Priorities for local AIDS control efforts (PLACE)

For use in border areas of Lesotho and South Africa

A collaboration between:

MEASURE Evaluation Project, Tulane University

Sechaba Consultants, Lesotho

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CARE-Lesotho and PSI/Society for Family Health (SFH) provided essential guidance in the design and selection of sites for the study. Professor Lisanne Brown of MEASURE Evaluation/ Tulane University designed and supervised the study, assisted Sechaba Consultants in Lesotho, and wrote portions of the final report. Ms. Tonya Thurman of Tulane University was the field coordinator for the study and assisted Sechaba Consultants in planning, training and data collection. Carrie Brewer and Andy Genz edited drafts of the report.

Finally we are grateful to the men and women who participated in this research. We hope that their participation will ultimately benefit them.

Contents

List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioral Surveillance Survey
CBO	Community-Based Organization
CHBC	Community Home Based Care
COH	Corridors of Hope
HIV	Human Immunodeficiency Virus
HTA	High Transmission Area
KI	Key Informant
LAPCA	Lesotho AIDS Programme Coordinating Authority
MEASURE	Monitoring and Evaluation to ASssess and Use REsults
NGO	Non-Governmental Organization
PE	Peer Education
PLACE	Priorities for Local AIDS Control Efforts
PSI	Population Services International
RHAP	Regional HIV/AIDS Program
SHARP!	Sexual Health and Rights Program!
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing

Executive summary

Why is PLACE necessary in Border Areas of Lesotho & South Africa?

Recent data on the epidemiology of HIV in Lesotho and bordering sites in South Africa conducted in 2001, found alarming levels of HIV infection. In Maseru, recent HIV prevalence in the antenatal clinic is reported to have risen to 42 percent in 2001. Lesotho is dependent on South Africa economically. Truckers, bus and taxi drivers, traders, soldiers, migrant laborers and transient sex workers move from town to town, putting partners at risk by engaging in unprotected sex. There is exceptional HIV vulnerability at the Lesotho-South Africa border sites; a socio-cultural context of casual and commercial sex exacerbated by high levels of mobility. Maseru and Maputsoe are among the most active border sites for HIV transmission in southern Africa.

A review of the available data suggests that underlying sexual networking patterns facilitate the transmission of HIV in the following areas: Maputsoe, Ficksburg, Maseru, Ladybrand, Butha Buthe and Fouriesburg. The populations moving through these areas are dynamic and epidemiological patterns suggest that these particular areas continue to facilitate high HIV transmission.

The study was a joint collaboration between MEASURE/Tulane University, Sechaba Consultants, CARE Lesotho and South Africa and Population Services International (PSI) Lesotho. MEASURE/ Tulane University project is the main funding organisation and provided the overall management of the study and technical expertise in aspects of design and implementation. Sechaba Consultants is a Lesotho based research organization that was responsible for conducting the fieldwork, data entry and processing and writing the first descriptive report.

What is the specific aim of the PLACE protocol?

To cost-effectively prevent new HIV infections, AIDS prevention programmes should focus on areas likely to have higher rates of new sexual partners. In areas such as Lesotho-South Africa border sites that have limited resources and are facing serious socio-economic challenges there is an urgent need to focus HIV prevention efforts where they are most cost-effective and have the greatest impact on behavior change.

The PLACE method is a new monitoring tool to identify areas likely to have a higher incidence of infection and specific sites where AIDS prevention programmes should be focused. Site-based indicators of sexual activity and AIDS prevention programmes are provided by the method to monitor whether interventions are reaching key target groups.

Where do people from Lesotho-South African border areas meet new sexual partners?

The study HTAs varied in the number of sites which were bars/taverns. Only about one third (8 out of 26) in Ficksburg, two thirds in both Maseru and Maputsoe, one half in both Ladybrand and Fouriesburg, and nearly three quarters in Butha Buthe were reported as bars/taverns. The remaining were identified as hotels/lodges, shop/spazas, street/ street corners, shebeens, bottle stores, nightclubs, transportation hubs and restaurants.

The most common type of site was a bar/ tavern.

Lesotho HTAs reported about 20% more sites where men and women meet new sexual partners than HTAs in South Africa.

About 75% of the respondents in Maseru and Ficksburg, about 70% in Maputsoe and Fouriesburg, 63% in Ladybrand, and only 41% in Butha Buthe believed that people come to the sites to meet new partners. Forty-two percent of respondent in Ficksburg, 31% in Maseru, 24% in Maputsoe, 20% in Ladybrand, 17% in Fouriesburg, and 11% in Butha Buthe said they had attracted a partner at the site. Ninety-three percent of respondents in Ficksburg and about 80% of respondents in Maseru, Ladybrand, and Fouriesburg reported that they met their newest partner within the HTA. The majority of respondents in Butha Buthe (68%) and Maputsoe (63%) indicated that they had met their latest partner within the HTA.

Lesotho program HTAs also had hgither percentages of sites with female sex workers soliciting customers than their South African counterparts.

Condom visibility and availability higher in Corridors of Hope (COH) program HTAs than non-program HTAs

Over half of the sites in Maseru had visible condoms on-site compared to 28.6% in Maputsoe and 22.6% in Butha Buthe. Around 41% of the sites in Ladybrand had visible condoms on-site compared to 24% in Ficksburg and 11% in Fouriesburg.

Over 80% of sites in all 6 HTA's reported a willingness to have AIDS prevention activities

Site representatives at all HTAs showed similar willingness to have AIDS-prevention activities. Of the Lesotho sites, there were more signs of HIV/AIDS prevention activity in Ha Maputsoe than Ha Hoohlo and Phaaphama. The majority of sites representatives in all three Lesotho HTAs showed a willingness to have AIDS prevention activities on their sites; however fewer people showed a willingness to sell and distribute condoms. 97.6% of representatives in Ha Hoohlo said they were willing to host AIDS-prevention activities.

Executive summary

South African sites tended to have more AIDS-prevention activities than the Lesotho sites. Of the South African HTAs, Manyatseng reported the highest proportion of sites that reported AIDS-prevention activities, followed by Meqheleng. Mashaaeng reported the lowest proportion of sites were AIDS prevention activities have taken place. More people were willing to sell condoms and distribute free condoms in Manyatseng than Meqheleng and Mashaeng.

Sites identified through the PLACE method have been confirmed as locations where new sexual partners meet. The COH program should target sites, especially the most popular and well-known sites, with AIDS prevention messages and condom distribution.

Summary of indicators

Number and Type of Sites

Number of sites verified where people meet new sexual partners:

- Maseru 41
- Maputsoe 28
- Butha Buthe 31
- Ladybrand 27
- Ficksburg 17
- Fouriesburg 11

Percent of 41 sites in Maseru:

- Where beer is consumed 92.7%
- Where hard alcohol is consumed 70.7%
- Where female sex workers solicit customers 22.5%

Percent of 28 sites in Maputsoe:

- Where beer is consumed 85.7%
- Where hard alcohol is consumed 60.7%
- Where female sex workers solicit customers 32.1%

Percent of 31 sites in Butha Buthe:

- Where hard alcohol is consumed 96.8%
- Where female sex workers solicit customers 67.7%
- Where person onsite facilitates meeting partners 3.2%

Percent of 27 sites in Ladybrand:

- Where beer is consumed 92.6%
- Where hard alcohol is consumed 59.3%
- Where female sex workers solicit customers 3.7%

Percent of 17 sites in Ficksburg:

- Where beer is consumed 82.4%
- Where hard alcohol is consumed 76.5%
- Where female sex workers solicit customers 11.8%

Percent of 11 sites in Fouriesburg:

- Where beer is consumed 90.9%
- sWhere hard alcohol is consumed 45.5%
- Where female sex workers solicit customers 9.1%

AIDS Prevention Program Coverage

Percent of sites in Maseru:

- That have ever had HIV/AIDS programs 7.3%
- Where a site representative is willing to have a program 97.6%
- With condoms available on day of visit 51.2%

Percent of sites in Maputsoe:

- That have ever had HIV/AIDS programs 28.6%
- Where a site representative is willing to have a program 92.9%
- With condoms available on day of visit 28.6%

Percent of sites in Butha Buthe:

- That have ever had HIV/AIDS programs 19.4%
- Where a site representative is willing to have a program 90.3%
- With condoms available on day of visit 92.6%

Percent of sites in Ladybrand:

- That have ever had HIV/AIDS programs 40.7%
- Where a site representative is willing to have a program 92.6%
- With condoms available on day of visit 40.7%

Percent of sites in Ficksburg:

- That have ever had HIV/AIDS programs 35.3%
- Where a site representative is willing to have a program 82.4%
- With condoms available on day of visit 23.5%

Percent of sites in Fouriesburg:

- That have ever had HIV/AIDS programs 18.2%
- Where a site representative is willing to have a program 82%
- With condoms available on day of visit 11.2%

Characteristics of People at Sites

Percent of people socializing in Maseru who:

- Are in their twenties 53.6%
- Are employed full time 55%
- Who had never used a condom 22%
- Visit the site every day 40%
- Have met a new sexual partner at the site 31%

Percent of people socializing in Maputsoe who:

- Are in their twenties 51%
- Are employed full time 55%
- Who had never used a condom 22%
- Visit the site every day 32%
- Have met a new sexual partner at the site 23.9%

Percent of people socializing in Butha Buthe who:

- Are in their twenties 45.4%
- Are employed full time 58%
- Who had never used a condom 27%
- Visit the site every day 32%
- Have met a new sexual partner at the site 11%

Percent of people socializing in Ladybrand who:

- Are in their twenties 55.7%
- Are employed full time 50%
- Who had never used a condom 27%
- Visit the site every day 27%
- Have met a new sexual partner at the site 20%

Percent of people socializing in Ficksburg who:

- Are in their twenties 44%
- Are employed full time 33%
- Who had never used a condom 28%
- Visit the site every day 27%
- Have met a new sexual partner at the site 42%

Percent of people socializing in Fouriesburg who:

- Are in their twenties 45%
- Are employed full time 35%
- Who had never used a condom 27%
- Visit the site every day 20%
- Have met a new sexual partner at the site 17%

Background and objectives

A. HIV epidemic in cross-border and migrant sites in Southern Africa

The World Bank estimates that as of 2000, 240,000 adults in Lesotho were infected with HIV. In 2003 the estimated HIV prevalence, among adults between 15-49, was 28.9%. Half of adults infected with HIV are women. Since the beginning of the HIV epidemic in Lesotho, 9,500 children have lost either their mother or both parents to AIDS and 17,000 people have died from the disease (Wilson). In 2003 the estimated prevalence rate of AIDS, in Lesotho, was 28.9% (UNAIDS).

One of Lesotho's major assets are its migrant workers. Money sent by workers abroad accounts for 30% of Lesotho's GNP. Majority of these migrant workers work in South African mines. More than 60% of miners working abroad return home at least once a month. An additional 25% return home to Lesotho once every three months. In 2003 the prevalence rate of HIV, in South Africa was 21.5%. The movement of workers between South Africa and Lesotho results in a more rapid spread of HIV/AIDS (Wilson).

In addition to migrant workers another mobile population is the truck drivers. Every day approximately 1,500 trucks cross the Lesotho-South Africa boarder. The increased mobility associated with truck driving also increases the spread of HIV/AIDS (Wilson).

The following have been identified as factors that drive the epidemic in cross-border sites in Southern Africa:

Behavioural

- AIDS distant threat compared to risks faced daily at work
- Gender in equality
- Condom availability/use low

Economic Practices

- Factory workers
- Agriculture
- Trucking

Social and Cultural

- Concurrent partners
- Conservative culture
- Mistrust of mass media
- Women's lack of power
- Prevalence of violence

B. The PLACE protocol

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

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

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

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

Consequently, the first step in the PLACE method is to use available epidemiologic and contextual information to identify areas likely to have a higher incidence of HIV infection. Subsequent steps use rapid field methods to identify and characterize sites within these areas where people with many new sexual partners can be reached for prevention interventions. Characteristics of people socializing at sites are also obtained. Finally, the information is used to inform interventions in the area. Figure 1 illustrates presents the methodology in five key steps.

Background and objectives

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

This method was developed at the University of North Carolina and pilot tested in 1999 in Cape Town in collaboration with the University of Cape Town. USAID has supported development of the method through MEASURE Evaluation Project.

Figure 1

The Five Steps of the PLACE Protocol

Step	Objective
1	To identify high transmission areas in the city or district
2	To identify sites in high transmission areas where people meet new sexual partners
3	To visit, map & characterize sites in each area
4	To describe the characteristics of people socializing at sites
5	To use findings to inform interventions

Identification, selection & description of assessment areas

Recent data on the epidemiology of HIV in Lesotho and bordering sites in South Africa conducted in 2003, found alarming levels of HIV infection. In Lesotho, recent HIV prevalence has risen to 28.9%. Lesotho is dependent on South Africa economically. In 2003 the prevalence rate of HIV in South Africa reached 21.5% (UNAIDS). Truckers, bus and taxi drivers, traders, soldiers, migrant laborers and transient sex workers move from town to town, putting partners at risk by engaging in unprotected sex. There is exceptional HIV vulnerability at the Lesotho-South Africa border sites; a socio-cultural context of casual and commercial sex exacerbated by high levels of mobility. Maseru and Maputsoe are among the most active border sites for HIV transmission in southern Africa

The PLACE (Priorities for Local AIDS Control Efforts) study sought to identify areas and sites within the following border cities of Lesotho and South Africa where the Corridors of Hope (COH) program is operational and which are likely to have high HIV incidence: Maputsoe, Ficksburg, Maseru and Ladybrand. In addition, two comparative sites were included: Butha Buthe in Lesotho and Fouriesburg in South Africa. In these focus areas Ha Hoohlo, Ha Maputsoe, Manyatsent, Meqheleng, Paphana and Mashaeng were selected as high transmission areas (HTAs). The HTAs are assumed to have underlying sexual networking patterns that facilitate the transmission of HIV. Although the population moving through these areas is often dynamic, epidemiological patterns suggest that particular areas continue to facilitate high HIV transmission.

CITY		HTA
Maseru	=	Ha Hoohlo
Maputsoe	=	Ha Maputsoe
Ladybrand	=	Manyatseng and Mauersnek
Ficksburg	=	Meqheleng and Caledon Park
Butha Buthe	=	Paphana
Fouriesburg	=	Mashaeng

Identification, selection and description of assessment areas

Initial meetings with appropriate implementing organization staff and local partners assisted with the identification of HTAs. Since this study was guided by the activities of the COH project in Lesotho and South Africa, the selection of HTAs was also guided by their program objectives. In Lesotho, COH is implemented through its SHARP! program and PSI. The overall goal of SHARP! is to protect and promote the livelihood security of individuals and households that are affected by HIV/AIDS. The program aims to reduce vulnerability of households to HIV/AIDS by promoting safer sexual practices among priority groups and facilitating skills empowerment for communities thus positively contributing to the prevention and mitigation of HIV/AIDS. The program has a community development approach and works with locals and migrant employees living in and around these border areas. In South Africa, COH is implemented by CARE-South Africa. At the end of a day's meeting with the key stakeholders it was agreed that the PLACE study would also be undertaken and two additional areas were chosen as comparison sites.

A. Description of selected HTAs: A contextual analysis

All HTAs were selected because they were close to the border. Four of the sites were selected because they had operational COH programs in place. Two additional comparison areas were also included.

Ha Hoohlo (Maseru) is a neighborhood of Maseru situated at the busy border crossing linking South Africa and Lesotho, and therefore has a host of people flowing in and out. A sizeable portion of these people are truck drivers taking supplies from South Africa to Lesotho. Another portion are migrant mine workers from Lesotho who work in the gold and platinum mines in South Africa. (These two groups are known for their high sexual risk behavior). The presence of these groups and the high level of alcoholism in the area have drawn female sex workers to the area

Ha Maputsoe is an old village in Maputsoe town. The town derives its name from the village of Ha Maputsoe and is essentially a factory town. Lots of women living in the village of Ha Maputsoe are migrants from the northern parts of the country who are there to work or seek employment in the factories in the town. These are low-income jobs. Most of the factory workers residing here are females. Some of those awaiting employment turn to sex work in order to survive. Ha Maputsoe is situated next to the border crossing from Ficksburg, a large number of people use this crossing, including an influx of truck drivers and mine workers. There are quite a lot of street vendors in this town who are there to sell to the many factory workers and people crossing the border. These street vendors are mostly women, who also supplement their income by turning to sex work during peak days (weekends). The main bus and taxi terminus is situated in this village. There is also a private clinic, run by the Seventh Day Adventist Church. There are lots of pubs/taverns in the town with alcoholism and prostitution reaching quite high proportions.

Manyatseng and Mauersnek are two township areas adjacent to the Ladybrand town. Manyatseng is a typically "Black" township, while Mauersnek is a typically "Colored" township. Manyatseng is relatively larger than Mauersnek and is growing at an alarming

rate. Both are of mixed income levels with some areas comprising a large proportion of poor households and others middle income households. Both townships have a clinic run by the local municipality.

