025.

ACTION POINTS MATRIX – AOGU AGM (13 November 2025)

Item	Action Required	Responsible Person/Body	Deadline / Timeline
Attendance List Management	Develop a reliable attendance verification	Secretariat	Before next AGM, integrate into 2026

	system, including physical signing sheets, pre-validated lists of paid-up members, and electronic backup.		registration process
Professional Indemnity Scheme	Circulate full details of group indemnity scheme options and mobilise members to enrol.	Executive Director	Within 30 days after AGM
Constitutional Review Process	Review constitution, identify articles needing amendment, draft proposed changes and bylaws, circulate to members, and organise an EGM.	Executive Committee & Council	Drafts within 6 months, EGM within 9 months
Election Process Improvements	Develop election management guidelines and operational bylaws to support constitutional provisions (e.g., nomination procedures, vetting, timelines).	Electoral Commission + Secretariat	Before next AGM
Governance Structure Clarification	Review organogram and functional separation between President, Council Chair, Executive Director, and Secretariat.	Council	As part of constitutional review, to be concluded before EGM
AOGU House Transfer Process	Facilitate completion of the SACCO-to-AOGU transfer process pending inspection by Cooperative authorities.	Secretariat & Executive Director	Before end of next reporting year
Fellowship Training Coordination	Maintain and strengthen ECSACOGS fellowship coordination across accredited sites, ensure documentation of fellows' progress.	Executive Director + Fellowship Coordination Committee	Continuous, quarterly updates
Financial Sustainability Measures	Advance proposed sustainability initiatives	Treasurer + Executive Director	Progress report at mid-year Council meeting

	including consultancy model, unit trust account, and rental income plan.		
Project Implementation Oversight	Strengthen oversight of ongoing projects (STOP, EMPOWER, COF, IPAS, CUAMM), including reporting, mentorship coordination, and grant performance.	Executive Director + Project Teams	Quarterly project reviews
Partnerships & Visibility	Deepen collaboration with MoH, UNFPA, WHO, academic institutions, and professional bodies, enhance AOGU's visibility in national and international forums.	Incoming President + Secretariat	Continuous
Regional Chapter Strengthening	Conduct structured outreach, build capacity, and support chapter engagement for all five regions.	Incoming President + Regional Coordinators	Semi-annual chapter reports
Member Mobilisation & Subscriptions	Implement strategies for subscription compliance, reactivation of inactive members, and improved communication.	Secretariat + Membership Committee	Immediate rollout, review at mid-year
Documentation & Records Management	Standardise documentation for AGMs, meetings, elections, and projects, including archiving minutes and reports.	Secretariat	Continuous, with annual audit verification

Election Results Summary AOGU AGM (13 November 2025)

Position	Candidate(s)	Votes Received	Outcome
Executive Director	Prof. Othman Kakaire Dr. Othniel Musana	31 18	Prof. Othman Kakaire elected

Position	Candidate(s)	Votes Received	Outcome
Treasurer	Dr. Amadriyo Emma Dr. Kaziwe Lawrence	31 17	Dr. Amadriyo Emma elected
Vice President	Dr. Simon Peter Kayondo Dr. Sebadduka Peter	26 22	Dr. Simon Peter Kayondo elected
Associate Member Representative	Sr Cissy Prossy Sekimpi Nagujja	Unopposed	Elected
Western Region Rep	Dr Tayebwa Bixon	Unopposed	Elected
Central Region Rep	Dr Iumba	Unopposed	Elected
Eastern Region Rep	Dr Bameka Aggrey	N/A	Confirmed and accepted
Northern Region Rep	Dr Jimmy Opee	N/A	Elected/Confirmed (depending on final EC communication)
Bunyoro Region Rep	N/A	N/A	Awaiting formal nomination

Attendance List

	NAME	TITLE	WORK PLACE	TELEPHONE	EMAIL
1	Dr. Ssempewo Herman	Obs/Gyn	Nsambya Hospital	0776878832	semanyi@gmail.com
2	Dr. Uhuru Killion	Obs/Gyn	Arua Medical Centre	0772572168	kuhuru2000@yahoo.co.uk
3	Dr. Ssebadduka Peter	Obs/Gyn	AOGU	0772461486	ssebaddukap@gmail.com
4	Dr. Namagembe Imelda	Obs/Gyn	AOGU	0772404902	imeldanamagembe@gmail.com
5	Dr. Mugabe Kenneth	Obs/Gyn	Mbale RRH	0706341421	mgbknnth@gmail.com
6	Dr. Ojara Sande	Obs/Gyn	Gulu University	0782649766	Sande.ojara@gu.ac.ug
7	Dr. Oworaganise Asiphas	Obs/Gyn	Ruharo Mission Hospital	0782290878	asiphas@gmail.com
8	Prof. Kayondo Musa	Obs/Gyn	MUST/MRRH	0782407453	mkayondo@must.ac.ug
9	Prof. Barageine Justus	Obs/Gyn	Mulago Womens's	0702454869	barageine.j@gmail.com

			Hospital		
10	Dr. Hope Sandra	Obs/Gyn	Nsambya Hospital	0703544317	Hosanmaria1991@gmail.com
11	Dr. Priscilla Busingye	Obs/Gyn	Nsambya Hospital	0772495245	Busingyep03@gmail.com
12	Dr. Ayiko Ben Jackson	Obs/Gyn	Lira RRH	0772417196	ayikob@yahoo.com
13	Prof. Florence Mirembe	Obs/Gyn	Kampala	0772467655	Flomir2002@yahoo.com
14	Dr. Teituk Abdullahi	Obs/Gyn	Mubende RRH	0779231468	abdullahteituk@gmail.com
15	Dr. Kajabwangu Rogers	President Elect	Mbarara University	0773454320	rogerskajabwangu@gmail.com
16	Dr. Peter Ntuyo	Vice President	Mulago Women's Hospital	0772481636	peterntuyo@gmail.com
17	Dr. Kayondo Simon Peter	Treasurer	Treasurer	0782736078	kayondosimondr@gmail.com
18	Dr. Clemensia Nakabiito	Obs/Gyn	AOGU	0772405332	cnakabiito@mujhu.org
19	Dr. Wanyama John	Obs/Gyn	AOGU	0772497606	wanyamadr@yahoo.com
20	Dr. Onapa Emmanuel	Obs/Gyn	Nebbi Hospital	0782800122	onapa@yahoo.com
21	Dr. Aloba Gasthony	Obs/Gyn	Lira University	0774157641	gasthonya@gmail.com
22	Dr. Kaharuza Frank	Obs/Gyn	Kampala	0752751032	fkaharuza@gmail.com
23	Dr. Mwinganiza David	Obs/Gyn	Kyenjojo	0752956466	dmwinganiza@gmail.com
24	Dr. Mike Kagawa	Obs/Gyn	MaKCHS	0772449613	kagawanm@gmail.com
25	Dr. Bekson Tayebwa	Obs/Gyn	Ruharo Mission Hospital	0775444109	tayebwabekson@gmail.com
26	Dr. Ainomugisha Brenda	Obs/Gyn	MUST	0782272368	bainomugisha@must.ac.ug
27	Dr. Semambo Godfrey Edwin	Obs/Gyn	Ruharo Mission Hospital	0783848231	sgedwin@rocketmail.com
28	Dr. Agaba David Collins	Obs/Gyn	MUST	0779548260	acollins@must.ac.ug
29	Dr. Bameka Agery	Obs/Gyn	Buwenge	0777052680	bamekagery1@gmail.com

