



# MOST AT RISK POPULATIONS INITIATIVE

M.A.R.P.I



ANNUAL REPORT  
**2021**

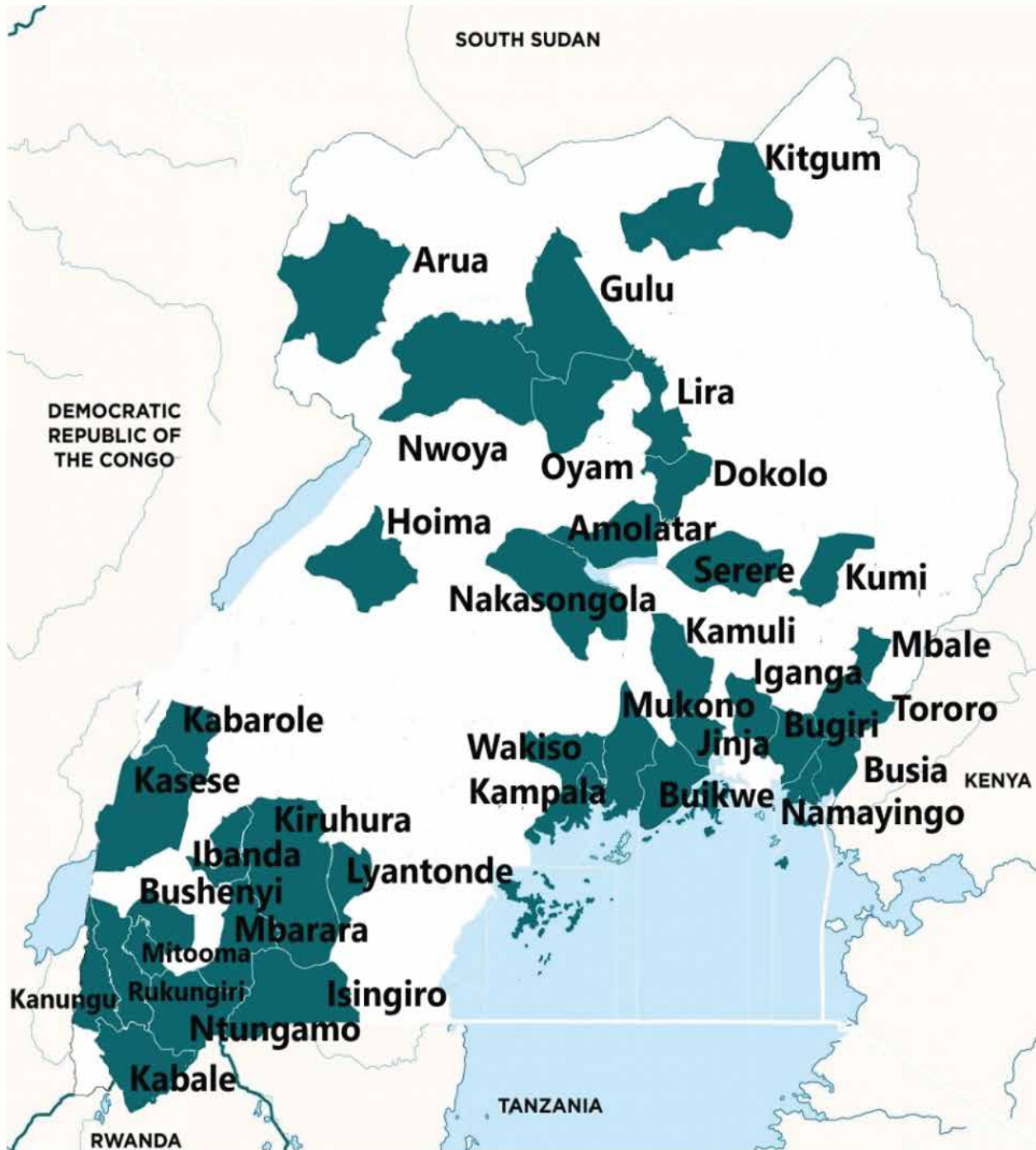


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## Project scope of work





## ACRONYMS

<b>AGYW</b>	Adolescent Girls and Young Women
<b>APN</b>	Assisted partner Notification
<b>ARVs</b>	Antiretroviral drugs
<b>BCC</b>	Behavior Change and Communication
<b>CBOs</b>	Community Based Organizations
<b>CDDP</b>	Community Drug Distribution Point
<b>APN</b>	Assisted partner Notification
<b>CDIC</b>	Community Development in Centre
<b>CSOs</b>	Civil Society Organizations
<b>DHO</b>	District Health Officer
<b>DHT</b>	District Health Teams
<b>DIC</b>	Drop-in Centre
<b>FF</b>	Fisher Folk
<b>FGDs</b>	Focus Group Discussions
<b>FSW</b>	Female Sex Workers
<b>GBV</b>	Gender Based Violence
<b>HC</b>	Health Centre
<b>HIV</b>	Human Immunodeficiency Virus
<b>HMIS</b>	Health Management Information systems
<b>HTS</b>	HIV Testing Services
<b>IDUs</b>	Injectable Drug users
<b>IEC</b>	Information Education Material
<b>LDTDs</b>	Long Distance Track Drivers
<b>LGBTI</b>	Lesbians Gay Bisexual Transgender Intersex
<b>MARPI</b>	Most at Risk Populations Initiative
<b>MGLSD</b>	Ministry of Gender Labour & social Development
<b>MoH</b>	Ministry of Health
<b>MSM</b>	Men who have sex with Men
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>PNFP</b>	Private Not for Profit
<b>PP</b>	Priority Populations
<b>PrEP</b>	Pre- Exposer Prophylaxis
<b>PWUD</b>	Persons who use Drugs
<b>SGBV</b>	Sexual & Gender Based Violence
<b>SNS</b>	Sexual Network Strategy
<b>SRHR</b>	Sexual & Reproductive Health & Rights
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection



# WHO WE ARE

**OUR VISION**

Universal access to HIV/TB/STI/ SRH&R and other health services by the Most at Risk, Key and Vulnerable populations coupled with Socio-economic Empowerment.

**OUR 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.





## EXECUTIVE DIRECTOR'S MESSAGE



*On behalf of MARPI Family  
Dr. Peter Kyambadde (ED-MARPI)*

.....  
*Sign*

Uganda towards advancement of Universal access to HIV/TB/STI/SRHR and other health services by the most at risk, key and vulnerable populations, coupled with social economic empowerment.

My special thanks go to our development partners both local and international that have enabled MARPI with financial resource support as listed above. Your technical support and guidance during this year was significant in the development and implementation of MARPI projects. The district leadership under the office of DHOs and the DHTs have contributed greatly to the success of this project since inception.

I also want to thank MARPI team both at District and

Our success in year 2021 was deep rooted into cherished principles accountability, mutual partnership and community engagement. To our Donor Partners, who contributed financially and technically, we very much appreciate your support, without you we would not have been able to achieve the results we are reporting today. The Ministry of Health, MGLSD, the District Leadership, the Civil Society Organizations with who we collaborate are applauded. Let us keep focused on our Vision and Mission, as we promote Better Health living for key and priority populations in the Uganda that we need.

The year 2021 has been a special one in the history of Uganda and the entire universe. The whole country and universe came to a standstill

when lock down measure were implemented to prevent the spread of COVID 19. The lockdown affected activity implementation and service deliveries in almost all sectors of the economy. Amidst this challenging year, MARPI rescheduled and implemented its activities. We desire to share with you this Annual report that highlights the activities and achievement of 2020.

I want to appreciate the continued support from our development partners, Global Fund, USAID LSDA UPMB Project, USAID JSI RNL project and IDI projects which has enabled the organization to support KP/PP service delivery in different parts of the country. I am sure with this funding the organization will continue to put thrive in supporting key populations in

National secretariat in general for supporting this project, in particular the staff based in regional Office taking lead role in the success of the project with support of community structures under the leadership of peer educators KP focal persons and health workers. The senior Management at MARPI with guidance of the board is also appraised for the technical guidance during execution of the project interventions. Lastly on sad note MARPI lost one of its greatest staff, Dr. Magina Joseph, who was the project coordinator of Global fund at MARPI. Your death left a big gap on the organization development of young people who were learning from your wisdom and technical guidance. May your soul rest in peace.



