



ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS OF UGANDA (AOGU)

STRATEGIC PLAN 2011 – 2016

THE ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS OF UGANDA

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List of Abbreviations

AIP	Alarm International Programme
AOGU	Association of Obstetricians and Gynecologists OF Uganda
CARMA	Campaign for Reduction of Maternal Mortality in Africa
CME	Continuing Medical Education
CPD	Continuing Professional Education
CPR	Case Fatality Rate
ECP	Emergency contraceptive Pill
ECSAOGS	East, Central and Southern African Obstetrical and Gynecological Societies
HAS	Health Administrative Symposium
IEC	Information, Education and Communication
LOGIC	Leadership in Obstetrics and Gynecology for impact and change
MDGs	Millennium Development Goals
MPAC	Misoprostol for Post abortion Care
NDP	National Development Plan
NGO	Non-Government Organization
PAC	Post Abortion Care
PEAP	Poverty Eradication Action Plan
PPIUD	Post Partum Intra Uterine Device
RH	Reproductive Health
SMNH	Saving Mothers and Newborn lives
SOGC	Society of Obstetricians and Gynecologists of Canada
UMC	Uganda Medical Council
UMDPC	Uganda Medical and Dental Practitioners Council
VVF	Vesicle Virginal Fistula
WHO	World Health Organization

1. Introduction and Background

This is the Strategic Plan for the Association of Obstetricians and Gynecologists (AOGU) for the period 2011-2016. AOGU has been in existence for about 15 years. It is a member of the International Federation of Gynecology and Obstetrics (FIGO) and the East, Central and Southern African Obstetrical and Gynecological Societies (ECSAOGS). This plan builds on the milestones that were achieved and lessons learnt through the implementation of AOGU strategic plan 2004-08. It is set forth to contribute to national development and the well-being of all Ugandans, especially mothers and children.

The AOGU Strategic plan 2011-2016 has been designed in line with the objectives of the National Development Plan (NDP). The specific objective of the NDP that this strategic framework seeks to contribute to is increasing access to quality social services. Within the NDP, the health sector is prioritized as one of the key complementary sectors for achievement of human development and realization of the Millennium Development Goals (MDGs). With regard to reproductive health specifically, the NDP observes that although there has been a decline in maternal death from 527 to 435 per 100,000 over the Poverty Eradication Action Plan (PEAP) period, this still remains high due to limited access to reproductive health services. There is a shortage of personnel to deliver health services, emergency and basic obstetric care is lacking and access to family planning is limited. The low level of health workers generally is one of the key binding constraints. The NDP therefore proposes to improve access to reproductive health with focus on maternal and child health. In line with the NDP objective, the health sector policy of 1999/2000 - 2009/10 was reviewed and a new sector policy 2010/11 - 2019/20 put in place. The health sector policy places emphasis on the minimum health care package, within which maternal and child health are prioritized. The Health sector strategic plan 2005/06-2009/10 was also reviewed and a third Health sector strategic plan 2010/11-2014/15 launched. The Health Sector Strategic plan too places emphasis on maternal and child health.

Obstetricians and Gynecologists are at the forefront of contributing to maternal and child health. A strong and vibrant association of Obstetricians and Gynecologists will go a long way in promoting both professionalism and access to reproductive health, and subsequently attainment of national development objectives. The number of Obstetricians and Gynecologists that graduate from university is very still limited to meet the needs of the nation imposing a burden on the few that are deployed in both public and private health facilities.

Effort has been made by the Obstetricians and Gynecologists to organize themselves into a professional body in order to promote both their professional knowledge and skills to contribute to improvement of reproductive health services. This Strategic Plan has specifically been designed to enhance both the professional capacity of Obstetricians and Gynecologists and also to contribute to the attainment of health sector and national development objectives. The plan highlights the achievements that were registered and identifies the challenges, gaps to be addressed and opportunities for the way forward. It outlines the mandate, vision, mission, objectives, core values and principles and outputs and strategies of the Association. It also provides a framework for implementation of priority strategies by AOGU and its partners.

This Strategic Plan recognizes the need for ownership both internally within AOGU and externally with its key partners in order to achieve the set objectives. It is expected that implementation of the plan shall contribute to improvement of health service delivery generally and the attainment of both the national and the targets under the Millennium Development Goal (MDGs).

2. Situation analysis

Following the launch and implementation of the Strategic Plan 2004-09, a number of milestones have been registered. At the same time some challenges were encountered that impacted on the overall implementation of the plan. An analysis of the key milestones, challenges, gaps that need to be addressed and opportunities is presented in the paragraphs that follow.

2.1 Achievements in implementation of AOGU Strategic Plan 2004-09

The design of the first AOGU strategic plan was a key achievement. The plan set out priorities that were to be implemented and identified key stakeholders. The Constitution was reviewed and updated and AOGU registered as a Non-Government Organization (NGO). This has provided AOGU the appropriate recognition both locally and internationally, and the legal basis for it to undertake a number of initiatives. A common group of committed membership was maintained both within and outside the country. This committed membership ensured the implementation of plans and programmes through improved internal governance and teamwork. A Secretariat to coordinate day to day activities remained functional. During this period, there has been

effort to strengthen the Secretariat through recruitment of an full time Administrative Assistant and a part time Accounts personnel. Establishment and operationalization of some management committees was undertaken, though some were not functional by the end of the Strategic Plan. Improved governance was registered through regular elections and committed leadership. Accountability mechanisms were also improved. AOGU acquired broadband internet connectivity and website was designed and launched, www.gynuganda.com. This has enhanced both internal and external communication with members, partners and stakeholders.

