

Guyana Going Online Report

A report and roadmap for taking HIV services online in Guyana

In this report, find the latest analysis of mobile phone, internet, and social media use in Guyana with additional field and program insights for taking HIV services online to increase efficiency and improve engagement and reach among beneficiaries specifically key populations through online and virtual platforms. Community Service Organizations (CSOs), HIV program implementing partners, donor agencies such as USAID and Global Fund, and the Government of Guyana may use this report while planning updates to their HIV services and technical approaches to reach epidemic control. This report follows the [‘Going Online’](#) framework, a roadmap for implementing online HIV services. It may be particularly useful for mitigating the impact of the COVID-19 pandemic on HIV services and better position programs for virtual and online service delivery after COVID-19.

Context

HIV Program

The vision of Guyana’s HIV National Strategic Plan (2013-2020) “[HIVision 2020](#)” is on eliminating HIV as a public health threat, hence one of the priority areas is on preventing new HIV infections. Special attention is given to interventions towards key populations at higher risk, specifically men who have sex with men (MSM) and female sex workers (FSW).

In support of Guyana’s HIV National Strategic plan, the USAID- and PEPFAR-funded EpiC project in Guyana (EpiC Guyana) supported two sub-grantees focused on reaching specific key populations with HIV services between October 2019 and September 2020. The local partners included Artistes in Direct Support (A.I.D.S.) and Guyana Trans United (GTU), which are specialized community service organizations supporting HIV service delivery among FSW, MSM and transgender persons within the community and at the site level. These CSOs are based in Region Four (4), the most populous administrative region in Guyana.

Project funding supported a range of activities aimed at strengthening the HIV services cascade, including: prevention, identifying undiagnosed individuals from key population groups, referrals with supported case navigation for early linkage to Anti-Retroviral Treatment (ART), supporting those who defaulted to return to care, and providing care and support to improve adherence and retention in services toward viral suppression. In 2020, the EpiC project supported the planning and introduction of online and virtual approaches to reach previously unreached key populations and link them to services, particularly, harder-to-reach men who may not self-identify as MSM and bisexual men.

Status of Online HIV Services in Guyana

A summary of activities and approaches used in Guyana under the Epic Project to support planning and implementation of online HIV services.

Learn and Plan: Activities to learn about online target audiences and plan an online HIV program

- Capacity building for the staff of GTU and A.I.D.S. on the steps for setting up an online outreach strategy, focused on using a [social network outreach approach](#) with online outreach workers engaging key populations individually on social media and dating apps (November 2019).
- Developed an initial strategy for online outreach for GTU and A.I.D.S. outlining the identification of audiences to be reached, online and mobile platforms to use, a posting plan, organizational and campaign branding, and strategies for referring clients to HIV services.
- Adapted and implemented an online survey to help GTU and A.I.D.S. learn about the audience of key populations who could be reached online in Guyana. The survey included a mix of both open and closed-ended questions. The survey was disseminated using a convenience sampling technique where online ads were used, and outreach workers also shared with their clients. (March-April 2020).
- Online survey responses were analyzed and used by GTU and A.I.D.S. to refine their online HIV outreach plans to be more targeted with their promotions and engagement (May-June 2020).
- Online survey report was published and shared with community, donor, and government stakeholders involved in the HIV response (August 2020).

Reach and Link: Activities to reach target audiences online and link them to HIV services

- Existing outreach staff at A.I.D.S. and GTU were capacitated to conduct online HIV outreach, as part of their regular workload. At the onset of the COVID-19 pandemic, staff were more inclined to reach and support clients online. Facebook, Grindr and WhatsApp are the primary online platforms used.
- A.I.D.S. initially used separate Facebook pages to reach [MSM](#) and [FSWs](#). These accounts did not have the organization's name and branding. Shortly after the introduction of QuickRes, the team decided to create a single Facebook page for the [organization](#). This page has a low subscription.
- Grindr is also used to engage with MSM online through personal profiles. Organizational profiles were used before and were not effective.
- Clients reached online are encouraged to move the conversation over to WhatsApp, for a more secure exchange and lesser likelihood of losing contact. Each outreach worker has a mobile device assigned to them to support this undertaking.
- Tools were developed to support online outreach workers to provide support to clients such as a message matrix with responses to commonly asked questions and a sample chat flow and scripts to help the outreach worker introduce themselves to clients.

