

**GUIDELINES ON:**

**DEVELOPING  
COMMUNICATION  
STRATEGIES**

**FOR HARM  
REDUCTION**









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# Foreword

In the field of Harm Reduction, communication plays a major role in promoting this approach and the services under it as a public health issue, ultimately contributing towards improving the quality of life of drug users and minimizing harms that are associated to drug use for both PWID and the community.

The Middle East and North Africa Harm Reduction Association (MENAHRRA) has perpetuated the promotion and implementation of this guide to support CSOs, PWID/ Community groups, and Activists in planning and conducting a communication strategy by defining audience, goals, and key messages; tracking progress following universal norm and criteria. As Executive Director, it is my prerogative to solicit the needs for harm reduction in the region, enhance communications, and advocate for visibility and support of people who use drugs in the MENA region.

We sincerely hope that the content of this guidelines helps to support communications and meet harm reduction needs in the region. We also hope that this step will increase and enhance communications, expand the services and the well-being of our beneficiaries.

MENAHRRA would like to thank the consultant Dr. Mirna Abou Zeid who produced this document; we also thank our partners and funder for making the production of this tool possible and a special acknowledgement go to the MENAHRRA team who actively contributed to and followed up on the production of this guide.

Elie Aaraj  
Executive Director  
MENAHRRA

A handwritten signature in blue ink, appearing to read 'Aaraj', is positioned to the right of the printed name and title.

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# Abbreviations and Acronyms

- CSO:** Civil Society Organization
- HCV:** Hepatitis C Virus
- HIV/AIDS :** Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
- HR:** Harm Reduction
- IEC:** Information, Education and Communication
- MENA:** Middle East and North Africa
- MENAHRA:** Middle East and North Africa Harm Reduction Association
- PWID:** People Who Inject Drugs
- SMART:** Specific, Measurable, Achievable, Relevant and Time bound
- WHO:** World Health organization



# 1. Background

## 1.1. Drug use and Harm Reduction


Injecting drug use is a global health and social issue from which various health and social harms often arise. These harms include health problems, such as HIV/AIDS, viral hepatitis and fatal overdose, as well as social and legal problems, and others. In recent years, an increase in drug use has been reported in many countries in the Middle East and North Africa (MENA) region. The number of People Who Inject Drugs (PWID) from the 20 countries covered by the Middle East and North Africa Harm Reduction Association (MENAHRRA) is estimated to be around 570,000 (MENAHRRA, 2014).

In many countries of the MENA region, unprotected sex and unsafe injecting drug use are the primary drivers of the HIV epidemic. However, the response has not been appropriate to the size of the problem (MENAHRRA, 2014).

An estimated 90,000 PWID are living with HIV/AIDS within the region, which represents an HIV prevalence of over 15 percent in this population. There is also sufficient evidence showing that injecting drug use contributes significantly to the Hepatitis C Virus (HCV) epidemic in this region (MENAHRRA, 2014).

Harm Reduction (HR) measures have proven to be successful in reducing risk behaviors and minimizing harms associated with injecting drug use. These measures mainly aim at providing access to clean needles and syringes, substituting drugs with less harmful medical alternatives and raising awareness on risky sexual behavior. However, coverage of Harm Reduction programs for PWID is limited (WHO, et al., 2011).

Harm Reduction is a fairly 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 Harm Reduction 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, partners of PWID and sex workers.

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.

## 1.2. Communication and behavior change

Communication is the sharing of information and exchange of ideas. Communities are created through communication. It is the path to solidarity and action to face challenges and threats. Societies face challenges and problems, that communication helps manage, solve and overcome. Communication may be used to raise awareness on an issue (ex: needle sharing by drug users) highlighting it to a large public scale, so it can be recognized as a common social challenge, find its way to the public agenda and urge authorities and civil society to respond to it.

In the field of Harm Reduction, communication plays a major role in promoting this approach and the services under it as a public health issue, ultimately contributing towards improving the quality of life of drug users and minimizing harms that are associated to drug use for both PWID and the community.

For instance, the following arguments may be used to target different stakeholders while advocating for promotion of Harm Reduction measures:

- Needle sharing may lead to HIV infection, and raising awareness can help prevent this risky behavior and its health consequences.
- Opioid substitution therapy provides stability and contributes towards cessation of injecting drug use, and misunderstanding this program takes away an opportunity for improving the quality of life of drug users.

