



Summary of Step 1

In Step 1, a PLACE steering committee identifies priority prevention areas where PLACE will be implemented, adapts the PLACE method to the local context, obtains ethical approval for the method, plans implementation, anticipates how the data will be used, and kicks off local implementation with a “Let’s Get in PLACE” workshop.

Activities in Step 1

- ▲ Step 1.1 — Establish a PLACE steering committee
- ▲ Step 1.2 — Specify geographic scope and hierarchy
- ▲ Step 1.3 — Collect and synthesize information to identify priority prevention areas
- ▲ Step 1.4 — Convene a workshop to prioritize assessment areas
- ▲ Step 1.5 — Make PLACE protocol decisions
- ▲ Step 1.6 — Finalize PLACE questionnaires and Interviewer Guide
- ▲ Step 1.7 — Plan dissemination of results and data use
- ▲ Step 1.8 — Plan study implementation and logistics
- ▲ Step 1.9 — Kick off implementation with a “Let’s Get in PLACE” workshop

Outputs of Step 1

In Step 1, a steering committee is established and a PLACE strategy is developed. Priority prevention areas are identified and prioritized, a protocol is adapted and approved, questionnaires are translated and field tested, teams are identified, a budget is planned, and a workshop report is completed. A list of specific outputs is at the conclusion of this chapter.

Introduction to Step 1: PLACE Strategy

The PLACE strategy lays out the plan for implementing PLACE. The PLACE strategy describes the rationale for PLACE in the country; documents key decisions; archives the protocol approved by the appropriate ethical committee; and specifies the study team, budget, and time frame.

A key part of the PLACE strategy is identifying the priority prevention areas (PPAs) where PLACE will be implemented. PPAs are areas where HIV is most likely to be transmitted in the future. Previously, these areas were called “high transmission areas” or HTAs; but the new term “priority prevention areas,” or PPAs, has proven more acceptable as it focuses attention on the use of the data for improving prevention efforts in these areas. In French-speaking countries, the term “zones interventions prioritaires” (ZIPs)

has been used. Interventions in PPAs and ZIPs have a great potential for preventing new infections. (See Types of Priority Prevention Areas on this page for a more detailed description.)

Types of Priority Prevention Areas

Seven types of priority prevention areas have emerged during previous PLACE assessments. Each type represents the geographic convergence of economic, demographic, and health factors associated with vulnerability to HIV/AIDS transmission. The types are:

- ▲ districts with a large number of mobile populations, seasonal workers, and migrant populations;
- ▲ large, densely-populated, poor urban neighborhoods experiencing rapid uncontrolled growth or decay;
- ▲ “red-light” areas in a city (where sex workers solicit clients, pornography is readily available, and crime may be high) and the adjoining commercial and residential areas that supply clients;
- ▲ the complex of urban and peri-urban communities, commercial centers, and settlements along major transport routes including border crossings;
- ▲ areas with an uneven male-to-female ratio, such as urban or rural communities housing military camps, prisons, and women’s colleges;
- ▲ cities that are popular tourist destinations; and
- ▲ areas with poor economies in transition, where commercial sex and injection drug use find footholds among discouraged youth.

Step 1.1 Establish a PLACE Steering Committee

The PLACE method comes alive when a committee of thoughtful people – the PLACE steering committee – reviews the status of the HIV/AIDS epidemic within the borders of their country and reaches consensus on a PLACE strategy that ensures that the findings will be used to improve programs. The PLACE steering committee is composed of decision-makers and people with strong ties to AIDS prevention programs. Members could include ministry of health officials, an epidemiologist, a demographer or social scientist, and representatives from intervention groups.

Although the steering committee is usually convened at a national level, representatives from the local areas where PLACE assessments are conducted should be invited to join the committee as soon as the specific local areas are identified. The chair of the steering committee is the principal investigator for the PLACE assessments. The steering committee will:

- ▲ determine the geographic scope of the PLACE strategy;
- ▲ reach consensus on where PLACE will be implemented;
- ▲ identify local PLACE study coordinators in study areas;
- ▲ adapt the PLACE protocol;
- ▲ commission a field test of the protocol and questionnaires;
- ▲ assure local ethical review and approval of the protocol;
- ▲ secure funding;
- ▲ ensure confidentiality of data;
- ▲ ensure that the results are used to improve interventions;
- ▲ meet periodically during PLACE implementation to track progress;
- ▲ respond to any problems that arise;
- ▲ finalize the PLACE strategy; and
- ▲ initiate the first “Let’s Get in PLACE” workshop.

Steering Committee Assumptions

This manual assumes that the steering committee:

- ▲ is convened at the national level;
- ▲ has the authority to identify where PLACE will be implemented;
- ▲ has the authority to adapt the PLACE protocol, specify indicators, and mobilize a programmatic response; and
- ▲ prefers that implementation in each area follows a protocol that allows comparison of results across areas but is sufficiently flexible to provide local indicators of program coverage.

Step 1.2 Specify Geographic Scope and Hierarchy

The steering committee should agree on the geographic scope for PLACE and identify the most useful geographic hierarchy, taking into account known administrative units and areas likely to be identified as priority prevention areas.

The geographic scope is the entire area under consideration when choosing where to implement PLACE. This manual assumes that the geographic scope is a country, but it could also be a province, district, city, or region of interest including several countries, cities, or border crossings.

After the geographic scope of the PLACE strategy is determined, the steering committee should determine the relevant geographic hierarchy that will be used at a national workshop to select PPAs. A country often has four levels: (1) provinces or regions; (2) districts, parishes, oblasts, or states; (3) large cities treated as a district or oblast; and (4) urban and rural areas within districts or states. The objective is to define a hierarchy that is relevant for program planning that matches administrative boundaries to the extent possible and contains the types of areas that may be defined later as PPAs. An

example of geographic hierarchy is provided on the next page, in the left column of the table entitled Geographic Hierarchy for Selecting PPAs. The middle column indicates whether these areas have proven useful for defining PPAs. The right column indicates the extent to which useful information is usually available for each level.

Determining the Geographic Scope

The PLACE strategies used in Jamaica and Madagascar were national strategies. In Jamaica, every parish was considered before a decision was made to choose an initial two parishes for the assessment. Similarly, in Madagascar, information on HIV/AIDS prevalence and contextual data from all sections of the country were reviewed. The assessment was eventually conducted in seven cities.

The scope of each strategy was the city in St. Petersburg, Russia; Kampala, Uganda; and Bhubaneswar, India. No other cities were considered. The PLACE assessment was not conducted in every area of each city, but the entire city was under consideration for an assessment.

Geographic Hierarchy for Selecting PPAs

	Suitable for defining as a priority prevention area	Extent to which useful sociodemographic, health, and epidemiologic information is available
Country	Almost never	Almost always
Province	Yes, if population is less than 1 million	Usually
District within province	Yes	Sometimes
District capital	Yes	Sometime
Other urban area	Yes, if population is greater than 20,000	Rarely
Border area or transport route	Yes, if population is greater than 20,000	Rarely
Rural area	Possibly	Rarely
Major city	Yes, if population is less than 2 million	Usually
Neighborhood in city	Yes	Rarely

Step 1.3 Collect and Synthesize Information to Identify Priority Prevention Areas

For workshop participants to have an informed discussion to identify, prioritize, and select PPAs, the steering committee should commission a synthesis of relevant epidemiologic data using relevant reports and maps showing demographic, health, and economic indicators that highlight the state of the epidemic in the geographic scope of the PLACE initiative and summarize in broad strokes the known information about factors underlying the epidemic and their geographic distribution. The proximate determinants framework (illustrated schematically on page 6) can be used as a guide to identify factors that determine the size and pattern of the HIV epidemic.