- Content posted on A.I.D.S. and GTU's social media pages follow a posting plan. The posts included HIV and other health and lifestyle topics relevant to their key population target audiences but didn't have the anticipated response from the audiences.
- Linking clients from online engagement and chats to HIV services was supported through a process of "off-lining" whereby peers set up a time to meet their clients in a safe place to continue their conversation about HIV risk, service needs and referrals. Off-lining was not an attractive method for all clients, especially those who rather access health services directly or those limited by their mobility or physical distancing due to the COVID-19 pandemic.
- The EpiC global project developed and launched QuickRes.org in June 2020 to help countries rapidly onboard their partner clinics and outreach and case management staff to allow clients to do HIV risk assessments, book HIV services, and receive follow up service online or virtually. A.I.D.S. and GTU were oriented to QuickRes in July 2020 and had their clinics and services listed on the platform for clients to access and book themselves. The CSOs will start implementation of online outreach via QuickRes in August 2020.

Engage and Support: Activities to support client's routine engagement in HIV services through online or virtual channels

- The EpiC project has not supported A.I.D.S. or GTU on activities to leverage online or virtual channels to support client reengagement in case or to support follow up services to clients they have reached before or supported to receive HIV testing
- GTU and A.I.D.S. help navigate their clients to ART and lab services offered by other providers; however this is typically done through traditional means (e.g. in person facilitation and paper or phone based referral).
- Adherence services are being provided through phone call or WhatsApp. At A.I.D.S., these services are provided by a nurse and social worker and at GTU by a social worker.
- The use of QuickRes by GTU and A.I.D.S. will facilitate the assignment of clients to case managers based who can then use QuickRes to follow up after their HIV test and refer for ART and other services.

Assess and improve: Activities to assess the results and performance of online HIV outreach and services for program improvement

- GTU and A.I.D.S. have not used electronic data collection and referral forms as part of the EpiC project for monitoring and reporting purposes.
- In August 2020, GTU and A.I.D.S. joined QuickRes.org to offer clients online risk assessments, HIV service booking, and to facilitate follow up services. Administrators at each organization will have access to client risk data, booking information and data on services provided to clients during their appointments. This data available in QuickRes will help the CSOs understand the results of their online outreach efforts and consider adaptations to improve performance over time
- GTU and A.I.D.S. participated in a south-to-south exchange with EQUALS in Barbados. The CSOs were able to learn from EQUALS about their experience with reaching KPs online.

Mobile, Internet, and Social Media Use

GENERAL POPULATION:

Findings on general population use of mobile, internet and social media in Guyana are from the Digital Guyana Report 2020¹:

- Mobile use: 83% of people in Guyana have mobile connection
 - 93% of mobile connections are pre-paid
 - 6.7% of mobile connections are post-paid
 - 37% of mobile connections are used for broadband internet services
- Internet use: 55% of people in Guyana have access to the internet
- Social media use: 55% of people in Guyana are active social media users
- Facebook can reach 51% of people in Guyana with advertisements
- Instagram and Twitter reach 18% and 4% of people in Guyana, respectively

POPULATION SPECIFIC

Facebook's Ad Manager estimates the number of people it can reach in Guyana that match certain interests, which can be indicative of certain audiences relevant for HIV services. Facebook estimates this audience size by counting the number of active profiles in the selected country matching the gender and age criteria that also have expressed an interest in or like pages related to those specified "interests". Here are some sample findings estimated using Facebook's Ad Manager in August 2020:

- 470,000 People aged 16 or older
- 53,000 Young people interested in dating (Men and women age 16-30 interested in "dating" and "online dating services")
- 6,800 Men interested in "homosexuality"
- <1,000 Men interested in gay dating app "Grindr"

These are some selected results from an online sexual health survey implemented by the EpiC project in Guyana in 2020, segmented to show results for young men who have sex with men (MSM aged 15-29 years). These survey results only reflect the MSM reached with the online survey through online ads or through the efforts of A.I.D.S. and GTUs online outreach efforts.

