MOST AT RISK POPULATIONS INITIATIVE

ANNUAL REPORT 2025

CONTENTS

Acronyms and Abbreviations

Acronym	Meaning
ART	Antiretroviral Therapy
CBO	Community-Based Organisation
CSO	Civil Society Organisation
HIV	Human Immunodeficiency Virus
IDI	Infectious Diseases Institute
JCRC	Joint Clinical Research Centre
MARPI	Most At Risk Populations Initiative
MOH	Ministry of Health
NGO	Non-Governmental Organisation
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
ROM	Reach Out Mbuya Community Health Initiative
TASO	The AIDS Support Organisation
TB	Tuberculosis
UAC	Uganda AIDS Commission
UPMB	Uganda Protestant Medical Bureau

Message from the Chairperson, Board of Directors

On behalf of the Board of Directors, I am pleased to present MARPI's 2025 Annual Report. The report reflects our continued commitment to improving the health and well-being of Ugandans through inclusive, evidence-based and community-centred programs.

MARPI has continued to expand access to comprehensive HIV, TB, STI and SRH services while strengthening community participation, partner capacity, advocacy and the generation and use of strategic information. These achievements were realised within a challenging operating environment characterised by funding uncertainties, changing donor priorities and persistent social and structural barriers affecting access to services.

The Board remains committed to providing strategic direction and oversight, strengthening organisational governance and ensuring responsible stewardship of resources. We will continue to support management in maintaining accountability, program quality and alignment with the National and MARPI's strategic priorities.

We recognise that sustaining these achievements requires resilient systems, diversified funding and stronger partnerships with government institutions, development partners, health facilities, civil society organisations and the communities we serve. The Board will continue to guide management in strengthening sustainability, innovation and institutional effectiveness.

I extend my sincere appreciation to our donors, partners, government, Board members, management, staff, peer educators and volunteers for their invaluable contribution. Most importantly, I thank the communities we serve for their trust, participation and leadership.

Together, we remain committed to advancing equitable access to quality health services and ensuring that no one is left behind.

Dr. Kambugu Fredrick
Chairperson, Board of Directors

Message from the Executive Director

This report highlights our performance and contribution to the National HIV response in 2025.

Throughout the year, we continued to deliver comprehensive HIV prevention, care and treatment services to key and priority populations. Our programmes strengthened HIV testing, access to PrEP Services, linkage to treatment and the distribution of prevention commodities. Through peer-led outreaches, Drop-in Centres, community structures and health-facility partnerships, we reached populations that frequently experience stigma, discrimination and other barriers to healthcare.

Beyond service delivery, MARPI invested in community empowerment, organisational capacity building, advocacy, research and innovation. We strengthened the skills of health workers and peer educators, supported CBOs and CSOs to improve their governance and financial-management systems, and used program evidence to inform decision-making and advocate for responsive, inclusive services.

These achievements were realised despite funding disruptions. The commitment of our staff, peer educators, consortium partners and community leaders enabled services to continue while safeguarding the privacy, dignity and well-being of clients.

Looking ahead, MARPI will prioritise program sustainability, diversified resource mobilisation, stronger community and facility systems, expanded prevention choices and improved use of data and digital innovations. We will also continue promoting meaningful community leadership and partnerships that strengthen Uganda's HIV response.

I sincerely thank the Board for its leadership and oversight; our donors and implementing partners for their support; government institutions and health facilities for their collaboration; and our staff, peer educators, volunteers and community organisations for their dedication. Above all, I thank the communities we serve for their trust and partnership.

Dr. Kyambadde Peter
Executive Director

About Us

MARPI (Most At Risk Populations Initiative) Limited is an indigenous nongovernmental organisation registered and operating under the laws of Uganda. The main office is located at Ward 12 – STD/Skin Clinic in Mulago National referral hospital.

The organization was founded in 2008, following a realization that certain populations referred to as Key Populations (KPs) are heavily burdened by HIV, with prevalence of over two to five times higher compared to the general population. Yet, despite the disproportionately high HIV burden, focused, targeted and tailored interventions /programs for these populations were scarce and where they existed, lacked scale, intensity and quality required to create the desired impact.

Recognising that the national HIV response cannot achieve sustained reductions in new HIV infections if such populations are left behind, MARPI primarily works to complement and support government efforts in achieving national and global HIV targets by strengthening access to HIV prevention services, HIV testing, linkage to care, antiretroviral treatment, adherence support, retention in care, viral load monitoring and other essential HIV-related services for these populations.

In fulfilling this mandate, MARPI implements programs in accordance with the policies, guidelines, standards, protocols and strategic priorities established by the Ministry of Health and other relevant national authorities.

A key component of our approach is to work closely with communities, peers, health workers, government institutions, health facilities and other stakeholders to address barriers that limit access to HIV services. The organisation promotes meaningful community participation in the design, implementation, monitoring and improvement of HIV programs, recognising the importance of affected communities in shaping services that are responsive to their needs.

Over the years, MARPI's contribution to Uganda's HIV response has been made possible through the support of a range of development partners and funding mechanisms. Our programs have been supported through grants from partners including the GF, PEPFAR/USAID, EJAF among others. MARPI has also worked in collaboration with key national and international organisations, including MoH, District Local Governments, TASO, IDI, Baylor Uganda, UPMB, JCRC, ROM and other partners.

These partnerships have provided financial, technical and institutional support that has enabled MARPI to extend targeted and tailored services to populations in over 35 districts across Uganda over the years of our operations while strengthening linkages to the broader health system and has enabled the organisation to contribute to improved access to HIV services and to efforts to reduce HIV transmission and its impact at community and national level.

VISION

Health people, socio-economically empowered communities

MISSION

To reach out to the socially, economically and legally marginalized, stigmatized and discriminated populations with HIV/TB/ STI/Sexual Reproductive Health & Rights services and social economic interventions.

