Blank OCHART Report 2025-2026

1 – Agency Profile

Organization Profile

1a. Name of organization *

No response

Please provide the e-mail of the person you like to receive all OCHART notices regarding training, changes and reminders.

No response

1e. Sites where ministry-funded services were delivered

This includes sites where agency staff are housed and the agency is paying rent. Satellite site refers to an additional permanent address.

	Site Address	Site Name
Main Site		
Satellite 1		
Satellite 2		
Satellite 3		
Satellite 4		
Satellite 5		

Organizational Governance

2. If your program is an HIV project/program that is required (as a condition of funding) to have its own governance, how is the project/program directed?

- ○ Board of directors
- ○ Advisory committee (e.g., City council, Board of Health, Chief and Council)
- ○ Other

(Note: Only for projects/programs in organizations which are not AIDS service organizations.)

3. Does your organization have these policies? *

	Yes/No	Updated this fiscal year
Governance/board of directors roles and responsibilities	No	No
HR/operating policies	Yes	Yes

Target population/PHA involvement		
Equity/discrimination		

4. Date of last Annual General Meeting (AGM) Date

5. Collective agreement

Does your agency have a collective bargaining agreement? * Yes/No

6c. If your organization receives in-kind contributions, please check all that apply.

Administrative (includes printing, website hosting, internet) ☐

Fundraising activities (includes merchandise) ☐

Medical, food and personal care items (e.g., clothing, toiletries, vitamins, meal replacement drinks) ☐

Program materials (includes risk/harm reduction supplies) ☐

Rent/space ☐

Staff services (in-kind staff) ☐

Transportation (includes tickets, tokens, driving expenses) ☐

Other ☐

☐ **7. Confirmation ***

Please confirm that the information you provided in questions 1 through 6 is correct.

2 – Program and project information

Human Resource Issues

3. Indicate staff issues identified in the past 6 months.

	Scope	Comment Optional
Recruitment	Agency-wide issue	
Collective bargaining	Program/project issue	
Compensation	Both	
Staff turn-over	Not applicable	
Other Please specify		

4. In the past six months, have there been any changes/shifts in HR issues? *	Yes/No
4a. Describe the changes/shifts in HR issues. (maximum 250 words, point form acceptable)	No response
5. Do you anticipate any staff changes in the next six months? *	Yes/No
5a. Describe the anticipated staff changes in the next six months. (maximum 250 words, point form acceptable)	No response

Peer (PHAs) and volunteer information

6a. Report the total number of volunteers who were active in the past 6 months. *	No response
6b. Of these total volunteers, report the number that were new volunteers recruited in the past 6 months. *	No response

6c. Report the total number of PHA peers that were actively involved in your agency in the past 6 months as: *

	PHA peers
Designated PHA peer positions (these are paid positions, being a peer is a job requirement for this position)	
PHA Peer volunteers	

6d. Report the total number of students (i.e., student placements) who were actively involved with your agency in the past 6 months.

No response

6e. Volunteer activities *

Record the number of volunteers by type of volunteer work in this reporting period.
Individuals may be counted in more than one category, but only once in each category.

	Number of volunteers
Administration	
Counselling	
Education and community development (includes newsletter, condom stuffing)	
Fundraising	
Involved in hiring process	
IT support	
Outreach activities	
Policies and procedures	
Practical support (includes visits)	
Serve on board/advisory committee	
Special events (e.g., mall display, Pride)	
Other	

6e. Volunteer training *

Record the type of training offered during the reporting period

	Training provided
Administration	My Agency
Counselling	Other agency
Education and community development (includes newsletter, condom stuffing)	Both

Fundraising	n/a
Involved in hiring process	
IT support	
Outreach activities	
Policies and procedures	
Practical support (includes visits)	
Serve on board/advisory committee	
Special events (e.g., mall display, Pride)	
Other	

6f. Have you identified any shifts or changes in demand for volunteer activities/services in the past 6 months? (e.g., client age or gender, type of service requested/provided) *

Yes/No

6g. How are you responding to these emerging trends?

(e.g., change in programing, new partnerships, requests for funding) (maximum 250 words, point form acceptable)

No response

3 – Prevention activities for service users

Prevention Activities and Priorities

Prevention (Education and Outreach) Activities with Service Users

Use this section to report your agency's prevention work (including prevention education activities and outreach) with service users in the past 6 months by priority population targeted.

1. List your agency's prevention priorities for the past 6 months, in particular those targeting priority populations. *

(maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

2. Describe any new prevention activities your agency offered in the past 6 months that were targeted to specific groups within a priority population. *

Population groups are multi-dimensional and you may offer services targeted to specific groups. For example, programs or structured interventions designed to reach trans women of colour, incarcerated ACB people, or black gay men.

(maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

Prevention Activities Targeted to People Living with HIV

4a. Report prevention activities you delivered to people living with HIV in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours.

Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	Number of contacts
Education presentations/workshops		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops delivered to people living with HIV in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN)

- where you used materials developed by Priority Population Networks (PPN).

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			
PPN materials used			

Please indicate the number of referrals provided by referral type for each prevention activity delivered to PHA in the last six months.

	Addiction Services	Clinical service providers: HIV clinical	Clinical service providers: PrEP & PEP	Clinical Service providers: non-HIV specific	Harm reduction services	HIV/STI testing	Mental health service providers	Community-based service providers: HIV care and support	Other community-based service providers
Education presentations/workshops									
One-on-one education activities									
Face-to-face outreach									
Online outreach interactions									

Report the number of online outreach contacts by media type to PHA for the last six months.

	Contacts
Chat rooms	
App based tools	
Other	

Prevention Activities Targeted to Gay, Bisexual, and other Men who have Sex with Men

4b. Report prevention activities you delivered to gay/bisexual/MSM in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours.

Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	**Number of contacts**
Education presentations/workshops		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Out of all prevention activities you delivered to gay/bisexual/MSM in the past 6 months, report activities delivered specifically to trans men.

	Number of events	**Number of contacts**
Education presentations/workshops		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops delivered to gay/bisexual/MSM in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN)

- where you used materials developed by Priority Population Networks (PPN).

	ACCHO	**GMSH**	**WHAI**
Activities linked to a PPN campaign			
PPN materials used			

Please indicate the number of referrals provided by referral type for each prevention activity delivered to gay/bisexual/MSM in the last six months.

	Addiction Services	Clinical service providers: HIV clinical	Clinical service providers: PrEP & PEP	Clinical Service providers: non-HIV specific	Harm reduction services	HIV/STI testing	Mental health service providers	Community-based service providers: HIV care and support	Other community-based service providers
Education presentations/workshops									
One-on-one education activities									
Face-to-face outreach									
Online outreach interactions									

Report the number of online outreach contacts by media type to gay/bisexual/MSM for the last six months.

	Contacts
Chat rooms	
App based tools	
Other	

Prevention Activities Targeted to Indigenous Peoples

4c. Report prevention activities you delivered to Indigenous Peoples in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours.

Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	Number of contacts
Education presentations/workshops		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops delivered to Indigenous Peoples in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN)

- where you used materials developed by Priority Population Networks (PPN).

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			
PPN materials used			

Please indicate the number of referrals provided by referral type for each prevention activity delivered to Indigenous Peoples in the last six months.

	Addiction Services	Clinical service providers: HIV clinical	Clinical service providers: PrEP & PEP	Clinical Service providers: non-HIV specific	Harm reduction services	HIV/STI testing	Mental health service providers	Community-based service providers: HIV care and support	Other community-based service providers
Education presentations/workshops									
One-on-one education activities									
Face-to-face outreach									
Online outreach interactions									

Report the number of online outreach contacts by media type to Indigenous Peoples for the last six months.

	Contacts
Chat rooms	
App based tools	
Other	

Prevention Activities Targeted to People who use drugs

4d. Report prevention activities you delivered to people who use drugs in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours.

Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	**Number of contacts**
Education presentations/workshops		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops delivered to people who use drugs in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN)

- where you used materials developed by Priority Population Networks (PPN).

	ACCHO	**GMSH**	**WHAI**
Activities linked to a PPN campaign			
PPN materials used			

Please indicate the number of referrals provided by referral type for each prevention activity delivered to people who use drugs in the last six months.

	Addiction Services	**Clinical service providers: HIV clinical**	**Clinical service providers: PrEP & PEP**	**Clinical Service providers: non-HIV specific**	**Harm reduction services**	**HIV/STI testing**	**Mental health service providers**	**Community-based service providers: HIV care and support**	**Other community-based service providers**
Education presentations/workshops									
One-on-one education activities									
Face-to-face outreach									
Online outreach interactions									

Report the number of online outreach contacts by media type to people who use drugs for the last six months.

	Contacts
Chat rooms	
App based tools	
Other	

Prevention Activities Targeted to Women*

4e. Report prevention activities you delivered to at-risk women in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours.

Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	**Number of contacts**
Education presentations/workshops		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Out of all prevention activities you delivered to women* in the past 6 months, report activities delivered specifically to trans women.

	Number of events	**Number of contacts**
Education presentations/workshops		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops delivered to women* in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN)

- where you used materials developed by Priority Population Networks (PPN).

	ACCHO	**GMSH**	**WHAI**
Activities linked to a PPN campaign			
PPN materials used			

Please indicate the number of referrals provided by referral type for each prevention activity delivered to women* in the last six months.

	Addiction Services	Clinical service providers: HIV clinical	Clinical service providers: PrEP & PEP	Clinical Service providers: non-HIV specific	Harm reduction services	HIV/STI testing	Mental health service providers	Community-based service providers: HIV care and support	Other community-based service providers
Education presentations/workshops									
One-on-one education activities									
Face-to-face outreach									
Online outreach interactions									

Report the number of online outreach contacts by media type to at-risk women for the last six months.

	Contacts
Chat rooms	
App based tools	
Other	

Prevention Activities Targeted to African, Caribbean and Black Communities

4f. Report prevention activities you delivered to African, Caribbean and Black (ACB) communities in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours.

Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	Number of contacts
Education presentations/workshops		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops delivered to African, Caribbean and Black (ACB) communities in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN)

- where you used materials developed by Priority Population Networks (PPN).

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			
PPN materials used			

Please indicate the number of referrals provided by referral type for each prevention activity delivered to African, Caribbean and Black (ACB) communities in the last six months.

	Addiction Services	Clinical service providers: HIV clinical	Clinical service providers: PrEP & PEP	Clinical Service providers: non-HIV specific	Harm reduction services	HIV/STI testing	Mental health service providers	Community-based service providers: HIV care and support	Other community-based service providers
Education presentations/workshops									
One-on-one education activities									
Face-to-face outreach									
Online outreach interactions									

Report the number of online outreach contacts by media type to African, Caribbean and Black (ACB) for the last six months.

	Contacts
Chat rooms	
App based tools	
Other	

Prevention Activities Targeted to Other at-risk Populations

4g. Report prevention activities you delivered to other at-risk populations in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours.

Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Incarcerated people - Number of events	Incarcerated people - Number of contacts	Sex workers - Number of events	Sex workers - Number of contacts	Other - Number of events	Other - Number of contacts
Education presentations/workshops						
One-on-one education activities						
Significant outreach contacts						
Brief outreach contacts						

Please indicate the number of referrals provided by referral type for each prevention activity delivered to other at-risk populations in the last six months.

