

Rapid Coverage Survey of HIV Services among Key Populations

Stakeholder Engagement Meeting

Insert speakers' name(s)

Insert speakers' title(s)

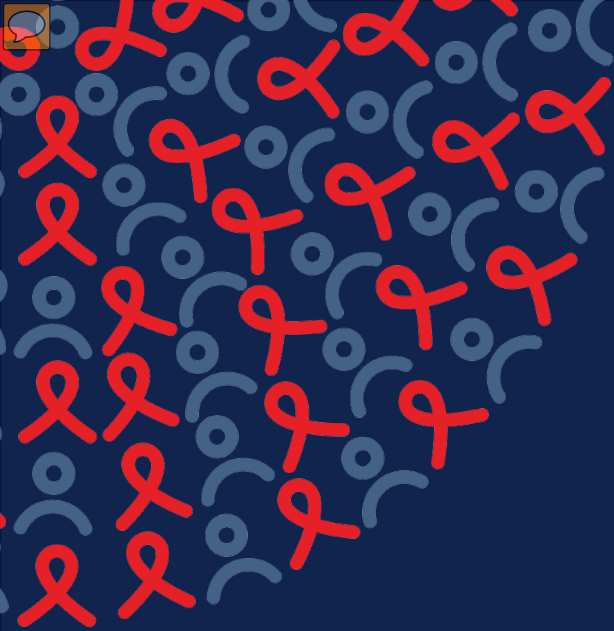




Stakeholder Engagement Meeting Objectives

By the end of the meeting, participants will be able to:

- Explain what the rapid coverage survey (RCS) is and how it will be useful to the program
- Describe how the RCS differs from and is similar to other types of studies
- Describe the steps in the survey and the outputs it will produce
- Describe how the results of the survey will be used in practice



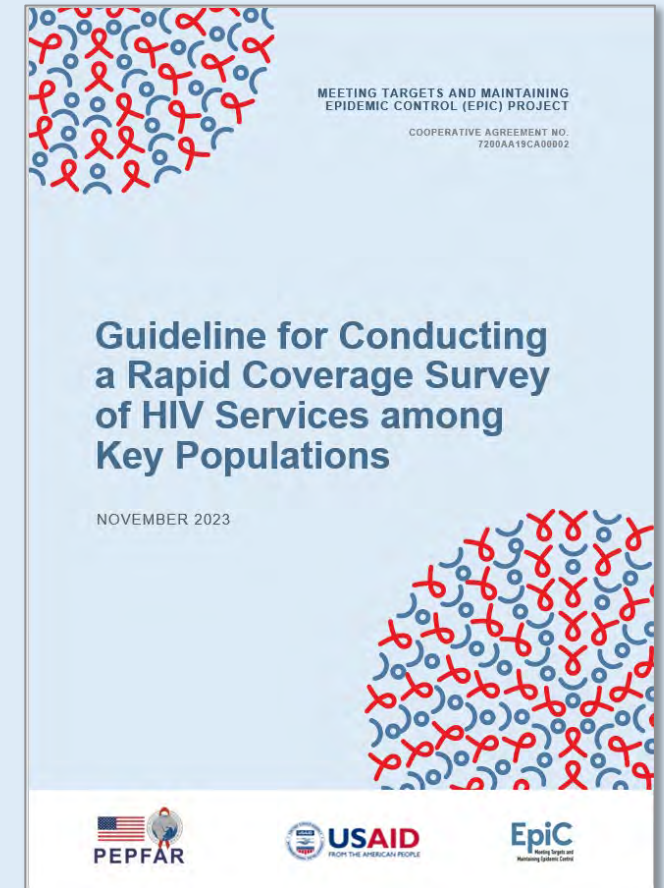
Overview: Rapid Coverage Survey (RCS)

Objectives Part 1:

- Explain what the RCS is and how it will be useful to the program
- Describe how the RCS differs and is similar to other types of studies

What is a rapid coverage survey?

- Tracks **progress toward program targets for reaching key populations (KPs)** with the services they need.
- Simple and inexpensive; integrated into routine program work; ideally **conducted annually** at selected hot spots in geographic areas covered by the program.
- **Can help identify gaps in services** to improve intervention coverage.





Why an RCS is needed

- Biobehavioral surveillance surveys (BBSs) or other population-based surveys tend to be generalizable at the population level and often **do not provide adequate local-level information** that can be used for conducting outreach at hot spots.
- Provides a **picture** of the program's progress toward goals, especially coverage.
- Facilitates monitoring of the **minimum package of services for KPs** included in the World Health Organization (WHO) global guidance.

