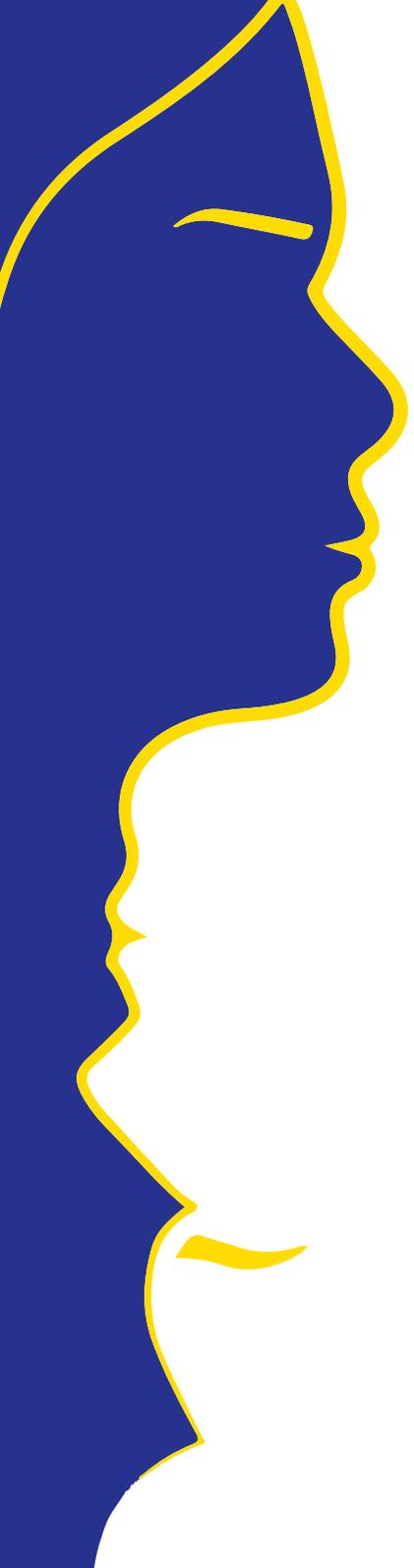


# ADVOCACY FOR WOMEN WHO USE DRUGS IN THE MENA-REGION

PRACTICAL GUIDELINES





## Colophon

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# MAINline

# AIM OF THE MANUAL

**The aim of this manual is to provide practical guidelines to advocate for harm reduction services for Women Who Use Drugs (WWUD) in the Middle East and North Africa (MENA) region.**

## Who is the manual for?

This manual aims to be of practical help to anyone, no matter the experience level, who wants to advocate for the needs of WWUD within a harm reduction framework. You can be working as a professional within a governmental- or non-governmental organization, or be a journalist, working in health care, be a woman who uses drugs yourself or simply care about the subject. The geographical focus of this guide is the MENA region.

**Advocacy is any activity which aims to influence decisions about policies, implementation of policies, laws and practices.**

- Advocacy can take many shapes.
- You can advocate for yourself, for other people or for a certain issue.
- Advocacy aims to ensure that people, particularly those who are most vulnerable in society, are heard and their views and needs considered when decisions about their lives are being made.

## What do we want to advocate for and why?

This manual aims to stimulate advocacy for better access and availability of harm reduction services for WWUD in the MENA region.

In 2013 the Middle East and North Africa Harm Reduction Association (MENAHRRA) which is a network focusing on harm reduction strategies for People Who Use Drugs (PWUD) in the MENA region, conducted an operational research on women injecting drug users in 6 countries of the MENA region. In follow-up on this research, the Guidelines on Gender Equality in Harm Reduction (HR) services and an Advocacy Brief on specific harm reduction services for women were developed.

Both the research and the guide clearly show the needs of WWUD and the present situation of limited access and availability of harm reduction services for women in the MENA region. They also describe the most ideal situation of full access and availability of gender specific harm reduction services. Many changes are needed to make harm reduction accessible for women.

Knowing what you want to change and what you want to achieve is essential. But unfortunately, it's often not enough to make it a reality. That's where advocacy comes in.

**Effective advocacy for women who use drugs can help to:**

- create a more favorable context in which to work towards your goals
- create a bridge between the present situation and the ultimate desired situation.



# HARM REDUCTION IN THE MENA REGION



## FORMS OF STIGMA RELATED TO WOMEN WHO USE DRUGS

**Stigma towards WWUD is one of the most important drivers of the lower levels of access and availability of health- and harm reduction services.**

### **Stigma from individuals/society**

The negative views and stereotypes held by individual members of society towards WWUD. Stigma towards WWUD is often greater than that experienced by men who use drugs. WWUD are stigmatised as immoral, bad mothers/spouses, and a shame to the family for crossing gender norms. This stigma often follows women even after they stop using drugs.

### **Stigma from services/programmes**

Policies and practices that create barriers to service access, such as judgemental attitudes of service-providers, lack of confidentiality/privacy for the client or demanding women to be accompanied by a man to access services.

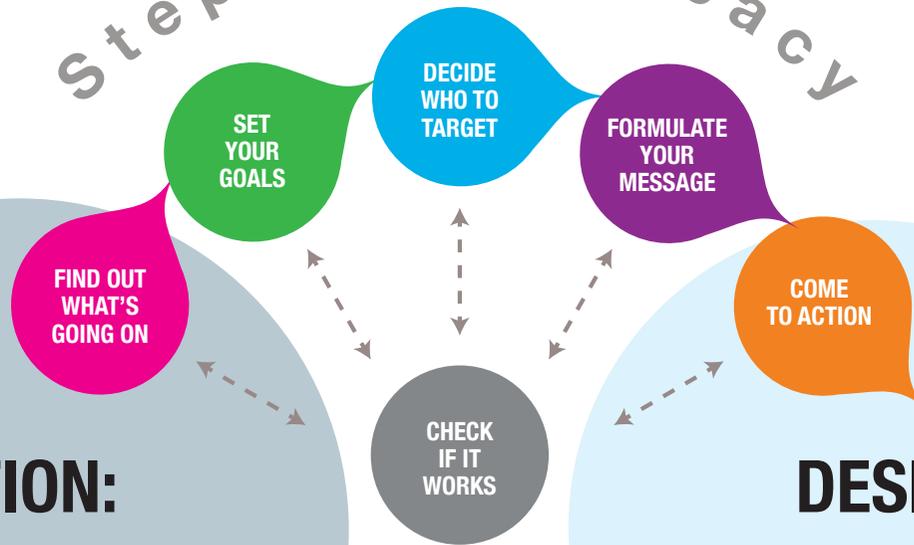
### **Systemic, structural or institutional stigma**

