

PLACE

Priorities for Local AIDS Control Efforts

▲ Protocol Decisions Manual (for use with the Sample Protocol)



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FOREWORD

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ABBREVIATIONS

ANC	antenatal care
ART	antiretroviral therapy
CBO	community-based organization
FSW	female sex worker
GIS	geographic information system
GPS	global positioning system
M&E	monitoring and evaluation
MSM	men who have sex with men
NA	not applicable
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLACE	Priorities for Local AIDS Control Efforts
PMTCT	prevention of mother-to-child transmission
POC	point of care
PPA	priority prevention area
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
SOP	standard operating procedure
STI	sexually transmitted infection
TA	technical assistance
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

DEFINITIONS

- HIV prevention cascade: Those who need services to prevent HIV acquisition, those who have access to the service (or services), and those using the service consistently
- HIV treatment cascade: The number of people infected, the number of those on treatment, and the number on treatment who have achieved viral suppression
- Key population: Populations most at risk of acquiring and transmitting HIV either by sex or needle sharing, generally defined as men who have sex with men, female sex workers, people who inject drugs, and transgender women
- Priority population: A term often used along with the term “key populations,” priority populations are all other groups identified at a national or subnational level who are at increased risk of HIV transmission. Examples are fisher folk, truck drivers, and those in uniformed services.
- Priority prevention areas (PPAs): Geographic areas expected based on epidemiological data and contextual information to have higher incidence of HIV infection
- Stakeholder: Anyone who could be affected by a Priorities for Local AIDS Control Efforts (PLACE) study or who could benefit from the findings. Stakeholder consultations should include engagement with healthcare workers, politicians, national AIDS control committees, health ministry leaders, key populations, police, epidemiologists, and academics.

HOW TO USE THIS MANUAL

Please consult Priorities for Local AIDS Control Efforts (PLACE): Overview of the Toolkit and the Method It Supports (<https://www.measureevaluation.org/resources/tools/hiv-aids/place>) for orientation to this package of resources as a whole.

The PLACE method has been used in more than 30 countries; however, no two countries have implemented PLACE in the same way. The protocol must be adapted appropriately to the epidemic context and the needs of people providing HIV services. This “Protocol Decisions Manual” is a guide for adapting the PLACE Sample Protocol (available here, in Word and pdf: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>) to your local context. It explains the decisions that must be made along the way: where to implement PLACE, the specific objectives, fieldwork considerations, sample size, ethics, mapping readiness, selection of key indicators, and methods for data analysis and use. It also provides tools and worksheets to document those protocol decisions.

PROTOCOL DECISIONS AND TOOLS

All major protocol decisions are made during the preparation phase of a Priorities for Local AIDS Control Efforts (PLACE) study. This manual describes the major decisions that are required to develop a PLACE protocol and provides tools to work through and document the protocol decisions (Table 1). Please refer to the Sample PLACE Protocol (<https://www.measureevaluation.org/resources/tools/hiv-aids/place>) to see how these decisions are reflected in that document.

Table 1. Protocol decisions and tools

	Tools	Type	Title or file name
STUDY SUMMARY	Study Summary Example	Worksheet to support Section 1 of the protocol	Worksheet 1.1. Example of a Study Summary and Time Frame (Appendix A of this manual)
	PLACE Overview for Steering Committee	PowerPoint presentation to support Section 2 of the protocol	PLACE Overview.pptx (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
AIM, RATIONALE, & OBJECTIVES	PLACE Objectives: Identification of gaps that PLACE could address	Worksheet to support Section 2 of the protocol	Worksheet 2.1. PLACE Objectives: Identification of Gaps that PLACE Could Address (Appendix A of this manual)
	Protocol Decisions	PowerPoint presentation to support Section 2 of the protocol	PLACE Protocol Decisions.pptx (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
	Stakeholder Engagement	Worksheet to support Section 3 of the protocol	Worksheet 3.1. Stakeholder Engagement (Appendix A of this manual)
	National Steering Committee Members	Worksheet to support Section 3 of the protocol	Worksheet 3.2. National Steering Committee Members (Appendix A of this manual)
	Core Implementation Team Members	Worksheet to support Section 3 of the protocol	Worksheet 3.3. Core Implementation Team Members (Appendix A of this manual)
ENGAGEMENT	District Steering Committee Members	Worksheet to support Section 3 of the protocol	Worksheet 3.4. District Steering Committee Members (Appendix A of this manual)
	District PLACE Study Team	Worksheet to support Section 3 of the protocol	Worksheet 3.5. District PLACE Study Team (Appendix A of this manual)

SELECTING AND MAPPING STUDY AREAS	Document the Geographic Framework	Worksheet to support Section 4 of the protocol	Worksheet 4.1. The Geographic Framework (Appendix A of this manual)
	District Summary Spreadsheet	Excel file to support Section 4 of the protocol	District Summary Spreadsheet.xlsx (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
	Define the Priority Prevention Area Typology	Worksheet to support Section 4 of the protocol	Worksheet 4.2. Developing the Typology of Priority Prevention Areas (Appendix A of this manual)
	Final PPA Typology Codes	Worksheet to support Section 4 of the protocol	Worksheet 4.3. Final PPA Typology and PPA Codes (Appendix A of this manual)
	Summary of Decisions Regarding Selection of Areas	Worksheet to support Section 4 of the protocol	Worksheet 4.4. Summary of Decisions Regarding Selection of Areas (Appendix A of this manual)
	(PLACE Mapping Tool (includes software and instruction manual)	Zip file to support Section 4 of the protocol	QGIS PLACE Mapping Tool (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place/place-method/the-place-mapping-tool-a-plugin-for-gis)
	District Readiness Assessment Tool	Tool to support Section 5 of the protocol	PLACE District Readiness Assessment Tool (Appendix H of this manual; also available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
	Legal Framework Discussion Guide	Worksheet to support Section 5 of the protocol	Legal Framework Discussion Guide (Appendix B of this manual)
	Protective and Punitive Laws and Policies	Worksheet to support Section 5 of the protocol	Worksheet 5.1. Protective and Punitive Laws and Policies (Appendix A of this manual)
	Key Population Stakeholder Consultation Guide(s)	Document to support Section 5 of the protocol	Key Population Stakeholder Consultation Guide (Appendix C of this manual)
READINESS ASSESSMENTS	Worksheet on Venue Typology	Worksheet to support Section 5 of the protocol	Venue Typology (part of Appendix C of this manual)
	Healthcare and Service Provider Consultation Guide(s)	Worksheet to support Section 5 of the protocol	Healthcare and Service Provider Consultation Guide (Appendix D of this manual)

STUDY DESIGN	Risks of Programmatic Mapping	Worksheet to support Section 5 of the protocol	Worksheet 5.2. Risks of Programmatic Mapping (Appendix A of this manual)
	Action Plan to Mitigate Risks from Mapping	Worksheet to support Section 5 of the protocol	Worksheet 5.3. Action Plan to Mitigate Risks from Mapping (Appendix A of this manual)
	Types of Community Informants	Worksheet to support Section 6 of the protocol	Worksheet 6.1. Types of Community Informants (Appendix A of this manual)
	Definition of Key and Priority Populations	Worksheet to support Section 6 of the protocol	Worksheet 6.2. Definition of Key and Priority Populations
	Resources on confidentiality, mapping and data security	Links to support Section 6 of the protocol	Resources on confidentiality, mapping, and data security (various)
	Informed Consent	Documents to support Section 6 of the protocol	Form A: Fact Sheet for Informed Consent by Community Informants (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
Form B: Fact Sheet for Informed Consent by Venue Informants (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)			
Form C: Fact Sheet and Informed Consent for Patron and Worker Interviews (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)			
HIV TESTING	Feasible Tests	Document to support Section 7 of the protocol	Feasible Tests (Table 4 of this manual)
	Most Commonly Done Tests According To Type Of Specimen Required	Document to support Section 7 of the protocol	Most Commonly Done Tests (Table 5 of this manual)
QUALITY & TRAINING	List of Training Materials and Fieldwork Forms	Document to support Section 8 of the protocol	Worksheet 8.1. Training Materials and Fieldwork Forms Required (Appendix A of this manual)
	Sample Safety Procedure	Document to support Section 8 of the protocol	Sample safety procedure (Box 4 of this manual)

SAMPLING	Fieldwork Implementation Guide	Manual to support Section 9 of the protocol	PLACE Fieldwork Implementation Guide.docx (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
	Sampling and Sample Size Documentation	Worksheet to support Section 9 of the protocol	Sampling and Sample Size Documentation (Table 10 of this document)
INDICATORS	Questionnaires	Documents to support Section 10 of the protocol	Form A (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
			Form B (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
			Form C (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
ANALYSIS	Variable Lists	Documents to support Section 10 of the protocol	Standard PLACE Variables for Form B (Appendix F of this manual)
			Standard PLACE Variables for Form C (Appendix F of this manual)
DATA USE	Sampling Description in the Sample protocol	Document to support Section 11 of the protocol	PLACE Sample Protocol (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place)
	District reports	Document to support Section 12 of the protocol	District PLACE Report Template (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place) Examples of district PLACE briefs (available here: https://www.measureevaluation.org/resources/tools/hiv-aids/place/uganda/place-assessments-in-uganda)

Section 1 of the Protocol. Study Summary and Time Frame

Objective

To summarize in 1–2 pages the key elements of the study including its aim, objectives, methods, participants, and outputs so that information about the study can be shared with National and District Steering Committees and others to facilitate understanding of the protocol and ensure full engagement of all affected people, including key and priority populations

Overview

The Study Summary and Time Frame presents the key features of the study in two pages (see Worksheet 1.1 for an example). It describes the aim, objectives, methods, outputs, leadership, and timing of the study so that information about the study can be shared with National and District Steering Committees and others, to ensure full understanding by and engagement of all affected people, including key populations and priority populations. It documents the key protocol decisions.

Guidance: Adapting Protocol Section 1

- 1.1 Review the Study Summary in the Sample Protocol.
- 1.2 After the National and District Steering Committee membership is finalized, fill in the Leadership and Funding section of the Study Summary Worksheet.
- 1.3 When the protocol has been adapted and all the protocol decisions have been made, complete the rest of the study summary.

Worksheet

- Worksheet 1.1. Example of a Study Summary and Time Frame (see Appendix A)

Outputs

- Study Summary and Time Frame

Section 2 of the Protocol. Aim, Rationale, and Specific Objectives

Objective

To reach consensus on the rationale and objectives of PLACE for this study

Overview

The study protocol should describe the rationale and objectives for PLACE, drawing on the method's four pillars:

1. Epidemic theory and available evidence show the value of PLACE for understanding local HIV epidemics.
2. PLACE provides information to tailor a local evidence-based response.
3. PLACE is scientifically rigorous and includes a step-by-step implementation guide and tools for data quality.
4. The method is ethical and meaningfully engages with stakeholders, including key populations.

Figure 1. Four pillars of PLACE



Guidance: Adapting Protocol Section 2

- 2.1 Review and confirm the aim for PLACE (Section 2): “The aim of the Priorities for Local AIDS Control Efforts (PLACE) is to increase local capacity to understand the drivers of local HIV epidemics, identify gaps in services among those most likely to acquire and transmit HIV, and provide evidence to support tailored interventions to reduce HIV transmission and improve access to treatment.”
- 2.2 Review the four arguments for PLACE and write the rationale for implementing PLACE.
- 2.3 Review the strategic information questions in Worksheet 2. For each area, identify whether a strategic information gap exists, prioritize each PLACE objective, and confirm if it will be an objective or not.
- 2.4 Specific indicators are described in Section 9, below.

Tools and Worksheets

- PLACE Overview (PowerPoint presentation, available at <https://www.measureevaluation.org/resources/tools/hiv-aids/place>)
- Worksheet 2.1: PLACE Objectives: Identification of Gaps that PLACE Could Address (see Appendix A)

Outputs

- Aim, rationale, and objectives finalized
- Determination of whether or not to oversample key populations

Section 3 of the Protocol. Engagement, Organizational Structure, and Ethical Review

Objective

To ensure engagement with stakeholders, clarify the organizational structure, and describe ethical review

Overview

Engagement with stakeholders begins at the national level and continues through data use at the local level. This section provides guidance on stakeholder engagement, organizational structure, and ethical review.

Guidance: Adapting Protocol Section 3

- 3.1 Review Sample Protocol, Section 3.
- 3.2 Identify the National Steering Committee.
- 3.3 Identify stakeholders who must be consulted regarding the protocol, including ethical review committees.
- 3.4 Identify members of the Core Implementation Team.
- 3.5 Finalize organizational chart.

Worksheets

All worksheets listed here are in Appendix A.

- Worksheet 3.1. Stakeholder Engagement
- Worksheet 3.2. National Steering Committee Members
- Worksheet 3.3. Core Implementation Team Members
- Worksheet 3.4. District Steering Committee Members (one worksheet per district)
- Worksheet 3.5. District PLACE Study Team (1 worksheet per district)

Outputs

- Steering Committee established
- Core Implementation Team identified
- Stakeholders engaged
- Organizational structure defined

3.1. Review Section 3 of the sample protocol

Determine if the approach described in the sample protocol is appropriate.

3.2. Identify the National Steering Committee

The principal investigator, fieldwork coordinator, and stakeholders identify and recruit members of the National Steering Committee. The National Steering Committee guides the design, implementation, and dissemination of PLACE findings. It is established in collaboration with the national government, funding organizations, and stakeholders. It may be chaired by the director of the national AIDS control program or one of the national committees responsible for surveillance, outreach, program monitoring, or key population programming.

The national AIDS control program often coordinates the initiation of the National Steering Committee.

- Worksheet 3.1 is a tool to list people who should be consulted as stakeholders or as potential members of the National or District Steering Committee.
- Enter the names of those who agree to be on the National Steering Committee in Worksheet 3.2.

3.3. Identify stakeholders who must be consulted

The National Steering Committee has oversight of each phase of PLACE. During the preparation phase, the committee leads efforts to consult with the following:

- Epidemiologists, monitoring and evaluation (M&E) experts, and geographic information system (GIS) experts to synthesize available HIV strategic information in preparation for identifying where to implement PLACE (see Section 4)
- Key population groups to provide input on the protocol and participate in a Readiness Assessment to gauge risk and safety concerns
- Service delivery providers to ensure alignment of PLACE procedures with standard outreach and testing protocols
- Ethical review committees to facilitate appropriate ethical review

The steering committee also has these tasks:

- Facilitates PLACE readiness assessments (Section 5)
- Facilitates ethical review
- Leads a workshop to review and make protocol decisions.

During and after PLACE implementation, the steering committee:

- Facilitates district launch meetings
- Responds to queries
- Coordinate data use, dissemination, and additional analyses.

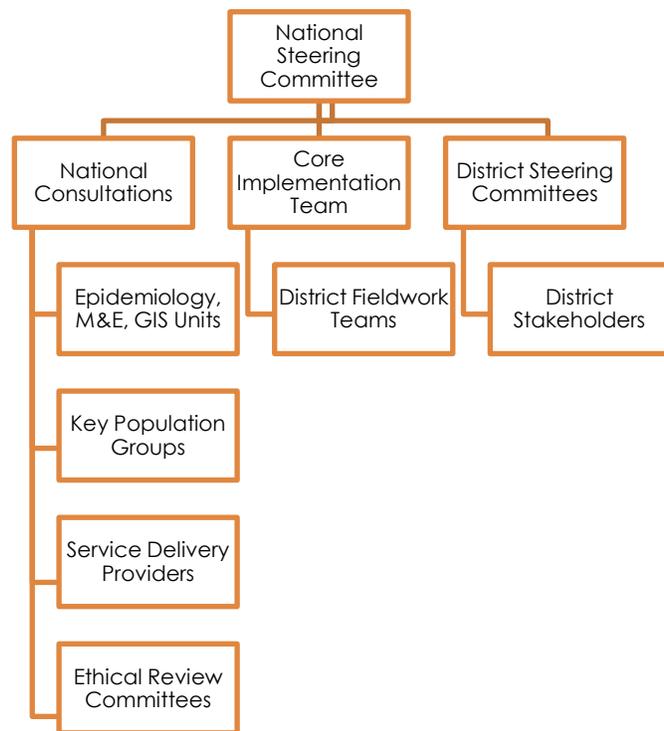
Members are invited to participate by the chair. Members can include representatives from civil society, nongovernmental organizations, donors, surveillance units, and advocacy groups.

Stakeholder consultation generally involves representatives from:

- The health sector, including the ministry of health and national AIDS committees
- Key population organizations
- Health officials from subnational levels
- International donors contributing to HIV treatment and/or prevention
- Large employers and representatives from transportation sectors
- Employers relying on male migrant labor
- Departments of the government responsible for the census and geospatial data
- Other interested organizations

As the study continues, more people can be added to the list of stakeholders engaged.

Figure 2. PLACE organizational structure



3.4. Identify the composition of the Core Implementation Team

The Core Implementation Team generally comprises the following members:

- Country principal investigator (PI)
- Financial manager
- Data quality and sampling supervisor
- Mapping specialist familiar with GIS
- Fieldwork coordinator
- One to four fieldwork supervisors
- One assistant fieldwork supervisor per fieldwork supervisor
- Eight experienced interviewers for each fieldwork supervisor
- Logistics coordinator

- Liaison to HIV testing and counseling services
- Liaison to the community of men who have sex with men (MSM)
- Liaison to the community of female sex workers (FSWs)
- Liaison to the community of people who inject drugs (PWID)
- Liaison to the community of transgender people

3.5. Finalize the organizational chart

Include other groups in the organizational chart, such as District Steering Committees and the District Fieldwork Teams.

District Steering Committees

Each district has a local steering committee composed of district-level stakeholders, including local district-level officers and representatives from those responsible for HIV testing, counseling, and antiretroviral therapy (ART) referral. Organizations providing outreach services to key populations are also invited to participate. Members of the District Steering Committee are selected in consultation with the National Steering Committee.

District Fieldwork Team

Each PLACE District Fieldwork Team consists of:

- One local fieldwork supervisor (who reports to the fieldwork coordinator)
- One assistant fieldwork supervisor
- Eight experienced interviewers
- Eight local interviewers identified by the District Steering Committee
- One data entry technician
- One to three district liaison officers (links to nongovernmental organizations, key populations)

Section 4 of the Protocol. Selecting and Mapping Study Areas

Objective

To select and map study areas where PLACE will be implemented

Overview

The purpose of this section is to provide support for using available epidemiological, contextual, and spatial data to select districts where PLACE will be implemented. The National Steering Committee commissions the synthesis of key HIV epidemic indicators on maps to improve understanding of the drivers of the epidemic, select areas to implement PLACE, and provide a spatial platform to interpret PLACE results and create coverage maps. The steering committee identifies criteria for selecting areas and documents the method used to select areas.

Guidance: Adapting Protocol Section 4

- 4.1. Review Sample Protocol, Section 4.
- 4.2. Identify and document the geographic framework.
- 4.3. Obtain spatial data for administrative levels.
- 4.4. Compile district-level surveillance, population, and program data in the District Summary Spreadsheet.
- 4.5. Review contextual factors to identify a typology of priority prevention areas (PPAs).
- 4.6. Produce district-level maps.
- 4.7. Select areas to implement PLACE.
- 4.8. Document method used to select areas
- 4.9. Conduct district launch meetings to confirm district willingness to participate

Tools and Worksheets

All worksheets listed here are in Appendix A. The District Summary Spreadsheet (Microsoft Excel) is available here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>. The mapping tool is available here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place/place-method/the-place-mapping-tool-a-plug-in-for-gis>.

- Worksheet 4.1 Document the Geographic Framework
- District Summary Spreadsheet
- Worksheet 4.2 Define the Priority Prevention Area Typology
- Worksheet 4.3 Final PPA Typology Codes
- Worksheet 4.4 Summary of Decisions Regarding Selection of Areas
- QGIS PLACE Mapping Tool (includes software and instruction manual)

Outputs

- Geographic framework defined

- Areas selected for PLACE with known probability of selection
- Maps of selected areas

4.1 Review Section 4 of the sample protocol

Determine if the approach in the sample protocol is generally appropriate and could be adapted.

4.2 Identify the geographic framework

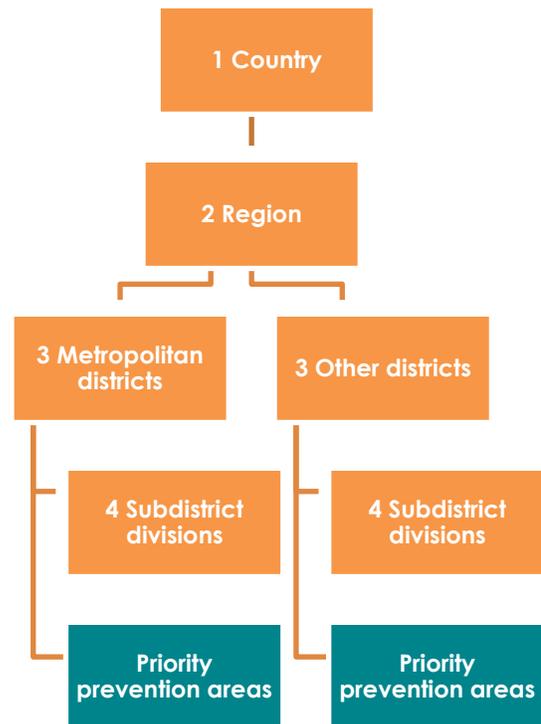
The next step is to identify the geographic framework for the country and choose the administrative level that will be used for the selection unit for the implementation of PLACE.

There are usually at least four administrative levels to consider

1. The country level
2. The regional level, comprising a collection of districts— for example, the Northern region, Central region, and Southern region
3. The district level, comprising metropolitan districts and other districts
4. The subdistrict level, comprising divisions of the district. Districts that are not metropolitan can have urban, peri-urban, or rural subdistrict divisions. Metropolitan districts can have commercial, residential, or other types of subdistrict divisions.

The names of geographic levels vary widely across countries. In this generic protocol, the names in Figure 3 (country, region, district, and subdistrict) are used. Although every country is different, the third level (the district) often offers some advantages as a unit of selection for PLACE. It is often large enough to have census, epidemiological, and spatial data available, and is often the level at which local implementation occurs. Megacities (with populations of 10 million or more) can be considered a special type of district.

Figure 3. Geographic levels, including PPAs



The mapping specialist should develop a geographic framework that covers the entire country that will be used for selecting or, at least, displaying districts selected for PLACE.

Tips for Selecting a Geographic Framework

- Use a framework that aligns with available health, program, routine data, and administrative boundaries.
- Use a framework that aligns with available spatial data.
- Have a consistent method for identifying each province, district, region, and subdistrict. Do not rely on the names of the areas.
- Boundaries often change, requiring updating maps.