The areas covered in the synthesis should include the pattern of HIV prevalence; socioeconomic, cultural, and contextual factors affecting HIV transmission; programmatic rationale; and presentation of relevant information on maps. Each of these is discussed on the following pages.

The Pattern of HIV Prevalence

Trends in epidemiologic surveillance data from each province or district in the country should be summarized with particular attention paid to evidence of increases in HIV prevalence among women aged 15-24 years old tested anonymously as part of a national surveillance program implemented at antenatal care clinics. Valid estimates of HIV incidence or empirical evidence of the geographic clustering of HIV/AIDS transmission are rarely available given currently available surveillance technologies, and consequently identification of PPAs usually relies more on contextual factors than on surveillance data. In some cases, there may be a plethora of surveillance data, but the data are not organized to facilitate the identification of areas that may have the highest incidence of HIV transmission. In this case, it is extremely useful to identify clinics where surveillance

has been conducted at least three times and to identify the specific clinics where prevalence among 15 to 24-year-old women has consistently increased over time.

Surveillance data can be misleading for identifying areas where HIV incidence is high, particularly if surveillance data include all age groups and testing was done at different times

and in different clinics using different eligibility criteria. As an epidemic matures, an increasing majority of the older people infected have been infected for many years. In these countries, only trends in infection levels among the youngest age groups can indicate a high incidence of infection. High incidence among older age groups is more difficult to detect. Subtle differences in the use of antenatal clinics can mask true changes in the prevalence of infection. For example, if a country has implemented a large program to reduce the mother-to-child transmission of HIV, some infected women may choose not to have additional pregnancies, thus changing the risk profile of women attending antenatal care clinics in the future. Changes in the catchment population of the clinic and changes in clinic attendance will also distort observed trends in prevalence data.



Decision-makers and people with ties to HIV/AIDS prevention programs in Rwanda help develop the strategy for a PLACE study.

Socioeconomic, Cultural, and Contextual Factors Affecting HIV Transmission

Summarize the socioeconomic characteristics of the population and describe the key cultural factors likely to affect HIV transmission, the characteristics of sexual networks, and the acceptability of interventions. Socioeconomic characteristics include population size by age and gender, and indicators of poverty, mobility, crime, and health. Cultural factors can include a description and timing of pay days, cultural festivals, or events during which new sexual partnerships are likely to be formed.

Programmatic Rationale

This synthesis should summarize evidence of the lack of information on prevention program coverage, why information on gaps in prevention program coverage is urgently needed, and how the findings from PLACE will be used.

Presentation of Relevant Information on Maps

To facilitate discussion at the workshop, information from this synthesis should be summarized on maps (see Maps to Highlighting Geographic Distribution of Factors Affecting HIV Transmission on this page). Maps engage workshop participants and spark discussions. At the workshop, these maps will be reviewed to identify where to implement PLACE, taking into account issues of finances, feasibility, and intervention potential as well as epidemiological and contextual evidence of the potential for HIV/AIDS transmission.

Maps to Highlight Geographic Distribution of Factors Affecting HIV Transmission

Maps of socio-demographic and health indicators may show:

- ▲ population density;
- ▲ location of HIV sentinel surveillance sites and most recent HIV prevalence estimates for antenatal care patients;
- ▲ location of voluntary counseling and testing sites;
- ▲ tuberculosis cases;
- ▲ high crime areas;
- ▲ areas with known high rates of alcoholism, injecting drug use, or crime;
- ▲ poverty-stricken areas of rapid uncontrolled growth;
- ▲ areas where the male-to-female distribution is 2:1 or greater, including military posts, male worker dormitory areas, employment areas, and truck stations; or
- ▲ tent cities and refugee camps.

Maps of political jurisdictions and commerce may show:

- ▲ political divisions;
- ▲ transportation routes;
- ▲ commercial centers;
- ▲ ports and border crossings;
- ▲ high-crime areas; or
- ▲ tourist areas.

Step 1.4 Convene a Workshop to Prioritize Assessment Areas

The steering committee convenes a national one-day workshop to identify and select PPAs where PLACE will be implemented. Participants include the steering committee members and key stakeholders.

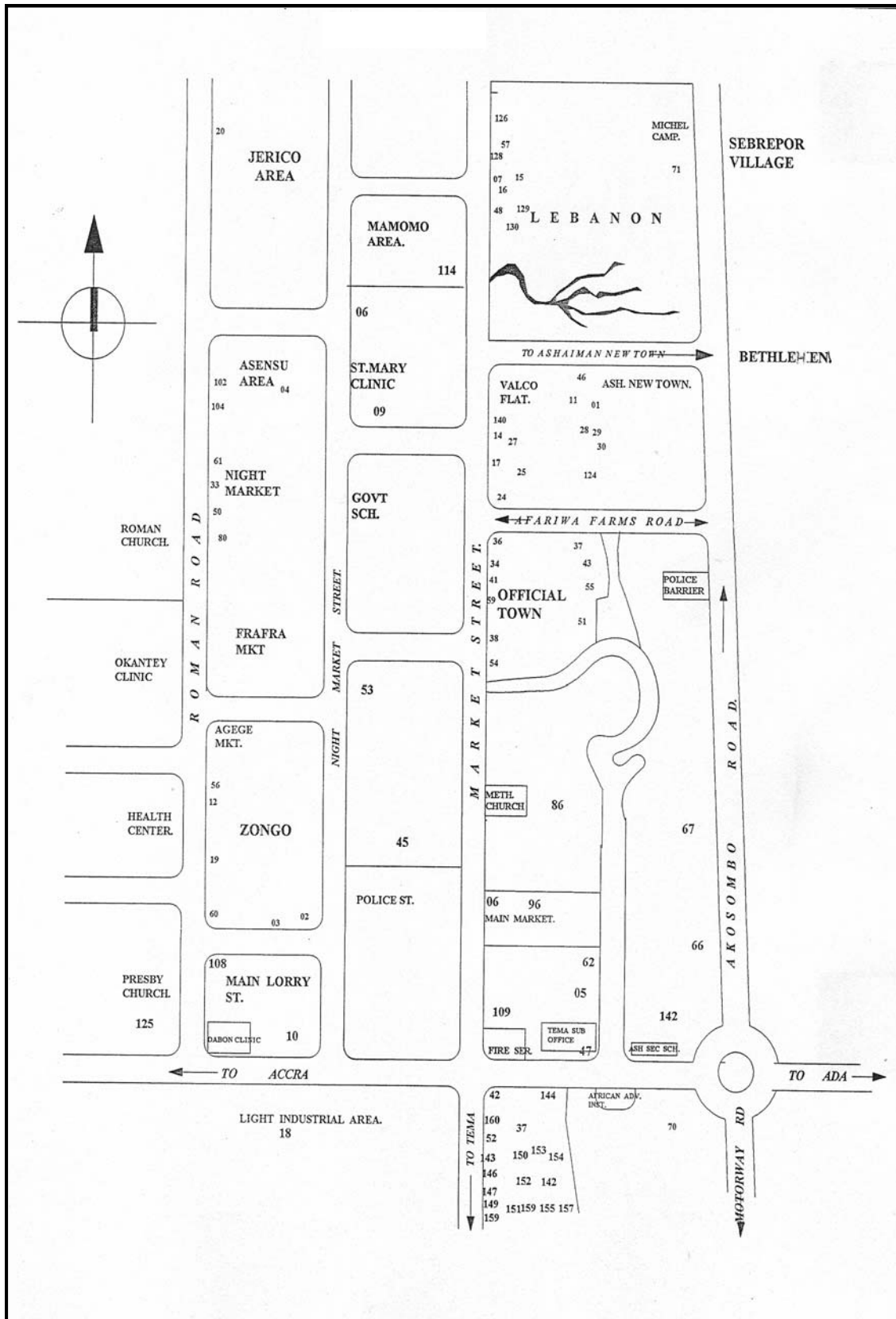
Workshop Objective 1: To Review the HIV Epidemic in the Country and Its Determinants

