

**Table of Contents**

- 1 - Agency profile ..... 1**
- 2 - Program and project information..... 4**
- 3 - Prevention activities for service users..... 7**
- 4 - Education for service providers and community development..... 19**
- 5 - Support services ..... 25**
- 6 - Harm reduction outreach services ..... 35**
- 7 - Anonymous HIV testing (AT) sites ..... 39**
- 8 - HIV clinical services ..... 43**
- 9 - Hepatitis C services..... 47**
- 9a - Hepatitis C services ..... 53**
- 11 - Provincial capacity building programs ..... 55**
- 12 - Program Narrative for AIDS Bureau Funding Program ..... 64**
- 13 - Certification ..... 68**

# 1 - Agency profile

## Organization Profile

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**Name of organization** No response

**Street address** No response

**Mailing address (if different than street address above)** No response

**If your organization has a general e-mail, please state it here (ex: info@agency.ca)** No response

**Please provide the e-mail of the person you like to receive all OCHART notices regarding training, changes and reminders.** No response

### Sites where services were delivered

	Site Address	Site Name
<b>Main Site</b>		
<b>Satellite 1</b>		
<b>Satellite 2</b>		
<b>Satellite 3</b>		
<b>Satellite 4</b>		
<b>Satellite 5</b>		

### Organizational Structure

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#### **Type of organization**

Community-based AIDS organization (CBAO) or AIDS service organization (ASO)

Community health centre (CHC)

Hospital or other institution

HIV project/program within a non-AIDS service organization

#### **Local Health Integration Network (LHIN)**

Central

Central East

Central West

Champlain

Erie St. Clair

Hamilton Niagara Haldimand

Brant

Mississauga Halton

North East

North Simcoe Muskoka

North West

South East

South West

Toronto Central

Waterloo Wellington

**Secondary Local Health Integration Network (LHIN)**

- Central
- Central East
- Central West
- Champlain
- Erie St. Clair
- Hamilton Niagara Haldimand
- Brant
- Mississauga Halton
- North East
- North Simcoe Muskoka
- North West
- South East
- South West
- Toronto Central
- Waterloo Wellington

**Year of incorporation** No response

**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?**

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

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

**3. Does your organization have these policies?**

	Yes/No	Updated this fiscal year
Governance/board of directors roles and responsibilities		Yes
HR/operating policies		No
Target population/PHA involvement		
Equity/discrimination		

**4. Date of last Annual General Meeting (AGM)** No response

**5. Collective agreement**

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

**Date current agreement began** Date

**Date current agreement expires** Date

**6a. AIDS Bureau and Hepatitis C Funding Programs**

In this section, organizations list their sources of funding and in-kind contributions. Over time, this information will provide a better understanding of the resources available to organizations, the stability of those resources, and any funding pressures that could have implications for program delivery.

Note: For community health centres, health units and hospitals, please include HIV/AIDS-related and HCV-related funding only.

	Last fiscal year	Current fiscal year
<b>Total AIDS Bureau funding</b>		
<b>Total Hepatitis C funding</b>		

**6b. Other funding sources**

	Last fiscal year	Current fiscal year
<b>Provincial funding</b>		
Other MOH		
Other provincial ministries		
<b>Federal funding</b>		
PHAC		
Other federal government		
<b>Municipal funding</b>		
Municipal/regional health authority		
<b>Other funding</b>		
United Way		
Trillium		
Other charitable foundations, private sector		
Fundraising		
Other		

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

	Yes
Administrative (includes printing, website hosting, internet)	Checkbox
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**

Checkbox

## 2 - Program and project information

### Staff Information

#### 1. Indicate the total number of staff positions who do HIV/AIDS-related and HCV-related work in your organization.

Include all paid staff who do HIV/AIDS-related and HCV-related work, not only those funded by AIDS and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health.

	AIDS Bureau funded staff	Hepatitis C funded staff	Non-AIDS Bureau or Hep C funded staff	Total
Number of full-time staff				
Number of part-time staff				
Total number of staff				

#### 1b. Primary contact information

(Note: Program manager/director only applies to non-ASOs.)

