STEP 5 Use Results To Improve Programs

Summary of Step 5

In the final step of the PLACE method, data and other fieldwork documentation are prepared into tables, maps, and reports. A PLACE report is written, and local feedback to findings is solicited through workshops. After additional analysis, the PLACE report is revised and planning begins for future assessments.

Activities in Step 5

Step 5.1 — Clean data and document fieldwork

Step 5.2 — Prepare documentation tables using PLACE templates

Step 5.3 — Prepare program coverage maps and maps of priority venues

Step 5.4 — Prepare summary indicators and write the PLACE report

Step 5.5 — Conduct local and national feedback workshops

Step 5.6 — Conduct additional analysis and revise the PLACE report

Step 5.7 — Conduct a data use workshop, if necessary

Step 5.8 — Plan rollout and follow-up PLACE assessments

Outputs of Step 5

In Step 5, full documentation of PLACE methods and data sets are completed and a PLACE report is prepared for distribution at a feedback workshop. In response to feedback, the report is revised accordingly. People at the local level will have been trained to use PLACE data, and planning can be done on follow-up assessments.

Step 5.1 Clean Data and Document Fieldwork

At the end of the fieldwork, there are typically four data sets:

- characteristics of community informants, obtained in Step 2
- venue reports from community informants, obtained in Step 2
- characteristics of venues from venue verification visits in Step 3
- data from interviews with people socializing at venues, obtained in Step 4

Prior to creating the tables for the PLACE report, the quality of the data should be reviewed and the data should be cleaned. This includes:

- range checks, to assure that values are within a valid range;
- review of missing data to understand whether the quality of the findings are compromised because data are missing;
- checking to assure that the number of records in the data set equals the number of interviews conducted and the number of interviews keyed;
- determining whether there are duplicate records and deleting duplicate records;
- deleting from the data set data from any Questionnaire for Individuals Socializing at Venues (Form D) if the gender of the respondent is missing or if the age of the respondent is missing;
- checking to make sure that there is consistency in the unique venue identification number in the venue verification data set, in the data set from Questionnaire for Individuals Socializing at Venues (Form D), and in the data set of geographic coordinates of the venues;
- limited consistency checks, including making sure that people who answered questions about male STI symptoms were men and that people who answered questions about female symptoms were female;
- a consistency check regarding whether people who reported not ever having sex have the appropriate codes for questions about recent sexual activity and STI symptoms; and
- reviewing the list of items that the field coordinator was to check in every questionnaire and determine whether those checks were completed (these lists are included in Steps 2-4).

Resolve and document any changes to the data made on the basis of these guidelines for data quality and cleaning.

A data documentation notebook should be prepared that contains:

- the final questionnaires;
- the fieldwork summary sheets;
- comments from the interviewers and field coordinators about problems encountered during implementation;
- a listing of the venue report data sorted by venue name;
- a frequency distribution for each variable on the Community Informant Questionnaire (Form A), with a label describing each variable and linking it to the appropriate question;
- a full frequency distribution for the initial variables on Venue Verification Form (Form C), C1 through C17, and a frequency distribution for the remaining variables on this form for those venues where a questionnaire was successfully completed (i.e., where C17=1); and
- a full frequency distribution for the initial variables on Questionnaire for Individuals Socializing at Venues (Form D), D1 through D14, and a frequency distribution by sex for all remaining variables for those who are eligible to participate and agreed to participate in the survey (i.e., where D14=1).

The frequency distributions should be used to determine the extent to which data are missing, identify responses that are out of range, and identify responses that are internally inconsistent. Any changes to the data should be written in the data documentation notebook.

Step 5.2 Prepare Documentation Tables Using PLACE Templates

Documentation tables organize the frequency distributions printed in the data documentation notebook by data set and topic. Templates for these tables are included in the PLACE Report Template, a Microsoft Word document found in this manual's CD-ROM.

Step 5.3 Prepare Program Coverage Maps and Maps of Priority Venues

Maps display the geographic distribution of venues and can be used to determine visually the areas that are particularly underserved or have a very elevated risk of disease transmission. The intervention team can use maps to target areas or specific venues where intervention efforts should be focused. A map indicating where condoms are needed is a very good way to present a recommendation for increasing condom distribution (see map examples in this chapter, beginning on page 102). Other maps that might be useful include maps showing the different types of venues, the size of venues based on number of patrons, and the identified priority venues.

Another option for showing program coverage with maps is to illustrate which venues had any prevention activities. Different types of interventions can be marked with different symbols or colors.

A map showing priority venues for interventions is also useful for planning prevention activities. Each venue can be represented with a different symbol and color to indicate the characteristic that makes it a priority venue to receive an intervention.

Criteria for selecting priority venues to receive an intervention will depend on the local epidemic and the amount of resources available to field an intervention response. Criteria that have been used to identify priority venues include the following:

- **Popular venues —** Locations identified most frequently by community informants.
- **Large venues —** Places with the largest number of patrons.
- **Specific key-population venues —** Venues frequented by members of a specific key population, such as sex workers, injecting drug users, men who have sex with men, youth, etc.
- **Overlap venues —** Venues frequented by two or more key populations.
- **High partnership venues —** Places where people socializing report a high rate of new partner acquisition.

Because the PLACE method collects information about some illegal or stigmatizing behaviors, care should be taken when displaying this information on maps. It is recommended that maps appearing in documents that might be circulated to people not working in health, such as police or other authorities, contain only non-sensitive information. Since maps, by nature, provide definitive clues for finding the places marked on them, some variables need consideration before including them in maps appearing in reports or other documents. These variables include locations where:

- alcohol is sold illegally;
- sex workers solicit customers;
- injecting drug users can be found; and
- men meet male sexual partners.

However, maps containing sensitive information may be needed by the intervention team for program planning. Such maps should be provided, along with an explanation of the ethical issues involved in sharing the maps with others.

Step 5.4 Prepare Summary Indicators and Write the PLACE Report

After the documentation tables are completed and maps are produced, two pages of summary tables are created that highlight the main findings of the PLACE assessment, including the most important contextual information.