WHO 2022 guidance on minimum service package

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, TB and mental health conditions

SRH interventions

Interventions for addressing violence

Selected Indicators for Measuring Coverage

Coverage with essential services (at least two services in last 3 months)

Reached with:

- Condoms
- Testing
- STI services

Knows HIV status

HIV positive on ART

Viral load suppression among those on ART



How RCS is different

- Is not research (programmatic application only, not intended for generalization)
- Is inexpensive, simple, and quick to implement
- Provides data at the local level
- Due to simplicity, requires less outside support (for example, sampling and data analysis)
- Due to low cost, may be done more frequently than a BBS (yearly versus every five years or longer)
- Provides important information to guide program implementation
- Provides data that complements data from other sources



RCS helps 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



How RCS can help your program

- Help gauge **the extent to which health and HIV-related needs of KPs are met** as stated in the national guidelines.
 - Can also help with reporting such as the annual Global AIDS Monitoring Report
- Repeated surveys expand knowledge of the **impact of your work, identify any gaps**, and provide **better understanding of the changes** within your program area.
 - Note: Helps to understand program needs but ***not*** to evaluate program performance or compare results with other CBOs.
- Provides **measures of coverage often not collected routinely** (e.g., reported levels of condom use, PrEP adherence, and experiences of violence).



An RCS does not:

- Replace programmatic mapping
- Map hot spots or available services
- Provide a population size estimate
- Yield generalizable knowledge

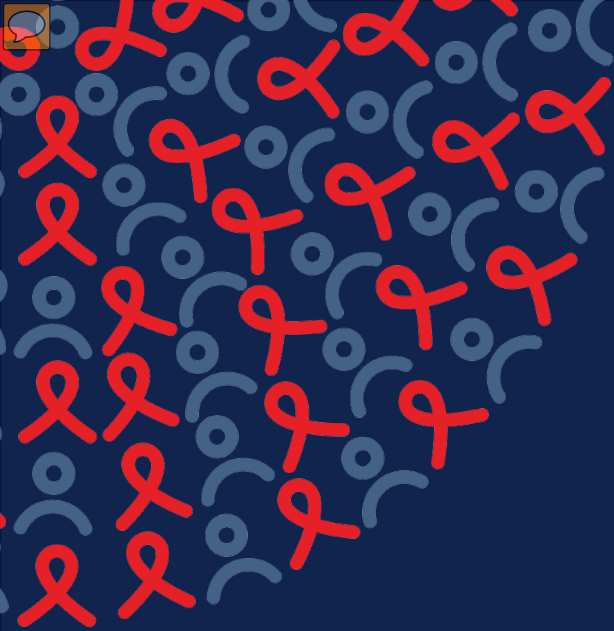
Table 1. Comparison of a rapid coverage survey with programmatic mapping and BBS

Characteristic	Rapid Coverage Survey	Programmatic Mapping	BBS
Assesses proportion of KP members receiving services in the program area?	Yes	No	Yes
Estimate of HIV prevalence	No	No	Yes
ART coverage, viral suppression	No	No	Yes
Implemented quickly	Yes	Yes	No
Minimal costs	Yes	Yes	No
Led by program staff and peers	Yes	Yes	No
Frequency	Annual or as needed	Annual or as needed	3–10 years
Geographic coverage	Program coverage area	Program coverage area	District/Region/City
Conducted at all hot spots	No	Yes	No
Maps services at hot spots	No	Yes	No
Produces size estimate for KP	No	No	Yes
Used for identifying specific hot spots for outreach?	No	Yes	No
Requires large number of CBO staff and peer outreach workers?	No	Yes	No

What differences do you notice between a Rapid Coverage Survey and Programmatic Mapping?

What differences do you notice between a Rapid Coverage Survey and a BBS Survey?