Training programmes for continuing medical education (CME) were implemented in the some regions of the country. Other training events in maternal and child health were also conducted in other parts of the country. Members of AOGU were facilitated to attend the training events. Involvement of other groups/professions e.g. nurses, midwives, clinical officers and health managers was of paramount significance in order to promote an integrated approach to reproductive health. The training programme of ALARM international also continued. Training included other aspects of management for example community financing and writing project proposals. Annual scientific conferences continued to be held every year. The events provided opportunity for presentation of academic papers and sharing of knowledge and experience. As part of the contribution to continuing professional development, AOGU participated in the development of the curriculum for the Masters Programme in Public Health Management that is offered at the Christian University Mukono. Some of the members of AOGU continue to participate in the delivery of the programme. Other programmes and activities implemented include:

- a) Alarm International Programme (AIP) training
- b) AIP-Health Administrative Symposium (HAS) -training and curriculum development. This was still ongoing by May 2011.
- c) Several service delivery camps [*Katakwi, Sheraton, Maama Tendo, Kagadi, VVF Camps, Mityana Safe Motherhood Week (2010), Kasawo RH Fare, Kabowa, Nabbingo Parish, -]*
- d) FIGO I, Saving Mothers and Newborn lives (SMNH) in Kiboga District
- e) SOGC-AOGU Partnership,
- f) Social Justice fund and other advocacy activities

Safe motherhood projects in Kibaale and Kiboga were implemented. These projects targeted remote districts where both mother and child mortality was high. The projects provided opportunity for attachment with partners from Society of Obstetricians and

Gynecologists of Canada (SOGC). Community health workers in those areas were also targeted during these events in order to create an integrated system for reproductive health management. Although these projects came to an end, an independent evaluation is being undertaken in order to establish the outcomes of the projects and the opportunities for the way forward. In addition to the two projects, camps were organized in Katakwi and Kibaale. These camps provided opportunity for cervical cancer screening and treatment of Vesicle Vaginal Fistula (VVF).

Efforts were made to market AOGU both internally amongst the members and externally to key stakeholders. A Web-site was designed and launched. This provided opportunity for sharing of information. It also improved communication between the members and the Secretariat, and amongst the members themselves. In addition, other Information, Education and Communication (IEC) activities were undertaken, including radio and TV talk shows, and articles in local newspapers. AOGU conducted sensitization sessions for the media and obtained favourable outlook from them. Interface with political leaders, including members of Parliament was established.

AOGU was able to attract external funding for some projects that were implemented. This mainly included funding and support from Association of Obstetrician and Gynecologist of Canada, FIGO, World Health Organisation (WHO), ALARM International, UNFPA, Action Aid, Agha Khan Foundation and Social Justice fund. A good relationship has been developed with these partners and it is expected that it will be maintained over the next strategic framework. In addition, over the same period, AOGU registered internal improvements in financial management, transparency and accountability for resources. AOGU bid and won projects that are on-going. Amongst others these include:

- a) Leadership in Obstetrics and Gynecology for impact and change (LOGIC)
- b) Women's health project on Post Partum Intra Uterine Device (PPIUD) by the Programme for Accessible Health Communication and Education (PACE)
- c) Training of Trainers on Post Abortion Care (PAC) and Misoprostol for Post abortion Care (MPAC) supported by Protecting Women's Health and Advancing women's Reproductive Rights (IPAS)
- d) Cervical Cancer Screening – UNFPA/ARC
- e) Emergency contraceptive Pill project (ECP) through the Population Council

The Ministry of Health recognizes that AOGU has a contribution to make to the improvement of reproductive health in Uganda. AOGU is therefore invited to participate in key events organized by the Ministry. These included MCH cluster meetings with

stakeholders of SRHR, development of guidelines and implementation of activities, especially the launch of the Campaign for Reduction of Maternal Mortality in Africa (CARMMA).

Overall, the image and reputation of AOGU improved over the period of implementation of strategic plan 2004-09. AOGU is now recognized by various stakeholders. It is expected that the improvements gained will be sustained to build a stronger AOGU.

2.2 Challenges encountered in design and implementation of AOGU strategic plan 2004-09

Notwithstanding the milestones registered, some challenges were encountered in the design and implementation of the plan. They were mainly three-fold namely, those that arose from the design of the plan, the challenges attributed to the process of implementation and issues that are external to both the design and implementation of the plan.

Regarding the design of the plan, the strategic framework 2004 –09 presented an ambitious programme. There were many strategies and besides being many, some of them were not achievable. The objectives, strategies and activities were also not well aligned to each other. In addition, lack of baseline information made it difficult to define objectives and targets that were smart. This in turn made it difficult to monitor, evaluate and measure progress. Although there is evidence that effort was made to involve most of the registered members, the coverage of the consultations and involvement was still interpreted to be inadequate and hence could be responsible for the limited ownership of the strategic plan.

Besides challenges in the design of the Strategic, other challenges were encountered during implementation. Only one third of the available pool of members are registered and regularly meet their registration obligations. Although all Obstetricians and Gynecologists are assumed to be members, a clear definition and criteria for membership needs to be established. Active participation was also low among the registered members as they are often torn between routine work and activities of the association. The few members who are committed are overstretched. As a result, some of the committees that were set up remained non functional. The need to build a more committed membership and integrated team cannot be overemphasized.

Marketing of the strategic framework amongst members and stakeholders was not continuously undertaken. The culture of reading and responding to mail minimized the benefits that could have been realized through the Web-site that was launched and the internet access available in the office.

AOGU still lacks its own premises. The regional branches are not functional and hence access to most of the population that requires reproductive health services is limited. Although AOGU has benefited from long term consistent funding from some partners, other support, both short and long term is unpredictable and not regular. Membership contributions are not adequate to sustain the operational costs, let alone to implement key activities of the plan. These challenges explain the slippage in implementation of most of the strategies.

2.3. Opportunities:

There are a number of opportunities that AOGU shall take advantage of in the implementation of the Strategic Plan 2011-16. These are:

- a) Prioritization of reproductive health in both the NDP and the health sector strategic plan.
- b) Partnership with Government and non-government organizations, including international organizations.
- c) A pool of professional potential members that should be attracted to join the association.
- d) Research in areas that are unique to the situation in Uganda.
- e) Need to step up public health initiatives that have a bearing on reproductive health.

2.4. Gaps that need to be addressed in the Strategic Plan 2011-16

Arising from the analysis of the milestones, challenges and opportunities, the gaps that shall be addressed during the implementation of the Strategic Plan 2011-16 are:

- a) Redefining and operationalizing a new mission, vision and objectives of AOGU.
- b) Building committed membership that meets their obligations.
- c) Continued information and education strategies to ensure sustained ownership and implementation of the strategic plan.
- d) Marketing the association.
- e) Sustainability of projects in terms of both human resources and financial resources.
- f) Coverage and Quality assurance of services provided by obstetricians and Gynecologists.
- g) Office accommodation and facilities.