The following are examples of a geographic framework:

South Africa

- One country
- Nine provinces
- Eight metropolitan municipalities
- 44 district municipalities are divided into 200+ local municipalities
- Metropolitan and local municipalities are divided into 4,000+ wards

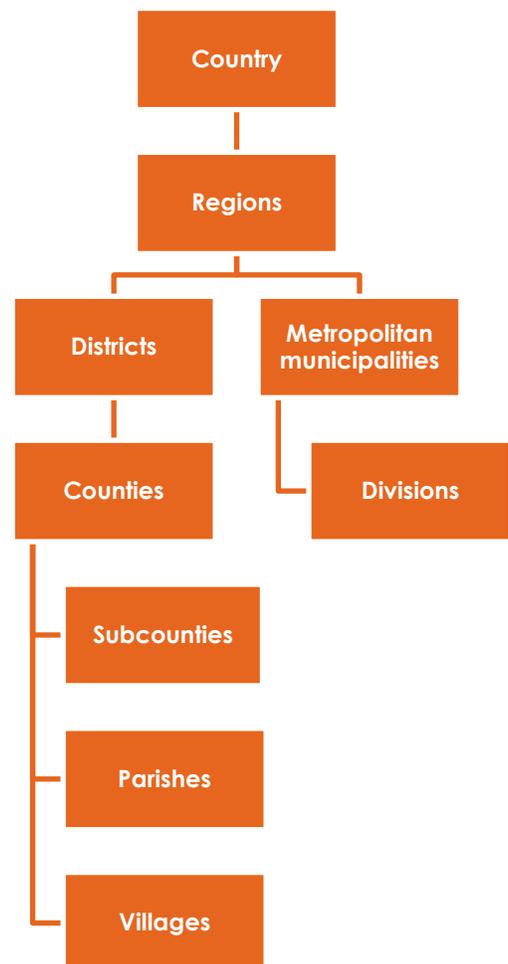
Uganda

- Level 1: Country
- Level 2: Regions
- Level 3: Districts
- Level 4: Rural: Counties
- Level 5: Rural: Subcounties
- Level 6: Rural: Parishes
- Level 7: Villages
- Level 3: Urban: Metropolitan Municipalities
- Level 4: Urban: Divisions

4.3. Obtain spatial data for administrative levels

MEASURE Evaluation has developed a free PLACE QGIS Mapping Tool that includes (as of July 2019) base map information and data templates for 14 countries: Angola, Burundi, Côte d'Ivoire, the Democratic Republic of the Congo, Ghana, Haiti, Kenya, Malawi, Mozambique, Rwanda, South Africa, eSwatini, Tanzania, and Uganda.

Figure 4. Administrative levels in Uganda



QGIS is a free and full-featured geographic information system (GIS). The mapping tool has been designed to work specifically with the PLACE protocol. The tool can be downloaded on the MEASURE Evaluation website at <https://www.measureevaluation.org/resources/tools/hiv-aids/place/place-method/the-place-mapping-tool-a-plug-in-for-gis>.

Standard shapefiles and reference numbers for each area allow greater use of the PLACE data after the data are collected, and permit other data to be displayed on the maps created by PLACE.

4.4. Compile district-level surveillance, population, and program data in a District Summary Spreadsheet

The next step in the selection of areas is to compile information at the selected level for all areas in the country based on a review of available surveillance data, routine health and program data, donor priorities, and input from stakeholders. For example, if districts are the administrative level that will be used to select areas, compile district-level information.

The QGIS PLACE Mapping Tool includes templates in Microsoft Excel where these data can be entered. (If another level is selected, such as wards or provinces or parishes, the spreadsheet should be updated to match the selected administrative level, and mapping files containing the geometry for these levels may need to be acquired elsewhere.) If districts will be selected for countries supplied with the tool, use the name of each one that appears in column B. **The first column (A) must have the standard identification number code in order to be used with the mapping tool.** The QGIS PLACE Mapping Tool that is often used to make maps from PLACE data calls the identification “QJOIN.” These IDs are in the spreadsheet templates included with the tool.

Figure 5. QGIS PLACE Mapping Tool Excel template for Uganda districts

	A	B	C	D
1	QJOIN	Name of district		
2	UGA004000	Abim		
3	UGA008001	Adjumani		
4	UGA001002	Agago		
5	UGA005003	Alebtong		
6	UGA005004	Amolatar		
7	UGA004005	Amudat		
8	UGA007006	Amuria		
9	UGA001007	Amuru		
10	UGA005008	Apac		
11	UGA008009	Arua		
12	UGA003010	Budaka		
13	UGA003011	Bududa		
14	UGA003012	Bugiri		

Collect and synthesize epidemiological, demographic, and other relevant district-level data of interest to the steering committee on the spreadsheet. In many cases, the health ministry, United States Centers for Disease Control and Prevention, and the United States Agency for International Development may already have these files available. The spreadsheet can include demographic information (population size, urbanicity), HIV epidemic indicators, and treatment indicators.

The advantage of recording these data in the spreadsheet template is that they can then be mapped using the QGIS PLACE Mapping Tool. Maps can facilitate selecting where to implement the PLACE method and interpreting the findings. Sample data are included in the District Summary Spreadsheet (see Figure 6). Completed data eventually will need to be entered in the QGIS PLACE mapping tool template shown in Figure 5, in order to work with the mapping tool.

District-level surveillance, population, and routine program indicators that may be available and of interest are:

- HIV prevalence estimates by age, sex, and population group
- Prevention of mother-to-child transmission (PMTCT) prevalence estimates for pregnant women
- Estimates of the number of people living with HIV, syphilis, and tuberculosis
- Estimates of the number of people on ART
- Estimates of the number of people on treatment who have achieved viral suppression
- Population indicators, by age and sex
- Number of key population members (if known)
- Program coverage indicators

Figure 6. Example of sections of a completed district summary spreadsheet

QJOIN	District	HIV Prevalence (based on calibration)		2017 mid year population	2017 Population aged 15+	2017 Males aged 15+	2017 Males aged 15+ positive based on calibrated rate	2017 Males aged 15+ positive based on PLACE rate	Districts with higher positive males
		2016 estimates	Prevalence level						
UGA001001	Abim	4.2%	1	122,242	63,444	29,343	1,232	1,622	1
UGA001002	Adjumani	3.0%	1	261,004	135,461	62,651	1,908	3,463	1
UGA001003	Agago	7.7%	2	255,032	132,362	61,217	4,703	4,210	0
UGA002001	Alebtonga	5.2%	2	252,611	131,105	60,636	3,141	4,170	1

QJOIN	COUNTRY	REGION	SUBREGION	Name of District	District Number	Adult Population 15-49 (In thousands)	Number of People on ART	PMTCT Prevalence Among Women 15-24
COU001001	Country 1	Region 1	Subregion 1	District 1	1	771,373	13653	6%
COU001002	Country 1	Region 1	Subregion 1	District 2	2	638,509	9386	5%
COU001003	Country 1	Region 1	Subregion 1	District 3	3	110,526	663	2%
COU002001	Country 1	Region 1	Subregion 2	District 4	4	11,218	192	6%

The National Steering Committee should also specify the package of services and structural interventions that should be available in each district. The PLACE study will confirm whether these services are available to people at PLACE venues.

4.5. Review contextual factors to identify a typology of PPAs

In addition to surveillance, population, and routine program data, a review is conducted to identify contextual factors present in a district that may signal the location of PPAs. Based on the review, a typology of PPAs is finalized. A proposed typology of PPAs in a country is given in Box 1. PPAs are important because data collection focuses on them.

Information about the presence of PPAs is added to the District Summary Spreadsheet from the PLACE mapping tool. Other data associated with the location of PPAs are sometimes available as spatial data, including:

- Population density
- Crime data
- Injecting drug use arrests
- Poverty-stricken areas of rapid uncontrolled growth
- Trucking routes

The District Summary Spreadsheet can be used to record and synthesize these district data.

4.6. Produce district-level maps

Data from the District Summary Spreadsheet are linked using the PLACE Mapping Tool to the district shapefiles to produce the following maps, as data permit:

- HIV prevalence maps, by district
- Number of people living with HIV maps, by district

- Population/population density, by district
- Key population size estimates
- Key population program coverage
- ART distribution points
- Number of people
- Major donor funding, by district

Box 1. Typology of PPAs

Urban and peri-urban areas where there is an economic draw for people:

1. Central business district
2. Truckstop/border crossing
3. Trading center
4. Area with high concentration of illegal drugs

Areas with night life, massage, or street sex work:

5. Area with a concentration of bars and clubs
6. Area with a high concentration of massage parlors
7. Area with a high density of street sex workers

High-density and poorly served areas:

8. Urban slums
9. Townships
10. Refugee camps

Areas with high male employment:

11. Construction site
12. Tea or farming estate
13. Fishing village
14. Mining operation
15. Military barracks or garrison

Other areas

4.7. Determine criteria for selecting districts

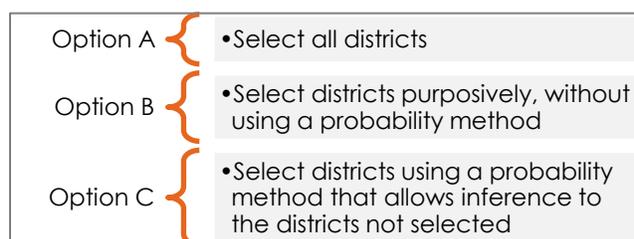
Many different strategies have been used to select where PLACE will be implemented. The National Steering Committee should define the criteria that will be used to make the decision. Criteria often used in the decision-making process are shown in Table 2.

Table 2. Examples of criteria used to select districts for PLACE

Criteria	How Defined
Regional representation	At least one district should be selected from every region
No areas excluded:	Every district has some probability of being selected
Equal probability of selection	Every district has an equal chance of being selected
High prevalence focus	Districts with the highest known prevalence of HIV among the prevention of mother-to-child transmission (PMTCT) population or general population have a higher chance of being included than other districts
Known clustering of key populations	Districts known to have more sex workers, people who inject drugs, men who have sex with men, or transgender women should be more likely to be included
Key population recommendation:	Districts identified as important by key population groups should be more likely to be included than other districts
Program capacity	Include areas where programs will be funded or are currently in place
Known program gaps	Include areas where it is not likely that there will be programs but there is need for evidence that programs are necessary
Special areas	Include districts that have fishing areas, slums, large construction sites, ports, or other special high-risk areas
Funder's choice	Areas of interest to the organization funding the study

There are three options for selecting districts (Figure 7).

Figure 7. Options for district selection



Option A: Select All Districts

For studies where all districts are selected (Option A), the synthesized district data inform data analysis and interpretation. This option is the most expensive, but it has the advantage of providing information for every district in the country.

Option B: Purposive Selection

In some settings, there is interest in implementing PLACE in a certain city or set of districts. The decision can be based on many factors. For studies where one or more districts are selected purposively (Option B), the District Summary Spreadsheet should include an indicator for the criteria used for purposive selection. For example, if the districts were selected based on donor interest, then the District Summary Spreadsheet would include a donor interest indicator.

Option C: Probability Sample of Districts

There are many reasonable options for selecting a probability sample of districts. The method recommended in the Sample PLACE Protocol is the following:

1. Stratify the districts into high-, medium-, and low-priority based on the data from the District Summary Spreadsheet
2. Randomly sample districts from each stratum, with oversampling of high- and medium-priority districts

Using the District Summary Spreadsheet data, you can stratify the districts. Each indicator in the spreadsheet can be scored and sorted. For example, the 33 percent with the highest HIV prevalence are scored with a “1” for HIV prevalence score; the next highest third are scored with a 2; and the lowest third with a 3. District scores are added across all indicators and the total score is used to stratify the districts into high-, medium-, and low-priority. These scores can also be mapped, using the QGIS PLACE Mapping Tool.

The initial stratification can be shared with stakeholders. Indicators can be upweighted if the National Steering Committee determines that some indicators should carry

Box 2. Example of Selecting Districts

Country X has 100 districts. Each district was scored using the following:

- 1 point for largest population
- 1 point for the highest HIV prevalence among PMTCT women ages 18–24
- 1 point for districts with fishing villages
- 1 point for districts with clusters of FSWs
- 1 point for districts with clusters of MSM

This resulted in:

- 20 districts with 4 to 5 points
- 50 districts with 2 to 3 points
- 30 districts with 0 to 1 point

A decision was made to map in:

- All districts with 4 to 5 points
- A random 50 percent of the districts with 2 to 3 points, using a method ensuring regional balance
- A random 20 percent of the districts with 0 to 1 point, using a method ensuring regional balance

In selected districts, a decision was made to:

- Visit all urban areas with populations greater than 100,000
- Visit all PPAs outside these urban areas

a higher weight than others. After the National Steering Committee agrees to the indicators and prioritization, a random sample of districts can be selected in each stratum.

Box 2 is an example where a scoring system was used to prioritize districts into high, medium, and low strata. Districts were oversampled from the high and medium strata.

In preparation for a national stakeholder consultation workshop, a PowerPoint presentation should be prepared to summarize the district-level data and present the initial stratification of high-, medium-, and low-priority districts.

4.8. Document method used to select districts

Document the criteria used to select areas to implement PLACE. Use Worksheet 4.5 and the maps created using the QGIS PLACE Mapping Tool to document decisions made about where to implement. In some cases, selection of areas is straightforward. For example, PLACE can be implemented in one city or district. In other cases, a probability sample of areas is selected, which requires careful documentation so the probability of selection is known and is carried forward into the analysis.

4.9. Conduct district launch meetings to confirm district willingness to participate

After the districts are selected, the field coordinator and members of the National Steering Committee visit each district to describe the proposed study, encourage the district's collaboration, and identify a district liaison officer for the study. Often, an MSM liaison officer is also identified, to facilitate access to MSM networks and locations. If the district agrees to participate, a District Steering Committee is formed to facilitate outreach testing at venues and ensure that appropriate linkages to care are provided for people with an HIV-positive test result.

Section 5 of the Protocol. Readiness Assessments: Key Populations and Service Delivery Providers

Objective

To assess whether PLACE can be implemented safely with the support and engagement of district leaders and key populations, and obtain input on fieldwork strategies and safety practices

Overview

Once the districts have been selected for the implementation of PLACE, the National Steering Committee and members of the PLACE Core Implementation Team contact district leaders and stakeholders to describe the PLACE study, solicit their support, and conduct a district readiness assessment. (Appendix H offers a tool for this purpose.) In some cases, a district may decline participation. Experience has shown that early engagement with a selected district enhances the acceptability of the study in the district and the use of results. One description of the PLACE method coined by Joseph Mwangi of the United States Agency for International Development mission in Uganda is that PLACE is a study “in the district, by the district, and for the district.” Two readiness assessments are conducted after the districts are selected:

1. Readiness of key and priority populations
2. Readiness of district leaders, including HIV service-delivery providers

Guidance: Adapting Protocol Section 5

- 5.1 Review Section 5 in the Sample Protocol.
- 5.2 Review Legal Framework Discussion Guide (Appendix B).
- 5.3 Record findings in Worksheet 5.1: Protective and Punitive Laws and Policies (Appendix A).
- 5.4 Gather perspectives from key populations. Use the Key Population Stakeholder Consultation Guide (Appendix C).
- 5.5 Gather perspectives from Service Delivery Providers. Use the Healthcare and Service Provider Consultation Guide (Appendix D).
- 5.6 Review information and decide whether to move forward with PLACE, using Worksheet 5.2: Risks of Programmatic Mapping (Appendix A).
- 5.7 Create a step-by-step action plan to address each risk identified, using Worksheet 5.3: Action Plan to Mitigate Risks from Mapping (Appendix A).

Tools and Worksheets

- Legal Framework Discussion Guide
- Worksheet 5.1. Protective and Punitive Laws and Policies
- Key Population Stakeholder Consultation Guide(s)

- Worksheet on Venue Typology
- Healthcare and Service Provider Consultation Guide(s)
- Worksheet 5.2. Risks of Programmatic Mapping
- Worksheet 5.3. Action Plan to Mitigate Risks from Mapping

Outputs

- Assessment of whether the PLACE protocol poses a threat to key populations
- Engagement with key populations regarding risks of implementation
- Strategies to reduce risks.
- An informed strategy for engagement with district leaders, key populations, and service delivery providers for using the PLACE data responsibly for program planning and for ensuring the safety of individuals
- The venue typology

5.1. Review Section 5 of the sample protocol

5.2. Review Legal Framework Discussion Guide

The implementation of PLACE should be consistent with the general principles of autonomy, beneficence, nonmalevolence, and justice, and the fundamental human rights of key populations should be respected, protected, and fulfilled. Working with key populations and priority populations presents unique challenges given the criminalization of key populations, stigma, discrimination, and danger that are often experienced, plus the lack of community structures offering protection and safe social spaces. Ethical conduct and concern for the welfare of those involved in the study and those affected by the results are of utmost importance. The study should provide useful information while ensuring that data collection and data use do not result in arrests and prosecutions, harassment, and violence or worsen discrimination and stigma. Sex workers, MSM, and transgender people are already socially vulnerable and often marginalized for their behaviors. Data collection efforts that bring attention to these populations may place them at additional risk. Consequently, there needs to be careful assessment prior to implementing activities with key populations as to whether the benefits outweigh the risks.

Identify stakeholders knowledgeable about the legal environment for key populations, violence against key populations, and stigma. Conduct separate discussions for each key population.

Use the Legal Framework Discussion Guide (Appendix B) to ask stakeholders to assess the legal environment for key populations.

5.3. Record findings regarding Legal Framework in Worksheet 5.1 (Appendix A)

5.4. Readiness of key populations: Use the Key Population Stakeholder Consultation Guide

Key populations can be consulted at the national level and also within each selected area. Adapt the consultation guide in Appendix C to obtain the information needed to ensure the safety of key and priority populations.

5.5. Readiness of district stakeholders and service delivery providers

The objectives of the assessment with district stakeholders and service delivery providers are as follows:

- To assess the readiness of the district to use the information to improve service delivery
- To specify how the results will be used

Programmatic mapping will yield information about where to provide services and where the greatest gaps in services are located. The information should be used to improve services. Consequently, before mapping is conducted, an assessment should be undertaken to determine the capacity to provide services when the findings are made available.

Preparation

Adapt the preparation and recruitment guidance used for key populations to recruit service delivery providers (Appendix D).

5.6. Decide whether to move forward with PLACE

Complete Worksheet 5.2 (Appendix A) to create a list of the risks of PLACE. Consider the information gathered in the previous activities to decide whether to move forward with PLACE and, if so, how to conduct PLACE while protecting the safety and security of key populations. These questions will help guide your creation of the list, discussion, and decision.

- Could consensus among key populations and their representatives be reached regarding the risks and benefits of a PLACE study?
- How likely is it that the data generated from PLACE will be used?
- What risks of a PLACE study were identified?
- Whom do these risks affect most (e.g., brothel-based sex workers, street-based sex workers, mapping team, MSM)?
- How serious are these risks (e.g., a “low” risk might include individual discomfort or embarrassment or minor financial loss, a “moderate” risk might include discrimination or a major financial loss, and a “high” risk might include likelihood of violence or arrest)?
- How likely are negative outcomes to happen (unlikely, possible, very likely, certain)?
- What precautions could be taken to ameliorate or minimize these risks? (List multiple possible steps.)
- In summary, is it possible to implement PLACE safely in the country?

- In summary, is it possible and acceptable to conduct finger-stick testing for HIV, CD4 count, and viral load at the mapped venues?

5.7. Create a step-by-step action plan (Worksheet 5.3) to address each risk identified

If the decision is made to move forward with PLACE:

- What action steps will be taken to address each risk?
- Who will be responsible for completing these actions?
- When will these actions be completed?

Section 6 of the Protocol. Study Design and Survey Populations, Recruitment, and Informed Consent

Objective

To confirm the study design and describe survey populations, their recruitment, and the consent process

Overview

This section describes the study design, the survey populations, their recruitment, the informed consent process, and survey content.

Guidance: Adapting Protocol Section 6

- 6.1. Review Sample Protocol, Section 6.
- 1.2. Review the five steps of PLACE and confirm that the 5-step protocol will be implemented.
- 1.3. Review the definitions, inclusion and exclusion criteria, recruitment, survey content, privacy issues, and informed consent process for the survey populations: community informants, venue informants, and venue patrons and workers.
- 1.4. Define key populations.
- 1.5. Review ethical issues.
- 1.6. Finalize informed consent.

Tool and Worksheet

- Worksheet 6.1 Types of Community Informants (Appendix A)
- Resources on confidentiality, mapping, and data security

Outputs

- Study design confirmed
- Study populations and subgroups defined
- Ethical issues resolved and informed consent documents finalized

6.1. Review the Sample Protocol, Section 6

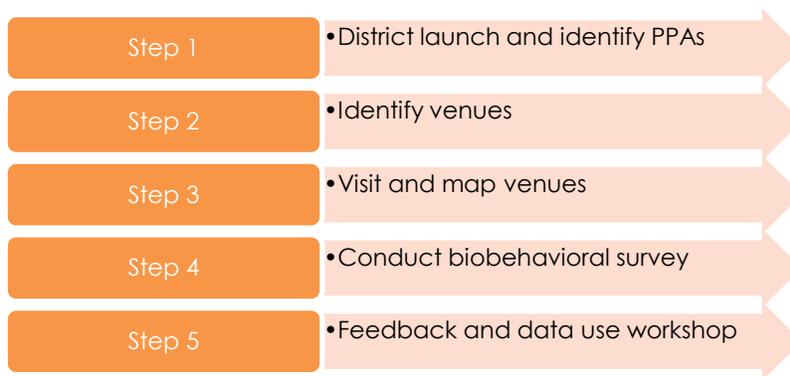
6.2. Review the study design: The five steps of PLACE

The standard PLACE protocol has five steps beginning with the local launch of the study and ending with the local feedback and data use workshop. The National PLACE Steering Committee should review the five steps prior to implementation.

In some cases, the National Steering Committee may choose to implement Steps 1–3 and Step 5, omitting the biobehavioral survey. This use of the PLACE method is called “PLACE Lite.”

PLACE Lite identifies PPAs, identifies and maps risk venues, assesses program coverage at venues, and provides feedback to the local area. It does not include the bibehavioral survey. PLACE Lite can provide crude size estimates of key and priority populations but cannot provide the more precise estimates available with data from the bibehavioral survey.

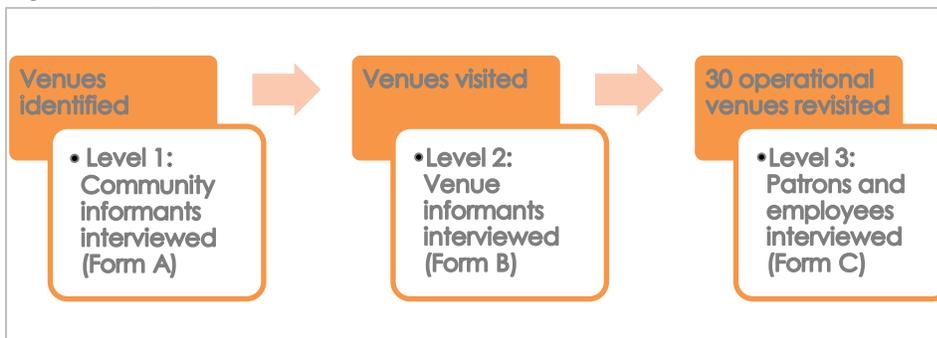
Figure 8. Fieldwork: Five-step fieldwork protocol



6.3 Define survey populations

Three populations are interviewed. First, community informants are asked to identify venues where people meet new sexual partners. Then, a venue informant is interviewed at each of these sites. Finally, venue patrons and employees are interviewed at a sample of venues (Figure 9). Each of these populations is described below. See Section 8 for a description of the sample size.

Figure 9. Populations interviewed



Level 1: Community Informants

Community informants are men and women ages 18 and older who are knowledgeable about the movement and behavior of people in the area. Examples of community informants are taxi drivers, food sellers, teachers, transport workers, alcohol sellers, people loitering in the streets, security guards, and public officials, such as police. Interviewers recruit community informants by approaching them in the community and requesting their participation. Participation is voluntary and anonymous. Community informants are asked to identify local places where people meet new sexual partners or where PWID can be reached and to provide limited information about each venue including its location

(Form A, in “Survey Questionnaires and Fact Sheets for Informed Consent,” here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>).