These two examples demonstrate how communication can be a key

solution for barriers that face the implementation of Harm Reduction policies and programs. Most often the major barriers are lack of knowledge and misconceptions, leading to fear, stigma, rejection and neglect.

Communication is about connecting with others and building relationships. Although communication is a natural human faculty and a channel for socializing and integration between individual and groups, many problems can occur and complicate the course of interaction. Numerous conflicting situations are diagnosed as lack of communication or miscommunication problems, thus communication skills as a means of understanding and tools for change must be acquired.

Social change is a complex process in which communication plays a major role in influencing public opinion and gaining the support of a target audience. This process (Rogers, 2003) can be summarized in 5 steps, as shown in Figure 1.

**Awareness:** at this stage, people first learn about a new idea or practice.



Figure 1 - Change process

**Interest:** at this stage, people develop an interest in that new idea or practice. They are willing to listen, read, and learn more about it, and seek more detailed information.

**Evaluation:** at this stage, people weigh the information and evidence accumulated in the previous stages in order to decide whether the new idea or practice is good and appropriate.

**Trial:** at this stage, people put the change into practice. Putting the innovation to use is usually progressive, beginning on a small scale.

**Adoption:** at this stage, people decide if the new idea or practice is good enough for full scale and continued use.



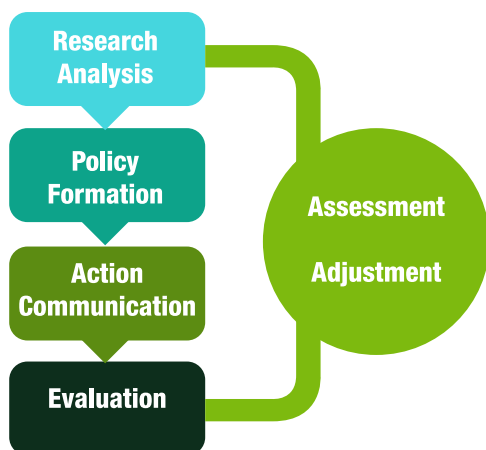
## 2. Communication strategy

The word Strategy involves a strategic thinking process that determines long term goals and defines the means, tools and resources required to meet these goals. Strategic thinking implies the current positioning of an organization, the key issues of its action's scope, its audience and their needs and the trend in course. A strategy sets a goal, and directs actions to reach it. A strategy combines the effort of different stakeholders to achieve its goals. Strategy is essentially about evaluation: situation analysis, action assessment and adjustment. It is a dynamic process of action and response, which puts communication in a leading position in every strategic action.

Strategy assists the organization in its adaption to the environment in identifying different stakeholders and key issues, as well as the publics concerned with these issues. It also promotes building relationships through communication with stakeholders that will facilitate achieving goals. Communication strategy defines communication goals. Communication became popular in the past decade and became considered as the universal solution for any problem, leading to a boom of communication strategies. Communication can be a problem in itself; therefore it cannot be the appropriate solution for all problems.

Communication however, can either further aggravate a conflicting situation or can help in settling it. Thus, a communication strategy should be considered when important communication issues are identified.

Writing a communication strategy can follow different conceptual models like the ACADA model or the P Process model (UNICEF, 2008). All models focus on 5 essential steps emphasized in Figure 2.



**Figure 2** - Conceptual model for a communication strategy

A communication strategy is derived from, and determined by, an organization's strategy. The MENAHRA Strategic Plan for 2014-2019 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. This statement can serve as a framework to any communication strategy in the Harm Reduction field.

The communication strategy targets three main axes: Advocacy, social mobilization and behavior change. These three components are interrelated and essential in achieving the strategic mission.

- Advocacy targets policy makers and a variety of stakeholders to create a supportive environment and increase government involvement and commitment to Harm Reduction in the region.
- Social mobilization targets Civil Society Organizations (CSOs), taking into consideration their active role in providing Harm-Reduction services in the region. In 2012, and in nine countries of the region (Afghanistan, Egypt, Iran, Lebanon, Morocco, Palestine, Pakistan, Jordan and Tunisia), most Harm-Reduction services for PWID were implemented by, and driven by CSOs.
- Behavior change involves direct communication with drug users, their partners and family members, since no progress can be achieved unless the population at risk is targeted directly and has support from their entourage.