- 79% said they use Facebook
- 74% said they use WhatsApp
- 51% said they use phone calling
- 49% said they use SMS messaging
- 45% said they use a laptop or other form of computer
- 45% said they use a smartphone or tablet
- 43% said they used gay dating app Grindr
- 25% said they used gay dating app Adam4Adam

¹ DIGITAL 2020 report for Guyana (January 2020) from We Are Social report <https://datareportal.com/reports/digital-2020-guyana>

- 9% said they used dating app Tinder
- Respondents most preferred to receive support for sexual health or HIV services on messenger apps like WhatsApp (74%) as opposed to social media apps like Facebook (51%)

See further results in annex 2.

Recommendations

These recommendations will help A.I.D.S. and GTU expand their use of online and virtual platforms to better connect with their target audiences in Guyana, especially now during the COVID-19 pandemic. These recommendations align with the findings of EpiC's online survey implemented in 2020 and are particularly tailored for young men who have sex with men. The recommendations may be relevant for defining broader priorities for KP HIV programs in Guyana.

***Learn and Plan:** Recommendations for learning about online target audiences and planning/augmenting the online HIV program*

- **Engage new online target audiences into CSOs:** Establish or strengthen community advisory boards, consisting of members of the target populations that give insights on content and demand generation. This should focus on including populations of young men who have sex with men who are uniquely reached online in Guyana.

***Reach and Link:** Recommendations for reaching target audiences online and linking them to HIV services*

- **Make virtual outreach and support the new normal:** Shift all client support staff (including peer educators, outreach workers, and case managers) to connect with and support clients through virtual channels during the COVID-19 pandemic (voice calling, WhatsApp, and social media dating apps). Virtual channels can be the default method, while physical meetings and outreach can be arranged upon client request and if staff use personal protective equipment.
- **Explore online marketing approaches to reach into new networks:** Explore possibility of social influencer outreach approaches or targeted ads on Facebook or Grindr to reach new networks of previously unreached MSM, particularly through pro-bono or low-cost collaborations with local social media influencers. Register [with Grindr for Equality](#) for free broadcast messages to Grindr users in Guyana (applicable for CSOs serving members of the gay, bisexual or transgender communities). Use a mix of organic and paid content across social media pages to simultaneously engage existing followers and reach new audiences.
- **Use the right platform for the right purpose:** To reach and engage young men who have sex with men, focus marketing and outreach on Facebook and switch to a messenger like WhatsApp for ongoing contact.
- **Improve design quality and engagement of content post online:** CSOs should use a storyboard to help them guide the types of content they will put in

their posting plan. Engage community members to help guide the development of content and consider hiring a specialized social media coordinator with skills in social media marketing and graphic design. Particularly for young MSM, focus content on 1) friendly and convenient HIV testing services; 2) HIV self-testing; 3) PrEP; 4) general education about HIV and sexual health; and 5) condoms and lube.

- **Focus online outreach and marketing on the goal:** Structure online engagement and content to funnel clients into services using the QuickRes platform. This means that all outreach workers should know how to help clients book services on QuickRes and ads and influencers posts promoting HIV services should always add a link from their post to QuickRes so clients can immediately act.