The typology of community informants used in the study should be determined in consultation with people in the district. Worksheet 6.1 (Appendix A) can be used to identify the types of community informants that will be prioritized. The typology will be used during fieldwork to set targets for the number and type of community informants to interview with Form A. Protocol decisions are to confirm the approach below:

- Inclusion/exclusion criteria: Only men and women ages 18 and older are eligible
- Participation: Voluntary and anonymous
- Recruitment: Quotas set for number and type of community informants
- Community Informant Typology finalized using Worksheet 6.1

Level 2: Venue Informants

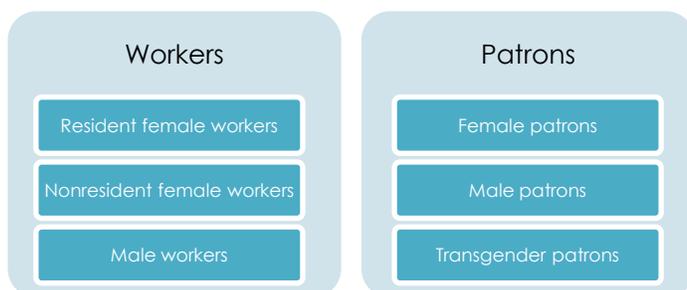
General venue informants are adults ages 18 and older who are at the venue at the time the PLACE District Fieldwork Team collects information on-site about the venue (Form B, in “Survey Questionnaires and Fact Sheets for Informed Consent,” here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>). The venue informant can be a patron, a key population member socializing at the site, a security guard, the venue owner or manager (e.g., if it is a bar or restaurant), or a teacher, if the venue is a school. One general venue informant is selected per venue based on his/her ability to provide information about what occurs there, the people who visit the venue, and HIV prevention activities occurring on-site. Venues are physical venues, events, and websites. (Private venues are excluded.) The only protocol decisions are to confirm the following:

- Inclusion/exclusion criteria: Only men and women ages 18 and older are eligible.
- Participation: Voluntary and anonymous
- Recruitment: One knowledgeable venue informant per venue

Level 3: Workers and Patrons at Venues

Workers and venue patrons age 15 and older (Figure 10) include men and women who work and socialize at the venue. A special category of workers is women who live at the venue. These workers often are at increased risk of engaging in sex work and therefore at increased risk of acquiring and transmitting infection. Patrons are people ages 15 and older at the venue socializing or interacting with other patrons or workers. They must be at the venue for at least 20 minutes when the survey team is on-site to be eligible to participate.

Figure 10. Workers and patrons at venues



The main protocol decisions are to confirm the inclusion and exclusion criteria below for workers and patrons:

- Inclusion/exclusion criteria for workers: All workers ages 15 and older at venues selected for the biobehavioral survey are eligible and are asked to participate. Workers ages 15 to 17 are excluded only if they are working at the venue with their parents or on behalf of their parents.
- Inclusion/exclusion criteria for patrons: Men and women ages 15 and older are eligible. Anyone younger than 15 is excluded. People between the ages of 15 and 17 are eligible if they are acting autonomously and independently from their family—that is, they are not at the venue with relatives and are not there on a family errand, such as buying bread. Moreover, individuals will be excluded if they are unable to understand the study and informed consent process (for example, if they are intoxicated or do not understand the conversation). There is no exclusion based on race, gender, residence, or ethnicity, and pregnant women are not excluded.

The recommendation is to interview and test ALL workers at sampled venues and to interview and test a sample of venue patrons. Inviting all workers to participate indicates the public health benefit of the survey to venue managers and may encourage further engagement of venue managers in HIV prevention activities and treatment programs. Full participation also reduces any stigma from participating in the survey and allows estimates of HIV prevalence and access to services in this group. Workers who are tested and found to be HIV-positive are confidentially linked to care. Survey and test results are not shared with anyone at the venue, including the venue managers. During analysis, questions about working at the venue (e.g., “Do you work at this venue?”) confirm whether a respondent works at the venue.

6.4 Define Key Populations

National PLACE steering committees often requests that the PLACE protocol provide strategic information on key populations, including sex workers, MSM, transgender people, PWID, and priority populations. The study objectives should specify which key populations are a high priority. (See Sample Protocol, Section 2, and Worksheet 2.1 [Appendix A]). The questions below should have been answered in the discussion of the study objectives:

- Which key populations are of greatest interest to stakeholders and are of greatest importance in the HIV epidemic in the country?
- Which key populations, priority populations, or subgroups, if any, warrant the additional cost of oversampling or special recruitment to obtain a sufficient sample size to achieve adequate precision for estimates of population size, HIV prevalence, risk factors, or cascade indicators?

For each key population identified, the National Steering Committee should identify organizations and stakeholders who should be consulted to ensure appropriate outreach to groups; special recruitment, if necessary; and safety and any other ethical issues.

A critical protocol decision is how to operationalize the definitions of key populations. If population size estimates based on the PLACE study will inform targets for program planning, the operational definitions for size estimates should match as closely as possible the definitions used by programs for program monitoring.

The standard PLACE survey of workers and patrons has questions that define whether each respondent is a member or not of 15 key and priority populations. Table 3 provides the standard questions used to define key populations and priority populations. These should be reviewed and adapted in consultation with stakeholders and community leaders.

Table 3. Standard PLACE questions to define key populations and priority populations

Key populations	Questions	Response
Sex worker:	Have you had sex for money in the past three months?	Yes to one or both questions
	Some people see themselves as a sex worker? Do you see yourself as a sex worker?	Yes to one or both questions
Men who have sex with men:	What was your sex at birth?	Male
	Do you see yourself as a man or a woman?	Man
	Have you had anal sex with a man in the past 12 months?	Yes
Person who injects drugs:	Have you injected a nonprescription drug in the past 12 months?	Must answer yes
Transgender person:	What was your sex at birth?	Male or female
	Do you see yourself as a man or a woman?	Must answer woman if born a male Must answer man if born a female
Other female priority populations		
Street-based FSWs	Have you engaged in street-based sex work in the past three months?	Must answer yes
	What was your sex at birth?	Female
Girls ages 15 to 19	What is your age?	Must be 15–19
	What was your sex at birth?	Must answer female
Resident women	Do you see yourself as a man or a woman	Woman
	Do you live here at the venue?	Yes
Other priority populations		
Mobile people	What is your main occupation when you are working?	Must answer: fishing or transportation
	In what district do you live?	District other than the district where the interview is conducted
Male clients of sex workers	What was your sex at birth?	Must answer male
	In the past three months, have you paid a woman to have sex with you?	Must answer yes

Key populations	Questions	Response
Victims of rape	In the past 12 months, have you been forced to have sex against your will?	Must answer yes
People in the fishing industry	What is your main occupation when you are working?	Must answer: fishing
Transportation workers	What is your main occupation when you are working?	Must answer: transportation
Bisexual men	Do you see yourself as a man or a woman?	Must answer: man
	In the past 12 months, approximately how many men have you had sex with?	Answer must be greater than zero
	In total, how many women have you had sex with in the past 12 months (not including trans women)?	Answer must be greater than zero

6.5. Review protocol in light of ethical principles

The principal investigator should request an appropriate ethical committee to review the protocol and determine whether the study is human subjects research. Often, the PLACE protocol is not considered to be human subjects research, because the findings are used primarily to monitor and improve programs, rather than provide generalizable research results. If the ethics committee determines that PLACE is not being implemented as research, a full review is not required. However, the ethical implementation of the protocol is still required. The protocol should reflect the findings of the PLACE readiness assessments.

Ethical Principles

The Belmont Report (1979; <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>) established three principles to help researchers collect information from participants: respect for persons, beneficence, and justice.

1. Respect for persons means that people who participate do so voluntarily and with adequate information about the study. Therefore, potential respondents should be given information about the study so that they know what they are agreeing to participate in. Respect for persons also means that those who cannot make their own decisions, such as children, should have special protections.
2. Beneficence means that the study should offer benefits to society and not cause harm to respondents or society.
3. Justice means that all members of society should be able to benefit from and participate in the study. It also means that the study should not be done on a vulnerable population to benefit a more powerful population.

Potential Risks and Measures to Mitigate Risks

The PLACE readiness assessment is one strategy to engage stakeholders and key population members to identify possible risks from study participation and how to eliminate those risks.

Other features of the protocol are also designed to reduce the likelihood of causing harm. Participants are contacted only once. No identifying information is stored by the study team. The study team receives training in ethics and safety. Participants are not required to travel outside their normal routine, and no medical procedures are performed on participants other than a routine finger stick for an HIV test and to collect a dried blood spot for a viral load test. Risks to subjects are rare, small, and unlikely to occur. Strategies to reduce risk are described below.

Anxiety

Anxiety about HIV testing is reduced by using trained professionals to conduct pre-test counseling and post-test counseling in accordance with the country's national guidelines. Participants testing positive will be immediately linked with the nearest appropriate health facility for care by the trained local health staff according to local health office protocols. De-identified test results are linked to survey responses by numeric code.

Embarrassment

Interviewers are trained to be sensitive when covering the questions about sex in Form C (in “Survey Questionnaires and Fact Sheets for Informed Consent,” here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>) and to collect responses in a neutral manner. Participants are reminded during the interview process that they can refuse to respond to any question or to end the interview at any time. Finally, participants record responses to some of the most sensitive questions directly in the tablet without the interviewer seeing the response. For these questions, the interviewer reads the question to the participant and the participant selects a picture corresponding to the appropriate answer.

Fear of a Breach of Confidentiality

The study team depends on a relationship of trust with participants. The cornerstone of developing trust is ensuring confidentiality.

Confidentiality means the following:

- Information the respondents provide will not be discussed with anyone other than the local field supervisor (or other senior survey staff).
- Interviewers will not tell respondents what other respondents have said, even if asked what other people think.
- Information about a respondent and/or her/his data will not be left in an unsecured place.
- No photos are taken of respondents.

Interviewers should sign the Interviewer Confidentiality Pledge (here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place/place-method/>) before speaking with respondents. Violation of the terms of the statement is grounds for immediate dismissal.

The data collected are password-protected and are accessed by authorized members of the study team only. All paper forms, computer tablets, logs of data activities, data printouts, etc., are kept in a locked and secure

file cabinet. Tablets used for data collection will require passwords to access the data collection forms and upload data to secure servers.

Response to Hostile Environments and Countries

Organizations implementing PLACE need to address the issue of preparing for and responding to hostile reactions. This means developing emergency plans in settings where governments or other stakeholders (religious leaders, media, opposition political partners, community leaders, etc.) are known to be hostile to key populations. The protocol developed by the country should include a plan for responding to hostile situations.

Recrimination in Response to Sex Work or Other Stigmatized Behavior

Venue informants are asked whether sex work occurs at the venue; patrons and workers are asked whether they paid for or were paid for sex. Information on locations where sex work occurs is shared only with service delivery programs whose administrators agree to use the information to improve programs and sign a Data Use Agreement (here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place/place-method/>) that prevents the use of the data to harm participants.

Results are presented to stakeholders in aggregate. Venues where sex work occurs are not named and cannot be deduced from the information provided. Maps will not indicate sex work on-site (or attendance by MSM or PWID) or will obscure the location of these venues (i.e., the location of the venue markers on the map will not be sufficiently close up for precise identification of the venues).

Specific strategies to protect sex workers, MSM, and other key populations or priority populations are defined during the PLACE readiness assessments.

Resources on Data Security

The following resources provide additional guidance on mapping and data security:

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2007). *Guidelines on protecting the confidentiality and security of HIV information: Proceedings from a workshop*. Geneva, Switzerland: UNAIDS.

http://data.unaids.org/pub/manual/2007/confidentiality_security_interim_guidelines_15may2007_en.pdf

MEASURE Evaluation. (n.d.). Geographic information systems tools. [Online]. Available at

<http://www.cpc.unc.edu/measure/tools/monitoring-evaluation-systems/geographic-information-systems>.

MEASURE Evaluation. (2011). *An overview of spatial data protocols for HIV/AIDS activities: Why and how to include the “where” in your data*. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. Available at <http://www.cpc.unc.edu/measure/publications/MS-11-41A>.

MEASURE Evaluation. (2012). *PLACE mapping and size estimation module*. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. Available at <https://www.measureevaluation.org/resources/publications/wp-12-126>.

National Research Council. (2007). *Putting people on the map: Protecting confidentiality with linked social-spatial data*. Washington, DC, USA: The National Academies Press. Available at http://www.nap.edu/catalog.php?record_id=11865.

VanWey, L. K., Rindfuss, R. R., Gutmann, M. P., Entwisle, B., & Balk, D. L. (2005). *Confidentiality and spatially explicit data: Concerns and challenges*. *Proceedings of the National Academy of Sciences of the United States of America*, 102 (43), 15337–15342. Available at <https://www.ncbi.nlm.nih.gov/pubmed/16230608>.

6.6. Finalize informed consent processes

Informed consent is the process of explaining to a potential participant what they will be asked to do and the possible risks and benefits of participation. Potential participants should be assured that their participation is voluntary, that they can stop the interview at any time, and that the information they provide is confidential. The protocol does not require the person to provide personal identifying information or a signature.

Informed Consent for Community Informants

The interviewers explain the purpose of the study and the type of questions asked, and say that no identifying information is collected from the community informants.

- Anonymous verbal informed consent is requested.
- A fact sheet is provided (see “Survey Questionnaires and Fact Sheets for Informed Consent,” here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>).

Informed Consent for Venue Informants

The interviewers explain the purpose of the study and the type of questions asked, and say that no identifying information is collected from the venue informants.

- Anonymous verbal informed consent is requested.
- A fact sheet is provided to respondents that summarizes the study, their role, and gives a point of contact if they have subsequent questions or concerns (see “Survey Questionnaires and Fact Sheets for Informed Consent,” here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>).

Informed Consent for Venue Patrons and Workers

The interviewers explain the purpose of the study and the type of questions asked of the venue patrons and workers. The interviewer reviews an informed consent statement that describes the risks and benefits of participating in the interview. If testing is offered, there is an explanation about the risks and benefits of HIV testing and a description of the procedure.

- Anonymous verbal informed consent is requested.
- A fact sheet is provided to respondents that summarizes the study, their role, and a point of contact if they have subsequent questions or concerns (see “Survey Questionnaires and Fact Sheets for Informed Consent,” here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>).
- Respondents are asked to mark with an initial or “X” a copy of the fact sheet. Interviewers record the participant identification number on the copy of the fact sheet and retain the copy.

- If dried blood spots are being stored, participants may also be asked to initial or “X” the fact sheet to indicate that dried blood spot samples may be stored in the study’s biobank.

Request for Waiver of Written Signed Informed Consent

The principle investigator requests from the appropriate institutional review board a waiver from requiring participants to sign a consent form. A signature would disclose the identity of the subject to the interviewer and could pose a risk to participants if confidentiality were breached. There is no need for the study team to know the identity of participants. Instead, patrons and workers are asked to place an “X” on the fact sheet. This approach diminishes the social, psychological, and economic risks to participants should a breach of confidentiality occur, and also allows the inclusion of a portion of the potential subject pool who have limited literacy and would not be able to sign their names.

Request for Waiver of Parental Consent for Venue Patrons and Workers Ages 15 to 17

The principle investigator also requests from the institutional review board a waiver of parental consent for venue patrons and workers ages 15–17 who wish to participate in the study. A waiver of parental consent, when assent is formally attained from venue patrons ages 15–17, will not adversely affect the rights or welfare of the participants. Rather, participation may facilitate access to the crucial service of HIV testing for adolescents, who may face greater stigma or embarrassment requesting testing at other clinics. Obtaining an X in place of a signature in no way affects the rights or welfare of subjects participating in this research.

Potential participants ages 15–17 will be eligible to participate only if they are at a venue when unaccompanied by family members or not on a family errand. Because study participation consists of a single visit conducted on-site where these subjects are found, recruitment of these subjects would not be possible if parental consent were required. Adolescents ages 15–17 have been included in many previous PLACE studies because often they are among those at highest risk for HIV and other STIs. Moreover, all adolescents eligible for this study will have been identified by nature of visiting a venue where people go to meet sexual partners. The risk to privacy would be much greater for venue patrons and workers ages 15–17 were parental consent to be required. Most national indicators of HIV and related behaviors include information on individuals age 15+. Therefore, including subjects ages 15–17 increases comparability and ease of monitoring trends in HIV prevalence and related behaviors nationally and in selected counties/districts.

Language

Fact sheets and other resources for informed consent and confidentiality and the survey questionnaires should be translated into the common languages used by people in the selected areas. The interviewing team will include people who speak the languages spoken in each district.

Section 7 of the Protocol. HIV Testing and Viral Load Estimates

Objective: To identify the biological tests that will be conducted with patrons and workers

Overview

This section describes how to collect biological specimens and test for a series of infections as part of the PLACE method. Engagement in HIV care and treatment is a challenge for populations at higher risk of acquiring and transmitting HIV. In addition to facing challenges for testing and treatment for HIV, these populations face challenges receiving testing and treatment for other infectious diseases and health conditions. The PLACE protocol offers access to these populations. To the extent possible, additional tests should be offered during the PLACE survey. The PLACE protocol recommends HIV testing; testing for other sexually transmitted infections, if feasible; and estimation of viral load among those with a positive HIV test.

Guidance: Adapting Protocol Section 7

- 1.1. Review Sample Protocol, Section 7.
- 1.2. Identify the specific tests that will be offered.
- 1.3. [Confirm process for testing people recruited from venues.](#)
- 1.4. Establish quality control procedures.
- 1.5. Review ethical issues and process for providing test results.

Tools

- Table 4: Table of feasible tests
- Table 5: Tests most commonly done, according to type of specimen required

Outputs

- Tests selected
- Testing and counseling procedures finalized

7.1. Review the Sample Protocol, Section 7

7.2 Identify the specific tests that will be offered

The National Steering Committee will meet and identify the tests that will be offered at the time of the patron and worker interviews. See the table below for options of the tests that are feasible.

Table 4. Table of feasible tests

Infection/Condition	Test	Comment
HIV	Determine HIV 1/2 test (Alere/Abbott Laboratories, Waltham, MA, USA)	Rapid test UNI-Gold for confirmatory test
Syphilis/HIV	ChemBio DPP HIV-Syphilis	Available as a new combination point-of-care (POC) whole blood test alongside HIV-1/2 Ab
Syphilis	Rapid syphilis	Recommend that participants that test positive for syphilis with a rapid treponemal test be offered a confirmatory test, which will be conducted at the study laboratory. Participants will be given a phone number and instructions about where and when to collect their results.
Malaria	Select based on availability	Rapid diagnostic tests are widely available
Hepatitis B	ImmunoComb II	A POC surface antigen test akin to the Determine HIV-1/2 is available
Trichomonas	OSOM rapid test	
Gonorrhea	Nucleic acid amplification tests	Urine and or rectal swab
Chlamydia	Nucleic acid amplification test	Urine and or rectal swab
TB	Xpert MTB/RIF	While not truly point-of-care (POC), a sputum sample could easily be collected and sent for near-POC testing with Xpert
ART resistance		Testing from dried blood spot (DBS) samples may be possible
	phylogenetic analyses	May require venipuncture for whole blood collection
Viral load		Uses dried blood spot
Early HIV infection	the Alere Ab/Ag combo to detect early/ acute HIV infection (Has not yet been approved by the World Health Organization but could be confirmed by viral load off DBS.
CD4		Uses dried blood spot
Vitamin A deficiency	Use available test.	

7.3. Confirm process for testing people recruited from venues

Participants will be tested at or near the recruitment venue.

After consent and completion of the behavioral interview, trained counselors will provide HIV and STI pre-test counseling in a private setting.

If a urine specimen is required, the nurse or lab technician will instruct participants on how to collect urine samples. Among male and female key populations, first-catch urine will be collected for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* testing. When samples are collected, they will be stored immediately according to the laboratory procedures manual and training.

If self-administered vaginal or rectal swabs are required, the nurse or lab technician will instruct the participant.

The justification for the collection of anal swabs is that there have been increases in anal gonorrhea, chlamydia, and *Lymphogranuloma venereum* (LGV) among men who have sex with men in various countries.

A nurse or laboratory staff member will use finger-prick whole-blood samples to conduct a rapid HIV test with the Determine HIV 1/2 test (Alere/Abbott Laboratories, Waltham, MA, USA). A negative result will be considered a true negative and will be reported to the patient after post-test counseling. A positive test should be confirmed by a test such as the Uni-gold HIV test (Trinity Biotech, Bray, Ireland). It is estimated that the HIV test results for the rapid tests will be available after 20 to 30 minutes. Results will be recorded on an HIV test results form.

If the Uni-gold test is positive, the result will be communicated to the participant as a positive result during post-test counseling. The participant will be advised that all positive results with rapid tests will be confirmed viral load testing at the study laboratory. If results are indeterminate (initial test positive and confirming test negative) a third test will be done for confirmation from the blood already collected. The participant will be counseled about the result and the importance of obtaining follow-up, and provided a reference card with his or her code number to obtain the results from the viral load test at the study laboratory in two weeks. The counselor will also advise participants on the recommended referral options for following up HIV and notification of sex partners.

Biologic samples will be stored at room temperature during field work before being transferred to a refrigerator at the study laboratory. Participants will be asked to provide first-catch urine (approximately 20 to 50 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Urine collection cups should be labeled with the patient ID sticker. At the laboratory, the urine will be transferred to an Xpert CT/NG Urine Transport Reagent tube before processing using the Gene Xpert diagnostic system. First-catch urine specimens must be transferred to the Xpert CT/ NG Urine Transport Reagent tube within 24 hours of primary collection if shipped and/or stored at room temperature.

People who report anal intercourse will be instructed on collection of an anal specimen using an Xpert CT/NG Specimen Collection Kit designed to collect, preserve, and transport patient *Chlamydia trachomatis* and *Neisseria gonorrhoeae* DNA in specimens from symptomatic and asymptomatic individuals prior to analysis with the Cepheid Xpert CT/NG Assay. The Xpert CT/NG Collection Kit allows for an extended range of time and temperature conditions for specimen storage and transport when testing for the presence of *Chlamydia*

trachomatis and *Neisseria gonorrhoeae* in swab specimens using the Cepheid Xpert CT/NG Assay. Anal specimens are collected from patients using flocked swabs included in the kit. Swabs are broken off into the transport reagent tubes to elute organisms and stabilize DNA. Swab specimens are then transported to the laboratory for testing on the GeneXpert Instrument Systems. Swab samples in Xpert CT/NG Swab Transport Reagent tubes are stable up to 60 days at 2 °– 30 °C before testing with the Xpert CT/ NG Assay. Urine specimens processed at the study laboratory will be stored at 2 °–15 °Celsius and processed within 15 days. Swab specimens will be stored at 2 °– 30 °C and processed within 15 days.

Among HIV-positive participants, nurses or lab technicians will collect additional finger prick blood for the rapid CD4 analysis. CD4 testing will be conducted on-site using a PIMA CD4 analyzer (Alere, Waltman, MA). The CD4 test takes approximately 20 minutes for processing. Participants will be given the results of their CD4 tests by a trained counselor.

Additionally, the laboratory personnel will take a 10 ml sample of venous blood from participants who test positive for HIV and a set of DBS for posterior viral load testing. Whole blood should be collected in EDTA, EDTA-PPT, or ACD collection tubes and will be centrifuged at the study laboratory to separate the plasma and red blood cells per the manufacturer's instructions. A minimum of 1 mL plasma is required for the Xpert HIV-1 Viral Load Assay. Whole blood will be centrifuged and plasma will be stored at 2 °–8 °C for up to six days, prior to testing. Alternatively, plasma specimens are stable frozen at ≤ -18 °C.

Any pregnant women (regardless of HIV status) receive a rapid syphilis test in order to ensure quick identification and treatment of syphilis-infected pregnant women, to prevent congenital syphilis. The nurse will ensure that pregnant women with positive rapid syphilis tests receive immediate IM benzathine penicillin G, and treated pregnant women will be referred to a health center once per week for two additional weeks for therapy. Other serum samples including VDRL or RPR will be done for pregnant women, as for other participants.

The nurse will refer any person reporting genital ulcers, men reporting urethral or rectal discharge, or women reporting vaginal discharge for STI treatment at a local health center. The nurse will also provide vouchers for partners (as many as requested by the participant) to access free care and treatment at the clinic, nongovernmental organization, or other nearby clinical facility.

Each participant will be given a Participant Card (Appendix G) containing his or her participant identification number (that will be linked to interview and lab results). The card will be used after the interview to ensure that the person is linked to the right HIV test result. The card includes contact information so that the participant can obtain the results of any tests that are conducted other than the initial HIV test. The counselor will explain to the participant how long it will take before the test results will be available, how to obtain these other test results, and why it is recommended to do so.