### 3. Communication strategy step by step

Communication strategy is the fruit of a strategic reflection over issues that arise from communication problems, essentially lack of awareness or misconception. Therefore, a communication strategy is an inclusive long term plan of action to help achieve a strategic aim.

The conception of a communication strategy begins by answering four key questions:

**What:** what is the situation, the problem we are facing?

**Why:** why is this situation problematic?

**Who:** who is the public directly or indirectly concerned by this issue?

**How:** how can communication resolve this issue?

The answers to these questions lead to the plan of action to follow to achieve the strategic aim as displayed in the figure below.



Figure 3 - Action plan

### 3.1. Context and insights

Studying the context is essential to understand the issue and determine all its parameters. It starts with a desk review to comprehend the situation and identify ways in which communication change it.

Solving problems through communication involves moving people from a state of mind, an attitude, or a behavior to another behavior or attitude. Communication is about changing. The first step involves figuring out **what to change** and **who** is affected by this change? What do we want to achieve? How communication can do it? In parallel, who is the target audience? What do we want from them? What are their beliefs, attitudes, behavior, etc? What can influence them?

At this stage an assessment of previous communication practices need to be conducted to determine: What has been accomplished? What tools have been used? What messages have been delivered? What is the efficiency of the actions undertaken?

### 3.2. Aim and objectives

The aim of a communication strategy is to support the overall aim of an organization. It must be verbalized with simple clear words that summarize the overall issue. It should be general to provide an overview of the whole situation but at the same time specific, for instance “reduce harms related to drug use”.

Defined objectives are derived from the long term aim; Harm Reduction, and should reflect planned actions. These objectives must be SMART (Specific, Measurable, Achievable, Relevant and Time bound).

Communication objectives answer the question of how communication can help in Harm Reduction. Ensuring access to safe injecting materials is a Harm Reduction objective, Advocating for promoting the financing of Harm Reduction programs or informing PWID about these programs are communication objectives. They are complementary to Harm Reduction objectives.

### 3.3. Stakeholders

Stakeholders are the people directly or indirectly concerned with the issue. In the field of Harm Reduction, these include drug users, their families and partners, service providers, government and policy makers, local authorities, police, the health sector, educators, religious leaders and media.

Stakeholders are addressed differently according to their implication and to the objectives set for them.

Prior to launching any communication, it is essential to know the stakeholders: who are they? Define them in categories related to their implication within Harm Reduction, their demographics, social and cultural characteristics. Subsequently, discover what influences their thinking and behavior.

### 3.4. Resources

Writing a strategy cannot be successful if it does not take into consideration the available resources to conduct communication actions. A detailed outline of the needs, the budget allowed, the available material or assets and the required funds must be set before taking any action.

### 3.5. Messages and actions

Creating key messages to deliver to different audiences and determining the best way to approach the targeted audience and the best medium to convey the message are key to get the best of a communication effort. Messages must be short, concise and understandable to all people and must relate to the objectives.

Actions are expended to convey a message and to achieve a goal (reach an audience). Every action must be planned; nature, level, audience, stakeholders, etc. Eventually, activities can become a message for mass media communication, for example press release on workshops.



### 3.6. Time frame

According to the needs, the scale of work and the resources available, a time frame must be set for the communication strategy. It is crucial to abide by the time frame as timing is a key element for successful communication.

A strategy is usually set for a period of 3, 5 or 10 years. The time frame is set according to the urgency and risk of the situation addressed. Within the time frame of the strategy, each action has its own time frame. For example, in the case of raising awareness on Needle sharing risk, the communication objective would be to deliver education on Needle sharing risk to x% of PWID in a specific country within **x month**.

The rating and timing of each action should be defined to respond to the priorities of the organization.

### 3.7. Communication with the media

When it comes to communication strategy, mass media are both a partner and a target to influence. They are crucial to reach mass audience. The way mass media present drug users as patients or as criminals would eliminate or aggravate discrimination, therefore they must become partners and promote the issue, and give the stakeholders good visibility on the public sphere. A special approach with mass media and journalists is essential to achieve the strategy's aim and objectives. It starts by building a wide network of journalists that covers all the mainstream media outlets within a country. Journalists seek stories especially on people's lives and problems. CSOs figure among the sources, that journalists approach to provide reliable stories. Consequently the relationship between CSOs and media is one of mutual advantage.