Meqheleng and Caledon Park are two township areas adjacent to the Ficksburg town. Meqheleng is a typically "Black" township, while Caledon Park is a typically "Colored" township. Meqheleng is relatively larger than Caledon Park and it too is growing at an alarming rate. Both are of mixed income levels with some areas comprising of a large proportion of poor households and others middle income households. Both townships have a clinic run by the local municipality.

Phaphama forms part of Butha-Buthe town. This HTA is situated right next to the bus/ taxi terminus and includes quite a number of formal and informal taverns. It is the most densely populated area of the town of Butha-Buthe, particularly during working and evening hours. The area was included in the study because as with all the other towns included in this study Butha Buthe is a cross border town and Phaphama forms the main hub of the town. Unlike Maseru and Maputsoe, there is no village at the border itself, and Phaphama is the first port for people travelling to and from the border. This site was chosen as a comparison site in Lesotho.

Mashaeng is a typically "Black" township adjacent to the Fouriesburg town, and is relatively smaller than Ladybrand and Ficksburg. Fouriesburg town is farming town. The area was included in the study because as with all the other towns included in this study, Fouriesburg is a cross border town and Mashaeng is the only township in the town. This site was chosen as a comparison site in South Africa.

Preparation for study implementation

The following steps were taken to prepare for the fieldwork:

A. Coordination with intervention team

Tulane University and Sechaba Consultants organized a one day meeting of the key stakeholders at the start of the study including CARE-Lesotho and South Africa, PSI Lesotho, Lesotho AIDS Program Coordinating Agency and the Ministry of Health and Social Welfare were among those invited. The purposes of the meeting were to present the study to the stakeholders, to work on issues of partnership and to work on the draft questionnaires.

B. Obtain local ethical clearance

In Lesotho the Ministry of Health and Social Welfare and Lesotho AIDS Programme Coordinating Authority (LAPCA) were contacted and informed about the study. In South Africa the local municipalities' health divisions were contacted and informed about the study and consent was obtained to undertake the study.

C. Adapt HTA data collection instruments

Draft questionnaires were presented to the key stakeholders during the one day community meeting held at the start of the study. Stakeholders were asked to provide their inputs. These were then incorporated into the questionnaires which were then translated into Sesotho. All three sets of questionnaires were tested at Ha Leqele and in Clocolan and modifications were made and the questionnaires finalized.

D. Identify a coordinator and a team of capable interviewers

The study Coordinator, Mr. Ntjapeli Matlanyane, is a senior Research Assistant at Sechaba Consultants and has been with the company for 10 years. He has vast experience in coordinating and supervising field teams.

Two field supervisors, Mr. Mohlolo Lehasa and Komane Pule, were also recruited for this study to work closely with the interviewers on a day to day basis. Their roles were to assist with data entry at all sites, supervising and checking the questionnaires daily. Both Mr. Lehasa and Mr. Pule are field supervisors at Sechaba Consultants and have experience as supervisors and interviewers.

Eight interviewers (four females and four males) were recruited for the field teams. Four of the interviewers have already worked at Sechaba Consultants on various studies including the Behavioral Surveillance Survey (BSS) which Sechaba conducted in 2001. They were Miss Tankiso Nkotoane, Miss Lintle Lelosa, Mr. Relebohile Pheko and Mr. Keketso Leuta. The other three interviwers (Miss Masego Moeng, Miss Vuyiswa Thembani and Hillary Clinton) were recruited from the South African side with the assistance of CARE South Africa.

E. Obtain support from key individuals in the community

At each HTA, support was obtained from key individuals (i.e. chiefs, town clerks and mayors). The study coordinator visited each of the HTAs prior to the start of field work to inform the key individuals about the study and to seek their permission and assistance.

Support was obtained from key individuals (i.e. chiefs, town clerks and mayors).

F. Train interviewers

A training guideline/manual was prepared and all the interviewers were presented with a copy, which they kept with them throughout the study and used as a source of reference. Training took place over a period of five days under the supervision of the Field Coordinator, and the two Project Managers.

Methodology

A. Methods to identify sites within HTAs

A sexual network site is defined as a place or event in an HTA where people with high rates of partner acquisition meet to form new sexual partnerships. A site could be a bar, a brothel, an all-night party or a market place. In rural areas, sites may cluster around taxi stops or places that sell beer/alcohol. The focus is on new partnerships because individuals with high rates of new partner acquisition are more likely to transmit infection and because newly acquired infection is more easily spread. We attempted to identify all sites in an HTA, not just traditional 'hot spots'. Along with well selected Monitoring and Evaluation (M&E) indicators, a map of these sites can help program planners focus intervention efforts at sites where opportunity for HIV transmission is likely to be greatest.

Key informant interviewing is the primary method used to identify all sites where residents of the HTA meet new sexual partners. Key informant interviews are a rapid method for obtaining sensitive data not otherwise available. They are especially useful for obtaining data, such as a list of sites that can be verified by other sources.

By developing a list of sites from many key informants, the bias from any individual informant is reduced. In addition, self-presentation bias is minimized by not asking about an individual's own sexual behavior.

Brief interviews, 10 to 15 minutes, were conducted with 30 to 50 Key Informants per HTA. Key informants were identified through the local partner organizations (during the one day community meeting held in Maseru at the start of the study), other local NGOs and community leaders (during follow-up meetings held in Ladybrand, Ficksburg, Fouriesburg and Butha Buthe), and ongoing referrals from participants. Examples of Key informants include public and community-based organization officials, bar managers, taxi drivers, street sellers, health care providers and police. Respondents were asked: "Where in the HTA do residents meet new sexual partners in the area? ", "Where do outsiders come to meet new partners?", "Where do youths meet sexual partners?" and "Where do men meet young girls?". These interviews assisted in developing a list of sites. A team of four interviewers plus one supervisor went out for two days to interview these people.

After a list of possible key informants to interview was drawn, they were divided into groupings depending on the best time for interviews e.g. female sex workers, security guards, individuals socializing at sites were to be interviewed in the evenings. Youth (in-school and out of school), vendors etc were to be interviewed during the day. The interviewers were each then given specific types of key informants to look for and interview within the HTA. Interviewers were trained on how to obtain informed consent from the interviewees. They were trained on how to establish rapport with the key

informant and to determine whether he/she was willing to participate. Before beginning with the interview, the interviewers read out the consent information to the respondent and then asked whether he/she was willing to participate in the study.

For each site a site report form was completed. Probing questions helped KIs identify sites. For each site the Key Informant was asked a set of questions to determine whether people socialize and meet new sexual partners. The KI was then asked to give the names, type of site and the address for the site. The KI was also asked whether the site was inside or outside the HTA.

Interviewers visited each reported site to verify its existence and location and interview a person knowledgeable about the site.

B. Verification of sites within each HTA

In this phase of the fieldwork, interviewers visited each reported site to verify its existence and location and interview a person knowledgeable about the site (such as a bar manager or owner) to obtain characteristics of the site important for HIV/AIDS prevention.

Upon arrival at the sites the supervisor/interviewer asked to speak to someone in charge of the site. The interviewer then explained that they wished to ask a few questions about the place and that it would only take a few minutes of their time. Attempts were made to ensure that they talked with the most senior person possible e.g. owner or manager. At some sites it was not possible to speak to someone in charge, either they were not present or the nature of the site was one that there is no one in charge. For example, where a taxi stand was named as a site, it was not obvious who was in charge. Best judgment was used to determine who to request for an interview. Where assistance was needed, the Supervisor or Field Coordinator provided advice.

The most important questions asked by interviewers were about the types of activities that take place at the site, whether people (men, women, female sex workers) meet new partners at the site, the presence of HIV/AIDS prevention activities and the availability of condoms. Questions were also asked about the age and sex of the site clientele, where people went to have sex, proportions of men and women at busy times and the willingness to have COH HIV/AIDS prevention activities on site.

C. Selection of sites where individuals socializing were interviewed

The objective of the sampling strategy for sites was to obtain an estimate of the proportion of individuals socializing at the sites who report meeting a new sexual partner at the site. The final selection of the sites could only occur after the key informant interviews and site visits were conducted and the list of unique sites compiled into a sampling frame.

In each HTA, a total of 10-14 sites was selected: five to seven of the most commonly mentioned sites and a random selection of an equal number of sites from those remaining once the most commonly mentioned ones had been excluded, were selected as places to conduct patron interviews.

D. Selection of individuals at selected sites

In order to ensure interviewer safety, police in the respective HTAs were notified about the study and the presence of the field teams.

