



Coast Province, Kenya

MUSLIM EDUCATION AND WELFARE ASSOCIATION^f

✓	Needle and syringe programme
✓	Opioid agonist therapy
✓	Opioid agonist therapy in prison
✓	Overdose first aid training
✓	Tuberculosis screening, testing and treatment
✓	HIV screening, testing, treatment and counselling
✓	STI screening, testing and treatment
✓	Hepatitis C screening, testing and treatment

✓	Gender-based violence services
✓	Sexual and reproductive health services
✓	Legal support
✓	Linkage to health services
✓	Drug rehabilitation services
✓	Advocacy work on drug policy reforms
✓	Entrepreneurship skills building

Background

The Muslim Education and Welfare Associated (MEWA) was founded in 1994, with the aim of providing education and health services for local communities in Mombasa, Kilifi and Lamu on the Kenyan Coast. In 2007, the organisation began its harm reduction programme, recognising that people who use drugs (and particularly those who inject), were at increased risk of getting HIV and hepatitis C. MEWA is funded by a range of international donors, including state bodies, international organisations and non-governmental organisations.

Integrated services

According to MEWA staff, integrating services means you have a one-stop shop for all services. It aids in optimising client care and can help to bridge any missed opportunities to provide services. Integrated services creates an enabling environment to provide a continuum of health, harm reduction and legal rights, further accelerates drug policy reforms. The involvement of people who use drugs has been a key

part of MEWA's success. The organisation employs paid peer workers in the community-based harm reduction services, as well as those working on a voluntary basis.

MEWA's services are extensive. They include: a needle and syringe programme (NSP); screening, testing and treatment for HIV, tuberculosis (TB), sexually transmitted infections (STIs), and hepatitis B and C; training and capacity building for peer networks; temporary shelter for women; entrepreneurship programmes; paralegal and prison services; documentation of human rights violations; and research and advocacy for drug policy reform. These services are delivered through an outreach programme and drop-in centre, with both branches integrating a range of services, and facilitating linkage between the two.

Outreach in locations of drug use is peer-led, and provides access to commodities including condoms and sterile injecting equipment. At the same time, they also provide information on HIV and STIs, gender-based violence, sexual and reproductive health (SRH) services, and OAT. The programme also has infrastructure to distribute naloxone, but scarcity

^f With thanks to Fatma Jeneby, Programme Clinical Coordinator

of the medication in Kenya means this is rarely operationalised. MEWA continue to train outreach workers and peer educators on how to recognise overdose, apply first aid and use naloxone.

Case managers and peer navigators in the outreach teams work to identify clients, maintain contact and provide support and referrals where needed. Around two thirds of screening for HIV, TB and STIs takes place at outreach locations, and 90% of that in locations of drug use. Outreach workers use syndromic management — essentially a conversation with clients about their symptoms and experiences — to identify possible cases. People who need a full test are then referred to the drop-in centre, where they can also access treatment and counselling in case of a positive test (see below). **Outreach workers frequently even take clients to the drop-in centre themselves by motorbike.**

Services available at or through the drop-in centre include testing, screening and treatment for HIV, STIs, viral hepatitis and TB, OAT with either methadone or buprenorphine, psychosocial services, family planning, SRH and gender-based violence services, and legal and juridical services.

MEWA's legal and juridical services include assistance in court cases, support with acquiring legal documents (including identification), and following up on cases of police violence towards people who use drugs. **By providing these services in an environment in which drug use is accepted and not stigmatised, and staff have a pre-existing relationship with clients, MEWA can serve people who may otherwise be deterred from seeking such support.**

Integrated services specifically tailored to the needs of women who use drugs are another crucial part of MEWA's offer. Through its community-based outreach and 'in-reach' (referring clients between the different services within MEWA), the organisation has

integrated family planning and other SRH services. For example, in 2020, 432 women accessed family planning services at the drop-in centre. With regard to gender-based violence, MEWA ensures that all cases reported to anyone in the organisation are recorded. Women can also access a women-only temporary shelter at the MEWA centre.

Integration with other services and organisations

MEWA maintains strong links with other organisations and institutions, providing another way of ensuring that their clients have access to a full range of services. For example, local political and cultural institutions, such as religious and community leaders, district commissioners and village elders all work closely with MEWA to refer clients in need of health and harm reduction services.

MEWA also work closely with the national Ministry of Health. In terms of service integration, MEWA acts as a first port of call that can refer people onwards to services of the national health system. Close collaboration with the Ministry of Health also strengthens MEWA's own integrated services: HIV and TB medication, condoms and contraceptives are provided by the ministry, as well as data collection and reporting tools that are essential to MEWA's monitoring and evaluation of their services.

Working relationships with law enforcement and the judicial system are also important in MEWA's ability to provide or facilitate the right range of services for their clients. For people in prison, MEWA is mandated to provide OAT with methadone. **To do this effectively, MEWA used their knowledge of the community and particularly their experience with challenges in maintaining OAT in the transition between the community and prison.**

Key lessons

- ❖ Small actions can make a big difference to accessibility, for example, bolstering service integration by offering transport to fixed sites.
- ❖ Providing integrated services means organisations are more attuned to the needs and challenges of their clients.
- ❖ Treating people with respect and dignity supports trusting relationships, and broadens the range of services that are possible.



Photography courtesy of: The Muslim Education and Welfare Associated (MEWA)