



CHANGE STORY MAINLINE-MEWA

Female-friendly harm reduction services in Mombasa, Kenya

Muslim Education and Welfare Association (MEWA) based in Mombasa, Kenya delivers evidence-based harm reduction services for people who use drugs. MEWA has been Mainline's partner under the Bridging the Gaps programme since its inception in 2012. MEWA's 2016 client records indicated that approximately 1% of their clientele at the drop-in centres was female (fewer than 20 women). However, observations from peers and outreach workers in Mombasa's drug dens indicated a high number of women who were not accessing services. This change story describes how MEWA innovated their services in order to reach more women.

HIV in Kenya: the numbers

A high-risk group to contract HIV are people who use drugs – and particularly those among them who inject their drugs. Data from 2011 showed that 18.3% of people who inject drugs in Kenya were living with HIV¹. According to the United Nations Office on Drugs and Crime (UNODC), heroin use in Kenya is most common in Nairobi and in the coastal region of Kenya. An estimated 18,000 Kenyans who regularly use heroin can be found along the Kenyan coast. The National HIV surveillance records show that the introduction of harm reduction services in Kenya in 2012 has helped to address unsafe injecting and sexual practices amongst people who use heroin². However, unprotected sex under the influence of alcohol or drugs continues to be an important factor that drives new HIV infections³. And stigma and discrimination against people who use drugs are identified as barriers to access health care^{4,5}.

1 IBBS (2012) 'Implementing Integrated Bio-Behavioral Surveys among Key Populations at Higher Risk of HIV Exposure with an Emphasis in Respondent Driven Sampling'

2 Kenyan Ministry of Health/National AIDS Control Council (2016) 'Kenya AIDS Response Progress Report 2016'

3 Ibid

4 National AIDS Control Council of Kenya (2014) 'Kenya AIDS Response Progress Report 2014: Progress towards Zero'

5 UNAIDS (2017) 'UNAIDS DATA 2017'



Among Kenya's 1.6 million people who live with HIV, 910,000 are women⁶. According to UNAIDS, high infection rates among women and adolescent girls relates to a disadvantaged social, cultural and economic position⁷.

The women

Women, in particular those who come from more traditional or conservative communities, face a lot of additional social and health problems as a consequence of drug use. Women who use drugs are more likely to be homeless, have more sexual partners and engage in sex work compared to men⁸. An assessment organised by several harm reduction service providers in Kenya found that 80-100% of the women they interviewed engaged in sex work in order to finance their own drug use and frequently that of their partners⁹. Traditional power imbalances – exacerbated by a drug dependency – can lead to limited safe sex negotiation skills, sexual violence and high-risk sexual behaviour¹⁰.

Moreover, women who use drugs meet a lot of prejudice and discrimination. Women are judged for using drugs and not fitting into societies' traditional views of women. They are judged for engaging in sex work, even when the fact that society ostracises them leaves them with few other options to earn a living¹¹. Women are perceived as being promiscuous or per definition infected with HIV and, therefore, perceived as dangerous. Families, the wider community and religion denounce women who use drugs. They are often left to fend for themselves and forced to develop strong survival skills to adjust to a harsh life on the streets. Women who use drugs hide out of shame and fear of random arrest. They become a particularly hard-to-reach population, even where harm reduction programmes are in place¹².

6 UNAIDS (2017) 'UNAIDS DATA 2017'

7 UNAIDS (2017) Ending AIDS: Progress towards the 90-90-90 targets.[pdf]

8 Lambdin et al., 2013: Identifying programmatic gaps: Inequities in harm reduction service utilization among male and female drug users in Dar es Salaam, Tanzania

9 Azim, T., Bontell, I., & Strathdee, S. A. (2015). Women, drugs and HIV. *International Journal of Drug Policy*, 26, S16-S21.

10 Pinkham S., Malinowska-Sempruch K. Women, harm reduction and HIV (Open Society Institute, 2007). Available at www.opensocietyfoundations.org/publications/women-harm-reduction-and-hiv-0

11 S.Ayon et al., 2017: Barriers and facilitators of access to HIV, harm reduction and sexual and reproductive health services by women who inject drugs: role of community-based outreach and drop-in centers

12 United Nations Office on Drugs and Crime. Policy Brief. Women who Inject Drugs and HIV: Addressing specific needs.



The first steps

At the end of 2016, MEWA, together with Mainline, initiated a pilot in an ultimate attempt to reach more women with HIV, SRHR and harm reduction services. A two-month desk research study was conducted to gain insight into the service gaps and needs of women who use drugs in the Mombasa area. The desk research was complemented with interviews with key stakeholders and the female clients who were already connected to care. The women confirmed that stigma and shame kept them from accessing drop-in centres and other health services¹³ and in addition, reported on police violence.