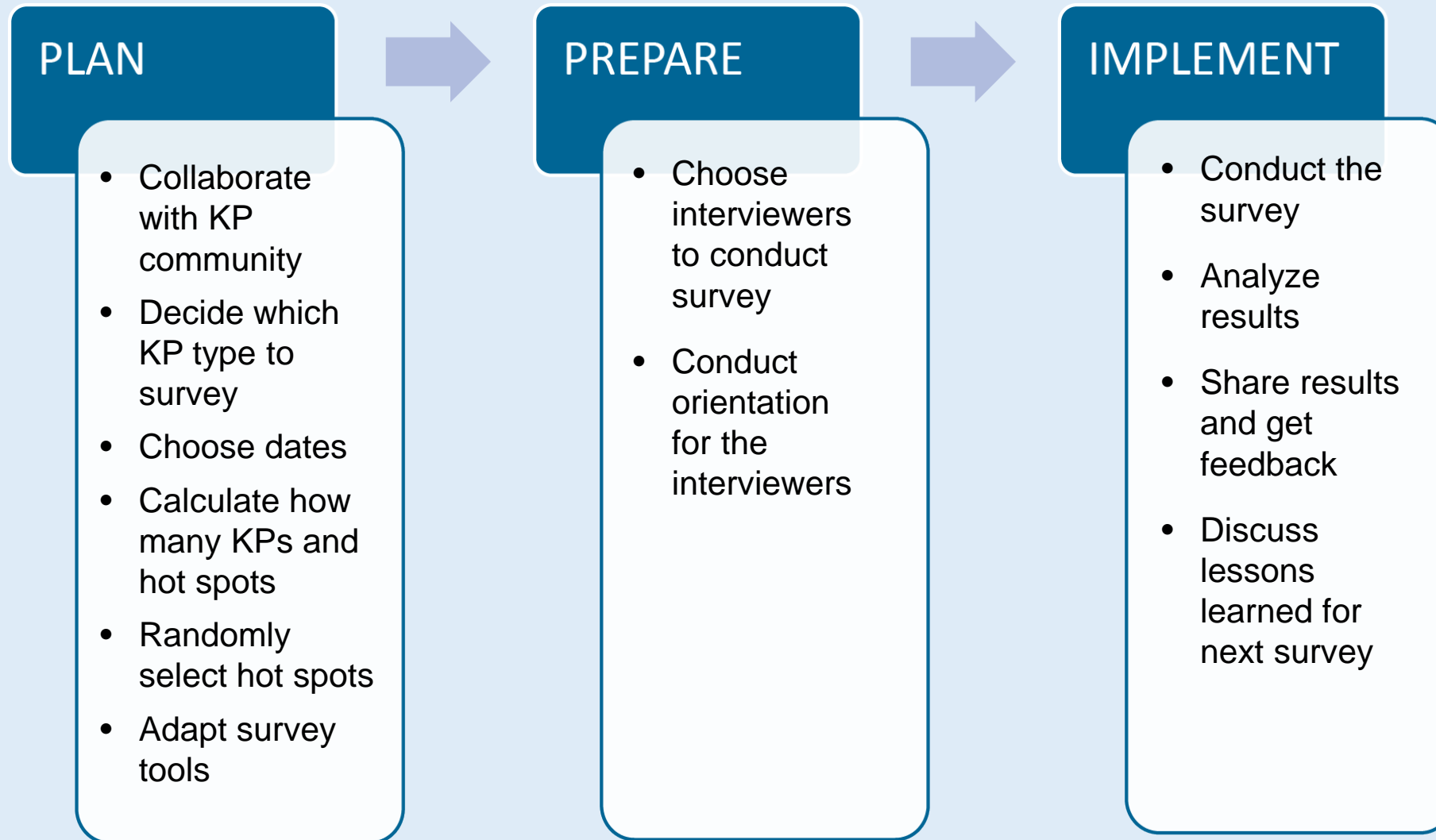


Overview: Rapid Coverage Survey (RCS)

Objectives Part 2:

- Describe the steps for the survey and the outputs produced
- Describe how the results of the survey will be used in practice