			General Hospital		
30	Dr. Najjemba Aminah	Obs/Gyn	Kawempe National Ref. Hosp.	0773842820	najjembaminah@gmail.com
31	Dr. Byamugisha Josaphat	Obs/Gyn	Makerere University	0772580330	jbyamugisha@gmail.com
32	Dr. Taban Charles LoPoni	Obs/Gyn	C-Care Gulu	0772873884	tloponi@yahoo.com
33	Dr. Byaruhanga Romano	Obs/Gyn	Nsambya Hospital	0772505013	byaruhangarn@gmail.com
34	Dr. Komagum Patrick	Obs/Gyn	Kabale RRH	0782224305	pkomagum@yahoo.co.uk
35	Dr. Musana Othniel	Obs/Gyn	Nsambya Hospital	0782143800	mambya@gmail.com
36	Prof. Nakimuli Annettee	Obs/Gyn	Makerere University	0772471618	Annettee.nakimuli@gmail.com
37	Dr. Kazibwe Lawrence	Obs/Gyn	Kawempe NRH	0772848472	Kazibwelawrence77@gmail.com
38	Dr. Batwala I. J.	Obs/Gyn	Fiona Clinic, Ntinda	0752404432	
39	Prof. Okong Pius	Obs/Gyn	UMU/MUST/Soroti University	0772982903	mrokong@gmail.com
40	Dr. Alia Godfrey	Obs/Gyn		0705777750	goddyalia@gmail.com
41	Dr. Maryan Ahmed Hassan	Obs/Gyn	Lira RRH	0708964365	Maryam.a,hassan2022@gmail.com
42	Dr. Odar Emmanuel	Obs/Gyn	Arua RRH	0772487859	odaremma@gmail.com
43	Dr. Amadriyo Emma	Obs/Gyn	Nakasero Hospital	0776193449	amadriyoemma@gmail.com
44	Dr. Mugasa Anthony	Obs/Gyn	Rubona HC III	0772680937	mugasaa@yahoo.com
45	Dr. Kiwanuka Pontian	Obs/Gyn	Iganga Hospital	0782364875	pontiankiwanuka@yahoo.com
46	Dr Okello James	Obs/Gyn	Lira Regional RRH	0782352522	jamesokelapil@gmail.com
47	Dr. Victoria Kaviira	Obs/Gyn	Case Hospital	0758804070	Vickykavira18@gmail.com
48	Dr. Atuhairwe Susan	Obs/Gyn	Mulago Women's Hospital	0705629530	atususan96@gmail.com
49	Dr. Byamukama	Obs/Gyn	Mbarara RRH	0784124742	bonesmus@yahoo.com

	Onesmus				
50	Dr. Beinomugisha Joseph	Obs/Gyn	Jinja RRH	0706733052	beinojose@gmail.com
51	Dr. Irumba Charles	Obs/Gyn	Mulago Women's Hospital	0775271877	cirumbateenyi@gmail.com



Appendix 2: NEW MEMBERS FOR THE YEAR 2026

NEW FULL MEMBERS

No.	Name	Gender
1	Dr. AHABWE ONESMUS MAGEZI	M
2	Dr. BAHATI JOHNSON	M
3	Dr. MATSIKO CHARLES	M
4	Dr. MATOVU JACKSON	M
5	Dr. BIRYANDE WILLIAM	M
6	Dr. CHEROP MOSES	M
7	Dr. CHEROP ELIOT	M
8	Dr. KYEYUNE ISAAC	M
9	Dr. MUGAGGA NICHOLAS	M
10	Dr. MUKASA DAVID CHRISTOPHER	M
11	Dr. NASSUUNA SHARON	F
12	Dr. MUSANJE MATHIAS	M
13	Dr. MUTAMBA FRED	M
14	PROF. FAJARDO YARINE	M
15	Dr. MUTUMBA JONATHAN	M
16	Dr. NAKALEMBE MIRIAM	F
17	Dr. SEKULIMA RODGERS	M
18	Dr. NAMAGEMBE TAUSI	F
19	Dr. NKALUBO KYEMWA JULIUS	M
20	Dr. TUGUME RODGERS	M
21	Dr. NDOZIRE JUNIOUR	M
22	Dr. NSINGO SIMON PETER	M

23	Dr. SEMAMBO GEOFFREY EDWIN	M
24	Dr. AMUGE MOUREEN	F
25	Dr. ACAN GRACE SANTA	F
26	Dr. IYAMUREMYE RAM	M
27	Dr. JJUUKO MARK	M
28	Dr. KANONYA JONATHAN NKAJJA	M
29	Dr. OKUMU RICHARD	M
30	Dr. RWEBAZIBWA JOSEPH	M
31	Dr. SSEKATAWA WYCLIFFE	M
32	Dr. NNANOZI JOYCE	F
33	Dr. BABITA MARIAM	F
34	Dr. TUMWESIGE KENNETH	M
35	Dr. MWEBAZE JAMES	M
36	Dr. REVERZANI CHRISTINA	F
37	Dr. MBABAZI QUEEN LAILAH	F
38	Dr. WANDA FAUSTINO	M
39	Dr. ASIIMWE FIONA	F
40	Dr. AINEMBABAZI ROZEN	F
41	Dr. SSENKYONDO HENRY	M
42	Dr. MUHUMUZA ISMAEL	M
43	Dr. DAMULIRA ADAM	M
44	Dr. ADUPA PEACE	F

45	Dr. ISABIRYE ROBERT	M
46	Dr. BYARUHANGA NORBERT MUSISI	M
47	Dr. Namulindwa Rosette	F

48	Dr. Musooko Moses	M
49	Dr. Nsibambi David	M

NEW JUNIOR MEMBERS

No.	Name	Designation	Gender
1	Dr. ASASIRA PATIENCE	SHO	F
2	Dr. KAWUNGU SAAD	SHO	M
3	Dr. ANISA ALI HASHI	SHO	M
4	Dr. OMAR SANEL ABDI	SHO	M
5	Dr. KAYIRI JOYFRED	SHO	M
6	Dr. SSALI RONALD	SHO	M
7	Dr. MENYA ANDREW	SHO	M
8	Dr. EBELE GIFT ISAAC	SHO	M
9	Dr. KAWEESA BRIAN	SHO	M
10	Dr. BALUKU ANDREW BRIAN	SHO	M
11	Dr. BADOKWAYA NSUBUGA YAKOBO	SHO	M
12	Dr. RUGAMIKA ERIKA DAVID	SHO	M
13	Dr. BYAMUKAMA RICHARD	SHO	M
14	Dr. Ginall Bagala Gwokyala	SHO	F
15	Dr. Musumba Martin	SHO	M

NEW ASSOCIATE MEMBERS

No.	Name	Designation	
1	Mwesigwa Sarah	Midwife	F
2	Ahimbisibwe Esther	Midwife	F
3	Anisa Ali Hashi	Midwife	F
4	Nuwenshaba Pleasure	Midwife	F
5	Ayugi Sandra	Midwife	F
6	Dr. Aggrey Lubikire	Obstetric Anaesthesiologist	M

ANNEX 3: MEMBERSHIP REGISTER

FULL MEMBERS

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
	FOUNDER MEMBERS				
1	PROF. BULWA FREDRICK – 1 st President	(RIP)	M	1985	AOGU - FM - 0001
2	PROF. MMIRO FRANCIS	(RIP)	M	1985	AOGU - FM - 0002
3	DR. SENKATUKA NICHOLAS	(RIP)	M	1985	AOGU - FM - 0003
4	DR. RWANYARARE JAME	(RIP)	M	1985	AOGU - FM - 0004
5	DR. LUWULIZA KIRUNDA JOHN	(RIP)	M	1985	AOGU - FM - 0005
6	DR. TAMALE JEROME	(RIP)	M	1985	AOGU - FM - 0006
7	DR. BATWALA IGNITIUS	(RIP)	M	1985	AOGU - FM - 0007
8	DR. BAZIRA ERASMUS	(RIP)	M	1985	AOGU - FM - 0008
9	DR. NSIMWE PATRICK	(RIP)	M	1985	AOGU - FM - 0009
10	DR. MATOVU CHARLES	(RIP)	M	1985	AOGU - FM - 0010
11	DR. OBURA SAM	(RIP)	M	1985	AOGU - FM - 0011
12	DR. RUMANDA SAUL	(RIP)	M	1985	AOGU - FM - 0012
13	DR. NAMBASI	(RIP)	M	1985	AOGU - FM - 0013
14	DR. OTELU	(RIP)	M	1985	AOGU - FM - 0014
15	DR. NETUWA EMMANUEL	(RIP)	M	1985	AOGU - FM - 0015
16	DR. TURYASINGURA GODWIN	(RIP)	M	1985	AOGU - FM - 0016
17	DR. ALORO	(RIP)	M	1985	AOGU - FM - 0017
18	DR. EBAMU	(RIP)	M	1985	AOGU - FM - 0018
19	DR. BYARUHANGA	(RIP)	M	1985	AOGU - FM - 0019
20	PROF. FLORENCE MIREMBE	(ALIVE)	F	1985	AOGU - FM - 0020
21	DR. TAMUSANGE SHEM	(ALIVE)	M	1985	AOGU - FM - 0021
22	DR. MUGASA ANTHONY	(ALIVE)	M	1985	AOGU - FM - 0022
23	DR. BIRYABAREMA CHRISTINE	(ALIVE)	F	1985	AOGU - FM - 0023
24	DR. KARUGABA APOLLO	(ALIVE)	M	1985	AOGU - FM - 0024
25	DR. MUSINGUZI JOTHAM	(ALIVE)	M	1985	AOGU - FM - 0025
26	DR. KIKAMPIKAHO GIDEON	(ALIVE)	M	1985	AOGU - FM - 0026
27	DR. KALISOKO SAM	(ALIVE)	M	1985	AOGU - FM - 0027