	Addiction Services	Clinical service providers: HIV clinical	Clinical service providers: PrEP & PEP	Clinical Service providers: non-HIV specific	Harm reduction services	HIV/STI testing	Mental health service providers	Community-based service providers: HIV care and support	Other community-based service providers
Education presentations/workshops									
One-on-one education activities									
Face-to-face outreach									
Online outreach interactions									

Report the number of online outreach contacts by media type to Other at-risk Populations for the last six months.

	Contacts
Chat rooms	
App based tools	
Other	

Media and Online Outreach

5. Report your traditional media and online outreach with all service users in the past 6 months.

Agency website (views) *includes unique and returning visitors.*

Traditional media *means unpaid interviews, radio shows, TV appearances, newspaper articles, etc.*

Media engagement	Number
Agency website (views)	
Facebook Posts (likes)	
Facebook Page (likes)	
X/Blue Sky/similar platform (followers)	
Traditional media (interactions)	

Report the number of online outreach contacts made during this reporting period.

5a. Provide an example of how your organization conducted online outreach for prevention purposes in the past 6 months. *

Describe the population targeted, the types of interactions that were made, outcomes of the work, and changes to your approach that were made/identified as needed.

No response

Structured Interventions

6a. Report all structured interventions that your agency delivered in the past six months.

For the purpose of OCHART, a structured intervention is a distinct program that has been proven effective through research and showed positive behavioural and/or health outcomes that can be attributed to the activities that make up the intervention. The intervention has a clear goal(s) and target audience(s) and includes a packaged set of specific activities that lead to measurable outcomes, with clear indicators of success. There is a defined series of steps that must be followed to implement a highly effective prevention program.

Include interventions developed/supported by Priority Population Networks.

Goal 1: Improve the health and well-being of populations most affected by HIV

Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections

Goal 3: Diagnose HIV infections early and engage people in timely care

Goal 4: Improve the health, longevity and quality of life for people living with HIV

Population targeted *	**Intervention title** *	**Intervention goal** *	**Number of people who completed the intervention** *
PHA		Goal 1	
ACB communities		Goal 2	
Gay/bisexual/MSM		Goal 3	
Indigenous Peoples		Goal 4	
People who use drugs			
Women*			
Other: Incarcerated people			
Other: Sex workers			
Other at risk			

6a(1) Is there anything else you would like to share about the successes, challenges, importance of these interventions?

No response

Awareness Campaigns

6b. Report the awareness campaigns your agency delivered in the past six months.

Include campaigns developed by Priority Population Networks.

1. Campaign title *	**1a. If this activity is linked to a specific Priority Population Network campaign, which network developed it?** *	**2. Main priority populations targeted:** *	**3. Main goal(s) of the campaign:** *	**4. Campaign components:** *	**5. Contacts** *	**6. Anything else you would like to share about success, challenges, importance of this campaign?**
	GMSH Network	Gay/bisexual/MSM	Improve the health and well-being of populations most affected by HIV	Campaign specific promotional materials - Brochures, posters, flyers, pamphlets, films/DVDs, etc.		
	ACCHO Network	ACB communities	Promote sexual health and prevent new HIV, STI and Hepatitis C infections	Campaign specific training/education materials (e.g., handouts, presentations, backgrounders, etc.)		
	WHAI network	People who use drugs	Diagnose HIV infections early and	Safer sex materials (e.g., condom		

			engage people in timely care	packets) – campaign specific		
		People living with HIV	Improve the health, longevity and quality of life for people living with HIV	Press release/PSA		
		Women*	Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services	Campaign specific website		
		Indigenous Peoples		Campaign specific Facebook page		
		Incarcerated people		Campaign specific YouTube videos		
		Sex workers		Traditional media (includes unpaid interviews, radio shows, TV appearances, etc.)		
		Other…		Paid media advertising (online banners, bus ads, bathroom ads, radio ads, etc.)		
				Other…		

Materials Developed

7. Report the number of new information/education materials developed by your agency for service users in the past 6 months.

Do not include materials developed by Priority Population Networks.

Report materials that are targeted to the same population, for the same purpose and are the same material type, on one line.

Population targeted *	**Purpose of material** *	**Type of material** *	**Number developed** * *Number developed (created) must be less than 10.*
PHA	Health promotion	Reports	
ACB communities	HIV prevention and sexual health	Factsheets	
Gay/bisexual/MSM	HIV testing	Peer-reviewed publications	
Indigenous Peoples	HIV treatment	Tools	
People who use drugs	HIV support	Promotional materials	

Women*	Social determinants of health		
Other: Incarcerated people			
Other: Sex workers			
Other at risk			

Safer Sex Materials

8. Report the number of safer sex materials distributed in the past 6 months.

The number populated in the "Number distributed" column is linked to tracking tool entries. Please add any additional distribution that may not be captured in the tracking tool in the "Other distributed" column

Type of material	Number distributed	Other distributed
Dental dams		
Traditional condoms (male)		
Insertive condoms (female)		
Lubricant		

Prevention Activities by Staff role

9. Report the number of prevention work with service users delivered by each of the following types of staff members in the past 6 months.

Staff type	Number
ACB PPN funded worker	
GMSH PPN funded worker	
WHAI PPN funded worker	
Education/Outreach/Community development/Prevention worker	
Harm reduction outreach worker	
Support worker	
Manager/Director	
Executive director	
Other worker	

Peer Involvement

9a. Report the number of prevention work activities where peers representing priority populations were involved.

Note: A peer is a person who represents any of the priority populations AND who is open about their status and lived experience. Peers can include designated paid peer positions and volunteers.

Priority population peers represented	Education presentations/workshops	One-on-One education	Face-to-face outreach	Online outreach
PHA				
ACB communities				
Gay/bisexual/MSM				
People who use drugs				
Indigenous Peoples				
Women*				
Incarcerated people				
Sex workers				

Supporting Goals

Provide examples of how your prevention activities supported each of the following goals? Your response should include the rationale for conducting the activities/interventions.

10a. Provide an example(s) of how a prevention activity(s) that has been completed in the past 6 months has supported the goal of improving the health and well-being of populations most affected by HIV? *

(maximum 250 words, point form acceptable)

No response

10b. Provide an example(s) of how a prevention activity(s) that has been completed in the past 6 months has supported the goal of promoting sexual health and preventing new HIV, STI and Hepatitis C infections? *

(maximum 250 words, point form acceptable)

No response

10c. Provide an example(s) of how a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing HIV infections early and engaging people in

No response

timely care? *

(maximum 250 words, point form acceptable)

10d. Provide an example(s) of how a prevention activity(s) that has been completed in the past 6 months has supported the goal of improving the health, longevity and quality of life for people living with HIV? * (maximum 250 words, point form acceptable)	No response
11. Report any trends/shifts in education and outreach services you delivered to service users in the past 6 months. (maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)	No response

4 – Education for service providers and community development

Education for Service Providers & New Partnerships

Education for Service Providers and Community Development Activities

1. List the priorities of your agency's plan, in the past 6 months, to educate service providers that work with Ontario's HIV priority populations. *

(maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

2. List key new partnerships developed in the past 6 months and describe how they have strengthened your community development work. *

(maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

Education Activities Delivered to Service Providers

3a. Report the education activities targeted to service providers delivered in the past 6 months.

This includes information sessions, capacity building workshops, and consultations.

Capacity building workshop: *A worker educates service providers on the steps that agencies can take to improve services for people with HIV or other priority populations*

Information session*: A worker meets with a group of service providers to talk about how mental health impacts the lives of PHAs.*

Consultation*: A worker spends time with staff from one or more agencies for the purpose of assisting them to change practices, policies or approaches to better serve priority populations.*

Population discussed	Information sessions Number of events	Information sessions Number of contacts	Capacity building workshops Number of events	Capacity building workshops Number of contacts	Consultations Number of events	Consultations Number of contacts
PHA						
ACB communities						
Gay/bisexual/MSM						
Indigenous Peoples						

People who use drugs						
Women*						
Incarcerated people						
Sex workers						
Other						

Activities Linked to PPN Campaigns

3b. Report the total number of education and community development activities delivered for service providers in the past 6 months:

- that were linked to an awareness campaign developed by Priority Population Networks (PPNs).

- where you used materials developed by Priority Population Networks (PPNs).

	ACCHO	**GMSH**	**WHAI**
Activities linked to a PPN campaign			
PPN materials used			

Community Development Meetings

4a. Report the number of community development meetings by purpose that your agency participated in during the past 6 months.

Education presentations – each staff person that delivered a separate presentation/content records on their own activity.

Community development – recorded as one meeting even if more than 1 person attends.

Meeting purpose	
Advisory/board meeting	
Coalition/network meeting	
Community event planning	
Development of education prevention materials	
General information sharing	
Improved service delivery	
New partnership/relationship building	
Policy development	
Strategic planning	

Total

0

Partners at Community Development Meetings

4b. Report the number of times each partner type was represented at community development meetings that your agency participated in during the past 6 months, and the total number of participants from each partner type.

Note: Given the nature of the work involved, agencies from each partner type and participants may not be unique.

Type of partner	Number of agencies	Number of participants
Clinical services: HIV specific care		
Mental health services provider		
Clinical services: non-HIV specific care		
HIV testing site		
Community based HIV service providers		
Other community based service providers		
Addiction service provider		
Harm reduction service provider		

Community Development Meetings where Priority Populations were Discussed

4c. Report the number of community development meetings that you entered in question 4a where you discussed each of Ontario's HIV priority populations.

Meeting purpose	PHA	ACB communities	Gay/ bisexual/ MSM	Indigenous Peoples	People who use drugs	Women*	Incarcerated people	Sex workers
Advisory/board meeting								
Coalition/network meeting								
Community event planning								
Development of education prevention materials								
General information sharing								
Improved service delivery								
New partnership/ relationship building								

Policy development								
Strategic planning								
Totals	0	0	0	0	0	0	0	0

Issues Discussed at Community Development Meetings

4d. Report the number of community development meetings that you entered in question 4a where you discussed the issues listed below, as they relate to the needs of service users.

Meeting purpose	Safety concerns	Living with HIV	Housing	Food security	Well-being	Income and benefits	Education/ employment	Social support	Legal/ immigration	Risk of HIV
Advisory/board meeting										
Coalition/network meeting										
Community event planning										
Development of education prevention materials										
General information sharing										
Improved service delivery										
New partnership/ relationship building										
Policy development										
Strategic planning										
Totals	0	0	0	0	0	0	0	0	0	0

Partner Type

4e. Report the number of community development meetings that you entered in question 4a by the type of partner agencies you met with.

Meeting purpose	Clinical services: HIV specific care	Mental health services provider	Clinical services: non-HIV specific care	HIV testing site	Community based HIV service providers	Other community based service providers	Addiction service provider	Harm reduction service provider
Advisory/board meeting								
Coalition/network meeting								
Community event planning								

Development of education prevention materials								
General information sharing								
Improved service delivery								
New partnership/ relationship building								
Policy development								
Strategic planning								
Totals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Events Organized

5. Report conferences and events that you organized.

If you want to record another activity, press Insert.