	Position	Salutation	Name	Phone	Ext	Fax	Email
Executive director (or equivalent)			Mr.				
Chair(s) of Board of directors (or equivalent)			Ms.				
Finance contact			Mrs.				
Program manager/director			Dr.				

### Staff Funding & Staff List

#### 2. Provide the funding source, position category and contact information for all AIDS Bureau and HCV funded staff positions.

(checkbox) I consent to current staff emails being shared with provincial capacity building programs for the purpose of sharing resources and promoting education events.

Program funded	Position category	Name	FTE	Start date	End date	End reason	Email
AIDS Bureau (general HIV program)	ED/manager					Contract	
Harm reduction outreach program	Administration/finance/IT					Resignation	
Gay men's strategy worker (GMSH)	Support/clinical care					Termination	
African, Caribbean & Black strategy worker (ACCHO)	Harm reduction						
Women & HIV/AIDS Initiative (WHAI) worker	Volunteers/fundraising						
Anonymous testing site	Prevention/education/ community development						
HIV clinical services	Gay men's strategy worker (GMSH)						
Hepatitis C program/services	African, Caribbean & Black strategy worker (ACCHO)						

Non-MOH programs (non-AIDS & Hep C funding)	Women & HIV/AIDS Initiative worker (WHAI)						
	Other						

2b. For all staff who are currently on-leave or were on-leave at some point during the past six months, please indicate start date of leave, end date of leave or leave on-going (where end date is unknown).

Name	Start date of leave	End date of leave	Leave on-going (no end date is known)

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		

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. 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. No response

Peer 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 peers that were actively involved in your agency in the past 6 months as:

	PHA peers
Designated peer positions (these are paid positions, being a peer is a job requirement for this position)	
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	Number of hours

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

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.

#### Prevention Activities and Priorities

**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. (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/interventions 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	WHA1
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									
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**Report the number of online outreach contacts by media type to PHA for the last six months.**

	Contacts
Chat rooms	
App based tools	
Other	

**Report the number of online outreach contacts by the purpose of engagement to PHA for the last six months.**

	Contacts
Outreach	
Health Promotion	
Agency Promotion	

**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/interventions 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:	Clinical service providers:	Clinical Service providers:	Harm reduction services	HIV/STI testing	Mental health service	Community-based service	Other community-based

		HIV clinical	PrEP & PEP	non-HIV specific			providers	providers: HIV care and support	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	

**Report the number of online outreach contacts by the purpose of engagement to gay/bisexual/MSM for the last six months.**

	Contacts
Outreach	
Health Promotion	
Agency Promotion	

#### 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/interventions 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	Clinical service	Clinical Service	Harm reduction	HIV/STI testing	Mental health	Community-based	Other community-

		providers: HIV clinical	providers: PrEP & PEP	providers: non-HIV specific	services		service providers	service providers: HIV care and support	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	

**Report the number of online outreach contacts by the purpose of engagement to Indigenous Peoples for the last six months.**

	Contacts
Outreach	
Health Promotion	
Agency Promotion	

**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/interventions 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	Clinical service	Clinical Service	Harm reduction	HIV/STI testing	Mental health	Community-based	Other community-

		providers: HIV clinical	providers: PrEP & PEP	providers: non-HIV specific	services		service providers	service providers: HIV care and support	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	

**Report the number of online outreach contacts by the purpose of engagement to people who use drugs for the last six months.**

	Contacts
Outreach	
Health Promotion	
Agency Promotion	

**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/interventions 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	

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

	Contacts
Outreach	
Health Promotion	
Agency Promotion	

### 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/interventions 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	

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

	Contacts
Outreach	
Health Promotion	
Agency Promotion	

#### 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						
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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	

Report the number of online outreach contacts by the purpose of engagement to other at-risk populations for the last six months.

