

ISLAMIC MEDICAL ASSOCIATION OF UGANDA (IMAU)

CORPORATE CAPABILITY STATEMENT ON MANAGING PROJECTS

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UNDER THE NON-GOVERNMENTAL ORGANIZATIONS
REGISTRATION ACT, CAP.113 AND TRUSTEES
INCORPORATION ACT, CAP.165

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IMAU CORPORATE CAPABILITY STATEMENT ON MANAGING PROJECTS

Background

The Islamic Medical Association of Uganda (IMAU) is a registered local non-governmental organization. It has been in existence for over 30 years, having been established and incorporated on 1st September 1988. IMAU is 100% owned by Ugandans, with 100% of the staff all Ugandans and 100% of its Board of Trustees Ugandans. The IMAU mission is: **To have united Islamic conscious Muslim health professionals who use Islamic teachings to promote a healthy and productive life for all.** The IMAU Vision is: **A sound, credible, reliable, friendly, trustworthy and sustainable Association of Muslim health professionals with excellence in Islamic health service delivery.**

IMAU objectives related to project management include:

- 1). To be an agent, guide, vehicle and driver to increase the provision of the highest possible quality Selfless Health Services for Allah and our country.
- 2). To promote good relationships with other Islamic organizations both at home and abroad and to encourage affiliation to other Islamic Medical Institutions through professional cooperation;
- 3). To promote good working relationships and contacts with Government and Non-Governmental organizations including those from other religious denominations, working in the health sector, in accordance with Islamic principles.
- 4). To promote partnerships with local and international organizations and institutions for the purpose of fulfilling the objectives of the Association, in accordance with Islamic principles.
- 5). To provide the highest possible quality of health services to the people in Uganda through the delivery of promotive, preventive, curative, palliative and rehabilitative services, using continuous quality improvement principles in line with Islamic guidelines.

Geographical Coverage

IMAU's headquarters are located at Saidina Abubakar Islamic Hospital in Wattuba, Wakiso District, where it operates a fully-fledged hospital offering comprehensive in-patient and outpatient services, as well as community outreach services. In addition, IMAU has 20 branches in different regions of the country. The branches are: 1. Arua; 2. Yumbe-Koboko (West Nile); 3. Southern region (Greater Masaka); 4. Mbarara; 5. Tooro; 6. Tororo; 7. Pallisa; 8. Mbale; 9. Lira-Apac-Gulu; 10. Kampala; 11. Mukono; 12. Jinja; 13. Iganga; 14. Kapchorwa; 15. Wakiso; 16. Mubende; 17. Hoima-Masindi; 18. Mpigi-Butambala-Gomba; 19. Students' Branch; and 20. Women's Branch.

Governance and Human Resources

IMAU is governed by 8 governing organs of the organization namely: 1. National General Assembly; 2. Board of Trustees; 3. National Executive Committee; 4. National Advisory Council; 5. Office of the Executive Director; 6. Disciplinary, Arbitration, Reconciliation and Conflict Resolution Committee; 7. Branch General Assembly and 8. Branch Executive Committee.

The National General Assembly, is the highest authority of the Association. Members of the National General Assembly include representatives of Muslim health professionals in Uganda who are members of the Governing organs of the Association. The day-to-day activities of IMAU are undertaken by the National Executive Committee. The National Executive Committee is headed by the President, whose major role is to provide overall strategic leadership and management, as well as ensure achievement of organizations strategic and operational objectives and accomplishment of its mission. The current President of IMAU is Professor Magid Kagimu PhD, FRCP.

IMAU actively engages women and youth in management of project activities. The organization has an operational Women's Branch, as well as a Students' Branch which are engaged in project design and implementation.

Organizational and Financial Management

IMAU has strong management and accountability structures which support it to adequately manage donor projects and finances. These were developed through an Organizational Development process supported by USAID through The AIDS/HIV Integrated Model District Program (AIM) project. Management of the organization's affairs is guided by operational manuals which include the following:

- 1). IMAU Financial Management System manual (IMAU Accounting Manual): This established a framework for proper management and accountability of financial resources of IMAU
- 2). IMAU Human Resource Manual: This established the framework for management of human resources engaged by IMAU
- 3). IMAU Monitoring and Evaluation Manual: This established the framework for monitoring and evaluation of project activities for all projects implemented by IMAU.