The field team consisted of a mixed team of interviewers as it was anticipated that in some instances it would be necessary for male interviewers to interview male respondents, however during the pre-test it became evident that there was no apparent reason why men could not interview women.

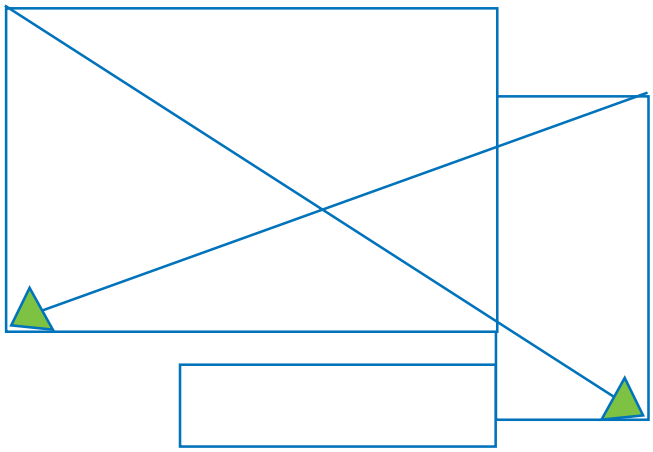
At each site, 28 people were to be interviewed. Using a systematic approach, the interviewer was to try to get an equal number of men and women at each site. Patron interviews took 20 to 30 minutes.

As part of the site verification, the busiest days and busiest times of the day were ascertained. These together with the nature of the site assisted in determining the time of the day and the days for conducting interviews e.g. at nightclubs the interviews were conducted at night; at taxi/bus ranks interviews were conducted during the day. From the site verification exercise it became apparent that in most sites patron interviews would be most easily conducted during the weekends and/or late afternoons. Patron interviews were thus conducted for a period of six days (i.e. Thursday through to Tuesday).

The importance of the way in which one selects people to approach for an interview was emphasized. The method was to be systematic and not based on convenience, such as approaching people who seemed to be interested in what one was doing. The need to follow the Supervisors/Field Coordinator's instructions was also emphasized.

The interviewers were told to review the layout of the site, identifying four corners of the site including any spillover area outside. Two diagonal lines connecting opposite corners of the site making a large "X" were then mentally drawn and points along the line that would distribute interviews throughout the site were noted. Each interviewer followed one line, selecting respondents at the equally spaced points noted earlier. Beginning from the corner, the interviewer approached the individual at the first designated point. In order to preserve privacy or for other reasons, it was necessary to conduct the interview outside the site or in a different place than where the individual was approached. In these cases, when the interview was finished, the interviewer returned to the place on the imaginary diagonal line where the previous respondent was first approached and continued along the line to the next designated point to request an interview with an individual.

Example:



Sometimes the above participation selection method was not appropriate, e.g. where the site was dominated by one gender, interviewees of the dominant gender was systematically selected and each individual of the opposite gender was asked for an interview. Where the approach did not gather an equal number of men and women, 28 interviews were still conducted with the dominant gender.

Where fewer than 28 people socialized during the time of the visit, each individual was asked for an interview. A follow up visit to the site was then carried out at a later time to complete interviews. For these cases, when the interviewer returned to the site, he or she first asked the participants if they had previously been interviewed.

E. Methods used to map sites

At the start of the study attempts were made to obtain maps of the different HTAs included in the study but none were available. Using the already existing maps, a rough map of the city where the HTA is located was created, including all major districts. The Supervisors also did a hand map of the HTA (i.e. Ha Hoohlo), placing the sites roughly where they are in the area. Using this hand drawn version the sites were placed on a map as closely as possible to their relevant location in the HTA. The same map was then copied repeatedly and certain key indicators were indicated. Maps were created for each of the six cities where we did the study.

Each HTA has a set of three maps, one indicating all the sites mentioned in the HTA, the second shows status of HIV/AIDS-prevention activities at the sites and the final map shows condom availability at the sites. The excel spreadsheets indicate the names of the sites, type of sites, address and outcome of the site verification.

The maps produced will assist the intervention team by indicating at a glance the sites that exist in the different HTAs, those that already have intervention programs and those that do not. Included at the end of this report is one example of a map that was created using this data. Additional maps were produced for the intervention partners.

Results

A. Identification of sites by key informant interviewers

In each of the study HTAs, four research assistants interviewed between 42 and 64 key informants in two days. No refusals were reported. Of these, approximately half were men and half women. A little more than half of the respondents reported that they resided outside the study area in Maseru, Maputsoe, and Butha Buthe, whereas in Ladybrand, Ficksburg, and Fouriesburg nearly all (93-98%) respondents reported that they resided within the study area. In Maseru, Butha Buthe, and Fouriesburg, approximately two thirds of respondents were between 20-29 years of age and in Maputsoe and Ficksburg about half were in that age range. There was a range in the number of sites reported for each study HTA. In Ficksburg 26 sites were reported by the key informants, 32 sites in Fouriesburg, 43 sites in Butha Buthe, 53 sites in Maputsoe, 41 sites in Ladybrand, and a total of 52 sites in Maseru.

B. Results of site verification

Table 1 presents an overview of the results obtained from the site verifications in the 6 HTAs.

Four interviewers spent six days visiting each site identified by the key informants to verify its existence and interview a knowledgeable person about the site, and obtain information pertaining to HIV/AIDS prevention. Correct addresses for all the sites were also obtained.

It was not possible to verify all the sites mentioned by the key informants for a number of reasons. Some site representatives refused to be interviewed or even to let the field worker into their premises. Other sites were found to have a couple of different names and thus reduced the actual number of sites that exist in a particular HTA. In a few cases the sites that had been mentioned were found to no longer exist or were not found at all, despite attempts to ask people in the neighboring places where the site was said to be by the key informant. Some sites were too far from the HTAs. The outcome of the site verifications were recorded on the site list, which was then returned to the Supervisors along with the completed questionnaires. The Field Coordinator then reviewed these and assigned unique site numbers to all sites, including those that were not found or where interviews were not completed and, where appropriate, collapsing two sites into one (i.e. the site was given two names, but site verifications confirmed that they were the same site).

The study HTAs varied in the number of sites which were bars/taverns. Only about one third (8 out of 26) in Ficksburg, two thirds in both Maseru and Maputsoe, one half in both Ladybrand and Fouriesburg, and nearly three quarters in Butha Buthe were reported as bars/taverns. The remaining were identified as hotels/lodges, shop/spazas,

street/street corners, shebeens, bottle stores, nightclubs, transportation hubs and restaurants.

The study HTAs also varied in reported HIV/AIDS prevention activities: only 7.3% of the sites in Maseru reported some HIV/AIDS prevention activities, about 20% in Butha Buthe and Fouriesburg, and Maputsoe, Ficksburg, and Ladybrand reported 30%, 35%, and 40% respectively. According to those interviewed at the six HTAs, the number of sites with HIV/AIDS posters displayed was only between 10%-20%. Ladybrand, which had the highest level of reported HIV/AIDS activities was the exception with only 3.7% reporting having HIV/AIDS posters. Maseru and Maputsoe were the only HTAs with sites which had HIV/AIDS brochures with about 5% reporting having them on hand. Information was also collected on sites reporting that an HIV/AIDS drama had been performed and an HIV/AIDS video show had taken place. These numbers were largely consistent at most HTAs ranging from 5%-15% for each of these two activities. The number of sites reporting a visit by a peer educator also only varied slightly among HTAs. Maseru reported 7.3% of sites were visited by a peer educator, Ladybrand and Fouriesburg reported about 10%, Maputsoe and Butha Buthe reported about 20%, and Ficksburg reported that 23.5% of its sites were visited by a peer educator.

A majority of sites (82%) in both Ficksburg and Fouriesburg and almost all sites in Maseru (97.6%), Maputsoe (93%), Butha Buthe (90%), and Ladybrand (93%) reported that they would be willing to have on-site HIV/AIDS prevention activities, including peer educators, HIV/AIDS prevention dramas, HIV/AIDS video shows and free condoms for distribution. In Maseru, Maputsoe, Butha Buthe, and Ladybrand most of the respondents, approximately 90%, indicated that they would be willing to have condoms for sale on their premises. This number was significantly lower in both Ficksburg and Fouriesburg where just over half of the sites (65% and 55% respectively) reported that they would be willing to have condoms for sale.