### 3.8. Media campaign and communication strategy

Communication strategy is sometimes mistakenly confused with media campaigns, when in fact a media campaign is a part of a comprehensive communication strategy. A media campaign provides a moment of intensive action, essentially through mass media over a period of time, from one week to one month, and within a determined area, depending on the resources. Media campaigns are common in raising awareness; they can be very effective in spreading news because they combine a multimedia action. In fact, media campaigns are focused on one communication objective, for example, to create a supportive environment for drug users.

The aim of such a campaign is to raise tolerance toward drug users and make them feel more comfortable within society (at school or university, at work, in the street, among family and friends). The message - for instance, “Support Don’t Punish”<sup>1</sup> - must reach different target audiences. In this case a media campaign combining billboards, public service announcements (TV and Audio spots), prints of all kind, along with conferences and media interviews, all spread and supported by social networks and new media convey the message and ensure its wide spread. Media campaigns can be launched at a particular timing, on the occasion of the adoption of a new opioid substitution treatment center, or on a periodical basis for example on World AIDS Day every December.

Launching a media campaign follows the same process of writing a media strategy (Figures 2. and 3.). Although a media campaign is inclusive and comprehensive, it differs from a media strategy on the objective level. A media campaign has one unique communication objective, even if it is expressed in different forms and messages. A media campaign has a narrow focus and can raise awareness on risk behaviors (ex: Sharing needles). On the other hand, a communication strategy addresses Harm Reduction in general and its different levels and implications (ex: advocacy towards new policy, creating supportive environments).

A Media campaign is limited in time, whereas a communication strategy is a long term multiparty effort. A communication strategy may eventually include multiple media campaigns.

<sup>1</sup> “Support Don’t Punish” is an International campaign that aims at raising awareness regarding the risks resulting from the criminalization of people who use drugs, the need to reduce these risks, and the need to promote other harm reduction services that respect the human rights of people who use drugs. For more information about “Support Don’t Punish” the reader may refer to [www.supportdontpunish.org](http://www.supportdontpunish.org)

## 4. Harm Reduction strategic objectives and communication

Harm Reduction strategies aim at keeping drug users and their entourage safe and minimizing death and disease associated with risky behavior. This aim covers a large scale of interventions in which CSOs have an active role in advocating and promoting this approach, as well as delivering services to key populations. In countries of the region, where most services for PWID were driven and implemented by CSOs, (MENAHRRA, 2014), building the capacity and enhancing the knowledge and skills of CSOs to deliver services is a priority issue.

How can communication contribute to these objectives thus supporting the attainment of the global aim of Harm Reduction? This guideline details means to address communication problems and advice on how to efficiently use communication resources to achieve Harm Reduction goals.

### Empowering CSOs and enhancing their role includes:

- Strengthening the capacity of CSOs to mobilize their own resources and become more sustainable.
- Scaling up coverage and utilization of Harm Reduction services.
- Ensuring and improving the quality and comprehensiveness of Harm Reduction service delivery.
- Strengthening collaboration and referral between Government and CSO services.
- Communicating with and strengthening the role and collaboration with the media.

Figures 4.1. to 4.5 below illustrate how a communication objective should be formulated and how convenient means of communication for each strategic objective should be determined. At the center of each figure, the strategic objective is specified. On the top left, the problem in question is stated. On the top right, the key solution to the problem is presented. On the bottom line from the left to the right, the communication approach and the technique to achieve the objective are proposed.

Figures 4.1 - 4.5 - Strategic objectives and communication objectives



Figure 4.1



Figure 4.2



Figure 4.3



Figure 4.4

**Problem:**

- Media misrepresenting HR
- Media contributing to stigmatization

**Key Solution:**

Ensure appropriate media coverage

**Strategic Objective:  
Collaboration  
with Media**

**Communication  
approach:**

- Neutralize media stigma
- Sensitize to drug users rights
- Promote understanding of HR

**Technique:**

Direct engagement  
Seminars  
Database

Figure 4.5

## 5. Guideline for writing a communication strategy in the Harm Reduction field

### 5.1. Situation analysis

The situation analysis describes the particular issue the HR project is addressing, for instance targeted Information, Education, and Communication (IEC) material for PWID and their sexual partners. The situation analysis should be based on data from MENAHRA database, national health sectors, international organizations, and academic and research sectors. Situation analysis describes the particular problem aspects; risk behavior, but also emphasizes on the social and cultural context.

