

MAY 2020

SUCCESS STORY

Five Years of Taking Nepal's Key Population HIV Program Online



Engaging new audiences in Nepal

Over the course of a generation in Nepal, physical outreach and mobilization efforts made great strides in responding to the HIV epidemic among key populations. However, with [33 percent of the Nepalese population already connected online back in 2016](#), the HIV program in Nepal had a huge problem to confront: How do we go online to meet this growing audience and connect them to HIV services?

Addressing this problem will be pivotal to the global HIV response. Not only is [more than half of Nepal's population now connected online](#),¹ but more and more countries will similarly need to leverage popular online and mobile platforms to maintain and gain achievements toward the [UNAIDS 95-95-95 targets for ending the AIDS epidemic by 2030](#).

["Going Online"](#) can help HIV programs respond to this issue by updating their approaches for the digital generation. Going Online is a vision and set of technical approaches developed by FHI 360, many of which were first implemented and used in Nepal through the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project funded by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Fund for AIDS Relief (PEPFAR). Since 2016, our project has supported HIV outreach and service delivery for key populations of men who have sex with men, transgender women, sex workers, and other men and women at high risk across a footprint of 19 districts in Nepal.

Before going online, we started off by going digital. In 2016, we engaged existing beneficiaries using a web-based short message service (SMS) broadcast service. With as many mobile subscriptions as there were people in Nepal that year, connecting with beneficiaries through voice calls and text messages held great promise. We sent program messages focused on education, entertainment, and information on news and events with up to 3,000 people. In 2017, we expanded this communication channel to include [interactive voice response \(IVR\)](#) to reach people with limited literacy. Similar verbal messages were sent to them through calls with pre-recorded voice messages and prompts. However, SMS and IVR systems were limited in the extent to which they could reach new audiences, as well as in the types of content that could be shared.

Moving online would allow us to leverage social networks to reach broader audiences, including through more diverse channels. However, we did not know much about these online audiences, nor did we have the tools in hand to get started—and so we developed them ourselves. To help other programs embarking on similar journeys to reach and engage online audiences, we share our experiences as we enter our fifth year of working online to support the national response to end HIV and AIDS.

Who is online?

First, we needed actionable data showing who was online, their risks, and how to reach them with HIV services. Existing tools such as integrated biological and behavioral surveillance (IBBS) surveys, and programmatic mapping methods were not adapted for online audiences.

¹ For more on Internet and social media penetration in Nepal, see the [Digital 2019 Nepal](#) report from We Are Social and the [2018 Nepal Digital Framework](#) from Nepal's Ministry of Communication and Information Technology.



Photo 1. LINKAGES Nepal online outreach staff engaging with members of key populations online

Photo credit: LINKAGES Nepal, 2019

In 2017, we developed a novel programmatic [online survey](#) and [social media mapping](#) tool that have since been adapted and implemented in more than 20 countries. The short survey (about 25 questions) was advertised in a variety of ways and targeted key population members online. The resulting data helped us develop profiles of online audiences, including by HIV risk factors, social media and technology use patterns, and preferences for accessing HIV services. It was the first time in decades that we had succeeded in accessing completely new networks of key populations. However, in many ways, they were quite different from existing beneficiaries—they preferred to remain anonymous and access information and services on their phone, and some were willing to pay for private services. Given these preferences, we could not ask these online audiences to join our offline outreach mobilization activities.

How to reach people online?

Getting online audiences to take a survey required relatively little effort. In contrast, linking these same people to HIV services was considerably more challenging. Our strategy was to boost the outreach approaches that had been used to advertise the online survey to increase HIV service uptake. They included social network outreach, social influencer promotions, and online advertising. By combining these approaches, we sought to create a surround-sound effect that created multiple touchpoints with clients from various trusted voices that would funnel them toward availing HIV services.

[Social network outreach](#) involved supporting community partners with smartphones, mobile phone tablets, mobile data, and training in 2018 to develop their online presence and support clients through one-on-one chats to understand their sexual health needs and encourage uptake of related services. Community online outreach staff typically reach narrower audiences that are similar in age, gender, and socioeconomic status, but they offer more profound engagement with clients and are more effective in supporting clients to use HIV services. In 2019, we updated our educational materials for online platforms and produced a message matrix and chat scripts for the online outreach staff to use to help professionalize their approach and better engage with broader audiences. Currently, there are 131 part-time and 10 full-time online outreach staff across LINKAGES Nepal's community partners (Photo 1). On average, these outreach workers engage up to 20 new online clients per week.

We supplemented the community-led online outreach with promotions by [social media influencers](#) and ads on social media and dating apps. Influencers can have immense reach, such as the 1 million followers of 2002's Miss Nepal [Malvika Subba](#), who helped us promote the online survey in 2017. We engage influencers infrequently and typically choose to work with well-established influencers who are willing to promote HIV services to their followers for little or no charge.

