



Guide

on Networking in
Harm Reduction





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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AHRN	Asian Harm Reduction Network
ART	Antiretroviral Therapy
ATIOST	Association Tunisienne d'Information et d'Orientation sur le SIDA et la Toxicomanie
CSO	Civil Society Organization
EHRN	Eurasian Harm Reduction Network
FWID	Females Who Inject Drugs (teenage girl or older woman)
FWUD	Females Who Use Drugs (teenage girl or older woman)
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
HRI	Harm Reduction International
HTC	HIV Testing and Counseling
IEC	Information, Education, and Communication
INPUD	International Network of People who Use Drugs
KH	Knowledge Hub
KP	Key Population
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa
MENAHRA	Middle East and North Africa Harm Reduction Association
MENANPUD	Middle East and North Africa Network for People Who Use Drugs
MSM	Men Who Have Sex with Men
NAP	National AIDS Program
NAHR	Network of Associations for Harm Reduction project
NGO	Non-Governmental Organization
NSP	Needle/Syringe Program
OHRA	Organization for Harm Reduction in Afghanistan
OSD	Organization for Social Development
OST	Opioid Substitution Therapy
PLHIV	People Living with HIV
PWID	Person/People Who Inject Drugs
PWUD	Person/People Who Use Drugs
RANAA	Regional Arab Network Against AIDS
SHRO	Shahamat Health and Rehabilitation Organization
SIDC	Soins Infirmiers et Développement Communautaire
SMART	Specific, Measurable, Achievable, Relevant and Time bound
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs & Crime
VCT	Voluntary Counseling and Testing
YAPD	Youth Association for Population & Development

Foreword

Networking is crucial and plays an important role in the world of civil society. It involves communication, exchange of information, building working relationships and coalitions between individuals and associations. Networking in the field of Harm Reduction is essential among associations working together to achieve common goals. Associations and/or individuals from civil society need to network in order to overcome challenges together more efficiently.

We hope this manual serves as a guiding tool that helps those working in the field of harm reduction to build effective and sustainable networks that promote their work.



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Ola Ataya
Consultant

Why this guide?

This guide is designed to provide information and guidance on principles and steps needed to form and maintain effective HR networks. It provides information needed to fill the gap in knowledge on how to promote effective networking in the field of HR in the MENA region.

The guide takes into account the cultural, religious, social, and other specificities of the MENA countries.

Who can use this guide?

This guide can serve as a useful tool for all those working in the fields of HR, health, and drug use. It helps individuals; associations, Civil Society Organizations (CSOs) and policy makers realize the value of networking and make evidence-based decisions that promote networking in HR.

Harm Reduction

“Harm reduction” refers to policies, programs and practices that aim at reducing the harms associated with drug use by promoting the health, wellbeing and human rights of People Who Use Drugs (PWUD). The philosophy of HR is based on the belief that people marginalized by high-risk behaviors (drug use, unprotected sex, sex work...) have the right to access a continuum of service options and strategies that include outcomes such as reduced harm, abstinence, and enhanced quality of life. This philosophy recognizes the resilience of people who engage in high-risk behaviors and aims to keep them and their entourage safe, reduce stigma associated with them, and protect their rights. According to the HARM Reduction Coalition, HR strategies meet drug users “where they’re at,” addressing conditions of use along with the use itself. According to Harm Reduction International (HRI), “the defining features of harm reduction are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs” (Harm Reduction International, 2010).

While HR refers to an approach rather than a set of health interventions, the term is commonly applied to a number of measures designed to minimize drug-related risks, mainly in the context of injecting drug use. This approach recognizes that “people unable or unwilling to abstain from drug use can still make positive choices to protect their own health in addition to the health of their families and communities” (Open Society Foundations, 2016). HR generally seeks to create an enabling and supportive environment for PWUD to protect their health and other human rights by providing them with evidence-based information, services, and resources.

HR aims to reduce the health and social harms associated with drug use through a range of interventions that include (Harm Reduction International, 2010):

Services to increase safer drug use such as needle and syringe programs (NSPs); a range of drug treatment options including Opioid Substitution Therapy (OST); Information, Education and Communication (IEC) (including peer outreach); safer injecting facilities and overdose prevention; advocating for changes in laws; and regulations and policies that increase harms or hinder HR efforts and meaningful engagement of PWUD in policy making and programming.

The Nine Key HR Interventions are:

1. Needle and Syringe Programs (NSPs)
2. OST and other evidence-based drug dependence treatment
3. HIV Testing and Counseling (HTC)
4. Antiretroviral Therapy (ART)
5. Prevention and treatment of Sexually Transmitted Infections (STIs)
6. Condom programs for People Who Inject Drugs (PWID) and their sexual partners
7. IEC for PWID and their sexual partners
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis
9. Prevention, diagnosis and treatment of Tuberculosis (TB)

Drug Use and Harm Reduction

Injecting drug use is a global health and social issue that results in a wide variety of health and social harms. PWID experience stigmatization, vulnerability, marginalization and high risks for the Human Immunodeficiency Virus (HIV) and other infectious diseases among other risks and vulnerabilities. HR measures have proven to be successful in reducing risk behaviors and minimizing harms associated with injecting drug use. However, coverage of HR programs for PWID is limited (WHO, et al., 2011).

Drug Use and Harm Reduction in the MENA Region

An increase in drug use has been reported in many countries in the Middle East and North Africa (MENA) region in the recent years. The number of PWID from the 20 countries covered by the Middle East and North Africa Harm Reduction Association (MENAHRRA) is estimated to be around 570,000. In many countries of the MENA region, unprotected sex and unsafe injecting drug use are the primary drivers of the HIV epidemic (MENAHRRA, 2012).

HR is a relatively new approach to most of the MENA countries. Few countries in the region have recognized drug injection as a major threat to their national health and have accepted to adopt HR policies in order to minimize health consequences for both the injectors and the community. Overall, the current response is characterized by low coverage of prevention programs for PWID at higher risk, especially women, Men who have Sex with Men (MSM), partners of PWID and Sex Workers (SWs). Although some progress has been made in some countries at the social level and on the legal, judiciary and policy frameworks, injecting drug users are still highly marginalized, stigmatized, discriminated and even criminalized in other countries (MENAHRRA, 2012).

Collaboration in Harm Reduction

While the adverse consequences of injecting drug use have increased significantly over the years, the services provided for drug users (including prevention, treatment and care) in addition to the advocacy and policy development efforts still remain far from adequate.

Drug use and HIV/AIDS are complex problems with political, social, economic, and cultural determinants. In the MENA region, the issue of drug use is even more complex and sensitive due to the effects of religion, insufficient knowledge on drugs and HR, repressive policies that stigmatize and punish drug users and the prevailing negative and judgmental attitudes towards PWUD. HR programs and services, including gender-sensitive services, are faced with multiple legal, political, financial, societal and cultural obstacles/challenges hindering their work. CSOs have an active role in advocating and promoting the HR approach, as well as delivering services to Key Populations (KPs). In countries of the region, where most services for PWID are driven and implemented by CSOs (MENAHR, 2014), building the capacity and enhancing the knowledge and skills [of CSOs] to deliver services is a priority issue.

See **Integrating Gender-specific Services in Harm Reduction Programs in the Middle East & North Africa (MENA) Region**, MENAHRA, 2015
for more information on gender and harm reduction



Below is a table that presents some factors that influence the promotion of HR programs and the process of change towards this strategy in the MENA region. These factors are divided into hindering and facilitating factors.

Experience drawn from many HR programs shows that no single agency or stand-alone program can provide effective and comprehensive interventions that address the various factors influencing drug use and the numerous challenges facing HR programs. The urgency and scale of the problems resulting from drug use, coupled with the limited results to date, argue for new approaches that are based on collaboration. Hence, there is a need to promote networking and implement comprehensive and large-scale approaches and effective strategies.

Table 1 Hindering and Facilitating Factors

Hindering factors

- Drug use is not considered a major priority for some countries
- Poor understanding by the surrounding environment of HR strategies and services. HR is not always considered the appropriate response. It is seen by some policy makers or religious leaders as promoting drug use
- Inadequate political support within the health sector, in drug control structures, and in other policy-making bodies
- Challenges faced by services targeting Females Who Use Drugs (FWUD), including difficulty in reaching them and excessive stigma towards them
- Limited studies from the MENA region on Females Who Inject Drugs (FWID), PWID and HR
- Repressive laws and policies and criminalization of drug use and possession (repressive legal and policy frameworks)
- Difficulty talking about sex and safe sex practices in some communities
- Inadequate human resources and understaffing of national bodies responsible for HIV
- Constraints in securing financial resources from health budgets and difficulties in mobilizing resources from other sectors
- Inappropriate resource allocation, focusing mainly on HIV screening and antiretroviral therapies.
- Stigma, discrimination and criminalization towards PWIDs
- Inadequate surveillance systems, limited number of size estimations and mapping for PWIDs, and limited or outdated biological or behavioral studies conducted on PWIDs
- Coverage of HR programs and services remain insufficient

Facilitating factors

- A strong and committed national body responsible for HIV/AIDS
- Active civil society organizations involved in drug use and HIV prevention
- (Adapted from: Guidelines on Developing Communication strategies for harm reduction; MENAHRA) External financial and technical support to HR programs
- Religious leaders' declaration to support drug users' rights in the MENA region.
- Developed Media sector
- Mobile telephone and internet network that may facilitate communication with drug users
- Existence of networks working on HR, HIV and targeting key populations (National, Regional, and International)
- Existence of few studies and guidelines on HR
- Increase number of CSOs working on HR.
- Existence of international and regional partners in support of HR

(Adapted from: Guidelines on Developing Communication strategies for harm reduction; MENAHRA)

Why create a network?