The use of drugs is a complex and sensitive issue. The MENA countries are deeply rooted in religious tradition, affecting people's perception and reaction to drug use and its collateral damages on one hand and on another influencing relative policy making and legal framework. Risk behaviors are considered immoral leading to a very high stigma and discrimination against people living with HIV/AIDS in these countries, thus harm reduction become a cultural issue to address.


#### Hindering factors

- Drug use is not considered a major priority for some countries.
- Harm Reduction 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.
- 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 resources allocation, focusing mainly on HIV screening and antiretroviral therapies.
- Stigma, discrimination and criminalization towards PWIDs.
- Inadequate surveillance systems, lack of size estimations and mapping for PWIDs, and limited biological or behavioral studies conducted on PWIDs.

#### Facilitating factors

- A strong and committed national body responsible for HIV/AIDS.
- Active civil society organizations involved in HIV prevention.
- 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 facilitates communication with drug user.

**Figure 5** - Hindering and facilitating factors that influence the process of change towards Harm Reduction.



To change a risk behavior, it is necessary first to understand the behavior itself, by answering these questions: what is this behavior, what are its implications, who are the target audience concerned and why is this behavior common? For example: why do drug users share needles? Is it for economic reasons? Is it due to inaccessibility of clean needles due to stigma or other reasons? Or is this behavior common among heterosexual partners for cultural reasons, like showing love and confidence or is it because women in targeted societies do not have decision making powers?

The situation analysis facilitates in comprehending the motivation, the socio-cultural or economic reasons behind this behavior and the barriers to promote its change.

After analyzing the global situation, the strategy describes the particular program in details including activities, availability and dissemination; identifies the specific objectives (change objectives); and determines the stakeholders and their respective influence on and contribution to the implementation of the program.

## 5.2. Setting change objectives

Defining change objectives is a collaborative task and it is recommended that all concerned parties – stakeholders – get involved (For instance, drug users, health workers, HR service providers). Change objectives should also be SMART.

Whether the desired change is behavior or beliefs' change, the communication strategy document must list the key changes anticipated based on the situation analysis and describe them thoroughly. The changes must be clearly defined, and easily described to the target audience. Along with setting the change objectives, the strategy must take into consideration the hindering factors and the facilitating factors that may be encountered.



### 5.3. Target Audience

Defining the target audience starts with answering the following questions:

What demographic groups are you trying to reach?

Who will best help you achieve your goals?

What do you know about the best ways to reach them?

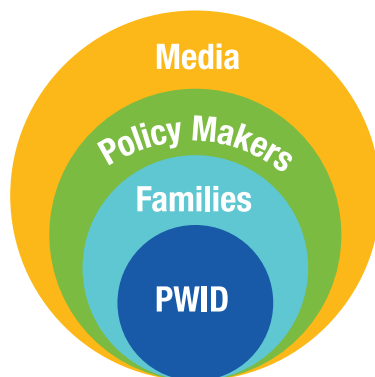


Figure 6 - Target Audience

The target audience refers to groups of populations concerned with/affected by the change. They are mainly 3 target groups: primary, secondary and tertiary targets. See Figure 6 above.

The communication strategy must analyze the characteristics, role, knowledge of and attitudes towards the issue addressed, resources, and influencing factors of each group.

Primary targets are the key persons/groups to address directly, and in this case, PWID. There can also be more than one primary target audience, for instance, PWID and their sexual partners. Sexual partners are also a primary target audience because they are directly affected by the desired change.

Secondary targets are people indirectly affected by the issue, but who will also benefit from receiving the messages, or people who may influence your primary target audience now or in the future; for instance, family members of PWID.

Tertiary targets are those who indirectly affect the changes desired, either positively or negatively; for instance, policy makers and religious leaders.

Media are a distinct target in themselves; they are also partners who may help build a supportive environment to achieve the desired change objectives.

