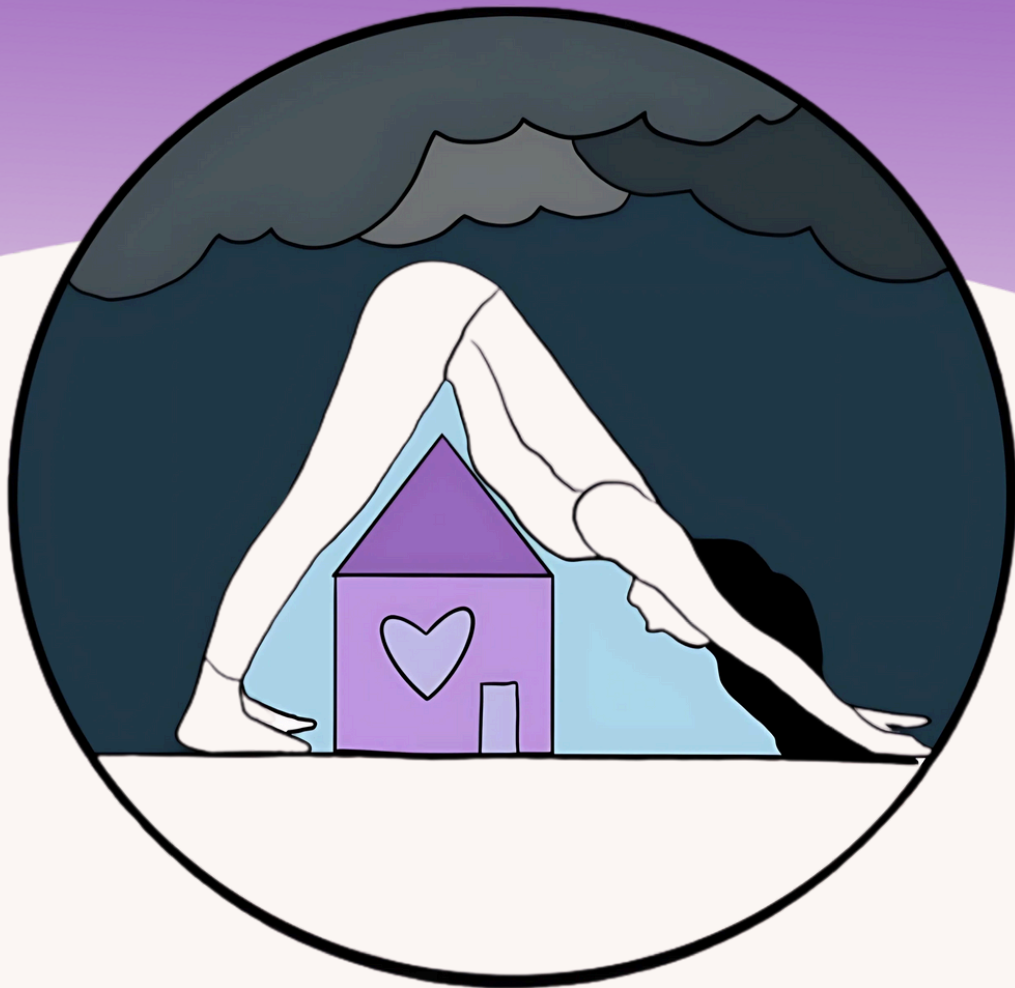


# Hekima

A shelter model for women who use drugs and who  
face violence  
Briefing report



2025



## Table of Contents

Acknowledgements.....	2
Introduction.....	3
The Hekima approach.....	5
Results.....	7
Meaningful community participation and client autonomy:.....	7
Referral pathways:.....	8
TB - Challenges and resolution:.....	10
Parenting supports: .....	10
Safety planning:.....	11
Income support:.....	12
Opioid overdose preparedness:.....	13
Sustainability.....	14
Conclusion.....	17

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## Introduction

In Kenya, HIV prevalence is highly concentrated among sex workers and women who inject drugs (at 26% and 36% respectively).[1] Both women who use drugs and sex workers face heightened risk of all forms of violence[2],[3],[4] which is associated strongly with HIV transmission.[5] It is also well established that HIV prevention and treatment and harm reduction services for homeless people are fraught unless housing needs are addressed at the same time. Yet access to welfare services including housing is generally contingent upon abstinence from drug use which, in practice, contributes to further exposure to violence, trauma, and housing instability – all, in turn, exacerbating HIV related risk. Shelter exclusion fuels further marginalisation and risk for women who use drugs and sex workers.

This project brief summarises approach and results for the Hekima shelter model for crisis accommodation catering to the needs of women who use drugs. This shelter project is named “Hekima” - the Swahili word for “Wisdom”. The Hekima design includes a focus on documentation, monitoring, evaluation and learning as well as promotion of the model to continue and to expand shelter access for women who use drugs who are at threat, or are survivors of gender-based violence in Kenya and beyond. By establishing a unique working model, mainstream gender-based violence (GBV) shelters can adopt adjustments in order to accommodate key populations most at risk of violence and HIV, including women who use drugs and sex workers.