Punitive and harsh drug-control laws, and coercive and corrupt law enforcement practices and policies that officially restrict or prohibit access to public services for people who inject or otherwise use drugs. A specific concern for women is the risk of losing custody of their children because of drug use.

### **Self-stigma**

The internalization of stigmatizing views and attitudes by WWUD.

# Steps in advocacy



## PRESENT SITUATION:

- There are varying levels of harm reduction in general.
- HIV testing and needle/condom distribution are the most offered services.
- Only one country offers gender sensitive harm reduction services
- Harm reduction services are mostly provided by male outreach workers.
- Unknown number of women who inject drugs but anecdotal evidence suggests similar growing trends as are seen worldwide.
- Stigma towards WWUD is often greater than that experienced by men who use drugs.

### Stigma and discrimination towards WWUD lead to:

- higher levels of risky behaviour
- lower levels of access and availability of health- and harm reduction services.

### Compared to men who use drugs, WWUD:

- suffer higher mortality rates
- progress faster into drug dependence
- show higher levels of risky injecting and sexual behaviours
- experience more injecting related problems
- show increased rates of HIV-infections.

## DESIRED SITUATION:

- Gender mainstreaming is standard practice (strategy for recognizing, acknowledging, responding to and interpreting the needs and concerns of both men and women in programs and policies at all levels).
- Stigma of WWUD is reduced to indirectly improve women's access to healthcare and harm reduction services.
- There are health- and harm reduction services that fit the needs of WWUD.

### Depending on local needs, interventions such as:

- women-only drop in centers
- outreach done by women
- sexual education
- safe injection skills training
- shelters for victims of intimate partner violence
- harm reduction services in female prisons
- vocational training
- family planning counseling
- female condom distribution
- psychological services for victims of violence.

# FIND OUT WHAT'S GOING ON

## Direct contact and involvement

Advocacy can be led by WWUD, by others representing them, or by both groups together. If you advocate for the needs of WWUD, you need to know what their needs are, so you can represent their opinions and interests accurately and fairly. The aforementioned operational research can give you a broad idea of the context of drug use by women in the MENA region and their needs. But the document also shows that there are many local variations in the specific contexts and needs. Direct contact with WWUD in your country or region is essential for effective advocacy and implementation of interventions.

### Advantages of direct contact with and involvement of women who use drugs

- You have better insight into the lived experience of the issue so you can prioritize what's needed most.
- They suggest workable solutions based on direct experience of the problem.
- They help you see a problem from different perspectives.
- You empower women to take control of solving their problems.
- You've already started with the basis of every future intervention, which is reaching WWUD.
- You don't add to the exclusion of women when decisions about their lives are being made.

## Reaching women who use drugs

Finding and reaching WWUD in your area may be a challenge but it will greatly strengthen your advocacy. Contact also helps you to avoid presumption and influence of your own (unconscious) biases. The operational research showed that the context in which women use drugs varies. In Egypt, Lebanon, Tunisia, and Morocco women reported drug use in public places like clubs and parties as a form of entertainment among friends. If they were injecting their drugs, it is common that they joined a group of men with whom they inject regularly. Women from Afghanistan said they used with women neighbours or relatives, while drug use among female friends was rather uncommon in Pakistan.

In general, women from all countries reported limited contact with other women who inject drugs. All women in the operational research reported that drugs are usually first supplied by male friends, partners or friends. In Egypt, Lebanon, Tunisia and Morocco some women later started to buy their drugs independently of men, while in Pakistan and Afghanistan, they only relied on family members or neighbours who brought the drugs home to them.

Whatever the context in your region, it is recommended to consider men who use drugs as an entry point to reaching WWUD. Social networks can be used to reach out to them. There is no one-size-fits-all method, and it takes some trial and error to find out what works. But in general, getting the involvement of peers, and if possible female peers, to reach out to women could make it easier to make substantial contact with WWUD.

### Advantages of involving peers to find women and hear their stories

- Peers, and especially female peers, will be motivated in reaching other WWUD because it touches their own lives.
- Peers have access to communities and locations that are inaccessible to outsiders.
- There is a higher chance that peers will be trusted by WWUD because they have a common interest in improving services.
- WWUD are more likely to open up and be comfortable discussing their lives with someone who can identify with it.
- This common lived experience may help decrease internalized stigma and increase self-worth and collective solidarity.

**Peers that can help you get in touch with women who use drugs should be:**

- people who currently use drugs, or a person who has previously used drugs and maintains community connectedness
- committed to the goals and objectives of your advocacy efforts
- knowledgeable about the local area
- accepted, respected and trusted by the community
- accountable to the community as well as your organisation
- able to maintain confidentiality
- good at listening and communicating
- non-judgemental.

### Gathering gender specific data

Almost all of the existing harm reduction services or drug treatment facilities in the MENA-region are either gender-neutral or male centred. In practice, this means women's needs are rarely taken into account. WWUD are rarely seen accessing these services and are also missing from the existing data. In most countries, there is little knowledge regarding the number of WWUD, and data on how many women are reached by harm reduction services like needle & syringe programs, OST programs, or ART-programs are mostly limited or unavailable. In the MENA region, there are hardly any countries where gender-disaggregated data are collected.

