HEALTH POLICY INITIATIVE

The Resource Estimation Tool for Advocacy (RETA)

Version 1.0

User's Guide

October 2009

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USAID | Health Policy Initiative in the Greater Mekong Region and China
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1. About this Guide

This Resource Estimation Tool for Advocacy (RETA) User's Guide is a companion to RETA. RETA is a *Microsoft Office Excel*-based tool that will help you calculate the resources you need to implement the Comprehensive Package of HIV Prevention Services for Men Who Have Sex with Men.[1]

1.A. Who is this Guide for?

The Guide is written for groups that want to use RETA to conduct simple resource needs estimations, such as advocates and managers employed by national programs, community-based organizations (CBO), and other local/international nongovernmental organizations (NGO/INGO). For example, several local NGOs may initially work together to collect the information needed to use RETA and then, afterwards, join with the government to advocate for increased resources for HIV prevention programs in the area. Similarly, local NGOs and government could use the tool together to advocate for increased resources from national-level program planners or donors.

1.B. What does this Guide describe?

This Guide provides an introduction to RETA and detailed, step-by-step instructions for using it. By reading the Guide, you learn how to set up and operate the tool so that it produces useful estimates that can help you plan and advocate better.

RETA is designed based on the idea that the delivery of the Comprehensive Package of Services is the "gold standard" approach for HIV prevention. This Guide begins with a brief overview of that package and its elements.

1.C. What is the Comprehensive Package of Services?

Many countries have highly concentrated and severe HIV epidemics among men and transgenders, but have insufficient or uneven capacity to support HIV

[1] Note that throughout this Guide, "men" and "male" refers to men who have sex with men, except where otherwise noted.

prevention, treatment, care, and support interventions. In such countries there is a need to ensure that the basic services required to prevent HIV are reaching the people that would benefit from them; it is also important to ensure that these services are functioning optimally.

The Comprehensive Package of Services (CPS) responds to this need. CPS combines a complete set of basic services into a single, unified approach, making it easier for countries to implement a holistic system for preventing HIV.

Through CPS, programs engage and maintain ongoing contact with men and transgenders in order to help them

- Reduce their risk of acquiring or transmitting HIV
- Be aware of their HIV status
- Access the treatment, care, and support services they require if they are living with HIV.

Programs accomplish this by delivering HIV-specific services and by helping men and transgenders to maintain overall good health and well-being. This comprehensive support includes

- Peer outreach, peer education, and drop-in services;
- Promotion of, and access to, the means of HIV prevention
- HIV counseling and testing
- Sexually transmitted infection (STI) prevention and treatment and other sexual health services
- Access to HIV treatment, care, and support
- Creation of an enabling environment for prevention and care services.

Because the nature and needs of men and transgenders vary from location to location, CPS tailors services to account for differences between geographical areas and the populations at greatest risk. Unlike individualized approaches, however, CPS also plans for the overlap that often exists between services. Monitoring, evaluation, quality assurance, and research are routinely conducted

within CPS to ensure that as services evolve, they do so in concert with changes happening to other services and among targeted populations.

By providing a way to customize services in each location, while accounting for the synergies that exist between them, CPS makes it possible to improve the reach and impact of each service, as well as the cost effectiveness of the system as a whole.

For more comprehensive information about each of the elements of CPS and the services they include, see Annex 4: The Elements of CPS on page 45.

2. Getting Started

2.A. What is RETA?

Although some countries already provide HIV prevention services for men and transgenders, these activities are often not enough. Many people infected with HIV or at risk of becoming infected do not have access to the services that could help them. It is clear that these activities must be scaled up urgently if we are to meet and curb the AIDS epidemic.

Accomplishing this requires greater financial support from donors and governments for these interventions. Fortunately, there is good evidence for HIV prevention services that target men and transgenders and increased political will for this work. Despite this, however, many programs still do not have sufficient funding to scale up; efforts to mobilize resources remain a priority.

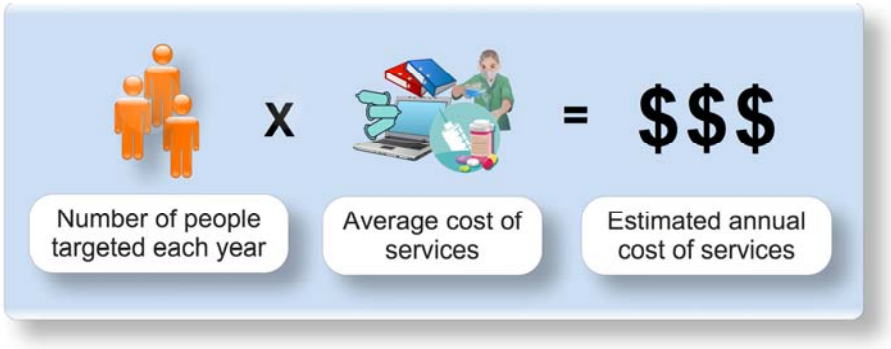
A thorough, logical explanation for long-term financial needs is invaluable when advocating with donors and governments for increased funding. RETA is a simple and easy-to-use tool that, when set up and used properly, can help you project these financial needs and clearly explain them to others.

2.B. How does RETA work?

RETA is contained in a *Microsoft Office Excel* file. This means that you must have the software application *Microsoft Office Excel* installed on your computer in order to use RETA.[2] Using *Microsoft Office Excel*, open your copy of RETA and populate it with information about the HIV prevention program and its plans.

This includes information about the geographical area that the program should cover and the populations of men and transgenders there. In RETA, you indicate coverage targets for each of the HIV prevention services that the program should provide. Lastly, you list the financial resources currently available for the program and the costs to deliver services. RETA uses this information to calculate the resources that the program will need to reach its targets.

[2] For more about these requirements, see 2.D. Conceptual diagram of how RETA works below.



By comparing the current level of financing with the resources that the program will need, RETA generates a financial analysis that highlights where there are gaps in funding and allows you to demonstrate how you arrived at those figures.

As you enter this information, RETA automatically updates several financial reports and graphs that show your financial status and needs.

Tip: Save your changes frequently. When you finish entering all of the information required, these reports and graphs will be complete and ready for you to use.

2.C. What information will you need to provide?

Generally speaking, RETA will require three types of information.

1. Background information about **the program**.

   When setting up RETA, you must begin by providing information about the country or area covered by (or meant to be covered by) the program. This includes demographic, epidemiologic, and financial information.

2. Information about **current HIV prevention efforts**.

   Before it can project future financial needs, RETA must understand how much it costs to deliver HIV prevention services in your environment. Within RETA, you will indicate the services provided currently or in the recent past

and the costs for delivering those services. RETA then determines how much it will cost, on average, to deliver each service to a single person.

3. Information about **future HIV prevention plans and targets**.

   RETA will generate a detailed financial analysis of future plans for programs, suggesting where there might be insufficient funding to reach program targets. To do this, RETA requires that you summarize the services that the program will provide for a period of 5 years, and the portion of the male and transgender populations (and sub-populations) to be covered by each service. You must also describe the financial resources available for this work.

The tables below list, in detail, the information and data you should prepare before beginning to work with RETA.

Table 1. General Program Information

This information is required	**Before using RETA, agree upon**
Name of the geographical area covered by the program	The specific area (such as a country, province, or district) in which the planned activities will occur and that location's official title.
Baseline year for coverage	The most recent coverage level for HIV prevention programs for men who have sex with men in your area.
Starting year for 5-year projection	The 5-year period covered by the resource needs estimation.
This information is optional	**Before using RETA, also determine**
Population growth/decline rate	The rate at which the population in the program area is increasing or decreasing.
Currency code	The standard international code of the currency to appear in the resource estimate (a donor currency, such as USD, for example).
Exchange rate	The value of the local currency in terms of the US Dollar.
Annual inflation rate	The rate at which the costs of goods and services are increasing, in terms of the currency you chose.

Table 2. Program Populations and Sub-populations

This information is required	Before using RETA, agree upon
Estimated number of adult males (aged 15–49) in the program area	The source for population data that you will use, and the year of the estimate.
Estimated number of men who have sex with men in the program area	The HIV prevalence (%) and STI prevalence (%) of men who have sex with men in the program area.
Will you use sub-populations?	Do you want to include specific sub-populations in the resource needs estimate generated by RETA?
Required if using sub-populations	**Before using RETA, also determine**
Sub-population name(s)	The sub-populations to include and (if data are available) the HIV and STI prevalence among each.
Estimated number of people in each sub-population in the program area	Do you want to also include a range of possible sizes for any of the populations or sub-populations?
Required if you use size ranges	
The populations and/or sub-populations for which you want to provide a range of sizes.	
For each, the type of range that you want to use (*estimated number of men* or *% of adult males*).	
For each, the low, middle, and high range for the population or sub-population.	

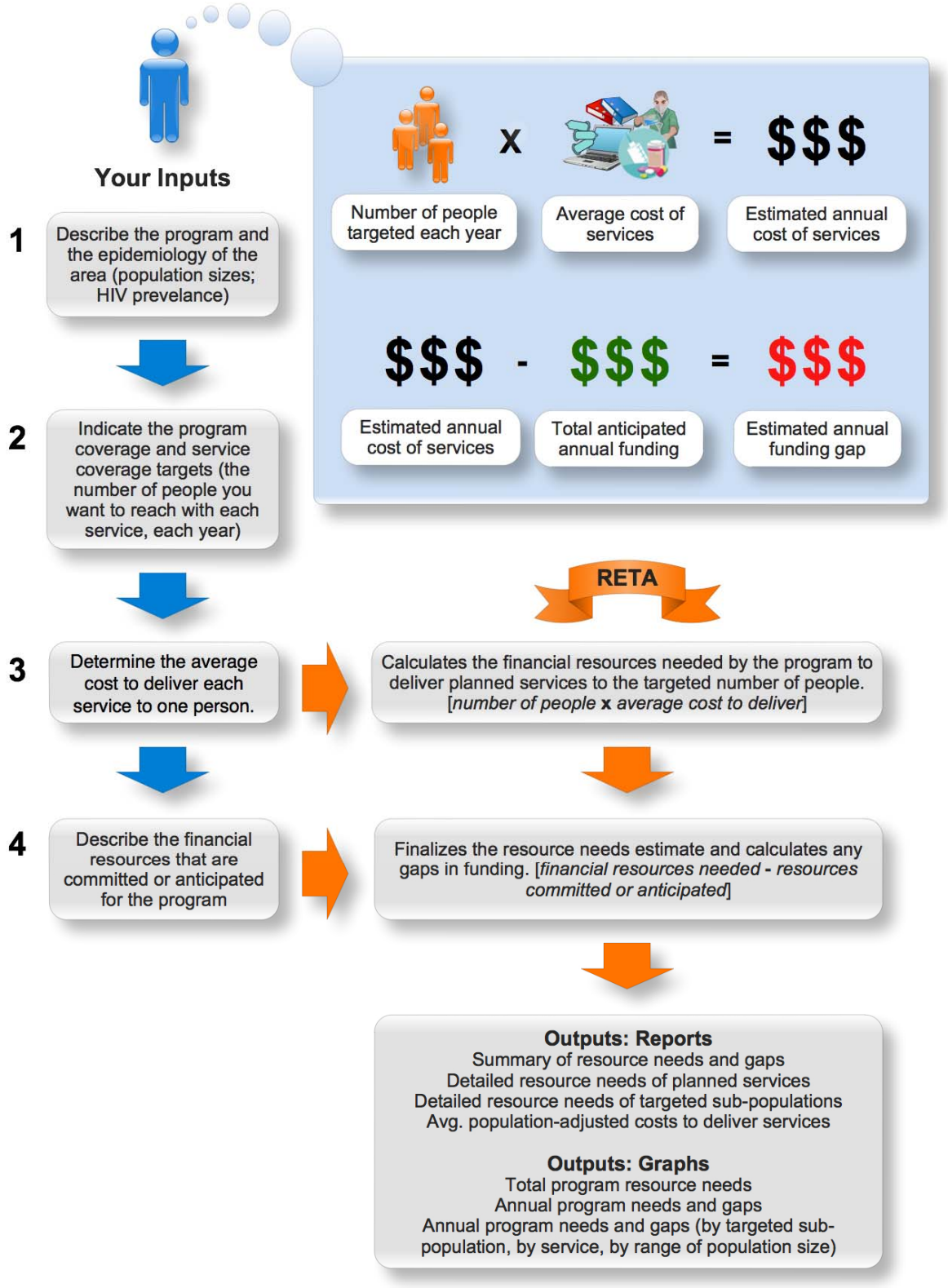
Table 3. Program and Service Coverage Targets

