

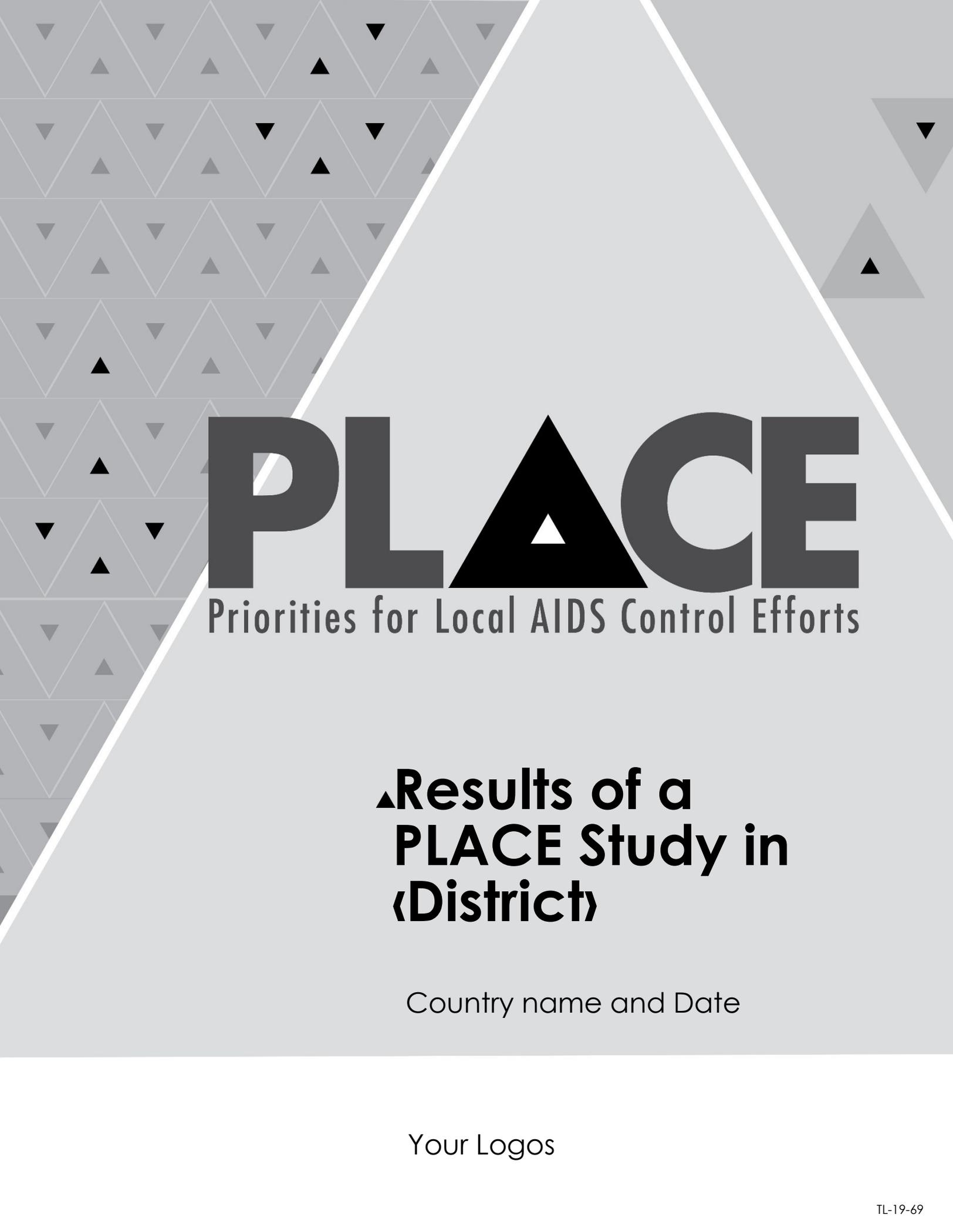
PLACE

Priorities for Local AIDS Control Efforts

Results of a PLACE Study in ⟨District⟩

Country and Date

YOUR LOGOS

The background features a repeating pattern of small triangles in various shades of gray. A large, white, right-angled triangle is superimposed on the left side, pointing towards the top right.

PLACE

Priorities for Local AIDS Control Efforts

▲ Results of a PLACE Study in ⟨District⟩

Country name and Date

Your Logos

How to Use This district PLACE Results Report Template

Introduction

These guidelines should help you write a preliminary Priorities for Local AIDS Control Efforts (PLACE) report and maintain some consistency in content and format. The report guidelines may need to be modified for your PLACE study to highlight additional findings or incorporate any methodological changes. For example, this report template assumes that there is a country-level strategy for PLACE; that districts were selected for PLACE implementation; and that there are one or more priority prevention areas (districts) in each district. This report summarizes the findings for one district, combining data from all of the priority prevention areas (PPAs) there. The tables can be modified to report the findings for more than one district or for specific districts within a district.

The report follows the five steps of the protocol and for each step describes the method and the results.

There is an executive summary at the beginning of the report.

Tables are incorporated in the text of the report. The questions after each table can be used to guide interpretation of each table.

How to Use the Guidelines

Brackets < > — Suggestions are written inside the brackets (horizontal carets).

Blanks _____ . — Fill in the blanks with the information for your study.

Text — We have included draft text that you can adapt. If you keep the text that is provided, be sure to check it for accuracy for your district. You can always delete or add to the text.

Graphs and maps — Graphs and maps can go in the text. You can click on these graphs and edit the data. Alternatively, you can use a Microsoft Excel spreadsheet or other spreadsheet or program to make the graphs and then copy and paste them into the template.

Tables — For each table, there is space in the text to summarize and comment briefly on the table.

Paper size — Be aware that this template has been formatted for printing on the standard office paper size used within most countries outside North America (A4 paper). If you are printing this report in a country that uses the standard paper size typically used in North American countries (8½ x 11 inches), we recommend changing the paper-size formatting before working on your report. Changing paper size in Microsoft Word varies with the version of that software that you have. Follow the steps indicated for your version..

Table of contents — If you are preparing this document in Microsoft Word, the tables of contents, tables, and figures may be updated automatically. Follow the steps indicated by your version of the software. New chapter titles, subheadings, or illustration or figure titles will appear in the updated listings if you tag them to do so. (Any new listings that you may not have tagged, however, can still be typed in manually.)

Instructions — Finally, remember to remove this page of instructions before printing and distributing your report.

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EXECUTIVE SUMMARY

What is the PLACE method?

Because resources for HIV prevention programs are extremely limited, there is an urgent need to focus interventions where they are most cost-effective. To prevent new infections in a cost-effective way, AIDS prevention programs should focus on areas likely to have a higher incidence of infection. The Priorities for Local AIDS Control Efforts (PLACE) method—developed by MEASURE Evaluation, a project funded by the United States Agency for International Development and the United States President’s Emergency Plan for AIDS Relief—is a newly updated monitoring tool to identify areas likely to have a higher incidence of infection. (See the PLACE Overview manual—available here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place>—for a details on why and how PLACE was developed.)

Within these areas, PLACE identifies specific venues where AIDS prevention programs should focus to reach those most at risk of acquiring and transmitting HIV, provides indicators that monitor HIV/AIDS prevention program coverage, and identifies gaps in prevention programs. The method has been effective in mobilizing local populations to make progress in addressing gaps in prevention programs.

How was the PLACE strategy developed?

A steering committee comprising representatives from <organizations> decided to implement PLACE in strategically chosen <districts/provinces/cities>. A total of ___ districts were selected based on <criteria such as the prevalence of HIV in the district> and contextual factors in the district that suggested that the incidence of HIV infection is likely to be highest in these <districts/provinces/cities>.

How will results be used?

The results of PLACE will be used as the basis for local HIV/AIDS strategic plans and to guide prevention programming decisions. Without the PLACE assessments, these <districts/provinces/cities> would not have the information they need to target prevention efforts. Limited information is also collected on HIV/AIDS programs not directly related to prevention programs.

PLACE provides a description of the population socializing at venues known to be places where people meet new sexual partners. This is a critical group to reach with prevention programs. The steering committee also selected these additional key populations: _____ based on _____.

How was <district> selected for a PLACE study?

<District> was selected based on the criteria determined by the PLACE steering committee. Specifically, <district> has, < for example, an HIV prevalence of ___% among antenatal patients. This is higher than the national prevalence of _____%. >

In addition, the district has the following contextual factors that may be associated with a higher incidence of HIV transmission: _____, _____, _____.

<Describe other reasons why the particular district was selected>.

Where do people meet new sexual partners?

<Number> of community informants were interviewed to identify venues where people meet new sexual partners. Approximately ____ venues were named, including <number in district> and <number outside the district>. All venues reported by community informants were eligible for a site visit except <criteria for not visiting a venue>. Overall, a total of <number> venues reported by community informants were visited. Of the _____ venues that were visited, _____% were bars and taverns, but many other types of venues were visited, too, including _____.

How many people report new or multiple sexual partners?

At <number> of venues, <number of people interviewed at venues> people who were socializing were interviewed. __% of men and women reported that they believed that people meet new sexual partners at the site. Approximately __% of the men and __% of the women reported having met a partner at the venue of the interview.

The rate of sexual partnerships was high among venue patrons.