At the workshop, presentations should be made that review and synthesize relevant epidemiologic and contextual information in order to highlight the state of the epidemic in the geographic scope of the PLACE initiative and to summarize in broad strokes the known information about factors underlying the epidemic and their geographic distribution. The proximate determinants framework (illustrated on page 6) can be used as a guide to identify factors that determine the size and pattern of the HIV epidemic. In order to facilitate discussion at the workshop, information is most usefully summarized on maps. The areas covered in the review should include areas covered by the synthesis in the preceding section, such as:

- ▲ geographic trends in HIV prevalence among young people;
- ▲ maps of socioeconomic, cultural, and contextual factors affecting HIV transmission, including maps of population density, migration patterns, poverty, major transportation routes and commercial centers, migrant worker locations, health indicators, health care availability, locations of areas with high prevalence of tuberculosis and other infectious diseases, high crime areas, drug trafficking routes, and the location of cultural festivals; and
- ▲ geographic location of current prevention programs and target populations.

Workshop Objective 2: To Nominate PPAs

After the review, workshop participants discuss the findings and reach consensus on criteria for identifying an area as a PPA. Then members nominate geographic areas in the country where the available evidence suggests that the criteria would be met and where prevention programs are most likely to prevent new infections. A brief description of the health, population, and infrastructure of each selected PPA and the rationale for identifying it as a PPA should be written.



Hand-Drawn Map of a Priority Prevention Area in Ghana

Agenda for PLACE Workshop to Identify and Prioritize Prevention Areas

8:00 a.m.	Welcome and introductions
8:20 a.m.	Objectives for the workshop
8:30 a.m.	<p>Overview of the PLACE protocol. Points to cover include:</p> <ul style="list-style-type: none"> ▲ PLACE rationale; ▲ theoretical framework; ▲ what is a PPA?; ▲ the five steps of PLACE; ▲ PLACE results; ▲ need for ethical review and data confidentiality; and ▲ examples from other countries.
9:30 a.m.	<p>Review of epidemiologic data and other relevant information</p> <p>Brief description of the HIV epidemic in the country with particular attention to:</p> <ul style="list-style-type: none"> ▲ recent evidence of geographic differences in the prevalence of HIV infection in the general population and among key population group from surveillance data or from other sources; ▲ location of antenatal care surveillance clinic venues where there is evidence of consistent increases in HIV prevalence among women age 15-24; ▲ any known evidence identifying locations where there were recent increases in HIV prevalence; ▲ known information on clusters of new infections or cohort studies including incidence measures; and ▲ interpretation of the above information to determine whether available epidemiologic data suggest that particular areas are likely to have a current high incidence of HIV transmission relative to other areas. <p>Description of the socioeconomic and cultural context of the HIV epidemic with particular attention to:</p> <ul style="list-style-type: none"> ▲ geographic convergence of socioeconomic and cultural factors that create an environment conducive to the transmission of HIV; and ▲ interpretation of available socioeconomic and contextual data to determine whether the data suggest specific areas are likely to be particularly vulnerable to increased transmission of HIV infection in the future. <p>Programmatic rationale, including geographic distribution of prevention programs in the country with particular attention to areas where coverage is inadequate</p> <p>Available maps of relevant data</p>
10:30 a.m.	Tea and coffee break
10:45 a.m.	Criteria for identifying PPAs. Nomination of PPAs
11:30 a.m.	Small groups write brief description and rationale for each PPA
12:30 p.m.	Discussion to prioritize PPAs based on descriptions and rationale
1 p.m.	Lunch
2 p.m.	Presentation of prioritized list of PPAs; wrap up and way forward

Workshop Objective 3: To Prioritize PPAs for PLACE Assessments and Specify Their Geographic Boundaries

The workshop ends with discussion to reach consensus on which of the nominated areas are the highest priority for a PLACE assessment and which are the lowest priority, based on intervention potential, feasibility of implementation, and resources available. The workshop should not close without identifying the geographic boundaries of each PPA prioritized for a PLACE assessment. PLACE results are often more useful for intervention planning if locally accepted administrative boundaries are used to define the PPA. For example, in a South African city, the PLACE team decided to implement PLACE in the section of downtown where sex workers solicit at night. The PPA was defined as the central business district of the city, a well-defined administrative area that included the area where sex workers solicit clients.

Workshop Agenda

A suggested agenda for the workshop to identify and prioritize PPAs is shown on page 18. A Microsoft PowerPoint presentation for leading the workshop is included in this manual's CD-ROM, and a printout showing these slides is located under a tabbed section called PowerPoint Presentations.

Descriptions of Selected PPAs

After the workshop, a more complete description of the health, population, and infrastructure of each selected PPA should be written based on available information, reports, and interviews with community leaders, including, for example:

- ▲ a map of each PPA (such as a municipal street map) including the location of health clinics, roads, schools, commercial centers, train stations, major employers, and taxi routes;
- ▲ a map showing any geographic divisions within each PPA (called “zones” in the PLACE method) and the geographic divisions outside the PPA that can be used to develop a system of non-overlapping geographic codes for the PPA and its surrounding area;
- ▲ the population structure of the assessment area (e.g., age, gender, ethnicity, population density, mobility, educational attainment, and income levels);
- ▲ the STI health care infrastructure in the PPA, including government clinics, private clinics, traditional healers, and pharmacies;

- ▲ resources in the assessment area for AIDS prevention programs, including community-based organizations, churches, and women's groups;
- ▲ known information on the epidemiology of HIV/AIDS and STIs in the PPA and the pattern of STI treatment-seeking behavior;
- ▲ information on where alcohol is sold and the location of registered bars, hotels, and bottle sellers; and
- ▲ information on the extent of full-time and part-time sex work in the assessment area, city, and district.

Step 1.5 Make PLACE Protocol Decisions

The PLACE method provides indicators to monitor AIDS prevention activities and guide the development of local AIDS action plans. The steering committee should decide which programs should be included in this assessment and for which populations the sociodemographic, behavioral, and program exposure indicators are desired. This section outlines the programs, populations, and behaviors that are usually included in a PLACE assessment and provides a list of optional populations, programs, and behaviors. Decisions about the programs, populations, and behaviors will affect the questionnaires and may affect the number of the people required to be interviewed. Consequently, these decisions should be well-documented.