CORE VALUES

- Professionalism
- Integrity
- Respect & Teamwork
- Innovation & Quality

STRATEGIC PRIORITY AREAS

01 SERVICE DELIVERY
Increase access to quality, tailored, comprehensive, context and age-specific HIV, TB, STI and Sexual Reproductive Health services, information and utilization to Key and Priority populations, young people and other at risk and vulnerable populations

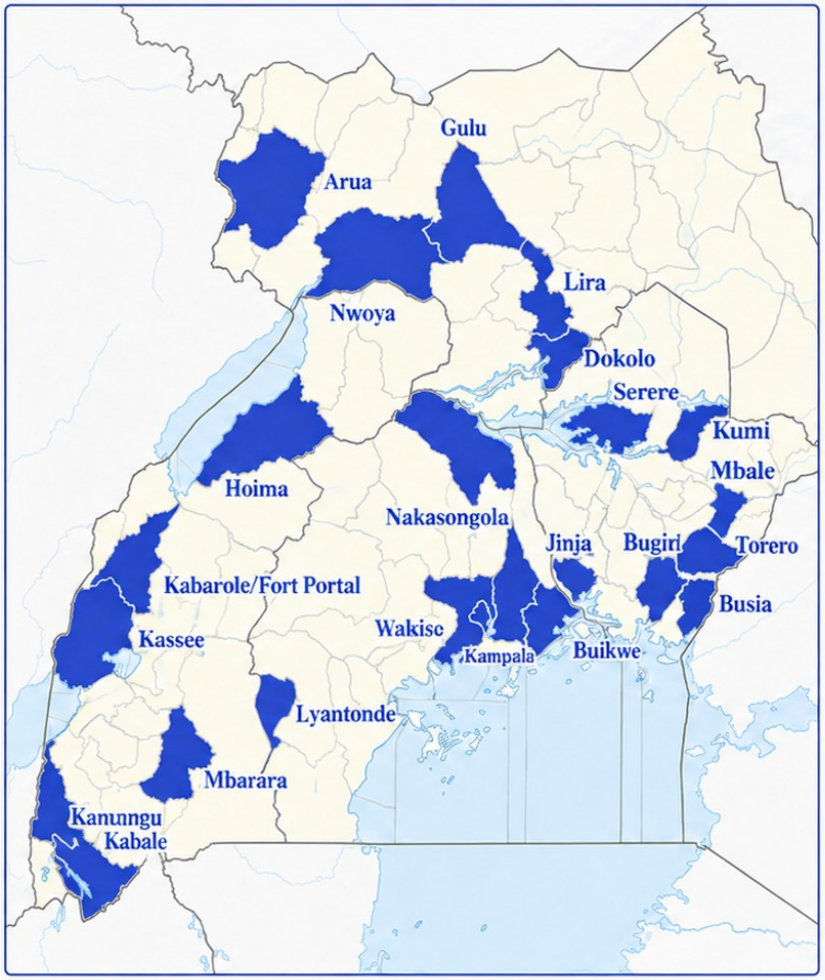
02 COMMUNITY EMPOWERMENT
Empower communities to participate in Health, Economic and Leadership activities

03 CAPACITY BUILDING
Enhance the capacity of service providers, communities and the targeted populations and their CSOs, CBOs, Networks, groups to deliver appropriate and context specific HIV/TB, STI and SRH services and information

04 ADVOCACY
Build capacity for advocacy, empower and jointly work with communities and other stakeholders to advocate for uptake of HIV/TB/STI/SRH interventions, elimination of GBV and economic empowerment at community and other levels

05 RESEARCH & INNOVATION
Foster implementation research, Innovation and e-Health

Districts/Cities Directly Supported by MARPI



District/City and Supported Health Facility/DiC		
#	District/City	Health Facility/DiC
1	Arua	Arua Regional Referral Hospital
2	Bugiri	Bugiri MC HC III
3	Buikwe	Kawulo Hospital
4	Busia	Busia HC IV
5	Dokolo	Dokolo HC IV
6	Gulu	Gulu Regional Referral Hospital
7	Hoima	Hoima Regional Referral Hospital
8	Jinja	Jinja Regional Referral Hospital
9	Kabale	Kamuganguzi HC III
10	Kabarole/Fort Portal	Fort Portal Regional Referral Hospital
11	Kampala	Mulago National Referral Hospital/MARPI-STI Clinic
12	Kanungu	Kihihihi HC IV
13	Kasese	Kasese Municipal HC III
14	Kumi	Kumi HC IV
15	Lira	Lira Regional Referral Hospital
16	Lyantonde	Lyantonde Hospital
17	Mbale	Mbale Regional Referral Hospital
18	Mbarara	Mbarara Regional Referral Hospital
19	Mukono	Mulago National Referral Hospital/MARPI-STI Clinic
20	Nakasongola	Nakasongola HC IV
21	Nwoya	Purongo HC IV
22	Torore	Apppal .a HC III
34	Wakiso	Mulago National Referral Hospital/MARPI-STI Clinic

Operating Context

Status of the HIV response in Uganda

Uganda continues to make significant progress in the HIV response, with expanded access to HIV testing, antiretroviral therapy, viral load monitoring, prevention services and community-based approaches. However, the response remains vulnerable to persistent gaps in prevention, diagnosis, treatment initiation, retention in care and viral suppression, particularly among underserved and socially marginalised populations. The HIV response is also entering a new phase in which the focus is shifting from rapid program expansion towards sustainability, integration of HIV services into broader health systems, stronger domestic ownership and maintaining gains achieved over the past decades. This transition requires MARPI to remain responsive to changing community needs while complementing Government efforts to ensure that people who are difficult to reach are not left behind. Uganda's HIV response is therefore operating within a broader global shift towards country-led, community-centred and sustainable HIV programming.

Changes in HIV policies and guidelines

The HIV policy environment continues to evolve in line with emerging evidence, changing patterns of the epidemic and the need to make services more people-centred and sustainable. Uganda is increasingly moving towards differentiated and integrated service delivery models, including the integration of HIV services with primary health care and chronic disease management. Differentiated service delivery approaches such as community drug distribution, pharmacy refills and group-based models are being expanded and adapted to respond to different population and age groups. For MARPI, these changes require continuous alignment of programs, standard operating procedures, staff competencies, data systems and service delivery models with updated Ministry of Health guidance.

