



# UNIVERSAL ACCESS? NOT WITHOUT RIGHTS!

Achievements of Bridging the Gaps  
Health and Rights for Key Populations



"If we are going to beat AIDS, we can't afford to avoid sensitive conversations, and we can't fail to reach the people who are at the highest risk. Few countries provide prevention services to these groups."

US Secretary of State **Hilary Clinton**,  
International AIDS Conference 2012

**BRIDGING THE GAPS**  
Health and rights  for key populations

# BRIDGING THE GAPS

Health and rights for key populations

Bridging the Gaps – Health and Rights for Key Populations addresses the human rights violations and challenges faced by sex workers, people who use drugs, and lesbian, gay, bisexual, and transgender people, in accessing much-needed HIV and health services. Bridging the Gaps is a joint initiative of five Dutch non-governmental organisations: Aids Fonds, AIDS Foundation East West (AFEW), Federation of Dutch Associations for the Integration of Homosexuality (COC), Global Network of People living with HIV (GNP+), and Mainline.



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## FREQUENTLY USED ABBREVIATIONS

**IDU** Injecting Drug User  
**LGBT** Lesbian, gay, bisexual and transgender  
**MSM** Men who have sex with men  
**PLHIV** People living with HIV  
**PUD** People who use drugs



# INTRODUCTION

The right to lead a healthy and fulfilling life is universal, but not accessible for all. Sex workers, lesbian, gay, bisexual, and transgender (LGBT) people, and people who use drugs (PUD) are often amongst the poorest in society. They are stigmatised, socially excluded, and limited in their access to health care. As a result, they are disproportionately affected by HIV and AIDS.

The Dutch government has a long track record in addressing the rights of marginalised groups regarding sexual and reproductive health. In times when opposition against these rights is substantial, and in some parts of the world even growing, the need to protect these rights becomes increasingly crucial. The Dutch government recognises that men who have sex with men (MSM), people who use

drugs, and sex workers are heavily affected by the AIDS epidemic, causing major negative health effects in many countries.

In 2010, Dutch Member of Parliament Hachchi (D66) submitted a motion requesting the government to continue the unique Dutch approach of focusing on vulnerable groups in its HIV/AIDS policy. This motion was widely supported in Parliament<sup>1</sup>. The Netherlands Ministry of Foreign Affairs responded to this request by creating the Key Populations Fund, and reserved 35 million euros in its budget, to support five non-governmental organisations (NGOs) cooperating on empowering marginalised groups, as part of the HIV/AIDS response, through the Bridging the Gaps programme.

<sup>1</sup> Voted for by SP (Socialist Party), PvdD (Party for the Animals), PvdA (Labour Party), Groenlinks (Green Left), D66 (Democrats), VVD (Liberal Party), CDA (Christian Democrats), and PVV (Freedom Party).

## OUR VISION

A society where LGBT people, people who use drugs, and sex workers, are (sexually) healthy, have their human rights fully respected and are in control of their livelihoods.

## BRIDGING THE GAPS – HEALTH AND RIGHTS FOR KEY POPULATIONS

Bridging the Gaps supports and builds the capacities of local organisations and activists to ensure the human rights of marginalised groups.

We strive for a world free from hostility against homosexuals, a world where people who use drugs can access clean needles without the risk of arrest, and where sex workers do not need to fear violence from clients or the police. Ensuring that the human rights of these key populations are respected, protected and fulfilled is also an essential precondition to improving their health.

Strong civil society organisations working to hold their own governments accountable on these issues are key partners in this effort and form the backbone of this programme. The Bridging the Gaps programme (2011-2015), funded by the Netherlands Ministry of Foreign Affairs, is currently the largest programme in the world combining services and advocacy activities for these three key populations.

## OUR APPROACH

### We link human rights and health

How can PUD get clean needles if they risk arrest when they visit needle exchange facilities? How can sex workers protect themselves if they are afraid of being beaten up, bribed or sexually harassed? How can MSM get tested for HIV if medical specialists treat them with disgust and prejudice? Sex workers, PUD and LGBT people live in every society in the world. However, national governments often ignore their responsibility to ensure access to health care for these key populations. Bridging the Gaps supports local human rights activists to address barriers in accessing HIV and sexually transmitted infection (STI) prevention, treatment, and care services for key populations.

### We link community work with global advocacy

We need national, regional, and global-level approaches to achieve universal access to HIV/STI prevention, treatment, care and support for all key populations. Global policy changes for sex workers, PUD, and LGBT people need to be fuelled from the community level. Positive policy changes in support of rights and health for key populations will allow civil society organisations to scale up their advocacy and services. Our programme consists of 21 projects with and for key populations in sixteen countries as well as one global advocacy project. The lessons learned from our in-country projects feed into a body of evidence that supports our global-level advocacy. At the same time, sharing best practices from the global level supports our national projects.

### We link key populations

We tailor make our interventions to the specific needs of each key population. However, many issues overlap and are common to all three groups, fuelled by unfavourable and stigmatising health services and social environments. For example, all three groups face similar obstacles in accessing health and human rights services. At times, LGBT people engage in sex work because they cannot find work. Sex workers sometimes use drugs to cope. Bridging the Gaps wants to overcome the common challenges key populations face in accessing HIV prevention, treatment, care and support. We aim to do this by sharing best practices, lessons learned and advocacy tools, and by piloting joint solutions. By focusing simultaneously on the specific and common challenges faced by all three key populations, Bridging the Gaps uses a unique, effective and efficient approach to improve their human rights and health.



# EXECUTIVE SUMMARY

Sex workers, LGBT people, and PUD are typically ten to twenty times more likely to become infected by HIV. Yet only 8% have access to HIV services. The Bridging the Gaps programme is committed to achieving universal access to prevention, treatment, care and support, eradicating inequalities, and ensuring dignity and human rights for these key populations. Bridging the Gaps' achievements between September 2011 and December 2012 are summarised according to our five programme objectives.

## PROGRAMME OBJECTIVES

1. Improving the quality of and access to HIV prevention, treatment, care, support, and other services for key populations
2. Improving the human rights of key populations
3. Integrating services for key populations into general health systems
4. Strengthening the capacity of civil society organisations working on HIV and key populations
5. Developing and strengthening a comprehensive and concerted approach on HIV and key populations by the alliance partners

The activities undertaken during the first sixteen months of the Bridging the Gaps programme are testament to its enormous depth, breadth, and diversity. The programme includes not only

a comprehensive geographic scope, but also a multiplicity of approaches and methodologies.

Overall, a solid foundation for the programme has been laid. Bridging the Gaps has demonstrated that it is possible – and beneficial – to work with three key populations under the umbrella of one programme, and that a broad and diverse civil society platform can make a difference in the human rights and health of key populations.

Register for our newsletter at [www.hivgaps.org](http://www.hivgaps.org) to stay updated about our activities and achievements in the coming years.

“Truckers generally sleep with a lot of different women and practice unsafe sex. I inform sex workers and truckers about safe sex behaviour and I mobilise my colleagues to access health services at the Wellness Centre. Whenever my peers face challenges, especially when they are beaten up by clients, I support them and sometimes I have to take them to the hospital.”

