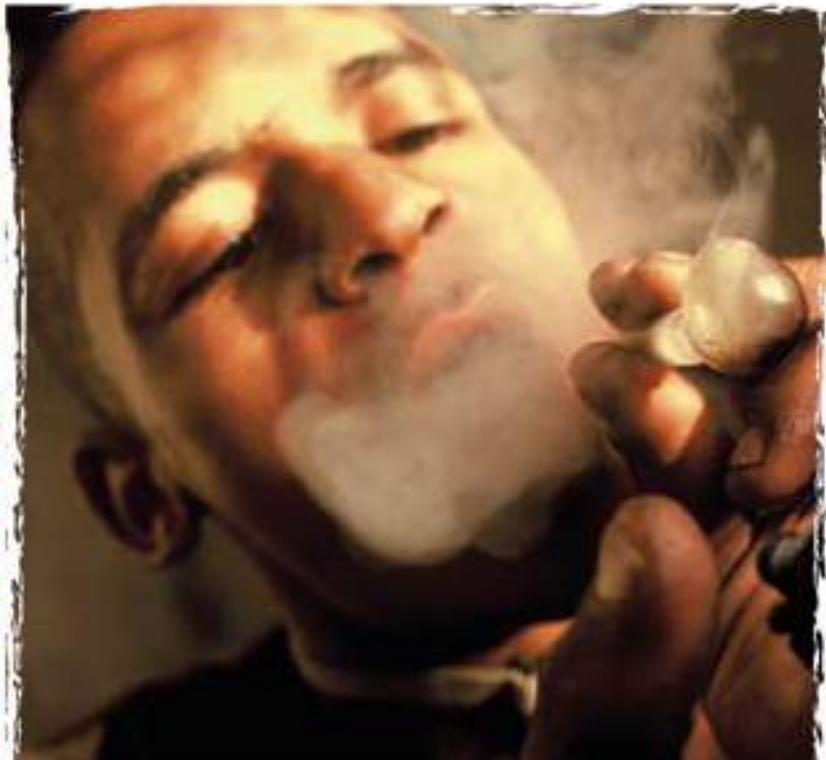
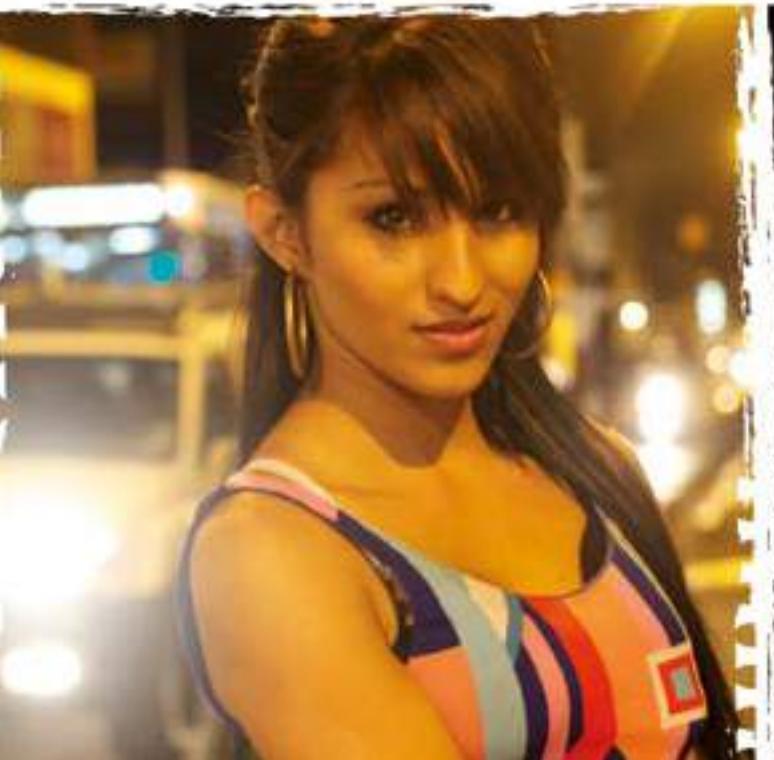




# KEY POPULATIONS IN THE DRIVER'S SEAT

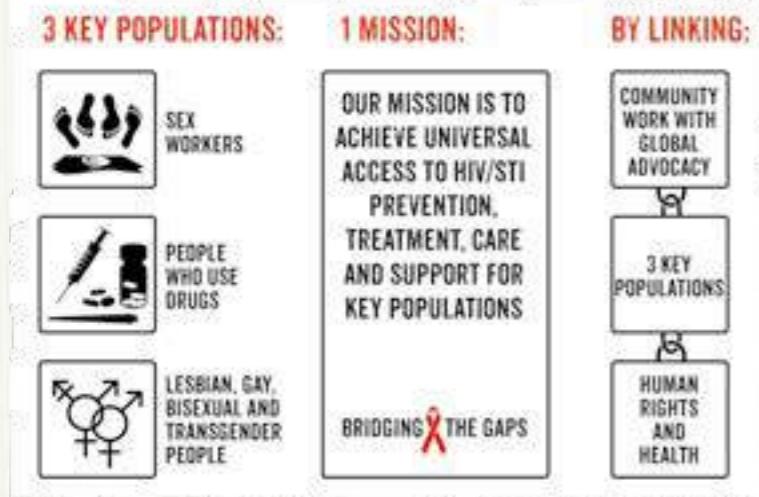
On the road to universal access to HIV prevention, treatment, care, and support



# 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 (LGBT) people, in accessing much-needed HIV and other essential health services. Bridging the Gaps is a joint initiative of more than 80 grassroots organisations which collaborate with four Dutch non-governmental organisations, namely Aids Fonds, AIDS Foundation East-West (AFEW), Federation of Dutch Associations for the Integration of Homosexuality (COC), and Mainline, and with five global networks, which are the Global Network of People Living with HIV (GNP+), International Network of People who Use Drugs (INPUD), International Treatment Preparedness Coalition (ITPC), Global Forum of MSM and HIV (MSMGF), and Global Network of Sex Work Projects (NSWP).



## ACRONYMS

LGBT	Lesbian, gay, bisexual, and transgender
MSM	Men who have sex with men
PLHIV	People living with HIV
SW	Sex workers
PUD	People who use drugs
STI	Sexually transmitted infections



## INTRODUCTION

The programme Bridging the Gaps – Health and Rights for Key Populations is committed to achieving universal access to prevention, treatment, care, and support, and ensuring full human rights for key populations. Sex workers, LGBT people, and people who use drugs are disproportionately affected by HIV. This is related to the fact that key populations are often criminalised, stigmatised, socially excluded, and severely restricted in their access to health care, prevention and treatment. As a result, they are often among the poorest in society.

**"Given the growing wave of punitive approaches and laws in different countries, which undermine the rights to health and non-discrimination as well as access to life-saving services for key populations, the need to speak out, jointly advocate, strengthen our partners, and sensitise governments is felt now more than ever."**

Martine de Schutter, programme manager Bridging the Gaps, Aids Fonds (lead agency)

Bridging the Gaps embraces a comprehensive, inclusive, and concerted approach in working with key populations. Strong civil society organisations working to hold their own governments accountable are key partners in this effort. Bridging the Gaps is unique, because, in addition to advocacy, it focusses on providing quality services which are hardly supported by local authorities and external donors. The Bridging the Gaps programme is funded through the Ministry of Foreign Affairs of the Netherlands' Key Populations Fund. The Bridging the Gaps programme and objectives

are fully in line with current Dutch foreign policy priorities concerning development cooperation. Bridging the Gaps officially started on 1 September 2011. This publication highlights some of our key achievements in the first half of the programme period (September 2011–December 2013).

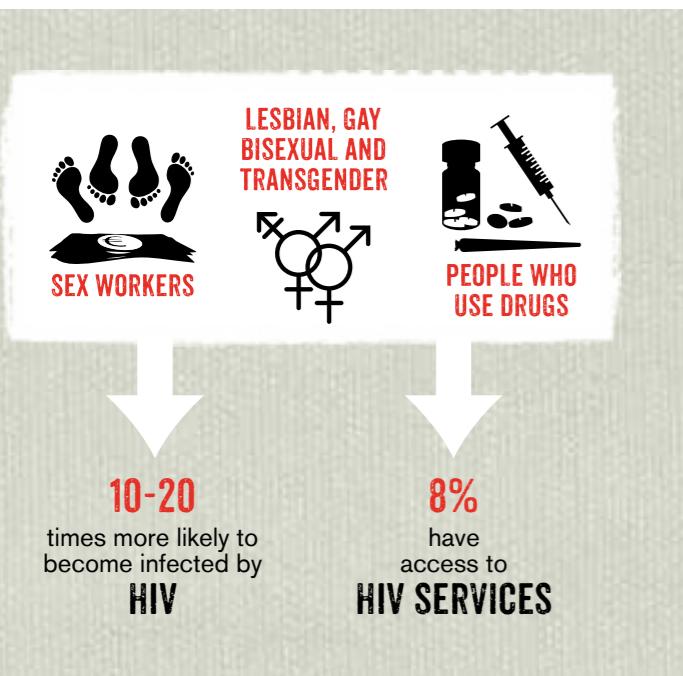
Despite our achievements, we cannot ignore a number of important challenges. Across the world, disconcerting political developments severely impact the realisation of the rights and well-being of key populations. The rising homophobia in Africa, Eastern Europe, and Central Asia poses serious challenges for our partners working to improve access to high-quality HIV and health services for LGBT people. The Russian law that obligates non-governmental organisations that receive funds from abroad to register as foreign agents is also debated in Ukraine and Kyrgyzstan. This effectively restricts the space for NGOs that fill the void of much needed services for key populations who are neglected by the government. In this way, legislations and regulations directly and indirectly hamper access for those groups. The current state of insecurity in the Crimea also has an impact on the work of Bridging the Gaps partners working with people who use drugs and LGBT people. Moreover, Uganda's Anti-Pornography Act violates the rights of sex workers, and women in general, while the country's HIV bill has provisions on mandatory testing, partner notification, and criminalisation on HIV transmission. These recent developments demonstrate that human rights-based programmes, such as Bridging the Gaps, are more urgent than ever.



