

Navigating Funding Shifts for Key Population Services: Lessons from Uganda

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Background

- Key populations (KPs) in Uganda have disproportionately high HIV prevalence, ranging from 13% among men who have sex with men, up to 33% among sex workers¹ (vs. 5% general HIV prevalence²).
- KP in Uganda also face significant stigma, discrimination and structural barriers, resulting in a high likelihood of being left behind.
- In 2023, the Ugandan Parliament passed the Anti-Homosexuality Act, which further criminalized homosexuality.
- Prior to 2025, all HIV prevention services (PrEP, condoms, lubricants, harm reduction services) and HIV treatment services were being offered to all KP groups through MOH-run services and CSOs.

1. Crane Survey Report, 2023

2. UPHIA, 2021

Impact of Funding Cuts in 2025

Impact on KP Service Delivery:

- Major funding cuts led to the scale-down/closure of drop-in centers (DICs) and outreach services.
- Loss of PEPFAR-funded staff, from national level to community level, including peers. This led to critical staffing gaps, which reduced KP service coverage.
- Suspension of implementing partner activities for prevention.
- Disruptions in KP commodity supplies.

Program Impact:

- **Coordination:** TWG meetings were weakened with non-participation of PEPFAR staff.
- **Capacity Building:** No training or mentorship, resulting in declining quality of care.
- **M&E:** Data collection and reporting significantly declined with loss of staff.
- **Research:** Studies (e.g., BBS) suspended and not prioritized.

Program Adjustments and Challenges Following The Stop Work Order

Key Changes Implemented

- Transfer of clients from community/DIC services to public health facilities (HF)
- KP services are currently delivered as part of the integrated services in facilities.
- Transfer of the prevention trackers from PEPFAR to the MOH server.
- Digitalization of KP tools

Ongoing Challenges

- Commodity supply and human resource constraints
- Persistent challenges with transferred trackers, including frequent system breakdowns

Gaps

- Loss of differentiated service delivery models
- Reduced access to peer-led and community-based services, limiting coverage and reach, particularly for hidden KP.
 - Of approx. 600 HFs providing KP services, only 24 Global Fund–supported HFs currently do community outreach
- Tracker system breakdowns results in limited reporting
- Lack of equipment to support digitalized data collection, and untrained service providers

Current Service Delivery Models for KP Services



WHERE

- Public HFs
- HF specialized in KP services
- Community-based DICs (reduced number)



WHO

- Primarily government health workers, with limited partner support where available.