Based on this research, MEWA decided to organise women-only-hours in the drop-in centre with discreet access and short-term childcare services. The organisation hired female outreach workers, knowing that this could potentially increase the uptake of services¹⁴. The 20 female clients were asked to inform their peers - tell a friend to tell a friend - about the pilot and the outreach team informed the women they encountered during outreach work. The women received transportation a stipend when needed.

The pilot

The women-only service hours first started in February 2017 and attracted 42 female clients, together with some of their children. During weekly group discussions in the first quarter of 2017, the needs of women were identified. They were:

- Basic needs such as food, shelter and clothing
- Hygiene products such as sanitary pads, shower utilities and soap
- Information on
 - Infection prevention
 - Drug related health knowledge (OST programme)
 - Safe drug use
 - Childcare (including pre-ante and postnatal care)
 - Legal matters
- Testing and treatment options
- Harm reduction and sexual health commodities (family planning)
- Counselling (mental health, safe sex negotiation skills and family, parental, couple and child therapy)

13 Azim, Bontell, & Strathdee, 2015: Women, drugs and HIV. *International Journal of Drug Policy*, 26

14 Malinowska-Sempruch, K. (2015). What interventions are needed for women and girls who use drugs? A global perspective. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 69, S96-S97.



- Income generating skills

From then on, the women were provided with information on topics of their choice or they shared experiences amongst themselves. For some topics, experts were invited to give a talk.

The women were provided with food, clothing and hygiene products and could use the shower facilities. In addition, many were tested for STIs, HIV, HCV and received basic health check-ups, wound care and counselling. Those with specific health needs were linked to relevant health facilities. For those who were homeless, a temporary residential centre for women was established, prioritising women with children and those who needed medical attention.

The women were continuously asked for their feedback on project implementation. Two months into the pilot, a thorough evaluation of the overall project (objective, activities, services, etc.) was done by MEWA staff and their female clients. During this evaluation, the information and education activities, along with the counselling sessions and the income generating skills needed, were further developed and fine-tuned. MEWA added some basic income generating activities – through their links with local organisations and government facilities to address poverty and illiteracy – to the programme. The evaluation also led to a bigger focus on restoring a healthy family and couple relations.

Alongside the pilot, MEWAs advocacy efforts addressed (self) stigma, discrimination and (sexual) abuse and they lobbied for improved services and the elimination of legal barriers for women. Health care professionals and the police were sensitised to better understand the societal position of women who use drugs during a series of trainings.

The WWUD training manual

Early 2018, Mainline and MEWA, aided by a female doctor from partner organisation Nai Zindagi in Pakistan, drafted a training manual on how to reach WWUD and going deeper into female-specific needs and interventions in the Kenyan context. From the start, the Kenyan National AIDS and STI Control Program (NAS COP), which is a part of the Kenyan Ministry of Health (MoH) was involved in the manual design. The training was pretested with MEWA's – still predominantly male – outreach team. The manual was fine-tuned based on the participant's feedback and submitted to NAS COP to be taken up in the national HIV curriculum.



THE CHANGE

By the end of 2018 – reaching 390 women in Mombasa and Kilifi – MEWA's efforts have definitely led to 'improved SRHR and fewer HIV infections' by 'delivering inclusive, rights-based and gender sensitive services'. All 390 women were able to access testing and treatment services for HIV, TB and STI's. 200 women accessed additional SRH services such as condoms and contraceptive methods. As a result of the programme, a viral load suppression of 98% among the HIV positive women and their positive partners was achieved. The project introduced prenatal, delivery and postnatal care in 2018. Furthermore, more than 200 women received psychological and social support in 2018.

By the end of 2018, over 90% of the service users indicated to be satisfied with the female services. As a result of MEWA's advocacy and sensitisation strategies, women reported less stigma and discrimination by the larger community and more acceptance from their families as a result of family counselling. Attitudes of public health care providers were perceived as more positive by the women, which enables them to have better access to relevant services. At least 12 women were able to start up small scale businesses through the income generating skills and entrepreneurship programme that have been implemented since late 2017.