	Contacts
Outreach	
Health Promotion	
Agency Promotion	

### Media and Online Outreach

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

Media engagement	Number
Agency website (views)	
Facebook Posts (likes)	
Facebook Page (likes)	
Twitter (followers)	
Traditional media (interactions)	

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

Number

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

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	
Indigenous Peoples		Goal 3	
Gay/bisexual/MSM		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.)		
	WHA1 Network	People who use drugs	Diagnose HIV infections early and engage people in timely care	Safer sex materials (e.g., condom packets) – campaign specific		
		People living with HIV	Improve the health, longevity and quality of life for	Press release/PSA		



			people living with HIV			
		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
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.

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 his or her status and lived experience. Peers can include designated paid peer positions and volunteers.

Priority population peers represented	Education presentations/workshops	Structured interventions	One-on-One education	Outreach
PHA				
ACB communities				
Gay/bisexual/MSM				
People who use drugs				
Indigenous Peoples				
Women*				
Incarcerated people				
Sex workers				

**Supporting Goals**

**10. How many of your education activities for service providers and community development work support each of the following goals?**

Goal	Education presentations/workshops	Structured interventions	One-on-one education	Brief outreach contacts
Improve the health and well-being of populations most affected by HIV				
Promote sexual health and prevent new HIV, STI and Hepatitis C infections				
Diagnose HIV infections early and engage people in timely care				
Improve the health, longevity and quality of life for people living with HIV				

**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 timely care? (maximum 250 words, point form acceptable)** No response
- 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

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

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:**

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									
<b>Totals</b>	0	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										
<b>Totals</b>	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								
<b>Totals</b>	0	0	0	0	0	0	0	0

## Events Organized

### 5. Report conferences and events that you organized.

Organized/Co-organized	1. Conference/event title	2. Main priority populations discussed:	3. Main goal(s) of your activity:	4. Activity type	5. Contacts Number of participants	6. Anything else you would like to share about success, challenges, importance of this event?
Organized		PHA	Improve the health and well-being of populations most affected by HIV	Conference		
Co-organized		ACB communities	Promote sexual health and prevent new HIV, STI and Hepatitis C infections	Community/town-hall meeting		
		Gay/bisexual/MSM	Diagnose HIV infections early and engage people in timely care			
		Indigenous Peoples	Improve the health, longevity and quality of life for people living with HIV			
		People who use drugs	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
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		
WHA1 PPN funded worker		
Education/outreach/community development/prevention worker		
Harm reduction outreach worker		
Support worker		
Manager/director		
Executive director		

## Supporting Goals

### 8. How many of your education activities for service providers and community development work support each of the following goals?

Goal	Education for service providers	Community development
Improve the health and well-being of populations most affected by HIV		
Promote sexual health and prevent new HIV, STI and Hepatitis C infections		
Diagnose HIV infections early and engage people in timely care		
Improve the health, longevity and quality of life for people living with HIV		
Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services		



**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(H1) 12 months(H2) (including all PHAs, affected, and at-risk clients).

Number

No response

2. Report all clients served in the last 6 months(H1) 12 months(H2) by client group and sex/gender. Note: "Not listed" refers to other gender expressions not listed.

	Male	Female	Trans man	Trans woman	Not listed	Total
PHA						
Affected						
At-risk						
<b>Total</b>						

### 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(H1) 12 months(H2). Note: "Not listed" refers to other gender expressions not listed.

Age Group	Male	Female	Trans man	Trans woman	Not listed	Total
Under 18						
18 - 25						
26 - 35						
36 - 45						
46 - 55						
56 - 65						
66 - 75						
Over 75						
Unknown						

### 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(H1) 12 months(H2).

Age Group	Male	Female	Trans man	Trans woman	Not listed	Total
Under 18						
18 - 25						
26 - 35						
36 - 45						
46 - 55						
56 - 65						
66 - 75						
Over 75						
Unknown						

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(H1) 12 months(H2).

Age Group	Male	Female	Trans man	Trans woman	Not listed	Total
Under 18						
18 - 25						
26 - 35						
36 - 45						
46 - 55						
56 - 65						
66 - 75						
Over 75						
Unknown						

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(H1) 12 months(H2). Note: "Not listed" refers to other gender expressions not listed.