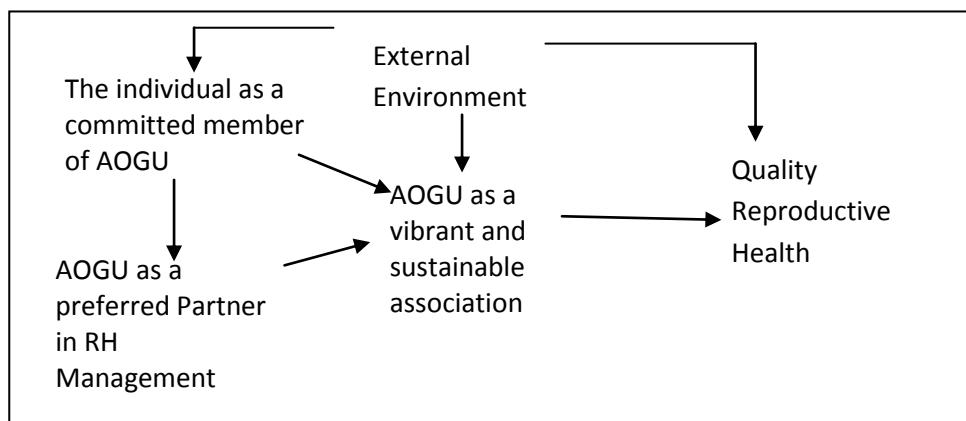
3. AOGU Strategic framework 2011 -2016

Arising from the objectives in the National Development Plan with regard to reproductive health, the Health sector policy and the health sector investment plan 2011, and the constitution of AOGU, and the lessons learnt from the implementation of the strategic plan 2004-09, the strategic framework for AOGU 2011-2016 will be based on three key issues namely:

- a) The individual as a committed member of AOGU.
- b) AOGU as a key partner in SRHR.
- c) AOGU as a vibrant and sustainable organization.

This is represented in figure 1 below.

Figure 1: Framework for AOGU 2011-2016



- a) An individual as a committed member of AOGU: Individual membership is critical because it forms the basis for a strong association. Although there is a big pool of obstetricians/gynecologists, under this strategic framework, it will be necessary to clearly define the criteria for membership. Membership amongst others should include meeting obligations that are spelled out and active participation in programmes that are organized by the association. Defining the benefits of membership and disadvantages of not being a member is necessary so that members are clear of what is expected of them and what in turn they expect from the association.

- b) AOGU positioned as a preferred partner in SRHR in Uganda. Reproductive health has been identified as a priority both under the national development plan and under the health sector strategic plan. The professional group at the forefront of reproductive health is AOGU. AOGU will therefore have to make itself relevant in the attainment of the objectives as set out by the key stakeholders and other partners, both within and outside Uganda that are at the centre of advocating for improvement in reproductive health services.
- c) A strong and vibrant AOGU: focus needs to be placed on building a strong and sustainable association that is in position to implement projects and programmes to sustain itself. Strong membership and strong association is required in order to meet needs and expectations of clients. Individual Obstetricians and Gynecologists and AOGU as an organization should evidently be seen to be relevant. Under this strategic framework, specific strategies shall be implemented to strengthen AOGU.

While the three thematic issues are critical for quality SRHR, it is appreciated that the external environment has got both enabling and disenabling factors. Taking into consideration the need to focus on the key strategic issues above, the elements of the strategic framework are proposed as follows:

3.1 The mandate of AOGU is to:

Promote professionalism, train, undertake research, represent its members at local, regional, international level and champion Sexual Reproductive Health & Rights of the people in the region.

3.2 Vision: The vision of AOGU that will guide the implementation of the Strategic Plan 2011-2016 is: A leading champion of quality reproductive health in the region.

3.3 The mission of AOGU is to: provide good leadership at all levels, for quality reproductive health in the region.

3.4 Core values and principles:

The core values and principles of AOGU that will guide the implementation of the strategic plan are as follows:

- i. Professionalism: members of AOGU shall adhere to their professional code of conduct and ethics in performance of their duties as prescribed for the medical field in general and the obstetrics and gynecology profession in particular. AOGU shall provide fair treatment to all clients irrespective of gender, religion, race, ability or ethnic background.
- ii. Transparency and accountability: members shall be open when providing reproductive health respect and answerable for their actions or inactions.
- iii. Responsiveness: AOGU and its members shall be responsive to the expectations and needs of its members, partners and communities in a timely manner.
- iv. Innovation: members of AOGU shall always explore new and creative ways of maximizing AOGU contribution to RH service delivery for the benefit of Ugandans through research.
- v. Dynamism: both the individual members and the association as a whole shall handle the affairs of the association with vitality, energy and enthusiasm.
- vi. Teamwork and commitment: AOGU members shall work together as responsible and loyal members of the corporate family.
- vii. Partnership: AOGU will work closely with key partners in RH to contribute to sustainable human development and improvement of the quality of life.
- viii. Standards and quality: AOGU shall promote and maintain standards and quality in reproductive health service delivery.

3.5 The objectives of the Strategic plan 2011-2016

The specific objectives of the strategic plan 2011-2016 are to:

- i) Promote the availability of competent members of AOGU in RH in the region.
- ii) Promote the provision of quality RH in partnership with local, regional and international the key stakeholders.
- iii) Build and sustain the association as a strong and vibrant organization

3.6 Objectives, Strategies/initiatives for the strategic framework

3.6.1. Objective one: To promote the availability of competent members of AOGU in RH in the region.

The strategies that will be implemented to realize competent individual member of AOGU are prioritized below:

- a) Provide members and associate members benefits of membership: AOGU shall provide both incentives for membership and disincentives for non-membership. There shall be periodic renewal of membership on an annual basis. Registered members shall be provided with membership cards. Effort shall be made to set up a SACCO and operationalise a SACCO for AOGU. This will benefit individual borrowing by members and also by the Association, for income generating activities.
- b) Provision of opportunities for professional and social development of the members:
AOGU shall provide opportunities for professional and social development of members through:
 - i) Continuing professional development and continuing medical education: Training programmes/courses shall be designed and conducted for members of AOGU. Focus of CPD/CME shall be on improvement of knowledge, skills and attitude. Priority shall be attached to training needs, fairness and equity.
 - ii) Coaching and mentoring: these are among the most effective methods of developing skills and inculcating good ethical conduct. Every senior member of AOGU shall be expected to mentor and coach a junior member. Junior members shall in turn be expected to appreciate the need to continuously learn.