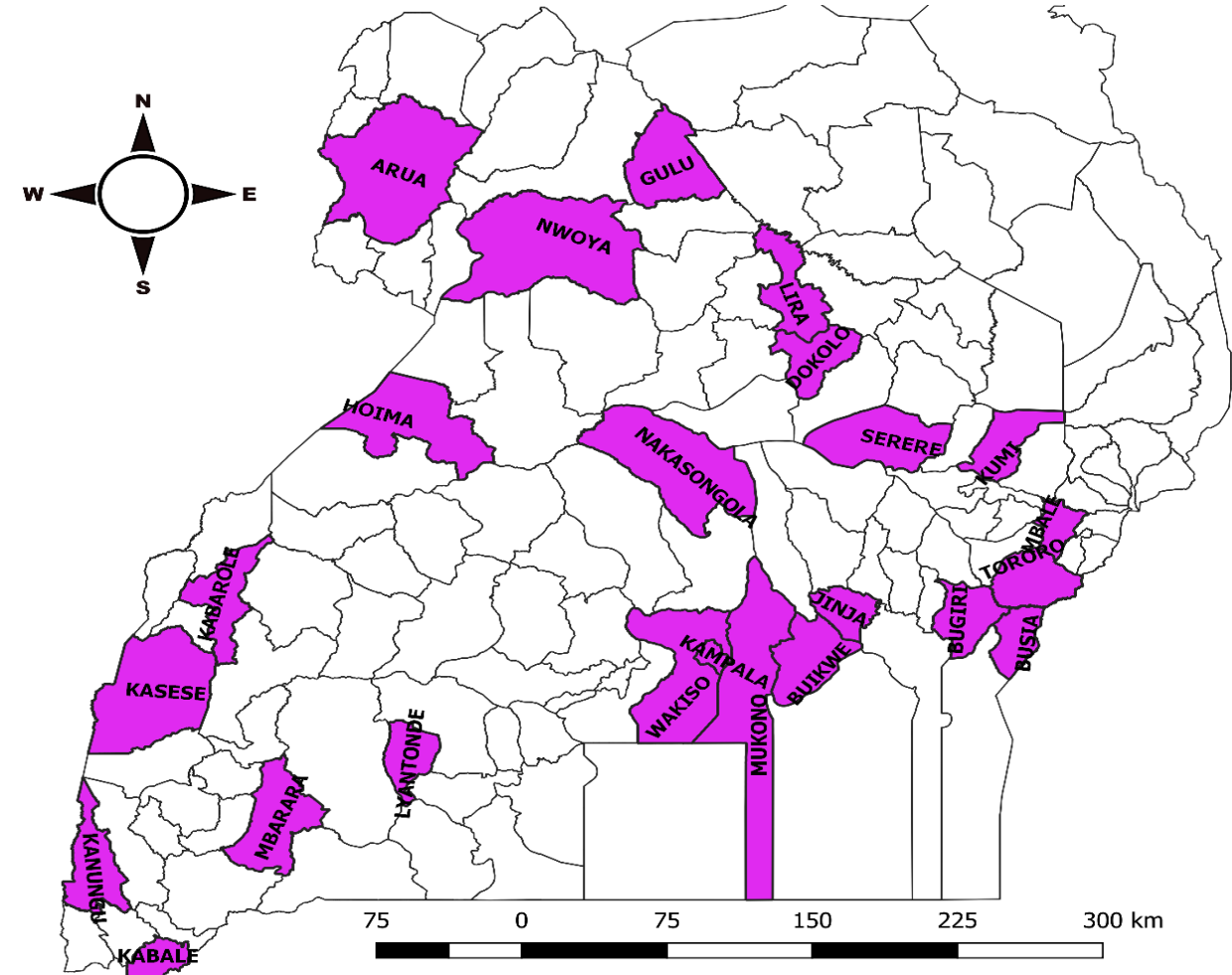


WHAT

- HIV testing
- HIV treatment with ART
- STI screening/treatment
- **Limited prevention services**
- Some KP-friendly services are maintained through trained facility staff.

Efforts to Improve Quality of Services for KPs

- Decision made to use CQUIN's KP SQA tool to support the MOH in assessing the quality of KP-friendly services using structured domains, standards, and specific questions with scoring criteria.
- Assessed 21 sites across all the Global Fund-supported districts:
 - 8 hospitals
 - 7 health centers
 - 6 HF-based DICs