Government priorities

Government priorities increasingly emphasise sustaining HIV treatment outcomes, preventing new infections, strengthening health systems, improving domestic ownership and integrating HIV services within the broader health system. There is also increasing emphasis on efficiency, accountability, evidence-based programming and the use of community structures to improve access and retention in care. The emerging direction is therefore not simply to expand standalone HIV programs, but to build sustainable systems capable of delivering HIV services alongside other essential health services. MARPI is expected to work closely with Government structures and contribute to national priorities while retaining the flexibility to reach populations and communities that may face barriers in accessing conventional public health services.

Funding environment

The funding environment for HIV programs has become increasingly uncertain and constrained. International HIV financing declined significantly in 2025, with UNAIDS reporting an 18% decline in global HIV funding, creating concerns about the sustainability of prevention and treatment programs. Uganda nevertheless continues to benefit from major international financing mechanisms, including the Global Fund, while the country has also demonstrated commitment to sustaining the global response. For MARPI, the changing funding environment creates pressure to demonstrate value for money, strengthen financial and program accountability, diversify funding sources, reduce dependence on a single donor and develop approaches that can be sustained through domestic resources and partnerships. Funding uncertainty may also affect staffing levels, geographical coverage, community outreach and the continuity of services if transition arrangements are not adequately planned.

Changes in donor priorities

Donor priorities are increasingly moving towards sustainability, country ownership, measurable outcomes, health-system strengthening and greater efficiency in the use of external resources. There has also been a shift in some funding arrangements from traditional NGO-led implementation towards stronger government ownership and more direct country-to-country or bilateral arrangements. The changing direction of PEPFAR and wider international health assistance has created uncertainty for organisations that have historically relied heavily on donor-supported HIV programs. Consequently, MARPI needs to demonstrate strong program performance, robust financial systems, credible monitoring and evaluation, local ownership and alignment with national priorities. There is also a growing need for MARPI to diversify its funding portfolios and strengthen strategic partnerships with government, donors, private-sector actors, foundations and other civil-society organisations.

Emerging HIV prevention and treatment issues

The HIV response is increasingly confronted by the need to sustain prevention while ensuring that treatment gains are not reversed. Emerging priorities include improving HIV testing among people who remain undiagnosed, strengthening linkage to and retention in treatment, addressing treatment interruptions, improving viral suppression and expanding access to combination prevention approaches, including PrEP and other emerging prevention technologies. There is also increasing recognition of the need to address HIV alongside mental health, non-communicable diseases, sexual and reproductive health and other chronic conditions. Uganda's move towards integrated chronic care provides an opportunity for MARPI to broaden the value of HIV platforms while maintaining quality HIV services. At the same time, stigma, discrimination, misinformation, mobility, economic vulnerability and unequal access to health services continue to influence HIV prevention and treatment outcomes.

Legal and regulatory environment

MARPI operate within an increasingly formalised regulatory environment. The Non-Governmental Organisations Act, 2016 as Amended provides the framework for registration, regulation, coordination, monitoring and oversight of NGO activities in Uganda, with the National Bureau for Non-Governmental Organisations responsible for these functions. NGOs are required to maintain appropriate registration and operating permits and comply with reporting and other statutory obligations. For organisations delivering HIV services, compliance extends beyond NGO regulation to include applicable health-sector requirements, data protection and confidentiality obligations, employment and financial regulations, procurement requirements and donor-specific compliance standards. The regulatory environment therefore requires MARPI to maintain strong governance, documentation, safeguarding, accountability and risk-management systems while ensuring that service delivery remains compliant with national laws and health-sector standards.

Socio-economic factors affecting service access

Poverty, unemployment, transport costs, household financial pressures and unequal access to health facilities continue to influence high risk populations' ability to access HIV prevention, testing, treatment and follow-up services. These challenges can be particularly significant for people who require frequent facility visits or depend on community-based services. Stigma and fear of discrimination may further discourage these individuals from seeking HIV testing or disclosing their status, while mobility and changing livelihoods can contribute to interruptions in treatment and difficulties maintaining continuity of care. Consequently, MARPI needs to use flexible, client-centred and community-based approaches that reduce the financial, geographic and social barriers to service access. The increasing emphasis on differentiated service delivery provides an opportunity to bring services closer to clients and reduce unnecessary facility visits.

Security and operational environment

The operating environment for HIV-focused organisations requires careful attention to physical, financial, digital and program-related security risks. Organisations working directly with communities may face risks associated with travel, community tensions, stigma, confidentiality breaches, misinformation, theft and disruptions to program activities. These risks are heightened when organisations work in multiple geographical locations or provide services to populations that may experience social or legal vulnerabilities. At the same time, we are expected to maintain continuity of essential HIV services despite funding uncertainty, staff turnover, changes in donor requirements and evolving government priorities. This requires strong organisational risk management, security protocols, safeguarding systems, staff preparedness, contingency planning and close coordination with government and community structures. A do-no-harm and context-specific approach, including meaningful involvement of

affected communities in decisions that influence their safety and access to services, is increasingly important for maintaining both staff safety and client trust.

Overall implication for the organisation

Taken together, these factors indicate that MARPI is operating in an environment characterised by strong national commitment to the HIV response but increasing pressure for sustainability, efficiency, integration and domestic ownership. The reduction and changing nature of international funding presents a significant operational risk given that our work depends heavily on donor-supported programs. At the same time, the environment presents opportunities for us given the strong community relationships, technical capacity, good governance and proven ability to work within Government systems. Our ability to diversify funding, strengthen strategic partnerships, integrate services, demonstrate measurable impact, maintain regulatory compliance and ensure that underserved communities remain connected to HIV prevention, care and treatment will be critical to our organisation's sustainability and relevance in the coming years.

Projects Implemented

The Global Fund

MARPI implemented Global Fund-GC7 supported activities as a sub-recipient of TASO. The implemented interventions aimed at strengthening community systems, expanding access to integrated HIV services, and building the capacity of community-based organisations.

Key activities included:

- Providing continuous mentorship, coaching and supportive supervision to CSOs/CBOs to strengthen their systems, improve service quality and ensure adherence to established standards and protocols.