Table 5 presents the types of biological specimens and the location where processing will occur.

Table 5. Tests most commonly done, according to type of specimen required

Specimen	Test	Laboratory	Volume
Whole blood	Determine and Unigold HIV rapid tests	Study venue	Finger prick
Whole blood	CD4 count, PIMA Analyzer	Study venue	Finger prick
Whole blood	DBS for future analysis	Study venue	Finger prick
Whole blood	Determine TP rapid syphilis test	Study venue	Finger prick
Whole blood	Determine HBsAg rapid Hepatitis B test	Study venue	Finger prick
Serum	RPR or VDRL for syphilis	Specify laboratory	10 ml whole blood in EDTA, EDTA-PPT, or ACD collection tube
Serum	Xpert Viral load test	Specify laboratory	
Urine	<i>C. trachomatis/N. gonorrhoeae</i> Xpert	Specify laboratory	20 ml
Anal swab	<i>C. trachomatis/ N. gonorrhea</i> Xpert	Specify Laboratory	Swab

7.4. Establish quality control procedures

All study personnel involved in specimen collection, handling, processing, and testing will undergo training and regular supervision. The surveillance project includes detailed laboratory procedures manuals outlining standard procedures. Regardless of laboratory where testing was done, all positive and a representative sample of 10 percent of negative specimens will be retested to ensure validity of test procedures and internal and external quality control.

Clinical Specimen Collection Flow

Samples tested on-site with results provided the same day:

- HIV Determine and Uni-gold with finger-prick whole blood
- Determine TP rapid syphilis test with finger-prick whole blood
- Determine HBsAg Hepatitis B rapid testing with finger-prick whole blood

Samples collected at venues for processing at study laboratory:

- Venous blood sample for syphilis confirmatory testing with RPR or VDRL and viral load testing using Xpert Viral Load Assay (patients with positive rapid test results for syphilis and HIV, respectively)
 - Whole blood may be held at 2 °–8 °C for up to 72 hours, prior to preparing and testing the specimen. Serum samples will be separated, aliquoted, and placed in labeled criovials. After

centrifugation, plasma may be held at 15 °–30 °C for up to 24 hours or at 2 °–8 °C for up to six days prior to testing. Plasma specimens are stable frozen (≤ -18 °C and ≤ -70 °C) for six weeks.

- Dried blood spots for posterior HIV and STI testing through PCR will be stored at ambient temperature with desiccant bags or in a low temperature freezer, based on availability
- 20 ml urine for *N. gonorrhoeae* and *C. trachomatis* (men and women meeting key population definitions) stored at ambient temperature for up to 24 hours or 8 days at 4 °C.
 - Transported to the study laboratory and 7ml samples will be placed in Xpert Urine transport tubes and stored at 2 °–15 °C for up to 45 days or up to three days at 2 °–30 °C
- Rectal swabs for men and transgender women meeting key population definitions
 - Swabs will be transported to the study laboratory and stored at ambient temperature for up to 15 days until processing.
- Samples tested at study Laboratory will provide results to participants within two weeks of receipt using the participant ID number
 - RPR or VDRL for confirmation of syphilis
 - *N. gonorrhoeae* (urine and anal, if applicable)
 - *C. trachomatis* (urine and anal, if applicable)
 - HIV viral load $\left[\begin{array}{c} \text{I} \\ \text{I} \\ \text{SEP} \end{array} \right]$

Quality control for HIV testing will be conducted for all positives and 10 percent of negatives.

Storage of Samples

In some cases, the National Steering Committee may want to store DBS and leftover urine and serum samples after testing is complete. If so, permission must be asked of the respondent and a clear strategy for preserving samples and maintaining confidentiality must be developed.

7.5. Review ethical issues and process for providing test results

As noted earlier, rapid HIV test results will be returned to participants by a trained counselor after the necessary pre- and post-test counseling. Negative results will be provided 30 minutes after testing. Participants with positive results will receive a preliminary positive result 30 minutes after being tested and the confirmatory results in two weeks. HIV-positive participants will be referred to HIV treatment sites for evaluation and therapy, if needed.

If found to be HIV-positive, participants will be encouraged to refer all partners for HIV testing at a predetermined local clinic or voluntary counseling and testing site, and the HIV-positive participant will be referred to a site where they will be able to access free treatment. However, such partners and their test results will not be a part of this survey and will not be linked in any fashion with the HIV-positive subjects in this survey. There will not be a separate effort by study clinic staff participating in this survey to try to contact

(telephonically or personally) any partners of any subjects in this survey (regardless of test results), because this would constitute a clear violation of the confidentiality agreement by the survey's principle investigator with the subject. The subject will be given the option for him/her to contact his/her sexual partners for follow-up.

Participants with signs and symptoms of STI will be referred for treatment at a local health center.

Participants will be provided as many partner notification slips as requested and will be encouraged to refer their partners to a predetermined local clinic for free treatment.

Participants will receive a test Participant Card with their survey number and the place and date to collect other test results. This card should be presented at the study laboratory to collect STI and viral load results. Results for tests processed at the study laboratory, such as *N. gonorrhoeae* and *C. trachomatis* and viral load testing will be available in two weeks. Participants with positive test results will be referred for treatment.

If a participant loses their Participant Card and the only link to their laboratory tests, a unique identifier code will be used to return STI and viral load test results. During specimen collection, participants will be assigned a unique identifier code based on personal information such as birth year, first letters of their parents' names, and gender. This unique identifier will not permit study staff to identify the participant. It will be recorded with the specimen roster in case the participant returns to collect results without their Participant Card. If a participant comes to the laboratory without their Participant Card, laboratory staff will ask the participant a series of questions to reconstruct the unique identifier code, look up the results, and return the test results to the participant.

Indications for Antiretroviral Therapy (ART)

HIV-positive clients will be referred to ART programs based on government policy. Positive HIV test results will be communicated to the health authorities based on government policy. Typically, the nearest ART clinic will be given the contact details of people with an HIV-positive test result. The PLACE study does not retain any personal identifiers. The process for referring people to ART varies by setting and should be developed prior to study implementation.

Section 8 of the Protocol. Quality Assurance, Safety, and Training

Overview

This section lists the areas where training materials and fieldwork forms to monitor the quality of data will be required. The training materials and fieldwork forms are described in detail in the Fieldwork Manual.

Objective: To identify the areas where quality assurance protocols and training will be required.

Guidance: Adapting Protocol Section 8

- 8.1. Review Sample Protocol, Section 7.
- 8.2. Identify the training materials and fieldwork forms that will be required.
- 8.3. Review and adapt the generic safety guidance.

Tools and Worksheet

- Worksheet 8.1. Training Materials and Fieldwork Forms Required (Appendix A)
- Sample safety procedure (Box 4)
- See the Fieldwork Implementation Manual (<https://www.measureevaluation.org/resources/tools/hiv-aids/place>)

Outputs

- List of training materials and fieldwork forms
- Safety guidelines finalized

8.1. Review the Sample Protocol. Section 8

8.2. Identify the training materials and fieldwork forms that will be required

Supervisors and interviewers will be trained in ethics, interviewing techniques, safety and security policies, and the importance of data security. A full pilot will be conducted in order to ensure that each person on the team understands his or her role and how to implement the survey. Training will be held immediately prior to fieldwork. Use Worksheet 8.1 to list the training materials and fieldwork forms required (Appendix A).

8.3. Review and adapt the generic safety guidance

Interviewers receive ethics and safety training prior to initiating any fieldwork activities and sign the Interviewer Confidentiality Pledge. The training covers the following:

- Ethical principles
- Informed consent
- Confidentiality
- Safety precautions
- Incident reporting

Interviewers are trained on their responsibilities to preserve the confidentiality of the information they obtain; what to do if problems occur, such as difficulties with the police; and what preparation is needed to improve the environment for the survey, such as meetings with local leaders, police, and the provision of phone numbers and protocols for emergency situations.

Box 3 provides guidance on safety of fieldwork teams. This guidance should be adapted for use by the teams.

Box 4. Guidance on the Safety of Fieldwork Teams

Adapted from the University of Manitoba Canada Fieldwork Protocol

1. A "safety agreement" will be signed by each member of the fieldwork team.
2. A session on security measures will be included in the training program, where global experiences and lessons learned will be shared and discussed.
3. Fieldwork team members will be provided security IDs. Each team member will be required to carry the ID any time he/she is in the field.
4. Contact will be made with the local community police office by the fieldwork coordinator to inform the police about the study and obtain support, when required. Cell phones used for fieldwork will be programmed for quick dial to the local police line. Alternative contacts will be provided in areas where police are generally unresponsive.
5. Fieldwork team members will never be allowed to work alone, and will always move in pairs. Local community members will accompany fieldwork staff.
6. Fieldwork teams will be trained on how to look for security hazards in the field (e.g., a geographic scan [walking] of the area to be mapped will be done) to identify areas as potentially dangerous. They could be locations that are isolated, poorly lit, lacking public facilities (i.e., public phones, convenience stores), and thought of as dangerous by the community. On completion of the geographic scan, team members will identify areas that are deemed potentially unsafe for fieldwork and will take special precautions when approaching these places or people in these areas.
7. In the course of fieldwork, if staff have any safety concerns at a given location or from a respondent, s/he will be justified in leaving the interview/place immediately. If this step is taken, the fieldwork coordinator should be contacted and decide next steps.
8. Constant contact will be maintained between the fieldwork team and the supervisor while the team is in the field. This requires phone contact or text message every 30 minutes to provide the exact location, and an ongoing assessment of safety.
9. Safety will be a regular item for debriefing every day. The team will convene every day to discuss any untoward situations or security threats faced by any team member in the field or to which they have exposed any participants, and discuss measures to control such situations.
10. All safety issues/concerns will be documented using an incident reporting form. All incident reports will be retained by the fieldwork coordinator for the duration of mapping.

Section 9 of the Protocol. Sampling and Sample Size

Objective:

To sample respondents using appropriate survey sampling methods that will provide valid and sufficiently precise indicators that are generalizable to the study populations in the district

Overview

The sampling design is complex and requires careful implementation. First, community informants are sampled and ask to list venues (Form A) where people meet new sexual partners. This venue list becomes the sampling frame for selecting a sample of venues to visit. One respondent is selected per venue to describe the venue (Form B). Next a sample of venues is selected for on-site interviews and testing when the venue is busy. Finally, a probability sample of individuals at the selected venues is interviewed and tested (Form C) at a busy time. (Forms A, B, and C are in Survey Questionnaires and Fact Sheets for Informed Consent, here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>).

This section describes the main options for sampling.

Guidance: Adapting Protocol Section 9

- 9.1. Review the Sample Protocol, Section 9.
- 9.2. Set quotas for the number of community informant interviews.
- 9.3. Select option for selecting venues for Level 2 venue informant interviews.
- 9.4. Select venues for the biobehavioral survey of patrons and workers.
- 9.5. Specify how female workers and male and female patrons will be sampled.
- 9.6. Specify how key populations and priority populations will be oversampled.
- 9.7. Ensure the sample size is large enough to ensure sufficient precision.
- 9.8. Document sampling design.

Tools

- Table 6: Expected number of community informants, by size of district
- Table 7: Minimum number for venues to visit for mapping and venue informant interviews
- Table 8: Options for venue sampling
- Table 9: Sampling guidance for stratified sampling of high- and low-priority venues
- Figure 13: Overview of sampling of patrons and workers
- Figure 14: Statcalc example
- Table 10: Sampling and sample size summary

Outputs

- Documentation and rationale for sampling and target sample size

- Documentation for calculation of weights for analysis

9.1. Review the Sample Protocol, Section 9

9.2. Set quotas for the number of community informant interviews

Based on the typology of community informants developed by stakeholders, quotas are set for each type of community informant from each subdistrict area in the study. Informants are interviewed throughout the district until no new venues are identified, ensuring that the master list of venues is complete.

Experience implementing PLACE indicates that interviewing 30 community informants per population of 20,000 people ages 15–49 usually provides a complete list of venues in the area. However, during implementation, the District Fieldwork Team should assess the rate at which new venues are identified and determine whether additional informants should be interviewed or whether venue saturation has been achieved.

Table 6 shows the expected number of community informants needed by size of the district.

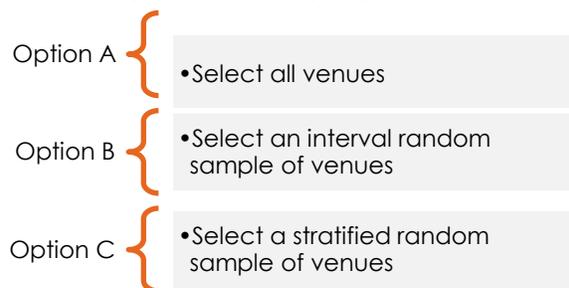
Table 6. Expected number of community informants, by size of district

District	District population ages 15-49	Number of clusters of 20,000 people ages 15-49	Target number of community informant interviews (30 interviews per cluster of 20,000 people)
A	200,000	10	300
B	500,000	25	750
C	1,000,000	50	1500

9.3. Select option for selecting venues for Level 2 venue informant interviews

Ideally, all venues that are identified by community informants are selected for a visit, and one venue informant is identified and interviewed per venue. There are three options for sampling venues (Figure 11).

Figure 11. Options for sampling venues



Option A: Select and Visit All Venues

The recommended approach is to visit all venues and interview a venue informant at each venue. Visiting each venue ensures that a map of venues will be completed and facilitates outreach to venues by prevention programs. If there are fewer than 300 venues per district, all venues should be visited.

Option B: Select a Random Sample of Venues Using Interval or Simple Random Sampling

If there are more than 300 venues in the district and there are financial or logistical constraints on the number of venues that can be visited, a random sample of venues can be selected for a visit. At a minimum, 300 venues should be sampled per district or a 60 percent sample of venues, whichever figure is higher (Table 7). The sampling frame is the list of venues recorded in a master list of venues. The master list is a list of de-duplicated venues compiled after the community informant interviews are completed. The master list is described in more detail in the Fieldwork Implementation Guide (<https://www.measureevaluation.org/resources/tools/hiv-aids/place>). Private venues are excluded.

Table 7. Minimum number for venues to visit for mapping and venue informant interviews

District	Number of venues identified	Minimum number of venues to visit
A	300	300
B	750	450 (60% of 750)
C	1500	900 (60% of 1500)

Simple random sampling takes a random sample of venues eligible for a visit, excluding those that are not feasible to visit or where there was insufficient information to find the venue. Completely random samples can provide lopsided samples by chance, but they have the advantage of being relatively easy to select.

A random sample using interval sampling offers the advantage of providing a sample that reflects the distribution of the population of venues in terms of subdistrict area, type, and size. For interval sampling, the list of eligible venues is sorted by subdistrict area, type, and size. Interval sampling selects the first venue randomly and then selects the remaining venues by means of an equal interval skip—for example, every second venue on the list, beginning with the randomly selected venue. The size of the skip is based on the number on the list and the target number to be sampled. For example, if there were 600 venues on the list and the target were 300 venues, the skip would be two. Every other venue would be selected. To determine the skip, divide the total number of venues on the list by the target to be visited.

Like random sampling, every venue selected using interval sampling has the same probability of being sampled and, consequently, the sampling weights are equal across all venues and are easy to calculate. More information on how to implement sampling is provided in the Field Implementation Guide.

Option C: Select a Stratified Random Sample of Venues

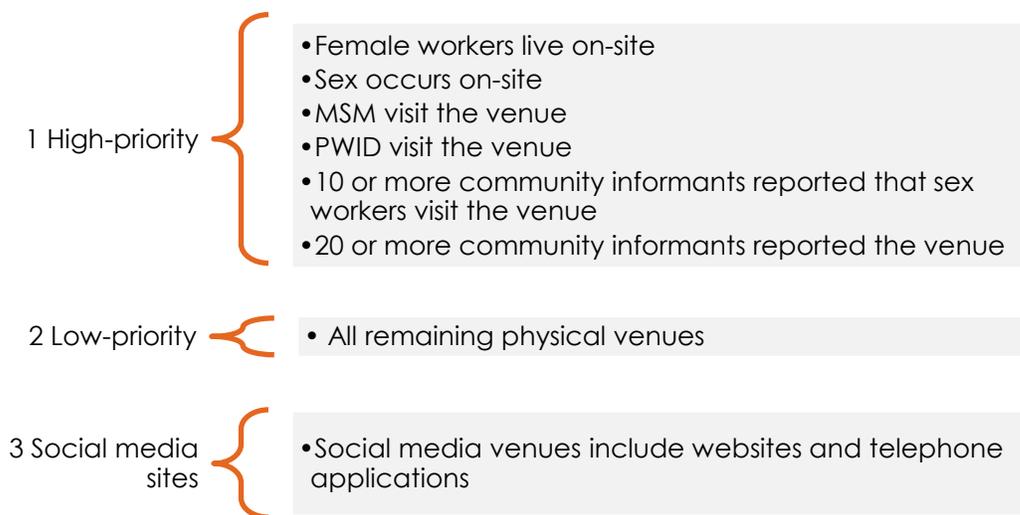
Simple random sampling and simple interval sampling apply the same sampling probability to every venue. Stratified random sampling offers a strategy to oversample venues that are higher priority. Because a

probability method is used in each stratum, the precision of estimates and the confidence intervals of estimates can be estimated. The disadvantage is that the method is slightly more complicated to implement and the weights vary across the sampling strata, reflecting differences in probabilities of selection, thus requiring careful attention in the analysis.

To implement stratified random sampling, each reported venue is categorized in one of three nonoverlapping strata based on information obtained from the community informants who reported the venue. This information, including whether sex occurs on-site and whether key populations visit the venue, is used to categorize each physical venue as high-priority or low-priority for a visit and for the biobehavioral survey. Private venues should not be identified. Information about private venues is destroyed.

The three strata used in sampling venues are shown in Figure 12:

Figure 12. Suggested criteria for high-priority and low-priority venues



The method requires defining which venues are higher versus lower priority. Finalizing the typology and criteria for prioritization requires stakeholder discussion, including discussion with key population groups.

Suggested criteria for higher-priority and lower-priority venues are given in Figure 12. However, some flexibility concerning these criteria is warranted because approximately equal numbers of high- and low-priority venues is desirable.

A probability method is used to sample a pre-specified percentage of venues from each stratum. The National Steering Committee should consult with an epidemiologist to determine the proportion of venues in each stratum to sample. Table 8 provides examples of sampling strategies.

Table 8. Options for venue sampling

	Proportion of high priority venues selected	Proportion of low priority venues selected	Comments
Example 1	100%	50%	Has the advantage of including all high-priority venues
Example 2	60%	30%	If the number of high-priority venues is more than can be visited feasibly, then visiting a sample of them may be required
Example 3	50%	50%	This is the same as interval sampling

In general, the following practices are best:

- The ratio of the sampling probabilities used in high- versus low-priority venues is three or less (for example, 60% versus 20%).
- High-priority venues have the same or higher sampling probability as low-priority venues.
- All high-priority venues are visited, if feasible.

At every selected venue, interview one venue informant. See the box, Steps in Stratified Random Sampling, in Step 3 of the Fieldwork Implementation Guide.

9.4. Select 30+ venues for the biobehavioral survey of patrons and workers

The biobehavioral survey is a cluster survey. Venues are the clusters. First, venues are sampled and, then, a sample of patrons and worker are sampled at each selected venue. Before a sample of venues can be selected, the master list of venues should be updated based on information from the venue visits. Venues that were closed or could not be found or that are duplicate should be counted and then removed from the list. The number of closed, not found, and duplicate venues should be documented and used to estimate the total number of operational venues in the district. These estimates are important for adjusting sampling weights to take into account venues that are closed, nonoperational, or duplicate. (See Fieldwork Step 4 in the Fieldwork Operational Guide.)

After making these adjustments to the sampling frame, a stratified random sample of 30 or more high-priority and low-priority physical venues are selected. Table 9 shows the recommended number of venues to sample for the biobehavioral survey. Sometimes a selected venue will not be available when fieldwork is occurring. Consequently, it is good practice to select three to five more venues than are necessary.

Table 9. Sampling guidance for stratified sampling of high- and low-priority venues

Number of operational venues	% and number of venues to select*	Estimated number of operational venues, by stratum		Percentage and number of venues to sample using a ratio of 3:1		Number of interviews to conduct		
						Female workers	Female patrons	Male patrons
300	10%=30	High	150	15%	22	All	220	220
		Low	150	5%	8	All	80	80
750	5%=38	High	375	7.5%	28	All	280	280
		Low	375	2.5%	10	All	100	100
1500	3% =45	High	750	4.5%	34	All	340	340
		Low	750	1.5%	11	All	110	100

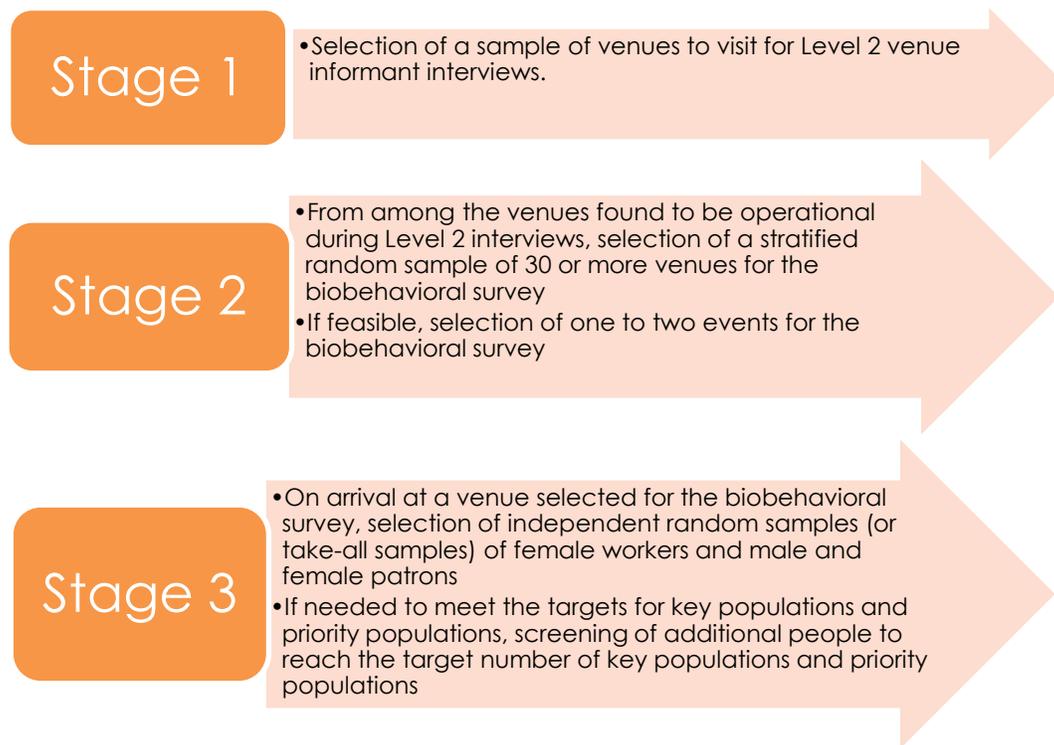
Note: Because some venues may not be available during fieldwork, having a strategy to replace selected venues with a similar venue is good practice.

High-priority venues should be oversampled relative to low-priority venues in approximately a ratio of three to one.

9.5. Specify how female workers and male and female patrons will be sampled

Sampling patrons and workers is a three-stage sampling process (Figure 13). After venues are selected for the administration of Form B (Stage 1), a subset of these venues is chosen for interviews with female workers and patrons (Stage 2), and a sample of people at these venues are selected (Stage 3) for the biobehavioral interview (Form C).