*Dr. Fred Kambuga  
Board Chairperson-MARPI*

.....  
*Sign*

across our programs by the end of the year. Their contribution is critical and we are proud to be building their capacity for programmatic and financial stewardship where it is lacking. It is also evident that that MARPI is not just an organization but a family that greatly values all its staff and stakeholders. The development of the organization into one of the most cherished NGO in KP programing in Uganda would not have been possible without the Blessing and support of Mulago Hospital.

The organization is thankful for continual support of the Ministry of Health and its various organs which have provided a platform for MARPI to pursue its mission. We are also grateful for the



## MESSAGE FROM THE BOARD CHAIR

I bring you greetings from boards members and it is my pleasure to present to you the MARPI Annual Report for the financial year 2021. I hope it is evident in this report that through its core programs represented by prevention, Care and Treatment, training and Health system strengthening and creating enabling environment is on right path. Th project impact has been felt in a cross the country in selected districts where it has its presence and on the National level. As an organization that is affiliated to Mulago Hospital has continued to successfully pursue its mission which rests on the three pillars of Health system strengthening, Training and capacity development.

MARPI grew tremendously this year in terms of its scope and agility

in meeting emerging needs of key populations in Uganda, even as these needs become complex and call for greater learning and creativity. There were some gaps in generating enough resources to sustain this impact and at the same time invest in the growth area that were identified in the five-year strategic plan which will keep us relevant in the future. However, I'm optimistic that our partners will continue to view the value we bring as one of the best investments in the health sector.

MARPI has continued to be an example in exercising good stewardship over the resources entrusted to it. We have also learnt a great deal about working through an increasing number of peer mobilization as well as community partners numbering over 350s

various funding and implementing partners who have brought into stride of achieving our Vision in Uganda. I would like to thank Members of the Board of Directors for their commitment to the values and objectives of the institute and their valuable support and advise to MARPI. To our staff I hope you realize how valued your contribution is and how it has held the MARPI flag on so many frontages. I hope you feel MARPI has equally made meaningful contributions and provided opportunities for your Individual's career growth.

*I am looking forward to greater impact in the next MARPI projects.*



# BOARD OF DIRECTORS' PROFILE



**Dr. Fred Kambugu**  
(Board chairperson)



**Dr. Peter Kyambadde**  
(Secretary to the Board)



**Matha Ludigo**  
(Treasure to the board)



**Princes; Nasolo Pauline**  
(Board Member)



**Namakula Nakato**  
(Daisy- Board Member)



**Kimbugwe Moses** (Member)





## About M.A.R.P.I

**W**ho we are; Most at Risk Populations Initiative- MARPI is a legally constituted Private Not for Profit (PNFP), registered under the laws of Uganda, registration number: 104041 and as an NGO, registration number since 2008. The organization is affiliated to the National STD control unit of the STD/ACP-Ministry of Health. Main offices are located at upper Mulago adjacent to the STD Control unit within Mulago National referral hospital in Kampala, the capital city of Uganda. The organization was founded in 2008, following a realization that certain population referred to as Key Populations (KP) 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.

Scope of work; MARPI is a national Private not for profit KP leading organization providing comprehensive HIV prevention services across the country through regional referrals and currently with active projects in districts of, (Lira, Dakolo, Amolatar, Oyam, Arua, Gulu, Serere, Kumi, Mbale, Jinja, Busia Tororo, Buyende Kampala, Mukono, Wakiso, Buikwe, Lyantonde, Mbarara, Kabale, Kanungu, Kasese, Kyenjojo, Fort Portal, Bugiri and Kayunga)



**Providing Comprehensive HIV prevention services**



**Empowering communities to participate in Health, Economic and Leadership activities**



## MARPI's main objectives

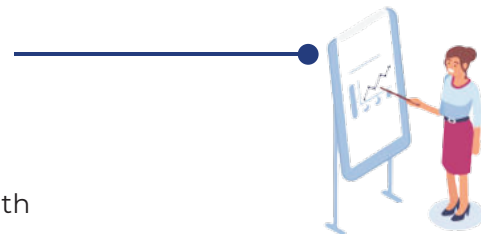
1. To increase access to quality, tailored, comprehensive, context and age-specific HIV, TB, STI and Sexual Reproductive Health services, information and utilization to Key and Priority populations, young people and other at risk and vulnerable populations.



2. Empower communities to participate in Health, Economic and Leadership activities



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



4. Foster implementation research, Innovation & e-Health and strengthen Internal organizational capacity, learning and sustainability mechanisms.



# Introduction

This report provides an account of what transpired in the calendar year 2021. The report is representation of key strategies and approaches utilized, interventions at institutional community and facility levels, gap innovations success stories, mentorship programs and sustainability plans of the organization’s interventions.

## RESULT AREA 1: CAPACITY BUILDING

### Activity 1: Training of Health Workers

**T**raining of health workers in providing key populations friendly services was a key component of improving uptake and utilization of stigma free HIV services in Uganda. In the year 2021 marpi reached and trained health workers in the districts of Wakiso, Mukono, Kampala, Gulu, Lira, Oyam, Kitgum, Dokolo, Mbale, Arua, Kumi, Busia, Tororo, Buikwe, Nakasongola, Hoima, Fort portal, Kasese, Bushenyi, Mbarara, Kabale, Ntungamo, Rukungiri, Kanungu, Isingiro, Ibanda, Mitoma and Kyirihura districts.

A total of 397 health workers were training in the above mentioned 26 districts. MARPI utilized and worked with the Ministry of health and other local civil society organization to deliver the training. This has in turn resulted into, increased access to HIV preventions services among key and priority populations, reduced incidences of stigma and discrimination in selected districts in Uganda. MARPI in the next year 2022 will focus on scaling up training in additional new districts and complement the National efforts towards the 95 95 95 HIV cascade.



*Training of health workers in Mbarara*



*Training of health workers in Ibanda*



*Training of health workers in Mbale*



## RESULT AREA 1: CAPACITY BUILDING

### Activity 2: Peer Training

Establishing community structures remained the priority of MARPI for increasing access and utilization of friendly HIV services among key populations. Traditional health service delivery for the general population has variably reached sub population groups that are highly at risk of HIV and other sexually transmitted infections. The national coverage of facilities providing KP/PP friendly services is still very low. However, peer-led model has been effective in reaching these populations and increased their access and uptake of health services, including HIV services.

The success of this model is based on having peer educators who have been trained to provide friendly services to key and priority populations. This model also equips the peer educators to provide differentiated services to each sub-population category.



One of the greatest barriers to scaling up of KP/PP friendly services is insufficient skilled and confident workforce with positive attitudes towards the different KP/PP sub-groups. There is perceived stigma from peer educators while providing these services. As Ministry of Health is scaling up services for KP/PP, there will be increasing demand for peer educators who have skills in providing friendly services to KP/PPs in the country.

A total of 116 peer educators were trained to support the community arm of the project and the last year the peers through peer-to-peer approaches reached over 47160 through linkages and referral, health education, condom education and distribution and community dialogue meetings among key and priority populations in selected implementation districts in Uganda.



Peer training in the western region





## RESULT AREA 1: CAPACITY BUILDING

### Activity 3: Law Enforcement

Creating enabling environment for providing friendly key populations was a key component of increasing access and utilization of HIV services among key and priority populations. MARPI trained a total of 269 law enforcement officers (Police, Army, prisons personnel, local defence council and district representees). The one-day training tool place in Rukungiri, Bushenyi, Mbarara, Ibanda, Mbale, Kamuli, Jinja, Lira, Gulu and Kanungu Districts. The training was conducted in partnership with Ministry of health with support of District leadership working with the office of the RDCs in the above-mentioned districts.