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
28	DR. MWESIGA EMMANUEL	(ALIVE)	M	1985	AOGU - FM - 0028
29	PROF. BUGA GODFREY	(ALIVE)	M	1985	AOGU - FM - 0029
	OTHERS				
30	DR. ZAAKE EVEREST	(ALIVE)	M	1999	AOGU - FM - 0030
31	DR. KAGGWA SAM	(ALIVE)	M	1999	AOGU - FM - 0031
32	DR. TURIMU CALEB	(RIP)	M	1999	AOGU - FM - 0032
33	DR. BUKENYA JOHNMARY	(RIP)	M	1999	AOGU - FM - 0033
34	DR. EGWAU GODFREY	(RIP)	M	1999	AOGU - FM - 0034
35	DR. OSINDE MICHAEL	(RIP)	M	1999	AOGU - FM - 0035
36	DR. CHEBROT STEPHEN	(RIP)	M	1999	AOGU - FM - 0036
37	DR. MUGONDI SAM	(RIP)	M	1999	AOGU - FM - 0037
38	DR. JUMBA MUKASA		M	1999	AOGU - FM - 0038
39	DR. SSENYONGA KYANDA		M	1999	AOGU - FM - 0039
40	DR. BYAMUGISHA JOSAPHAT		M	1999	AOGU - FM - 0040
41	PROF. OKONG PIUS		M	1999	AOGU - FM - 0041
42	DR. WASWA GEORGE SSALONGO		M	1999	AOGU - FM - 0042
43	PROF. KAYE DAN		M	1999	AOGU - FM - 0043
44	DR. BEYEZA JOLLY		F	1999	AOGU - FM - 0044
45	DR. BYARUHANGA ROMANO		M	1999	AOGU - FM - 0045
46	DR. KABARANGIRA JANEX		F	1999	AOGU - FM - 0046
47	DR. MBISIRIKIRE JULIET KITAMIRIKE		F	1999	AOGU - FM - 0047
48	DR. MIHAYO PLACID		M	1999	AOGU - FM - 0048
49	DR. MUTABAZI NANDEGWE MIRIAM		F	1999	AOGU - FM - 0049
50	DR. NAKABIITO CLEMENSIA		F	1999	AOGU - FM - 0050
51	DR. NAMAGEMBE IMELDA		F	1999	AOGU - FM - 0051
52	DR. PANDYA NANAK	RIP	M	1999	AOGU - FM - 0052
53	DR. SEKIRIME KIGONGO		M	1999	AOGU - FM - 0053
54	DR. SENTUMBWE OLIVE MUGISA		F	1999	AOGU - FM - 0054
55	PROF. WANDABWA JULIUS		M	1999	AOGU - FM - 0055
56	DR. KABWIGU SAM		M	2001	AOGU - FM - 0056

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
57	DR. EMURON SIMON		M	2001	AOGU - FM - 0057
58	DR. KIZITO SIRAJ		M	2001	AOGU - FM - 0058
59	DR. ESIRU GODFREY		M	2001	AOGU - FM - 0059
60	DR. BUSINGYE ROBERT		M	2001	AOGU - FM - 0060
61	DR. MUROKORA DAN		M	2001	AOGU - FM - 0061
62	DR. OTIM TOM CHARLES		M	2001	AOGU - FM - 0062
63	DR. NAKINTU NURU		F	2002	AOGU - FM - 0063
64	DR. NAKISIGE CAROL		F	2002	AOGU - FM - 0064
65	DR. NYOLIA JAMES		M	2002	AOGU - FM - 0065
66	DR. WANZIZA GERALD		M	2002	AOGU - FM - 0066
67	DR. ONONGE SAM		M	2002	AOGU - FM - 0067
68	DR. OKOTH NDIRA ANTHONY		M	2002	AOGU - FM - 0068
69	DR. UHURU KILLION		M	2002	AOGU - FM - 0069
70	DR. OBORE SUSAN		F	2002	AOGU - FM - 0070
71	DR. KIGGUNDU CHARLES	(RIP)	M	2003	AOGU - FM - 0071
72	DR. KASSUJJA MASITULA		F	2003	AOGU - FM - 0072
73	DR. BARAGAINA JUSTUS		M	2003	AOGU - FM - 0073
74	DR. KAGAWA MIKE		M	2003	AOGU - FM - 0074
75	DR. KAGWA SAM		M	2003	AOGU - FM - 0075
76	DR. KAHARUZA FRANK		M	2003	AOGU - FM - 0076
77	DR. KISEGERWA ENOCK		M	2003	AOGU - FM - 0077
78	DR. ODAR EMMANUEL		M	2003	AOGU - FM - 0078
79	DR. MWANJE HARUNA MOSES		M	2003	AOGU - FM - 0079
80	DR. LUKODA RAMATHAN		M	2003	AOGU - FM - 0080
81	DR. PRAKASH PATEL		M	2003	AOGU - FM - 0081
82	DR. BANYA OGWANG FRANCIS		M	2004	AOGU - FM - 0082
83	DR. BYARUHANGA EMMANUEL		M	2004	AOGU - FM - 0083
84	DR. SEKIKUBO MUSA		M	2004	AOGU - FM - 0084
85	DR. SEKWEYAMA PETER		M	2004	AOGU - FM - 0085
86	DR. MUGERWA KIDZA YVONNE		F	2005	AOGU - FM - 0086
87	DR. MUKWAYA JOSEPHINE		F	2005	AOGU - FM - 0087

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
88	DR. NABUNYA EVELYN		F	2005	AOGU - FM - 0088
89	DR. KAKANDE HENRY		M	2005	AOGU - FM - 0089
90	DR. MUGERWA BENON		M	2006	AOGU - FM - 0090
91	DR. KUSASIRA STEPHEN		M	2007	AOGU - FM - 0091
92	DR. NTUYO PETER		M	2007	AOGU - FM - 0092
93	DR. NAKUBULWA SARAH		F	2007	AOGU - FM - 0093
94	DR. MUKASA PETER KIVUNIKE		M	2007	AOGU - FM - 0094
95	DR. KAKAIRE OTHMAN		M	2007	AOGU - FM - 0095
96	DR. HABOMUGISHA GODFREY		M	2007	AOGU - FM - 0096
97	DR. ZAAKE DANIEL		M	2007	AOGU - FM - 0097
98	DR. WANYAMA JOHN		M	2007	AOGU - FM - 0098
99	DR. MAYANJA RONALD	(RIP)	M	2008	AOGU - FM - 0099
100	DR. EKUNAIT JOHN		M	2008	AOGU - FM - 0100
101	DR. AKENA WILFRED		M	2008	AOGU - FM - 0101
102	DR. ACHORA VINCENTINA		F	2008	AOGU - FM - 0102
103	DR. NSUBUGA YOSAM		M	2008	AOGU - FM - 0103
104	DR. NASALI MERCY		F	2008	AOGU - FM - 0104
105	DR. SEMPEWO HERMAN		M	2008	AOGU - FM - 0105
106	DR. BALIKUDDEMBE MICHAEL	(RIP)	M	2009	AOGU - FM - 0106
107	DR. KIGGUNDU SPIRE	(RIP)	M	2009	AOGU - FM - 0107
108	DR. SSEBADDUKA PETER		M	2009	AOGU - FM - 0108
109	DR. AGEL AKII YOVEN		M	2009	AOGU - FM - 0109
110	DR. AJEANI JUDITH		F	2009	AOGU - FM - 0110
111	DR. BUSINGYE PRISCILLA (Sr)		F	2009	AOGU - FM - 0111
112	DR. ENGENYE CHARLES		M	2009	AOGU - FM - 0112
113	DR. KABUGO NORBERT		M	2009	AOGU - FM - 0113
114	DR. MUGISHA JULIUS		M	2009	AOGU - FM - 0114
115	DR. KINENE MARIAM		F	2009	AOGU - FM - 0115
116	DR. ONDO DOREEN		F	2009	AOGU - FM - 0116
117	DR. KATUSIIME NECHEMIA		M	2010	AOGU - FM - 0117
118	DR. AYIKO BEN JACKSON		M	2010	AOGU - FM - 0118
119	DR. AHIMBISIBWE ASA		M	2010	AOGU - FM - 0119
120	DR. AMONGIN DINAH		F	2010	AOGU - FM - 0120