This information is required	Required if using sub-populations
% of all men who have sex with men who were covered by HIV prevention programs in the baseline year	% of each sub-population covered by HIV prevention programs in that year.
% of all men who have sex with men who should be covered by the program in each of the 5 planned years	% of each sub-population that should be covered in each of the 5 planned years.
% of the men who have sex with men who should be using each HIV prevention service	% of people in each sub-population that should be using each service.

Table 4. Program Costs and Resources

Before using RETA, agree upon	
What funding is committed and anticipated for HIV prevention programs for men who have sex with men during the 5-year period covered by the resource needs estimation?	
Will you input the expenses of the service and let RETA calculate an average cost to deliver that service to one beneficiary, or will you input the average cost manually?	
This information is required for each funded program	
The donor or other source of the funding	
The project or program through with the funding will be channeled	
The amount of funding committed or anticipated each year	
This information is required for the entire program	
% of the program budget that will be set aside for an enabling environment	
% of the program budget that will be set aside for research	
% of the program budget that will be set aside for monitoring and evaluation	
This information is required for each planned service	
If RETA will calculate the average cost	*If you will input the average cost manually*
A breakdown of the service expenses for 1 year, in detail. When added together, these expenses should reflect the total annual cost to deliver that service.	The average cost to deliver the service to a single beneficiary.
The name of the source of those service expenses, and the year of the service represented by the source.	
The number of individuals that receive support from the service during the year.	
The percent of service capacity that is needed to support those individuals.	

2.D. Conceptual diagram of how RETA works



2.E. What are the technical requirements for using RETA?

To use RETA, you need the following hardware and software:

Component	Required	Recommended
Software	Microsoft Office Excel 2000	Microsoft Office Excel 2003 or later
Operating system	Microsoft Windows 95 or later, or Microsoft Windows NT Workstation version 4.0 (Service Pack 3) or later	Microsoft Windows 2000 with Service Pack 3 (SP3), Windows XP, or later
Memory	34 megabytes (MB) of RAM	128 MB of RAM or greater
Free hard disk space	500 KB of available hard-disk space	1.5 MB of available hard-disk space

3. Preparing for the Estimate

This Guide is a companion to version 1.0 of RETA, published September 2009.

You should begin your work with a new, unused copy of that version of the RETA *Microsoft Office Excel* file. If you do not have that file or if you want to find out about new versions of RETA or this Guide, please visit the Web site or write to the e-mail address below.

Web site: http://www.healthpolicyinitiative.com

E-mail address: questions@hpi-gmrc.rti.org

3.A. Creating your working copy of RETA

Before you begin populating your new, unused copy of RETA with information about your country, program and plans, you should save a separate copy for your work. This will make it easier for you to re-start from the beginning if necessary, or to share RETA with other people who want to estimate the resources they need to implement the HIV prevention elements of CPS.

Create a copy of RETA for your work

1. Start *Microsoft Office Excel*.

   Note: If you have not already read the technical requirements for using RETA, then please see 2.E. What are the technical requirements for using RETA? on page 10.
2. On the **File** menu, click **Open**.
3. Locate your copy of the RETA *Microsoft Office Excel* file on your computer and then double-click the filename.

   RETA will open and you will see the title screen for the tool.
4. On the **File** menu, click **Save As**.
5. In the window that appears, navigate to the location on your computer where you want to save your working copy of RETA.
6. Enter a new filename for your working copy of RETA and then click **Save**.

   You can now begin working with this new copy of RETA. You will begin your work by finding the *Main Menu* in RETA.

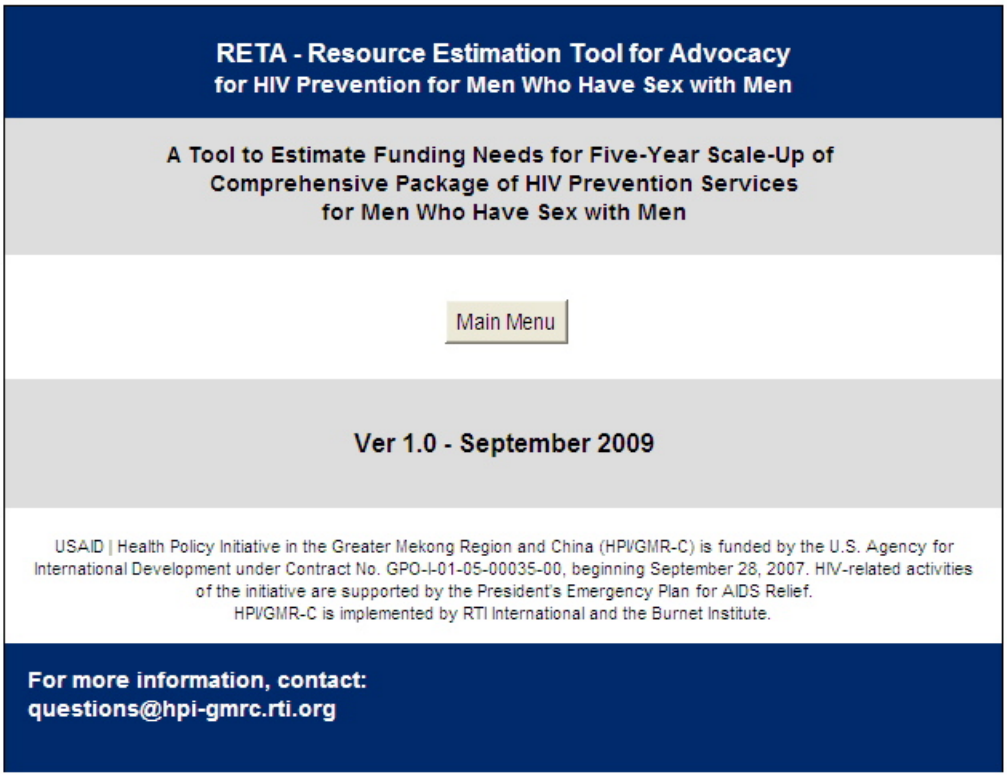
3.B. Finding the *Main Menu* in RETA

RETA provides a single, central menu from which you can access all of the tool's features. From this *Main Menu*, you will navigate to different screens in RETA, enter information (Inputs) and then read the financial reports that RETA produces (Outputs). You can find this menu easily, whether you are opening RETA for the first time or have already begun your work with the tool.

Option 1: Access the *Main Menu* for the first time

1. In *Microsoft Office Excel*, open your working copy of RETA.

   The RETA Welcome page appears. This page presents a brief summary of RETA and its history of development, including the version of the tool that you opened.



2. Click the **Main Menu** button in the center of the Welcome page.

   The *Main Menu* appears.

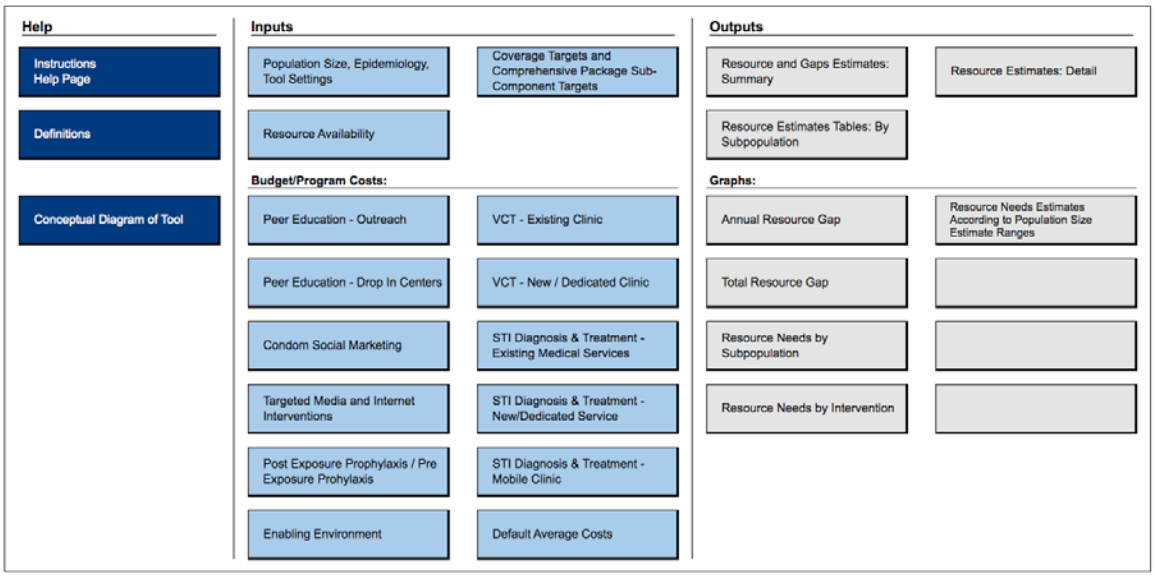
Option 2: Return to the Main Menu after you have begun working

- In the upper-left corner of any screen where you are working, click the **Main Menu** button.

  The *Main Menu* appears.

3.C. Understanding the *Main Menu*

The *Main Menu* contains several buttons that you can click to move from screen to screen in RETA. Each button is labeled with the name of the screen that it will take you to when the button is clicked.



The buttons on the RETA *Main Menu* are grouped into three categories.

1. Click a button in **Help** if you need instructions or help using RETA.
2. To access the screens where you enter data into RETA, click a button in **Inputs**.
3. The financial analysis and graphs that RETA generates are its outputs. Click a button in **Outputs** to view a specific financial report or graph created by RETA.

Although you may click any button at any time, this Guide explains the ideal order in which you should enter data into RETA. In later sections, this Guide explains how to interpret the reports and graphs that RETA creates using that data.

3.D. Describing the location of the program

The first step when using RETA is to provide basic details about the demographics and financial characteristics of the HIV prevention program being planned or implemented.