The summary tables reflect the decisions made by the steering committee in Step 1 regarding the identification of key populations and national indicators for which PLACE comparison indicators are warranted. Most of the data for the summary indicators can be taken from the documentation tables, but some of the indicators on the final summary tables require additional data manipulation. These are described below.

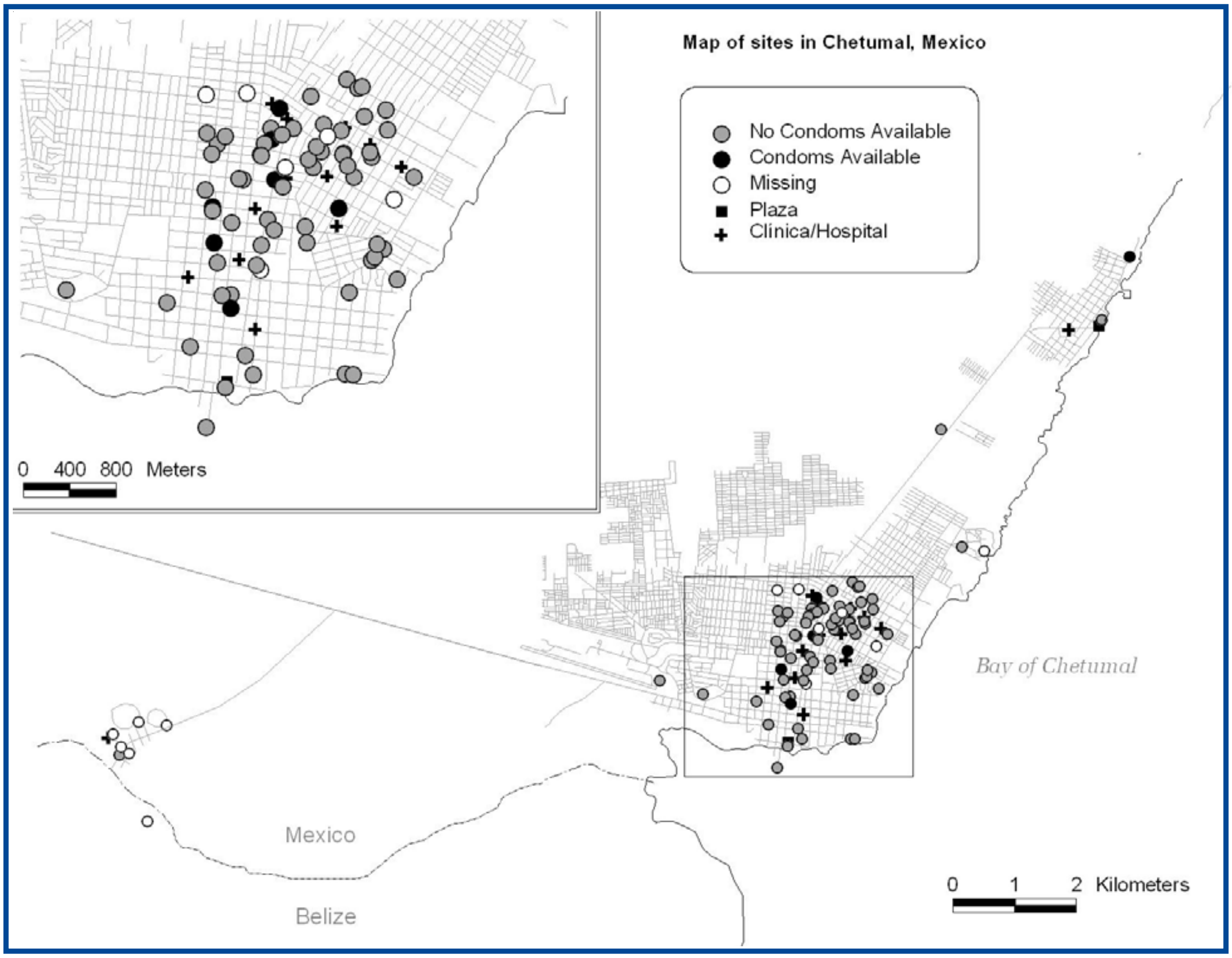
Composite Variable on New and Concurrent Partnerships

One of the most important indicators is the proportion of the population with new or concurrent sexual partnerships. This indicator is derived from a composite variable based on the number of new and total partners reported in the past four weeks and past 12 months (see Partner Contact Level table of indicators on page 105).