**Esther**, sex worker and peer educator for sex workers in Kenya. Follow Esther's story on [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

# A GLIMPSE OF ACTIVITIES AND RESULTS PER COUNTRY



**COSTA RICA** Addressing health care professionals' attitudes towards LGBT

**ECUADOR** Integrating health and human rights services to address the needs of the transgender community

**BRAZIL** Implementing social media and internet-based interventions for LGBT

**KENYA** • Sensitising communities and advocating for needle and syringe programmes for PUD through Community Watch Pillars • Providing services to sex workers through mobile clinics along trucking corridors

**BOTSWANA** Addressing stigma and discrimination towards the LGBT community

**ZIMBABWE** Supporting LGBT rights to implement services in a hostile environment

**UGANDA** Supporting girls and young women involved in sex work

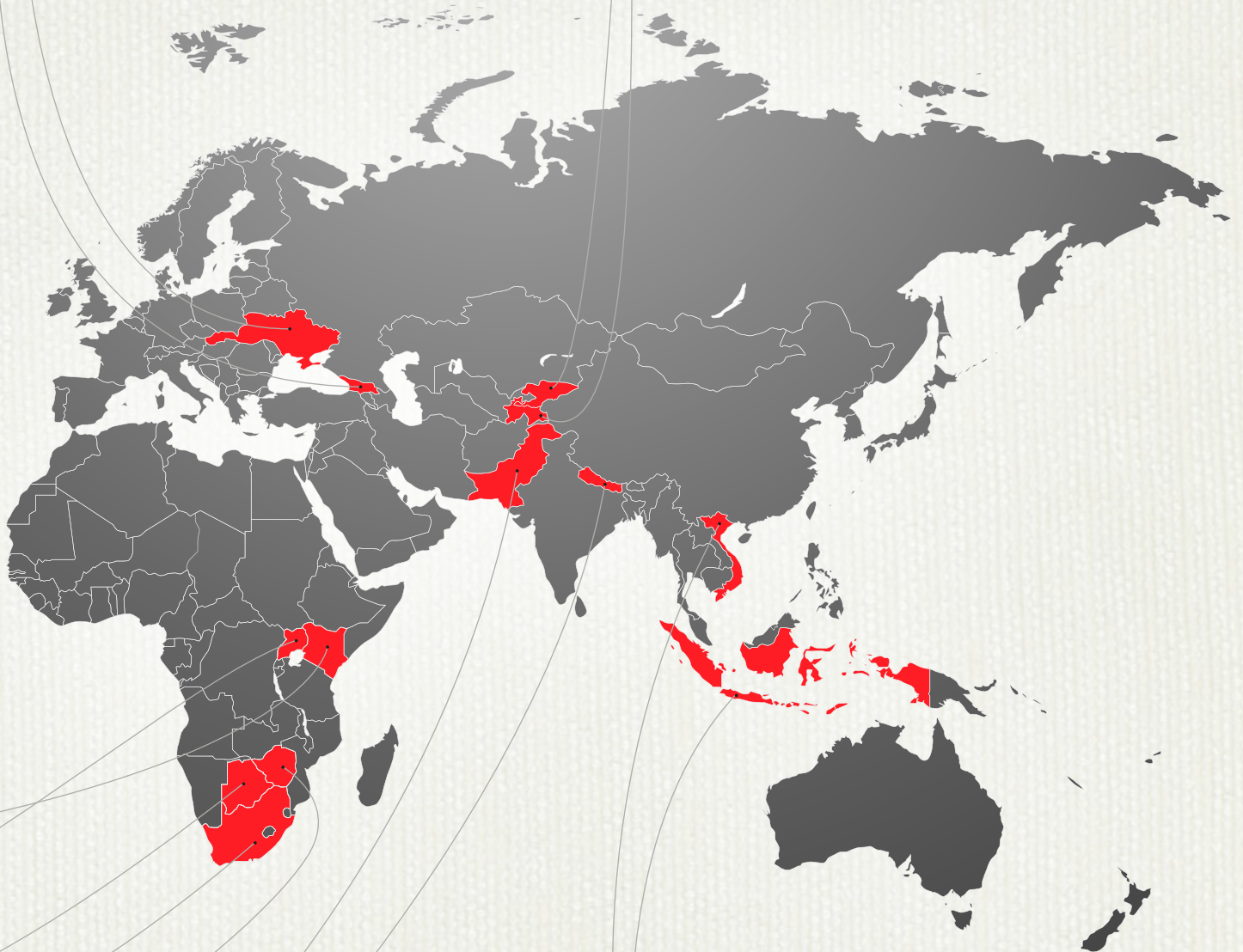
**SOUTH AFRICA** Developing an integrated manual for health care workers on providing key population-friendly services in the general health system

**GEORGIA** Providing services to PUD through social bureaus

**UKRAINE** • First-ever public action on the International Day Against Homophobia in the city of Mykolaiv that was not suppressed by authorities  
• Pilot of specialised services for young PUD

**TAJIKISTAN** Providing low-threshold services for more than 4,000 PUD through a national grants programme, supporting the rights of detainees

**KYRGYZSTAN** • LGBT rights included in Ombudsman's report for the first time in history  
• Expanding access to services for PUD by a grant programme