Describe the location of the program

1. On the *Main Menu*, click **Population Size, Epidemiology, Tool Settings**.

   The *Basic Data* window appears.

2. In the **Country or Area** field, type the name of the country or other geographical area (such as the name of a province or district) that the program covers.

   Tip: When using RETA, type data in the blank fields that appear to the right of labels. Do not replace labels with your data unless you are instructed to do so.

3. RETA requires data about the estimated coverage of HIV prevention programs for men and transgenders in the area. In the Other settings table, in the **Baseline year for coverage** field, type the year of the estimate you will use.

Other settings	
Baseline year for coverage	
Starting year for 5-year projection	
Population growth/decline %	
Currency code	USD
Exchange rate local currency = 1USD	
Annual inflation rate in USD	

The Notes panel

At the bottom of the Basic Data window, as well as several other windows in RETA, a "Notes" panel appears. It is important that, as you enter data into RETA, you record notes about your work. This will be a great help to others who use the tool afterwards. In particular, try to note the source (including Web site address or document title and authors) of any population size estimates, HIV/STI prevalence data, inflation rate, and so on. You may also want to explain how you arrived at certain decisions, such as how you chose the population size estimates that you included.

4. RETA will estimate the resource needs of the program for 5 years. In the **Starting year for 5-year projection** field, type the first of the 5 years.

   Note: Steps 5–8 below are optional. If you choose to skip these steps, please proceed to section 3.E. Describing the populations that the program will target on page 15.

5. In the **Population growth/decline %** field, type the rate (a percentage) at which the size of the population in the program area is increasing or decreasing.

   Note: When providing a population growth rate, use the rate from 15 years ago, because it reflects the growth rate of the population currently aged 15–

49. Historical rates for countries can be found on the following Internet Web site: http://www.census.gov/ipc/www/idb/informationGateway.php.

To determine a country's historical population growth rate

a. In an Internet browser (such as *Explorer* or *Safari*), open the Web site above.
b. On that Web site, select **Crude Birth and Death, Net Migration, and Growth Rates** from the **Table** list.
c. From **Country**, select the name of the country where the program exists.
d. From **Year(s)**, select the year for which you want a rate.
e. Click the **Submit** button.

   Demographic information about the country appears, including the growth rate for that country in the year selected.

6. In the **Currency code** field, type the standard international code for the local currency. The code you provide will appear in graphs generated by RETA. The dollar sign ($) is always used to indicate financial figures.

   The table below presents examples of currency codes.

Code	Country	Code	Country
KHR	Cambodia	MMK	Myanmar
CNY	China	THB	Thailand
LAK	Lao People's Democratic Republic	VND	Vietnam

7. In the **Exchange rate local currency** field, type the value of the local currency in terms of the U.S. dollar. If 10 units of that currency are equal to US$1, for example, type "10" in this field.
8. In the **Annual inflation rate** field, type the inflation rate (a percentage) at which prices of goods and services are increasing (or decreasing) over time. National statistics offices can often provide you with this rate.

3.E. Describing the populations that the program will target

Within the geographical area covered by the program there may be several different populations and sub-populations of men and transgenders. You must

- Choose the populations and sub-populations that the program will attempt to reach with HIV prevention services.

- Define the size of these populations.

Choose the populations that the program will target

1. On the Main Menu, click **Population Size, Epidemiology, Tool Settings**.

   The *Basic Data* window appears.

2. In the **Use Sub-populations?** field, type the number "1" if you want to generate estimated resource needs for sub-populations of *All men who have sex with men*.

   If you type 1 in this field, a proposed list of sub-populations appears.

Population size estimates	Estimate	Year
Total adult male population (15-49)		
All men who have sex with men		
USE SUB-POPULATIONS? 1=Y, 0=N	1	
Accessible men who have sex with men		
Men who sell sex		
Less accessible men who have sex with men		
Transgenders		
Men in closed settings		
User defined		
User defined		

3. If you use sub-populations, review the proposed list and customize if needed.

   To customize the list of your sub-populations, replace their names (by erasing and then re-writing) in the *Population size estimates* table. You may add additional sub-populations by typing the name of a new sub-population in the **User defined** field. Changes you make in this table will appear throughout RETA.

   Caution: Only change sub-population names in the *Population size estimates* table. If you change these names in other tables, your changes will not automatically appear throughout RETA.

Define the size of the populations

1. In the *Population size estimates* table, in the **Total adult male population** field, type the total estimated number of males (aged 15–49) in the geographical area of your program. In the **Year** field to the right, type the year of this estimate.

2. Indicate the number of men who have sex with men and any sub-populations. For each population and sub-population, you can either
   a. Provide a single estimated size, or
   b. Provide a range of possible sizes.

   Note When choosing between a single estimated population size and a range, it is important that you consider the quality of your data. Use the most reliable data that you have. If you have a very good estimate, or one that is nationally agreed upon, use it. If you do not have such an estimate, or if your estimate is based on a range of possibilities, then use a range. A range should represent a reasonable, possible size: your low range should be the lowest that could be expected and which is line with existing data. Your high range should represent the largest possible number; it again should be based on existing data and should factor in the rate at which HIV is increasing and other population dynamics.

   Option A: Enter a single estimated size

   In the *Population size estimates* table, you can indicate a specific, fixed number for a population or sub-population.

   a. In the **All men who have sex with men** field, type the estimated number of men (including transgenders) that have sex with men. In the **Year** field to the right, type the year of this estimate.
   b. If you are using sub-populations, type the estimated number of men in the sub-population next to the name of each sub-population.

   Option B: Enter a range of possible sizes

   In the *Population size estimates: ranges* table, you can indicate a range of possible sizes (low, medium, and high) for each population or sub-population. For each size, you can choose to use either a fixed number or a percentage of all adult males.

   a. *To use a fixed number*: In the Ranges: Estimates column, type the estimated size (low, medium, and high) of the population or sub-population.
   b. *To use a percentage*: In the Ranges: % of adult males column, type the percentage of adult males that are likely to be within the population or

sub-population. After entering a percentage, RETA will automatically calculate the size of the population based on the percentage you entered and present this population size in the Estimates based on % of adult males column.

3.F. Characterizing the HIV epidemic

The last step when preparing your working copy of RETA is to describe the prevalence of HIV and STIs among the populations and sub-populations in geographical area covered by the program.

Indicate the prevalence of HIV/STI in the area

1. In the *HIV/STI prevalence data* table, in the **HIV %** field, type the prevalence (a percentage) of HIV for each of the populations and sub-populations that appear.
2. In the *HIV/STI prevalence data* table, in the **STI %** field, type the prevalence (a percentage) of STIs for each of the populations and sub-populations that appear.

   Tip: For STI rates, use the most recent STI data available, and indicate the prevalence of any STI if a study may have collected data on more than one STI. This could be a combination of Chlamydia, gonorrhea, syphilis, or others.

4. Setting the Program Targets

After you describe the geographical area that the program covers and the populations of men and transgenders there, you must set the program and service coverage targets.

- What portion of each population will the program cover, annually? What portion will the program cover by year 5?
- What percent of the overall target population (including sup-populations) should have access to each of the services? How should each of the services be targeted to different populations and sub-populations?

4.A. Indicating the program coverage targets

Earlier (in section 3.D. Describing the location of the program, page 13), this Guide described how to indicate the baseline year for your data about HIV program coverage. You also chose the start of the 5-year period for which you want an estimate of program resource needs.

Using this information, RETA constructs a table of annual indicators and targets that you must complete. For each population and sub-population, you must indicate in RETA the portion that is, and will be, covered by the HIV prevention program.

Indicate the program coverage targets

1. On the Main Menu, click **Coverage Targets and Comprehensive Package Sub-Components Targets**.

   The *Program Coverage and Targets* table appears.

Annual prevention program coverage targets	Baseline Coverage 2000	Annual targets				
		2012	2013	2014	2015	2016
All men who have sex with men						
Accessible men who have sex with men						
Men who sell sex						
Less accessible men who have sex with men						
Transgenders						
Men in closed settings						
User defined						
User defined						

   In the **Baseline Coverage** column of the table you will see the year you typed earlier. The dates in the **Annual targets** column are based on the year you chose as the start of the 5-year period. You will also note that the population

and sub-population names appear with any changes you made, if you customized them earlier. If you chose not to use sub-populations, the *Program Coverage and Targets* table will not display any.

Annual prevention program coverage targets	Baseline Coverage 2000	Annual targets				
		2012	2013	2014	2015	2016
All men who have sex with men						

2. In the **Baseline Coverage** column, type the percent of each population that was reached by the program in the baseline year. Repeat this for each of the populations and sub-populations that appear in the table.
3. For each year in the **Annual targets** column, type the percent of the population that the program intends to reach in that year. Again, repeat this for each of the populations and sub-populations in the table.

   Note: It is recommended[3] that HIV prevention programs be rapidly scaled up to reach 80% of men and transgenders. Program targets should reflect this ambition. Targets should also be feasible and in line with local capacity, however, even if this is less than ideal.

4.B. Indicating the service coverage targets

The various services included in RETA should be targeted to different populations and sub-populations of men who have sex with men, according to their need and accessibility. Not all of the people covered will have (or need) access to all of the services provided by the program. The projected resource needs of the program will depend on what percent of the people covered will access each service.

Indicate the service coverage targets

1. On the Main Menu, click **Coverage Targets and Comprehensive Package Sub-Components Targets**.

[3] *Redefining AIDS in Asia: Crafting an Effective Response–Report of the Commission on AIDS in Asia* (Oxford University Press, New Delhi, 26 March 2008).

The *Coverage of Sub-Components for Each Sub-population* table appears. You see a column for each of the populations and sub-populations that you chose to include in the resource needs estimate.

Comprehensive Package of Prevention Services	All men who have sex with men	Accessible men who have sex with men	Men who sell sex	Less accessible men who have sex with men	Transgenders	Men in closed settings
Strategic behaviour change communication						
Repeat contact peer education through outreach						
Repeat contact peer education through fixed sites (DIC)						
Condom social marketing						
Targeted media, internet interventions*						
STI diagnosis and treatment						
Dedicated clinics for men who have sex with men						
Mobile clinical services						
Existing clinics						
VCT						
Dedicated services for men who have sex with men						
Existing services						
PEP and PrEP						
Post-Exposure Prophylaxis*						
Pre-Exposure Prophylaxis*						

2. In the line next to the first service planned (for example, **Repeat contact peer education through outreach**), type the portion of the population that should optimally be reached or should ideally be accessing the service. Repeat this for each population and sub-population that appears, and for each service that the program should provide.

Example An example of service coverage targets might be as follows:

Comprehensive Package of Prevention Services	All men who have sex with men	Accessible men who have sex with men	Less accessible men who have sex with men	Men wh
Strategic behaviour change communication				
Repeat contact peer education through outreach	38%	80%	20%	
Repeat contact peer education through fixed sites (DIC)	9%	30%	0%	
Condom social marketing	79%	100%	70%	
Targeted media, internet interventions*	62%	90%	50%	
STI diagnosis and treatment				
Dedicated clinics for men who have sex with men	9%	30%	0%	
Mobile clinical services				
Existing clinics	77%	70%	80%	
VCT				
Dedicated services for men who have sex with men	9%	30%	0%	
Existing services	46%	70%	35%	
PEP and PrEP				
Post-Exposure Prophylaxis*				
Pre-Exposure Prophylaxis*				

The example above assumes that 30% of the population is accessible and 70% is less accessible.