Steps for conducting an RCS

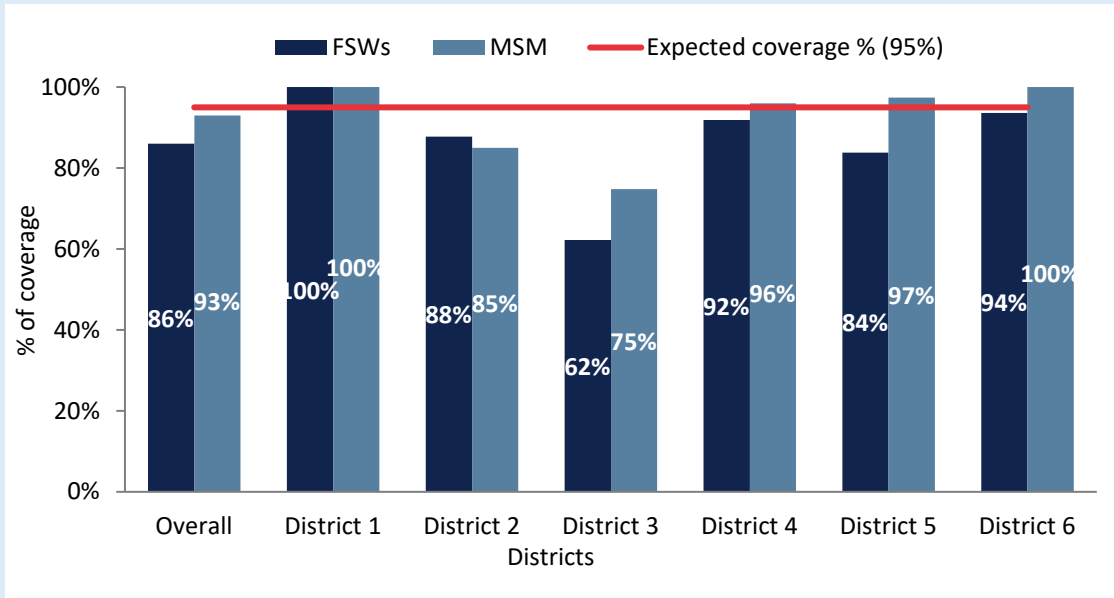


Outputs of the RCS

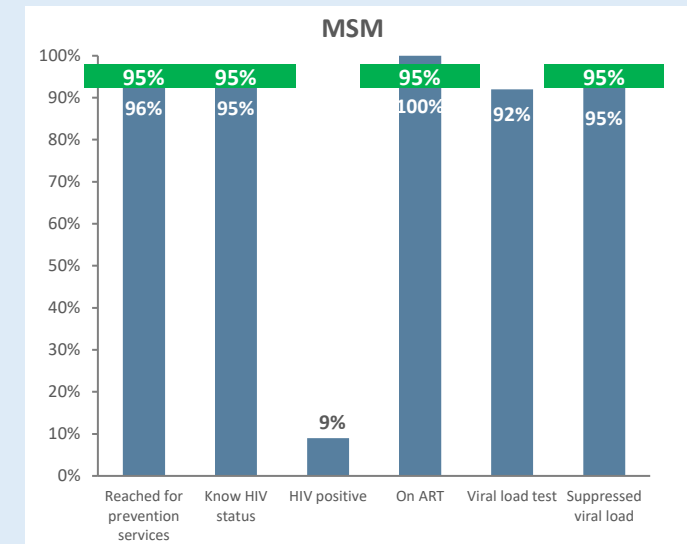
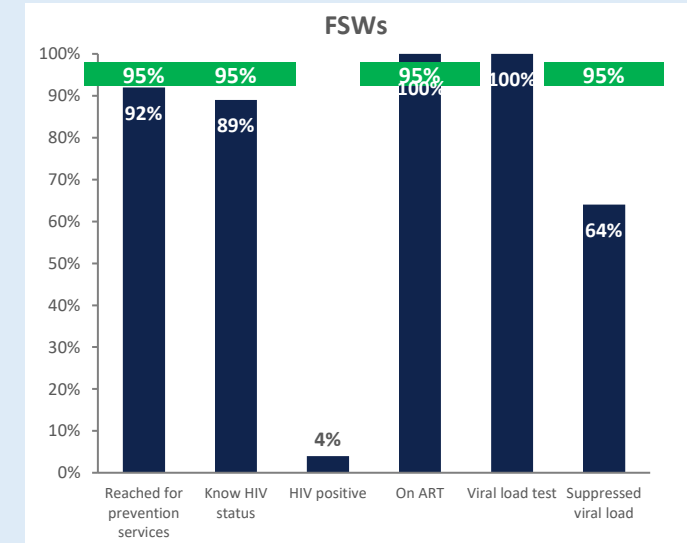
- Data for programmatic decision-making and course correction
- Reports, presentations, and briefs

Examples of RCS data from Nepal

Received any service from CBS or Peer Navigator – “past three months”



Overall cascade against 95-95-95

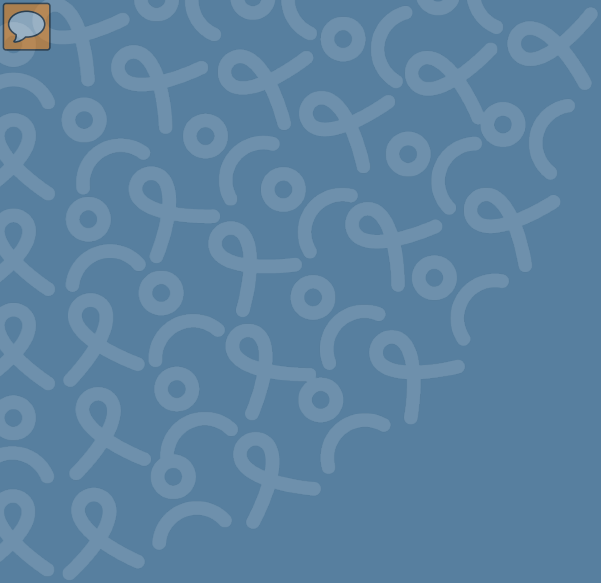




Use of RCS findings in practice

Did the RCS approach meet the requirements of the Nepal program?

Criteria	
Linked to programs	Y
Rapid and repeatable	Y
Sufficiently representative to guide programs	Y
Capacity to reach persons not engaged by programs	Y
Brief and focused questionnaire	Y
Simple and standardized data collection, analysis, and reporting	Y
Track list of well-defined indicators	Y
Low cost	Y
Can be integrated into routine program	Y
Provides timely estimates of biological and behavioral markers	TBD



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