Program Coverage Estimates

One of the most important decisions is the range of programs for which program coverage estimates will be obtained. The standard protocol obtains program coverage estimates for condom availability, treatment of STIs, and use of VCT programs.

Other programs could be included, such as harm reduction programs, programs to treat tuberculosis, specific mass media campaigns or messages (for radio, television, billboards, etc.), and special programs for key populations (such as peer education for commercial sex workers, STI treatment for migrant workers, or harm reduction programs for injecting drug users). Indicators of program coverage will include maps, venue-level indicators of program coverage, and indicators of exposure to programs among people socializing at venues.

Recommended Number of Community Informant Interviews

Adult Population Size	Recommended Number of Community Informants	Expected Number of Unique Venues
20,000	250	75
60,000	300	200
100,000	400	250
300,000	600	400
600,000+	1,200	850

Number of People Interviewed

The numbers of people to be interviewed during each step must also be determined.

- ▲ **Community informants** — Prior to fieldwork, the steering committee must decide how many community informants will be interviewed, set a target number for each type of community informant, and develop a strategy to ensure that interviews are conducted throughout the PPA. The number of community informant interviews required to obtain an accurate and complete list of venues varies according to the size of the PPA, the type of venues within the PPA, and other characteristics of the PPA. Experience has shown that more venues are identified than usually anticipated. The table on this page (Recommended Number of Community Informant Interviews) shows the number of community informant interviews likely to be sufficient for obtaining a complete list of venues for PPAs ranging in size from an adult population. The table also indicates the expected number of unique venues that will be named by the community informants. These numbers reflect the experience of 40 different implementations of the PLACE method. The recommended number of interviews to be performed and expected number of unique venues to be identified are based on the size of the adult population of the PPA.

- ▲ **Venue representatives** — One person knowledgeable about the venue is interviewed at each venue. Thus, the number of interviews with venue representatives fluctuates based on the number of venues identified.

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- ▲ **People socializing at venues** — Typically, 960 people interviewed at approximately 40 venues is sufficient. For most assessments, 960 completed interviews with a representative sample of patrons is sufficient to describe the characteristics and behavior of men and women socializing at venues and to determine if there has been an important change in behavior when baseline results are compared with follow-up results.

Identifying Key Sub-populations

PLACE provides information about the men and women socializing at public venues where people meet new sexual partners. The target population in a PLACE assessment is defined by attendance at public venues where people meet new sexual partners.

In countries where injection drug use is an important transmission route for HIV, the target population is extended to include persons socializing at public venues where injecting drug users can be found.

The population at these venues is often comprised of a diverse group of individuals including men and women who are young, mobile, engage in transactional sex, have sex with persons of the same sex, or inject drugs. The PLACE assessment will include estimates of what percentage of the target population socializing at the venues has any of these characteristics.

PLACE can also provide descriptions of specific key sub-populations if at least 200 individuals in the sub-population are interviewed. Consequently, the PLACE strategy should specify whether there are any key sub-populations (e.g., sex workers, clients of sex workers, injecting drug users, youth) for whom separate indicators of behavior or program coverage are required. These key populations should be specified in the PLACE strategy as well as whether additional funds should be spent if additional data collection is required to obtain a sample of sufficient size for describing the behavior and characteristics of the key populations. If additional data collection includes over-sampling individuals with certain characteristics, the questionnaires should identify which individuals were over-sampled. Characteristics of over-sampled individuals are reported separately from those of the representative sample unless the appropriate adjustments are made.

Case Study: Exclusion of Venues from Venue Verification Interviews

A PLACE assessment was performed in a large Central Asian city, with the entire city viewed as the PPA. However, since the city was too large to perform community informant interviews in all areas, focus group discussions were held to identify the geographic zones within which to conduct community informant interviews. At the completion of the community informant phase, 848 venues located throughout the PPA were named – too many venues to verify within the time and budget constraints of the study. Thus, the local principal investigator developed a set of exclusion criteria to reduce the number of venues that would be verified. These criteria were as follows:

- ▲ Venues named by fewer than five community informants and located outside the selected geographic codes were excluded.
- ▲ Venues located inside the selected geographic codes that were flats, basements, roofs, or stairwells and named by fewer than five community informants were excluded.

Flats, basements, roofs, and stairwells named by only a few community informants were excluded because these locations were unlikely candidates for outreach efforts (consequently, there would be little benefit from visiting them). Infrequently named venues outside the selected geographic codes were also excluded because they were less likely to play a role in the underlying sexual and injection drug networks. These exclusion criteria resulted in a list of 445 potential venues for venue verification interviews. It was feasible to complete venue verification interviews at these venues within the allotted time and budget constraints.

Special Venues, Too Many Venues

PLACE provides information about the venues identified by community members in the PPAs as places where people meet new sexual partners. In countries where injection drug use is an important form of transmission, PLACE also provides information about the venues where community members report that injecting drug users can be found. Typically, all public venues identified in the PPAs are included in the assessment, regardless of the type of venue. The steering committee should consider whether venues located outside a PPA will be included, whether new venues identified after community informant interviews inside the PPA will be included, and whether schools and churches should be included. Each of these is described below.

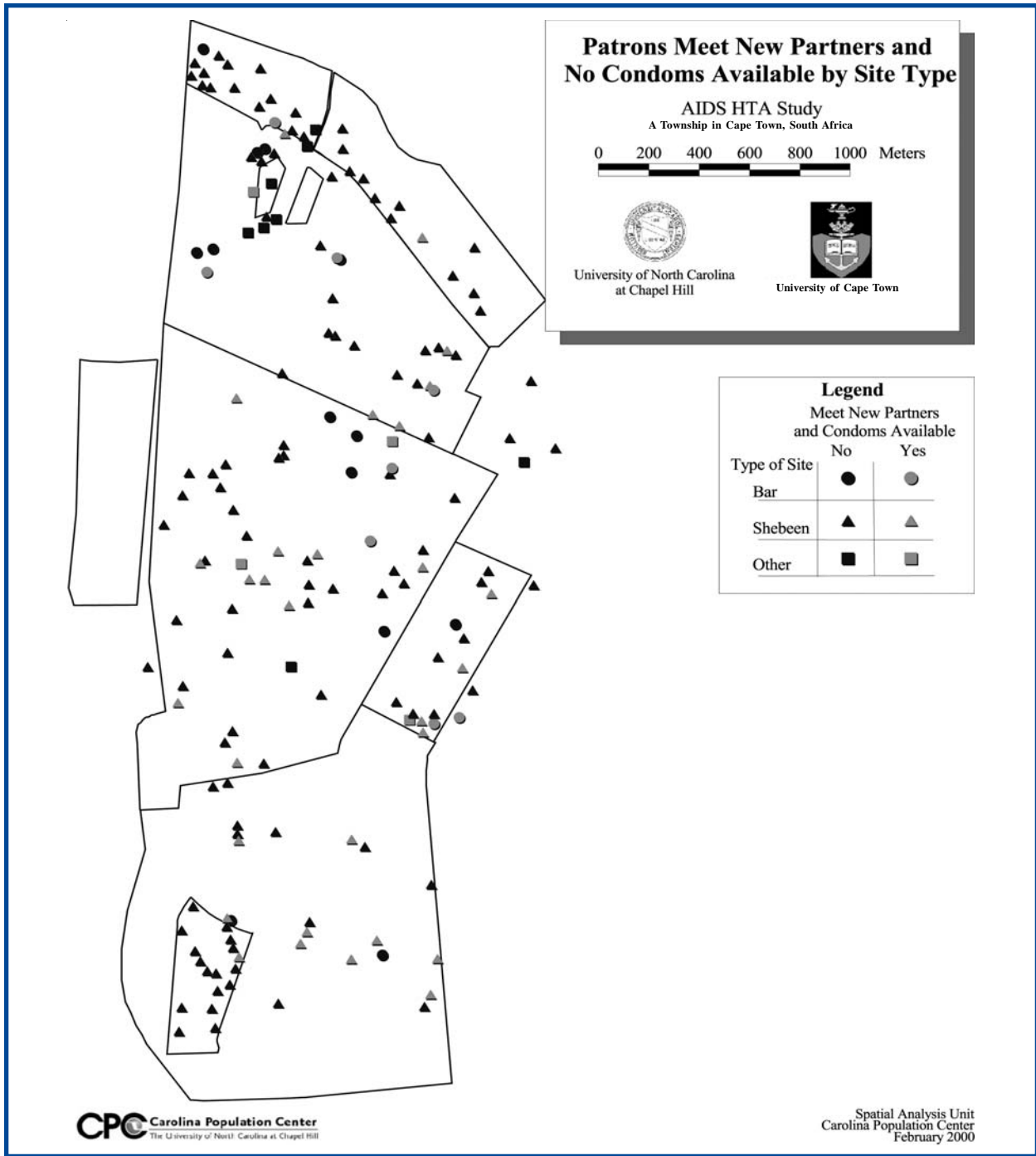
- ▲ **Venues located outside a PPA** — The PLACE method asks community informants to identify venues and events where people meet new sexual partners. Most are located inside the PPA, but often there are