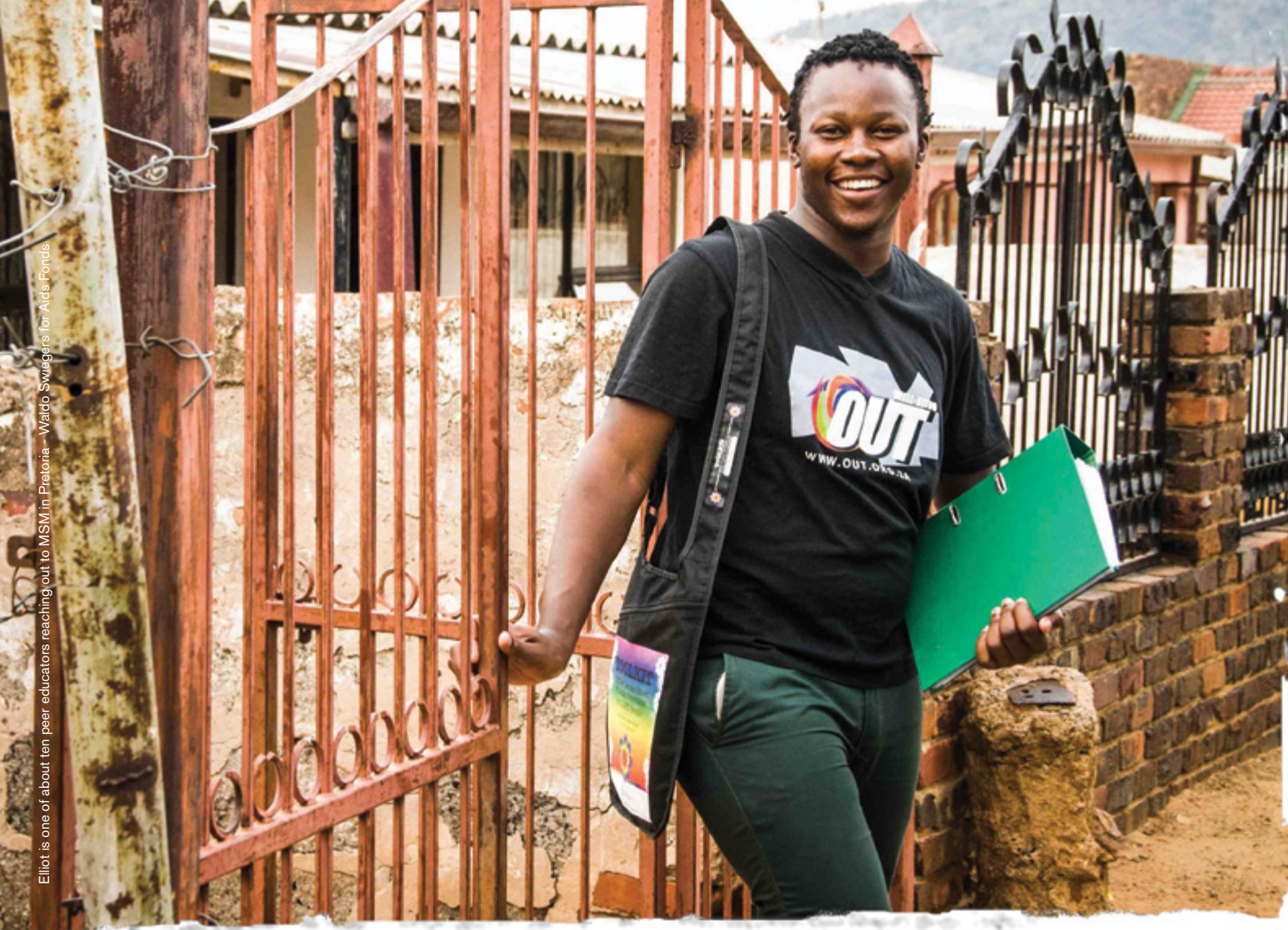


**PAKISTAN** Introducing mobile CD4 count machines to efficiently screen PLHIV who need Antiretroviral Therapy (ART)

**NEPAL** Encouraging the development of peer-based networks for PUD community

**INDONESIA** Building NGOs' capacity on branding and fundraising

**VIETNAM** • Closing detention centres for the 'rehabilitation' of sex workers • Strengthening sex workers involvement through a network of community-based organisations



# 01 IMPROVING THE QUALITY OF AND ACCESS TO HIV PREVENTION, TREATMENT, CARE, SUPPORT, AND OTHER SERVICES FOR KEY POPULATIONS

*Between September 2011 and December 2012, the Bridging the Gaps programme worked to improve access to HIV services, reaching 178,414 sex workers, LGBT people, and PUD with services that met their needs.*

*Other activities contributing to this objective included pre- and post-HIV-test counselling, general health promotion, condom distribution, training trainers on how to work with key populations, key populations-friendly client management, psychological services, social and legal support, and re-adaptation services. Activities also included detoxification therapy for Injecting Drug Users (IDUs) and other low-threshold harm reduction services for IDUs, such as buprenorphine provision programmes and outreach programmes for needle exchange.*

## ACHIEVEMENTS

**A national grants programme for harm reduction services in Tajikistan and Kyrgyzstan**

Following a needs assessment involving eighty IDUs and fifty HIV prevention, care and support service providers in Tajikistan, alliance partner AIDS Foundation East West (AFEW), initiated a national grants programme for harm reduction activities. As a result, eleven organisations from seven regions in Tajikistan are now delivering low threshold services for IDUs, including social and legal support, detoxification therapy, and support for pregnant women who inject drugs. The programme has reached more than 4,000 PUD. In Kyrgyzstan the same approach has been implemented, 8 sub-grantees provide information and counselling to more than 6,000 PUD.



## Using new media to reach LGBT people in Brazil and South Africa

Four of the MSMGF partners in Brazil have implemented social media and internet-based interventions for the LGBT community, as has COC's South African partner OUT LGBT Well-being (OUT). Through its websites [www.men2men.co.za](http://www.men2men.co.za) and [www.womyn2womyn.co.za](http://www.womyn2womyn.co.za), OUT provides advice and information about sexuality, safer sex and sexual health, primarily reaching young LGBT people.

“We all have our own methods to reach our target group. Some post adverts on websites, others reach people through mutual friends or social media. I teach people about tolerance, and I give information on a variety of topics, including HIV and AIDS, drug use, and risk reduction. I am determined to make a difference.”

Follow Elliot's story on [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

## The challenge of providing services in a hostile environment in Zimbabwe

Despite significant efforts to provide HIV-related services and activities, the work of our country partner Gays and Lesbians Alliance of Zimbabwe (GALZ) was stymied in 2012. Harassment and violence from law enforcement officials forced its offices to close for several weeks. Human rights violations such as police raids, harassment and assaults against the LGBT community continue to threaten the meaningful implementation of activities in Zimbabwe. Demonstrating its flexibility, GALZ continued its support to its community by responding to HIV and human rights violations affecting the LGBT community of Zimbabwe.

“Even in the health sector, there is a lot of ignorance about LGBT. Combined with the stigma surrounding HIV and AIDS among health care providers, it is difficult for LGBT citizens to approach health services about sexually-related problems, either psychological or physical. Stigma still widely exists. Entering societal spaces and openly being who I am is a big challenge. First, when I came out, I did not know what being a lesbian really meant, as I was raised in a straight world. Only negative things were circulating in my head. Often, I have been feeling like a “walking taboo” and a “walking sin”. But, after finding out about the organisation LEGABIBO (Lesbians, Gays, and Bisexuals of Botswana), I received all the support that I needed. One of the best things that the organisation has given me is actually being around people who are homosexuals. This provides me with a sense of normality.”

Lady, a lesbian woman living in Botswana. Follow Lady's story at <http://www.hivgaps.org/blog>



## CLIENTS WHO HAVE BEEN REACHED THROUGH HIV PREVENTION, TREATMENT, CARE, AND SUPPORT SERVICES THAT MATCH THEIR NEEDS



## 2,747 SERVICE PROVIDERS trained to provide key population-friendly services



## Dealing with girls and young women involved in sex work in northern Uganda

Northern Uganda offers limited possibilities for income generation. Many sex workers, some girls as young as thirteen, rely entirely on their earnings from sex work. With limited education, sex workers are not well prepared to make informed choices about their lifestyle and future prospects. Our country partner War Child is one of the few organisations working on the issues affecting children who are selling sex. Within the Bridging the Gaps programme and supported by Soa Aids Nederland, War Child provides young women and girls involved in sex work with information, tools, and opportunities to make informed decisions. After sixteen months of the programme, girls and young women involved in sex work have improved access to services and local support networks, 960 have improved life skills, and 750 have access to the skills and opportunities they need to engage in alternative income generating activities.

## Advancing the sexual and reproductive health and human rights of IDUs living with HIV at the global level

In addition to country-level activities, Bridging the Gaps has engaged in a number of global activities aiming to improve the quality of and access to HIV prevention, treatment, care and support for key populations. A document, produced by our global partners the International Network of People who Use Drugs (INPUD) and Global Network of People living with HIV (GNP+), describes the changes needed in key areas of policy and practice to advance the sexual and reproductive health and human rights of people living with HIV (PLHIV).

“My dream is to see, within my lifetime, an improvement in the quality of life and the availability of health care for people who use drugs in Indonesia. I do not want to see any more of my friends and colleagues die due to tuberculosis, overdose, or because they cannot access antiretroviral (ARV) medication or hepatitis C treatment.”

