



# Quick Online Surveys – For Planning Online HIV Outreach and Service Delivery

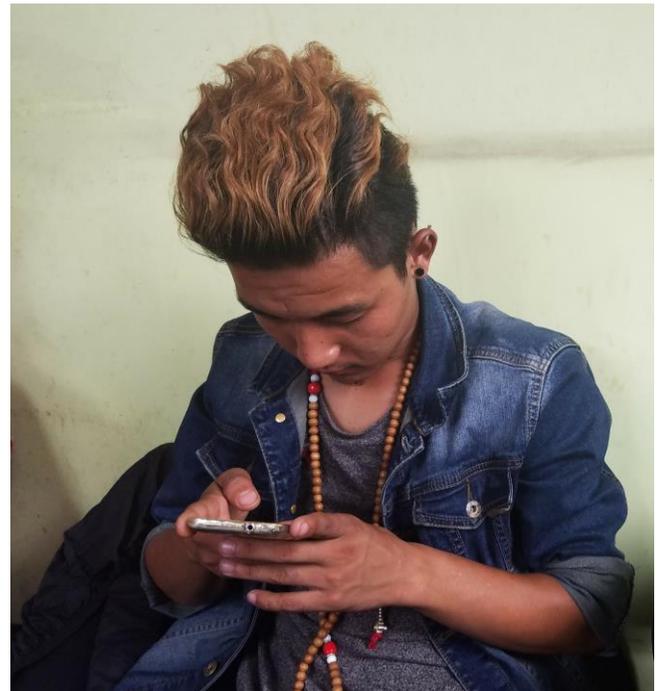
Technical Brief | December 2018

## Summary

HIV programs can use quick online surveys to collect feedback from populations at risk for HIV. At-risk populations include young people who are dating and who may have multiple sex partners or engage in transactional sex. Survey results help inform efficient and targeted online HIV outreach. A survey developed by LINKAGES and available for programs to adapt can help assess peoples' use of technology and online platforms, characterize their HIV risk, and collect feedback about how respondents want to receive HIV and sexual health services.

The survey is shared widely online—promoted through online advertisements and social media influencers—so it can reach existing program beneficiaries and those not currently engaged with the program. Also, the survey is not narrowly targeted to respondents according to gender, sexuality, drug use, or sexual behaviors, which helps improve the response rate among people who are unlikely to disclose being a member of a stigmatized population.

Methods to collect survey responses are similar to the approaches used for online outreach. While the responses provide insight into the audiences who are most likely to be reached online, the results are not representative of any specific population. This tool should be used in combination with other data collection and engagement approaches to help an HIV program plan an online outreach program that meets the needs and preferences of specific audiences.



A program beneficiary in Nepal takes the online survey on his phone to indicate his preferences for receiving HIV services.

## Purpose

- Better understand online audiences, including their HIV risk profile, popular online platforms where they can be reached, and preferences for receiving HIV services.
- Optimize programs by matching the HIV program strategies to meet audiences preferences.
- Assess which online outreach approaches will be more effective for future HIV service delivery.

## Data Security & Confidentiality

The online survey is not specific to any marginalized population. No identifying information is collected from respondents, including IP address. Survey responses are de-linked from contact information collected for incentives or lucky draw prizes. Caution should be taken when presenting data to stakeholders, particularly data specific to stigmatized populations.

GOING ONLINE TO ACCELERATE THE IMPACT OF HIV PROGRAMS

Learn more about LINKAGES by visiting [www.fhi360.org/LINKAGES](http://www.fhi360.org/LINKAGES) or writing to Benjamin Eveslage at [Beveslage@fhi360.org](mailto:Beveslage@fhi360.org)





## Illustrative Implementation Steps

- 1. Adapt:** Contact LINKAGES for an updated copy of the survey tool and adapt to your needs (see email on final page). Questions can be added or removed and translated into relevant local languages. This tool is meant to be easy to read and take minimal time to complete, so only include questions that provide data that will be used by the program. This is not a research or scientific exercise, so feel free to use informal or local slang terms and emojis in survey response options.
- 2. Plan:** Present the activity to community and other stakeholders. Reach consensus that the general purpose of the online survey would be useful for the HIV response and review any safety or privacy concerns, then devise a strategy to disseminate the survey to audiences. Consider methods for sharing the survey, such as through an existing SMS campaign, posting on popular Facebook groups/pages, or WhatsApp group chats. A social media mapping activity can also help provide a more comprehensive list of channels to share the online survey. Consider advertising to broader audiences through online channels that are likely to yield some new voices, such as Facebook advertising and promotions by popular personalities on social media.
- 3. Pre-test:** Input the questions into Survey Monkey or another online survey tool and ask program staff and a few members of the audience to ensure the questions are understandable, useful, and relevant. Incorporate feedback from the pretest.
- 4. Seek approval:** Ensure local ethical review boards have approved the activity before administering the survey. In most settings, this tool has qualified as programmatic and non-research.
- 5. Share online:** Create unique links for the survey. Each dissemination channel should use its own unique link to segment responses by each of those channels. Draft a call-to-action message as part of each of these ads and postings to ask people to participate in the survey. Keep the survey open from two to four weeks, allowing time to course-correct if there is an insufficient response or if the advertising needs to be targeted toward different populations or channels. Before closing, ensure adequate responses have been collected from the desired audiences. Aim to collect at least 50 responses from each sub-demographic you seek to segment for analysis. For instance, if you seek to analyze responses for men under 30 years old who are at risk for HIV and who have not received an HIV test in the past six months, you can track the number of these responses in Survey Monkey on the analysis view and add filters for each criteria (age, gender, risk behaviors, and testing history).
- 6. Review and use data:** Analyze resulting data using Survey Monkey's analysis function. These data then can be saved into dashboards of segmented results and shared online to stakeholders, or you can export data and analyze using Excel. Integrate survey data with other social listening and social media mapping data to plan and prioritize online outreach with stakeholders.