- Awarding small grants to new and previously supported CSOs/CBOs to implement community health priorities, social mobilisation, advocacy and community-monitoring activities. These interventions addressed challenges such as poor TB treatment success, loss to follow-up, low retention in care, poor treatment adherence, inadequate viral suppression and malaria-related service gaps.

- Supporting CSOs/CBOs to conduct Community-Led Monitoring in selected health facilities and drop-in centres. This involved stakeholder engagement, orientation of service providers, community data collection and analysis, validation and feedback meetings, issue-based advocacy and follow-up on agreed actions.

- Conducting integrated community outreaches offering comprehensive HIV and TB services, including HIV testing, TB screening, behavioural-change communication, condom and lubricant distribution, family planning, STI and hepatitis screening, cervical cancer screening, treatment, post-exposure prophylaxis and referral to additional services.

- Working with district health teams, health facilities, drop-in centres, peer leaders and other implementing partners to map service locations, mobilise communities, coordinate outreaches, prevent duplication and strengthen referral and linkage to care.

- Conducting facility-based community dialogues that provided safe and supportive platforms for peer-led discussions, information sharing and access to basic HIV-prevention services.

- Facilitating peer educators and health workers to conduct community and home follow-up visits. These visits promoted demand for services, condom distribution, mental-health screening, psychosocial support and linkage to appropriate health services.

Strengthening service quality and accountability through spot checks, supportive supervision and the use of approved HMIS tools and standard operating procedures for data collection, management and reporting

Kampala HIV Project (KHP)

The Kampala HIV Project is a five-year initiative aimed at reducing HIV and TB incidence in the Kampala region. Recognised as a centre of excellence in delivering services to key and priority populations, MARPI implements the project as a sub-recipient of Reach Out Mbuya Community Health Initiative. The project supports the delivery of comprehensive HIV and TB prevention, testing, care and treatment services.

Uganda Health Consortium Project

The Uganda Health Consortium was a 24-month project implemented from January 2024 to December 2025 with funding from the Elton John AIDS Foundation (EJAF). The consortium was led by MARPI and comprised: Trans Network Uganda (TNU), Queer Women Leaders Uganda (QWLU), Anchoring communities in Uganda (ACU), Foundation for Community Development and Empowerment (FCDE) and Pathway Uganda. It targeted the districts/ Cities of Mbale, Jinja, Buikwe, Kayunga, Luwero, Entebbe, Wakiso, Masaka, and Kasese

The project combined increasing access to HIV prevention, care and treatment services; Strengthening the capacity of health service providers and community organisations; Addressing structural barriers to service access and strengthening strategic information, learning and accountability.

Local Service Delivery for HIV and AIDS Activity (LSDA)

MARPI was sub granted by UPMB to implement the USAID Local Service Delivery for HIV and AIDS Activity (LSDA), a PEPFAR-aligned health initiative. During the reporting period, the grant supported MARPI to provide onsite mentorships to Private Not-For Profit Organizations (PNFPs) including Faith Based and Civil Society Organizations to continue providing quality HIV/TB services and strengthen capacity for ownership and sustainability in furtherance of the Government of Uganda and PEPFAR efforts towards attaining the goal of reaching and maintaining HIV epidemic control and ending AIDS by 2030


SERVICE DELIVERY
COMMUNITY EMPOWERMENT
CAPACITY BUILDING
ADVOCACY
RESEARCH & INNOVATION
PROGRAM PERFORMANCE

The projects implemented during the reporting period were aligned with MARPI's five strategic priority areas: Service Delivery, Community Empowerment, Capacity Building, Advocacy, and Research & Innovation. This alignment ensured that project interventions contributed directly to MARPI's strategic direction and addressed the interconnected health, social, institutional and structural challenges affecting the populations served.

Through Service Delivery, the projects expanded access to comprehensive, confidential and responsive HIV, TB, STI and sexual and reproductive health services. Community Empowerment interventions strengthened community participation, leadership, accountability and ownership of health programmes.

Capacity Building activities enhanced the knowledge, skills and systems of service providers, community structures and partner organisations to deliver quality and context-specific services. Advocacy interventions helped in protection of rights, reduction of stigma and discrimination, and the removal of barriers to accessing services. Research and Innovation strengthened the generation and use of evidence, promoted learning and supported the adoption of innovative approaches to improve programme design, service delivery and decision-making.

Collectively, these priority areas provided an integrated framework through which MARPI advanced equitable access to health services and supported sustainable community-led responses.

PRIORITY AREA

SERVICE DELIVERY

BROAD OBJECTIVE

Increase access to quality, tailored, comprehensive, context- and age-specific HIV, TB, STI and Sexual and Reproductive Health services and information, and increase their utilization among key and priority populations, young people, and other at-risk and vulnerable populations.

During the reporting period, MARPI continued to provide comprehensive, confidential and stigma-free HIV prevention, testing, care and referral services through facility-based, community-based and outreach service-delivery approaches. These interventions aimed to increase knowledge of HIV status, identify previously undiagnosed infections, link clients diagnosed with HIV to appropriate care, and expand access to combination HIV-prevention services.

PERFORMANCE AREAS

HTS

HIV PREVENTION SERVICES

ART CARE

HIV Testing Services

Broad testing coverage increased opportunities for early HIV diagnosis across all service delivery approaches.

Total HTS Tests

165,550

80,520 were newly tested during the reporting period.

Tests Conducted Across All Modalities

HIV Positive Cases

1,015

0.61% Yield

Newly Identified Positive Cases

The testing programme identified 1,015 people living with HIV, representing a positivity yield of 0.61%.

Nearly nine in every ten newly identified clients were successfully connected to HIV treatment and care.