**Edo**, a man using drugs and coordinator of the Indonesian Network of People who Use Drugs (PKNI)  
Follow Edo's story on [www.hivgaps.org/blog](http://www.hivgaps.org/blog)



Providing needle exchange services in Kazakhstan. Adriaan Backer for Aids Fonds



Human Rights March IAC 2010 – Harold Sikkema for Aids Fonds

## 02 IMPROVING THE HUMAN RIGHTS OF KEY POPULATIONS

*Bridging the Gaps works in regions where key populations face human rights violations, social exclusion, and poverty. To improve the human rights situation for key populations – one of our key objectives – we respond to human right violations, provide trainings and sensitisation activities for key national stakeholders, facilitate knowledge exchange meetings, study tours, round table discussions and policy events with national stakeholders and the media, and work at the community level to positively influence attitudes and behaviours and decrease violence towards key populations. The outcomes of these efforts, unique to the Bridging the Gaps programme, are promising.*

### ACHIEVEMENTS

Vietnam makes a start with rights-based legislation for sex workers

Over the last three years, our country partner Center for Supporting Community Development Initiatives (SCDI) has formed a very close working relationship with key Vietnamese ministries and government officials dealing with sex work. At the end of 2012, the

government adopted a law that will end the practice of detaining sex workers in ‘rehabilitation facilities’. Thanks to this law, which will go into effect in 2013, sex workers can no longer be kept in detention centres for administrative, rather than criminal, violations. This is an important step forward in bringing Vietnam’s legal and policy framework in line with the country’s international human rights commitments. In the so-called ‘05 centres’, thousands of detainees were exposed to punishment, interruption of HIV treatment, violence, forced labour, and multiple health risks.

In an interview with the Joint United Nations Programme on HIV/AIDS (UNAIDS), Khanh, one of the leaders of the Noi Binh Yen group, a grassroots partner, expressed her happiness about the new legislation in Vietnam:

“ I found it like a dream coming true when I heard the news. I spent six terms in detention centres. I know how hard it is to stay in there and I know centres do not help you to stop selling sex.”

Khanh, Noi Binh Yen Group

# 84 CASES OF HUMAN RIGHTS VIOLATIONS

were responded to



After the national parliament decided to abolish the detention centres as per 1 July 2013, SCDI took the lead in educating Vietnamese officials about policy alternatives. As a result, a delegation of Vietnamese policy makers visited the Netherlands in 2013 to learn more about Dutch policies toward sex workers.

## Kyrgyz Ombudsman includes LGBT rights in annual report for the first time in history

In 2012 our partners Labrys and Kyrgyz Indigo joined forces to start a dialogue with the Kyrgyz Ombudsman's office. Together with experts from Human Rights Watch, the two organisations informed the Ombudsman about different forms of discrimination and other concerns such as domestic violence, illegal detentions and police violations, restricted rights to education, and limited medical assistance. Several meetings, presentations, and the submission of specific cases of rights violations, resulted in the inclusion of LGBT rights in the Ombudsman's annual report for the first time in history. Moreover, the Ombudsman asked the Ministry of Interior to investigate the situation.

## Maks' story

Maks recently came to the Kyrgyz Indigo office. He had scratches on his back and his arm. The most severe scratches were on his face. Maks had been beaten up after visiting a gay club in Bishkek. 'They followed me from the club until I ended up in a dark tunnel under the bridge. They knocked me down and started to beat me while yelling, "You are a fag, right? Here, fag, take this!"', he said. A social worker from Kyrgyz Indigo accompanied Maks to the police station to write a statement, but they were kept waiting for more than three hours. Eventually the officers asked them to cover their gasoline expenses to go and see the place where Maks was beaten. 'Since the gay club is located on the border of two zones covered by two different police stations, they wanted to see if this case would fall under their jurisdiction at all,' said Daniyar Orsekov, head of Kyrgyz Indigo. When Maks refused to pay the cost of gasoline, he was told that no one was available to take on his case and take his statement. The next day he was able to submit a statement and the police began the investigation despite the investigator's initial request that Maks not mention the reason for the attack – homophobia. Maks refused.

Sunny is proud of what Labrys and Kyrgyz Indigo achieved through their dialogues with the Kyrgyz Ombudsman about LGBT rights -Ruslan Myatiyev for Aids Fonds



### Celebrating the International Day Against Homophobia in Ukraine

Despite a political backlash on freedom of expression and a number of legislative initiatives limiting LGBT rights in Ukraine, country partner organisation LiGA – Mykolaiv Association for Gays, Lesbians and Bisexuals successfully held the first-ever public action in Mykolaiv not suppressed by authorities. The event was held on 17 May 2012, the International Day Against Homophobia and Transphobia (IDAHO). A workshop on LGBT human rights and law enforcement involving Dutch police (Roze in Blauw) and Ukrainian police coincided with the event.

### Sensitising communities through Community Watch Pillars in Kenya

Our country partners in Kenya have been sensitising their communities and lobbying religious leaders, the police, medical staff, PUD, and their family members for needle and syringe programmes (NSPs). These diverse stakeholders have been brought together to form the 'Community Watch Pillars'. In Mombasa, for instance, a group consisting of religious leaders, local police, people from local health authorities, and PUD, meets monthly. The Community Watch Pillars are instrumental in raising awareness and providing a platform for addressing PUD issues in local communities.

### Supporting the rights of detainees in Tajikistan

In Tajikistan, as in other Central Asian countries, key populations often have encounters with law enforcement. There have been reports that district police officers monitor PUD, sex workers, and LGBT community members, and extort money, intimidate, or blackmail them to enjoy free services or enlarge the number of crimes solved ('clearance rate'). The police officers are often unaware of existing HIV prevention programmes for key populations and lack

basic knowledge on harm reduction services. Yet at the level of the Ministry of Foreign Affairs, there is a clear understanding of the need for and importance of HIV prevention programmes, and a willingness to cooperate. Bridging the Gaps alliance partner AFEW worked with the Police Academy of Tajikistan to develop a brochure entitled 'The Rights of Detainees'. The brochure targets local non-governmental organisations working with PUD, sex workers, former prisoners, PLHIV, and vulnerable youth and women. It describes the rights of detainees, including the right to know the grounds of arrest, to seek legal help, to be released within a certain period of time, and the types of arrest and the conditions under which a person may be arrested.

### Developing a Global Advocacy Agenda for key populations living with HIV

The global network GNP+ developed a Global Advocacy Agenda, which responds to the needs of key populations living with HIV. The process of developing the agenda was inclusive, drawing from previous consultations with key populations and from input gathered at pre-conference meetings with sex workers and PUD. The development of the Global Advocacy Agenda demonstrated a true partnership between key populations networks and networks of people living with HIV to address the crosscutting issues facing key populations living with HIV.

### Addressing forced drug treatment centres across Eastern Europe and Asia

Bridging the Gaps global partner INPUD has been particularly keen to highlight the widespread existence of forced treatment centres across Asia and Eastern Europe and Central Asia (EECA). They have done so in partnership with local and regional PUD networks, harm reduction networks, and human rights bodies.



## 03 INTEGRATING SERVICES FOR KEY POPULATIONS INTO GENERAL HEALTH SYSTEMS

*Another important objective of the Bridging the Gaps programme is the integration of key population-friendly services into general health systems. This includes cooperating with and sensitising mainstream health care providers on the importance and effectiveness of integrating services for key populations into their existing services. Bridging the Gaps developed guidelines and manuals to support this integration.*

### ACHIEVEMENTS

Developing an integrated manual for training health care workers on services for MSM, PUD, and sex workers in South Africa

Building on its constitution, South Africa has made significant progress in its policies on health for key populations. At the same time, many nurses lack the skills to provide professional services to LGBT people. They are part of a conservative culture that is still getting used to thinking of

LGBT rights as human rights. In 2012, OUT, country partner of COC, commenced work on a manual for health care workers on providing key population-friendly services in the mainstream health system. The manual, which also covers sex workers and PUD, will be part of an institutionalised and accredited training that will be rolled out in five provinces in 2013.