The rate of new sexual partnerships reported by people socializing at the venues was high. Approximately ____% of the men and _____% of the women interviewed reported having had a new partner in the past year; _____% of the men and ____% of the women reported having had a new partner in the past four weeks.

More than ____% of men and __% of women socializing at venues reported having had two or more partners in the past four weeks.

Do people use condoms consistently?

Condom use was inconsistent among those who had had two or more partners in the past year or a new sexual partner in the past four weeks.

Overall, ____% of people socializing at venues had never used a condom and only __% showed a condom to the interviewer when requested to do so. Among those who had had more than two partners in the past year or a new sexual partner in the past four weeks, __% of men and __% of women reported using a condom the last time they had sex.

Are young people ages 15–24 engaged in risky behaviors?

Many young people ages 15–24 reported having a new sexual partner in the past four weeks.

Overall, ____% of youth ages 15–24 socializing at venues had never used a condom and only __% showed a condom to the interviewer when requested to do so. Among those who had had more than two partners in the past year or a new sexual partner in the past four weeks, ____% of men and __% of women reported using a condom the last time they had sex.

What is the prevalence of HIV infection? What proportion are on treatment and virally suppressed?

The prevalence of HIV infection among __ <number> men tested was __% . The prevalence among ____ <number> women tested was __%. Of those with HIV, ____% of men and _% of women did not know their HIV status. Among those who did know their status, _% of men and ____% of women were taking antiretroviral therapy (ART). Of those taking ART, _% of men and % of women had achieved viral suppression.

<Insert 90-90-09 HIV treatment graph to illustrate these findings.>

What are the gaps in prevention?

Overall, the PLACE method found a large gap in AIDS prevention programs, but a willingness to improve programs at the venues.

Overall, condoms were available on the day of the venue visit at _____% of venues and __% had not had condoms available at all during the past year. In spite of this, ____% of venue managers were willing to sell condoms at the site.

Program implications of the assessment:

With strong community involvement, interventions need to be further focused on venues where people meet new sexual partners.

Based on the findings from this PLACE assessment, we recommend that_____.

<Other key findings>

SUMMARY OF PLACE INDICATORS

Table 1. Key PLACE Indicators	
Fieldwork accomplished	Number
• Number of stakeholders engaged	
• Number of interviewers trained	
• Number of priority prevention areas (PPAs) identified in district	
• Number of PPAs included in study	
• Number of venues visited	
• Number of people interviewed and tested	
• Number of days of fieldwork	
Number of community informants interviewed	
Total number of venues reported by community informants	
Number of venues eligible for venue verification	
Number of venues where venue representative interviewed	
Of these, % of venues:	%
• That are bars	
• That are outdoors	
• Where people meet new sexual partners	
• Where sex occurs on-site	
• Where any AIDS prevention had occurred at the venue	
• Where condoms were available and seen	
• Where condoms were never available in the past year	
• Where manager willing to have AIDS prevention	
Number of venues identified with:	Number
• Female sex workers	
• Female workers who live on-site	
• People who inject drugs	
• Men who have sex with men	
• Transgender people	

Table 1. Key PLACE Indicators			
Size of populations based on venue visits			
Number of operational venues			
Note: The crude size estimate is the number of operational venues multiplied by the mean number per venue.		Mean number at a venue at a busy time	Crude size estimate
• Men age 15 and older			
• Female workers			
• Female patrons age 15 and older			
• Female sex workers			
• Women who live on-site			
Prevention at venues: % of venues with:			
• Any condoms on-site in the past 6 months			
• Condoms visible			
• On-site testing in the past 6 months			
• Peer education in the past 6 months			
• Needle exchange in the past 6 months			
• Venue informant supportive of on-site testing			
• Venue informant supportive of condoms on-site			
• HIV/ AIDS poster displayed			
Number of venues where patrons interviewed			
Characteristics of venue patrons and workers		Female workers	Patrons
			Female Male
• Estimated number at all venues during most busy time			
• Number of interviewed and tested at venues			
• Mean age			
Percentage who:		%	% %
<i>Demographic characteristics</i>			
• Identifies as a female/woman			
• Are ages 15–24			
• Are married or living with a partner			

Table 1. Key PLACE Indicators			
• Are unemployed			
• Are currently a student			
• Did not complete secondary school			
• Do not live in the district			
• Did not sleep in a household last night			
• Use a smart phone			
<i>Venue visiting and alcohol consumption</i>			
• Visit the venue daily			
• Live at the venue			
• Visit multiple venues during night			
• Drink alcohol daily			
<i>Key population behaviors</i>			
• Have injected drugs in the past 12 months			
• Had sex for money in the past 3 months			
• Had sex with a man in the past 12 months (men only)			
• Of these, % using a condom at last anal sex			
<i>Sexual behaviors and condom use</i>			
• Had a new sexual partner in the past 4 weeks			
• Had a new sexual partner in the past 12 months			
• Of these, % using condom with last new partner			
• Had more than one sexual partner in the past 12 months			
• Of these, % using a condom at last coitus			
<i>Rate of sexual partnerships</i>			
• High: 1+ new partners or 2+ partners past 4 weeks			
• Moderate: 1+ new or 2+ partners past 12 months			
• Low: Not sexually active or 1 sexual partner in the past 12 months			
HIV prevalence and treatment cascade (90,90,90)	N	N	N
Number with an HIV-positive test result			
	%	%	%

Table 1. Key PLACE Indicators			
<ul style="list-style-type: none"> Of those with an HIV-positive test result, % who knew their infection status 			
<ul style="list-style-type: none"> Of those with a positive test result who knew their status, % receiving antiretroviral treatment (ART) 			
<ul style="list-style-type: none"> Of those on ART, % who had achieved viral suppression 			
HIV prevention cascade: Condom use			
Number who have had a sex partner in the past 4 weeks			
<ul style="list-style-type: none"> Of those who had a sex partner in the past 4 weeks, % who reported easy or very easy to get condoms 			
<ul style="list-style-type: none"> Of those who reported easy or very easy to get condoms, % who had ever used a condom 			
<ul style="list-style-type: none"> Of those who had ever used a condom, % who consistently used a condom during the past 6 months 			

<Additional indicators can be added. >

STEP 1. PLACE STRATEGY

1.1. Background: HIV Epidemic in <Country>

<Describe the HIV epidemic in the country in broad strokes. >

1.2. The PLACE Protocol: Objectives

Methods for monitoring and evaluating AIDS prevention are urgently needed. Because resources for interventions are limited, there is an urgent need to focus interventions where they are most cost-effective. Epidemiological theory identifies a crucial role in the HIV epidemic for areas where HIV transmission is most likely to occur. A barrier to the identification of priority prevention areas (districts) and development of informed sexual network-based interventions within districts has been the lack of rapid, reliable and valid field methods for identifying area with high rates of new sexual partnership formation.

The Priorities for Local AIDS Control Efforts (PLACE) method is a monitoring tool to identify districts and the specific venues within these areas where AIDS prevention programs should be focused. Population-based sero-surveys to identify areas empirically with high HIV incidence are rarely conducted because of concerns about cost, problems with feasibility, loss to follow-up, and ethical concerns.

This approach acknowledges that contextual factors are often associated with areas where HIV incidence is high. These include:

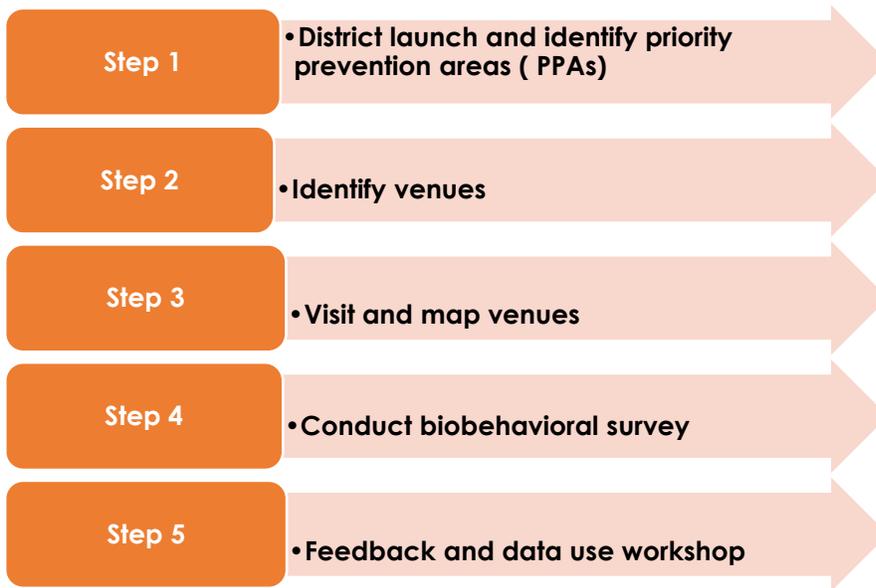
- Poverty and unemployment
- Lack of health care services
- Alcohol consumption
- High population mobility
- Urbanization and rapid growth
- High male-to-female ratio

Consequently, the first step in the PLACE method is to use available epidemiological and contextual information to identify areas likely to have a higher incidence of HIV infection. Subsequent steps use rapid field methods to identify and describe venues within these areas where people with many new sexual partners can be reached for prevention interventions. Characteristics of people socializing at venues are also obtained. Finally, the information is used to inform interventions in the area. Figure 1.2.1 illustrates the method in five steps.