## 5.4. Communication objectives and Key messages

The communication objectives state the change desired. They state how target population beliefs or behavior will change. They are not the program objectives but they illustrate what is expected from communication to achieve the overall aim. In the case of Harm Reduction, communication objectives may include the following:

**SMART**  
Specific  
Measurable  
Achievable  
Realistic  
Time framed

- To raise awareness on harms related to unsafe drug use.
- To raise awareness on harms related to unprotected sex.
- To secure the commitment of stakeholders for Harm Reduction policies and services.
- To increase acceptance of Harm Reduction among the society.
- To influence specific policies or policymakers towards adopting appropriate legal frameworks, social and health policies.

Communication objectives should be SMART, and use clear action words, making them easier to monitor and evaluate.

## 5.5. Key messages


What to say to whom?

Key messages express in a short, direct and clear way what is required from target to do or to think. In some cases they can be expressed as a slogan (Ex: Support Don't Punish).

One communication objective can have more than one key message. Key messages are created according to the target audience analysis.

### Message checklist

Positive  
Optimistic  
Inspirational  
Challenging  
Credible  
Trustful  
Adapted



One message can be used to address more than one target audience. For instance, Support Don't Punish can simultaneously address secondary audiences (family members, partners, friends, work colleagues and employers) and tertiary audiences (policy makers, religious leaders, local authorities and media).

It is often necessary to adapt the message to the communication channel in order to fit the requirements; for instance, illustrations for TV and prints, and explanations for Radio and direct communication. In case of argumentation, arguments should also be adapted to the audience. Advocating with policy makers to support HR services by ensuring financial support is not the same as advocating with religious leaders. When targeting policy makers, emphasis can be placed on the burden that marginalized drug users cause to the society on one hand, and the social and economic benefits reaped from reintegrating these people into active life on the other. While when targeting religious leaders, it is better to emphasize human rights values, forgiveness, and compassion.

Influencing people to change requires motivation. Communication objectives must highlight the interests of the target groups (Why should they change?), and highlight in which way this new behavior would enhance their lives.

## 5.6. Communication channel/actions

How to deliver the message ?

Communication channels are booming. If communication problems persist nowadays it is not a question of means but of inappropriate choice. Deciding on which communication channel to use to spread messages to target groups depends on the situation analysis. Precisely who the target groups are, how they get informed, how can they be reached? What are the communication channels available within a determined context? And what are the resources available? Defining the appropriate channel is as important to achieve the communication objective as the message itself.

### Channel checklist

- Zone coverage
- Audience
- Adequacy
- Credibility
- Impact
- Community participation
- Cost

There is no one single magical way to reach all target groups. At the contrary, each target group, should be addressed according to its characteristics.

The first option involves direct communication (one on one), or more communication (meetings, seminars, training sessions, conferences, letters, mailing lists). This way requires direct contact with target audience. It is suitable for small to medium groups, as it enables participation and interaction of the audience. These means are recommended for advocacy, capacity building, and sensitization of decision makers or leaders.

In addition to this category, web sites, blogs, social media (You Tube, Facebook, Twitter, Instagram...) enable both interaction and massive dissemination of the message.

The second option involves regrouping all the mediated channels, TV, radio, print

### Planning

- What
- Why
- Where
- When
- How
- Who
- Target Audience
- Key Message
- Resources
- Tools and materials
- Time Table

(Newspapers, magazines, brochures, flyers, booklets, guidelines, leaflets, reports, newsletters, Posters, Billboards, films, theatre, songs). These means have limited or no possibility of interaction, therefore they are the most convenient for raising awareness (advertising campaign, promoting events or CSOs) or delivering general knowledge. In this category mobile applications technology can offer excellent opportunities to reach drug users directly and provide them with vital knowledge where reliable Internet coverage and mobile services are available and well spread.

Each activity needs to be monitored according to an accurate plan of action that describes it and lists all of its parameters.