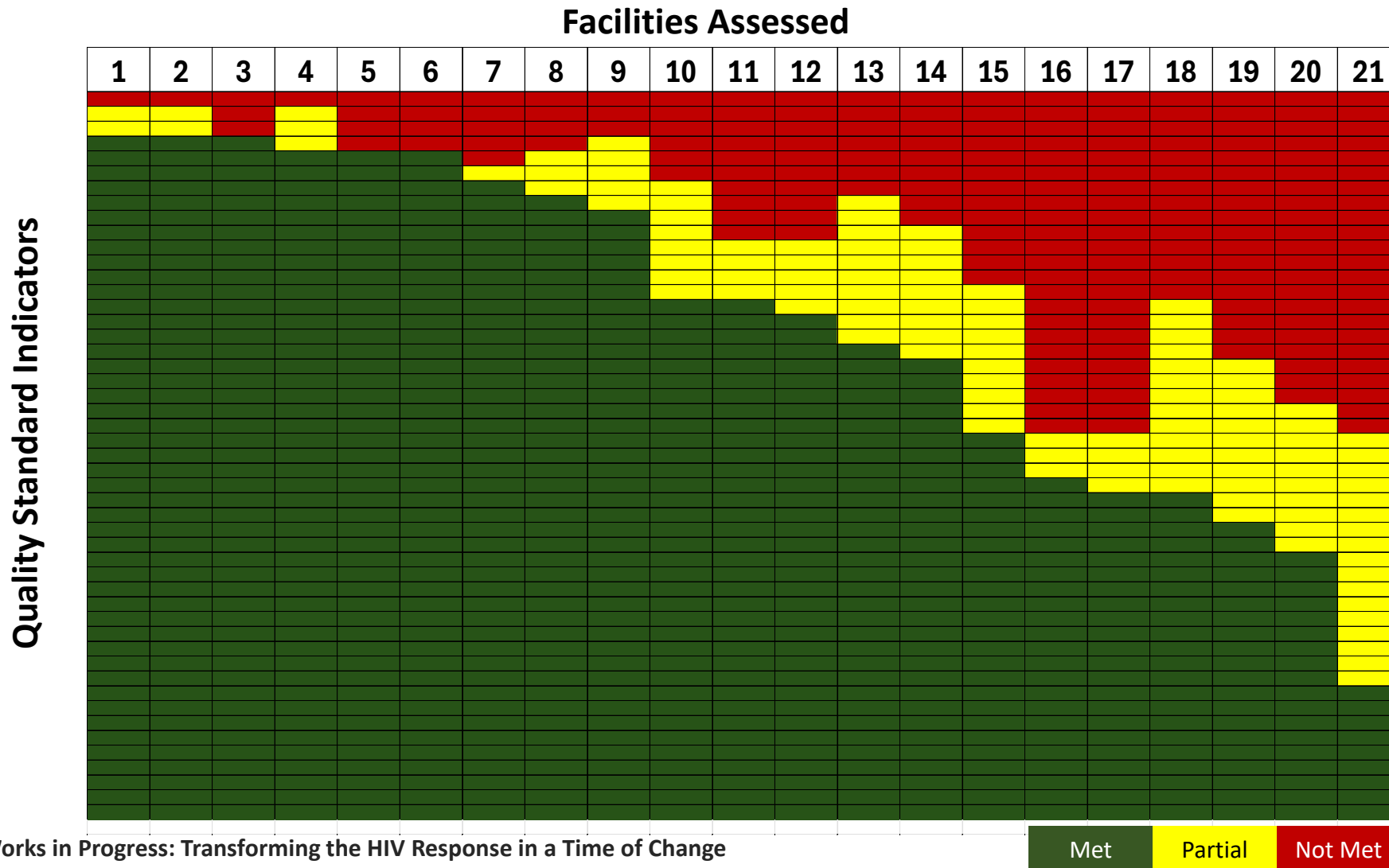


Districts with assessed sites

KP SQA Methods

- A team of supervisors from Most-At-Risk-Population Initiative (MARPI)—an NGO supported by the Global Fund and affiliated with the MOH—was trained as assessors, with orientation on the tool’s domains, standards, questions, and scoring criteria.
- Site visits were conducted from 15th -21st March 2026. The MARPI team used a paper-based tool to collect data, which was entered into an Excel tool for analysis.
- The 26 standards were assessed using 46 site-level indicators, with key thematic areas of:
 - Privacy
 - Stigma and discrimination (S&D) mitigation: i) Policy, including enforcement, ii) Reporting systems, and iii) Training of HCWs and other staff
 - Service package delivery
 - QA/QI of KP services, including use of KP data
 - Community involvement, including the use of peers, CLM and education

Overall Scoring by Facility (N=21)



Facilities ordered by achievement across all indicators.

Demonstrates notable variation by facility in meeting KP-friendly standards.