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
121	DR. MUYINGO MARK		M	2010	AOGU - FM - 0121
122	DR. ATIM PAMELA		F	2010	AOGU - FM - 0122
123	DR. ATUHAIRWE SUSAN		F	2010	AOGU - FM - 0123
124	DR. BAWAKANYA STEPHEN		M	2010	AOGU - FM - 0124
125	DR. BAYO PONTIUS		M	2010	AOGU - FM - 0125
126	DR. BIRUNGI JULIET		F	2010	AOGU - FM - 0126
127	DR. KADAMA HERBERT		M	2010	AOGU - FM - 0127
128	DR. KAGALI SAMUEL		M	2010	AOGU - FM - 0128
129	DR. KAZIBWE LAWRENCE		M	2010	AOGU - FM - 0129
130	DR. MUGISHA JEROME		M	2010	AOGU - FM - 0130
131	DR. LULE JOHN		M	2010	AOGU - FM - 0131
132	DR. NAKIMULI ANNET		F	2010	AOGU - FM - 0132
133	DR. NAKABEMBE EVA		F	2010	AOGU - FM - 0133
134	DR. NAMU RICHARD		M	2010	AOGU - FM - 0134
135	DR. NANKINGA JUSTINE		F	2010	AOGU - FM - 0135
136	DR. NIONZIMA ELIZABETH		F	2010	AOGU - FM - 0136
137	DR. ODONG EMINTON		M	2010	AOGU - FM - 0137
138	DR. ORIGA MARTIN		M	2010	AOGU - FM - 0138
139	DR. SEBUKO ARTHUR		M	2010	AOGU - FM - 0139
140	DR. KAWEESA MOSES		M	2010	AOGU - FM - 0140
141	DR. ADUPA DRAKE	RIP	M	2011	AOGU - FM - 0141
142	DR. ALIA GODFREY		M	2011	AOGU - FM - 0142
143	DR. ADUPET MARTIN		M	2011	AOGU - FM - 0143
144	DR. BATAALE SALIM		M	2011	AOGU - FM - 0144
145	DR. BAHIZI EMMANUEL		M	2011	AOGU - FM - 0145
146	DR. KADDU KYAKONYE STEPHEN		M	2011	AOGU - FM - 0146
147	DR. KAPURU ASINSA ERIAB		M	2011	AOGU - FM - 0147
148	DR. LUYIGA MARIAM		F	2011	AOGU - FM - 0148
149	DR. NAMUGGA JANE		F	2011	AOGU - FM - 0149
150	DR. NYONGOZI BALTAZAR		M	2011	AOGU - FM - 0150
151	DR. AWOR SILVIA		F	2012	AOGU - FM - 0151
152	DR. ANDABATI GONZAGA		M	2012	AOGU - FM - 0152

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
153	DR. BUKENYA MICHAEL		M	2012	AOGU - FM - 0153
154	DR. ISAGARA PETER		M	2012	AOGU - FM - 0154
155	DR. JAMAL NINO ABDUO		M	2012	AOGU - FM - 0155
156	DR. KADAGA HENRY		M	2012	AOGU - FM - 0156
157	DR. KIONDO PAUL		M	2012	AOGU - FM - 0157
158	DR. KAYONDO MUSA		M	2012	AOGU - FM - 0158
159	DR. MUGYENYI GODFREY		M	2012	AOGU - FM - 0159
160	DR. KOMAGUM PATRICK		M	2012	AOGU - FM - 0160
161	DR. LUKAKAMWA DANIEL		M	2012	AOGU - FM - 0161
162	DR. LWANGA HUMPHREY		M	2012	AOGU - FM - 0162
163	DR. NAKINTU ELEONOR		F	2012	AOGU - FM - 0163
164	DR. NZABANDORA EMMANUEL		M	2012	AOGU - FM - 0164
165	DR. KYEYUNE FRANK		M	2013	AOGU - FM - 0165
166	DR. OJARA SANDE		M	2013	AOGU - FM - 0166
167	DR. RUJUMBA DAVIS		M	2013	AOGU - FM - 0167
168	PROF. NGONZI JOSEPH		M	2013	AOGU - FM - 0168
169	DR. ABESIGA LENARD		M	2014	AOGU - FM - 0169
170	DR. BALUNGI YOWASI		M	2014	AOGU - FM - 0170
171	DR. MUHUMUZA JOY		F	2014	AOGU - FM - 0171
172	DR. MULA AHAMED		M	2014	AOGU - FM - 0172
173	DR. MUGABE KENNETH		M	2014	AOGU - FM - 0173
174	DR. NALUBEGA FLORENCE (Dr/Sr)		F	2014	AOGU - FM - 0174
175	DR. NANZIRA RACHEAL SAMANTHA		F	2014	AOGU - FM - 0175
176	DR. OGWANG ALFRED		M	2014	AOGU - FM - 0176
177	DR. OUNA MARTIN		M	2014	AOGU - FM - 0177
178	DR. SENYONDO GONZAGA		M	2014	AOGU - FM - 0178
179	DR. TIRI MOSES		M	2014	AOGU - FM - 0179
180	DR. WASSWA ESAU		M	2014	AOGU - FM - 0180
181	DR. CHEBET IRENE		M	2015	AOGU - FM - 0181
182	DR. MUSABA MILTON		M	2015	AOGU - FM - 0182

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
183	DR. MUTONYI SARAH		M	2015	AOGU - FM - 0183
184	DR. MUWANGUZI PAUL		M	2015	AOGU - FM - 0184
185	DR. NDIWALANA BILLY RICHARDS		M	2015	AOGU - FM - 0185
186	DR. NSUBUGA JOHNBOSCO		M	2015	AOGU - FM - 0186
187	DR. OLEO CAROLYNE		F	2015	AOGU - FM - 0187
188	DR. ANYANGO SARAH		F	2016	AOGU - FM - 0188
189	DR. ABILIREKU LAWRENCE		M	2016	AOGU - FM - 0189
190	DR. ADERU DAVID		M	2016	AOGU - FM - 0190
191	DR. KIMONO SUSAN		F	2016	AOGU - FM - 0191
192	DR. KAVUMA RUTH		F	2016	AOGU - FM - 0192
193	DR. KITARA DAVID		M	2016	AOGU - FM - 0193
194	DR. KIZAALA SUSAN		F	2016	AOGU - FM - 0194
195	DR. MULOWOOZA JUDE		M	2016	AOGU - FM - 0195
196	DR. MPANGA JONATHAN		M	2016	AOGU - FM - 0196
197	DR. NAKABUYE BETTY		F	2016	AOGU - FM - 0197
198	DR. OKELLO BOSCO OTUU		M	2016	AOGU - FM - 0198
199	DR. OLUKA SIMON		M	2016	AOGU - FM - 0199
200	DR. WALUSIMBI JUSTINE		F	2016	AOGU - FM - 0200
201	DR. KAJAAYAS STEPHEN		M	2017	AOGU - FM - 0201
202	DR. KADUYU PAUL		M	2017	AOGU - FM - 0202
203	DR. KAYIGA HERBERT		M	2017	AOGU - FM - 0203
204	DR. MUKIIBI JOHN		M	2017	AOGU - FM - 0204
205	DR. MUBIRU MUSA		M	2017	AOGU - FM - 0205
206	DR. SSEBULIBA JOSHUA		M	2017	AOGU - FM - 0206
207	DR. TEZITA JOHNBOSCO		M	2017	AOGU - FM - 0207
208	DR. ADROMA MOSES		M	2018	AOGU - FM - 0208
209	DR. BAIFA ARWINYO		F	2018	AOGU - FM - 0209
210	DR. AKELLO JACKLINE		F	2018	AOGU - FM - 0210
211	DR. CHAKURA ANDREW		M	2018	AOGU - FM - 0211
212	DR. KALIISA CASSIM		M	2018	AOGU - FM - 0212
213	DR. INZAAMA WILFRED		M	2018	AOGU - FM - 0213
214	DR. KIWANUKA PONTIAN K.		M	2018	AOGU - FM - 0214