To save the activity you entered, press Add.

To go to the next page, press Next.

Organized/Co-organized *	**Event title** *	**Priority populations targeted:** *	**Event goals** *	**Event type** *	**Number of participants** *	**Details**
Organized		PHA	Goal1: Improve the health and well-being of populations most affected by HIV	Conference		
Co-organized		ACB communities	Goal2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections	Community/ town-hall meeting		
		Gay/ bisexual/ MSM	Goal3: Diagnose HIV infections early and engage people in timely care			
		Indigenous Peoples	Goal4: Improve the health, longevity and quality of life for PHAs			
		People who use drugs	Goal5: Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services			
		Women*				
		Other: Incarcerated people				

		Other: Sex workers				
		Other at risk				
		Other…				

Materials Developed

6. Report the number of new informational materials for service providers that you developed in the past 6 months.

Note: Do not include materials developed by Priority Population Networks.

Main population discussed *	**Purpose of material** *	**Type of material** *	**Number developed** * *Number developed (created) must be less than 10.*
PHA	Health promotion	Reports	
ACB communities	HIV prevention and sexual health	Factsheets	
Gay/bisexual/MSM	HIV testing	Peer-reviewed publications	
Indigenous Peoples	HIV treatment	Tools	
People who use drugs	HIV support	Promotional materials	
Women*	Social determinants of health		
Other: Incarcerated people			
Other: Sex workers			
Other at risk			

Prevention Work Delivered by Staff

7. Report the prevention work with service providers and community development work delivered by each of the following types of staff members in the past six months.

Staff Category	**Education for service providers**	**Community development**
ACB PPN funded worker		
GMSH PPN funded worker		
WHAI PPN funded worker		
Education/outreach/community development/prevention worker		
Harm reduction outreach worker		

Support worker		
Manager/director		
Executive director		

Peer Involvement

7a. Report the number of education activities for service providers and community development work where peers representing priority populations were involved.

Note: A peer is a person who represents any of the priority populations AND who is open about their status and lived experience. Peers can include designated paid peer positions and volunteers.

Priority population peers represented	Education activities for service providers	Community development with service providers
PHA		
ACB communities		
Gay/bisexual/MSM		
People who used drugs		
Indigenous Peoples		
Women*		
Incarcerated people		
Sex workers		

Supporting Goals

9. Provide examples of how community development activities completed in the past 6 months supported each of the following goals.

Your response should include the rationale for conducting the activities or the partnerships you developed. Please answer this question for each of the goals listed below. Enter N/A for those goals that are not applicable to your work in the past 6 months.

For each goal (9a-9e), there is a maximum of 250 words and point form is acceptable.

9a. Improve the health and well-being of populations most affected by HIV *

No response

9b. Promote sexual health and prevent new HIV, STI and hepatitis C infections *

No response

9c. Diagnose HIV infections early and engage people in timely care *	No response
9d. Improve the health, longevity and quality of life for people living with HIV *	No response
9e. Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services *	No response
10. Highlight some meaningful community development work you did in the past 6 months that you believe should be shared and replicated. * (maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)	No response
11. Report any trends/shifts in the community development work that you do. * You may want to consider services requested, presenting issues, etc. (maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)	No response

5 – Support Services

Total Support Service Clients by Client Group

1. Report the total number of clients served in the last 6 months for H1/last 12 months for H2 (including all PHAs, affected, and at-risk clients). *

2. Report all clients served in the last 6 months for H1/last 12 months for H2 by client group and sex/gender.

	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
PHA						0
Affected						0
At-risk						0
Total	0	0	0	0	0	0

People Living with HIV Clients by Age and Sex/Gender

3a. Report the number of PHA clients served by age and sex/gender in last 6 months for H1/last 12 months for H2.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.

Age Group	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Under 18						0
18 - 25						0
26 - 35						0
36 - 45						0
46 - 55						0
56 - 65						0
66 - 75						0
Over 75						0
Unknown						0

Affected Clients by Age and Sex/Gender

3b. Report the number of AFFECTED clients served by age and sex/gender for the last 6 months for H1/last 12 months for H2.

Note: The total number of AFFECTED clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Age Group	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Under 18						0
18 - 25						0
26 - 35						0
36 - 45						0
46 - 55						0
56 - 65						0
66 - 75						0
Over 75						0
Unknown						0

At-Risk Clients by Age and Sex/Gender

3c. Report the number of AT-RISK clients served by age and sex/gender for the last 6 months for H1/last 12 months for H2.

Note: The total number of AT-RISK clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Age Group	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Under 18						0
18 - 25						0
26 - 35						0
36 - 45						0
46 - 55						0
56 - 65						0
66 - 75						0
Over 75						0
Unknown						0

People Living with HIV Clients by Ethnicity and Sex/Gender

4a. Report the ethnicity of PHA clients by sex/gender for the last 6 months for H1/last 12 months for H2.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Ethnicity	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
White						0
Black						0
Latin (o/a/é/x)						0
East/Southeast Asian						0
Middle Eastern						0
South Asian						0
First Nations						0
Métis						0
Inuit						0
Not Listed						0
Unknown						0

Affected Clients by Ethnicity and Sex/Gender

4b. Report the ethnicity of AFFECTED clients by sex/gender for the last 6 months for H1/last 12 months for H2.

Note: The total number of AFFECTED clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Ethnicity	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
White						0
Black						0
Latin (o/a/é/x)						0
East/Southeast Asian						0
Middle Eastern						0
South Asian						0
First Nations						0
Métis						0

Inuit						0
Not Listed						0
Unknown						0

At-risk Clients by Ethnicity and Sex/Gender

4c. Report the ethnicity of AT-RISK clients by sex/gender for the last 6 months for H1/last 12 months for H2.

Note: The total number of AT-RISK clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Ethnicity	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
White						0
Black						0
Latin (o/a/é/x)						0
East/Southeast Asian						0
Middle Eastern						0
South Asian						0
First Nations						0
Métis						0
Inuit						0
Not Listed						0
Unknown						0

People Living with HIV by Priority Population and Sex/Gender

5a. Report the number of PHA clients served by sex/gender that belong to each priority population for the last 6 months for H1/last 12 months for H2.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions.

Priority population	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Gay/bisexual/MSM						0
ACB communities						0
People who use drugs						0

Indigenous Peoples						0
Women*						0
Other populations						0

Affected Clients by Priority Population and Sex/Gender

5b. Report the number of AFFECTED clients served by sex/gender that belong to each priority population for the last 6 months for H1/last 12 months for H2.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions.

Priority population	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Gay/bisexual/MSM						0
ACB communities						0
People who use drugs						0
Indigenous Peoples						0
Women*						0
Other populations						0

At-risk Clients by Priority Population and Sex/Gender

5c. Report the number of AT-RISK clients served by sex/gender that belong to each priority population for the last 6 months for H1/last 12 months for H2

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions.

Priority population	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Gay/bisexual/MSM						0
ACB communities						0
People who use drugs						0
Indigenous Peoples						0
Women*						0
Other populations						0

Clients Accessing Services by Client Group

6. Report the number of unique clients that accessed each type of service by client group and sex/gender in the past 6 months for H1/past 12 months for H2.

The total number of clients you enter for each type of service cannot be greater than:

PHA: 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions

AFFECTED: 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions

AT-RISK: 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions

Click here for service definitions and go to pages 8-14 of the Support Services Resources Guide.

Note: Support within housing is only provided by agencies with supportive housing. Traditional services are culturally specific support services provided by Indigenous Peoples focused agencies.

Client group *	**Services provided** *	**Man**	**Woman**	**Trans man**	**Trans woman**	**Other gender expressions**
PHA	Bereavement services					
Affected	Case management					
At-risk	Clinical counselling					
	Complementary therapies					
	Employment services					
	Financial counselling services					
	Food programs					
	General support					
	Intake					
	Managing HIV					
	HIV Pre/Post-test counselling					
	PA - Financial					
	PA - Transportation					
	PA - Other					
	Service Coordination					
	Settlement services					
	Support groups					
	Support within housing					
	Traditional services					

Support Service Sessions by Client Group

7. Report the number of sessions provided to clients in the past 6 months by client group and sex/gender.

Client group *	Services provided *	Man	Woman	Trans man	Trans woman	Other gender expressions
PHA	Bereavement services					
Affected	Case management					
At-risk	Clinical counselling					
	Complementary therapies					
	Employment services					
	Financial counselling services					
	Food programs					
	General support					
	Intake					
	Managing HIV					
	HIV Pre/Post-test counselling					
	PA - Financial					
	PA - Transportation					
	PA - Other					
	Service Coordination					
	Settlement services					
	Support groups					
	Support within housing					
	Traditional services					

Support Service Referrals by Client Group

8. Report the number of referrals made to clients in the past 6 months by client group and sex/gender.

Click here for definitions of referral categories and go to page 17 of the Support Services Resources Guide.

Client group *	Referrals *	Man	Woman	Trans man	Trans woman	Other gender expressions
PHA	Addiction services					
Affected	Harm reduction services					
At-risk	Clinical service providers: HIV care					

	Clinical service providers: PrEP & PEP					
	Clinical service providers: non-HIV specific					
	Mental health service providers					
	HIV/STI testing					
	Community based service providers: HIV care and support					
	Other community based service providers					

Warm Referrals

8a. Highlight some meaningful warm referrals you made in the past 6 months that you believe support best practices.

Note: A warm referral is more than simply providing the contact information of a service provider. It could mean that a worker calls the other provider with the client present, sets an appointment for the client to access the service, etc.

(maximum 250 words, point form acceptable)

No response

8b. Tell us about any challenges or barriers you faced with referrals in the past 6 months.

(maximum 250 words, point form acceptable)

No response

Connection to Care

9. Record the number of PHA clients that report having a primary care physician.

☐ Nothing to report

10. Record the number of PHA clients that report having an HIV specialist.

☐ Nothing to report

11. How many clients have been reported as deceased this last reporting period?

☐ Nothing to report

New clients

Questions 12 - 18 are focused on new clients only who began service at your agency in the last 6 months.

This information allows us to better understand changes in client demographics and demands for service within the province. It helps us provide support to agencies and programs to meet the evolving needs of the people we serve.

12. Report the total number of new clients that you served in the last 6 months.

Note: The numbers you enter here will be used to validate your answers to questions 13 through 17.

Check your numbers before moving forward.

	Man	**Woman**	**Trans man**	**Trans woman**	**Other gender expressions**	**Total**
PHA						0
Affected						0
At-risk						0
Total	0	0	0	0	0	0

Presenting Issues

13. Report the number of new clients by client group and sex/gender that presented with these issues in the last 6 months.

Note: The total number of clients you enter for each type of service cannot be greater than:

PHA: 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions

AFFECTED: 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions

AT-RISK: 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions

Click here for definitions of presenting issues and go to page 24 of the Support Services Resources Guide.

