Rapid Coverage Survey of HIV Services among Key Populations

Data Collectors Training

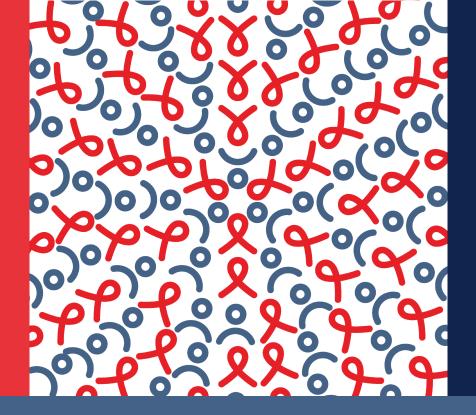
Insert speakers' name(s)

Insert speakers' title(s)









Training Objectives



Training Workshop Objectives

By the end of the training participants will be able to:

- Explain why the rapid coverage survey (RCS) is useful to the program
- Describe the locations and key population (KP) groups to be surveyed
- Define informed consent and demonstrate use of the survey consent form
- Demonstrate use of the survey tools
- Describe the roles and responsibilities of interviewers, timelines, study logistics, and data management
- Describe the purpose of supporting documentation and survey tools



Sample Training Workshop Agenda

Day 1 (Introduction and Overview)

Welcome | Introductions/greetings Review objectives, ground rules

Session 1 | Rapid coverage survey overview/benefits

Session 2 | Survey locations and participants

Session 3 | Informed consent overview

Session 4 | Questionnaire overview

Demonstration and practice interviews

Closing | Feedback/Questions

Day 2 (Demonstration, Practice, Planning)

Recap | Day one

Session 4 | Practice interviews *(continued)* Paper and tablets

Session 5 | Roles and responsibilities Conducting the survey

Session 6 | Supporting documentation and tools

Wrap-up | Feedback/Questions



Session 1 Objective

Objective:

 Explain why the rapid coverage survey (RCS) is useful to the program



What is a rapid coverage survey (RCS)?

A survey conducted for program purposes to understand key populations (KPs) access to HIV prevention services and other information.

Benefits:

- Helps track progress toward program targets
- Simple and inexpensive; integrated into routine program work; potential to be conducted annually at selected hot spots
- Identifies gaps in services or outreach to help improve interventions
- Facilitates monitoring of minimum package of services for KPs as per global WHO guidance

During a **survey** a team of trained interviewers conducts interviews with people to get their views and perspectives and document their experiences.

The **RCS survey** gathers information on KPs' experiences with HIV prevention services.



Benefits of RCS

How can the RCS help the program do a better job of providing services to KPs?

- Helps assess the extent to which HIV prevention needs of KPs are being met
- Facilitates identifying gaps and better understanding changes to what services KPs are receiving through the program
- Provides information (when done annually) to gauge program reach and make adjustments
- Provides measures of information that may not be available with other program reporting (e.g., reported levels of condom use, PrEP adherence, and experiences of violence)



World Health Organization (WHO) 2022 guidance on minimum service package for KPs

WHO minimum service package describes the services all KPs should be provided for HIV prevention.



These are the services we will be asking people about in the survey.

Minimum Services Package for KPs

Access to condoms and lubricants

Harm reduction interventions

Behavioral interventions

HIV testing and counseling

Access to PrEP

HIV treatment and care for those who are positive

Prevention and management of viral hepatitis, STI screening and treatment, tuberculosis (TB), and mental health conditions

Sexual and reproductive health (SRH) interventions

Interventions for addressing violence

Source: Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, Geneva: WHO, 2022.

\bigcirc

RCS helps program planners understand:

- Proportion of KPs being reached at hot spots in target areas
- Coverage of KP members by each service in the minimum package
- KP members' access to and use of prevention products
- Services needed by KP members, and how they would like to receive them
- Proportion of KP members aware of their HIV/viral suppression status
- Proportion of KP members report experiencing stigma, discrimination, or violence
- Proportion of KP members who report being diagnosed with an STI



Session 2 Objective

 Describe the locations and KP population groups to be surveyed

Survey logistics: Where and with whom

Briefly describe the program that forms the basis of the survey's KP population

- Describe the geographic location
- Describe the intervention
 - Share hot spot mapping results (if available)
- Describe who the program reaches or works with
 - Share targets and progress toward targets (if relevant)