Human Rights March AIDS2010, Vienna - Harold Sikkema (Aids Fonds)

# EXECUTIVE SUMMARY

In this publication, the Bridging the Gaps' achievements in the period September 2011-December 2013 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; and
5. Developing and strengthening a comprehensive and concerted approach on HIV and key populations.

This publication includes a selection of activities undertaken and achievements made during the first 28 months of the Bridging the Gaps programme. These are the results of an impressive joint effort by over 80 local partners in sixteen countries working together with global networks and Dutch partners, to achieve universal access to HIV prevention, treatment, care, and support for key populations, and to have their rights fully respected. The worldwide programme demonstrates the added value of working together with three key populations simultaneously, ensuring a holistic approach that is centred on both human rights and health, and linking community work with global advocacy.

After the start-up phase (2011-2012), Bridging the Gaps made an impressive leap forward in 2013. The Programme managed to reach its targets even better than expected for 2013 and for the 2011-2013 period. What is more, for the entire programme period (2011-2015), 80 percent of the expected outcomes have been achieved, are right on track, or have surpassed the expected targets, while the programme is only halfway completed. The expected outputs, which are the direct results of the interventions, indicate that 78 percent of the 2011-2015 targets have been achieved, are right on track, or have surpassed the expected targets. Solid methodologies for working with and for key populations have been implemented, monitored, adapted, and improved as well as shared between partners and key populations within countries and across borders. In 2013, learning and exchange visits between staff of key populations projects took place more often than before, which demonstrates the relevance and added value of working together with three key populations within one framework and embracing one approach.

Generally, Bridging the Gaps is doing very well in realising its main objectives, but, more importantly, it significantly contributes to improving the lives and health of key populations. Relevant services are being delivered to sex workers, LGBT people, and people who use drugs, at a large number of locations in difficult

settings in sixteen countries, while at the same time, much-needed advocacy work is done at the global level. The programme's 2013 highlights, presented in the following chapters, show the strong commitment of all Bridging the Gaps partners to ensure that sex workers, LGBT people, and people who use drugs have full access to services, and that their rights are fully respected.

Register for our newsletter at [www.hvgaps.org](http://www.hvgaps.org) to stay up-to-date on our activities and achievements in the coming years.

**"**I am very happy with my job at Dignity because I want to support people like myself. This work really gives me the feeling that I am needed. Sex workers, women and men, and LGBT people are welcome in our drop-in centre. Here, we feel open and free, and we can learn from each other. My experience is that conversations about HIV always evoke negative and sad emotions. I have hardly ever heard of a positive side of it. However, people say I have converted my situation into work. And I thank God that I have HIV. You might think I am out of my mind. No way! It is because of HIV that I understand what I have to do in life and who truly believes in me.**"**

Inna, sex worker living with HIV in Tajikistan and leader of 'Dignity'. Follow Inna's story at [www.hvgaps.org/blog](http://www.hvgaps.org/blog)



# A GLIMPSE OF ACTIVITIES AND RESULTS PER COUNTRY



**COSTA RICA** • Empowering LGBT communities

**ECUADOR** • Peer education to promote health services for LGBT people • Sensitising health care providers about LGBT needs

**BRAZIL** • Using online engagement strategies to reach men who have sex with men and LGBT people

**KENYA** • Formation of the Mombasa County Drugs Intervention Forum • Condoms, testing kits and medical supplies for sex workers • Establishing a men who have sex with men taskforce and countering the introduction of an anti-homosexuality bill • Training sex workers as peer educators to support mobilisation activities along trucking corridors

**BOTSWANA** • Using the Universal Periodic Review to raise awareness on the rights of LGBT people

**ZIMBABWE** • Training journalists in Zimbabwe to understand human sexuality • Technical assistance to LGBT organisations

**UGANDA** • Empowering young girls in Uganda through life skills programmes

**SOUTH AFRICA** • Love, not Hate: Responding to hate crimes against LGBT people • A full sensitisation training programme for health care providers

**GEORGIA** • Collaborating with Georgian probation offices to provide quality services for prisoners

**UKRAINE** • Bridging the service gap for underage drug users • Summer outreach programme for LGBT people in Crimea

**TAJIKISTAN** • Providing tailor-made services for men who have sex with men in rural regions • Using international standards to advocate for key populations' right to health • Using e-learning platforms to train medical and non-medical specialists working with key populations

**KYRGYZSTAN** • Training staff at the Kyrgyz Ombudsman Institute on human rights of LGBT people • Using e-learning platforms to train medical and non-medical specialists working with key populations



**PAKISTAN** • Scaling up innovative approaches for people who use drugs

**NEPAL** • Taking the lead in building capacities of organisations focusing on harm reduction

**INDONESIA** • Securing access to regional health insurance for people living with HIV • Empowering people who use drugs in Indonesia to reintegrate into society

**VIETNAM** • Establishment of the Vietnamese Network of Sex Workers • Cooperating with the Vietnamese government to improve the realisation of the human rights of sex workers



Health care worker treats client – Adriana Backer (Mainline)

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

In the period September 2011-December 2013, the programme reached almost 700,000 sex workers, LGBT people and people who use drugs, with services that met their needs. Activities to reach this objective are very diverse: training (including online) for health care providers, social and legal support, condom distribution, needle and syringe provision, residential drug treatment, outreach, and peer support. However, all activities share one common goal: improving the quality of and access to services for key populations. Thanks to our partners' great efforts and contributions, overall, 72 percent of the 2011-2015 outputs were achieved for this objective, are on track or have surpassed the expected targets. More service providers than expected have been trained, more people from the target group than planned have been informed, and many more partners than expected have developed project plans for the future.

### OUR IMPACT AT COUNTRY-LEVEL

Empowering young women in Uganda through life skills programmes

Our partner War Child refers girls and women to local clinics for health services that meet their needs. The unique programme run by War Child in northern Uganda, focusing on girls and young women involved in selling sexual services was expanded to the border with South Sudan, and resource centres in Pader and Nimule were opened. Almost 500 girls followed intensive life-skills programmes, empowering them to protect themselves and develop alternative income generating skills. Resource centres are safe spaces where girls and young women involved in selling sexual services can access information about services, share experiences, rest, safely seek referrals for medical and psychological treatment and assistance, connect with appropriate formal and informal education and/or livelihoods opportunities, and collect condoms.

### Bridging the service gap for underage drug users in Ukraine

There is increased availability of services for underage drug users, who make up nearly 30 percent of all of the case management programmes' clients. In Ukraine, services for this age group are lacking. To improve the quality of services, activities focused on training service providers on modern approaches for working with young drug users, introducing gender aspects in services for key populations, and working with volunteers as an effective method to reach young people.

**"I hadn't even heard before about the Youth Friendly Clinic, HIV and other diseases. Well, heard, but didn't understand them and surely I would have never gone there alone to get tested – never! The first time I went to a doctor for counselling it was scary. Within two months I came along with my girlfriend and a friend. Now I'm not afraid at all."**

Vasyl (17), Ukraine

### Scaling up innovative approaches for people who use drugs in Pakistan

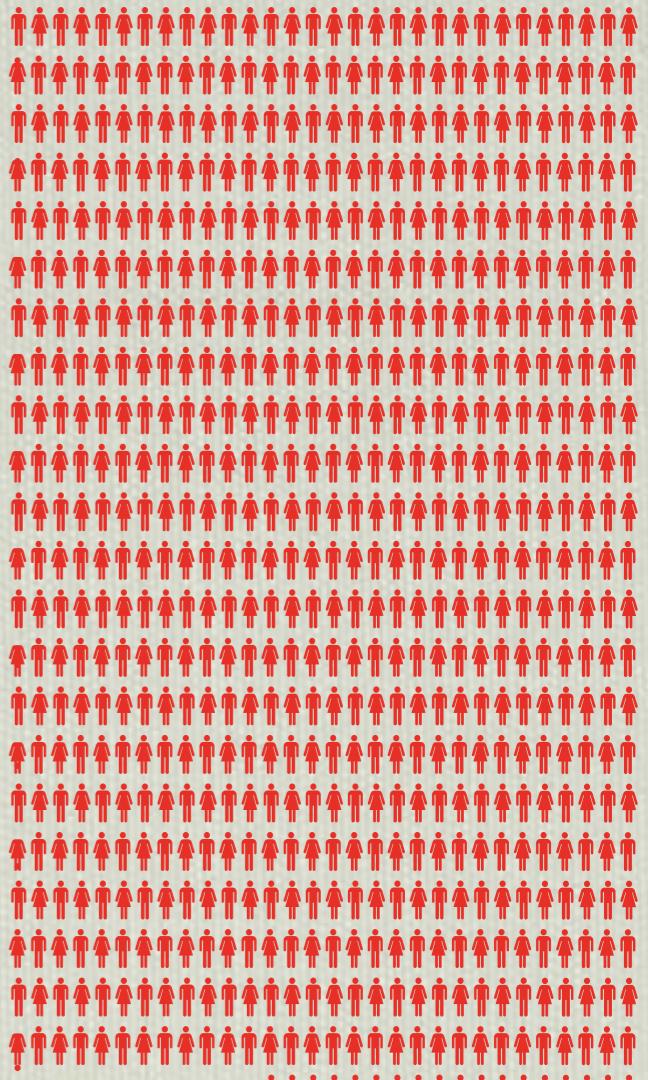
As part of the Bridging the Gaps programme, our in-country partner Nai Zindagi launched a pilot, which introduced a few innovative approaches related to service provision to people who use drugs. These approaches are now being scaled up throughout the country, thanks to the Global Fund's second phase HIV grant, of which Nai Zindagi is the principal recipient. More specifically:

- The provision of residential drug treatment services for people who inject drugs has been scaled up across 30 districts of Pakistan.
- After the introduction of the first mobile CD4 count machines in Pakistan, over 1,200 people who use drugs, and their wives, received CD4 diagnostics and were registered for HIV treatment. The Global Fund will grant the availability of more of these machines and the provincial programmes have also adopted portable CD4 machines.