All these manuals are available on the IMAU website www.ima-uganda.org.

IMAU's financial management is led by the Director for Finance and Accounts Officer, who ensure adherence to IMAU's Financial Management System as well as good financial management practices. Finances are managed using both Manual and Electronic Management Systems. IMAU undertakes periodic external audits by certified audit firms. External audits have produced unqualified audits since IMAU's establishment. Procurement is done in accordance with good procurement practice, and as outlined in the IMAU Financial Management System.

IMAU's comparative advantage due to experience in managing HIV/AIDS projects

IMAU has been providing HIV/AIDS prevention, treatment, care and support for over 30 years. IMAU current implementation of HIV/AIDS services is under the framework of its HIV/AIDS Strategic Plan (2021-2025) which is also accessed on the IMAU website. IMAU's main model of service delivery involves **community-based and health facility-based HIV service delivery using the faith-based approach, with effective referrals and linkages between communities and facilities as shown in Figure 1 below**. This model was adopted from the USAID models of Community-facility Linkages as well as the WHO Integrated Approach to HIV Prevention, Care and Treatment: IMAI AND IMCT tools, and adapted by incorporating the faith-based approach¹².

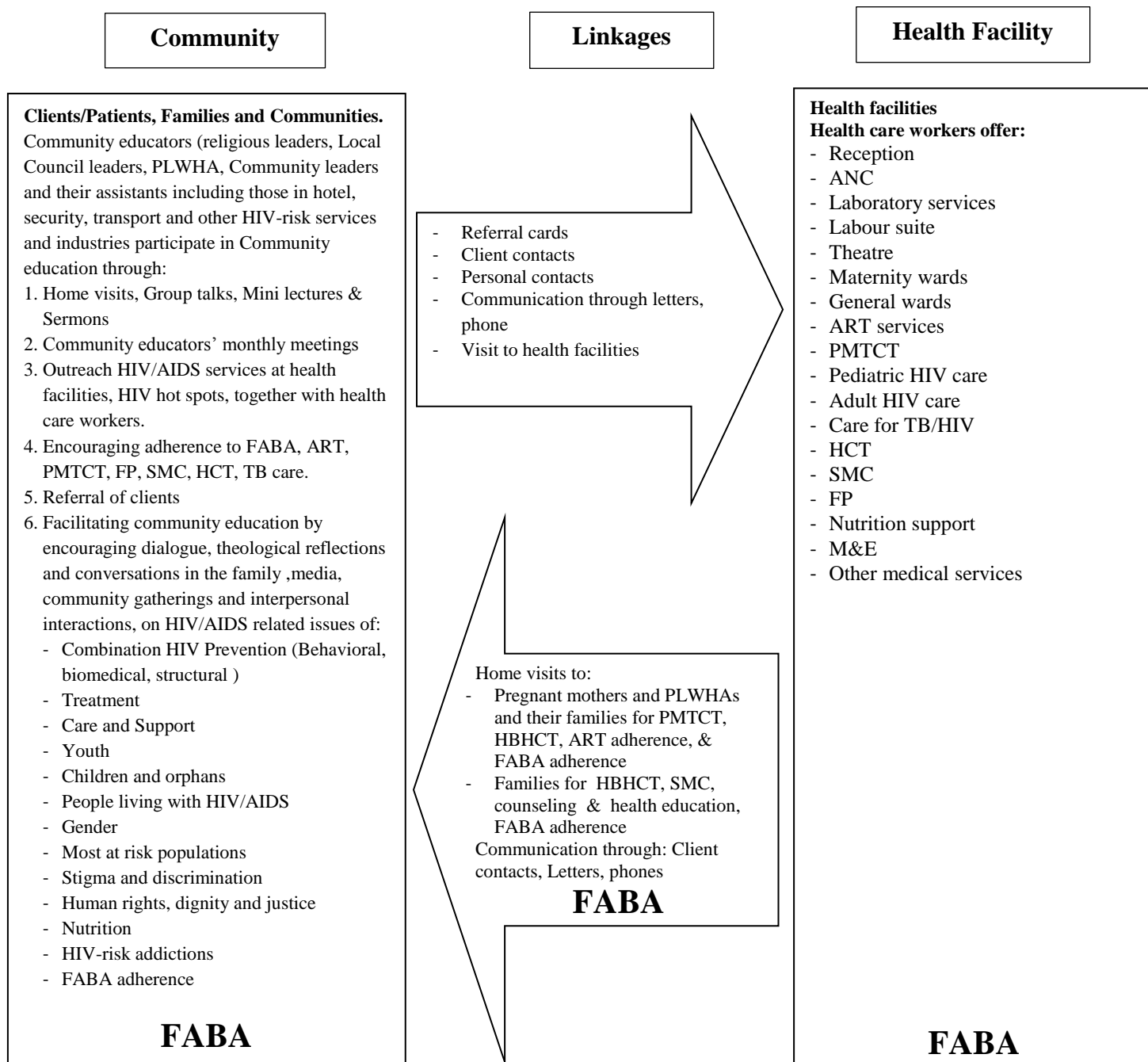
The faith-based approach (FABA) comprises five key components namely:

1. Believing in God and adhering to His guidance relevant to HIV/AIDS;
2. Learning and effectively using scientific knowledge in the prevention, control and management of HIV/AIDS;
3. Learning and effectively using relevant religious teachings and practices relevant to HIV/AIDS in its prevention, control and management;
4. Forming partnerships with, and making effective use of religious leaders, Government, NGOs and other stakeholders and their administrative structures in prevention, control and management of HIV/AIDS;
5. Making effective use of the concept of self-control (the struggle of the soul against temptations) by each individual to avoid transmitting or acquiring HIV infections.

¹ World Health Organization (WHO). (2007) Integrated Approach to HIV prevention, care and treatment: IMAI and IMCT tools. WHO Geneva. Available at <http://www.who.int/hiv/capacity/en/> [Accessed 26 June 2011]

² USAID. (2005). Audit of USAID/Uganda's implementation of the President's Emergency Plan for AIDS Relief. US Agency for International Development. Office of the Inspector General. Washington DC, Available at <http://www.usaid.gov/oig> [Accessed 26 June 2011].

Fig. 1: Faith-based approach to Accelerating (Fast-tracking) Delivery of Comprehensive HIV/AIDS Prevention, Treatment and Care Services (FABAPTCA) Package



Faith-based Approach to HIV/AIDS Components: 1). Believing in God and adhering to His guidance relevant to HIV/AIDS 2). Learning and effectively using scientific knowledge about HIV/AIDS. 3). Learning and effectively using relevant faith teachings and practices relevant to HIV/AIDS 4). Forming partnerships with and making effective use of religious leaders, Government, NGOs and other stakeholders and their administrative structures on issues related to HIV/AIDS 5). Making effective use of the concept of self-control (the struggle of the soul against temptations) by each individual to avoid transmitting or acquiring HIV infections.

Benefits of Faith-based approach to HIV/AIDS.
Motivation for action **For God and my Country**
Sustained commitment to access and effective use HIV/AIDS services
Holistic vision of health which includes well-being of the mind, body and soul

Abbreviations: **PMTCT:** Prevention of Mother to Child HIV Transmission **ART:** Anti-retroviral treatment **HBHCT:** Home based HIV Counselling and Testing **PLWHAs:** People Living with HIV/AIDS **ANC:** Antenatal Clinic **HCT:** HIV Counselling and Testing **FABA:** Faith-based approach to HIV/AIDS **SMC:** Safe Male Circumcision **FP:** Family Planning **TB:** Tuberculosis **M&E:** Monitoring and Evaluation

IMAU uses Saidina Abubakar Islamic Hospital (SAIH) as a teaching and learning site in delivering the Faith-based approach to Fast-tracking (Accelerating) Delivery of Comprehensive HIV/AIDS Prevention, Treatment and Care Services (FABAPTCA) Package described in Figure 1 above. This is the package which IMAU and its partners developed and use to deliver comprehensive HIV/AIDS services in their projects. For example, at SAIH we demonstrate how to use the FABAPTCA package to enhance interreligious cooperation and increase quality religiosity and its effective use to fast-track the HIV/AIDS response and to deliver on the 5 key areas of the Presidential fast track initiative (PFTI) which are: engage men and reduce new infections especially among girls and young women; accelerate Test and Treat to achieve the 90-90-90 targets; consolidate achievements in eMTCT; ensure financial sustainability and ensure institutional effectiveness in a well coordinated multi-sectoral HIV and AIDS response.

