



A Twin-Track to Gender Mainstreaming

Addressing the Gaps of SRH Services for Women and Gender-Diverse People Who Use Drugs



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Why This Matter

- Women and gender-diverse people who use drugs face compounded stigma
 - Discrimination, GBV, and criminalization impact SRH access
- Intersectional vulnerabilities remain unaddressed





Partnership & Contributions from Each

- **SPINN: Community-led, Outreach, trust, tailored SRHR and Harm Reduction advocacy**
- **IPPA: Long-standing SRHR provider, Clinical infrastructure, integration**

SRH is a human rights, not a luxury.
Inaccessibility fuels cycles of violence and illness





SPINN's Twin-Track Strategy

1. **Direct Services:** education, mobile clinics, referrals, paralegal
2. **Systems Advocacy:** develop guidelines, partnership building, shelter pilots



What We Did (May-July 2024)

- Reached 99 participants (cis and trans women)
- Conducted surveys and FGDs on SRH & related services access
- Explored emergency shelter feasibility and give mobile clinics services in community site



**“We don’t grow when things are easy.
We grow when we face challenge with honesty and courage.”**

Key Insight & Challenges

- Only 8% (women) and 3% (trans women) regularly access SRH services
- 7 of 15 housewives had not used any SRH services in the past year
- Mobile clinics at community site were the most preferred option





Lessons Learned

“This isn’t a pilot — it’s a prototype for rights-based collaboration.”

What We Learned

- Shelter = safety, dignity, and long-term stability
- Trust builds from community, not institutions
- Equal partnerships grow mutual strengths
- ` Shared ownership = sustainable impact

What's Next

- Finalize SRHR and GBV service guidelines
- Expand mobile clinic and education outreach
- Strengthen local partnerships and policy engagement
- Promote gender-responsive harm reduction reform



Sustainability & Call to Action

- Strong partnership, but long-term needs remain
- Integration of SRHR in harm reduction is vital
- Support needed: funding, scale-up, policy space

This partnership between SPINN and IPPA shows what's possible when community-led groups and health providers work together—but we can't do it alone. To truly sustain and scale this model, we need long-term investment. Not just project-based funding, but commitment to systemic inclusion.

THIS IS ABOUT RIGHTS, NOT CHARITY!

Investing in women and gender-diverse people who use drugs, means investing in dignity, equity, and impact.





Acknowledgement

I stand and speaks here today because of the unwavering belief and backing from our funders, who recognize the urgency of SRHR access for women and gender-diverse people who use drugs.

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AND OUR INCREDIBLE COMMUNITY ALLIES.

Your faith in our vision and tireless support
has helped lay the foundation for transformative advocacy.
This journey is shared—we need more allies to help embed this work into our national systems.



Conclusion

TRUE CHANGE BEGINS WHEN WE LISTEN
TO THE VOICES THAT HAVE LONG BEEN SILENCED,

The journey toward gender equity in sexual and reproductive health is not just about access to services; it is about ensuring that every woman and gender-diverse people, regardless of their background or circumstances, has the right to be heard, respected, and cared for.

We are not just advocating for services;
but for **DIGNITY, AUTONOMY, AND EMPOWERMENT—**
RIGHTS THAT EVERY PERSON DESERVES!



*"Kindness given without expecting anything always returns—
when you need it most."*

Thankyou



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