

— *A Sense of PLACE* —

Following Up on the Legacy of PLACE Studies in Seven Countries

Introduction

The Priorities for Local AIDS Control Efforts (PLACE) methodology is an innovative set of tools that allow the public health community to identify, track, and describe venues where high-risk populations are meeting new sexual partners. This information can then be used for surveillance or intervention-design purposes. PLACE methodology is highly adaptive to local contexts. Since the initial development of PLACE, additional tools have been developed including PLACE Lite and a mapping suite of PLACE geographic information system (GIS) tools. More information about PLACE can be found at:

<http://www.cpc.unc.edu/measure/tools/hiv-aids/place>.

In an effort to understand better what happens to data and information during and after the implementation of PLACE in a country, follow-up interviews were conducted with key informants in seven countries who were involved in PLACE studies since 2003.

Methods

A listing was compiled of all countries in which a PLACE study had been conducted and completed over a 10-year period, between 2003 and 2013. MEASURE Evaluation PLACE principal investigators were contacted for a suggested list of key

informants and contact information. Suggested informants were contacted by email and asked to participate in a key informant interview. Informants were also asked for contact information of additional key informants. The PLACE team was able to identify and interview successfully one point of contact for each country initially listed except for Zambia. Countries and the role of key informants in the study are listed in table 1 in chronological order of PLACE study implementation.

Country	Year	Key Informant's Role
Ghana	2003	Ghana AIDS Commission liaison
Jamaica	2003, 2006, 2008, 2012	Co-Investigator
Rwanda	2005	Field coordinator
Zimbabwe	2007	Local co-investigator, UNICEF
China	2009	Field coordinator
Democratic Republic of the Congo	2009	Field coordinator
Kenya	2010	Assistant field coordinator

All contacts were interviewed by Skype and all interviews were recorded. Recordings were transcribed and thematic analysis conducted to identify common themes.

Results

Thematic analysis of qualitative interviews were conducted with NVivo software. Results are summarized by theme below.

1. Implementation

Overall, informants felt that PLACE was easy to implement. When discussing the implementation process, informants emphasized the importance of *adapting the PLACE protocol* and methodology to the local community.

The biggest implementation challenges mentioned by respondents were *insufficient time and financial resources*. For example, one respondent expressed regret that, due to budget constraints, one of the original data collection sites was eliminated. A desire for greater time for data collection was also noted.

Stigma was also mentioned as an implementation challenge, especially when working with men who have sex with men (MSM).

“The protocol was almost ready and before we started... one of the students... came to [our country] with almost the final protocol and together we went on the ground to try to see how this can be implemented, how we can conduct the study. And that was very, very, very useful because on the ground we found that, we changed ...the protocol according to what we found.”

Interviewee 5

“We adapted the protocols of PLACE to suit [our country]’s situation. We made it [our own]”

Interviewee 4

“We didn’t have much time for data collection in the field and basically the budget was changed...Basically what we lacked was enough time and funding.”

Interviewee 1

To make “implementation easier or more successful? Maybe financial that was it.”

Interviewee 4

“Initially there were four [sites]...At the last minute [one site] was dropped...so we didn’t work in [one site] because the budget was changed”

Interviewee 1

“With the MSM it was basically stigmatization, fear of police, being arrested and all that. So the challenges were different.”

Interviewee 1

2. Access to Data and Reports

Most respondents could explain where the data and reports were stored. However, there was variability among respondents as to whether or not respondents had access to data and reports. Some respondents had *access to data* or knew how to gain access to data, if so desired.

Others did not have access to the data, but expressed interest in obtaining the data. One individual had access to the data, but not a data dictionary.

Respondents indicated that with access to the data, there were additional research questions they would be interested in investigating. For example, one respondent expressed interest in analyzing differences in risk behaviors using more narrowly defined age categories.

“If there was anything that maybe I needed to use from the data I’ll probably request from the management or the country director...to make the request. I would access it just like that.”

Interviewee 1

“For now in [our country] there is no one who has access to the data, so to be sure that the data will not be going anywhere else. There was no, mostly that period there was no real news from the [in-country] IRB what we should do with the data, so that’s why most of the data was sent to UNC and to [another university]...it should be available. I would like to definitely see if I can find this data set.”

Interviewee 5

“I have the data labeled that I have it. Unfortunately, there was no dictionary for the data elements that are in there. I now have the file that I made for the questionnaire but I would think that it would be very hard for anyone to have a look at it, to make somehow the questionnaire, and I have the record...And I must confess that it was very hard to get the report.”