popular venues outside but nearby the PPA. The steering committee should decide if venues named outside the PPA will be visited or not. If possible, venues outside the PPA should be visited. Sexual networks are not constrained by the boundaries of the PPA. Venues located outside the PPA, but near the boundaries of the PPA, may play an important role in the network structure present in the specified PPA. Thus, to obtain the most complete picture of the underlying network, all venues named by community informants located inside or in the area contiguous to the PPA should be verified.

- ▲ **New venues** — Often new venues are identified during the course of the study. New venues are almost always identified during venue verification, for example, when venue representatives are asked to name other venues where their patrons meet new sexual partners. Visiting these additional venues named by venue representatives will give a more complete picture of the network of venues where people meet new sexual partners.
- ▲ **Schools and churches** — In every PLACE assessment to date, schools and religious venues (such as churches) have been identified as places where people meet new sexual partners. Occasionally there is reluctance by interviewers to visit schools and churches. The questionnaires have been designed so that they can be administered at schools and churches. If a decision is made to exclude schools and churches from a study, this decision should be clearly communicated to the field coordinators. Countries that have included schools and churches have found the information valuable.
- ▲ **Too many venues** — If it is not feasible to verify all venues named by community informants due to time or budget constraints and an unexpectedly high number of venues reported, a decision must be made about which venues to exclude. Candidates for exclusion are venues outside the PPAs or venues not accessible to intervention programs. Excluding venues from the venue verification phase could obscure the underlying sexual network, making it difficult to visualize the complete picture of the interconnectedness of venues. If the number of venues to be verified after exclusion criteria has been applied still exceeds time and budget constraints, other options include taking a random sample of venues or redrawing the boundaries of the PPAs to reduce the number of venues.

Typically, individual interviews are performed at 40 venues in each PPA. These venues are selected using a systematic fixed interval sampling strategy with the probability of selection proportional to the size of the venue.

The size of a venue is defined by the number of people socializing at the venue during a busy time as reported by the venue representative during a venue visit. The systematic fixed interval sampling strategy produces a self-weighted sample in which every individual socializing at eligible venues has equal probability of being selected for an interview. This interval sampling strategy also ensures that the selected venues will be geographically distributed throughout the PPAs.



Condom Availability in a South African Township

The steering committee should determine whether this strategy is reasonable or whether information is required for people socializing at certain high interest venues, such as venues with sex workers or venues named by many key informants. If necessary, an additional sample of venues may be selected consisting of venues meeting the criteria of a high interest venue but not selected by the systematic interval sampling strategy. The budget should be increased to cover the cost of conducting individual interviews at additional venues.

In PPAs where 60 or fewer venues are eligible for individual interviews, it is reasonable to allocate the target number of 960 interviews among all venues.

Using PLACE to Assess Programs

A one-time implementation of PLACE can identify gaps in program coverage. PLACE can also be used to assess changes in program coverage over time if PLACE is implemented again in the same area. Subsequent implementations should not occur more frequently than every two years in order to allow time for program changes to take hold.

If follow-up assessments are conducted two years after a baseline assessment, some evidence of an intervention effect may be assumed if improved behavior change at follow-up is associated with increased exposure to prevention programs. However, without a comparison group or biomarker outcome data, it is difficult to attribute behavior change to the intervention program or assume that the behavior change decreased HIV transmission.

A more valid assessment of the effectiveness of the intervention can be obtained by conducting baseline and follow-up PLACE assessments in multiple comparable PPAs, with and without interventions. This permits a more valid estimate of the intervention effect as changes in behavior can be measured in areas that did not receive intervention.

Producing Maps

The most useful maps are maps showing the locations of all venues identified as places where people meet new sexual partners or where injecting drug users socialize, maps showing condom availability or other program coverage data at venues, and maps of priority venues. PLACE maps have proved invaluable for tracking program coverage. In South Africa, one local AIDS program coordinator enthusiastically reports: “Maps are the heart of our prevention program.”

Measuring venue coordinates is the preferred method for identifying venues on a base map since it provides accurate information about location and distance from other venues or landmarks. Venue coordinates are measured using a hand-held, battery-operated device called a global positioning system (GPS) unit. GPS units are the size of a cellular telephone and can be used with a couple of hours of training and practice. These units utilize signals from space satellites to determine the location of a venue with a high degree of accuracy. Coordinates are measured by standing outside of a venue with a clear view of the sky while operating the GPS unit for five to 15 minutes. The result is a list of unique venue numbers and their coordinates that can be entered into a database and given to a mapping specialist to use with mapping software to locate venues accurately on a base map. (An example of a map showing venue locations appears on page 25.) To enhance the utility of the maps, landmarks such as schools, taxi stands and bus terminals, churches, police stations, health clinics, and other locations are also mapped with a GPS unit if they do not already appear on the base map.

It is not difficult to buy GPS units and collect geographic coordinates as part of the fieldwork, but producing the best maps requires geo-reference base maps or aerial photos that are compatible with the coordinates obtained with the GPS units so that the venue locations appear on the map correctly. The availability of base maps, aerial photos, and computer software to produce maps is continually improving. Consult with a local mapping specialist to finalize the mapping strategy.

Summary of Mapping Options

There are several options for base maps and two options for identifying venues on the base maps. These options can be combined in many ways, providing several possible types of resulting maps.