Client group	**Presenting issues**	**Man**	**Woman**	**Trans man**	**Trans woman**	**Other gender expressions**
PHA	Current safety concerns					
Affected	Living with HIV					

At-risk	Housing					
	Food security					
	Well-being					
	Income and benefits					
	Education/employment					
	Social support					
	Legal/immigration					
	Risk of HIV/STIs					

Length of HIV Diagnosis

14. Report the length of HIV diagnosis for your new PHA clients by sex/gender.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Columns will total after you click Next.

Client group	Man	Woman	Trans man	Trans woman	Other gender expressions
Less than 1 year					
1-5 years					
6-10 years					
11-15 years					
Over 15 years					
Unknown					

New People Living with HIV Clients by Ethnicity

15a. Report the number of your NEW PHA clients by ethnicity and sex/gender.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Ethnicity	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
White						0
Black						0
Latin (o/a/é/x)						0

East/Southeast Asian						0
Middle Eastern						0
South Asian						0
First Nations						0
Métis						0
Inuit						0
Not Listed						0
Unknown						0

New Affected Clients by Ethnicity

15b. Report the number of your NEW AFFECTED clients by ethnicity and sex/gender.

Note: The total number of AFFECTED clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Ethnicity	**Man**	**Woman**	**Trans man**	**Trans woman**	**Other gender expressions**	**Total**
White						0
Black						0
Latin (o/a/é/x)						0
East/Southeast Asian						0
Middle Eastern						0
South Asian						0
First Nations						0
Métis						0
Inuit						0
Not Listed						0
Unknown						0

New At-risk Clients by Ethnicity

15c. Report the number of your NEW AT-RISK clients by ethnicity and sex/gender.

Note: The total number of AT-RISK clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Ethnicity	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
White						0
Black						0
Latin (o/a/é/x)						0
East/Southeast Asian						0
Middle Eastern						0
South Asian						0
First Nations						0
Métis						0
Inuit						0
Not Listed						0
Unknown						0

New People Living with HIV Clients by Priority Population

16a. Report the number of NEW PHA clients served by sex/gender that belong to each priority population.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions.

Priority population	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Gay/bisexual/MSM						0
ACB communities						0
People who use drugs						0
Indigenous Peoples						0
Women*						0
Other populations						0

New Affected Clients by Priority Population

16b. Report the number of NEW AFFECTED clients served by sex/gender that belong to each priority population.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions.

Priority population	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Gay/bisexual/MSM						0
ACB communities						0
People who use drugs						0
Indigenous Peoples						0
Women*						0
Other populations						0

New At-risk Clients by Priority Population

16c. Report the number of NEW AT-RISK clients served by sex/gender that belong to each priority population.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 male, 0 female, 0 trans man, 0 trans woman, 0 for clients whose sex/gender is Other gender expressions.

Priority population	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Gay/bisexual/MSM						0
ACB communities						0
People who use drugs						0
Indigenous Peoples						0
Women*						0
Other populations						0

New People Living with HIV Clients by Age

17a. Report the number of NEW PHA clients by age and sex/gender.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Age Group	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Under 18						0
18 - 25						0
26 - 35						0
36 - 45						0
46 - 55						0
56 - 65						0
66 - 75						0
Over 75						0
Unknown						0

New Affected Clients by Age

17b. Report the number of NEW AFFECTED clients by age and sex/gender.

Note: The total number of AFFECTED clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Age Group	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Under 18						0
18 - 25						0
26 - 35						0
36 - 45						0
46 - 55						0
56 - 65						0
66 - 75						0
Over 75						0
Unknown						0

New At-risk Clients by Age

17c. Report the number of NEW AT-RISK clients by age and sex/gender.

Note: The total number of AT-RISK clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is Other gender expressions.

Age Group	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Under 18						0
18 - 25						0
26 - 35						0
36 - 45						0
46 - 55						0
56 - 65						0
66 - 75						0
Over 75						0
Unknown						0

Top 5 Services for New Clients

18. Report the top 5 services that new clients accessed this past reporting period and the number of sessions provided.

	Services provided	Number of sessions
1st most frequently used service	Bereavement services	
2nd most frequently used service	Case management	
3rd most frequently used service	Clinical counselling	
4th most frequently used service	Complementary therapies	
5th most frequently used service	Employment services	
	Financial counselling services	
	Food programs	
	General support	
	Intake	
	Managing HIV	
	HIV Pre/Post-test counselling	

	PA - Financial	
	PA - Transportation	
	PA - Other	
	Service Coordination	
	Settlement services	
	Support groups	
	Support within housing	
	Traditional services	

Narrative questions

Narrative questions

The following questions apply to all clients served at your agency in the last 6 months.

(maximum 250 words per question, point form acceptable)

19. Provide examples of new ways in which your support work has engaged or connected clients to HIV care and/or other care. *

You may want to consider your partners and your formal referral network. (Use a * to start each new point/line. Do not use a hyphen.

No response

20. Tell us about the activities you've undertaken in the past 6 months with your: (a) local HIV clinics (b) local physicians focused on providing HIV care. *

(Use a * to start each new point/line. Do not use a hyphen.)

No response

21. Provide examples of new ways in which your support work helped clients adhere to treatment in past 6 months. *

You may want to consider specific services you offer or interventions delivered. (Use a * to start each new point/line. Do not use a hyphen.)

No response

22. Provide examples of ways the work of your agency improved the quality of life and health outcomes of clients. *

Please provide an example(s). (Use a * to start each new point/line. Do not use a hyphen.)

No response

23. Provide examples of the support work at your agency promotes sexual health and prevented new STI and HIV infections. *

Please provide an example(s).

No response

24. Please report any trends/shifts in clients accessing support services. *

You may want to consider demographics, services requested, presenting issues, etc. and advocacy work that you do.

(Point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

6 – Harm reduction outreach services

Total Number of Harm Reduction Clients

☐ Our organization will not be reporting data in this Section.

Harm Reduction Outreach Programs

This section is to be completed by any organization or program that provides harm reduction services for clients who use substances.

☐ I am not able to report unique clients, I am reporting client interactions.

1. Report the total number of unique clients and of those clients, the number that were new clients, by sex/gender that you had in the past 6 months.

	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Unique clients						0
New clients						0

1. Report the total number of peers by sex/gender that were active in your program in the past 6 months.

	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Active peers						0

Services Delivered

2. Report the total number of times each service was delivered to clients by sex/gender in the past 6 months.

** Note: Clients are counted more than once in the 6-month reporting period.

	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
1. Indigenous Peoples traditional services (e.g., traditional teachers, healers, Elders, etc)						0
2. Brief counselling (e.g., brief, focused, crisis intervention, 'just listening', or can include more formal counselling, can be done by phone/text/in-person, etc.)						0
3. Harm reduction teaching (e.g., informal verbal and/or written harm reduction						0

information, how to use the equipment, health teaching, etc.)						
4. Practical support (e.g., food, clothing, transit tickets, transportation to appointments/services, accompaniment to appointments, toiletries, help with identification documents, completing forms, etc.)						0

Client Interactions by Location

3. Report the total number of client interactions by sex/gender made at each location in the past 6 months.

** Note: By client interactions we mean the number of times your services were accessed at each location.

	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
On-site location						
Needle exchange/syringe program (e.g., at your agency or satellite location of the needle exchange/syringe program)						0
Outreach locations						
Addiction programs (residential and day programs)						0
Bars/night clubs						0
Residences (e.g., client home, apartment/house, hotel/motel, friend's place, place where client resides, etc.)						0
Community agencies/services (e.g., that are not fixed site needle exchange programs such as out of the cold programs, shelters, etc.)						0
Community public spaces (e.g., barbershop, hair dresser, bathhouse, massage parlours, etc.)						0
Jails/detention centres/prisons						0
Methadone maintenance/opioid agonist therapy clinics						0
Parties/raves						0
Pharmacies						0
Streets/parks						0
Mobile distribution from a van						0
Total	0	0	0	0	0	0

Client Referrals

4. Report the number of referrals made to clients by sex/gender in the past 6 months.

** Note: Clients are counted more than once in the 6-month reporting period.

	Man	Woman	Trans man	Trans woman	Other gender expressions	Total
Addiction services (e.g., detox, drug treatment)						0
Harm reduction services						0
Clinical service providers (HIV care)						0
Clinical service providers (urgent care)						0
Clinical service providers (primary care)						0
Clinical service providers (other) (e.g., immunizations)						0
Mental health service providers (e.g., other counseling)						0
HIV/STI testing						0
Hep C teams						0
Hep C testing other (non-Hep C team)						0
Hep C treatment other (non-Hep C team)						0
Community-based HIV service providers						0
Other community-based service providers (e.g., faith-based services/spiritual support, social services, women-specific services, housing, etc.)						0
Total	0	0	0	0	0	0

Community Clean-Ups and Activities Delivered to Support Peers

5. Report the number of community clean-ups you conducted in the past 6 months.

6. Indicate the activities that peers were involved in with your program during the past 6 months.

- ☐ Community clean-ups
- ☐ Kit making (safer injection or safer inhalation kits)
- ☐ Harm reduction equipment distribution
- ☐ Harm reduction teaching (e.g., informal verbal and/or written harm reduction information, health teaching, etc.)
- ☐ Brief counselling (e.g., brief and focused, crisis intervention, 'just listening', or can include more formal counselling done by phone, text, in-person, etc.)
- ☐ Practical support (e.g., food, water, transit tickets, rides to appointments/services, accompany to appointments, help with getting ID and completing other forms, etc.)

(check all that apply)

7. Report the number of activities delivered to support peers in the past 6 months.

	Number of meetings	Number of peers that attended
Meetings for peers (includes debrief meetings after shift ends, monthly meetings, team and supervision meetings, etc.)		
Education sessions for peers (includes trainings for peers)		

Drugs of Choice

8. Drugs of choice

Rank the top 5 substances most commonly used in your region by placing the numbers 1 to 5 beside your choice. (Use values 1 - 5 only once.)

Please use values 1-5 only once.

	Rank
Alcohol	
Amphetamines	
Anti-depressants (Wellbutrin/bupropion, etc.)	
Benzodiazepines (e.g., Valium, Xanax, Ativan, etc.)	
Cocaine	
Crack/cocaine	
Party Drugs (Ecstasy, MDMA, Ketamine, GHB, etc.)	
Heroin (opioids)	
Inhalants (solvents such as petrol, glue; aerosols such as spray paint, gases)	
Cannabis (recreational use)	
Cannabis (prescription/medical use)	
Methamphetamine (Crystal Meth)	
Methamphetamine (Speed)	
Opioids: Fentanyl (prescribed)	
Opioids: Fentanyl (non-prescribed)	
Opioids: Codeine	

Opioids: Hydrocodone	
Opioids: Hydromorphone (e.g., Dilaudid, etc.)	
Opioids: Methadone (prescribed)	
Opioids: Methadone (non-prescribed)	
Opioids: Suboxone/buprenorphine (prescribed)	
Opioids: Suboxone/buprenorphine (non-prescribed)	
Opioids: Morphine (includes Kadian, etc.)	
Opioids: Oxycodone/Percocet/OxyNEO	
Steroids	
Non-beverage Alcohol (e.g., Listerine, other mouthwash, cooking wine, etc.)	
Other (includes Ritalin/methylphenidate, etc.)	
Other – polysubstance use (includes speedballs, etc.)	