Figure 13. Three-stage sampling process



There are two main options for selecting patrons and workers at a selected venue:

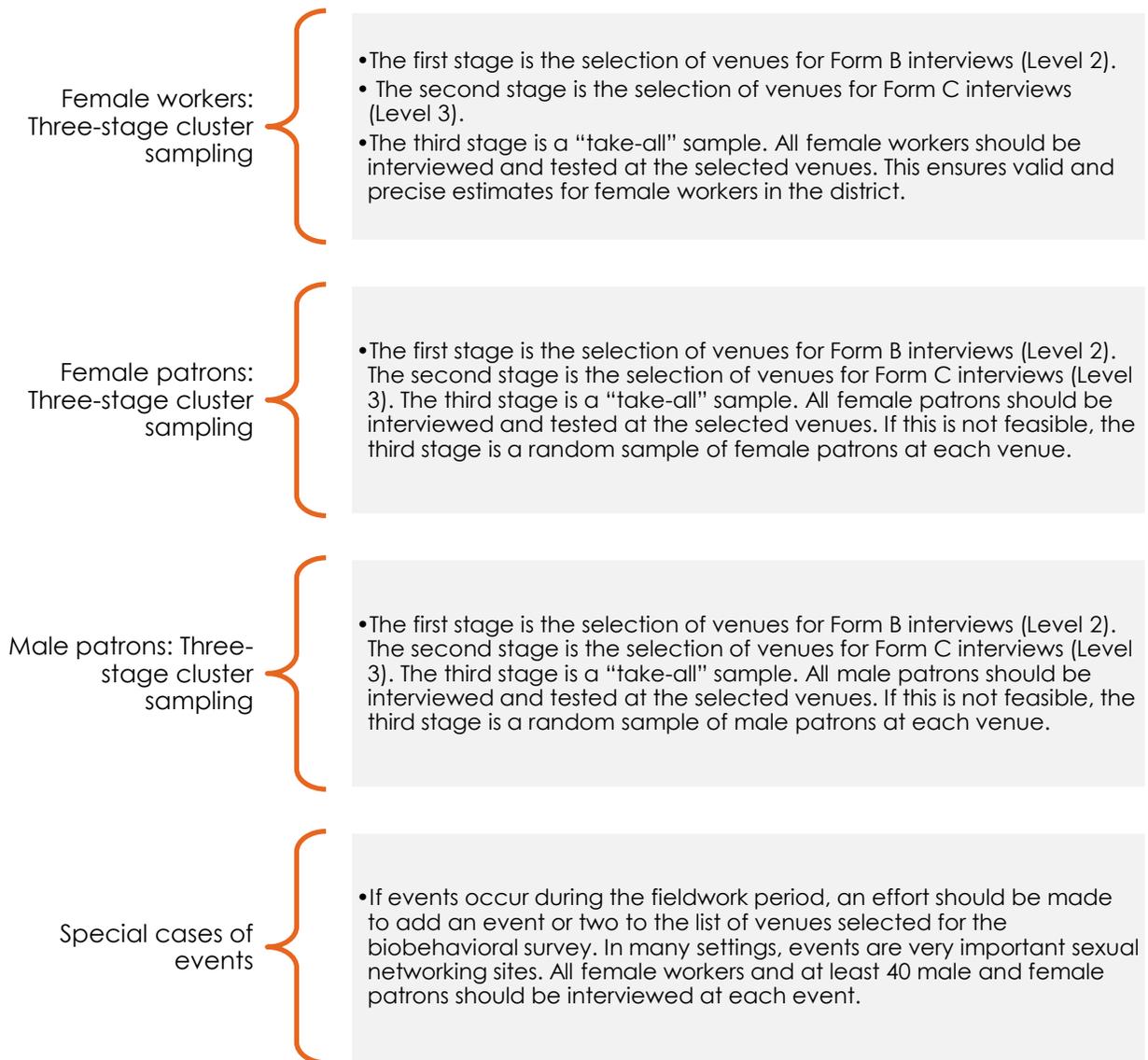
1. Take-all sampling: Where everyone is selected
2. Random sampling: Where a random sample of people is selected

If “take-all” sampling is feasible, then it is the preferred method.

Details on sampling are provided in Figure 14. Often it is feasible to implement “take-all” sampling for female workers but not for male and female patrons.

Because of the timing of the survey, it may not be possible to schedule a survey at an event. Biobehavioral surveys are not implemented at private venues. Surveys can be conducted online but without testing.

Figure 14. Overview of three-stage sampling of patrons and workers



9.6. Specify how key populations and priority populations will be oversampled

If the National Steering Committee wants separate indicators for key populations, additional interviews of male and female patrons may be needed. Key populations may not be sufficiently represented in a simple cross-sectional sample of people socializing at the selected venues. If the cross-sectional sample is expected to provide fewer than 200 people meeting the definition for membership in the key populations of interest, then additional interviews should be conducted to reach the target of 200 interviews per key population. One strategy is to complete the regular PLACE interviews at a venue, count the number of key populations who have been interviewed, and if more are required, use a screening form to identify people at the venue who meet the criteria for the key population. The sampling weight for these add-on interviews is usually based on the proportion of those screened who meet the criteria for a key population.

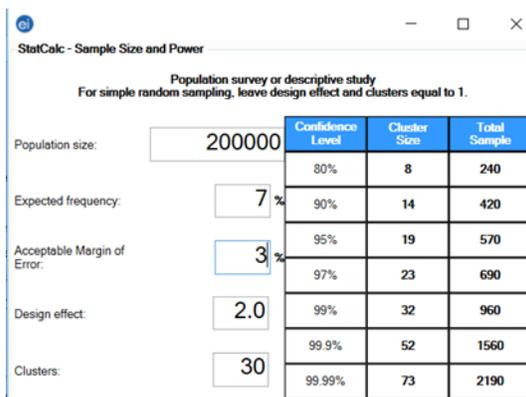
9.7. Ensure the sample size is large enough to ensure sufficient precision

The PLACE method recommends interviewing a total of 10 men and 10 women per venue sampled for the biobehavioral survey. For example, if 30 venues are selected, the sample size will be 300 men and 300 women. The interviews should be allocated across the sampled venues based on the size of the venue. Fewer interviews should be conducted in small venues and more interviews in large venues. A typical application of PLACE in a district of 200,000 adults ages 15–49 targets interviews with 600 male and female patrons in 30 venues, and all female workers in the 30 venues. Assuming a design effect of two, interviewing 600 patrons at 30 venues provides sufficiently precise indicators for most public health programs. A sample size of 570 from 30 venues will provide precision of +/- three percent for a prevalence estimate of seven percent. An example of a StatCalc estimate is given in Figure 15. StatCalc is a free web-based program that provides guidance on sample size determinations. Created by the United States Centers for Disease Control and Prevention, it is part of the EpiInfo program.

The sample size should be increased if greater precision is required (see Box 5). The final sample size determination depends on the required precision of the estimates for subgroups and the number of subgroups.

Note: To use StatCalc, download EpiInfo at <https://www.cdc.gov/epiinfo/index.html>.

Figure 15. Sample StatCalc estimate



Confidence Level	Cluster Size	Total Sample
80%	8	240
90%	14	420
95%	19	570
97%	23	690
99%	32	960
99.9%	52	1560
99.99%	73	2190

Box 5. Achieving a sufficient sample of men who have sex with men

1. Review the updated master list of venues with members of the MSM community to identify two venues where MSM could be recruited to the venue.
2. Work with MSM community organizations to recruit MSM to the venue at the time of the survey.
3. Conduct the interview and test among all men at the venue at the appointed time.
4. Include in the survey a question to indicate whether the respondent was recruited to the venue specifically to participate in the survey.
5. Aim to recruit at least 60–80 MSM per district.

9.8. Document Sampling Design

Table 10 summarizes the guidance for sampling. Adapt the table to document sampling and sample size decisions.

Table 10. Sampling and sample size documentation

Community Informants and Venue Informants	
Population	Target number to Interview
Level 1: Community informants	
Sampling method: Quota sampling by type of informant allocated across all subdistrict areas	30+ community informants per 20,000 adults ages 15 to 49 until no new venues are identified
Level 2: Venue informants	
Sampling method: Physical venues: Two-stage sampling	
<ul style="list-style-type: none"> • First stage: A probability sample of 300+ venues selected for Form B • Second stage: Quota sampling: One informant is selected per venue 	300+ venue informants: One per 300+ physical venues selected for a venue visit
Sampling method: Social media venues: Quota sampling	
<ul style="list-style-type: none"> • 30 social media sites, selected based on the number of times reported, feasibility, and access 	One per 30 social media sites
Biobehavioral survey	
Level 3: Female workers	
Sampling method: Three-stage cluster sampling	120+ female workers
<ul style="list-style-type: none"> • First stage: A probability sample of 300+ venues is selected for a venue visit (as above) • Second stage: A stratified random sample of 30+ operational venues is selected for the biobehavioral survey • Third stage: A “take all” sample of all-female workers at each venue selected in the second stage is selected for the survey 	30 or more venues are sampled for the biobehavioral survey. All female workers at these venues are offered the survey. Assuming approximately four female workers per venue and 30 venues sampled, the target is approximately 120 female workers.
Level 3: Male and female patrons	
Sampling method: Three-stage cluster sampling	Minimum: 300 male and 300 female patrons at 30 venues
<ul style="list-style-type: none"> • First stage: A probability sample of 300+ venues is selected for a venue visit (as above) • Second stage: A stratified random sample of 30+ operational venues is selected for the biobehavioral survey • Third stage: A random sample of male patrons and a random sample of female patrons from venues selected in the second stage 	

Section 10 of the Protocol. Key Indicators: Venue Profiles and Biobehavioral Indicators

Objective: To define the venue profile and the key indicators from the biobehavioral surveys of patrons and workers

Overview

This section describes the key indicators, specifically the venue profile and the biobehavioral indicators, study design, the survey populations, their recruitment, the informed consent process, and survey content.

Guidance: Adapting Protocol Section 10

- 10.1. Review Sample Protocol, Section 10.
- 10.2. Confirm venue typology, venue profiles, and venue maps.
- 10.3. Review indicators from interviews with patrons and workers.
- 10.4. Review and confirm key population indicators.
- 10.5. Review national-level indicators.

Tools

- Forms A, B, and C (in Survey Questionnaires and Fact Sheets for Informed Consent, here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>)
- Standard PLACE variables to support Forms B and C

Outputs

- Indicators selected
- Forms A, B, and C reviewed and finalized

10.1. Review Sample Protocol, Section 10

10.2. Confirm venue typology, venue profiles, and venue maps

The generic venue typology is shown in Table 11. It should have been reviewed by key populations during the readiness assessment. (See Sample Protocol, Section 5.) The typology is used in Form A and also in Form B.

Table 11. Venue typology

Indoor physical venues with alcohol, beds, or massage	}	<ul style="list-style-type: none"> • Formal bar • Informal bar • Nightclub/disco • Truck stop • Brothel • Rest house/guesthouse • Hotel/motel • Massage parlor
Outdoor venues	}	<ul style="list-style-type: none"> • Street sex-worker sites • Beach/lake/river • Yard/ field/bush • Street • Park • Construction site • Port/harbor • Bus/train/taxi stop
Other public physical venues	}	<ul style="list-style-type: none"> • Restaurant • School/campus • Shopping mall/shop • Other physical venue
Events	}	<ul style="list-style-type: none"> • Religious/cultural • Sports • Market days • Other public event
Social media	}	<ul style="list-style-type: none"> • Internet site • Social media app
Private venues /NOT ELIGIBLE	}	<ul style="list-style-type: none"> • Private parties • Private home • Telephone numbers

The standard PLACE venue profile provides the information shown in Table 12 for each venue, and tables summarizing these characteristics for all venues in the district. Information is obtained using Form B. Review Forms A and B to ensure that the information there captures the venue typology and that it includes the variables necessary for the venue profile.

Table 12. Venue profile

General information	<ul style="list-style-type: none">• Venue name• Venue identification number• Location• Date of visit• Type of venue• Busy days and times• Type of PPA where venue is located
Number at busy time	<ul style="list-style-type: none">• Male and female workers• Male and female patrons• Women living on-site• FSWs• MSM• PWID
Onsite risk activities	<ul style="list-style-type: none">• Sex on-site• People help patrons find sex partners• Risk of sex workers available• Alcohol consumption• Exotic dancing• Injecting drug use
Prevention services	<ul style="list-style-type: none">• Free condoms• Condoms for sale• Free lubricants• Lubricants for sale• Outreach HIV testing• Peer education• HIV behavior change communication posters

Three district venue maps are standard for physical venues:

1. Map of venues, by venue type and priority
2. Map of condom availability at venues
3. Map of HIV prevention outreach at venues

10.3. Review indicators from interviews with patrons and workers

Biobehavioral indicators are based on the proximate determinants framework. Standard PLACE indicators are shown in Table 13. The information is collected using Form C.

Ensure that all of the variables necessary to estimate the indicators are on Form C.

Table 13. Standard PLACE indicators

HIV	<ul style="list-style-type: none"> • HIV prevalence • HIV treatment cascade
Sociodemographic characteristics	<ul style="list-style-type: none"> • Age • Sex/gender • Current marital status • Educational attainment • Employment status • Type of employment • Student status • Area of residence • Length of time in area • Where slept last night • Access to mobile phone • Social media use • Sex born as/gender now
Proximate determinants	<ul style="list-style-type: none"> • Sexual partnership rates • Anal sex • Needle sharing • Condom use • Lubricant use
Vulnerability and adverse events	<ul style="list-style-type: none"> • Sex work • Drug use • Alcohol consumption • History of jail/prison • History of rape, violence • History of stigma
Use of services	<ul style="list-style-type: none"> • HIV testing • Circumcision • Condoms • Lubricants • Peer education • STI screening
Need for services	<ul style="list-style-type: none"> • Size of population • Prevention cascade • Treatment cascade

The indicators are provided for:

- Female workers
- Female patrons
- Male patrons

Biomarkers and Tests

The interviews with patrons and workers include testing for HIV and/or other STIs or health indicators. The PLACE method recommends testing for HIV infection using an antibody test based on the collection of a drop of blood or saliva rather than collecting tubes of blood.

For those with a positive HIV test, the protocol recommends obtaining additional samples of blood on filter paper. These dried blood spots should be tested to estimate the viral load and determine whether the person is infected with HIV but has not achieved viral suppression.

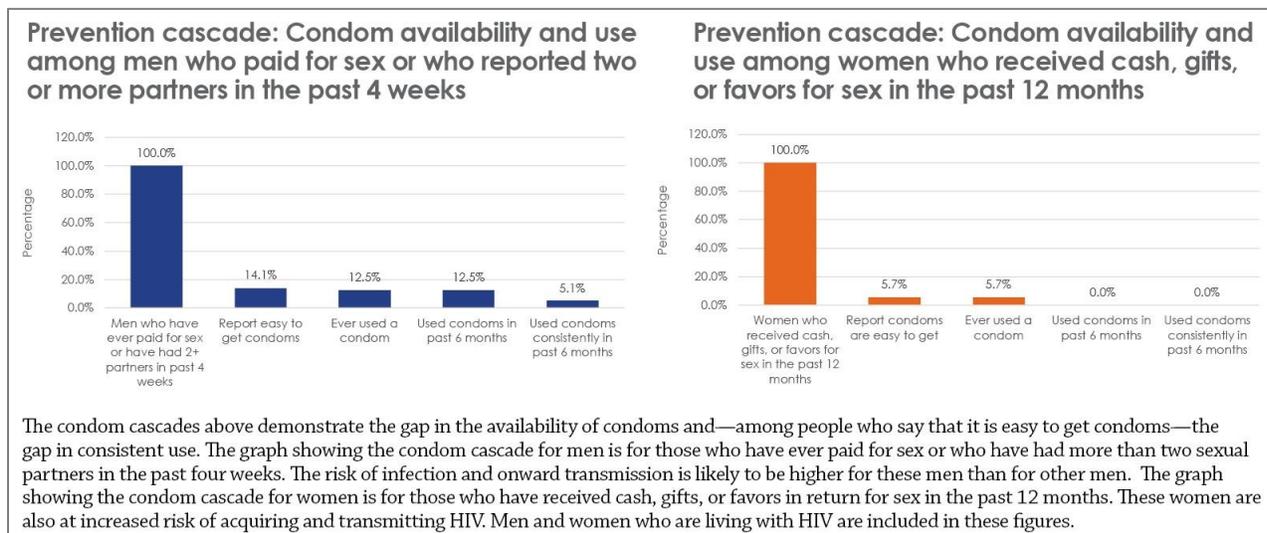
Other infections or health indicators that have been identified through tests conducted during PLACE interviews with patrons and workers are the following:

- Gonorrhea—rectal, vaginal
- Chlamydia—rectal, vaginal
- Syphilis
- Malaria
- Vitamin A deficiency
- Phylogenetic clustering
- Trichomonas

HIV Prevention and Treatment Cascades

PLACE data will provide estimates of HIV prevention and treatment cascades (Figure 16). The National Steering Committee should identify for which populations they should be estimated.

Figure 16. Example of treatment cascade



10.4 Review and confirm key population indicators

All of the indicators estimated for workers and patrons can also be provided for subgroups, including each key population and priority population. A list of standard PLACE indicators can be found in Appendix F. The precision of the estimates depends on the sample size. It may be necessary to oversample a subpopulation to have an estimate of adequate precision. See Sample Protocol, Section 9.

Additional questions specific to key populations are not required. Key population indicators are estimated by analysis of data sets containing only responses from people meeting the definition of key populations.

10.5. Review and confirm national-level indicators

In addition to the simple maps and indicators provided for local data use workshops, in some cases, PLACE data can be analyzed with more sophisticated methods that allow extrapolation to areas not covered by the study, and to answer questions about the characteristics of sexual networks.

At the national level, based on extrapolation from local-level results, some objectives of the supplemental analyses are as follows:

- To estimate the size of key populations and priority populations
- To estimate HIV prevalence for key populations and priority populations
- To estimate HIV prevention and treatment cascades
- To conduct a gap analysis for HIV prevention and treatment programming

National indicators could include the following:

1. Descriptions of venues and priority venues
2. HIV prevention and treatment cascades
3. HIV prevalence by group, venue type, and district
4. Risk profile of venue patrons and workers
5. Size estimates for key populations and priority populations
6. Coverage maps
7. National-level recommendations for action

If national estimates are needed, the sampling of districts should be designed to allow extrapolation.

Section 11 of the Protocol. Statistical Analysis and Population Size Estimates

Objective: To describe the methods for estimating the indicators and to describe the methods for estimating the size of key populations using the PLACE data

Overview

This section describes the methods for estimating indicators and the methods for size estimation. The analysis plan must reflect the study design and the sampling methods.

Guidance: Adapting Protocol Section 11

- 11.1. Review Sample Protocol Section 11.
- 11.2. Describe analysis methods.
- 11.3. Describe population size estimation methods.

Outputs

- Analysis plan
- Size estimation methods selected.

11.1. Review Sample Protocol, Section 11

11.2. Describe analysis methods

In order to estimate proportions or population size, the survey design for PLACE must provide a probability-based sample at two levels: a probability-based sample of venues for Form B venue profiling and a probability-based sample of people at venues for Form C patron and worker data.

The sample design must specify the rules and operations by which venues are selected for a venue visit and for worker and patron interviews and the rules and operations by which people in the venues are selected for Form C interviews. Each venue and each person must have a known probability of selection.

PLACE may be implemented with a simple sample design, but often it is implemented with a complex sample design that includes stratification, clustering, multiple stages of selection, and unequal weighting.

Stratification

For example, districts may be stratified into high-, medium-, and low-priority prior to district selection for PLACE. There may be oversampling of high-priority districts. After venues are identified using Form A (in Survey Questionnaires and Fact Sheets for Informed Consent, here:

<https://www.measureevaluation.org/resources/tools/hiv-aids/place>), the venues may be stratified into priority groups and subsequent oversampling of high-priority venues. The rules and operations used to stratify and select a probability sample of districts within a country and venues within selected districts must be documented so that there is a known probability of selection for each venue sampled for the PLACE study. If SAS is used, the STRATA statement is used to identify the district or venue strata.

Clustering

Individuals sampled within venues for Form C (in Survey Questionnaires and Fact Sheets for Informed Consent, here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>) are a sample cluster within the venue. The estimation of proportions and size estimates must take into account this aspect of the sampling design. If SAS is used, the CLUSTER statement is used to identify the venue from which the person is sampled for Form C.

Weights

Each venue and person must be weighted according to the probability that each was selected under the sample design. Weights are calculated as the inverse of the sampling probability. For example, if 1,000 venues were identified and 500 were randomly sampled for the visit, the probability of selection would be 50 percent and the weight for each venue would be $1/.5$ or 2. This is reasonable because each of the 500 selected venues represents two venues in the list of 1,000.

Similarly, if 100 of the 500 venues were randomly selected for interviews with patrons and workers, the probability of venue selection would be $500/1000 * 100/500 = 10\%$. The weight for each venue would be $1/10\% = 10$. This is reasonable because each of the 100 venues represents 10 venues in the list of 1,000.

In addition to the venue weights, however, the probability of selecting an individual within the venue for Form C must also be calculated. The PLACE method recommends that all women who work at the venue be interviewed. Their probability of selection within the venue is 100 percent. The PLACE method recommends that an equal percentage of female patrons be interviewed in the selected venues as well as an equal percentage of men in the selected venues. The specific percentage will vary from study to study because the sample size targets will vary. Female patrons often have a higher sampling probability than male patrons because often there are fewer female patrons than male patrons.

Size Estimates

The National Steering Committee should determine if size estimates should be calculated based on PLACE data. There are different types of size estimates available from PLACE, ranging from crude estimates obtained for each venue that was visited and mapped to more refined estimates based on extrapolating size estimates from areas with data to areas that were not initially included (Figure 17). Table 14 describes these methods in some detail.

For an example of size estimation for PLACE in a given country, see “Size of Key Populations in the Dominican Republic—2016 Estimates,” a technical report on MEASURE Evaluation’s website: <https://www.measureevaluation.org/resources/publications/tr-16-146>.