## RESULT AREA 1: CAPACITY BUILDING

### Activity 4: CSOs Orientation

Capacity building of Local key populations led civil society organization and community-based organization played an integral part in strengthening access and utilization of HIV services among key and priority populations in Uganda. The district-based trainings were organized in partnership with the office of the DHO through the District KP focal person in the districts of Gulu, Kitgum, Lira, Oyam, Amolatar in the Lango and Acholi Sub regions, Bushenyi, Rukungiri, Kabale, Mbarara, Ibanda, Kanungu in Ankole and Kigezi Sub region and Busia, Kamuli, Mbale, Jinja and Tororo for Eastern Uganda. A total of 276 personnel participated in the training led by the ministry of health

through the AIDS Control program and MARPI. The participants engaged in the training were mainly organization leaders political and technical district leaders.





## RESULT AREA 1: CAPACITY BUILDING

### Activity 5: Gatekeepers Training Meetings

Community gatekeepers are key in creating enabling environment for providing key populations friendly in Uganda. the meetings reached out to owners of recreational and entertainment centres in the 15 ditricts of Lira, Gulu, Amolatar, Oyam, Kitgum, Mbale, Tororo, Busia, Jinja, Kamuli, Bushenyi, Rukungiri, Kabale and Ibanda. The sensitization meetings targeted (Bar, Clubs, guest house, hotels and beach managers with the aim of equipping them with skills and knowledge in HIV prevention and working with them to lead referrals for HIV hub for condom distributions through placing dispensers and supporting their workers with HIV prevention messages. This approach has been key component in increasing access and of HIV services among key populations in Uganda.



Lira



## RESULT AREA 1: CAPACITY BUILDING

### Activity 6: Mentorship and Support Supervision

Integrated onsite mentorship remained a key component in skills and knowledge enhancement of health workers and peer educators in the selected organization implementation districts. MARPI through onsite mentorship and trainings reached 78 health in project implementation sites both PNFP and government facilities in the districts Ntungamo, Isingiro, Mbarara, Kyirihura, Mitoma, Bushenyi, Rukungiri Ibanda, Jinja, Mbale, Tororo, Busia Kamuli, Gulu, Amolatar, Lira, Kitgum, Dokolo, Serere, Kumi, Mukono Kampala Wakiso among other project districts in Uganda. Mentorships reached 511 health workers and 198 peer educators with focus on the quality of data, use of PrEP and follow-ups, improving VL services, HIV testing services, sexual gender-based violence and strategies on retention in care and community targeted hotspot mobilization.

This approach is cost effective and has promoted access and utilization of HIV prevention services among key populations towards the 2030 national targets.







## RESULT AREA 2: COMMUNITY EMPOWERMENT

### ACTIVITY 7: ESTABLISH COMMUNITY DICS

**T**he country is moving towards a more strategic use of HIV resources which emphasizes the significance of addressing HIV in key populations as a cost-effective response to HIV. One of the ways, is through differentiating HIV services to key and vulnerable populations. Differentiating services to key and vulnerable populations through Drop-in Centres (DICs) has proved successful in increasing access and utilization of HIV services by these populations.

The number of new HIV infections remains unacceptably high with over 48,254 new infections in 2018. Most of these new infections occur in Key Populations (KP) who include sex workers, men who have sex with men and people who use drugs. Drop-in centres (also known as “safe spaces”) are premises that provide key population community members with a comfortable place to relax, rest, get information, receive program services, and interact with each other and with HIV prevention, care and treatment program staff.

Community drop-in centres played an important role in increasing access to HIV prevention services among key populations in the project implementation sites in Uganda. The year 2021 was remarkable where by MARPI established additional 10 DICs to already existing facility based 23 DICs in KPPP catchment areas.

Working through DICs MARPI in has been able to serve a over 4567 thousand key populations in the districts of (Mbarara, Kanungu, Serere, Kumi, Busia, Bugiri, Buikwe, Jinja, Kabale, Bushenyi, Ibanda, Gulu, Lira, Dokolo, Oyam and Arua) with the support of the district and peer structures.



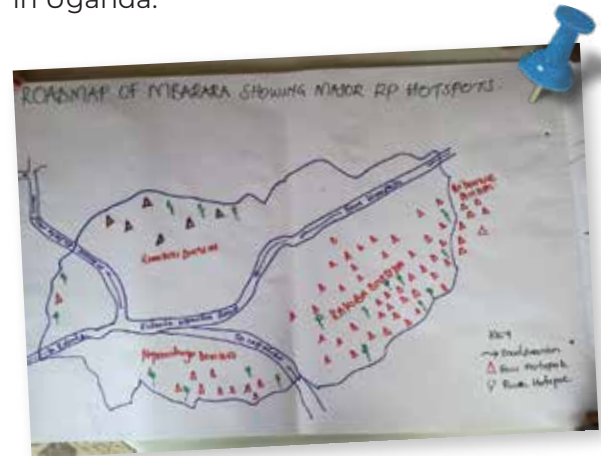
## RESULT AREA 2: COMMUNITY EMPOWERMENT

### Activity 8: Hotspot Updating

Understanding the magnitude of the HIV epidemic among these populations requires accurate population estimates. These estimates inform the scale of prevention and treatment programs and are needed for resource allocation, monitoring, and evaluation of the programs. Traditional methods of estimating the size of these populations, such as a census, are challenging because of the marginalized nature of these populations. Criminalization of sexual behaviours and drug use, in addition to human rights abuses, and severe stigma keep these populations socially hidden.

Key populations, including people who inject drugs (PWID), men who have sex with men (MSM), and female sex workers (FSW), are disproportionately affected by the HIV epidemic. Understanding the magnitude of, and informing the public health response to, the HIV epidemic among these populations requires accurate size estimates. MARPI conducted mapping and profiling of key populations hotspots in the above-mentioned project targeted areas in Uganda.

A total of 1276 hotspots were identified in the districts of Kampala, Mukono, Wakiso, Mbarara, Bushenyi, Ibanda, Rukungiri, Kabale, Kanungu, Ntungamo, Kyirihura, Mitoma, Kamuli, Iganga, Mayuge, Busia, Tororo, Mbale, Gulu, Lira, Oyam, Amolatar and Jinja. Therefore, mapping in this year focused on identifying active hotspots, numbers of KPs at the hotspots, location of the spots, peer educators located in the hotspots and size estimations. This activity was key in informing project target settings and we established the KP led local civil society organization in Uganda.





## RESULT AREA 2: COMMUNITY EMPOWERMENT

### Activity 9: Community Dialogue Meetings

In the year 2021 community dialogues were key in increasing access and utilization of HIV services among key populations in project implementation areas. Dialogue meetings targeted key and priority populations with focus on improving access and utilization of HIV services. The meetings were led by peer educators and the local key populations led CSOs. The meeting integrated HIV self-testing and distribution of condoms and health talks on key HIV prevention strategies among key population. Targeted populations for the dialogue meetings were (female sex workers FSWs, Men who have sex with men-MSM, persons who use and inject drugs PWIDs and other priority populations).

A total of 289 dialogues were conducted reaching 3740 participants where FSWs were 2479, MSM 567, and 694 PWIDs). The dialogues focused on HIV prevention messages demand creation for HIV services especially PREP services and linkages and referrals and linkages for HIV services at community and facility levels.





## RESULT AREA 2: COMMUNITY EMPOWERMENT

### Activity 10: Community Score Card

The Community Score Card (CSC) is a participatory process that empowers communities or service beneficiaries to influence quality, efficiency, effectiveness and accountability in service provision at the local level. The information in the scorecard is used to improve service delivery in communities, support advocacy and develop better monitoring and evaluation of the HIV response.

The CSC method was chosen because it is the one among other social accountability monitoring methods/tools (such as citizen report card, social audit, and national dashboards) that provides a holistic and hybrid tool that brings together duty bearers, various service users (citizens) and service providers. It is a tool that exerts social and public accountability and responsiveness from service providers by linking service providers and leaders to the community; thus, citizens are empowered to provide immediate feedback to the service providers and leaders.

MARPI in the year 2021 conducted 3 community score card exercises among 90 participants for key and priority populations and health service providers. The intervention was aimed at seeking user perceptions on quality and efficiency of HIV/AIDS services for key populations, document experiences of key populations on HIV/AIDS services utilization and provide feedback to service providers, key population community and other stakeholders for improved HIV/AIDS services in project sites.