**"In September 2013, I was informed by one of the outreach workers that I could now access both drug treatment and HIV and AIDS services including diagnostics. Life took a new turn for me. I attended the residential drug treatment programme, had my CD4 done, am registered with an ART clinic, am on ART and it has been a month that I am now at the ART Adherence Unit. I have gained 4 kg. I am hopeful that I will now live. I feel sorry for others like me for whom these services came too late and pray that those in need will avail them."**

Khalid, Pakistan

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



**695,915**

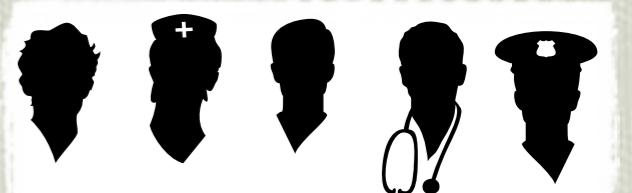
**82%** OF THE PEOPLE

positively evaluate these services



**4,671 SERVICE PROVIDERS**

trained to provide key population-friendly services, both in health facilities and in non-health facilities





Husein, peer consultant - Ruslan Mityayev (Aids Fonds)

#### Providing tailor-made services for men who have sex with men in rural regions in Tajikistan

In-country partner Equal Opportunities assessed that the needs of the LGBT community in the regions was not fully met by mainstream organisations. They decided to expand services by setting up organisational focal points in the regions Khatlon and Sogd. The situation in these extremely patriarchal and heteronormative regions is even more challenging than in the capital. Now, community members, mostly gay and bisexual men and other men that have sex with men, can meet community members in a safe environment, and make use of tailor-made services.

“Nowadays, things are cool as we are provided with new needles and syringes, clothes, a shave or haircut, meals and bathing. We are now at least looking like people. When you look smart people don't give you that suspicious look.”

Frank, Kenya

#### Summer outreach programme for LGBT people in Crimea

Working with initiative groups in the south of Ukraine has been further developed. Health services in Mykolaiv, Ukraine, now also include tuberculosis prevention. The programme in Odessa has a specific focus on men who have sex with men living with HIV. In Crimea, COC and its partners successfully launched an STI/HIV summer outreach programme in coastal towns, which are popular destinations for LGBT people from post-Soviet countries. And 2,500 outreach packages, which included condoms and lubricant, were distributed among local LGBT people and visitors.

“It was very bad when my family found out who I am. I talked to my friend and this is how I found out about Equal Opportunities, where I can get support and help during this extremely hard time of my life. First, I thought, “How is it possible that there is an organisation that helps LGBT people?” First time when I visited there was a friendly atmosphere and I met some other guys from the gay community. When I started to talk and when I got the information, I realised that the world has not ended yet, and I will live. And I am very grateful that this organisation exists here where many other young people can come and get support.”

Rustam, Tajikistan

Husein is a gay sex worker who works as a peer consultant at Equal opportunities, supporting people like Rustam

#### Using online engagement strategies to reach men who have sex with men and LGBT people in Brazil

In Brazil, our partners used a range of online strategies to reach men who have sex with men and LGBT people. ABIA's online activities, via their website for men who have sex with men, focused on information sharing, fostering community dialogue, and mobilising communities to take action on policy issues. The online activities of SOMOS focused on HIV prevention and care. SOMOS also 'watchdogged' the position of the government (federal, state, municipal, and local levels) with regard to prevention efforts and support to people living with HIV, AIDS, and hepatitis.

#### Peer education to promote health services for LGBT people in Ecuador

Since 2008, Equidad has seen an increase in the use of its sexual health services, which is the result of motivating current clients to refer their peers and friends to HIV and STI-related services at Equidad clinics. The ongoing creation of peer referral networks would not have been possible without the support of the Bridging the Gaps partners MSMGF and COC. The networks have also created a sense of solidarity among clients and service users. In addition, testing rates have increased significantly from merely 100 tests executed in previous years to over 1,200 free tests delivered in 2013.

“About a month and a half ago, I went for an HIV test to Equidad and your words helped me and comforted long before, and while waiting for, the results. I personally felt that I would die of anxiety, but your talk helped me a lot to calm down. Fortunately the result was negative, but I could not stop thinking about all the people who do not have the same fate.”

Santiago, Ecuador

#### Establishment of the Vietnamese Network of Sex Workers

The members of the sex worker led organisation Noi Binh Yen played a central role in supporting sex worker-led organisations in different parts of Vietnam. This role is now being further enhanced by the recently established Vietnamese Network of Sex Workers (VNSW). The establishment of VNSW is a direct result of the Bridging the Gaps programme, and the network leadership now plays a strong role in supporting local sex worker organisations and implementing national advocacy.

“Currently, I work at the community-based organisation Cuoc Song Moi and educate and support sex workers. I give them, for example, information about safe sex and the prevention of sexually transmitted diseases. 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.”

An My, former sex worker and peer educator from Vietnam. Follow An My's story at [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

#### Webinars to improve health care services for men who have sex with men worldwide

MSMGF developed and delivered three webinars (web conferences) for advocates and service providers across the world who are dealing with men who have sex with men. The webinars addressed the following topics:

- Treatment as prevention: In addition to addressing its biological definition, potential benefits, opportunities, and challenges, the webinar provided recommendations to scale up treatment as prevention for men who have sex with men.
- Tuberculosis and co-Infection with HIV: Raising awareness about the relationship between HIV and tuberculosis and the implications for men who have sex with men.
- Hepatitis B/C and HIV co-infection: Offering basic understanding and providing policy and programme recommendations to address co-infection among men who have sex with men.

#### Launch of Sex Worker Implementation Tool (SWIT)

Building on the sex worker guidelines of the World Health Organization (WHO) concerning the prevention and treatment of HIV and other sexually transmitted infections (STIs), NSWP joined the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), WHO, Gates Foundation, Centers for Disease Control and Prevention (CDC), the Office of the US Global AIDS Coordinator (OGAC), and the United States Agency for International Development (USAID) in a Guidance Development Group to create a practical implementation tool for policy makers, programme managers, and service providers: Implementing Comprehensive HIV/STI Programmes with Sex Workers (SWIT). Sex workers of NSWP member organisations supported the content development and provided good practice examples to be included in the tool. The SWIT tool was officially launched at the regional AIDS conferences in Asia and the Pacific (ICAAP) and at the International Conference on AIDS and STIs in Africa (ICASA), as part of the guidance that informs rights-based programming for sex workers. It has been adopted by the Global Fund as the normative guidance that should inform the funding of sex work programming. The recently reformed UNAIDS Steering Committee on HIV and Sex Work will monitor its roll-out at country level over the next two years.



An My, former sex worker and peer educator from Vietnam - SCDF

#### CUR IMPACT AT GLOBAL LEVEL

##### 10,000 people united in the East African Regional Network of People Who Use Drugs

INPUD developed four country workshops, which contributed to the development of the East African Regional Network of People who Use Drugs. The Network experienced a rapid growth in its membership in 2013, with the combined membership now approaching 10,000. This has enabled the drug using communities to develop peer education courses and workshops utilising the resources designed and delivered by INPUD. Community events were held in East Africa, bringing together people who inject drugs, non-injectors, drug using sex workers and people undergoing opioid substitution treatment (OST).

“SWIT is a great tool since it is a collection of best practices by and for sex workers. It is both sex worker driven and sex worker led. We at the VAMP Institute are using it as a training tool to build capacity of community based organisations to take over and to better programmes.”

Sangli, India



In every region of the world the global war on drugs is severely undermining human rights - Harold Sikkema (Aids Fonds)

## 02 IMPROVING THE HUMAN RIGHTS OF KEY POPULATIONS

To improve the human rights situation for key populations, our partners act in different ways: they report and support the community reporting of human rights violations, have policy meetings with governments, organise advocacy events, and train advocates at the community level, for example. For this objective, 85 percent of the outcomes were achieved, which is on track or has surpassed the targets. This is a good indication that the Bridging the Gaps programme contributes to strengthening the voices of key populations, as empowerment of key populations and supporting capacity building of the community are central elements in reaching this objective. In total, 224 human rights violation cases have been reported and acted upon by our partners. Much remains to be done, in part due to the recent negative legal developments, particularly in relation to LGBT people and practices and harmful laws that target sex workers' in several countries. Yet, an important signal is that 95 percent of our partners report experiencing a positive change in realising the human rights of key populations in their environments.