Networking should not be considered an end in and of itself-it is a means to achieve a purpose. Networks and collaborative practices allow synergies to be created and therefore can have an impact that is significantly greater than the sum of individual efforts. Effective networks usually result in improvement in the interventions (what is usually referred to as “collaborative advantage”). There are plenty of reasons why developing networks -and other forms of collaborative practices- is useful. These can be summarized as follows:

- Collaboration allows member organizations to combine their different philosophies, approaches, views, resources and practices to address a common issue.
- Collaboration facilitates access to knowledge, improves dissemination of information and enables sharing of experiences and successful interventions. For example, networks create a channel for information and knowledge to cross boundaries. They provide the means to move local know-how to collective information and promote the uptake of beneficial practices across stakeholders and regions.
- Collaboration brings individual and organizational knowledge, expertise and resources together into a ‘collective space’. The synergies created from this pooling of resources help create innovative responses and ideas for social change, as well as generate outcomes beyond the members’ initial investment.
- Collaboration between organizations and different stakeholders usually allow for the pooling of resources, while bringing together necessary forms of resources (personnel, assets, knowledge, efforts, expertise, among others) that improve the work of member organizations.
- Collaboration between organizations involved in a particular issue can result in a more cohesive and comprehensive intervention. It allows for effective and efficient delivery of programs and elimination of any unnecessary duplication of effort. Rather than duplicating efforts, organizations can coordinate responsibilities or divide the work among themselves in ways that save time and efforts.
- On the social level, collaborative efforts usually result in social benefits for staff, volunteers and beneficiaries (target population) to form networks and friendships through involvement with the organization.
- Collaborations can serve to unify efforts around long-term and complex issues and help in planning and launching community-wide initiatives on a variety of issues.

- Collaborations can advocate more effectively than member organizations and stakeholders working alone. They help in generating broad based community and governmental support and increase credibility beyond the scope of the individual organization. It usually contributes significantly in strengthening the negotiation abilities with policy makers.
- Networks bring together people, organizations and resources from all parts of the community. Working together in a network can improve the quality and the quantity of work and spread responsibilities by allowing individuals and groups to contribute ideas, expertise, and resources.
- Collaborations usually promote resilience of member organizations and help organizations in dealing with the different challenges that might arise.

Benefits of collaboration were summarized and categorized as follows
(Partnership (2007) Fife Partnership Resource Pack):



Table 2 Benefits of working together

More Resources <ul style="list-style-type: none"> • Attract public funding where an initiative requires partnership bids and evidence of partners' ability to deliver joint projects • Strengthened negotiating power with Government/s 	New and Better Ways <ul style="list-style-type: none"> • Innovation: new effective ways of doing things and using resources • New perspectives and challenging views within the partnership • Improved knowledge about needs, opportunities and assets
Spread Risks <ul style="list-style-type: none"> • Complementary strengths, resources, perspectives • Greater flexibility within a team approach 	More Efficient <ul style="list-style-type: none"> • Pool resources and facilities • Share the costs of common functions
Greater Impact <ul style="list-style-type: none"> • Increased benefits for people, stakeholders or communities served • Increased reach to disadvantaged populations and excluded groups • Greater ability to reach and deliver beyond the capabilities of any one partner 	

Benefits of networking in harm reduction

Isolated individuals and stand-alone programs working in HR have to struggle with multiple challenges that hinder the implementation of effective HR approaches and strategies. Similarly, stand-alone HR programs have few opportunities to share resources and information. Collaborative efforts in HR facilitate the implementation of large-scale approaches and effective strategies. Networks are particularly useful for issues where responses are new or weak, as is often the case with HR. Such networks facilitate the rapid exchange of a wide variety of information and experience and the pooling of resources.

- HR networks can link existing programs and promote their work by providing additional technical resources and political support. They can build new alliances, strengthen strategic partnerships, and foster the development of new programs in regions or countries where responses are absent or insufficient.
- HR networks can be effective mechanisms for implementing a wide array of activities identified by the Joint United Nations Programme on HIV/AIDS (UNAIDS) as critical elements for effective and broad-based responses to HIV/AIDS. These elements include:
 - ◊ Gathering and sharing technical expertise;
 - ◊ Documenting and understanding the spread of HIV among drug users
 - ◊ Advocacy on behalf of local programs and drug users
 - ◊ Setting priorities and building on resources and opportunities
 - ◊ Providing new policy options for governments
 - ◊ Mobilizing individuals and resources
 - ◊ Developing new responses
 - ◊ Learning from experience
 - ◊ Reducing isolation
- Networks can also offer much-needed **technical support** to individuals and member programs for their work.
- Being part of a network can help groups and individuals influence government decisions and **raise their voice collectively** against inappropriate demands, practices or policies by government bodies, funding organizations, and other stakeholders.
- Membership in a coalition or network can also provide the **credibility and foundation needed to attract large-scale funding** from governments and multilateral organizations. Donors are increasingly interested in regional responses to regional problems such as HIV/AIDS. With their broad geographical coverage, networks often have the scope, coverage and ability to take on large cross-border and regional projects.

- A key function of HR networks is **documenting, collecting, and disseminating information and examples of best practice on harm reduction** in the region. Through newsletter, research reports, Website, listserv, and other outputs, HR networks can be instrumental in sharing and promoting HR strategies through regionally applicable examples of active programs.
- Membership in a coalition or network promotes advocacy efforts and makes them more effective. Collaborative efforts **increase the impact of advocacy activities** that target policy makers and a variety of stakeholders and help in increasing government involvement and commitment to HR in the region. Usually programs addressing drug use and HIV/AIDS in the region were isolated and had little opportunity to influence the policies of governments or donors. By linking and supporting programs, active networks give them a powerful collective voice, at both the national and international levels.
- Membership in a coalition or network can promote greater support for regional initiatives. Civil society and drug user engagement in regional initiatives have proven instrumental in drawing attention to gaps in responses and efforts to scale-up HR services, and continue to play a key advocacy role to regional bodies and governments. Regional initiatives have the potential to **effectively advocate** for conditions and resources which facilitate the delivery of a comprehensive package of HR services, and help in **scaling up of HR** across the region.
- Regional networks can also help **reduce a region's reliance on outside technical assistance** when developing responses to HIV/AIDS and turn to their fellow network members for culturally-sensitive technical support. This increase in self-reliance builds capacity, enhances the functioning of the network, saves money and promotes acceptance. Cross-cultural adaptation of harm-reduction strategies is critical to their acceptance.
- Networks can be a valuable resource and mechanism for developing and conducting national and multi-country **training and capacity building activities** on HIV prevention and HR. These activities may target policy makers, health workers, law-enforcement officials, drug-treatment workers, government and non-government staff, and people interested in HR.
- Networking in HR allows for **mobilizing and coordinating resources** in a way that may be hard for smaller national agencies. HR networks in the MENA region have been able to coordinate multi-country research and training projects and to facilitate regional assessments and meetings. They also provided an important regional collection of technical expertise in developing responses to HIV and drug use.
- Networking in HR helps bring the **issue of drug use and HIV/AIDS to the agendas** of both national governments and international organizations.
- Networking and collaborative efforts in HR helps incorporate **peer review mechanisms**. In addition to the independent monitoring and evaluation (M&E) of the programs, a peer review process resulting from collaborative work can be an effective tool for monitoring the implementation of AIDS programs by governments and different stakeholder groups, including the multilateral and bilateral agencies, Non-Governmental Organizations (NGOs) and CSOs.

- Networking in HR allows for **harmonization of HIV/AIDS and HR strategies, policies and action programs** at local and regional levels, among countries having common institutional structures and systems and similar social and cultural characteristics, and helps attract more coherent donor resources and enhances collaboration and collective action among countries.

Networks & Partnerships

Considerable evidence exists on the reasons why partnership and collaborative work is needed to address complex issues. Working together allows integration to happen in more planned and systemic ways, and helps create synergies whereby the multiplier effects resulting from bringing perspectives, policies, expertise and resources together have greater impact than when efforts are not joined together. Collective work usually helps efforts to have a greater reach and potentially save resources.

The term network here refers to a group of organizations that communicate and collaborate on a shared strategy. Many organizations use the term coalition to describe a group of organizations sharing the same goals. One useful definition of a network states that 'A network can be called a network when the relationships between those in the network are voluntarily entered into, the autonomy of participants remains intact and there are mutual or joint activities' (Church et al., 2002). This definition builds on the fact that 'true' networks are voluntary rather than imposed, they facilitate some form of collaborative action, the organizational autonomy of the member organizations remains intact and they have a common objective.

Partnerships are usually intended for exchange and pooling of resources, cooperation, coordination and coalition building. The relationship among partners can be temporary (local bodies, including government, grassroots NGO's) or permanent.

A partnership brings together institutional capabilities and human resources in the form of skills, experiences and ideas to tackle common problems that are often beyond the capacity of a single organization or group. Partnerships refer to a formalized form of collaboration. Collaborative partnerships refer to agreements and actions made by consenting organizations with a common interest who agree to work together and share resources to accomplish a common goal. That goal could be as narrow as obtaining funding for a specific intervention, or as broad as policy development. A working definition of a partnership is "a collaborative relationship between entities to work toward shared objectives through a mutually agreed division of labor" (World Bank, 1998). During the course of partnerships, organizations often evolve as they learn more about effective management, build capacity, and gain valuable experiences. In that sense, partnerships act as learning mechanisms.

Types of partnerships

Partnerships can encompass many different forms of collaboration. The relationships formed between different agencies or organizations may vary in terms of formality of arrangements and how activities are shared or integrated. Arrangements can range from informal agreements for information sharing, such as inter-agency or other network meetings, to more formal agreement.

There are different types of partnerships depending on complexity, intensity, and formality. The broader the scope of the problem, the more complex the issue, and the longer the expected lifetime or duration of the partnership, the more complex and formal a partnership is. Here are some general forms of partnership (listed in the order of least complex to most complex):



Networking: This is considered the least complex form of partnership where relationships among partners (member organizations) within networks are often less formal or even informal. The main purpose of networking is to exchange information and to share experiences. The network provides a forum for the exchange of ideas and information for mutual benefit, often through newsletters, conferences, meetings and electronic information sharing. It is one of the least formal forms of partnership.



Coordinating: Relations among members are more closely linked. Specific tasks among organizations are usually defined, which requires pooling resources beyond information sharing. Coordinating involves exchanging information and altering activities for a common purpose.



Cooperating: involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, high level of trust, and sharing of resources.



Collaborating: Relations among members are strong and functional and there is enough focus on joint activities. Collaborating involves enhancing the capacity of the other partner/s for mutual benefit and a common purpose, in addition to sharing information and resources and altering activities for a common purpose.