The **accessible population** is those that frequent entertainment venues and cruising areas to find sex partners. We are able to reach a large portion of these men by outreach and peer education services (80%).

We also assume that these men are more highly sexually active and should be the target of peer education and outreach programs. A portion of these men might visit drop-in centers (depending on the availability of such centers and whether they cater to feminized men, transgenders, male sex workers, or possibly to all). Condom social marketing programs need to promote condom use to the most sexually active, and we assume that accessible men can be reached by these promotion activities and campaigns. The example also expects that a large portion of accessible men can be reached through targeted media and the Internet.

Less accessible men are not as easy to reach with these services. They may live in rural areas where there are no programs for men who have sex with men, or they may not visit entertainment venues or other cruising areas where programs or government services can easily find them. Therefore, the example has set lower targets for these men. It does hope to reach them by promoting general condom information (condom social marketing), even though the information may not be specific to male-male sex.

For STI diagnosis and treatment, the CPS recommends an annual screening visit for all men. The example assumes that the promotion of annual STI screening can reach 100% of accessible men: 70% are projected to visit existing clinics and 30% (such as transgenders and male sex workers) will visit a dedicated clinic. Other populations will be less easy to reach, but the example estimates that 80% will visit a clinic because of symptoms of an STI.

The CPS recommends annual HIV testing for men who have sex with men. Based on the same logic as above, the example includes targets for testing at both dedicated (30%) and existing (70%) services. Some less accessible men may also be tested for HIV: the target for that population is 35%.

Note: The figures you use should be the result of a lot of discussion to completely understand the target populations, your understanding of their needs for the different services, and how accessible you think the sub-populations are to the services.

5. Defining Program Costs and Resources

After you set the coverage targets for the HIV prevention program, you must provide RETA with information about the costs to operate the program and the resources available to do so. This requires that you

- Indicate in RETA the average cost to deliver each planned HIV prevention service to one person.
- Define the portion of the program budget that will be used to create and maintain an enabling environment and on-going quality improvement.
- List the financial resources that have been committed or are anticipated for the HIV prevention program.

When you have finished providing this financial information, the RETA estimate of resource needs will be complete.

5.A. Indicating the average costs to deliver services

For each HIV prevention service that the program should provide (see Annex 4: The Elements of CPS on page 45), you must indicate the average cost to do so for a single beneficiary. RETA will multiply this average cost by the number of beneficiaries targeted each year, and thus project the annual financial needs for the service.

There are two ways that you can indicate the average cost for a service in RETA.

1. If the service (or a similar service) is currently running or recently existed, but you have not estimated the average cost yet, RETA can *calculate the cost* for you.
2. If you already estimated the average cost, or if you have the average cost from a similar program, you can *manually enter the cost*.

You must indicate the average cost for each service that the program should provide. But you can use different approaches for each service: some costs could be calculated, while others could be entered manually.

Note: You may not have information about the costs of a planned service because the service is new. If financial information is available from a similar service that already exists, however, you can use that existing service's information. For

example, if there has not been a peer education and outreach program for men who have sex with men, but there has been one for female sex workers, you could use the costs of the service for female sex workers to project the costs of the new service.

Calculate the average cost of a service

The Main Menu includes a section of buttons labeled **Budget/Program Costs**. Within this panel there is a button for each of the CPS service areas. To calculate the average cost to deliver a service

1. Identify, in advance, an example of the service (such as a clinic or a community project) that can be used as a model for future, similar services. When selecting an example, remember that

   - You will need complete information about the annual expenses of the service, and the number of people that benefitted from the service.
   - You should choose an example that is generally considered to be of high quality and is worth replicating or expanding.
   - If you are unable to find an example that is ideal, use the best existing example and add any elements to its budget that are needed to make it a higher quality service.

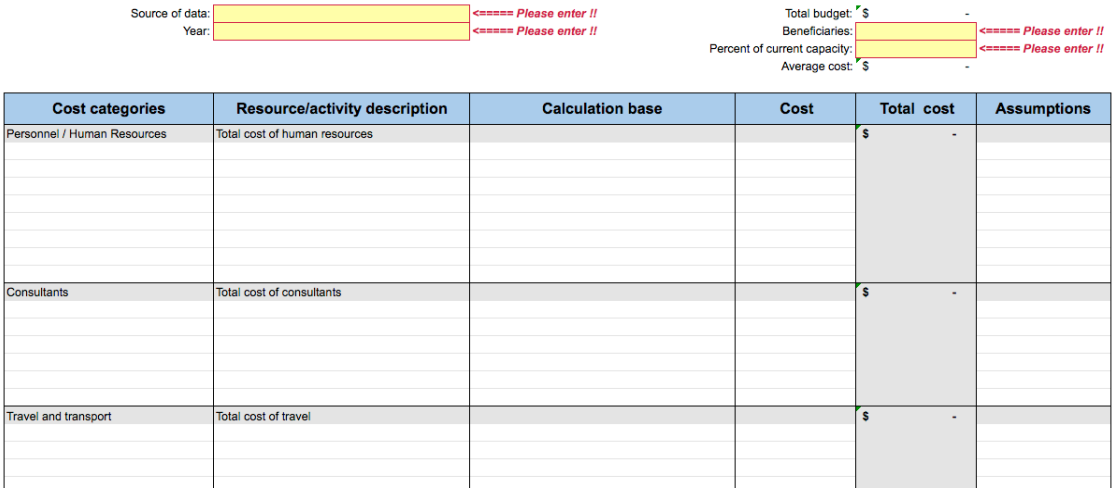
   Tip: To generate an average cost that reflects many levels of the health system, combine the expenses from several different examples of the service (and their combined beneficiaries) into one budget worksheet.

Choosing the right service for budgeting

There are many approaches when choosing a service to use as a model for budgeting. For example, there may be one government STI clinic and several private clinics that are suboptimal. You may decide to base your costs on the government clinic, even though the staff at the clinic may not have been trained in some important aspects of STI diagnosis among men. You could include the costs of human resources, facilities, commodities, and the overhead of the clinic in RETA, but also add the costs required to improve the clinic, such as additional training in clinical examination and diagnosis, guidelines for prescribers, and so on.

2. On the Main Menu, in **Budget/Program Costs**, click the name of the service for which you want to calculate an average cost.

   The *Service Budgeting* table appears, in which you can enter the details of the expenses for the service you chose.



Source of data: <====== Please enter !!
Year: <====== Please enter !!

Total budget: $ -
Beneficiaries: <====== Please enter !!
Percent of current capacity: <====== Please enter !!
Average cost: $ -

Cost categories	Resource/activity description	Calculation base	Cost	Total cost	Assumptions
Personnel / Human Resources	Total cost of human resources			$ -	
Consultants	Total cost of consultants			$ -	
Travel and transport	Total cost of travel			$ -	

   For each type of cost (*cost category*), the Service Budgeting window provides space for you to list specific expenses and to describe the way you calculated each and any assumptions made. The seven cost categories used by RETA are

   i. Personnel/Human resources
   ii. Consultants
   iii. Travel and transport
   iv. Equipment and supplies
   v. Meetings, workshops, and training
   vi. Other direct costs
   vii. Indirect costs

   Note: In some cases, your financial information may not have this level of detail. You may have only a total cost for the service or subtotals for each cost category. Although more detail is useful, it is not required in order to use RETA. If you have more detail than space allows in the worksheet, you can enter summary information into the worksheet. You cannot insert more rows into the worksheets.

3. In the **Source of data** field, describe the source of your costing information.
4. In the **Year** field, type the year of service that the source refers to.

5. For each cost category
    a. In the **Resource/activity description** column, provide a brief description of each of the relevant expenses.
    b. In the **Calculation** base column, describe how you calculated each expense.
    c. In the **Cost** column, enter the value of the expense.

       Note: As you enter these costs, the **Total cost** field will automatically update to show you the total expenses related to that cost category.
    d. In the **Assumptions** column, describe any assumptions that you made for each expense.
6. Repeat step 5 (above) for each of the cost categories for the service.

   Note: The Equipment and Supplies category should include the costs of commodities needed to deliver the service. This could be the cost of computers, mobile phones, and motorbikes, for example. This should also include the cost of health products distributed through services, such as condoms and lubricant.

   When you have finished listing all of your expenses for all cost categories, the **Total budget** field will show the final, total cost of delivering that service.

7. In the **Beneficiaries** field, type the number of individuals that the service supported.

   Note: This is the number of people that actually received support from the service during the year. It does not reflect the number of people that could have received support, given the capacity of the program.
8. In the **Percent of current capacity** field, type the percent of program capacity that was needed to support the beneficiaries.

   For example, if the service provided HIV counseling and testing to 100 men, but could have counseled and tested 200 men with its current staffing, facilities, and other resources, then the percent of current capacity would be 50%.

Based on the information you provided, RETA calculates the average cost to deliver the service to one beneficiary, and displays this figure in the **Average cost** field.

Manually enter the average cost of a service

If no cost information is entered in the individual service budget worksheets, RETA will look to the Default Average Costs table to calculate the resource estimates.

The Default Average Costs table is used for two possible reasons. Firstly, this table can be used to enter default average costs for specific services where average costs may have already been determined for your area (for example, for a Global Fund proposal). Alternatively, this table can be used to select or estimate service costs if you have no information about costing in your area. Average costs for other countries have been provided. You may choose among these to select the default costs that you think best represent the cost levels in your area.

1. On the Main Menu, click the **Default Average Costs** button.

   The *Default Average Costs of Services* table appears.

Component of Comprehensive Package of Prevention Services	Default Average Cost (USD)	Average costs - China	Average costs - Cambodia	Average costs - Thailand
Strategic behaviour change communication				
Repeat contact peer education through outreach				
Repeat contact peer education through fixed sites (DIC)				
Condom social marketing				
Targeted media				
Internet interventions				
STI diagnosis and treatment				
Dedicated clinics for men who have sex with men				
Mobile clinical services				
Existing clinics				
VCT				
Dedicated services for men who have sex with men				
Existing services				
PEP and PrEP				
Post-Exposure Prophylaxis*				
Pre-Exposure Prophylaxis*				

2. In the **Default Average Cost** field, type the average cost for each service for which you want to manually set the average cost.

5.B. Budgeting for an enabling environment, research, and monitoring and evaluation

A program's environment can help the program succeed or make the work of the program more challenging. The ability of the environment to enable program work can be influenced by many factors, ranging from national policies, to the capacity of program staff, to the involvement and empowerment of community groups.

When establishing a program budget, some resources should be set aside for work to create such an **enabling environment**. This is especially true when the program is first established; in theory, over time, the elements of an enabling environment will be put in place and fewer resources will be required for that work.

Note: By default, RETA includes recommended percentages for the allocation of resources to an enabling environment, research, and monitoring and evaluation. These are based on commonly accepted and commonly used figures. You should, however, change these figures to suit your local conditions and priorities.