### CUR IMPACT AT COUNTRY LEVEL

Cooperating with the Vietnamese government to improve the realisation of the human rights of sex workers

In 2013, in Vietnam, different political developments around sex work indicated the potential to improve the realisation of human rights for sex workers in the coming years. The Center for Supporting Community Development Initiatives (SCDI) played a central role in moving the advocacy agenda, in cooperation with the Vietnamese government, especially the Ministry of Labour, Invalids and Social Affairs (MOLISA). In March 2013, Aids Fonds and SCDI organised a study tour that brought key Vietnamese policy makers to the Netherlands to study the Dutch policy model for sex work. As a result, the Vietnamese government decided to start a pilot in four provinces using the model on sex work that was developed by SCDI. Sex workers organisations form the core of this model.

**"Sex work is a reality in each country and we should remember that sex workers don't have sex with themselves. Sex workers have sex with other people in society, so if they are not well, the society will not be well."**

Oanh, Executive Director, SCDI, Vietnam

#### Using international standards to advocate for the right to health of key populations in Tajikistan

Our partners in Tajikistan have successfully advocated for the application of international standards and approaches that promote the human rights of all key populations and ensure their access to HIV prevention, treatment, care, and support. As a result, different laws, regulations, and procedures related to the health and rights of key populations were adapted, including the procedures related to obligatory HIV testing, the national guidelines on providing harm reduction services to people who use drugs, and the regulations on medical provision in prison settings.

#### Formation of the Mombasa County Drugs Intervention Forum in Kenya

In 2013, the Kenyan President and Mombasa County Governor declared drug use a national disaster. County security officers were authorised to arrest all drug users in the streets, and the community police took the right in their hands. Our Kenyan partners actively engaged

in dialogues with police commanders and constables at the police stations and in the community, near the dens where their clients are based, advocating for harm reduction interventions. We trained representatives from the police, probation department, and prison department on people who use drugs issues and needs, resulting in the formation of the Mombasa County Drugs Intervention Forum (MCDIF). The Forum advocates for alternative sentences, and addresses harm reduction matters arising in Mombasa County.

#### Securing access to regional health insurance for people living with HIV in Indonesia

Lembaga Advokasi dan Rehabilitasi Sosial (LARAS) has successfully lobbied for improved health insurance coverage for people living with HIV in the province of East Kalimantan who need to be hospitalised in Jakarta because of complications. Previously, patients with complications needed to go through bureaucratic processes before they could be referred. LARAS supports these patients, including sex workers and people who use drugs, by taking them to the hospital and ensuring that the insurance documents are in order. These are time-consuming processes, which can be a matter of life and death. Thanks to LARAS, the Provincial Health Department, which issues health insurance, now acknowledges clients from LARAS and is more aware of the many other people living with HIV who need health insurance for referrals.



Laras outreach work in karaoke village in Samarinda, East Kalimantan, Indonesia. - Malika Zafar

# 224

CASES OF HUMAN  
RIGHTS VIOLATIONS  
were responded to



26 GLOBAL  
19 NATIONAL

## 45 OFFICIAL POLICIES

reflect the human rights  
of key populations



123  
advocacy  
themes  
defined

94  
advocacy  
plans  
developed



208  
partners engaged in human  
rights advocacy activities:



83  
advocacy  
trainings  
took place



156  
advocacy  
tools  
developed

## A GLIMPSE OF HUMAN RIGHTS VIOLATIONS RESPONDED TO BY BRIDGING THE GAPS PARTNERS

The human rights of sex workers, people who use drugs, and LGBT people are frequently violated. Violations range from police abuse to denial of health care. Our partners are there to offer support. Below some personal case-studies.

### Dealing with a discriminating doctor in Costa Rica: the story of Carlos

When Carlos went to an HIV clinic in San Ramón, Costa Rica, the doctor showed a derogatory attitude towards him. He insulted Carlos, not only for his sexual orientation, but also for his HIV status and his ethnic background. Carlos contacted our partner Centro de Investigación y Promoción para América Central de Derechos Humanos (CIPAC), and together they documented the case and involved the Ombudsman of Costa Rica. After a joint intervention by CIPAC and the Ombudsman, the doctor apologised and a process of sensitisation on sexual orientation and gender identity was started in the clinic.

### Protecting the right to receive medical services in Georgia: the story of Dito

Dito used cannabis for two years, but suffered from its side effects and developed psychological problems. All public clinics he went to asked for official registration at the psycho-neurological clinic. As Dito did not want to harm his future career, he did not want to be registered. Dito found support from our partner Bemoni, the case manager of which offered assistance and found a private clinic that provided services without special registration. Dito received two months of treatment, and his health condition improved. Now he is back in university.

### Disputing an unjust arrest for sex work in Vietnam: the story of Chi

Chi is a 43-year-old sex worker woman who joined Hoa Cat Tuong, a community-based organisation for sex workers in Vietnam. One night in February 2014, when she was waiting for clients in a park, she was arrested by the police. But she could defend her rights, because, during a training provided to her by Hoa Cat Tuong, she had been informed about the Law on Administrative Sanctions. She could, therefore, tell the police that they were only allowed to arrest sex workers when they are in the act of having sex with customers. Yet, the police took her to the station. After an hour of arguing, she was released.

### Dealing with growing homophobia in Eastern Europe and Central Asia

In Ukraine, there were various legal initiatives to criminalise the 'propaganda of homosexuality'. Our partner LiGA – Mykolayiv Association for Gays, Lesbians and Bisexuals played a coordinating role in the civil society response. It has become very clear that the political context in Ukraine, which has been extremely volatile in 2013, diminishes the space to implement project activities and increase awareness and visibility. The introduction of the 'anti-propaganda' homophobic law in Russia also started to affect Central Asian society: in Tajikistan several negative articles on 'homosexual propaganda' were published, and in Kyrgyzstan parliamentarians made statements like 'propaganda of homosexuality is abnormal'.

### Training staff at the Kyrgyz Ombudsman Institute on the human rights of LGBT people

Labrys was invited by the Office of the High Commissioner for Human Rights to present a session during a training for the Ombudsman Institute, entitled 'Introduction to international protection mechanisms and standards in the sphere of human rights and their implementation in the activities of staff members of the Ombudsman's Institute'. The session focussed on informing Ombudsman staff on sexual orientation and gender identity, stigma and discrimination against LGBT people in Kyrgyzstan, and human rights. The training, which was the first of its kind, brought together more than 30 staff members of the Ombudsman's Institute from different regions.

### Developing a support programme for pan-African LGBT advocacy

In the framework of the East African Human Rights programme in Kenya, COC has an intensive partnership with the UHAI – East African Sexual Health and Rights Initiative (UHAI-EASHRI). UHAI developed a support programme for pan-African Advocacy for LGBT organisations in East Africa, focusing on assisting activists and organisations in developing advocacy strategies towards the African Commission on Human and People's Rights (ACHPR). Partners from Kenya, Burundi, Tanzania, Rwanda, and Uganda participated in the ACHPR meeting in Banjul, and developed country specific follow-up plans. In 2013, COC and African Men for Sexual Health and Rights (AMSHeR) developed a formal partnership. During the Banjul meeting, a report on violence against LGBT people in Africa was presented. Subsequently a statement to the ACHPR was delivered, the first of its kind.

### Using the Universal Periodic Review to raise awareness on the rights of LGBT people in Botswana

In 2013, the United Nations (UN) reviewed the human rights records of Botswana through its Universal Periodic Review (UPR) mechanism. Our partner Rainbow Identity Association, an organisation with a specific focus on transgender and intersex, is actively involved in the national UPR follow-up group, which aims to raise awareness on gender and sexuality issues. Together with our other in-country partner Lesbians, Gays, and Bisexuals of Botswana (LeGaBiBo), it presented two statements at the country's UPR meeting in Geneva. The organisations used COC's speaking slot at the UN meeting to deliver these statements. Now, the statements are actively used as advocacy tools towards the national government.



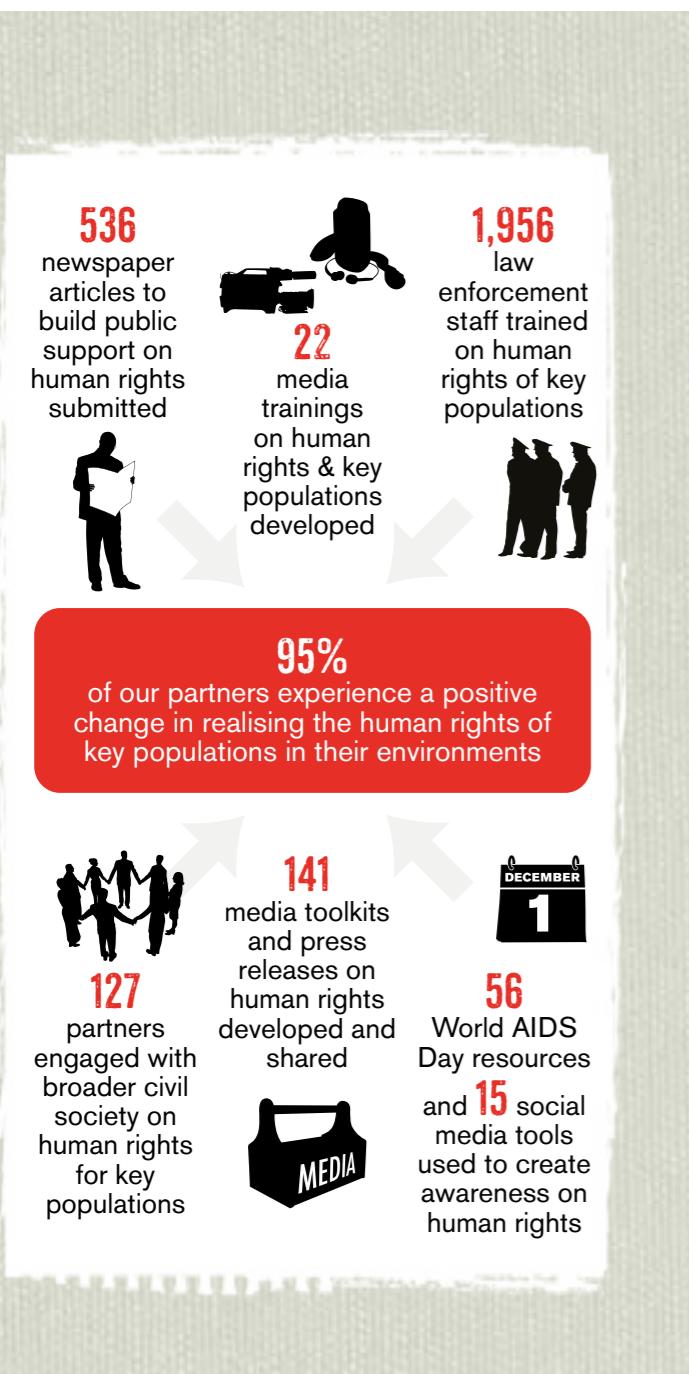
Lady, a lesbian woman living in Botswana – Joram Kiragu Ngamate (Aids Fonds)

"My rights are frequently violated simply because when members of society do not understand my sexuality, according to them, they have the right to insult me. My environment is not a safe space for me. In the mind-set of the society of my country, being homosexual is a Western thing, so the community uses negative force, such as insulting comments. People try to 'detox' homosexuals and to control the spread of Western habits."