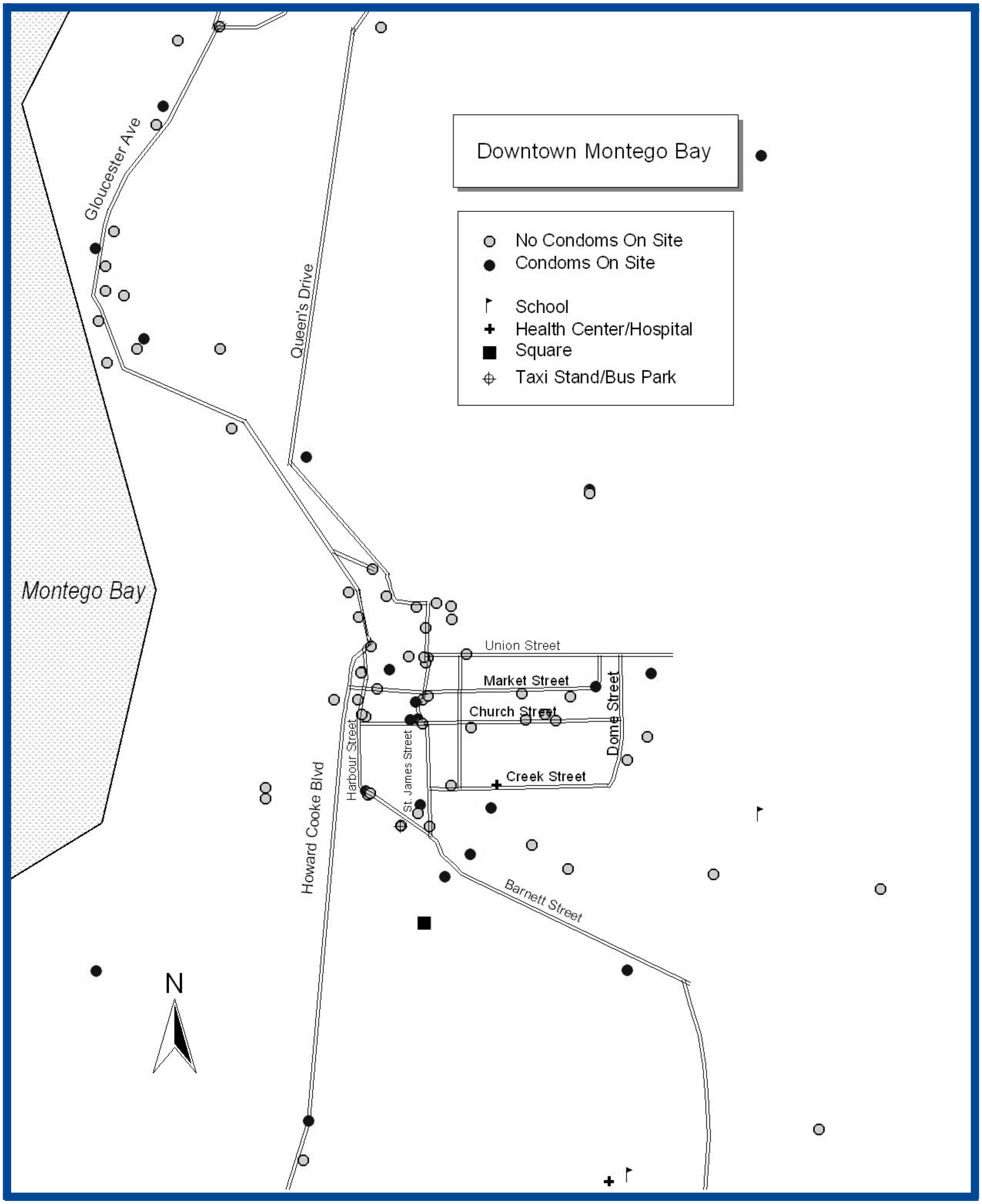
Example of a Key Indicators Summary Table

Field Work Summary	**Number**	
Community informants interviewed	400	
Venues reported by community informants	350	
Venues eligible for venue verification	350	
Venues where venue representative interviewed	340	
Venues where patrons interviewed	40	
Socializing people interviewed at venues	Men: 480 Women: 480	
Characteristics of Venues (From Step 3)	**Percentage**	
Venues:		
that are bars or taverns	75	
where people meet new sexual partners	80	
where sex workers solicit	5	
where sex occurs onsite	5	
where IDU's socialize	20	
where students or youth under 18 socialize	25	
where non-residential/mobile populations socialize	60	
where men who have sex with men socialize	5	
where any AIDS prevention had occurred at the venue	40	
where condoms were available and seen	20	
where condoms were never available in the past year	60	
where manager willing to have AIDS prevention at the venue	70	
Characteristics of Venue Patrons (From Step 4)	**Men**	**Women**
	Number	
Estimated number of patrons at all venues during most busy time	10,000	10,000
Number of venue patrons interviewed at venues	480	480
Mean years of age of patrons interviewed	28	26
	Percentage	
Patrons who by self-report:		
are aged 15-24	30	35
are unemployed	30	38
are currently a student	10	10
do not live in the PPA	20	5
visit the venue daily	25	20
have injected drugs in the past 12 months	4	1
gave or exchanged money for sex in the past 4 weeks	18	9
had a new sexual partner in the past 4 weeks	25	16
had a new sexual partner in the past 12 months	45	30
of these, % using condom with last new partner	40	60
had more than one sexual partner in the past 12 months	88	92
of these, % using a condom at last coitus	32	19
had sex with a man in the past 12 months (men only)	5	--
had a sex partner more than 10 years older in past year	8	42
had a sex partner more than 10 years younger in past year	15	12
had a symptom of an STI in the past 4 weeks (men only)	17	--
have ever been tested for HIV	15	19
Sexual Partnerships: Partner Contact Level	**Percentage**	
High: % with 1+ new partners or 2+ partners past 4 weeks	28	17
Moderate: % with 1+ new or 2+ partners past 12 months	60	75
Low: % not sexually active or 1 partner in the past 12 months	12	8
Total	100	100

Note: The numbers in this table are not from any particular study but are similar to findings obtained in actual PLACE studies.



Map of Condom Availability in Chetumal, Mexico, from a 2001 PLACE Study



Map of Condom Availability in Montego Bay, Jamaica, from a 2003 PLACE Study

On the Partner Contact Level table (on this page below), the variable can be collapsed into the following three categories and a simple distribution provided of the proportion of the population in each category. Categories are those:

- most likely to acquire and transmit HIV (those with either a new partner in the past four weeks or multiple partners in the past four week);
- at risk of acquiring and transmitting HIV (those who did not have new or multiple partners in the past four weeks but who had new or multiple partners in the past 12 months); and
- least likely to contribute to HIV transmission (those with neither a new partner or multiple partners in the past 12 months).

Key Populations

Key populations are identified by the steering committee in Step 1. The summary tables provide indicators showing the proportion of venues frequented by each key population as reported during venue visits in Step 3, the proportion of the population socializing at venues with reported behaviors associated with each of the key populations, and the size of key populations. These indicators require some data manipulation.

Partner Contact Level*

	New Partner	Number of Partners
High	**Past four weeks**	
1	yes	2+
2	yes	1
3	no	2+
Moderate	**Past 12 months**	
4	yes	2+
5	no	2+
6	yes	1
Low	**Past 12 months**	
7	no	1
8	no	0
9	**Never had sex**	

*Risk is ranked from 1 as "highest" to 9 as "lowest."