Gender-based violence stems from ingrained patriarchal structures and beliefs that fuel unequal power dynamics and continuous attempts to deny women the right to bodily autonomy. Sexual assault and other gender-based violence is common in Kenya. Patriarchy has a firm hold on society, where misogynistic language, the objectification of women’s bodies, victim-blaming for rape survivors and GBV are common.[6] These conditions are exacerbated by the overlaps between punitive drug policy and gender inequalities. Women who use drugs experience rates of violence higher than violence towards women in the general population and are at more at risk of acquiring HIV than women who have not experienced violence. Intersectional stigma and discrimination and unequal gender norms, perpetuate inequities across the HIV care continuum. Violence against women who use drugs is associated with increased HIV-related mortality, less access to and retention in ART, worse treatment outcomes, and lower access to HIV prevention services, HIV testing and harm reduction services.

Shelters are a key component of a holistic response for GBV survivors and provide a critical basis for access to HIV prevention, testing, treatment and care services. There are a total of 54 operational shelters and rescue centers across 18 of the 47 counties of Kenya, including two managed by the government. Yet, women who use drugs experiencing violence are denied access to shelters based on their drug use, due to institutional practice. Women who use drugs thus remain at risk of violence which often involves physical injuries requiring medical referrals. Those who desperately need shelter and non-judgmental

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[1] NASCOP. Third National Behavioural Assessment of Key Populations in Kenya, Polling Booth Survey Report. 2018

[2] Stoicescu, C., Cluver, L. D., Spreckelsen, T. F., Mahanani, M. M., & Ameilia, R. Intimate partner violence and receptive syringe sharing among women who inject drugs in Indonesia: a respondent-driven sampling study. *International Journal of Drug Policy*, 63, 1-11. 2019

[3] UNODC. Global study on homicide: Gender-related killing of women and girls. 2018.

[4] Aidsfonds. Sex work & Violence in Kenya; A Participatory Research. 2020

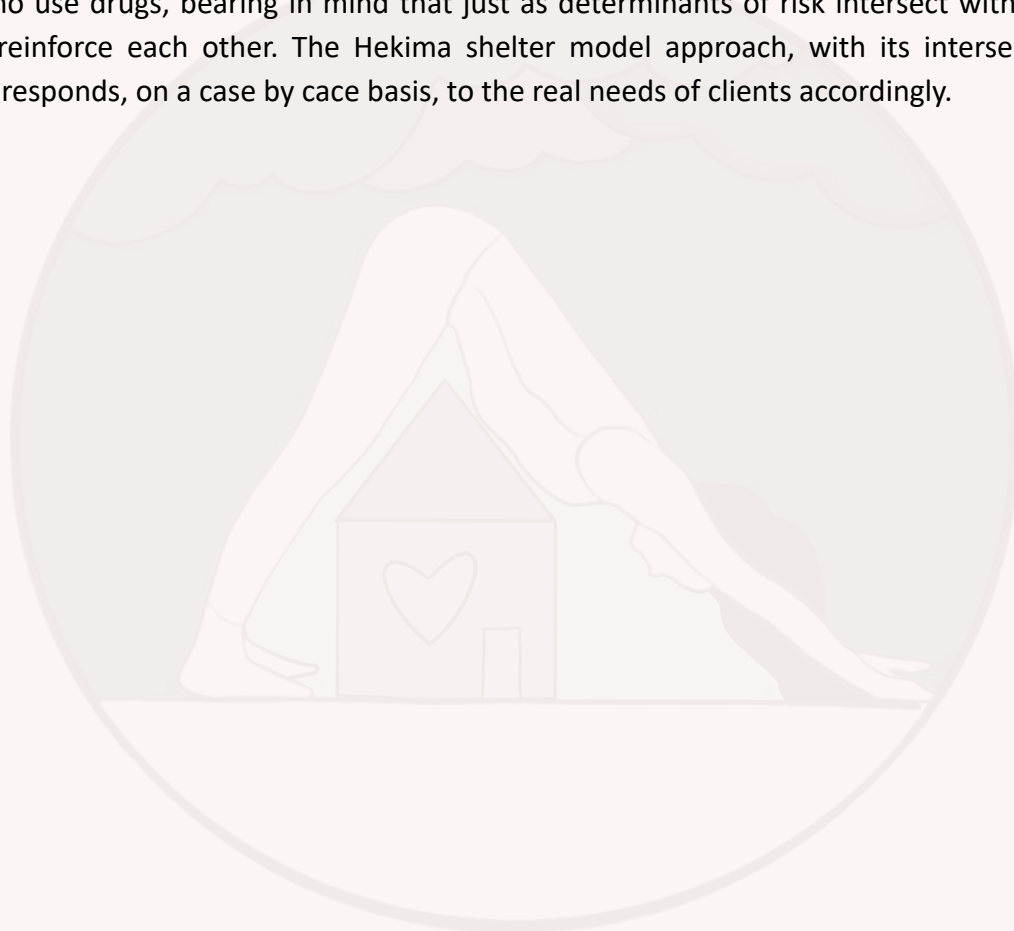
[5] Ulibarri MD, Roesch S, Rangel MG, Staines H, Amaro H, Strathdee SA. "Amar te Duele" ("love hurts"): sexual relationship power, intimate partner violence, depression symptoms and HIV risk among female sex workers who use drugs and their non-commercial, steady partners in Mexico. *AIDS Behav*. 2015

[6] UNFPA. Ending violence requires open discussions about stereotypes and norms. 2020

<https://kenya.unfpa.org/en/news/ending-violence-requires-open-discussions-about-stereotypes-and-norms>

support are turned away at a time when they are most at risk. Further, women who use drugs and sex workers experiencing or at threat of violence are at greater risk of housing instability, often living rough on the streets or in insecure places such as building sites and tunnels, where they are exposed to violence from the police and other predators. In these circumstances, access to harm reduction services is often disrupted, increasing the possibility of unsafe sex and risky drug use as well as risk of violence.[7] Discrimination against homeless introduces an extra barrier to women who use drugs reaching out for the help they need.