Survey logistics: Selecting participants

- Survey uses sampling
 - Sampling means selecting a smaller number of people or places to represent the whole
- Hot spots are randomly selected
 - This reduces risk that the selection of hot spots favors one type or certain hotspot over another
- All KP community members who consent to be interviewed will be interviewed
- Information required for survey sampling:
 - Total number of KP community members in survey area
 - Estimated number of KPs per hot spot
 - Number of hot spots to be visited



Session 3 Objective

 Define informed consent and demonstrate use of the survey consent form



Research and survey ethics

- This survey is NOT designed to be research; it is only for program purposes. However, as an assessment we adhere to principles of research ethics.
- These are broadly based on humanistic principles that apply to programs as well as research.
- Three principles underlying research ethics:
 - Respect for people
 - Beneficence (show kindness)
 - Justice

RCS ethical considerations

- Confidentiality/privacy
- Anonymity
- Informed consent
- Beneficence (show kindness)
- Avoid pressuring individuals to participate
- Provide information (RCS purpose, how results will be used)
- Transparency (share how data will be reported/used)
- Be respectful of KP individuals and communities
- Protect participants



Informed consent

- Informed consent is tied to the principle of respect for people (providing sufficient information and respecting a person's choice to be part of the process or not)
- To do so, it is important to:
 - Provide all relevant information about the survey
 - Confirm that the participant understands the information
 - Confirm that the participant is voluntarily participating

You can use usual techniques to confirm that people understand content in the informed consent process:

- Look at a person's body language to assess understanding.
- Stop and ask if they have any questions or ask if they have understood.



Survey introduction and consent

- Script describes what to say to potential survey participants
- Ensures all information is delivered to each participant in the same way
- Supports informed decision-making

Can you recognize these parts of the informed consent – provide information, confirm understanding of the information, confirm voluntariness of participation?



Annex 1: Survey introduction and consent

Hello, my name is XXX, and I am a XXX worker with XXX organization and the XXX program.

We are doing a short survey to ask KP individuals about the types of services they are receiving. The survey will give us information to improve services to protect the community against HIV.

I'd like to ask you some questions. It will take about 20 minutes.

This survey is voluntary. You don't have to take part if you don't want to. Also, if you have already completed the survey with another interviewer, please let me know. If you don't participate it won't affect any services you're receiving, and it will not stop you from getting services in the future if you want them.

If you do take part, you can choose not to answer a particular question if you don't want to, and you can stop the survey at any time. It won't affect any services you receive.

All the information you give me will be confidential. Your name and other personal details will not be collected, and whatever information I collect will not be linked to you. It will only be shared with the staff at XXX organization who will be analyzing all the responses from the survey.

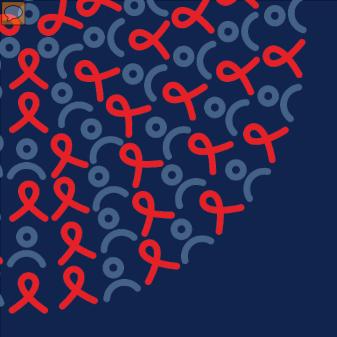
Do I have your consent to participate? (If yes, check the consent box on the questionnaire.)

Is there anything you'd like to ask me before we start?

If you don't understand any of the questions I ask, please tell me. And if you want to change your answer to any of the questions, let me know.

If the person does not want to participate, ask:

- Can I come back and talk to you at another time? What's the best day, time, and place? Can I give you my mobile number in case you need to change plans?
- If you're not already getting services from XXX organization and the XXX program, would you like
 a peer outreach worker to contact you to talk about HIV prevention and what services you can
 get? If yes, ask for a name and mobile number.
- Is there anyone else from the community around here who you think may want to take part in this survey?



Session 4 Objective

 Demonstrate use of the survey tools



Demographic questions

Include with FSWs, MSM, and PWID surveys

DEMOGRAPHIC QUESTIONS (Adapt as needed and include as a cover sheet with FSW, MSM, and PWID surveys)			
Date/	/::: Survey #		
Interviewer Name			
District Name			
Municipality			
Hot Spot Name			
Type of Hot Spot	□ Home		
	□ Bar/parlor/night club/disco lodge/hotel		
	□ Street		
	□ Bus stand		
	□ Park		
	□ Market place		
	□ Cinema hall		
	□ Abandoned area		
	□ Under the bridge		
	□ Public toilet		
	□ Overnight bus/truck stop local video/TV room		
	□ Other (describe):		
Location	latitude (x.x °)		
	longitude (x.x °)		
	altitude (m)		
	accuracy (m)		
Confirm Eligibility	Have you been interviewed by someone else for this same survey?		
	If <u>Yes</u> , thank the individual for their participation and locate another participant.		
	If No, proceed to the Core Questions in the survey.		