Linkage to Care

89.4%

Rate Achieved for Positive Cases

Testing Modality Breakdown

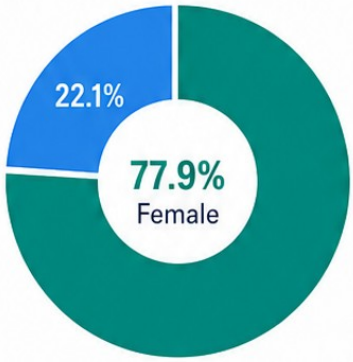
Modality	Tests	Pos %
PITC	70,703	0.25%
Outreach HTS	70,403	0.71%
Snowball / SNS	14,954	0.28%
Index/APN	6,035	4.14%
HIV Self-Test	1,900	0.42%
VCT	1,312	2.74%
Home Based	243	0.41%

PITC and Outreach HTS were nearly equal in volume (about 70,000 each), together accounting for 86% of all testing. Index/APN recorded the highest positivity rate at 4.14%.

HIV Prevention Services

Condom Distribution

Total	Female (77.9%)	Male (22.1%)
7,153,438	5,575,542	1,577,896

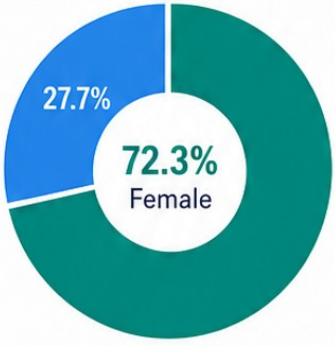


Female (77.9%)
Male (22.1%)

More than 7.15 million condoms were distributed during the reporting period, with 77.9% reaching female clients and 22.1% reaching male clients.

HIVST Distribution

Total	Female (72.3%)	Male (27.7%)
8,896	6,436	2,460



Female (72.3%)
Male (27.7%)

A total of 8,896 HIV self-testing kits were distributed, with female clients accounting for 72.3% and male clients for 27.7%.

PrEP Services

10,097

Clients Initiated on PrEP

During the reporting period, clients received PrEP options suited to their needs, preferences and eligibility, supporting a differentiated and client-centred approach to HIV prevention.

PrEP Initiations by Option

8,374
Oral Daily PrEP

1,580
Event-Driven PrEP

98
Injectable Cabotegravir

45
Dapivirine Vaginal Ring

Oral daily PrEP was the most widely used option. The uptake of event-driven PrEP, injectable cabotegravir and the Dapivirine Vaginal Ring also demonstrates progress in expanding access to alternative HIV prevention options.

Uptake by Key Population Category

Oral Daily PrEP

Among clients initiated on oral daily PrEP, the distribution was:

- **4,488** Sex Workers
- **3,528** Men Who Have Sex with Men
- **165** People Who Inject Drugs
- **110** Transgender Persons
- **83** Other Population Categories

Event-Driven PrEP

- **1,442** Men Who Have Sex with Men
- **138** Other Population Categories

Injectable Cabotegravir

- **43** People Who Inject Drugs
- **30** Men Who Have Sex with Men
- **22** Sex Workers
- **3** Other Population Categories

Dapivirine Vaginal Ring

All **45** clients initiated on the Dapivirine Vaginal Ring were sex workers.

Transition to Injectable Cabotegravir

35
Clients Transitioned

- **26** Men Who Have Sex with Men
- **9** Sex Workers

A total of **35** clients transitioned from oral PrEP to injectable cabotegravir. This reflects the increasing availability of longer-acting HIV-prevention choices, particularly for clients who may experience challenges with daily oral PrEP.

ART Care (MARPI Clinic)

TOTAL ACTIVE ART CLIENTS (TX_CURR)

1,891

Active Cohort Sex Distribution

Male: 636 (33.6%)

Female: 1,255 (66.4%)

NEW ART INITIATIONS (2025)

163

New Initiations Sex Distribution

Male: 74 (45.4%)

Female: 89 (54.6%)

Population Category Profile

MARPI Clinic is predominantly Key Population-focused — 89.2% of active ART clients are KP.

Key Populations (KP)

TX_CURR	NEW ART '25
1,687 (89.2%)	86 (52.8%)

Priority Populations (PP)

TX_CURR	NEW ART '25
74 (3.9%)	19 (11.7%)

Other / General

TX_CURR	NEW ART '25
130 (6.9%)	58 (35.6%)

Top Population Categories (TX_CURR)

Key Insights & Action Points

Core Focus: FSW are the largest population group (63.2% of TX_CURR), confirming MARPI's KP-specialist mandate.

Female clients dominate the active cohort at **66.4% (1,255)**, while new ART initiations show a more balanced 45:55 male-to-female ratio.

Viral Load Testing and Suppression

98.1%
SUPPRESSION RATE

1,782 suppressed out of **1,816** tested

Females: 98.5% | Males: 98.0%

High Testing Coverage
96.0%

Of the 1,891 active clients (TX_CURR), 1,816 have documented Viral Load results.

Action Required
34
Clients Unsuppressed

These clients require prioritized Enhanced Adherence Counselling (EAC) and potential regimen review.

VL Performance by Key Group

Group	VL Coverage	Suppression
FSW	96.3%	98.4%
MSM	100.0%	98.6%
PWID/NIDU	89.5% ⚠	98.4%
AGYW	95.5%	100.0%

Note: General Population has lowest suppression (75.0%) but very small numbers (n=8).

Clinical Success
VL suppression is uniformly high (>93%) across all major KP groups.

Priority Action: Follow up the **34** unsuppressed clients through Enhanced Adherence Counselling and targeted clinical review.

TB and TPT Cascade

Comprehensive TB management strategy demonstrating near-universal screening and excellent preventive therapy completion across the active cohort (N=1,891).

TUBERCULOSIS SCREENING

99.4%
Screened

Total Screened	1,880
No Signs/Symptoms	1,872 (99.6%)
Confirmed TB Cases	2 (0.1%)

TPT COMPLETION

95.3%
Completed

Total Completed	1,802
Female Completion	1,198 (95.5%)
Male Completion	604 (95.0%)

Key Insight

The exceptionally low TB prevalence (0.1% confirmed) directly reflects the protective benefit of the high TPT completion rate (95.3%) across both male and female cohorts.

Priority Action: Sustain near-universal TB screening and follow up clients who have not completed TPT.

NCD Screening & DSDM Integration

Highlights successful integration of NCD screening and differentiated service delivery within ART care.

Near-universal screening for hypertension and diabetes demonstrates strong integration of non-communicable disease services within the active ART cohort of 1,891 clients.