It is therefore necessary to promote evidence and build capacity to ensure inclusion of all women in need of GBV services, including the most marginalised. To build intersectional focus and reduce siloed planning and programming, services to mitigate HIV risks and improve access to HIV testing, treatment and care should be combined with key population services. These services include shelters open to sex workers and women who use drugs, bearing in mind that just as determinants of risk intersect with each other, services must reinforce each other. The Hekima shelter model approach, with its intersectional lens, recognises and responds, on a case by case basis, to the real needs of clients accordingly.



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[7] HRI and SANPUD Barriers to harm reduction for women who use drugs. 2020  
<https://hri.global/publications/barriers-to-harm-reduction-for-women-who-use-drugs/>



## The Hekima approach

Women Nest and WHRIN have developed and modelled a low threshold approach for women who use drugs (many of whom are involved in sex work) in Nairobi to access shelter accommodation. The approach aims to provide a safe and respectful place for clients to stabilise, connect with necessary referral services and relaunch to safer next steps. The Hekima shelter aligns with the goals of Women Nest and WHRIN to provide good practice, client centred supports linked with harm reduction and other HIV and relevant services.



*A room in Hekima*

Recognising that drug prohibition disproportionately harms women who use drugs (hyper-incarceration, gender-based violence, including intimate partner violence and violence from law enforcement, loss of child custody and so on); the shelter runs according to harm reduction principles and ensures provision of, and direct linkage with, harm reduction and allied services. Harm reduction facilitates respect for women's lives and their choices while offering tools to support the rights and health of clients who use drugs. The Hekima approach brings effective relief to women's lives when most in need and works to bring clients into contact with essential health and other services.

The innovative, client centred framework is low cost with minimum staffing and low threshold access. Established in an informal settlement setting, the shelter is based on self-support and self-determination values, with a combination of staff and volunteers to facilitate client-directed supports. A critical project element is also to model an intersectional shelter that can be readily replicated to fill a significant service gap addressing the entwined epidemics of GBV and HIV impacting women who use drugs.

Central to the approach has been the development and implementation of the Hekima policy and procedure framework[8] developed by WHRIN and Women Nest, modified through continuous review and improvement to respond to client needs while ensuring maximum autonomy, recognising each individual as their expert on their own life.

Hekima shelter up-to date information on local service providers as available. Induction includes a straightforward shelter orientation and (if the client consents) a private discussion regarding safety and health circumstances. At appropriate stages, clients are informed of relevant referrals that can be offered. On client request, any referrals can be assisted with a volunteer peer escort who supports the client

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[8] See full policy and procedures here:

<https://drive.google.com/file/d/1z2UGIDqtAJjus900tCBHoMSIcJbclC-H/view?usp=sharing>

through their service journey. Clients can also opt to access help in the future or arrange referrals directly for themselves. Consulting with or providing referrals to other service providers can only be triggered through informed consent from clients. Any discussions (such as admission information and subsequent referrals etc) take place privately in the client's room or during a stroll outdoors to ensure privacy. All information recorded or known about clients is not shared with outside organisations without written client consent.



***Hekima peer volunteer enrolling a client***

While stakeholders may be curious and request inspections of the shelter, Hekima policy puts clients first and strictly does not permit such visits. Instead, the importance of upholding client privacy is underscored and the opportunity is taken to further explain the Hekima model approach where client rights are paramount. Critical incidents at Hekima are rare however, when identified, trigger documentation, assessment and response. The shelter policy and procedures provide structure for appropriate, client centred monitoring and problem solving, safeguarding the well-being of all concerned.

***“Women Nest provided me with nutritional support so that I could breastfeed my child well and she has grown to be healthy. They also provided diapers which can be very expensive, I also get health education on exclusive breastfeeding, family planning and accompanied for my post-natal care. I am still living in the shelter and taking care of my baby girl. This is my safe haven.”***

**Hekima client quote**

Three buildings are being used for the Hekima shelter in the Nairobi informal and pre-urban settlement areas where a range of allied organisations and services can be accessed directly or through referral. A shelter coordinator works with volunteer peers in the management of the shelter. Hekima offers safe space to women who use drugs who have experienced violence, some of whom present with injuries, rape and trauma. All clients are offered linkage with a strong and growing referral system. Strengthening the referral network means a range of sustained activities and structures including:

- stakeholder oversight mechanisms
- awareness raising of the shelter service among relevant potential referral partners;

- collecting and responding to client feedback;
- seeking opportunity for shared training, volunteer secondments and task shifting to build capacity for non-judgemental service delivery for women who use drugs;
- building resource base to support assisted referrals and expand application of the model.

The Hekima shelter approach not only has a profound positive impact for shelter clients, but supports an effective model that can be adapted and rolled-out in a range of settings, particularly in LMICs.

## Results

This summary is not exhaustive but aims to highlight key result areas, detailing processes and troubleshooting involved in developing the Hekima approach - with a view to assisting other providers who may wish to replicate this model.