Questionnaire for FSWs

Items specific to FSWs grouped in 10 sections

- 1. Confirming KP identity, demographics, hot spot affiliation
- 2. Program coverage
- 3. Access to prevention products
- 4. Risk behaviors
- 5. Coverage of HIV testing
- **6.** Coverage of ART (if reporting HIV positive)
- 7. Other medical services
- 8. Experience of stigma, discrimination, violence
- 9. HIV testing (omit if not including voluntary HIV testing in survey)
- 10. Referral to other KPs

CORE QUESTIONS –			
	FEMALE SEX WORKERS		
	ERSON HAS GIVEN THEIR CONSENT TO PARTICIPATE IN THE SURVE check this box if the individual gives their voluntary consent, a		
	t ask any of the questions until they have done so.)	na	
Q.	Question	Response	
	rming KP identity, demographics, and hot spot affiliation	пезропае	
1	In the past year, have you had sex in exchange for money?	□Yes	Go to Q2
1	in the past year, have you had sex in exchange for money!	□ No	
		□ NO	Thank them
			and do not
			continue the survey.
2	Have you been exchanging sex for money for more than one	□Yes	the survey.
-	vear?	□ No	
	N/A = Not Answered	□ N/A	
2	·	□ N/A	
3	What is your age in years? Is this the place where you most frequently go to meet		
4		□ Yes	
_	clients?	□No	
5	Do you also use Facebook, WhatsApp, or other online	□ Yes	
	platforms to meet clients?	□No	
		□ N/A	
	am coverage		
6	Are you receiving services or being reached by someone from	□ Yes	Go to Q7
	the <name e.g.,="" of="" program,="" xxx=""> program/<insert name="" of<="" td=""><td>□ No</td><td>Go to Q6a</td></insert></name>	□ No	Go to Q6a
	CBO>?	□ Don't	Go to Q6a
_		know	
6a	If no to 6:	□ Yes □ No	
	Are you receiving services or being reached by someone from	□ Don't	Go to Q7
	another HIV prevention program in this area?	know	
7	Have you received any services from a peer educator or	□Yes	Go to Q7a
.	counselor in the past three months?	□No	Go to Q10
		□ N/A	Go to Q10
7a	If yes to 7:	☐ Hot spot	0010420
	Where did you receive services? (Check all that apply.)	□ DIC	
	The same services of the same	□ Virtual	
		(online)	
8	Have you received condoms from a peer educator or	□ Yes	
	counselor in the past month?	□No	
		□ N/A	
8a	Have you received lubricant from a peer educator or	□Yes	
	counselor in the past month?	□No	
	·	□ N/A	
9	Have you been to a drop-in center in the past month?	□Yes	
		□No	
		□ N/A	
Acce	ss to prevention products	=,	
10	Can you easily obtain free condoms and lubricant when you	□Yes	
	need them?	□ No	
		□ N/A	
		- 11/1	



Questionnaire for MSM

Items specific to MSM grouped in 10 sections

- 1. Confirming KP identity, demographics, hot spot affiliation
- 2. Program coverage
- 3. Access to prevention products
- 4. Risk behaviors
- 5. Coverage of HIV testing
- 6. Coverage of ART (if reporting HIV positive)
- 7. Other medical services
- 8. Experience of stigma, discrimination, violence
- 9. HIV testing (omit if not including voluntary HIV testing in survey)
- 10. Referral to other KPs

