



Manual for the participant of the training

*«Developing media strategies for advocacy
campaigns»*

Open Society Institute

International Renaissance Foundation

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BLOC 1. SITUATION IN THE REGIONS

Part 1. Substitution therapy in Ukraine

Substitution therapy (ST), or **substitution maintenance therapy** (SMT), is a kind of treatment of chronic opioid addiction which is used to prevent HIV infection, hepatitis B and C amongst injecting drug users. The method consists in prescribing to patient of a long-term treatment by narcotic medicinal substitute medicine (as a rule, methadone or buprenorphine) which is taken in none-injecting way.

The ST value is that it provides an opportunity to addicted users to refuse from using illegal opiates, to sufficiently reduce the risk related to injections (HIV, hepatitis, infections etc), to stabilize health, to become socially active. Substitution therapy assists to a significant decrease in drug users' criminal activity, and that creates pre-conditions for further positive changes. ST substantially assists in establishing contacts of different social and medical services with the target group of injecting drug users (IDUs). Such complex and comprehensive approach is the most adequate one taking into consideration a complex medical-social character of the disease.

In the world practice they usually use the following basic medicines for substitution therapy programs which involve nearly 1 million of drug addicted persons in 63 countries of the world: methadone (oral solution with sugar); slowly acting morphine (tablets/capsules to be used one or two times a day); buprenorphine (sublingual tablets); LAAM (levo- α -acetylmethadol); heroin (to tell the truth, in most cases with the exploratory purpose). According to the data of the European Monitoring Centre on Drugs and Drug Addiction, in many countries of the world the availability of substitution therapy programs is being increased, and the number of patients who obtained methadone substitution treatment has been increased to 34% during the five years.

The history of SMT introduction in Ukraine

SMT programs are introduced in Ukraine according to the item 26 of the National Program for 2004-2008 to Provide HIV Prevention, Care and Treatment to HIV-Infected and Those who Have AIDS (it was approved by the Decree No 264 of March 4, 2004, by the Cabinet of Ministries of Ukraine).

The attribute of legislative control of drug related issues in Ukraine, like in many other countries, is that a whole range of legislative regulations is dispersed across the statutory acts which concern different law areas. That has been resulting for a long time into different interpretation of the base for substitution therapy introduction in the country though none of the valid documents prohibited it. According to 'The list of narcotics, psychotropic substances, their analogues and precursors which are the subject of the special control according to the legislation of Ukraine' (March 23, 1998), the following narcotics can be used in medical practice (and, therefore, for the substitution therapy goals), in particular, opiates: codeine, morphine, buprenorphine, and methadone. In 1998 'substitution therapy' was included into 'The Unified Standards of Narcological Aid to Population in the Treatment – Prevention Facilities of Ukraine' (the Order No 226 by the MoH of Ukraine of July 27, 1998) where it is foreseen to prescribe substitution therapy to persons addicted to opiates according to individual scheme with the substitute medicine not being specified.

In November 30, 2001, the Governmental Commission to Fight HIV/AIDS has approved a decision to assist implementing the treatment programs for patients with drug addiction with employment of substitution therapy making use of none-injecting medicines.

The National Program for HIV/AIDS Prevention for 2001–2003 was approved by the Order No 790 of July 11, 2001, by the Cabinet of Ministries of Ukraine, and the following was specifically foreseen by its item 36: ‘To launch substitution therapy introduction in order to reduce the risk of injecting drug users’ HIV infecting and infecting with pathogenic agents of other transfusion infections’.

In March 2004, by the Decree by the Cabinet of Ministries of Ukraine, there was the National Program ratified for 2004-2008 to Provide HIV Prevention, Care and Treatment to HIV-Infected and Those who Have AIDS, which foresees substitution therapy programs implementation (item 12).

In 2003 the Action Plan was approved by the MoH to introduce the treatment component within the Global Fund program where one of the items concerned substitution therapy implementation in Ukraine. The following is foreseen by the item 26 of the Decree No 877 of June 4, 2003, by the Cabinet of Ministries of Ukraine ‘On approving the Program for Implementing the National Policy in the area of Fight with Illicit Circulation of Narcotics, Psychotropic Substances and Precursors for 2003-2010’: ‘To ensure exploration of the national work experience of using substitution therapy methods for treatment and social rehabilitation of persons who are ill with drug addiction’.

In 2004 the All-Ukrainian Narcological Association has developed the methodological guidelines ‘Using methadone substitution therapy in treatment and rehabilitation of patients with opioid dependence syndrome’. They were approved by the Ukrainian Centre for Scientific Medical Information and agreed with the Department for Medical Care Organization of the Ministry of Health of Ukraine on February 17, 2004.

On September 30, 2008, Verkhovna Rada of Ukraine adopted at the first reading to be the basic one the draft new National Program to Counteract HIV/AIDS for 2009-2013 which foresees SMT programs introduction for 20 000 drug addicts, and financing of 10 000 SMT clients out of the above number is foreseen in the Ukrainian state budget. (http://gska2.rada.gov.ua/pls/radac_gs09/g_zak_list_n?word=2695)

Regulatory and legal acts which regulate SMT introduction in Ukraine:

1. The Order No 161 by the Ministry of Health of Ukraine ‘On the organization of pilot projects on introducing SMT with using ‘Ednoc’ buprenorphine medicine.
2. The Order No 161 of April 13, 2005, by the MoH of Ukraine ‘On substitution maintenance therapy development and its improving to prevent HIV/AIDS amongst drug users’ specifies the basics of SMT program introduction in Ukraine.
3. The Order No 846 of June 20, 2006, by the MoH of Ukraine ‘On the activities to organize HIV/AIDS prevention and substitution maintenance therapy for injecting drug users’. The above order has regulated introducing SMT by using ‘Ednoc’ medicine (Buprenorphine Hydrochloride) and ‘Methanol’ medicine (Methadone Hydrochloride), as well as clarified the list of places for the program to be introduced. The program has been introduced in 15 oblasts of Ukraine (buprenorphine) and in 8 oblasts (buprenorphine and methadone).
4. The Order No 1208 of December 12, 2007, by the President of Ukraine ‘On additional urgent actions to counteract HIV/AIDS in Ukraine’, where in the article 3 (item 2) it is told on the necessity ‘to conduct within a week the activities to meet the obligations to the Global Fund to Fight AIDS, TB and Malaria re: introducing substitution maintenance therapy programs for injecting drug users’.

5. The Order No 295 of June 4, 2007, by the Ministry of Health of Ukraine ‘On approving the schedules for distribution of medicines ‘Ednoc’ (Buprenorphine Hydrochloride) and ‘Methadol’ (Methadone Hydrochloride)’. The above order regulates the schedules for distribution of ‘Ednoc’ and ‘Methadol’ SMT medicines across medical facilities where the program has been already functioning to ensure the treatment process continuity.

6. The Order No 407 of July 25, 2008, by the Ministry of Health of Ukraine ‘On approving the schedules for distribution of ‘Methadol’ (Methadone Hydrochloride) medicine’. The last MoH Order foresees enlarging the usage of ‘Methadol’ medicine for 5293 patients of SMT program.

7. Since January 2008 a new version of the Law of Ukraine ‘On narcotics, psychotropic substances and precursors’ has been in operation where harm reduction of drug use (to which substitution therapy belongs to) is specified amongst the main priorities of public health policy of the state; and the state monopoly was abolished for circulation of medicinal preparations that enables SMT programs implementation at the base of none-governmental organizations.

Substitution therapy medicines registered in Ukraine:

The last updated list:

1. Buprenorphine / TM ‘Ednoc’, producer: Rusan-Farma, India, the MoH of Ukraine Order No 277 of July 9, 2001; the medicine was re-registered for 5 years in December 2006.
2. Methadone Hydrochloride, producer: BUFA, Netherlands, the MoH of Ukraine Order No 159 of April 8, 2003.
3. Methadone / TM ‘Methadol’, producer: Farmascience, Canada, the MoH of Ukraine Order No 835 of December 15, 2006.
4. Methadone / TM ‘Methadict’, producer: Saliutas Farma, Germany, the MoH of Ukraine Order No 19 of January 22, 2007.

Pilot projects on SMT in Ukraine

The first pilot SMT projects in Ukraine with a limited number of patients were launched in 2004 at the base of narcological facilities in Kherson and Kyiv cities by the support of the United Nations Development Program (UNDP) in Ukraine. Substitution maintenance therapy program is being introduced in Ukraine by the MoH jointly with the ICF ‘The International HIV/AIDS Alliance in Ukraine’, the AUCCO ‘The All-Ukrainian Network of People Living with HIV/AIDS’ and William G. Clinton Foundation.

Buprenorphine was selected to be a substitute medicine. At the beginning of the project there were informational – methodological guidelines published on buprenorphine use; doctors passed the training on SMT prescription and on how to observe patients.

Patients who were accepted to treatment suffered of a severe form of opioid addiction and they were vastly none-socialized: they did not have any permanent job and legal source of income; they were systematically involved into criminal activity for the sake of satisfying their need in drugs for which they were spending up to 100 hryvnas in average every day.

Pilot SMT programs were accompanied by evaluation of efficiency within the frames of the WHO study ‘Substitution therapy of drug addiction and HIV/AIDS’ that has been conducted

at the same time in 7 other countries. According to the information of the ICF 'The International HIV/AIDS Alliance in Ukraine', the outcomes of the two first pilot SMT projects for the 6 months of observation evidenced the following:

1. The indicator for maintaining the program - 70%
2. Reducing the level of illegal opiates use and risky behavior – in 4 times
3. Reducing criminal activity

Based on the obtained positive outcomes of the two pilot projects, on April 13, 2005, there was the Order No 161 issued by the Ministry of Health on introducing SMT at the base of six treatment narcological facilities in different regions of Ukraine.

The situation with SMT introduction

According to the MoH of Ukraine Order No 295 of June 4, 2007, for the end of August 2008 there should have been substitution therapy programs introduction ensured for 2520 clients in 11 regions of Ukraine. However, for October 1, 2008, the real number of patients obtaining methadone SMT is only 791 persons.

In relevance with the approved by the MoH of Ukraine Order No 407 of July 25, 2008, starting from 2008 it is planned to involve 5293 patients with chronic opioid addiction into SMT programs. By the above order it is foreseen to scale up methadone SMT programs in 111 treatment-prevention facilities in 26 regions of Ukraine.



The map is taken from the collection ‘Substitution maintenance therapy in Ukraine: will the community be able to efficiently counteract HIV/AIDS epidemic?’ Analytic Review’ (The International HIV/AIDS Alliance in Ukraine; authors: S. Dvoriak, P. Skala, 2008, P.6). There are SMT programs identified on the map for the beginning of 2008. The situation has been changed for October 2008.

At present SMT (with buprenorphine and methadone) is being introduced in 22 oblasts of Ukraine, the AR of Crimea and in Kyiv City. For September 25, 2008, 527 clients obtain SMT with buprenorphine hydrochloride and 599 clients obtain SMT with methadone hydrochloride in 47 treatment – prevention facilities. Therefore 1426 patients obtain SMT in Ukraine.

According to the projects implementation plans signed by the government of Ukraine in the proposal for the 6th round of financing by the Global Fund to Fight AIDS, TB and Malaria and by other donors, it is envisaged to scale up SMT programs for 9800 clients until September 2010. Within the frames of the above programs treatment is foreseen for at least 1975 persons with HIV/AIDS and for 7075 drug addicts in order to prevent HIV.

SMT introduction in Ukraine: challenges and barriers

The WHO identified several basic principles for HIV prevention amongst people using injecting drugs. One of them is providing to IDUs an opportunity to obtain substitution therapy. The studies of many years conducted in the United States and in the Western Europe evidenced the following: methadone substitution therapy is very efficient in treatment and rehabilitation of patients with opioid addiction. In addition, the WHO considers this kind of treatment to be HIV/AIDS prevention amongst IDUs and it suggests its applying, in particular, in those countries where the main route of infection is an injecting one, and the main vulnerable group is IDUs. When it concerns the treatment of HIV-infected persons, they usually speak about drug addicts; they relate the conditions of providing quality treatment to this patients’ group with introducing the substitution maintenance therapy which is at present used in many countries of the world.

In Ukraine introduction of substitution maintenance therapy programs was delayed until present, basically, by the law enforcement bodies and by specific politicians, though launching treatment programs for HIV-infected people without substitution therapy programs is judged by some people to be nonsense. For Ukraine it is particularly important as the Global Fund to Fight AIDS, TB and Malaria has allocated to Ukraine a humanitarian aid by means of antiretroviral medicines on condition that substitution maintenance therapy programs are introduced for people with opioid addiction, as without their implementation there is no certainty that a drug addict will be continuously using antiretroviral medicines, and will have relevant observations etc.