Sites were questioned regarding COH-sponsored HIV/AIDS activities on their premises. Fouriesburg is a non-COH area, thus none of the sites had any activities sponsored/ provided by COH. Only 3% of respondents in Butha Buthe and 5% in Maseru reported that COH-sponsored activities had taken place. These numbers were a bit higher in the remaining HTAs; Ladybrand reported 22% and Maputsoe and Ficksburg both reported that COH-sponsored activities had taken place in about 29% of sites. Twenty-one percent of respondents in Maputsoe, half of the respondents in both Maseru and Ladybrand, and all respondents in Butha Buthe and Ficksburg reported that sites were visited by a SHARP-sponsored peer educators. None of the sites in Maseru reported that condoms were distributed by COH. However, all of the sites in Maputsoe, Butha Buthe, Ladybrand, and Ficksburg reported that condoms were distributed by COH.

All of the sites in Maputsoe, Butha Buthe, Ladybrand, and Ficksburg reported that condoms were distributed by COH.

Results

In Maseru, condoms were visible on-site at the time of the visits in about half (51.2%) of the sites. This number was slightly lower in the other HTAs with Maputsoe reporting 28.6% of the sites, Butha Buthe 22.6% of the sites, Ladybrand 40.7% of the sites, Ficksburg 23.5% of the sites, and in Fouriesburg only 11% of the sites had condoms visible on-site at the time of the visit. About 85% of respondents indicated that condoms could be acquired within 10 minutes of leaving the site in Maseru, Maputsoe, and Ficksburg. Sixty-three percent of respondents in Ladybrand, 48% in Butha Buthe, and 27% in Fouriesburg indicated they could acquire condoms in this amount of time. Seven percent of respondents in Maputsoe, 16% in Butha Buthe, 24% in Maseru, and about 65% of respondents in Ladybrand and Ficksburg reported that free condoms had been given out at their sites. Regarding brands of condoms distributed, Trust and Lovers Plus were available in most HTA sites. Maseru also had Latex and Tiklig, Ladybrand also had Shield brand condoms, and Ficksburg had HIV/AIDS Helpline Condoms. The cost of condoms ranged from M2.00 to M5.00 in Maseru, Maputsoe, and Butha Buthe and from R.2.5 to R5.00 per pack of three in Ladybrand and Ficksburg.

The busiest day of the week was said to be Friday in Maseru and Maputsoe whereas the busiest day in the remaining HTAs was Saturday. The busiest times of the year in Maputsoe and Fouriesburg were during the summer with the festive/Christmas holiday following close behind. In the remaining HTAs, about one third of the sites reported that the festive/Christmas holiday was the busiest time of the year and summer followed close behind.

Beer was consumed in most sites (about 85%) in both Ficksburg and Maputsoe and in almost all sites (more than 90%) in the remaining HTAs. Hard alcohol was provided in 76.5% of the sites in Ficksburg, in about 70% of the sites in Maseru, Butha Buthe, and Fouriesburg, and in about 60% of the sites in Maputsoe and Ladybrand. In most HTAs dancing took place in about 60%-70% of the sites. Ladybrand was slightly higher with 78%. In Maputsoe and Fouriesburg, indoor gaming was available in about 35% of the sites, in Maseru and Ladybrand about 50% of the sites, and in Butha Buthe and Ficksburg indoor gaming was available in about 65% of the sites.

Seventy-three percent of the respondents in Maseru, 79% in Maputsoe, 52% in Butha Buthe, 44% in Ladybrand, and 27% of respondents in Fouriesburg confirmed that men and women meet new sexual partners at the sites. In Ficksburg, 53% of respondents confirmed that men meet new sexual partners at the site compared to 59% confirming that women meet new sexual partners at the site. In Butha Buthe and Ladybrand, female sex workers were said to solicit customer in less than 5% of the sites, in Ficksburg and Fouriesburg in about 10% of the sites, in Maseru 23% of the sites, and in Maputsoe female sex workers were said to solicit customers in 32% of the sites.

C. Interviews with people socializing at sites

People socializing at sites were interviewed to confirm the key informant reports and the interviews with the people identified as being knowledgeable about the site. Five sites which were most frequently identified by key informants and another five sites were randomly selected from the remainder of the sample in each of the HTAs. It was anticipated that 28 people would be interviewed at each of the 10 sites, however in some instances far less that 28 people were interviewed despite two or three attempts to revisit the site.

About half of the respondents in all HTAs were in their twenties. In Ladybrand, Ficksburg, and Fouriesburg, over 90% of respondents reported that they lived within the HTA. Thirty-one percent in Butha Buthe, about 25% in Maseru, and 20% in Maputsoe reported living within the HTA. Of those residing in the HTA, more than half reported residing there all their lives in all HTAs except in Maseru where only 37% reported living there all of their lives. On average, about 30% of respondents in Maseru, Maputsoe, Butha Buthe, and Ladybrand indicated that they had more than 12 years of schooling. Slightly more than half of the respondents in Ficksburg and Fouriesburg indicated that they had completed 10 or more years of schooling. Roughly half or just over half of respondents in Maseru, Maputsoe, Butha Buthe, and Ladybrand had full-time employment whereas in Ficksburg and Fouriesburg this number was lower with only about one third of respondents reporting full-time employment.

Forty-seven percent of respondents in Ficksburg, 37% in Ladybrand, 33% in Maputsoe, 23% in Maseru, 20% in Fouriesburg, and 16% of respondents in Butha Buthe said they had been to an HIV/AIDS prevention activity. Approximately 80% of respondents in Maseru, Maputsoe, Butha Buthe, and Fouriesburg reported that they had seen or heard a TV or radio HIV/AIDS program; this number was slightly lower in Ficksburg with about 60% and slightly higher in Ladybrand with about 90% reporting they had seen or heard a TV or radio program. About two thirds of respondents in all HTAs said that they had been given free condoms. About one third of respondents in Maseru, Maputsoe, Ladybrand (39%), and Ficksburg reported that they had spoken with a peer educator and in Ficksburg and Fouriesburg this number was lower with 22% of respondents indicating that a peer educator had spoken to them at the site. Approximately one third or respondents in all HTAs reported having seen an HIV/AIDS drama. Fouriesburg was slightly lower with just over 20% and Ladybrand was higher with nearly 40% reporting that they had seen an HIV/AIDS drama. These numbers were comparable for the percentage of respondents reporting that they had seen an HIV/AIDS video.

Among the six HTAs there was a range in the percentage of respondents reporting that HIV/AIDS prevention activities were sponsored by COH. Ficksburg reported the highest percentage with nearly 40%, followed by Maputsoe and Ladybrand with 28%. Maseru, Butha Buthe, and Fouriesburg were significantly lower with only 13%, 4%, and 6%, respectively, reporting that HIV/AIDS prevention activities were sponsored by COH. Only about 5% of respondents said that they had spoken to a peer educator from COH in Maseru, Butha Buthe, and Fouriesburg. This percentage was higher in both Maputsoe and Ladybrand (20%) and highest in Ficksburg where 35% said peer

educators from COH had paid them a visit. An HIV/AIDS drama sponsored by COH was seen by approximately only 5% of respondents in Maseru, Butha Buthe, and Fouriesburg. In Maputsoe and Ladybrand about 20% saw an HIV/AIDS drama and in Ficksburg 32% of respondents reported that they had seen a COH sponsored HIV/AIDS drama. These numbers were similar for respondents viewing an HIV/AIDS video sponsored by COH as well. Thirty-six percent of respondents in Ficksburg, 26% in both Ladybrand and Maputsoe, 12% in Maseru, and about 5% in Butha Buthe and Fouriesburg reported that they had received free condoms from COH

1. Condom use and rate of partnership

In Maseru and Maputsoe, 22% percent of the respondents had never used a condom and in the remaining HTAs about 27% reported never having used a condom. Approximately three quarters of respondents in Maseru and Ficksburg did not have a condom with them at the time of the interview while the remaining HTAs over 90% reported not having a condom with them.

About one quarter of respondents reported they had had no partners in the past four weeks in all HTA sites except in Ficksburg where 52% reported that they had had no new partners. About one half of the respondents said that they had had one partner in the past four weeks in each of the HTAs except in Ficksburg where only 20% reported having one partner. The mean number of partners for respondents in the past four weeks in each HTA was 1.27 for Maseru, 1.2 for Maputsoe, approximately 1.05 for Butha Buthe, Ladybrand, and Fouriesburg, and .96 reported for Ficksburg. Butha Buthe, Ladybrand, and Fouriesburg reported that about 85% of respondents had no new partners in the past four weeks. Maputsoe and Maseru were lower with 77% and 65%, respectively and Ficksburg was the lowest with only 52% of respondents reporting no new partner in the past four weeks. Ten to 15% percent reported one new partner in the past four weeks in each HTA except in Ficksburg where 20% reported one new partner. The mean number of new partners in the past four weeks was .16 in Ladybrand and Butha Buthe, .20 in Fouriesburg, .34 in both Maseru and Maputsoe, and .74 in Ficksburg.