	CORE QUESTIONS —			
THE	MEN WHO HAVE SEX WITH MEN PERSON HAS GIVEN THEIR CONSENT TO PARTICIPATE IN THE SURVE	v _	YES	
	y check this box if the individual gives their voluntary consent, a	. -	163	
1	ot ask any of the questions until they have done so.)	""		
	Question	Respo	nse	
	irming KP identity, demographics, and hot spot affiliation			
1	In the past year, have you had sex with another man?	□ Yes		Go to Q3
		□No		Thank them
				and do not
				continue
				the survey.
Note	: There is no question 2 in this survey.			
3	What is your age in years?			
4	Is this the place where you most frequently go to meet men	☐ Yes		
	for sex?	□No		
5	Do you also use Facebook, WhatsApp, or other online	□ Yes		
	platforms to meet other men for sex?	□No		
	N/A = Not Answered	□ N/A		
Prog	ram coverage			
6	Are you receiving services or being reached by someone from	□ Yes		Go to Q7
	the <insert e.g.,="" name="" of="" program="" program,="" xxx="">/<insert< td=""><td>□No</td><td></td><td>Go to Q6a</td></insert<></insert>	□No		Go to Q6a
	name of CBO>?	□ N/A		Go to Q6a
6a	If no to 6:	□ Yes		Go to Q7
	Are you receiving services or being reached by someone from	□ No		Go to Q8
	another HIV prevention program in this area?	□ N/A		
7	If yes to 6 or 6a:	□ Yes		Go to Q7a
	Have you received any services from a peer educator or	□No		Go to Q8
_	counselor in the past three months?	□ N/A		Go to Q8
7a	If yes to 7:	□ Hot-	spot	
	Where did you receive services? (Check all that apply.)	□ DIC		
		□ Virtu		
8	Have you received condoms from a peer educator or	(onli □ Yes	ne)	
٥	counselor in the past month?	□ No		
	counselor in the past month:			
8a	Have you received lubricant from a peer educator or	□ N/A □ Yes		
oa	counselor in the past month?	□ No		
	counselor in the past month:	□ N/A		
9	Have you been to a drop-in center in the past month?	□ Yes		
_	, as seen to a grow in center in the past month:	□ Nov		
		□ N/A		
Acce	ss to prevention products			
10	Can you easily obtain free condoms and lubricant when you	□ Yes		
	need them?	□No		
		□ N/A		



Questionnaire for PWID

Items specific to PWID grouped in 10 sections

- 1. Confirming KP identity, demographics, hot spot affiliation
- 2. Program coverage
- 3. Access to prevention products
- 4. Risk behaviors
- 5. Coverage of HIV testing
- 6. Coverage of ART (if reporting HIV positive)
- 7. Other medical services
- 8. Experience of stigma, discrimination, violence
- 9. HIV testing (omit if not including voluntary HIV testing in survey)
- 10. Referral to other KPs

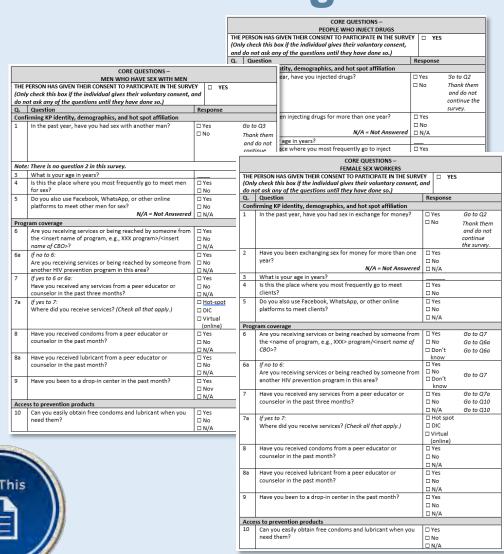
CORE QUESTIONS – PEOPLE WHO INJECT DRUGS				
THE F	THE PERSON HAS GIVEN THEIR CONSENT TO PARTICIPATE IN THE SURVEY YES			
	check this box if the individual gives their voluntary consent,			
	lo not ask any of the questions until they have done so.)			
Q.	Question	Response		
	rming KP identity, demographics, and hot spot affiliation	•		
1	In the past year, have you injected drugs?	□ Yes	Go to Q2	
		□No	Thank them	
			and do not	
			continue the	
			survey.	
2	Have you been injecting drugs for more than one year?	□ Yes		
		□No		
	N/A = Not Answered	□ N/A		
3	What is your age in years?			
4	Is this the place where you most frequently go to inject	□ Yes		
	drugs?	□No		
Note	: There is no question 5 in this survey.			
Prog	ram coverage			
6	Are you receiving services or being reached by someone from	□ Yes	Go to Q7	
	the <insert e.g.,="" name="" of="" program="" program,="" xxx="">/<insert< td=""><td>□No</td><td>Go to Q6a</td></insert<></insert>	□No	Go to Q6a	
	name of CBO>?	□ N/A	Go to Q6a	
6a	If no to 6:	□Yes	Go to Q7	
	Are you receiving services or being reached by someone from	□No	Go to Q8	
	another HIV prevention program in this area?	□ N/A	Go to Q8	
7	If yes to 6 or 6a:	□Yes	Go to Q7a	
	Have you received any services from a peer educator or	□ No	Go to Q8	
	counselor in the past three months?	□ N/A	Go to Q8	
7a	If yes to 7:	□ Hotspot		
	Where did you receive services? (Check all that apply.)	□ DIC		
		□ Virtual		
		(online)		
8	Have you received sterile needles/syringes from a peer	□ Yes		
	educator or another service provider in the past month?	□ No		
		□ N/A		
9	Have you been to a drop-in center in the past month?	□ Yes		
		□ No		
		□ N/A		
Acce	ss to prevention products			
10	Can you easily obtain sterile needles and syringes when you	☐ Yes		
	need them?	□ No		
		□ N/A		
10a	Can you easily obtain free condoms and lubricant when you	☐ Yes		
	need them?	□ No		
		□ N/A		
10b	Can you access OST (opioid substitution therapy) if you want	□ Yes		
	to?	□ No		
		□ N/A		