For your advocacy efforts, knowing the numbers and the stories of lived experiences of WWUD makes your case stronger and gives it legitimacy, credibility and substance. It helps you develop ideas and arguments for you to be taken more seriously by those you want to influence. For advocacy, you can use two types of information sources; **primary** and **secondary** information.

**Primary: All information and data that you have collected to support your case.**

This could include qualitative information like in-depth interviews, notes from focus groups, quotes, or photographs. It could also include quantitative information, such as the number of women you are in contact with, how many of them use your services, etc. Using primary information gives the advantage of knowing how the data was gathered and that it can be trusted. The data can also be tailored to your advocacy needs and reflect your direct involvement with the issue you advocate for.



**In Amman, Jordan, Forearms Of Change Center to Enable Community (FOCCEC) has worked extensively with PWUD. They find it very difficult to reach WWUD due to cultural, religious and legal challenges in reaching women. In order to reach WWUD, they made use of outreach programs where initially male peers were used to reach a few women and via these women they reached other women. As stated by Mr. Abdallah Hanatleh of FOCCEC – ‘you need to make changes to the law, which currently prevents harm reduction strategies. To do this, we start by offering sensitization workshops and training to community and religious leaders to show them our vision of harm reduction in Jordan. We inform others about harm reduction in order to make changes in the law and the culture which will eventually reach women in our target group.’**

**If you are working within an organisation that already offers services to PWUD, an important step would be to convince the administrators to register the gender of the people they offer the services to. This will make it possible to actually assess and monitor disparities in access to harm reduction services for WWUD.**

**Secondary: All information and data that is collected by others.**

This information can be specifically about the subject you're advocating for, or about related subjects, to be used to strengthen your arguments.

For instance, you could use data from national surveys on women's access to healthcare or academic studies on HIV prevalence, harm reduction or inter-relational violence. But also, more informal kinds of data such as discussions on internet forums or publications in the newspaper could be used to support your case.

The main advantage of using secondary information is that it is easily available and inexpensive to obtain.

# SET YOUR GOALS

**Now that you know what's going on and what's needed by WWUD in your area, it's time to set your goals and objectives. Advocacy is a process of influencing people to create change, so having clear goals and objectives gives direction to the change you want to accomplish.**

In some countries, the national government has adopted harm reduction strategies and acknowledged People Who Inject Drugs (PWID) as a priority group in their National AIDS Strategic Plan. In other countries, harm reduction is a wish for the future and PWUD are met with punishment and prosecution.

Apart from the differing contexts in which to operate, there are large differences in who you yourself are and what you can realistically achieve. It matters if you're part of an established organisation with ample funding, a free-lance journalist or a PWUD community activist.

Full access and availability of harm reduction services that meet all needs of WWUD is of course the ultimate long-term goal. But the reality is that this goal is far in the future for most, if not all. It is therefore essential that you make priorities and set yourself a long-term goal as well as short-and middle-term objectives that fit your situation, capacities and range of influence. Consider immediate opportunities and obstacles. Ask yourself questions like: what's

needed most? What can be done that will benefit women directly? And where do I have the most influence?

Formulate objectives that together form small steps towards your end goal. This allows you to succeed, and keeps morale and motivation high. Make sure you keep the **SMART principles** in mind when you formulate your objectives.

### Specific

Be specific in describing what needs to change.

- ✗ Improving access to harm reduction for women.
- ✓ Access to an annual HIV-test.

### Measurable

Describe things you can actually measure or describe what would be progress.

- ✗ Reaching more women who use drugs.
- ✓ Reaching at least 20 more women.

### Agreed

Make goals that stakeholders agree upon.

### Realistic

Make your goals within the available resources, knowledge and time.

### Time-bound

Specify when you want to reach your goal.

- ✗ In the future.
- ✓ By the end of 2018

### Example of SMART Goals:

- Female-only hours and child minding services at the DIC in Amman, Jordan are realised by the end of 2018.
- The Ministry of Health makes specific mention of the needs of women in their new health policy/strategy.
- The Arab league acknowledges the vulnerabilities of women in the Middle East during a speech at a regional health conference and mentions the importance of gender mainstreaming or gender specific health services.

# SITUATION #1

HIV testing & treatment, drop-in centers with basic counseling, NSP, and OST are available in some places; and the general political climate is hesitantly leaning in favor of HR. Women have moderate freedom of movement and WWUD are sometimes seen in the drop-in center which has some female outreach workers.

## End goal for 2018:

- By the end of 2018 all now available services have reached 20% more women than they do now.
- By the end of 2018 there are women-only drop-in hours at the center, run by female outreachworkers.

## Some objectives:

- From 2018 gender of visitors of the services is registered.
- By the end of march 2018, two WWUD have been recruited to work as peer to find WWUD who are not in sight yet.
- By the end of june 2018 the female outreach workers/ peers have reached ... WWUD that are not visiting the services yet.
- By the end of june 2018 all the staff has been trained in de-stigmatizing approach and gender sensitivity.



# SITUATION #2

HIV testing & treatment is available, NSP and OST are met with resistance and in general PWUD face punitive treatment. There is some under the radar needle exchange done by outreach workers. Women have limited freedom of movement in the public sphere and male outreach workers know about WWUD but are not in contact with them.

## End goal for 2018:

- By the end of 2018 our outreach workers are in contact with 10 WWUD and have investigated their needs.

## Some objectives:

- By the end of march 2018 our male outreach workers have spoken to the male clients about ways to reach the WWUD they know.
- By the end of april 2018 we've employed a female outreach worker.
- By the end of june there is a plan of how to reach WWUD.



# DECIDE WHO TO TARGET

## Setting priorities

At this stage, it's important that you have clear aims and objectives so you can prioritize. Starting with one objective (the most crucial to reaching your goal), consider the different levels of advocacy and who the most influential targets are at each level. You can identify who to target with your message once you understand how decisions are made at each level. It helps to identify allies and create coalitions where possible because the higher the advocacy level, the more effective it is to speak with a unified voice. Lastly, the messenger you use to communicate your message needs to be someone relatable, charismatic and respected so that you will be heard.