Relationships may also differ in terms of:



Length of the relationship:

the partnership might be a one-off activity, time-limited, or ongoing.



Types of partnership:

Collaboration between different organizations and agencies can result in the following:



1. Unions: These might be formed in response to specific challenges affecting or even threatening the interests of a specific group and can serve in raising the voice of its members. Unions can be national, regional or international and differ in terms of their scope of work (focus on one sector or might be multi-sector).



2. Umbrella: A framework for coordination which differs from unions in terms of scope of membership and structure. It also differs from networks in that agencies under an umbrella might have different visions, goals and strategies. It serves as a platform for information and experience sharing and might serve as a transitory structure in the process of forming unions or networks. Umbrellas are usually formed while implementing specific campaigns that aim at achieving specific goals. They are not usually an executive body but help provide its underlying members with financial and moral support.



3. Networks: Organizations that share resources for mutual benefit and are usually established as flexible frames where membership is specified by agreed upon criteria. Network members usually share a common vision, general principles, common goals and mechanisms that bring its members together. Networking usually helps build capacities of network members and promote the efficacy of their efforts.



4. Forum: A type of collaboration that provides a platform for sharing and exchange to achieve general medium and long-term objectives.



5. Platform: To foster innovation, organizations need to develop places where they can come together and work creatively, that is, platforms for collaboration. Platforms are another type of flexible collaboration frameworks that is becoming common lately. Platforms bring together diverse stakeholders to frame problems fully and accurately. Once the partners develop a shared definition of the problem, they can start working on solutions.



6. Coalition: Independent organizations that usually share a political or social change goal.




7. Consortium: Organizations and individuals representing service providers and other agencies who identify themselves with a specific community, neighborhood or domain.


Types of networks


Networks vary depending on different criteria. Examples of such criteria are:

- **Duration:** Permanent – temporary
- **Structure/legal status:** official – non official
- **Geographical location:** limited scope – unlimited scope
- **Scope of work:** multiple issues – one issue


A. At the geographical level:


 **National** - In the field of HR, The Lebanese AIDS Network Association (LANA) is an example of a national network.

 **Regional** - In the field of HR, the Regional Arab Network Against AIDS (RANAA) is a regional network of national networks. MENAHRA is another regional network of individuals and CSOs active in HR, and is part of the global network of networks on HR.


 **Global/international** - An example is the Asian Harm Reduction Network (AHRN), Eurasian Harm Reduction Network (EHRN)


B. At the level of scope of work:

 **General:** agencies with different expertise and various specialties work together. An example is the Arab NGO Network for Development

 **Sectorial:** focuses on one sector or domain, such as health or education or environment or economy or human rights. Agencies organize under this type of networking either based on their specialty or to address a specific challenge related to its scope of work. This is more focused on specific topics. An example is the Arab Network for Environment & Development, Arab Organization for Human Rights.

C. At the level of duration:

 **Permanent networking:** it is established in order to achieve long term goals that require work over a long period of time. In this case, this type of networking may develop with the accumulation of expertise and common awareness so that it shifts from being a framework for coordination and sharing of experiences to being a permanent coalition with common interests. An example is the Gathering of Civil Organizations in Lebanon.

 **Short-term networking:** This type of networking is established in order to achieve short term and specific goals; the partnership comes to an end with the achievement of the goal or it shifts its focus to achieve other goals.

Challenges in networking

Networks face a wide array of challenges that might hinder their work. These challenges may be internal or external, and might be faced in the early stages of networking (during the establishment of the network) or in later stages (maintaining and managing networks). This applies to existing HR networks and partnerships in the MENA region. (See Annex C - Examples of HIV and Harm Reduction Networks in the MENA region) Network members must keep in mind the possible challenges they may face and be prepared to address them. Some of the most common challenges that exist are:

Challenges faced during the **formation** of a network:

- **Challenges in consensus building.** Network members may not always agree on unified goals, objectives, and strategies of the network. Barriers to partnership could result from lack of clear purpose or an inconsistent level of understanding purpose, a lack of understanding roles/responsibilities, and differences of philosophies and manners of working. Moreover, differing views and interests might arise at any time, and this requires efforts to bridge gaps, resolve conflicts and work on reaching consensus among network members.
- **Challenges in trust building.** In many areas, an atmosphere of competition dominates and hinders collaboration. This is especially the case when there are many constraints and threats faced by organizations.
- **Challenges in establishing rules.** Members must agree on rules necessary for the network to operate smoothly and effectively.
- **Challenges related to the division of work.** The network must find a means of dividing up work equitably among members.
- **Financial challenges during the formation of a network.** These usually include registration, lawyer follow-up and resources for staff/founding members following up on the issues as well as expenses used for meetings with stakeholders and other partners that may be needed to elicit support during this phase.

Challenges faced during the **process** of networking:

- **Logistical challenges.** This challenge is faced by many networks. Networking requires information sharing, ongoing coordination, staying tuned to up-to-date researches and information, as well as keeping all members aware of meetings, agreed upon actions, actions taken, results, and upcoming activities.
- **Lack or insufficient sense of ownership and belonging.** Members of a network should enjoy a sense of ownership and belonging to the network. The network must remain a collaborative effort among all members, rather than the possession of one or several of the most powerful members. Sometimes, one partner manipulates or dominates, or competes for the lead and this may cause conflicts or distrust among network members.
- **Challenges related to resources and funding.** Funding limitations affect networks in many ways. With many member organizations operating on limited

budgets, networking may be difficult without additional sources of income. The costs of travel, communications, resource development, and training can hamper efforts to build or maintain the network. Networking, as highlighted by most programs and networks in HR, requires a lead organization that has the capacities (including the funding) to allocate sufficient efforts and resources for networking. When financial and time commitments outweigh potential benefits, the situation becomes difficult for networks to function properly and effectively.

- **Lack or insufficiency of collaboration with target population/ beneficiaries.** To promote active, meaningful participation of beneficiaries, network members should commit to being open to their suggestions, actively seeking their input, and finding appropriate ways to ensure their full participation.
- **Lack or insufficient monitoring & evaluation.** Systems of performance management and regular evaluation of the partnership itself is required. Building M&E into the design stages of initiatives and partnerships is essential.
- **Challenges resulting from a top-down approach.** Many partnerships have failed because they have been forced from the top downwards. Examples are when funders and funding agencies focus on building new collaborations based on their own funding strategies rather than identifying existing needs, resources and strong relationships in the field and investing to further support them. This usually leads to unsuccessful and ineffective partnerships. Effective networks and collaborations benefit from being formed and governed by programs in the field, rather than being initiated by donor agencies.
- **Socio-economic challenges:** Challenges faced by HR collaborations in the MENA region include financial challenges and lack of sufficient funding, difficulties in coordination, negative attitudes towards HR and thereby cultural, social and policy-related challenges, in addition to restrictive policies and law enforcement challenges.

In spite of its massive efforts and significant accomplishments, RANAA faces a number of challenges in its work that include financial, social, governmental, and law enforcement challenges in addition to some competition between network members and difficulties with the effective engagement of member organizations and varied interests at times.

MENAHRA faces challenges in its work. The main challenge faced in the early stages of its development and sometimes in its current work is the acceptance of the concept of harm reduction by the government and civil society. Many governments in the MENA region still refrain from integrating harm reduction in their strategic plans or policies. As a consequence, many necessary advocacy interventions are hindered in many countries.

Financial as well as law enforcement related challenges are among the most significant challenges faced by ATIOST. Insufficient funds due to the absence of national donors, cultural challenges that involve the stigmatization of key populations, in addition to policy-related and law enforcement challenges, especially following the 2011 events in Tunisia, are among the challenges that HR programs and collaborations face.

Guiding principles for effective and sustainable networks

To ensure the network's effectiveness, credibility, cohesion, and development toward its common goals, a set of principles that guide the conduct of member organizations and their relationships should be considered. These principles contribute to the network's success, promote its resilience and may reduce many possible challenges.

Developing a culture of cooperation and collaboration:

This ensures an atmosphere of trust, loyalty, and commitment. A successful network enhances the impact and effectiveness of any action through more efficient use of resources, collective thinking; promoting innovation, and is usually distinguished by a strong commitment from its members. To achieve this, the following elements are essential:

Important considerations in forming a network:

- A proper partner selection
- Clarification of each member's role
- A shared purpose and a shared understanding and commitment among the network members. Network members need to understand each other's needs, respective resources, language, and goals to effectively communicate and work together
- A considerable investment of time that allows member organizations to build trust and understanding and learn about their respective roles and responsibilities
- Recognizing and valuing the specific expertise of each network member and allowing members to use that expertise by taking the lead on different issues
- Cultural sensitivity which implies understanding of cultural differences between partners and acknowledgement of those differences
- Common interests which can be ensured by sharing a strategic vision, defining the targets and equality between members of an organizational structure
- Strong agreement among partners on a clear and simple vision and a set of outcomes that will help their work
- Clarity in the minds of all partners regarding their roles is fundamental
- Equality among partners which means that all members should enjoy equal rights
- A supportive atmosphere where suggestions, ideas, conflicts and criticisms are aired, resolved and acted on constructively
- Clarity of roles, relationships, tasks and responsibilities
- Environment of trust and clarity
- Sense of belonging and the belief that working together is more effective than working in isolation

- Sharing of resources, information and capacities
- Ownership, which stands for the partners' approach towards the network, its goals and its work
- A clear definition of the task and purpose of the partnership and realistic time frames
- A network culture needs to be developed through which members come to realize that their involvement is a central part of the network
- A network needs a well-focused vision towards which all the stakeholders agree to strive. Having clear goals is an essential condition for a network's success.
- Establishment of feasible objectives and development of a clear and flexible strategy for achieving these objectives and building shared vision and trust.