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
215	DR. KIWANUKA SANYU TUSUUBIRA		M	2018	AOGU - FM - 0215
216	DR. KIYEMBA CHRISTOPHER		M	2018	AOGU - FM - 0216
217	DR. LUGOBE HENRY		M	2018	AOGU - FM - 0217
218	DR. KISUULE CASTRO ROBERTSON		M	2018	AOGU - FM - 0218
219	DR. MUWONGE COLLINS		M	2018	AOGU - FM - 0219
220	DR. NAMALA ANGELLA		F	2018	AOGU - FM - 0220
221	DR. NAMYENYA PROSSY		F	2018	AOGU - FM - 0221
222	DR. NASSOLO NEEMA		F	2018	AOGU - FM - 0222
223	DR. NYOMBI JAFHAR		M	2018	AOGU - FM - 0223
224	DR. SSEMWOGERERE PROSSY		F	2018	AOGU - FM - 0224
225	DR. SSENYONJO LEONARD		M	2018	AOGU - FM - 0225
226	DR. WAGABA FRANCIS		M	2018	AOGU - FM - 0226
227	DR. PEBALO FRANCIS PEBOLO		M	2019	AOGU - FM - 0227
228	DR. BWAGA IBRAHIM		M	2019	AOGU - FM - 0228
229	DR. LUMALA ALFRED		M	2019	AOGU - FM - 0229
230	DR. MULUMBA RICHARD		M	2019	AOGU - FM - 0230
231	DR. MUGISA ALEX GIDEON		F	2019	AOGU - FM - 0231
232	DR. NAJJEMBA AMINAH		F	2019	AOGU - FM - 0232
233	DR. NKONWA INNOCENT HERBERT		M	2019	AOGU - FM - 0233
234	DR. BUGEMBE ISAAC		M	2020	AOGU - FM - 0234
235	DR. KATO KALYEBARA PAUL		M	2020	AOGU - FM - 0235
236	DR. KAAYA DICKSON NSAMBU		M	2020	AOGU - FM - 0236
237	DR. KAYONDO SIMON PETER		M	2020	AOGU - FM - 0237
238	DR. MUSANA OTHINIEL		M	2020	AOGU - FM - 0238
239	DR. SSEMURU AUGUSTINE		F	2020	AOGU - FM - 0239
240	DR. AJOK JENNIFER		F	2021	AOGU - FM - 0240
241	DR. AKELLO ANNE		F	2021	AOGU - FM - 0241
242	DR. ANIKU DAN		M	2021	AOGU - FM - 0242
243	DR. BALUKU ASANAIRI		M	2021	AOGU - FM - 0243
244	DR. BYAMUKAMA ONESMUS		M	2021	AOGU - FM - 0244

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
245	DR. KAHIMAKAZI IRENE		F	2021	AOGU - FM - 0245
246	DR. KAJABWANGU RODGERS		M	2021	AOGU - FM - 0246
247	DR. ERABU WALTER DRAKE		M	2021	AOGU - FM - 0247
248	DR. IBANDA HOOD		M	2021	AOGU - FM - 0248
249	DR. KATUNGYE RICHARD VIEIRA		M	2021	AOGU - FM - 0249
250	DR. KAYIIRA ANTHONY		M	2021	AOGU - FM - 0250
251	DR. KIKABI EDWARD		M	2021	AOGU - FM - 0251
252	DR. MUSINGUZI DAISY		F	2021	AOGU - FM - 0252
253	DR. NAKENDO ABUBAKARI		M	2021	AOGU - FM - 0253
254	DR. NINSIIMA LYNETTE		F	2021	AOGU - FM - 0254
255	DR. NSENGIYUMVA VENANCIO		M	2021	AOGU - FM - 0255
256	DR. OJIK VICTOR		M	2021	AOGU - FM - 0256
257	DR. OPEE JIMMY		M	2021	AOGU - FM - 0257
258	DR. SSEBWAMI LEONARD		M	2021	AOGU - FM - 0258
259	DR. WALINA JOCKNUS		M	2021	AOGU - FM - 0259
260	DR. AMADRIYO EMMA		F	2021	AOGU - FM - 0260
261	DR. TINO KEVIN OKEDI		F	2021	AOGU - FM - 0261
262	DR. ACAN ROSE LILLY		F	2022	AOGU - FM - 0262
263	DR. AHAISIBWE HILLARY		M	2022	AOGU - FM - 0263
264	DR. AINOMUGISHA BRENDA		F	2022	AOGU - FM - 0264
265	DR. ALOBO GASTHONY		M	2022	AOGU - FM - 0265
266	DR. ANZO WILLIAM		M	2022	AOGU - FM - 0266
267	DR. BAMEKA AGREY		M	2022	AOGU - FM - 0267
268	DR. BUGA PAUL		M	2022	AOGU - FM - 0268
269	DR. BYARUHANGA PAUL		M	2022	AOGU - FM - 0269
270	DR. IRUMBA CHARLES		M	2022	AOGU - FM - 0270
271	DR. LUKABWE HENRY		M	2022	AOGU - FM - 0271
272	DR. MWEBESA MEDAD		M	2022	AOGU - FM - 0272
273	DR. MASEMBE SEZALIO		M	2022	AOGU - FM - 0273
274	DR. MAGALA JONATHAN		M	2022	AOGU - FM - 0274
275	DR. MUSIIME JAMES NABAASA		M	2022	AOGU - FM - 0275

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
276	DR. MWINGANIZA DAVID BENJAMIN		M	2022	AOGU - FM - 0276
277	DR. OKELLO JAMES		M	2022	AOGU - FM - 0277
278	DR. OKULLO RICHARDSON		M	2022	AOGU - FM - 0278
279	DR. OKURUT EMMANUEL		M	2022	AOGU - FM - 0279
280	DR. OPETO MOSES		M	2022	AOGU - FM - 0280
281	DR. TURYAHEBWA HILLARY		M	2022	AOGU - FM - 0281
282	DR. SATURDAY PASCAL		M	2022	AOGU - FM - 0282
283	DR. SADIA HASSAN MOHAMED		M	2022	AOGU - FM - 0283
284	DR. SSEMATIMBA KATO STEPHEN		M	2022	AOGU - FM - 0284
285	DR. TIBAIJUKA LEEVAN		M	2022	AOGU - FM - 0285
286	DR. TAYEBWA BEKSON		M	2022	AOGU - FM - 0286
287	DR. WANYERA PETER		M	2022	AOGU - FM - 0287
288	DR. AGABA DAVID COLLINS		M	2023	AOGU - FM - 0288
289	DR. AKENA GEOFFREY		M	2023	AOGU - FM - 0289
290	DR. BABIKIR RAJAB ARABA		M	2023	AOGU - FM - 0290
291	DR. BAHATUNGIRE RONY		M	2023	AOGU - FM - 0291
292	DR. ELADU EMMANUEL		M	2023	AOGU - FM - 0292
293	DR. ESAYU DENIS		M	2023	AOGU - FM - 0293
294	DR. HOPE SANDRA		F	2023	AOGU - FM - 0294
295	DR. KATO PAUL IVAN		M	2023	AOGU - FM - 0295
296	DR. KAMWESIGYE ASSEN		F	2023	AOGU - FM - 0296
297	DR. KATUSIIME VICENT		M	2023	AOGU - FM - 0297
298	DR. KUGONZA MARTIN		M	2023	AOGU - FM - 0298
299	DR. LAPATA JOLLY JOE ANAKA		M	2023	AOGU - FM - 0299
300	DR. KIIZA HENRY		M	2023	AOGU - FM - 0300
301	DR. KISEMBO DEAN		M	2023	AOGU - FM - 0301
302	DR. MALEMEKO GODFREY		M	2023	AOGU - FM - 0302
303	DR. NAKAYE ANGELLA		F	2023	AOGU - FM - 0303
304	DR. MWESIGWA ATUHAIRE RICHARD		M	2023	AOGU - FM - 0304
305	DR/SR. NANYONDO GRACE		F	2023	AOGU - FM - 0305

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
306	DR. NASSIMU MOSES		F	2023	AOGU - FM - 0306
307	DR. OKINO DAVID		M	2023	AOGU - FM - 0307
308	DR. ODUR ANDREW		M	2023	AOGU - FM - 0308
309	DR. ONAPA EMMANUEL		M	2023	AOGU - FM - 0309
310	DR. OKULLO JAMES		M	2023	AOGU - FM - 0310
311	DR. OWORI ALEX OTTO		M	2023	AOGU - FM - 0311
312	DR. SEMWANGA MOSES		M	2023	AOGU - FM - 0312
313	DR. TABULEY JACKSON JOSEPH		M	2023	AOGU - FM - 0313
314	DR. WOIRA JOSEPH		M	2023	AOGU - FM - 0314
315	DR. WAISWA STEPHEN		M	2023	AOGU - FM - 0315
316	DR. MUHUMUZA SILAS		M	2023	AOGU - FM - 0316
317	DR. KAGEZI HENGH		M	2023	AOGU - FM - 0317
318	DR. NSIIME DAVID		M	2023	AOGU - FM - 0318
319	DR. AINEMBABAZI BUHAMIZO		M	2023	AOGU - FM - 0319
320	DR. TUKIRINAWA HAPPY		M	2023	AOGU - FM - 0320
321	DR. BAGALA JOHN PAUL		M	2024	AOGU - FM - 0321
322	DR. BINAISA DEUS		M	2024	AOGU - FM - 0322
323	DR. CHEREP ELIOT		M	2024	AOGU - FM - 0323
324	DR. ENYAMITOIT RALPH		M	2024	AOGU - FM - 0324
325	DR. HAKIZIMANA THEONESTE		M	2024	AOGU - FM - 0325
326	DR. KANYESIGYE HAMSON		M	2024	AOGU - FM - 0326
327	DR. KARUNGI KWESIGA BRENDA		F	2024	AOGU - FM - 0327
328	DR. KASAIJA HELLENA		F	2024	AOGU - FM - 0328
329	DR. KEESIGA ANNETTE MUHIMBISE		F	2024	AOGU - FM - 0329
330	DR. KIZZA ADAM KAWUKI		M	2024	AOGU - FM - 0330
331	DR. MUGABI SIMON PETER		M	2024	AOGU - FM - 0331
332	DR. NABACWA JOAN MABLE		F	2024	AOGU - FM - 0332
333	DR. ODONGO EMMANUEL		M	2024	AOGU - FM - 0333
334	DR. OKELLO MAXWELL		F	2024	AOGU - FM - 0334
335	DR. TEITUK ABDULLAHI		M	2024	AOGU - FM - 0335