Lady, a lesbian woman living in Botswana. Follow Lady's story at [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

## Training journalists in Zimbabwe to help them understand human sexuality

Gays and Lesbians of Zimbabwe (GALZ) has been engaging with the media, and held a training workshop for journalists around human sexuality. The workshop was designed to help participants understand human sexuality. Workshops like this one have had a positive impact over time. GALZ noticed that, when recently a prominent activist, Paul Semugoma, was threatened with deportation from South Africa, Zimbabwean media covered the story positively. GALZ also observed that the Zimbabwean media positively reported on the Ugandan Anti Homosexuality Bill, acknowledging the need to protect minorities and not persecute them. This engagement with the media in a context like Zimbabwe is a considerable achievement.



## Love, not Hate: responding to hate crimes towards LGBT people in South Africa

Annually, around 20 LGBT people are murdered in South Africa due to their sexual orientation. Many LGBT people face violence daily, but these cases often do not lead to police arrests. In 2011, a National Task Team was formed in response to the ongoing hate crimes against LGBT people. Our partners OUT LGBT Well-being (OUT) and Triangle Project are represented in the National Task Team. They also lead the 'Love, not Hate' Hate Crimes Programme, collaborating with LGBT partner organisations in South Africa. The programme addresses hate crimes perpetrated against LGBT people based on sexual and gender identity. The programme gives assistance to victims, including reporting the incident to the police and medical, legal, and psychosocial support.



## OUR IMPACT AT GLOBAL LEVEL

### Establishment of the global Key Populations living with HIV Advisory Group

Following a consultation held with key populations living with HIV in November 2012, GNP+ established the Key Populations Living with HIV Advisory Group in 2013. For the first time, key populations living with HIV were given space at the global level within a global network of people living with HIV to identify their needs (research and advocacy) as well as develop a programmatic framework to document and address human rights violations among key populations living with HIV.

### Launch of Global Consensus Statement on Sex Work, Human Rights and the Law

In the period 2012-2013, NSWP undertook a global consultation with its members to identify clear consensus positions in relation to sex work, human rights, and the law. Since the publication of the Consensus Statement in 2013, feedback at international and national levels has been positive. The Statement was widely distributed among sex workers, and it continues to inform local and regional advocacy for sex workers' rights. Furthermore, agencies and donors have also engaged with the Consensus Statement, for example the UNAIDS Asia Pacific Regional Support Team distributed the document to all country offices.

# 03

## INTEGRATING SERVICES FOR KEY POPULATIONS INTO GENERAL HEALTH SYSTEMS

*Our partners used diverse methodologies to integrate key populations-specific services into general health services, such as the development of training curricula for health care providers, national policy dialogues, assessment reports, and plans. The outcomes indicate that, while 91 percent of the partners have identified needs and issues around the integration of specific services for key populations within the general health system, only 24 percent of the target was reached, that is the integration of specific services for the target group are integrated in general health facilities. Progress has been made in developing training curricula and sensitising health professionals, but a challenge for the coming period is to further integrate services for key populations into the general health system.*

### OUR IMPACT AT COUNTRY LEVEL

#### Condoms, testing kits, and medical supplies for sex workers in Kenya

North Star Alliance developed a strong relationship with the Kenya National AIDS & STI Control Program (NASCOP) and the Ministry of Health. NASCOP provided commodities, such as condoms, testing kits, and medical supplies. These actors also developed an integrated approach in other areas. For example, North Star Alliance took the lead in setting up the development of information materials for and developed by sex workers. The Ministry of Health is strongly engaged in this process, while NASCOP provided support and owned the process.

## 99 REGIONAL STAKEHOLDER MEETINGS

on integrating services for key populations have been conducted.



66  
national policy dialogues held

On integrating services for key populations



1,450  
STAKEHOLDERS HAVE BEEN REACHED

through advocacy activities on service integration for key populations.

76 GENERAL HEALTH FACILITIES

integrated specific services for key populations



12 TRAINING CURRICULA FOR HEALTH CARE PROFESSIONALS

developed on providing services to key populations

Collaborating with Georgian probation offices to provide quality services for prisoners

Key populations face barriers in getting high-quality medical and social services, especially rehabilitation services. Two social bureaus in Georgia provide services to people who use drugs, to prisoners before and after release, and to people on probation. Collaboration with the Probation Office is crucial for a successful project implementation. The support of the Probation Office contributes to providing prisoners with high-quality services. This is a new experience in Georgia. Crucial are the support of the authorities and capacity building of probation officers, and educating them on the issues related to client management.

“Of course, I never wanted to be imprisoned. But you even cannot imagine how I was scared to get released. There (in prison) I always knew what to do and did not have to decide anything at all. Nobody was waiting for me outside, nobody could help me. Without your help I would get into prison again for sure! Thank you for all help and especially that you believed in me.”

Abraam, client of Social Bureau in Tbilisi, Georgia

Establishing a men who have sex with men taskforce and countering the introduction of an anti-homosexuality bill in Kenya

Ishtar MSM hosted a meeting of various stakeholders from across Kenya to develop a men who have sex with men advocacy agenda and to understand the progress on delivering health care services to these men across the country. Ishtar brought together stakeholders who implement HIV related programmes, including community-based organisations (CBOs) that serve men who have sex with men. The meeting led to the establishment of a men who have sex with men taskforce, which will supply the national government with information from grassroots organisations as well as support individual activists who conduct advocacy in their own counties across the country. It increased the visibility of work focusing on men who have sex with men going on in Kenya. This helps to counter Members of Parliament who want to introduce an anti-homosexuality bill in Kenya.

“The ongoing debate on homosexuality in Kenya is likely to affect the fight against HIV. The Ministry of Health, therefore, has a constitutional obligation to provide health services to all without discrimination. The design of the conventional health systems does not cater for the health needs of the said key populations.”

James Macharia, Health Cabinet Secretary, Kenya.

Empowering people who use drugs in Indonesia to reintegrate into society

Our partner LARAS launched a social and economic rehabilitation centre for people who use drugs and who want to reintegrate into society. The centre, financially supported by the narcotic board, offers psycho-social empowerment programmes and rehabilitation services. Clients are reached through the outreach work of LARAS. The centre is also open for clients from governmental OST programmes as well as for people who are arrested. Now, those arrested have the option to go to this rehab centre instead of jail. LARAS will continue its efforts to advocate for non-punitive laws on drug use, but as long as the situation has not changed, LARAS will offer drug user-friendly services.

Sensitising health care providers about the needs of LGBT people in Ecuador

Despite having a lesbian Minister of Health and an agreement with the Ministry of Health around LGBT health priorities, the integration of services continues to remain a challenge for Equidad. Therefore, Equidad decided that, beyond political approval or support, direct training services for providers to sensitise them to the needs of LGBT people will be crucial to ensure that sensitive providers can provide care responsively. Equidad has been able to position itself as a key organisation on LGBT health issues in Ecuador. Because of its direct engagement with its constituents, Equidad has an in-depth understanding of the needs of the community, and constantly develops creative strategies to address the sexual health needs of the LGBT community.

A full sensitisation training programme for health care providers in South Africa

As part of a full sensitisation training programme, an integrated manual was developed to supply health care workers with the necessary information to provide effective care and support to key populations. The manual also provides health care workers with an opportunity to understand and address both social and personal stigma towards key populations. The manual has been pre-tested among 200 nurses in two different provinces.

“Before this training, I was one of those men who stigmatised men who have sex with men. I was a homophobe! Now, I know better and I will try hard to be more aware of my own prejudice. I just don't know how to get this message across to my colleagues, but I'll try.”

John (28), registered nurse in rural clinic Limpopo, South Africa

## OUR IMPACT AT GLOBAL LEVEL

MSMGF training curriculum for health care providers

MSMGF entered into a partnership with Johns Hopkins University School of Public Health (JSPH) in Baltimore, USA, to develop and finalise a nine-module training curriculum to sensitise health care providers to the unique health needs of gay men and other men who have sex with men. This training curriculum will be used to sensitise providers in delivering services to gay men and other men who have sex with men in the Bridging the Gaps focus countries. The curriculum will be formally launched at the International AIDS Conference in Melbourne, in 2014.