- iii) Attachments and placements: it shall act as a point of reference incase of opportunities for placement in regional or international jobs. In addition, the Association shall create opportunities for placement of its members.
- c) Undertake periodic Monitoring and Evaluation. AOGU will also work on the process of initiating the process of accreditation of the members to local and international professional bodies. AOGU shall work very closely with the Uganda Medical and Dental Practitioners Council to vet members before being registered and issued license to operate as Obstetricians and Gynecologists. AOGU shall provide a framework for support supervision and quality assurance for the practice and conduct of individual members. It will promote ethical conduct and standards and handle issues of both culpable and non-culpable conduct. Members shall be encouraged to jointly register for indemnity, in the event of legal action directly related to their duties.

3.6.2 Objective two: Promote the provision of quality RH in partnership with local, regional and international key stakeholders.

AOGU will work closely with key partners to promote reproductive health. These include direct service beneficiaries that include women, men, children, boys and girls. Key partners in Government mainly including but not limited to Ministry of Health, Ministry of Education and Sports, Ministry of Gender, Labour and Social Development, other ministries, the Departments of Obstetrics and Gynecology of the various Universities, Uganda Medical and Dental Practitioners Council (UMDPC), Uganda Medical Council (UMC), Uganda Nurses and Midwifery Council, the Para-medical Council and medical training institutions. Other RH providers and partners include NGOs, Private sector, Development partners, lawyers and media.

The strategies that shall be implemented to promote AOGU as a preferred partner in quality reproductive have been broadly classified to cover direct service recipients of RH, partners in government and partners in the private sector and NGOs.

3.6.2.1 In order to address key issues in direct provision of SRRH public services to beneficiaries, AOGU shall:

- a) Promote the provision of quality RH to men, women, children, boys and girls:
AOGU shall advocate for improved maternal and child health. The mortality rate is a concern for both the NDP and the Health sector strategic plan. There is also concern regarding coverage and quality of reproductive health services generally. Under this

strategic plan, particular attention will be paid to contributing to the reduction of mother mortality rate from 437 to 131 as per the MDG target. Effort will also be made to increase access to maternal and child health services especially in the rural and disadvantaged areas. Specific attention shall be paid to peculiar issues that affect men, boys and girls. During this strategic framework, AOGU shall place emphasis on increasing use of SRHR services (EMOC, EP), for women, men, boys and girls. This will also require increasing the awareness of service recipients regarding the availability and benefits of those services. Particular attention will be paid to:

- i) Reducing the case fatality rate, CPR
- ii) Improving knowledge on RH indicators (what knowledge?)
- iii) Strengthening EMOC signal functions
- iv) Increasing skilled attendance at birth
- v) Reducing adolescent pregnancy
- vi) Auditing mortality/maternal death.
- vii) Provision of emergency obstetrics care
- viii) Enhancement of quality service provision in hospitals and health units.

3.6.2.2 Empower communities to participate in SRRH

Empowering communities to participate in SRHR is one of the avenues for increasing demand for quality SRHR services. Currently, referral facilities are poor and community initiatives to support EMOC are limited. Many families and individuals accept children as they come. In the medium term, AOGU shall aim to:

- a) Promote timely referral of quality SRHR
- b) Increase the proportion of villages with community initiatives to support EMOC
- c) Improve child preparedness
- d) Reduction of mother to child transmission of HIV/AIDs.
- e) Promoting maternal/reproductive rights
- f) Addressing special needs of disadvantaged areas/groups
- g) Community education/mobilization
- h) Dissemination of standards and guidelines
- i) Family planning initiatives

3.6.2.3 There is need to up-to-date standards and guidelines on SRHR to take into account recent developments locally, regionally and internationally. AOGU shall:

- a) Identify specific SRHR issues/areas where guidelines need to be reviewed or developed and initiate proposals for discussion with key stakeholders. At the

- same time, AOGU shall participate in such initiatives led by the Ministry of Health.
- b) Undertake monitoring and supervision visits on implementation of policy guidelines
 - c) Document policy bests practices and or gaps
 - d) Undertake training events to address policy/standards service and delivery gaps where they exist.

3.6.2.4 Advocate for adherence to standards of practice by NGOs and private sector providers of SRHR

NGOs and the private sector contribute to the provision of SRHR services throughout the country. These include both training health personnel and provision of services. In order to improve the quality of health personnel and services provided by NGOs and the private sector, AOGU shall advocate for increased coverage and consistent monitoring of NGOs and private providers of SRHR services to promote adherence to set standards

3.6.2.5 Support capacity building of NGOs and private sector

Experience indicates that extreme cases of overcapacity and under capacity exist in the private sector and NGOs, thus affecting the quality of service delivery. AOGU shall strengthen partnership with the NGOs and private sector to build capacity for quality SRHR based on standards (EMOC, FP, Adolescent friendly, SGBV).

3.6.2.6 Support advocacy for increased resource allocation for SRHR

Although SRHR is identified as a priority, the level of funding within the sector is still low. AOGU shall Identity and articulate priorities for SRHR with key stakeholders. AGOU shall specifically engage Development partners to effectively address priority RH areas (in accordance with Research on national development areas as they relate to SRHR)

3.6.2.7 Support advocacy for improved infrastructure for SRHR service provision

Good infrastructure for SRHR is necessary of quality SRHR is to be provided.