The method focuses on places where new sexual partnerships are formed because the pattern of new partnerships in a community shapes its HIV epidemic. A PLACE-based approach has programmatic advantages. Approaches based on risk group status, such as being a trucker or sex worker, can be stigmatizing and often inadequate in generalized epidemics. Clinic-based approaches miss most people with high rates of new sexual partner acquisition.

MEASURE Evaluation—a project based at the University of North Carolina at Chapel Hill and funded by the United States Agency for International Development (USAID) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR)—developed the PLACE method and pilot-tested it in 1999 in Cape Town, in collaboration with the University of Cape Town. USAID and PEPFAR have supported PLACE from the beginning.

Figure 1.2.1. Fieldwork: Five-step protocol



1.3. Ethical Review and Approval and Readiness Assessment

The PLACE protocol was reviewed and approved in <Country>by an institutional review board at _____.

<Describe the PLACE Readiness Assessment methods and how the results were used to select districts and how the results shaped the protocol. >

1.4. Identification, Selection, and Description of <This DISTRICT>

<Describe the process for identifying districts and selecting the one included in this study. Describe any workshops or meetings to identify priority prevention areas (PPAs). Describe why this particular district was chosen for a PLACE assessment.>

Provide a contextual analysis of each district with a focus on the epidemiological and strategic importance of the area for HIV prevention. The summary of the contextual information for each district could include the following:

- Brief history of the area
- Known epidemiology of HIV and other infectious diseases in the area and why the district is considered strategic for preventing further transmission of hiv and sexually transmitted infections (STIs)
- A description of current AIDS and STI prevention programs in the area and condom availability
- Description of the local economy and factors related to it (e.g., poverty level, predominant source of income, level of urbanization, recent changes such as growth points or relocation of military personnel,

proximity to major roads and truck routes, location of large employers, presence of migrant labor; seasonal characteristics of the labor pattern)

- A map or aerial photograph showing: (1) health clinics, roads, schools, commercial centers, major employers, taxi routes, (2) boundaries of areas in and outside the district, or (3) areas of economic activity
- The population structure of the district (e.g., age, gender, ethnicity, population density, mobility, educational attainment, housing, and income levels) using sociodemographic data, such as census or Demographic and Health Surveys
- The STI health care infrastructure including public and private clinics, traditional healers, pharmacies and the pattern of STI treatment-seeking behavior
- Other important factors associated with health status and risk of disease, such as alcoholism, full- and part-time sex work in the area, seasonal festivals
- Potential for program interventions/available resources

<The table on the next page can be used to summarize information for the district.>

Table 2. District Characteristics	Characteristics	
<Name of district>:		
Population	N	%
Male resident population		
• <15		
• 15-24		
• 25-39		
• 40-49		
• 50+		
• Total		
Female resident population		
• <15		
• 15-24		
• 25-39		
• 40-49		
• 50+		
• Total		
Male:female ratio (ages 15–49)		
Number, % or Relevant Category (Yes /No)		
Population density		
• Size of area (square km or miles)		
• Population per sq. km		
• Does the area include high concentrations of men?		
• Is there a mine in the area?		
• Does the area include high concentrations of women?		
Other sociodemographic characteristics		
• Percentage of households in poverty		
• Percentage of women ages 15–49 with primary/secondary education		

Table 2. District Characteristics	Characteristics
<Name of district>:	
<ul style="list-style-type: none"> Number of orphans and vulnerable children 	
<ul style="list-style-type: none"> Number of registered alcohol outlets 	
Mobility	
<ul style="list-style-type: none"> Is the area on the border of <country>? 	
<ul style="list-style-type: none"> Does the area include a refugee camp? 	
<ul style="list-style-type: none"> Is there a commercial center in the area? 	
<ul style="list-style-type: none"> Number of truckstops 	
Are there major transportation routes through the district?	
HIV and STI prevalence	
<ul style="list-style-type: none"> HIV prevalence among antenatal care (ANC) patients ages 15–49 	
<ul style="list-style-type: none"> HIV prevalence among ANC patients ages 15–49 nationally 	
<ul style="list-style-type: none"> HIV prevalence among key populations in area 	
<ul style="list-style-type: none"> STI prevalence (syphilis, gonorrhea, as available) 	
AIDS prevention programs	
<ul style="list-style-type: none"> Condom social marketing program? Describe. 	
<ul style="list-style-type: none"> Number of nongovernmental organizations working in area 	
<ul style="list-style-type: none"> Number of community-based organizations working in area 	
Testing, counseling, ART programs	
<ul style="list-style-type: none"> Number of voluntary counseling and testing (VCT) centers in area 	
<ul style="list-style-type: none"> Number of tests provided in past month/year 	
<ul style="list-style-type: none"> Number of public venues where a person can get treatment for STI 	
<ul style="list-style-type: none"> Number of people treated for a new STI in past month/year 	
<ul style="list-style-type: none"> Number of people treated with antiretroviral (ARV) drugs in the past month/year 	
<ul style="list-style-type: none"> Number of pregnant women screened in prevention of mother-to-child transmission (PMTCT) program 	

1.5. Training and Instrument Adaptation

<Describe interviewer training and how materials were adapted. For example,>

The PLACE protocol was adapted to local needs and circumstances. The study instruments were translated into <which languages>. Interviewer selection was guided by interviewing experience, the sensitivity of the study questions on sexuality, fluency in local languages, flexibility regarding working hours, and ability to communicate well with a wide range of respondents.

Interviewers were selected by _____ and trained by _____. Each interviewer was also trained in ethics, and for each step of the fieldwork.

STEP 2. WHERE DO PEOPLE GO TO MEET NEW SEXUAL PARTNERS? FINDINGS FROM COMMUNITY INFORMANT INTERVIEWS

2.1. Methods to Identify Venues

A sexual network venue is defined as a place or event where people with high rates of partner acquisition meet to form new sexual partnerships. A venue could be a bar, a brothel, an all-night party, or a marketplace. In rural areas, venues may cluster around taxi stops or places that sell beer or alcohol. New partnerships are an important focus because people with high rates of new-partner acquisition are more likely to transmit infection and because people with newly acquired infections are more infectious. Identification of all venues in a district, not just traditional “hot spots,” is encouraged. Along with well-selected M&E indicators, a map of these venues can help program planners focus intervention efforts at venues where the opportunity for HIV transmission is likely to be greatest.

In addition to venues where people meet new sexual partners, the PLACE method identifies places where people who inject drugs can be reached.

Some sites where people meet new sexual partners are Internet websites, social media platforms, or telephone numbers. Please see the Virtual PLACE Protocol (here: <https://www.measureevaluation.org/resources/tools/hiv-aids/place/place-method/>) for guidance on how to report these findings.

Community informant interviewing is the primary method used to identify all venues where residents of the district meet new sexual partners. Community informant interviews are a rapid method for obtaining sensitive data not otherwise available and are especially useful for obtaining data such as a list of venues that can be verified by other sources. By developing a list of venues from many community informants, the bias from any individual informant is reduced. In addition, self-presentation bias is minimized by not asking about an individual’s own sexual behavior.

<Provide a summary of community informant interviewing protocol that includes:

- Intended number and type of informants
- Description of how community informants were initially contacted and recruited, how the process varied by type of community informant, and how informed consent was obtained>

2.2. Community Informant Fieldwork

Venues were entered in a Master List of Venues in Microsoft Excel and assigned a unique Venue ID number.

Table 3. Community Informant Fieldwork	
<Priority prevention area name, country> PLACE Assessment, <year of study>	
Number of days of community informant interviews	
Number of interviewers	
Number of venue reports	
Number of unique venues reported	

A total of ____community informants identified ____unique venues in the district during ____ days of fieldwork. Of the venues reported, ____were in the district and considered feasible for venue verification.

<Comment on fieldwork>

Many types of community informants were interviewed. The most common types of informants interviewed were:

<Bulleted list of types of community informants.>

STEP 3. WHAT ARE THE CHARACTERISTICS OF VENUES WHERE PEOPLE MEET NEW SEXUAL PARTNERS?

3.1. Methods

<Describe the process of using the Master List of Venues to create the list for venue verification.>

An attempt to locate all venues reported by community informants was made except for _____. Venues eligible for a visit included the following; _____. Venues named that were outside the district <were or were not> eligible for a visit.

In this phase of the fieldwork, interviewers visited each reported venue to verify its existence and location and to interview a person knowledgeable about the venue (such as a bar manager or owner) to obtain characteristics of the venue important for AIDS prevention. Where someone was not available for interview on the first visit, an appointment was requested for a return visit. Verbal consent for an anonymous interview was obtained for each completed interview. Respondents were asked about the characteristics of the venue and the people who come to the venue.