Engage and Support: Recommendations for supporting client's routine engagement in HIV services through online or virtual channels

- **Expand clinical partnerships:** Explore partnering with private clinics and laboratories that can be facilitated using QuickRes for referral/booking and reporting back to the CSO clients uptake of services. Establishing these partnerships will help the CSOs better track their client service access across wider range of clinical services as well as offer service referrals to private health services where were preferred by the audience of young MSM responding on EpiC's online survey.
 - Ensure potential new partners offer confidential, friendly and non-stigmatizing services
 - Conduct focus group discussion to explore the possibility of the introduction of a moderate fee
- **Establish virtual case management services using QuickRes:** Establish cohorts of clients that are followed up by assigned case managers on QuickRes, such as cohorts of clients who access HIV testing and need follow up services and other cohorts of clients already linked to ART to receive retention and adherence support.

Assess and improve: Recommendations for assessing the results and performance of online HIV outreach and services for program improvement

- **Set up regular performance review meetings:** Host weekly or biweekly review meetings with online outreach workers to review performance and adapt plans and tools. Track results granularly on QuickRes using token-based links that can track results per outreach worker and individual ad or influencer post. Engage administrators of QuickRes to view data visualization available on QuickRes showing results that can be used to inform regular performance meetings. These meetings can be held physically at CSO offices (acknowledging physical distancing and use of personal protective equipment) or virtually on free teleconferencing software such as Zoom, Skype, or Google Hangouts
- **Collect and use client feedback routinely:** Consider using an online client feedback system like LINK to gather feedback from users on their satisfaction

of services and, where they received services. The information gathered will inform better service provision and can also be used and reviewed during regular performance review meetings.

BUDGET INPUTS FOR IMPLEMENTING GOING ONLINE RECOMMENDATIONS

Identify and Plan

- Cost for meetings for community advisory boards

Reach and Link

- Training to build capacity of CSO outreach staff to implement online HIV outreach and virtual case management
- Fee for social media influencer promotions
- Advertising budget for Facebook ads
- Salary of (additional) staff skilled in graphic design and social media marketing to support the development and maintenance of the CSOs social media presence.
- Tablets/smartphones for use by online outreach workers and case managers
- Mobile data and phone calling plan for outreach workers and case managers
- Costs related to using online booking and data systems (such as subscription costs)