## What's within your reach?

Levels of advocacy – local, national, international – are a good starting point to assess where you'll have the most impact. An advantage to choosing the right level of advocacy is that the impact is bigger and more direct. Keep in mind - the higher the advocacy level, the more bureaucratic the process becomes.

## Things to consider when choosing advocacy level:

- How big is the issue?
- Where will you have the greatest impact?
- What are the resources at your disposal?
- How strong are your networks and relationships?
- What's your (organisation's) mission?

## An example of different advocacy levels in creating female friendly times at drop-in centres could be:

**Local:** the coordinator of a DIC providing services to WWUD could offer female-only hours at the DIC with female-only staff and child minding services.

**National:** Ministry of Health could be targeted with advocacy efforts towards funding female-friendly clinics in the country.

**Regional:** MENAHRA could coordinate advocacy for women in the MENA region so they can access services easier.

**International:** MENAHRA participates in joint advocacy efforts with other regional and international networks targeting high level platforms such as the UNGASS.

Once you know which level to direct your efforts, it's time to identify your target audience. There are two types of target audiences: direct and indirect.

A direct target is someone who has decision-making power. These are the people who can make things happen. Examples would be a president, minister of health, community or religious leaders and implementing organisations.

Reaching decision-makers can be complex and layered in bureaucracy. That's why it's important to identify indirect targets, or influencers. These are the people the decision-makers listen to and trust. They're also easier to access. Remember: you have to convince the influencers your message is important enough for them to bring to the target.

You must find out what your target's vision and motivations are at first to help you identify where you have common ground. This will show you where you can align your objectives with theirs. A good question to ask yourself is "what will motivate this person to take action"?



**Mr. Abdallah Hanatleh is the Director at Forearms Of Change to Enable Community (FOCCEC) in Amman, Jordan. At FOCCEC they make use of specific messages for different targets. For example, they use outreach workers who focus on the privacy and confidentiality of PWUD to win trust. There are committees for ministries, NGOs and community groups through which any program or budget travels through at the beginning of a project. FOCCEC uses this opportunity to create understanding and buy-in for the project and services to key populations. Stakeholders and government decision-makers provide advice on language and societal sensitivities. When addressing civil society, the message is brought across from a public health perspective where their goal is to reduce HIV/AIDS, and protect the community from drug harms/dangers.**

### Who are your allies?

Your allies are people, groups or organizations you share a common goal with. Coalitions formed with your allies achieve more at various levels of advocacy, but they also demand more work and planning.

Possible allies could be:

- PWUD (especially WWUD)
- local CBOs, NGOs
- international organizations
- community members
- networks of/for PWUD
- media / journalists who are sympathetic to your cause
- supportive government officials.

### Who can be the messenger?

You should choose a messenger who can bring across the importance of the message to the target audience. When choosing a messenger, you need to ask yourself: “what will motivate the decision-maker/influencer?”.