In the project phase from July 2023 to date, the shelter has accommodated a total of 246 women. During the initial phase, the project mapped out ten civil society organisations and eight health facilities to support referral and linkage of women who use drugs and sex workers experiencing violence to available specialist services.[9] The services include primary health care (general treatment), family planning, psychosocial support, legal services, and gender-based violence supports. In collaboration with harm reduction services, clients can access needle and syringe programmes, HIV services, opioid agonist therapy enrolment, as well as TB and STI screening and treatment. To enhance client comfort and confidence, accompanied referrals are offered, where peer volunteers guide clients to services, providing support throughout the process.

Within the referral facilities, Hekima has identified designated focal persons who understand the needs and realities of women who use drugs, ensuring services are provided with respect, confidentiality and privacy. 826 referrals have been made to date as follows: needle and syringe program – 104; Methadone – 110; hepatitis C testing and treatment - 37; TB testing and treatment – 103; GBV management (including pregnancy testing, emergency contraception, individual counselling and support group sessions, legal aid including assistance in filing police reports) – 120; primary health care – 108; STI testing and treatment - 92; family planning – 65; HIV testing services – 65; PEP – 13; PreP - 9. 401 of these referrals were assisted. Additionally, a continuous feedback and follow-up system is maintained with partner facilities to monitor and improve the quality of care provided.

### Meaningful community participation and client autonomy:

Women who use drugs have not historically been factored into mainstream gender-based violence prevention or service planning. In an effort to redress this imbalance, Women Nest has continued to involve and engage the community of women who use drugs in all the stages of planning and implementation, guaranteeing a meaningful community stake in the Hekima project. Engagement of peer educators residing near shelter who have formerly lived in the shelter has also been key in assisting emergency responses, facilitating Hekima admissions and supporting external referrals.

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[9] Namely: Support For Addiction Prevention and Treatment Africa ( SAPTA); Nairobi Outreach Service Trust ( NOSET); Untold Global; Nairobi County GBV Department; Nairobi County Social Services Department; Zero Street Foundation; Makadara Law Court; Dagoreti Law Court; Ushindi Empowerment Group; National Shelter Network; Pumwani Maternity Hospital; Mbagathi Hospital; Ngara MAT clinic; Mathare MAT clinic; Ngara health facility; WEMA Medical clinic; Shinning Hope For Community ( SHOFCO); Riruta Health Facility

*"A peer educator from Women Nest approached me at the drug den and informed about the shelters in Mathare area and asked me if I was interested in taking methadone. At this time, I had experienced violence which had led to an injury on my leg. I joined the shelter, and I was supported to start methadone. My son was also supported by the church to start school soon after. After I left the shelters, I was able to get a house of my own since I had secured a job of cleaning clothes in the neighbourhood. I soon moved in with my son from the shelters and am still taking methadone. My life is better now"*

**Hekima client quote**

Community stewardship of the Hekima project has also been supported through the formation of a Community Advisory Committee (CAC) that is composed of five community representatives and two staff members who meet quarterly. The committee serves as a representative body, with a key role in understanding and providing feedback on Hekima operations, ensuring that services and initiatives are accepted and effective in meeting community needs. CAC members link women who use drugs to the shelter services, and actively participate in community forums to raise awareness on issues affecting women who use drugs and sex workers. The committee also contributes to conflict resolution, risk management, and providing solutions or mediation when challenges arise. In addition to informing improvements to the Hekima model and fostering community participation, the CAC is also purposed to strengthen community advocacy at national level, articulating the needs of women who use drugs and sex workers to policy makers.

Hekima invites shelter clients to participate in weekly support group meetings to learn from one another in a spirit of peer support. Through the exchange of useful information, such as coping mechanisms, strategies for managing specific situations, and treatment options, clients create their own autonomous space of empathy and understanding while offering mutual support and solidarity. Hekima fosters an environment where individuals can relate to one another's experiences, share challenges, and develop their own strategies.

## **Referral pathways:**

Mapping and developing partnerships with key service providers has been an essential, repeated and ever-refining process, enabling clear and effective referral pathways for Hekima clients to access available services including family planning, ARV adherence supports, neonatal and primary health care services. Working linkages have also been formed through formal visits to establish partnership with health facilities and relevant civil society organisations to support referral of Hekima clients to needle and syringe programmes, enrolment and induction to medically assisted therapy, primary health care services, TB/HIV screening, PEP and PreP, skill building trainings and GBV management. Such linkages have strengthened over time, so that, for example, medically assisted therapy clinics and harm reduction programs now routinely refer clients who have experienced gender-based violence to Hekima.

Pregnant women who use drugs living in the shelter have managed successful births with professional midwifery, much assisted by peers attached to the shelter accompanying them to the hospital for ante-natal care and during the birthing process.