Treatment of substitution therapy like of medical issue depends in many respects even not on the scope of the information available, not of an ability to weigh the pros and cons, but on human life philosophy, on whether **drug abuse is considered by the community to be a disease** (in this case the treatment method for drug addicts is identified by medicine) or **to be a criminal behavior** (then the preference is given to law enforcement means).

The adherents of SMT programs introduction and its scaling up in Ukraine list the following positive outcomes of the first steps of ST program:

- Decreasing the level of HIV/AIDS spread, as well as hepatitis B and C amongst IDUs and their partners;

- Decreasing the level of illegal narcotics use and fatal outcomes resulted from overdosing them;
- Improves physical and psychological condition of drug addicts, their social status, assists improving their family relationships, job placement;
- Ensures HIV positive persons' adherence to ARV treatment, treatment of TB and other severe diseases;
- Decreases the level of crime-pregnant situation amongst drug addicts, decreases profitability of illegal drug dealing;
- Reduces budgetary expenses for criminal law proceedings, costs of keeping drug addicts imprisoned, and costs of treatment after illegal drug use.

SMT treatment efficiency is being considerably increased while providing in parallel social-psychological support to patients.

Amongst the reasons for delay in introducing the above activity the following are mentioned:

- limited resources for SMT introduction;
- lack of relevant professionals' (doctors', social workers') retraining, lack of organizing in parallel the treatment and resocialization activities, social care provision to persons involved into ST programs – employment assistance, accommodation assistance etc;
- none-awareness and none-recognition of substitution therapy principles by many professionals – narcologists and officials both as a result of the knowledge lack and because of fear that substitution therapy will decrease the motivation of drug addicted persons for total refuse from using drugs etc.

According to the experts' and the very SMT clients' opinion, there is a range of existing problems which are faced by IDUs and ST clients at the local level:

1. Impossibility to use ST medicines outside the treatment-prevention facilities, at home, and, therefore, lack of opportunity to move freely across the country.
2. The medicine deficiency, lack of treatment places (beds) and risk of break in medicine deliveries.
3. Permanent risk of the SMT sites control by the Department for Fight with Illicit Drug Trafficking.
4. Doctors' watchful pre-conceived attitude to ST clients, limited information on ST amongst the personnel of general profile medical facilities – frequent violations of patients' rights to treatment, enhancing stigmatization. As a result, ST patients who got ill should suspend ST because of a lack of licenses by a medical facility for using narcotic medicines.
5. Lack of opportunities to obtain SMT medicines while being detained and while staying in the institutions of confinement.
6. Lack of doctors with the relevant qualification, lack of training programs for doctors – SMT professionals.

Presence of such discussions for a long time not only at the level of certain professionals but at the level of different institutions, and in the community in general too, evidences the necessity of conducting in the country the informational – explanatory campaigns amongst

different stakeholders re: the necessity to introduce substitution therapy, to inform on different points of view with making accents on drug users' needs.

References

1. Materials of the website ZPT.IN.UA <http://zapitay.in.ua/>
2. The review of work with injecting drug users in Ukraine within the context of fighting the HIV/AIDS epidemic. Kyiv, 2005, PP. 103-106
3. Analytic Review: Substitution Therapy. The International HIV/AIDS Alliance in Ukraine. Kyiv, 2005
4. O.Beliayeva. The Right to Support. The Conference Paper, December 2007.
5. The letter to the Minister of Health re: identifying the needs and the scope of quotas for narcotic medicines buprenorphine hydrochloride and methadone hydrochloride for SMT for 2009, of September 23, 2008
6. The Chart of SMT introduction in Ukraine according to the MoH Order No 407 of July 25, 2008
7. The information on the treatment–prevention facilities and the number of patients of SMT with methadol; the MoH Order No 295 for October 1, 2008
8. 'Substitution maintenance therapy in Ukraine: will the community be able to efficiently counteract the HIV/AIDS epidemic?' Analytic Review. The International HIV/AIDS Alliance in Ukraine; authors: S. Dvoriak, P. Skala, 2008.

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Part 2. Registration of drug users

Narcological registration

There are two separate registration lists existing in Ukraine which are kept by the narcological facilities of the Ministry of Health and those of the Ministry of Interior structure.

Based at the data of the Ministry of Health of Ukraine, the term ‘narcological register’ means that none-anonymous clients (those who referred on their own will or by militia referral) who, by the established order, were diagnosed (according to the ICD – 10 [17,26]) narcotic disorders are included into the special registration system.

The above registration system includes both patients with addiction diagnoses – ‘dispensary narcological register’ - and those who occasionally used narcotics and who do not have addiction yet – ‘prophylactic narcological register’. Minimal term of dispensary narcological register for patients with addiction diagnoses, constant remission and treatment positive outcomes is identified to be 5 ‘clear’ years, and for prophylactic narcological register there is an established term of 1 year. Those 5 (or 1) years might be prolonged for minimum 5 ‘clear years’ more for those patients who have had a relapse or for those who have not contacted in time with the territorial narcological facility.

According to the Ministry of Health data, for January 1, 2008, there were 5177 persons (4472 males and 705 females) registered with the diagnosis ‘Mental and behavior disorders resulted from narcotics use’ identified for the first time in their life. Amongst them 3197 persons are registered because of opioid use (2662 males and 535 females), cannabinoids use – 683 persons (665 males, 18 females), hallucinogens use – 8 persons (5 males, 3 females), several narcotic and psychoactive substances use – 1286 persons (1138 males and 148 females).

According to the Ministry of Interior of Ukraine data, for January 1, 2008, there are 173 594 drug users put into the register.

Based at the opinion of many national experts, the narcological register data is not protected in the relevant way from the impact of a large number of internal and external factors; at the same time, these very experts notice an insufficient level of adjustment of the data collection procedures. As a result, the data of existing narcological register until present only in certain directions reflect the situation with providing care to persons having drug problems in the country and the situation of drug problems in whole.

In previous times the local authorities responsible for control over drugs and drug addiction treatment were testing adjustment of both registers. From technical point of view, approval in 2007 the Law on Medical Information Confidentiality made it illegal to disseminate confidential information on medical condition of narcological facilities’ patients, and that should have stopped sharing the information between medical and law enforcement structures. However, according to PAS users’ information, in many regions such practice is continued.

There are several ways existing on how users’ names might be included into the above registers:

- Via arrest by the law enforcement bodies on suspicion in illegal PAS use, via being tested for PAS in blood. They are included into the MoI registers.
- Persons who undergo treatment in narcological structures are very often included into the MoH registers.

The important moment for continuing the registration practice is the fact that narcological centres and dispensaries obtain financing in relevance with the number of patients, and,

therefore, they are interested in registering the larger number even in case the patient's condition does not correspond to drug addiction level.

Negative implications of drug users' registration:

- Violation of PAS users' rights to private life and confidentiality of their personal data as well as their health condition;
- Violation of the rights to access to medical care because of pre-conceived attitude to PAS users;
- Access to the registers by potential employers, and relevant limited opportunities for PAS ex-users to find job and to return to normal life;
- Access to the registers by the law enforcement officers who in such way might obtain new clients for criminal persecution;
- Presence of a person's surname in drug users' register very often becomes the reason to refuse in custody, to take away a driving licence etc;
- Public dissemination of the registers' information assists PAS users' stigmatization in the community.

In addition, being aware of such registers existence many PAS users refuse from treatment and cooperation with narcological centres and social services.

Besides, the procedure of striking off the person's surname from such registers is left to be unsettled, and very often the attempts of striking off the registers are settled by means of bribes.

To the opinion of human rights organizations, the issue of drug users' registration might become the basis for national and regional human rights and advocacy campaigns, as well as it might become the subject to lawsuits and public activities.

To solve the issue, a wide spectrum of media and advocacy methods might be possibly used, and, therefore, the issue:

- concerns violation of human right to private life;
- concerns violation of patients' rights to confidentiality of their medical histories;
- assists deepening PAS users' stigmatization and criminalization by the law enforcement bodies;
- provides an opportunity to join together HR organizations, human rights advocates and HIV-service organizations in many regions – to create powerful partnership coalitions to solve the issues;
- has the basis for launching public lobbying campaigns and for making changes in existing legislation to change many existing practices in this area.

Possible advocacy campaigns in the above area might target the following:

1. Abolishing of the personified narcological register and moving to the register of cases. That at the same time will ensure statistic data for evaluating the relevant personnel, financial and other resources; however that would substantially decrease the level of certain users' discrimination.

2. Introducing more flexibility in job employment practices while taking into consideration the specific of PAS use and its kind. It is necessary to exclude the procedures of personified information on a person re: his/her previous experience of referral for narcological aid.
3. Scaling up a range of narcological services (integrative care, harm reduction, SMT) that will enable enlarging the number of clients who are not currently ready to refer for aid to narcological services.

Possible ways for implementing the goals of advocacy campaigns in the above area:

1. Conducting information campaigns for the local authorities' representatives on clarifying the real needs in drug addicts' treatment, the necessity to take into consideration the very users' needs in organizing medical care for them.
2. Supporting the actions of PAS users who refer to narcological facilities to obtain access to the information on them. To make such practice publicly available. To fight for such procedures' transparency via the court or by appealing to higher authorities.
3. Strengthening partnership relations between narcological facilities and organizations working in the area of HR and PAS users' legal protection to enhance cooperation and to search for common approaches in regulating the issue of users' registration at the local level.

References

1. Justice to Everyone. The importance of legal aid within the context of medical care provision to drug users in Ukraine. Open Society Institute, 2008, PP.35, 36, 41
2. A.Tolopylo, L.Vlasenko. Registration of drug users: practice, implications and further perspectives. The Study Report.

Questions

1. Please provide your organization name, region, provide your contact information

On SMT

2. Has your organization been facing any problems related to SMT introduction in your region?

3. If so, please describe such problems.

4. What is your opinion, what organizations, officials, legislative and other practices have an effect on presence of the above problems?

5. What public, social-economical reasons are underlying the issues related to successful SMT introduction in your region?

6. Which of the reasons and existing practices listed by you should be changed to improve the situation?

7. What kinds of public/advocacy activities were conducted by your organization to improve the situation in the above area? Please briefly describe this activity.

On illegal PAS users' registration

8. Has your organization been facing any problems related to SMT introduction in your region?

9. If so, please describe such problems.

10. What is your opinion, what organizations, officials, legislative and other practices have an effect on the above problems to be remained?

11. What public, social-economical reasons are underlying the issues related to successful SMT introduction in your region?

12. Which of the reasons and existing practices listed by you should be changed to improve the situation?

13. What kinds of public/advocacy activities were conducted by your organization to improve the situation in the above area? Please briefly describe this activity.

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BLOC 2. ADVOCACY – ACTION FOR A CHANGE

What is advocacy? “Advocacy is a set of hands-on technical skills and practices needed to effectively press for change. It is also the foundation of active citizenship, a process through which ordinary people learn to participate in decision making at all levels. Identifying priorities, crafting a strategy, stepping forward, taking action, and achieving results are critical steps to finding one's voice, making oneself heard, and shaping one's future.”¹

Why do we need to do advocacy campaigns? Why isn't it enough to do direct service with drug users? When working with complex social and medical issues such as drug use and addiction it is important for us to move beyond direct service. So many drug users' rights are denied because of the stigma and discrimination that not only lies in the minds of the population, it is also embedded in social and health policy. If we are going to change access to health care, to housing, to jobs – if we are ever going to ensure the human rights of drug users we have to use advocacy campaigns that can make changes at the policy and systemic level. The kind of change that advocacy brings about is much slower and demands great commitment and vision on the part of those working to bring about change.

Systems and people change very slowly but they DO change if there is a systematic and constant pressure on them, urging them to move in a direction. If we can develop advocacy campaigns that are effective, constant and focused we stand a better chance at being able to ensure the human rights of all drug users regardless of what they might need.

3 Myths About Power; 3 Truths About Power

Social justice advocates, with good cause, rarely believe that they have a dominant hand in power relationships. Nearly every issue is affected by unequal power relationships between advocates and decision makers.

Yet there are many accounts in which those with seemingly less power have overcome tremendous odds to thwart those with greater power, resources, experience, and access.

We can counter three common myths about power with three truths about power:

Myth: “They have all the power”

Truth: Power is a matter of degree. It can be absolute, or shared and limited. Social justice advocacy seeks to share the power to make decisions that will affect people's lives.

Myth: “They'll always have all the power”

Truth: Power changes. It is dynamic, always shifting - not static. Just because someone has power over you today, it does not mean they will have power over you tomorrow. Social justice advocates know from experience that power is rarely given or yielded. It must be won through resistance and struggle.