## STRENGTHENED STRATEGIC PARTNERSHIP, ADVOCACY AND NETWORKING

### Activity 11: Advocacy and Learning Materials

Printed educational materials (PEMs) were used to improve access to and utilisation of HIV services among key and priority populations in Uganda. Key materials printed in this year were advocacy bags for peer educators, T-shirts, corporate shirts and refractor jackets and disseminated in the community. A total of 1500 T-shirts, 100 cooperative shirts, and 500 bags were procured and printed with advocacy information and supporting peer educators. The impact of IEM was felt with increasing number of KP receiving services at the drop-in centre in different community drop-in centres including Mulago clinic and improvement in knowledge, behaviour, and patient outcomes.





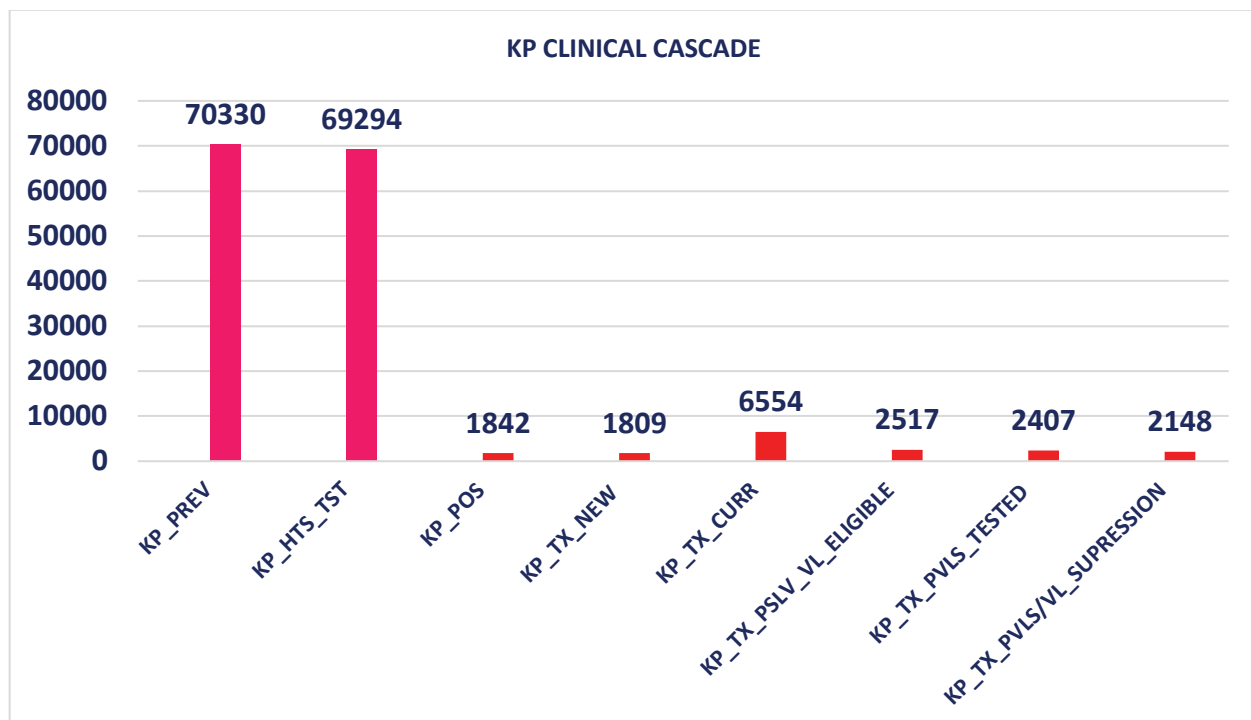
### RESULT AREA 3: SERVICE DELIVERY

#### Activity 12: HIV Testing Services- (HTS)

MARPI continued to support the government’s efforts in to fight against HIV and AIDS in Uganda towards the UNAIDS Global targets of 95 95 95 by 2030. In the year 2021 MARPI reached and tested 98248 identified 2826 positive and linked 2757 (97.5% linkage) in care through public and private health facilities with support from Global fund, UPMB, USIAD-RNL, IDI and PATH Uganda. HIV testing services (HTS) in Uganda will included a full range of services that were provided among key and priority populations. This included pre-test information, HIV testing, post-test counselling,

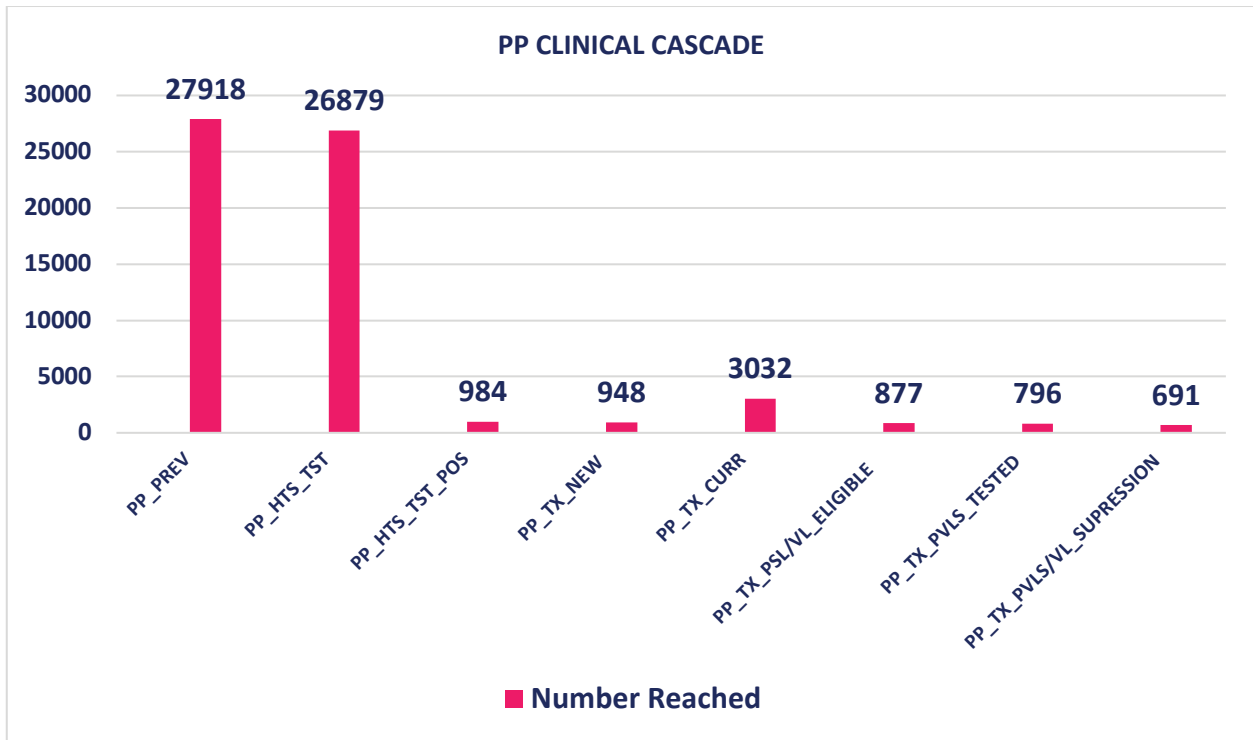
linkage to appropriate HIV prevention, treatment and care services and other clinical and support services; and coordination with laboratory services to support quality assurance and the delivery of correct results. The human rights approach encompass use of the essential 5Cs; Consent, Confidentiality, Counselling, Correct test results and Connection (linkage to prevention, care and treatment). This includes HTS services provided to various population groups including key Populations at-risk and Vulnerable populations, prevention of mother-to-child transmission of HIV (PMTCT) and ARV treatment to all those who need it.