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[9] Namely: Support For Addiction Prevention and Treatment Africa ( SAPTA); Nairobi Outreach Service Trust ( NOSET); Untold Global; Nairobi County GBV Department; Nairobi County Social Services Department; Zero Street Foundation; Makadara Law Court; Dagoreti Law Court; Ushindi Empowerment Group; National Shelter Network; Pumwani Maternity Hospital; Mbagathi Hospital; Ngara MAT clinic; Mathare MAT clinic; Ngara health facility; WEMA Medical clinic; Shinning Hope For Community ( SHOFCO); Riruta Health Facility



***“Being accompanied to the health facilities by the shelter personnel gave me courage, I knew I won’t be judged or denied services”***

**Hekima client quote**

Strengthened working relationships with different social work departments in public health facilities have opened new pathways for Hekima clients to access medical needs such as X-rays, surgeries and other clinical services at no or lower cost. This has been achieved by introducing Women Nest and the Hekima shelter to public facilities social departments and negotiating split-care arrangements where, for example, Hekima takes responsibility for transport costs and assisted referral and, in return, the head of department is able to waive the medical fee for any Hekima clients accompanied to the facility for treatment. These arrangements have been further enhanced through alignment with the new Kenyan health fund insurance scheme. Hekima is also working with the local administration chiefs to provide letters of recommendation to the facilities, thus securing treatment for clients in the event that they are admitted as a hospital inpatient. Through such arrangements, fifteen clients who were pregnant were granted birthing pain management payment waivers; nine clients were offered necessary medical scanning procedures including five for X – rays and one woman underwent stomach surgery free of charge. Similarly, no fees were applied for their infants who were variously treated for jaundice and opioid withdrawal symptoms.

To supplement the nutrition support provided at the shelter as part of core service provision, Hekima have networked with another local organisation (SHOFCO) which offers porridge flour to those who are on HIV treatment.

Raising awareness about violence against women who use drugs and training police and other law enforcement officials to build their understanding of HIV prevention, treatment and care services for women who use drugs can significantly enhance the enabling environment for access to key services and prevent violence against women who use drugs.[10] Important arrangements have been brokered with the National Shelter Network and the Court Users committee to strengthen Hekima gender-based violence supports. The Shelter Network[11] facilitated official recognition of Hekima, and the Court Users committee then linked Hekima to all actors in the justice system including the police, probation officers, prison managers, magistrates and prosecutors to assist in gender-based violence prevention and response aspects. This was achieved by organising community dialogues where Hekima clients can learn about relevant laws, rights of survivors and reporting procedures, while clients are able to feedback on barriers they faced in reporting gender-based violence incidents. Steps involved have included educating the judiciary on harm reduction and strengthening community paralegals’ capacity to address and follow up on cases involving Hekima clients.

Regular feedback meetings among the stakeholders and with the clients on the services offered has further strengthened referral pathways. For example, feedback revealed that many clients were afraid to attend recommended services and so offers to accompany clients to appointments are now provided to

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[10] UNODC. Addressing the specific needs of women who inject drugs Practical guide for service providers on gender-responsive HIV services. 2016.

[https://www.unodc.org/documents/hiv-aids/2016/Addressing\\_the\\_specific\\_needs\\_of\\_women\\_who\\_inject\\_drugs\\_Practical\\_guide\\_for\\_service\\_providers\\_on\\_gender-responsive\\_HIV\\_services.pdf](https://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf)

[11] Read more at: <https://cdtd.org/nsn/>

help build service bridges. These referral pathways and practices have also enhanced the continuum of care even after clients exit the shelters because linkages have been established with women who are now experienced in how to navigate and who to see in the different health and social services partner referral sites.

### TB - Challenges and resolution:

One of the difficulties experienced at Hekima stemmed from a significant shelter client load presenting with TB and associated medical issues that require additional support beyond responses to the violence they have experienced. Low TB treatment uptake was reported, which led to the introduction of direct observation treatment services within Hekima together with an increase in nutrition service for the clients affected, with positive outcomes. To safeguard against potential TB transmission, a specific quarter was designated for newly diagnosed clients with those yet to stabilise treatment. Through arrangements brokered with the shelter referral network, Hekima clients can access TB treatment at no cost, with Hekima only facilitating lunch and transport. To manage serious cases which are referred to higher level health facilities, Hekima links with the TB facility social work department to manage the cost of X-rays and other supplementary needs.

Awareness information, education and communication on TB transmission and prevention measures are made available to all Hekima clients, with ongoing support groups focused on learning from those willing to share their experiences, reinforcing safety, stigma free and autonomous values. Along with direct observed therapy, ongoing counselling at Hekima now supports treatment adherence while curbing potential for TB transmission.

### Parenting supports:

Support for Hekima clients with infants with shelter and nutrition supplements has measurably enhanced practices of exclusive breastfeeding, HIV treatment adherence, and uptake of post-natal care. Hekima peer educators accompany the client and their infant to public health facilities and selected harm reduction organisations[12] for immunisation and post-natal care.

*"A peer volunteer from Women Nest took me back to the shelter. Because I had been homeless, I had not started my antenatal clinic visits. The Women Nest peer volunteer accompanied me to a health facility to register for the services. They found a clinic that provided me with subsidised maternal care and paid for it. When my labor started at the shelter, the peer volunteer in charge took me to hospital where I gave birth to a healthy baby girl".*

**Hekima client quote**

To enhance shelter functionality, clients with children occupy one of the bigger Hekima buildings with added beds. Pregnant and breastfeeding clients typically present with immediate nutritional support needs. Thus, Hekima has linked with relevant partner organisations who offer vital food support. To date, Hekima has made a difference to the health and wellbeing of fifteen clients through such auxiliary supports.

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[12] Namely, Pumwani Maternity, Ngara health facility, Riruta health facility, SHOFCO facility and SAPTA (selected due to their accessibility and capacity to provide postnatal care services)



*A breastfeeding support session in Hekima shelter*

### **Safety planning:**

During support groups, structured discussions are conducted to collect and respond to feedback about the shelter. 100% of Hekima clients were able to demonstrate understanding of, and develop their own individualised plans of action for, violence prevention. Likewise, 100% of clients reported during exit interviews, that the shelter played an important role in protecting them from violence and homeless. Notably, some clients have taught their children about where to seek help as part of their personal safety plan.