¹ From the Institute of Sustainable Communities
http://www.iscvt.org/what_we_do/advocacy_and_leadership_center/

Myth: “They have all the resources from which power comes”

Truth: Social justice advocates have their own sources of strength from which they draw tremendous power:

- Strategic action that engages public problem solving processes, defines and frames issues, fixes responsibility, and creates solutions.
- Innovation, invention, and initiation.
- Vision, commitment, and intensity.
- Above all, people - their knowledge, experiences, and stories.

These sources of power can all rend asunder traditional measures of power.

Thinking strategically

An **advocacy campaign** is a well thought out strategy to move towards changing existing policies and practices which impacts the rights and interests of the target groups.

When deciding to do an advocacy campaign it is important to be strategic in your thinking and to work with a multidisciplinary approach.

A **media campaign** is a tool used to advance the larger vision and strategy of an advocacy campaign.

An advocacy campaign consists of many different tools to reach a goal. The media campaign is one of those tools. A media campaign does not usually exist on its own outside of a bigger advocacy plan.

To have an efficient advocacy campaign takes planning and team work. All of the components of the campaign must be in on the planning from the beginning. The media strategy is not an afterthought or something we simply use to get press. It becomes something we can use to advance our cause and make our campaigns successful.

Using media is one way we can make our campaigns more people centered and ensure that they include the voices of the people who are asking for the change! The next block will talk more about media campaigns.

People-Centered Advocacy

A social justice advocacy organization needs to work to stay connected with and accountable to the people whose interests it serves. A people-centered campaign produces not only change, but engaged community members who work to keep change going, and to implement other changes.

To make sure that your organization maintains significant relationships with its members, constituents, or those in affected groups, continuously ask yourself three questions:

- Are we giving voice to people whose voices are not fully heard?
- Are we enabling and motivating people to become actively involved in the advocacy process?

- Are we taking time to learn from the experiences of our members, constituents, or those in affected groups?

People-centered advocacy not only helps amplify the voices that are seldom heard, but also begins to transform existing power dynamics that determine who can be an “advocate” in the first place².

Planning & Implementing Powerful Advocacy Initiatives

From working with experienced advocates, we've concluded that social justice advocates, who often have fewer resources, become very strategic about using their resources. Therefore, **careful and thoughtful planning is key to a successful campaign**. Investing time in planning the strategies that your organization will use to pursue its advocacy work will benefit you in the following ways. You will be able to:

- Assess your particular situation, including the current reality, your sources of power and current capacity, and possible starting points for creating change.
- Select achievable objectives for getting started.
- Create an action plan, including how to use your resources, what capacities to build, and which actions, tactics, and tools to use.
- Navigate the little victories, setbacks, compromises, unexpected opportunities, and uncertainties that line the road to the long-term change you want to achieve.

Examples of Advocacy Skills/Tools:

- Analyzing and influencing legislation or policies
- Preparing a briefing note or position paper
- Working from inside the system
- Writing and delivering a presentation
- Persuading through drama or other artistic venues
- Carrying out a media interview
- Preparing a press conference

² Information on this page came from *Advocacy for Social Justice: A Global Action and Reflection Guide*, Kumarian Press.

Questions

1. Please name any advocacy campaigns help in Ukraine over the last 5 years you have heard of. What were their goals?
2. Do you know how these campaigns used media to reach their goals?
3. Please provide illustrations from your own experience of how can media help reach an advocacy goals
4. What do you think is the motivation behind the work of an activist in the sphere of harm reduction in Ukraine?
5. Do you think it is possible to reach changes in the sphere of harm reduction in Ukraine? Please provide positive and negative examples. Why do you think first ones have been successful and others haven't?

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BLOC 3. MEDIA AND PUBLIC CAMPAIGNS

Media should be an integrated part of your advocacy campaign and should be carefully considered at every step of the way. During the beginning of the campaign we should take the time to map out the media layout using mapping exercises. These exercises are helpful to break down what we need to do to build a media campaign.

All of our media efforts should support the goal(s) of the larger advocacy campaign.

Media campaigns within the larger advocacy campaign should be subject to their own questioning and mapping. There are different tools available to lay out the media campaign but it can be helpful sometimes to use the same formula and questions we have used on the larger campaigns and make adjustments where it makes sense.

Media advocacy is opportunistic. It exploits opportunities to use the media to convey information to large numbers of people, including special target groups. Those who work in media advocacy have a good understanding of the way the press and broadcasting organizations work; and they maintain good relationships with journalists, so as to be readily accessible to supply information and comment, and work with suitable experts who can give interviews and assist journalists whenever necessary.

It is important to differentiate between media advocacy, an essential part of what is often termed "**public information**" work, and paid media campaigns, such as television spots or informational advertisements in newspapers, which are a common feature of "**public education**" programs. In contrast to the opportunistic and ongoing nature of media advocacy, paid media campaigns involve a more programmed delivery of education-oriented information, based on prior research, to specific target audiences. A public-education program may sometimes be supported by media advocacy, and vice-versa, but more often media advocacy is practiced on its own³.

When considering media in your campaign here is a list of nine questions that can be helpful in guiding you to stay focused and strategic.

1. What do we want? (Goals)

What is it you want your audience to do once they've heard your message?

2. Who can give it to us? (Target Audiences)

Which segment of the public is in the best position to hear and act effectively upon our message? (NOTE: The "general public" is not a target audience.)

3. What do they need to hear? (Messages)

What is the best language, use of words, that will impact them powerfully and move them to action?

4. Who do they need to hear it from? (Messengers)

Who is this particular target audience most likely to listen to?

5. How do we get them to hear it? (Delivery)

What is the best medium to reach them (e.g., print, radio, television, email)?

³ <http://www.answers.com/topic/media-advocacy>

6. What have we got? (Resources; strengths)

What resources do we already have at our disposal– good messages, graphic artists, web-savvy specialists, motivating speakers– that can help us achieve our communications objectives?

7. What do we need to develop? (Challenges; gaps)

Who do we need to bring in? What skills do we need that we don't have? What organizational culture issues might hamper our efforts?

8. How do we begin? (First steps)

What are some things we can do right away to get the effort moving forward? Then what will we do after that?

9. How will we know it's working, or not working? (Evaluation)

What mechanisms will we put into place to measure the impact of our message and our approach?

Media, in its different forms, can be used as an effective tool in an advocacy campaign. It can be used to:

- Educate people about the issues you are working on (popular education)
- Create pressure to move people on issues
- Give voice to issues and people who are often not heard
- Expose what is not seen
- Raise the credibility and visibility of your organization and its constituents
- Facilitate the process of building partnerships and coalitions, strengthen reputations

When we begin to think of media as a tool in a campaign rather than as something we need to have to get a story we can become creative in how we can use it to achieve our goals.

What are some other ways we might use media in an advocacy campaign?

Types of media:

- printed media – newspapers and magazines
- radio
- television
- internet-blogs
- social networking sites
- online magazines and newspapers
- cell phone/text messaging
- films, video, online video

All forms of media can be relevant and useful when they are used wisely. It will depend on the audience you are trying to reach and on the resources that you have available to you. As the case with many of the successes in advocacy, it is important to establish and maintain relationships within as many types of the media as you can so that you will be able to access that venue when you need it. Media lists should reflect the diversity of the many types of media available.

Types of media campaigns:

Popular education- this type of media campaign relies heavily on the constituents of a community to move the information through the desired population through various forms of media. It allows for a self-empowerment process where those effected by the change they are trying to make are also learning about advocacy and media and how to speak for themselves.

Ad campaigns – this can include billboard ads on the side of the highway, advertisements in print media, television or radio, or even on the internet. These type of campaigns are very clear and concise in their messaging as exposure time is very limited. It is important to have the messaging of the campaign clear.

Public education – using media to educate people about the advocacy campaign itself or about the issue you are trying to move. This media campaign can be used at many stages during the campaign to prepare people for the next stage of the campaign.

OpEd campaign – this is usually used in print media and can be helpful to familiarize people with a point of view they may not have thought of before. It also allows for people to write using their own voice and perspective which can be useful if it is hard to get journalist to cover the campaign.

Online organizing – you can use online media for many media campaign purposes. You can use it to make announcements about events happening, to organize a petition, to post video blogs that will support your views, to start an online blog responding to the current campaigns efforts and keep people updated – these are just a few ideas.

When approaching a media campaign it is good understand your local media and the media that your target group turns to for information. This will make it easier to know which type of media to use and which type of campaign will work best to reach your goal.

Examples of Media Activities:

- Monitoring media for coverage of relevant topics; this service is often contracted to specialist agencies, or may be achieved via Internet-based services.
- Identifying and disseminating interesting news stories that support public health policies.
- Responding to journalists' inquiries and information requests.
- Supplying access to experts who can assist journalists.
- Preparing press releases and background papers.
- Arranging press conferences.
- Planning a media diary, including identification of special dates and opportunities.

- Responding to misleading or erroneous items in the media.
- Listing and training individuals to act as experts and spokespersons on particular health issues.
- Searching for new angles on existing stories, and new spokespersons and organizations to back and to speak publicly for the policy—a wide variety of professionals and organizations may be recruited to support public health policy⁴.

Various media audiences: Your media audience is the group you have decided to tailor your message to. It is too easy to say that your audience is the general public. It is good to decide who you are trying to reach specifically – drug users, allies of drugs users, health care providers, people who are involved in the legal system, people who may have only gotten misinformation about drug users and addiction, and so on. You can widen the message if you need to but it is very important to know exactly who it is you are trying to reach in a media campaign.

For more details on messages, speakers and audiences see bloc 5.

Something to remember...

“Your message is your organizing theme. And no media advocacy campaign can succeed without a powerful, coherent organizing theme, a theme that is at the same time logically persuasive, morally authoritative, and capable of evoking passion. A campaign message must speak at one and the same time to the brain and to the heart.” –

Ethel Kline, political scientist and media strategist

⁴ <http://www.answers.com/topic/media-advocacy>

Questions

1. What is the difference between an advocacy campaign and a media campaign?
2. What are some ways we can use media campaigns to advance our larger goals?
3. Why is strategy so important when developing a media campaign?
4. Do you think using new media (like blog, websites, social networks) is an effective tool for promotion of harm reduction values in Ukraine? Why?
5. How effective is the use of TV in the media campaign? In what way you can use TV?

[illegible]

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BLOC 4. DEFINING A PROBLEM FOR A CAMPAIGN

I. Which practice/policy need to be changed

Media campaign as the way. Solving the problem is the terminal point of the difficult way you start following. The less you understand where you would like to come, the less chances are you get there. Of course, you can go at random, following any way. But will you be satisfied with the place you reach and won't there be worse than it is here?

The same concerns the problem – the more diffused your understanding of the problem and its causes, the less chances are to solve it, and the more resources, time and personal energy it requires. Imagine your own despondency and disappointment by those who followed the way along with you, in case you reach the wall. Some roads have dead ends.

Therefore **we need to define precisely the problem** we plan to fight with. Then the reasons should be defined clearly which it originates from. The more precise and specific way of formulating the goal, the more evident problem solving is. The question which is put in the right way already carries the right answer.

While formulating the goal, it's worth moving from defining the general direction to the expected outcome description, i.e. to formulate the objectives or intended outcome in the way it could be measured.

Often in order to carry on large-scale and ambitious campaigns, special studies need to be conducted.

II. Which authority is in charge of its realization

To define who is able to make the required changes, it is necessary to make the list of audiences and groups which can make impact on achieving the intended goals. While making the list, it is necessary to use the system analysis by covering all the audiences that will be affected by changes. Having made the analysis, define the level of each group and mechanism of the impact it makes. They describe four levels of groups:

The level of decision. Here it is defined whether our intentions realization depends on permission and agreement given by this group members to us.

The level of consultations. At this very stage it is important to define whether decision makers will consult with us.

The level of behavior. Are the group members able to impede or to support implementation of our goals?

The level of opinion. Will the opinion of this group members make impact on public opinion, which, in its turn, will have impact on the above three levels?

As a rule, a person who is the first group member (the level of decision) is the one who really has the power, both formal and informal, to make changes or to block in them. They name such people as 'decision makers'.

As a rule, decision makers are politicians, officials, chiefs of departments, including Minister of Health and Minister of Interior, heads of the profile commissions of Verkhovna Rada, local executives etc.

To carry on media campaign efficiently, it is necessary to define the level where changes are needed.

For instance, the reason for problem is personal unwillingness of the concrete official/doctor to do something, or it is not stated in the normative and legislative documents what (s)he should perform and in which way. As the evidence shows, the very issues not described 'in which way' become obstacles for implementing the law/order. By clearly defining the problem causes we will clearly define those who have competence to change the situation, who should be influenced, who make a decision.

