



Social Network Outreach – For HIV Programs Reaching At-Risk Populations Online

Technical Brief | December 2018

Summary

With social network outreach, a person reaches others in their social network through online and mobile platforms. LINKAGES uses social network outreach to engage with populations at risk for HIV, including young people who are dating and who may have multiple sex partners or engage in transactional sex. Social network outreach includes both passive and active approaches (terms defined below) and is implemented by online outreach workers, who are trained staff. Outreach workers may engage untrained peers to make referrals to help extend reach. Technology can supplement these outreach approaches, including by linking clients to a website where they can take a self-guided risk assessment and book appointments for HIV services. Social network outreach is one of three main approaches for online outreach. The other two approaches include social profile outreach (online ads) and social influencer outreach (by engaging popular people on social media for promotions). Compared to these other methods of outreach, social network outreach provides the most person-centered, in-depth client support, which generates a high conversion rate between contact and uptake of services. Implementers of social network outreach should mind the terms of use for online platforms, engage people with respect, and avoid being intrusive.



Active approach

One-on-one conversations to link people to HIV services. Trained program staff (like outreach workers) provide education, HIV risk assessment, referral, and counseling/support. Untrained peers are well-suited to refer people in their networks to HIV services.



Online outreach worker

HIV program staff such as an outreach worker or community-based supporter receives training, guidance, and tools for online outreach using both passive and active approaches.



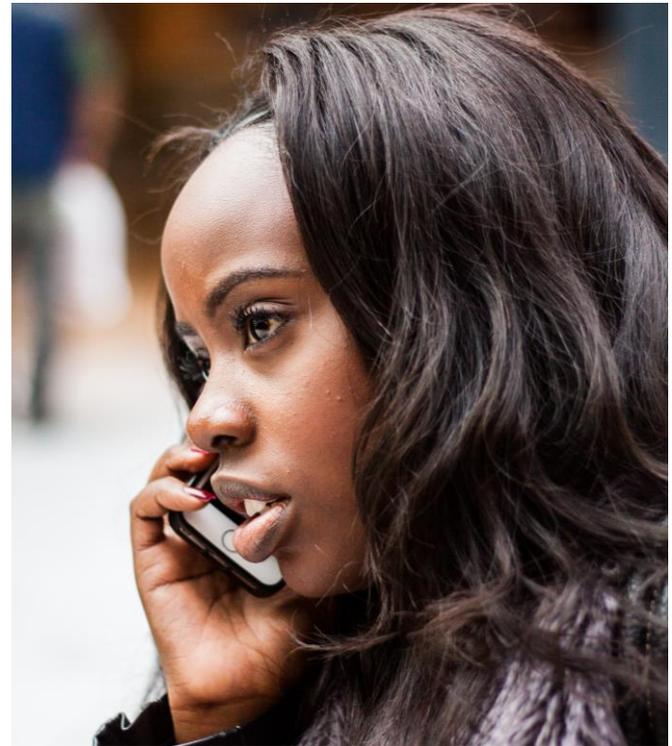
Passive approach

Creating awareness about the HIV campaign on social media by posting content on social media pages, groups, and profiles to get viewers to directly uptake services or engage in a chat (the active approach).



Peer mobilization

Untrained community members mobilize their peers informally on a volunteer or incentivized basis, typically monitored and guided by HIV program staff like an outreach worker. This strategy is consistent with the enhanced peer outreach approach (guidance available at LINKAGES website below).



People in our life influence our decisions every day. In social network outreach, these personal connections are carefully mobilized for HIV prevention, care, and treatment.

Purpose

- Reach populations who are at risk for HIV and who have not been reached by previous HIV prevention and testing services, and contribute to higher HIV case-finding.
- Reach existing beneficiaries already using online platforms in more convenient and cost-effective ways.
- Provide person-centered support and navigation to health services virtually, allowing beneficiaries to engage with the program with more anonymity, flexibility, and convenience (for trained outreach workers).