<Describe methods used for mapping and the qualifications of the people doing the mapping. Include maps and a description of each. The maps will typically include a map of the district with the venues identified and a map or aerial photograph with key contextual places identified on it, such as schools, clinics, markets, and roads. Describe the usefulness of the maps to the intervention and any problems encountered in producing the maps. Also, list recommendations for future studies.>

Figure 3.1.1. Example of a map showing types of venues



Figure 3.1.2. Example of a map showing condom availability at public venues where people meet new sexual partners in Kampala, Uganda



3.2. Venue Verification Fieldwork

Table 4. Summary of Venue Verification Fieldwork		
<District name , country>, PLACE Assessment, <year of study>		
Number of days of venue verification		
Number of interviewers		
Number of interviews conducted		
Outcome of venue verification visits for eligible venues		
• Venue found; interview completed; willing, eligible respondent		
• Venue found but no willing respondent		
• Venue found but all potential respondents too young		
• Venue closed temporarily		
• Venue closed permanently or no longer a venue		
• Address insufficient/venue not found		
• Duplicate venue/venue already visited		
• Unknown why interview not initiated		
Total		
Number of found and verified venues		

Of the ___venues reported by community informants, ____were eligible for a venue verification visit. Those not eligible for a venue verification visit included: <list of how many were excluded from venue visits and why>. Visits to eligible venues were accomplished in ___ days by a team of ___ interviewers. Someone knowledgeable about the venue was identified and interviewed by the interviewer. Most of these venue representatives were <male or female>, over age ___, and willing to answer questions. Of the ___ eligible venues, ___were successfully located and an interview was completed.

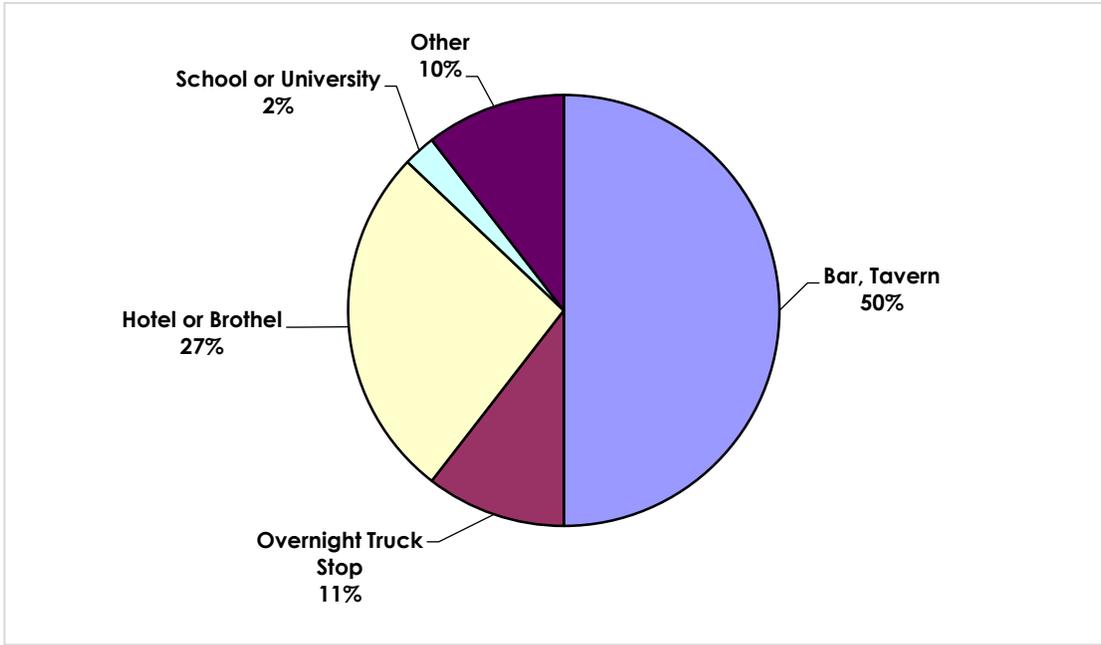
3.3. Types of Venues

Table 5. Types of Venues		
<District , country>, PLACE Assessment, <date of study>		
Total number of venues with an interview with a venue informant		
Type of venue	N=	%
Eating/drinking/dancing/sleeping places		
<ul style="list-style-type: none"> • Formal bar • Informal bar • Nightclub/disco • Truckstop • Brothel • Rest house/guesthouse • Hotel/motel • Massage parlor 		
Outdoor venues		
<ul style="list-style-type: none"> • Street • Beach • Field/bush • Park • Construction site • Port/harbor • Bus /taxi stop • Market 		
Other public venues or events		
<ul style="list-style-type: none"> • Restaurant • School/campus • Mall/shop • Public event • Men who have sex with men event • Other 		
Other venues		

<ul style="list-style-type: none"> • Internet • Internet site • Social media 		
Number of community informants reporting venue		
1		
2-9		
>10		

Many different types of venues were visited (see Figure 3.3.1). The most common types of venues visited were _____ and _____. Some venues were reported by only one key informant, but _____ venues were reported by more than 20 community informants.

Figure 3.3.1. Type of venue



<double-click on figure to put in your own data or create your own pie chart>

3.4. Venue Profile

Information from each venue is collected so that program staff can have a venue profile for each venue. Most venues were quite stable, with ___% being in operation more than two years. Characteristics of _____venues were obtained from a venue representative. The elements of each venue profile are shown in the figure below.

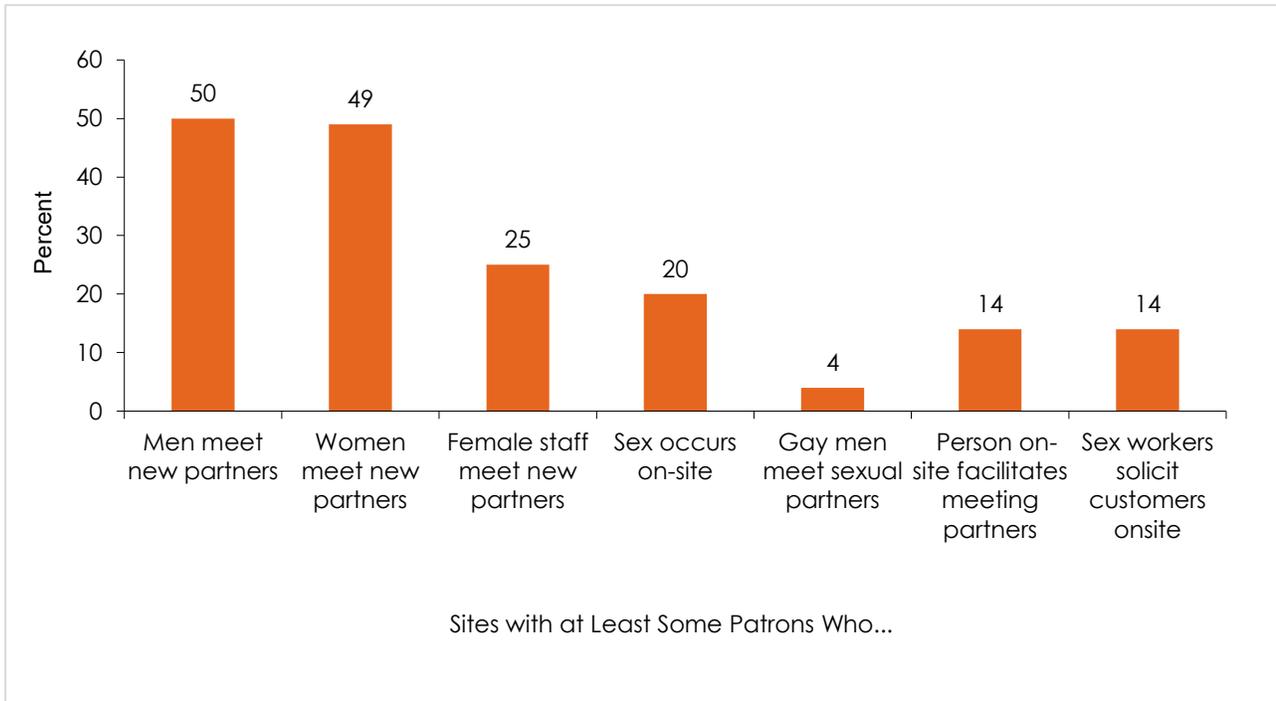
Figure 3.4.1. Elements of the venue profile



3.5. Sexual Partnering at Venues

Sexual partnerships are frequently formed at these venues according to the venue representatives. Sex work can be found at ___% of venues and sex occurs on-site at ___% of venues. It is not uncommon for female staff to meet new sexual partners at the venues and ___% of venues have at least one female worker. ___ venues reported that men who have sex with men meet partners at the site. Figure 3.4.1 describes sexual partnership formation in all venues.

Figure 3.5.1. On-site activities as reported by venue manager



<double-click on figure to put in your own data>

<Comment on interesting findings from data.>

3.6. How Are New Sexual Partnerships Facilitated at Venues?

Venue informants reported the ways that sex work is facilitated at venues. In some cases, female sex workers come to the venue to find clients. In some cases, it is feasible to have sex on-site. Some venues provide staff to help men or women find a sex partner or have a list of phone numbers of people who are available to have sex.

Table 6. How Venues Facilitate Sexual Partnerships	
Number of venues visited (N)	
	%
% with sex workers living on-site	
% with sex on-site	
% with someone who helps find sex partners for people	
% with a list on-site of available sex partners	
% with female staff who meet sex partners	

<Describe importance of findings.>

3.7. Injection Drug Use in <District>

Venue representatives were asked whether injection drug use was a problem in the area and if they had seen any used syringes lying around. Although this is not a common problem in <country>, the questions were asked in order to document any evidence of an increase in injecting drug use. In this district, ___venue representatives reported that people who inject drugs visit the site.