If the main reason is really **personal unwillingness** at the local level, it is necessary to consider its reasons. For instance, the reasons could be:

- lack of knowledge by official/doctor that leads to underestimation of the problem importance
- lack of knowledge in professional/legal area re: the problem
- personal benefits from existing situation (including corruption)

Probably, even if you make this very person to be dismissed, the situation would not change for better because it's impossible under the current conditions. Having analyzed the situation underlying conditions, it is necessary to identify the primary ones and to start working to change them.

Changing conditions will lead to the change of 'environment' in which either a person will resign him/herself to 'new laws', or (s)he will start seeking a usual environment, that anyway is beneficially for the problem solving.

In case the reason is in **the normative and legislative documents**, then it is necessary to involve outside specialists' assistance to develop the requested document and to further it.

Documents/decisions are given, considered, approved or rejected not by structures but by people, experts of different levels of professionalism, religious and ethical beliefs, commitment and knowledge about the problem, with their personal and professional tasks, family relationships. To be able to change anything we need to make impact on these very people.

To call and to convince a doctor to do any kind of action even if it is against the law, even if it will save human lives, that means pushing him/her into committing a crime. Is it worth spending resources for such kind of impact?

From the other side, maybe a doctor is not against doing the things you call to, but not against the law. In such case, it should be considered not to be an opponent but a potential ally. Find the telling arguments, and the one who 'yesterday was an enemy, will become a friend today' having strengthened your campaign.

III. Which resources we need to influence the given authority

Resources are those tangible properties and intangible assets you possess, the organization staff and volunteers, as well as opportunities.

Allies.

Allies are not only those people who already sympathize with you. Allies are those persons cooperation with which will bring you to achieving the specific outcomes within the frames of the objective set. They may be possibly currently indifferent to your objective or even opposing it. But if their support might make a significant impact, it is worth fighting for this alliance.

The structure can not be an ally. An ally can be the Head of the Association (Corporation, institution, Department, Ministry etc.) or an expert, a worker who will be able to deliver to the Head all the importance, and, what is the most important, the benefit from cooperation just with you in achieving this very objective.

Before starting your work with an ally, it is necessary to define clearly:

- The specific outcomes we would like to obtain
- Within which term we would like to obtain it
- How realistic it is to achieve the goal just by means of this very ally

How an ally should be convinced?

It is quite naive to call upon humanism, conscience and civil responsibility. We are all the living, and everyone has his/her needs – personal and professional ones.

The way of buying, for instance, mass media ‘alliance’ has its negative consequences:

- where so much money can be found? the higher is professionalism level of the ‘ally’ being engaged, the larger payments he will need while ‘eating’ the lion’s share of the budget.
- there are no guarantees that the opponent would not pay more.
- tomorrow your ‘ally’ with the same share of confidence and the same face can announce something fully opposite, as he is not bound by anything but for money paid, and the engagements related to them were already met.
- a professional journalist who respects himself would not agree to write the material ordered.

To obtain mass media support, it is necessary to be able to cooperate with mass media at the informational, and not at the financial level.

Mass media will snatch themselves the informational reason presented in a competent and catching way which is capable to affect the viewers’/readers’ interests, being aware that they will loose by not telling about it.

In order to convince a potential ally to become a real one, it is necessary to explore his needs. To do it, mass media outputs are essential, in particular, those available via the Internet. It is found to be useful to read the following:

- in which way, when and under which circumstances was your suggested ally telling anything concerning our problem?
- the main goals, objectives and aspirations of this very organization as well as of its director personally

- in which way, when and under which circumstances were the main competitors or opponents telling anything concerning our problem?
- positions of the organization and of its director personally towards the area of our problem
- vital issue which both the organization works to solve and the ally being personally engaged

Based at all the data collected, an individual proposal is prepared that an ally will get interested in. It might be presented as a letter or as a speech made during the meeting. The proposal should obligatory contain clearly visible, specific benefits for the nearest future just for this very ally.

It is best of all to visually demonstrate in which way the potential ally's participation in solving the problem you described will be able to assist in solving his/her main vital problem/objective.

Experience

It is necessary to analyze the experience of previous successful and unsuccessful campaigns, as well as the relationships of cause and effect, to apply it to your situation.

While dealing with the other countries' experience it is very important to take into consideration differences in mentalities. The regularities being acceptable in some countries might be totally intolerable in your region. For instance, in the Western Europe there is a tendency observed for delivering the first baby by women when they are after 30 years old, and in our country in most families they prefer delivering a baby earlier. This is what the differences in values and world perception originate from.

You might be possibly working in the completely new area where there are few examples of positive experience of campaigning. If this is the case, just call something you try achieving as 'a service to be introduced', or 'a document to be approved'. In this case it will be much easier for you to find the solution, as an efficient method is good everywhere. In such situation there is a need for the 'initial data' to coincide - in the first instance, target audience and decision makers.

Besides, allies might be the relevant experience carries.

Website of your organization

At present almost everyone has access to Internet. The information placed at your corporative website represents official point of view. In the swing of media campaign quality and timely website filling saves time and nerves both for you and for journalists, as it is an official source of information. It is better to place your answer to the opponent's comment at the website than to call to 15 mass media and to try explaining everything by phone.

In addition, the following might belong to resources:

- Your personal authority
- Personal relations with journalists and editors
- Volunteers of your organization etc.

Incorrect evaluation of resources

This is a typical delay-action mine of most media campaigns. And very often the mistake is in defining – who, what exactly and in which way should be told.

Who. Target audience is people to whom you address your message. Typical mistake of media campaign is selecting the single broad audience. Addressing everyone at one time does not work because of a range of simple reasons. And one of them is that almost every campaign in this or that way affects different audiences: patients, doctors, close people, opponents, state structures etc. Within each of them their own target groups are defined.

It often happens so that the audience being forgotten makes itself felt, like a fay from the fairy tale, by unexpected and negative manifestation in the very swing of the ‘life festival’.

What. The message content is another resource which should be appropriately used in order the campaign would bear fruit. What is needed to be told to every audience in order to achieve the goal? Frequently the organization is in a hurry to inform everyone on how good is this or that service for specific clients (drug addicts) and what rainbow perspectives are being opened to them. However, some audiences which might make a key impact and might not belong to the group of ‘clients’ and ‘their relatives’, the logical question will be: ‘And what is the use of drug addicts receiving these or those services for me personally?’

How. Selecting the tools is the most problematic issue. A big mistake is to use the standard schemes: e.g., organization and conducting a press-conference or a round table discussion on the ‘problematic issue’. Whereas, to turn attention to the issue which everyone got sick and tired of, very often other methods of work with mass media are the most efficient: for instance, email list, organization of special actions, flash mobs etc.

If something went wrong, it’s not worth spending time to search anyone to be guilty, better to find the answer to the question: ‘What should be done?’

Developing general concept of the campaign – around the problem and ideas how to change it

One of the efficient tools for developing the campaign concept is **Power Mapping Strategy**.

Powermapping - is a framework for problem solving through relationship building. This framework is based on the assumption that networks of relationships (between individuals, organizations, institutions, etc.) are critical resources, and that stronger networks yield stronger solutions.

Step 1: Problem location

You can map around a problem or a person or institution you think can solve a problem.
we will start with the most general powermap - mapping a problem.

Step 2: Map major institutions

Identify key decision-making institutions or associations that are related to that problem.
Write these names on the newsprint in a ring around the problem.

Step 3: Map individuals or groups associated with the institutions

Put the names of 2-3 individuals or groups who are associated with each of those institutions in the second ring (moving out concentrically) around the problem.

Step 4: Map all other associations with these individuals

Think about actors they know connected to these key individuals and institutions. The purpose of this is identify easier ways to access the individuals or institutions that could help solve the problem, by tapping into existing relationships between people. This information should go in the third ring around the problem.

Step 5: Determine relational power lines

Next, step drawing lines connecting actors and institutions that relate to each other. Some people will have many connections while others may not have any. In practice, depending on the scale or history of the “problem,” it may be more or less hard to identify institutions, people, and relationships that connect them. This step helps the group to identify what may be called the “**nodes of power**” **within a given network**.

Step 6: Target priority relationships

The next step is to analyze some of the relationships and connections and make some decisions. One way to do this is to circle the few actors that have the most relational power lines drawn to them. Consider attempting to involve these people through your group’s current relationships.

Another thing to consider may be a person or institution in the map that doesn’t necessarily have many different relational lines running to him/her/it, but nonetheless has a few critical ones and seems very influential.

Step 7: Make a plan

Determine the best approaches to accessing these individuals and institutions through relationships and decide who will be responsible for what by when.

References

1. A.L.Afanas’jeva. Modern PR-technologies: goals, methods, tools: Summaries of lectures. – Moscow, 2007. – 50 pages.
2. M.Gorkina, A.Mamontov, I.Mann. PR for 100%: How to become a good PR manager. - Moscow; 2003
4. *S.Katlip, A.Tzenter, G.Brum*. Public Relations. Theory and practice. – 8th ed. – Moscow; Saint-Petersburg; Kyiv; 2000.
5. Adapted materials from www.advertology.ru

Questions

1. What is the main issue you intend to work to solve it? Please, list five reasons why it currently happens just in this way.
2. Who is the one who will be really able to change the existing situation? What kind of action does this person should perform?
3. What kind of main objectives does this person have at present?
4. In which way assistance to you might influence solving or complicating this person's personal and professional objectives?
5. What do you have at present in order to achieve the problem solving and in which way are you able to use it?
6. Who might become the most useful ally and what are the priorities of this ally?
7. Develop the program concept making use of the Power Mapping Strategy.

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BLOC 5. BUILDING UP A MEDIA CAMPAIGN WITH AN ADVOCACY CAMPAIGN

Scheme of key message composition:

- If I (key audience)
- Will do (activity which for offer to do during the campaign)
- Instead of (activity that is in competition with our work)
- Than I will get (benefit(s) for the key audience)
- Because (explain the reason)

Using this scheme one can compose a successful key message.

Strategic planning of the campaign is one of the most important steps to ensure efficient and productive work. To plan an efficient media campaign, which will address the problem you have chosen (see previous bloc) and strengthen your advocacy goal follow the next steps:

1. Define your challenge/problem
2. Target your audience
3. Pick the right message and speakers
4. Choose suitable media tools or channels
5. Make strong partnerships
6. Set the timeframe for each event and point out its anticipated outcome
7. Evaluate the process of your campaign as well as the results

Defining a challenge for the media campaign

Defining a challenge for the media campaign within the broader scope of the advocacy campaign has to do with the careful identification of your advocative and media goals. Very often these goals may differ – your **media goal can be narrower and specific**, targeted on the particular result (for example – receive 5 publication, which reflect our goals, in local newspapers on your matter, or get 500 visitors on your webpage, invite 3000 people for your charity concert). The important thing here is to remember that your **media goals have correspond directly with your advocacy goals**.

Targeting the audience

Targeting your audience is of vital importance for developing an efficient **advocacy campaign**. Knowing your audiences will help you to develop appropriate messages of your **media campaign**, choose the right media channels and finally reach your both media and advocacy goals.

Audiences – are the people and groups that can make change happen. To reach them and make the desired changes happen is out advocacy goal.

However, often when planning a media events with your campaign we choose target groups we want to reach by the particular activity. For instance, we organize a media event targeted on representatives of ST sites medical staff, aiming to reach their support and make pressure on the officials from the Ministry of health. Thus, media and advocacy target groups can differ. Keep that in mind while planning your campaign.

Your **advocacy efforts** focus mostly on two types of audiences:

4. **Decision makers**, or those that have the power o authority - formal or informal - to make or to block change; and
5. **Pressure makers**, or those that have the power to influence or pressure decision makers or other pressure makers, and to raise public opinion of an issue.

Groups which normally associated with the first group are: politicians, MPs, government officials from Ministry of Health, representatives of law-enforcement authorities, local authorities etc.

Second group is much broader, as it comprises experts, NGO activists, international institutions, opinion and community leaders, businessmen, famous people, celebrities, journalists and much more.

But in order to choose which decision makers and pressure makers to focus on, you will need to carefully analyze the power dynamics involved, the processes and practices - formal and informal - through which changes are usually happening, and who has a stake or interest in how the problem is resolved. The list of questions below will help you to identify, categorize, and research various audiences, and to determine if you are focusing on the right ones.

Step 1. Identify your audiences

Decision makers:

- Who has the power and authority to make or block change? Who decides whether a problem is addressed or ignored?
- What are their duties? For what can they be held accountable? What are their limitations?

Pressure makers:

- Who has influence with or connection to these decision makers?.
- Think about those in civil society, the private sector, and the government. Think about all levels (local, state, national, regional, and international).
- Who influences public opinion on an issue?
- Why are they influential? What are their sources of power (formal and informal)?
- Are any of them so influential that they are informal decision makers?