Estimates of the Size of the Population Socializing at Venues and Estimates of the Size of Other Key Populations

A special feature of the PLACE method is using the resulting data to estimate the size of key populations. Having an estimate of population size is important because it enables program managers to know the coverage of their programs. For example, a program reaching 100 commercial sex workers in one year is impressive. However, interpretation of that achievement has more meaning when knowing the total population of commercial sex workers is 200 and not 500, meaning 50% of sex workers were reached versus 20%.

The size of the population socializing at venues in a PPA during a single busy time and the size of key populations over a specified time period of interest can be estimated as follows:

- To estimate the size of the population socializing at venues in the PPA during a busy time, add estimates of the number of men and number of women socializing at the venue at a busy time, as reported by venue representatives (C28). The result provides the intervention team with a rough estimate of the number of people that would be reached by an intervention implemented at venues during a single busy time.

The PLACE method also provides crude estimates of the size of key populations of interest who socialize at venues over a specified time period of interest, such as four weeks or three months. For example, the steps for estimating the size of the commercial sex worker population socializing at venues in the PPA identified by the PLACE method are described below (for a specific illustration, see Estimating the Population Size of Commercial Sex Workers on page 108). It is important to note that the result may be an underestimate of the total number of commercial sex workers in the PPA since it is unlikely that all the sex workers in the PPA socialize at venues identified by the PLACE method.

a. For each venue, determine the proportion of women who reported exchanging money for sex in the past four weeks (from question D49 of Form D). If interviews were performed with individuals socializing at 40 venues, then there should be 40 proportions – one for each venue.

b. Calculate the total number of women socializing at each venue during a busy time. To do this, multiply the proportion of women reporting recent transaction sex at each venue (result of paragraph "a" above) by the number of women socializing at the venue during a busy time as reported by venue representatives (from question C28 of Form C).

c. Determine the rate of venue visitation for each commercial sex worker. To do this, determine the interval of time (in days) that has elapsed between the day of the interview and the date reported in question D24 (Form D), the date of the most recent visit. If the interval of time is greater than the time period of interest, the interval of time should be truncated to equal the time period of interest. For example, if a commercial sex worker reports last visiting the venue 45 days before, but the goal is to estimate the number of commercial sex workers who visit the venues over a 28-day period, then an interval of 28 days should be assigned to this commercial sex worker.

d. Determine the number of commercial sex workers during the time period of interest at each venue where interviews with socializing patrons were performed. To do this, for each venue, sum over all commercial sex workers at the venue, the rate of visitation for each commercial sex worker (sum results of paragraph "c" for each venue) and multiply the sum at each venue by the reciprocal of the sampling fraction for selecting commerical sex workers for interview at the venue. For example, if four commercial sex workers were interviewed at the venue and the estimated total number of commerical sex workers socializing at that venue was nine (result of paragraph "b"), then the sampling fraction is 4/9.

e. Determine the number of commercial sex workers at all venues. To do this, sum over all venues where interviews with socializing individuals were performed, the number of commercial sex workers at these venues (sum results of paragraph "d") and multiply by the reciprocal of the sample fraction for selecting venues for interviews with socializing individuals. For example, if 40 of 203 venues were selected for patron interviews, the sampling fraction is 40/203.

The above process can be used to produce a crude estimate of size for any key population of interest. These estimates are very imprecise but will provide insight into the magnitude of a program necessary to reach the population of interest. If respondents frequent multiple venues during the study period, then the obtained population size will be an overestimate of the venue-based population of interest. For more information about how to estimate the size of venue-based populations using PLACE data, please see the MEASURE Evaluation Web site at http://www.cpc.unc.edu/measure.

Estimating the Population Size of Commercial Sex Workers

In a very small, hypothetical PPA, the local intervention team wants to determine the number of women at public venues who reported exchanging sex for money in the past four weeks.

Suppose the PPA has 10 public venues and three of those were selected for interviews with a sample of socializing patrons. The following table summarizes key information from the Venue Verification Form (Form C) and the Questionnaire for Individuals Socializing at Venues (Form D):

	Venue 1	Venue 2	Venue 3
From Venue Verification Form (Form C)			
Number of women socializing at venue during a busy time (C28)	20	25	10
From Questionnaire for Individuals Socializing at Venues (Form D)			
Number of women interviewed	7	10	6
Number of women who received money for sex in past 4 weeks (D49)	2	1	5

a. First, determine the proportion of women who received money for sex in the past four weeks by dividing the number who received money by the number interviewed (using the information above from Form D):

Venue 1: 2/7 = 29%
Venue 2: 1/10 = 10%
Venue 3: 5/6 = 83%

b. Next, determine the number of commercial sex workers socializing at each venue during a busy time by multiplying these proportions by the number of women socializing at each venue during a busy time (using the information above from Form C):

Venue 1: 20 women x 0.29 (or 29%) = 6
Venue 2: 25 women x 0.10 = 3
Venue 3: 10 women x 0.83 = 8

c. Determine the rate of venue visitation for each commercial sex worker (from D24 on Form D):

	Venue 1	Venue 2	Venue 3
Number of days since last visit to venue			
Sex worker #1	4	3	1
Sex worker #2	6	—	1
Sex worker #3	—	—	2
Sex worker #4	—	—	3
Sex worker #5	—	—	1

d. Find the number of commercial sex workers during the time period of interest at each venue. To do this calculation, divide the number of commercial sex workers socializing at the venue (from step b) by the number of women interviewed who reported receiving money for sex in the past four weeks (D49). Multiply this fraction by the sum of the venue visitation rates from commercial sex workers interviewed at the venue (from step c).

Venue 1: 6/2 x (4+6) = 30
Venue 2: 3/1 x (3) = 9
Venue 3: 8/5 x (1+1+2+3+1) = 13

e. Finally, estimate the number of commercial sex workers at all 10 venues by multiplying the above totals by 10/3 (the total number of venues divided by the number of venues where interviews were performed):

10/3 x (30+9+13) = 173

Conclusion: An estimated 173 women who exchanged money for sex in the past four weeks socialized at the 10 venues over a 28 day period.