Connection between Hekima and the Gender-based Violence Technical Working Group enabled expansion of the referral directory with linkage to gender-based violence services including toll-free hotline numbers, which are shared with the clients for use in case of emergencies. New partnerships with actors in the gender-based violence sector have precipitated provision of dignity packs for Hekima clients and provided training for Hekima staff on survivor centred approaches. Negotiations to continue such capacity building opportunities are ongoing.



*Conducting a support group forum on gender-based violence prevention and developing safety tools*

### Income support:

In 2024, a working relationship was established with Nairobi County social services department to create a partnership for addressing sustainable livelihoods. Additionally, Hekima have drafted an MoU with Nairobi County's Social and Talent Skills Department (awaiting approval from relevant directors), which hinges on parental consent to place eligible children of Hekima clients into early childhood education, to provide market spaces for clients to sell their products, as well as offering vocational training opportunities in fields such as hairdressing, tailoring, and beauty. These initiatives will enhance Hekima client's access to gender transformative opportunities to enable improved livelihoods, family support and help them meet primary needs independently. In the interim, Hekima has continued to partner with the department in provision of market space within the county for client product sales.



*Scarves croched by Hekima clients during income generating sessions (each sold for USD10)*

Additionally, during the second quarter of 2024, a partnership was formed with Untold Global. Situated near the shelter complex, the Untold Global services are readily accessible to Hekima clients living with HIV, connecting them with nutrition assistance, vocational skill-building activities such as baking and dressmaking, and group counselling on treatment adherence. Participating clients meet in a secure area designed for comfort and privacy. Currently nine Hekima clients are engaged in this phase of the project, while a further thirteen clients are waiting for the next phase commencing October 2025.

*"Being a woman who uses drugs and who is also living with HIV with no place to call home, the shelter gives me hope to keep fighting as I look for an alternative. Here I am assured of my safety and that of my child. My boy is 2 years old now, and he will be joining school soon. I am hoping by then I will be economically stable. I am also enrolled in an economic empowerment project at Women Nest as an exit strategy. The project helps us to make products for sale. We were taken through a three-day training on business management and financial literacy. The project also gives me an opportunity to meet my peers and acts as a therapy when we talk and learn from each other."*

**Hekima client quote**

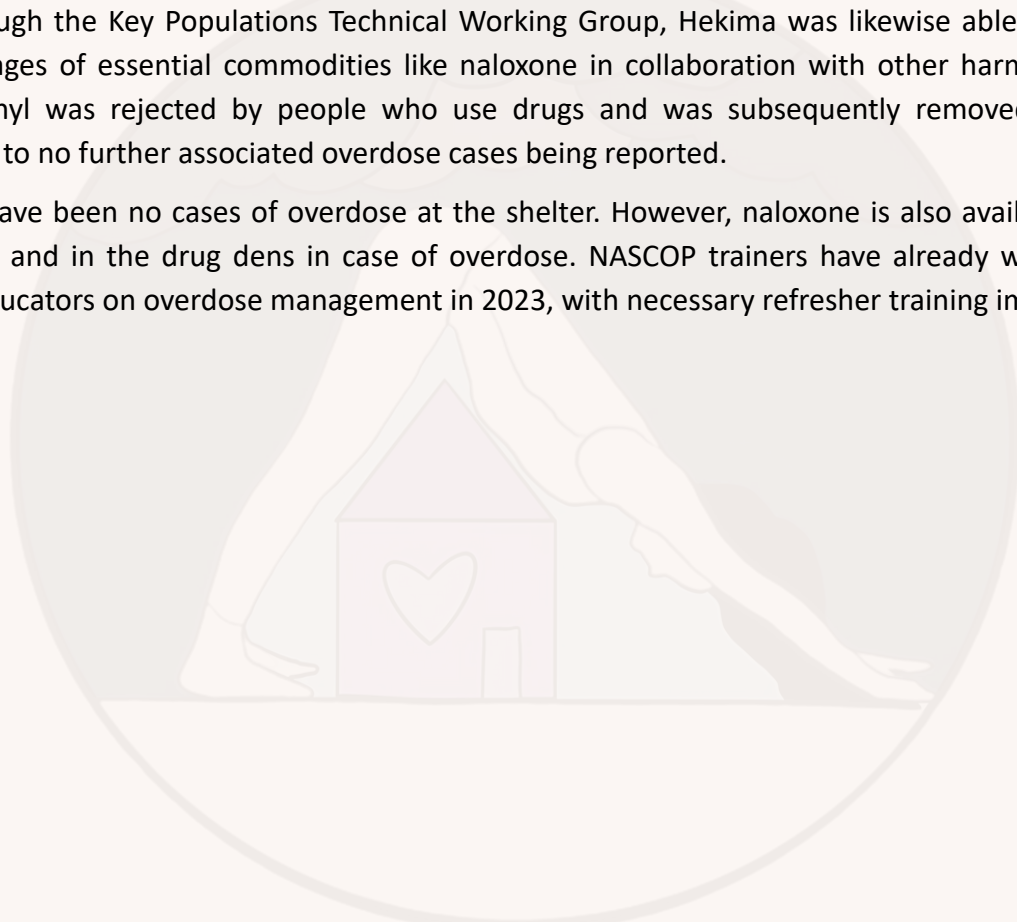


Further, twenty Hekima clients have participated in training on financial literacy, business management and savings, aimed at enhancing sustainable livelihoods and creating opportunities for income-generating activities. Of the initial client group, thirteen have continued by participating in practical sessions on bead making, detergent production, and crocheting. Through this opportunity, four Hekima clients have succeeded in making sales from their products to the degree that enables them to meet some basic personal needs. There is capacity and intention to explore other income generating opportunities such as selling fruit and working in the hospitality industry.

