



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

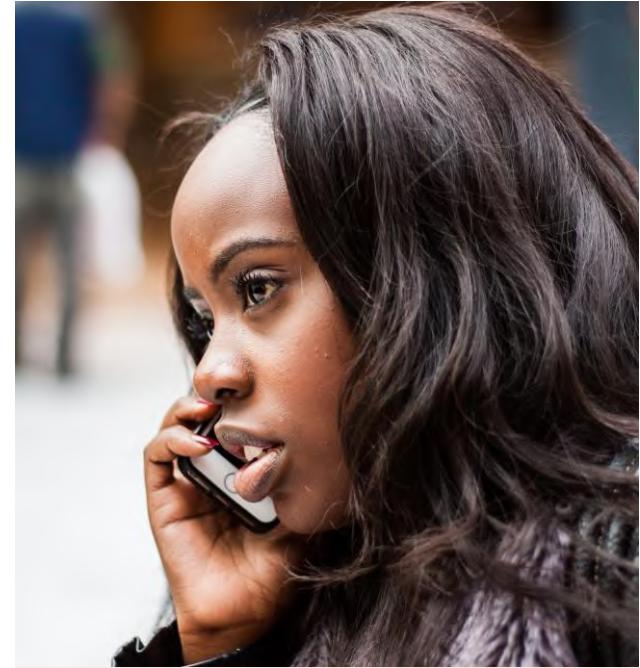
LINKAGES | March 2019

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 on following page) 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.

HIV programs should use social network outreach in combination with other online outreach approaches, such as social influencer outreach and social profile outreach (see figure below). Each has benefits and drawbacks. Social influencers tend to have broader reach but lower engagement than is possible through one-on-one online outreach (social network outreach). 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. This makes social network outreach more suitable for people who need more assistance or would like to interact with a person, while social profile outreach (such as online ads) does not involve human interaction and may be better for people who prefer self-navigation and privacy. Implementers of social network outreach should mind the terms of use for online platforms, engage people with respect, and avoid being intrusive.

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



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).



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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 (find tools on [LINKAGES' website](#)). 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.

Approaches



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.



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).



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.



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 on [LINKAGES website](#)).



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Inputs

Inputs and costs for implementing social network outreach vary depending on the design and size of the rollout. It may take between three and six months of planning and preparation before social network outreach can be implemented. Projects implementing this approach should budget for the following items:

- **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.

Results

- **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.



LINKAGES team of online outreach workers in Trinidad & Tobago.



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.



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). Angola, Kenya, Thailand, Cambodia, Sri Lanka, and Vietnam plan to formalize their social network outreach approach in fiscal year 2019.



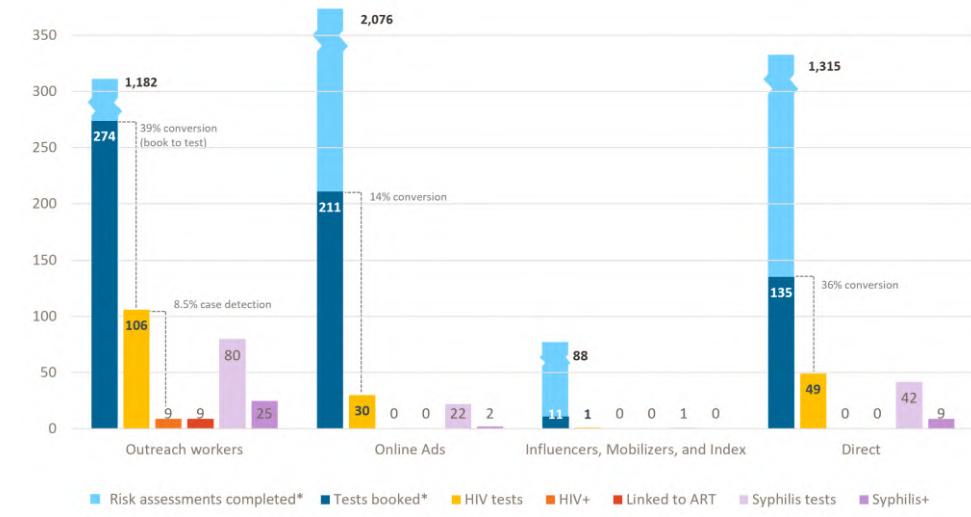
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India Case Study

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.

Yes4Me Online Outreach Results (May – December 2018)



*Includes Yes4Me users completing risk assessments and bookings multiple times. Number of tests and linkage to treatment reflect unique individuals.

Online outreach workers supporting India's Yes4Me platform successfully brought in more clients for HIV testing than other outreach approaches like online ads, influencers, mobilizers, or people landing on the website directly. HIV testing from online outreach workers also resulted in a high HIV case detection rate at 8.5% compared to 0.3% HIV case detection from the physical HIV outreach in similar geographies.

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.



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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