Important consideration in managing and maintaining networks:

- Sufficient ongoing resources (e.g. knowledge, information, time, expertise and finance);
- Adoption of knowledge-based and learning-based frameworks ;
- Assurance of communication and accountability. Good communication and public relations for reporting successes;
- Mutual confidence and respect among the partners and a high level of information exchange;
- Professional management and co-ordination by the coordinators, leaders of the network and network members;
- Access to the network is made easy to beneficiaries or target groups. In HR networks, access to the network need to be increased for drug users especially those living with HIV/AIDS;
- Flexible networks as members will put more effort into the network when it has the potential to meet their needs;
- Involving beneficiaries (PWUD), actively seeking their input and finding appropriate ways to ensure their active participation;
- Proper and effective communication. Lack of coordination might be the largest single reason for the failure of a network. Problems will arise if key stakeholders feel that they are excluded from the decision-making process;
- Good communication is essential to a network, particularly when there are large distances between stakeholders and access to communication infrastructure is uneven;
- Sufficient resources to maintain and support the network;
- Ensuring democracy, transparency, accountability and inclusiveness;
- Support from local organizations and individuals is critical to the network's recognition and success;
- And assigning a secretariat to run the network (either fixed or alternating or interim

According to researchers (Wei-Skillern, Jane and Silver, Nora; 2013), four network principles for collaboration success have been highlighted. These are:

Principle 1: Strategy Is Determined by Mission Impact before Organizational Growth

Successful networks are usually those that place mission impact at the center of their focus instead of prioritizing organizational gains or their short-term organizational objectives. This requires dedication and commitment, a strong sense of belonging to the network and ownership of the network resources and goals. Although individual organization success is important and leads to a significant impact, organizations need to focus on the bigger picture and be aware that achieving mission impact requires more than their own institutional growth. This might mean a shift in focus from developing their institutional programs to investing in network mission and contributing to social change.

Principle 2: Build Partnerships Based on Trust, Not Control

Partner selection is of utmost importance in successful networks. Selecting trustworthy partners, resisting the urge to build the network too quickly and making substantial investment of time to build a culture of cooperation, collaboration, trust and mutual understanding are essential. High-impact networks are comprised of organizations that see the work of others in their network as integral to their ability to achieve impact.

Principle 3: Promote Others Rather Than Yourself

The belief that working together is more effective than working in isolation is essential to the success of networking. By acknowledging their own limitations, leader and member organizations focus less on developing their own competitive advantages and become more open to learning and engaging with others in the field. This dynamic requires a dramatic mindset shift from one in which leaders try to exert maximum control over strategy and programs and focus on gaining recognition for themselves and their organizations. Highlighting the contributions of the member organizations engenders high performance throughout the network. Network organizations should focus on developing each other's' capacities and see the work of others as integral to their own ability to achieve mission impact. The synergies among partners' respective skills, knowledge, and resources, in turn, generate superior results.

Principle 4: Build Constellations, Not Stars

Networked organizations do not strive to be the brightest star, but rather to build the constellation that will enable achievement of the shared vision. The goal is to mobilize the various organizations and resources so that they collectively produce more impact.

Besides saving time and resources and avoiding duplication of efforts, effective networking promotes a dynamic in which resources are allocated

where they can make the most impact. If another organization is better able address an issue, then it makes sense to invest in that effort rather than to reinvent the wheel in one's own organization.

Thus, effective and successful networking requires shifting the focus from organization-level gains to field-level impact. This can be summarized as follows:



Table 3 Network Mindset Shift
(Four Network Principles for Collaboration Success)

From	To
Focus on growth	Focus on mission
Focus on control	Focus on trust
Focus on yourself	Focus on others
Focus on garnering resources	Focus on sharing resources
Focus on the particular	Focus on the whole

How to form networks: Steps in establishing & maintaining effective networks

Depending on the type of partnership (network, coalition, union, or others), the steps needed to start the partnership, maintain it and get it going effectively vary. There is no single recipe that describes this. However, there are key components of the most common approaches to partnership. Some key issues and steps in building a network (or any other form of collaborative practice) are presented here:

FIRST STEP: Preparing the ground: Identifying and defining the need for a network

The first step in forming a network is preparing the ground and building a common ground among potential network members/partners. This is usually done by identifying a need and exploring the relevance of the network as well as selecting the potential network partners. It involves reflecting upon important questions and discussing them thoroughly and openly between potential partners while taking steps to respond to them. These are:

- Clarification of each member's role
- A need for a network?
- What is the organizational benefit from the network? (benefits and outcomes to my organization)
- What is the collective benefit from the network?
- What is the added value of networking?
- Is there a group of like-minded people with a shared vision who have decided that developing a network is the best way to achieving the specified goal?
- Do potential partners believe that working together is more effective than working in isolation?
- Are potential partners willing to support the network?
- What exactly is the network trying to achieve?
- Are there other existing networks (or collaborative structures) working on the same issue? Do they have similar or the same goals? If so, we should approach them to explore possible collaborations and to ensure work is not being duplicated, and to learn from their experiences.
- Did we consult with all relevant stakeholders to agree on a clear need for a network?
- Did we identify the main actors and relevant stakeholders? Did we approach them to join the network?
- Is there a commitment from potential member organizations to support the network?
- What strategies/local priorities will this network adopt and focus ?

SECOND STEP: Set up phase

Groups often go through recognizable stages as they change from being separate stand-alone entities to becoming united groups with common goals. The *forming–storming–norming–performing* model of group development applies in the case of network development. According to Tuckman (1965), every group follows a typical process starting from “Forming” (people coming together) via “Storming” (fighting for the best place) and “Norming” (finding rules that specify how to coordinate and communicate with each other) to “Performing” (where common activities are carried out). All these phases are necessary and inevitable in order for the network to grow, to face up to challenges, to tackle problems, to find solutions, to plan activities, and to deliver results.

During the set up phase, it is fundamental to agree on a set of rules, governance, procedures, and decision-making structure. The following steps are useful:

Defining and strengthening relationships among network members

It is essential that network members get to know each other well, learn about each others' strengths, scope of work, roles and expectations. This will help build understanding and trust among members, and helps figure out the network's interests,

strengths, conflicts, and weaknesses. A common understanding of the framework, culture, values, and approach of member organizations is essential. This allows for the equitable division of labor among network members based on each member's strengths and capacities. It is equally important to understand cultural differences between the partners and to understand the existing cultural, social, political, economic and other factors in the network members' environment.

See Annex A-Checklist for Planning to Initiate a Partnership Relationship

Building a culture of collaboration and respect- This includes:

Developing the network mission and goals

- It is important that the mission statement is broad to reflect the philosophy of the network and encourage a wide range of relevant stakeholders and individuals to participate. A founding group of network members can design and develop the network's mission and goals, and then invite additional supportive organizations to join. An organization's membership in the network requires and signifies its endorsement of the mission and its commitment to the goals of the network. Few points to remember:
- The mission statement needs to be clear to avoid any misunderstandings
- The mission statement highlights the issues that the network focuses on and explains the purpose of existence of the network
- The mission statement of the network determines the network's direction and provides guidance on which other organizations should join
- The mission statement needs to highlight the following:
 - ◊ The moral/ethical position of the network
 - ◊ The key strategic influence for the network
 - ◊ A description or mention of the target group
 - ◊ A description of the services and interventions
 - ◊ The geographic domain

The MENAHRA Strategic Plan for 2019-2014 states that the organization's mission is to improve the quality of life of drug users through advocacy, capacity building, and technical assistance, and by serving as a resource center in the region.



Developing a shared common vision and purpose

What is also important in forming a network is ensuring a shared common vision and purpose that helps build trust and openness and recognizes the value and contribution of all network members. Shared goals understood and accepted as being important by each partner usually leads to improved coordination of policies, programs, procedures and service delivery, and, ultimately, better outcomes. Shared values, understanding, and acceptance of differences (including difference in some values and approaches in work) are all essential to effective and sustainable networking.

Building a culture of collaboration and respect involves reflecting upon important questions and discussing them thoroughly and openly between potential partners while taking steps to respond to them. These are:

- Does the network have a clear and simple mission statement?
- Does the network have a clear vision and agreed upon goals?
- Is there a common understanding of and agreement to the vision and objectives? Are these documented?
- Are all network members clear about the network mission, vision, goals and objectives?

Developing objectives and strategies

Common objectives must be determined and targets must be set and clearly defined. Objectives must be **Specific, Measurable, Achievable, Relevant and Time-bound (SMART)** (for more information on SMART objectives, check the SMART task template on www.businessballs.com/delegationsmarttaskform.pdf). This clearly defines what the network aims to achieve and facilitates the monitoring and evaluation process of network activities.

After establishing the set of network objectives, network members should then determine the best strategies to achieve those objectives. Identifying strategies and activities helps network members divide up responsibilities and identify gaps by highlighting which organizations need further capacity building, support, or resources. The various measures and projects need to be planned and correspond to the strategy and to local and regional needs.

A comprehensive analysis of challenges, problems and resources, as well as assessment of local needs helps design the network strategy. As the challenges, problems, resources and needs change over time, the strategy, objectives, targets and activities must be reviewed and revised according to agreed standards at regular intervals.

The network needs to have a strategy agreed upon by its member organizations (that intersects with the UNAIDS and other global strategies). This strategy should provide indicators of change that can be measured and evaluated.

The strategy needs to reflect how the partnership will manage change and evaluate how well it is doing (to document the partnership plan, priorities, and links to other relevant strategies/plans). It involves reflecting upon important questions and discussing them thoroughly and openly between potential partners while taking steps to respond to them. These are:

- Does the network have clear agreed-upon objectives?
- Are the network members aware of the network objectives?
- How do the network objectives link to the member organizations' individual objectives?
- Does the network have a clear strategy and an agreed-upon action plan?
- Do the network strategy and action plans clearly define the network goals, objectives, activities and their timeline, roles and responsibilities of member organizations?
- Do the network strategy and its action plan meet with other strategies (and how)? How do they meet with member organizations' specific strategies?
- Does the work of the network still link to national/local policies and strategies?
- Who is the target group of the network?
- What are the benefits to target groups in establishing this network?
- Has the network identified outcomes for specific target groups?
- Are the partners willing to consider changing their other activities to fit in with the partnership's objectives, where this is appropriate?

Check the UNAIDS Strategy 2021–2016 at a glance in Annex B for more useful information on strategies in harm reduction and global AIDS response.

Developing a timeline of activities

After developing a clear strategy and an action plan, it is crucial for a network to have a realistic time line. An achievable time line, with targeted activities every month, will help ensure the network remains focused on its goals and activities. This will also help in assessing the different activities. It is recommended to write down the activities, tasks and requirements in a document that defines and describes the “who, what and when” of the network members.