## 5.7. Channels characteristics

Channel	Reliability	Easy expression	Interaction	Speed	Flexibility	Adaptability	Easy understanding	Audience	Cost
<b>TV</b>	***	**	*	**	*	***	***	***	***
<b>Radio</b>	***	**	*	***	**	***	***	***	**
<b>Online</b>	***	***	***	***	***	***	**	**	**
<b>Social Media</b>	**	***	***	***	***	***	**	**	*
<b>Prints</b>	***	**	*	*	*	**	*	*	**
<b>Conferences</b>	***	**	***	*	***	***	***	*	**
<b>Training/Seminars</b>	***	**	***	*	**	***	***	*	**

\* Limited

\*\* Fair

\*\*\* Good/High

## 5.8. Assessment/Evaluation

Measuring results is a key element of any strategic effort; it permits adjustment according to feedback. Continuous or ongoing assessment is conducted during implementation of the action, whereas evaluation is conducted at the end and is comprehensive. Both assessment and evaluation seek to measure results according to precise criteria and indicators. These indicators should be included in the communication objectives. For instance, monitoring a TV spot promoting support of drug users or respect of their rights can measure the effective broadcasting of the Ad, how many times it was diffused, and maybe the period of time that the audience viewed it, which will enable to determine whether the objectives of that particular action were achieved (ex: reach x% of a targeted population). Evaluating the impact of communication is measuring the effectiveness and the efficiency of communication actions in terms of changing behavior of the target audience to promote a more supportive and respectful attitude towards drug users, is another issue and requires another approach. For instance, a national survey on the perception and attitude towards this population is an example of an evaluation.

Where behavior and attitude change is observed, it is helpful to involve target groups in the assessment/evaluation process through reflecting on the communication activities in which they are targeted.

## 6. Implementation process and challenges

### 6.1. Challenges

Changing behavior is faced with different challenges and must be considered as a long term action. Change is not an individual issue. It cannot happen on a personal level. Change involves a collective socially integrated effort, thus implementing HR objectives can face several challenges on individual, social and institutional levels.


#### Challenges

Fear  
Social rejection  
Cultural Bias  
Education deficiency  
Lack of cooperation  
Absence of mean

People are usually uncomfortable with any change, their habits give them a sense of control over the situation they are facing, and making it less difficult. Any changing process must address this issue and focus on easy steps to adopt a certain behavior. Communication means should therefore explain the desired behavior with simple words and highlight the expected benefit. Communication also helps to visualize the new behavior and make it easier to embrace. In Harm Reduction programs, the fear of change concerns drug users, who would changes their habits; health workers whom are supposed to change their approach; and policymakers who should adopt new policies and promote new priorities.

Fear can occur because of a lack of knowledge. Therefore, the lack of education can limit the implementation of HR services. The role of communication is to disseminate the knowledge to all categories through appropriate means.

The fear of change can be also combined with a more substantial challenge, which is social rejection. In the MENA region, drug use is highly stigmatized and drug users are marginalized, discriminated against, and even criminalized. Drug use in most of the MENA countries is considered immoral, which makes it difficult to advocate for an integrative and supportive approach towards this issue. Who would want to help a criminal? Why should they receive needles when they need to quit drugs? These questions reflect the challenges facing advocacy and awareness on the HR approach. Cultural, and particularly, religious biases are the most challenging topics to address through communication tools.



Unaddressed social rejection leads to lack of cooperation from stakeholders and even in some cases raises resistance among targeted audiences, especially in areas where religious and/or local leaders have considerable weight as opinion leaders. Before launching a mass media awareness campaign in some rural regions, CSOs are required to obtain the legitimacy to implement this work, the approval of the political authorities and the benediction of the local leaders.

Finally, the lack of means, funding and/or communication means could hinder the implementation of communication plans promoting HR policies and programs. Overcoming these difficulties is possible through collaborative efforts involving engaged and committed people.



## 6.2. Operational work plan

Hypothetically, situation analysis shows that in one country Harm Reduction coverage is limited, and is not yet considered as a priority on the public health agenda. The aim of the CSOs in this country would be to expand the coverage of Harm Reduction services to reach all affected parties.

A situation analysis determined why the coverage of services is limited. For instance, three major barriers prevent the expansion of HR services and these include cultural rejection, lack of funds and lack of knowledge (Figure 6.)