Table 7. Injecting Drug Use		
	N=	%
Venue representative has seen used syringes lying around in past 3 months		
Yes		
No		
Missing value		
Total		
Drug injectors socialize at venue		
Yes		
No		
Missing value		
Total		
Interviewer observation (c42)		
Any used syringes lying around		

<Describe importance of findings>

3.8. When Do People Visit Venues?

Information about the number of people visiting a venue and the venue’s male-to-female ratio are very important for planning prevention programs. Based on the information reported, there are ___ venues with more than 100 people at a busy time, ___ venues had more than 100 men socializing, and ___ venues had more than 100 women socializing at the venues’ busiest times. The male-to-female ratio at all venues was _____. During the week, the busiest times are <Friday and Saturday nights>. During the year, the busiest times are _____. The total number of women socializing at all venues was ___ and the total number of men socializing was _____.

Table 8. Busy Times at Venues and Size Estimates		
Busiest days and times are ...	N=	%
<ul style="list-style-type: none"> List the 5 busiest times 		
Number of operational venues <number>		
Note: The crude size estimate is the number of operational venues multiplied by the mean number per venue.	Mean number at a venue at a busy time	Crude size estimate
<ul style="list-style-type: none"> Men age 15 and older 		
<ul style="list-style-type: none"> Female workers 		
<ul style="list-style-type: none"> Female patrons age 15 and older 		
<ul style="list-style-type: none"> Female sex workers 		
<ul style="list-style-type: none"> Women who live on-site 		

3.9. AIDS Prevention at Venues and Condom Availability at Venues

Based on interviews with <number > of venue informants, there are gaps in HIV prevention programs at venues. Only ___% had ever had any AIDS prevention activities. Condoms were visible at ___% of venues. <Other comments.>

Table 9. Prevention at Venues	
Number of venues visited:	<Number>
Percentage with:	%
• Any condoms on-site in the past 6 months	
• Condoms visible	
• On-site testing in the past 6 months	
• Peer education in the past 6 months	
• Needle exchange in the past 6 months	
• Venue informant supportive of on-site testing	
• Venue informant supportive of condoms on-site	
• HIV/AIDS poster displayed	

Maps show the gaps in HIV prevention activities. <See the examples of maps below for Blantyre and Lilongwe, Malawi.>

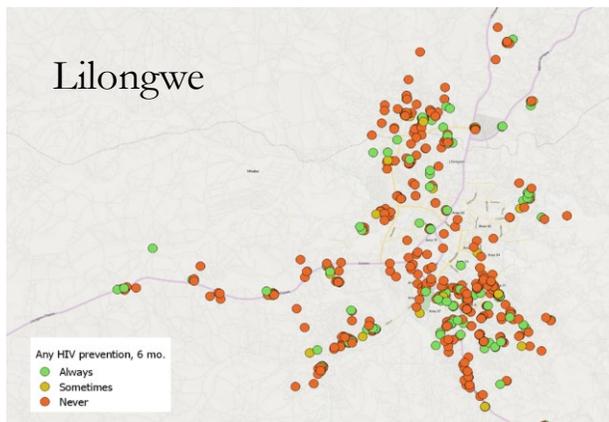
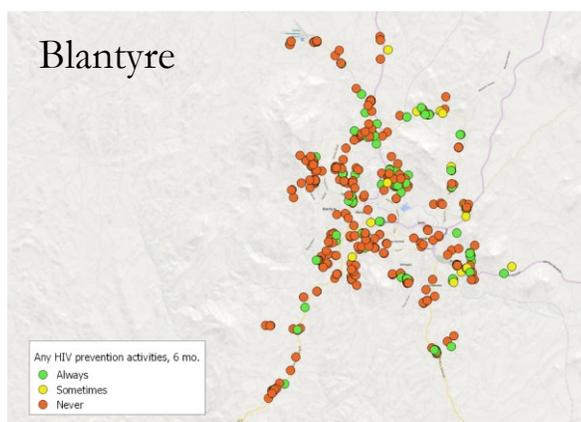
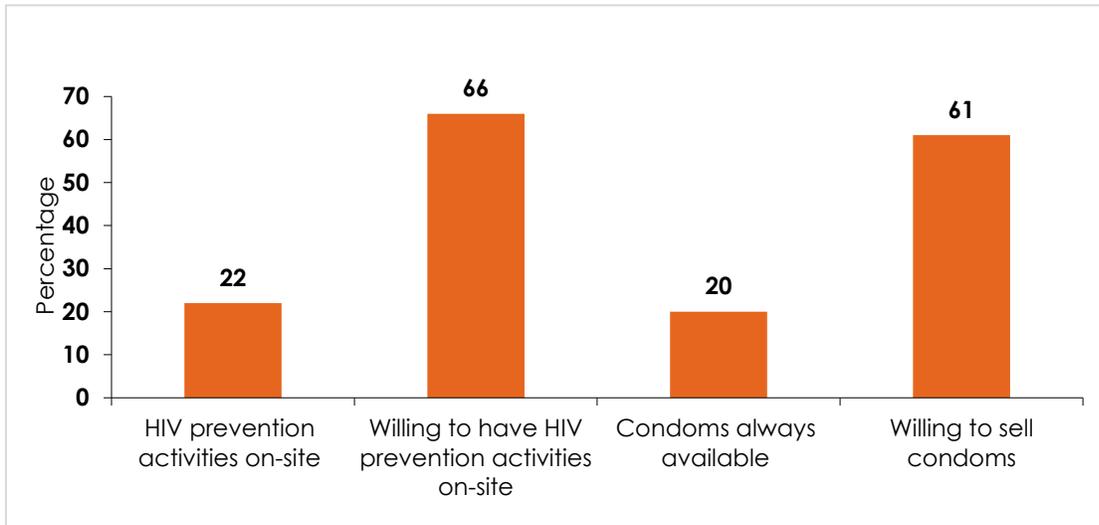
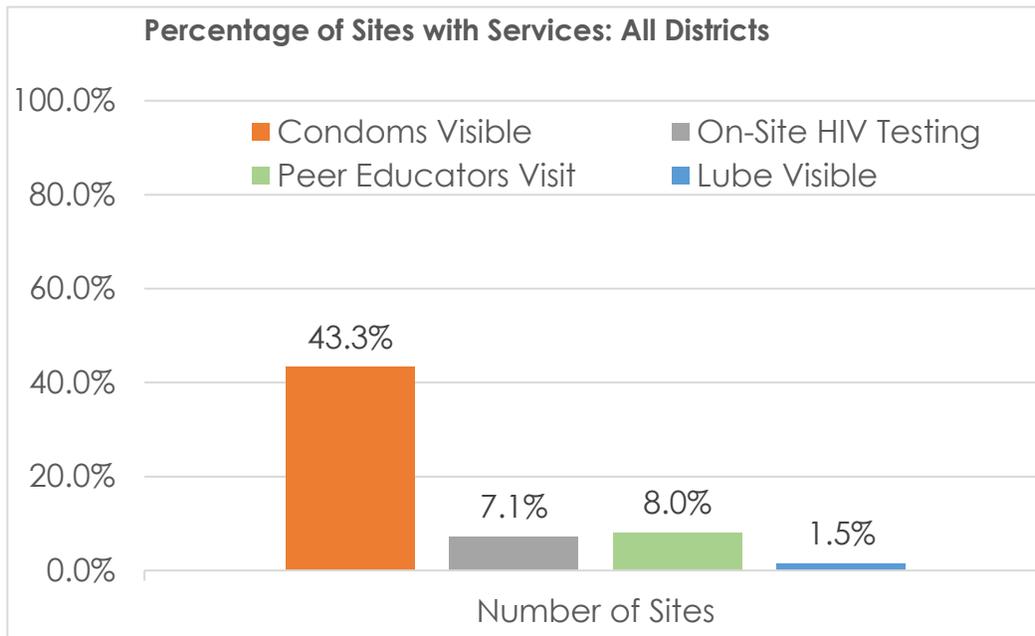


Figure 3.9.1. HIV prevention activities and condom availability on-site

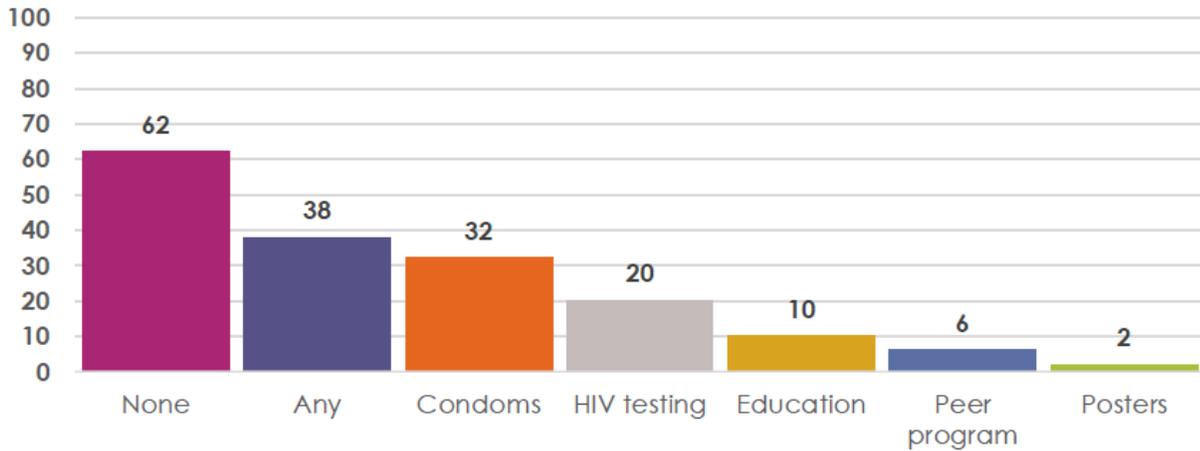


<double-click on figure to insert your own data>

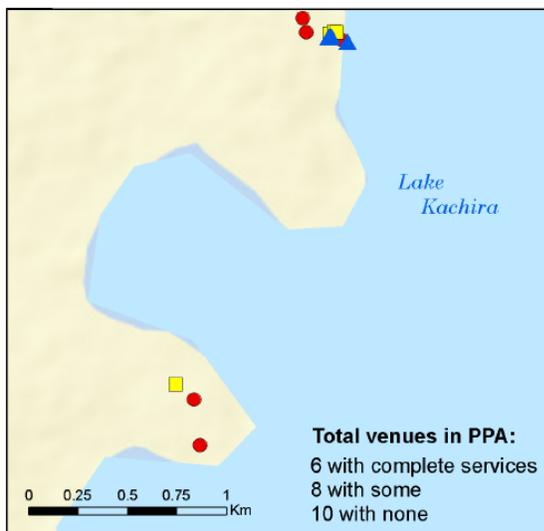
<Here are other options for displaying the results. >