Figure 17. Size estimates available from PLACE data

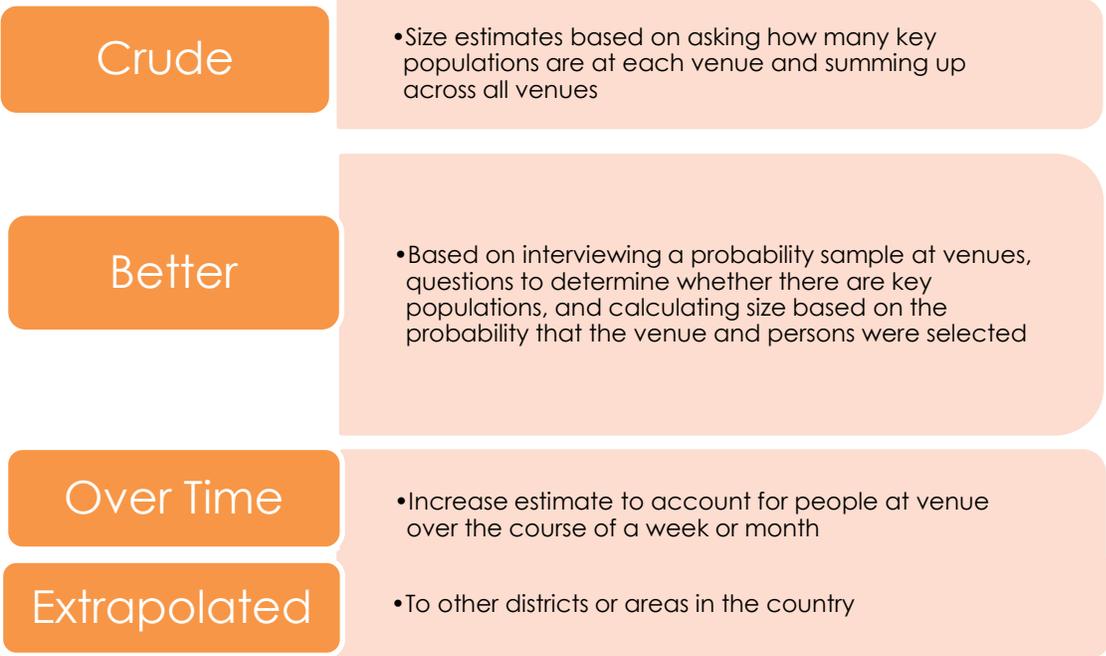


Table 14. Size estimation methods for key populations and other priority populations

Description of the estimate	Examples	Required data and survey questions	Equation	Assumptions and notes
1. Venue-specific key population (KP) estimate				
<p><input type="checkbox"/> Briefly: Number of KP members at a particular venue at the busiest time for that KP</p> <p><input type="checkbox"/> Longer description: Number of KP members who could be reached at a particular venue during the peak 3-hour time for that KP in the week (busy time chosen from a selection of specified periods), based on data from the venue informant</p>	<p><input type="checkbox"/> The number of female sex workers (FSW) at Sam's Bar on Saturday night between 11 p.m. and 2 a.m.</p> <p><input type="checkbox"/> The number of FSW at the Hilton Lounge between 8 p.m. and 11 p.m. on Wednesdays</p>	<p style="text-align: center;">FORM B: Venue informant</p> <p>a. "On which day of the week are the most members of the KP population here socializing?"</p> <p>b. "In what period on that busiest day are the most members of that population here?"</p> <p>c. "How many members of that population socialize at this place during that busiest period?"</p>	<p style="text-align: center;">a</p> <p>a = as reported by venue profile informants: number of population members who visit the venue during the KP's busiest time at the venue</p> <p style="text-align: center;">In words</p> <p>The number of members of the population who visit the venue during the KP's busiest time at the venue</p>	<p>Assumes</p> <p>Venue informants will answer the questions to the best of their ability and not obscure their reporting</p> <p>That the definition of each KP group being estimated is understood</p> <p>That the person knows who is and who is not a member of the KP</p> <p>That the number is stable enough to estimate from the past and to be accurate enough for the future</p> <p>That the turnover is not so great during a 3-hour period that estimation is impossible</p> <p>Utility</p> <p>Outreach workers can use the number to estimate how many members of the KP they should be able to reach at the venue if they went at the busy time.</p> <p>Weaknesses</p> <p>Just estimates the number of KP at a venue at the busy time</p> <p>Busy time at each venue is indicated as one of several 3-hour choices; therefore,</p>

				<p>the busy time may not necessarily be the 3 busiest consecutive hours</p> <p>If information from this venue-specific estimate were added up for all venues, the sum would be the estimated number of contacts with KP possible during busy time. It suffers as a population size estimate because it overcounts people who visit multiple venues at different busy times and (issue of counting people multiple times) misses people who visit a venue but not at a busy time.</p>
2. Crude estimate: Saturday night unadjusted venue informant method				
<p><input type="checkbox"/> Briefly: Number of unique members of KP at venues in a geographic area on a Saturday night</p> <p><input type="checkbox"/> Longer description: Number of unique members of a population who visit any venue between 8 p.m. and 11 p.m. (estimated with parameters from venue verification only)</p>	<p>The number of FSW who visit any venues in Cape Town on Saturday night between 8 p.m. and 11 p.m.</p>	<p>FORM B: Venue informant</p> <p>a. "How many members of the population came here last Saturday during the period 8 p.m.–11 p.m.?"</p>	$\sum_{m=1}^M \left[\frac{a_m}{\pi_m} \right]$ <p>m = venue index (indexing verified venues 1 through M)</p> <p>M = total number of venues verified</p> <p>π = venue sampling fraction</p> <p>a = as reported by venue profile informants: number of population members who visit the venue on a typical Saturday from 8 p.m.–11 p.m.</p> <p>In words</p> <p>For each verified venue, divide the Saturday night estimate by the probability</p>	<p>Assumes</p> <p>KP members will answer the questions to the best of their ability and not obscure their reporting</p> <p>That the definition of each KP group being estimated is understood</p> <p>That the person knows who is and who is not a member of the KP</p> <p>That the boundaries of the geographic area of interest and the definition of a venue are understood</p> <p>That the number is stable enough to estimate from the past and to be accurate enough for the future</p> <p>That if a person visits multiple venues, a 3-hour period is the minimum length of time that a person visits a venue</p>

			<p>that the particular venue was selected for venue verification (this is equivalent to multiplying each Saturday night estimate by the venue sampling weight). Add these venue-specific values across all verified venues.</p>	<p>Utility</p> <p>Outreach workers can use the number to set targets for programming on Saturday nights in the geographic area</p> <p>Strengths</p> <p>Estimates the population size during a single window of time across all venues, thereby addressing issue of people visiting multiple venues. The 3-hour window is short enough to preclude adjustment for visiting multiple venues during the estimation window.</p> <p>Weaknesses</p> <p>Only enumerates people present at venues in the specified period (e.g., 8 p.m. to 11 p.m.) on Saturday nights</p> <p>If many people are counted at multiple venues, could overestimate size</p> <p>If people are frequently leaving and being replaced by others at a venue, it may be difficult for a venue informant to estimate the total number who have passed through the venue during those 3 hours</p>
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Better options				
3. Laska, Meisner, Siegel method (Laska, Meisner, & Siegel, 1988; https://www.jstor.org/stable/2531859)*				
<p>□ Briefly: Number of unique members of a population that visits venues in a geographic area in one week</p> <p>□ Longer description: Number of unique members of a population who visit any venue in a geographic area in one week (estimated with parameters from patron/worker interviews)</p>	<p>The number of MSM who visit any venues in a Cape Town district during one week</p>	<p>FORM C: Patron/worker interviews</p> <p>a. "On what date did you last visit this venue?" Ensure that the date of the interview is recorded so that h can be calculated based on respondent's last visit date.</p> <p style="text-align: center;">or</p> <p>"How many days ago did you last visit this venue?"</p> <p>b. "How many other venues in this area did you visit during the past week?"</p> <p><i>Note: Add these questions to PLACE Form C if this method is selected. The questions are not on the generic Form C.</i></p>	$\sum_{m=1}^M \left[\frac{1}{(\pi_m \gamma_m)} \sum_{h=1}^7 hx_{mh} \right] \frac{1}{b}$ <p>m = venue index (indexing verified venues 1 through M)</p> <p>M = total number of venues at which patron/worker surveys were conducted</p> <p>π = venue sampling fraction</p> <p>γ = population member sampling fraction</p> <p>h = number of days (1 through 7) since population member last visited venue</p> <p>x = number of population members who last visited the venue h days ago</p> <p>b = average number of venues population members visited during that last week</p> <p style="text-align: center;">In words</p> <p>For each person, estimate the probability that the person was interviewed based on the probability that the venue was selected and the person was selected within the venue. Take the inverse of the</p>	<p>Assumes</p> <p>KP members will answer the questions to the best of their ability and not obscure their reporting</p> <p>That the number is stable enough to estimate from the past and to be accurate enough for the future</p> <p>That the boundaries of the geographic area of interest and the definition of a venue are understood</p> <p>That the parameters derived from respondents are representative of the parameters that would be derived from all of the population</p> <p>That patron/worker interviews take place during a typical period in which KP members visit the venue, such that visiting patterns of respondents are representative of visiting behaviors of population members who typically visit the venue</p> <p>Utility</p> <p>Outreach workers can use the number to set targets for programming in the geographic area</p> <p>Provides denominators for indicators in the geographic area</p>

* For an example of the use of this method with PLACE data, see Tate, J. E., & Hudgens, M. G. (2007). Estimating population size with two- and three-stage sampling designs. *American Journal of Epidemiology*, 165 (11): 1314–1320. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17400569>.

			<p>probability 1/(probability of sampling that venue for patron/worker interviews*probability of interviewing any given patron/worker at that venue) to calculate the respondent's sampling weight. Estimate the number of key populations by applying the respondent's sampling weight to the number of people meeting the criteria for the key population across all venues.</p>	<p>Strengths</p> <p>Accounts for people visiting multiple venues</p> <p>Weaknesses</p> <p>Adjustment factor for multiple venues is not as precisely captured as in other methods</p>
4. Busy-time size estimate: Weighted cross-sectional estimate based on interviews with patrons and workers				
<p>□ Briefly: Number of unique members of a population that visits venues in a geographic area during a busy time</p> <p>□ Longer description: Estimate of the number of unique members of a population who visit any venue in a geographic area over the course of a week; parameters are from patron/worker interviews weighted based on the probability of selecting the venue</p>	<p>The number of KP members who visit any venues in the geographic area during a busy time</p>	<p>FORM C:</p> <p>Patron/worker interviews</p> <p>a. Questions that are used to define the respondent as a member of the KP</p>	$\sum_{m=1}^M \left[\frac{1}{\pi_m} \sum_{n=1}^N \frac{p_{nm}}{\gamma_{nm}} \right]$ <p>m = venue index (indexing venues 1 through M)</p> <p>M = total number of venues at which patron/worker surveys were conducted</p> <p>π = sampling fraction for the venue at which the respondent was sampled</p> <p>n = respondent index (indexing respondents 1 through N at venue m)</p> <p>N = total number of respondents at the venue</p> <p>γ = sampling fraction for the respondent n at venue m</p>	<p>Assumes</p> <p>KP members will answer the questions to the best of their ability and not obscure their reporting</p> <p>That the boundaries of the geographic area of interest and the definition of a venue are understood</p> <p>That the parameters derived from respondents are representative of the parameters that would be derived from all members of the population</p> <p>Patron/worker interviews take place during a typical busy period for the venue, such that visiting patterns of respondents are representative of visiting behaviors of population members who typically visit the venue during a busy time</p>

			<p>p = indicator variable that takes the following values: $p=1$ if respondent n is a KP member; $p=0$ if respondent n is not a KP member</p> <p style="text-align: center;">In words</p> <p>For each venue, sum the venue-specific respondent sampling weights across all respondents whose responses in the survey indicate KP membership. (If no KP respondents were identified at the venue, the sum of these KP member weights at the venue is 0.) Multiply this sum by the inverse of the probability that the venue was selected for patron/ worker interviews (i.e., multiply by the venue sampling weight).</p> <p>Sum the venue-specific terms across all venues where patron/worker interviews were conducted in the geographic area.</p>	<p>Utility</p> <ul style="list-style-type: none"> Outreach workers can use the number to set targets for programming in the geographic area Provides denominators for indicators in the geographic area <p>Strengths</p> <ul style="list-style-type: none"> Based on information from people who report key population-defining behaviors. Weighted based on appropriate sampling and estimated probability of selection <p>Weaknesses</p> <ul style="list-style-type: none"> May underestimate the total size of the population, because it captures only people at venues at a busy time Does not adjust for visiting multiple venues
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5. One-week size estimate: Weighted cross-sectional estimate based on interviews with patrons and workers

<p>□ Briefly: Number of unique members of a population who visit venues in a geographic area in one week</p> <p>□ Longer description: Number of unique members of a population who visit any venue in a geographic area in one week; parameters are from patron/worker interviews weighted based on the probability of selecting the venue</p>	<p>□ The number of KP members who visit any venues in a geographic area over the course of a week</p>	<p>FORM C: Patron/worker interviews</p> <p>a. Questions that are used to define the respondent as a member of the KP</p> <p>b. "How often do you come to this venue?"</p>	$\sum_{m=1}^M \left[\frac{1}{\pi_m} \sum_{n=1}^N \frac{p_{nm}}{(Yf)_{n_m}} \right]$ <p>m = venue index (indexing venues 1 through M)</p> <p>M = total number of venues at which patron/worker surveys were conducted</p> <p>π = sampling fraction for the venue at which the respondent was sampled</p> <p>n = respondent index (indexing respondents 1 through N at venue m)</p> <p>N = total number of respondents at the venue</p> <p>γ = sampling fraction for the respondent n at venue m</p> <p>p = indicator variable that takes the following values: $p=1$ if respondent n is a KP member; $p=0$ if respondent n is not a KP member</p> <p>f = fraction of days per week the respondent visits the venue. For respondents who visit every day, $f=1$. For respondents who visit once per week, $f=1/7$.</p>	<p>Assumes</p> <p>KP members will answer the questions to the best of their ability and not obscure their reporting</p> <p>That the boundaries of the geographic area of interest and the definition of a venue are understood</p> <p>That the parameters derived from respondents are representative of the parameters that would be derived from all members of the population</p> <p>Patron/worker interviews take place during a typical busy period for the venue, such that visiting patterns of respondents are representative of visiting behaviors of population members who typically visit the venue during a busy time</p> <p>Utility</p> <p>Outreach workers can use the number to set targets for programming in the geographic area Provides denominators for indicators in the geographic area</p> <p>Strengths</p> <p>Based on information from people who report key population defining behaviors. Weighted based on appropriate sampling and estimated probability of selection.</p>
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			<p style="text-align: center;">In words</p> <p>This estimate extends the above estimate from a busy time estimate to include the number who visit at least once during the week.</p> <p>For each KP respondent at a given venue, multiply the respondent's venue-specific respondent sampling weight by an inflation factor related to how frequently the person visits the venue (i.e., the inverse of the fraction of the days per week the respondent visits the venue). After taking the product of each KP respondent's sampling weight and inflation factor, sum these values across all respondents at the venue whose responses in the survey indicate KP membership.</p> <p>Multiply this sum by the inverse of the probability that the venue was selected for patron/worker interviews (i.e., multiply by the venue sampling weight).</p> <p>Sum the venue-specific terms across all venues where patron/worker interviews were conducted in the geographic area.</p>	<p>Adjusts the estimate to reflect the frequency of attendance at the venue, as a strategy to correct the underestimated size of Method 4 above</p> <p>Weaknesses</p> <p>Does not adjust for visiting multiple venues</p>
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Section 12 of the Protocol. District Reports and Data Use Workshops

Objective: To describe the district report

Overview

This section describes the district report, which is prepared with help from the district. It is shared with stakeholders at a feedback and data use workshop, where additional analysis can be undertaken based on the interests of the district leaders.

Guidance: Adapting Protocol Section 12

- 12.1. Review Sample Protocol, Section 12.
- 12.2. Review sample district report and adapt it to your setting.
- 12.3. Use the PLACE QGIS Mapping Tool to make district maps.

Tool

- District report example from Uganda (available here: <https://www.measureevaluation.org/resources/publications/fs-18-322z?searchterm=place+uganda>)

Outputs

- District reports and action plans based on the findings of the PLACE study

APPENDIX A. WORKSHEETS FOR PROTOCOL DECISIONS

These worksheets are provided to document protocol decisions and to describe the rationale for the decision.

Worksheet 1.1. Example of a Study Summary and Time Frame

Study Title	The 2019 PLACE Study in Carolina
Aim	To increase local capacity to understand the drivers of local HIV epidemics, identify gaps in services among those most likely to acquire and transmit HIV, and provide evidence to support tailored interventions to reduce HIV transmission and improve access to treatment
Objectives	<ol style="list-style-type: none"> 1. Analyze available evidence to identify geographic areas called “priority prevention areas” (PPAs): geographic areas that are likely to contain influential HIV transmission networks. 2. Identify public venues in PPAs where people in HIV transmission networks could be reached with services. 3. Map, describe, and assess the availability of HIV services at these venues. 4. Provide an epidemic profile of men and women at these venues and engage with local stakeholders to use the data to improve programs.
Study Areas	<ul style="list-style-type: none"> • <Insert list of 30 selected districts>
Study Design: The 5 Steps of Fieldwork	<ol style="list-style-type: none"> 1. District launch and identification of PPAs 2. Venue identification 3. Venue verification, profiling, and mapping 4. Biobehavioral survey 5. Feedback and data use workshop
Methods	<ul style="list-style-type: none"> • Stakeholder input • Community informant interviews • Programmatic mapping • Biobehavioral surveys • HIV testing and viral load estimation • Data use workshops
Participants per district	<ul style="list-style-type: none"> • 10–50 district stakeholders • 300 community informants • 300 venue informants • 90 venue workers • 600 venue patrons
Total expected number of members of key populations	<ul style="list-style-type: none"> • 1,500 female sex workers • 600 men who have sex with men • 100 people who inject drugs • 50 transgender women
Outputs in each district	<ul style="list-style-type: none"> • PPAs identified • Complete list of public venues where people meet new sexual partners

Study Title	The 2019 PLACE Study in Carolina
	<ul style="list-style-type: none"> • Complete list of public venues where people who inject drugs can be reached • Venue maps and profiles • Action plans based on the data
Key coverage and biobehavioral indicators provided	<ul style="list-style-type: none"> • HIV prevalence • Population size • Sexual partnership rate • Condom use • Access to services • HIV prevention cascade • 90-90-90 treatment cascades
Leadership and Funding	
National level	The PLACE National Steering Committee, chaired by: <i>Name, organization, address, contact details, telephone, email</i>
Local level	The District Steering Committee in districts where PLACE is implemented
Implementation	<i>Name, organization, address, contact details, telephone, email</i>
Other	<i>Organizations, their addresses, contact details, telephone, email</i>
Funding	<i>Organization</i>

Time Frame

The preparation phase requires three to six months, depending on the scale of the study. Funding should have been secured prior to the preparation phase.

- Preparation phase (six months)
 - Establishment of National Steering Committee (month 1)
 - Identification of national stakeholders (month 1)
 - Synthesis of available HIV strategic information (months 1 and 2)
 - Protocol decisions (month 3)
 - PLACE readiness assessments (month 4)
 - Ethical review and any approvals (month 5)
 - Logistics planning (month 6)
- Fieldwork phase (six to eight weeks per district, depending on the size of the fieldwork team and logistics issues)
 - Initial training and logistics planning (week 1)
 - District launch meeting and identification of PPAs (week 2)
 - Community informant interviews (week 2)

- Venue informant interviews and mapping (weeks 3 and 4)
- Patron and worker interviews (weeks 5 and 6)
- Data use workshop (week 8, after time to analyze results)

- Supplemental analysis (after all districts are completed)
 - Coordinating data use and dissemination
 - Identifying supplemental analyses

Worksheet 2.1. PLACE Objectives: Identification of Gaps that PLACE Could Address

Strategic Information Question	Gap? Yes or No	Relevant PLACE Objective	Priority (High, Medium, Low)	Circle Yes if Confirmed as an Objective
1. Know your local epidemic: <ul style="list-style-type: none"> Where is HIV transmission most likely to occur? 	Y N	1. To identify PPAs 2. To Identify public social venues in PPAs where people meet new sex (or needle-sharing) partners	H M L H M L	YES NO YES NO
<ul style="list-style-type: none"> What is the epidemic profile at the district/local level? 	Y N	3. To provide indicators of HIV prevalence and population size for subgroups:		
		Standard PLACE subgroups		
		a. Women working in venues b. Men with multiple partners c. Women with multiple partners d. Youth 15–24 at venues	H M L H M L H M L H M L	YES NO YES NO YES NO YES NO
		Subgroups that may require over-sampling if precise district-level estimates are needed:		
		e. Female sex workers f. People who inject drugs g. Transgender women h. Men who have sex with men i. Others	H M L H M L H M L H M L H M L	YES NO YES NO YES NO YES NO YES NO
2. Measure determinants <ul style="list-style-type: none"> What is the distribution of high-risk behaviors? 	Y N	4. To provide indicators of HIV risk behaviors (lack of condom use, multiple partnerships, unprotected anal sex)	H M L	YES NO
3. Know your response <ul style="list-style-type: none"> Do program have evidence based targets? 	Y N	5. To engage with local stakeholders to use the data to estimate program targets.	H M L	YES NO
4. Identify inputs required <ul style="list-style-type: none"> What resources are needed to achieve targets? 	Y N	6. To develop strategies for providing services at scale.	H M L	YES NO
5. Assess Quality <ul style="list-style-type: none"> Have you assessed the quality of outreach services? 	Y N	3 To visit, describe, map and assess the availability of HIV prevention services at these venues.	H M L	YES NO
6. Monitor coverage <ul style="list-style-type: none"> What are the gaps in prevention and cascade indicators? 	Y N	5 To estimate HIV prevention and treatment cascades	H M L	YES NO

Strategic Information Question	Gap? Yes or No	Relevant PLACE Objective	Priority (High, Medium, Low)	Circle Yes if Confirmed as an Objective
<ul style="list-style-type: none"> • How many people need services? 	Y N	4. To provide indicators of HIV prevalence and population size by subnational area	H M L	YES NO
7. Monitor outcomes <ul style="list-style-type: none"> • Has HIV risk decreased over time in PLACE settings? 	Y N	Available if PLACE repeated	H M L	YES NO

Worksheet 3.1. Stakeholder Engagement (for national or district stakeholders)

Name of organization	Individual representative name and contact information	Affiliation: National or specific district	Date of contact and level of interest
Government health/census/statistics sector			
Other government/political sector			
Commercial sector			
Nongovernmental sector			

Name of organization	Individual representative name and contact information	Affiliation: National or specific district	Date of contact and level of interest
Civil society advocacy			
Donors			
Political/religious groups/other			

Worksheet 3.2. National Steering Committee Members

Name of person	Organization	Title	Role on National Steering Committee

Worksheet 3.3. Core Implementation Team Members

Role	Name	Organization	Contact Details
Country principal investigator (PI)			
Financial manager			
Data quality and sampling supervisor			
Mapping specialist			
Fieldwork coordinator			
Fieldwork supervisor (1 per district team)			
Assistant fieldwork supervisor (1 per fieldwork supervisor)			
Logistics coordinator			
Liaison to HIV testing and counseling services			
Liaisons to the communities of key populations of to be estimated			

Worksheet 3.4. District Steering Committee Members (1 worksheet per district)

Name of District:			
Name of person	Organization	Title	Role on District Steering Committee
Chair			

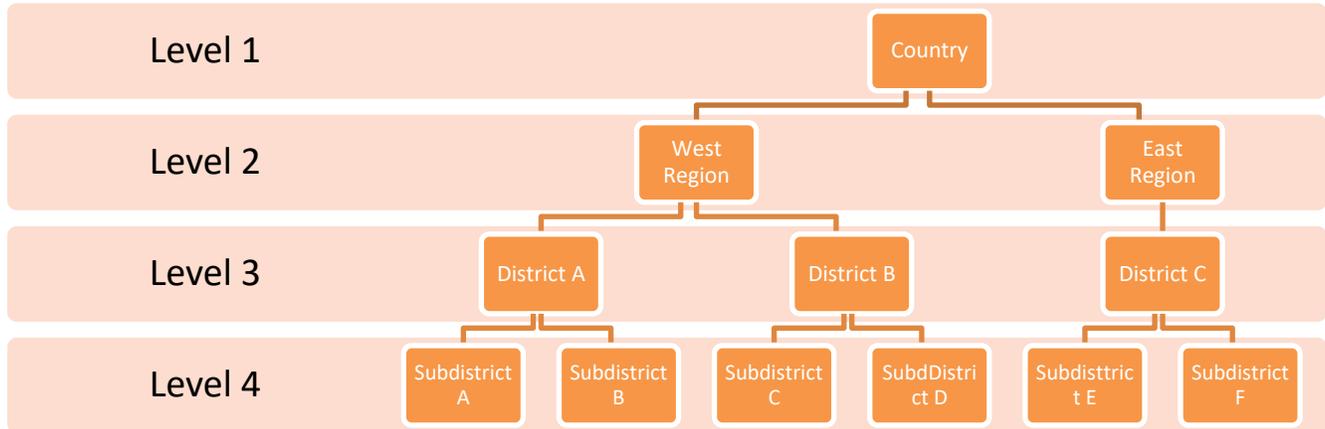
Worksheet 3.5. District PLACE Study Team Members (1 worksheet per district)

Name of District:			
Name of person	Organization	Title	Role on District Steering Committee
Chair			
Fieldwork supervisor			
Assistant supervisor			
Interviewers (8)			
Key populations liaisons			

Worksheet 4.1. The Geographic Framework

Fill in the figure with the data from your country or use a spreadsheet.