Engage and Support

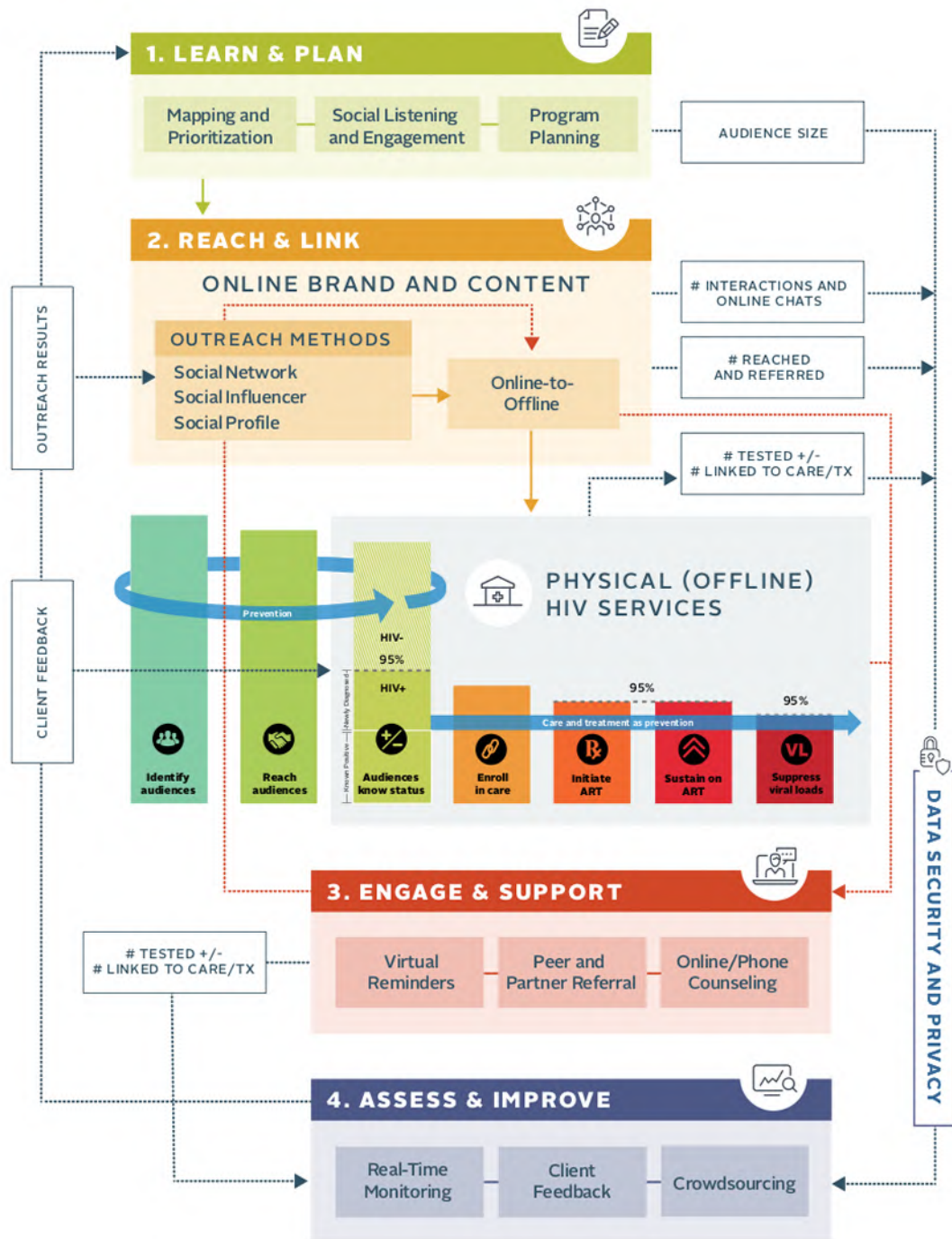
- Meetings with focus groups to discuss and identify additional clinical service provider partners
- Salary for any (additional) case managers needed

Assess and improve

- Meetings costs for regular performance reviews (can be virtual with negligible cost implications)
- Subscription costs for online survey software subscription to manage collection of online client feedback (such as Survey Monkey)
- Costs SMS bundle to send SMS from QuickRes to clients

Annex 1:

LINKAGES' FRAMEWORK FOR GOING ONLINE ACROSS THE HIV SERVICES CASCADE





Annex 2

RESULTS FROM GUYANA ONLINE SEXUAL HEALTH SURVEY



The online survey results are presented as overall findings among all respondents and findings segmented particularly for men who have sex with men (MSM) as this is a target audience for community service organizations in Guyana.

Population type and risk profile

	 ALL RESPONDENTS	 YOUNG MSM
Respondents	<ul style="list-style-type: none"> ▪ 301 completed responses ▪ 198 at risk for HIV ▪ 81 MSM ▪ 23 sex workers ▪ 6 transgender people ▪ 86 recruited by community partners ▪ 215 recruited by online ads 	<ul style="list-style-type: none"> ▪ 81 (27%) respondents reported male gender and sex with men (MSM) ▪ 53 young MSM (15–29 years) ▪ 11 (21%) of the young MSM respondents reported sex work ▪ 22 young MSM recruited by community partners ▪ 31 young MSM recruited by online ads
Location	<ul style="list-style-type: none"> ▪ Respondents were primarily concentrated in Region 4 (69%) where Georgetown is located. 	<ul style="list-style-type: none"> ▪ Young MSM had similar findings as all respondents.
Age	<ul style="list-style-type: none"> ▪ 72% of respondents were under the age of 30, and the most common age group was 20–24 (37%). ▪ Ads on Facebook and Grindr were more likely to recruit younger audiences for the survey and older people were more likely recruited directly by 	<ul style="list-style-type: none"> ▪ 45% of young MSM respondents were ages 20–24, followed by 42% who were 25–29, and 13% who were 15–19. ▪ The highest percentage of people recruited via ads on Facebook and Grindr were 20–24 years old (48%), whereas the highest percentage of people recruited by CSOs were 25–29 years old.