Establishing structure and leadership

A well-structured network formulation and clearly defined roles and responsibilities, including leadership roles, are extremely important for effective networking. Effectively managing network members and having clear communication channels in place among them all is essential. Networking usually requires having an organization, committee or intermediary structures coordinating the networking process and the network activities. Those in the leadership role need to have the sufficient qualifications -knowledge,

experience and capacities to take a leadership role and should be willing to commit a significant amount of time and resources to the network coordination. Network members can work on developing a mechanism for sharing and alternating/rotating leadership among network members. The network can decide to establish a broad leadership team that includes representatives of major groups and organizations. It is important to avoid domination of particular members and/or organizations. Regarding roles and functions, it is necessary to keep in mind the following:

- Establish roles and functions by collectively discussing, defining and deciding on the roles and functions of each member organization
- Reflect on roles and functions regularly
- Clearly define the responsibilities and roles of each member organization
- Written role descriptions, feedback on performance and recognition of success are important both for member organizations and for individuals
- Balance the interests and contributions of member organizations
- Make best use of the strengths of each member organization
- Establish a strong management structure
- Rotate chair and lead agency responsibilities

Regarding the decision-making mechanism, developing clear decision-making procedures in which partners have equal power is crucial. Decisions should be made by consensus in a transparent and democratic manner. Members must decide what will happen when consensus cannot be reached and determine what is the role of network leadership in this case.

In some cases, especially in the case of large networks, sharing responsibility through committees is helpful. In this case, it would be crucial to specify responsibilities and the decisions that committees can make without full network approval.

To guarantee a sense of ownership and belonging to the network among the member organizations, it is extremely important to ensure commitment to the network from the senior level in all partner organizations.

It is also crucial to promote the network and admit new organizations and stakeholders who agree with the network's mission and goals. New members should understand what the network is trying to accomplish as well as the need for action. The network should clarify the added value of networking. Outreach through member organizations' existing resources, such as newsletters and meetings, can promote the network and solicit more support for the network goals.

Developing the network structure among national networks should include establishing a referral mechanism to available services, including treatment.

Managing Networks

Communicating effectively

Effective communication is essential to successful networking. The evolution of different means has provided a significant potential for communication. Nowadays, with all the available communication tools and methods, there are many options to be used by networks.

Communication has both an internal and external role. Internally, effective communication is essential to the functioning of the network and helps ensure clear information flows among the network members. It is essential to set up simple and clear procedures to communicate and share information within networks and externally. Effective communication at all levels within the network and among member organizations, sharing and accessing all knowledge and information, needs to exist. Good communication is essential particularly when distances between stakeholders are huge and access to communication tools is uneven. Communication within networks involves keeping network members informed about all updates and news related to the network. This maintains trust, transparency, clarity, and involvement while minimizing any potential misunderstandings. Network members should always receive minutes from meetings, updates, news clippings, information and adequate notices on future events.

The external role of communication is to ensure that the work of the network is visible and to coordinate with communities, key people, network users and policy makers. This helps promote support, promote advocacy efforts and help with funding.

For effective networking, networks need to develop proper communication strategies linked to the network's overall strategic plan and action plans. A communication strategy is derived from, and determined by, an organization's strategy (refer to Annex B - MENAHRA'S Guide: Guidelines on Developing Communication Strategies for Harm Reduction, 2015).

To ensure that the network is visible, recognized and accepted within its field of activity, there should be ongoing two-way communication with CSOs and local communities and target groups. Good contacts with local media, policy makers and target groups (network users) are crucial.

The network's achievements should be presented regularly to policy makers, who may be involved in mainstreaming opportunities or policy development, and to funding bodies, including potential future sources of funding.

Sufficient resources (time and financial resources) need to be dedicated to communications. Few questions to consider while working on a mechanism of communication include:

- Is there a strong communication strategy in place?
- Do partners know about each other's' organizations and what the pressures and imperatives are?
- Do partners share information about their organizations agendas and priorities?
- What methods of communication work best for you?
(Email, phone, in person, etc.)
- How effective is the network strategy?
- How does the network approach possible arising conflicts in relationships among network members?

Some communication methods that help with distributing and sharing information include:

- **Electronic newsletters:** Electronic newsletters are an effective method for sharing information and news related to the network field of activity. In the field of HR, e-newsletters provide a useful tool to share information, news and announcements related to drug use and HR.
- **Websites:** A website can be created to provide information about the network's accomplishments and upcoming events, with links to each member organization.
- **Shared documents:** Sites such as Google Docs provides free tools including a web-based calendar and a system for group sharing and collective editing of documents. A network can establish a "shared drive" of documents on the web that all partners have access to, with any document edits being tracked.
- **An electronic mailing list, or listserv,** allows all of the network members to have an online discussion via e-mail. When establishing the listserv, permission to post an e-mail can be granted to all members, or the lead organization can serve as a "moderator" to check posts and allow permission before they can be viewed by other member organizations.
- **Project Spaces:** This is a type of platform that allows its users to share documents, as well as create electronic mailing lists.
- **Virtual workspaces:** A virtual workspace enables members to collaborate online, allowing users to share information, share documents, and have a discussion in the same location.
- **Google Sites:** Google sites allow network members to create a website together to announce events, keep a shared calendar, and host shared resources.

Social media platforms such as Facebook, Twitter, LinkedIn, YouTube, in addition to the other means of communication such as Website and Newsletter are examples of communication tools used by MENAHRA and other HR programs and collaborations in the MENA region.

Engaging beneficiaries/ target population

The active participation of the target population in the network's work is fundamental. In the area of HR, PWUDs are excellent representatives of network users and should be a fundamental component of HR programs designed to address their needs. To promote active, meaningful participation of PWUD, HR network members should commit to being open to PWUD's suggestions, actively seeking their input, learning about their needs, and finding appropriate ways to ensure their full and active participation. Ensuring that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them is one of the core principles of HR (Harm Reduction Coalition). In their collaboration with network users, HR networks should pay attention to:

- «Visibility» of community: visibility of civil society and PWUD community participation for decision-makers and the general public
- Effective representation and active participation: The community of PWUDs is represented in state and local decision-making bodies, the representation is supported by open feedback and regular communication with the PWUD community.

It can be useful to regularly reflect on the below questions:

- Are users/beneficiaries and the community involved in practice?
If so, in what way?
- Is it feasible to support the establishment of collaborative structures (including networks) for PWUDs?

The International Network of People who Use Drugs (INPUD) is a global peer-based organization that seeks to promote the health and defend the rights of people who use drugs. INPUD exposes and challenges stigma, discrimination, and the criminalization of people who use drugs and its impact on the drug-using community's health and rights.

INPUD is a movement of people who use drugs (current and former) who support the Vancouver Declaration (www.inpud.net/en/vancouver-declaration) The Vancouver Declaration sets out the demands of people who use drugs, emphasizing that their human rights must be respected and their health and wellbeing prioritized. INPUD is a global network that seeks to represent people who use drugs in international agencies such as the United Nations and with those in international development work. INPUD is committed to demonstrating at country level how people who use drugs can constructively contribute to the development and delivery of services for the community.

Objectives:

- To advocate for intermediate reforms to drug laws in order to reduce the criminalization and stigmatization of people who use drugs while striving in the longer term for an end to prohibition
- To promote effective prevention, treatment, care and support for people who use drugs who are living with and affected by HIV, Hepatitis, TB and other relevant health issues
- To promote and advocate for harm reduction as a means of supporting safer drug use and reducing drug related harm among people who use drugs
- To support and seed the development of self-determining networks of drug users that advocate for the health, citizenship and human rights of people who use drugs
- To advocate and lobby at the international level for the rights of people who use drugs
- To build alliances with like-minded organizations and broader civil society to further the aims of INPUD
- To maintain an organization that is effective, transparent and accountable to its membership.

In the MENA region, most HR programs and collaborative structures strongly engage with the target population (PWUDs, Women, MSM and People Living with HIV (PLHIV) using drugs). Examples are MENAHRA, RANAA, Shahamat Health and Rehabilitation Organization (SHRO) in Afghanistan, ATIOST, Youth Association for Population & Development (YAPD) in Egypt, Organization for Social Development (OSD) in Afghanistan, among others.

In spite of their value (as pointed out to by many organizations working in HR in the MENA region), many factors still impede the development of networks for people who use drugs. These include the cultural, social and legislative challenges resulting in stigmatization of drug use, criminalization, and human rights violation. There should be a conducive environment for national and regional networks of PWUD to be established. Changing policies, priorities of intervention related to public health and social behavior and acknowledging the role of PWUD/PWID as main partner in decision making and in implementing will help facilitate the development of such networks.

Managing resources and funding

Resources refer to time, knowledge, energy, and personnel in addition to money. Since insufficiency of resources and funding are challenges faced by many networks, including HR networks, it is important to pay attention to them. Sound financial management is crucial and it facilitates the implementation of network activities and helps achieve objectives and targets. It also provides reassurance to the partners and to other stakeholders, including funders and local communities. It also allows clarity and openness about how financial decisions are made, how they are implemented and how they were monitored. Few points to remember:

- In the early phase of network development, start with small networks, which are easier to manage and where activities are less costly, and expand with time;
- Encourage member organizations and potential partners to contribute to the network resources;
- Identify effective ways to share resources;
- Share resources and use them efficiently;
- Incorporate sound financial planning and accountability;
- Use existing opportunities to meet and communicate. Hold meetings in conjunction with other events, such as a conference or workshop that members are already attending. Use members' existing newsletters and publications to disseminate information on what the network is doing;
- Encourage members to include funding for advocacy in their own proposals;
- And limit the network's focus on priorities and issues within capacities and resources, and move slowly to new issues.

Performing: Implementing activities

This requires translating the vision into clear and well-planned actions supported by a realistic focused implementation/action plan and timetable for implementation of the vision, ensuring that sufficient and appropriate resources are available, including skills. Networking will require sound project management principles – identifying key stages, resources and timescales; allocating clear individual and organizational responsibility; communicating with key stakeholders; reviewing progress regularly.