A percentage of the program budget should also be allocated for **research**. In order to effectively scale up and target services, research on the epidemic and behaviors driving it needs to happen, particularly in the early years of the program. Like the budget for an enabling environment, the budget requirements for research should decline over time.

Lastly, it is critical that a program continually identifies and removes obstacles that reduce the effectiveness of their services and shares this information with others. The program should use a percentage of its total budget for **monitoring and evaluation** so that it can observe performance and effectively respond to obstacles as they arise. Unlike the funding for research and an enabling environment, the funding required for monitoring and evaluation will likely increase as the building blocks of the program are laid and it begins to expand its work.

Note For an example of how the allocation of resources for an enabling environment, research and monitoring and evaluation might change during a 5-year period, see the chart that appears in 6.D.IV. Annual program needs for planned services on page 39.

Budget for an enabling environment, research, and monitoring and evaluation

1. On the Main Menu, click the **Enabling Environment** button.

   The *Percent of Program Budget* table appears.

Percent of Program Budget	
Enabling Environment	
Advocacy / Policy	**10%**
Stigma and discrimination reduction for sexual minorities	
Capacity building of indigenous civil society actors	
Community mobilization	
Research	**5%**
Monitoring and Evaluation	**7%**

By default, the *Percent of Program Budget* table suggests a certain percentage (%) of the total program budget to allocate to each of the three areas of work.

2. In the **Enabling Environment** field, type the percentage of the program budget that should be initially set aside to create and maintain an enabling environment.
3. In the **Research** field, type the percentage of the program budget for research activities.
4. In the **Enabling Environment** field, type the percentage of the program budget for monitoring and evaluation activities.

5.C. Listing the resources that have been committed or are anticipated

As described above, RETA can project the financial resources that the program will need to achieve its HIV prevention program coverage targets. To complete the financial analysis of the program and determine if there are resource gaps, however, you must also provide information about the funding that has been committed or is anticipated for the program.

List the program financial resources

1. On the Main Menu, click **Resource Availability**.

   The *Resource Availability* table appears.

	Donor / Source	Project / Program	2011	2012	2013	2014	2015
		Total					

   The *Resource Availability* table provides space for you to describe the financial resources that the program expects to receive during the 5-year period.

2. For each financial contribution that has been committed or is anticipated for the HIV prevention program
   a. In the **Donor/Source** field, type the source of the funding, such as the name of a charity, donor, government agency, or private contributor.
   b. In the **Project/Program** field, type the channel of the funding, such as the name of the donor program that is funding the HIV prevention work.
   c. You will see a column for each year of your forecast (a total of 5 years). In each column, type the amount of funding you expect in that year from the project/program you are describing. Repeat this for all 5 years, until you have finished describing all of the contributions from the project/program.
3. Repeat step 2 above, until you have finished describing all of the contributions that are committed or anticipated for the HIV prevention program.

   Note: Some donors are unwilling to commit to long-term financial support for programs. Such donors agree to formal financial commitments 1 year at a time, even if they are likely to continue their support in the future. As you describe the program financial resources, decide in advance how you want to reflect these future commitments in your expected budget. You may decide to assume that current funding will remain stable throughout the 5-year period covered by the projection. Alternatively, you may be able to receive informal commitment from existing donors.

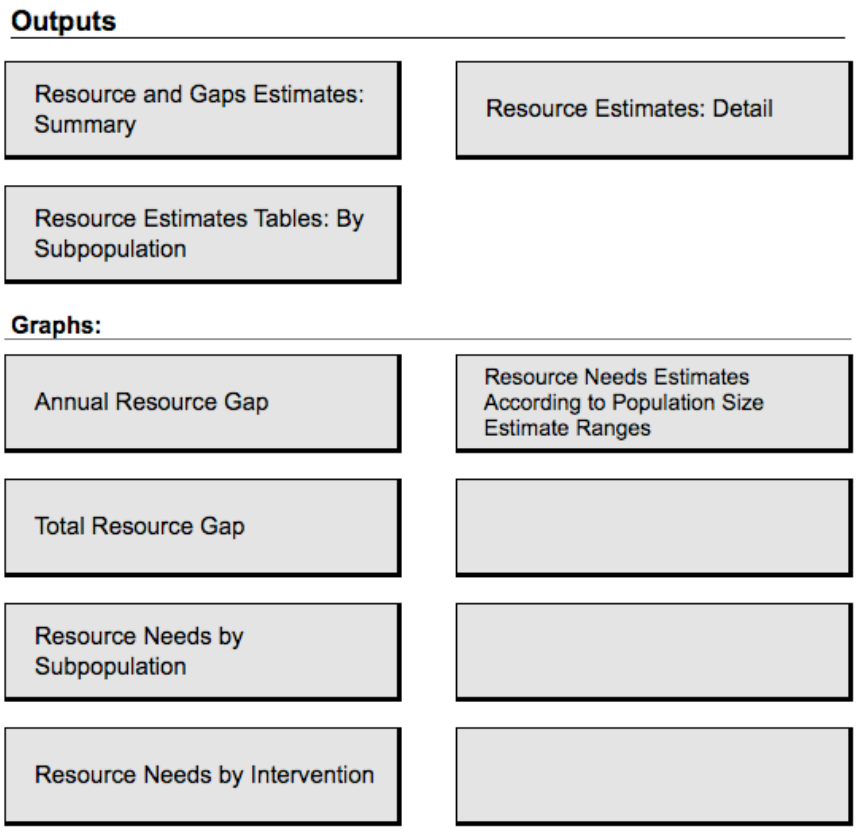
When you have finished, the RETA financial analysis is complete.

6. Understanding the Results

Many programs want to scale up HIV prevention services for men and transgenders but lack sufficient resources. This requires that programs and partners advocate for funding from donors and governments. Unfortunately, advocates do not always have the information they need or the information is unclear or unconvincing.

RETA generates reports that can help advocates clearly explain and justify program resource needs. RETA also produces graphs that visually show key financial indicators of need. When you enter data into RETA, these reports and graphs are automatically created. As you change data, the reports and graphs are updated.

You can access these reports and graphs from the Main Menu in RETA. The Main Menu includes a section of buttons labeled **Outputs**. This section includes buttons that lead to four summary tables, each presenting the financial needs of the program from a different perspective. This section also includes buttons that lead to five simple graphs that can be inserted into advocacy documents or presentations.


Outputs
Resource and Gaps Estimates: Summary
Resource Estimates: Detail
Resource Estimates Tables: By Subpopulation
Graphs:
Annual Resource Gap
Resource Needs Estimates According to Population Size Estimate Ranges
Total Resource Gap
Resource Needs by Subpopulation
Resource Needs by Intervention

6.A. Summary of resource needs and gaps

To view an overview of the targets and financial needs and resources for the entire program, click **Resource and Gaps Estimates: Summary** on the Main Menu.

The *Resource Needs and Gaps Estimates* table appears.

All Men Who Have Sex with Men		Baseline	End of year targets					
		2008	2011	2012	2013	2014	2015	Total
Size of target group								
Size of target group per year: point estimate		5,000	5,152	5,203	5,255	5,308	5,361	26,278
low estimate		2,000	2,061	2,081	2,102	2,123	2,144	10,511
mid estimate		4,000	4,121	4,162	4,204	4,246	4,289	21,022
high estimate		6,000	6,182	6,244	6,306	6,369	6,433	31,533
Coverage:								
% men covered with comprehensive package	%	10%	15%	20%	40%	60%	80%	
Number of men covered - point estimate			773	1,041	2,102	3,185	4,289	11,388
low population size estimate			300	416	841	1,274	1,715	4,546
mid population size estimate			600	832	1,682	2,548	3,431	9,093
high population size estimate			900	1,249	2,522	3,821	5,146	13,639
Total resources required - point estimate			$ 85,659	$ 91,954	$ 147,546	$ 198,254	$ 274,585	$ 797,997
low population size estimate			33,718	36,781	59,018	82,453	109,754	321,725
mid population size estimate			67,436	73,563	118,037	164,906	219,508	643,450
high population size estimate			101,154	110,344	177,055	247,359	329,262	965,175
Resources available			$ 67,500	$ 80,000	$ 120,000	$ 140,000	$ 120,000	$ 527,500
Resource gap - point estimate			$ 18,159	$ 11,954	$ 27,546	$ 58,254	$ 154,585	$ 270,497
low population size estimate			(33,782)	(43,219)	(60,982)	(57,547)	(10,246)	(205,775)
mid population size estimate			(64)	(6,437)	(1,963)	24,906	99,508	115,950
high population size estimate			33,654	30,344	57,055	107,359	209,262	437,675
Cost per client covered with comprehensive services			$ 110.85	$ 88.37	$ 70.19	$ 62.25	$ 64.03	$ 70.07

The Resource Needs and Gaps Estimates table presents a high-level overview of the resources required by the program annually, the resources that are available, and any gaps in funding. It includes the annual targets for coverage of the HIV prevention program, thus demonstrating the general outcomes that should be expected if sufficient funding is available. The summary includes scenarios of possible financial need, based on the different ranges (low, mid, and high) of population size that can be expected.

6.B. Detailed resource needs for planned services

Advocates may need more detailed information about the resource needs of the programs, such as the funding required annually to implement a particular planned intervention.

To view a more detailed summary of the financial needs of the program, click **Resource Estimates: Detail** on the *Main Menu*.

The *Resource Needs Estimates – Detail* table appears.

All Men Who Have Sex with Men		Baseline	End of year targets					
Population point estimate		2008	2011	2012	2013	2014	2015	Total
Size of target group								
Size of target group per year		5,000	5,152	5,203	5,255	5,308	5,361	26,278
Coverage:								
% men covered with comprehensive package	%	10%	15%	20%	40%	60%	80%	
Number of men covered			773	1,041	2,102	3,185	4,289	11,388
Resources required								
Strategic behaviour change communication			$ 14,315	$ 19,470	$ 39,722	$ 60,781	$ 82,670	$ 216,958
STI diagnosis and treatment			$ 24,195	$ 32,908	$ 67,139	$ 102,733	$ 139,730	$ 366,704
VCT			$ 4,825	$ 6,562	$ 13,388	$ 20,486	$ 27,863	$ 73,124
PEP and PrEP			$ -	$ -	$ -	$ -	$ -	$ -
Enabling environment			$ 25,026	$ 18,400	$ 12,025	$ 5,894	$ 4,333	$ 65,679
Research			$ 12,513	$ 9,200	$ 6,012	$ 2,947	$ 2,167	$ 32,839
Monitoring and evaluation			$ 4,785	$ 5,414	$ 9,259	$ 5,414	$ 17,822	$ 42,694
Total resources required			**$ 85,659**	**$ 91,954**	**$ 147,546**	**$ 198,254**	**$ 274,585**	**$ 797,997**
Cost per client covered with comprehensive services	$		**110.85**	**88.37**	**70.19**	**62.25**	**64.03**	**70.07**

The *Resource Needs Estimates – Detail* table presents a summary of the funding requirements of the program. This includes the specific, expected annual financial needs for each of the program interventions, including calculations of the resources that should be set aside for enabling environment, research, and monitoring and evaluation.