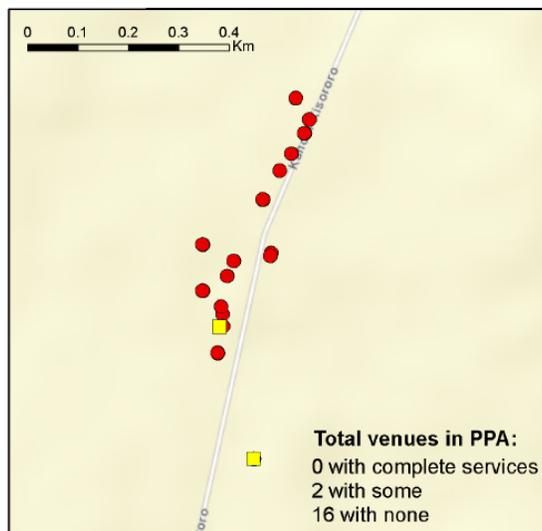
Percentage of venues with on-site prevention services in the past 3 months

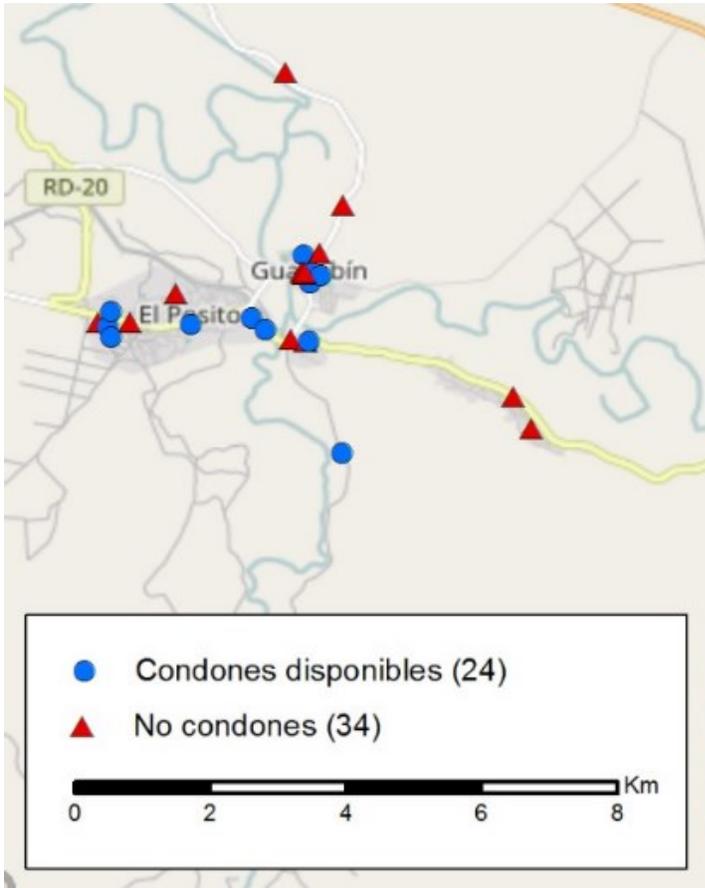


Higher coverage: Rurambira Fishing Community



Lower coverage: Ngali Subcounty





<Check the PLACE QGIS tool for more options for making maps. >

STEP 4. FINDINGS FROM INTERVIEWS WITH PEOPLE SOCIALIZING AT VENUES

4.1. Methods

A sample of venues was selected for a venue visit. <Describe exactly how the venues were selected. >

<Describe:

- How many venues were selected
- Whether any oversampling of types of venues or types of populations at venues was done
- How many men and women were supposed to be interviewed at each venue
- How they were supposed to be identified at the venue and any problems encountered
- How they were approached for the interview and how informed consent was obtained
- How privacy was maximized during interview
- Whether all female workers were included in the survey and test
- How the time of day for interviewing was determined and which days interviewing was conducted and how these decisions were made, including issues of interviewer safety
- Whether male and female interviewers were used and why and whether men only interviewed men and why or why not. Also, what steps were taken to assure that the interviewers followed the protocol and filled in the questionnaires correctly. Describe all data quality precautions taken.
- Testing procedures, strategies to link to care, and informed consent for the interview and test
- Interviewer training and safety strategies to protect interviewers and participants >

4.2. Fieldwork for Interviews with People Socializing at Venues

Interviewers approached more than ___ individuals socializing at __ venues in the district. Of these, an interview was completed with ___% of men and ___% of women, for a total of ___ completed interviews. People age 15 and older were eligible for an interview. At the beginning of a set of interviews at a site, the interviewer recorded how many people were at the venue and whether condoms were available at the site.

<Comment on refusal rate.>

Table 10. Summary of Fieldwork		
<District name , country>, PLACE Assessment, <year of study>		
Number of days patrons and workers interviewed		
Number of interviewers		
Number of interviews completed		
Outcome of interviews	Number	%
• Interview and test completed		
• Respondent refused test or interview		
• Respondent unable to answer		
• Respondent too young		
• Other		

4.3. Demographic Characteristics of Patrons and Workers

The characteristics of the people socializing at these venues are informative. Over half of the men and women were younger than _____. Women were more likely to be unemployed than men. Over ___% were students and ___% were married or had a live-in partner. Most did not have access to a smart phone. _% did not sleep in a household the previous night.

Table 11. Demographic Characteristics			
Number of venues where patrons interviewed			
Characteristics of venue patrons and workers	Female workers	Patrons	
		Female	Male
• Estimated number at all venues during most busy time			
• Number of interviewed and tested at venues			
• Mean age			
Percentage who:	%	%	%
<i>Demographic characteristics</i>			
• Identifies as a female/woman			
• Are ages 15–24			
• Median age			

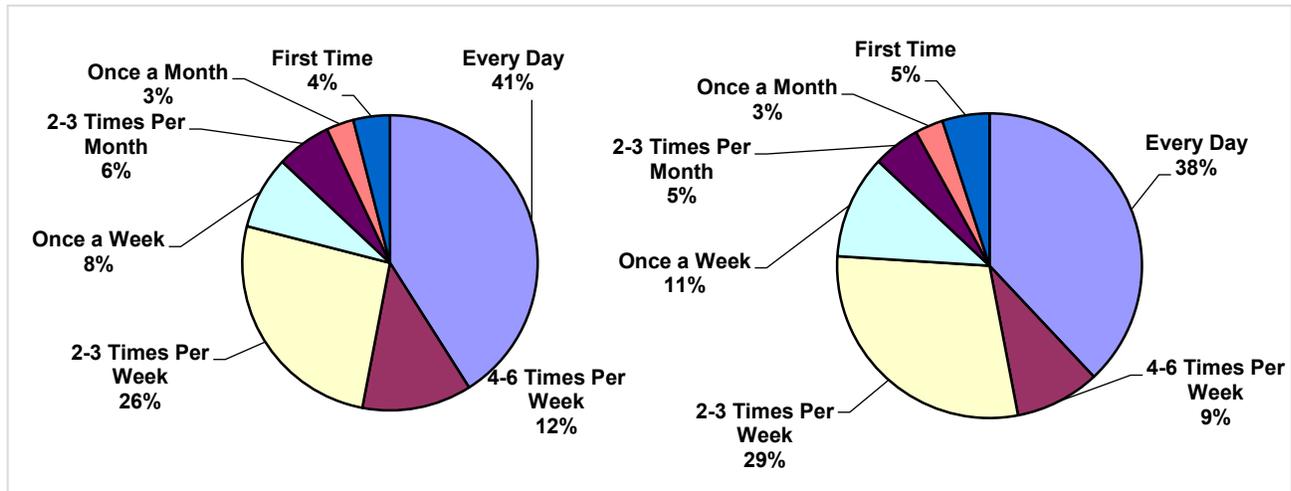
Table 11. Demographic Characteristics			
• Are married or living with a partner			
• Are unemployed			
• Are currently a student			
• Did not complete secondary school			
• Do not live in the district			
• Did not sleep in a household last night			
• Use a smart phone			

4.4. Venue Visiting Behavior

Many people visit the venue every day and ___% visit once a month or more. Only ___% reported that this was their first visit to the venue. For a description of venue attendance by gender, see Figure 4.4.1. Most of the people come to the venue to _____, but ___% of the men and ___% of the women report that they come to the venue in order to meet a new sexual partner. Some people visit more than one venue per day; in fact ___% visit three or more venues per day.