The mean number of partners in the past 12 months was 3.0 in Maputsoe, 2.78 in Maseru, 2.71 in Ficksburg, 2.43 in Fouriesburg, and 1.91 in both Butha Buthe and Ladybrand. The highest percentage of respondent reporting no partners in the past 12 months was in Ficksburg with 31% followed by Maseru with 17%. The remaining HTA sites reported that around 10% of respondents had no partners in the past 12 months. In Butha Buthe, Ladybrand, and Fouriesburg 40% of respondents indicated that they had one partner in the past 12 months. Maseru and Maputsoe reported approximately 30% and in Ficksburg 24% indicated one partner in the past 12 months. About half of the respondents in Butha Buthe, Ladybrand, Ficksburg, and Fouriesburg and 29% in Maseru and Maputsoe reported having no new partners in the past 12 months. Fifteen to 20% respondents reported one new partner in the past 12 months in each of the HTAs except in Ficksburg where 34% reported one new partner. The mean number of new partners in the past 12 months was the highest in Ficksburg with 2.31, followed by Maseru with 2.24, Maputsoe with 2.0, Fouriesburg with 1.48, and Butha Buthe and Ladybrand with 1.01.

2. Health care seeking behavior

Twenty percent of men in Maputsoe, about 15% in Butha Buthe, about 10% in Maseru, Ladybrand, and Fouriesburg, and 5% in Ficksburg reported that they had experienced some pain on urination in the past four weeks. In all HTAs, less than 10% reported an unusual discharge and genital sores during the past four weeks. Nineteen percent of the men in Maputsoe, about 10% in Maseru, Butha Buthe, and Ladybrand, and about 5% in

Approximately 10% percent of women in the sample in Maseru, Maputsoe, Ladybrand, and Fouriesburg reported lower abdominal pains in the past four weeks, while less than 5% in Butha Buthe and Ficksburg reported lower abdominal pain. Less than 5% of women had had an unusual discharge in each HTA except in Maseru where 8% reported having had an unusual discharge in the past four weeks. Less than 5% in all HTAs reported genital sores during the past four weeks. In each HTA the percentage of women having an STI symptom during the past four weeks who said that they had gone to the clinic for treatment was 5% or less except in Maseru where 10% of these respondents sought treatment.

About 10% of the women interviewed in Maseru and Maputsoe and less than 3% in the remaining HTAs reported that they had received money/gifts in exchange for sex during the past four weeks. However, 17% of the men in Maseru, 15% in Maputsoe, 13% in Butha Buthe, and about 5% in Ladybrand, Ficksburg, and Fouriesburg said that they had given money/gifts in exchange for sex in the past four weeks.

3. Partner selection

Approximately 30% of respondents in Maputsoe, Butha Buthe, Ficksburg, and Fouriesburg indicated they frequent the site every day. In Maseru, 40% frequented the site daily and in Fouriesburg 20% of respondents said they visited the site every day. Most respondents, between 70%-80%, in each HTA indicated that they first came to the site over a year ago except in Maseru where only 62% said they first visited the site over a year ago. Fourteen percent of respondents in Ladybrand, Ficksburg, and Fouriesburg, about 20% in Maputsoe and Butha Buthe, and one third of respondents in Maseru had already been to a similar site that day. About one-quarter of respondents in each HTA planned to go to at least one more site that day. This number was slightly higher in Ficksburg where 36% planned on visiting another site.

About 75% of the respondents in Maseru and Ficksburg, about 70% in Maputsoe and Fouriesburg, 63% in Ladybrand, and only 41% in Butha Buthe believed that people come to the sites to meet new partners. Forty-two percent of respondent in Ficksburg, 31% in Maseru, 24% in Maputsoe, 20% in Ladybrand, 17% in Fouriesburg, and 11% in Butha Buthe said they had attracted a partner at the site. Ninety-three percent of respondents in Ficksburg and about 80% of respondents in Maseru, Ladybrand, and Fouriesburg reported that they met their newest partner within the HTA. The majority of respondents in Butha Buthe (68%) and Maputsoe (63%) indicated that they had met their latest partner within the HTA.

Individual HTA results

Maseru

The response rate was very high with only 5.4% of the individuals who were approached for interviews refusing to participate in the study. 73% of site representatives interviewed confirmed that men and women meet new partners at the sites. Another 30.9% of the respondents indicated that they had attracted a new sexual partner at the site where the interview was being conducted. 19.7% said that they met their most recent new partner at the site where the interview was being conducted. Seventy-six percent of the respondents said that they believed that people come to the sites to meet new partners. In 22.5% of the sites female sex workers were said to solicit customers.

The data shows that respondents tend to frequent and become regulars of particular sites. The data also shows that multiple partnerships were prevalent among the respondents with around 33.9% reporting two to 15 partners in the past four weeks. On the other hand, condom use was low with only 15.9% reporting to have used a condom with their most recent partner from the site. Twenty-two percent of the respondents indicated that they had never used a condom. Seventy-seven percent of the respondents did not have a condom on them at the time of the interview. The low level of condom use coupled with the high number of sexual partners in the past four weeks among some of the respondents suggests that there is a need to promote condom use among both men and women in the HTA.

The data shows that most people (97.6%) interviewed at the sites were receptive to having HIV/AIDS education activities and on-site condom distribution. Slightly fewer (92.7%) of respondents were supportive of selling condoms. It is worrying to note that, despite having the COH program operational in Ha Hoohlo, only 7.3% of the sites were said to have had HIV/AIDS prevention activities on-site, however; 14.6% had HIV/AIDS posters.

Maputsoe

The response rate was very high with only 1.4% of the individuals who were approached for interviews refusing to participate in the study. The data shows that respondents tend to frequent and become regulars of particular sites. 78.6% of site representatives interviewed confirmed that men and women meet new partners at the sites. Twenty-four percent of patrons indicated that they had attracted a new sexual partner at the site. In 32.1% of the sites female sex workers were said to solicit customers.

The data shows that multiple partnerships were prevalent among the respondents with around 27.2% reporting more than two partners in the past four weeks. On the other hand condom use was low with only 15.2% reporting having used a condom with their most recent partner from the site. Twenty-two percent of the respondents indicated that they had never used a condom.

Ninety-two percent of the respondents did not have a condom on them at the time of the interview. The findings suggest that more needs to be done to make condoms more accessible as condoms were visible in only 28.6% of the sites visited. Only 7.1% indicated that condoms had been given for free at the sites in the last year. The data also shows that most people (92.9%) interviewed at the sites were receptive to having HIV/AIDS education activities. Eighty-six percent were willing to have on-site condom distribution.

While the COH program started operating in Maputsoe in May 2001 only 14.3% of site representatives interviewed reported having HIV/AIDS-prevention activities sponsored by COH. Around a quarter said they had received free condoms from COH

Butha Buthe

Butha Buthe is a non-program HTA. The response rate was very high with only 1.8% of the individuals who were approached for interviews refusing to participate in the study. However, the number of people interviewed was very low in almost all the sites. Here too, as in all the other HTAs, the main problem was that of finding an equal number of women and men. In all the sites that were visited women were in the minority, and that is why only 49 women (18% of the total sample) were interviewed in all 10 sites that were visited.

From the data it would seem that the key informants were correct in reporting that people go to certain sites to meet new sexual partners. Fifty-two percent of those interviewed at the sites confirmed that men and women meet new partners at the sites. Another 11.3% of respondents indicated they met a new sexual partner at the site where the interview was being conducted. In 3.2% of the sites female sex workers were said to solicit customers.

The data shows that multiple partnerships were prevalent among the respondents with 16.4% reporting two to fifteen partners in the past four weeks. Ninety-one percent of the respondents did not have a condom on them at the time of the interview. Twenty-seven percent of the respondents said that they had never used a condom.

The findings show that the level of HIV/AIDS educational sessions provided in Phaphama is low with only 16.4% of the respondents reporting that they had been to such activities. It is interesting however to note that despite the fact that the COH program is not operational in Phaphama, 4.4% of the respondents reported that they had been to HIV/AIDS-prevention activities sponsored by COH All these respondents said that they had received free condoms provided by COH and 3.3% said that they had spoken to a COH peer educator.

Ladybrand

The response rate was very high with only 5.7% of the individuals who were approached for interviews refusing to participate in the study. The main problem however was that of finding an equal number of women and men. In all the sites that were visited women were in the minority, hence only 61 (23% of the total sample) women were interviewed in all 10 sites that were visited.