The standard operating procedures for a service provider to incorporate faith into his work in the FABAPTCA package include the following: (He, his and him refers to both male and female genders in this context).

1. Believing in God. This means providing HIV/AIDS prevention, treatment and care services for God, who taught you health sciences and in line with Uganda's motto For God and my Country.
2. Pray as you start your work to seek God's help to make your work easy.
3. Pray as you start any procedure on a client for it to go on well without complications.

When a service provider meets a client he should do the following:

1. Greet the client with compassion which includes sympathy, empathy, respect and dignity for him.
2. Explain what you will do and what will be required of the client after understanding his needs. Inform the client that it is God who is ultimately responsible for the gifts of life, health and the cure of illnesses. Ask the client about his major concerns. Ask the client if he uses his religion in health and sickness and if so what he asks God for. Address the major concerns through a dialogue with the client including how he intends to increase his religiosity and effectively use it in managing these concerns. This is done as part of the health service provider initiated contribution to increasing quality religiosity and its effective use in accelerating HIV prevention, treatment and care. The intention is to encourage the client to increase his understanding of his God and his religion and to be proud and feel good about increasing and effectively using his quality religiosity for HIV prevention, treatment and care as well as improving his health in general.

3. Pray with the client asking God for his good health in line with what the patient prays for.

This is called by IMAU: **Health Service Provider initiated enhancement of interreligious cooperation to increase quality religiosity and its effective use for fast-tracking the HIV response and quality improvement in health care.** It benefits the health service provider by giving him the meaning and purpose of his work which is for God; which motivates him to work for God's rewards and this gives him more job satisfaction. It benefits the patient by giving him encouragement from a trusted source, to use his religiosity to cope with the condition and hope for a better future with God in charge.

Using this model, IMAU provides HIV/AIDS services across the entire continuum at both facility and community i.e. HIV Prevention services, targeted HIV testing and counselling, Care and Treatment, Safe Male Circumcision, eMTCT, TB/HIV services and psychosocial support. The services target the different populations at increased risk of HIV including adolescent girls and young women, orphans and vulnerable children.

Past Experience and Key Achievements

IMAU has implemented numerous HIV/AIDS projects over its period of existence. Some of the projects implemented by IMAU include:

1. Counseling and Patient care for AIDS control in Uganda project

In 1989 IMAU got a grant of US\$ 61,500 from WHO Global Program on AIDS to educate communities on how to prevent and control AIDS using the strength of their faith with a particular focus on Muslim communities. The period for grant was from 31st August 1989 to 31st August 1990.

2. Family AIDS Education and Prevention through Imams (FAEPTI) project:

This was a USAID-funded project which started in 1992 with a budget of US\$ **250,656**. The project involved engagement of Muslim religious leaders in the community (Imams) in HIV prevention and control activities in their communities. Over 1,000 Imams across 11 districts (Arua, Iganga, Jinja, Kampala, Kamuli, Mbale, Moyo, Mpigi, Nebbi, Pallisa and Tororo) were trained and engaged to utilize Islamic teachings supported by scientific information in HIV prevention and control efforts. The project was evaluated in 1998 and it demonstrated that positive collaboration between health professionals and religious leaders can be achieved and can enhance

the success of community HIV/AIDS prevention efforts³. The FAEPTI project was documented in the UNAIDS “**Best Practice Collection**” in 1999 as one of the most effective ways of mobilizing Muslim communities, including women, towards HIV prevention and control. This was published as a booklet entitled “**AIDS Education through Imams: A Spiritually Motivated Community Effort in Uganda**”. The booklet was launched to the world by His Excellency, Mr Yoweri Kaguta Museveni, President of the Republic of Uganda in March 1999.

3. **Community Action for AIDS Prevention (CAAP) project:**

This project was implemented with funding from USAID in Kampala and started in 1995. It involved engagement of Muslim and Christian religious leaders in education of their catchment communities on HIV prevention and control, using the faith-based approach teaching framework. The project also engaged Local Council (LC) leaders in implementation of HIV prevention and control activities in their communities.