### Addressing health care professionals' attitudes towards LGBT people in Costa Rica

In Costa Rica, country partner Centro de Investigación y Promoción para America Central de Derechos Humanos (CIPAC), surveyed private-sector health care providers on their knowledge and attitudes regarding LGBT people. The survey showed that 70% believed homosexuality to be contagious. This affects access to medical services by LGBT people. The data from the survey will be used by CIPAC in its lobby activities to improve the quality of medical services for key populations.

“At the moment, one of my biggest concerns is the lack of friendly health facilities for sex workers and other key populations to go to. It is not nice to know that I will be treated harshly in a health centre because of who I am and what I do, and that if I want someone to help me with my health, I will have to pay a lot more money than others. People with HIV also suffer because of a general lack of education and the stigma related to HIV. Many people do not know what they say.”

**Dayana**, a transsexual sex worker and peer educator at CIPAC in Costa Rica. Follow Dayana's story on [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

### Serving the transgender community in Ecuador

An increased number of individuals from key populations are accessing the services of country partner Equidad in Ecuador. Equidad is considered a safe and non-threatening environment to access HIV-related services. Together with country partner Kimirina, Equidad has developed relationships with a number of general health organisations with whom they engage in dialogues on topics such as the situation of the transgender community.

### Mobile clinics along Kenyan trucking corridors offer services to sex workers

Country partner North Star Alliance's Road Wellness Clinics provide basic health services, counselling and care to truckers. These clinics are strategically located at border posts, ports and truck parks throughout Africa. Sex workers also make use of the health services at the clinics. Because their needs greatly differ from those of other clients, the clinics will need to make the necessary adaptations. In the first year of the programme, North Star Alliance focused on the Road Wellness Clinics in Kenya, reaching an estimated 2,537 sex workers with an HIV prevalence rate of 14.5%. These sex workers received health services, or referral. Moreover, sex workers have received training on topics such as safer sex and sexual reproductive health and rights, while health care staff received training on attitudes and counselling.

### Introducing portable CD4 count machines in Pakistan

Country partner Nai Zindagi began using a portable CD4 count machine to efficiently screen PLHIV who may be in need of antiretroviral therapy (ART). It is the first time this technology is being used in Pakistan, and as there are a very limited number of places where a CD4 test can be done, it is highly needed. The stress and costs of travel and the logistics necessary for arranging and accessing a test are major obstacles for PLHIV and PUD. The result is that many of those who need the test cannot access it, and the majority of those who need ART are unable to initiate treatment.

**55** REGIONAL STAKEHOLDER MEETINGS

on integrating services for key populations have been conducted



**33**

national policy dialogues held

on integrating services for key populations



**853**

STAKEHOLDERS HAVE BEEN REACHED

through advocacy activities on service integration for key populations

Results of initial mobile testing have shown that only 18-20% of PUD living with HIV have a CD4 count requiring ART, drastically reducing (80%) the burden of accessing CD4 diagnostics. The portable CD4 count machine will also significantly increase access to CD4 follow-up tests for programme clients. Some clinics providing ART have initiated treatment based on the results taken by Nai Zindagi's portable CD4 count machine, and in the very near future CD4 point of care technology will be rapidly spread across the country. The costs of these mobile tests are lower than the costs of static machines, which are based on old technology. The results are equally reliable.

### Providing services to PUD through social bureaus in Georgia

Two local partner organisations in Georgia, Bemoni and Tanadgoma, have opened social bureaus to provide health services to PUD. Bemoni works in the town of Telavi and in the Kakheti region, and has reached 324 clients through its Telavi social bureau since the project began. The social bureau has established cooperation with 20 partner organisations that provide a variety of services including legal support, testing, and treatment for STIs, HIV, and tuberculosis (TB), and employment counselling. Six health care facilities also became partners in the project, integrating specific services for PUD into their existing services. The social bureau run by Tanadgoma in Tbilisi also established a network of partners. The social bureaus are closely cooperating.

### Key messages for sex workers who use drugs

The Bridging the Gaps alliance advocates the integration of specific services for key populations into general health facilities, targeting international stakeholders. The advocacy activities implemented by INPUD, together with the Global Network of Sex Work Projects (NSWP) and the Global Forum on MSM & HIV (MSMGF), at the International AIDS Society (IAS) provide good examples. They lobbied on the exclusion of PUD from the International Aids Conference (IAC) 2012 and on the development of 'Key messages for Drug Using Sex Workers'. Members of both the sex workers and the PUD communities designed a draft document outlining recommendations for best practices for organisations working with individuals who are members of both communities.

### MSM and HIV Policy Dashboard

Bridging the Gaps global partner MSMGF designed the 'MSM and HIV Policy Dashboard' to serve as a quick reference tool on MSM and HIV in the programmes' ten LGBT-focus countries. The dashboard sections include:

1. HIV prevalence amongst MSM compared to the general population;
2. MSM-relevant United Nations General Assembly Special Session (UNGASS) indicators;
3. Criminalisation of homosexuality;
4. MSM and HIV investments;
5. Other key policy documents; and
6. List of regional networks.



Sex worker activists demonstrate for human rights at the Sex Worker Freedom Festival in Kolkata, India, 2012. Marc de Clercq for Aids Fonds





## 04 STRENGTHENING THE CAPACITY OF CIVIL SOCIETY ORGANISATIONS THAT WORK ON HIV AND KEY POPULATIONS

*Bridging the Gaps supports country partners to increase the sustainability of their work, which is key to their ability to continue their programme and advocacy activities independently once the programme closes. To achieve this objective, the programme supports partner organisations to, for example, expand their constituency and reach out to more clients. At country level, partner organisations are setting up management boards, expanding their networks, and better involving communities in their work. The programme has strengthened the capacity of civil society organisations through trainings on topics such as resource mobilisation and skill building.*

### ACHIEVEMENTS

**Supporting LGBT initiative groups in Eastern Europe and Central Asia**

In Eastern Europe and Central Asia, COC supported the development of Initiative Groups. Initiative Groups are non-registered informal groups led by one or two enthusiastic individuals with the goal of building and empowering an LGBT community. Through capacity building activities provided in Tajikistan, and Ukraine, these groups can develop into registered, stable