Infrastructure for SRHR in some parts of the country is lacking. In other parts where it exists, it is in need of rehabilitation. AGOU shall advocate for improved infrastructure for SRHR services. Specifically, AOGU shall:

- a) Advocate for improved tools and facilities for SRHR

- b) Undertake quality assurance interventions to assess whether basic infrastructure, tools and facilities are in line with guidelines and standards provided by the Ministry of Health.

3.6.2.8 Advocacy for human resources for health in training, development and management in SRHR

The available HR for health are not adequate to meet the requirements of the country. The scarcity is greatly felt in SRHR services, especially in the country side. In order to contribute to enhancing the capacity of human resources for health, AOGU shall work very closely with both the Ministry of Health and the health training institutions to

3.6.2.9 Develop and disseminate materials on HRH for SRHR management

- a) Participate in the training of midwives, medical and clinical officers schools
- b) Advocate for quality control mechanisms in training institutions
- c) Advocate for better working conditions of health workers. Especially those under SRHR.
- d) Undertake continuous capacity development programmes for SRHR.

3.6.2.10 Work closely with local, regional and international partners to promote collective actions

A number of local, regional and international organizations are involved in various aspects of SRHR. AOGU shall utilize all available opportunity for partnership to promote SRHR with other organizations as and when they will indicate commitment to such partnership.

3.6.3 Objective three: to build and sustain the association as a strong and vibrant organization

The interventions that shall be implemented to build and sustain AOGU as a strong and vibrant organization include:

- a) Ensure good leadership: the relationship between the executive and council shall be streamlined. Leadership shall provide policy framework and allocate resources for implementation of the strategic plan.
- b) Maintain a competitive, competent, loyal and well motivated secretariat: A dynamic AOGU Secretariat is required in order to undertake effective coordination of the priorities spelled out in the strategic plan, and other short-term demands that may

arise from time to time, through a demand driven approach. Effort shall be made to further strengthen the Secretariat. It is envisaged that a full time Executive Director will be required. In addition, it shall be necessary to have a full time Programme Officer to support the Executive Director on technical issues. In order to contain the operational costs of the Secretariat, job descriptions for administrative support services staff shall be redefined to ensure that they are multi-skilled. The level of facilitation of the Secretariat including a conducive office environment shall be enhanced. Under this strategic framework, each job at the Secretariat shall be filled through an open competitive process. Job descriptions and guidelines for management of staff shall be developed and operationalised.

- c) Develop strong linkages with relevant local, regional and international partners: projects and programmes that have so far been implemented by AOGU have largely depended on formal partnerships especially with international organizations. Adhoc support by other partners has also contributed to the implementation of the previous AOGU strategic plan. Effort shall be made to maintain and build partnerships for sharing of knowledge and capacity building.
- d) Information, Education and Communication: In order to buy ownership and support for the implementation of the strategic plan 2011-2016, IEC strategies shall be prioritized to promote effective communication to members, partners, community. Amongst others, the IEC initiatives shall include flyers, talk shows on Tv and radio, web-sites. These shall specifically be designed to target the different clients and stakeholders of the Association.
- e) Undertaking research, and publications: research is a critical aspect of knowledge for improvement and innovation. AOGU shall promote research both at individual and association level. The association will look out for opportunities to undertake research and consultancies that will be advertised both locally and internationally. Individuals shall be encouraged to undertake research that will be publicized in Journals and newsletters. Annual scientific conferences shall be organized to provide a forum for exchange of information, knowledge and good practices. Whenever possible, AOGU shall also encourage its members to write papers and participate in international conferences. In addition, individual members will be encouraged to develop and circularise protocols as a way of sharing knowledge and experience. Overall, research will be focused on analyzing the unique issues in the Ugandan situation with a view to prescribing home grown solutions.

- f) Joint model clinic operated by AOGU: under this strategic framework, AOGU will set up a facility that will house both the secretariat and the model clinic. The office will provide good opportunity for coordination of activities. The clinic will offer opportunity for attachments, internship and coaching and mentoring in good practices; increase coverage of reproductive health services within the local community; provide avenue for revenue generation and promote team work.

- g) Enhancement of revenue (Promote financial sustainability): under this strategic framework, there will be deliberate effort to increase the level of internal revenue generation by the association. It is however evidently recognized that internal sources will scarcely be adequate to meet the priorities that are set out in this plan. Membership/subscription fees alone are not sufficient to meet the routine administrative costs of running the secretariat. Support from various development partners and cooperate organizations shall be required. The source of funding is expected to be:
 - i. Membership and other fees: measures will be put in place to ensure that members promptly and regularly meet their obligations.
 - ii. Consultancies/proposals: AOGU will write proposals on both supply and demand driven basis and bid to consultancy work.
 - iii. Donations and grants: AOGU will aggressively market the priority interventions under the strategic plan to development partners, international and corporate organizations both within and outside Uganda.

Overall there will be need to put in place measures to step up individual membership contributions, to maintain good and collaborative partnerships with international and local organizations. Resources that will be secured shall be applied in the most efficient and effective manner.

3.7. Implementation, monitoring and evaluation of the Strategic Plan 2011-06:

An implementation, Monitoring and Evaluation Matrix is set out in Table 1 below. In addition, an annual matrix of outputs, strategies, activities and inputs has also been defined in table 2. Focus of implementation shall be on delivery of tangible results. While Table one will form the basis for monitoring and evaluation, table two will form the basis for year on implementation and will therefore be subject to annual review of progress and re-prioritization.