Like influencers, online ads have the potential to reach vast audiences from these key population segment and others at high risk of HIV. For example, in 2020, we repeated the online survey in Nepal to help us refine our program for the target audiences, and we advertised the survey on Facebook Ad Manager to an audience of 220,000 profiles of male gender in Nepal who had expressed an interest in or liked pages related to the lesbian, gay, bisexual, and transgender (LGBT) community (Photo 2). One in three people who responded to the survey from this Facebook ad disclosed sex with men, which helped us refine future advertising to be sure it would reach the right audience. As with influencers, targeted ads can reach a broad audience beyond the target audience. Therefore, we found that messages and ad content needed to be appropriate for this wider audience.



Photo 2. Facebook ad promoting the LINKAGES Nepal online survey in 2020



Photo 3. LINKAGES Nepal online outreach staff promoting MeroSathi

Photo credit: LINKAGES Nepal, 2019

How to link clients to offline HIV services?

Our early survey data revealed that the longstanding physical outreach campaigns simply did not meet the online audience's preferences for convenience and anonymity. Therefore, we sought to do two things differently: first, bring the entire client journey online (from contact to referral), and second, allow clients to self-navigate this journey as much as possible. In December 2017, we launched an online risk assessment using Survey Monkey for clients to identify their risk level for HIV and view a list of clinics in their selected district. For a national program with such great progress, we were shocked to find that 67 percent of those reached with the risk assessment had never taken an HIV test before, including 55 percent of MSM respondents. However, this tool was soon retired, because it left clients hanging at the stage of clinic referral and lacked a means to track the uptake of services.

In October 2018, we adapted the *Online Reservation App (ORA)* used in Thailand and India. Now available at [MeroSathi.net](https://merosathi.net) (translated as “my friend”), users complete a risk assessment and book HIV testing at 12 clinics in Nepal. MeroSathi is connected to partner clinics where staff record arrivals and services provided on a secure portal. MeroSathi's services are promoted through the community-led online outreach (Photo 3) on Facebook, Twitter, and various websites and are supplemented by ads and influencer promotions (as shown in Photo 4). We also revised clinic intake forms to record “online” as a source of client referrals so that we could track the uptake of other services not captured on MeroSathi.

MeroSathi demonstrated for the first time in Nepal that HIV programs could reach key population members online and link them to HIV services using an entirely client-navigated method. Major findings from the approach during 2019 include:

- A total of 3,742 individuals assessed their level of HIV risk through MeroSathi, 60 percent of whom had never been tested for HIV.
- A total of 737 individuals booked appointments, and 435 arrived to get tested for HIV.
- HIV was diagnosed in 31 clients (7.1 percent) reached by MeroSathi—a considerably more efficient case-finding strategy than general community-based testing strategies, which are around 2 percent.

How to scale and improve results over time?

Going Online offers an effective set of approaches to reach previously unreached audiences at high risk for HIV in Nepal, evidenced by high HIV case finding and the ability to reach first-time testers. However, the scale and quality of implementation remain a challenge. Among those reached online, we experienced a significant drop-off from initial interactions on social media, to taking the risk assessment, finally to arriving at a clinic for services, which suggests that we can improve upon our service offering and approaches to support clients along their journey. Given that only 1 percent of all clients tested for HIV have originated from our online efforts, we plan to implement several improvements to scale this approach to reach its potential as we enter our fifth year online:

- **Realign to audience needs:** Analyze the updated 2020 online survey results, determine gaps between program and online audience needs and preferences, and adjust plans as necessary.
- **Boost standardized community online outreach:** Currently, the online outreach workers dedicate a relatively low level of effort to online HIV outreach (one hour per day). We plan to selectively train and increase this time among selected high-capacity community members to result in improved specialization in online client support and more time dedicated to the development of community-generated social media content.



Photo 4. MeroSathi promotional post by Lex Limbu, the United Kingdom-based popular Nepali blogger and entrepreneur, on his Facebook page on February 14, 2020 (Valentine's Day)

- **Refine influencer promotions and ads:** Engage micro-influencers with fewer followers but more influence, and schedule regular broadcast messages on Grindr, which are free of charge for qualified LGBT community organizations (see Grindr for Equality). We plan to work with a creative agency to develop local promotional ads tailored to the needs of the online clients.
- **Upgrade MeroSathi** and work with private clinics: The technology developed for MeroSathi has since been adapted and used in Sri Lanka, Cambodia, Vietnam, Kenya, Botswana, Mali, Eswatini, and Jamaica, with new features and benefits specific to each country. We plan to upgrade our adaptation to include several new features, such as an expanded service offering for clients (across the HIV service cascade) and a case management function allowing outreach staff and counselors to support clients virtually to book and access services and provide follow-up. We also plan to include private clinics to be able to offer clients HIV testing services from those clinics, according to client preferences.
- **Community monitoring:** We plan to expand and simplify our electronic and routine individual client feedback systems within our online HIV services using [LINK methodology](#), which will quickly identify issues and actionable feedback from online audiences as they interact with our HIV program.

Our LINKAGES project in Nepal invested early in online and mobile approaches, including testing existing tools and developing entirely new ones when needed. We continuously refined our skills and expanded our scale and adaption of more advanced technologies using a stepwise approach. Many other countries will now be able to vault off of the experience and tools developed in Nepal and go online much faster.

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