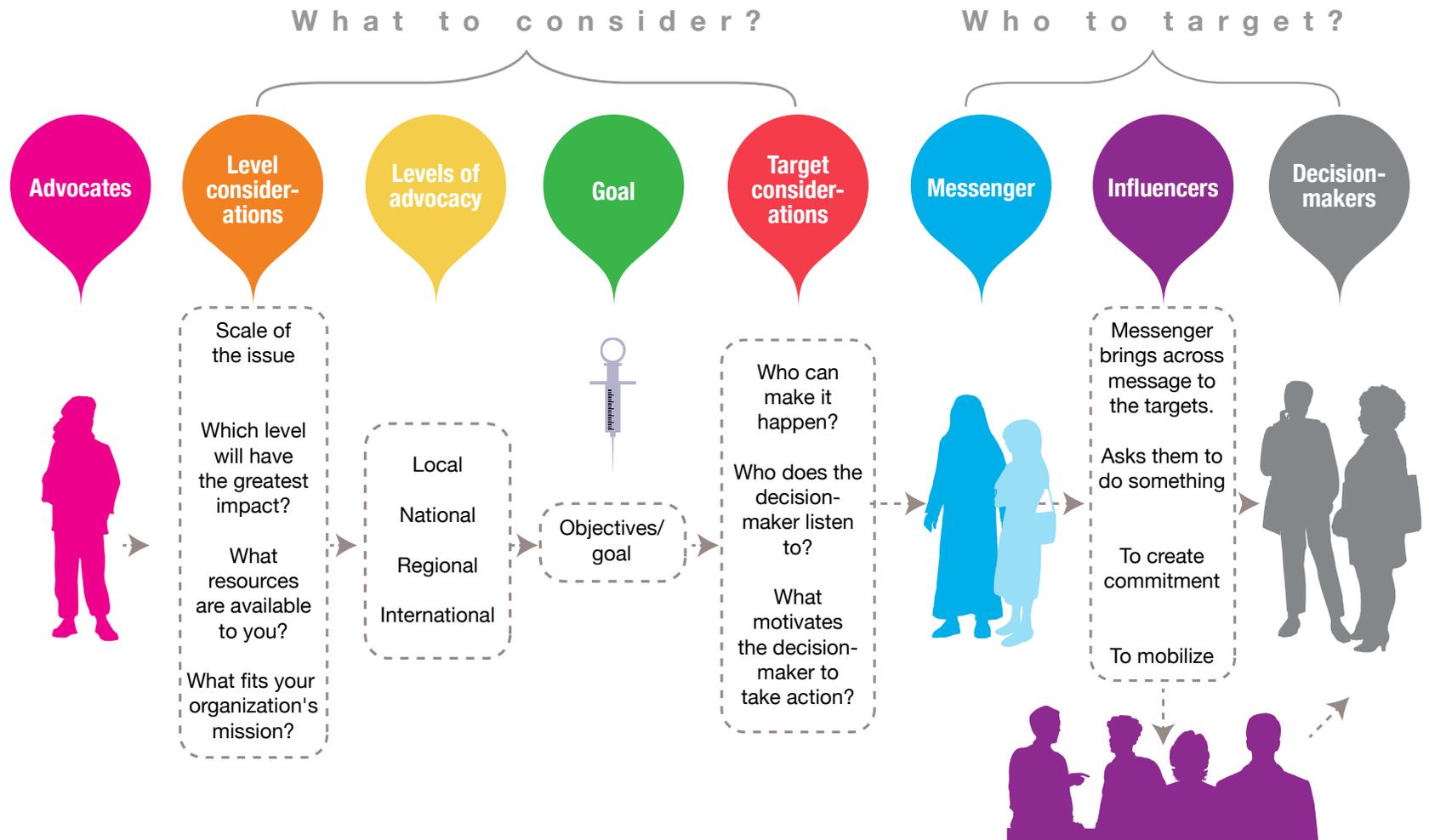


**Mr. Haseeb Rehman, CEO of the Organisation for Social Development (OSD) in Pakistan shared that in Pakistan, NSP and condom distribution in open areas is problematic because the law sees this as promoting drug use. In order to carry out their harm reduction work, OSD approached national bodies to provide outreach workers with ID cards so they can be identified as working for the project. OSD then approached National Aids Control Pakistan and the provincial inspector general to provide a letter outlining the services being provided and national support for and approval of this work. OSD has been able to build up a good relationship and clear communication with local imams (religious leaders) and police. As a result, when workers are stopped by police they need only show the letter to continue their work.**

TARGET	MESSENGER
<b>President or prime minister</b>	Religious or community leaders; political leaders from the same party; financial supporters; aides; personal physician
<b>Religious leaders</b>	Respected people from the community; fellow worshipers; other respected religious leaders
<b>Community leaders</b>	Respected religious leaders; celebrity or sport figures; successful business leaders; members of the community
<b>General public</b>	Celebrity or sports personalities; religious or community leaders; members of the group being advocated for to make the issue tangible and relatable; doctors and academics
<b>Doctors</b>	Internationally recognized physicians or researchers within the medical field.
<b>Media/reporters</b>	Someone personally affected by the issue and can communicate this in a clear and charismatic manner

## Different targets call for a different approach

The infographic below shows you what to keep in mind when deciding who and how to target.



## The power to influence

Advocacy efforts through use of influencers was effective in the MENA region when a group of religious leaders was brought together by MENAHRA to agree on common harm reduction concepts. In December 2012, MENA religious leaders convened for 3 days in Beirut to discuss the general premises regarding drug harm reduction. The result was the "Religious Leaders Declaration on Harm Reduction for the MENA Region" which was published in May 2015. This declaration cites the importance of prevention, treatment, rehabilitation, harm reduction and reintegration of people who use

drugs into civil society. This declaration is backed by religious justifications which lends it more credibility than if it were mere opinions.

MENAHRA maintained follow-up with the religious leaders group through creating a virtual mailing group for discussions. In addition, recommendations that came out of their first meeting were also followed up on and resulted in a number of meetings and the development of "Guidelines for Religious Leaders on Harm Reduction".

# FORMULATE YOUR MESSAGE

Now that you know what your goals and objectives are and who you want to influence it's time to choose your key messages. These will set the tone for how you and your arguments will be perceived. Key messages have one primary message and a few secondary messages.

## Key messages should be:

- easy for your audience to understand
- convince your audience to jump into action
- take you less than a minute to deliver
- be repeated
- have different sources delivering the same message.

## Creating your key message

Since your advocacy is supposed to inspire action, it's important that your message appeals to the target audience. In the beginning, you could start off by focusing on creating awareness but at a later stage your focus could be more action oriented.

**Arguments that appeal to already existing beliefs are much more effective in moving people to action than trying to convince someone of something radically new or different.**

- Keep your goals and objectives in mind. What do you want to achieve?
- Ask what will motivate your target audience into action. Connect to their value system, feelings and sensitivities. How does action benefit them and what attitudes can prevent them from acting?
- Combine ratio and emotion in your message, so that you appeal to mind and heart.
- If possible, formulate a problem-solution message.
- Use language that anybody can understand, so no jargon or acronyms.

## KEY MESSAGES

Core/primary message	Tailored/secondary message
<ul style="list-style-type: none"> <li>• Main message that communicates your ultimate goal and transcends all the tailored messages</li> <li>• Broad – appeal to all audiences</li> <li>• Simple and direct – you want to gain maximum attention of varying audiences</li> </ul>	<ul style="list-style-type: none"> <li>• Supports the core messages and explains in more detail how it can be achieved</li> <li>• Are concise and memorable</li> <li>• Tailored to the needs, perceptions and preferences of your target</li> </ul>

## TALKING POINTS

**Talking points are tools used when you bring across your key message.**

- Stories, arguments, evidence, data and photographs that support your key message
- Real life stories are a powerful tool to motivate to action
- Consider having some one-liners or catchy phrases ready to capture interest
- Reliable numbers placed in the appropriate context can be a powerful tool
- Use numbers and statistics strategically. They easily overload and confuse your audience. Balance numbers with real life stories to emphasise the human cost.

“WWUD are women who need our support and not our judgement.”

**TAILORED MESSAGE TO RELIGIOUS/COMMUNITY LEADERS**  
(social support)

“You can really make an impact and help WWUD by making them feel welcome and not judged.”

**TAILORED MESSAGE TO STAFF OF DROP-IN CENTER**  
(commitment to practical helpful behaviour)

“By treating WWUD you invest in one person but affect many around her.”

**TAILORED MESSAGE TO CITY COUNCIL**  
(funding and political support)

“HR for WWUD saves lifes of WWUD and those around them!”