Harm Reduction Supplies Delivered

9. Harm reduction supplies distributed

Note: This is related to equipment you distribute specifically to clients who use substances.

	Number distributed
Safer injection equipment	
Cookers	
Blister Packed Filters	
Needles	
Sharps containers	
Tourniquets	
Vitamin C	
Sterile water	
Safer Inhalation Equipment	
Straight stem	
Lip balm	
Tubing	
Screens	
Push sticks	

Bowl pipe	
Straws	
Foil	
Other Equipment	
BZK antiseptic wipes	
Alcohol swabs	
Safer Sex Supplies	
Condoms	
Lubricant	
Dental dams	

Shifts/Trends

10a. Shifts/trends *

No response

During this reporting period, have you identified any shifts or changes in demand for HIV/harm reduction/substance use services?

These shifts/changes can be positive (successes) or challenges encountered in your work. (e.g., client age, gender or ethnicity, drug of choice, type of service requested/provided, changes in social attitudes in the community/access to harm reduction programs, access to mental health and addiction services, changes in policing practices)?

10b. Response to emerging trends *

No response

How are you responding to these emerging trends (e.g., change in programming, new partnerships, requests for funding)?

7 – Anonymous HIV testing (AT) sites

Anonymous HIV Tests, Confirmatory Tests, Declined and Incomplete Tests

Anonymous HIV Testing (AT) Site)

Anonymous testing sites are asked to report all anonymous HIV tests, regardless of the number of FTE(s) specifically funded by the AIDS Bureau.

1. Report the number of anonymous HIV tests performed during the reporting period.

Rapid Tests *

Total number of negative tests	
Total number of reactive tests	
Total anonymous tests	

Of the reactive tests, how many tests were confirmed by PHOL? *

Standard blood draw tests: non-confirmatory *

Total number of negative tests	
Total number of positive tests	
Total anonymous tests	

2. Report declined and incomplete confirmatory tests.

Number of clients who AGREED to confirmatory testing after their reactive rapid test	
Number of clients who DECLINED confirmatory testing after their reactive rapid test	
Number of clients who AGREED for confirmatory testing, BUT DID NOT RETURN for results	

Anonymous HIV Tests by Priority Population

3. Total number of anonymous HIV tests by testing location and priority population targeted.

Report the total number of anonymous HIV tests conducted at each of these locations in the past 6 months.

For each location, indicate the priority population(s) you intended to reach by providing anonymous testing at these locations.

Note: The total number of tests should equal the total number of tests reported in question 1.

	Gay /bisexual /MSM	**ACB communities**	**Indigenous Peoples**	**People who use drugs**	**Women***	**Other at-risk populations**	**Number of anonymous rapid tests**	**Number of positive rapid tests (PHOL confirmed)**	**Number of standard blood draw anonymous tests**	**Number of positive standard blood draw anonymous tests**
Main site (including sub-locations)	☐	☐	☐	☐	☐	☐				
ASO	☐	☐	☐	☐	☐	☐				
Health/social service agency	☐	☐	☐	☐	☐	☐				
Bathhouse	☐	☐	☐	☐	☐	☐				
Community health centre (not your agency)	☐	☐	☐	☐	☐	☐				
Other local public health unit (not your agency)	☐	☐	☐	☐	☐	☐				
Special event (e.g., Pride)	☐	☐	☐	☐	☐	☐				
Mobile (i.e., van, bus)	☐	☐	☐	☐	☐	☐				
Education institution	☐	☐	☐	☐	☐	☐				
Shelter	☐	☐	☐	☐	☐	☐				
Community centre	☐	☐	☐	☐	☐	☐				
Consumption treatment services	☐	☐	☐	☐	☐	☐				
Other	☐	☐	☐	☐	☐	☐				

Outreach to Priority Populations

4. Outreach to priority populations

For each of the priority populations listed below, indicate the proportion of your work targeted to these groups.

The total across all priority populations should equal 100%.

For example, due to the nature of the epidemic in your region, 75% of your work (as indicated in your program plan) was targeted to reach gay/bisexual/MSM, 10% to reach women* and 15% to reach Indigenous Peoples.

4a. Indicate the proportion of your work targeted to gay/bisexual/MSM.

What have you done to reach gay/bisexual/ MSM?

No response

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)

4b. Indicate the proportion of your work targeted to ACB communities.

What have you done to reach ACB communities?

No response

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)

4c. Indicate the proportion of your work targeted to Indigenous Peoples.

What have you done to reach Indigenous Peoples?

No response

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)

4d. Indicate the proportion of your work targeted to people who use drugs.

What have you done to reach people who use drugs?

No response

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)

4e. Indicate the proportion of your work targeted to women*.

What have you done to reach women*? No response

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)

4f. Indicate the proportion of your work targeted to other at-risk populations.

List other at-risk population you targeted. No response

(e.g., incarcerated people or sex workers)

What have you done to reach other at-risk populations? No response

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)

Referrals for Newly Diagnosed Patients

5. Report the number of referrals for newly diagnosed HIV positive clients to HIV clinical care made by your agency in the past 6 months.

This additional information aligns with the Ontario HIV Strategy's focus on the Engagement, Prevention and Care Cascade, which is consistent with research that shows that people who are linked to care more quickly have better health outcomes.

Referrals	
Total number of referrals to HIV clinical care	
Total number of referrals that you followed up to ensure the client was linked to care	

Connection to Care

5a. If you did not follow-up with your referrals to ensure the clients were linked to HIV clinical care, please provide an explanation. No response

Referrals to Other Services

6. Report the total number of referrals for newly diagnosed HIV positive clients to the other services listed below that your agency made in the past 6 months. *

Note: Please ensure that you only include referrals for **newly diagnosed HIV positive clients** in your response to this question. If no referrals have been made, please enter "0" in each field provided.

Referral Service	
Addiction service providers	
Clinical services: non HIV specific care	
Community based HIV service providers	
Mental health service providers	
Harm reduction service providers	
Other community based service providers	

7. Report the total number of referrals for PrEP provided to individuals who test negative but remain at high risk for HIV, that your agency made in the past 6 months. *

If no referrals have been made, please enter "0".

Emerging Trends

8. Tell us about any shifts or changes in demand for HIV testing that you have noticed during the reporting period. *

No response

9. How are you responding to these shifts or changes in demand for HIV testing? *

No response

8 – HIV clinical services

Total Number of Clients

Community Based HIV Clinical Services

1a. Report the total number of unique new and existing clients served in the last 6 months by client group and sex/gender.

Record the number of people by sex/gender in the following groups who received HIV clinical services during the reporting period.

	Man new	Man existing	Woman new	Woman existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Other gender expressions new	Other gender expressions existing
Living with HIV										
Affected										
At-risk										
Total										

Unique People Living with HIV Clients by Age

1b. Report the number of unique PHA clients served by age and sex/gender in the past 6 months.

	Man new	Man existing	Woman new	Woman existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Other gender expressions new	Other gender expressions existing
Under 18										
18-25										
26-35										
36-45										
46-55										
56-65										
66-75										
Over 75										
Unknown										

Unique People Living with HIV Clients by Ethnicity

1c. Report the number of unique PHA clients served by sex/gender and ethnicity in the past 6 months.

	Man new	Man existing	Woman new	Woman existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Other gender expressions new	Other gender expressions existing
White										
Black										
Latin (o/a/é/x)										
East/Southeast Asian										
Middle Eastern										
South Asian										
First Nations										
Métis										
Inuit										
Not Listed										
Unknown										

Priority Populations

1d. Estimate what proportion of unique PHA clients who accessed your services in the past 6 months represent each priority population by sex/gender.

This is based on Ontario's priority populations. People can be included in more than one population listed below – for example, an individual can be a person living with HIV, gay, and from the ACB community.

Note: This will likely add to more than 100% as a result of multiple demographic indicators.

Priority Population	Man	Woman	Trans man	Trans women	Other gender expressions
Gay/bisexual/MSM					
People who use drugs					
African, Caribbean, Black communities					
Indigenous Peoples					
Women*					

Challenges Experienced by Clients

1e. Indicate approximately what proportion of the people with HIV (PHAs) who used your services in the past 6 months experienced challenges with the following issues:

Note: Total may be greater than 100%, as clients are likely presenting with multiple challenges.

Challenges	**%**
Starting treatment	
Maintaining treatment access (e.g., pediatric to adult transition, drug benefits, etc.)	
Treatment issues (e.g., spikes in viral load, mental, emotional or physical health, etc.)	
Medication adherence (e.g., side effects, etc.)	
Staying engaged in HIV care	
Connection to care for co-morbid conditions	
Social determinants of health (SDOH) (e.g., housing, food security, poverty, etc.)	

Services Accessed

2. Report the number of PHA clients that accessed each service in the past six months by sex/gender.

Note: An individual may be counted in more than one category, but only once in each category. This is NOT about which staff position provides the service, but rather what service is provided.

For example, blood work may be ordered by the physician, but carried out by the nurse. For this purpose, you would record blood work as one service provided.

Service	**Man**	**Woman**	**Trans man**	**Trans woman**	**Other gender expressions**
Addiction services					
Adherence support					
Application support					
Blood work/lab test					
Health promotion					
Intake and assessment					
Mental health services					

Nutritional services					
Pharmacy services					
Pre/post test counselling (STIs)					
Primary care					
Reproductive health services					
Sexual health services/counselling					
Social work/counselling support					
Specialty care					
Treatment information					

Referrals Made for People Living with HIV Clients

3a. Report the total number of referrals for PHA clients that were made to the following services in the past 6 months by sex/gender.

Referrals	Man	Woman	Trans man	Trans woman	Other gender expressions
Clinical service providers: HIV care					
Clinical service providers: non-HIV specific					
Clinical service providers: PreP & PEP					
Community based service providers: HIV care and support					
HIV/STI testing					
Addiction services					
Harm reduction services					
Mental health service providers					
Other community based service providers					

Connection to Care

3b. What did you do to ensure your referrals led to clients being successfully linked to other services/care? *

No response

Missed Appointments

4a. Approximately what percentage of your clients missed HIV clinical service appointments during the past 6 months?

4b. During this reporting period, what engagement and re-engagement strategies were implemented to reduce missed appointments? *

No response

Education Activities

5. Education and community development

Provide an overview of the education, community development and/or professional development activities that have been presented.