Table 12. Venue Visiting Behavior			
Number of venues where patrons interviewed			
Characteristics of venue patrons and workers	Female workers	Patrons	
		Female	Male
• Estimated number at all venues during busiest time			
• Number interviewed and tested at venues			
• Mean age			
Percentage who:	%	%	%
<i>Venue visiting and alcohol consumption</i>			
• Visit the venue daily			
• Live at the venue			
• Visit multiple venues during a night			
• Drink alcohol daily			

Figure 4.4.1. Frequency of attendance at venue (men on the left, women on the right).



4.5. Sexual Behavior and Key Populations

Many people are at risk of acquiring or transmitting HIV. % of female patrons and % of female workers reported having sex for money in the past three months. The proportion of men and women with a new partner in the past four weeks was high.

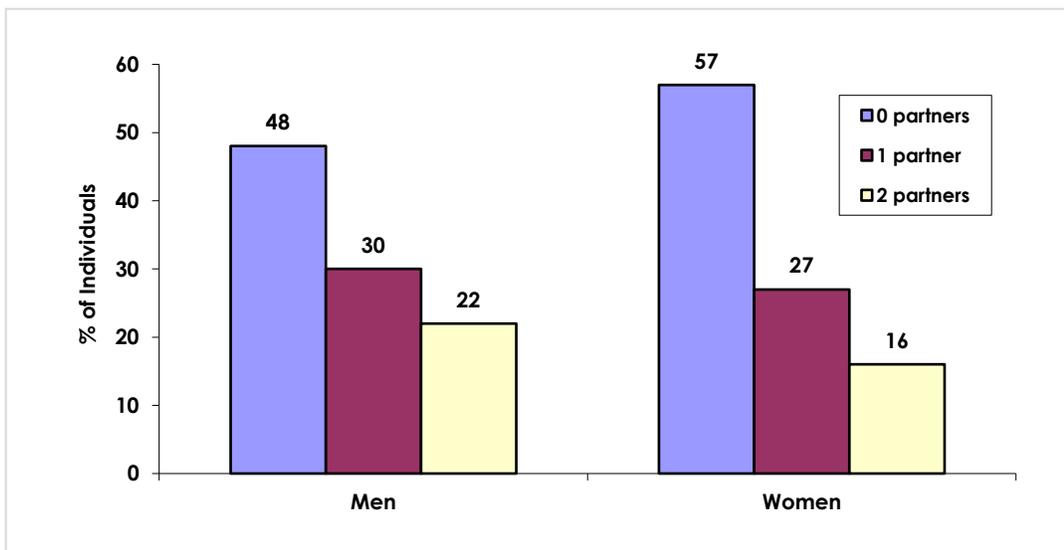
Condom use is an important way to reduce HIV transmission. <Report on condom use, discussing the number of people who reported having some experience in using condoms, and discuss condom use at first sex and with new and regular partners.> Because condom use may be over-reported in this type of survey, the interviewer also asked whether people had a condom with them at the time of the interview. % had a condom with them. <Discuss implications for preparedness for HIV prevention.>

<Describe information from table and why it is important.>

Table 13. Sexual Behavior			
Number of venues where patrons interviewed			
Characteristics of venue patrons and workers	Female workers	Patrons	
		Female	Male
<ul style="list-style-type: none"> Estimated number at all venues during busiest time Number interviewed and tested at venues 			
Percentage who:	%	%	%
<i>Key population behaviors</i>			
<ul style="list-style-type: none"> Have injected drugs in the past 12 months Had sex for money in the past 3 months Had sex with a man in the past 12 months (men only) 			

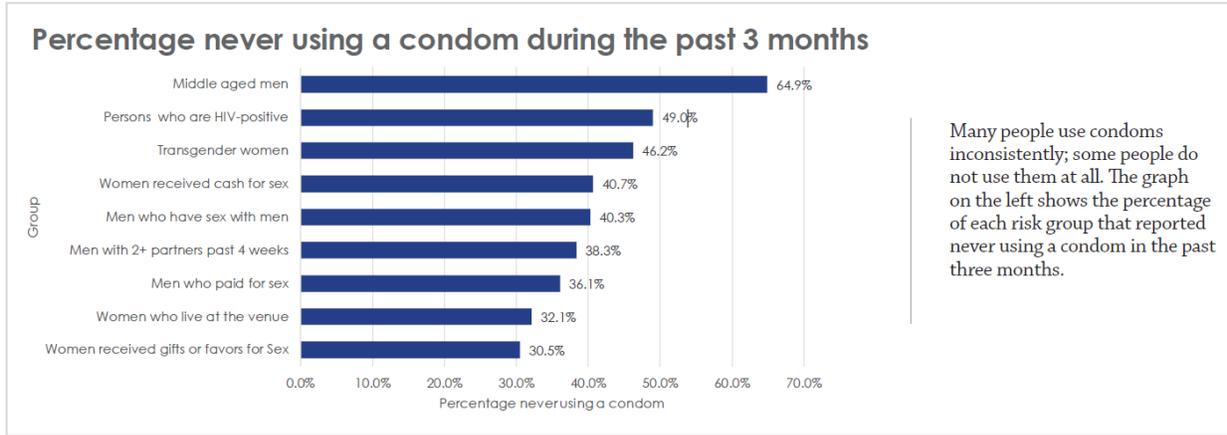
Table 13. Sexual Behavior			
• Of these, % using a condom at last anal sex			
<i>Sexual behaviors and condom use</i>			
• Had sex prior to age 15			
• Had a new sexual partner in the past 4 weeks			
• Had a new sexual partner in the past 12 months			
• Of these, % using condom with last new partner			
• Had more than one sexual partner in the past 12 months			
• Of these, % using a condom at last coitus			
• Percent carrying a condom with them			
<i>Rate of sexual partnerships</i>			
• High: 1+ new partners or 2+ partners past 4 weeks			
• Moderate: 1+ new or 2+ partners past 12 months			
• Low: Not sexually active or 1 sexual partner in the past 12 months			

Figure 4.5.1. Number of new sexual partners during past four weeks



<If consistent condom use is an important problem, a graph like the one below from Uganda can show that condom use is inconsistent across a large variety of subgroups.>

Figure 4.5.2. Percentage never using a condom during the past 3 months



4.6. Vulnerabilities of Patrons and Workers

Men and women reported events and problems that show some of the difficulties they face. For example, _% reported going to sleep hungry in the past 4 weeks. <Comment on table.>

Table 14. Vulnerabilities Reported by Patrons Socializing at Venues	Men	Women	
	(n=) %	(n=) %	(n=) %
		Workers	Patrons
• Gone to sleep hungry in past four weeks			
• Physically hurt by family member of sexual partner			
• Jailed or in prison past 12 months			
• Slept outside because homeless in the past 12 months			
• Physically hurt by police past 12 months			
• Forced to have sex in the past 12 months			
• Self-identifies as sex worker			
• Self-identifies as gay or lesbian			
• Treated poorly or refused health services in the past 12 months			
• At least one of the above			

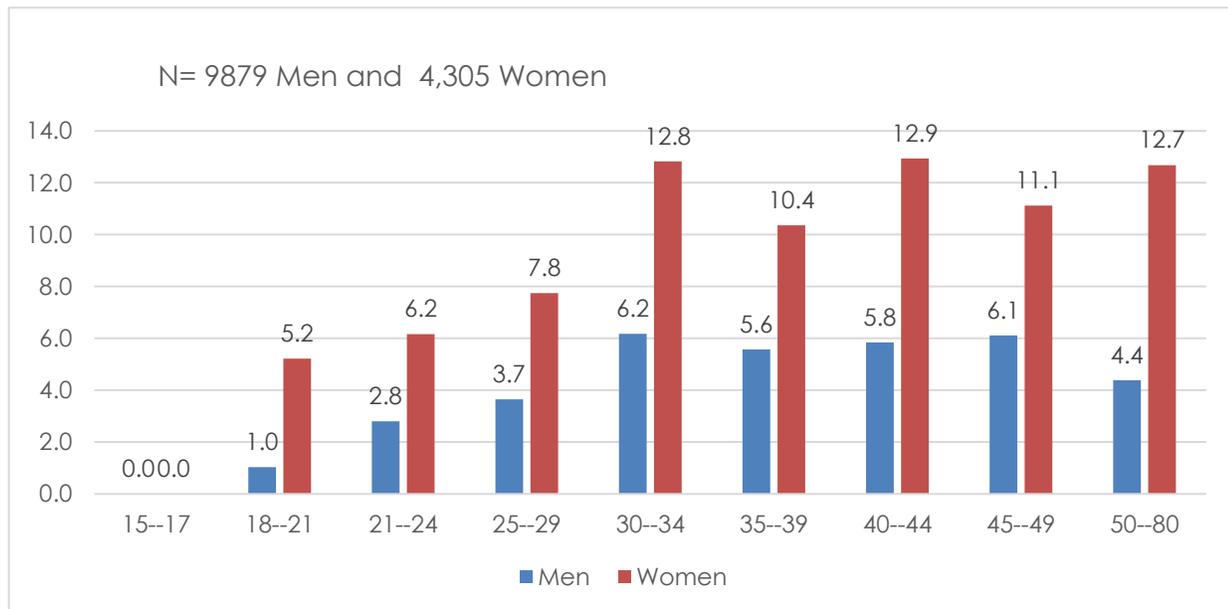
4.7. HIV Prevalence and HIV Treatment Cascades