Decision-making processes

- How does an issue become part of the problem solving agenda?
- How a solution is considered, chosen, and implemented? What is the process? How much time can each stage take?
- Are there openings for public participation? Do decision makers consult with civil

society when deciding among alternative solutions? If so, at what stages of the process? Through what mechanisms?

- Who has access to these mechanisms? Whose voices are sought out? Represented? Listened to? Considered important?

The last set of questions leads us to the identification of stakeholders of the problem we wish to address by our campaign. Having investigated all formal players, institutions and practices we now can identify by what means we can get in touch with the actual mechanisms of change. This is a crucial point for developing relevant **media campaign** which would fully correspond to our advocacy aims.

Step 2. List your audiences

Make a list of audiences that you identified by asking "What is at stake?", and "How are changes made?". Then, add any group else whose support you need, or whose opposition you need to neutralize.

Step 3. Rank your audiences

For each column, divide the list you received into three groups formal decision makers, informal decision makers and pressure makers as well as into three broad categories: very important, somewhat important, and not important. **The audiences you identify as "very important" will be your key audiences and the focus of your campaign.**

"Important" may mean that an audience will be directly affected by the change, has the power and opportunity to make or block change, or is very influential with decision makers and pressure makers, or in raising public opinion on the problem you want to address.

	Formal Decision Makers	Informal Decision Makers	Pressure Makers
Very important			
Somewhat important			
Not important			

Messages

Problems to address VS messages to bring about

A well-formulated message can be the basis for a successful media campaign. It is very important to understand the difference between the formulated challenge for the advocacy campaign and the message for the media campaign within the advocacy campaign.

What is a Message?

A message is a brief, straightforward statement based on an analysis of what will persuade a particular audience.

A good message is:

- simple

- to the point
- easy to remember
- repeated frequently

People need to hear a message again and again to retain it. Simple repetition also builds comfort and familiarity with ideas and issues over time, making the repetition of a well-formed message an important tool in persuading a target audience. Using the same repeatedly promotes retention more effectively than using multiple messages.

Media messages have to reflect key problems you are addressing, but are different in form and terms; they are usually generated for the specific media channels and targeted on the particular audience.

Messages bring clarity and focus to specific issues and campaigns and allow advocacy practitioners to frame public debate on their terms. A thoughtful and clear message also enables an organization and its constituents to speak with a unified voice about specific social issues and, thus, to be heard and understood by more people.

Core and tailored messages

A media campaign is often developed around a **core message**, which typically includes:

- their analysis of a problem
- the problem's cause
- whom they hold responsible for solving the problem
- the proposed solution (if they have one)
- the action they ask others to take in support of the solution

But some messages may appeal more strongly to specific audiences than others. A message developed with a specific audience in mind is called a **tailored message**. Tailored messages can be developed for various age and social groups, experts or general public in various regions, for politicians, state officials or for other groups.

We define two types of messages - core and tailored messages:

- Core message is the key message that reflects general idea of your campaign;
- Tailored messages are modifications of the core information that correspond to the special needs and arguments provided for specific audiences of your campaign or various media channels you use.

Wording and form of the message is defined by

- the specific audience you would like to address
- media channels you want to use
- speakers who will voice your message to the public

Obviously information written in the official statement of the organization or in the press-release will have completely different form from the message written on the banner during the street action or will differ dramatically in its length, vocabulary and character in the rap-song written to be distributed among teenagers.

Despite of all those differences in form the most important in your message is its content.

In any case message has to address directly to problem you would like to solve.

The right-tailored message:

- has to be clear and understood by the audience you address to
- has to be short enough and catchy so people would remember it
- it has to provide arguments which support your ideas
- it has to persuade people to take action
- has to be emotional it has to reflect personal feelings of the people you wish to reach.

How to develop an efficient and catchy message?

1. Keep it simple:

- ✓ Easy to grasp
- ✓ Jargon free
- ✓ Short and uncluttered

2. Put your frame around the issue:

- ✓ Shift audience attention to your perspective by highlighting specific aspects of an issue, such as who is responsible for the cause and who offers possible solutions
- ✓ Employ metaphors and visual images

3. Know your audience:

- ✓ Knowledge (is there a startling fact that might cause the audience to rethink their position or move to action)
- ✓ Values and beliefs (what values are most important to your audience)
- ✓ Feelings (trigger compassion, outrage, or disgust)
- ✓ Needs and priorities (what does your audience care deeply about or fear)

4. Invite the audience to “fill in the blank” and reach your conclusion on their own:

- ✓ Hold back from including every detail, and implicitly invite the audience to use their own thought processes and thus to take ownership of the message

5. Present a solution:

- ✓ People are more responsive if solutions are the focus versus focusing on the problem's cause

Speakers

Speakers are people, who voice your messages. They can be formal or informal.

Speakers have to relate to the concept of your campaign, speak to the target audience and use appropriate forms of messages in order to be heard and understood properly.

For each media event for the campaign there could be various speakers: you can invite experts when planning round table or public discussion, drug users or their parents when organizing talk-show on TV or an interview for the newspapers, a rock star would be a good choice for an outdoor concert or street performance.

In each case, messages tailored for each occasion have to provide arguments, which reflect the problem you are addressing to, explain your position clearly and provide solutions.

Very often people believe and understand speakers, who resemble themselves and who face similar problems. Such people can find common ground and common words more easily. So when you plan a campaign targeted on policemen, try to find a representative of law-enforcement to be one of the key speakers or if you want to reach government officials – provide comments from experts and people who will bring analytical conclusion to the problem.

The more various speakers you will invite for the media campaign, the more target groups you can reach.

Media channels

Here are some suggestions when considering audience and the type of media:

- For informing and educating people, pamphlets, videos, and booklets work well.
- For mobilizing people, leaflets, radio, stickers, badges, internet media and posters are good media.
- For advertising, leaflets, posters, television, internet media and radio are good ways of letting lots of people know about your campaign.
- For popularizing an organization or an issue, badges, stickers, posters, television and radio work well.

The most important reason for using media is to help reach the goal of your campaign.

- Media can inform people about a situation, issue or event.
- Media can educate people about an issue by explaining the facts.
- Media can mobilize people to take action.
- Media can advertise an event.
- Media can popularize an organization or an issue.

When deciding which channel(s) to use in your media campaign there are several factors to consider. Not all media channels are equal when it comes to its ability to carry a message to an audience or how far reaching the message will go. If you have done the work to plan out the message and mapped out the media campaign, it will be easy to answer these questions to determine which media channels will best serve your advocacy campaign.

Choice of the appropriate media tools for your campaign are connected to number of factors:⁵

- **Audience** – Who is the audience? What kind of media do they use? Is your campaign local, regional or national? Knowing who your campaign is talking to is critical. Different kinds of media will work better for different audiences.
- **Time frame** – What is the time frame of the media advocacy campaign? How long will you be engaged in messaging? Do you have a time line for expected results? Knowing your time frame is important as it will influence the other factors when deciding which channel you will use. Planning ahead is always that best way to ensure that your campaign has the most options for media channels. If you wait till the last minute, some of the options are simply not possible.
- **Resources** – What resources do you have to put towards the media channels? Are you able/willing to do additional fundraising if necessary? Will a cheaper alternative work just as well? Some media channels will take more money, time and production expertise than others. It is wise to take stock of the resources that you have available to you (and be realistic) so you can understand what you need to obtain to use the media channel you want or so you can eliminate possibilities that are not within your budget.
- **Impact** – What kind of impact do you need to make to get your message across? What media channel is going to be most efficient in achieving this? How often do you need to message repeated? Some campaigns are going to call for high impact which means using several channels at once to cover multiple audiences or to hit the same audience from different directions in a short amount of time. Other campaigns may call for a more sustained effort, using different channels of media over a longer period of time but at a less intense level.

Media can be used in two forms:

- as a key channel for bringing your message to public or
- as additional instrument to support your other forms of public activities, to inform your audience and partners about your achievements

This can mean that in your campaign you can focus mostly on events organized especially for journalists (such as press-conferences, press-tours, organizing of TV stories and newspaper reports) or you can organize actions targeted directly on public (street actions, activities for

⁵ Media Institute of Southern Africa, Training Workbook

children in kinder gardens or schools etc) and then inform media about your actions. The combination of both form proved to be the most efficient way to get as much publicity as possible.

Elaboration of a campaign plan

When you have all your strategic steps done, it is important to elaborate a timeframe for a campaign. Within a larger list of activities a plan of the events which involve media should be pointed out. Each event has to be carefully planned well beforehand and the team of responsible people has to be picked. Very often clear planning and sharing responsibilities can save you lots of human as well as financial resources.

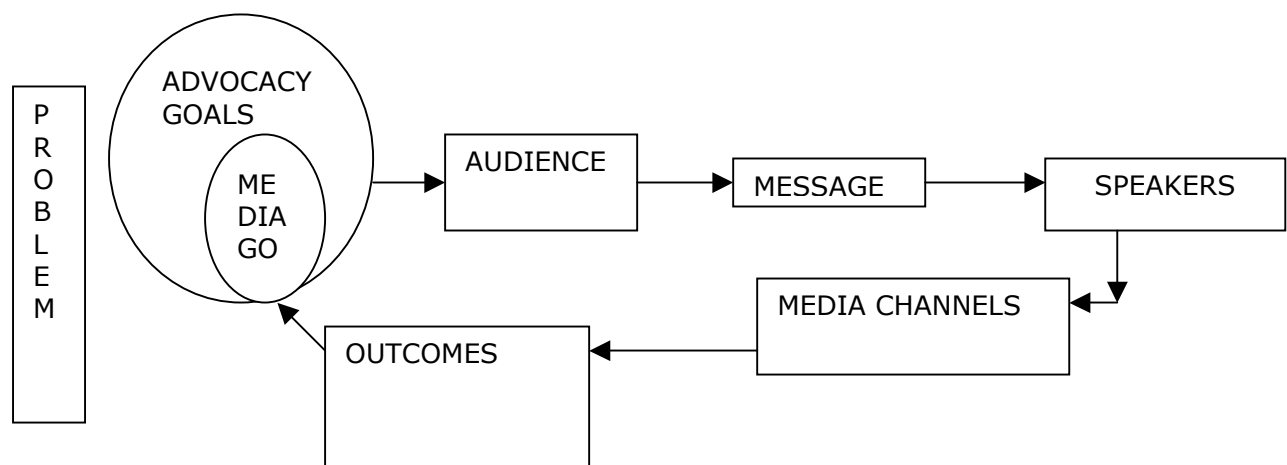
One of the possible ways to make a media plan is a **calendar plan** as follows:

Date	Event's name	Event's content	Resources (what do we need to have/do to hold an event)	Responsible people, possible partners	Budget

Planning can help you keeping track of the resources you need to use, control workload of each activist involved and also allows you to evaluate the anticipated outcomes of each event and its impact on your target group.

Conclusion

While planning your campaign it is important to keep in mind, that each of key campaign pillars (audience, messages, speakers, media channels as well as further outcomes) are interrelated to the goals of your campaign.



Setting up media goals for the campaign journalists are often considered a key target group to address to and all events within the campaign and the messages are tailored for the media specifically. However, it is important to keep in mind that **we do not work FOR media - we target our audiences through media as well as directly.**

Questions

1. How do you decide what kind of media to use?
2. Who is the audience?
3. What information do you have about your audience?
4. What media is your audience used to?
5. What kind of media will get to the most people in your audience?
6. What kind of media works best for your purpose?
7. What kind of time frame are you working with?
8. Do you have the resources to produce that kind of media?
9. How and where will you distribute the media?
10. Please provide examples of the problem for the campaign and relevant media messages. Explain the difference.
11. Is there a common message for the national ST campaign? Please think about your examples of the core and tailored messages for the national ST campaign.
12. Which speakers can be invited for the media campaign targeted on doctors and medical staff? Parents?
13. Which media channels are most efficient if you want to reach:
 - 13.1. parents of drug users?
 - 13.2. Teenagers, who are not drug users?
 - 13.3. Representatives of local police departments in your city?
 - 13.4. MPs?

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BLOC 6. MAJOR ACTORS, PARTNERS AND NETWORKS (COALITIONS) WITHIN THE MEDIA CAMPAIGN

Coalitions exist for joint action. To reach a specific goal, members invest significant resources, share decision making power, and coordinate their strategies, messages, and action plans. In addition to a common interest, coalition members must share a high level of trust. Skilled leadership is needed to guide members through their differences so the coalition can function. Coalitions bring powerful benefits:

- **Strength in Numbers.** Working together can create pressure on decision makers and legitimacy for the issue, and can increase the ability of individuals to take calculated risks with the group.
- **Strength in Diversity.** A coalition is often stronger when it draws together coalition members who are not usually seen as partners. A wide variety of perspectives and constituents creates a broader, holistic picture of the issue; enhances problem solving; strengthens outreach and impact; and increases credibility.
- **Shared Workload and Resources.** A diversity of talents, work styles, and resources is needed to carry out a multi-faceted action plan, to reduce the burden on any one organization, and to address tough problems.
- **Cohesion and Solidarity.** Shared values, goals, and experiences help advocates overcome isolation, build confidence, and renew faith that change is possible.