Outreach worker Elliot talks to Lovelife staff member about including LGBT needs in their education programmes - Waldo Swiegers (Aids Fonds)



Esther, sex worker and peer educator for sex workers in Kenya – North Star Alliance

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

Our partners are diversely resourced, and range from small organisations working with several capacity constraints to fully-fledged organisations implementing activities at country-level with Global Fund grants. Bridging the Gaps works to strengthen the capacity of country partners to increase the sustainability of their work, which is key to their ability to continue their programmes and advocacy activities independently once the programme comes to an end. A large number of local partners have defined their needs on capacity strengthening, and in response, e-learning and face-to-face trainings on topics such as resource mobilisation and skill building were developed. Fundraising strategies are still a challenge: only 49 percent have been developed, so far. Developing these strategies deserves our special attention because they will help ensure that work toward the Programme's objectives continues, even after Bridging the Gaps comes to an end.

**“**When I started sex work, I didn't have much self-confidence. However, I became more self-assured when I participated in some trainings and heard the stories of other sex workers. Now, I know that I'm not the only person facing obstacles. This awareness makes me feel strong! And I have to be strong, being a peer educator. When a colleague comes to me to tell her story, I want to be able to support her.**”**

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)

### CUR IMPACT AT COUNTRY LEVEL

Training sex workers as peer educators to support mobilisation activities along Kenyan trucking corridors

Along trucker corridors, North Star Alliance has trained 69 sex workers as peer educators to support mobilisation activities. Twenty-six peer educators attended a five-day refresher course, which covered topics such as Entrepreneurship and Human Rights. Specific hot spots were assigned to peer educators to distribute condoms and to conduct mobilisation and referral of clients to the Road Wellness Centres. In addition, sex workers who were trained as peer educators participated in the development of information and education materials, through a process supported by the government. As a result, the interventions are much more sex worker-led than before.

**“**The use of the internet platform is very helpful to us: we post all questions related to treatment of and care provision to patients with drug-resistant tuberculosis that require immediate response on the platform. Thanks to professional, detailed and timely answers from experts, we readjust the treatment of patients, especially those with HIV-TB, TB-Hepatitis C co-infection, and patients undergoing opioid substitution treatment (OST).**”**

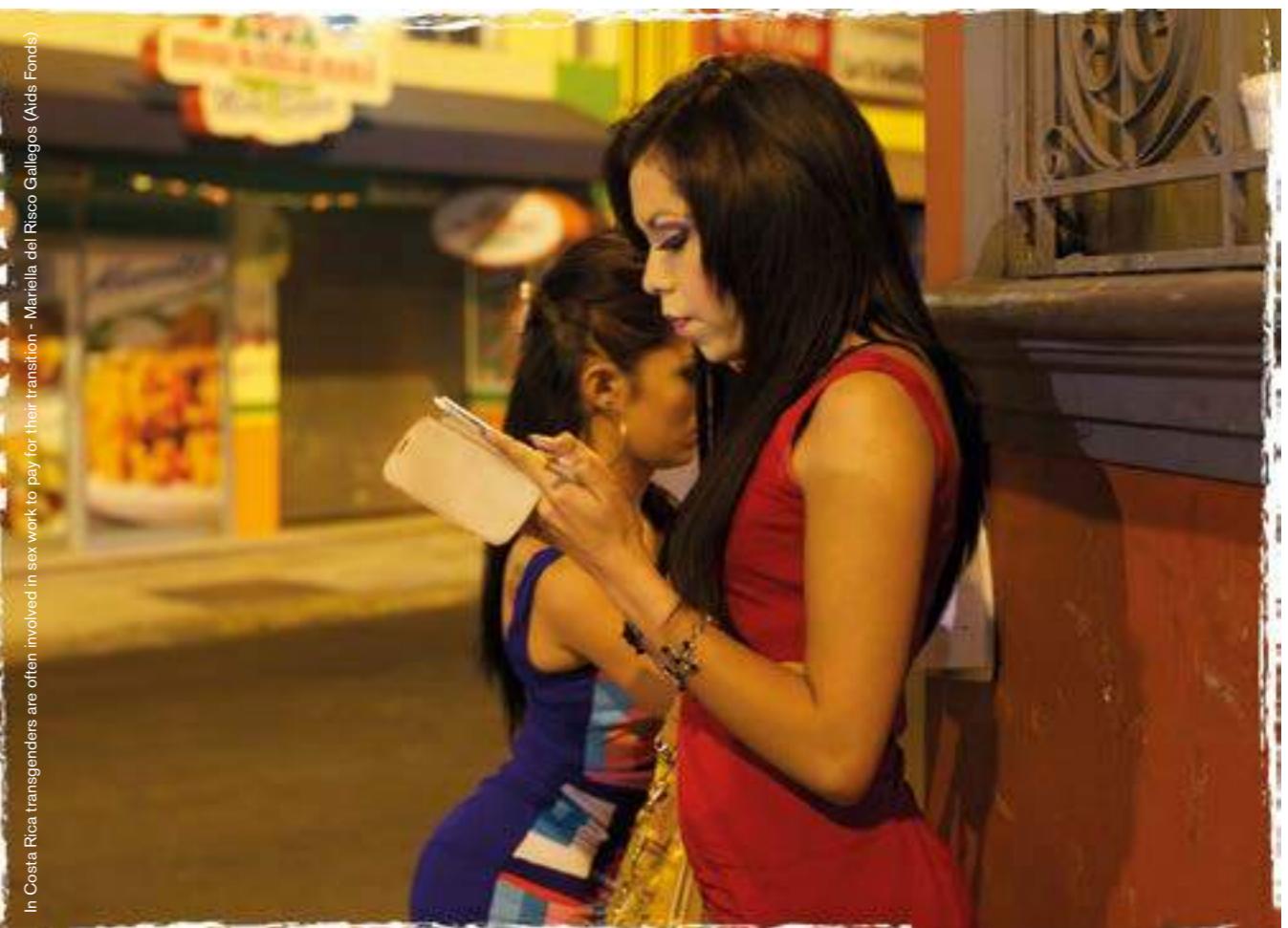
Tatyana Pereverzeva, nurse manager at Republican Tuberculosis Hospital in Karabala (Kyrgyzstan)

Using e-learning platforms to train medical and non-medical specialists working with key populations in Kyrgyzstan and Tajikistan

In 2013, Bridging the Gaps partner AFEW launched two web-based platforms for medical and non-medical specialists working with key populations in Kyrgyzstan and Tajikistan. The goal of the platforms is to allow specialists to quickly and effectively exchange information and practical experiences as well as get consultation from health care experts on the issues of HIV, tuberculosis, viral hepatitis, STIs, substance dependence, harm reduction, and the legal aspects related to these issues. In the first year, the two platforms answered more than 4,000 questions. Apart from this, a client management e-course, in collaboration with Health[e]Foundation in Amsterdam, offers opportunities for professionals in the two countries.

### Empowering LGBT communities in Costa Rica

CIPAC formed an alliance with the governmental STI Control Unit to improve the Unit's services for gay men, female sex workers, and transgender women. They reached an agreement on the improvement of these services. The partner also conducted empowering sessions with members of the community, to encourage them to ask for the health services they need. This resulted in an increased use of health services by transgender women.



In Costa Rica transgenders are often involved in sex work to pay for their transition - Mariella del Risco Gallegos (Aids Fonds)

**1,389**

PEOPLE  
PARTICIPATED

in technical skill  
building trainings



**223** CIVIL SOCIETY  
LEADERS

have been supported



 **26** FUNDRAISING  
STRATEGY

partner organisations  
developed a

FUNDRAISING  
STRATEGY

**77** GRASSROOTS  
ORGANISATIONS

are collaborating  
in the programme



**62** partner  
organisations  
developed a  
**STRATEGIC PLAN**

And 38 implemented it

**"**I have grown career wise and am able to provide more services to people who use drugs and my working relationship with them has improved and I sleep at night feeling satisfied that I am saving a life.**"**

Outreach worker, Kenya

#### Taking the lead in building capacities of organisations providing harm reduction in Nepal

Our partner Youth Vision conducted four trainings that are linked and designed to build capacity of the overall organisation and that of the local partners in Nepal. The partner organisations were provided with technical support in the area of harm reduction services and organisational development. The trainings applied a train-the-trainer trajectory, to enable our main partners in Nepal to take the lead in capacity building efforts for organisations working in the field of harm reduction in Nepal.

#### Technical assistance to LGBT organisations in Kenya and Zimbabwe

In Kenya, the provision of technical assistance included (a) a review on several documents, including grants; (b) coaching on writing academic abstracts for regional conferences; (c) support to conduct a rapid mapping of clinics to which LGBT CBOs in Mombasa refer clients, and; (d) systematisation of referral networks. In Zimbabwe, MSMGF's technical assistance included (a) support to GALZ to identify an agency that can train doctors who serve men who have sex with men on cultural competency and clinical skills; (b) concept note development with GALZ, describing plans to train providers and inviting stakeholders to enter into partnership, and; (c) input on a policy review conducted by GALZ, to inform researchers, partners and stakeholders about policy issues that are critical for understanding the HIV pandemic as it affects men who have sex with men in Zimbabwe.

**"**There has been a lot of development after the Organisational Systems Strengthening training. We have received a number of grants, entered into new partnerships like the National MSM Health Network and are also more involved in LGBT work with the National AIDS Control Council and National AIDS & STI Control Programme. We use our organisational profile at meetings to let people know about who we are and also for donors to consider us for funding.**"**

Festus Kisa, Director, Q-Initiative, Kenya

## CUR IMPACT AT GLOBAL LEVEL

#### Piloting the Key Populations Engagement Tool

In the period June-August 2013, GNP+ piloted the draft 'Key Populations Engagement Tool' with eight networks of people living with HIV. The aim of this tool is to measure the inclusion of key populations in people living with HIV networks: the extent to which these networks engage key populations in their policy and programme development, communications, and, most importantly, their governance structure. Men who have sex with men, sex workers, people who use drugs, transgender people, and prisoners were specifically identified in the draft tool. The tool will be finalised and a series of workshops will be held, to fully roll out the tool in consultation with people living with HIV networks attending the International AIDS Conference in Melbourne, in July 2014.