### **Opioid overdose preparedness:**

Nairobi experienced increased cases of overdose in 2024 due to the brief availability of fentanyl on the street market exacerbated by the limited supply of naloxone. A meeting with the Nairobi County Health Department helped to resolve the issue by ensuring availability of naloxone to harm reduction service providers. Through the Key Populations Technical Working Group, Hekima was likewise able to address issues of shortages of essential commodities like naloxone in collaboration with other harm reduction services. Fentanyl was rejected by people who use drugs and was subsequently removed from the market, leading to no further associated overdose cases being reported.

To date there have been no cases of overdose at the shelter. However, naloxone is also available to the shelter workers and in the drug dens in case of overdose. NASCOP trainers have already worked with Hekima peer educators on overdose management in 2023, with necessary refresher training imminent.



## Sustainability

This section describes some key partnerships and methods used to secure shelter sustainability and replication or expansion.

The involvement of key stakeholders and creating new partnerships has been key in the Hekima sustainability plan that has also linked and connected clients with other services, securing their engagement within the available continuum of care. Further, by sharing the Hekima model with both local and county stakeholders, with success stories, lessons learnt and detail on the shelter policy and procedures, a comprehensive overview of the shelter impacts, operational effectiveness and areas for continued improvement are understood and have paved the way for model replication.

An initial plan to establish a Hekima steering committee inclusive of various stakeholders was reformulated following inception discussions with the Nairobi Gender-based Violence Technical Working Group (GBV TWG), which recommended that Hekima join their Working Group as the ideal pre-established sustainability mechanism. The GBV TWG includes all partners who would have been engaged in the original Hekima steering committee and has served very well to establish support and recognition for Hekima. Constituents include the following stakeholders:

- a. the health sector: providers of medical care, reproductive health services and clinical management
- b. the social service sector: providers of psychosocial support, safety planning and case management
- c. the legal/justice sector: furnishing access to legal aid and reporting facilitation.
- d. civil society organisations: amplifying the voices of survivors, conducting related awareness and education, supporting referrals and linkages.

By joining the GBV TWG, Hekima was introduced to all partners including the Court Users Committee and likewise now engages in their respective meetings as relevant. As part of the Court Users Committee, Hekima has gained working linkages with all actors in the justice system, along with valuable training and insight on various laws, acts and emerging trends in sexual and gender-based violence. As a result of this engagement, Hekima and Women Nest has contributed to increasing awareness among the judiciary about the specific harm reduction needs of women who use drugs. Women who use drugs have been actively involved in county activities aimed at drawing attention to gender-based violence through opportunities to share the challenges they face in accessing justice. These platforms also provided Hekima clients with training on effective responses to GBV including digital safety education and a deeper understanding of various laws and their implications, access to legal counselling, survivor centered case management and psychosocial support, empowering them to better navigate legal processes and advocate for their rights.

***“One of the clients had an assault case that was not being addressed. After engaging in one of the forums she was able to access legal aid and support and her case is now ongoing.”***

**Hekima client quote**

The National Shelters Network, established in 2019 by the Centre for Domestic Training and Development, was created to strengthen the referral system for survivors/victims of gender-based violence, child labour, forced labour, human trafficking, and other survivors of human rights violations in Kenya. The network currently includes fifty-five members providing shelter services across eighteen counties, with eight shelters in Nairobi. Most of these shelters focus on services for adolescents, young women, teen mothers, people living with disabilities, and children. Notably, Women Nest and Hekima is the only organisation that provides specialised services for women who use drugs in Kenya. All other shelters fail to accommodate women who use drugs due to stigma and discrimination driven by punitive drug policy nationally, and a perceived lack of capacity combined with limited awareness of harm reduction approaches.

As the only model that caters for women who use drugs, demand for Hekima admissions has always been high. While existing mainstream shelters likewise report overcrowding or waiting lists, this does not substantiate reason to turn away the most under-served who experience the highest rates of violence. The living example of Hekima has been spotlighted to help other services adjust their approaches and attitudes to properly serve current societal needs.

The partnership between the National Shelters Network and Hekima has created an opportunity for shared learning from other shelters, facilitating the exchange of best practices and collective problem-solving. Through this collaborative platform, efforts were made to encourage other shelters to open their doors to women who use drugs. This has led to three of the other shelters already accommodating women who use drugs. Key ingredients in these developments included educating the shelters on harm reduction, helping them to understand the GBV context for women who use drugs and sharing a directory of service providers offering harm reduction services.

The collaboration with the Shelters Network has also enabled capacity building for Hekima, particularly in the area of psychosocial support. The network has organised a forum where expert case management, trauma recovery and survivor centered approach sessions are conducted, providing new tools and strategies for working with Hekima clients.