Individual HTA results

Key informants reported forty-four percent of site representatives interviewed confirmed that men and women meet new partners at the sites. The data shows that 63.6% of those interviewed said they believed that people who came to the sites met new partners at these sites. Another 20% of the patrons indicated that they had met a new sexual partner at the site where the interview was being conducted. In 3.7% of the sites female sex workers were said to solicit customers.

Ninety-one percent of the respondents did not have a condom on them at the time of the interview. Eight percent of the respondents said that they had never used a condom. The findings suggest that more needs to be done to make condoms more accessible as condoms were visible in only about half of the sites visited. Only 3.7% indicated condoms were sold on the site; however in over half of the sites condoms had been given for free in the last year.

The data also shows that most people (92.6%) interviewed at the sites were receptive to having HIV/AIDS education activities and on-site condom distribution (88.9%). The reaction as far as the selling of condoms was concerned was a bit different from that of the provision of free condoms for distribution at the sites, with slightly fewer (70.4%) showing a willingness to have condoms sold at their sites.

Ficksburg

The response rate was very high with none of the individuals who were approached for interviews refusing to participate in the study however the number people interviewed was very low in almost all the sites. Only three sites achieved the target of 28 interviews. Here too, as in all the other HTAs, the main problem was that of finding an equal number of women and men. In all the sites that were visited women were in the minority, hence only 97 (35% of the total sample) women were interviewed in all 10 sites that were visited.

None of the individuals who were approached for interviews refused to participate in the study.

Sixty-five percent of site representatives confirmed that men meet new partners at the sites and 52.9% confirmed that women meet new partners at the sites. Forty-two percent of patrons indicated they had attracted a new sexual partner at the site where the interview was being conducted. Thirty-one percent said they met their most recent new partner at the same site where the interview was being conducted. Eighty-five percent of the patrons said they believed that people come to the sites to meet new partners. In 11.8% of the sites female sex workers were said to solicit customers.

The data shows that multiple partnerships were prevalent among the respondents with around 28.5% reporting more than two partners in the past four weeks. Thirty-three percent of the respondents said that they had used a condom with their most

recent partner. Thirty percent of the respondents indicated that they had never used a condom. Seventy-two percent of the respondents did not have a condom on them at the time of the interview.

One of the key strategies for avoiding infection is to make condoms easily accessible to those who need them at all times. The findings suggest that more needs to be done to make condoms more accessible as condoms were visible in only about half of the sites visited. Forty-one percent indicated condoms were sold on the site and free condoms had been distributed in 64.7% of the sites in the last year. The reaction as far as the selling of condoms was a bit different from that of the provision of free condoms for distribution at the sites; slightly fewer (64.7%) showed a willingness to have condoms sold at their sites.

Given that the COH program started operating in Meqheleng in August 2002, it is encouraging to note that 29.4% of the site representatives reported having HIV/AIDS-prevention activities sponsored by COH at the sites. Likewise 38.9% of the patrons reported having been to HIV/AIDS-prevention activities sponsored by COH. 37.5% said they had received free condoms provided by COH.

The data also shows that most people (82.4%) interviewed at the sites were receptive to having HIV/AIDS education activities and on-site condom distribution (76.5%). It is worrying to note that despite having the COH program operational in Meqheleng only 35.3% of the sites were said to have had HIV/AIDS prevention activities on-site and only 11.8% had HIV/AIDS posters. Twenty-nine percent of respondents stated there had been HIV/AIDS education activities sponsored by COH at their sites.

Fouriesburg

Fouriesburg is a non-program HTA. During the patron interviews the response rate was very high with none of the individuals who were approached for interviews refusing to participate in the study. However, the number of people interviewed was very low in almost all the sites. Only three sites achieved the target of 28 interviews. The main problem was that of finding an equal number of women and men. In all the sites that were visited women were in the minority, hence only 25 (19% of the total sample) women were interviewed in all nine sites that were visited.

Sixty-nine percent of patrons said they believed people met new partners at these sites. Another 17.3% indicated they met a new sexual partner at the site where the interview was being conducted.

The data shows that multiple partnerships were prevalent among the respondents with 22.5% reporting two to nine partners in the past four weeks. Ninety-five percent of the respondents did not have a condom on them at the time of the interview. Twenty-seven percent of respondents said they had never used a condom.

The findings suggest that more needs to be done to make condoms more accessible as condoms were visible in only 11.2% of the sites visited. None of the sites sold condoms. However, free condoms had been given out past year in 27.3% of the

sites. Future interventions geared at the social marketing of condoms at sites would therefore seem desirable in this HTA.

The findings show that the level of HIV/AIDS educational sessions provided in Mashaeng is low with only 19.5% of the respondents reported that they had been to such activities. However, despite the fact that the COH program is not operational in Mashaeng, 6% of the respondents reported they had been to HIV/AIDS-prevention activities sponsored by COH All these respondents said they had received free condoms provided by COH and 3% said they had spoken to a COH peer educator. The data also shows that most people (81.8%) interviewed at the sites were receptive to having HIV/AIDS education activities and on-site condom distribution. Slightly fewer (54.5%) showing a willingness to have condoms sold at their sites. Only 18.2% of the sites had HIV/AIDS prevention activities onsite, and only 9.1% had HIV/AIDS posters.

Discussion

Identification of who to interview at the sites was never a problem as interviewers were trained to ask to speak to someone in charge or to the most senior person knowledgeable about the site such as an owner or manager. In those cases where it was not possible to speak to someone in charge, (they might have not been present or the nature of the site may have been such that there was no one in charge) interviewers were asked to use their best judgment to determine with whom they should request an interview. If they needed assistance, they asked the Supervisor or the Field Coordinator for advice before going to the site.

Some of the characteristics of the sites that were deemed useful to the intervention program are those around whether men and women meet new sexual partners at the sites, whether sex workers solicit clients at the sites, the proportion by type of men and women who visit the sites at busy times, the availability of HIV/AIDS prevention activities and distribution of condoms, and the willingness to have such activities on the sites. From the data it is clear that there are sites where new sexual partnerships are formed and where sex workers solicit clients. Such sites would clearly be a good focal point for the intervention program.

While the questionnaire was written in a way for most people to answer the questions with honestly, it was difficult to ascertain the number of men and women who visit the sites on a busy day. Most site representatives struggled with approximate numbers. There were similar difficulties with questions on the proportions of men and women who come to the sites, the proportion of unemployed women and how many site visitors were less than 18 years.

Due to the nature of the questions (e.g. number of sexual partners, sexual health history, etc.) that were asked at the sites, individual interviews proved to be the best option as people were able to discuss these issues freely. In most cases, people were interested in knowing what was going on and had no problem answering the questions. Others however, not understanding the sampling procedure, continued to move around the room to trying to be chosen by the interviewer.

In most cases people were interested in knowing what was going on and had no problem answering the questions.

Although every site had initially been identified by at least one key informant as a place where people meet new sexual partners, confirmation of these reports came from interviewing site representatives. People socializing at sites further confirmed reports from key informants and site representatives. We recommend that future interventions be targeted at those sites most frequently mentioned by the key informants.

Discussions

Willingness to have HIV/AIDS-prevention activities at the sites is also a useful indicator as it will guide the intervention program. Although few sites had condoms available; even fewer had any HIV/AIDS prevention materials available on site. Most people interviewed at the sites were willing to have on-site condom distribution and HIV/AIDS education materials. In some sites free condoms were made available, while in others they did not have them. In some of those places where condoms were sold, distribution of free condoms seemed a threat to their existing business. However, we recommend that free condoms should be made available. We also recommend that even sites where site representatives were not willing to have such activities should be targeted and the matter taken up further.

The results from all six HTAs show that visiting a site is part of the daily life of the residents. This information can be used by the intervention team to identify regular attendees willing to serve as peer health educators.

The data from all six HTAs showed that some respondents had a very high number of sexual partners during the preceding four weeks. This would suggest that there is a need to provide more education on the risks associated with multiple partnerships and unprotected sex.

It would seem from the findings that there is an urgent need to intensify the promotion of condom usage as from the data in all six sites we see that the levels of condom use among the respondents is still quite low. We recommend that condoms should be promoted and made available at all places were people meet new sexual partners. The data shows that in most sites condoms were rarely available.

The respondents seemed to understand that their lives are threatened by HIV and HIV/AIDS and that there is a need for some form of intervention. However, some of them are not prepared to use condoms or they claim not to trust them. According to these respondents, condoms, particularly the freely given ones, are responsible for the fast spread of the epidemic. On the other hand, quite a significant number of the respondents claimed to be using condoms. Surprisingly enough, the respondents were willing to freely talk about the most sensitive issues that concern their sexual health history (i.e. STIs).