#### Supporting grassroots groups advocating for treatment access

ITPC provides \$480,000 in grant funding to nineteen grassroots initiatives by and for key populations of people living with HIV (2013-2015). All grantees are led by and address the needs of key populations of people living with HIV. The small grants are provided to grassroots groups and coalitions in fourteen countries, which deploy the funds to fight stigma, discrimination, drug shortages, human rights abuses, and other barriers hindering access to HIV treatment for their communities. ITPC also provides technical assistance, capacity enhancement, and network support to the grantees. The projects will improve the policy environment in the grantees' countries and will contribute to getting better access to HIV treatment at regional and global level.

Akber a gay man in Pakistan working for Parwaz Male Health Society, one of ITPC's small grant recipients - Shahryar Alian (Aids Fonds)



**"**In a closed society like ours, men who have sex with men feel suppressed and are more conscious about disclosing their sexuality. Moreover, men who have sex with men and third genders can hardly get treatment for sexually transmitted infections in government run facilities and private clinics. In the eyes of the doctors and paramedics they have done something very illegal and against the norm of society and religion. This judgmental attitude prevents them from going there. My ambition is to diminish stigma and discrimination through education and awareness raising.**"**

Akber, a gay man in Pakistan working for Parwaz Male Health Society, one of ITPC's small grant recipients.  
Follow Akber's story at [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

## South-south empowerment towards a truly global movement of people who use drugs

Through the work in several countries supporting peer-based networks and groups of people who use drugs, their capacity is strengthened to advocate for themselves, to set their own advocacy agendas, to identify and document human rights abuses, and interact with the global community of people who use drugs activists. The interactions between people who use drugs activists from different countries in the global south helped to pioneer a new model of knowledge exchange, which is not north-south but south-south. This empowering model brings together people who use drugs activists from different settings in low- and middle-income countries and enables learning and experience exchange.

## Resource hub on organisational development for NGOs that serve LGBT communities

MSMGF launched a new resource hub dedicated to organisational development, available at [www.msmgf.org/orgdev](http://www.msmgf.org/orgdev). This new web page features tools and resources to support longer-term strategies for effectively building organisational capacity. Community-led organisations are often ignored or side-stepped in the HIV response and must focus their efforts on the most urgent and immediate needs while working with limited funding and resources.

### Glass ceiling for sex workers

**"** Among the many points of wisdom you shared at the Ghana meeting, one that really struck me was your comments about the "glass ceiling" for sex workers — that they may be engaged as peer educators or outreach workers but rarely have the opportunity to rise within organisations to management and leadership [...] it would be a very innovative and important target to ask (the project) their plans to provide training and employment opportunities for sex workers and other key populations in roles such as nursing, counselling, financial management, administration, and other leadership positions. **"**

Elizabeth Marum, CDC Zambia

### Developing a pan-African sex worker academy

NSWP members in Africa decided to create more sustainable learning opportunities for a wider range and number of sex worker-led organisations across Africa through developing their own pan-African sex worker academy in Kenya, based on the models developed by sex worker collectives throughout India: the Sex Worker Academy Africa (SWAA). The Academy provides a sex worker-led model of teaching and learning to strengthen sex worker-led organisations across Africa. In turn, they build a pan-African network of sex workers, which will become a responsive and effective advocacy force. Such peer-led training is innovative and cost-effective, while it also strengthens sex worker-led organisations through the sharing of knowledge and skills. Moreover, it enables them to formulate organisational development plans. Building strong networks of sex worker-led organisations will support the development of rights-based programming and challenge bad practices and human rights violations in their home countries.

Bridging the Gaps has a combined focus on sex workers, people who use drugs, lesbian, gay, bisexual and transgender (LGBT) people as well as vulnerable sub-populations such as women, prison inmates, young people, people living with HIV and their spouses and sexual partners – Adriana Backer (Marime)



## 05 DEVELOPING AND STRENGTHENING A CONCERTED AND COMPREHENSIVE APPROACH ON HIV AND KEY POPULATIONS

### HIGHLIGHTS

*Most activities under this objective are planned for the next phase of the programme, when lessons learnt in the different projects and by key populations are shared, analysed, and translated into training curricula, guidelines, policy statements and documents. However, in 2013 several cross-linking activities were implemented, and the outputs are overall on track. Increasingly, the global partners act together in an advising role towards UNAIDS and WHO, ensuring that the voices and concerns of key populations are fully integrated in relevant policies and guidelines.*

### Bridging the Gaps Partner Forum: country implementers lead the way

The Partner Forum is a group of country implementers who advise on programme, advocacy, and sustainability issues. In 2013, when they met for the first time, they provided recommendations to the board on different matters, including meaningful involvement of key populations, applying a comprehensive and concerted approach on HIV and key populations, how to capture and make optimal use of lessons learnt from the programme, and on ensuring programme sustainability.

## A new strategic partnership with UNAIDS and the Ministry of Foreign Affairs of the Netherlands

An important development concerning external partnerships was the commencement of a strategic partnership of civil society (Bridging the Gaps and the International HIV/AIDS Alliance), UNAIDS, and the Ministry of Foreign Affairs of the Netherlands. The partners agreed on a closer programmatic collaboration and advocacy cooperation in three countries: Kenya, Ukraine, and Indonesia.

## Access challenges for HIV treatment among people living with HIV and key populations in middle-income countries

ITPC, GNP+, INPUD, NSWP, and MSMGF jointly developed a policy paper, entitled 'Access challenges for HIV treatment among people living with HIV and key populations in the middle-income countries'. The paper provides evidence of the inequitable access to treatment for key populations living with HIV as well as examples of key populations that illustrate the various barriers they face to access treatment. It was successfully used for advocacy purposes during the meeting on access to HIV medicines in middle-income countries, in Brazil, in June 2013, which was organised by UNITAID, WHO, UNAIDS, and Medicines Patent Pool.



## Providing input to the WHO HIV guidelines for key populations

In October 2013, our global partners attended the meeting of the WHO Working Group on Consolidated Guidelines for Key Populations, discussing the need to address cross-cutting issues for creating an enabling environment, including transgender women in the guidelines, and identifying case studies of successful health interventions. The work on the consolidated guidelines continues in 2014. We are also involved in examining new scientific evidence on pre-exposure prophylaxis effectiveness among men who have sex with men as part of the groundwork for possible new WHO recommendations on their use among men who have sex with men.

**"**I thought the project was not real as I am used to everyone letting me down in life; after sharing with young women from Gulu and Bibia, I now believe in the project and trust staff. **"**

Two young women shared what they learned from the exchange visit with their peers from Pader, as part of the sex work project in Uganda

## Extending paralegal advocacy for people who use drugs: bringing grassroots experiences to the global advocacy agenda

Our in-country partner Persaud araan Korban Napza Indonesia (PKNI) trained nearly 120 community paralegals between 2012 and 2013. The paralegal support, in combination with the health services provided by LARAS, has strengthened the situation of drug users across Indonesia. Our global advocacy partner INPUD uses this work as a success case for capacity building in the drug using community in collaboration with lawyers and human right defenders. The project acts as a 'proof of concept' in advocating for the funding of community paralegals in Global Fund supported programming for people who use drugs and is a concrete intervention in building an enabling legal environment for criminalised communities.

**"**From my visit to Pakistan I took home some very useful knowledge. The organisation Nai Zindagi works on HIV prevention and treatment for people who use drugs, also focusing on their spouses, intimate partners, and children. In Kenya, I will definitely involve the family members of people who use drugs in my work, and provide them with psycho-social support. I find this a strong element of the work in Pakistan. **"**

Teresia, social mobiliser Omari project, Kenya.  
Read Teresia's story at [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

## Bridging the gaps through exchange visits between in-country partners, across countries, and across key populations

### Indonesian partners learn Vietnamese capacity building approaches for sex workers

In September 2013, an exchange visit took place to the SCDI sex work programme in Vietnam by LARAS, a partner in the people who use drugs project in Indonesia. For LARAS, one of the objectives of the visit was to learn building the capacity of female sex workers while they are confronted with serious economic and social problems. The visit was a great success, inspiring both organisations and enabling LARAS in re-addressing the way it deals with sex work.

### Uganda's life skills programme for sex workers inspires colleagues from Vietnam

The Bridging the Gaps sex work meeting in Mombasa in February 2013 brought together all country partners of the sex work project. New initiatives were developed. War Child's presentation about its life skills programme inspired SCDI to translate and adapt the package to the Vietnamese context. Now, SCDI is in the process of revising and adapting the package and rolling out this model in Vietnam, in 2014.

### Organisations from Pakistan, Nepal, and Indonesia join forces to develop a fundraising strategy for people who use drugs

Branding and fundraising are of crucial importance for the sustainability of NGOs. But what can you do when your NGO focuses on people who are not really 'cuddly'? This is particularly challenging for organisations working with key populations. Led by Nai Zindagi and Mainline, our partners from Nepal and Indonesia joined forces and developed a road map towards optimal branding and fundraising.