	community services organizations (CSOs).	
HIV Status	<ul style="list-style-type: none"> 5% HIV positive, 74% HIV negative, 19% did not know their status, and 2% did not disclose. 	<ul style="list-style-type: none"> All MSM: 14% HIV positive, 72% HIV negative, 12% did not know their status, and 2% did not disclose. Young MSM: 4% HIV positive, 77% HIV negative, 17% did not know their status, and 2% did not disclose.
Risk Factors	<ul style="list-style-type: none"> 66% of respondents experienced at least one risk factor in the past 6 months (N=198). The most common risk factor was sex without a condom (59%), followed by multiple partners (23%), sex work (8%), and chemsex (consumption of drugs to facilitate or enhance sexual activities) (5%). Respondents recruited by the ads were slightly more likely to report high-risk behaviors (66.7%) than were the respondents recruited by the CSOs (62.9%). The younger age group is more at risk than the older age group. 	<ul style="list-style-type: none"> 68% of young MSM respondents experienced at least one risk factor in the last 6 months (N=53). The most common was sex without a condom at 58%, followed by multiple partners (34%), sex work (21%), and chemsex (15%). Sex work and chemsex were reported more frequently among young MSM than among all respondents (sex work 21% vs. 8% and chemsex 15% vs. 5%). 74% of young MSM recruited by the ads reported risk behavior compared to 54% of respondents recruited by the CSOs.

Technology use

	 ALL RESPONDENTS	 YOUNG MSM
Technology use	<ul style="list-style-type: none"> Use of messenger apps (72%) and social media (69%) such as WhatsApp and Facebook was 	<ul style="list-style-type: none"> 32% used dating apps.

	<p>more common than SMS (38%) and phone calls (53%).</p> <ul style="list-style-type: none"> 15% used dating apps. 	<ul style="list-style-type: none"> Young MSM recruited by ads preferred social media use (74%) in relation to messenger apps, SMS and phone calling. Young MSM recruited by the CSOs preferred phone calling (55%) over messenger apps, SMS and social media.
Online Dating	<ul style="list-style-type: none"> Report that it is common (but not ubiquitous) to meet partners online for sex/dating. Among respondents currently dating (N=117), 26% said they meet partners only online and 34% meet mostly online. 	<ul style="list-style-type: none"> It is more common for young MSM than older MSM to be dating online. Among young MSM respondents currently dating (N=43), 34% said they meet partners only online and 36% meet mostly online. None of the young MSM recruited by the ads was dating only offline compared to 5% recruited by the CSOs.
Dating apps	<ul style="list-style-type: none"> Most commonly used dating apps were Grindr (15%), Adam4Adam (9%), and Tinder (6%). 	<ul style="list-style-type: none"> Most commonly used dating apps were Grindr (43%), Adam4Adam (25%), and Tinder (9%). Dating apps were used more often by young MSM recruited by the ads than the ones recruited by the CSOs (Grindr: 55% vs. 14%; Adam4Adam 23% vs. 5% and Tinder: 13% vs. 5%).
Social media	<ul style="list-style-type: none"> WhatsApp and Facebook were nearly tied for socializing at 69% and 63%, respectively. WhatsApp was preferred (73%) over Facebook (43%) for receiving chat support for sexual health services. 	<p>Young MSM had similar findings as all respondents.</p>

