



Health information dissemination during women-only hours

Photo: MEWA

## CHANGE STORY 10:

# “WHAT A GIRL WANTS, WHAT A GIRL NEEDS”: FEMALE FRIENDLY HARM REDUCTION SERVICES

## PROVIDING NEEDS-BASED, GENDER-SPECIFIC HARM REDUCTION SERVICES FOR WOMEN WHO USE DRUGS IN MOMBASA, KENYA

### PROBLEM

Among Kenya's 1,6 million people who live with HIV, 910,000 are women.<sup>1</sup> According to UNAIDS, high infection rates among women and adolescent girls relates to a disadvantaged social, cultural and economic position.<sup>2</sup> Women, in particular those that 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 as compared to men.<sup>3</sup>

Muslim Education and Welfare Association (MEWA) based in Mombasa, Kenya has been Mainline's partner under the Bridging the Gaps programme since its inception in 2012. MEWA's 2016 records indicated that approximately 1% of their clientele at the drop-in centres was female (less 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.

### ACTIVITIES

At the end of 2016 MEWA, together with Mainline, initiated a pilot to reach more women with HIV, SRHR and harm reduction services. A two-month desk research was conducted to gain insight into the service gaps and needs of women who use drugs in Mombasa area. Based on this research, MEWA decided to organise women's-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 services. The women received a transportation stipend when needed, and were provided with food, clothing and hygiene products, and access to shower facilities. In addition, many received testing for STIs, HIV, HCV, as well as basic health check-ups, wound care and counselling. Those with specific health needs, were linked to relevant health facilities. For those that were homeless, a temporary residential centre for women was established, prioritising women with children and those that needed medical attention. In 2018, the project also introduced prenatal,

1 UNAIDS (2017) 'UNAIDS DATA 2017'

2 Ibid

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

Bridging the Gaps is an international HIV programme with a focus on the health and rights for LGBT people, sex workers and people who use drugs, currently operating in fifteen countries. For more information on the programme, visit [www.hivgaps.org](http://www.hivgaps.org).

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“MEWA gave me the opportunity to work as a peer educator for one year. I have also gained through the entrepreneurship skills and mentorship programme received last year during the special female hours at the Centre, I have managed to open a small-scale business that support for my residents (rental fee), meals and medical support.”

– Mbeu (Name has been changed)

delivery and postnatal care, and delivered psychological and social support to more than 200 women.

In 2018, Mainline and MEWA, aided by a female doctor from partner organisation Nai Zindagi in Pakistan, drafted a training manual on how to reach women who use drugs, and further exploring the female-specific needs and interventions in the Kenyan context. From the start, the Kenyan National AIDS and STI Control Program (NAS COP) was involved in the manual design. The training was pre-tested 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

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 wellbeing 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.

By the end of 2018, MEWA had reached 390 women in Mombasa and Kilifi, providing them with access to testing and treatment services for HIV, TB and STIs. 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. 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.

MEWAs work was acknowledged by the Global Fund and, as of 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. It is expected that the training manual on women who use drugs will be taken up in the NAS COP national curriculum in

2019. Once the manual is adopted, it can be used to further train both non-government and government (health) institutes in Kenya. It is hoped that this will lead to a sustainable change among service providers and more inclusive harm reduction services across Kenya.

### LESSONS LEARNED

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. 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.

It was valuable to actively consult NAS COP during the development of the training manual. The same holds true for various harm reduction CBOs, who were consulted by NAS COP to provide their input on the training manual during a workshop.

Finally, for the training manual to suit the wider Kenyan context, adaptations need to be made to ensure inclusion of the many different cultures and customs within the Kenyan borders.



Photo: MEWA

**MAINline**