When looking for partners for your campaign you can involve various organizations, informal groups or individuals. Before doing so, you have to carefully analyze how interests and goals of these groups can strengthen your own campaign goals, which resources your prospective partners have and how can their participation help you to reach your objectives.

Step 1. Identify interests of your organization and your future partners

Analyze your partners' visions and goal – how do they correspond to your activities.

Evaluate campaign goals and possible results – analyze how these results can affect your partners' activities. Please note - solutions that may affect different groups differently.

Step 2. Find common principles of work within a coalition

Discuss organizational principles of coalition – sharing of resources, responsibilities, agree on planning of the campaign and methods of sharing information.

When building up an efficient coalition think about involving various types of partners. This may strengthen your coalition; expand your resources and possibilities for actions.

Diversity in Coalitions

Diversity is a critical part of a coalition's strength and its ability to build public argument. To draw on the strength that diversity brings, advocates must be prepared to commit the time, outreach efforts, and flexibility that building diversity requires.

Here are a few lessons on building diverse coalitions, drawn from the Advocacy & Leadership Center's work:

- Think creatively, non-traditionally, “outside the box.” Reach beyond people who are just like you, that is, those who already share the same perspective on the issue, those with similar expertise, experience, or personal backgrounds, or who represent similar types of groups or communities. In doing so, you may identify “unlikely allies” - those who you would not think of immediately, but who indeed share a common interest.
- Make time to build new relationships. Seek understanding about different perspectives. Ask questions. Listen. Ask for recommendations for whom else to recruit. Recognize that you are not going to resolve all differences, but that it is important to maintain an awareness of and respect for them.
- Build diversity before the first formal meeting. The more diverse the perspectives are around the table, the better your strategy development, analysis, and action planning will be.
- Leave space for a shared agenda to be created or revised once others join the coalition, rather than expecting others to simply sign on to your existing agenda. This is critical for building group cohesion and ownership within the coalition. If there are areas of “no compromise” that are not open to revision, be open about them when recruiting coalition members.
- Remember that “diversity” means difference. **Don't expect people who are different than you to think the same way and make the same decisions you do.** Leave time to discuss and understand each other's perspectives, and to form compromises.

Members of diverse coalitions may have a special need to be aware of and balance coalition-related tensions that are even stronger when such varying viewpoints come together.

Choosing the right kind of diversity for your coalition

Diversity in a coalition is an investment, and there need to be clear, strategic reasons for that investment. When strategizing about broadening your coalition's membership, before asking “who,” ask “why.” There are many types of diversity your coalition needs will ultimately be determined by the whole of your strategy - especially the key audiences you identify. Think about:

- For each key audience - especially the decision makers - what or who influences them? Who needs to be involved to give your coalition credibility and legitimacy?
- Whose expertise or information is needed to create an effective strategy?
- Who has the resources needed to carry out an action plan?
- Who will establish relations with media and set up a profound media strategy?

Choosing the right timing to launch / expand coalition

If you need a coalition with several niche NGOs or issue-oriented campaigns, you may first make sure people there share your vision of problem solving and trust your ability to bring it about.

Usually its impossible to make a coalition from the very beginning. It may first need education not only of the segments of general public, but also of the potential coalition members on the correlation of the problems and/or solutions, decision-makers and/or practices you want to influence.

If you start building coalition too early, the reason for working together might not be clear to the people you talk to. If too late, your actions might be perceived competitive as they might target the same audiences with your potential partners and require attention of the same decision-makers.

So make sure there is a minimum critical mass among the potential coalition members, the coalition has added value and potential of expanding soon after its announcement. Positive attitude on your campaign issue of the target audiences of your potential partners and their readiness to act might make coalition building easier. The campaign trend graph can help plan your coalition development (see Bloc 7, Efficiency evaluation).

Conducting strategic outreach and membership development

How can we conduct our outreach to different groups in a way that builds trust and ensures equal participation and impact?

- Demonstrate genuine interest in the people you are recruiting. Learn about their history, culture, accomplishments, involvement in the community and important issues of concern.
- Provide incentives and trade-offs to recruit diverse participants. Be prepared to operate in new ways, to share control and build trust. Make an ongoing commitment of coalition resources to issues of importance to the diverse group members.
- How can we prepare our coalition members for the changes to our goals, strategies, and ways of working that will necessarily come as part of being multicultural?
- Find ways to involve everyone. Use different kinds of meetings, committees, dialogue by phone or mail as means of including everyone in as active a role, or as informed a position as they want. Give people multiple opportunities to participate.
- Allow for differential types and levels of commitment, and structure in ways to balance different kinds of contributions made by diverse participants.

Inviting people and groups, who are directly affected by the problem

Campaigns on media advocacy can be carried out by the people and organization which are directly affected by the problem or by the groups, who represent interests of the marginalized groups. Advocacy as well as media activities involving people who are directly affected by the problems – in our case drugusers, ST clients and their parents – proved to be most efficient.

Involving people affected groups into the process of media advocacy can help your campaign, because:

- They are experts in the field and can provide objective information to the media as well to the general public
- these people share their own life experience and raise sincere emotions from the audience

- they have high motivation and ready for action to obtain necessary changes
- public activity can help they overcome stigmatization and help to obtain new professional skills and reach higher level of self-realization
- they can become “faces and voices” of the problem, which is very good for creation of media stories
- they can become good speakers for the target groups of similar backgroup –drugusers, their parents
- by their personal example they can mobilize other drugusers for active social position and support.

Types of diversity

The types of diversity needed for your coalition are being determined by your strategy. Consider whether diversity in any of the following categories would strengthen your coalition, in terms of the work or resources your strategy requires.

Diversity by issue sector

Please fill in the table by giving names of relevant organizations from your own experience below:

Those immediately connected to the issue or serving the same constituents

Those focused on broader issues

Diversity by Civil Society Sector

Groups affected by the issue or historically marginalized

Groups sympathetic to the issue

Organizations: NGOs, community-based organizations (CBOs), people's organizations (POs), trade unions, professional groups, academics, students, churches, clubs

Individuals who work in the business or government sectors but who engage in public roles that are separate from their work affiliation

Diversity by Geographic Region and Scope

Village, town, and state

National, regional, and international

Diversity by Organization Size

Small organizations working on a limited scale

Larger organizations

Also consider diversity by various organizational resources, including:

- **Legitimacy and credibility** in the eyes of key decision makers and your constituents alike.
- **People power:** Talented coalition members; grassroots base and other volunteers; paid staff dedicated exclusively to the coalition's work.

- **Knowledge:** Experience and perspective on the issue; information and data.
- **Expertise:** Community organizing and mobilizing; access to pressure groups; communications (developing messages, working with the media, graphic design); research and analysis; facilitation.
- **Relationships:** Grassroots base and constituency; decision makers; journalists; donors.
- **Money**
- **Facilities:** Meeting space; office space, computers, internet access, etc.

Structure of coalitions

Basic coalition structures help a coalition function and manage tensions or differences. The key is to keep it simple, creating structure, processes, and rules only when needed:

- **Membership:** Who can join the coalition? What criteria must be met? Is it a formal or informal membership?
- **Participation:** How are members expected to participate? What is the minimum level of participation? Who represents organizational members, attends meetings, and participates in discussions? Do they need to have decision making authority within their home organization? How are resource needs shared by members? Do larger organizations contribute more? Can smaller organizations contribute resources other than money? How do members participate in decision making? How are roles defined and assignments made? What are the consequences if assignments aren't completed?
- **Leaders:** How are the leaders chosen? How are they held accountable to the members?
- **Making decisions:** How are decisions for the coalition made? Basic, simple processes are needed to identify which decisions need group discussion, to create space for discussion, and to mediate conflicts over decisions. Are decisions made by leadership after group discussion, or by the full group? By consensus or voting? If voting, do larger organizations have more votes? Or does each organization get one vote, allowing smaller groups to have an equal voice? If a member doesn't have decision making authority within their home organization, can more time be given before voting? Are there different processes for strategic decisions, day-to-day decisions, emergency decisions?
- **Coalition identity and members' autonomy:** When do members act as a group? Through what process is this decided? How long does that process take? Is there a shorter process during emergencies? When and how can members act alone? What are the consequences for violating agreements?
- **Communication:** Are notes taken at each meeting? Are they distributed to members? How? What information needs to be shared between meetings? How is it shared? Through phone? Fax? E-mail? Mail? A web page? How do members stay in touch when there is an emergency? What impact does this have on time needed during meetings? On resources for interpreters, translating materials, and so on?
- **Logistics:** How often does the coalition meet? How often to subgroups or task forces meet? Where does the coalition meet? Is the location rotated or fixed? Who facilitates each meeting? Is facilitation shared and/or rotated? How is the meeting agenda

created? At the beginning of the meeting? Through consultation with members before the meeting? Who prioritizes the agenda items?

Basic rules that can make coalitions more effective:

1. State clearly what you have in common, and what you don't.

The goals and objectives of the coalition must be clearly stated, so that organizations that join will fully comprehend the nature of their commitment. At the same time, coalition members must openly acknowledge their potentially differing self-interest. By recognizing these differences, coalition leaders can promote trust and respect among the members, while stressing common values and vision.

2. Let the membership and the issue suggest the coalition's structure and style.

Coalitions can be formal or informal, tightly organized or loose and decentralized. The type of coalition chosen will depend on the kind of issue as well as the styles of the people and organizations involved. Coalitions evolve naturally, and should not be forced to fit into any one style.

3. Reach out for a membership that is diverse – but certain.

Coalitions should reach out for broad membership, but not include those who are uncertain or uncommitted to the coalition's goals or strategies. The most effective coalitions are composed of a solid core of fully committed organizations, which can draw together shifting groups of allies for discrete projects or campaigns. Overreaching for members can result in paralysis and suspicion. There's nothing worse than a strategy planning session where coalition members are eyeing each other suspiciously, instead of openly sharing ideas and plans.

4. Choose interim objectives very strategically.

Interim objectives should be significant enough for people to want to be involved, but manageable enough so that there is a reasonable expectation of results. They should have the potential to involve a broad coalition and be of sufficient interest to gain public and media attention. Interim objectives should be chosen so they build relationships and lead toward work on other, more encompassing objectives.

5. Stay open to partnerships outside the formal coalition structure.

A coalition must be able to work with a great diversity of advocacy groups, but all groups need not belong as formal members. Organizations whose goals are more radical, or whose tactics are more extreme, are often more comfortable and effective working outside the formal coalition structure and informally coordinating their activities.

6. Take care of the coalition itself.

At the heart of every successful coalition, there should be a small directorship of leaders who are deeply committed not only to the issue, but also to the coalition itself, and to the importance of subordinating the narrow interest of their individual organizations to the overall goals of the cause.

7. Maintain strong ties from the top to major organizations.

The coalition's leaders must also have strong ties to the major organizations and their leaders must be strong. This commitment must be communicated within the organization, so that its staff members clearly understand that coalition work is a high priority.

8. Make fair, clear agreements and stick to them.

Coalition tasks and responsibilities should be clearly defined and assignments equitably apportioned. If a member is falling down on the job, that should be dealt with promptly. Meetings should allow opportunities for members to report on their progress.

Building a coalition: Is it worth participating?

Whether joining a prospective coalition or evaluating a current one, it may be useful to ask some questions about whether it is worthwhile to participate. These questions may clarify a decision to hold back, or may equally uncover important reasons to make the commitment. How might your organization or your partners in the coalition answer these questions:

- Is the issue a priority for our organization? Will joining a coalition help further our organization's agenda?
- Do we have the organizational capacity to commit resources to the coalition? Or will joining a coalition drain our organization's leadership or other resources?
- How will joining a coalition affect our relationship with our constituents and members? How do we stay accountable to them?
- Can we achieve our goal if we don't work with others? Do we have the resources and support we need? If we don't join a coalition, is there another way to achieve our goals?
- Who else will be involved? Do we have - or want to have - a relationship with any of the potential coalition members? Do we share similar ideologies and values? If not, are we willing and able to work through our differences so the coalition can function? Do other members demonstrate the same commitment to "agree to disagree"?
- What trade offs will we be making if we join the coalition? If we don't join?

Possible weaknesses of coalitions:

- Differences among members could paralyze the coalition, preventing it from making progress toward its goal and discouraging members from working in future coalitions.
- Working in a coalition may take time and energy away from working closely with constituents and members.
- The investment of resources could outweigh the benefits received, especially if other members don't do their share of the work.
- Shared decision-making power could mean members surrender control over the agenda, tactics, resource allocation, and other strategic decisions.
- An organization's identity could be masked by the coalition identity, making it difficult to act autonomously.