HIV service access and preferences

	 ALL RESPONDENTS	 YOUNG MSM
Testing access	<ul style="list-style-type: none"> ▪ Most commonly reported location for receiving HIV testing was public health facilities (36%), followed by private health facilities (30%) and community or outreach testing (10%). ▪ Older respondents were more likely than younger respondents to access private services for HIV testing. ▪ 16% never had an HIV test. Younger people are more likely to have never tested for HIV. ▪ Main reasons for never testing were respondents' perception that they were not at risk for HIV or never had sex (42%) and fear of knowing their HIV status (25%). ▪ 10% of the younger respondents did not know where to go for HIV testing. 	<ul style="list-style-type: none"> ▪ Most commonly reported location for receiving HIV testing was private health facilities (36%), followed by public health facilities (34%) and community or outreach testing (13%). ▪ Young MSM recruited by ads were more likely to visit a private health facility (45%) than were the young MSM recruited by the CSOs (23%). ▪ 13% never had an HIV test. ▪ 16% of young MSM recruited by ads had never tested for HIV compared to 9% of young MSM recruited by CSOs. ▪ Main reasons for never testing were fear of knowing HIV status (67%), trust in their partner's negative HIV status (33%), and perception they were not at risk for HIV or never had sex (17%).
Service satisfaction	<ul style="list-style-type: none"> ▪ Most respondents were very satisfied (56%) or satisfied (30%) with the most recent time that they received HIV services. 	<ul style="list-style-type: none"> ▪ Young MSM were slightly less satisfied with the HIV services they had received recently (very satisfied: 44%; satisfied: 31%). ▪ The young MSM recruited by the CSOs were more often very satisfied (59%) in comparison with the young MSM recruited by the ads (32%).

<p>Preferences for future service access</p>	<ul style="list-style-type: none"> ▪ Respondents most commonly preferred to receive HIV services from private health facilities (59%), followed public health facilities (50%), private labs (40%), and CSO facilities (36%). 	<ul style="list-style-type: none"> ▪ Young MSM respondents had similar preferences as all respondents for types of facilities from which they like to access HIV services. ▪ While young MSM recruited by ads clearly prefer private health facilities (68%) over public ones (58%), those recruited by CSOs did not prefer one over the other (private: 45%; public: 45%).
<p>Preferences for learning about services</p>	<ul style="list-style-type: none"> ▪ Respondents most commonly preferred self-care methods for learning about and accessing HIV services. Fifty-five percent wanted to find sexual health information on their own and 63% wanted to find health services on their own. ▪ The respondents recruited by the CSOs preferred public health facilities (57%) over private health facilities (48%). 	<ul style="list-style-type: none"> ▪ Young MSM (38%) use self-care methods for learning about and accessing services, but there is a higher preference for speaking in person with a community or peer worker (42%) or chatting online with a community or peer worker (40%). ▪ Young MSM recruited by ads preferred chatting online (52%) and finding information online (45%), whereas young MSM recruited by the CSOs preferred speaking in person with a community or peer worker (59%) and speaking in person with a medical worker or doctor (32%).
<p>Factors affecting service value</p>	<ul style="list-style-type: none"> ▪ All respondents find confidentiality (85%) and friendly, nonjudgmental staff (69%) to be of importance when visiting a clinic or HIV services. ▪ More than half (55%) were willing to pay a moderate fee for high-quality, convenient, and confidential HIV testing services. 	<ul style="list-style-type: none"> ▪ The opinions of young MSM were similar to those of all respondents related to factors that affect service value. ▪ Young MSM are slightly more willing to pay for high-quality HIV testing than all respondents (59%).

**Interest in
type of
services**

- Most interested in sexual and reproductive health (47%), friendly and convenient HIV testing services (41%), HIV self-testing (38%), general education about HIV and transmission (37%), and condoms and lubricants (33%).

- Most interested in friendly and convenient HIV testing services (56%), HIV self-testing (44%), condoms and lubricants (33%), general education about health and sexual reproductive health services (31%), and PrEP (29%).
- HIV self-testing (54%) and PrEP (42%) were mentioned more by the young MSM recruited by ads than by their peers recruited by the CSOs (HIV self-testing: 32%; PrEP: 11%).
- General education about HIV and transmission received more interest by the young MSM recruited by the CSOs than by their peers recruited through ads (47% vs. 19%).