Figure example:



The example shows a country with four levels:

- National level
- Regional level
- District level: Metropolitan or other
- Each district is divided into administrative subdistricts.
- PPAs are areas in a district that may not strictly align with a subdistrict division.

Worksheet 4.2. Developing the Typology of Priority Prevention Areas

Types of Priority Prevention Areas	Relevant for country?	Code
Group 1: Economic draw		
Central business district	YES or NO	
Truck stop/border crossing	YES or NO	
Trading center	YES or NO	
Area with concentration of illegal drugs	YES or NO	
Cross-border area	YES or NO	
Other: specify:		
Group 2: Night life		
Area with a high concentration of bars and clubs	YES or NO	
Area with a high concentration of massage parlors	YES or NO	
Area with a high density of street sex workers	YES or NO	
Area near campus, colleges	YES or NO	
Tourist area	YES or NO	
Other: specify:		
Group 3: High density and poorly served areas		
Urban slums	YES or NO	
Townships	YES or NO	
Refugee camps	YES or NO	
Other: specify:		
Group 3: Male employment		
Construction site	YES or NO	
Tea or farming estate	YES or NO	
Fishing village	YES or NO	
Mining operation	YES or NO	
Military barracks or garrison	YES or NO	
Other: specify:		

Worksheet 4.3. Final PPA Typology and PPA Codes

Prepare a final list of PPA types and indicate whether they will be included in the District Summary Spreadsheet. Record the final list of PPA types here. Add this list to the QGIS Microsoft Excel template containing the QJOIN codes, and note whether each district has a PPA for each type deemed important.

PPA code	Type of PPA	Included in the QGIS tool for scoring districts? YES or NO	Number of points (1 to 3) added to the risk score if the subnational area includes a PPA of this type*	Description and comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

PPA code	Type of PPA	Included in the QGIS tool for scoring districts? YES or NO	Number of points (1 to 3) added to the risk score if the subnational area includes a PPA of this type*	Description and comments
14				
15				
16				
17				
18				
19	Other			
20	Other			

*The National Steering Committee can decide on scoring criteria that will allow the subnational areas to be categorized as low, medium, or high (1, 2, 3) risk.

Worksheet 4.4. Summary of Decisions Regarding Selection of Areas

This worksheet summarizes the sampling decisions. Districts, parishes, communes, or any other area can be used for sampling. The sample table uses districts, but any other area can be used.

Question		Answer
1	Which option will be used to select districts in which mapping will occur? A or B or C?	<ul style="list-style-type: none"> • A: All districts • B: Only high-priority purposively selected districts • C: A sample of high-, medium-, and low-priority districts, with oversampling of high-priority districts
2	Will some process of scoring be used to stratify the districts into high, medium, and low priority? If yes, what are the scoring criteria?	Scoring criteria
3	Will districts from every region be selected?	<ul style="list-style-type: none"> • Yes or no • If no, why not:
4	Approximately how many districts will be selected? Will they be randomly selected within strata?	Number of stratum, number randomly selected, and sampling probability: High priority: Of 30 high-priority districts, 10 were randomly sampled. Sampling probability 1/3. Moderate priority: Lower priority:
5	Among selected districts, will the entire district be covered?	<ul style="list-style-type: none"> • Yes or no • If no, what is the protocol for determining which areas will be selected?

Worksheet 5.1. Protective and Punitive Laws and Policies

Based on your responses to the questions in the Legal Framework Discussion Guide (Appendix B), circle “Yes,” “No,” or “Unclear.”

Protective Laws	
Laws that protect people living with HIV against discrimination	Yes/No/Unclear
Laws that specify protections for vulnerable populations	Yes/No/Unclear
Punitive Laws	
Laws that present obstacles to access to HIV services for vulnerable subpopulations	No/Yes/Unclear
Laws that criminalize same-sex sexual activities between consenting adults	No/Yes/Unclear
Laws that deem sex work (“prostitution”) to be illegal	No/Yes/Unclear
Compulsory treatment for people who use drugs	No/Yes/Unclear
Death penalty for drug offenses	No/Yes/Unclear

Worksheet 5.2. Risks of Programmatic Mapping

Description of risk	Who is affected?	Seriousness of risk	Likelihood of risk	Possible precautions to minimize risks

Worksheet 5.3. Action Plan to Mitigate Risks from Mapping

Risk	Action steps	Person or people responsible	Complete by date	Completed? (Y/N)

Worksheet 6.1. Types of Community Informants

Type of Community Informant	Relevant for Country Context? circle YES or NO.	Final Code	Final Informant Type
Type			
1. Taxi driver	YES or NO	1	Taxi driver
2. Truck driver	YES or NO	(and so on)	(and so on)
3. Bar owner or worker	YES or NO		
4. Individual socializing at the venue	YES or NO		
5. Security guard/car guard	YES or NO		
6. Transgender person	YES or NO		
7. Person who injects drugs	YES or NO		
8. Man who has sex with men	YES or NO		
9. Woman who sells sex for money	YES or NO		
10. Hairdresser	YES or NO		
11. Community leader	YES or NO		
12. Youth in school	YES or NO		
13. Youth out of school	YES or NO		
14. Military/police	YES or NO		
15. Community-based organization staff	YES or NO		
16. Peer educator	YES or NO		
17. Community health worker	YES or NO		
18. Trader/business person	YES or NO		
19. Hawker/street vendor	YES or NO		
20. Unemployed/individual loitering	YES or NO		
21. Fisherman	YES or NO		
22. Bicycle or motorcycle taxi driver	YES or NO		
23. Other:	YES or NO		
24. Other:	YES or NO		
25. Other:	YES or NO		

Worksheet 6.2. Definitions of Key and Priority Populations

Review this and adapt it as needed.

Key populations	Questions	Response
Sex worker:	Have you had sex for money in the past three months?	Yes to one or both questions
	Some people see themselves as a sex worker? Do you see yourself as a sex worker?	Yes to one or both questions
Men who have sex with men:	What was your sex at birth?	Male
	Do you see yourself as a man or a woman?	Man
	Have you had anal sex with a man in the past 12 months?	Yes
Person who injects drugs:	Have you injected a nonprescription drug in the past 12 months?	Must answer yes
Transgender person:	What was your sex at birth?	Male or female
	Do you see yourself as a man or a woman?	Must answer woman if born a male Must answer man if born a female
Other female priority populations		
Street-based FSWs	Have you engaged in street-based sex work in the past three months?	Must answer yes
	What was your sex at birth?	Female
Girls ages 15 to 19	What is your age?	Must be 15–19
	What was your sex at birth?	Must answer female
Resident women	Do you see yourself as a man or a woman	Woman
	Do you live here at the venue?	Yes
Other priority populations		
Mobile people	What is your main occupation when you are working?	Must answer: fishing or transportation
	In what district do you live?	District other than the district where the interview is conducted
Male clients of sex workers	What was your sex at birth?	Must answer male
	In the past three months, have you paid a woman to have sex with you?	Must answer yes

Key populations	Questions	Response
Victims of rape	In the past 12 months, have you been forced to have sex against your will?	Must answer yes
People in the fishing industry	What is your main occupation when you are working?	Must answer: fishing
Transportation workers	What is your main occupation when you are working?	Must answer: transportation
Bisexual men	Do you see yourself as a man or a woman?	Must answer: man
	In the past 12 months, approximately how many men have you had sex with?	Answer must be greater than zero
	In total, how many women have you had sex with in the past 12 months (not including trans women)?	Answer must be greater than zero

Worksheet 8.1. Training Materials and Fieldwork Forms Required

Overview of the PLACE Method
Review and approval process
How to be a good supervisor
How to be a good interviewer
Ethical issues
Logistics and budgeting
Team building and disciplinary actions
Safety precautions
Sensitivity training on key populations
Grounds for dismissal
How to use a tablet and upload data
What is GPS and how to take coordinates
How to implement the district launch
How to identify PPAs
Introduction to Form A, Form B, Form C
Review of all consent forms and consent process
Forms A, B, C content, question-by-question review
Creating the master list from Form A
Forms A, B, C Fieldwork Forms
Selecting a sample from the master list
Selecting participants for Form C
Testing and counseling protocol
Creating district reports
Creating maps
Implementing feedback workshops

APPENDIX B. LEGAL FRAMEWORK DISCUSSION GUIDE

Stakeholder discussion questions to assess legal environment of key populations	
Question	
1.	<p>What are the official local and national laws that affect key populations? In practice, how are these laws applied? What penalties are enforced?</p> <p>_____</p> <p>_____</p>
2.	<p>What protective laws are in place that affect key populations? What laws protect people living with HIV from discrimination? What laws specify protections for KEY Populations</p> <p>_____</p> <p>_____</p>
3.	<p>What punitive laws are in place that affect key populations? What laws present obstacles to access to HIV services for KEY Populations?</p> <p>Responses</p> <p>_____</p> <p>_____</p>
4.	<p>What laws criminalize same sex-sex activities between consenting adults?</p> <p>_____</p> <p>_____</p>
5.	<p>What laws deem sex work (prostitution) to be illegal?</p> <p>_____</p> <p>_____</p>
6.	<p>What kind of compulsory treatment is available (e.g., methadone maintenance) for PWID?</p> <p>_____</p> <p>_____</p>
7.	<p>What offenses carry the death penalty as a sentencing option (for example, drug offenses or same-sex sexual activities)?</p> <p>_____</p> <p>_____</p>

APPENDIX C. KEY POPULATION STAKEHOLDER CONSULTATION GUIDE

Preparation and Recruitment

Recruitment guidance: Recruit both key opinion leaders and typical members. The following questions can be adapted and expanded for use in one-on-one interviews or in focus group discussions with four to eight people. The recruitment method and format of the discussion should be chosen to best fit the local setting.

Characteristics of the discussion leader: Ideally, the discussion leader will be familiar with the populations and will have had training and/or experience using qualitative methods to gather information.

Prior to beginning the discussion: You may wish to circle or highlight the questions you plan to ask before the conversation begins. You may also write down any additional questions you plan to ask.

Beginning the discussion: Begin the interactions by providing a brief overview of the PLACE activities that are planned. Highlight the fact that maps of venue identified by PLACE are not published and that the method identifies places where people meet new sexual partners and includes all types of people including sex workers and men who have sex with men.

Next, use the “Key Populations Consultation Guide: The Questions” form, which begins on the next page. Assign a number to the conversation so you can keep track of it. Use this number on each page of your notes. Record the date and location where the conversation is taking place. Write down a description of whom you are speaking with (include only their role, position, or connection to key populations; do not write down their name).

Take some brief notes below each question while you are conducting the consultation to help you remember what the respondent says. As soon as possible after you have completed the consultation, expand your notes with more details from your memory of the conversation. Also write down follow-up questions you might have forgotten to ask or new questions that come to mind based on the information you have learned.

Key Population Stakeholder Consultation Guide: The Questions

Conversation #: _____

Date: _____

Location: _____

Number of respondents: _____

Role of respondents (do not write down their names, just a description of their position, role, or reason for interviewing them): _____

Interview questions for sex workers (adapt as needed for men who have sex with men [MSM])

Discussion: Where do people meet new sexual partners? At what types of venues?

1. At what types of places do sex workers socialize/meet clients?
2. How often do you recruit clients online or via phone and not in a public venue?
3. Which sex workers do you think are not currently being reached by HIV- and AIDS-related health services? Where do these sex workers meet clients?
4. Below is a generic list of venues where people meet new sexual partners or where people who inject drugs can be reached. . What recommendations to you have to make it more accurate? Which venue types are not applicable. Which venue types are missing?
5. Review the list of venue types. Add types that are missing. Adapt or drop any that are not applicable.

Venue Typology Worksheet			
Venue Type	Relevant for Country Context? Circle YES or NO.	Final Code	Final Venue Type
Venues with alcohol or beds			
Formal bar	YES or NO	1	Formal bar
Informal bar	YES or NO	2	
Nightclub / disco	YES or NO	3	
Truck stop	YES or NO	4	
Brothel	YES or NO	5	
Rest house/guesthouse	YES or NO	6	
Hotel/motel	YES or NO	7	
Massage parlor	YES or NO	8	
Any other? List each.			
Outdoor venues			
Street	YES or NO	9	
Beach	YES or NO	10	
Field/bush	YES or NO	11	
Park	YES or NO	12	
Construction site	YES or NO	13	
Port/harbor	YES or NO	14	
Bus/taxi stop	YES or NO	15	
Market	YES or NO	16	
Any other outdoor? List each.			
Other venues/events			
Restaurant	YES or NO	17	
School/campus	YES or NO	18	
Shopping mall / shop	YES or NO	19	
Public event	YES or NO	20	
Special MSM event	YES or NO	21	
Any other venues?	YES or NO	22	
Internet and social media			
Internet site	YES or NO	23	
Social media app	YES or NO	24	
Telephone number	YES or NO	25	
Internet site	YES or NO	26	
	YES or NO		

Discussion: What do you see as the risks and benefits of mapping?

6. Do you think it is a good strategy to provide HIV prevention messages and information regarding treatment and care services at places where sex workers meet new clients?
7. What are your fears about risk of mapping and participating in the survey? Fears about lack of confidentiality if maps are printed?
8. What are the benefits of mapping venues?
9. What is your advice regarding how interviewers should access venues?

Discussion: Are services available to you?

10. What services are available in this area that you would consider KEY POPULATION-friendly?
11. What health and legal protection/advocacy services do sex workers access (e.g., legal representation, peer education, condoms, HIV testing and counseling, ART, PEP, PrEP, CD4/VL testing, STI screening, mental health services, family planning)?
12. Where are these services located (types of places)?
13. How many different health clinics do you visit in a year?
14. Have you received HIV medicine at more than one clinic? Is this common?

Discussion: Barriers to Services, Stigma, Discrimination and Legal Environment

15. What are the main barriers to accessing prevention and care services (HIV/STI testing/condoms/reproductive healthcare/HIV care)?
16. How do people in this community treat SWs?
17. What current barriers to services do you experience?
18. Have you personally experienced any violence or harm from other people in this community or from law enforcement? What happened?
19. Have you witnessed or heard about these kinds of experiences from others?
20. Is there a registration system for drug users, sex workers, men who have sex with men, and/or transgender persons maintained by healthcare providers and/or police?
21. Is there any mandatory testing (e.g., for HIV, HCV, STIs)?
22. Do you have access to legal services?
23. Are there laws penalizing possession of drug paraphernalia?
24. What is your opinion on the quality of services? On stigma and discrimination in health services?

Discussion: Preferences for Services

25. Do you think special drop-in centers for key populations would help?
26. Do you want to talk with peer educators?
27. What languages do you want education to be provided in?
28. How mobile are you?

Discussion: PLACE Study Activities

29. Would you agree to venue-based HIV, CD4, and viral load testing?
30. The idea behind PLACE is to identify where people meet new sexual partners can be reached and make a map of these places so that programs can take services to these locations. The method does not only map places where key population go. Do you think that mapping these locations is a good idea? Why or why not?
31. What concerns would you have about being tested at a venue?
32. What do you think about the mapping activities we have described?
33. What are your specific concerns about the mapping activities?
34. What can we do to alleviate your concerns about PLACE?

MSM-specific: What do you think about mapping semipublic events like parties?

APPENDIX D. HEALTHCARE AND SERVICE PROVIDER CONSULTATION GUIDE

Conversation #: _____

Date: _____

Location: _____

Role of respondent _____

Interview questions:

1. Could you describe any special arrangements you have for caring for key populations?
2. What partnerships/relationships do you have (or does your organization have) with owners or managers of sites such as bars or clubs where people meet new sexual partners? What outreach activities have you done at these sites (e.g., offer on-site HIV/STI testing or distribute condoms)?
3. Could you describe any outreach efforts you have participated in that reached sex workers or men who have sex with men (MSM) or people who inject drugs?
4. What are your experiences providing HIV testing, distributing condoms, or promoting condom-use at high-risk sites such as bars or clubs?
5. What kinds of challenges have you or your organization faced in conducting HIV prevention and care activities in the past?
6. How did you/your organization overcome these challenges?
7. During a clinic visit, do you record whether a patient engages in high-risk behavior for HIV-transmission such as sex work, drug use, or same-sex behavior among men?
8. Do you think you would support outreach activities to venues identified by PLACE?
9. What are your specific concerns about implementing PLACE or using data from PLACE?
10. What can we do to alleviate your concerns?
11. How could you/your organization use the information generated from mapping?
12. How easy do you think it would be to recruit [sex workers, men who have sex with men, people who inject drugs] at mapped locations to participate in finger prick testing to assess their HIV status, CD4 counts and HIV viral load?
13. What concerns do you have about finger prick testing at mapped venues?
14. What risks to safety or privacy for [sex workers, men who have sex with men, people who inject drugs] do you think should be considered?
15. How do you think this kind of testing might help your HIV prevention/care work?
16. What might be some benefits or challenges for health workers using finger prick testing?
17. Would you be willing to participate in the collection of dried blood spots via finger prick testing at mapped locations?
18. What might be some benefits or challenges for health workers participating in the assessment?
19. What procedures should be developed for these results to be used by healthcare and service providers to link [sex workers, men who have sex with men, people who inject drugs] to HIV care and treatment?

APPENDIX E. BUDGETING FOR PLACE

The cost of implementation is not treated as a critical factor in selecting where to implement PLACE and at what scale. Information is provided to help cost the proposal. We suggest developing the proposal that best aligns with country strategic information needs and local demand for the data. If funding is not available, the project can be scaled back or implemented in waves.

National-Level Cost Categories

- **Country PI:** This person is responsible for the design and implementation of PLACE and should be able to dedicate all or most of his/her time to this activity. Note: country teams may choose to add a position for assistant PI who can work with the PI to train teams in each selected geographic area and to make visits during fieldwork. The Country PI is responsible for all data analysis and report writing.
- **Fieldwork coordinator:** This person is responsible for the day-to-day implementation of PLACE and works fulltime on the study, from preparation until the final reports are completed.
- **Mapping specialist:** This person is responsible for maintaining the GPS units, finding base maps, and creating maps of sites. Prior to implementation, he/she should help decide what software will be used for mapping, obtaining or advising on GPS units, acquiring base maps of administrative boundaries of the country, and training interviewers in using GPS units. After data are available, he/she creates maps as requested by the Country PI or National and District Steering Committees.
- **Financial manager:** Duties of this person include everything related to movement of funds (receiving and paying out), accounting, and contracts. This person may also be asked to arrange for a training venue, hire vehicles, and procure supplies for fieldwork.
- **GPS units:** GPS units are required to measure the geographic coordinates of sites (latitude and longitude) when using paper questionnaires. If tablets or mobile phones are used instead of paper questionnaires for interviews, GPS units are not needed because these devices can be used to measure geographic coordinates. In this case, include a line item for SIM cards, air time, and server space to receive incoming data, and insurance.
- **Data quality and sampling supervisor:** This person is responsible for managing the data entry process, including the use of Excel to create the master list of venues and the entry of data from venue informants, patrons, and workers. He/she will create a plan to ensure data quality during data collection, create data entry templates, oversee data entry, clean the data, produce tables of results, and create a code book for use during data analysis.
- **National Steering Committee meetings:** One workshop is conducted during the protocol development phase that brings together national stakeholders to learn about the study objectives and adapt the protocol. At the end of the study, a second workshop is held to provide findings to the National Steering Committee prior to dissemination of the findings.
- **Ethics and clearances:** Some ethics boards require a fee to be submitted with a protocol. This amount will vary by country and board.
- **Transportation and travel costs to districts during fieldwork:** National-level study staff will need to travel to each selected geographic area where mapping is done to provide training, technical assistance, quality checks, and data entry oversight.

Field Costs for Each Selected Geographic Area

- **Local field supervisor:** In each selected geographic area, a field supervisor is in charge of hiring interviewers, social mobilizers, and data entry technicians; ensuring that protocol steps are carried out; and communicating with the national-level team. Under this budget heading, time is budgeted for all duties unrelated to time in the field. This includes administrative duties.
- **Assistant supervisor:** In each selected geographic area, there is an assistant supervisor for each team of four to six interviewer/social mobilizer pairs. The assistant supervisor helps carry out the duties of the local field supervisor, including accompanying teams to the field. Under this budget heading, time is budgeted for all duties unrelated to time in the field or interviewer training. This includes administrative duties.
- **Training:** Training for community informant interviews, site visits, and mapping should take about two days each. This time may be extended if interviewers have little experience.
- **Experienced interviewers:** These personnel are responsible for carrying out interviews with community informants and site informants. They should have flexible hours so that work can be carried out on weekends and possibly in the evenings. Under this budget heading, time is budgeted for the three two-day training sessions.
- **Local district liaisons:** These people are from the local district where PLACE is implemented. They may be members of local key populations or priority populations. They may accompany interviewers to the field and help identify informants likely to be knowledgeable about the sites, what occurs at sites, and the number of people at sites. They may be people who work with implementing partners or with the district HIV team. Some of them may be qualified to serve as interviewers.
- **Supplies:** This line item covers such items as pens, clipboards, questionnaires, tablets, fact sheets, and mobile phone minutes for study personnel and HIV testing.
- **District launch meetings and district stakeholder meeting to identify PPAs:** Each community should be made aware of the planned fieldwork at a public meeting and asked to participate in identifying areas.
- **Feedback workshop and action plans:** A workshop will be held in each selected geographic study area to disseminate results and develop action plans to encourage the use of results.
- **Transportation:** A vehicle or two will be needed to transport interviewers and social mobilizers during fieldwork.
- **Data entry technicians:** Data entry personnel will be responsible for entering information collected from community informants to create a site list, consolidating the site list, and entering data collected during site visits into a database.
- **Local total for one selected geographic area:** Sum of all above costs.

Subtotal for ALL areas: The budget for one district will be multiplied by the number of districts to arrive at the cost of all local fieldwork.