Ethnicity	Male	Female	Trans man	Trans woman	Not listed	Total
White						
Black						
Latin (o/a/é/x)						
East/Southeast Asian						
Middle Eastern						
South Asian						
First Nations						
Métis						
Inuit						
Not Listed						
Unknown						

Affected Clients by Ethnicity and Sex/Gender

4b. Report the ethnicity of AFFECTED clients by sex/gender for the last 6 months(H1) 12 months(H2). Note: "Not listed" refers to other gender expressions not listed.

Ethnicity	Male	Female	Trans man	Trans woman	Not listed	Total
White						
Black						
Latin (o/a/é/x)						
East/Southeast Asian						
Middle Eastern						
South Asian						
First Nations						
Métis						
Inuit						
Not Listed						
Unknown						

At-risk Clients by Ethnicity and Sex/Gender

**4c. Report the ethnicity of AT-RISK clients by sex/gender for the last 6 months(H1) 12 months(H2). Note: "Not listed" refers to other gender expressions not listed.**

Ethnicity	Male	Female	Trans man	Trans woman	Not listed	Total
White						
Black						
Latin (o/a/é/x)						
East/Southeast Asian						
Middle Eastern						
South Asian						
First Nations						
Métis						
Inuit						
Not Listed						
Unknown						

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(H1) 12 months(H2). Note: "Not listed" refers to other gender expressions not listed.**

Priority population	Male	Female	Trans man	Trans woman	Not listed	Total
Gay/bisexual/MSM						
ACB communities						
People who use drugs						
Indigenous Peoples						
Women*						
Other populations						

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(H1) 12 months(H2). Note: "Not listed" refers to other gender expressions not listed.**

Priority population	Male	Female	Trans man	Trans woman	Not listed	Total
Gay/bisexual/MSM						
ACB communities						
People who use drugs						
Indigenous Peoples						
Women*						
Other populations						

At-risk Clients by Priority Population and Sex/Gender

**5b. Report the number of AT-RISK clients served by sex/gender that belong to each priority population for the last 6 months(H1) 12 months(H2). Note: "Not listed" refers to other gender expressions not listed.**

Priority population	Male	Female	Trans man	Trans woman	Not listed	Total
Gay/bisexual/MSM						
ACB communities						
People who use drugs						

Indigenous Peoples						
Women*						
Other populations						

### 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(H1) 12 months(H2). Note: "Not listed" refers to other gender expressions not listed.**

[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	Male	Female	Trans man	Trans woman	Not listed
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 unique clients that accessed each type of service by client group and sex/gender in the past 6 months. Note: "Not listed" refers to other gender expressions not listed.**

Client group	Services provided	Male	Female	Trans man	Trans woman	Not listed
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. Note: "Not listed" refers to other gender expressions not listed.**

[Click here](#) for definitions of referral categories and go to page 17 of the Support Services Resources Guide.

Client group	Referrals	Male	Female	Trans man	Trans woman	Not listed
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.**

No response

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)

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

No response

(maximum 250 words, point form acceptable)

Connection to Care

<b>Number</b>
---------------

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

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

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


New clients

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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: "Not listed" refers to other gender expressions not listed.

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

Check your numbers before moving forward.

	Male	Female	Trans man	Trans woman	Not listed	Total
PHA						
Affected						
At-risk						
<b>Total</b>						

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: "Not listed" refers to other gender expressions not listed.

[Click here](#) for definitions of presenting issues and go to page 24 of the Support Services Resources Guide.

Client group	Presenting issues	Male	Female	Trans man	Trans woman	Not listed
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: "Not listed" refers to other gender expressions not listed.