Exposure to AIDS Prevention Programs and Condom Availability and Use

The summary tables also describe the extent to which condoms are available at venues and AIDS prevention messages are provided on-site either by peer health educators, posters, or outreach activities. In addition, indicators of exposure to AIDS prevention programs and extent of condom use among those socializing at venues as well as self-reported condom use with partners are presented.

Exposure to local HIV/AIDS prevention programs and messages, such as this performing group in South Africa, is among the findings of a PLACE study.

PLACE Report

A PLACE report is typically a 30-plus page summary of the PLACE assessment, not including appendices. The report includes an executive summary based on the summary tables, the summary tables, a description of the PLACE method, and the key findings from each step using pie charts and other illustrations to display the results. Recommendations are often included to facilitate discussion at a local feedback workshop, and the report is usually revised later to reflect feedback. The documentation tables are included in the body of the report. The questionnaires should be included in an appendix to the report.

Step 5.5 Conduct Local and National Feedback Workshops

The purpose of the local feedback workshop is to present the findings to community stakeholders in the area where the PLACE assessment was conducted in order to inform them of the findings, to improve understanding of the findings through discussion with the people who know the community best, to generate renewed local interest in prevention programs, and to develop an action plan that identifies particular steps that could be taken immediately to address program gaps. The executive summary and summary tables from the PLACE report can be distributed as a handout at the local feedback workshop.

Development of an action plan is one of the critical components of the workshop. The action plan is developed through a process that includes identifying what activities can be initiated at the community level without any additional resources and what activities are higher priorities if resources from outside the community could be obtained. These community needs and recommendations for action are later presented to other stakeholders for consideration and further input.

After sharing PLACE results with members of the local communities and developing a list of recommendations and action plans, the report is updated and presented to a larger workshop of stakeholders involved in HIV/AIDS prevention at a national level. Participants might include donors, ministry of health staff, religious groups working in HIV/AIDS, community organizations working with or having members belonging to key populations (e.g. commercial sex worker or youth organizations), and other intervention groups. Additionally, a few participants from each local dissemination workshop share the recommendations from the local workshop with the other participants. Participants may break into smaller, homogenous groups to discuss the role of their organizations (as donors, ministry of health staff, NGO participants, or others) in combating HIV/AIDS in these PPAs given the results from the PLACE assessment. In the end, each small group shares its discussion with the other groups and a set of recommendations is finalized.

Materials Needed for Planning the Workshop

Following is a list of materials needed for planning a local feedback workshop:

- invitation to the workshop, stating dates and logistics and listing the materials to bring to the workshop including a short description of every HIV/AIDS program or activity that the invited organization is carrying out (including description of the activity and program area covered, e.g. condom distribution, peer education, etc.; priority risk groups covered, e.g. youth, mobile populations, miners, etc.; and geographic areas covered, including specific venues covered)
- PLACE brochure (description of the PLACE methodology)
- Microsoft PowerPoint presentation of findings, including introduction to PLACE, the PLACE fieldwork summary, and a summary of key findings, e.g. sites, target populations, behaviors, target programs, gaps, etc.
- copies of the PLACE report for distribution
- PLACE maps, with boundaries, roads, and venues

Features of the Local PLACE Feedback Workshop

Participants: The same group of stakeholders who participated in the "Let's Get in PLACE" workshop, plus any additional public sector, NGO, or community leaders involved in HIV/AIDS efforts who may have missed the first workshop.

Duration: Two or three days.

Objectives:

- Review the PLACE process and procedures.
- Review and understand the PLACE findings.
- Develop recommendations based on the key findings from PLACE.
- Prepare a matrix of existing programs, including program areas covered, organizations, activity name, areas/sites/risk populations covered or target audience, and organization contact information.
- Prepare action plans for filling the obvious gaps in program coverage: plans that can be carried out immediately with local resources; and plans for activities that would require additional outside resources.
- Agree on a timetable, including the individual or organization responsible for activities.
- If a local AIDS strategic plan has been developed, revise the plan based on the findings.

- guidelines for break-out discussion groups to review key findings including (a) guidelines to discuss key populations and behaviors (including specifying benchmarks and targets for specific behavioral changes) and (b) guidelines to discuss program coverage (e.g. condoms; VCT; information, education and communication (IEC); peer education; STI treatment; tuberculosis control)
- guidelines to help prepare local action plans (for each program area to be addressed, the following key questions will be used: Look at the matrix — who is covering this program area? Is the whole district coverage? Who will fill the gap?)
- for each activity identified, two key questions will be addressed: What can we do with the money and resources we already have? Are there still gaps to fill for priority activities?

Step 5.6 Conduct Additional Analysis and Revise the PLACE Report

After the main findings of the PLACE assessment are presented to local community and intervention groups and to national and regional stakeholders, the PLACE report is updated. This may include revising the recommendations for introducing or improving HIV/AIDS prevention programs in the PPAs and a critical review of results. Additional analyses, including the analyses and maps described below, may be added to the report. These additional analyses provide more detailed information about people with recent new partners, whether there is an association between condom availability and use, and the size of specific populations. These results can provide intervention teams with valuable information for targeting programs. The additional analyses mentioned here are just the beginning of the potential use of the data collected in PLACE assessments. Many other questions can be answered using these data and data users are encouraged to explore.

Behavior among Different Age Groups

After the local and regional workshops, additional analysis of the data is often useful to guide interventions. Questions are often raised at the workshops that can be answered through further analysis. One very informative analysis is to examine behavioral variables by age group (e.g., number of new sex partners; condom use at last sex with non-marital, non-cohabiting partner; condom use at first sex with last new partner; whether money was exchanged for sex in the last four weeks).

Behavior among Key Populations

If not already included in the report, behavioral variables can be compared among different groups or key populations, e.g., injecting drug users, commercial sex workers, and youth.