1. NCD Screening Excellence

Hypertension (HTN) Screening

98.5%

- 1,862 clients screened
- 2.0% positivity
- 38 cases identified

Diabetes Mellitus (DM) Screening

98.5%

- 1,862 clients screened
- 0.9% positivity
- 16 cases identified

High screening coverage enabled early identification of 38 hypertension cases and 16 diabetes cases for appropriate clinical assessment, counselling and follow-up.

2. DSDM Stability

85.9%
Stable Clients
1,625

Most active ART clients were clinically stable, reflecting strong retention, adherence and programme quality.

3. Dominant DSDM Model

90.6%
Fast Track Drug Refill (FTDR)
1,714 clients

- 8.1% FBIM—8.1%
- 1.3% CDDP—1.3%

Fast Track Drug Refill was the dominant differentiated service delivery model, reducing unnecessary facility visits while supporting convenient and continuous access to ART.

Key Insight

The combined achievement of 98.5% NCD screening coverage and 85.9% client stability demonstrates effective integration of chronic disease screening and differentiated ART service delivery.

Priority Action

Maintain routine NCD screening, ensure clinical follow-up for clients with positive results, and continue expanding appropriate differentiated service delivery options.

Cervical Cancer Screening

Cervical cancer screening supports early identification of precancerous changes and timely referral for diagnostic assessment and treatment. Screening coverage among eligible female clients remained below the programme target during the reporting period.

Eligible Female Clients

1,255

Female clients eligible for cervical cancer screening during the reporting period.

Current Screening Coverage

609 of 1,255 eligible female clients had documented cervical cancer screening results.

Programme Target: ≥80%

≥80%

Current Coverage: 48.5%

48.5%

Coverage Gap to Target:

31.5 percentage points

Screening Gap

516

Women Not Yet Screened

Represents 41.1% of the female cohort. This documented service gap requires intensified mobilisation, appointment tracking and accessible screening opportunities to move towards the ≥80% programme target.

Urgent Follow-up

8

Suspicious Malignancy Cases

1.3% of screened clients

These clients require prompt referral, diagnostic confirmation, treatment initiation where indicated, and documented follow-up across the referral pathway.

Key Insight

Fewer than half of eligible female clients had documented screening results, highlighting the need to strengthen demand creation, routine screening offers and follow-up systems.

Action Area

Scale up cervical cancer screening to achieve at least 80% coverage, while ensuring timely referral and clinical follow-up for all clients with suspicious findings.

- Mobilise eligible clients
- Integrate screening into routine ART visits
- Track referrals and outcomes

PMTCT Integration Needs

Critical Care Pathway for Pregnant and Lactating Clients

107

Pregnant or Lactating Clients

8.5% of clients

Actively pregnant or lactating clients requiring integrated care.

Optimized ART

All clients were on preferred TDF/3TC/DTG regimens for maximum efficacy.

Adherence Support

All clients received enhanced adherence counselling to support consistent treatment routines.

Routine Viral Load Monitoring

Viral load testing was conducted at ANC booking, during the third trimester, at delivery and six weeks postpartum.

Infant Care and EID

Infant prophylaxis, early infant diagnosis linkage and breastfeeding support were provided.

Critical Objective

Achieving and maintaining viral load suppression across the care pathway is essential for preventing vertical transmission of HIV.

PRIORITY AREA

COMMUNITY EMPOWERMENT

BROAD OBJECTIVE

Empower communities to participate in health, economic and leadership activities.

At MARPI, we believe that empowered communities are at the heart of an effective and sustainable response to HIV. Under this strategic objective, we work to strengthen the capacity, voice and agency of communities to actively participate in decisions, monitor service delivery, access resources and lead change in their own spaces.

During the reporting period, MARPI deepened community empowerment by investing in people, partnerships and platforms that promote accountability, leadership and self-reliance. Our interventions ensure that communities are not only beneficiaries but also co-creators and drivers of equitable and responsive health and social services.

PERFORMANCE AREAS

COMMUNITY-LED MONITORING

PEER EDUCATORS SUPPORTED THROUGH THE PEER MECHANISM

COMMUNITY DIALOGUES

CAPACITY BUILDING OF KP-LED CSOs/CBOs

Community Led Monitoring (CLM)

MARPI strengthened community participation and accountability in HIV service delivery through Community-Led Monitoring (CLM), empowering communities to drive positive change.

10 CIVIL SOCIETY ORGANISATIONS (CSOs) SUPPORTED FOR CLM

5 COMMENCED IMPLEMENTATION

During the reporting period

1. SLUM
2. TEU
3. WOPENI
4. EADWA
5. KWISH

5 SCHEDULED TO BEGIN IMPLEMENTATION

In 2026

1. VOICE
2. WONETHA
3. JEWANG
4. LWEC
5. SPECTRUM Uganda

HOW THIS SUPPORT BUILDS CAPACITY

IDENTIFY GAPS
Communities track and identify gaps in HIV service delivery.

DOCUMENT EXPERIENCES
Communities document their experiences and challenges.

GENERATE EVIDENCE
Evidence is generated to inform advocacy and decision-making.

DRIVE IMPROVEMENT
Improving the accessibility, responsiveness, and quality of HIV services.

OUTCOMES

STRONGER COMMUNITY VOICE & PARTICIPATION
Communities are more engaged and empowered to influence HIV services.

IMPROVED ACCOUNTABILITY & RESPONSIVENESS
Service providers are more accountable and responsive to community needs.

EVIDENCE-INFORMED ADVOCACY
Quality evidence drives effective advocacy for better services.

BETTER HIV SERVICES
Improved accessibility, responsiveness, quality and community satisfaction.

Capacity Building KP-Led CSOs/CBOs

Subgranting and Institutional Support

26 — **CSOs/CBOs supported**

provided with subgrants to implement activities in their approved concept notes, strengthen service delivery, create demand and respond to community needs.

7 — **Commenced in 2025,**

while the others continued activities initiated in 2024.

Mentorship and Organisational Capacity Strengthening

59 — **Mentorship and coaching visits**

conducted to address identified capacity needs in the respective districts.