Recommendations

1. Increase presence of COH HIV/AIDS prevention programs at places where people go to meet new sexual partners.

In the border towns of Lesotho-South Africa there is a gap between opportunities for HIV/AIDS prevention interventions and such activities actually taking place. In each of the HTAs respondents reporting they had been to HIV/AIDS prevention activities was low (4.9% Maseru, 14.3% Maputsoe, 4.4% Butha Buthe, 28% Ladybrand, 29.4% Ficksburg, 19.5% Fouriesburg). Increasing involvement of peer educators, CBO and service providers, capacity building, the development of community resource centers and home-based care services are urgently needed.

2. Visiting identified sites is a part of daily life, these sites should be targeted for HIV/AIDS prevention activities and condom distribution.

It is important to organize and prioritize sites for intervention implementation based on possible impact. Approximately 30% of people visit the identified sites at least once a day. Planning interventions using the identified sites are an effective tool for prioritizing implementation of interventions.

3. Key informants are an effective means of identifying sites were people meet new partners and using information from key informants is helpful when planning interventions.

It is recommended that future intervention should be focused on the sites most frequently identified by the key informants as the findings show that the key informants were correct in reporting that people go to certain sites to meet new sexual partners. The program should also target those sites where female sex workers are said to solicit customers.

4. Improve condom availability and visibility at places where people meet new sexual partners

The low level of condom use coupled with the high number of sexual partners in the past four weeks among the respondents suggests that there is a need to promote condom use among both men and women in each HTA. There is a need to improve condom distribution to the sites and to provide on-site peer education.

5. Consider characteristics of men and women at sites when planning interventions

Characteristics of men and women at sites are useful in planning interventions. Information pertaining to men and women meeting new sexual partners, sex workers soliciting clients and the number of men and women visiting sites during a busy time clearly illustrate where new sexual partnerships are formed. This information could be used to develop strong intervention programs.

References

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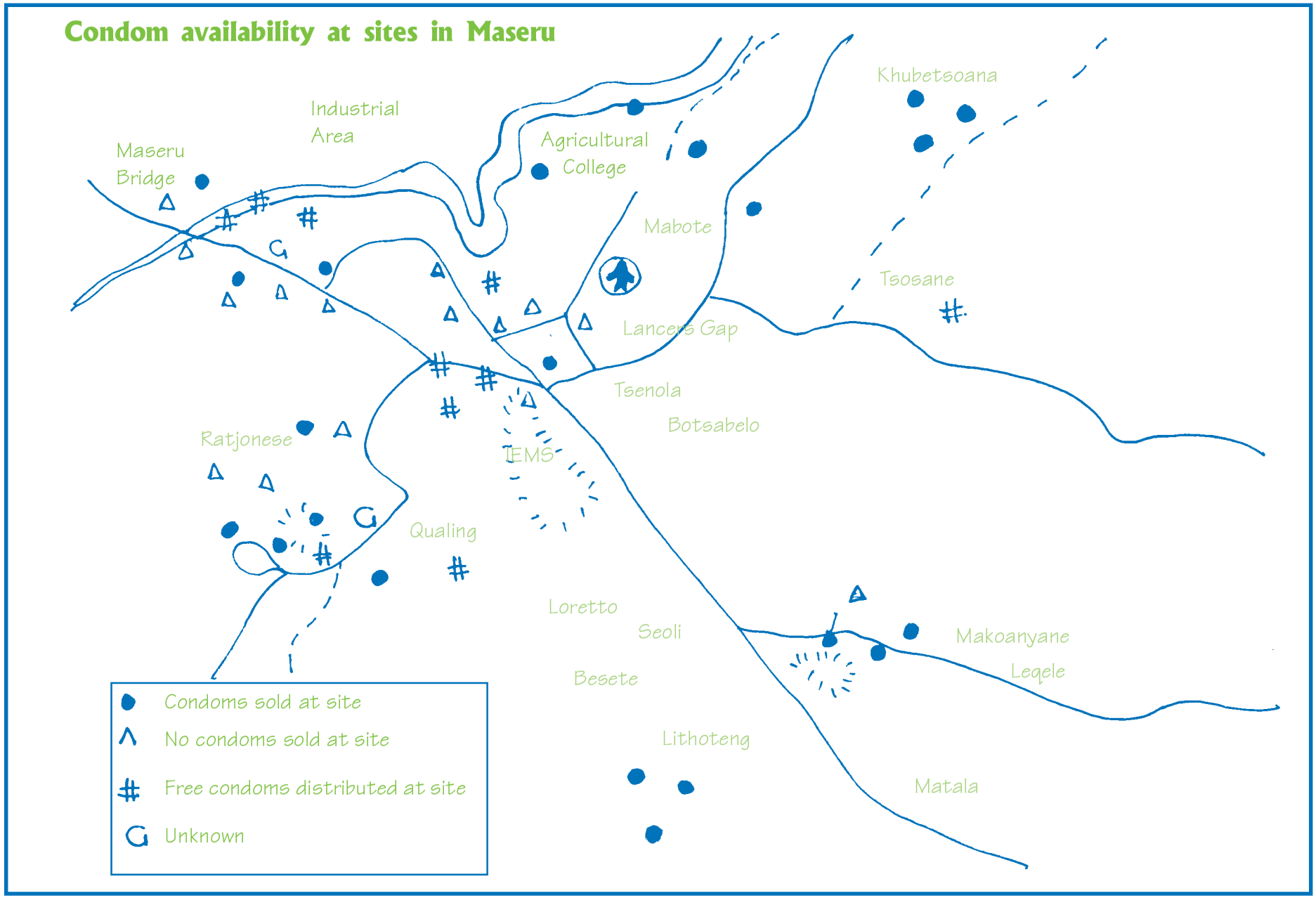
Wilson D. Lesotho and Swaziland: HIV/AIDS Risk Assessments at Cross-Border and Migrant Sites in Southern Africa. Family Health International. 2001.

Table 1: Overview of the results obtained from the site verifications in the 6 HTAs

	Maseru (N=41)	*Maputsoe (N=28)*	*Butha Buthe(N=31)*	*Ladybrand (N=27)*	*Ficksburg (N=17)*	*Fouriesburg (N=11)*
AIDS activities on site	7.3	28.6	19.4	40.7	35.3	18.2
Posters	14.6	17.9	22.6	3.7	11.8	9.1
Brochures	4.9	3.6	-	-	-	-
Peer educator	7.3	21.4	19.4	11.1	23.5	9.1
Drama	2.4	10.7	9.7	7.4	11.8	-
Video	4.9	14.3	9.7	7.4	5.9	-
Willingness to have AIDS activities	97.6	92.9	90.3	92.6	82.4	81.8
Sell condoms	92.7	85.7	90.3	70.4	64.7	54.5
Free condoms	97.6	85.7	90.3	88.9	76.5	81.8
Activities sponsored by SHARP!	4.9	14.3	3.2	22.2	29.4	-
Peer educator	50	100	100	50	100	-
Drama	-	50	-	-	20	-
Video	50	25	-	-	20	-
Free condoms	-	100	100	100	100	-
Visible condoms on-site	51.2	28.6	22.6	40.7	23.5	11.2
Condoms within 10 minutes	85.4	85.7	48.4	63	82.4	27.3
Condoms sold here	63.4	50	48.4	3.7	41.2	-
Free condoms given here	24.4	7.1	16.1	59.3	64.7	27.3
Beer consumed	92.7	85.7	96.8	92.6	82.4	90.9
Hard alcohol consumed	70.7	60.7	67.7	59.3	76.5	45.5
TV or video on-site	56.1	57.1	58.1	63.0	64.7	63.6
Dancing	65.9	67.9	58.1	77.8	70.6	63.6
Music	73.2	71.4	64.5	88.9	82.4	72.7
Men meet new sexual partners	73.2	78.6	51.6	44.4	52.9	27.3
Women meet new sexual partners	72.5	78.6	51.6	44.4	58.8	27.3
Female sex workers solicit customers	22.5	32.1	3.2	3.7	11.8	9.0


Condom availability at sites in Maseru
Industrial Area
Maseru Bridge
Agricultural College
Khubetsoana
Mabote
Tsosane
Lancers Gap
Tsenola
Botsabelo
Ratjonese
EMS
Qualing
Loretto
Seoli
Makoanyane
Leqele
Besete
Lithoteng
Matala
Condoms sold at site
No condoms sold at site
Free condoms distributed at site
Unknown

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