- The coalition may become too large or “bureaucratic” to function.
- Rather than cooperating with each other, members may end up competing with coalition partners for resources, funding, and public recognition.

Alternatives to Working in Coalition

If you are wary of working in a coalition and don't have a compelling reason to do so, then it probably isn't worth the investment of time, energy, and other resources at this time. However, you do have alternatives:

- Continue building and maintaining new relationships, on both the individual and organizational level.
- Continue sharing information through networks.
- If no one else is ready to work on the issue, get started anyway and keep others informed about your work.
- Collaborate with each other in less intense ways. For example, work together on a single event or short-term campaign.
- Develop parallel organizations that work separately toward the same goals. This may be an effective way to bridge large differences between organizations, such as the power differential between smaller and larger organizations

Such alternatives can help organizations develop trusting and respectful relationships, and the potential for future action together.

Communication within a coalition

Leaders in a coalition need to address conflicts and tensions as they emerge, to help members to voice concerns or frustration, and to identify creative solutions drawn from multiple perspectives. Consider some of the following tips that may help you reach an agreement within your coalition and build the relations of trust among its members:

- All voices should be heard. Be aware of some members speaking more than others, and what power dynamics among members may be involved.
- Discuss the “undiscussables” - a tension or conflict that no one talks about openly, especially if one is afraid to offend someone, or wants to avoid conflict. It's difficult to address a tension if you can't find its source.
- Take time for conflict resolution and problem solving. It only takes one person to serve as a “bridge builder” and to help resolve conflict. Consult with members individually or carve out time during a coalition meeting.

Balancing tensions in coalitions

Forming a coalition is the first challenge - but managing a coalition is in many ways an even greater challenge. Diversity in coalitions brings with it a range of members, resources and points of view that can strengthen an effort and give it greater versatility and credibility. However, this same diversity often brings with it a diverse set of values and purposes for coalition members, putting tension on group unity.

Having a set of common goals for a coalition is often a critical factor for a shared campaign. However, though members may share goals and a passion for accomplishing them, they may not share common ideas of how to determine or measure the success they're striving for, again generating tension.

How to avoid tensions:

Avoid formal structure unless necessary. Coalitions are actually more difficult if you try to formalize them with dues, by laws and the like. This makes it harder for some groups to participate. Creating ways to work together on concrete projects is usually a more effective way to build coalition relationships.

Understand each group's constraints. All organizations have internal rules that need to be respected.

Delegate responsibility. Coalitions, whether of groups or individuals, work best when each member has a specific task that they are responsible for. The challenge is to divide up the work at hand into separate tasks and to match each with the skills of each member.

Make key decisions as a group. It is easy for the leadership of a project to fall to a small group willing to take the initiative. Try to involve all major coalition partners in key decisions. This will give your process broader insight and will give more groups a stake in carrying out the strategy.

Keep everyone informed. Maintain a complete mailing list and send out updates on an ongoing basis to keep the broad coalition informed. Also, you likely have a core group of key advocates who should meet regularly to steer your project.

Balancing unity and diversity is demanding. You can avoid problems by examining whether potentially troublesome matters will be addressed. Consider:

- Goal differences.
- Ideological differences.
- Different expectations on results of actions or efforts.
- Power differences within the coalition.
- Differences of commitment and intensity to coalition objectives.
- Dealing with differences in financial and in-kind commitments.
- Differences in organizational style among different sized groups.

Key elements of mediating conflicts:

1. Identify common ground. Use this to focus the discussion as you address differences. Also, focus on the issue, rather than the personalities involved in the conflict.
2. Ask questions to seek more information to manage the conflict. Make sure everyone has the chance to speak. Also, share all relevant information. Be specific. Use concrete examples.
3. Acknowledge the role of emotions. Do they help highlight critical issues? Or do they cloud judgment and the ability to problem solve? If necessary, allow emotions to cool down before problem solving. Give each person the chance to express their concerns

without being challenged or corrected. Also, keep in mind that some strong emotions that are expressed may be unrelated to the conflict. Try not to take others' outbursts personally.

4. Don't question someone else's motives, or place blame. Maintain and demonstrate mutual respect for each other. Don't personalize criticism. Don't act defensively if you disagree with someone. Ask questions to better understand other's perspectives, feelings, and ideas.
5. Listen well to get to the heart of the matter and to draw out ideas for possible solutions.

Questions

1. Please describe your own experiences of building successful/unsuccessful coalitions? Why did the first work and why others didn't?
2. What are typical obstacles in the process of building coalitions?
3. Do you think which kinds of coalitions – regional or national – are easier to create and maintain? Why?
4. Which types of organizations or groups would you invite as partners for your everyday work on harm reduction?
5. Which types of organizations or groups would you invite as partners for your public campaign?

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BLOC 7. EVALUATION OF POTENTIAL MEDIA CAMPAIGN EFFICIENCY

Evaluation principles

The following principles of advocacy campaign evaluation were developed by the Communications Consortium Media Center⁶:

- There is no "right" or "wrong" way to evaluate communications campaigns.
- Assessing whether a campaign caused its intended impact is often important, and that is the activity funders tend to focus on, but evaluation for purposes of learning and continuous improvement is also important.
- At the same time, all sides should recognize that leverage to convince sponsors to invest in campaigns will be enhanced by evaluations that assess causation (which often require higher evaluation budgets).
- It is best to design the evaluation early and in conjunction with the campaign. This will maximize opportunities to use the evaluation for both learning and impact assessment.
- Campaign staff members should participate whenever possible in the evaluation's design as well as its implementation.
- It is important to be realistic about impact. In commercial marketing campaigns, attitude improvements of one-tenth of one percent are deemed important because they can represent millions of dollars. Nonprofits sometimes make promises to funders that they cannot possibly fulfill.

Evaluation methods / stages

There are many ways to evaluate the effectiveness of an advocacy effort, from simple tracking systems to rigorous research conducted by outside professionals. The type of evaluation should be chosen by the goals and objectives and by the resources available.

Basically there are four types of evaluation:⁷

- Planning evaluation
- Process evaluation
- Outcome evaluation
- Impact evaluation

If the goal is modest in scale, such as making substitute therapy information and services available to drug users at a local health center, then process and outcome evaluations will be most appropriate.

Alternately, if the goal is much more ambitious, such as to decrease drug use rates among adolescents, then process, outcome, and impact evaluations may all be necessary.

⁶ Abridged from the www.mediaevaluationproject.org

⁷ Adapted from www.advocatesforyouth.org

Planning evaluation

Evaluation can be used for improvement of further campaign. Not only for next campaign, but the one you are still planning as well. At the planning stage your campaign should display these vital elements:

- A clearly stated objective or goal for the campaign;
- Activities that seek to further the objectives;
- An agreement of the coalition on the audience/target audience(s) the campaign intends to reach;
- A well-articulated set of messages;
- Clearly identified spokespeople(s) to deliver the message(s);
- A timeline for the campaign; and
- Adequate resources to implement the campaign.

Process evaluation

A process evaluation is the least expensive and most simple type of evaluation to conduct. It examines whether activities are reaching the intended audience, are occurring as planned, and are adequately funded. Quantitative data from a process evaluation show the *number* of activities conducted, such as the number of media interviews or meetings with opinion leaders that take place. Qualitative data can capture the mood of a meeting or a policy maker's degree of satisfaction with information received from the campaign.

A process evaluation addresses such questions as:

- How many opinion leaders received information?
- How many pieces of educational material were distributed to the public?
- How many presentations or meetings have been held with opinion leaders?
- How many favorable articles or programs about drug user rights appeared in the media?
- How many members does the network/coalition have?

Collecting this information is important to determine whether the campaign is on track in pursuing its activities, but it is also important not to become too preoccupied by the process. While advocates may be able to point to the number of trainings conducted and materials distributed, remember that the goal is to improve people's access to information and services *by affecting policies*.

Outcome evaluation

Outcome evaluation measures the campaign's intermediate impact. For example, if a goal is to ensure access to needle exchange information and services to any young person who requests them, the objectives may relate to affecting policies regarding the operation of health clinics or schools. Results from an outcome evaluation will indicate progress toward meeting those objectives.

Outcome evaluation assesses such questions as:

- Has awareness of drug user rights issues among opinion leaders increased?
- How many more opinion leaders have changed their attitude towards the issue and publicly support the goal?
- How many more opinion leaders have changed their attitude towards “support” and “ready to act”?
- Did the target organization's policies change as a result of the activities?
- Was there a measured increase in the public's support of these policies?

Impact evaluation

Impact evaluation examines progress made toward the long range goals. Often these goals relate to affecting drug use indicators or policies on a national or regional level. Impact evaluation is the most expensive type of evaluation and is used to examine only the most ambitious advocacy efforts. An impact evaluation may take place three to five years after advocacy activities.

Impact evaluation addresses such questions as:

- Was there a change in the incidence of drug use?
- Was the drug user registries abandoned?
- Was there an increase in use substitute therapy among drug users?
- Do more adolescents receive drug user rights information and services?

Any evaluation should be practical and sensitive to resource or labor limitations. If outside experience is needed, help may be found at a local college or university. The social sciences, psychology, education and public health departments may have professors or students who can help with the project.

Often, graduate students are eager for experience and will work for lower fees than those charged by professional evaluators. Or, they may be permitted to use the data for theses or dissertations in exchange for their work. Conversely, the increased credibility of a professional evaluation may offset the additional expense of hiring a known, respected evaluator.

Using evaluation results

While evaluating an advocacy campaign can be time consuming, the results of a well executed evaluation are usually very useful. Results showing that a campaign has been effective in achieving its goals or objectives can motivate coalition members and funders.

At times, it is difficult to attribute changes in policies or programs directly to the campaign. Such changes may take place due to a general change in attitudes or because of another campaign or advocacy effort.

Evaluation results also can be used to identify the most and least effective components of the campaign. Advocates must reformulate strategies when evaluation data indicate a lack of progress. Likewise, as an advocacy campaign matures and accomplishes its goals and objectives, new goals and objectives should be developed that target changes in other indicators of drug users rights.

Linking evaluation and planning

We have to know what type of campaign we are evaluating. Ideally, we know from the very start what campaign we are doing. The basic measure of efficiency is whether our campaign has reached the objectives.

However, sometimes we amend campaigning because of the new threats or opportunities, changes in the intended campaign impact are possible and unintended impacts, both positive and negative.

Thus we might start from asking questions: Is the campaign aiming to change drug users' behavior? Is it seeking to change public opinion and then induce action by policy-makers? Or is the campaign building upon existing favorable opinion of the target audience and then mobilizing people to a particular action?

Obviously, campaigns on the drug user rights are more difficult from the start since in most of the cases we are aiming to change both drug user behavior and public opinion on the issue. Ideally we make separate campaigns. However, its not always possible so we have to understand what our advocacy actions will have on the two very different audiences.

Examples	Behavior change	Public attitude
Campaign objectives	Change beliefs about drug use and consequences; affect attitudes towards ST and persuade to switch; affect perceived social norms about the acceptability of a behavior among law enforcement; affect intentions to perform the behavior.	Increase visibility of the drug user rights issue and its importance; affect perception of the drug use issue and who is seen as responsible; affect criteria used to judge policy and policy-makers; help determine what is possible for ST service introduction and public funding; building coalition of change with other close issue-oriented groups; engage and mobilize people for action.
Target Audiences	public health workers, drug users, police, students.	Segments of the general public to be mobilized; politicians
Strategies	Social networking	Media advocacy; community organizing and mobilization; policy-maker outreach.
Media vehicles	Public service/affairs programming; print, television, radio, online, blogging	News media: print, television, radio, online
Campaigns	Needle exchange and points promotion; police monitoring; ST promotion among drug users.	privacy (drug user registers abolition) and other human rights; health care and other social rights; health care, police, public administration reforms; pro-tolerance and anti-racism education; state procurement and anticorruption; European integration.

The following model⁸ can be used to see the interplay of the impact of media events and other actions, both planned and contextual, on the attitudes of target audiences. It can also show interdependencies among the target audiences and help define the best timing for coalition building and joint action.

Any social change is defined by (1) attitudes of the key players and target groups towards an issue and (2) their readiness to act for or against the change.

Basically, there are five types of attitude towards any issue⁹:

1. against change, ready to act
2. against change, not ready to act
3. neutral
4. supporting change, not ready to act
5. supporting change, ready to act

To evaluate efficiency of campaign actions we may try to find what made target audiences changing their attitudes on the campaign issue¹⁰. The following table can be used:

Audience/attitude	Before campaign	Event 1	Event 2	Event 3	After
Drug users					
Public health workers					
Students					
Police					
General public					
Politicians					

Simple focus groups and personal discussions, as well as complicated surveys can be used to trace the attitude change.