Interviewee 7

“It [the report] provided some insights on where young people gather, where they are meeting their peers. ... But more detail on breakdown of where do you find the younger ones, where do you find the older ones? That was part of the more detailed information that was missing in that sense and it really could have had a better impact on the program. ... For example, they were looking at women ... I think 12 to 24 year-olds ... but if you have broken it down by school age [and those older than school age] ... the finding would have been much significant and stronger, impacting programming.”

Interviewee 3

3. Benefits of PLACE Studies

Overall, respondents felt the PLACE studies were useful and could cite numerous benefits from having conducted a PLACE study. Respondents consistently noted that PLACE studies provided increased knowledge about *the size and behavior of key populations* as well as about their country's HIV epidemic in general.

Respondents discussed how PLACE studies provided knowledge about the heterogeneity of the health and health needs throughout their country.

In addition, respondents noted that the PLACE methodology was *efficient and cost-effective*.

“One of the striking things that came from the PLACE study was that we’ve begun to look seriously at the issue of men who have sex with men, because there was a question on that. ... And so people asked, when we identified why people, and definitely there are several of them, and for almost all the places asking this we identified cases of MSM ... that was a very striking thing for us, and PLACE provided the evidence for that. ... The other one is on IDUs. So, from MSM and IDUs, the evidence that we have are sufficient to take a second look at IDUs because this was the instrument that identified these two key populations in [our country].”

Interviewee 4

“I think that the most important idea and information to come from the PLACE is that when we on most of the patrons of the bar, most of the bars, most of the settings were bars, so went and asked questions to females and they said no, we are just coming for fun here, but we found that among females at sites HIV was very, very, very, very high. That was very, very important information for us, because it can just with people who say, “oh no, I am just here for...” but it is seen they are there just looking for new partners. So, the PLACE helped us to, that was a finding for the, even for the National AIDS Program study.”

Interviewee 5

“There were a lot of difference in terms of the partnerships and the availability of HIV prevention services within localities, and for me that was a very important finding because I found the PLACE methodology a very appropriate methodology to prioritize intervention efforts, even within a small geographic circle that was the most important finding. Of course the findings confirm that HIV prevalence is very high, it also confirmed evidence of needle sharing, needle sharing among IDUs. Those are some of the key findings that came out that we didn’t know before.”

Interviewee 7

“The PLACE is very useful for plans, for planning at the district level, for the political program. It was very useful at the national level, but now it is used also to track the prevalence in [our country]. The HIV prevalence at the national level, also in the districts, to see where partners are, have many, many partners also. Like, say commercial sex workers have also, they’ll be there. These most-at-risk populations, like MSM, like sex workers, commercial sex workers, those areas were the target, and they used that to fight AIDS at the local level.”

Interviewee 6

“Doing a whole survey and talking to people all over the country to get the same results, but you can be able to get results from different places as some of the clustering of HIV, they’re so different. It’s in pockets, there is a higher prevalence in one area than another place so the PLACE study, the methodology is able to pick up quickly that this is one of the areas that is a high priority and this is where we need to put the intervention.”

Interviewee 1

“We were able to pick from pockets, you know pockets in the country that were able to say this is what happened in a particular region in a short time and basically below budget... it’s basically cost-effective. Basically, doing a PLACE study in the shortest time, with some good funding you don’t have to do a whole survey or something big, that you can be able to get a small number of sample size and be able to get basically almost the same information.”

Interviewee 1

4. Data Use

The ability of respondents to cite instances of data use related to the PLACE studies varied widely. In general, those respondents who were key figures in data collection and analysis were no longer involved in further data use decisions that may have taken place within missions or ministries following the PLACE dissemination. The high-level policy makers and program implementers who were involved in PLACE studies are highly mobile and proved difficult to track with the passage of time. Those interviewed, however, were able to name definitive legacies of the PLACE studies. Some of these included the *implementation of additional PLACE studies*.

Also named were *studies that followed on to PLACE studies to better understand results first highlighted by PLACE*.

“In 2010 there was also a study, a second study in PLACE. ... Now, the data also was used, and the methodology was used just to conduct the survey in the agricultural sector to see where, hotspots, and how they have the agriculture, from the last meeting the HIV contamination went up, but when people have enough money go from the harvest, that’s what it was used for. And then later on working on economic development, it was used also for the big UNC program, just the data, to find where hotspots were in order to conduct, to make plans according to the data. The results from PLACE Study, because the hotspots were taken into account during the action plan, the strategic plan 2009 to 2012.”

Interviewee 6

One respondent noted that PLACE data were used by the country government to *inform the national HIV strategic plan*. In one country, a government official was able to cite PLACE as the origin of the country's current focus on key populations.