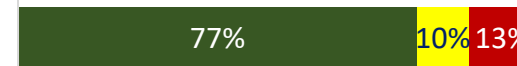
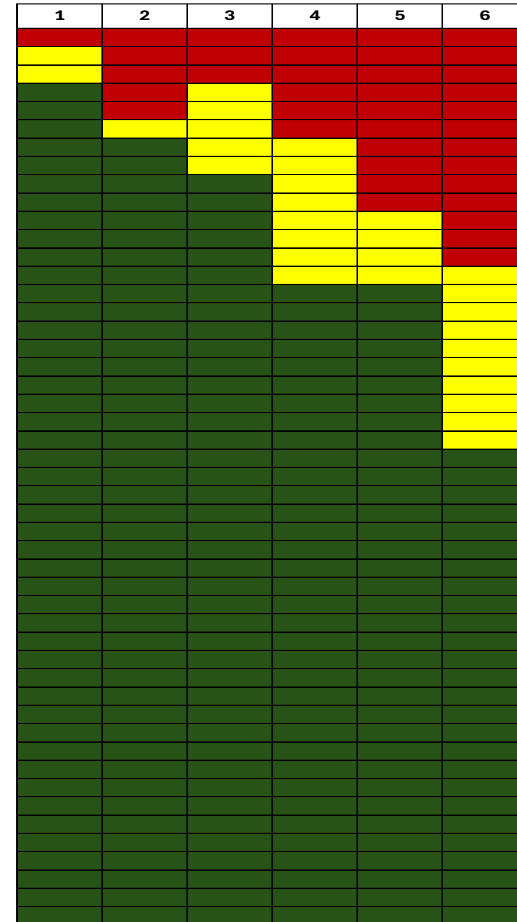
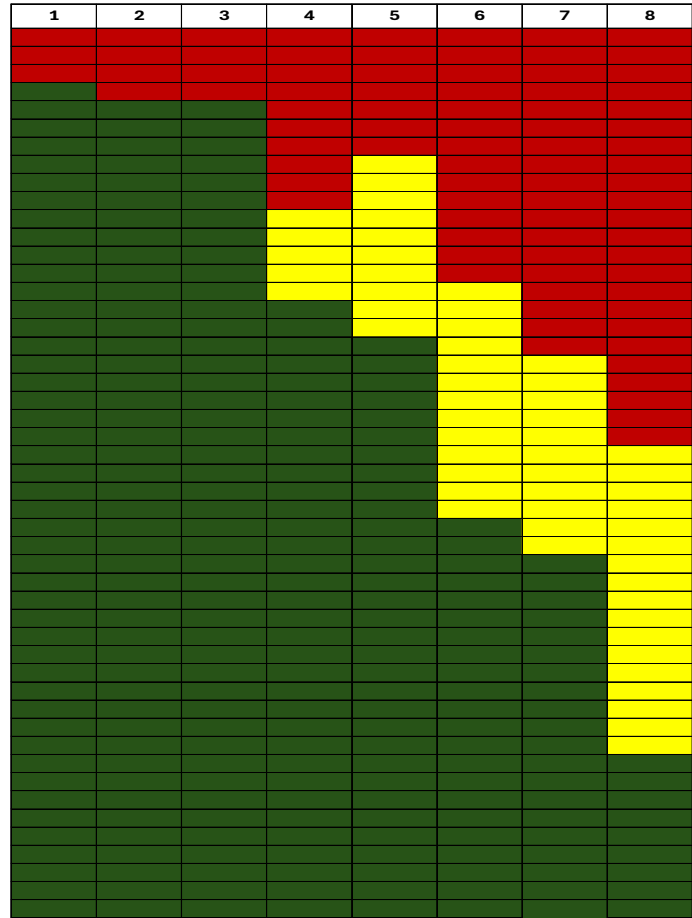
Overall Scoring by Facility Type

Hospitals (N=8)

Health Centers (N=7)

HF-Based DICs (N=6)