Behavior at Venues with Certain Characteristics

Linking the data collected during interviews with venue representatives with data collected during interviews with individuals socializing at venues can also provide useful insights. The linking of data sets facilitates the comparison of behaviors at venues with differing characteristics. For example:

- Examine whether beer or hard alcohol consumed at a venue of interview is associated with reports of a new sexual partner in last four weeks.

- Examine whether condom use reported by people socializing at venues with condoms available is different than at venues where condoms are not available.

Analytic Maps

One or two maps should be included in the report to illustrate program coverage along with the distribution of venues in the PPAs. Additional maps, including some wall-sized maps, might also be useful to the intervention team for planning prevention activities.

Other maps that can be useful show the types of venues and size of venues based on the number of patrons (see examples of maps on the following pages). Two variables can be shown on the same map, as seen in the example map of venue size and geographic mixing.

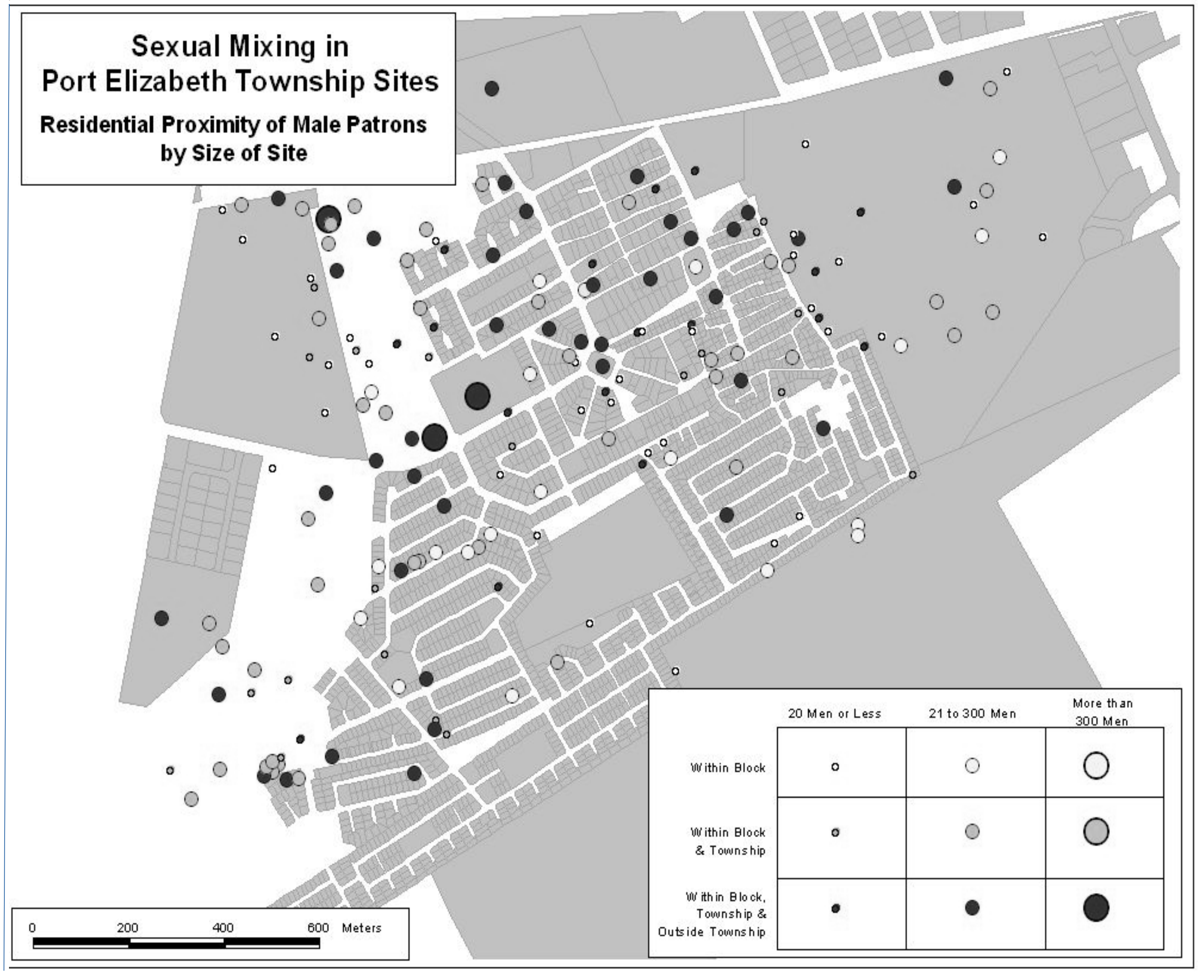
Step 5.7 Conduct a Data Use Workshop, if Necessary

If necessary, a data use workshop may be offered to train local people to analyze the data, prepare the PLACE report for the district, and plan the local feedback workshop. The specific objectives are to:

- provide an overview on data use for decision-making (concepts and techniques);
- introduce participants to data analysis using a program such as Epi Info;
- conduct quality checks on the data from each district;
- produce tables and maps;
- facilitate local preparation of the PLACE report (assist with planning the local feedback workshops); and
- provide training in communication and facilitation skills.

The expected outputs of the data use workshop are:

- cleaned and edited data sets;
- summary of key data and key findings;
- a written PLACE report;
- a plan for a local feedback workshop, including materials; and
- trained people capable of using local PLACE data.



Map of Venue Size and Geographic Mixing in Port Elizabeth, South Africa

Map Showing Venues by Type, South Africa

Step 5.8 Plan Rollout and Follow-Up PLACE Assessments

An essential part of a PLACE strategy is planning for future assessments. After an initial assessment, the PLACE steering committee needs to discuss the method's rollout to other areas in the district or county. To guide this process, the committee again follows the outline presented in Step 1 for considering epidemiological and contextual information about potential high-transmission areas. The committee also needs to reflect on lessons learned in the first application of the PLACE method in planning subsequent assessments. Plans for a follow-up assessment are also made to monitor program coverage of site-based interventions resulting in the first PLACE study. Timelines for rollout to other areas and for follow-up studies are discussed and funding sources identified.

