



# Social Media Mapping – For Planning Online HIV Outreach and Service Delivery

Technical Brief | March 2019

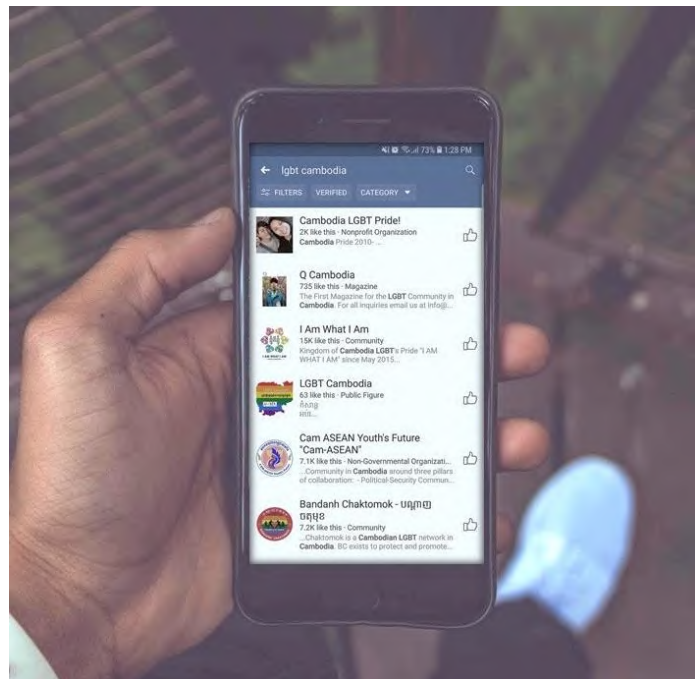
## Summary

Social media mapping allows HIV programs to find and list the online places or people that can be used to reach audiences at risk for HIV. At-risk populations can include young people who are dating, having multiple sex partners, and may be having transactional sex. “Sites” here does not refer to websites, but to 1) Facebook groups and pages, 2) social media influencers (popular people on a variety of social media platforms), and 3) groups chats the audiences engage with. Social media mapping allows HIV programs to continue reaching their audiences, even as internet penetration and social media use increase globally and it becomes more challenging to reach people offline. This mapping exercise can be completed by community service organizations, HIV program staff, or trained consultants. Sites identified through the mapping are entered into a secure Google sheet or Excel document that includes information about each site to guide and prioritize subsequent online HIV outreach. Mapping is 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 their audiences. Many of the online spaces where audiences can be reached are not intended for HIV outreach, and therefore HIV programs should engage with respect of these spaces and avoid being intrusive.

See how this approach fits in a program planning cycle for HIV programs in [LINKAGES Going Online Vision](#).

## Purpose

- List online places (called “sites”) where an HIV outreach program can find populations at risk for HIV, best suited for social network and influencer-based outreach.
- Plan and prioritize subsequent outreach by characterizing sites by number of users, type of users, frequency of posts/activity, and type of content posted.
- Better understand online audience size by comparing the site membership/number of users.



People use social media to communicate and connect on a variety of topics like dating, socializing, and community building. These online spaces may also be useful entry-points to introduce HIV services to the audience if implemented carefully and with respect.

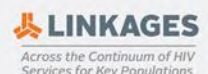


## Data Security & Confidentiality

Mapping should be implemented with engagement of community members. Most mapping results contain publicly available data, but they should not be made accessible to anyone who may do harm. Password protect all mapping results and take caution when sharing results, especially where the populations that can be reached through mapping results are stigmatized or criminalized.

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 [GoingOnline@fhi360.org](mailto:GoingOnline@fhi360.org)





## Illustrative Implementation Steps

- 1. Adapt:** Contact LINKAGES for a sample mapping tool (Excel or Google Sheets) that can be adapted to your needs (see email on last page). Decide which populations should be mapped, the types of sites that should be mapped, and the characteristics collected per site.
- 2. Plan:** Present the activity with community and other stakeholders. Reach consensus that the activity is useful, safe, and relevant to the context, then devise a strategy to select people for the mapping team who know how the population uses social media. The mapping team should clearly define the populations for which the mapping will be focused and list search terms that can be used to find relevant sites. These terms can include formal, informal, and slang terms used by audiences.
  - a) Facebook groups and pages** found through simple Facebook search. The team may also view members of known groups, checking their public profile details to view the other groups and pages they follow. Secret groups can only be identified by existing members.
  - b) Influencers** are popular people on social media who typically have more than 10,000 followers or who have exclusive access to a large group of the audience. Influencers may be an admin or moderator of a closed Facebook group (gate-keeper). Influencers operate on Instagram, Facebook, Twitter, YouTube, and Blued (among others). Influencers can be identified through the mappers' own knowledge and after following or friending their account, the social media platform usually recommends other similar or "suggested" profiles. This process may take additional time.
  - c) WhatsApp and other group chats** can be included based on the mappers' knowledge of such groups or can be found by looking for groups that are advertised on the wall/discussion board of related Facebook groups and pages. Include a link to the group chat or the admin's contact number for later follow-up.
- 3. Search and characterize sites:** People participating in the mapping exercise list the sites they already know and search for additional sites using the search terms provided. Participants can use an Excel or Google sheet to enter details of each site. The team can be split between mappers and a recorder, where mappers find and screenshot each site and send via WhatsApp to a single data recorder who can enter details into the spreadsheet and remove duplicate entries. It may take 1 hour to find and record sites already known by the mapping team, and 3 hours or more (per population) to find new sites. Duration depends on the number of populations and types of sites, including:
  - a) Facebook groups and pages** found through simple Facebook search. The team may also view members of known groups, checking their public profile details to view the other groups and pages they follow. Secret groups can only be identified by existing members.
  - b) Influencers** are popular people on social media who typically have more than 10,000 followers or
- 4. Validate and secure:** Combine the results of the mapping team and remove duplicates. Conduct an audit by repeating steps 3a-c to ensure major sites were found and mapped. (Note: there is no way to be certain that all sites are mapped, so set a time limit for the activity and stop data collection when finding new sites becomes challenging.) Password protect the final Excel file or restrict access to the Google sheets file. Delete all other records of the mapping results.
- 5. Review, prioritize, and use:** Review the list of sites with the community, decide which variables should be used to prioritize the list for online outreach, and provide the list through a secure manner to online HIV outreach programs and outreach workers so they may begin to communicate with audiences that can be found on those sites, including by engaging influencers and the moderators of any closed groups.