GOING ONLINE TO ACCELERATE THE IMPACT OF HIV PROGRAMS

Learn more about LINKAGES by visiting www.fhi360.org/LINKAGES or writing to Benjamin Eveslage at Beveslage@fhi360.org



LINKAGES
Across the Continuum of HIV Services for Key Populations



Illustrative Implementation Steps

- 1. Learn:** Collect data to learn more about the intended online audiences. Use online surveys, focus groups, and social media mapping to learn where the audience can be reached online and how they want to receive HIV services. Engage people from your audiences in the program through ongoing community advisory groups.
- 2. Plan:** Orient outreach staff and stakeholders to social network outreach. Make decisions about the methods of outreach that will be implemented, how they can be implemented safely (see tips under “data security and confidentiality” below), who will be involved, and other outreach approaches to include (online ads and influencers). Decide on the package of services, including how clients will learn about HIV, how they will be referred for HIV services, the list of services offered, and service locations (public, community, nonprofit, or private). Engage specialists such as a developer to create an online risk assessment and appointment booking tool or a creative agency to develop the brand and design collateral for the online HIV campaign. Supply online outreach workers with content for public social media posts, a message matrix to respond to client queries, chat scripts to start and guide conversations, and online outreach trackers and referrals systems.
- 3. Train:** Carefully select outreach workers who are already savvy users of online and mobile platforms, or suitable community members who can informally mobilize their peers online. Host a participatory and skills-building training with the online outreach workers that addresses safety and privacy and all practical aspects of the scope of work for the online outreach worker. As part of the training, ensure that outreach staff learn how to use the developed tools and adapt them to their needs. Start with simulated online outreach chats where staff can role-play as a client, then move to a soft launch with outreach workers’ friends, and finally move to reaching new audiences online. Peer mobilizers can receive a shorter one-day training or simple and clear guidance on how they should refer people and receive any incentives.
- 4. Reach and link:** Outreach workers implement passive and active outreach to link clients to HIV services and may have additional tasks like re-engaging clients over time, reporting their efforts, and having team meetings. Outreach workers may further extend the reach and relevance of the program by engaging strategic and well-connected peer mobilizers to make referrals.
- 5. Engage and support:** Outreach workers can provide ongoing support to clients. They follow up to provide additional services like help to rebook appointments, HIV testing reminders, PrEP, HIV treatment navigation, and counseling (additional training may be required for some of these roles). Peer mobilizers are not expected to engage and support clients over time.
- 6. Assess and improve:** Outreach workers use electronic files (Excel or Google Sheets) to track the intensity and quality of outreach efforts, including their public social media posts (passive outreach) and individual client conversations (active outreach), while eliminating or minimizing the collection of any client identifying information. The HIV program collects data from facilities or uses an online reservation system to track uptake of services. Aggregate data on the uptake of HIV services are shared with the outreach team for continuous quality improvement.

Contact LINKAGES for support adapting these illustrative steps into implementation guidance specified to populations at-risk for HIV including key populations.

Data Security & Confidentiality

- Outreach in online spaces that are specific to certain communities should only be implemented by a member of that community.
- Outreach workers should not mislead about who they are or their purpose for interacting with clients online.
- Outreach workers should be trained on client confidentiality and develop a set of rules to maintain both staff and beneficiary safety and privacy.
- Password protect all outreach trackers and avoid paper documentation of online outreach efforts and results.

Budgeting & Resources

Costs for implementing social network outreach vary depending on the design and size of the rollout. Projects implementing this approach should budget for planning and design meetings with stakeholders, data collection activities to better understand the audiences, technology/equipment costs, developer fees, creative agency costs, a field coordinator, technical assistance and supervision, online outreach and counseling staff, and incentives for peer mobilizers. It may take between three and six months of planning and preparation before social network outreach can be implemented.



Social Network Outreach – For HIV Programs Reaching At-Risk Populations Online

Inputs

- **Virtual mapping and social listening** results including from online surveys, inputs from focus groups and community advisory teams, and lists of the places where the audience can be reached online. These will help guide outreach efforts and program design.
- **Creative content** such as a campaign name, logo, outreach worker profiles, educational posts, and engaging social media posts.
- **Technology** for outreach workers such as a laptop, cell phone, mobile data plan, and apps for outreach.
- **A safe space** with secure internet connection for outreach workers to conduct outreach that will allow privacy when engaging with clients and ensure safety for the outreach worker.
- **Training and supportive supervision** for all formal outreach workers with a scope of work and standard operating procedure. Simple guidance for peer mobilizers should also be developed.
- **Practical tools** for outreach workers, such as a message matrix, chat and call scripts, trackers, online reservation system, risk assessment tool, and WhatsApp group for team troubleshooting.



A new team of online outreach workers supported by LINKAGES in Trinidad & Tobago. A photographer and consultant worked together to help the outreach workers design attractive and professional profiles to support their online outreach approach.

Results

Key stats

- **Twelve** – number of countries currently implementing LINKAGES' social network outreach approach.
- **5%, 7.2%, 23%** – results of HIV case-finding from the social network outreach teams in Jamaica, India, and Jakarta, respectively. These rates are typically much higher than those from physical peer outreach.
- **Four** – the number of countries that are currently using an online reservation system to support social network outreach. By the end of fiscal year 2019, eight countries are planning to use such a system.
- **Three to six** – the number of months for HIV programs to plan, adapt, and begin implementing social network outreach.