APPENDIX F. STANDARD PLACE VARIABLES FOR FORMS B AND C

Form B variables:

STANDARD PLACE VARIABLES FOR FORM B	QUESTION # ON FORM B
INFORMATION FROM MASTER LIST	
• District name	B1
• District number	B2
• Subdistrict name	B3
• Subdistrict number	B4
• Priority prevention area name	B5
• Priority prevention area number	B6
• Venue identification number (Site ID)	B7
• Venue name	B8
• Number of community informants who named this venue:	B9
• Form A reported that women who have sex for money visit	B10A
• Form A reported that men who have sex with men visit	B10B
• Form A reported that people who inject drugs visit	B10C
• Form A reported that women live on-site	B10D
• Form A reported that sex occurs on-site	B10E
• Type of sampling used to select venue for a visit	B11
OUTCOME OF VENUE VISIT	
• Outcome of the venue visit	B12
• IF DUPLICATE: Name of original venue for which this venue is a duplicate.	B13A
• IF DUPLICATE: VENUE ID of original venue for which this venue is a duplicate.	B13B
• Explanation for venue outcome	B13C
• Correct venue name	B14
• Correct address / location	B15
• Correct landmarks	B16
• Correct type of venue	B17
• Describe venue in 4–6 words	B18
• Venue informant available	B19

STANDARD PLACE VARIABLES FOR FORM B	QUESTION # ON FORM B
RECRUITMENT OF GENERAL VENUE INFORMANT AND VERBAL INFORMED CONSENT	
<ul style="list-style-type: none"> Is respondent knowledgeable about this place? 	B20
<ul style="list-style-type: none"> Interviewer read or offered the fact sheet 	B21
<ul style="list-style-type: none"> Respondent is willing to answer the questions 	B22
<ul style="list-style-type: none"> Respondent age 18 or older 	B23
<ul style="list-style-type: none"> Sex of respondent as observed by interviewer 	B24
NUMBER OF WORKERS	
<ul style="list-style-type: none"> Do any men work here? 	B25A
<ul style="list-style-type: none"> How many men usually work here during a busy day from opening to closing? 	B25B
<ul style="list-style-type: none"> Do any women work here? 	B26A
<ul style="list-style-type: none"> How many women usually work here during a busy day from opening to closing? 	B26B
<ul style="list-style-type: none"> How many of the women who work here live here? 	B26C
<ul style="list-style-type: none"> Do women perform exotic dances here? 	B26D
BUSY DAYS AND TIMES AND TYPES OF PATRONS	
<ul style="list-style-type: none"> What is the busiest day at this place? 	B27A
<ul style="list-style-type: none"> When is the busiest time of the day for people to socialize? 	B27B
<ul style="list-style-type: none"> Approximately how many men are here socializing on <the busiest day> at the < busiest time>? 	B27C
<ul style="list-style-type: none"> Approximately how many women are here socializing on <the busiest day> at the < busiest time>? 	B27D
<ul style="list-style-type: none"> Do young women age 15-24 come here? 	B28
<ul style="list-style-type: none"> Do women who have sex with men for money come here? 	B29A
<ul style="list-style-type: none"> On which day(s) of the week do the largest number of women who have sex with men for money come here? 	B29B
<ul style="list-style-type: none"> At what time period on those busiest days is the greatest number of women who have sex with men for money here? 	B29C
<ul style="list-style-type: none"> Approximately how many women who have sex with men for money are here socializing on <the busiest day from B 29B> at the < busiest time from B29C>? 	B29D
<ul style="list-style-type: none"> Is Saturday night between 8PM and 11PM one of the busiest times at this place? 	B29E
<ul style="list-style-type: none"> On a typical Saturday night between 8 and 11PM, how many women who have sex for money come here? 	B29F
<ul style="list-style-type: none"> How many men or women who inject drugs come here over the course of a week? 	B30

STANDARD PLACE VARIABLES FOR FORM B	QUESTION # ON FORM B
<ul style="list-style-type: none"> Do men who have sex with men come here? 	B31A
<ul style="list-style-type: none"> On which day(s) of the week do the largest number of men who have sex with men come here? 	B31B
<ul style="list-style-type: none"> At what time of the day or night do the most men who have sex with men come here? 	B31C
<ul style="list-style-type: none"> Approximately how many men who have sex with men are here socializing on <the busiest day from 31B> at the < busiest time from B31C>? 	B31D
<ul style="list-style-type: none"> Do transgender women come here? 	B32
MEETING SEXUAL PARTNERS ON-SITE AND NEARBY AT OTHER VENUES	
<ul style="list-style-type: none"> Do people ever meet a new sex partner here? 	B33
<ul style="list-style-type: none"> Does someone here help people find a sex partner? 	B34
<ul style="list-style-type: none"> Can people have sex on-site, here at this place? 	B35
<ul style="list-style-type: none"> Do you keep a list of women who are available to provide sex to men who come here? 	B36
<ul style="list-style-type: none"> Where else do people go to look for new sexual partners in this district? 	B37A
<ul style="list-style-type: none"> Where is this place located? 	B27B
<ul style="list-style-type: none"> Venue ID 	B37C
ON-SITE HIV PREVENTION ACTIVITIES	
<ul style="list-style-type: none"> How many years has this place been in operation? 	B38
<ul style="list-style-type: none"> In the past 6 months how often have male condoms been available here? 	B39
<ul style="list-style-type: none"> Can you show me a condom that is available for someone free or to buy? 	B40
<ul style="list-style-type: none"> Is there a place within a ten-minute walk of here where you can get condoms at night (not including this place)? 	B41
<ul style="list-style-type: none"> In the past 6 months how often has sexual lubricant been available here? 	B42
<ul style="list-style-type: none"> Has anyone been tested for HIV here at this place in the past six months, longer than six months ago or never? 	B43
<ul style="list-style-type: none"> Have any outreach workers or peer educators provided education to people here about how to prevent getting infected with HIV during the past six months, longer than six months ago or never? 	B44
<ul style="list-style-type: none"> Has a needle exchange program to help people who inject drugs been available close by here in the past 6 months, longer ago or never? 	B45
<ul style="list-style-type: none"> Are you supportive of condoms being available at this place? 	B46
<ul style="list-style-type: none"> Are you supportive of HIV testing at this place? 	B47

STANDARD PLACE VARIABLES FOR FORM B	QUESTION # ON FORM B
<ul style="list-style-type: none"> • Are you supportive of outreach education at this place by peer educators or other health workers? 	B48
COMPLETING THE INTERVIEW	
<ul style="list-style-type: none"> • Permitted interviewer to look around a few minutes to fill in information about the physical space. 	B49
<ul style="list-style-type: none"> • INTERVIEWER OPINION: How knowledgeable is the general venue informant? 	B50
<ul style="list-style-type: none"> • Was an interview with a venue informant completed? 	B51A
<ul style="list-style-type: none"> • If no, why not? 	B51B
INTERVIEWER OBSERVATION OF THE VENUE	
<ul style="list-style-type: none"> • Bar for alcohol sales present on-site 	B52
<ul style="list-style-type: none"> • Beds on-site 	B53
<ul style="list-style-type: none"> • Venue includes outdoor area 	B54
<ul style="list-style-type: none"> • Functional electricity present on-site 	B55
<ul style="list-style-type: none"> • Used needles lying around on-site 	B56
<ul style="list-style-type: none"> • Women live at the place 	B57
<ul style="list-style-type: none"> • HIV/aids posters displayed on-site 	B58
<ul style="list-style-type: none"> • Condom promotion posters displayed on-site 	B59
<ul style="list-style-type: none"> • Peer educators present on-site 	B60
<ul style="list-style-type: none"> • Condoms visible on-site 	B61
<ul style="list-style-type: none"> • Sexual lubricant packets visible on-site 	B62
<ul style="list-style-type: none"> • Supportive venue manager present on-site 	B63
URBANICITY, CLUSTER, TYPE OF PPA, AND GPS	
<ul style="list-style-type: none"> • Urbanicity of venue location 	B64A
<ul style="list-style-type: none"> • Venue is in a district capital 	B64B
<ul style="list-style-type: none"> • Venue is in a cluster of similar venues 	B65A
<ul style="list-style-type: none"> • Number of other venues in the cluster 	B65B
<ul style="list-style-type: none"> • Name of other venues in cluster (first) 	B65C
<ul style="list-style-type: none"> • Name of other venues in cluster (second) 	B65D
<ul style="list-style-type: none"> • Name of other venues in cluster (third) 	B65E
<ul style="list-style-type: none"> • Type of PPA venue is located in 	B66
<ul style="list-style-type: none"> • GPS coordinates: LATITUDE 	B67
<ul style="list-style-type: none"> • GPS coordinates: LONGITUDE 	B68

STANDARD PLACE VARIABLES FOR FORM B	QUESTION # ON FORM B
WRAP-UP INFORMATION	
• Interviewer ID	B69
• Tablet ID number	B70
• Date of survey	B71
• ADDITIONAL COMMENTS	B72
• SUPERVISOR NAME:	B73

Form C Variables:

STANDARD PLACE VARIABLES FOR FORM C	QUESTION # ON FORM C
LOCATION INFORMATION	
• District and subdistrict area	C1-C4
• Priority Prevention Area name and number	C5-C6
• Name of venue and venue ID number	C7-C8
• Date and time	C10, C13
ELIGIBILITY AND RECRUITMENT	
• Method of identification of respondents	C9, C14
• Read informed consent statement	C15
• Willing to participate in interview, HIV test	C19A
• Language of interview	C21
• If < 18, whether at venue with parents or on family errand	C18B
• Whether refused because HIV+	C19B
UNDERLYING DETERMINANTS: SOCIODEMOGRAPHIC FACTORS	
• Age	C18A
• Sex/gender/sex born as/identifies as	C17, C70, C71, Self- completed Q8
• Current marital status	C72
• Educational attainment	C26
• District of residence and how long lived there	C22, C23
• Employment status	C24
• Student status	C25
• Where slept last night: Type of building or location	C28

STANDARD PLACE VARIABLES FOR FORM C	QUESTION # ON FORM C
<ul style="list-style-type: none"> • What type of phone (no phone, basic, smart) 	C27
<ul style="list-style-type: none"> • Most recent trip outside of district 	C29
<ul style="list-style-type: none"> • Type of employment 	Optional
UNDERLYING DETERMINANTS: STIGMA AND VULNERABILITY	
<ul style="list-style-type: none"> • Go to sleep hungry in past four weeks 	C62
<ul style="list-style-type: none"> • Physically hurt by family member or sexual partner in past 12 months 	C63
<ul style="list-style-type: none"> • Jailed or in prison past 12 months 	C67
<ul style="list-style-type: none"> • Slept outside because homeless in the past 12 months 	C69
<ul style="list-style-type: none"> • Physically hurt by police past 12 months 	
<ul style="list-style-type: none"> • Forced to have sex in the past 12 months 	C64
<ul style="list-style-type: none"> • Self-identifies as sex worker 	C65
<ul style="list-style-type: none"> • Self-identifies as gay or lesbian 	C66
<ul style="list-style-type: none"> • Treated poorly or refused health services in the past 12 months 	C68
UNDERLYING DETERMINANTS: SEX WORK	
<ul style="list-style-type: none"> • In the past 12 months, have you been paid money for sex? 	Self-completed Q2
<ul style="list-style-type: none"> • Ever received money for sex 	C47A
<ul style="list-style-type: none"> • When most recently received money for sex 	C47B
<ul style="list-style-type: none"> • Paid a woman for sex in past 12 months 	C46A
<ul style="list-style-type: none"> • Paid a man for sex in past 12 months 	C46B
<ul style="list-style-type: none"> • How many FSWs do you know in this area (district) 	C53A
<ul style="list-style-type: none"> • Of those, how many go out to venues, to such places as bars and clubs to socialize and meet new sexual partners 	C53B
<ul style="list-style-type: none"> • Of those, how many come here 	Optional
<ul style="list-style-type: none"> • Of those, how many here now 	Optional
<ul style="list-style-type: none"> • Ever received gifts, goods, services, or favors for sex 	Optional
<ul style="list-style-type: none"> • Ever paid money for sex 	Optional
<ul style="list-style-type: none"> • Whether received money for sex in the past three months 	Optional
<ul style="list-style-type: none"> • Age first received money for sex 	Optional
<ul style="list-style-type: none"> • Condom use with most recent client 	Optional
SIZE ESTIMATION QUESTIONS: NUMBER OF MSM IN AREA	
<ul style="list-style-type: none"> • How many MSM do you know in the district 	C52A
<ul style="list-style-type: none"> • Of those, how many go out to venues 	C52B
<ul style="list-style-type: none"> • Of those, how many come here 	Optional

STANDARD PLACE VARIABLES FOR FORM C	QUESTION # ON FORM C
<ul style="list-style-type: none"> • Of those, how many are here now 	Optional
UNDERLYING DETERMINANTS: VENUE VISITING BEHAVIOR	
<ul style="list-style-type: none"> • Number of venues visited night/day of interview 	C34
<ul style="list-style-type: none"> • How many plan to visit today/tonight 	C35
<ul style="list-style-type: none"> • Frequency of attendance at this venue 	C32
<ul style="list-style-type: none"> • Do you work here at the venue 	C30
<ul style="list-style-type: none"> • Do you live here at the venue 	C31
<ul style="list-style-type: none"> • Reason why came tonight 	C33
<ul style="list-style-type: none"> • Went to any venues last Saturday night between 8 and 11 p.m. 	C36A
<ul style="list-style-type: none"> • Number of venues visited last Saturday night between 8 and 11 p.m. 	C36B
<ul style="list-style-type: none"> • How much do you pay to live here if anything 	Optional
<ul style="list-style-type: none"> • When did you come here the first time 	Optional
<ul style="list-style-type: none"> • Whether ever met new sex partner at venue 	Optional
<ul style="list-style-type: none"> • How recently met a new sex partner at venue 	Optional
<ul style="list-style-type: none"> • Name of site where goes most frequently to socialize and look for a new sexual partner 	Optional
<ul style="list-style-type: none"> • Whether believe that people come to venue to meet new sexual partners 	Optional
<ul style="list-style-type: none"> • How many people do you know who go out to bars and clubs or other places to socialize and look for a new sexual partner 	Optional
<ul style="list-style-type: none"> • How many come to this place 	Optional
<ul style="list-style-type: none"> • How many are here now 	Optional
UNDERLYING DETERMINANTS: HIV KNOWLEDGE	
<ul style="list-style-type: none"> • Using condoms reduces risk 	Optional
<ul style="list-style-type: none"> • Healthy looking person can be infected 	Optional
<ul style="list-style-type: none"> • HIV from mosquitoes 	Optional
<ul style="list-style-type: none"> • Sharing a meal 	Optional
UNDERLYING DETERMINANTS: DRUG USE	
<ul style="list-style-type: none"> • Drink alcohol daily or almost daily 	C38
<ul style="list-style-type: none"> • Taken heroin, methamphetamine, ecstasy 	Optional
PROXIMATE DETERMINANTS: TYPE AND FREQUENCY OF SEX AND AGE AT FIRST SEX	
<ul style="list-style-type: none"> • Ever had vaginal or anal sex 	C40
<ul style="list-style-type: none"> • Ever had vaginal sex 	Optional

STANDARD PLACE VARIABLES FOR FORM C	QUESTION # ON FORM C
<ul style="list-style-type: none"> • Ever had anal sex 	C42A
<ul style="list-style-type: none"> • Age at first vaginal or anal sex 	C40
<ul style="list-style-type: none"> • Had anal sex with a man in past 12 months 	Self-completed Q3
<ul style="list-style-type: none"> • Times had vaginal sex in the past seven days 	Optional
<ul style="list-style-type: none"> • Times had anal sex the past seven days 	Optional
<ul style="list-style-type: none"> • MEN ONLY: last time were you insertive or receptive 	Optional
<ul style="list-style-type: none"> • Age first anal sex with a man 	Optional
PROXIMATE DETERMINANTS: CONDOM AND LUBRICANT USE	
<ul style="list-style-type: none"> • Condom used during last anal sex 	C42B
<ul style="list-style-type: none"> • Lube used during last anal sex 	C42C
<ul style="list-style-type: none"> • Used condom last time had penile-vaginal sex 	C41
<ul style="list-style-type: none"> • Ever used a male condom 	C51A
<ul style="list-style-type: none"> • Number of times had vaginal sex with and without a condom in past week 	C51B
<ul style="list-style-type: none"> • Condom use during vaginal sex in past 6 months 	C51C
<ul style="list-style-type: none"> • Anal sex without condom in past 12 months 	Self-completed dQ4
<ul style="list-style-type: none"> • Vaginal sex without condom in past 12 months 	Self-completed Q5
<ul style="list-style-type: none"> • Condom use intentions- vaginal sex 	Optional
<ul style="list-style-type: none"> • Condom use intentions - anal sex 	Optional
<ul style="list-style-type: none"> • Condom use at last sex with live-in partner 	Optional
PROXIMATE DETERMINANTS: NUMBER AND TYPE OF PARTNERS	
<ul style="list-style-type: none"> • Sex with a new partner in past 12 months 	C43
<ul style="list-style-type: none"> • Number of male sexual partners in the past four weeks 	C48A
<ul style="list-style-type: none"> • Number of new male partners in the past four weeks 	C48B
<ul style="list-style-type: none"> • Number of female sexual partners in the past four weeks 	C49A
<ul style="list-style-type: none"> • Number of new female partners in the past four weeks 	C49B
<ul style="list-style-type: none"> • Number of male sexual partners in the past 12 months 	C44
<ul style="list-style-type: none"> • Number of female sexual partners in past 12 months 	C44
<ul style="list-style-type: none"> • Has a primary sexual partner 	C50A
<ul style="list-style-type: none"> • Sex of primary sexual partner 	C50B
<ul style="list-style-type: none"> • Whether met new sexual partners on the street 	Optional
<ul style="list-style-type: none"> • Whether met new sexual partners online 	Optional
<ul style="list-style-type: none"> • Whether respondent believes that the main partner has other partners 	C50C

STANDARD PLACE VARIABLES FOR FORM C	QUESTION # ON FORM C
<ul style="list-style-type: none"> Age of oldest partner in the past 12 months 	Optional
<ul style="list-style-type: none"> Age of youngest partner in the past 12 months 	Optional
OTHER PROXIMATE DETERMINANTS: RISK BEHAVIORS	
<ul style="list-style-type: none"> Smoke cigarettes once a week or more 	C37
<ul style="list-style-type: none"> Ever injected non-prescription drugs 	C39B
<ul style="list-style-type: none"> Injected non-prescription drugs in the past year 	C39A
<ul style="list-style-type: none"> Take medicine to treat a drug addiction 	C39C
<ul style="list-style-type: none"> Taking medicine to treat a drug addiction for six months or more 	C39D
<ul style="list-style-type: none"> Used sterile needle or syringe last time injected drugs 	C39E
<ul style="list-style-type: none"> Easy to get sterile injecting equipment? 	C39F
<ul style="list-style-type: none"> Shared needle/syringe in the past three months 	Optional
SYMPTOMS AND CIRCUMCISION	
<ul style="list-style-type: none"> Men only: Discharge, burning when urinate, or sores on penis 	C56A
<ul style="list-style-type: none"> Women only: Discharge, sores around vagina 	C57
<ul style="list-style-type: none"> If YES for any of above: what you did the last time you had one of these symptoms 	Optional
<ul style="list-style-type: none"> If saw healthcare provider, how do you rate the service? 	Optional
<ul style="list-style-type: none"> Cough in the past two weeks, fever, night sweats, unexplained weight loss (tuberculosis symptoms) 	C55
<ul style="list-style-type: none"> Diagnosis of tuberculosis in past 12 months 	C54
<ul style="list-style-type: none"> Men only: Are you circumcised? 	C56B
<ul style="list-style-type: none"> If not circumcised: are you interested in the next 12 months 	Optional
ACCESS TO AND USE OF HIV SERVICES: OTHER THAN TESTING AND TREATMENT	
<ul style="list-style-type: none"> Received information about HIV/AIDS at this venue 	C58A
<ul style="list-style-type: none"> Received information about HIV/AIDS at a drop-in center 	C58B
<ul style="list-style-type: none"> Received information about HIV/AIDS at a public health clinic 	C58C
<ul style="list-style-type: none"> Easy to get lubricant? 	C42D
<ul style="list-style-type: none"> Easy to get a condom? 	C51D
<ul style="list-style-type: none"> Has a condom now? 	C51E
ACCESS TO AND USE OF HIV SERVICES: HIV TESTING AND TREATMENT	
<ul style="list-style-type: none"> Ever had HIV test 	C60A
<ul style="list-style-type: none"> Most recent HIV test 	C60B
<ul style="list-style-type: none"> Knows where to get HIV test 	C59
<ul style="list-style-type: none"> Ever been told you have HIV 	C60C, Self-completed Q6

STANDARD PLACE VARIABLES FOR FORM C	QUESTION # ON FORM C
<ul style="list-style-type: none"> • How long ago told 	C60D
<ul style="list-style-type: none"> • Ever taken ART or PrEP 	C61A
<ul style="list-style-type: none"> • Currently taking ART or PrEP 	C61B, Self-completed Q7
<ul style="list-style-type: none"> • Taking ART or PrEP for <12 months 	C61C
<ul style="list-style-type: none"> • Missing taking ART or PrEP 3 days or more in past 7 days 	C61D
<ul style="list-style-type: none"> • District where most recently obtained ART or PrEP 	C61E
OTHER SERVICES RECEIVED	
<ul style="list-style-type: none"> • STI screening 	Optional
<ul style="list-style-type: none"> • Tuberculosis sputum sample take 	Optional
<ul style="list-style-type: none"> • Test for viral hepatitis 	Optional
<ul style="list-style-type: none"> • Legal assistance 	Optional
<ul style="list-style-type: none"> • Family planning 	Optional
<ul style="list-style-type: none"> • Condoms for free 	Optional
<ul style="list-style-type: none"> • Personal lubricant for free 	Optional
<ul style="list-style-type: none"> • Peer education 	Optional
<ul style="list-style-type: none"> • Male circumcision 	Optional
<ul style="list-style-type: none"> • Risk reduction counseling 	Optional
WHERE RECEIVED SERVICES	
<ul style="list-style-type: none"> • Outreach worker/peer educator at venue 	Optional
<ul style="list-style-type: none"> • Drop-in center 	Optional
<ul style="list-style-type: none"> • Health clinic/Health worker 	Optional
<ul style="list-style-type: none"> • Employer 	Optional
<ul style="list-style-type: none"> • Civic leader 	Optional
<ul style="list-style-type: none"> • Bar or guest house 	Optional
<ul style="list-style-type: none"> • Television 	Optional
<ul style="list-style-type: none"> • Social media 	Optional
BIOMARKERS	
<ul style="list-style-type: none"> • HIV 	C74A
<ul style="list-style-type: none"> • Viral load 	Optional
<ul style="list-style-type: none"> • Syphilis 	Optional

OPTIONAL MODULE	
<i>Adapted from the Adverse Childhood Experiences Questionnaire of the United States Centers for Disease Control and Prevention</i>	
UNDERLYING DETERMINANTS: ADVERSE CHILDHOOD EXPERIENCES	
<ul style="list-style-type: none"> • Did a parent or adult in the household often threaten or insult you? 	Optional
<ul style="list-style-type: none"> • Did a parent or adult in the household often physically hurt you, such as hitting so hard or pushing that you had bad bruises or scars? 	Optional
<ul style="list-style-type: none"> • Did an older person ever touch you sexually or try to have sex with you? 	Optional
<ul style="list-style-type: none"> • Did you often feel neglected or that nobody in your family loved you? 	Optional
<ul style="list-style-type: none"> • Did you often feel that you didn't have enough to eat? 	Optional
<ul style="list-style-type: none"> • Were your parents ever separated or divorced or live apart? 	Optional
<ul style="list-style-type: none"> • Did any man often hit or beat or threaten you with a knife, or a woman in your household such as your mother, auntie or other female relative? 	Optional
<ul style="list-style-type: none"> • Did you live with anyone who drank too much alcohol or took too many drugs? 	Optional
<ul style="list-style-type: none"> • Was a household member very, very sad when you were growing up? 	Optional
<ul style="list-style-type: none"> • Did a household member go to prison? 	Optional
<ul style="list-style-type: none"> • Did a parent die before you were 18? 	Optional

APPENDIX G. PLACE PARTICIPANT CARD

Participant Card

ID Sticker Here:

Contact information to obtain other test results

Name of person to call: _____

Organization: _____

Phone Number: _____

Address: _____

Date results will be ready: _____

APPENDIX H. PLACE READINESS ASSESSMENT TOOL

Adapt the study protocol in response to the findings from the following readiness assessments before submitting it to the appropriate ethical review committee in the country for review and approval.

Readiness Assessment for Key Populations

The readiness assessment for key populations asks stakeholders from the key population community to provide the following support:

- Describe the legal environment for each key population as well as any police harassment.
- Assess the acceptability of the protocol among key populations.
- Review the terminology in the protocol for each key population and improve the terminology where warranted.
- Assess the risks of implementation and advise on strategies to reduce risk and ensure safety.
- Encourage engagement of key populations in the design and implementation of the study.
- Review, adapt, and improve the generic venue typology to reflect the country setting.

The readiness assessment involves focus group discussions with key population groups. If the PLACE readiness assessment finds that key populations oppose the study or that the study cannot be implemented safely, then the study must be discontinued.

Readiness Assessment for Service Delivery Providers

The readiness assessment for service delivery providers asks these stakeholders to provide the following support:

- Describe the standard package of HIV prevention interventions.
- Describe outreach efforts to high-risk venues.
- Describe condom promotion strategies, educational programs, and peer education.
- Describe any efforts to estimate the size of key populations from routine data.
- Describe the most important program coverage indicators.
- Identify how they will use the findings from PLACE to improve HIV prevention and treatment programs.
- Describe any division of the country among donors for key population programming.
- Describe their efforts to engage key populations in programming efforts.
- Describe their efforts to reduce police interference.

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