### Outputs

Online "sites" relevant for finding people at risk for HIV. Sites, and information about each to include, are:

- Facebook groups and pages with name, hyperlink, number of members/followers, activity, and type of content
- WhatsApp and other group chats with group name, admin details, number of members, type of content
- Social media influencers with number of followers, typology of followers, and type of content posted by the influencer

### Budgeting & Resources

Costs for implementing this mapping exercise include time of a field coordinator and mapping team, and potentially costs to facilitate a group discussions with community organizations. From planning through implementation, the activity need not take longer than a month and can take as few as six hours.



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## Results

### Key stats

- 20 – number of countries that implemented this mapping method
- 1,636 – total number virtual spots listed cross all countries
- 155 – average number of virtual spots listed per country
- 6 hours to 1 month - time for HIV programs to plan, adapt, and collect data using this mapping method



### Global implementations

The social media mapping approach was implemented in the Caribbean (Jamaica, Barbados, Trinidad & Tobago, and Suriname), Africa (Angola, Cote d’Ivoire, Mali, Democratic Republic of Congo, Djibouti, eSwatini, Burundi, Lesotho, Kenya, Botswana, and Malawi) and Asia (India, Nepal, Indonesia, Sri Lanka, and Cambodia).

## Indonesia Case Study

### Categorization of social media mapping results in Jakarta

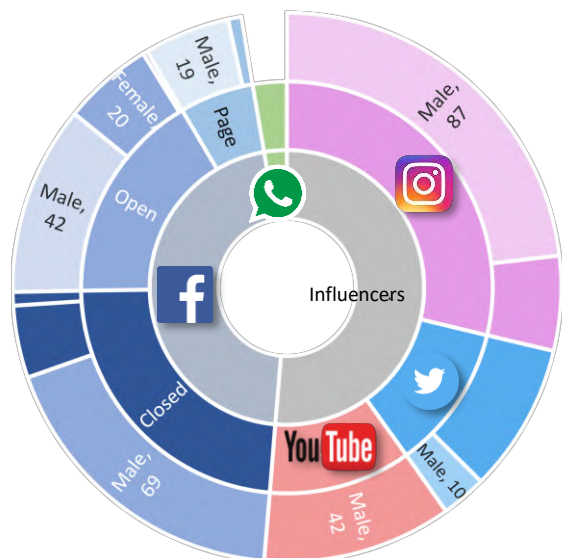
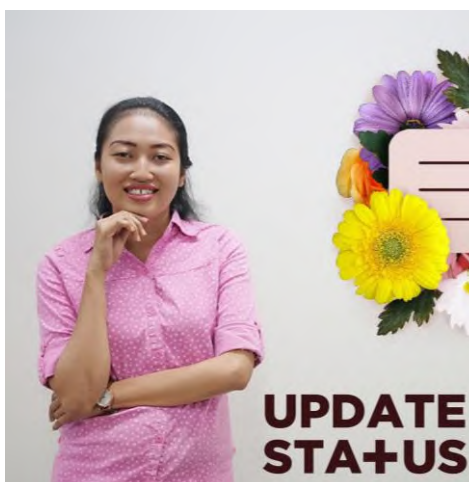


Chart shows number of mapped Facebook groups and pages, WhatsApp group chats, and influencers useful for reaching at-risk male or female audiences.



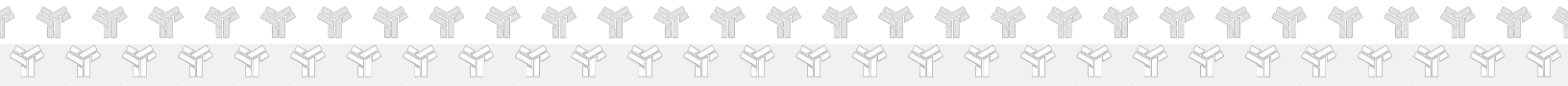
*“Using this mapping method, we better understand the size of the population that was difficult to reach physically. It means we can expand our strategy to better engage this population with information and referral to HIV testing facilities.”*



Lingga Permana (Senior Technical Officer, FHI 360 Indonesia)

Rida is an outreach worker in Jakarta. She helped map Facebook groups and pages where young women at risk for HIV could be reached. She now conducts online outreach on those sites under the “Update Status” campaign. Update Status is a social-media-friendly HIV testing platform available at [updatestatus.id](http://updatestatus.id) where clients can assess their HIV risk and book appointments for HIV services in Jakarta.

This technical brief is part of LINKAGES' vision for 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. LINKAGES is the largest global project dedicated to key populations and is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

[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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