27 — **CSOs/CBOs supported**

with targeted technical assistance to strengthen organisational systems and programme implementation.

Community Dialogue and Stakeholder Engagement

567
participants reached

Strengthened community participation, stakeholder coordination and access to responsive health services.

112 **community dialogues**
conducted through Community Service Delivery Points

454 **peer participants**

28 **additional dialogues**
held with local leaders, healthcare workers, law-enforcement representatives and community structures

Peer-Led Service Delivery

240 | **peer educators**
facilitated to provide screening, follow-up, referral, linkage and psychosocial support

3,345 | **peer-led integrated health outreaches**
providing a comprehensive service package

158,291 | **beneficiary contacts**
reached with HIV prevention services

1,680 | **home visits completed**

Peer Educators Receiving Peer Kits—

PRIORITY AREA

CAPACITY BUILDING

OBJECTIVE

To strengthen the technical, institutional and operational capacity of MARPI, health facilities, community structures and implementing partners to deliver effective and sustainable programs.

Capacity building activities strengthened health workers, peer educators, health facilities and consortium organisations to deliver inclusive services and manage programmes more effectively.

People & Service Quality

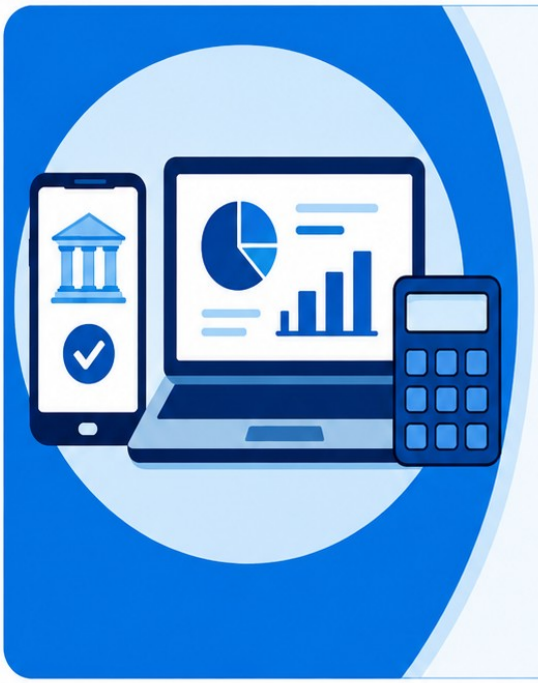
- Health workers strengthened their knowledge and skills in KP/PP-friendly service delivery, gender diversity, human rights, confidentiality, mental health and stigma reduction.
- Peer educators gained practical skills in HIV prevention, community mobilisation, referrals and behaviour-change communication.

Facility Systems

Through mentorship, health workers at Katabi and Nabweru Health Centres—where targeted KP services had not previously been available—embraced the programme, designated KP focal persons and introduced KP-specific registers.

Organisational Strengthening

- Organisational assessments enabled consortium partners to identify institutional gaps and prioritise areas for growth.



Financial Management

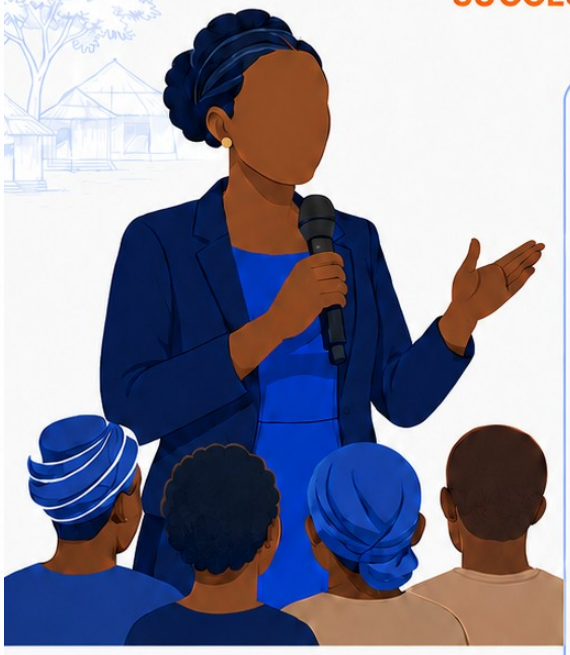
- Supported CBOs and CSOs transitioned from cash-based transactions to cashless financial-management systems.
- Partners adopted or strengthened accounting platforms, including Pegasus and QuickBooks.
- MARPI provided hands-on mentorship in budget management, monthly and quarterly reporting, and financial accountability.

Sustainability & Resource Mobilisation

Capacity-building support strengthened partners' ability to respond to funding opportunities and independently mobilise resources.

FROM PEER EDUCATOR TO COMMUNITY LEADER

SUCCESS STORY



> *MARPI helped me move from mobilising my community to representing it."*

Name and identifying details withheld to protect the narrator's privacy.

> *MARPI gave me more than an opportunity to serve—it helped me discover my voice as a leader.*

When I was empowered by MARPI to work as a peer educator and community mobiliser, I began by helping key populations access accurate health information, confidential services and referrals. Through training, mentorship and regular engagement with community members, I gained confidence in public speaking, organising meetings, identifying community needs and working with local leaders.

MARPI also brought key population communities closer to local leaders through stakeholder meetings. These engagements helped leaders appreciate and understand the challenges faced by key populations. They now engage with us more openly and work alongside our communities to identify and solve problems.

As my service expanded, I started engaging communities beyond key populations. People came to know me as someone who listened, connected them to services and followed up their concerns. The trust built through this work encouraged me to contest for a leadership position, and I was elected as a councillor at Local Council III.

My journey is not unique. Several fellow peer educators have contested for different leadership positions, while many others are preparing to stand in the upcoming 2026 elections. Our experience shows that when peer educators are empowered, they can become trusted advocates and leaders who influence decisions far beyond the health sector.

PRIORITY AREA

ADVOCACY

BROAD OBJECTIVE

Build capacity for advocacy, empower and jointly work with communities and other stakeholders to advocate for uptake of HIV/TB/STI/SRH interventions, elimination of GBV and economic empowerment at community and other levels.