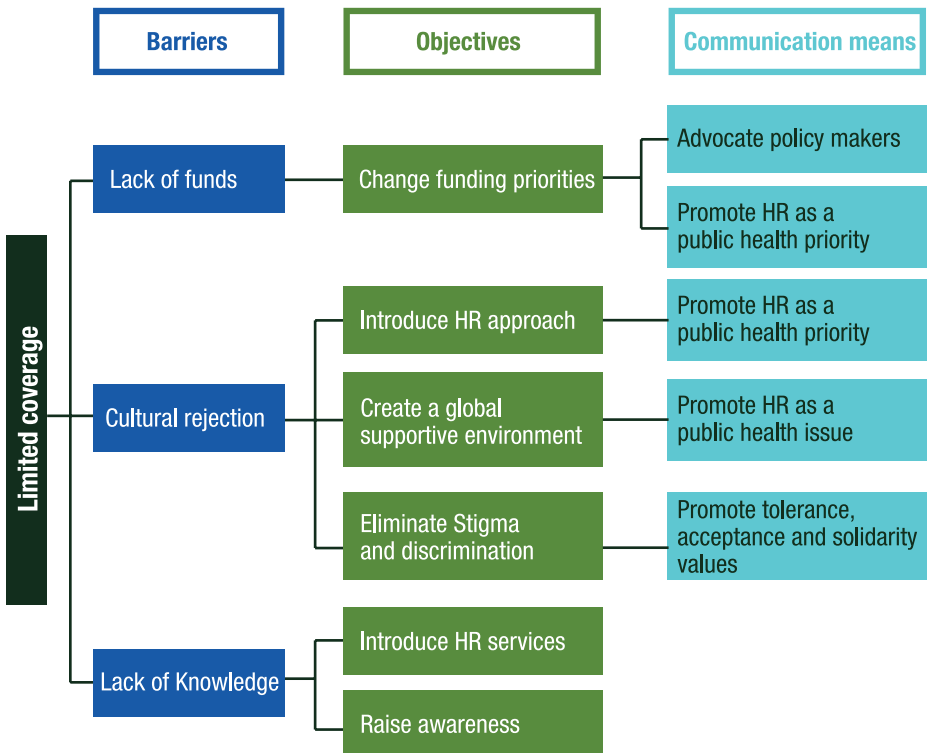


Figure 7 - Communication as a mean to overcome barriers

## Operational process to change funding priorities

The following process (Figure 8) summarizes the operational steps towards implementing a communication action to achieve the aim of expansion of HR services.

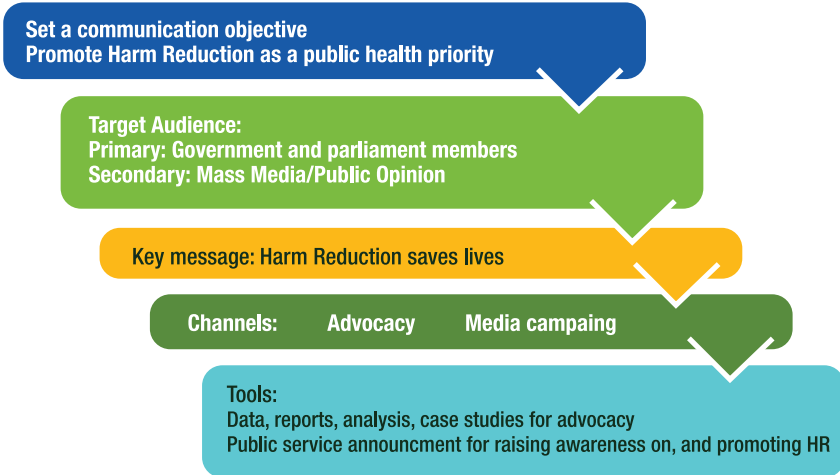


Figure 8 - Operational planning

## Conclusion

The Harm Reduction approach has proven its efficiency in limiting harms associated with drug use. Nevertheless, it is still inadequately implemented in many countries of the MENA Region. It is not considered as a health priority and thus does not generate the joint collaborative action from affected societies. Making HR approach and programs a national health priority for the MENA countries requires a supportive environment from policy makers, legal agents and health workers; a wide popular acceptance, backed by cultural and religious support; and ensuring wide diffusion among target audience.

Communication helps realize this national joint effort and mobilize the society towards achieving HR objectives. Therefore, designing and implementing a communication strategy on HR approaches and programs is crucial. Communication strategies are characterized by combined effort on multiple levels. Thus any communication strategy must rely on accurate data, global situation analysis, clearly defined objectives, and a legitimate agent to follow it.

Key elements for a successful communication strategy are an engaging leading team, community participation, evidence based arguments, comprehensive thinking, and cooperative mass media outlets.

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