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
336	DR. TUSIIME EMMANUEL		M	2024	AOGU - FM - 0336
337	DR. AMPWERA RODGERS		M	2025	AOGU - FM - 0337
338	DR. BIRUNGI WILSON		M	2025	AOGU - FM - 0338
339	DR. BYAKWAGA ELIZABETH		F	2025	AOGU - FM - 0339
340	DR. WAMBOKO ISAAC KUSOLO		M	2025	AOGU - FM - 0340
341	DR. KIRUNDA ZETHAN		M	2025	AOGU - FM - 0341
342	DR. KAVIIRA VICTORIA		F	2025	AOGU - FM - 0342
343	DR. MAISABA MAGEZI JAMES		M	2025	AOGU - FM - 0343
344	DR. LWASA JOEL		M	2025	AOGU - FM - 0344
345	DR. MWESIGYE DAVID		M	2025	AOGU - FM - 0345
346	DR. NABBOSA IMELDA		F	2025	AOGU - FM - 0346
347	DR. NEKESA MIREMBE MABEL		F	2025	AOGU - FM - 0347
348	DR. OWORAGANISE ASIPHAS		M	2025	AOGU - FM - 0348
349	DR. SSERUBIRI LAWRENCE		M	2025	AOGU - FM - 0349
350	DR. TABAN LOPON CHARLES		M	2025	AOGU - FM - 0350
351	DR. ZIMULA JOHN		M	2025	AOGU - FM - 0351
352	DR. BAINOMUGISHA JOSEPH		M	2025	AOGU - FM - 0352
353	DR. TOMUSANGE SIMON		M	2025	AOGU - FM - 0353
354	DR. AHABWE ONESMUS MAGEZI		M	2026	AOGU - FM - 0354
355	DR. BAHATI JOHNSON		M	2026	AOGU - FM - 0355
356	DR. MATSIKO CHARLES		M	2026	AOGU - FM - 0356
357	DR. MATOVU JACKSON		M	2026	AOGU - FM - 0357
358	DR. BIRYANDE WILLIAM		M	2026	AOGU - FM - 0358
359	DR. CHEROP MOSES		M	2026	AOGU - FM - 0359
360	DR. CHEROP ELIOT		M	2026	AOGU - FM - 0360
361	DR. KYEYUNE ISAAC		M	2026	AOGU - FM - 0361
362	DR. MUGAGGA NICHOLAS		M	2026	AOGU - FM - 0362
363	DR. MUKASA DAVID CHRISTOPHER		M	2026	AOGU - FM - 0363
364	DR. NASSUUNA SHARON		F	2026	AOGU - FM - 0364
365	DR. MUSANJE MATHIAS		M	2026	AOGU - FM - 0365

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
366	DR. MUTAMBA FRED		M	2026	AOGU - FM - 0366
367	PROF. FAJARDO YARINE		M	2026	AOGU - FM - 0367
368	DR. MUTUMBA JONATHAN		M	2026	AOGU - FM - 0368
369	DR. NAKALEMBE MIRIAM		F	2026	AOGU - FM - 0369
370	DR. SEKULIMA RODGERS		M	2026	AOGU - FM - 0370
371	DR. NAMAGEMBE TAUSI		F	2026	AOGU - FM - 0371
372	DR. NKALUBO KYEMWA JULIUS		M	2026	AOGU - FM - 0372
373	DR. TUGUME RODGERS		M	2026	AOGU - FM - 0373
374	DR. NDOZIRE JUNIOUR		M	2026	AOGU - FM - 0374
375	DR. NSINGO SIMON PETER		M	2026	AOGU - FM - 0375
376	DR. SEMAMBO GEOFFREY EDWIN		M	2026	AOGU - FM - 0376
377	DR. AMUGE MOUREEN		F	2026	AOGU - FM - 0377
378	DR. ACAN GRACE SANTA		F	2026	AOGU - FM - 0378
379	DR. IYAMUREMYE RAM		M	2026	AOGU - FM - 0379
380	DR. JUUUKO MARK		M	2026	AOGU - FM - 0380
381	DR. KANONYA JONATHAN NKAJJA		M	2026	AOGU - FM - 0381
382	DR. OKUMU RICHARD		M	2026	AOGU - FM - 0382
383	DR. RWEBAZIBWA JOSEPH		M	2026	AOGU - FM - 0383
384	DR. SSEKATAWA WYCLIFFE		M	2026	AOGU - FM - 0384
385	Dr. NNANOZI JOYCE		F	2026	AOGU - FM - 0385
386	DR. BABITA MARIAM		F	2026	AOGU - FM - 0386
387	DR. TUMWESIGE KENNETH		M	2026	AOGU - FM - 0387
388	DR. MWEBAZE JAMES		M	2026	AOGU - FM - 0388
389	DR. REVERZANI CHRISTINA		F	2026	AOGU - FM - 0389
390	DR. MBABAZI QUEEN LILAH		F	2026	AOGU - FM - 0390
391	DR. WANDA FAUSTINO		M	2026	AOGU - FM - 0391
392	DR. ASIIMWE FIONA		F	2026	AOGU - FM - 0392
393	DR. AINEMBABAZI ROZEN		F	2026	AOGU - FM - 0393
394	DR. SSENYONDO HENRY		M	2026	AOGU - FM - 0394
395	DR. MUHUMUZA ISMAEL		M	2026	AOGU - FM - 0395
396	DR. DAMULIRA ADAM		M	2026	AOGU - FM - 0396

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
397	DR. ADUPA PEACE		F	2026	AOGU - FM - 0397
398	DR. ISABIRYE ROBERT		M	2026	AOGU - FM - 0398
399	DR. BYARUHANGA NORBERT MUSISI		M	2026	AOGU - FM - 0399
400	DR. NAMULINDWA ROSETTE		F	2026	AOGU - FM - 0400
401	DR. MUSOOKO MOSES		M	2026	AOGU - FM - 0401
402	DR.NSIBAMBI DAVID		M	2026	AOGU - FM - 0402

JUNIOR MEMBERS

NO.	NAME	STATUS	SEX	JOINING DATE	MEMBERSHIP ID
1	DR. ASASIRA PATIENCE	SHO	F	2026	AOGU-JM-2026/001
2	DR. KAWUNGU SAAD	SHO	M	2026	AOGU-JM-2026/002
3	DR. ANISA ALI HASHI	SHO	M	2026	AOGU-JM-2026/003
4	DR. OMAR SANEL ABDI	SHO	M	2026	AOGU-JM-2026/004
5	DR. KAYIRI JOYFRED	SHO	M	2026	AOGU-JM-2026/005
6	DR. SSALI RONALD	SHO	M	2026	AOGU-JM-2026/006
7	DR. MENYA ANDREW	SHO	M	2026	AOGU-JM-2026/007
8	DR. EBELE GIFT ISAAC	SHO	M	2026	AOGU-JM-2026/008
9	DR. KAWEESA BRIAN	SHO	M	2026	AOGU-JM-2026/009
10	DR. BALUKU ANDREW BRIAN	SHO	M	2026	AOGU-JM-2026/010
11	DR. BADOKWAYA NSUBUGA YAKOBO	SHO	M	2026	AOGU-JM-2026/011
12	DR. RUGAMIKA ERIKA DAVID	SHO	M	2026	AOGU-JM-2026/012
13	DR. BYAMUKAMA RICHARD	SHO	M	2026	AOGU-JM-2026/013
14	Dr. GINALL BAGALA GWOKYALYA	SHO	F	2026	AOGU-JM-2026/014
15	Dr. MUSUMBA MARTIN	SHO	M	2026	AOGU-JM-2026/015