5a. Education activities delivered by staff

Type of education activity	Number of events	Number of participants
HIV Rounds presentations		
Community presentations		
Conference presentations		

5b. Community development activities

Type of meeting	Number of meetings
HIV Clinic Coordinator Network	
Local hospital/service network	
Local HIV planning network	
Opening Doors conference/event	

5c. Professional development activities

Type of professional development activity	Number attended
CME/CPD or post-secondary course (or other professional development course)	
Nursing update/RPNAO/RNAO course	
Conference	
Other official college requirement	
Other (please specify)	

Emerging Trends

6a. Describe any shifts or changes (emerging trends) in demand for HIV clinical services that you identified during this reporting period. *

No response

6b. How are you responding to these emerging trends? *

No response

9a – Hepatitis C Services

Education Presentations

1. Please report all education presentations delivered in the past six months.

Education Type *	# of presentations *	# of participants *	Service recipients 1 *	Service recipients 2	Presentation focus 1 *	Presentation focus 2
Capacity building			People living with HCV	People living with HCV	HCV 101	HCV 101
Mentorship/ coaching			Executive directors/ management	Executive directors/ management	HepCNet	HepCNet
KTE			Public health professionals	Public health professionals	Hepatitis C treatment	Hepatitis C treatment
			HCV team members	HCV team members	Harm reduction/ safer drug use	Harm reduction/ safer drug use
			Newcomers to Canada	Newcomers to Canada	HCV 101 (ethno cultural focus)	HCV 101 (ethno cultural focus)
			Peer facilitators	Peer facilitators	Skills building harm reduction	Skills building harm reduction
			Health care providers	Health care providers	Living with HCV	Living with HCV
			HCV team members	HCV team members	Preceptorship program (nursing)	Preceptorship program (nursing)
					Other	Other

Community Development Activities

2. Please report all community development activities that occurred during the past six months.

Meeting Type *	# of meetings *	People living with HCV	Executive directors/ management	Public health professionals	HCV team members	Newcomers to Canada	Peer facilitators	Health care professionals	Service providers, professionals
Network/ partnership		☐	☐	☐	☐	☐	☐	☐	☐
Advisory committee		☐	☐	☐	☐	☐	☐	☐	☐
Advocacy/ policy dialogue		☐	☐	☐	☐	☐	☐	☐	☐

Resources Developed

3. Please report all resources developed and distributed in the past six months.

Resource type *	Name of resource *	# distributed *	People living with HCV	Executive directors/ management	Public health professionals	HCV team members	Newcomers to Canada	Peer facilitators	Health care professionals	Service providers, professionals
Manuals/ training kits			☐	☐	☐	☐	☐	☐	☐	☐
Brochures, posters, flyers or pamphlets - agency promotional materials			☐	☐	☐	☐	☐	☐	☐	☐
Brochures, posters, flyers or pamphlets - prevention/ education			☐	☐	☐	☐	☐	☐	☐	☐
Workshop presentation materials (includes templates, PowerPoint, handouts, etc.)			☐	☐	☐	☐	☐	☐	☐	☐
Strategic planning, decision making, policy or organizational development tools			☐	☐	☐	☐	☐	☐	☐	☐
HCV health information or support resources			☐	☐	☐	☐	☐	☐	☐	☐
Film or dvd			☐	☐	☐	☐	☐	☐	☐	☐
Research summary or evaluation report			☐	☐	☐	☐	☐	☐	☐	☐
Newsletter or news article			☐	☐	☐	☐	☐	☐	☐	☐
Other			☐	☐	☐	☐	☐	☐	☐	☐

9 – Hepatitis C Services

Service Users by Client Group

Hepatitis C Programs

This section of OCHART is intended for those agencies who receive funding from the Hepatitis C Funding Program. Please complete all sections as they relate to your hepatitis C program.

We recognize that clients may shift from one group to the other (e.g., living with HCV --> receiving post-cure care); this is reflected in the service sessions. We will see the shift in client demographics from H1 to H2.

NOTE: Update service user information (demographics) for each client after their 1st visit in each reporting period. Therefore, do this twice per year.

1a. Report the number of unique service users served during the reporting period by sex/gender and client group.

	Man		**Woman**		**Trans man**		**Trans woman**		**Other gender expressions**	
Client Group	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Clients living with HCV										
Clients receiving Post-Cure Care										
People at-risk of acquiring HCV										

Service Users by Age

1b. Report the number of new and existing service users served during the reporting period by sex/gender and age.

	Man		**Woman**		**Trans man**		**Trans woman**		**Other gender expressions**	
Age Group	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Less than 18										
18-25										
26-35										
36-45										
46-55										
56-65										
66-75										

Over 75										

Service Users by Ethnicity

1c. Report the number of new and existing service users served during the reporting period by sex/gender and ethnicity.

	Man		**Woman**		**Trans man**		**Trans woman**		**Other gender expressions**	
Ethnicity	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
White										
Black										
Latin (o/a/é/x)										
East/Southeast Asian										
Middle Eastern										
South Asian										
First Nations										
Métis										
Inuit										
Not listed										

Service Sessions for Clients Living with HCV

1d (1). Report the number of service sessions provided to clients living with HCV for this reporting period by sex/gender.

Services	**Man**	**Woman**	**Trans man**	**Trans woman**	**Other gender expressions**
Intake and assessment					
Application completion					
Appointment accompaniment					
Practical assistance					
Vaccinations					
Clinical counselling					
General support					
Adherence counselling					

Wellness check					
Ongoing clinical monitoring					
Case management/coordination					

Service Sessions for Post-cure Care Clients

1d (2). Report the number of service sessions provided to clients receiving post-cure care during this reporting period by sex/gender.

Services	Man	Woman	Trans man	Trans woman	Other gender expressions
Intake and assessment					
Application completion					
Appointment accompaniment					
Practical assistance					
Vaccinations					
Clinical counselling					
General support					
Ongoing clinical monitoring					
Wellness check					
Case management/coordination					

Service Sessions for At-Risk Care Clients

1d (3). Report the number of service sessions provided to people at risk of acquiring HCV during this reporting period by sex/gender.

Services	Man	Woman	Trans man	Trans woman	Other gender expressions
Intake and assessment					
Application completion					
Appointment accompaniment					
Practical assistance					
Vaccinations					
Clinical counselling					
General support					
Wellness check					

Case management/coordination					

Service Users by Priority Populations

1e. Report the number of new and existing service users served during the reporting period by sex/gender that are from the following priority populations.

	Man		**Woman**		**Trans man**		**Trans woman**		**Other gender expressions**	
Priority Population	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
People who use drugs										
People involved with the correctional system										
People who are homeless or under-housed										
Indigenous Peoples										
Street-involved Youth										

Testing

☐ **Agency not funded to provide testing.**

On-site Tests

2a. Report the number and type of SCREENING and/or DIAGNOSTIC tests and type of test administered at your main and satellite sites.

Services	**Number of tests**
Total number of HCV antibody tests	
Total number of HCV RNA tests	
Total number of HIV antibody tests	
Total number of HBV (antibody/ antigen) tests	

Outreach Tests

☐ **Agency doesn't provide outreach testing.**

Tests by Outreach Location

2b. Report the number of times each SCREENING and/or DIAGNOSTIC test type was administered by outreach location.

	# of HCV antibody tests administered	# of HCV RNA tests administered	# of HIV antibody tests administered	# of HBV (antigen/ antibody) tests administered
Addiction program (residential and day programs)				
AIDS service organization				
Clinic/health centre				
Consumption treatment services *On-site/co-located consumption treatment services do not count as outreach testing. Report this under on-site testing.*				
Correctional facility				
Drop-in centre				
Food bank/soup kitchen				
Homelessness and Addiction Recovery Treatment (HART) Hub				
Hotel/motel				
Mobile service				
Methadone maintenance clinic				
Mental health service				
Pharmacy				
Shelter				
Street outreach, incl. park, alley etc.				
Social gathering				

Treatment and Monitoring

☐ **Agency not funded to provide treatment to clients.**

Spontaneously Cleared

3b. Report the number of people who were identified as "spontaneously cleared" and the number of people who received ongoing clinical monitoring during this reporting period.

Type of clinical monitoring	Total
Clients were identified as “spontaneously cleared”	

Treatment Initiations

NOTE: Questions 3c. – 3f. relate to clients who initiated treatment during this reporting period.

3c. Report the number of clients who initiated treatment during this reporting period.

3d. Report the number of clients who initiated treatment during the reporting period who identify with one or more of the priority populations.

3d1. Report the number of clients who initiated treatment during this reporting period was referred to the program for hepatitis C treatment from within the organization or by an external partner.

Financial Coverage for Treatment

3e. Report the primary type of financial coverage for clients who initiated treatment during the reporting period.

Clients should only be counted once.

Type of coverage	Total
Exceptional access program	
Compassionate coverage through a pharmaceutical company	
Private insurance coverage	
Clinical trial participant	
Client paid for own treatment	
Trillium Drug Program funding	
Non-insured Health Benefit	
Limited Use Code	
Correctional facility covers the cost	

How many of the above clients are accessing multiple financial coverage options?

Treatment Completions

3g. Report the following information for clients who completed treatment during the reporting period.

Outcome	Total # of clients
Clients who completed prescribed course of treatment	
Achieved SVR - treated in current reporting period	
Achieved SVR – treated in previous reporting period	
Did not achieve SVR - treated in current reporting period	
Did not achieve SVR – treated in previous reporting period	
Clients who have not completed SVR blood work/ results pending	

Have there been any exclusions/withdrawals in the reporting period? *

○ No ○ Yes

Treatment Excluded/Withdrawn

3h. For clients who were excluded from treatment during the reporting period, report the primary reason for the exclusion.

Primary Reason	Total # of clients
Chronic hepatitis C infection not confirmed	
Informed deferral	
Did not qualify for drug coverage	
Public drug coverage approval pending	
Pregnancy	
Social instability	
Medical instability	
Loss to follow-up	
Lack of OHIP coverage	
Incarceration	
Death	

3i. For clients who were withdrawn from treatment during the reporting period, report the primary reason for the withdrawal.

Primary Reason	Total # of clients
Side effects	
Loss to follow-up	
Medical instability	
Death	
Psychiatric manifestation	
Psycho-social instability	
Did not achieve treatment milestones	

Outreach Contacts by Location

Education, outreach and community development activities

4. Report the total number of brief and significant outreach contacts made during the reporting period by location.

Outreach location	Brief contacts	Significant contacts
Addiction program (residential and day programs)		
ASO		
Clinic/health centre		
Consumption Treatment Services		
Correctional facility		
Drop in centre		
Food bank/soup kitchen		
Motel/hotel		
Mobile service		
Methadone maintenance clinic		
Mental health service		
Pharmacy		
Shelter		
Street outreach incl. park, alley etc.		
Social gathering		

Education Presentations

4b (1). Report the following information for all education presentations that occurred during the reporting period.

	Priority population		Health care providers		Service Providers	
Primary presentation focus	# of participants	# of presentations	# of participants	# of presentations	# of participants	# of presentations
Co-infection						
Harm reduction/safer drug use						
Stigma and discrimination						
Living with HCV						
STIs/safer sex						
Naloxone and overdose prevention						
Hepatitis C treatment and/or testing						

Presentations by Focus

4b (2). Report the number of education presentations that occurred during the reporting period by presentation focus.

Primary presentation focus	**# of presentations**
Co-infection	
Harm reduction/safer drug use	
Stigma and discrimination	
Living with HCV	
STIs/safer sex	
Naloxone and overdose prevention	
Hepatitis C treatment and/or testing	

Community Development Sessions

4c (1). Report the number of community development sessions that occurred during the reporting period.

	# of sessions
Community development	

Consultations

4c (2). Report the number of consultations that occurred during the reporting period.

	# of sessions
Consultation	

One-on-one Education Sessions

4c (3). Report the number of one-on-one education sessions that occurred during the reporting period.

	# of sessions
One-on-one education	

11 – Provincial capacity building programs

Activities Delivered by Primary Focus

1. Report the number of presentations, trainings and consultations delivered and total participants in the past six months by primary focus.