Client group	Male	Female	Trans man	Trans woman	Not listed
Less than 1 year					
1-5 years					
6-10 years					
11-15 years					
Over 15 years					

Unknown					
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New People Living with HIV Clients by Ethnicity

**15a. Report the number of your NEW PHA clients by ethnicity and sex/gender. Note: "Not listed" refers to other gender expressions not listed.**

Ethnicity	Male	Female	Trans man	Trans woman	Not listed	Total
White						
Black						
Latin (o/a/é/x)						
East/Southeast Asian						
Middle Eastern						
South Asian						
First Nations						
Métis						
Inuit						
Not Listed						
Unknown						

New Affected Clients by Ethnicity

**15b. Report the number of your NEW AFFECTED clients by ethnicity and sex/gender. Note: "Not listed" refers to other gender expressions not listed.**

Ethnicity	Male	Female	Trans man	Trans woman	Not listed	Total
White						
Black						
Latin (o/a/é/x)						
East/Southeast Asian						
Middle Eastern						
South Asian						
First Nations						
Métis						
Inuit						
Not Listed						
Unknown						

New At-risk Clients by Ethnicity

**15c. Report the number of your NEW AT-RISK clients by ethnicity and sex/gender. Note: "Not listed" refers to other gender expressions not listed.**

Ethnicity	Male	Female	Trans man	Trans woman	Not listed	Total
White						
Black						
Latin (o/a/é/x)						
East/Southeast Asian						
Middle Eastern						
South Asian						
First Nations						
Métis						
Inuit						



Not Listed						
Unknown						

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: "Not listed" refers to other gender expressions not listed.**

Priority population	Male	Female	Trans man	Trans woman	Not listed	Total
Gay/bisexual/MSM						
ACB communities						
People who use drugs						
Indigenous Peoples						
Women*						
Other populations						

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: "Not listed" refers to other gender expressions not listed.**

Priority population	Male	Female	Trans man	Trans woman	Not listed	Total
Gay/bisexual/MSM						
ACB communities						
People who use drugs						
Indigenous Peoples						
Women*						

New People Living with HIV Clients by Age

**17a. Report the number of NEW PHA clients by age and sex/gender. Note: "Not listed" refers to other gender expressions not listed.**

Age Group	Male	Female	Trans man	Trans woman	Not listed	Total
Under 18						
18 - 25						
26 - 35						
36 - 45						
46 - 55						
56 - 65						
66 - 75						
Over 75						
Unknown						

New Affected Clients by Age

**17b. Report the number of NEW AFFECTED clients by age and sex/gender. Note: "Not listed" refers to other gender expressions not listed.**

Age Group	Male	Female	Trans man	Trans woman	Not listed	Total
Under 18						
18 - 25						
26 - 35						
36 - 45						

46 - 55						
56 - 65						
66 - 75						
Over 75						
Unknown						

New At-risk Clients by Age

**17c. Report the number of NEW AT-RISK clients by age and sex/gender. Note: "Not listed" refers to other gender expressions not listed.**

Age Group	Male	Female	Trans man	Trans woman	Not listed	Total
Under 18						
18 - 25						
26 - 35						
36 - 45						
46 - 55						
56 - 65						
66 - 75						
Over 75						
Unknown						

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

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

No response

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. (maximum 250 words, point form acceptable)

**20. Tell us about the activities you've undertaken in the past 6 months with your:**

No response

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.)

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

No response

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.)

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

No response

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

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

No response

Please provide an example(s).

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

No response

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.)

## 6 - Harm reduction outreach services

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

Total Number of Harm Reduction Clients

- Our organization will not be reporting data in this Section.
- I am not able to report unique clients, I am reporting client interactions

1a. 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.

	Male	Female	Trans man	Trans woman	Not listed	Total
Unique clients						
New clients						

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

	Male	Female	Trans man	Trans woman	Not listed	Total
Active peers						

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.

	Male	Female	Trans man	Trans woman	Not listed	Total
1. Indigenous Peoples traditional services (e.g., traditional teachers, healers, Elders, etc)						
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.)						
3. Harm reduction teaching (e.g., informal verbal and/or written harm reduction 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.)						

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.

