

# Partnerships SRHR organisations and PWUD.

## Lessons from International Planned Parenthood Federation

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Global Lead Community Engagement  
and Partnerships



IPPF is a global healthcare provider.

In 2023, IPPF delivered 222.4 million sexual and reproductive health services and contributed to 115 policy and legal changes in support of sexual and reproductive health and rights.



150 Member Associations and Collaborative Partners with a presence in over 146 countries.



# The Regional Collective of Women Who Use Drugs

IPPF South Asia Regional Office



# Partnerships IPPF and PWUD / WWUD



- **Sierra Leone:** Planned Parenthood Association of Sierra Leone, short term Family Planning commodities for distribution among their peers; psycho-social support and counselling.
- **Liberia:** Community Healthcare Initiative: Beats beyond recovery for young people who use drugs, transformative power of music and the arts to create a supportive and engaging environment for healing and personal growth
- **Sri Lanka:** partnership with Mithuru Mithuro Movement (Global Fund) FPA Sri Lanka works with 2 Community Based Organisations in Colombo and Gampaha to implement activities for injecting Drug Users.
- **Indonesia :** partner PKBI & SPINN





# RAPID SITUATION AND NEEDS ASSESSMENT

**Improving Sexual and Reproductive Health Services for  
Women and Gender-Diverse People Who Use Drugs**

presented by  
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# *Background*

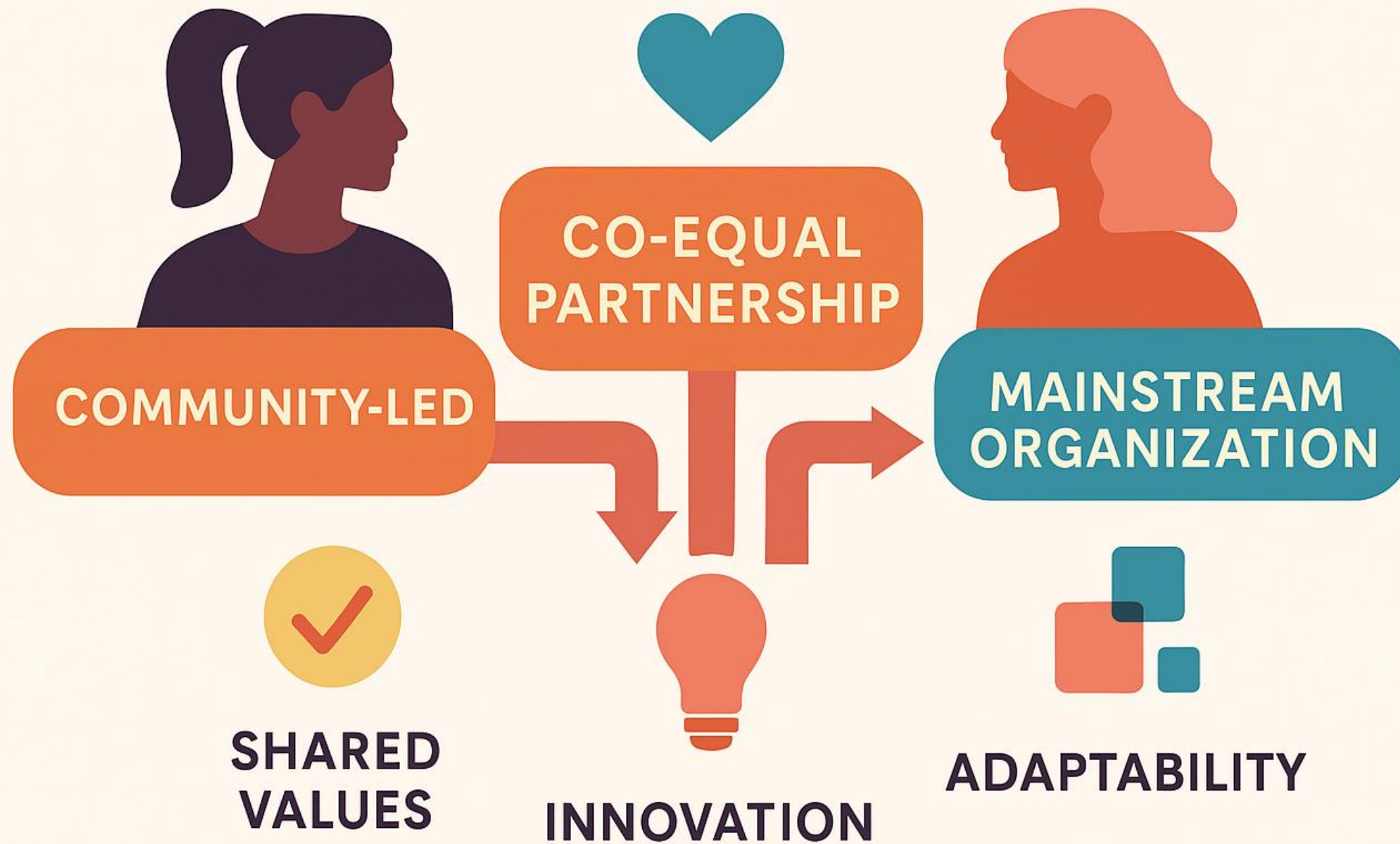
- The rights to reproductive health is a fundamental human rights
- Women and gender-diverse people who use drugs face barriers to access
- Stigma and discrimination remain high in health services
- There is still a need to identify needs & gaps in inclusive and responsive services.