- **Research and assessment studies.** Network activities may include coordinating multi-country research and facilitating regional assessments.
- **Information dissemination.** One of the possible functions of HR networks is documenting, collecting, and disseminating examples of best practice on HR in the region. Through newsletter, research reports, Website, listserv, and other outputs, the network can help in sharing and promoting HR strategies through regionally applicable examples of active programs.
- **Capacity building.** Depending on the prevailing circumstances, available resources and existing needs, networks can carry out capacity-building activities in a number of areas related to their scope of work. HR networks can be a valuable resource and mechanism for developing and conducting national and multi-country training activities on HIV prevention and HR. These capacity building activities and trainings may target policy makers, health workers, law-enforcement officials, drug-treatment workers, government and non-government staff, and people interested in HR.
- **Advocacy.** Advocacy targets policy makers and a variety of stakeholders to create a supportive environment and increase government involvement and commitment to HR in the region. HR networks usually link and support isolated programs, thus giving them a powerful collective voice, at both the national and international levels. Networks can work with governments, donors, and the United Nations (UN) system, advocating for a more pragmatic approach to the problem of drug use and HIV/AIDS. As a result, networks can help (and do help) bring the issue of drug use and HIV/AIDS to the agendas of both national governments and international organizations. Moreover, HR networks facilitate the acceptance of HR approach and programs as an appropriate and effective response to HIV and drug use in the communities.

Implementing Monitoring and Evaluation

Networks should design relevant data collection mechanisms related to their activities from the outset, deriving clear indicators and targets from shared vision and outcome priorities. The results of performance monitoring should be to review and reflect on practice and to take decisions on changing or abandoning programs which are not achieving the planned goals and trying new ideas. It should also provide the evidence to allow celebration of success. All networks need to ensure that they have an ongoing program of monitoring and revising aims and objectives. This should also provide the opportunity to learn what has been successful and what has not, building these lessons into revised plans. Member organizations need to participate in developing an evaluation strategy that includes various methods (e.g. collection of statistical data, satisfaction surveys, etc.). They must identify monitoring procedures and be involved in developing data collection tools. Resources and energy should be devoted to monitoring and evaluation, on the basis of realistic and measurable performance indicators, objectives and targets which are clearly defined.

Regular evaluation of the network itself is also required. Building M&E into the design stages of initiatives and networks will help monitor changes over time. Networks and other collaborative practices need to demonstrate the extra benefits of collaborative working.

Few questions to consider while working on monitoring and evaluation include:

- Is there sufficient monitoring, evaluation and feedback on network activities and on the network itself?
- Does the network review its aims and objectives related to changes in the outcomes?
- Has the network been successful in achieving its agreed-upon outcomes?
- Are results on network performance evaluation communicated across the network and externally?
- Have any organizational improvements occurred after establishment of the network? What are they?
- What differences have resulted from the networking?
- How well is the network performing?
- What lessons can be learned?

Conclusion

Addressing the increasing problem of drug use and HIV/AIDS in the MENA region requires the collective efforts of all institutions and individuals with experience and interest in the problem of drug use, as well as the active engagement of PWUDs. Collaborative efforts, and networking as a mechanism, would allow stakeholders to efficiently share information and experiences, pool resources, provide mutual support to programs, and develop a solid base for advocacy interventions. Networking and partnerships are fundamental for effective and sustainable HR interventions.

Collaborative practice involves CSOs working together to achieve shared goals. Networks are usually instrumental in sharing and promoting regionally applicable examples of active programs. They can provide forums that encourage communication and information exchange among individuals, organizations, and countries participating in the network. The MENA context requires capacity building mechanisms that can be carried out by HR networks. These include training in rapid situation assessment, formulating policies, planning appropriate programs and projects, developing specific interventions, implementing advocacy strategies, providing counseling and treatment, implementing information campaigns, and providing means to drug users to protect themselves from HIV transmission.

Collaborative efforts in the area of HR can significantly contribute to a more comprehensive understanding of the patterns of drug use and the associated harms, especially HIV infection, in the region. Moreover, these efforts can provide a forum that encourages communication and information exchange among all those concerned and working in the field of drug use.

Collaborative efforts in the area of HR can also play a significant role in promoting HR strategies by putting the issue of drug use and HIV/AIDS on the agenda of governments and international organizations. Networking and collaborative work help address these issues in a culturally appropriate manner. Member organizations usually have a detailed knowledge of the cultural, political and social situation in their countries (or settings) and know the stakeholders and the beneficiaries. They can thus provide valuable insights on the best strategies for policy development. Collaborations can help sensitize governments to the problems facing drug users and their families. The impact of effective networks and partnerships is stronger than the sum of its components.

Successful networks enhance the impact and effectiveness of any action through more efficient use of resources, collective thinking; promoting innovation, and are usually distinguished by a strong commitment from its members. A culture of collaboration and cooperation with clear roles and responsibilities, shared purpose and vision, understanding and commitment among members, cultural sensitivity, and involvement of beneficiaries is essential for networks. Successful networks are characterized by democracy, transparency, accountability and inclusiveness.

Forming networks requires proper planning and selection of appropriate partners. The first step in networking includes identifying the need for collaboration and exploring its relevance and added value.



Forming networks:

- Defining and strengthening relationships among network members
- Developing the network mission and goals
- Developing a shared common vision and purpose
- Developing objectives and strategies
- Developing a timeline of activities
- Establishing structure and leadership



Managing networks:

- Communicating effectively
- Engaging beneficiaries/ target population
- Managing resources and funding
- Performing: Implementing activities (Research and assessment studies, Information dissemination, Capacity building, Advocacy)
- Implementing Monitoring and Evaluation

Annex A

Checklist for Planning to Initiate a Partnership Relationship

Task	Status	Owner	Timeframe	How measured?
Determine public health problem, goals, and affected populations				
Conduct a preliminary analysis of the problem				
Assess the need for a partnership				
Assess if proposed partnership meets our organization's policies and guidelines				
Identify potential partners/stakeholders				
Assess potential partners' appropriateness				
Convene a core group of potential partners				
Develop a draft mission statement and goals				
Identify other potential members				
Determine type of partnership and follow our organization's policies and guidelines for approval				
Ensure variety and diversity among potential partners to enable a comprehensive understanding of issues being addressed				

*Adapted from the CDC Partnership Tool Kit
 CDC Partnership Tool Kit P42. Division of Partnerships and Strategic Alliances,
 National Center for Health Marketing, CCHIS, CDC*

Annex B

Sample strategy:

UNAIDS 2021–2016 Strategy at a glance

The 2021–2016 Strategy builds on strong foundations. Its bold goals and targets sit squarely within the Sustainable Development Goals framework. It is universal—designed to guide and support locally tailored responses across the globe while fostering new forms of leadership and accountability—especially at regional levels. Eight result areas:

GOOD HEALTH AND WELL-BEING (SDG 3)

Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

- Voluntary HIV testing (VCT) services accessible for people at risk of HIV infection
- Early infant diagnostic services accessible to all children exposed to HIV, and all children under 5 years living with HIV on treatment
- All adults, adolescents and children offered antiretroviral therapy and linked to treatment services upon HIV diagnosis
- People on treatment supported and monitored regularly, including scaled-up viral load monitoring, and treatment literacy and nutritional support
- Accessibility, affordability and quality of HIV treatment improved, including through community delivery systems
- HIV services scaled-up and adapted to local contexts, including in cities, fragile communities and humanitarian emergencies
- Adequate investments made in research and development for better diagnostics, antiretroviral medicines, prevention commodities, monitoring tools, vaccines and a cure New HIV infections among children eliminated and their mother's health and well-being is sustained
- Immediate treatment accessible to all pregnant women living with HIV (Option B+)
- HIV, sexual and reproductive health, including family planning, tuberculosis and maternal and child health services integrated and accessible for women, especially women living with HIV
- HIV prevention services for male partners promoted, including testing and treatment

REDUCED INEQUALITIES (SDG 10)

Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

- Youth-friendly HIV, sexual and reproductive health and HR information and services accessed independently and equally by young women and men
- All people, especially young people, reduce HIV-related risk behavior and access HIV combination prevention services, including primary prevention and sexual and reproductive health services
- Twenty billion condoms available annually in low- and middle income countries for people of all ages
- Additional 27 million men in high-prevalence settings voluntarily medically circumcised as part of access to integrated sexual and reproductive health services for men
- Quality comprehensive sexuality education* accessed by all adolescent and young people
- Information accessed, awareness raised and demand created through traditional and new forms of communication and outreach
- Young people meaningfully engaged in the response to ensure effectiveness and sustainability Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants
- Combination prevention services adequately resourced and available, tailored to populations, locations and interventions with maximum impact
- Outreach and new media inform and create demand for use of traditional and new prevention technologies, including condoms and pre-exposure prophylaxis
- Three million people on pre-exposure prophylaxis annually, focused particularly on key populations and people at high risk in high prevalence settings
- People who inject drugs access clean needles and syringes, as well as opioid substitution therapy and other evidence informed drug dependence treatment
- Migrants, refugees and crisis-affected populations have access to HIV-related services
- People living with HIV and other key populations meaningfully engaged in decision-making and implementation of HIV prevention programs

PARTNERSHIPS FOR THE GOALS (SDG 17)

AIDS response is fully funded and efficiently implemented based on reliable strategic information

- Investment of at least US\$ 31.1 billion available for the global AIDS response annually in 2020 in low- and middle-income countries, with one quarter invested in prevention globally Low-income countries mobilize at least on average %12 of country resource needs, lower-middle-income mobilize %45 and upper-middle-income countries mobilize %95 from domestic sources International investment for the AIDS response reaches US\$ 12.7 billion Financial sustainability transition plans and country compacts implemented
- Countries use timely, appropriate and reliable strategic information to prioritize resource allocation, evaluate responses and inform accountability processes
- Allocative and productive efficiency gains fully exploited and commodity costs reduced in countries of all income levels, including by overcoming restrictive intellectual property and trade barriers
- Country capacity built, including through technology transfer arrangements
- Investment and support to civil society, including networks of people living with, at risk of and affected by HIV, scaled up to enhance their essential role in the response People-centered HIV and health services are integrated in the context of stronger systems for health
- HIV-sensitive universal health coverage schemes implemented
- People living with, at risk of and affected by HIV empowered through HIV-sensitive national social protection programs, including cash transfers
- People living with, at risk of and affected by HIV access integrated services, including for HIV, tuberculosis, sexual and reproductive health, maternal, newborn and child health, hepatitis, drug dependence, food and nutrition support and non-communicable diseases, especially at the community level
- Comprehensive systems for health strengthened through integration of community service delivery with formal health systems
- Human resources for health trained, capacitated and retained to deliver integrated health and HIV services
- Stock-outs prevented through strengthened procurement and supply chain systems

Annex C

Examples of HIV and Harm Reduction Networks in the MENA region

Lebanese Aids Network of Associations (LANA)

The Lebanese Aids Network of Associations is a national network of organizations working in the field of HIV/AIDS. It was established in 2014 initially including 10 CSOs. The mission of LANA is to unify the efforts of local CSOs working in the field of HIV/AIDS to prevent the spread of HIV among the population and specifically among youth and the most vulnerable groups. LANA aims at ensuring a supportive environment for people living with HIV away from stigma and discrimination.