Global implementations

Online outreach workers were trained using LINKAGES approaches in the Caribbean (Jamaica, Barbados, Trinidad & Tobago, and Suriname), Africa (Cote d'Ivoire, Mali, Democratic Republic of Congo, Burundi, and Botswana) and Asia (India, Nepal, and Indonesia). Other countries will be formalizing their social network outreach approach in fiscal year 2019, including Angola, Kenya, Thailand, Cambodia, Sri Lanka, and Vietnam.

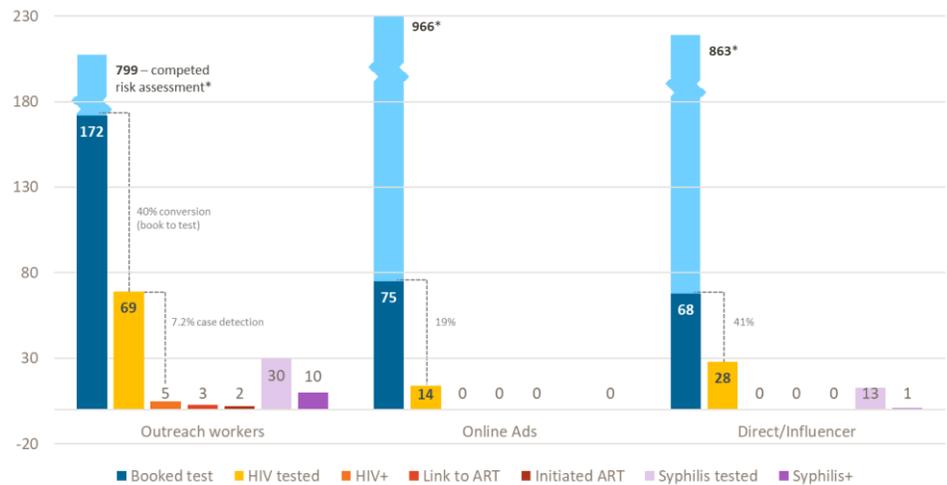


India Case Study

About Yes4Me

Yes4Me.net is a website for people who want to access HIV testing (and other services) anonymously and with the convenience of their smartphone. Clients landing on the website can assess their current risk for HIV and other STIs, receive a tailored recommendation, and then can book an appointment for discounted HIV and syphilis testing at private labs or talk to a counselor for HIV treatment services. Clients can book appointments at any of 60 private lab locations in Mumbai, Thane, and Pune. An online client support team implements passive and active outreach to help people book appointments, and professional counselors provide phone counseling and treatment navigation.

Figure 1: Yes4Me Online Outreach Results (July – September 2018)



Preliminary results of India’s Yes4Me online HIV program show that outreach workers are better at converting clients from booking appointment to receiving an HIV test compared to other outreach approaches (ads and influencers).

Lessons

- Keep guides and tools for outreach workers simple, illustrative, and prioritize graphics over heavy text. Reporting forms should double as job aids.
- Be realistic about the population segments outreach workers are capable of reaching, and continue to build their capacity to engage broader audiences.
- Emphasize quality engagement and conversion to uptake of HIV services. Avoid spamming many clients with the same message.
- Encourage outreach workers to be upfront and clear with clients about their purpose and services. It will improve conversation by focusing the outreach worker’s time on clients more receptive to the HIV program.



Deepa is an online outreach worker for Yes4Me. She uses this profile photo for online outreach because it reminds clients that they are talking to a real person while at the same time protecting her privacy by not showing her full face.

“Social network outreach was an obvious solution in India where large segments of our audience have moved online and do not see themselves as being at risk but are vulnerable and in need of services.”



Purvi Shah (Technical Specialist, LINKAGES, India)

“Outreach accelerated since using social network outreach. We are also successfully reaching people using this model who have never interacted with a targeted HIV program before.”



Abraham Simmonds (Technical Officer, LINKAGES Jamaica)

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).

This document was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES, a five-year cooperative agreement (AID-OAA-A-14-00045), is the largest global project dedicated to key populations. LINKAGES is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

GOING ONLINE TO ACCELERATE THE IMPACT OF HIV PROGRAMS

Learn more about LINKAGES by visiting
www.fhi360.org/LINKAGES or writing to
Benjamin Eveslage at Beveslage@fhi360.org