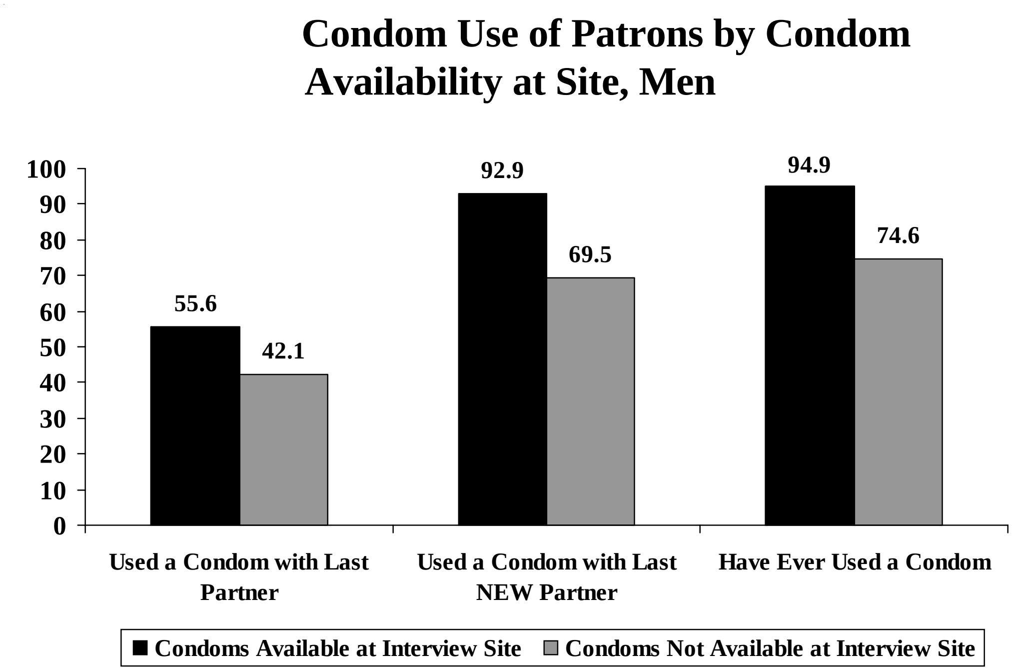
PLACE Rollout

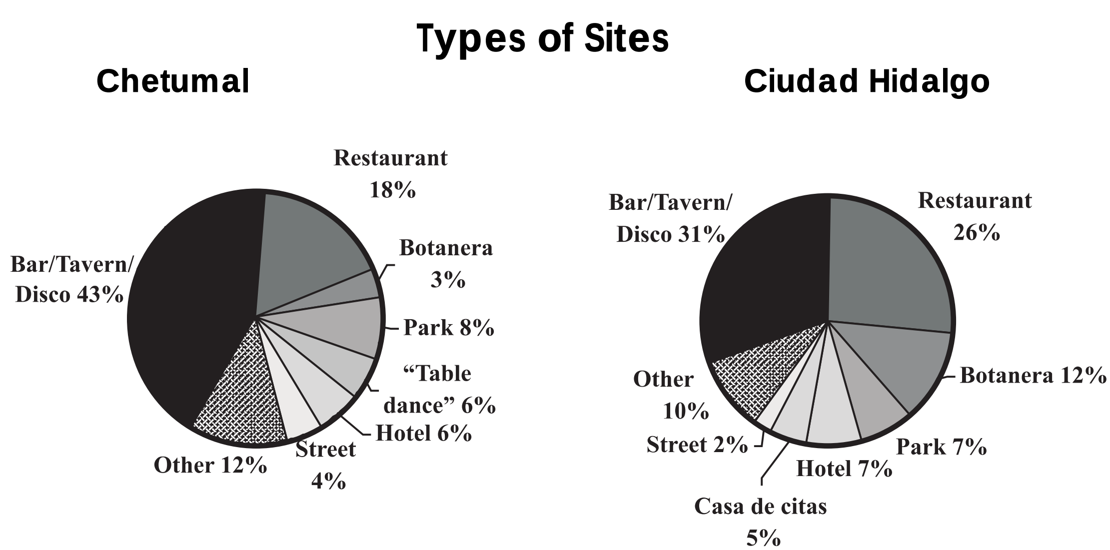
After the first PLACE assessment (or the first round of planned assessments) is completed, the committee may wish to expand the PLACE initiative to other areas. In some cases, the first round of PLACE assessments is done as a pilot of the method, with the intention of conducting additional assessments in other districts. In other cases, new assessments are planned to take place after venue-based interventions have begun in the pilot areas. When no plans are made beyond the first round of assessments, expanding the PLACE initiative to other areas can still be considered.

Rolling out PLACE to other districts or cities involves taking stock of the lessons learned during the first round of assessments. Adaptations to the strategy must be made when necessary. For example, specific events such as community dances may be important in a country. Consequently, one adaptation might be to visit all possible community dances for individual interviews (in addition to venues selected using the interval sampling strategy) and to analyze and report those data separately.

Additionally, questionnaires used for rollout assessments can be improved. Based on the experience in the first round of assessments, new questions might be added and others deleted. Wording of questions and response options should be refined.

Experience with mapping in the first round of assessments can lead to recommendations for future assessments. Knowledge of types of maps available and local mapping specialists should be passed to assessment teams in new areas.





Examples of Figures from PLACE Reports Showing Condom Use in Uganda (above) and Venue Types in Two Mexican Cities (below)

In the process of conducting the first assessments, the PLACE team gains experience with the method and is able to provide guidance to assessment teams in newly-selected areas. Similarly, people hired for data entry, analysis, and mapping can be contracted for the next round of assessments. The names of these resources should be passed on to assessment teams in new areas.