MEWA's work was acknowledged by the Global Fund. As per January 2019, the Global Fund assigned MEWA a new site where they can implement harm reduction services for women and simultaneously serve as a learning site for other CBOs.

The beneficiaries

Women on the streets of Mombasa show a striking resilience. The services at MEWA, however, give them an often much needed break from their daily hustle. Major improvements in terms of access to health and rights have been achieved on an individual level. Women know more about the risks of drug use during pregnancy and understand that they can give birth to a healthy child even when they themselves are HIV positive. Women appreciate the counselling efforts to reconnect them with their families and some have managed to leave the street life behind. Some women tell touching stories about how the project impacted their lives, in particular where it concerns their children. A quote of one of the ladies at the drop-in centre:

"I didn't know how to handle a child before and I was scared of the day I will give birth. This was really traumatic for me and I had to undergo several traditional abortions.



Eventually, through female friendly hours, I overcame my fear and gave birth to a bouncing baby boy – I am now happy and feel complete as the sessions on parenting, maternal child health care and hygiene have built my confidence in caring for the child” [Zainab Yusuf, 23].

THE ANALYSIS

The female-friendly harm reduction approach proved to be successful in reaching the hard to reach. Women came out of hiding and found a service where they could improve their own mental and social well-being and that of their children. Family ties have been restored in some instances and the community in some respects is slowly becoming more understanding. Women are empowered with knowledge and skills.

In 2019, the WWUD manual is in the process of being approved as part of the national training curriculum of the National AIDS & STI control programme. Upon approval, the manual can be disseminated to other organisations in Kenya. MEWA’s exemplary role where it comes to female-friendly harm reduction is likely to have a sustainable and long-term impact on the health and rights of women who use drugs. The success of the pilot can definitely be attributed to the direct involvement of the service beneficiaries; the feedback of the women themselves led the services to be more holistic and to encompass HIV/AIDS as a single issue.

Continued and flexible funding through the Bridging the Gaps programme, combined with coaching, training and support of alliance partner Mainline, enabled this change to take place. Mainline provided capacity building on female specific service delivery, linking the relevant organisations to establish the project and provided support in the implementation of the project. The broader Bridging the Gaps alliance made the link possible between MEWA and Nai Zindagi, who assigned a female doctor to work on the development of the training manual and co-trained, together with Mainlines trainer, the pre-test training early 2018.

The persistence of MEWA in turn, nurtured a truly bottom-up approach by structurally involving women in the design, implementation and evaluation of both the pilot and the continuation of the project.

NASCOP has been actively consulted during the development of the training manual. The same holds true for various harm reduction CBOs, who were consulted by NASCOP to provide their input on the training manual during a workshop. UNODC has been actively involved in the pretest training and a number of additional stakeholders



attended that training as 'listeners'. Amongst them was a researcher at the local university who we hope to conduct a study with in 2019 about women who use drugs.

The lessons learned

Over the course of the past two years, the partners in this effort have well understood the relevance of listening to the people you are working for, to take their input very seriously and to be creative in how to address the many needs that might be put forward. We have learned to be patient, especially in trying to have the training manual adopted by government institutes. For the training manual to suit the wider Kenyan context, adaptations need to be made to ensure the inclusion of the many different cultures and customs within the Kenyan borders. Furthermore, the persistence of MEWA has been an important inspiration and their efforts show that strategic, long-term thinking can lead to sustainable, important results.

The next phase

To ensure that this improved understanding of how we can reach women who use drugs and how to design tailored services is disseminated, the following steps are planned:

- Continued support for the project in Mombasa and Kilifi
- Expanding the relationships with the government department that supports income-generating activities and learning trajectories for women
- MEWA functions as a learning site for female-friendly services via Global Fund funding as of 2019
- Uptake of the WWUD manual in the NASCOP national HIV curriculum
- Training for harm reduction CBOs across Kenya
- Advocate for gender specific harm reduction/needs-based approaches worldwide (conferences, reports and news-items on progress made)
- Looking into ways to improve and enhance the existing approach via a research in 2019 that was approved to be part of ITPC's Robert Carr Fund grant