Advocacy activities focused on reducing structural barriers, promoting access to stigma-free services and creating a more supportive environment for key populations.

Achievements

Stakeholder Engagement

Engagement with health facilities, district leaders and community gatekeepers enabled services to continue within a difficult legal and social environment.

Safe & Integrated Outreach

Integrated outreaches enabled projects to maintain service delivery while reducing the risk of publicly identifying KP/PP clients.

Peer & Digital Advocacy

Peer-led and digital advocacy increased awareness, encouraged self-referrals and promoted uptake of HIV and SRHR services.

Evidence-Based Advocacy

Evidence generated through programme monitoring supported advocacy for resources, commodities and more inclusive services.

Collective Voice & Reach

The consortium model, together with support extended to CBOs and CSOs, strengthened the collective voice and expanded the geographic reach of services for KP/PPs.

PRIORITY AREA

RESEARCH AND INNOVATION

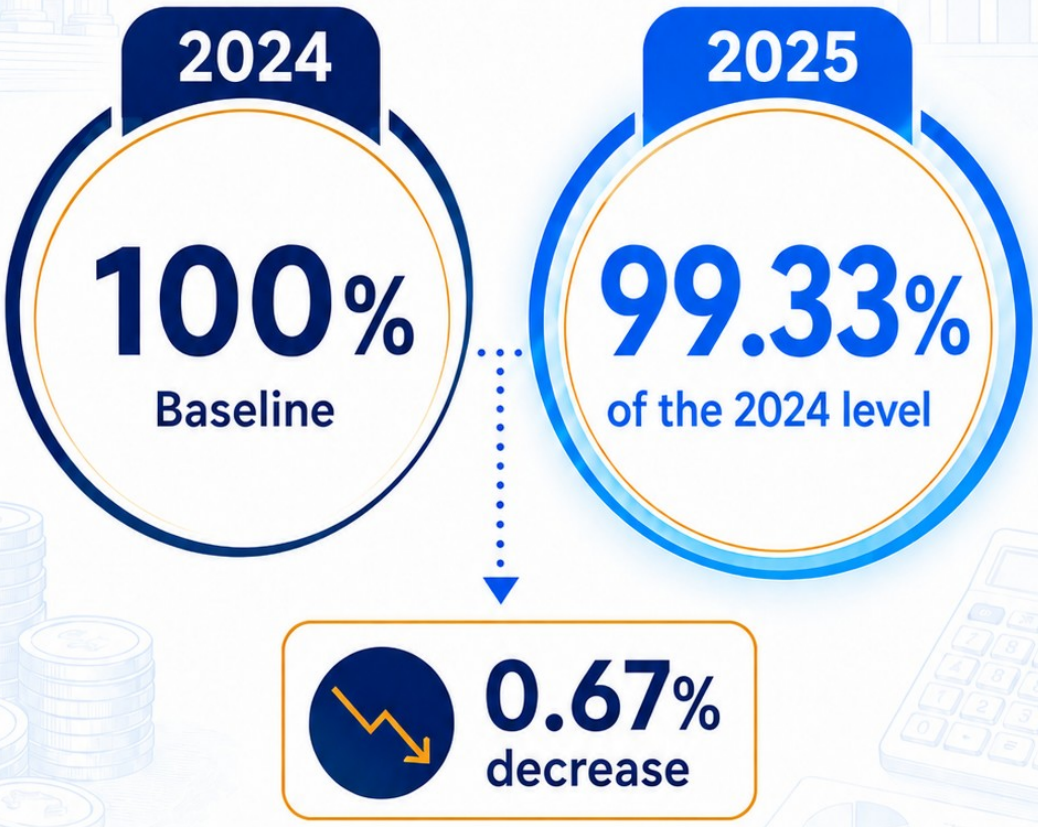
BROAD OBJECTIVE

To generate, manage and use reliable evidence to guide program design, decision-making, advocacy and continuous improvement.

Research and innovation have consistently been central to MARPI's growth. Over the years, we have prioritised evidence-based inquiry to guide our strategies, improve performance and remain responsive to emerging challenges, knowledge and innovations. As a recognised centre of excellence in key population programming, MARPI continues to contribute to Uganda's HIV response through innovative and research-driven solutions that directly address the needs of the communities we serve.

FINANCE

Funds received



The funding decline constrained operations, delayed strategic priorities and left some critical activities unfunded.

Receipts and expenditure

- Receipts: 100% baseline
- Expenditure as a percentage of receipts

96.9%

Supporting Uganda's HIV and TB Reduction Strategic Plans

Global Fund through TASO

98.6%

Kampala HIV Project

PEPFAR through ROM

87.6%

Uganda Health Consortium

EJAF

100%

LSDA

USAID through UPMB

Overall expenditure rate **96.3%**

The financial statements for the reporting period were independently audited and are available on request.

Acknowledgements

MARPI extends its sincere appreciation to the Government of Uganda for providing the enabling policy and institutional environment that supported the implementation of our programs in 2025. We particularly acknowledge the Ministry of Health and the Uganda AIDS Commission for their leadership, technical guidance and coordination of Uganda's national HIV response.

We are grateful to the local governments, health facilities and community structures across the districts and cities where we worked. Their collaboration enabled MARPI to deliver accessible, inclusive and responsive HIV, TB, STI, sexual and reproductive health and social-support services.

We deeply appreciate our donors, development partners and implementing partners for their financial support, technical assistance and continued confidence in MARPI. Their contributions strengthened program delivery, institutional capacity, advocacy, community empowerment, research and innovation.

Special recognition goes to MARPI's Board members for their strategic leadership and oversight, and to our staff for their professionalism, commitment and resilience throughout the year. We also thank our volunteers and peer educators, whose trusted relationships with communities remained essential to mobilisation, referrals, service delivery and follow-up.

Above all, we acknowledge the communities and clients we serve. Their participation, experiences, feedback and trust continue to shape our programs and inspire our commitment to equitable, confidential and stigma-free services. MARPI's achievements in 2025 were made possible through this collective effort, partnership and shared commitment.

MARPI

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