4. **Community Action to Protect Children from AIDS (CAPCA) project:**

This was a CDC-funded project which began in 2002, and built on the achievements of the CAAP project, but with a major focus on Prevention of Mother to Child HIV Transmission (PMTCT). The project involved engagement of both Muslim and Christian leaders, as well as LC leaders to mobilize communities to increase their utilization of PMTCT services. The religious and political leaders were equipped with knowledge and skills on how to integrate PMTCT-promotion messages within their faith-based teachings. This was done using a curriculum that integrates scientific and religious information. Over 1,500 community educators were trained in Kampala and Wakiso districts. These were able to reach over 1,068,000 females along with 804,000 men with PMTCT messages and other HIV prevention issues. These were reached through sermons, group talks, mini-lectures, community dialogues, home visits and in radio programs. This improved referrals and linkages for antenatal services, with over 14,000 women reporting for antenatal services with IMAU referral cards.

5. **Community Action to Protect Children from AIDS (CAPCA) project expansion:**

With funding from Uganda Global fund to fight AIDS, T.B and Malaria, IMAU extended the CAPCA project activities to the districts of Jinja, Iganga, Pallisa and Kapchorwa in 2004.

6. **HIV care and Treatment Services including PMTCT:**

³ Evaluation of the Effectiveness of AIDS Health Education Interventions in the Muslim Community in Uganda; Kagimu M et al. AIDS Educ. Prev. 1998 June 10(3): 215-28

With support of US \$ 75,000 from USAID through the Inter Religious Council of Uganda (IRCU) and Uganda Muslim Supreme Council (UMSC), IMAU added a component of Care and Support to the CAPCA project in Kampala and Wakiso districts in 2004. This involved community educators identifying clients who needed HIV/AIDS care and support services, and IMAU service providers in conjunction with the religious leaders providing the required health services to these clients. Since 2005, IMAU has been offering HIV care and treatment services at the two IMAU-owned facilities (Saidina Abubakar Islamic Hospital (SAIH) in Wakiso District and Saidina Abubakar Nursing Home in Kampala) and at other IMAU collaborating facilities throughout the country. This was undertaken with technical and financial support from CDC through PREFA. Currently, Saidina Abubakar Islamic Hospital has 1,263 patients in HIV care with viral suppression of 83%.

7. Community Action for Prevention, Treatment and Care of AIDS (CAPTCA) project:

This project, which started in 2007, was supported by USAID with a grant of US\$ 998,504 through IRCU, and it offered HIV prevention, care and treatment services including ART to clients in Kampala and Wakiso districts.

8. Community Action for Prevention, Treatment and Care of AIDS (CAPTCA) project continuation:

The project continued in 2017 with a grant of US\$ 116,172 from CDC through Infectious Diseases Institute (IDI) and the Inter-Religious Bureau Coalition. The project is being implemented in areas of Wakiso District within the catchment area of SAIH. The project involves outreaches support for HIV services in Health Center IIs in the catchment area, as well as community services including community-based education. Key targets and achievements of this project are as shown in the table 1 below:

Table 1: CAPTCA Project Target Achievements from October 2017 to September 2018

Core Activity	Project Activity Breakdown	Annual		
		Target	Achieved	%
HIV Testing Services	Number of Clients tested for HIV in the Community	8500	8976	106 %
	Number of Clients tested positive in the Community	350	286	82%
	Number of clients followed-up for partners elicitation	350	67	19%
	Number of key populations KP/PP tested	Female Sex Workers (FSW)	200	148
Men Sex Men (MSM)		20	0	0%
Psychosocial/spiritual Adherence Counselling of Clients	Number of clients in Care Provided with PHDP interventions	1100	1205	109%
	Number of Clients with Unsuppressed Viral Load provided with Adherence Counselling	110	181	165%
Provision of Clinical care including ART services	Number of clients provided HIV/AIDS Care	1,100	1205	110
	Number of new clients enrolled into HIV care	165	218	132
	Number started on ART as part of "Test and treat" Strategy(100%)	155	218	141
Elimination of Mother to child transmission	Number mothers tested for HIV at Maternal Child Health(100%)	415	330	80
TB/HIV Interventions	Number TB new cases diagnosed	30	32	107
	Number of PLHIV screened for TB by Implementing the 3Is	1,100	1205	110
	Number initiated on TB treatment	30	32	107
Continuous quality Improvement and data	Number of QI meetings conducted with minutes taken	3	2	67
	Number of data review meetings conducted	12	11	92
	Number of routine facility DQAs	12	22	183
	Number of Clients in-Care entered in the MOH EMR System for ART monitoring	4591	3519	77
Voluntary Male Medical Circumcisions	Number of males tested as -part of MOH minimum of VVMC guidelines	2759	3666	133
	Number of males circumcised and received TT	2759	3666	133