ASSOCIATE MEMBERS

NO.	NAME	SEX	DATE OF JOINING	MEMBERSHIP ID
1	Alio Susan	F	2010	AOGU - AM - 0001
2	Muwanguzi Sarah	F	2010	AOGU - AM - 0002
3	Nakirijja Emily	F	2010	AOGU - AM - 0003
4	Namukwaya Prossy	F	2010	AOGU - AM - 0004
5	Namutebi Sarah	F	2010	AOGU - AM - 0005
6	Alum Alice	F	2011	AOGU - AM - 0006
7	Aluo Ann Grace	F	2011	AOGU - AM - 0007
8	Amaro Eunice	F	2011	AOGU - AM - 0008
9	Miwanda K. Deborah	F	2011	AOGU - AM - 0009
10	Mugabi Dorothy	F	2011	AOGU - AM - 0010
11	Bwongyezibwa Kevin	F	2011	AOGU - AM - 0011
12	Amony Dorothy	F	2011	AOGU - AM - 0012
13	Birungi Harriet	F	2011	AOGU - AM - 0013
14	Birungi Susan	F	2011	AOGU - AM - 0014
15	Gimbo Aisha	F	2011	AOGU - AM - 0015
16	Kaliba Margaret	F	2011	AOGU - AM - 0016
17	Katende Elizabeth	F	2011	AOGU - AM - 0017
18	Mayiga Annet	F	2011	AOGU - AM - 0018
19	Mukomuzibu Prossy	F	2011	AOGU - AM - 0019
20	Nabukalu Margaret	F	2011	AOGU - AM - 0020
21	Mwebaza Enid	F	2011	AOGU - AM - 0021
22	Naiga Patience	F	2011	AOGU - AM - 0022
23	Nakaddu Leorant	F	2011	AOGU - AM - 0023
24	Nakate Grace	F	2011	AOGU - AM - 0024
25	Nakku Evelyne	F	2011	AOGU - AM - 0025
26	Nalubega Madinah	F	2011	AOGU - AM - 0026
27	Nalufuma Siifa	F	2011	AOGU - AM - 0027
28	Namulwasira Christine	F	2011	AOGU - AM - 0028
29	Nambatya Jalia	F	2011	AOGU - AM - 0029
30	Namwaya Ziidah	F	2011	AOGU - AM - 0030
31	Nangabi Rosemary	F	2011	AOGU - AM - 0031

NO.	NAME	SEX	DATE OF JOINING	MEMBERSHIP ID
32	Nangosha Joyce Irene	F	2011	AOGU - AM - 0032
33	Nganzi Fortunate	F	2011	AOGU - AM - 0033
34	Ssentongo Gertrude	F	2011	AOGU - AM - 0034
35	Nshemereirwe Ann	F	2011	AOGU - AM - 0035
36	Obichoru Clementine	F	2011	AOGU - AM - 0036
37	Opido Jennifer	F	2011	AOGU - AM - 0037
38	Ssekabembe Christine	F	2011	AOGU - AM - 0038
39	Tusiime Sarah Grace	F	2011	AOGU - AM - 0039
40	Abalo Jacinta	F	2012	AOGU - AM - 0040
41	Birungi Juliet	F	2012	AOGU - AM - 0041
42	Twinomujuni Edidah	F	2012	AOGU - AM - 0042
43	Kabiite Angella	F	2012	AOGU - AM - 0043
44	Katusiime Scholar	F	2012	AOGU - AM - 0044
45	Kemirembe Zamidah	F	2012	AOGU - AM - 0045
46	Mafu Lucy Abiria	F	2012	AOGU - AM - 0046
47	Musinguzi Lucy	F	2012	AOGU - AM - 0047
48	Namayanja Gertrude	F	2012	AOGU - AM - 0048
49	Namutebi Elizabeth	F	2012	AOGU - AM - 0049
50	Namiiro Jane	F	2012	AOGU - AM - 0050
51	Rwecungura Joyce	F	2012	AOGU - AM - 0051
52	Tibifumura Gorretti	F	2012	AOGU - AM - 0052
53	Atuhairwe Sharon	F	2013	AOGU - AM - 0053
54	Jaaya Annet	F	2013	AOGU - AM - 0054
55	Kibuuka Beatrice	F	2013	AOGU - AM - 0055
56	Kiddega Margaret	F	2013	AOGU - AM - 0056
57	Kikomeko Sarah	F	2013	AOGU - AM - 0057
58	Likico Emily Opu	F	2013	AOGU - AM - 0058
59	Mugema Florence	F	2013	AOGU - AM - 0059
60	Nakalili Carolyn	F	2013	AOGU - AM - 0060
61	Nakayiza Rose	F	2013	AOGU - AM - 0061
62	Nakazi Sarah	F	2013	AOGU - AM - 0062
63	Nalunkuuma Ritah	F	2013	AOGU - AM - 0063
64	Ssekimpi Prossy	F	2013	AOGU - AM - 0064

NO.	NAME	SEX	DATE OF JOINING	MEMBERSHIP ID
65	Sseremba Christine	F	2013	AOGU - AM - 0065
66	Nanyonjo Ssemanga Robinah	F	2013	AOGU - AM - 0066
67	Achen Faith	F	2014	AOGU - AM - 0067
68	Aligawesa Alice Agiri	F	2014	AOGU - AM - 0068
69	Atim Irene	F	2014	AOGU - AM - 0069
70	Ayo Dorcus	F	2014	AOGU - AM - 0070
71	Batwala Alice	F	2014	AOGU - AM - 0071
72	Cherotich Judith	F	2014	AOGU - AM - 0072
73	Katusiime Gladys	F	2014	AOGU - AM - 0073
74	Kirikumwino Agnes	F	2014	AOGU - AM - 0074
75	Kyarisima Judith	F	2014	AOGU - AM - 0075
76	Nabirye Asha	F	2014	AOGU - AM - 0076
77	Mwogererwa Damalie	F	2014	AOGU - AM - 0077
78	Tusiimiraho Florida	F	2014	AOGU - AM - 0078
79	Wamukote Joyce	F	2014	AOGU - AM - 0079
80	Bulega Nansubuga Prossy	F	2014	AOGU - AM - 0080
81	Nakazibwe Rehema	F	2014	AOGU - AM - 0081
82	Nakiitto Barbara Mukasa	F	2014	AOGU - AM - 0082
83	Namufumba Madina	F	2014	AOGU - AM - 0083
84	Namusiitwa Janepher	F	2014	AOGU - AM - 0084
85	Nassozi Deborah	F	2014	AOGU - AM - 0085
86	Serunjogi Samalie	F	2014	AOGU - AM - 0086
87	Beatrice Tinka Kusiima	F	2014	AOGU - AM - 0087
88	Igoe Teopista	F	2015	AOGU - AM - 0088
89	Kasumba Margaret	F	2015	AOGU - AM - 0089
90	Lanyero Grace	F	2015	AOGU - AM - 0090
91	Nabacwa Oliver	F	2015	AOGU - AM - 0091
92	Namuli Lillian (RIP)	F	2015	AOGU - AM - 0092
93	Namirembe Sarah	F	2015	AOGU - AM - 0093
94	Namuddu Sarah	F	2015	AOGU - AM - 0094
95	Achola Catherine	F	2016	AOGU - AM - 0095
96	Akullo Nancy Betty	F	2016	AOGU - AM - 0096

NO.	NAME	SEX	DATE OF JOINING	MEMBERSHIP ID
97	Akullu Agnes Omara	F	2016	AOGU - AM - 0097
98	Akwit Margaret	F	2016	AOGU - AM - 0098
99	Nabulo Hariiet	F	2016	AOGU - AM - 0099
100	Arao Carolyn	F	2016	AOGU - AM - 0100
101	Kusasira Deborah	F	2016	AOGU - AM - 0101
102	Nakawesi Juliet	F	2016	AOGU - AM - 0102
103	Namusoke Hellen	F	2016	AOGU - AM - 0103
104	Akello Vicky	F	2017	AOGU - AM - 0104
105	Abonyo Harriet Sarah	F	2017	AOGU - AM - 0105
106	Apio Grace	F	2017	AOGU - AM - 0106
107	Kalegere Sylvia	F	2017	AOGU - AM - 0107
108	Kirungi Christine	F	2017	AOGU - AM - 0108
109	Amado Gladys	F	2018	AOGU - AM - 0109
110	Wanyama Regina	F	2018	AOGU - AM - 0110
111	Akello Christine	F	2019	AOGU - AM - 0111
112	Aceng Jackline	F	2019	AOGU - AM - 0112
113	Adong Mary	F	2019	AOGU - AM - 0113
114	Arach Joseph Owiny	F	2019	AOGU - AM - 0114
115	Ayoo Sunday Emily	F	2019	AOGU - AM - 0115
116	Auma Grace	F	2019	AOGU - AM - 0116
117	Lamunu Bennadatte	F	2019	AOGU - AM - 0117
118	Nabirye Teddy Mulindwa	F	2019	AOGU - AM - 0118
119	Nabuufu Rehema	F	2019	AOGU - AM - 0119
120	Namakula Ritah	F	2019	AOGU - AM - 0120
121	Nakubulwa Regina	F	2019	AOGU - AM - 0121
122	Nanteza Josephine	F	2019	AOGU - AM - 0122
123	Namujja Mukasa Kuteesa Grace	F	2019	AOGU - AM - 0123
124	Nayiga Harriet Muwonge	F	2019	AOGU - AM - 0124
125	Oceng Angelo	F	2019	AOGU - AM - 0125
126	Opoka Gustave	F	2019	AOGU - AM - 0126
127	Takish Oroma	F	2019	AOGU - AM - 0127
128	Kusemererwa Rosemary	F	2020	AOGU - AM - 0128