6.C. Detailed resource needs for targeted sub-populations

To view the detailed financial needs of each sub-population, click **Resource Estimates Tables: By Sub-population** on the *Main Menu*.

The *Resource Needs and Gaps Estimates by Sub-population* table appears.

Accessible men who have sex with men		Baseline	End of year targets					See Detail
		2008	2011	2012	2013	2014	2015	Total
Size of target group								
Size of target group per year: point estimate		3,500	3,606	3,642	3,679	3,715	3,752	18,394
low estimate		1,500	1,545	1,561	1,577	1,592	1,608	7,883
mid estimate		2,500	2,576	2,602	2,628	2,654	2,680	13,139
high estimate		4,000	4,121	4,162	4,204	4,246	4,289	21,022
Coverage:								
% men covered with comprehensive package	%	10%	15%	20%	40%	60%	80%	
Number of men covered - point estimate		350	541	728	1,471	2,229	3,002	7,972
low population size estimate		150	232	312	631	955	1,287	3,417
mid population size estimate		250	386	520	1,051	1,592	2,144	5,694
high population size estimate		400	618	832	1,682	2,548	3,431	9,111
Total resources required - point estimate			**$ 76,783**	**$ 82,425**	**$ 132,257**	**$ 184,773**	**$ 246,133**	**$ 722,372**
low population size estimate			32,383	35,325	56,682	79,189	105,409	308,987
mid population size estimate			53,972	58,875	94,469	131,981	175,681	514,979
high population size estimate			86,355	94,200	151,151	211,170	281,090	823,966
Cost per client covered with comprehensive services	$		**$ 142**	**$ 113**	**$ 90**	**$ 83**	**$ 82**	**$ 91**

The *Resource Needs and Gaps Estimates by Sub-population* table presents an overview, for each sub-population, of the program targets for that sub-population and the resources required to achieve those targets.

Tip: You can view a detailed summary of the resources required to deliver each service to that sub-population. To do so, click the **See Detail** link in the upper-right corner of the table for that sub-population.

Accessible men who have sex with men		Baseline	End of year targets					
Population point estimate		**2008**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
Size of target group								
Size of target group per year		3,500	3,606	3,642	3,679	3,715	3,752	18,394
Coverage:								
% men covered with comprehensive package	%	**10%**	**15%**	**20%**	**40%**	**60%**	**80%**	
Number of men covered			541	728	1,471	2,229	3,002	7,972
Resources required								
Strategic behaviour change communication			$ 17,276	$ 23,498	$ 47,941	$ 73,356	$ 99,774	$ 261,846
STI diagnosis and treatment			$ 15,883	$ 21,603	$ 44,074	$ 67,440	$ 91,728	$ 240,729
VCT			$ 5,684	$ 7,732	$ 15,774	$ 24,137	$ 32,829	$ 86,156
PEP and PrEP			$ -	$ -	$ -	$ -	$ -	$ -
Enabling environment			$ 22,433	$ 16,493	$ 10,779	$ 5,283	$ 3,884	$ 58,873
Research			$ 11,217	$ 8,247	$ 5,389	$ 2,642	$ 1,942	$ 29,437
Monitoring and evaluation			$ 4,289	$ 4,853	$ 8,300	$ 11,915	$ 15,975	$ 45,332
Total resources required			**$ 76,783**	**$ 82,425**	**$ 132,257**	**$ 184,773**	**$ 246,133**	**$ 722,372**
Cost per client covered with comprehensive services	$		**141.95**	**113.16**	**89.88**	**82.89**	**81.99**	**90.61**

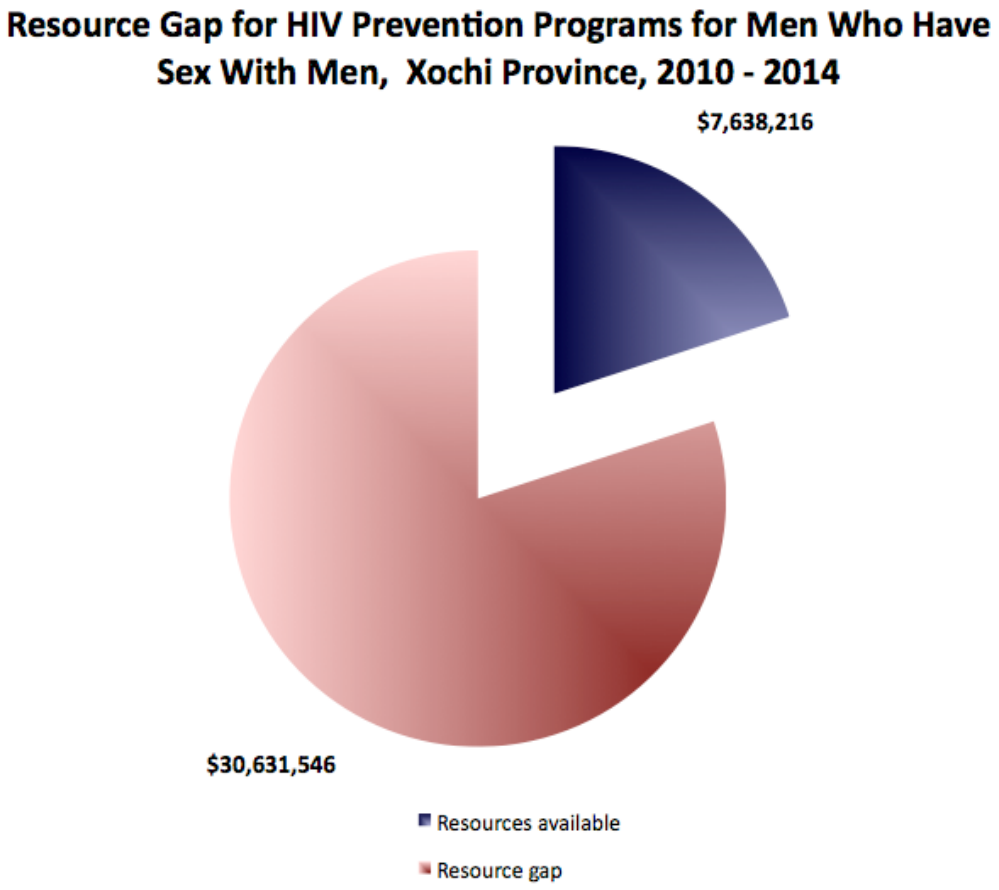
6.D. Graphs and charts generated by RETA

RETA generates five graphs to make it easier for you to review the RETA financial analysis and for your advocacy work. These graphs are created automatically using the data that you provided in RETA about program populations, coverage targets, service costs and available resources. As you change data, the graphs are updated. The five graphs automatically generated by RETA show the

1. total resources available to the program during the 5 years and any gap
2. the resources needed and available annually, and any gaps
3. the resources needed and available annually, and any gaps (by sub-population)
4. the resources needed each year (by intervention)
5. the resources needed and available annually, and any gaps (by population size).

6.D.I. Total resources needs

To view an overview of program resources for the total 5-year period projected, click **Total Resource Gap** on the Main Menu. The *Resource Gap for HIV Prevention Programs for Men Who Have Sex with Men* pie chart appears.

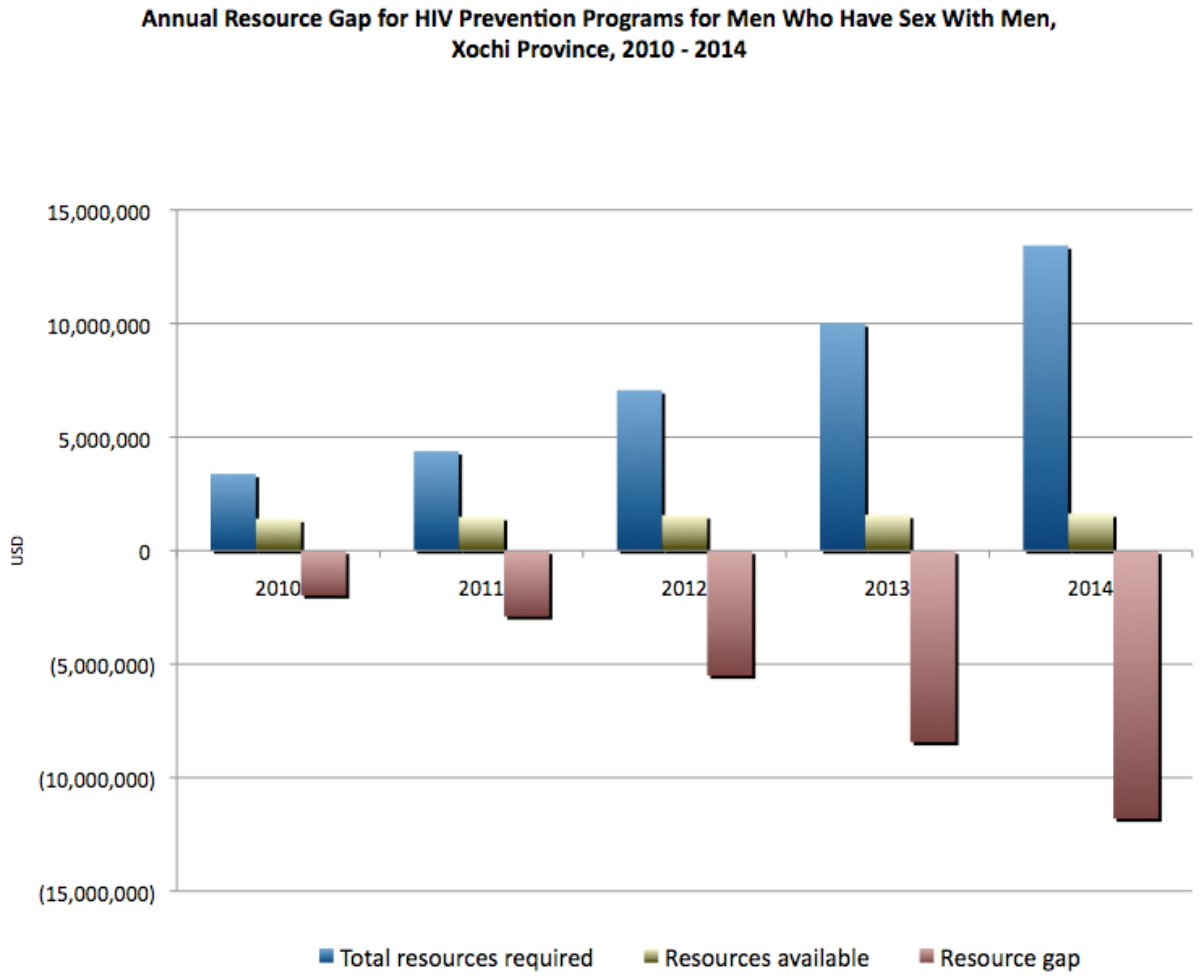


This pie chart shows the total resources that are available to the program during the 5-year period projected. The chart also shows any resource gap (in red), based on the estimated needs of the program during that time.

Tip: To copy any of RETA charts or graphs and use them in another tool, click the image of the chart or graph and then click **Copy** on the **Edit** menu.