This partnership also connected Hekima with a six-month leadership and management training program designed for shelter leaders, which has contributed to scaling the shelter's impact at the community level. The online training focused on strengthening advocacy, leadership and management, and shelter organisational strengthening, and introduced helplines under the Voices of Change project. The training also provided opportunities to showcase products made by Hekima clients, highlighting client skills, entrepreneurship and self-reliance. This course has strengthened Hekima resource mobilisation skills to diversify income sources, including through local mobilisation. As an additional result, Hekima has identified opportunity to collaborate with a local vocational training center and successfully negotiated an agreement to have three shelter occupants trained in tailoring at a subsidised cost. Furthermore, this connection has facilitated linkages to a global network of women shelters, with efforts underway to officially join the network.

Women Nest participation in the Shelters Network has also led to a partnership with Hope Worldwide, an organisation dedicated to supporting children of at-risk groups including women who use drugs. Hope Worldwide offers a range of services, including HIV prevention, school-based program initiatives, and

digital literacy programs, targeting adolescents and young women aged 10-24 years. Through this ongoing partnership, six children of Hekima clients have accessed these valuable services.

Hekima have also shared how the model works with different partners, both local and at the county level, through reference to anonymous, non-identifying client stories shared among key stakeholders. This process has raised awareness among stakeholders about the specific harm reduction needs of women who use drugs, particularly in relation to sexual and reproductive health and rights. The activity has led to improved access to services for Hekima clients, with more meaningful involvement of women who use drugs in different relevant sectors, with partners offering their skills including mental health care and counselling free of charge for clients.

The Nairobi County Key Population Technical Working Group Consortium has been another important leverage vehicle for Hekima. Through involvement in this TWG, Women Nest found an advocacy platform to expand gender responsive harm reduction services. For example, Women Nest advocated for supply of methadone to pregnant women admitted in hospitals for giving birth, benefiting relevant Hekima clients. This effort has produced desired and sustained results whereby Hekima clients on methadone who are admitted at the hospital for giving birth will (once Hekima workers inform the MAT clinic) have methadone dosing delivered on a daily basis until the women is discharged.

Through the key populations consortium, Hekima have been able to get updates on emerging community issues affecting key populations including women who use drugs and sex workers. It has been relevant in promoting integrated service delivery and as a platform for networking with other key population groupings. In turn, other consortium partners have come to understand the added risks of violence and associated service gaps for women who use drugs, particularly through the Elimination of Violence Against Women who Use Drugs (EVAWUD) campaign championed by WHRIN. Involvement of some consortium partners in annual campaign actions has created improved awareness about the importance of Hekima and the role played in mitigating gender-based violence and responding to gender specific needs for women who use drugs. As a result, methadone clinic workers have enhanced screening for violence, especially intimate partner violence, and linked women who didn't feel safe to Hekima.



## Conclusion

The Hekima model provides a working shelter example that meets the basic health and safety needs of a grossly underserved population, namely women who use drugs, many of whom are also engaged in sex work. The model features harm reduction principles, centering client autonomy in all aspects of shelter operations. Evaluation data demonstrates much improved connection with the HIV service cascade along with other necessary harm reduction and psychosocial supports. Allied services have been mapped to develop a strong referral directory complemented by potential for peer assisted referrals. Partnerships have likewise been cultivated to strengthen services and function within Hekima. The Hekima model has become well established and recognised by a range of stakeholders.

The living example of Hekima must continue to be spotlighted to help other services adjust their approaches and attitudes to properly serve current societal needs. The Hekima model is built on a clear policy and procedure manual which includes evaluation and other operational tools. This manual can be readily adapted and adopted by other shelter operators. While some impact on mainstream shelter practice has been achieved, shelter availability for the most marginalised of women, experiencing the highest rates of gender-based violence, remains a significant service gap across Kenya. Women Nest is accordingly vying for resources to roll out specific harm reduction modules designed by WHRIN for shelter managers to widen their service scope to accommodate women who use drugs.

There is an urgent need for increased funding to expand shelter capacity and improve service delivery. To ensure long-term effectiveness, shelter services must be sustainable, with coordinated efforts across government, civil society, and international organisations. Noting the absence of long-term dedicated shelter funding, under the National shelter network umbrella, Women Nest and Hekima community have advocated for the need to prioritise shelters in national and county budgets. Platforms for such advocacy have included through the Ministry of Public Service meetings on gender and affirmative action, and during the 2nd Shelter Forum 2024 (not yet published). With similar advocacy goals, Hekima participated in the National GBV and Femicide Memorandum to shape future legal and policy reforms (final report pending release).

The recent global aid crisis together with the exponential growth of the anti-gender rights movement combine to stall and set back important achievements. As hard-won gains for women's rights are pushed back, the incidence of GBV, especially against marginalised women, can only be expected to increase. The Hekima scope of work has already been impacted by delayed access to critical services including legal aid, healthcare, and psychosocial support. For example, a key harm reduction service partner, Nairobi outreach service trust (NOSET) has been compelled to close their drop-in center. Additionally, the MAT mobile vans that enable regular dosing have ceased operation in some areas (Githurai and Kayole) resulting in clients defaulting treatment. Such service closures have directly and negatively impacted Hekima clients. Governments and stakeholders must prioritise the expansion and funding of gender responsive harm reduction services as well as inclusive shelters.

In addition to shelter and other vital support responses for women who use drugs, there is an ongoing need to strengthen gender-based violence prevention programs and community-based initiatives to reduce such violence at its patriarchal roots. More work must be done to confront and remove harmful and unequal gender norms and toxic masculinities, as well as to promote gender equality along with humane drug policy.