## A MODEL FOR COLLABORATION



### Partnership & Contributions from Each

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



# *Research Methods, Respondent and Location*

- **Method:**
  - Online survey
  - FGD
- **Respondents:**
  - 99 respondents (women and gender-diverse who use drugs)
- **Location:**
  - Jakarta, Bogor, Depok, Bekasi







# *Objective*

**Having the latest information on:**

- **Socio-Demographics**
- **Substance Use Behaviors**
- **Risky Sexual Behavior**
- **Access to Reproductive Health Services**







# *Socio-Demographics*

- **Majority age:**
  - **31–40 years**
- **Education:**
  - **most of them are high school graduates**

## **Job:**

- **Female: NGO workers, housewives, sex workers**
- **Transwomen: sex workers, entrepreneurs, NGO workers**







# *Substance Use Behaviors*

- **Substance use in the past week: high**
- **10% use daily**
- **Some overdose**
- **Injecting drug use: minority, but still present**





# *Risky Sexual Behavior*

- **90% sexually active in the last 3 months**
- **Higher risk behavior in trans women**
- **Condom consistency is higher in the trans women group**







# *Access to Reproductive Health Services*

- **Very limited, especially for those without health insurance**
- **Barriers: Time, Cost, Distance, Stigma**
- **Only a small number of people regularly access services**







# FGD Results-

## Quotes From Respondents

***“Services are there, but we are often looked down upon” — FGD Participants, Depok***

***"We need mental health services, because we don't know to talk with" — Trans women, Bekasi***







# *Specific Needs*

- **Pap Smear, Anuscopy, Hormonal Therapy**
- **Counseling:**
  - **Reproductive Health**
  - **Mental Health**
  - **Addiction**
- **Gender-Friendly and Stigma-Free Services**



## *Key Findings*

- **Restricted Access, High Discrimination**
- **Substance Use and Sexual risk behavior are Strongly Linked**
- **There are Specific Needs That Have Not Been Fulfilled**





# *Conclusion*

- **Service Strengthening:**
  - **Health Worker Training**
  - **Mobile Clinics**
- **Policy Advocacy:**
  - **Affirmation of Reproductive Health Rights**
- **Increasing Public Awareness**







## *Acknowledgement & Call to Action*

The work I presenting today wouldn't have been possible without the generosity and commitment of our funders. Their belief in the importance of addressing the SRHR needs of women and gender-diverse people who use drugs has been absolutely instrumental. These funders have not only provided the financial resources but also trusted our vision and approach, enabling us to build a platform for advocacy and change.

SPINN's deepest gratitude to **International Planned Parenthood Federations (IPPF) Opportunity Fund on RESPOND project, Indonesia Planned Parenthood Association (IPPA), Community Partners and Supporters** whose contributions continue to make a transformative difference in the lives of many.

**THIS WORK IS A COLLECTIVE EFFORT,  
WE NEED MORE BACKING TO TRULY EMBED THESE SERVICES INTO OUR NATIONAL SYSTEMS.**