6.D.II. Annual program needs and gaps

To view a summary of program resources for each year of the projected period, click **Annual Resource Gap** on the Main Menu. The *Annual Resource Gap for HIV Prevention Programs for Men Who Have Sex with Men* graph appears.

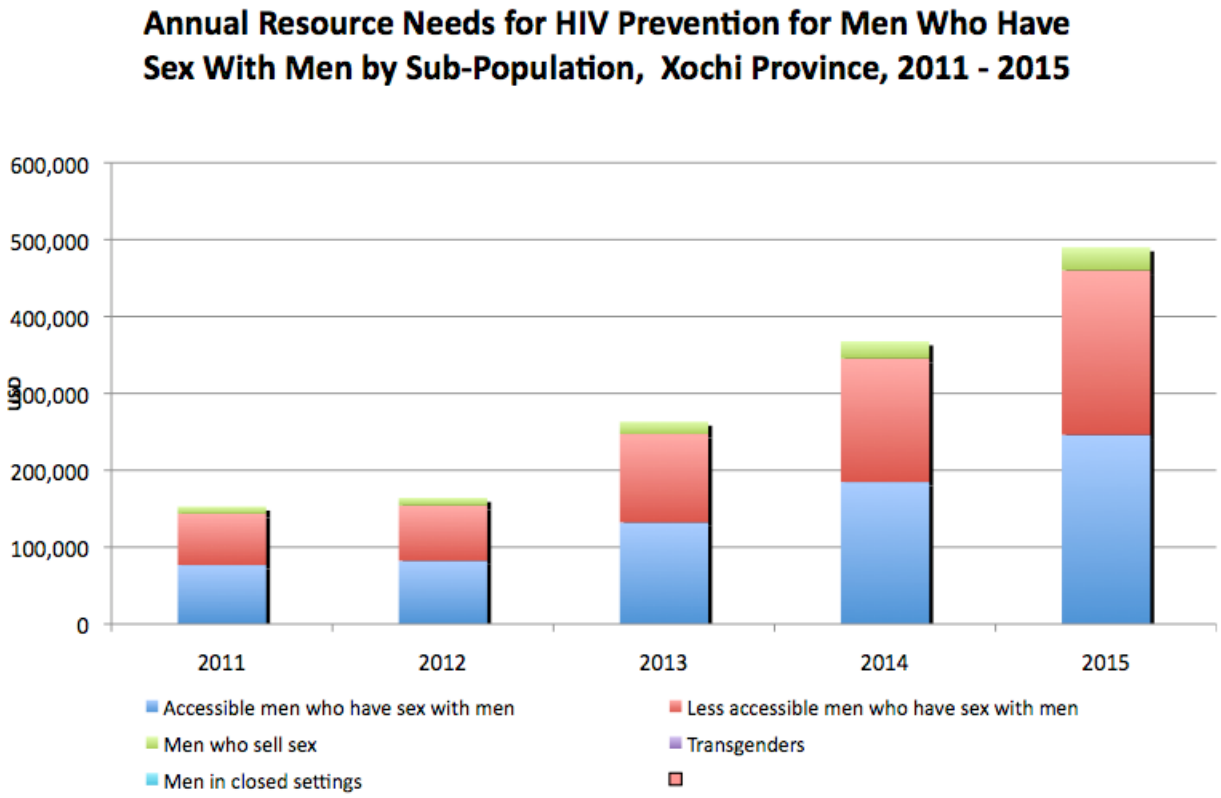


This chart provides an overview of the annual program financial needs. For each year of the projected period, this chart shows the

- estimated resource needs of the program
- estimated resources available in that year
- any surplus or gap in resources. A bar that goes beneath the baseline is a gap; if the bar is above the line, it reflects a surplus in resources.

6.D.III. Annual program needs and gaps for targeted sub-populations

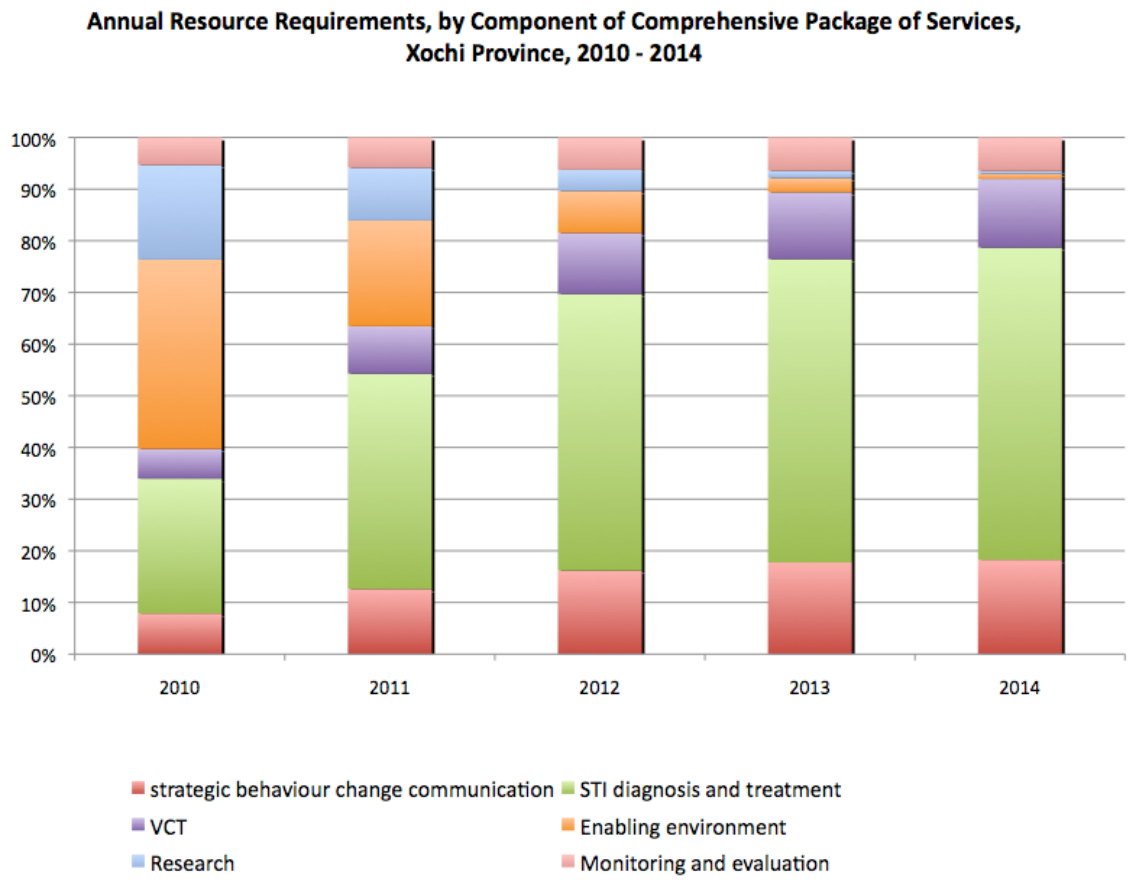
To view the annual financial needs of the program for each sub-population, and the program resources and any gaps, click **Resource Needs by Sub-population** on the Main Menu. The *Annual Resource Needs by for HIV Prevention for Men Who Have Sex With Men by Sub-population* graph appears.



For each year of the projected period, this chart displays the estimated annual resource needs of the program and the percentage that each sub-population represents.

6.D.IV. Annual program needs for planned services

To view the distribution of resource requirements among the CPS interventions, click **Resource Needs by Intervention** on the Main Menu. The *Annual Resource Requirements, by Component of Comprehensive Package of Services* graph appears.

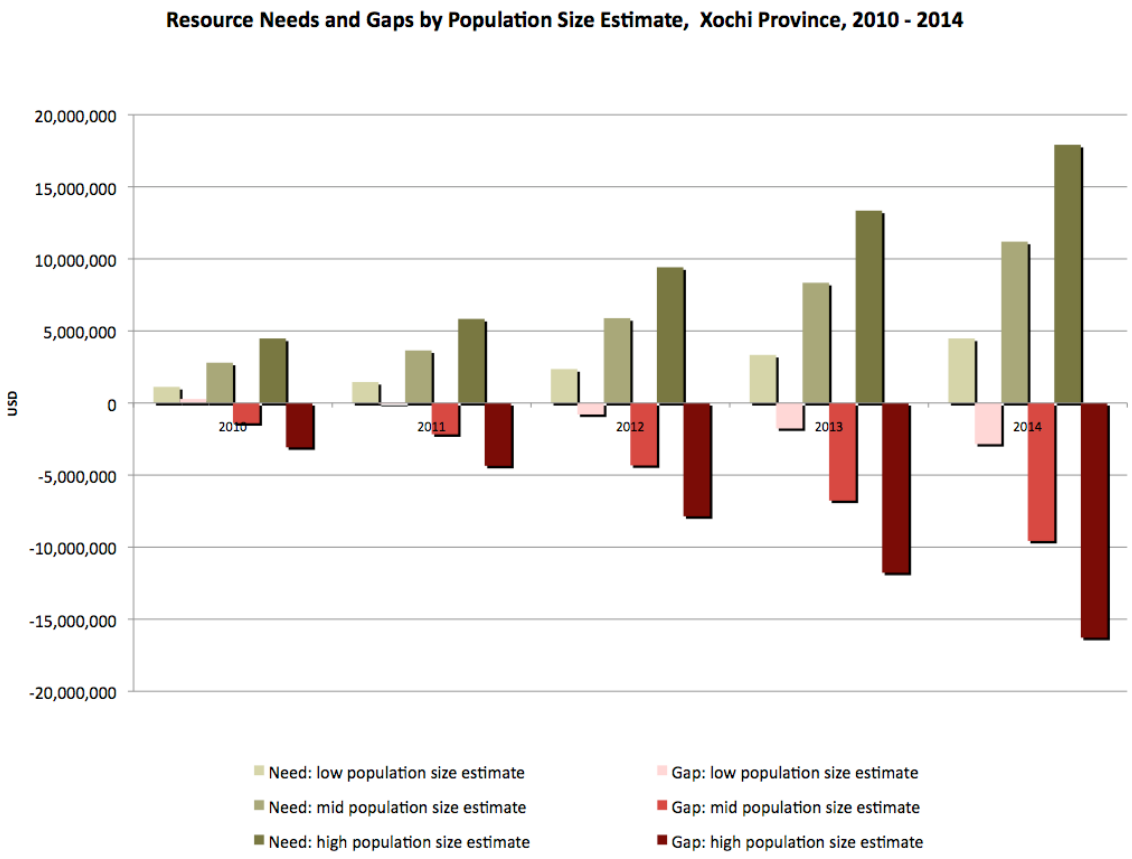


This chart displays the percentage of the annual estimated program needs that each CPS intervention represents.

Note: As mentioned (in 5.B. Budgeting for an enabling environment, research, and monitoring and evaluation on page 27), the resources required for an enabling environment and research often decrease over time as the program establishes itself, and the resources for monitoring and evaluation increase. These trends are visible in the example above.

6.D.V. Annual program needs and gaps by population size

To view the program financial needs and gaps for each of the different scenarios for population size, click **Graph: Resource Needs Estimates According to Population Size Estimate Ranges** on the Main Menu. The *Resource Needs and Gaps by Population Size Estimate* graph appears.