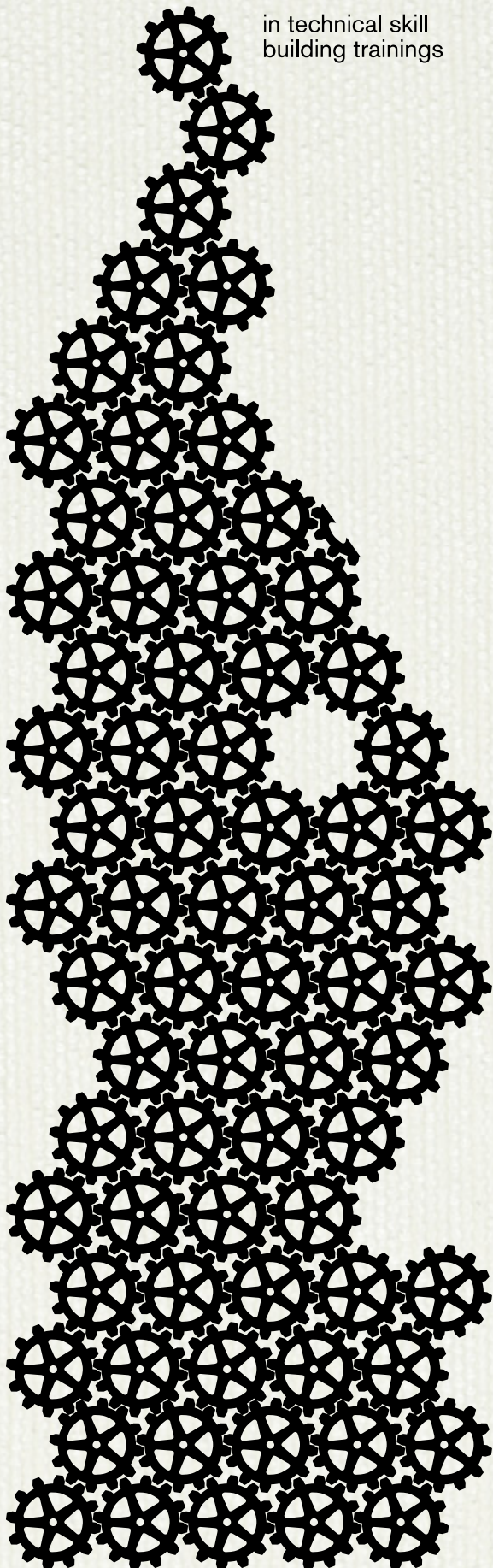
organisations with a longer-term perspective. They may also decide to remain informal for reasons such as security or the limited time that leaders can devote to the group. Initiative Groups fill important gaps when formal organisations do not yet exist, possibly due to lack of safety, but where an LGBT community does exist and is in need of events and places where they can meet, spend time together, and be themselves in a generally hostile environment.

**Strengthening sex workers involvement through a network of community-based organisations in Vietnam**

In Vietnam, partner organisation SCDI has established seven sex workers groups and offices in different parts of the country. Each sex workers group has established a management board and is equipped with a package of programming tools. Close to two thousand sex workers have been reached by the groups to date. In addition, SCDI has provided training on positive teaching methods for sex workers, and financial training for community-based organisations (CBOs). SCDI has also provided technical assistance in managing loans and in supporting the groups to promote their activities amongst the sex workers community. Moreover, SCDI took the lead in setting

**782** PEOPLE HAVE PARTICIPATED

in technical skill building trainings



up and launching the Vietnamese Network of Sex Workers (VNSW), one of the great successes of the first sixteen months of the Bridging the Gaps Sex Workers project. The network consists of ten groups from all over Vietnam. VNSW aims to become a civil society organisation, so that sex work can become a recognised profession in Vietnam.

“Due to my personal experience with sex work, many sex workers come to talk to me. This encouraged me to form a sex workers group. I support friends who join the group, for instance to become outreach workers or find jobs like painting nails.”

An My, sex worker and social worker at the CBO Cuoc Song Moi in Vietnam

#### Documenting good practice by sex worker-led organisations

Bridging the Gaps global partner NSWP developed and published a report addressing violence against sex workers. This is the first in an occasional series of papers that will cover a variety of topics and provide a global overview for activists, highlighting examples of good practice. Member organisations of NSWP and sex worker-led groups across the regions will develop the papers.

#### Building capacities of NGOs working with PUD in Asia on branding, client management and through working with online knowledge and information sharing platforms

Branding and fundraising are both crucial for the sustainability of NGOs. Through strong branding, NGOs ensure that their stakeholders feel involved and committed to their organisations and activities. But this is especially difficult if your NGO focuses on people who 'lack a certain appeal'. This is a particular challenge for many NGOs working with people who use drugs, also for Lembaga Advokasi dan Rehabilitasi Sosial (LARAS) Indonesia, Youth Vision Nepal and Nai Zindagi Pakistan, all three of which are partners in the Bridging the Gaps project for People who Use Drugs, coordinated by our alliance partner Mainline. Led by Nai Zindagi and Mainline, the organisations joined forces and developed a road map to work towards optimal branding and fundraising. In Central Asia our alliance partner AFEW implemented national training programmes for local sub-grantees in Tajikistan and Kyrgyzstan on the topic of client management. In addition to strengthening the skills and attitudes on harm reduction and strategies to serve the needs of sex workers, LGBT and people who use drugs, these

trainings increased knowledge on key populations in general and on the general health system of the countries. Moreover, AFEW, in collaboration with the State Medical Institute for retraining and Continuous Education, strengthened the capacities of both civil society and governmental professionals through so-called Knowledge and Information Sharing Platforms (KISP). KISP offers individuals from all over the country the opportunity to raise specific questions related to HIV prevention, treatment and care. Answers are provided by experts that are connected to KISP.

“Organisations such as ours have been too long solely dependent on donor support and fear venturing into the corporate sector or general community. Our beneficiaries are often considered as ‘less deserving’ compared to, for example, street children or abused women. This represents a difficult sell to the corporate sector and general community.”

Tariq Zafar, Nai Zindagi Pakistan

### Training community-based groups on treatment access

Bridging the Gaps global partner International Treatment Preparedness Coalition (ITPC) trained 53 people from 50 community-based groups on HIV science and treatment, drug and treatment development, intellectual property rights and free trade agreements, activism and advocacy skills, and health care financing. These trainings were held in Nairobi, Kiev, Bangkok, and Panama City. Workshops were also held by ITPC to improve the skills of CBOs in developing and implementing advocacy projects. These workshops were attended by grantee organisations in Africa, Latin America, and Asia, including fourteen advocacy initiatives, encompassing 22 organisations in eleven countries.

### Encouraging the development of peer-based networks for PUD

The collaborative agreement between Mainline, INPUD and National Harm Reduction Association Nepal (NHRA) noted that in Asia, organisations providing services for PUD are often organised in PLHIV networks rather than in PUD networks. This largely results from the extremely repressive legal environments and high levels of stigma toward PUD in the region. Global partner INPUD and the Asian Network of People who Use Drugs (ANPUD), alongside GNP+, are working to encourage the development of peer-based networks for PUD and to strengthen their capacity to identify and take forward advocacy priorities.





## 05 DEVELOPING AND STRENGTHENING A CONCERTED AND COMPREHENSIVE APPROACH ON HIV AND KEY POPULATIONS BY THE ALLIANCE PARTNERS

*During the first sixteen months of the Bridging the Gaps programme, alliance partners have been working to develop and strengthen a comprehensive and concerted approach on HIV and key populations. To achieve this objective the programme focused on joint advocacy, linking and learning opportunities for policy and advocacy, the joint development of lobbying guidelines on service quality indicators, and the development and documentation of combined best practices, successes and failures on HIV and key populations.*

“Conversations between the staff of the ITPC Global Secretariat, the Bridging the Gaps global partners, regional and country counterparts, ITPC regional networks, Dutch Alliance country partners, and others were on-going and very productive in leveraging the strength and expertise of all parties involved.”

ITPC

### ACHIEVEMENTS

#### Learning hub in Pakistan

Bridging the Gaps supports a learning hub led by local partner Nai Zindagi. This hub supports the learning needs of seven different organisations in establishing and carrying out HIV prevention and care services for PUD and their intimate partners, wives, and children in twenty cities in Pakistan. The seven organisations are sub-recipients of Nai Zindagi's Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grant, of which Nai Zindagi is the Principal Recipient (PR). The GFATM grant supports the largest programme in the country working to prevent the transmission of HIV among people who inject drugs. Bridging the Gaps actively supports this programme.