Graph 1;

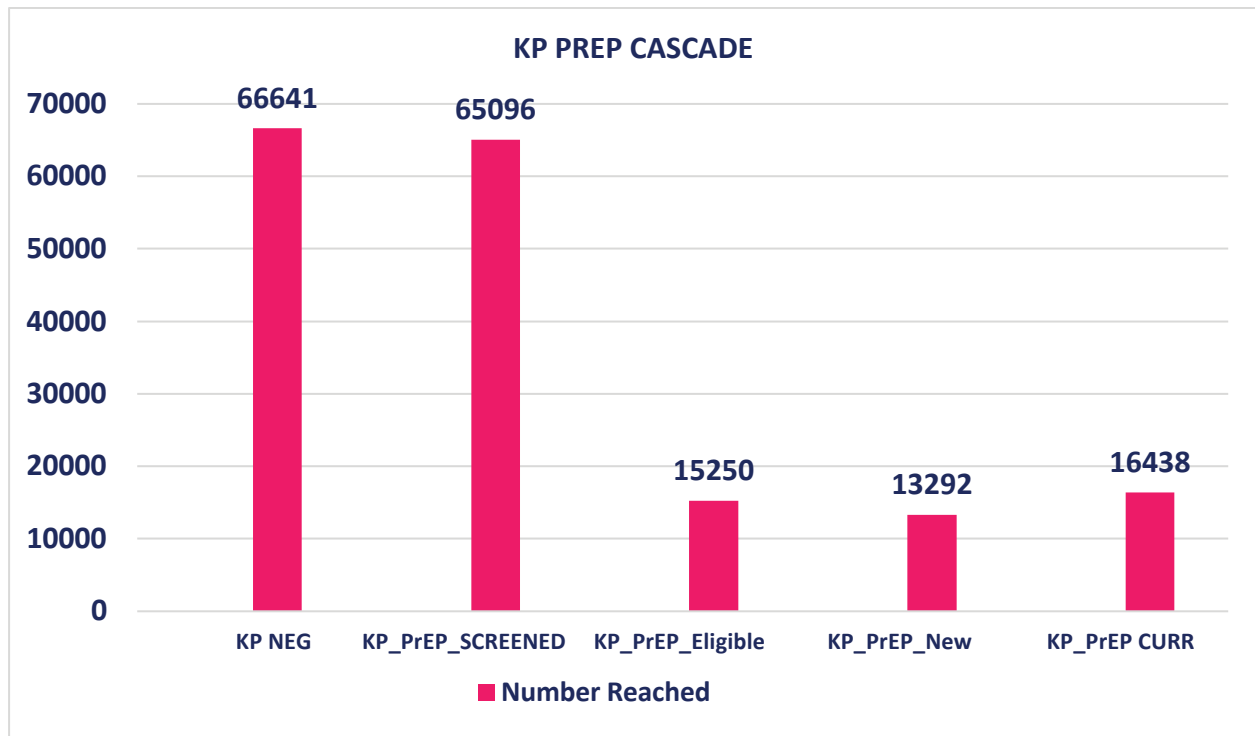




Graph 2;

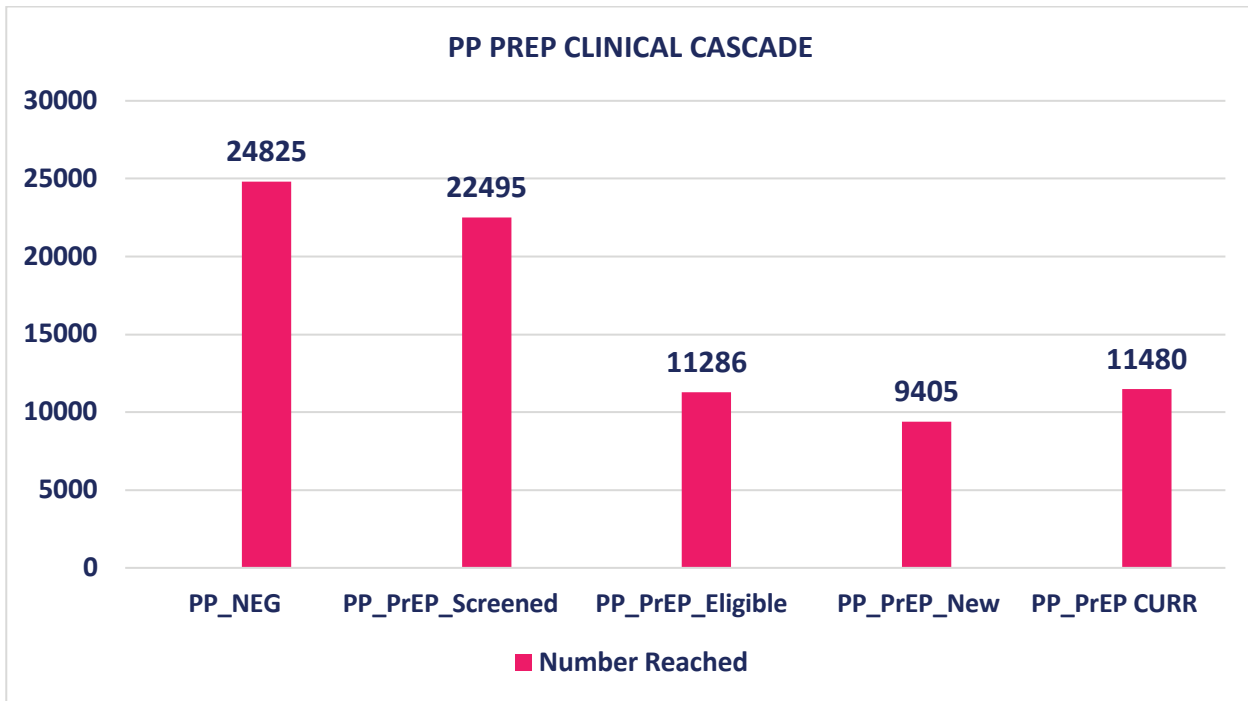


Graph 3:

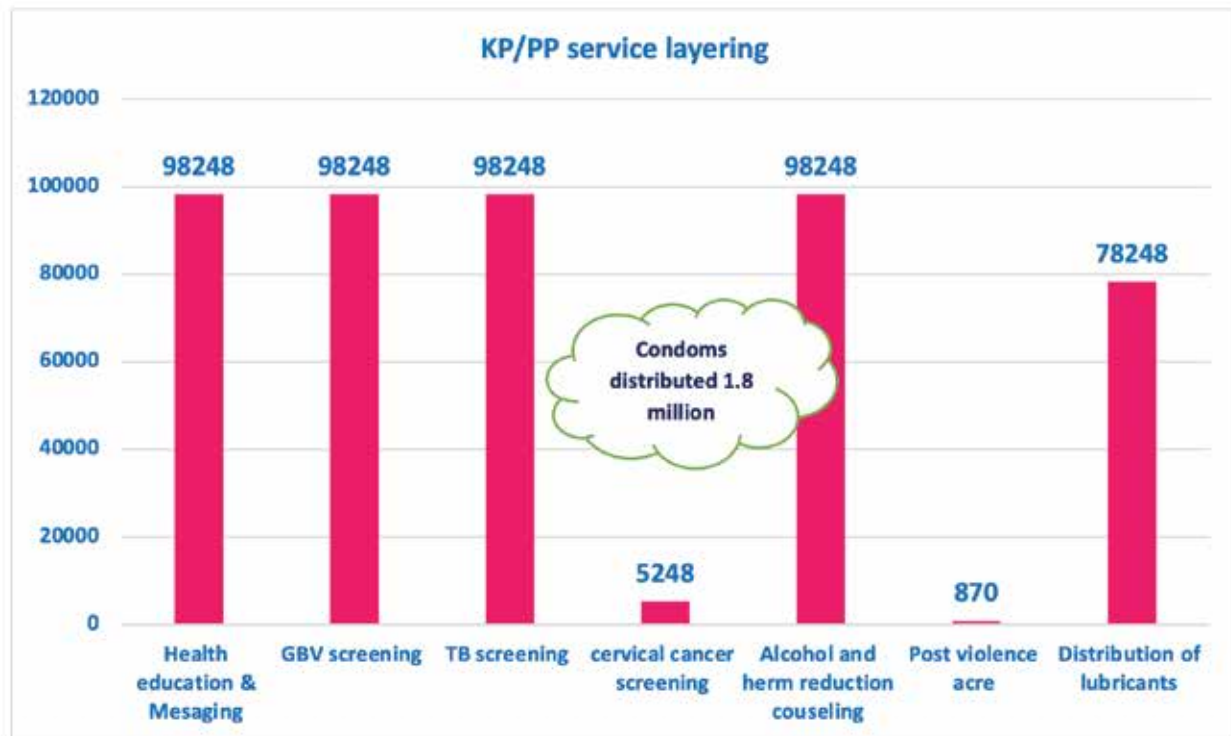




Graph 4:



Graph 5:

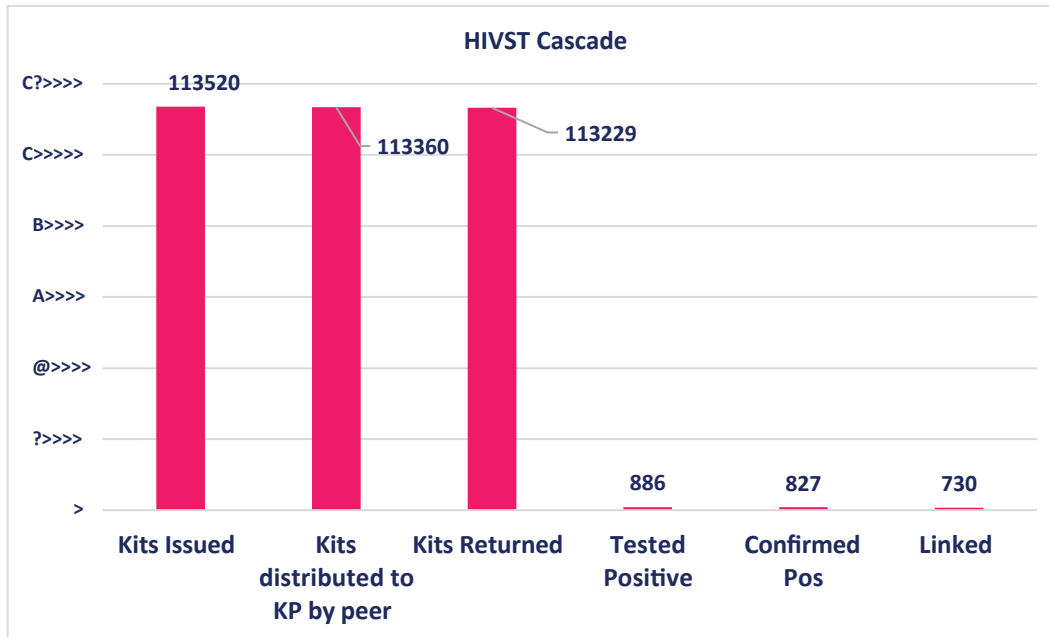




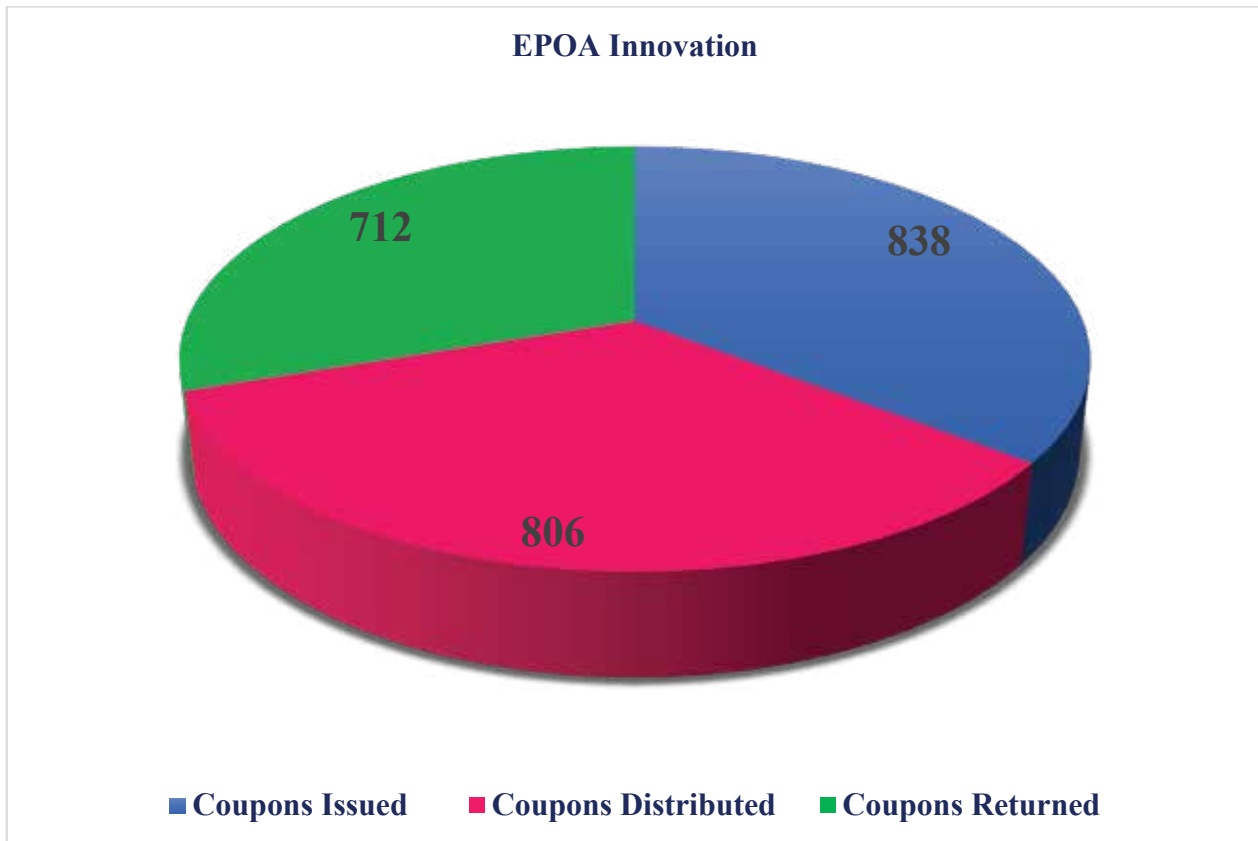


### HIV TESTING BY MODARITY

Graph 5: HIVST



Pie Chart 1: EPOA





## RESULT AREA 3: SERVICE DELIVERY

### Activity 12.1: Marpi Clinic at Mulago Center of Excellency

MARPI in the year 2021 continued to lead service delivery among key populations in Uganda. At the clinic based in Mulago MARPI provides compressive HIV testing services including; (24/7 HIV counselling services, HIV testing, cervical cancer screening, proctology, Needle syringe program, PrEP screening and start, data analysis and reporting and daily clinical check-ups.

The facility also supported distribution of health commodities such as condoms, lubricants and HIVST kits in 23 community drop-in centres across the county. The service packages at the centre amidst the outbreak of COVID 19 the centre remained open and reaching services to Key populations including MSM, FSWs, PWID, and TGs.

This approach is one of its kind because of the care friendly services provided at the facility. At the arrival the client hands in their cards which is forwarded to the data person to retrieve the file of the client and taken to the clinician for history review and client is invited the clinical room through phone call to the receptionist. When the client is diagnosed is sent to the lab or the pharmacy within the centre to pick drugs STI drugs, ART among other optimist drugs and then the client exits through the counselling section for adherence and post service assessment.

The Center of excellence also provided range of ART services Including; (Adherence counselling, Viral load monitoring Psychosocial support, ART initiation for newly diagnosed reactive, Intensive adherence counselling, Pre-calling reminders to scheduled clients and Follow-up of missed appointments).



Triage section



Pharmacy



Preparing to screen for cancer



VL updating



## INNOVATION RESEARCH TO IMPROVE SERVICE DELIVERY

### a) Engagement of Faith Based Organization strategy

The scale up of HIV activities among Private facilities was a desirable in increasing access to utilization of HIV services among key populations. This approach presented better health outcomes in complementing government hospitals especially through faith-based organization. understanding who key populations are has been a millstone increasing enabling environment for providing key populations friendly services in project implementation areas.