For instance, we campaign for abolition of drug user registers. The case includes a drug user interview, a case of personal data leak from the register, a public discussion on the health care reform and human rights, a story from an opinion-maker and an ex-drug user, announcement of a coalition of human rights and health care NGOs, a small (but creative and positive) performance, and a case of taking a politician as a hostage (not creative, not very positive).

⁸ Adapted from the regime change manual by CANVAS

⁹ Another is lack of knowledge. Most (socially active) people not only say they know (almost) everything on any given issue. They really believe it. So to move them closer to the 'neutral' and open the channel of perception people must first learn they know (almost) nothing. The best way to move them out of the comfort zone is to ask questions, wait for answers, let them feel they are wrong, and then give a chance to learn.

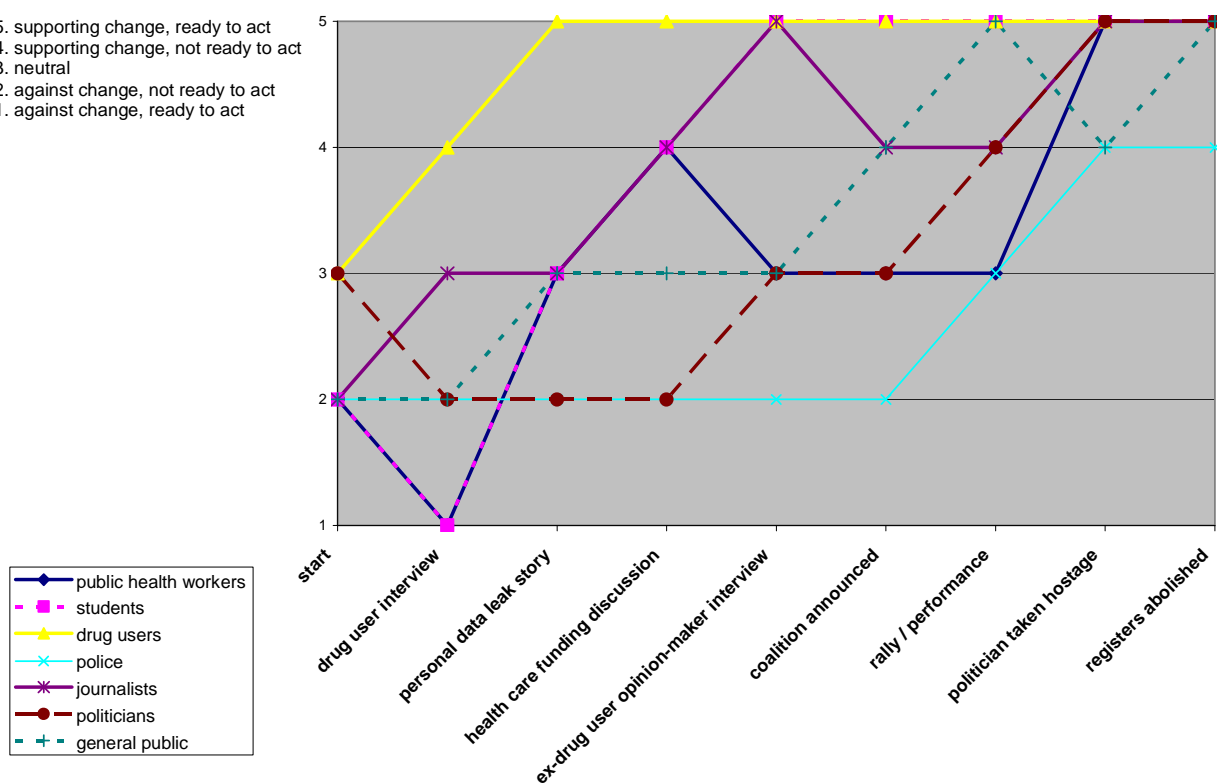
¹⁰ Also ask what change can be attributed to (a) our actions and what to (b) general context.

The table would look like this:

	start	drug user interview	personal data leak story	health care funding discussion	ex-drug user opinion-maker interview	coalition announced	rally performance	/ politician taken hostage
public health workers	2	1	3	4	3	3	3	5
students	2	1	3	4	5	5	5	5
drug users	3	4	5	5	5	5	5	5
police	2	2	2	2	2	2	3	4
journalists	2	3	3	4	5	4	4	5
politicians	3	2	2	2	3	3	4	5
general public	2	2	3	3	3	4	5	4

The campaign graph would look this way:

5. supporting change, ready to act
 4. supporting change, not ready to act
 3. neutral
 2. against change, not ready to act
 1. against change, ready to act



Such a social change graph may help us understand linkage between impacts and attitude change, interrelations among target groups, find early adopters and likely coalition partners, as well as develop more efficient campaign staging.

Although not strictly scientific, this way of visualizing qualitative and quantitative research for efficiency evaluation can help get general picture of advocacy campaigning. It makes explanation of the need and timing of certain campaign events easier, especially if your coalition is multi-issue and you evaluate attitude and values change and readiness to act to defend the values shared by the coalition at every campaign stage.

Values are important to both campaigns and their evaluation. Typically, nonprofit communications efforts put forth information to achieve either behavioral or societal change. However, widely held and deeply entrenched values can often trump useful information (e.g., values about the meaning of "human rights", "free press", or "privacy"). Successful communications campaigns must acknowledge the "values vs. information" dichotomy, and evaluation must take this into account when judging impact.

and finally.....

.....Sometimes simple things like having a good press list or establishing ongoing professional relationships with key reporters are the most significant measures of success, especially for locality-specific or small-budget efforts. However, do not stop trying if in your first campaign you have failed even getting acquainted with couple journalists.

Remember! Advocacy media campaign is not a rocket science. Of course, sometimes "it is harder to break prejudice than an atom". However, chances are Albert Einstein once said this just because he did not have this manual.

Good Luck!

[illegible]

[illegible]

CASE 1. ONLINE PETITION CAMPAIGN

Background: On December 25, 2006 “Objective reality” civic initiative posted open letter addressed to Minister of Interior Vasyl Tsushko on the petition.org.ua web-site for online petitions.

<http://petition.org.ua/?action=view&id=137&signsfrom=101&signsto=200>

Main aim of petition was to voice a concern regarding number of violations of the official statistics of the Ministry with regards to fight with illegal drug circulations and to attract attention of the ministry officials and public to numerous cases of corruption among the law-enforcement staff and necessity to exclude drug-users from the chain of arrests conducted by the police and to focus all efforts on the fight with drug-dealers and smugglers instead.

Advocacy goals of the campaign:

1. To create pressure on the Ministry in order to change existing practices of:
 - violation of the official statistics of fight with illegal drug circulation
 - arrests of drug-users instead of drug-dealers and smugglers
2. To address to the Ministry with the number of demands from the part of the public sector, which could help to increase the efficiency of the Ministry's activities in the field.

The following demands have been formulated in the petition:

- Voice the initiation of legislative changes to the Criminal Code article 309 part 1
- Reconsider the table of minimum doses of psychoactive substances which defines mandatory minimum sentences for drug-users
- Allow public control over the work of the law-enforcement departments which deal with drug-users and ensure transparency in producing official statistics of arrests and confiscations of drugs.

Media goals:

- making public resonance on the information about inefficient work, cases of corruption and violation of rights of drug-users of the current Ministry in the sphere of overcoming drug abuse and HIV/AIDS epidemic.
- Attracting attention of the public to the necessity of reforms in the approach to the problem of drug abuse, call for decriminalization of drug addicted people in order to fight HIV/AIDS more efficiently

Audience targeted and media channels used:

The specific of the online petitions defines major target groups reached: young internet users, internet and blog activists, who mainly do not belong to drug-user communities, but realize the importance of the problem and support the change in approach to the problem of drug abuse in Ukraine.

Text of the open letter has been additionally published on the number of thematic communities in the Ukrainian segment of Livejournal.com

Thought the email text also has been spread among the international and regional NGO from HR sphere.

Resources used:

Time: 1-2 days – writing down the letter, communication with possible partners of the campaign

Money: Publication of the petition on the web-site is free.

People: 1-2 persons for writing the text and communication

Partners:

The draft of the open letter has been sent to all key international and regional NGOs and institutions which deal with HR etc as well as NGO which fight corruption and deal with public policy reformation.

Results of the campaign:

1. 163 people signed the petition on the web-site
2. Open letter has been signed by 9 representatives of NGOs both from public health sphere and not
3. Due to the resonance of the petition – there was an official reply from the Ministry of Interior's press-service. http://community.livejournal.com/petition_ua/7035.html

Efficiency of the online petition campaign:

1. Media goals reached – quite a lot of people read the petition and signed it, Ministry reacted, however their response was of very general character and didn't make any important statements, which could serve as a promise of change.
2. Advocacy goals reached partly – there is no proof actual practices of the law-enforcement have changed, the legislative changes to the Criminal code and the table of the Minimum dozes haven't changed
3. Partners – NGOs which signed an open letter were not only from public health sphere, however key organizations from the field (e.g. AIDS Alliance) didn't sign.
4. From one hand there was no continuation of the media resonance – printed or other internet media didn't reprint the open letter or provided comments of it, but from the other hand – there has been quite a media scandal around the unveiled facts of falsification of the official statistics and corruption of the police officers of the Department of fight with illegal drug circulation.

How the campaign could have been strengthened:

1. The text of the open letter could have been modified in a way that key NGOs from the field could sign it – in fact they found the text too rough to sign.
2. More media resonance about the petition itself and about the response from the Ministry could have been achieved by more active direct contacts with journalists on the matter, sending out press-releases etc.
3. More signatures of the petition could have been received by more active promotion of the open letter and its goals among the target group.

Conclusion: this kind of campaign demands low cost and resources, can be quite efficient to attract attention of the broad audience of internet users and can serve as an effective additional tool in the broader media campaign.

CASE 2. ORGANIZING SIGN ON LETTER WITH MEDICAL DOCTORS

Background: In the late 1980's, women seeking prenatal care were being drug tested and tracked without their knowledge. Hospital staff had been trained by the police to collect evidence and build a case. When women gave birth, the babies were drug tested and the women were arrested with a criminal case already prepared against them. No treatment was offered while they were seeking prenatal care.

1997: lawyers and community activists came together to create the National Advocates for Pregnant Women to fight the idea that women should be criminalized for drug use during pregnancy. They worked to create a non profit that:

- educated people in the state about the effects of such laws through public speaking, media messages and direct one on one organizing
- supported the women who were involved in the MUSC case by empowering them to do self advocacy
- offered referrals for legal services and supported attorneys who were working on these cases.

Advocacy goals of the campaign: To fight the criminalization of drug use during pregnancy and to expand drug treatment offered to pregnant women.

Media goals of this particular organizing letter:

1. To engage the scientific and medical community in the issue.
2. To encourage media to cover the issue of drug using women in a more factually accurate way and to ensure they would include the voice of the drug user in the story.

Audience targeted and media channels used: The target audience for this campaign was the general public, public officials and the media. We were attempting to persuade local government not to use criminal justice procedures towards drug using pregnant women and instead expand drug treatment.

Resources used:

Time – writing the letter, research to find potential allies and partners in medical community, phone calls

Staff – 2 staff people were in charge of the project

Money – cost of staff time and printing

Partners: Medical doctors and researchers were at the forefront of this particular media effort. However, to reach a maximum audience we enlisted the help of our partners in all groups - women's rights, drug treatment, drug policy, civil rights issues and many others to make sure we were able to get the letter to the media and cover all angles.

Results of the campaign: The campaign has been successful in that prosecutions in the US for this type of thing are under more scrutiny. Journalists know they will be held to higher standards when reporting on this issue so they do not throw inaccurate information around, which leads to a better informed, and ultimately less punitive

Efficiency of the media campaign:

- Media goals reached
- Advocacy goals reached partly – journalists are held accountable to report accurate information about drug users and effects of drug use. Public is educated correctly. The issue is validated by the participation of the scientific community and it gives public officials something they can move forward with policy in a direction that supports pregnant drug using women instead of criminalizing them.
- Partners – We were able to gain more partners both within in the medical community and from the partners we needed to spread the information
- Ongoing – The letter is now sent to publications whenever they use the incorrect information regarding crack cocaine and babies – “crack baby”. It is a letter that can be used over and over again and there is also another letter that was drafted about methamphetamines and babies, warning journalists not to make the same mistakes.

Conclusion: While this type of media campaign may seem more subtle it is a powerful tool in an advocacy campaign both internally and externally, especially when trying to correct misinformation and dealing with sensitive subjects.