#### Best practices for organisations working with both sex workers and PUD

Global network INPUD, together with NSWP and MSMGF, lobbied IAS on the exclusion of PUD from the International AIDS Conference (IAC) 2012, and

on the development of 'Key Messages for Drug Using Sex Workers'. Members of both the PUD and sex workers communities designed a draft document that outlined recommendations for best practices for organisations working with individuals who are members of both communities. GNP+ and INPUD also used the Kiev hub in July 2012 (an alternative event to IAC 2012) as an opportunity to link the PUD and PLHIV communities.

### LGBT groups unite for evidence informed intervention planning and resource mobilisation

All African LGBT partners came together in two consecutive workshops in Johannesburg co-hosted by COC and the MSMGF. During the first workshop partners discussed preliminary results from their community based needs assessments and were trained on evidence informed intervention planning. All 12 partners left the workshop with the contours of their 2013 intervention plan. In the second workshop directors and funding coordinators joined in for a practical workshop on resource mobilisation. Besides funding tips and tricks, partners were also stimulated to think about resource mobilisation in a more holistic and innovative way. This resource mobilisation workshop has also been held in Istanbul for the Eastern European and Central Asian partners (in Istanbul) and for the Latin American partners (in Quito).

### Robert Carr Doctrine: principles for a meaningful response to HIV among the world's key affected populations

Global partner MSMGF, together with other Bridging the Gaps partners GNP+, NSWP, INPUD, and Aids Fonds, developed the 'Robert Carr Doctrine'.

“Denial of human rights, police brutality, and discriminatory laws become acceptable if they apply to MSM, people who use drugs, sex workers and transgender people. We empathetically reject these false notions.”

Robert Carr Doctrine

### Linking key populations to networks of PLHIV

In November 2012, GNP+ held a forum in Cape Town to consult with key populations living with HIV. The purpose of the meeting was to examine the GNP+ Global Advocacy Agenda and explore opportunities to strengthen the advocacy efforts of different

groups in the PLHIV community. The meeting was an important step in GNP+'s initiative to make the PLHIV movement more inclusive towards sex workers, LGBT people and PUD. An outcome of the meeting was a clear vision for GNP+'s role in ensuring that national PLHIV networks are more inclusive towards key populations, and in linking key population networks to PLHIV networks.

“During the first sixteen months of the Bridging the Gaps project, GNP+ spent significant time successfully establishing working relationships with the global networks of key populations. Nearly all of the activities in the annual and four-year work plan for GNP+ are contingent on having functional and active partnerships with MSMGF, NSWP and INPUD, specifically.”

GNP+

### Sharing lessons learned and innovative approaches in working with key populations in Eastern Europe and Central Asia

Alliance partner AFEW organised a regional meeting in Dushanbe, Tajikistan, taking place from 17 till 18 September 2012. Twelve NGO representatives from across the region and thirteen AFEW managers from the Netherlands, Ukraine, Kazakhstan, Kyrgyzstan, Georgia, and Tajikistan took part. The participants received information about client management, shared experiences in working with key populations, and identified and discussed crosscutting implementation issues. The participants also developed strategies for mutual partner support for 2013. The meeting was a useful platform for sharing lessons learned, presenting innovative approaches in working with PUD, and discussing joint advocacy and mutual support strategies.

### Planning a study visit from Indonesia to Vietnam

Substantive links between Mainline and the Bridging the Gaps Sex Workers project were created at the end of 2012 in support of linking activities for sex workers and PUD. As a result, Indonesian partner organisation LARAS will conduct a study visit to Vietnamese partner organisation SCDI in 2013. LARAS' goal is to learn from SCDI's experiences in the areas of programming, policy, and advocacy, and to share experiences on working within sex villages and on harm reduction for PUD.

# WAY FORWARD AND CHALLENGES AHEAD



A happy lesbian couple in South Africa – Waldo Swiegers for Aids Fonds

The first sixteen months of operation saw the successful establishment of the Bridging the Gaps programme. Alliance partners will now focus on leveraging the programme's enormous reach and depth to further its strategic focus. The programme will continue developing and strengthening cross-linkages between and amongst key populations, and linking advocacy and programme insights at the country and global levels. Focusing on cross linkages between and amongst key populations will enable the programme to overcome existing barriers to creating joint approaches for key populations.

Bridging the Gaps will expand and deepen its programme activities initiated in the first sixteen months. In Pakistan, for instance, Mainline and its partner Nai Zindagi will strive to expand its continuum of care model and stimulate the nationwide adoption by health authorities and the Pakistan Global Fund programme. This scaling up and mainstreaming process can serve as an example for other countries in the Bridging the Gaps programme.

“My goal is to continue to campaign locally and internationally for the full decriminalisation of sex work, and to advocate for the voices of sex workers living with HIV to be included in all discussions around HIV programming. They are the experts in their own lives, but this is often ignored by those creating health policies and by health professionals.”

Anastacia, sex worker activist, NSWP, Scotland. Follow Anastacia's story on [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

In Kenya, systematic harm reduction services are beginning to be implemented and are slowly gaining political support. This process in Kenya will be fuelled and enhanced by the experiences of the Bridging the Gaps programme in South Africa, by creating and rolling out the integrated manual for training health care workers on services for MSM, PUD, and sex workers.

In terms of challenges, the integration of health services into the general health system is not always easy, as it correlates with the need for governments to step up and align their policies with the needs of key populations. In many cases integration of services may be desirable but not the most appropriate strategy to follow. This means that specialised services offered by NGOs will remain essential, but need to be supported by national budgets and programmes. Moreover, the Bridging the Gaps programme must intensify its advocacy efforts at country level under often adverse circumstances and find effective ways of connecting the country and global levels in the area of key populations advocacy.

To safeguard the results achieved by the programme beyond its closure in 2015, a crucial focus will be on sustainability. Key to this effort are continuous capacity building for the 70 country partner organisations and strengthening their ability to monitor and influence the inclusion of issues important to key populations in national policies. In addition, programme sustainability will be fostered by demonstrating the impact of the Bridging the Gaps programme and interventions, actively linking key populations organisations at country level, and creating national-level plans to strengthen and reinforce key populations' activities. Creating joint advocacy action plans, sharing methodologies, and identifying joint programmatic strategies will support the realisation of these goals.

Another key element of the Bridging the Gaps programme is its operational research agenda. The alliance will systematically analyse the effectiveness of its interventions, and measure the impact of the programme on the rights and health of key populations. Documenting results and information sharing will strengthen the knowledge base of key populations' programming and advocacy.