Overall, HIV prevalence was % among men and % among women. <Use the table below, from an earlier PLACE study, as an example for showing the HIV prevalence by sex.>

Table 15. HIV Prevalence by Gender				
Sex	N	N HIV +	Prevalence	95% CI
Male				
Unweighted	9,872	440	4.5	4.0
Weighted	298,496	13,293	4.5	3.9
Female				
Unweighted	4,301	393	9.2	8.0
Weighted	116,248	10,223	8.8	7.4
Transgender women				
Unweighted	126	13	10.3	4.6
Weighted	3,211	365	11.4	3.7

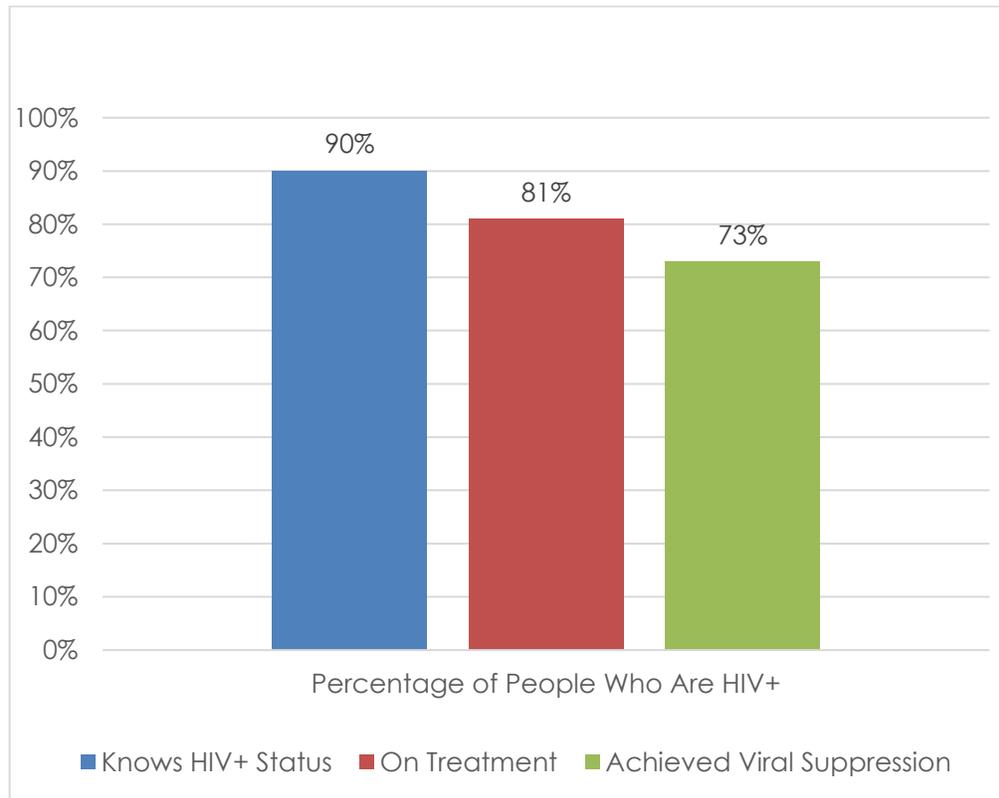
<A chart such as the one below showing HIV prevalence by age and sex is extremely useful.>

Figure 4.7.1. HIV prevalence by age and sex



<The chart below shows the percentage of people who know their status, are on treatment and have achieved viral suppression. The data in the chart below describe a situation where the 90-90-90 goals have been achieved. Adapt the chart to show separate HIV Treatment cascades for men, women, female workers, key populations, young women and any population of interest.>

Figure 4.7.2. 90-90-90 HIV treatment cascade



<The information can also be provided in a table.>

Table 16. HIV Treatment Cascade			
Number of venues where patrons interviewed			
Characteristics of venue patrons and workers	Female workers	Patrons	
		Female	Male
• Estimated number at all venues during busiest time			
• Number interviewed and tested at venues			
Number with an HIV-positive test result			
Percentage who:	%	%	%
• Of those with an HIV-positive test result, % who knew their infection status			

Table 16. HIV Treatment Cascade			
• Of those with a positive test result who knew their status, % receiving antiretroviral treatment			
• Of those on ART, % who had achieved viral suppression			

4.8. Prevention Cascades

<HIV prevention cascades follow a sequence:

- The number in need of a prevention service based on some characteristic or behavior
- Of those, the number who say access to the service is easy or very easy
- Of those, the number who have used the service at all
- Of those, the number who use the service consistently

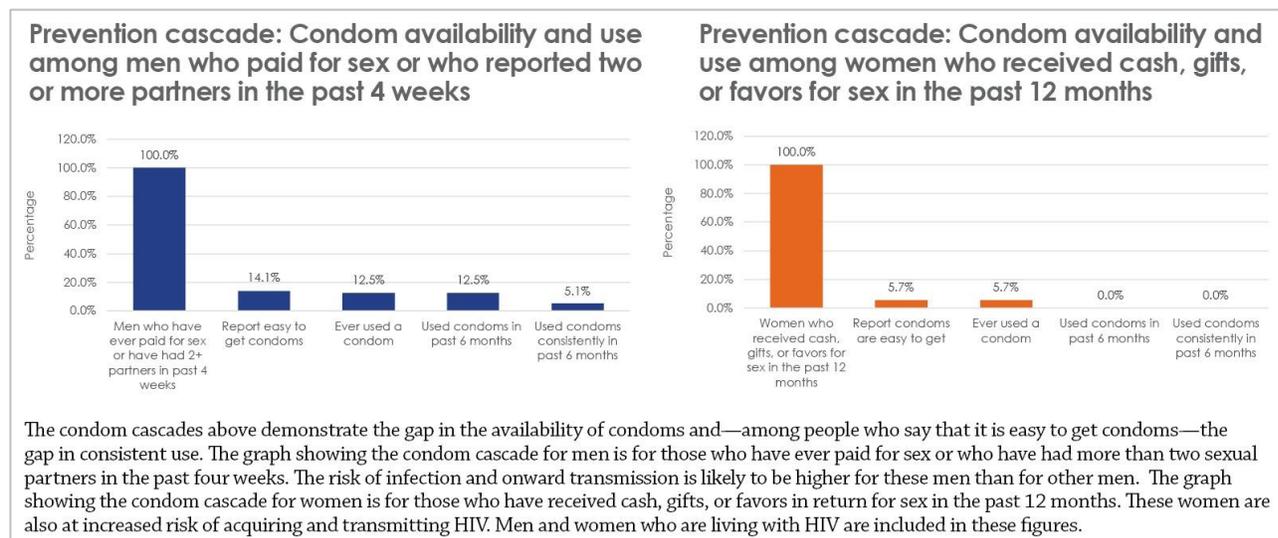
Prevention cascades can be developed for subgroups of people and for various services.

The table below shows a condom cascade. The figures illustrate a condom cascade for men who pay for sex and for women who get paid for sex.>

Table 17. HIV Prevention Cascades			
Number of venues where patrons interviewed			
Characteristics of venue patrons and workers	Female workers	Patrons	
		Female	Male
• Estimated number at all venues during busiest time			
• Number of interviewed and tested at venues			
HIV prevention cascade: condom use			
Number who have had a sex partner in the past 4 weeks			
Percentage who:	%	%	%
• Of those who had a sex partner in the past 4 weeks, % who reported easy or very easy to get condoms			
• Of those who reported easy or very easy to get condoms, % who had ever used a condom			
• Of those who had ever used a condom, % who consistently used a condom during the past 6 months			

4.9. Additional Tables

Figure 4.8.1. Condom cascades for men who pay for sex and for women who are paid for sex



<Additional tables can be made based on the needs of the district. Additional tables could include tables that focus on specific key population groups: for example, the demographic characteristics or sexual behavior of female sex workers. Estimates of the size of key populations and others can be made and included in a table. Priority venues could be described.>

STEP 5. USE RESULTS TO IMPROVE PROGRAMS

<Describe the feedback session: the agenda, who participated, memorable quotes from the meeting, a copy of any presentation made at the feedback session, and any other information useful for interpreting the extent to which the results are likely to be used by the <district, city> for AIDS prevention.

A key focus of the feedback meeting is to obtain recommendations for AIDS prevention programs based on the findings. These recommendations should be listed in the report. The recommendations should be as specific as possible and described as action plans.>

APPENDIXES

Appendix 1. Documentation of Meeting Participants

<Insert the lists of people and organizations attending the “Let’s Get in PLACE” district/city meeting and the PLACE Results and Feedback Session district/city meeting.>

Appendix 2. Fieldwork Documentation

<Include the Fieldwork Calendar and Fieldwork Summary Forms.>

Appendix 3. Questionnaires



YOUR LOGOS