	Base map options	Geo-referencing options	Venue mapping options
Digital	Existing computer file	Geo-referenced or not geo-referenced	Measure coordinates or place by hand
	Scanned aerial photo or paper map	Geo-referenced or not geo-referenced	Measure coordinates or place by hand
	Landmarks drawn after mapping venues	Geo-referenced sites	Measure coordinates
Paper	Hand-drawn or paper	Not geo-referenced	Place by hand

Using PLACE Indicators to Interpret PEPFAR and UNAIDS Indicators

Many of the sexual behavior indicators used by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) are designed to measure national trends in sexual behavior based on data from national population-based surveys. Surveys are rarely conducted every year and are not designed to provide estimates for sub-national areas, such as PPAs. PLACE assessments can provide selected PEPFAR and UNAIDS indicators among the population in PPAs most likely to transmit HIV infection. These local trends can be compared to PEPFAR and UNAIDS indicators, and used to interpret national indicators. The indicators that can be estimated for the PLACE population include the following.

PEPFAR, percentage of:

- ▲ never-married young people aged 15-24 who have never had sex;
- ▲ never-married women and men aged 15-24 who had sex in the last 12 months, of all never-married women and men (aged 15-24) surveyed;
- ▲ women and men aged 15-49 who had sex with more than one partner in the last 12 months, of all people aged 15-49;
- ▲ women and men aged 15-49 who say they used a condom the last time they had sex with a non-marital, non-cohabitating partner, of those who have had sex with such a partner in the last 12 months;
- ▲ men reporting sex with a sex worker in the last 12 months who used a condom during last paid intercourse; and
- ▲ population aged 15-49 receiving HIV test results in the last 12 months.

UNAIDS

Indicator Number*

▲ population receiving an HIV test	5.1.1
▲ higher-risk sex in the past year	8.1
▲ condom use at last higher risk sex	8.2
▲ condom use at last sex with anyone	8.2.2
▲ commercial sex in last year	8.3
▲ condom use at last commercial sex, reported by client	8.4
▲ condom use at last commercial sex, reported by sex worker	8.5
▲ higher risk male sex in last year	8.6
▲ median age at first sex among young men and women	9.1
▲ young people having premarital sex in last year	9.2
▲ young people using a condom during premarital sex	9.3
▲ young people having multiple partners in last year	9.4
▲ young people using a condom at last higher risk sex	9.5, 9.5.1
▲ age mixing in sexual relationships	9.7
▲ injection drug users sharing equipment at last injection	10.1
▲ drug injectors using condom at last sex	10.3
▲ drug injectors using a condom at last commercial sex	10.3.1

* Indicator numbers refer to how these are referenced in *National AIDS Programmes: A Guide to Monitoring and Evaluation*. Geneva, Switzerland: UNAIDS, 2000.

If geo-referenced base maps or aerial photos are not available or there is no available expertise in using mapping software, then hand-drawn maps may be a reasonable alternative. Different combinations of base maps and mapping of venues are available and are summarized on page 27, in the table called Summary of Mapping Options.

Comparing PLACE with Other HIV/AIDS Indicators

With modest revisions, the PLACE questionnaires can be modified to provide indicators that can be compared with indicators from Demographic and Health Surveys (DHS) or indicators obtained for the President's Emergency Plan for AIDS Relief (PEPFAR) reporting (see Using PLACE Indicators to Interpret PEPFAR and UNAIDS Indicators on page 28). The steer-

Step 1.6 Finalize PLACE Questionnaires and Interviewer Guide

All questionnaires must be finalized prior to interviewer training, taking into account decisions made by the steering committee regarding key populations, indicators, and programs for which coverage indicators are needed. Any changes made to the questionnaires must be reflected in the Interview Guide. The steering committee may want to consider adding additional questions to the questionnaires pertaining to the local study area. In addition to adding and adapting the questionnaires, each questionnaire should be translated and back-translated into and from the relevant local languages.

Questionnaires are available on this manual's CD-ROM, and can be found in the Forms tab section of this manual. Also, a summary of specific items that must be adapted on each questionnaire is given at the beginning of the Forms section.

Step 1.7 Plan Dissemination of Results and Data Use

Ensuring that the PLACE findings are used to improve programs is an integral step of the PLACE method. Reports, maps, and presentations will be shared at meetings strategically planned to maximize the usefulness of the PLACE assessments. Typically, reports and meetings include the following:

- ▲ **A local participatory feedback and action plan workshop to review the preliminary PLACE report** — At this workshop, local stakeholders discuss a preliminary PLACE report that summarizes the findings. The stakeholders provide feedback on the results and discuss their impli-

cations for current local HIV/AIDS prevention program strategies. Each participating intervention group is asked to identify immediate steps that the intervention group can take to improve their programs based on the results. These participatory workshops are an important means of informing key stakeholders and community members of intervention gaps and facilitating ownership by the community of the results. Getting feedback from intervention groups about the results has proven essential for interpreting findings.

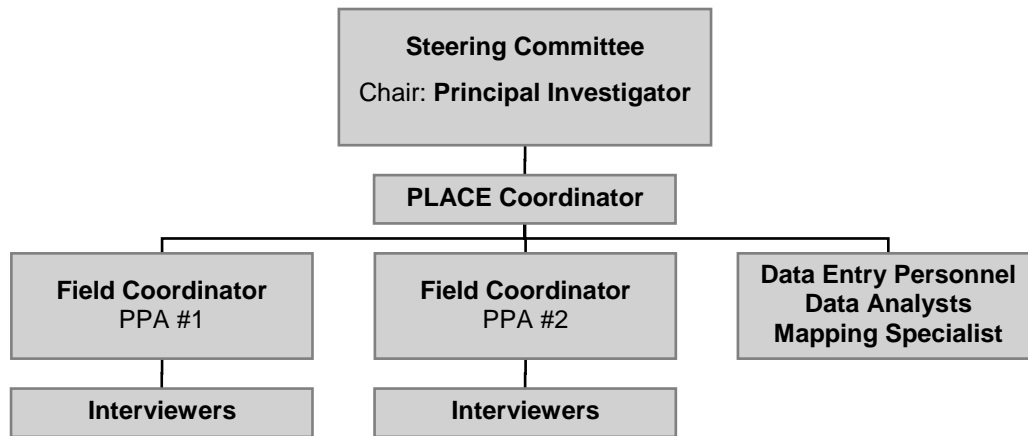
- ▲ **A district or city-wide presentation of results** — After incorporating comments and suggestions from the local participatory feedback meeting into a final PLACE report, the final report is presented at a higher administrative level. This presentation is targeted to national or city-level officials and policy-makers. In addition, members of the community where the PLACE assessment was conducted are invited to comment on the findings. The results are presented by the chair of the steering committee.
- ▲ **A data-use workshop** — A data-use workshop for community members engaged in monitoring local HIV/AIDS prevention programs enables people to use the data to monitor their own programs. Armed with the capacity to revisit the results, the intervention team can generate new lists of priority sites to receive prevention programming. As coverage of previously identified priority sites is achieved, or priorities change, new sites for intervention can be identified.
- ▲ **A meeting to plan follow-up PLACE assessments and rollout assessments** — The PLACE method is an effective means of monitoring programs. To examine change over time, subsequent assessments are necessary. Developing a plan for a follow-up assessment will help structure a timeline for venue-based interventions. Likewise, “rolling out” PLACE to other areas will help target prevention programs in a broader geographic area.