Review survey questions for understanding

- Important that questions are understood by participants
- Survey questions may be slightly changed to improve understanding, but
- Interviewers should ask questions the same way each time

Would you say this differently; if so, how would you word this?





Effective interviewing techniques



 Follow these interviewing techniques to ensure most effective results and usefulness of the survey.

Annex 6: Effective interviewing techniques

- Introduce yourself, your organization, and the purpose of the survey (show document or certificate if necessary).
- 2. Maintain confidentiality:
 - Do not interview the respondent in the presence of others (unless he/she indicates otherwise).
 - Explain that all answers will be kept confidential.
- Ask questions exactly as written or with minor changes that were agreed upon during the orientation.
- 4. Wait for a response; be silent, then probe.
- If the respondent doesn't understand or the answer is unclear, ask the question again, making as few changes in wording as possible.
- Do not suggest—by tone of voice, facial expression, or body language—the answer you want
- Do not ask leading questions, questions that signal the correct answer, or questions that suggest the answer you would like.
- 8. Try not to react to answers in such a way as to show that you approve or disapprove.
- If one answer is inconsistent with another, try to clear up the confusion.
- Maintain a conversational tone of voice; don't make the interview seem like an interrogation.
- Know the local words for sensitive/delicate topics.
- Use neutral probes (e.g., anything more?)

Source: Valdez JJ, Weiss M, Leburg C, Davis R. Assessing Community Health Programs: A Participant's Manual and Workbook: Using LQAS for Baseline Surveys and Regular Monitoring. St. Albans (UK): Teaching Aids at Low Cost (TALC) [now Health Books International]; 2002, p. 56.



Practice interviews



- Observe facilitator demonstration
- Break into pairs or groups of three (if using observers)
- Role-play the parts of interviewer and person being interviewed
 - Use resources in your packet as though doing an actual interview
 - Follow the steps in the process checklist (Annex 7)
 - Adhere to the advice for conducting an effective interview
- Switch roles until each person has used each type of questionnaire alternating between paper and a tablet



Session 5 Objective

 Describe the roles and responsibilities of interviewers, timelines, study logistics, and data management



Steps for conducting an RCS

PLAN

- Collaborate with KP community
- Decide which KP type to survey
- Choose dates
- Calculate how many KPs and hot spots
- Randomly select hot spots
- Adapt survey tools

PREPARE

- Choose interviewers to conduct survey
- Conduct orientation for the interviewers



IMPLEMENT

- Conduct the survey
- Analyze results
- Share results and get feedback
- Discuss lessons learned for next survey



Roles and Responsibilities Interviewers

- Successfully complete orientation/training
- Obtain interviewer packet
- Travel to hot spot on assigned days/times
- Identify KP individuals/survey participants
- Locate private spaces for conducting interview
- Conduct interviews (process checklist/job aid)
- Return completed questionnaires and survey record sheet daily
- Provide feedback about issues/concerns



Roles and Responsibilities Community-based KP representatives

- Participate in RCS training/orientation
- Along with regular peer outreach workers, describe characteristics of hot spots
- Accompany interviewers or M&E implementation monitors to hot spot and provide introductions to hot spot owner
- Introduce interviewers to FSWs/MSM individuals who may be interested in participating in the survey (if needed)
- Inform members of the KP community about the RCS