Follow-Up Assessments for Monitoring and Evaluation

Monitoring is an important component of any program. To achieve the objective of a provincial program, managers must have information with which to base decisions for improving programs and for allocating resources. Monitoring is done by measuring indicators such as coverage of a program or behavior change of individuals targeted by that program. The PLACE method was designed with monitoring in mind, and, to that end, a number of indicators are measured using the questionnaires provided in this manual.

To compare changes over time, at least two PLACE assessments must be conducted — ideally one prior to the intervention for baseline information and another at least one year after the intervention has begun. This timing of assessments allows for comparison of indicators before and after venue-based interventions begin.

Ideally, plans for a follow-up assessment are made prior to initiating the baseline assessment. However, advanced planning is not always feasible, especially when a starting date for venue-based interventions has not been identified. Even if not planned from the beginning, a follow-up assessment is strongly recommended for any area where venue-based interventions have been implemented based on results of a baseline PLACE assessment.

A follow-up assessment uses mostly the same questions as the baseline assessment so that direct comparisons can be made between indicators. The PLACE assessment team may wish to add questions to the follow-up questionnaire, especially to collect information about exposure to specific interventions (e.g. a new question on Questionnaire for Individuals Socializing at Venues [Form D] might be “In the last six months, have you talked about HIV/AIDS with a member of the HIV Awareness Group, who typically would be wearing a green T-shirt?”). Changing the wording of questions between baseline and follow-up assessments is not recommended, especially if respondents might interpret the questions differently, rendering comparison of results over time less meaningful. If changes are unavoidable, the change must be noted in the report of follow-up results.

Another component that is important for maintaining consistency between baseline and follow-up assessments is the sampling method. To draw conclusions about change over time in a given population (of venues or individuals), it is imperative that the method of selecting that population be the same. The danger of changing the sampling method is that it cannot be determined whether changes over time are due to the fact that it is a different population or to actual change. If any adaptations to the sampling method presented in Step 4 are made, it is important that sufficiently detailed notes are taken so that the same adaptations can be made at follow-up.

The methodology for follow-up assessments is the same as for the baseline study, beginning at Step 2. It concludes with Step 5 such that a dissemination workshop is held to share results and to compare indicators with the baseline study. Another report is written and new maps made. Tables are produced that contain data from both the baseline and follow-up assessments. Differences in the baseline and follow-up results are discussed. The dissemination workshop acknowledges the successes of the prevention program to date, and also produces recommendations for changes to prevention programs to improve effectiveness.

Summary of Step 5

Step 5, the final step of the PLACE method, uses data and other fieldwork documentation to prepare a PLACE report. Feedback to the report's findings is gathered through workshops and additional analysis is added to the report. In this step, planning also begins on future assessments.

List of Step 5 Outputs

- Full documentation of PLACE methods and data sets is completed.
- A PLACE report is written for distribution at workshops.
- A report from workshops, including action plans, is prepared.
- People at the local level have been trained and are capable of using PLACE data.
- Plans are made for rollout and follow-up assessments.

Step 5 Summary

ACTIVITY	OBJECTIVE	CHECKLIST: WHAT IS NEEDED
Step 5.1 — Clean data and document field work		
Clean data	Produce clean data set ready for analysis	Questionnaire data sets
Document fieldwork	Prepare data documentation notebook	▲ Final questionnaires ▲ Completed fieldwork summary sheets ▲ Final venue list ▲ Frequency distributions for data from Forms A, C, and D
Step 5.2 — Prepare documentation tables using PLACE templates		
Documentation tables	Organize frequency distributions printed in the data documentation notebook by data set and topic	▲ Table templates ▲ Clean data sets
Step 5.3 — Prepare program coverage maps and maps of priority venues		
Prepare maps	Show geographically the areas that are underserved by prevention programs or have an elevated risk of disease transmission	▲ Base maps ▲ GPS coordinates for verified venues linked to venue verification data set
Step 5.4 — Prepare summary indicators and write the PLACE report		
Prepare summary indicators	Highlight the main findings of the PLACE assessment	▲ Documentation tables ▲ Additional data manipulation
Write report	Prepare preliminary report to facilitate discussion at the local feedback workshop	▲ Documentation tables ▲ Summary indicators ▲ PLACE report template
Step 5.5 — Conduct local and national feedback workshops		
Hold a local workshop	Present findings to community stakeholders; generate local interest in prevention programs; develop an action plan; and update the preliminary report based on local workshop comments	▲ Invited local stakeholders ▲ Report copies for distribution ▲ Maps, PowerPoint, and similar presentation materials ▲ Guidelines for working groups
Hold a national workshop	Pesent findings to stakeholders involved in HIV/AIDS prevention at a national level	▲ Invited national stakeholders ▲ Updated preliminary reports for distribution ▲ Maps, PowerPoint, and similar presentation materials ▲ Guidelines for working groups

Step 5 Summary (continued)

ACTIVITY	OBJECTIVE	CHECKLIST: WHAT IS NEEDED
Step 5.6 — Conduct additional analysis and revise the PLACE report		
Additional analyses	Provide more detailed information about the venues and their patrons based on feedback workshop discussions	▲ Notes from local and national feedback workshops ▲ Clean data sets
Revise PLACE report	Produce a final report that reflects feedback from local and national workshops	▲ PLACE report ▲ Notes from local and national feedback workshops
Step 5.7 — Conduct a data use workshops if necessary		
Data use workshop	Train local people to analyze the PLACE data; prepare PLACE report for the district; and plan the local feedback workshop	▲ Unclean data sets ▲ PLACE report template ▲ Table templates
Step 5.8 — Plan rollout and follow-up PLACE assessments		
PLACE rollout	Plan PLACE method rollout to other areas in the district or country	▲ Steering committee ▲ PLACE strategy from initial assessment ▲ PLACE report
Follow-up PLACE assessments	Plan future assessment for monitoring and evaluation	▲ Steering committee ▲ PLACE strategy from baseline assessment ▲ Data documentation notebook ▲ PLACE report