	GIPA/MIPA		**HIV syndemics (social drivers of HIV, SDOH)**		**Issues affected by HIV (HIV related)**		**Organizational development**		**Skills development**		**HIV research (science programs & interventions)**	
Activity type	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants
Presentations/ information sessions												
Trainings												
Consultations												

Activities Delivered by Priority Populations

2. Report the number of presentations, trainings, and consultations delivered in the past 6 months addressing the needs of each of the following priority populations.

Note: This reflects only those activities that addressed the needs of priority populations. It is not expected that all activities address the needs of these populations.

Activity type	**PHA**	**Gay/bisexual / MSM (includes trans men)**	**Indigenous Peoples**	**People who use drugs**	**ACB communities**	**At-risk Women (includes trans women)**	**Other at-risk populations**
Presentations/ information sessions							
Trainings							
Consultations							

Activities Delivered by Type of Participants

3. Report the number of presentations, trainings, and consultations delivered in the past 6 months by type of participants.

Note: This number cannot be greater than the total number of presentations, trainings and consultations.

Activity type	EDs and Board members	WHAI workers	ACB strategy workers	GMSH strategy workers	Other ASO frontline workers (incl. HIV programs)	Clinical service providers	Other service providers	Researchers / academia	Policy makers (government)	Community (e.g., service users, PHAs, people at-risk, etc.)
Presentations/ information sessions										
Trainings										
Consultations										

Participants from each Ontario Health Region

5. Report the total number of participants from each Ontario Health Region for each activity type (presentations, trainings and consultations) delivered in the past 6 months.

Ontario Health Region	# of participants at presentations or information sessions	# of participants at trainings	# of participants at consultations
North East			
North West			
Central			
East			
West			
Toronto			
West			
Outside Ontario			
Unknown			

Capacity Building Work

6. Highlight some meaningful capacity building work (from your presentations/information sessions, trainings and consultations) that you delivered in the past 6 months that you believe should be shared and replicated.

No response

(Maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

7. Report any trends/shifts in the capacity building work (e.g., from your presentations/information sessions, trainings and consultations) that you delivered in the past 6 months.

(Maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

Structured Interventions

8. Report all structured interventions that your agency delivered or trained other workers to deliver in the past six months.

For each intervention, indicate the population targeted, the intervention title, the goal, whether your agency delivered the intervention or trained workers from other agencies to deliver and the number of participants that were trained or who completed the intervention.

Note: This question is optional. It is not expected that all agencies deliver these types of interventions. It is acceptable to leave this question blank.

We recognize that the language of 'intervention' is not used when working with and/or delivering these types of programs to community members. However, for the purpose of consistency and reporting in OCHART we will use the language of 'intervention'.

For the purpose of OCHART, a structured intervention is a distinct program that has been proven effective through research and showed positive behavioural and/or health outcomes that can be attributed to the activities that make up the intervention.

The intervention has a clear goal(s) and target audience(s) and includes a packaged set of specific activities that lead to measurable outcomes, with clear indicators of success. There is a defined series of steps that must be followed to implement a highly effective prevention program.

Intervention Goals:

Goal 1: Improve the health and well-being of populations most affected by HIV

Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections

Goal 3: Diagnose HIV infections early and engage people in timely care

Goal 4: Improve the health, longevity and quality of life for people living with HIV

Population Targeted *	Intervention title *	Intervention goal *	Trained others to deliver or delivered intervention *	# of people *
PHA		Goal 1	Trained others to deliver	
ACB communities		Goal 2	Delivered intervention	
Gay/bisexual/MSM		Goal 3		
Indigenous Peoples		Goal 4		
People who use drugs				
Women*				
Other: Incarcerated people				
Other: Sex workers				
Other at risk				

KTE Primary Focus

9. Report the number of KTE materials developed in the past 6 months by material type and primary focus.

Material type	GIPA/ MIPA	HIV syndemics (social drivers of HV, SDOH)	Issues affected by HIV (HIV related)	Organizational development	Skills development	HIV research (science, programs and interventions)
Reports						
Fact sheets (incl. pamphlets, 1-pager, backgrounders, etc.)						
Peer-reviewed publications						
Tools (incl. manuals, toolkits, training guides, etc.)						
Agency promotional materials (incl. newsletters)						

Social Media

13. Report your agency's website views, Facebook likes, Twitter followers and YouTube views (not related to media campaigns) from the past 6 months. *

	Number
Website views	
Facebook likes	
Twitter followers	
Youtube (or similar video streaming service) views	

Social Media Activities by Purpose

14. Report the number of online media activities conducted in the past 6 months by media type and purpose of activity. *

	Promote agency services or resources	Promote agency events	Share knowledge (education)	Share other opportunities (non-agency)
Website updates				
Facebook posts				
Twitter posts				
Youtube (or similar video streaming service) uploads				

Community Development Meetings by Purpose

15a. Report the number of community development meetings by purpose that your agency participated in during the past six months.

For the purpose of OCHART, community development is defined as a complex process (tailored to local context) that seeks to improve the lives community members by building opportunities to enhance the capacity of service providers, community stakeholder agencies, businesses and government. Community development works with organizations (e.g., service providers, professionals, practitioners) rather than with individuals (e.g., service users, clients) and is separate from direct service delivery. The focus is to improve the responsiveness, accessibility and ultimately the impact of community services. On the other hand, outreach provides direct services and involves interacting with community members where they socialize or congregate.

Meeting purpose	# of meetings
Advisory/board meeting	
Coalition/network meeting	
Community event planning	

Development of education prevention materials	
General information sharing	
Improved service delivery	
New partnership/relationship building	
Policy development	
Strategic planning	
Public policy	

Community Development Meetings by Partner Type

15b. Report the number of agencies by partner type and number of participants representing them at the community development meetings that your agency participated in during the past six months.

Note: given the nature of the work involved, agencies and participants may not be unique.

Partner type	# of agencies	# of participants
Addiction services		
Harm reduction services		
Clinical service providers (HIV care)		
Clinical service providers (non-HIV specific)		
Mental health service providers		
HIV / STI testing		
Community-based HIV service providers		
Other community-based service providers		

Community Development Meetings by Priority Populations

15c. Report the number of community development meetings that you entered in question 15a where you discussed each of Ontario's HIV priority populations.

Meeting purpose	PHA	ACB communities	Gay/ bisexual / MSM	Indigenous Peoples	People who use drugs	At-risk women	Other at-risk: Incarcerated people	Other at-risk: Sex workers
Advisory/board meeting								
Coalition/network meeting								

Community event planning								
Development of education prevention materials								
General information sharing								
Improved service delivery								
New partnership/ relationship building								
Policy development (agency level)								
Strategic planning								
Public policy								

Community Development Meetings by Issues Discussed

15d. Report the number of community development meetings that you entered in question 15a where you discussed the issues listed below, as they relate to the needs of populations discussed.

Meeting purpose	Safety concerns	Living with HIV	Housing	Food security	Well-being	Income and benefits	Education / Employment	Social support	Legal / Immigration	Risk of HIV
Advisory/board meeting										
Coalition/ network meeting										
Community event planning										
Development of education prevention materials										
General information sharing										
Improved service delivery										
New partnership/ relationship building										
Policy development (agency level)										

Strategic planning										
Public policy										

Community Development Meetings by Partner Agencies

15e. Report the number of community development meetings that you entered in question 15a by the type of partner agencies with whom you met.

Meeting purpose	Addiction services	Harm reduction services	Clinical service providers (HIV care)	Clinical service providers (non-HIV specific)	Mental health service providers	HIV / STI testing	Community -based HIV service providers	Other community-based service providers
Advisory/board meeting								
Coalition/network meeting								
Community event planning								
Development of education prevention materials								
General information sharing								
Improved service delivery								
New partnership/ relationship building								
Policy development (agency level)								
Strategic planning								
Public policy								

Shifts and Trends in Community Development Work

16. Highlight some meaningful community development work you did in the past 6 months that you believe should be shared and replicated.

No response

(Maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

17. Report any trends/shifts in the community development work that you delivered in the past 6 months.

(Maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

Awareness Campaigns

18. Report any awareness campaigns that your agency developed during the past six months.

For the purpose of OCHART, awareness campaign is defined as a series of coordinated activities designed to engage a specific audience or audiences in a specific issue(s).

i. Awareness campaign title

No response

ii. Intended target population

- ☐ People living with HIV
- ☐ ACB communities
- ☐ Gay/bisexual/MSM (includes trans men)
- ☐ Indigenous Peoples
- ☐ People who use drugs
- ☐ At-risk Women
- ☐ Other at-risk: Incarcerated people (former and/or current prisoners, people involved with justice system)
- ☐ Other at-risk: Sex workers
- ☐ Other at-risk populations

(Select all that apply)

iii. Main goals of your activity

- ☐ Goal 1
- ☐ Goal 2
- ☐ Goal 3
- ☐ Goal 4

(Select all that apply)

Goals:

Goal 1: Improve the health and well-being of populations most affected by HIV

Goal 2: Promote sexual health and prevent new HIV, STI and Hep C infections

Goal 3: Diagnose HIV infections early and engage people in timely care

Goal 4: Improve health, longevity and quality of life for PHAs

Goal 5: Ensure quality, consistency and effectiveness of all provincially funded HIV program and services

Check all that apply

iv. Provide examples of how this campaign supported each of the following goals.

Please answer this question for each of the goals listed below.

Enter 'N/A' if the campaign did not apply to that goal.

Improve the health and well-being of populations most affected by HIV	No response
Promote sexual health and prevent new HIV, STI and hepatitis C infections	No response
Diagnose HIV infections early and engage people in timely care	No response
Improve the health, longevity and quality of life for people living with HIV	No response

v. Number of campaign materials developed

Note: This does not refer to the number of materials printed. It is the number of different types of these materials developed (e.g., 5 different posters, 1 condom pack etc.)

	Number developed
Campaign specific promotional materials - Brochures, posters, flyers, pamphlets, films/DVDs, etc.	
Campaign specific training/education materials (e.g., handouts, presentations, backgrounders, etc.)	
Safer sex materials (e.g., condom packets) – campaign specific	
Press release/PSA	
Campaign specific website	
Campaign specific Facebook page	
Campaign specific YouTube videos	
Traditional media (includes unpaid interviews, radio shows, TV appearances, etc.)	

Paid media advertising (online banners, bus ads, bathroom ads, radio ads, etc.)	

vi. Is there anything else you would like to share about the outcomes, successes, challenges or the importance of this awareness campaign?

No response

Conferences and Events Organized

19.1 Report conferences and events that your agency organized.

i. Conference/event title

No response

ii. Activity type

- ○ Annual symposium
- ○ Conference
- ○ Community event/town-hall meeting

iii. Main priority populations discussed

- ☐ People living with HIV
- ☐ ACB communities
- ☐ Gay/bisexual/MSM (includes trans men)
- ☐ Indigenous Peoples
- ☐ People who use drugs
- ☐ At-risk women
- ☐ Other at-risk: Incarcerated people
- ☐ Other at-risk: Sex workers
- ☐ Other at-risk populations

(Select all that apply)

iv. Main goals of your activity

- ☐ Goal 1
- ☐ Goal 2
- ☐ Goal 3
- ☐ Goal 4
- ☐ Goal 5

(Select all that apply)

Goals:

Goal 1: Improve the health and well-being of populations most affected by HIV

Goal 2: Promote sexual health and prevent new HIV, STI and Hep C infections

Goal 3: Diagnose HIV infections early and engage people in timely care

Goal 4: Improve health, longevity and quality of life for PHAs

Goal 5: Ensure quality, consistency and effectiveness of all provincially funded HIV program and services

Check all that apply

v. Provide examples of how this event supported each of the following goals.