Table 1: Implementation, Monitoring and Evaluation Matrix

Objective	Outcome (e.g. what is likely to change when objective is met)	Strategy/ Initiative	Output	Output indicator	Means of verification (Evidence)	Baseline	Responsibility Centre	Remarks/or Risks and Assumptions
Promote the availability of competent members of AOGU in SRRH in the region.	Increased AOGU member participation in SRHR in region	Provide members and associate members benefits of membership to AOGU	Membership that is committed and competent.	No of registered AOGU members Proportion of eligible members recruited No of different members involved in AOGU activities	Reports Lists	45 registered members	AOGU Executive and Secretariat Individual members	Obstetricians and Gynecologists and other members will formally register and participate in AOGU activities
	Improved standards SRHR of care.	Provision of opportunities for professional and social development of the members	Competent and committed members	No of CPD/CMEs developed and held No of SRHR activities by individual members. No of attachments for coaching and mentoring No of members in SACCO	Number of CME/CPD held Attendance lists Reports SRHR related activities Activity log for each member	CME-2 per year 60 per year	Training, Ethics and disciplinary committee	CPD/CME may change attitudes and promote evidence based practice

Objective	Outcome (e.g. what is likely to change when objective is met)	Strategy/Initiative	Output	Output indicator	Means of verification (Evidence)	Baseline	Responsibility Centre	Remarks/or Risks and Assumptions
	Improved standards of care.	Undertake periodic Monitoring and Evaluation and, accreditation of the members to local and international professional bodies.	Improved profile and credibility of AOGU and committed members	M&E technical support supervision visits to health facilities. Number of disciplinary cases reported and appropriately concluded Accredited members to local /International body No of members registered for indemnity	Reports Lists Certificate of accreditation	Monitoring and evaluation of SRHR not well coordinated.	Training, Ethics and Disciplinary committee	
Promote the provision of quality SRHR in partnership with local, regional and international key stakeholders.	Improved standards of SRHR care	Improve the provision of quality SRHR to men, women, children, boys and girls	Increased use of SRHR services (EMOC, EP)	Case fatality rate, CPR Knowledge indicators EMOC signal functions Increased skilled attendance at birth Reduced adolescent pregnancy	DHS, Hospital records, facility data	Percentage of women not able to access SRHR is still very high. Men are not adequately involved in SRHR adolescent pregnancy is very high.	Executive Committee, Secretariat, Individual members	

Objective	Outcome (e.g. what is likely to change when objective is met)	Strategy/Initiative	Output	Output indicator	Means of verification (Evidence)	Baseline	Responsibility Centre	Remarks/or Risks and Assumptions
		Empower communities to participate in SRHR	Increase demand for quality SRHR services	Timely referral of quality SRHR Proportion of villages with community initiatives to support EMOC Improved child preparedness	Reports Feedback reports	Referral facilities are currently very poor Community initiatives to support EMOC are limited Many families and individuals accept children as they come.		
		Contribute to Policy, service standards and guidelines	Up-to-date standards and guidelines on SRHR	No of specific SRHR issues/areas where AOGU takes initiative or participates in MOH events No. of monitoring and supervision visits conducted Policy bests practices and or gaps that are documented No of training events that address policy/standards	Policy guidelines Standards			

Objective	Outcome (e.g. what is likely to change when objective is met)	Strategy/ Initiative	Output	Output indicator	Means of verification (Evidence)	Baseline	Responsibility Centre	Remarks/or Risks and Assumptions
		Advocate for adherence to standards of practice by NGOs and private sector providers of SRHR	Competent health workers	Proportion of NGOs, private providers and professional associations adhering to set standards	Quality assurance reports	Coverage of monitoring of NGOs and private providers still low and not consistently undertaken.		
		Support capacity building of NGOs and private sector	Quality service delivery by NGOs and private sector	% of NGOs and private practitioners that provide quality SRHR based on standards (EMOC, FP, Adolescent friendly, SGBV No of complaints regarding services by NGOs and private providers	Quality Assurance reports	Extreme cases of over and under capacity		
		Support advocacy increased resource allocation for SRHR	Priorities for SRHE that are well articulated with key stakeholders	SRHR advocacy tool developed No of advocacy activities with donors and legislature	SRHR advocacy tool Reports	Although SRHR is identified as a priority, the level of funding within the sector is still low.		

Objective	Outcome (e.g. what is likely to change when objective is met)	Strategy/Initiative	Output	Output indicator	Means of verification (Evidence)	Baseline	Responsibility Centre	Remarks/or Risks and Assumptions
		Support advocacy for improved infrastructure for SRHR service provision	Improved infrastructure for SRHR services Improved tools and facilities for SRHR	Technical support supervision visits conducted to verify infrastructure, tools and equipment for SRHR No of facilities whose infrastructure, tools and equipment are improved upon based on recommendations by AOGU	Quality assurance reports			
		Advocacy for human resources for health in training, development and management in SRHR	Institutions with capacity to train competent service providers	No of training institutions with competent trainers (midwife, medical and clinical officers schools				

Objective	Outcome (e.g. what is likely to change when objective is met)	Strategy/ Initiative	Output	Output indicator	Means of verification (Evidence)	Baseline	Responsibility Centre	Remarks/or Risks and Assumptions
			Strategy and advocacy materials on HRH for SRHR management developed and disseminated	No. of materials on management and deployment of SRHR	Training materials			
			Increased competent HR	Capacity building training conducted				
		Work closely with local, regional and international partners to promote collective actions						
Build and sustain the association as a strong and vibrant organization	Sustainable AOGU	Ensure good leadership	Policies implemented Ensure availability of policy framework	The number of policies The proportion of policies implemented				

Objective	Outcome (e.g. what is likely to change when objective is met)	Strategy/Initiative	Output	Output indicator	Means of verification (Evidence)	Baseline	Responsibility Centre	Remarks/or Risks and Assumptions
		Maintain a competitive, competent, loyal and well motivated secretariat	Extent of adherence to job descriptions, guidelines, SOPs and a restructured secretariat Implementation and coordination	Proportion of SOPs adhered to Guidelines implemented Job descriptions adhered to Number of additional staff The proportion of the annual work-plan implemented				
		Develop strong linkages with relevant local, regional and international partners	Increased number of partners and diversity in support	Partners supporting research, training ,service delivery, etc)				
		Information, Education and Communication	Talk shows on radio and TV, fliers, articles in media and website	Number of talk shows Number of documents distributed				

Objective	Outcome (e.g. what is likely to change when objective is met)	Strategy/Initiative	Output	Output indicator	Means of verification (Evidence)	Baseline	Responsibility Centre	Remarks/or Risks and Assumptions
		Undertaking research, annual Scientific conferences and publications.	Scientific conferences organized by AOGU AOGU's participation in other conferences Research conducted by AOGU Consultancies undertaken	Number of scientific conference Number of conferences attended Number of researches conducted Number of consultancies				
		A home for AOGU	Physical address for AOGU	1 home				
		A model clinic for AOGU	Services offered	Number of services offered Quality of services offered				
	Increased revenue for the organization	Enhancement of revenue (Promote financial sustainability)	Increased number of partners and diversity in support Increased number of paid up members	Number of partners supporting research, training, service delivery, etc) Proportion of paid up members				