**CORE MESSAGE**



**Manager drop-in center who wants to realise more HR services tailored to the needs of WWUD**



**How the right message can make a big difference. In Kabul, Afghanistan, Dr. Amin of the Organization for Harm Reduction in Afghanistan (OHRA) suggests involving or sensitizing religious leaders first. Capacity building on drug use, stigma, and discrimination is needed among religious leaders to allow them to spread appropriate messages and information at mosques and to the community.**

**Prior to providing a 3-day sensitization workshop to religious leaders, OHRA asked the question ‘what do you know about PWUD?’ – the answer was ‘they are criminals, they should be hated or killed’. At the end of the workshop, the same question was asked of the religious leaders, and this time the answer was – ‘they are human beings, they have to be respected. We ignore these people, that’s why the problems are spreading and getting worse’.**

#### **Harm reduction and Religion**

Because drugs are often frowned upon, and even prohibited in some religions, harm reduction and religion may seem irreconcilable. But preservation and protection of the dignity of people, and steering mankind away from harm and destruction are central to the teachings of most religions too. Using this knowledge to formulate your message can make a big difference. When viewed through the basic religious principles of the preservation and protection of the faith, life, intellect, progeny and wealth- harm reduction programmes could be permissible and in fact provide a practical solution to an issue that could result in far greater damage to society at large if left unaddressed.

# COME TO ACTION

Your next step is to choose advocacy activities and create an action plan. Advocacy activities need to be clearly linked to your objectives.

**Creating an action plan for your advocacy activities need (as output):**

- A specific set of activities
- A timeline showing who is responsible for carrying out each activity and their deadlines.

Timing of your activities is extremely important. Try to plan activities at times when you can hook into other activities and when there aren't a lot of deadlines for the target audience.

- ✗ Targeting politicians with requests during elections
- ✓ Planning advocacy activities for the benefit of WWUD on International Women's Day.



According to Ms. Karine Nassar, Executive Director at Soins Infirmiers et Développement Communautaire (SIDC) in Lebanon, their organization's most meaningful discovery doing advocacy work in the MENA region was the realization that they have to approach the government in different ways. Attitudes toward WWUD and drug use in general need to shift away from the punitive and more towards accessible health services, follow-up and interventions such as OST. There is a need to work with the police in a different, smarter way and educate them that PWID don't always have to go to prison.

**In working with the police, we are always cautious not to provoke! SIDC used the following methods to bring messages across to their targets:**

- workshops
- participating in various committees
- training NGOs
- training police on how to not criminalize PWUD
- TV campaigns and social media. TV campaigns and social media are always approved by the police before releasing information or video.

## Advocacy methods

There is no hard and fast rule when it comes to comparing and choosing methods. Your choice depends on which objective you focus on, the direct or indirect target, and their view of the issue. You also need to think about your resources and timing. You can bring your message across by using various advocacy methods such as:

### **Analysing legislation or policies:**

Analyse legislation or policies so that you understand their impact on WWUD. Once you have a full understanding of their impact, you can advocate for changes to these policies or legislations.

**Target audience:** Influencers who have direct access to decision-makers.

### **Briefing note or position paper:**

If you want to state your (group's) views regarding an issue, you can do this with a briefing note or a position paper. A briefing note is a lot

like speaker's notes, and lists important points to be covered by a presenter. A position paper is an official statement of where you stand on the issue, and is aimed at a larger audience or group.

**Target audience:** general population, larger audience, influencers.

### **Working in the system:**

This is when you take part in or join decision-making bodies. As an 'insider' you gain visibility and credibility for your organisation and have a say in the decision-making process.

**Target audience:** influencers who have direct access to decision-makers.

### **Lobbying:**

Lobbying is a face-to-face meeting with someone influential. You can create a personal connection with the target and discuss issues instead of just presenting them. You need to have a good understanding of the decision-making process and the person's stance on the issue but – if done properly – you can create an important ally. This ally can help you out on future issues as well.

**Target audience:** direct contact with decision-makers.

### **Presentation:**

Simply put, this is delivering a prepared message to an audience (large or small). It's used to present information that you've tailored to your audience and your need.

**Target audience:** people attending the presentation, and the general public.

### **Drama:**

In many cultures using song, story-telling, dance and drama are ways of sharing a message with a wider audience. It's also a useful platform for involving WWUD in the production. It is most effective when beneficiaries are consulted on the core messages and methods of delivery, and take part in the drama which helps showcase other skill sets. Drama is entertaining and makes the target feel more involved with the message. It can create a personal bond between the target, the messenger and the message.

**Target audience:** general public, influential people in the audience, direct and indirect targets in the audience.

### **Press release:**

If you want to spread your message to a wide audience you can create a press release. This is released to the media in the hopes of it

being picked up. A good press release should have a catchy and informative headline, W5 (who, what, when, where, why) in the first paragraph, a quote by a senior representative and your contact details. You can send your press release to a media outlet for it to be spread to other media sources (local, national or international) for publication.

**Target audience:** decision-makers reading the news source, general public who will then influence the decision-makers.

### **Interview:**

Simply put, this is a published conversation between yourself and a journalist. An interview can be reactive (when the journalist approaches you) or proactive (when you approach the journalist).

**Target audience:** decision-makers reading the news source, general public who will then influence the decision-makers.

### **Press conference:**

A press conference is an expensive, complicated, time-consuming way of getting lots of media coverage for an issue. It's usually organized by several organisations and they'll present prepared statements to a large group of journalists who are allowed to ask questions.

**Target audience:** decision-makers reading the news source, general public who will then influence the decision-makers.

## **Working with media**

If you want to reach a large audience with your message, media is a handy and cost-effective way of doing this. Having the media spread your message also lends credibility to your cause. Keep in mind that when you use media sources you have to pair it with other activities, or you will lose momentum. It's important to remember that when you speak to the media, you are speaking to the general public.