LANA was established and is hosted by SIDC (Soins Infirmiers et Développement Communautaire), an organization based in Lebanon. SIDC's vision is to become the strength behind an adequately served, healthy, and empowered community by providing the right services and guaranteeing a better quality of life for youth and key affected populations in Lebanon. SIDC's mission is to develop social solidarity by reinforcing healthy behaviors in Lebanon through prevention, HR policies, advocacy, and psychosocial services for our target populations (drug users, people living with HIV, vulnerable and stigmatized people).

Networking is considered essential in SIDC's work as it helps in promoting outreach to PWUD and their communities, promotes its partner organizations' engagement with service users and their peers, allows for coordination with stakeholders and CSOs that are active in the field of drug use and who are familiar with the needs and specificities of vulnerable population in their communities, helps partner organizations plan strategically, build their capacities and promote the quality and sustainability of their programs. Networking also helps in promoting referral mechanisms and allows the network partners to act as focal points for all other organizations and service providers in their area of work.

Through networking, SIDC and its partners engage service users in producing HR messages that are accepted in their community.

SIDC with many local, regional and international bodies and networks including municipalities, the Lebanese Aids Network Association (LANA), the Institute for Women Studies in the Arab Region, the World Hepatitis Alliance, is a representative in RANAA and leads the regional knowledge hub on HR.

Besides the local network, LANA, SIDC developed a program (the Knowledge Hub) that aims at training, informing and transmitting the know-how on both local and regional (MENA) levels. Knowledge Hub (KH)-SIDC, is one the three MENAHRA sub-regional Knowledge Hubs alongside KH-Ar-Razi (Ar-Razi University Hospital for the Mental and

Neurological Diseases) and KH-INCAS (Iranian National Center for Addiction Studies), which were launched as knowledge hubs of the MENAHRA (Middle East and North Africa Harm Reduction Association) network under the project titled “Strengthening Civil Society’s Role in Delivering Harm Reduction Services in the Middle East and North Africa”. KH-SIDC is located in Lebanon and serves the following countries: Bahrain, Egypt, Jordan, Kuwait, Lebanon, Palestine, Qatar, Saudi Arabia, Oman, Syria, Yemen, and United Arab Emirates.

The knowledge hub at SIDC, one of the Middle East and North Africa Harm Reduction Association (MENAHRA)’s three sub-regional knowledge hubs is based in Lebanon and serves the Near East region including Lebanon, Syria, Jordan, Yemen, Palestine, Egypt, and the six Gulf Cooperation Council countries.

The KH comprises of three core, interrelated components:

The Resource Centre

- Creates and manages a repository of research on health and social aspects of drug use
- Develops and implements training programs and workshops on harm reduction for national governments, affected populations, donors, and NGOs
- Produces IEC materials for injecting drug users (PWIDs) and non-injecting drug users (NDUs) with the aim of raising awareness and working toward reducing stigma and discrimination towards drug users

Advocacy

KH-SIDC is working toward changing drug policies that impede programs designed to prevent the spread of HIV among injecting drug users. This step is done through the offering of education and training for health services providers, police, government officials, community members, and the media about current and potential policy changes in order to reduce stigma and discrimination and to create a more welcoming environment and better policies for sex work and drug users.

Network and Outreach

For the development of a network of HR activists, agencies, organizations, as well as former and current drug users, for the purpose of exchanging information and providing mutual support (website, links with other KHs, virtual HR network...).

For the development of an outreach programme that incorporates peer educators for the more marginalized and difficult to reach populations

Network of Associations for Harm Reduction (NAHR)

The Network of Associations for Harm Reduction (NAHR) is a project implemented by FHI 360 Egypt. NAHR consists of 15 Civil Society Organizations. NAHR works in collaboration with the Egyptian ministry of health (National AIDS Program), UNAIDS, UNODC, UNHCR, public figures as well as religious leaders in many different ways including referral of patients and anti-stigma and discrimination convoys. NAHR was established with the purpose of ensuring standardized, high quality, and stigma-free services for the most at risk populations and related communities. NAHR implements a wide range of activities; capacity building of CSOs staff, provision of HR services for Key Populations, their partners and families, sharing experience between NAHR members, anti-stigma and discrimination convoys, People Living HIV/AIDS (PLHA) activities (such as Leaders of the Future, Family companion, support groups, assessment of stigma and discrimination in different groups of the society, referral systems between CSOs and with external resources, as well as income generating activities and skills development of CSO staff and PLHA). Activities are planned with NAHR stakeholder committee, FHI 360 technical assistance and implemented by NAHR members and partners based on capacity and origin of the task.

Regional Arab Network against AIDS (RANAA)

RANAA is a regional network of national networks covering 24 countries that has been established in 2002. RANAA works to strengthen the role of civil society in the MENA region to limit the spread of HIV/AIDS in the region. RANAA also works to ensure that the rights of PLHIV are reached for them to live in dignity and have access to treatment, support and care. This is done through enabling RANAA's members and providing them with technical support, acting as a regional hub for civil society working on HIV/AIDS and assuring their representation at the regional and international levels.

RANAA is a regional network comprised of national networks working on limiting the spread of HIV/AIDS. RANAA works on strengthening the role of its networks and their members by providing technical support and capacity building in various organizational and thematic areas. Additionally, RANAA works on ensuring that PLHIV and key populations attain their health rights, live in dignity, and have access to support, treatment, and care. The latter is done through regional advocacy interventions. RANAA's aim is to have a strong civil society in the MENA region working collectively to reach zero new HIV/AIDS incident, low mortality rates, and to ensure that health rights for KPs and PLHIV are attained.

RANAA has helped and played an integral role in the creation of some national networks (e.g. Lebanon, Yemen, and Algeria). RANAA has also provided networks and other civil society organizations with seed funding and grants to enable a conducive environment in their geographical scope.

RANAA, as a network of national networks, relies on its members on the national level to implement any in-country activity. RANAA does not interfere in national activities as any national activity should be the prerogative of the national network. Any activity to be implemented on regional or sub-regional level (ex. training, exchange visit...) done in a certain country, would be done in coordination with the national network or member CSOs. RANAA secretariats ensure the coordination on the regional level. Partners as WHO, UNAIDS, and National Aids Program (NAP) might facilitate the process getting the needed approvals (if any) and provide technical assistance whenever needed. It is a registered network that was initiated by CSOs to unify their voices and efforts against the spread of HIV/AIDS in the region. RANAA is a unique network in the MENA region and has strategic and technical partners since its establishment who also provided financial support and believed in RANAA's role. RANAA's members and partners were involved in strengthening the role of the secretariat the establishment of a Regional Resource Group (RRG).

Part of RANAA's mission is to represent Civil Society in the MENA on the regional and global levels and ensure that PLHIV and the KPs are included in decision-making authority. For example, RANAA has been able to advocate for a seat for the MENA region in the Programme Coordinating Board (PCB), the governing body of the UNAIDS. RANAA has also provided been providing technical assistance to MENA Rosa (network of Women Living with HIV (WLHIV) in the MENA region), has signed a memorandum of understanding with the League of Arab States, and has conducted numerous studies and assessments with partners.

Regarding its members, RANAA has a total number of members: 13 .17 are national networks and 4 are Civil Society Organizations. Members of national networks are also considered RANAA members, however this total number is unavailable. Each network has an average of 6 member organizations working on HIV (with the exception of Sudan which hosts up to 60 members). As for the GCC, few have established HIV/AIDS organizations.

RANAA Works:

A- With UN agencies:

UNAIDS

UNAIDS has been RANAA's partner since its establishment. Collaboration takes place in different thematic and programmatic areas. Below are a few examples:

- Ensure working in cooperation and consultation through partnering with RANAA as a MENA CSO representative due to the nature of the network. Specifically to identify concerns and priorities when proposing regional/ national interventions prior to implementation

- Ensure the involvement of CSOs working on HIV / AIDS and PLHIV in developing regional strategies and ensure their integration in decision making. (Arab Aids Strategy, UNAIDS regional and global strategies, participating at the UNAIDS Program Coordinating board (PCB))
- Providing technical support in the frame of tailoring regional activities
- RANAA as an implementer of regional activities related to HIV/AIDS
- Connecting with other relevant regional networks

UNFPA

- Attending regional events

UNDP

- Implementing regional activities (sub-regional training on advocacy in the Horn of Africa)
- UNDP Harpas played a major role in RANAA's establishment in 2002

WHO

- Conducting an assessment on HIVST (HIV self-testing and partner notification)
- Supporting WHO identify PLHIV participants for their regional surveys or meetings
- Participating in strategic regional events

B- With Governmental Bodies:

League of Arab States

- a. A high political level of collaboration for advocacy purposes – Signing a Memorandum of Understanding with the League of Arab States
- b. Partnering in regional events related to the Arab Aids Strategy
- c. Partnering with other institutions/ ministries (Religious leaders, Media...)

National Aids Program Managers

- a. Coordination for research and data collection on national level (i.e. development of a National Commitment and Policy Instrument in order to assess and monitor the progress in some of MENA countries),
- b. Regional Consultation (i.e. on Strengthening National Capacities for a Resilient HIV Response in MENA Countries)
- c. Informing and consultation in regards to national implementation especially within the Global Fund

Syndicates or Religious Institution

Since 2011 RANAA, did not have direct relations with syndicates or with religious institutions. Future work will be done with religious leaders in coordination with UNAIDS and the League of Arab States in the frame of Arab AIDS Strategy.