Some respondents were able to cite *interventions or services* informed by PLACE data.

"It indirectly led to several researches there, especially it contributed to the thought that we need to do, because that was a wake-up call for us, because, hey, guys we have MSM so let us do a size estimation for that, for MSM, because they are there. Let us look at their behaviors and all of that. We also knew there were female sex workers, it's not only those who stand by the roadside doing that. There are hotspots, so let us identify more hotspots."

Interviewee 4

"The data it was used for planning, the strategic plan for what is called the National Strategic Plan for HIV/AIDS Monitoring. That was used before at the national level and also at the district level. ... Toward that the data was used to write, to prepare the national strategic plan both at the district level, also for the action plan, that is what it was used for. The PLACE is very useful for plans, for planning at the district level, for the political program. It was very useful at the national level, but now it is used also to track the prevalence in [our country]. The HIV prevalence at the national level, also in the districts, to see where partners are, have many, many partners also. Like, say commercial sex workers have also, they'll be there. These most-at-risk populations, like MSM, like sex workers, commercial sex workers, those areas were the target, and they used that to fight AIDS at the local level."

Interviewee 6

"Some years back in 2003, 2002, for us in our legal instrument, homosexuality is not mentioned, it's a crime. ... One of the striking things that came from the PLACE study was that we've begun to look seriously at the issue of men who have sex with men, because there was a question on that. ... And so people asked, when we identified why people, and definitely there were several of them, and for almost all of the places asking this we identified cases of MSM. So that was very striking, that was the point when we started thinking favorably of key populations, especially men having sex with men, to be part and parcel of our national response. So it was then, that was a very striking thing for use, and PLACE provided the evidence for that."

Interviewee 4

"Maybe like a spot where you see guys only that drink in bars, okay? Yes, the spot would be only a drinking bar. When you look at it from the open, it's noted to be just a drinking bar, but when you go there and interview that woman behind the thing. It looks like a drinking bar but sex is being sold there. So, we started interventions for those places. ... What we do is we went around and get some condoms there and then set out to sensitize the bar owners. We made sure that even with the, those who sell sex there are educated. And we found out seeking interventions for those places."

Interviewee 4

“People from MSF also they receive our results and I am pretty sure that the results helped them to more focus on what place they should go to look for mostly sex workers. And I can say in the end, the National AIDS Program I know that when they, at some of their meetings, or when the organized a meeting, a national AIDS meeting, so PLACE was one of the, I can say one of the priority topics on the meeting when we gave an oral presentation. So, the National AIDS Program was trying to bring this to people’s attention to say here are the problems, these kinds of studies are very, very, very important.”

Interviewee 5

5. Challenges to Data Use

A number of challenges were mentioned by respondents. Several respondents cited using the results from PLACE studies to *inform programming or services* as a major challenge.

Nearly all interviewed cited ongoing *technical assistance in data use* following a PLACE study as a gap experienced by countries utilizing the PLACE method.

Report writing was also cited as a challenged by one respondent.

“The big challenge was now how to implement the result of the PLACE on the ground, and since now I feel that we struggled with that ... I think that the big challenge also is that when you are coming with the kind of study results people will say that’s o.k. but now we are talking about what myself will I just get there, what are we just getting in this deal? I said it’s not a deal, it’s for the country, it’s for those cities, so we have, we come with those results to show that there is a problem. This is a problem, we cannot start to, we just, we show that for condom use there is no, so some places we didn’t find condoms and we found that young people are using just a plastic bag as a condom. That’s a problem. We need to intervene there, that’s a problem. That was a huge challenge, because still now I, we struggle with that. We tried to convince them that, to stick together, to just come with a plan, but it was very tough.”

Interviewee 5

“Technical assistance in analyzing the data could have been better. [The data] did provide areas of potential intervention, of prevention programs ... but again more detail on breakdown of where do you find the younger ones, where do you find the older ones? That was, part of the more detailed information was missing in that sense, and it really could have had a better impact on the program ... You see, just for example I mean they were looking at women 15, I think it was 12- to 24-year-olds, and then the percentage of them convening at school was like 20%, but if you would have broken it down by the school age you would have found that actually 80% of them were gathering outside wells closer to schools. So, the finding would have been much more significant and stronger, impacting programming, if they would have disaggregated data one step further ... a better analysis of the data would have further improved the program.”

Interviewee 3

“I think in the future we can improve a lot of things and improve our partners. Come together and go one-by-one and try to understand the findings. Sometimes I would see some analysis that was really not what was expected and for that reason I think it was challenging and I would have thought we could have done better ... I think the technical assistance in terms of use of the data would have been of great use, and I mean also technical assistance in terms of more work on the report and the country data, in analysis of the data.”