MARPI in this year engaged a total of 10 faith-based organization were brought on board to complement key populations friendly services in Bushenyi, Ibanda Mbarara, Ntungamo, Rukungiri, Kabale, Kanungu, Kyirihura, Isingiro and Mitoma districts for Kigezi and Ankole sub regions. Gulu, Lira, Kitgum, Amolatar and Oyam were engaged in Lango and Acholi subregions. MARPI also engaged the districts of Busia, Mbale, Kamuli, Iganga, Mayuge, Jinja and Tororo working with FBOs.

A list of facilities engaged in the above-mentioned districts were (Nyakibale Hospital Rukungiri, ST Marys Hospital Ibanda Bwindi community hospital Kanungu, Ishaka Adventist Hospital Bushenyi, Lacor Hospital Gulu, Aber Hospital in Oyam, PAG in Lira and Amai in Amolatar District.

### b) Expanded Peer Outreach Approach (EPOA)

The introduction of Expanded peer outreach Approach -EPOA was a key component of increasing access to and utilization of HIV services among key and priority populations in project implementation districts. This approach yielded 15% positivity of the total KP/PPs reached with HIV services. Under this approach peers' educators 32 peer educators were trained and provided with coupon to refer their sexual network for HIV services among people who have not tested for HIV in the last 6months and above and are at risk of acquiring and transmitting HIV. this approach is unique in way because it promotes demand creation for HIV services within the catchment areas of the peer educators and cost-effective approach which will be scaled up in the year 2022 to among facilities with key populations targets a cross.



### c) Community peer led drug distribution innovation-(CPLDDI)

The outbreak of COVID 19 affected service delivery through main stream approach and innovative peer led drug distribution approaches were adopted. Peer educators were training in community drug distribution using local bicycle transport means to reach people on ART and PrEP refills through find them mechanism especially in slum areas of Kampala, Mukono and Wakiso. This approach eased access to drugs and continuity on drugs for both prevention and treatment indicators. Over 4235 people were reached with services through this approach in project sites.

## SPORTS AND HEALTH SCIENCE

MARPI participated in a number of health science activities including games and sports, yoga, and physical exercises. This approach was adopted to fight against obesity and maintain physically fit staff at work for efficiency and effectiveness on job. A health mind... year.





## PARTICIPATION IN NATIONAL EVENTS

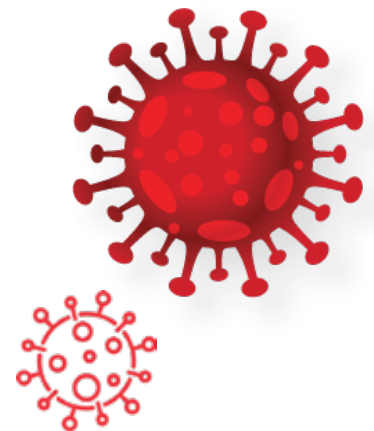
In this year MARPI continued to support national efforts in controlling HIV among key and priority populations. It was another millstone this year where MARPI participated in the world AIDs national celebration and provided HTS services including; HIV self-testing, condom distribution and PrEP sensitization and initiation.



## COVID 19 RESPONSE

Following the outbreak of the COVID 19 Pandemic in Uganda in March 2020, MARPI embarked on fundraising drive to raise resources to support her community and facility DICs and continue providing health care services and ensure safety and infection control. With support from development partners Global Fund- FG. MARPI procured and distributed PPEs including jink, hand sanitizer, Gloves, guggles and face Masks.

The above-mentioned items were distributed in (Arua Regional referral Hospital, Lira referral hospital, Gulu Regional Referral hospital, Jinja regional referral Hospital Kumi health centre IV, Mbale Regional referral Hospital, Busia Health centre IV, Mbarara Regional Hospital, Kihhi health centre IV, Lyantonde Hospital, Mukono Hospital, Wakiso Health Center IV, among other facilities). MARPI also supported community DIC with PPEs including (RTI DIC Mbarara,





# COVID 19 RESPONSE





## LEADERSHIP AND GOVERNANCE

MARPI board composition involves (As part of systems strengthening MARPI continued hold bi annual and special bord meeting. The meetings for this year mainly focused on policy approvals, resource mobilization and strategic directions. The board also continue to focus on the high-level strategy, oversight, and accountability of the organization and implementation of policy guidelines.





## MARPI SUCCESSFUL MENTORSHIP PROGRAMS

**Integrated district-based mentorship and support supervision;** MARPI in partnership with district health team and Ministry of health through AIDS Control Program conducted successful onsite mentorship with focus on key project indicators. These included, mentorship on providing comprehensive HIV testing services, gender-based Violence mentorship, Viral load cascade, PMTCT services and DQAs among implementing facilities.

The activity was organized in Districts of Amolatar, Oyam Gulu, Arua, Nakasongola, Hoima, Fort portal, Kasese, Kanungu, Rukungiri, Bushenyi, Mbarara, Kabale, Lyantonde, Mbale, Iganga, Kamuli, Mbale, Mayuge, Busia, Kampala, Wakiso and Mukono through selected implanting facilities.

**Training of trainees' mentors at district level;**

For continuity of services among key population MARPI trained health workers integrated with District health team to support capacity building of facilities in providing key populations. This approach is cost effective and timely in addressing gaps identified in poor performing facilities. Mentors were oriented on VL cascade, HIV testing services, Gender based Violence, Prevention of mother to child transmission and linkages and referral among key populations. MARPI has regional mentors and district-based mentors who support project interventions at regional levels.

**Peer leaders' trainers of trainees:** MARPI in partnership with local CSOs trained peer leaders at district and level among (FSWs MSM, PWID and TGs) to support continuous mentorship of their peer at community level through hotspot programming. The peer leaders were responsible for mapping and profiling of KP/PP hotspots, community mobilization, distribution of health commodities, conducting advocacy meeting for their health rights, referrals and linkages, follow-up of their peers on PrEP and ART services among others HIV prevention services across project intervention areas.

**KP/PP focal persons strategy;** MARPI working with the health facilities leadership selected the KP/PP focal persons to lead and man KP/pp activities. The focal person key roles are responsibilities include; coordinating peer educators especially those attached to facilities, ensuring data accurate and well filled in the tools, compiling monthly reports, conducting CMEs among fellow health workers on KP/PP programming, coordinating key populations led outreaches, linking the program with the facility administration, ensuring confidentiality of data for key populations and monthly reporting on the project agreed indicators. In the above-mentioned districts MARPI has been able to mentor 57 KPFPs in all its implementing facilities in Uganda.





## MARPI SUCCESSFUL MENTORSHIP PROGRAMS

**Stakeholders' engagement and training at district level:** MARPI continued the engagement of District leader both political and technical and sensitized them on promoting and protecting health rights of people in their districts. The training brought together, law enforcement officers, District health teams, CAO, and other service providers in the districts including religious leaders, owners of recreational centers which act at the epi-centers of the key populations. The training aimed at creating enabling ring environment for providing key populations services. This approach was successful in reduced risk of arrests and harassment of law enforcement officers due to KP/PPs sexual orientations.

**Partnerships and advocacy Efforts;** During this year of implementation, MARPI worked closely with a number of partners both local and National to implement the project. At district level MARPI worked with the office of DHO through the DHT to lead activity coordination and implementation. The districts mobilized participants and provided technical Assistance to implementation of project activities. MARPI Continues to support the health facility KP/PP focal persons who coordinate KP/PP activities at facility level. In addition, the CSOs and health centers provided technical persons, tools and materials in different areas of Project implementation. MARPI has continuously minimize costs since they are sourced locally.

**Strengthening capacity of local KP/PP led CSOs;** MARPI examined organization capacity assessment tool on selected local KP led CSOs in providing key populations friendly services at regional levels. The report was used to conduct specialized on-site mentorship and training of key project indicators as well providing required tools for data capture and reporting through the designated facilities in project sites. The CSOs play significant role in providing health services through community drop-in center or safe spaces, capacity building of their networks, providing, required health commodities and started community sensitization meetings and dialogues for services demand creation and networking. Four engagement meetings were conducted in districts of Oyam, Lira Amolatar and Gulu with the aim of engaging them on providing key populations friendly services and supporting HIV district HIV related work.