NO.	NAME	SEX	DATE OF JOINING	MEMBERSHIP ID
129	Kutesa Keneth	F	2020	AOGU - AM - 0129
130	Abigaba Rose	F	2020	AOGU - AM - 0130
131	Ahabwenki Rosemary	F	2020	AOGU - AM - 0131
132	Akello Margaret	F	2020	AOGU - AM - 0132
133	Amanya Spincious	F	2020	AOGU - AM - 0133
134	Amongin Mary	F	2020	AOGU - AM - 0134
135	Asio Alice	F	2020	AOGU - AM - 0135
136	Banura Farridah	F	2020	AOGU - AM - 0136
137	Kabaculezi Hellen	F	2020	AOGU - AM - 0137
138	Kanyunyuzi Priscar	F	2020	AOGU - AM - 0138
139	Kabagenyi Evelyn	F	2020	AOGU - AM - 0139
140	Mbabazi Rose	F	2020	AOGU - AM - 0140
141	Luyima Prossy	F	2020	AOGU - AM - 0141
142	Kyomuhangi Diana	F	2020	AOGU - AM - 0142
143	Mulindwa Sarah	F	2020	AOGU - AM - 0143
144	Mumpe Moses	F	2020	AOGU - AM - 0144
145	Murungi Rachael	F	2020	AOGU - AM - 0145
146	Murungi Rose	F	2020	AOGU - AM - 0146
147	Musimenta Judith	F	2020	AOGU - AM - 0147
148	Niwenyesiga Immaculate	F	2020	AOGU - AM - 0148
149	Nimwesiga Christine	F	2020	AOGU - AM - 0149
150	Ninsiima Diana	F	2020	AOGU - AM - 0150
151	Akol Josephine	F	2020	AOGU - AM - 0151
152	Atucungwire Judith	F	2020	AOGU - AM - 0152
153	Nabwami Milly	F	2020	AOGU - AM - 0153
154	Nabbanja Catherine	F	2020	AOGU - AM - 0154
155	Nyakwezi Scholar	F	2020	AOGU - AM - 0155
156	Nyangoma Provia	F	2020	AOGU - AM - 0156
157	Nassali Josephine	F	2020	AOGU - AM - 0157
158	Nassejje Immaculate	F	2020	AOGU - AM - 0158
159	Nassiwa Agnes	F	2020	AOGU - AM - 0159
160	Nassuna Dorothy	F	2020	AOGU - AM - 0160
161	Natugonza Midred	F	2020	AOGU - AM - 0161

NO.	NAME	SEX	DATE OF JOINING	MEMBERSHIP ID
162	Najjemba Josephine	F	2020	AOGU - AM - 0162
163	Nakadama Zaina	F	2020	AOGU - AM - 0163
164	Nakaiza Zainab	F	2020	AOGU - AM - 0164
165	Nagayi Maurine	F	2020	AOGU - AM - 0165
166	Najjemba Beatrice	F	2020	AOGU - AM - 0166
167	Nakamya Phiona	F	2020	AOGU - AM - 0167
168	Nakiyingi Justine	F	2020	AOGU - AM - 0168
169	Nakku Salimah	F	2020	AOGU - AM - 0169
170	Nakauki Joy	F	2020	AOGU - AM - 0170
171	Namazzi Sarah Kabali	F	2020	AOGU - AM - 0171
172	Nambi Sylvia	F	2020	AOGU - AM - 0172
173	Tushemereirwe Evelyn	F	2020	AOGU - AM - 0173
174	Tusiime Nasah	F	2020	AOGU - AM - 0174
175	Nantume Antony	F	2020	AOGU - AM - 0175
176	Namuwaya Sauda	F	2020	AOGU - AM - 0176
177	Nansano Beth	F	2020	AOGU - AM - 0177
178	Yayona Prossy	F	2020	AOGU - AM - 0178
179	Namukisa Mauline	F	2020	AOGU - AM - 0179
180	Namukwaya Teddy	F	2020	AOGU - AM - 0180
181	Mugga Hadijah	F	2021	AOGU - AM - 0181
182	Zawede Rachael	F	2021	AOGU - AM - 0182
183	Basalirwa Sandra	F	2022	AOGU - AM - 0183
184	Alezeyo Perry	F	2023	AOGU - AM - 0184
185	Anyango Susan	F	2023	AOGU - AM - 0185
186	Ategeka Moreen	F	2023	AOGU - AM - 0186
187	Birungi Joanita	F	2023	AOGU - AM - 0187
188	Ayebare Immaculate	F	2023	AOGU - AM - 0188
189	Nalujja Joselyne	F	2023	AOGU - AM - 0189
190	Komweru Diana	F	2023	AOGU - AM - 0190
191	Kugonza Susan	F	2023	AOGU - AM - 0191
192	Mbabazi Ritah	F	2023	AOGU - AM - 0192
193	Mutesi Oliver	F	2023	AOGU - AM - 0193
194	Mwogeza Sandra	F	2023	AOGU - AM - 0194

NO.	NAME	SEX	DATE OF JOINING	MEMBERSHIP ID
195	Nabuumma Betty	F	2023	AOGU - AM - 0195
196	Nakatude Hadijah	F	2023	AOGU - AM - 0196
197	Tibenderana Josephine	F	2023	AOGU - AM - 0197
198	Ninsiima Elizabeth	F	2023	AOGU - AM - 0198
199	Wokusiima Benadet	F	2023	AOGU - AM - 0199
200	Namutosi Jennifer	F	2023	AOGU - AM - 0200
201	Katusiime Agnes	F	2024	AOGU - AM - 0201
202	Nakanwagi Rehema	F	2024	AOGU - AM - 0202
203	Babirye Ann	F	2025	AOGU - AM - 0203
204	Chepkwemboi Barbra Muga	F	2025	AOGU - AM - 0204
205	Nabbale Prossy	F	2025	AOGU - AM - 0205
206	Kwikiriza Pearl Agatha	F	2025	AOGU - AM - 0206
207	Nakiryowa Faith	F	2025	AOGU - AM - 0207
208	Namugerwa Rita	F	2025	AOGU - AM - 0208
209	Namutosi Esther	F	2025	AOGU - AM - 0209
210	Taliba Rachael	F	2025	AOGU - AM - 0210
211	Mwesigwa Sarah	F	2026	AOGU - AM - 0211
212	Ahimbisibwe Esther	F	2026	AOGU - AM - 0212
213	Anisa Ali Hashi	F	2026	AOGU - AM - 0213
214	Nuwenshaba Pleasure	F	2026	AOGU - AM - 0214
215	Ayugi Sandra	F	2026	AOGU - AM - 0215
216	Dr. Aggrey Lubikire	M	2026	AOGU - AM - 0216

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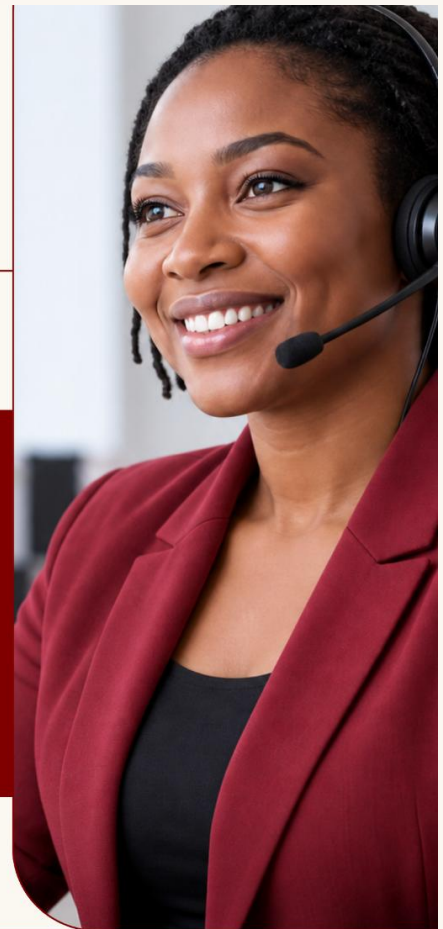
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OBGYN services



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Support



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Health Facilities



CPD and Event
Information



General
Inquiries



CONTACT US:

AOGU Secretariat

 Gynaecologists House, Bukoto off Kisasi Road
Plot 608, Sserumaga Road, Bukoto 1
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