Contact LINKAGES to receive the sample survey tool or for support adapting these illustrative steps into implementation guidance specified to populations at risk for HIV, including key populations.

## Outputs

- Information about population and HIV risk characteristics such as age, gender, sexuality, HIV risk behaviors, and HIV status.
- Relative popularity of various social media, messaging, and dating apps and data on the purpose respondents use each.
- Data on access to and uptake of HIV services such as testing history and other services accessed in the past six months.
- Information about people's preferences for finding and receiving HIV information/services such as how to learn about HIV, how to find HIV services, and what service options are preferred and the type of facilities to access those services.

## Budgeting and Resources

Costs to use this online survey include time from local facilitators/reviewers and remote technical assistance to advise on the process. The field team will need to convene a few group discussions to validate the tool. For rollout, the program should budget for incentives for participation (such as a lucky draw prize), the cost of a premium Survey Monkey account, and the cost to advertise the survey online. Non-staff costs may total between \$200 and \$1,000.



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## Results

### Key stats

- **17** – number of countries where the online survey was implemented.
- **8,300** – number of survey responses globally (5000 complete responses).
- **300** – average number of complete responses per country.
- **3 weeks to 9 months** – Time for HIV programs to plan, adapt, and collect data (time varies depending on stakeholder and review processes).

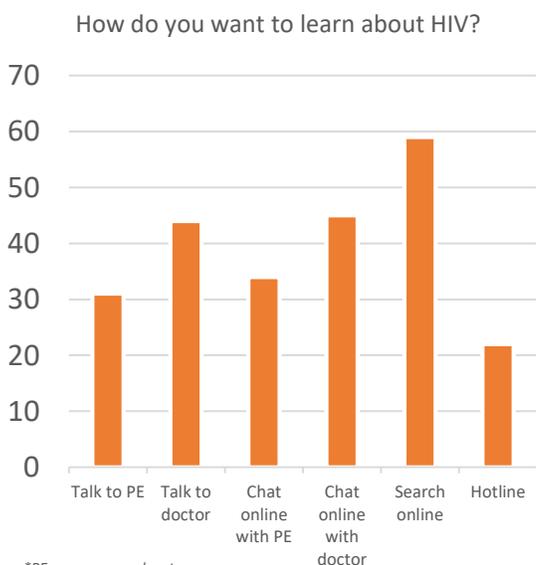


### Global implementations

The survey was implemented in the Caribbean (Barbados, the Dominican Republic, Jamaica, Trinidad & Tobago, and Suriname), Africa (Botswana, Burundi, Cote d'Ivoire, Mali, Democratic Republic of Congo, eSwatini, Kenya, and Malawi) and Asia (Cambodia, India, Nepal, and Sri Lanka).

## Kenya Case Study

**Figure 1: Sample survey results for men at risk for HIV in Kenya (N=347)**



*“Using this tool we implemented quickly and received results useful for programming – like that 73% of our audience would be willing to pay for quality HIV services and online booking was the most popular preference for getting linked to those services.”*



**Alice Olawo, Senior Program Officer, LINKAGES Kenya**

Kenya’s online survey (Figure 1) found that among the male respondents at risk for HIV (with HIV risk behaviors in the past six months) most preferred accessing HIV information through an online search. The program responded with the “I am 1 in 3” social media campaign to raise awareness about HIV risk and lead people to booking HIV tests online. One in three Kenyans know their HIV status and the “I am 1 in 3” campaign leverages this statistic as a call-to-action for others to know their status, take an HIV test, and be part of the one in three. The campaign will launch later in fiscal year 2019.

This technical brief is part of LINKAGES' vision for going online to accelerate the impact of HIV programs.



# GOING ONLINE

TO ACCELERATE THE IMPACT OF  
HIV PROGRAMS

## About us

We are the LINKAGES project—a global HIV project focusing on key and priority populations most affected by HIV. As of 2018, LINKAGES supports HIV programs in 30 countries across the Caribbean, Africa, and Asia through more than 150 awards to community service organizations (CSOs) and partnerships with governments and the private sector. Our goal is to accelerate the ability of partner governments, community-led CSOs, and private-sector providers to plan, deliver, and optimize comprehensive HIV prevention, care, and treatment services to reduce HIV transmission among people at risk for HIV and help those who are HIV positive to live longer.

Going Online represents LINKAGES' approach for online HIV outreach and service delivery. Going Online seeks to broaden inclusion in HIV services to previously unreached populations, improve targeting and efficiency, and provide differentiated options for how people can receive HIV services and information in ways that meet their preferences. Programs using this approach focus outreach efforts on populations at risk of HIV which can include young people who are dating, having multiple sex partners, and may have transactional sex (which includes, but is not exclusive to, key and other priority populations).

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