### Specialists and outreach workers from Ukraine, Kyrgyzstan and Tajikistan share knowledge on reaching out to LGBT people

Our Ukrainian partner LiGA conducted a training in collaboration with Tanadgoma (Georgia), a partner in our people who use drugs project with extensive experience in working with LGBT people. The training focused on the basic skills of outreach work and understanding the essence of the work. Besides the transfer of knowledge and skills, there was sufficient space for exchange between outreach workers from different organisations and countries. The participants highly valued this because it afforded them an opportunity to share and learn from each other.

### Bridging the harm reduction knowledge gap between Kenya and Pakistan

In Pakistan, people generally have limited knowledge on sexual transmission of HIV because the virus is concentrated among most-at-risk populations. In Kenya, the epidemic is generalised, which is why the know-how on the issue is more widespread. In November 2013, three of our Kenyan partners, namely Omari, Reach Out, and Muslim EducaWelfare Association (MEWA), exchanged valuable experiences, during a four-day visit to Pakistan, organised by Mainline. They observed, discussed, asked questions, clarified, and also encouraged one another to better understand different contexts of drug use related HIV prevention, treatment, and delivery of services.



# THE ROAD AHEAD: TOWARDS RESPECTED HUMAN RIGHTS AND HEALTH FOR KEY POPULATIONS

By the end of 2013, the Bridging the Gaps programme was halfway through its four and a half-year programme. In 2013, Bridging the Gaps made an impressive leap forward and managed to successfully reach the targets set or surpass them, both for 2013 and the entire 2011-2013 period. Rights-based and essential services are being delivered to sex workers, LGBT people, and people who use drugs, at a large number of locations in challenging settings in sixteen countries. Moreover, the much-needed advocacy at the global level continues to achieve high impact. An external mid-term evaluation over the first 28 months confirms this, coming to the conclusion that the programme is well on its way to reach its five key objectives. Although we are quite successful in achieving good results, this is not enough. Our approach works, but the situation of many countries we operate in, is worsening. So, we must continue – even more vigorously than before.

## FOCUSING ON SUSTAINABILITY OF OUR EFFORTS

To maintain and share the results achieved by the programme beyond 2015, in 2014 we will concentrate on sustainability at all programme levels. There will be a strong focus on capacity building for the more than 80 country partner organisations, and on finding ways to work with national governments to ensure inclusion of key population priorities in national budgets and health programmes. We aim to strengthen a comprehensive and sustainable approach on HIV and key populations of all partners. Therefore, the knowledge on all key populations that has been gathered at country and global level will be used in 2014 to compile joint guidelines and methodologies. To ensure global level synergies and sustainability, we will continue to invest in relationships with other key populations stakeholders. In view of that, the tripartite collaboration of the Dutch

government, UNAIDS, and Bridging the Gaps, initiated in 2013, is very promising. During two meetings, by the end of 2013, the three partners agreed on a closer collaboration, programmatically and advocacy-wise in Kenya, Ukraine, Indonesia, and South Africa. In 2014, the collaborative work will start with stakeholder meetings, during which we will determine in what way the partners can strategically collaborate and synergise their efforts, explore the opportunities to enhance capacity related to working with key populations in the four countries, set thematic priorities, and develop a road map and agenda for follow-up.

“Until recently, busses with methadone supplies drove from Kiev to the Crimea, escorted by the police. But the Russians are not allowing any transports anymore. The supplies of methadone are steadily running out, with serious consequences for the persons concerned.”

Elena Voskresenskaya, AFEW

ensure sustainability after the programme ends. They will also translate the lessons learnt into joint guidance documents, training curricula, and statements.

## MOVING FORWARD WITH OUR OPERATIONAL RESEARCH AGENDA

In this programme phase, some elements will be more prominent than before. The operational research, which unfortunately experienced some delays, will run at full speed in 2014. In Ukraine, Kyrgyzstan, Costa Rica, and Kenya, in-depth studies will be implemented, focusing on effective strategies for reaching hard-to-reach populations, the impact of violence on safety and health, and the influence of changing policies.

## NAVIGATING THROUGH EMERGING HUMAN RIGHTS CRISES THAT AFFECT KEY POPULATIONS

While being proud of the achievements to date, we are fully aware that the road ahead is not without bumps. For the coming period, our response to violations of the rights of key populations remains of great importance. The examples in this report demonstrate that our global partners have successfully mobilised against emerging human rights crises, together with Bridging the Gaps implementing partners and local partners. Recent developments in countries such as Ukraine, Kyrgyzstan, Uganda, and Nigeria demonstrate the growing stigma and discrimination faced by LGBT people, sex workers, and people who use drugs and the severe impact on their health. These distressing developments raise deep concerns and demonstrate the need for initiatives such as Bridging the Gaps.



HIV service provision is becoming more challenging in Ukraine – Gideon van Aartsen (Aids Fonds)

# FINANCIAL SUMMARY

Total expenditure of the Bridging the Gaps programme in the period September 2011-December 2013: € 23,152,196. This is 101 percent of the budgeted amount: € 22,942,260.

The overall budget of the Bridging the Gaps programme for the period September 2011-December 2015 is € 46,800,000, of which the Dutch government committed € 35,000,000. 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 Ministry of Foreign Affairs of the Netherlands' funded international programme.



## EXPENDITURE PER PROJECT



## EXPENDITURE PER OBJECTIVE



# OUR PARTNERS

Bridging the Gaps – Health and Rights for Key Populations brings together a wealth of international expertise on key populations, both from the grassroots level and the global level.

Our implementing partners are: Aids Fonds, AIDS Foundation East-West (AFEW), Federation of Dutch Associations for the Integration of Homosexuality (COC), Mainline, and Global Forum on MSM and HIV (MSMGF). They are responsible for the implementation of activities at country level, chiefly through funded partnerships with more than 80 national and local organisations.

Our global partners are: Global Network of People living with HIV (GNP+), International Network of People Who Use Drugs (INPUD), International Treatment Preparedness Coalition (ITPC), Global Forum on MSM and HIV (MSMGF), and Global Network of Sex Work Projects (NSWP). The primary focus of these five constituency-led global networks is on advocacy at the global level, in close partnership with their respective regional and country level affiliates.



Bridging the Gaps receives funding from the Netherlands Ministry of Foreign Affairs.



Development Cooperation  
Ministry of Foreign Affairs of the Netherlands



A lesbian couple in Costa Rica - Mariella del Risco Gallegos (Aids Fonds)

# OUR IN-COUNTRY PARTNERS

## 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

## PEOPLE WHO USE DRUGS PROJECT

### Kenya

- Reach Out Centre Trust
- Muslim Education and Welfare Association (MEWA)
- Omari Project

### Georgia

- Bemoni
- Tanadgoma

- Kyrgyzstan
- AFEW Kyrgyzstan Office
- Ministry of Internal Affairs
- State Service on Penal Execution
- State Service on Drug Control
- Kyrgyz State Medical Institute of Continuing Education
- NGO Family Medicine
- NGO Parents against drugs
- Ministry of Health
- NGO Asteria
- NGO Sotsium
- NGO Ranar
- NGO Podruga
- NGO Ayan-Delta
- Deputies of Parliament
- Republican AIDS Center
- Bishkek AIDS Center
- Osh AIDS Center
- Chiu region center on Tuberculosis
- Republican Narcology Center

### Tajikistan

- AFEW Tajikistan Office
- Drug Control Agency
- Ministry of Health and social Protection
- Ministry of Justice
- Police Academy of the Ministry of Internal Affairs
- RPO Buzurg
- PO Sudmand
- Targibot
- PO Jovidon
- SPIN+
- PO AntiAIDS
- PO VITA

### Ukraine

- AFEW Regional Office for Ukraine, Moldova and Belarus
- CF Blago
- CF Public Health
- Kyiv and Kharkiv Social Services for Youth
- CF Return to Life
- National Academy of the Ministry of the Interior

### Indonesia

- Lembaga Advokasi dan Rehabilitasi Sosial (LARAS)
- Persaudaraan Korban Napza Indonesia (PKNI)

### Nepal

- Youth Vision
- Wisdom Foundation
- Naya Goreto

### Pakistan

- Nai Zindagi
- Association of People Living with HIV&AIDS (APLHIV)

## LGBT PROJECT

### Botswana

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

### Kenya

- Network of Human Rights Defenders
- Persons Marginalized and Aggrieved Kenya (PEMA)
- Ishtar MSM
- Liverpool VCT, Care and Treatment (LVCT)
- UHAI – East African Sexual Health and Rights Initiative (UHAI-EASHRI)

### South Africa

- OUT LGBT Well-being
- Triangle Project
- Durban Lesbian and Gay Community and Health Centre
- Gender DynamiX
- Centre for the Development of People (CEDEP, Malawi)
- Swaziland for Positive Living (SWAPOL, Swaziland)
- African Men for Sexual Health and Rights (AMSHeR)

### Zimbabwe

- Gays and Lesbians of Zimbabwe (GALZ)
- Southern Africa HIV & AIDS Information Dissemination Service (SAfAIDS)

### Kyrgyzstan

- Labrys
- Kyrgyz Indigo
- Yug-Antilopa

### Tajikistan

- Equal Opportunities
- Dignity

### Ukraine

- LiGA – Mykolayiv Association for Gays, Lesbians and Bisexuals
- Initiative Group Simferopol
- Initiative Group Odessa (Future without Aids, Life+)

### Brazil

- Grupo Arco Iris
- Associação Brasileira Interdisciplinar de AIDS
- SOMOS
- Grupo de Resistência Asa Branca (GRAB)

### Ecuador

- Equidad
- Kimirina

### Costa Rica

- Centro de Investigación y Promoción para América Central de Derechos Humanos (CIPAC)
- Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP)
- ESMULES (El Salvador)

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Health and rights  for key populations