Table 2: Estimated cost of Strategies, Outputs and Activities

Objective	Strategy/Initiative	Output	Activities	Estimated Cost					Source of funding	Remarks
				Y1	Y2	Y3	Y4	Y5		
Promote the availability of competent members of AOGU in SRHR in the region	Provide the Benefits of membership to AOGU to its members & others	Enhanced membership that is committed and actively participates in AOGU activities	IEC materials(Brochures/CDs News letter, web site, journal, talks)							
	Provision of opportunities for professional and social development of the members	Competent and committed membership	CME/CPD Developing training modules and materials Participation in SRHR activities Coaching , mentoring and attachments Promoting a SACCO for members							
	Undertake periodic Monitoring and Evaluation and, accreditation of the members to local and international	Improved profile and credibility of AOGU and committed members	Initiation of roadmap for AOGU accreditation process Support supervision visits to public medical s and private facilities Prof Indemnity Registration Training program for Standards of care /accreditation							

Objective	Strategy/Initiative	Output	Activities	Estimated Cost					Source of funding	Remarks
				Y1	Y2	Y3	Y4	Y5		
Promote the provision of quality SRHR in partnership with local, regional and international key	Improved the provision of quality SRHR to men, women, children, boys and girls	Improved standards of SRHR	Training and mentoring health workers in EMOC, Adolescent health, FP and Cervical cancer prevention							
			Participate in support supervision at all levels							
			Provide adolescent or youth friendly services							
			Develop and disseminate clinical protocol and guidelines							
			Design and provide male friendly services							
	Empower communities to participate in SRHR	Increased demand and utilization of Quality SRHR services	Conduct community awareness							
			Support formation and evaluation of community led initiatives (referral, peer education)							
	Contribute to Policy, service standards and guidelines	Up-to-date standards and guidelines	Participate in planning meetings of MOH and other cluster meetings							

Objective	Strategy/Initiative	Output	Activities	Estimated Cost					Source of funding	Remarks
				Y1	Y2	Y3	Y4	Y5		
			Initiate/ schedule meetings on specific SRHR issues and share them with the MOH							
			Conduct monitoring and supervision in implementation of policy guidelines							
			On-job training to develop capacity where service delivery gaps exist							
			Documentation in regards to implementation of policies and guidelines							
	Advocate for adherence to standards of practice by NGOs and private sector	Competent Health workers	Hold meetings with NGOs							
			Conduct short courses with NGOs on SRHR issues							
			Supervise service delivery in NGO facilities in collaboration with MOH							
			Dissemination of standards and guidelines							

Objective	Strategy/Initiative	Output	Activities	Estimated Cost	Y1	Y2	Y3	Y4	Y5	Source of funding	Remarks
					Y1	Y2	Y3	Y4	Y5		
	Support capacity building of NGOs and private sector	Quality service delivery by NGOs and PS	Conduct a training needs assessment for NGO and private sector staff								
			Train service provider them to provide quality family planning								
			Provide job aides and service standards for the NGO								
			Conduct CPD in SRHR for NGO and private sector staff								
			Provide clinical standards guidelines for SRHR								
			Develop online training materials for priority management guidelines								
	Support advocacy for increased resource allocation for SRHR	Priorities for funding SRHR that are well articulated	Conduct advocacy meetings with development partners								
			Write policy brief for advocacy for maternal health								
			Provide policy briefs to Members of Parliament								
			Develop an advocacy strategic plan for resource mobilization								
	Support advocacy for improved infrastructure for	Improved infrastructure tools and	Orient AOGU members on appropriate/ minimum requirements	2000						MOH (RH, QA) development	

	SRHR service provision	facilities for SRRH	for infrastructure						partners	
Objective	Strategy/Initiative	Output	Activities	Estimated Cost					Source of funding	Remarks
				Y1	Y2	Y3	Y4	Y5		
			Assess infrastructure during technical support supervision							
			Conduct advocacy meetings with MOH Infrastructure unit	1000						
			Conduct assessment for availability of tools and facilities	15000						
			Orient AOGU members on tools and facilities	2000					AOGU annual conference organisation	
			Provide guidelines to AOGU members on tools and facilities	5000					WHO, UNFPA	
		Increased Competent Health workers	Training needs assessment for HRH needs	10000					MoH	
			Conduct 5 refresher training sessions of health workers	50000						
			conduct CPD for AOGU members	2000						
			Conduct 30 technical support supervision and mentorship for Health workers at place of work	150000						

Objective	Strategy/Initiative	Output	Activities	Estimated Cost	Y1	Y2	Y3	Y4	Y5	Source of funding	Remarks
					Y1	Y2	Y3	Y4	Y5		
	Advocacy for human resources for health in training, development and management in SRHR	institutions with capacity to train competent service provider	Update tutors on current SRHR issues	10,000							
			Provide classroom training for trainees in SRHR	5000							
			Provide Practicum training for trainees	50000							
		Strategy and advocacy materials on HRH for SRHR management developed and disseminated	Develop an advocacy strategy;	20000							
			Develop advocacy materials;	10000							
			disseminate strategy and advocacy materials	5000							

Objective	Strategy/Initiative	Output	Activities	Estimated Cost					Source of funding	Remarks
				Y1	Y2	Y3	Y4	Y5		
	Engage Development Partners to effectively address priority SRHR areas (based on Research on national development issues as they relate to SRHR)		Hold meetings with partners to brief them on priority areas							
			Develop joint work plans							
			Conduct meetings with program managers to identify areas of integration							
			Hold joint quarterly meetings/review							
	Work closely with local, regional and international partners to promote collective actions		Engaging other related programs(eg HIV) to address SRHR							
Build and sustain the association as a strong and vibrant organization	Ensure good leadership	Policies implemented Ensure availability of policy framework	Developing policies Reviewing policies							