Quality Standard Indicators

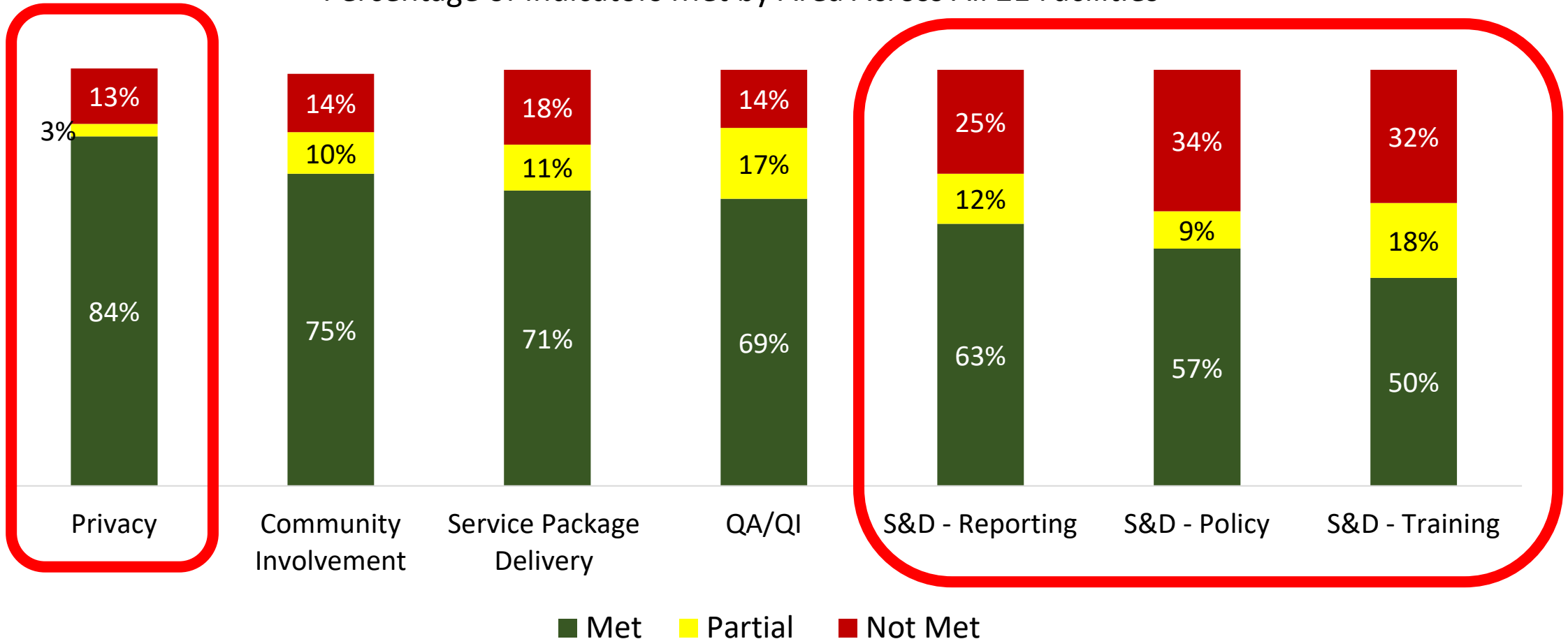


Indicator achievement grouped by facility type.

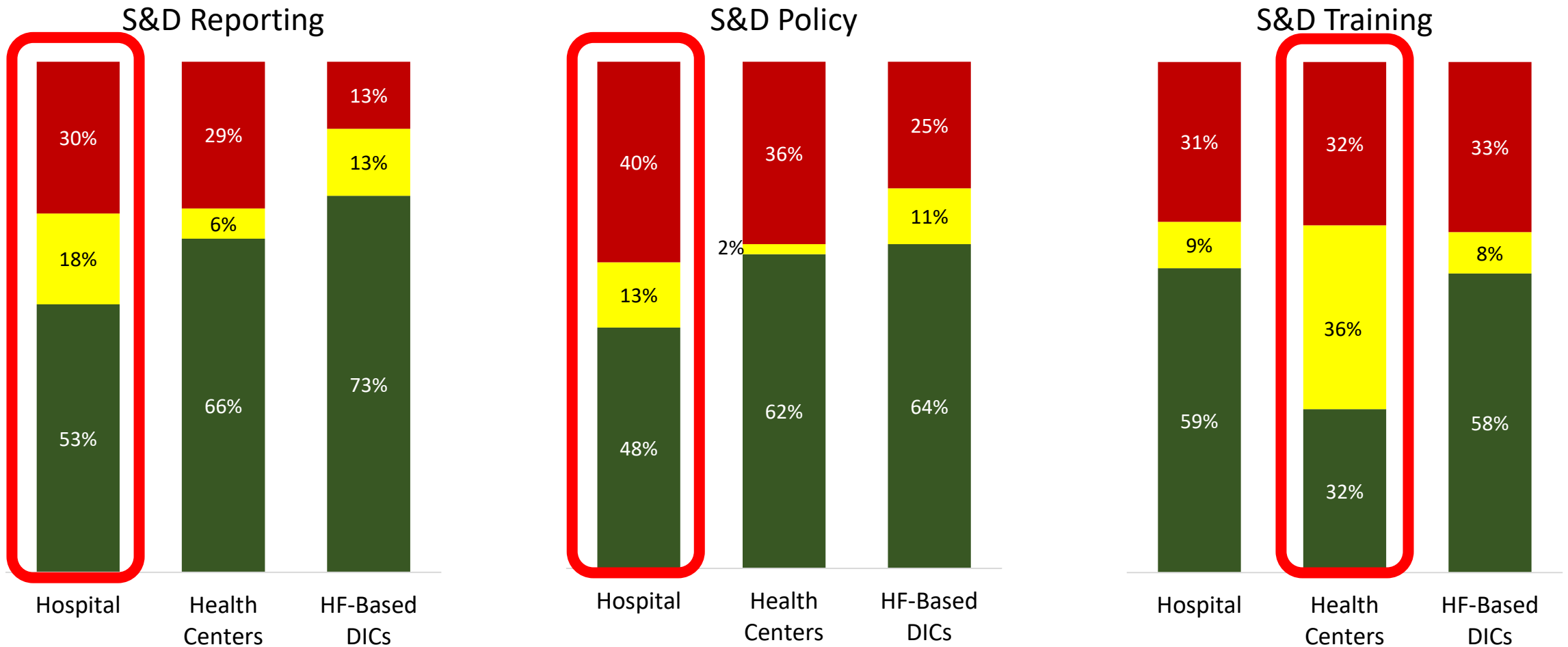
Overall, HF-based DICs have the best results, but performance varies by site within all groups.