Interviewee 7

“I think the major challenge was actually writing up the report and not so much the data collection. ... That’s where, what I meant it was relatively weak. I think that it was a very rich exercise, however the report was written in the format that the richness of the information which was being collected was not translated into easily interpretable, action-oriented recommendations.”

Interviewee 3

6. Factors That Influenced Utilization of PLACE Results

Respondents identified several factors that influenced the utilization of PLACE results. One respondent cited *staff capacity* as a hindrance to applying findings from PLACE studies. In particular, the capacity of staff to develop and implement data-informed programming was seen as limiting the utilization of PLACE findings.

Sustainability and ownership at the country- and district-levels were also cited as a hindrance to future PLACE studies and utilization of existing PLACE data.

One respondent expressed a desire for greater *cross-country collaboration*.

“Now, the other issue, it had to do with the planning ability of people who were selecting the districts to pick up the ownership. To use the data not only for planning for HIV and AIDS, but use it in their everyday response to HIV and AIDS, but unfortunately that was not forthcoming. We realized that it wasn’t because of the PLACE data, but it was because of the capacity of the persons at the district level.”

Interviewee 4

“One of the other challenges that we also identified was, substantively became an issue, as we all agreed in the stakeholders meeting that once you have implemented PLACE, once or twice, it must become part and parcel of the routine monitoring and evaluation system. So that when know that after every year. After every 12 months I must implement PLACE to know where I am. Okay? But that, unfortunately, you don’t see it happen in most of the districts. I think there was only one or two districts that had implemented PLACE two or three times after we did the initial implementation. So, those challenges are not from the methodology. They are challenges of systems, which is a challenge across the country. People using evidence analysis for planning, and I must say that good evidence, you have to use scientific evidence to plan, which is a national challenge.”

Interviewee 4

“Maybe someone to share the current trends in PLACE...I would have loved to see what others are doing in PLACE. If there’s enough opportunity for me to share in any way, if there’s enough opportunity for me to ask others to implement their PLACE, well fine I can do that.”

Interviewee 4

7. Future PLACE Studies

Most respondents indicated support for conducting additional PLACE studies in the future. One respondent would like to see future PLACE studies organized at the district rather than the national level.

“I would do another PLACE study in the future. I think it’s a very useful tool.”

Interviewee 3

“I think it would be great to see if PLACE can be implemented so looking for the west and the eastern part of [the capital], that would be very, it seems to me that we may have not the same part, it seems that there is a little difference between the two parts of the city, and the PLACE can help for sure to get some, just to come up with some ideas that the people can just use.”

Interviewee 5

“It would not be out of place if another PLACE is done in [our country], but I would recommend that it’s not done from the national level, it’s no longer district specific. If you get a district who wants to assess their HIV and AIDS situation and they want to use PLACE methodology as a tool to collect their data and analyze it, that is very good. So, it should not be nationally led, but it must be district led...For me I think to get the best district ownership. If the locality or district thinks that this is a powerful tool in order to use and collect data they would then build their capacity to do that. So, it must come from the district.”

Interviewee 4

Conclusions

Analysis of the data collected as part of this assessment indicates that the PLACE studies were largely viewed as easy to implement and adapt to the local context. The majority of respondents viewed their participation in a PLACE study as a positive and useful experience. PLACE studies were viewed as having contributed new and important information about key populations and HIV prevalence. There was substantial variation in respondents' capacity to access PLACE data and reports. The extent to which PLACE data informed future research, policy, or programming also varied substantially across respondents. Nearly all respondents indicated that technical assistance in making full use of the richness of data collected as part of PLACE would be of great value.

This study has several limitations worth noting. While a diversity of perspectives was incorporated, due to the small sample size, data saturation may not have been achieved. In addition, the sample was non-representative with only one individual interviewed per country.

Given that PLACE studies were conducted in teams, the view of respondents may not capture the full perspective of PLACE team members and interviewees may not have had sufficient knowledge of all interview topics. In addition, the time between being interviewed and having conducted the PLACE survey varied considerably among interviewees. Due to the retrospective nature of the study, findings may be influenced by recall bias.

Respondents largely endorsed conducting future PLACE studies. In light of study findings, additional technical assistance, particularly in relation to data use, is warranted for future PLACE studies. Further, ongoing or regular periodic follow-up with key decision makers following the implementation of PLACE might allow for more systematic documentation of the key instances of data use that follow the dissemination of PLACE findings in-country.



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