Please answer this question for each of the goals listed below.

Enter 'N/A' if the conference/event did not apply to that goal.

Improve the health and well-being of populations most affected by HIV	No response
Promote sexual health and prevent new HIV, STI and hepatitis C infections	No response
Diagnose HIV infections early and engage people in timely care	No response
Improve the health, longevity and quality of life for people living with HIV	No response
Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services	No response

vi. Number of participants

	Number of participants
EDs & board members	
WHAI workers	
ACB strategy workers	
GMSH strategy workers	
Other ASO frontline workers (incl. HIV programs)	
Clinical service providers	
Other service providers	
Researchers/academia	
Policy makers (government)	

Community (e.g., service users, PHAs, people at-risk, volunteers)	

vii. Anything else you would like to share about successes, challenges or the importance of this event?

No response

viii. Would you like to report another conference/event?

○ No ○ Yes

Conferences and Events 2

19.2 Report conferences and events that your agency organized.

i. Conference/event title

No response

ii. Activity type

○ Annual symposium
○ Conference
○ Community event/town-hall meeting

iii. Main priority populations discussed

☐ People living with HIV
☐ ACB communities
☐ Gay/bisexual/MSM (includes trans men)
☐ Indigenous Peoples
☐ People who use drugs
☐ At-risk women
☐ Other at-risk: Incarcerated people
☐ Other at-risk: Sex workers
☐ Other at-risk populations

(Select all that apply)

iv. Main goals of your activity

☐ Goal 1
☐ Goal 2
☐ Goal 3
☐ Goal 4
☐ Goal 5

(Select all that apply)

Goals:

Goal 1: Improve the health and well-being of populations most affected by HIV

Goal 2: Promote sexual health and prevent new HIV, STI and Hep C infections

Goal 3: Diagnose HIV infections early and engage people in timely care

Goal 4: Improve health, longevity and quality of life for PHAs

Goal 5: Ensure quality, consistency and effectiveness of all provincially funded HIV program and services

Check all that apply

v. Provide examples of how this event supported each of the following goals.

Please answer this question for each of the goals listed below.

Enter 'N/A' if the conference/event did not apply to that goal.

Improve the health and well-being of populations most affected by HIV	No response
Promote sexual health and prevent new HIV, STI and hepatitis C infections	No response
Diagnose HIV infections early and engage people in timely care	No response
Improve the health, longevity and quality of life for people living with HIV	No response
Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services	No response

vi. Number of participants

	Number of participants
EDs & board members	
WHAI workers	
ACB strategy workers	
GMSH strategy workers	
Other ASO frontline workers (incl. HIV programs)	
Clinical service providers	

Other service providers	
Researchers/academia	
Policy makers (government)	
Community (e.g., service users, PHAs, people at-risk, volunteers)	

vii. Anything else you would like to share about successes, challenges or the importance of this event?

No response

viii. Would you like to report another conference/event?

- ○ No
- ○ Yes

Conferences and Events 3

19.3 Report conferences and events that your agency organized.

i. Conference/event title

No response

ii. Activity type

- ○ Annual symposium
- ○ Conference
- ○ Community event/town-hall meeting

iii. Main priority populations discussed

- ☐ People living with HIV
- ☐ ACB communities
- ☐ Gay/bisexual/MSM (includes trans men)
- ☐ Indigenous Peoples
- ☐ People who use drugs
- ☐ At-risk women
- ☐ Other at-risk: Incarcerated people
- ☐ Other at-risk: Sex workers
- ☐ Other at-risk populations

(Select all that apply)

iv. Main goals of your activity

- ☐ Goal 1
- ☐ Goal 2
- ☐ Goal 3
- ☐ Goal 4

☐ Goal 5

(Select all that apply)

Goals:

Goal 1: Improve the health and well-being of populations most affected by HIV

Goal 2: Promote sexual health and prevent new HIV, STI and Hep C infections

Goal 3: Diagnose HIV infections early and engage people in timely care

Goal 4: Improve health, longevity and quality of life for PHAs

Goal 5: Ensure quality, consistency and effectiveness of all provincially funded HIV program and services

Check all that apply

v. Provide examples of how this event supported each of the following goals.

Please answer this question for each of the goals listed below.

Enter 'N/A' if the conference/event did not apply to that goal.

Improve the health and well-being of populations most affected by HIV	No response
Promote sexual health and prevent new HIV, STI and hepatitis C infections	No response
Diagnose HIV infections early and engage people in timely care	No response
Improve the health, longevity and quality of life for people living with HIV	No response
Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services	No response

vi. Number of participants

	Number of participants
EDs & board members	
WHAI workers	

ACB strategy workers	
GMSH strategy workers	
Other ASO frontline workers (incl. HIV programs)	
Clinical service providers	
Other service providers	
Researchers/academia	
Policy makers (government)	
Community (e.g., service users, PHAs, people at-risk, volunteers)	

vii. Anything else you would like to share about successes, challenges or the importance of this event?	No response

12a - Program Narrative for Hepatitis C Funding Programs

Highlights from Program Activities

This section must be completed at the end of each six month reporting period. When completing this section, you will need to refer to your approved program plan which outlines your proposed activities for each reporting period (H1 and H2).

1. Provide any key highlights or milestones from your program activities that took place in the past reporting period. *

(maximum 250 words, point form acceptable, use a * to start each new point/line or paragraph. Do not use a hyphen.)

No response

Key Partnerships

3a. List all key partnerships identified in your approved Schedule A and describe the progress you have made in developing each of these in the past 6 months.

Goals:

1. Increase access to HCV treatment and care for priority populations in Ontario.

2. Increase knowledge and awareness to prevent the transmission of HCV among the priority populations in Ontario.

3. Increase collaboration, coordination and evidence based practice across the system responding to HCV.

Goal ***Goal 1.*** *Increase access to HCV treatment and care for priority populations in Ontario.* ***Goal 2.*** *Increase knowledge and awareness to prevent the transmission of HCV among the priority populations in Ontario.* ***Goal 3.*** *Increase collaboration, coordination and evidence based practice across the system responding to HCV.*	**Identify the key partnership.** (maximum 250 words, point form acceptable)	**Describe the progress made in developing this partnership.** (maximum 250 words, point form acceptable)
Goal 1		
Goal 2		
Goal 3		
None		

4. Describe how those with lived experience were meaningfully involved with your organization in the past 6 months. *

(maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

Program Evaluation

5a. Methods of evaluation used *

- ☐ Surveys
- ☐ Interviews
- ☐ Focus groups
- ☐ Advisory committees
- ☐ Verbal feedback from service users
- ☐ Statistical data (e.g., OCHART, OCASE)
- ☐ Other…

(check all that apply)

5b. Respondents included *

- ☐ Staff
- ☐ Volunteers
- ☐ Peers
- ☐ People with lived experience
- ☐ Service providers
- ☐ Other…

(check all that apply)

5c. Based on findings from your evaluations, outline any successful practices/initiatives and/or areas for change/improvement. *

(maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

Equity, diversity, inclusion, racism and oppression

6a. Describe how your organization is addressing issues related to equity, diversity, inclusion, racism and oppression. *

(maximum 250 words, point form acceptable)

No response

Other Information

7. Describe one key training your staff attended in the past 6 months and highlight its impact. *

(maximum 250 words, point form acceptable)

No response

8. Identify knowledge and/or skills training needs in relation to your funded activities. *

(maximum 250 words, point form acceptable)

No response

☐ **I consent to this information being shared with provincial capacity building programs for the purpose of sharing resources and promoting education events.**

9. Are there any other things you think are important to report? This can be related to things other than programming funded by the Hepatitis C Programs.

(Optional, maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

12 - Program Narrative for AIDS Bureau Funding Programs

Highlights from Program Activities

This section must be completed at the end of each six month reporting period. When completing this section, you will need to refer to your approved program plan which outlines your proposed activities for each reporting period (H1 and H2).

1. Provide any key highlights or milestones from your program activities that took place in the past reporting period. *

(maximum 250 words, point form acceptable, use a * to start each new point/line or paragraph. Do not use a hyphen.)

No response

Key Partnerships

3a. List all key partnerships identified in your approved Schedule A and describe the progress you have made in developing each of these in the past 6 months.

Goals:

1. Improve the health and well-being of populations most affected by HIV

2. Promote sexual health and prevent new HIV, STI and Hepatitis C infections

3. Diagnose HIV infections early and engage people in timely care

4. Improve the health, longevity and quality of life for people living with HIV

5. Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services

Goal	**Identify the key partnership.** (maximum 250 words, point form acceptable)	**Describe the progress made in developing this partnership.** (maximum 250 words, point form acceptable)
Goal 1		
Goal 2		
Goal 3		
Goal 4		
Goal 5		

4. Describe how those with lived experience were meaningfully involved with your organization in the past 6 months. *

No response

(maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

Program Evaluation

5a. Methods of evaluation used *

- ☐ Surveys
- ☐ Interviews
- ☐ Focus groups
- ☐ Advisory committees
- ☐ Verbal feedback from service users
- ☐ Statistical data (e.g., OCHART, OCASE)
- ☐ Other…

(check all that apply)

5b. Respondents included *

- ☐ Staff
- ☐ Volunteers
- ☐ Peers
- ☐ People with lived experience
- ☐ Service providers
- ☐ Other…

(check all that apply)

5c. Based on findings from your evaluations, outline any successful practices/initiatives and/or areas for change/improvement. *

No response

(maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

Equity, diversity, inclusion, racism and oppression

6a. Describe how your organization is addressing issues related to equity, diversity, inclusion, racism and oppression. *

No response

(maximum 250 words, point form acceptable)

Other Information

7. Describe one key training your staff attended in the past 6 months and highlight its impact. *

(maximum 250 words, point form acceptable)

No response

8. Identify knowledge and/or skills training needs in relation to your funded activities. *

(maximum 250 words, point form acceptable)

No response

☐ **I consent to this information being shared with provincial capacity building programs for the purpose of sharing resources and promoting education events.**

9. Are there any other things you think are important to report? This can be related to things other than programming funded by the AIDS Bureau Funding Programs.

(Optional, maximum 250 words, point form acceptable, use a * to start each new point/line. Do not use a hyphen.)

No response

13 - Certification

I certify that the OCHART report for this reporting period

- ☐ Has been completed in full *
- ☐ Has been reviewed and approved by the Executive Director (or designated organizational leadership) for submission to the ministry *

The following information will be used to submit the report. If the information is incorrect, please update it on your profile page.

Title of the individual making the certification (e.g., Executive Director, Director, etc.) *

First Name *

Last Name *

Phone Number *

Email *

Date *