Clarity and credible spokespeople are key. A sloppy or ill-prepared piece can have disastrous effects and lead to lost credibility and reluctance to publish your stories in the future. Beware that media attention comes with risks that can be hard to manage such as victimisation, stigmatisation, sensational stories, and privacy violations.

It's good to know what will interest the media in your story so you can package your message accordingly. Media are interested in novel,

remarkable and interesting stories so you have to take the time to research and target the most fitting media source for your message. Each news source has its own unique 'flavour'. Inviting journalists to visit a site or location is attractive because it provides deeper insight into the topic, as well as good photo opportunities.

For useful tools in creating media communication, you can refer to the **WHO Media Library**.

#### Media coverage is split into two categories:

- Features: current and relative but don't have to have news in them. Examples of features are documentaries, longer articles and editorials.
- News: is published by news sources and can be more general posting 'public interest' pieces while other sources publish more specialized items targeting experts in the field. Examples of news are the local or national newspapers or medical journals.

### Social media

Social media is a recent and dynamic way of reaching young target audiences and creating buy-in for your cause. This is especially valuable in the MENA region where the standard media may not be free to report objectively on touchy subjects. You can use social media for free and in many countries, it's readily available. You can use platforms like Facebook or Twitter who are the current top-ranking forms of social media being used to advertise activities (such as global Support Don't Punish Day) or post position papers and interviews.

The internet gives you the opportunity to bypass regular media and get your message directly to a large audience. An example is to be found at MENAHRA who also use social media to gain attention for their cause:

"The network secretariat widely distributes a bimonthly electronic newsletter and uses social media to promote the MENAHRA web site and stimulate discussions." (WHO, 2012).

Involving beneficiaries in using social media is effective in gaining input from WWUD regarding issues impacting them. As stated in a practical guidance document on "Implementing Comprehensive HIV and HCV Programmes with PWID" (UNODC, 2017): "Giving people who inject drugs the opportunity to lead in producing periodic news-



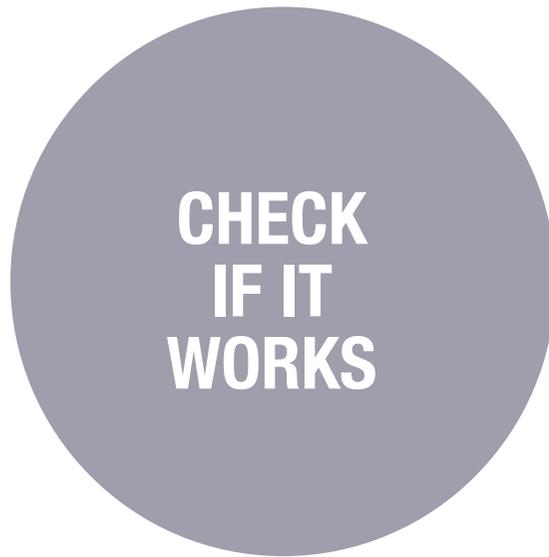
letters or regular maintenance of websites and social media sites can bring people together and create a forum for creative expression, as well as be places where people can be informed about and discuss emerging health and rights issues."

#### Some tips for using social media in advocacy work:

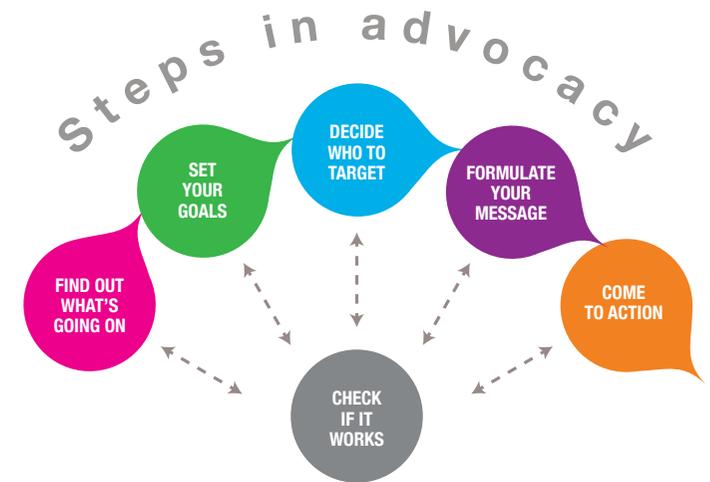
- Be brief.
- Use photos and images.
- Post regularly.
- Brand with your logo.
- Encourage followers to like or share your posts.
- Post links to your full website.
- Use popular hashtags to increase your visibility.
- Follow others/direct outreach to collaborators.
- Send links to journalists or bloggers.



**WORD OF CAUTION: At FOCCEC in Jordan, they cannot advertise or go to the media and say they work with PWID because the culture won't allow it. This illustrates the importance of taking into consideration the cultural appropriateness of using media for advocacy purposes.**



You have to check if your advocacy efforts are working, and you can do this by monitoring your activities and evaluating the results. There is one more step to this, and that's studying the results. Once you know what you're trying to achieve, then you need to agree on the impact indicators or signs of success. How will you know that what you're doing is working or not working? How will you judge the quality and impact of the activities, what went well or not and impact to all? How do you show that the desired change has taken place?



### How to monitor and evaluate if you're making a difference

Monitoring is measuring your progress towards objectives, and can be measured on 2 levels:

- activities
- impact.

This is why it's important that you know at the beginning of the process what your activities and expected impact will be, so you can define indicators to be measured.

### When collecting information this can be done in two ways:

- Qualitative methods of collecting information measure the quality of the impact and makes use of case studies, storytelling and opinions.
- Quantitative methods of collecting information collect concrete and tangible information, such as numbers and statistics.