Middle East & North Harm Reduction Association (MENAHRRA)

The Middle East and North Africa Harm Reduction Association (MENAHRRA) was launched in 2007; a collaborative initiative by the World Health Organization (WHO) and Harm Reduction International (HRI, formerly IHRA) under the “Strengthening the role of civil society organizations in the Middle East and North Africa” project. MENAHRRA is the first network on injecting drugs harm reduction in the MENA covering 20 countries (Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, UAE, Yemen), with its secretariat in Beirut, and three knowledge hubs (KHs) based in Iran (KH-INCAS), Lebanon (KH-SIDC), and Morocco (KH-ArRazi).

MENAHRRA is a regional network of individuals and CSOs active in harm reduction, and is part of the global network of networks on harm reduction.

The mission of MENAHRRA is to support, develop and advocate for harm reduction approaches in the field of drug use, HIV/AIDS, public health, and social inclusion by following the principles of humanity, tolerance and partnership with respect to human rights and freedoms.

MENAHRRA Objectives:

Objective 1: Create a conducive environment for the implementation and scaling up of harm reduction activities in the countries of the region

Objective 2: Build capacity and enhance knowledge and skills of governments and civil society organizations to increase availability, access and coverage of harm reduction services for drug users

Objective 3: Increase availability, access and coverage of harm reduction services for drug users inside and outside prisons and for different subgroups of drug users

MENAHRRA's network counts currently 22 registered organizations and 38 individual members but reaches around 2300 people receiving its newsletter. MENAHRRA started to work in networking since its launch in 2007. MENAHRRA collaborates with governments through the relevant Ministries of the countries where there is implementation of activities, mainly with ministries of health, interior affairs, police, and other relevant ministries dependent on the aims.

The collaboration is done as well with regional religious leaders to seek their support for the rights of drug users, noting that a group of religious leaders on harm reduction from MENA countries were formed with initiative from MENAHRRA and they developed a supportive declaration and guidelines on harm reduction for their peers.

MENAHRRA collaborates closely with UN agencies to seek their technical advices and support on the implementation of activities mainly studies and workshops. Additionally, there is continuous consultation for the implementation of activities and publishing

data and reports, with the CCM of countries, and regional networks, mainly RANAA, MENANPUD and the other regional networks working for Key population rights such as MENAROSA, AFEMENA, M-Coalition.

MENAHRA is engaged in implementing a wide scope of activities and these include: Advocacy through a number of missions and meetings with stakeholders in countries of the region as well as participation in regional and international events in order to represent the region.

- Capacity building through workshops, trainings, technical assistance and mentoring. Capacity building activities have included specifically targeted harm reduction trainings, general program management trainings, mentoring of key population networks, workshops for media and stakeholders such as policy makers and religious leaders to raise awareness and advocate for harm reduction and many more.
- Research and publications: conducting operational researches within the region to generate information to be shared widely and to be used to advocate for harm reduction and improve the available services. Operational researches conducted to date have tackled women and injecting drug use; refugees and drug use; MSM and drug use; and PLHIV and drug use (ongoing). In addition, a population size estimation of PWID and MSM was conducted for Lebanon and two regional situation assessments have been undertaken with a third edition planned for 2017. Other publications include advocacy and communication guides, a networking guide (ongoing), a manual on integrating gender specific services in harm reduction, a manual for religious leaders on harm reduction.
- Networking events: organization of regional conferences on harm reduction. Two conferences have been organized so far and the third conference is scheduled for November 2016. Participation in a number of regional and international events.
- Awareness raising and information sharing through dissemination of information over social media platforms, a monthly newsletter that is widely disseminated, press releases, and a number of TV spots that were shared previously over regional channels.
- Service Delivery: provision of funding to a number of CSOs within the region for the implementation of harm reduction programs with focus on delivery of needle/syringe program services through outreach and drop in centers.

The planning and implementation of activities is done through a close ongoing consultation with the partners and stakeholders of the network and in some cases MENAHRA appoint focal points among its partners within the relevant countries to conduct the activities: example in the case of studies.

For the establishment of MENAHRA: the funds were provided by an international funder through the WHO. Noting that the network was hosted by another organization as it started mainly as a project within the program of that organization and its location, communication and administrative facilities were used for the purpose of establishing the network, later on when the network became officially registered it moved to another independent office.

Additionally, there was a technical assistance from an international organization partner on the establishment process, and the allocated funds allowed hiring consultants to develop documents and website relevant to the network.

Networking through events, conferences, meetings, newsletters, website and social media increased the visibility of harm reduction and of MENAHRA in the region and at the global level, networking is key in changing people's situation in a positive way.

References

- Argenti, P. A. (1998). Corporate communication. Principles Of harm reduction. Boston: Irwin/McGraw-Hill. Retrieved from <http://harmreduction.org/about-us/principles-of-harm-reduction/>
- Church, M. et al. (2002). Participation, Relationships and Dynamic Change. DPU: University of London.
- Fife Partnership. (2007). Fife Partnership Resource Pack.
- Grossman, A., & Rangan, K. (2001). Managing multisite nonprofits. *Nonprofit Management and Leadership*, 396-241 ,(3)11.
- Hiller, N. J., Day, D. V., & Vance, R. J. (2006). Collective enactment of leadership roles and team effectiveness: A field study. *Leadership Quarterly*, (397-387 ,(4.
- Huggett, J., Smith Milway, K., & Kirk Kramer, K. (2009). Increasing efficiencies in global NGO networks. Boston: Bridgespan Group.
- Huggett, J., Kramer, K., & Smith Milway, K. (2010). Growing global NGOs effectively. Boston: Bridgespan Group.
- Jardine, M. (2013). Building partnerships between law enforcement and harm reduction programs. *International Journal of Drug Policy*. Retrieved from: <http://dx.doi.org/10.1016/j.drugpo.2013.06.006>
- Kanter, B. & Fine, A. (2010). networked nonprofit. Hoboken, NJ: Wiley.
- MENAHRA. (2010). Assessment of situation and response of Drug use and its harms in the Middle East and North Africa. MENAHRA, Lebanon.
- MENAHRA. (2013). Women injecting drug users. Mastering Soft Skills for workplace success. MENAHRA, Lebanon.
- MENAHRA. (2014). Strategic plan 2019-2014. MENAHRA, Lebanon.
- MENAHRA. (2015). Guidelines on Developing Communication Strategies for Harm Reduction. MENAHRA, Lebanon
- Plastrik, P. & Taylor, M. (2006). Net gains: A handbook for network builders seeking social change. Alexandria, VA: Wendling Foundation.

Wei-Skillern, Jane and Silver, Nora .(2013). Four Network Principles for Collaboration Success. The Foundation Review, Vol. 5: Iss. 1, Article 10

What Makes a Partnership Successful: General Guidelines. P.10-8 CDC Partnership Tool Kit, Draft Spring 2007.Division of Partnerships and Strategic Alliances, National Center for Health Marketing, CCHIS, CDC

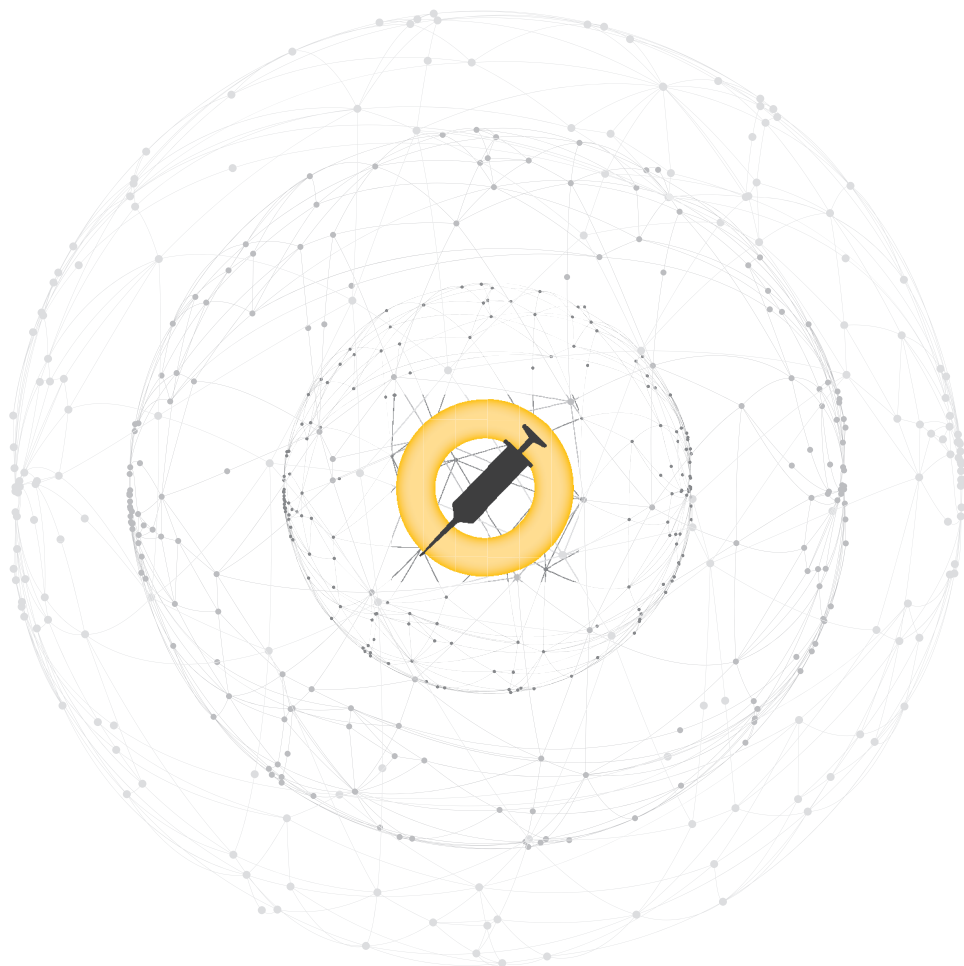
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