Monitoring and Evaluation Capacity

IMAU has a robust M&E department which takes lead in monitoring and evaluating the implementation of all project activities. The department is headed by a Monitoring and Evaluation Officer and supported by data clerks. The team's activities include data collection, continuous data verification, data quality assessments and report generation. Electronic data

management is done using the OpenMRS, as recommended by the Ministry of Health. The team spearheads the reporting function to the different stakeholders, by generation of monthly, quarterly, semi-annual and annual reports to meet the different reporting requirements of the different stakeholders. The department also spearheads routine performance review meetings, where performance is reviewed, best practices documented and strategies developed to improve performance in under-performing areas. The M&E department also leads the process of conducting program impact evaluations, which comprise baseline, on-going and end-of-project evaluations.

Partnerships

IMAU has worked with numerous partners over the years of its existence to meet its objectives. IMAU works as a partner to Uganda's Ministry of Health (MoH) and ensures that all service delivery is under the technical guidance of MoH through adoption of MoH guidelines for service delivery. IMAU is accredited by MoH to conduct Continuous Professional Development for medical and dental practitioners.

Over the years, IMAU has partnered with various United States Government (USG) donors to implement HIV/AIDS-related projects amounting to over of US\$ 1,440,000. IMAU has also partnered with other non-USG funded donors to implement other projects and activities. These include: UNDP, UNICEF, WHO, Global Fund and Al-Bukhary Foundation. For example the Construction of the first phase of Saidina Abubakar Islamic Hospital was initiated with a grant of US\$ 500,000 from Al-Bukhary Foundation in Malaysia through the Office of the First Lady of Malaysia, Dr. Siti Hasmah.

IMAU has also partnered with PEPFAR and USAID and have organized four **International Muslim Leaders' Consultations on HIV/AIDS (IMLC)**, with the first one being held in Kampala, Uganda in 2001. The others were in Kuala Lumpur, Malaysia in 2003 and Addis Ababa, Ethiopia in 2007. The latest was in Kampala, Uganda in 2019. These Consultations have brought together participants from many countries to discuss issues relating to the Islamic and Faith-based Approach to HIV/AIDS prevention, control and management. They have focused on various themes, with the most recent in Kampala having the theme of : **Enhancing interreligious cooperation to increase quality religiosity and its effective use by individuals, families and communities to fast-track the response for Prevention, Treatment, Care, Support and Control of HIV/AIDS and HIV-risk addictions.** One of the outcomes of these Consultations has been to aid IMAU document and publish various guidelines for the faith-based approach to HIV/AIDS prevention, control and management,

including training guidelines. These documents have been distributed to various organizations and partners throughout the world. They are on IMAU's website. These guidelines have been employed by IMAU for many years in implementation of the CAPCA and CAPTCA projects with support from CDC and USAID.

IMAU has also partnered with various local organizations in implementation of its projects. These include: Infectious Diseases Institute (IDI), Mildmay, Protecting Families Against HIV (PREFA), and Uganda Green Crescent Society and Islamic University in Uganda.

Conclusion

IMAU is a well-established organization with over 30 years' experience in effective implementation of services and attainment of various projects' targets. IMAU possesses strong and experienced leadership, as well as strong technical capacity to implement technical programs. In addition, IMAU uses scientific and evidence-based approaches towards HIV/AIDS service delivery especially in line with the faith-based model to HIV prevention and control. IMAU also has strong and well established management structures which it has continued to utilize in order to efficiently utilize donor resources using the most cost-effective means. Additionally, IMAU has a wide geographical reach, having branches that have implemented projects in different parts of the country.