Roles and Responsibilities

Survey supervisors/coordinators

- Provide general administrative and logistics support/resources
 (ID cards, travel/expense authorizations, tablets, printing, etc.)
- Assign interviewers to hot spots
- Compile interviewer packets
- Daily update with each interviewer in person (or via cell for tablets):
 - Number of interviews (completed/KPs approached)
 - Challenges/solutions
- Review automated data entries (or paper forms) daily
- Conduct four to five field visits to monitor survey implementation



Conducting the survey

- The survey will be conducted in xx and yy locations from date-date.
- Teams of at least two interviewers will go out to hot spots (<u>not</u> the hot spots they currently work in)
- After you arrive at the assigned hotspots:
 - Approach all KPs present at the hotspot
 - Read the informed consent statement and comply with participant's decision to participate or not
 - Find a place with privacy (where you will not be seen or heard) to conduct the interview for those who agree to participate
 - You will be entering responses to survey interviews on a tablet which is preprogrammed with the questionnaire



Uploading survey data from tablets

 Insert detailed instructions of the process here and provide a copy to participants to reference when conducting the survey

Using the data collected on the tablets during practice interviews, participants will connect to Wi-Fi and sync the data files.





Reminders about survey process

- There are no incentives for participating in the survey.
- Transport to hot spots will be provided via prearranged transportation OR will be reimbursed for transportation with a receipt.
- HIV testing will not be provided as part of this survey, but referrals to services should be. (List the steps associated with the referral to testing service.)



Session 6 Objective

 Describe the purpose of supporting documentation and tools available for the survey



Checklist of materials for interviewers



- Map of the hot spot(s) and directions
- ☐ A form of ID to show they are part of the XXX program
- Survey introduction and consent script
- □ Questionnaires (FSWs, MSM, PWID) enough response forms for all enrolled KP individuals and estimated number of non-enrolled
- Tablets pre-loaded with the questionnaire(s)
- Survey record sheet
- Pens
- Cell phone
- ☐ Supervisor's name and phone number
- Cash for transportation to and from the hot spot, if needed
- □ Referral forms for HIV counseling/testing



Survey record sheet

- Fill this form every day to summarize what occurred
- Share the summary with the survey supervisor during your daily check-in

Annex 5: Survey record sheet

This survey management/tracking tool measures how many people were approached for an interview, how many accepted, and how many refused at each hot spot. The information from this sheet can be compared to records in the database for each site for quality assurance purposes.

This sheet is kept by the interviewer. Complete the header section. Subsequent sections are completed each time the interviewer goes out to do the survey. Recording the number of KP individuals who were approached—even if they decline to participate—is important because it provides a sense of the overall number of KP members at the hot spot.

Interviewer's name				
Name of hot spot				
Starting date of data collection at hot spot				
Survey Date 1: Month Day				
Number of KPs approached:	Number agreed to	Number declined		
	survey:	survey:		
Total number of surveys complete	d:			
Number of completed questionnaires delivered/				
questionnaires uploaded from tablet				
Date	Received by:	Received by:		
Survey Date 2: Month Day				
Number of KPs approached:	Number agreed to	Number declined		
	survey:	survey:		
Total number of surveys complete	d:			
Number of completed questionnaires delivered/				
questionnaires uploaded from tablet				
Date	Received by:	Received by:		
Survey Date 3: Month Day				
Number of KPs approached:	Number agreed to	Number declined		
	survey:	survey:		
Total number of surveys complete	d:			
Number of completed questionnaires delivered/				
questionnaires uploaded from tablet				
Date	Received by:			
Survey Date 4: MonthDay				
Number of KPs approached:	Number agreed to	Number declined		
	survey:	survey:		
Total number of surveys complete	d:			
Number of completed questionnaires delivered/				
questionnaires uploaded from tablet				
	Received by:			





Wrap-up

- Questions?
 - What remaining questions do you have about the process of conducting the survey?
- Next steps
 - Facilitators to present the next steps in the survey
 - Facilitators to distribute survey materials, timeline, instructions, and contact information; and set timeline for next survey team check-in or communication

THANK YOU!

Stay Connected



EpiC Twitter



EpiC Webpage



EpiC Facebook



EpiC YouTube



EpiC Blog

This work 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 EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, and Population Services International (PSI).