Objectives	Targets	Activities	Resources required	Persons or organisations responsible	Timeframe	Expected outcome	Indicators
Objective 1: By the end of 2018, three influential community leaders will make positive public statements defending WWUD	All community leaders	Meeting with all community leaders on stigmatisation of WWUD	Manpower: Team leader, community leaders  Stationery: books, pens, for record keeping  Vehicle, food, money	Team leader of organisation	March 2018	Come up with three most influential leaders	Leaders: - Who are listened to by other leaders - From whom local people ask for advice most often - Who have successfully led a change in policy or practice in the past  Monitoring methods: informal survey, observation at meeting
	Three most influential leaders	One-to-one meetings with the three leaders who were most influential during the meeting	Team leader, community leaders  Money, vehicle	Team leader	By June 2018	Positive support from three community leaders willing to make public statements	Leaders: - Show understanding of why stigma is a problem - Show understanding of how public support for WWUD can help - Promise to make public statements in support of WWUD  Monitoring methods: NGO reps observe and discuss after meeting
	Community members	Meetings between three community leaders and their communities	Manpower: team leader, three community leaders, WWUD, community  Vehicle, food	Team leader, community leaders	By September 2018	Public statements defending WWUD	Number of positive statements Number of people hearing statements  Monitoring methods: NGO reps attend and observe meetings; informal surveys in community

Adapted table from (IHAA, 2002) p.58 as example of planning M&E indicators. [http://www.aidsalliance.org/assets/000/000/790/adv0602\\_Advocacy\\_toolkit\\_eng\\_original.pdf?1407150117](http://www.aidsalliance.org/assets/000/000/790/adv0602_Advocacy_toolkit_eng_original.pdf?1407150117).



## USEFUL GUIDES/ TOOLS

**Below is a list of practical tools and guides for deeper investigation and to be used as additional / supporting resources.**

### **MENAHRA**

#### **Gender Equality in Harm Reduction Services**

Middle East and North Africa Harm Reduction Association (MENAHRA), *Gender Equality in Harm Reduction Settings: integrating gender-specific services in harm reduction programs in the MENA region, 2015*, available at: [www.menahra.org/en/menahra-publications/publications/766-gender-equality-in-harm-reduction-services](http://www.menahra.org/en/menahra-publications/publications/766-gender-equality-in-harm-reduction-services)

#### **Specific Harm Reduction Services for Women**

Middle East and North Africa Harm Reduction Association (MENAHRA), *Specific Harm Reduction Services for Women: It's time, 2016*, available at: [www.menahra.org/images/latest-reports/gender\\_advoc-brief\\_final\\_21-11-16.pdf](http://www.menahra.org/images/latest-reports/gender_advoc-brief_final_21-11-16.pdf)

#### **Women Injecting Drug Users**

Middle East and North Africa Harm Reduction Association (MENAHRA), *Women Injecting Drug Users: Context, service needs and factors influencing service uptake – operational research, 2013*, available at: [www.menahra.org/en/menahra-publications/publications/375-women-injecting-drug-users](http://www.menahra.org/en/menahra-publications/publications/375-women-injecting-drug-users)

## **Advocacy and Best Practices**

### **Advocacy in Action**

International HIV/AIDS Alliance (IHAA), *Advocacy in Action: A toolkit to support NGOs and CBOs responding to HIV/AIDS, 2002*, available at: [www.aidsalliance.org/resources/252-advocacy-in-action-a-toolkit-to-support-ngos-and-cbos](http://www.aidsalliance.org/resources/252-advocacy-in-action-a-toolkit-to-support-ngos-and-cbos)

### **Best Practices in strengthening civil society**

World Health Organization (WHO), *MENAHRA - Best practices in strengthening civil society's role in delivering harm reduction services, 2012*, available at: [www.academia.edu/2039612/The\\_Middle\\_East\\_and\\_North\\_Africa\\_Harm\\_Reduction\\_Association\\_Best\\_practices\\_in\\_strengthening\\_civil\\_society\\_s\\_role\\_in\\_delivering\\_harm\\_reduction\\_services](http://www.academia.edu/2039612/The_Middle_East_and_North_Africa_Harm_Reduction_Association_Best_practices_in_strengthening_civil_society_s_role_in_delivering_harm_reduction_services)

### **IDUIT**

United Nations Office on Drugs and Crime, International Network of People Who Use Drugs, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, World Health Organization, United States Agency for International Development. *Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions. Vienna: United Nations Office on Drugs and Crime; 2017*. Available at: [www.inpud.net/sites/default/files/IDUIT%205Apr2017%20for%20web.pdf](http://www.inpud.net/sites/default/files/IDUIT%205Apr2017%20for%20web.pdf)

### **Stop the Global Epidemic of Chronic Disease**

World Health Organization (WHO), *Stop the Global Epidemic of Chronic Disease: A practical guide to successful advocacy, 2006*, available at: [www.who.int/chp/advocacy/en/](http://www.who.int/chp/advocacy/en/)

### **Tips on social media in advocacy work**

American Association of University Women (AAUW), *Tips on using social media in advocacy work*. Link: [www.aauw.org/resource/how-to-use-social-media-for-advocacy/](http://www.aauw.org/resource/how-to-use-social-media-for-advocacy/)

### **WHO media library**

WHO media library with media tools which can be used in creating media communication: [www.emro.who.int/](http://www.emro.who.int/)

## HIV/HR and Religion

### Cultural Approach to HIV/AIDS Harm Reduction in Muslim Countries

Hasnain M, *Cultural Approach to HIV/AIDS Harm Reduction in Muslim Countries*, *Harm Reduction Journal* 2, 2005; 23, PMC, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1298319/>

### Islam and Harm Reduction

Kamarulzaman A, Saifuddeen SM, *Islam and harm reduction*, *International Journal of Drug Policy*, 2010; 21(2): 115-118, PubMed, available at: <https://www.ncbi.nlm.nih.gov/pubmed/20006483>

### MENA Religious Leaders HR Declaration

Middle East and North Africa Harm Reduction Association (MENAHR), *Religious Leaders Declaration on Harm Reduction for the MENA Region*, 2012, available at: <http://www.menahra.org/en/menahra-publications/news-press-releases/225-beirut-declaration-drugs-religious-leaders>

## Disclaimer

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