Step 1.8 Plan Study Implementation and Logistics

This section presents a basic organizational structure and budget.

Organizational Structure, Roles, and Responsibilities

The responsibilities listed below are not mutually exclusive. Responsibilities can be shifted from one person to another within the team depending on the structure of a study. The descriptions below are only a guide.



Responsibilities and composition of the steering committee are as follows:

- ▲ The steering committee should consist of members of the intervention group and key local nongovernmental organizations (NGOs).
- ▲ The chair of the steering committee serves as the local principal investigator.
- ▲ The committee is responsible for finalizing the protocol and questionnaires.
- ▲ The committee networks with local NGO groups to provide support.

The principal investigator:

- ▲ chairs the steering committee;
- ▲ is ultimately responsible for all aspects of the study;
- ▲ aids in identification and coordination of the entire research team;
- ▲ is responsible for obtaining ethical clearance;
- ▲ aids in adapting questionnaires to local context;
- ▲ assists in coordinating all data entry and analysis; and
- ▲ is responsible for disseminating results and informing interventions.

The PLACE coordinator:

- ▲ assists the chair of the steering committee;
- ▲ answers questions regarding ethical clearance and the reasons behind the study;
- ▲ is responsible for adaptation of questionnaires to the local setting;
- ▲ aids in identifying field coordinators and interviewers and coordinates the fieldwork team;

-
- ▲ oversees and participates in training of field coordinators and interviewers;
 - ▲ aids in checking completed questionnaires for accuracy and completion;
 - ▲ coordinates feedback sessions; and
 - ▲ coordinates all data entry and analysis (must know how to use Microsoft Excel or similar spreadsheet software).

The field coordinator (one for each PPA):

- ▲ aids in selection of interviewers;
- ▲ participates in training of interviewers;
- ▲ manages a team of 10 to 20 interviewers and must have adequate knowledge about the geography and the community where the PPA is located;
- ▲ must be accessible and available in the PPA for consultation at any time by interviewers;
- ▲ meets with interviewers daily to collect completed interviews, distribute daily travel expenses, mediate conflicts, answer questions, debrief on the previous day's work, raise morale, etc.;
- ▲ works with PLACE coordinator to check interviews for accurate completion (must have adequate skills in Microsoft Excel or similar spreadsheet software); and
- ▲ performs checks on interviewers to ensure honesty in data collection.

Criteria for Selection of Interviewers

Interviewer capabilities and duties include:

- ▲ street-wise knowledge of the layout of the PPA;
- ▲ ability to speak and translate between English and the local language;
- ▲ willingness to visit venues during evening and weekend hours (ideally, interviewers will be sent out in male/female pairs for safety reasons);
- ▲ willingness to visit places where sex can be purchased, places where drug users socialize, and places that sell alcohol;
- ▲ capacity to interview professional people as well as street youth;
- ▲ able to devote 80% of time to the project (including weekends) for six consecutive weeks (including during holidays);
- ▲ able to take mapping coordinates;

-
- ▲ willing to work flexible hours (sometimes mornings, sometimes late nights; must be available at *all* times – the steering committee will decide when interviewers work each day);
 - ▲ being honest, time-conscious, dependable, and hard-working, with good social skills (must be able to listen and probe delicately for more information); and
 - ▲ ideally, have experience in administering questionnaires with sensitive questions, such as those related to sexual behavior.

Data Management

One to three data-entry staff are needed to enter responses from questionnaires. These staff should be supervised by an experienced data manager who has the skills to:

- ▲ create a template for data entry that includes checks to ensure quality, such as Epi Info 6, Epi Info version 3, SPSS, or Microsoft Access;
- ▲ clean data sets by checking for outliers and resolving improbable and conflicting responses (e.g. never used a condom but reported condom use with last new partner);
- ▲ calculate frequency distributions or tables of each variable in order to complete table shells; and
- ▲ create new variables (e.g. ages in five-year age groups, size of venue based on number of men and women reported at a busy time, etc.).

Mapping Specialist

Making digital maps using computer software usually requires someone with special training. The person hired for mapping must have:

- ▲ familiarity with mapping software that links venue coordinates with data sets, such as Epi Info version 3 or Arcview;
- ▲ mapping capabilities (as described in this step and in Steps 3 and 5);
- ▲ ability to print maps in a size useful for intervention teams; and
- ▲ knowledge of sources of digital maps of the area or skills to scan a paper map and to align it with its latitudinal and longitudinal coordinates.

Budget

The total cost of the study will depend on the area and intended sample size. The following items should be considered when creating a budget (see Sample Budget for a PLACE Assessment on page 35):

Study preparation costs include:

- ▲ translation and back-translation of questionnaires into local language;
- ▲ pre-testing and revision of questionnaires;
- ▲ duplication of questionnaires, interview guide, and any other field supplies;
- ▲ purchase of digital maps and aerial photographs;
- ▲ fieldwork supplies (pens, clipboards, etc.); and
- ▲ meeting with local stakeholders, intervention groups, community groups, etc.

Fieldwork costs (personnel, data collection, and data entry) include:

- ▲ local principal investigator salary;
- ▲ PLACE coordinator salary, cell phone, and transport;
- ▲ field coordinator salary, cell phone, and transport;
- ▲ interviewer salaries;
- ▲ interviewer daily transport allowance;
- ▲ training costs, including rental of space (three days of training);
- ▲ data entry;
- ▲ data analyst; and
- ▲ mapping specialist.

Communication and report writing costs include:

- ▲ feedback workshop to community and stakeholders;
- ▲ debriefing session;
- ▲ photocopying and distribution of report; and
- ▲ miscellaneous.

Sample Budget for a PLACE Assessment

Assumptions:

- ▲ 1 PPA with population of about 100,000
- ▲ 12 interviewers
- ▲ three days of training
- ▲ 400 community informant interviews in four days
- ▲ 250 venue verification interviews in eight days
- ▲ 960 individual interviews in 10 days

	Quantity	Unit Price (U.S. \$)	National Costs (U.S. \$)	PPA Costs (U.S. \$)
Study Preparation				
Translation and back-translation of study materials			\$300	
Pre-testing and revision of questionnaires			\$300	
Duplication of Interview Guide	450 pages/PPA	6 cents/page		\$27
Duplication of Community Informant Questionnaire (Form A)	1,260 pages/PAA	6 cents/page		\$76
Duplication of Venue and Event Report (Form B)	2800 pages/PPA	6 cents/page		\$168
Duplication of Venue Verification Form (Form C)	2200 pages/PPA	6 cents/page		\$132
Duplication of Socializing Individuals Questionnaire (Form D)	10,000 pages/PPA	6 cents/page		\$600
Purchase of digital maps or aerial photos				\$200
Fieldwork supplies (pens, clipboards, etc.)				\$100
National "Let's Get In PLACE" workshop			\$500	
Local "Let's Get In PLACE" workshop				\$200
Salary for local principal investigator	15 days	\$150/day	\$2,250	
Salary for PLACE coordinator	15 days	\$100/day	\$1,500	
SUBTOTAL			\$4,850	\$1,503
Fieldwork				
Local principal investigator (1 person)	35 days	\$150/day		\$5,250
Salary for PLACE coordinator (1 person)	35 days	\$100/day		\$3,500
Salary for Field coordinator (1 person)	35 day	\$45/day		\$1,575
Interviewer salary including travel allowance (12 people)	25 days	\$25/day		\$7,500
Training costs	3 days	\$134/day		\$402
PLACE coordinator daily cell phone allowance (2 people)	35 days	\$6/day		\$420
Data entry staff (2 people)	10 days	\$30/day		\$600
Mapping specialist (1 person)				\$400
Local travel in PPA				\$100
SUBTOTAL				\$19,747
Communication, Report Writing				
Feedback workshop to community and stakeholders				\$300
Data use workshop				\$300
Debriefing session				\$100
Photocopying and distribution of report				\$200
Presentation at national or international meeting			\$1,000	
SUBTOTAL			\$1,000	\$900
(TOTAL National and PPA = \$28,000)			\$5,850	\$22,150