Overall Performance by Thematic Area

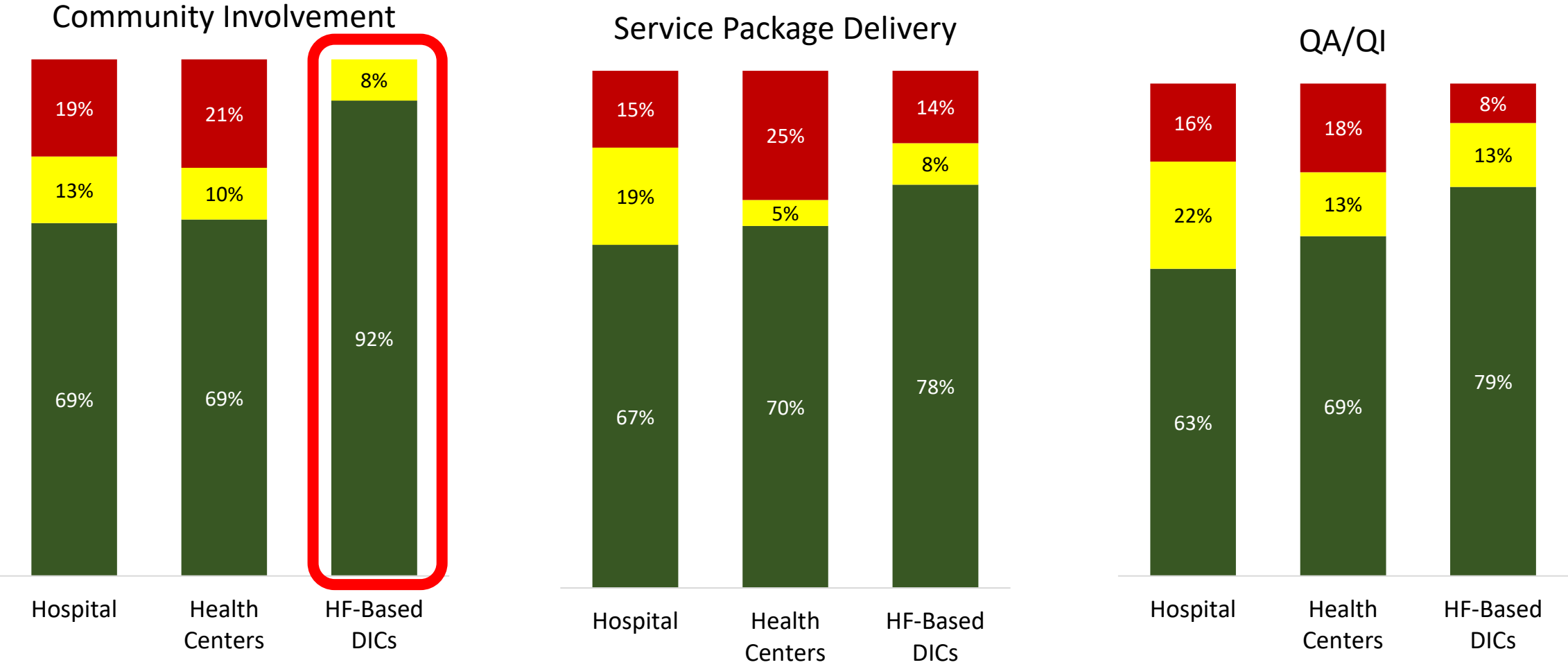
Percentage of Indicators Met by Area Across All 21 Facilities



S&D Indicator Achievement by Facility Type



Community Involvement, Service Package Delivery and QA/QI Achievement by Facility Type



Key KP SQA Insights

- Privacy and confidentiality practices are strong across most sites, indicating good adherence to KP-friendly service principles.
- HF-based DICs are effective models, particularly in promoting community involvement.
- Gaps in S&D training persist, especially in lower-level health centers and among non-clinical staff.
- Inconsistent implementation of S&D policies and reporting systems, particularly in hospitals.
- Presence of both site-specific and cross-cutting gaps highlights need for targeted and system-wide interventions.

Next Steps

- Scale up S&D training for all staff, including non-clinical personnel
- Strengthen and standardize S&D policies and reporting mechanisms
- Leverage DICs' best practices to improve other facilities
- Implement targeted quality improvement plans for identified gaps
- Enhance supportive supervision and mentorship
- Conduct additional assessments in more health facilities to expand coverage and inform scale-up.



Thank You!

