

Extending the PLACE method



MEASURE Evaluation Fact sheet PLACE: Priorities for Local AIDS Control Efforts

At MEASURE Evaluation, we know that improved analysis and use of data lead to better health program decision making and, ultimately, improved health outcomes. This fact sheet introduces one of the innovative toolsets created for monitoring and evaluating public health interventions.

MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) through Cooperative Agreement GPO-A-00-03-00003-00 and is implemented by the Carolina Population Center at the University of North Carolina in partnership with Constella Futures, John Snow, Inc., Macro International Inc., and Tulane University.

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Overview: The Priorities for Local AIDS Control Efforts (PLACE) method is a rapid assessment tool to improve AIDS prevention program coverage in areas where HIV transmission is most likely to occur. The basic protocol can be adapted to estimate the size of most-at-risk populations, evaluate intervention effectiveness, and estimate the prevalence of infection with HIV and other sexually transmitted pathogens.

PLACE is designed for prevention program managers at the national or district level who want to know where to target resources to prevent new infections. In its original form, PLACE identifies gaps in current prevention programs, enhances the local use of findings to improve program delivery, and monitors program coverage over time using easy-to-understand indicators and coverage maps. The basic PLACE package is based on empiric evidence of geographic clustering of HIV prevalence, epidemiologic models of HIV transmission showing the importance of the rate and pattern of new sexual and needle-sharing partnerships, and pragmatic considerations. The PLACE protocol covers

sexual and injecting drug networks in the target geographic area in one protocol and does not use membership in a risk group as a criterion for inclusion.

For each local area where PLACE is implemented, PLACE provides the following outputs:

- identification of priority prevention areas in a country or district, depending on the level at which the protocol is implemented
- a map of venues in each priority prevention area where people meet new sexual partners and indicators of the extent to which prevention pro-

grams are reaching patrons of these venues

- a description of the social and behavioral characteristics of people who socialize at these venues, including the proportion who report meeting new sexual partners at the venues, using condoms, having symptoms of sexually transmitted infections, or being recently tested for HIV infection
- a local action plan to improve prevention programs at venues identified during the PLACE assessment.

Extensions: In addition to the core outputs PLACE provides, additional value has recently been added to the methodology by integrating additional components. For example:

- **Evaluation of Prevention Program Effectiveness:** After a baseline PLACE assessment is conducted, local prevention programs may decide to implement HIV prevention programs such as condom distribution or HIV testing at venues identified in the PLACE assessment. What is the effectiveness of these interventions on changing behavior? In Jamaica, this question was answered by randomizing sites regarding the timing of the intervention. Some sites received the intervention early and some after a year. Follow-up surveys at both intervention and control sites were used to compare whether condom use and HIV testing increased among patrons at intervention sites and to estimate differences between baseline and follow-up assessments.
- **Second-Generation Surveillance:** In addition to behavioral surveillance, urine or blood samples can be obtained from those interviewed during a PLACE assessment to provide estimates of the prevalence of HIV or other sexually transmitted infections and a description of the characteristics of those infected.
- **Additional Information:** Additional information is provided on most at risk populations including men who have sex with men, orphans, sex workers and youth including estimates of population size.

By over-sampling specific populations, PLACE can provide separate reports for most-at-risk populations such as men who have sex with men, injecting drug users, or sex workers. This has proven particularly useful in settings where there is significant overlap between most-at-risk populations. For example, descriptions of injecting drug users can include an estimate of the proportion of injecting drug users who practice commercial sex. The method used to estimate the size of a population relies on counts of the number of persons visiting a site at busy times and how frequently people report visiting a site.

Method: The core PLACE protocol begins with a national stakeholder workshop to review the HIV epidemic systematically in a country in order to identify the specific sub-national areas where PLACE assessments are most urgently needed. Because PLACE is designed for local use in resource-limited settings and comparison of results across areas within a country, the questionnaires and reporting templates are short, standardized, and not very complicated. Depending upon how PLACE is to be adapted to the local context, questions can be added and provisions are made for items that are beyond the basic PLACE package, such as the collection of biological specimens. After the workshop, the data collection team systematically interviews 1,200-plus community members, venue informants, and venue patrons over a three- to five-week period. Data tabulation, report writing, feedback workshops, and the writing of action plans occur soon thereafter, often within two to three months. Follow-up PLACE assessments are recommended two years after baseline assessments to allow communities time to implement interventions. Protocols to obtain the additional information described here may be obtained by writing to Dr. Sharon S. Weir at the MEASURE Evaluation project.

Publications: The PLACE manual and country reports are available on the MEASURE Evaluation Web site, <http://www.cpc.unc.edu/measure/leadership/place.html>.

Journal articles include the following:

Boerma JT, Weir SS. Integrating demographic and epidemiologic approaches to research on HIV/AIDS: the proximate-determinants framework. *J Infect Dis.* 2005; 191(Suppl 1):S61-S67.

Cleland J, Boerma JT, Carael M, Weir SS. Monitoring sexual behaviour in general populations: a synthesis of lessons of the past decade. *Sex Transm Infect.* 2004; 80(Suppl II):ii1-ii7.

Weir S, Tate JE, Zhusupov B, Boerma JT. Where the action is: monitoring local trends in sexual behaviour. *Sex Transm Infect.* 2004; 80(Suppl II):ii63-ii68.

Weir SS, Morroni C, Coetzee N, Spencer J, Boerma JT. A pilot study of a rapid assessment method to identify places for AIDS prevention in Cape Town, South Africa. *Sex Transm Infect.* 2002; 78(Suppl I):i106-i113

For more information

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