Step 1.9 Kick Off Implementation with a “Let’s Get in PLACE” Workshop

Now that key decisions have been made, a written version of the strategy should be prepared to help guide the study team (see Outline for Written PLACE Strategy on next page). However, the work of the steering committee to finalize the PLACE strategy is not completed until the first “Let’s Get in PLACE” workshop has been implemented in the first PPA.

Some of the steering committee members should attend the first local meeting in order to explain the rationale for the PLACE study and to ensure that there is a reasonable process to identify interviewers and organize the fieldwork team. All local stakeholders should be invited to the morning workshop to ensure their support of the PLACE study and to ensure that the results will be used. A lunch should be provided to all participants.

The “Let’s Get in PLACE” workshop is conducted in order to:

- ▲ establish and gain local recognition of a local PLACE steering committee;
- ▲ familiarize participants with methods and objectives of the upcoming PLACE assessment;
- ▲ answer local questions and concerns regarding the PLACE assessment;
- ▲ identify perceived local problems and issues associated with expansion of local HIV/AIDS prevention programs;
- ▲ identify local resources, programs, and tools available for AIDS prevention and compile the list into a local resource directory;
- ▲ gain insight into the PPA through participatory mapping of contextual factors in the PPA;
- ▲ specify the exact geographic boundaries of PPA;
- ▲ initiate the process to identify interviewers; and
- ▲ familiarize the local community with the time frame for the study and set a tentative date for the feedback workshop.

The “Let’s Get in PLACE” workshop has proven to be an invaluable way to gain the cooperation of the local community and facilitate the use of the results.

Outline for Written PLACE Strategy

Cover page: Title and map of country, with priority prevention areas identified

Part I — Background and rationale for PLACE in the country

- ▲ why implement PLACE in this country?
- ▲ geographic scope of the PLACE strategy
- ▲ steering committee and membership affiliations

Part II — Identification and prioritization of priority prevention areas

- ▲ list of workshop participants
- ▲ workshop agenda
- ▲ criteria for defining an area as a priority prevention area
- ▲ map of all priority prevention areas and salient characteristics of each area
- ▲ ranking of areas according to priority for implementing PLACE and rationale for rankings

Part III — Protocol decisions and summary indicators

- ▲ programs and key populations that will be monitored
- ▲ number of community informants to be interviewed
- ▲ exclusion criteria for venue visits, expected number of venues to be visited
- ▲ number of patrons to be interviewed at number of venues
- ▲ selection of mapping method
- ▲ selection of data entry process
- ▲ specification of summary indicators
- ▲ adaptation of questionnaires
- ▲ translation and pretesting questionnaires

Appendix 1

- ▲ tables of HIV and STI prevalence data over time, by gender, by urban/rural status, by district or province, by risk group, among antenatal care patients, as available
- ▲ other documentation and reports

Appendix 2-4

- ▲ time frame
- ▲ budget
- ▲ protocol
- ▲ questionnaires

Summary of Step 1

In Step 1, a steering committee designates PPAs and adapts the PLACE method to the local context. Implementation of the assessment begins with a “Let’s Get in PLACE” workshop.

List of Outputs for Step 1

- ▲ A national steering committee has been established.
- ▲ The PLACE strategy has been written.
- ▲ Priority prevention areas have been identified and prioritized for PLACE.
- ▲ The protocol has been adapted and questionnaires translated and field tested.
- ▲ The protocol has been approved by an ethical review committee.
- ▲ PLACE teams in the initial implementation areas have been identified.
- ▲ A time frame has been developed for fieldwork, feedback workshops, and dissemination of results.
- ▲ A budget has been developed and funding secured.
- ▲ A map identifying areas where PLACE will be implemented has been printed.
- ▲ Report from the first “Let’s Get in PLACE” workshop has been made.

Step 1 Summary

ACTIVITY	OBJECTIVE	CHECKLIST: WHAT IS NEEDED
Step 1.1 — Establish a PLACE steering committee		
Form steering committee	Develop PLACE strategy	Three to six strategists who have strong ties with HIV/AIDS prevention programs to guide planning and implementing PLACE
Step 1.2 — Specify geographic scope and hierarchy		
Identify geographic scope	Prepare for PLACE workshop	Knowledge of administrative units, major cities, urban areas, transportation routes
Step 1.3 — Collect and synthesize information to identify PPAs		
Collect information	Obtain contextual data, epidemiologic reports, maps and air photos to inform the strategy	<ul style="list-style-type: none"> ▲ Maps ▲ Population structure ▲ STI health care infrastructure ▲ Information on the epidemiology of HIV/AIDS and other STIs ▲ Relevant reports
Step 1.4 — Convene a workshop to prioritize assessment areas		
Hold workshop	Identify and prioritize priority prevention areas where PLACE will be implemented	<ul style="list-style-type: none"> ▲ Maps/information from above ▲ Venue and funding for workshop, materials, and lunch ▲ Invited stakeholders and participants
Step 1.5 — Make PLACE protocol decisions		
Make protocol decisions	Summarize key monitoring and evaluation indicators and maps; and adapt protocol to local context	<ul style="list-style-type: none"> ▲ List of current and planned intervention programs ▲ Identification of key populations ▲ Local mapping capabilities and options ▲ Knowledge of national or local required indicators ▲ Protocol decisions finalized
Step 1.6 — Finalize PLACE questionnaires and Interviewer Guide		
Revise forms and Interviewer Guide	Finalize questionnaires and Interviewer Guide	<ul style="list-style-type: none"> ▲ Guidance for adapting forms (in Forms section) ▲ Questionnaires (Forms A-D)
Step 1.7 — Plan dissemination of results and data use		
Plan data use	Specify how data will be used to improve prevention programs	<ul style="list-style-type: none"> ▲ Commitment from prevention program groups to use data and participate in data interpretation ▲ Preliminary PLACE report template
Step 1.8 — Plan study implementation and logistics		
Plan logistics	Schedule fieldwork, plan transportation, and set up project financial system	<ul style="list-style-type: none"> ▲ List of transportation needs ▲ List of supplies ▲ See Sample Budget for a PLACE Assessment in this chapter ▲ Check with ethical review board ▲ See Organizational Structure, Roles, and Responsibilities in this chapter
Step 1.9 — Kick off implementation with a “Let’s Get in PLACE” workshop		
Hold a workshop	Begin implementation of PLACE in the first PPA	<ul style="list-style-type: none"> ▲ Invited local stakeholders ▲ Funding for venue, materials, and lunch ▲ Participation by local PLACE steering committee ▲ Funding for field work in PPA