Objective	Strategy/Initiative	Output	Activities	Estimated Cost					Source of funding	Remarks
				Y1	Y2	Y3	Y4	Y5		
	Maintain a competitive, competent, loyal and well motivated secretariat	Extent of adherence to job descriptions, guidelines, SOPs and a restructured secretariat Implementation and coordination	Reviewing and developing job descriptions, guidelines and SOPs Orienting staff on updated job descriptions, guidelines and SOPs Conducting staff performance appraisal Undertake the restructuring process Hiring new staff Orienting the staff to the strategic plan Developing a work plan Convene meetings Office operating costs							
	Develop strong linkages with relevant local, regional and international partners	Increased number of partners and diversity in support	Proposal writing Networking <ul style="list-style-type: none">• Meetings• Workshops• Visiting offices• Web search							
	Information, Education and Communication	talk shows on radio and TV, fliers, articles in media and website	Planning Preparation of material Conducting talk shows Submitting articles Preparing of policy briefs Distributing fliers Displaying at booths Exploring new use of the web							

Objective	Strategy/Initiative	Output	Activities	Estimated Cost					Source of funding	Remarks
				Y1	Y2	Y3	Y4	Y5		
	Undertaking research, annual Scientific conferences and publications	Scientific conferences organized by AOGU AOGU's participation in other conferences Research conducted by AOGU Consultancies undertaken	Planning and budgeting Advertisement Set up committees Hold the conference Prepare the conference proceedings, produce and disseminate Prepare and submit abstracts Attend the conference Identify potential RFAs Write the research proposal and submit Seek ethical approval Plan and implement and the research Analysis Report writing Disseminate the research findings Identify potential RFAs Write a proposal and submit Plan and implement and the consultancy Analysis Report writing Disseminate the research findings	50,000,000						

Objective	Strategy/Initiative	Output	Activities	Estimated Cost					Source of funding	Remarks
				Y1	Y2	Y3	Y4	Y5		
	Enhancement of revenue (Promote financial sustainability)	<p>Increased number of partners and diversity in support</p> <p>Increase number of paid up members</p> <p>Established SACCO</p>	<p>Proposal writing</p> <p>Networking <ul style="list-style-type: none"> • Meetings • Workshops • Visiting offices </p> <p>Web search</p> <p>Mobilize and remind members to pay up</p> <p>Register SACCO</p> <p>Publicize to the members and solicit for subscription</p> <p>Open up a bank account</p> <p>Operational costs for the SACCO</p>	200,000 500,000 1,000,000 350,000 100,000 550,000/ X	200,000					

4 Implementation arrangements

In order to meet the requirements for implementing the Strategic Plan, the implementation arrangements shall have to be strengthened and streamlined as outlined below:

4.1 Strategic Leadership: the Executive Committee shall provide policy direction and allocate resources. It shall also approve annual work plans and budgets. The Executive committee shall be responsible for regular monitoring of activities and reporting to general assembly and development partners. It shall supervise of the Secretariat. In particular, the Executive Director of the Secretariat shall be answerable to the president of the Association in the day to day management of the Secretariat. It is therefore recommended that the Council should be set aside for a time being. As and when appropriate, the Executive Committee may co opt members senior members or regional members.

4.2 AOGU Secretariat: the Secretariat shall coordinate day to day activities of the Association and the overall implementation of the Strategic Plan. It shall prepare annual work plans and operational budgets that shall be approved by the Executive Committee. The Secretariat shall communicate with members regarding events as directed by the Executive Committee. Be responsible for updating the web-site, day to day management of records and accounts. It shall prepare and present periodic reports on performance and financial management and maintain data for Monitoring and Evaluation.

4.3 Other Specialized Committees: shall be set up to provide back up technical support in the implementation of plans and programmes. These shall include:

- d) Executive Committee
- e) Training, Ethics and Disciplinary Committee
- f) Research and publicity Committee
- g) Finance and Project implementation committee

Not all members of the Association shall be required to belong to a committee. Any member who wishes to serve on any committee shall express his/her interest and be elected to such a committee during the annual general assembly.

4.4 Individual members of the Association: success of this plan will require commitment of individual members. Members who wish to belong to the Association shall formally

register and promptly pay their annual subscription and other fees. Members shall be called upon to participate in various projects and activities on voluntary basis. Where possible and on a case by case basis, such members shall be compensated in terms of travel, living costs and honorarium. Members shall also be expected to initiative individual research and individually advocate for AOGU.

4.5 Other key stakeholders: other key stakeholders in the implementation of this plan, as earlier spelled out include:

- a) Ministry of Health,
- b) Other ministries,
- c) Departments of Obstetrics and Gynecology of the various Universities,
- d) Uganda Medical and Dental Practitioners Council,
- e) Uganda Nurses and Midwifery Council,
- f) Para-medical Council
- g) Medical Training Institutions
- h) Government Hospitals and Health facilities
- i) Local Governments
- j) International and local organizations
- k) Private providers of health services.
- l) Corporate organizations.

All these will be expected to liaise with AOGU and involve it in the various aspects of their work that are related to reproductive health, public health and research. They shall view AOGU as a partner in development as opposed to a competitor.

4.6 Decentralized approach to implementation: effort shall be made to operationalise the regional centres of AOGU and to work closely with the regional and health facilities in the local governments.

4.7 Development Partners: success in implementation of the plan will heavily depend on support from various development partners both international and local. AOGU shall make effort to continuously market the strategic plan and seek for partnerships in its implementation. Support may be in form of financial resources, tools and equipment, joint events, advocacy, etc.

4.8 Legal framework: implementing some of the strategies in this strategic plan shall require review and amendment of the constitution. Amendment shall be undertaken in line with the provisions laid out in the constitutions.

4.9 Reporting arrangements: the Secretariat shall prepare quarterly reports that shall be reviewed and considered by the Executive Committee. The Executive committee shall report to the General Assembly once very year. All other committees shall prepare and circularize quarterly progress reports. Reporting to development partners shall be undertaken in line with the requirements by the development partners. Reporting shall ensure that remedial action is taken promptly to address shortfalls identified in the implementation of the plan, provide for annual monitoring and evaluation of the plan.