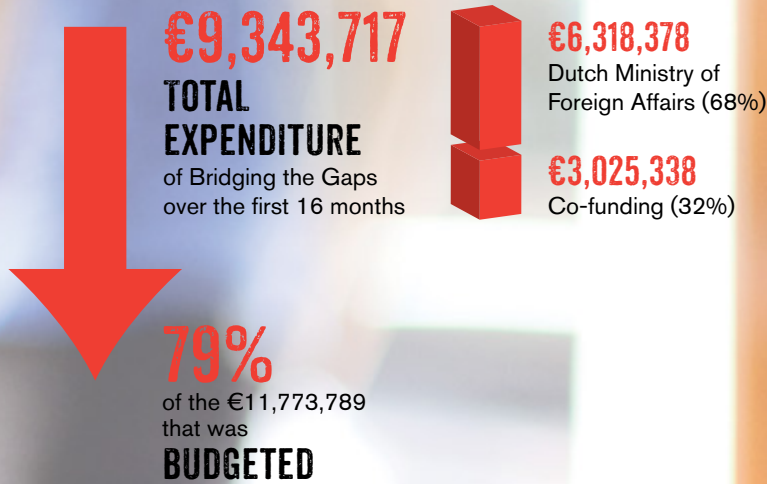
Throughout the next years, Bridging the Gaps will continue to invest in relationships with other key populations stakeholders, to ensure global-level synergies and sustainability. These include the Netherlands Ministry of Foreign Affairs, UNAIDS, GFATM, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the International HIV/AIDS Alliance (IHAA), and the Foundation for AIDS Research (amfAR). The programme continues to expand its communications activities to keep all relevant key population stakeholders involved and informed on the progress of the alliance's activities and achievements.

“People who use drugs are still highly criminalised and stigmatised. An on-going concern is the human rights violations by swindling rehabilitation organisations. They extort families who are forced to pay exorbitant fees to the owners of the rehabilitation centres to prevent their relatives being imprisoned for long periods of time, only because they use drugs. This is a top advocacy priority for me.”

Bijay, man using drugs and programme manager at Youth Vision Drug Treatment & Rehabilitation Center in Nepal. Follow Bijay's story at [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

The Bridging the Gaps partners at global and country levels as well as the alliance partners in the Netherlands remain fully committed to and enthusiastic about the exciting endeavours ahead.

# FINANCIAL SUMMARY

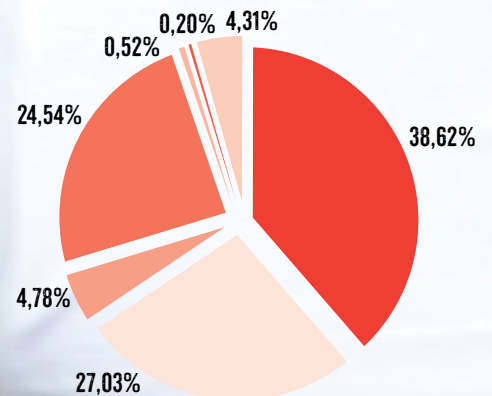


## EXPENDITURE PER PROJECT



## EXPENDITURE PER OBJECTIVE

- Improving the quality of and access to HIV prevention, treatment, care, support and other services for key populations 38,62%
- Strengthening the capacity of civil society organisations that work on HIV and key populations 24,54%
- Improving the human rights of key populations 27,03%
- Developing and strengthening a comprehensive and concerted approach on HIV and key populations by the alliance partners 0,52%
- Integrating specific services for key populations within the general health system 4,78%
- Monitoring and Evaluation 0,20%
- Programme Management 4,31%





Total expenditure of the Bridging the Gaps programme between September 2011 and December 2012: € 9,343,717. This is 79% of the budgeted amount: €11,773,789.

The overall budget of the Bridging the Gaps programme for September 2011- December 2015 is € 46,800,000, of which € 35,000,000 is committed by the Dutch government. The remaining € 11,800,000 is to be co-funded by the Bridging the Gaps alliance partners. This is the most demanding co-funding requirement currently in place for a Dutch Ministry of Foreign Affairs funded international programme.

While the programme was successful in raising the required co-funding for the first 16 months, achieving the co-funding requirement in the coming years will most probably be challenging, given the current worldwide financial crisis and the decrease in funding for HIV. Also, raising co-funding in specific regions, such as Eastern Europe and Central Asia, is quite challenging.

# OUR PARTNERS

Bridging the Gaps – Health and Rights for Key Populations is a joint initiative of five Dutch NGOs, four global key population networks, and more than 70 grassroots organisations, bringing together a wealth of international expertise on key populations.

## OUR ALLIANCE PARTNERS



## OUR GLOBAL PARTNERS



HIV testing in Malawi – Mareke van der Velden for Aids Fonds

# OUR IN-COUNTRY PARTNERS

## PUD PROJECT

### Kenya

- Reach Out Centre Trust
- Muslim Education and Welfare Association
- Omari Project
- Noset

### Georgia

- Bemoni
- Tanadgoma

### Kyrgyzstan

- NGO Family Medicine
- Asteria
- Sotsium
- Ranar
- Podruga
- Ayan-Delta
- Rosin-TSADMIR
- Parents Against Drugs Kyrgyzstan
- Deputies of Parliament Kyrgyzstan
- Ministry of Internal Affairs
- State Service for Penalty Execution under the Government of the Kyrgyz Republic
- State Drug Control Service under the Government of the Kyrgyz Republic
- Kyrgyz State Medical Institute for Retraining and Continuous Education
- Roditeli protiv narkotikov
- Dostoyanie Respubliki
- Penal System Committee
- Ministry of Health Kyrgyzstan
- Agency of Drug Use Control

### Tajikistan

- Civil Initiative on Internet Policy
- Buzurg
- Sakhi
- Sudmand
- Targibot
- Jovidon
- SPIN Plus
- Nigoh
- Youth Generation of Tajikistan
- Agency of Drug Use Control Tajikistan
- Ministry of Health Tajikistan
- Penal System Department
- Ministry of Internal Affairs

### Ukraine

- Blago
- Public Health
- Kyiv and Kharkiv Social Services for Youth
- Return to Life
- National Academy of the Ministry of the Interior of Ukraine

### Indonesia

- Lembaga Advokasi dan Rehabilitasi Sosial

### Nepal

- Youth Vision
- Wisdom Foundation
- Naya Goreto

### Pakistan

- Nai Zindagi

## SEX WORKERS PROJECT

### Trucking corridors (Tanzania, Kenya, and Uganda to Rwanda and from South Africa to Botswana)

- North Star Alliance
- African sex workers alliance

### Uganda

- War Child
- Wonetha

### Vietnam

- Noi Bhin Yen
- Centre for Supporting Community Development Initiatives

## LGTB PROJECT

### Botswana

- Botswana Network of Ethics, Law and HIV/AIDS
- Lesbians, Gays, and Bisexuals of Botswana
- Rainbow Identity Association

### Kenya

- Persons Marginalized and Aggrieved Kenya
- Ishtar MSM
- Liverpool VCT, Care and Treatment

### South Africa

- OUT LGBT Well-being
- Triangle Project
- Durban Lesbian and Gay Community and Health Centre
- Gender DynamiX
- Centre for the Development of People (Malawi)
- Swaziland for Positive Living (Swaziland)

### Kyrgyzstan

- Labrys
- Kyrgyz Indigo

### Tajikistan

- Equal Opportunities

### Ukraine

- LiGA – Mykolaiv Association for Gays, Lesbians and Bisexuals

### Brazil

- Grupo Arco Iris
- Associação Brasileira Interdisciplinar de AIDS
- SOMOS
- GRAB

### Ecuador

- Equidad
- Kimirina

### Costa Rica

- Centro de Investigación y Promoción para America Central de Derechos Humanos
- Asociación Hombres y Mujeres Nuevos de Panama

1 Termination of contract with Wonetha per 2013

2 Termination of contract with Noset (Nairobi) per 2013





**Bridging the Gaps**

Aids Fonds (lead agency)

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