## SUSTAINABILITY/ CONTINUITY OF PROJECT INTERVENTIONS

**Integrated mentorship and support supervision:** MARPI approach of conducting mentorships involves district leaders both political and technical for project sustainability through ownership of the project interventions among

**Referral Linkages and Coordination System:** MARPI trained peer educators selected by facilities in themselves to support referral linkages in their respective communities. Strengthened referral system for beneficiaries and the effectiveness of the bio medical and socio-structural strategies.

**Sustainability of KP/PP outreaches:** MARPI engaged already existing health facilities through health worker paid by government of Uganda and we envisage that these facilities will continue to support the activities through integration in already existing services with the guidance of the key population's focal persons.

**Resource mobilization for facility-based funding.** MARPI supported capacity building of health teams at the facilities in project proposal writing budgeting and skills in mobilizing resources at local level. It is anticipated the when the project phases out the facilities will continue to mobilize resources and support project activities at facility and district level. This activity was integrated in onsite mentorship in the project targeted districts of Oyam and Amolatar among 12 selected facilities in Lango Sun Region.

**Working with existing government structures;** MARPI's approach on community systems strengthening focused on community-based systems that strengthen community leadership and governance, community organization, local resource mobilization, management to develop community skills in advocacy, monitoring and resource management to ensure adequate, equitable and sustained provision of services. MARPI work and worked with already existing structure including health facilities, district office space with anticipation of continued support when the project phases out.

**Community interventions;** For community demand creation and sensitization of KP/PP services and continuity MARPI engaged District leaders to lead the dialogues with support of KP peers at community level. This approach creates ownership of the project intervention at community level by owning the project interventions.

**Community Systems Strengthening:** MARPI's approach on community systems strengthening focuses on community-based systems that strengthen community leadership and governance, community organization, local resource mobilization, management to develop community skills in advocacy, monitoring and resource management to ensure adequate, equitable and sustained provision of services. This involved establishing community drop-in centers attached to government and private health facilities.



## GAPS, INNOVATIONS, SUCCESS STORY

**Poor retention of clients in care;** remain on of the major gaps in providing key populations health services especially those on ART services. MARPI supported a shift in using differentiated service model led by among key populations. Community drug refills with support of health workers while conducting community outreaches. With this intervention the retention of clients in care improved from 62% to 97% since April 2020 to date. This innovation is cost effective and friendly to key populations who are mobile in nature and should be replicated elsewhere in project implementation.

**Poor PrEP retention;** Following poor PrEP retention (4%) in July- September 2021, the CQI introduced towards improving retention achieved 80% improvement by 20th-January-2022. In period of 7 months the project has seen 76% improvement and it is anticipated to increase by the end of march 2022.

**Strengthening capacity of local KP/PP led CSOs;** Besides advocacy for human rights/rights to health. CSOs have been empowered to integrate prevention and care services at their DICs/safe spaces. This has promoted access to and utilization of HIV prevention services in a friendly free environment across the services across cascade. MARPI used organization capacity assessment tool to assess and building the capacity of local KP/PP CSOs and CBOs in providing KP friendly services.

The CSOs play significant role in providing health services through community drop-in center or safe spaces, capacity building of their networks, providing, required health commodities and targeted community sensitization meetings and dialogues for services demand creation.

**Stakeholders' engagement and training at district level:** MARPI continued the engagement of District leader both political and technical and sensitized them on promoting and protecting health rights of people in their districts. The training brought together, law enforcement officers, District health teams, CAO, and other service providers in the districts including religious leaders, owners of recreational centers which act at the epi-centers of the key populations. The training aimed at creating enabling environment for providing key populations services. This approach was successful in reduced risk of arrests and harassment of law enforcement officers due to KP/PPs sexual orientations.

**MARPI FINANCIAL STATEMENT YEAR ENDED DECEMBER 31, 2020**

	Notes	2020	2019
		Shs	Shs
Balance brought forward	9.3	1,196,699,243	84,911,112
<b>Grants received</b>			
IDI		1,204,600,790	1,172,419,570
Baylor		232,152,934	-
Global Fund		3,532,516,610	5,294,612,114
PATH		92,500,000	
Rhites _ North Lango		377,270,196	257,009,170
UPMB		210,000,000	-
WHO		-	212,683,529
<b>Sub-total</b>		<b>5,649,040,530</b>	<b>6,936,724,383</b>
Total funds available		<b>6,845,739,773</b>	<b>7,021,635,495</b>
<b>Expenditure</b>			
IDI	9.4.1	1,258,812,825	1,067,911,571
Baylor	9.4.2	226,586,726	-
Global Fund	9.4.3	4,435,332,899	4,373,287,273
PATH	9.4.4	90,116,695	-
RHITES _ North Lango	9.4.5	414,078,601	219,688,997
UPMB	9.4.6	37,405,299	-
WHO	9.4.7	-	164,311,831
<b>Total project expenditure</b>		<b>6,462,333,045</b>	<b>5,825,199,672</b>
<b>Surplus/(Deficit)</b>		<b>383,406,728</b>	<b>1,196,435,823</b>

**List of staff MARPI**

<b>MARPI STAFF MEMBERS</b>		
<b>NO</b>	<b>NAME</b>	<b>POSITION</b>
<b>Management Team</b>		
1	Dr. Kyambadde peter	Executive Director
2	Mutengeka Steven	Head Finance and Administration
3	Namirembe Mary	Project Coordinator
4	Mugoya Samuel Grace	Deputy Executive Director
5	Dr. Katende Jackson	Head Clinical Services
6	Kinalwa Patrick	Project Coordinator
7	Musinguzi Wycliff	Capacity Building Manager
8	Tusiime Peninnah	Accountant
9	Kansiime Rita	Project Coordinator
10	Mukasa John	M&E Manager
<b>Staff</b>		
11	Ojao Juliet	Finance Officer
12	Nazziwa Pauline	Pharmacist
13	Makanga Ivan	M& E/ Information systems Officer
14	Mutebi Frederick	Laboratory Technician
15	Maimuna Kinawa	Clinical Officer
16	Afunye Anthony	Clinical Officer
17	Katushabe Goretti	Counsellor/social worker
18	Mbabazi Stella B	counsellor/social worker
19	Abio Brenda	Counselor/social worker
20	Sebulime Patrick	Store /Record officer
21	Ntongo Liz	Clinic Front desk Officer
22	Kato Pascol Makanga	Driver
23	Najuma Margret	Facility Linkage
24	Namutebi Hasifa	Sanitary Officer
25	Natasha Claire	Sanitary Officer
26	Nakyazze Bridget	ART Clinic Manager
27	Mona Muhammed	Laboratory Technician
28	Ssemakula Bob	HR Officer
29	Ssenyojo Timothy	Data Officer
30	Magina Joseph	Project Coordinator



## List of staff MARPI

31	Nakimuli Majorie	Program Officer
32	Bbosa Richard	Internal Auditor
33	Kasozi Abdu	Driver
34	Kansiime Ritah	Project Coordinator
35	Nakazibwe Doreen	Administration Officer
36	Elweu Julius	Project Coordinator
37	Adongo Lucy	Program Officer
38	Ogal Isaac	M&E Officer
39	Ayoo Christine	Program Officer
40	Zziwa Peter	Assistant Officer
41	Abuni Sharon	Data Officer
42	Senyange Eric	M&E Officer
43	Ngamita Patricia	Data Entrant
44	Senfuma Ronald	Data Entrant
45	Talemwa Andrew	Data Entrant
46	Mulindwa Nicholas Ddungu	Data Entrant
47	Akura Tonny	Data Entrant
48	Nkwazi Christine	Data Entrant
49	Kamoga Douglas	Data Entrant
50	Luyombya Maureen	Data Entrant
51	Kavuku Pius	Data Entrant
52	Kikomeko Joel	Community Officer
53	Kekimuli Sarah	Community Officer
54	Nuwagaba Agnes	Community Officer



## Development partners



**USAID**  
FROM THE AMERICAN PEOPLE



**JCRC**  
Joint Clinical Research Centre



REPUBLIC OF UGANDA



**MOST AT RISK  
POPULATIONS INITIATIVE**  
M.A.R.P.I

### **Most At Risk Populations Initiative**



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