This chart allows you to plan and prepare for the budget needs and restraints of the program based on three different, possible scenarios.

1. If the population size is in the lowest range
2. If the population size is in the medium range
3. If the population size is in the high range

For each year of the projected period, this chart shows the estimated annual resource needs and gaps according to that population size.

7. Annexes

Annex 1: Definitions for Key Populations

Item	Definition/Description
All men who have sex with men	All men who engage in sex between men regardless of how they identify, whether they have female partners or also have sex with women, how often they engage in sex between men, or where they meet for sex with men.
Accessible men who have sex with men	Usually men who 'identify' with a social category men who have sex with men. Includes men who participate in community-based organizations and frequent social and commercial venues such as dance and karaoke clubs, as well as sex venues (saunas, cruising areas, etc.).
Men who sell sex	Men who sell sex to other men in venues, on the streets, in parks, or other areas.
Less accessible men who have sex with men	Men who may not identify with a social category of men who have sex with men. Includes men who may have female partners or those who engage in sex with men only but don't categorize themselves according to that behavior, and who don't frequent recognized venues.
Transgenders	An individual whose sense of their gender and social role differs from that assigned at birth. This includes identities of transgenders that operate in the country or region where you are collecting data, including men who live as women and/or sometimes or often dress as women.
Men in closed settings	Men in closed settings such as prisons and drug rehab centers where there may only be men residing and where sex between men may occur.
HIV positive men who have sex with men	Men in any of the above categories who are living with HIV including those who have been tested and know they have HIV and those who have not been tested and do not know their HIV status.
General population	All of the people who inhabit a country, region, or place where you are collecting data.

Annex 2: Definitions of Components of the Comprehensive Package of Services

Item	Definition/Description
Safe sex behavior	Safe sex in the context of this resource is sex which minimizes the transmission of HIV and sexually transmitted infections, in particular the use of condoms in anal and vaginal sex.
Condoms and lubricant provision	A subcomponent of comprehensive package of prevention services to men who have sex with men is the distribution of condoms and water-based lubricant which can help protect against the transmission of HIV and some sexually transmitted infections.
Condom Social marketing	A subcomponent of comprehensive package of prevention services to men who have sex with men is providing information and education through marketing and community activities such as media announcements, poster and pamphlet distribution, and workshops and one-to-one engagement in relation to the use of condoms to prevent HIV and other sexually transmitted infections.
Strategic Behavior Change Communication	Communication aimed to change sexual behavior in men who have sex with men (in this context), tailored for particular communities and cultures and using a range of communication strategies and techniques.
Peer education outreach	Peer education refers to information and education services provided by men who have sex with men (in this context) and most often by community-based organizations and groups of men who have sex with men delivered at the places where men who have sex with men gather for social and sexual contact.
Fixed sites–Drop-In Centers	Fixed sites are drop-in centers, often STI clinics in hospitals or in the community, that deliver clinical and sometimes educational and emotional services to men who have sex with men.
Targeted media, Internet interventions	Media includes radio, telephone, newspapers, and magazines. The Internet is a tool used increasingly by men who have sex with men to connect with other men who have sex with men for social and sexual contact.
STI diagnosis and treatment	Clinical services delivered in hospitals, clinics, and community settings that provide testing for sexually transmitted infections, including HIV and/or treatment for many of these infections

Item	Definition/Description
Dedicated clinics for men who have sex with men	Specialized clinical sites that deliver services only to men who have sex with men and transgendered people.
Mobile clinical services	Clinical services delivered from a vehicle, usually a van, which can move around a particular region to service men who have sex with men and others at risk of HIV and STI infections.
Existing clinics with training to deliver best practice around male-male sex	Existing clinical services in hospitals, primary settings, and community settings which can have staff trained to be more sensitive to issues of male-male sex.
Voluntary Counseling and Testing (VCT)	VCT is 'patient'-initiated testing for HIV that can be delivered in hospital, primary, and community settings.
Dedicated services for men who have sex with men	Services that provide VCT services only for men who have sex with men.
Existing services with training to deliver best practice	Often generic STI clinics that service the general population for STI and HIV testing and/or treatment, where staff can be trained to be sensitive to issues of male-male sex, and perform examinations and treat cases of STI in a sensitive and appropriate manner.
Post Exposure Prophylaxis (PEP)	PEP is treatment with HIV antiretroviral therapy in an individual who may have been exposed to HIV through sex.
Pre Exposure Prophylaxis (PrEP)	PrEP is treatment with HIV antiretroviral therapy in a person usually at high risk for exposure to HIV through sex before any exposure occurs.

Annex 3: Other Definitions and Acronyms

Item	Definition/Description
Enabling environment	Health and the maintenance of health are closely linked to the social, physical, and political environments in which we live. An enabling environment is a context that allows people to increase control over and improve their health and well-being.
Advocacy	Advocacy is the tool that citizens use to bring about improvements in their society; to protect rights, improve services, gain equality for all or particular citizens, and remove barriers which prevent full participation in community life.
Policy	In this context, policy is formal public health policy used to define, deliver, and evaluate services in HIV. It can include national strategy, sector-based responses (as in health and welfare sectors) and law.
Stigma and discrimination	HIV related stigma refers to the prejudice and discrimination that people living with HIV and groups and communities affected or at risk of HIV experience from others in society. It can be based on false assumptions and can include subtle derision to blatant human right abuses.
Community mobilization	In this context, the process in which groups of people in a community or society, often living with or at risk of HIV, come together to facilitate participatory decision making and work together to build and sustain their skills to create a healthier environment for men who have sex with men and people with HIV.
Research	In this context, research is the systematic process of collecting and analyzing information about HIV and STI incidence and prevalence, risk behavior, and social and other factors that affect the health and well-being of men who have sex with men and people with HIV.
Monitoring and evaluation	Monitoring is the system of collecting and analyzing information to track the **efficiency** of services delivered through projects, programs, organizations, and government systems. For example, monitoring may track numbers of clients, units of service, or the distribution of resources through a program. Evaluation is the process of collecting and analyzing information to assess the **effectiveness** of services delivered through projects, programs, organizations, and government systems. For example, how satisfied clients have been with a service provided and whether their knowledge or behavior changed as a result of services provided to them.

Annex 4: The Elements of CPS

Annex.4.I. Peer outreach, peer education, and drop-in services

CPS facilitates peer outreach, peer education, and drop-in services by

- Working with community members to understand how men and transgenders can best be accessed, educated, and supported
- Training and supporting peers to conduct outreach
- Designing different models for different sub-populations of men and transgenders
- Establishing safe spaces (drop-in centers) and incorporating other services (such as HIV testing and counseling services) into drop-in centers
- Effectively linking outreach services and other services (such as tuberculosis, HIV counseling and testing, or mental health services), including support for outreach workers to accompany new clients to services and cross-employment between community-based organizations and HIV services
- Producing and distributing educational materials in appropriate language and tone for the range of sub-populations
- Conducting education campaigns that target sub-populations at particular risk or behaviors and contexts that are particularly risky.

Annex.4.II. Promotion of, and access to, the means of HIV prevention

By implementing CPS, you promote and provide the means to prevent HIV by

- Ensuring free or affordable access to appropriate quality condoms/lubricant
- Providing a wide range of access sites, for example through outreach, local shops, pharmacies, health clinics, bars, workplaces, and local NGOs/CBOs
- Linking condoms, lubricant, and plain-language instructions for effective use in anal sex and using social marketing to build acceptance of condom use
- Working with NGOs/CBOs on condom-use messages that build a culture of condom use among men and transgenders

- Ensuring that men and transgenders who use drugs can and do access clean needles and syringes, such as by outreach to injecting drug users (IDU) or by involving local pharmacies.

Annex.4.III. HIV counseling and testing

Knowledge of HIV status is an important element of the HIV response, for both people with and without HIV. It can save the life of a person with HIV by providing them access to treatment and care. For people who do not have HIV, the process of testing and counseling reinforces their need to stay healthy and remain HIV free.

To ensure that HIV counseling and testing are as effective as possible, CPS promotes services that are

- Voluntary, with strict confidentiality
- Available at a time, place, and environment that men and transgenders can and will access
- Combined with HIV prevention counseling and information, so that people who test HIV negative are referred to HIV prevention services and maintain safe behaviors
- Linked directly to ongoing treatment, care, and support for men and transgenders, with an emphasis on maintaining follow-up
- Linked to prevention services (such as illicit drug treatment, IDU outreach, sex worker services) for men and transgenders who use drugs and/or sell sex.

Annex.4.IV. STI prevention and treatment and other sexual health services

Good sexual health has a positive impact on HIV prevention, treatment, and care among men and transgenders. People with untreated STIs are more likely to acquire HIV. Untreated STIs challenge the immune systems of people with HIV.

CPS promotes access to effective STI diagnosis and treatment by

- Involving CBOs/NGOs in the delivery of STI services

- Mainstreaming STI and primary care services that are friendly to men and transgenders
- Training private medical providers and pharmacists in STIs that occur among men and transgenders
- Involving and educating health workers about STI diagnosis and treatment
- Adapting and promoting STI diagnosis and treatment guidelines for men and transgenders, and quality assurance processes to ensure that guidelines are adopted properly.

Annex.4.V. Access to HIV treatment, care, and support[4]

CPS promotes a strong link between HIV counseling and testing and ongoing HIV treatment, care, and support. Rollout of services, without this link in place, can result in failure to follow up or late presentation for treatment, leading to high levels of avoidable death and onward HIV transmission. Such split programming can also lead to patients receiving treatment but not benefitting from other essential services, such as care and support for family members and partners, education about HIV prevention, and programs that promote general well-being.

Examples of effective HIV treatment, care, and support services for men and transgenders that can be scaled-up under CPS include

- Employing men and transgenders in clinics to provide HIV support
- Providing HIV treatment and care in clinics operated by CBOs/NGOs with strong linkages to mainstreamed antiretroviral therapy centers
- Establishing strong referral links between CBOs/NGOs and clinical services, including systems that integrate VCT workers who bring newly diagnosed people with HIV into clinics
- Training HIV clinical staff in gender sensitivity and clinical assessment, diagnosis and treatment of STIs affecting men who have sex with men

[4] RETA currently includes the HIV prevention elements of CPS (including an enabling environment). Future versions of RETA are expected to also incorporate HIV treatment, care and support elements.

- Using men who have sex with men–friendly clinic assessment tools
- Using peer educators to provide support to men and transgender people
- Providing male- and transgender-specific HIV support groups, attached to clinical services or to NGOs/CBOs
- Operating community care services for men and transgenders in collaboration with HIV clinics.

Annex.4.VI. An enabling environment for prevention and care services

CPS strategies that help establish and maintain an enabling environment include

- Resolving clashes between HIV policies and other laws and policies that might impede the HIV response among men and transgenders
- Reducing harassment, violence, stigma, and discrimination toward men and transgenders
- Involving CBOs/NGOs in the design and delivery of programs and services and ensuring continuity and consistency of services through advocacy and leadership building
- Removing structural barriers to the use of services and programs by men and transgenders
- Improving the quality of the strategic information that is available about men and transgenders and its flow to program planners, implementers, and leaders.