	Male	Female	Trans man	Trans woman	Not listed	Total
<b>On-site location</b>						
Needle exchange/syringe program (e.g., at your agency or satellite location of the needle exchange/syringe program)						

<b>Outreach locations</b>						
Addiction programs (residential and day programs)						
Bars/night clubs						
Residences (e.g., client home, apartment/house, hotel/motel, friend's place, place where client resides, etc.)						
Community agencies/services (e.g., that are not fixed site needle exchange programs such as out of the cold programs, shelters, etc.)						
Community public spaces (e.g., barbershop, hair dresser, bathhouse, massage parlours, etc.)						
Jails/detention centres/prisons						
Methadone maintenance/opioid agonist therapy clinics						
Parties/raves						
Pharmacies						
Streets/parks						
Mobile distribution from a van						

## 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.

	<b>Male</b>	<b>Female</b>	<b>Trans man</b>	<b>Trans woman</b>	<b>Not listed</b>	<b>Total</b>
Addiction services (e.g., detox, drug treatment)						
Harm reduction services						
Clinical service providers (HIV care)						
Clinical service providers (urgent care)						
Clinical service providers (primary care)						
Clinical service providers (other) (e.g., immunizations)						
Mental health service providers (e.g., other counseling)						
HIV/STI testing						
Hep C teams						
Hep C testing other (non-Hep C team)						
Hep C treatment other (non-Hep C team)						
Community-based HIV service providers						
Other community-based service providers (e.g., faith-based services/spiritual support, social services, women-specific services, housing, etc.)						

## Community Clean-Ups and Activities Delivered to Support Peers

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

Number

**6. Indicate the activities that peers were involved in with your program during the past 6 months.. (check all that apply)**

- 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.)

**7. Report the number of referrals made to clients by sex/gender 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. 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.)**

	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
<b>Safer injection equipment</b>	
Cookers	
Blister Packed Filters	
Needles	
Sharps containers	
Tourniquets	
Vitamin C	
Sterile water	
<b>Safer Inhalation Equipment</b>	
Straight stem	
Lip balm	
Tubing	
Screens	
Push sticks	
Bowl pipe	
Straws	
Foil	
<b>Other Equipment</b>	
BZK antiseptic wipes	
Alcohol swabs	
<b>Safer Sex Supplies</b>	
Condoms	
Lubricant	

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

Anonymous HIV Tests, Confirmatory Tests, Declined and Incomplete Tests

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

#### Rapid tests

	Number of 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?**

Number

#### Standard blood draw tests: non-confirmatory

	Number of Tests
Total number of negative tests	
Total number of positive tests	
Total anonymous tests	

### 2. Report declined and incomplete confirmatory tests.

	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
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

---

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

No response

**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.**

No response

**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.**

No response

**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.**

No response

**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\*.** No response

**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.** No response

**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	Number
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.**

Referral service	Number
Addiction service providers	0
Clinical services: non HIV specific care	0

Community based HIV service providers	0
Mental health service providers	0
Harm reduction service providers	0
Other community based service providers	0

**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".

Number

Emerging Trends

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**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

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

Note: "Not listed" refers to other gender expressions not listed.

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

	Male new	Male existing	Female new	Female existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Not listed new	Not listed existing
Living with HIV										
Affected										
At-risk										
<b>Total</b>										

### 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.

	Male new	Male existing	Female new	Female existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Not listed new	Not listed 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.

	Male new	Male existing	Female new	Female existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Not listed new	Not listed 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	Male	Female	Trans man	Trans women	Not listed
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	Male	Female	Trans man	Trans woman	Not listed
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	Male	Female	Trans man	Trans woman	Not listed
Clinical service providers: HIV care					
Clinical service providers: non-HIV specific					
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		
Community 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	

**Emerging Trends**

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**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

## 9 - Hepatitis C services

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.*

### Service Users by Client Group

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

Client group	Male		Female		Trans man		Trans woman		Not Listed	
	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.**

Age group	Male		Female		Trans man		Trans woman		Not Listed	
	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.**

Ethnicity	Male		Female		Trans man		Trans woman		Not Listed	
	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	Male	Female	Trans man	Trans woman	Not listed
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	Male	Female	Trans man	Trans woman	Not listed
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 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	Male	Female	Trans man	Trans woman	Not listed
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.**

Priority Population	Male		Female		Trans man		Trans woman		Not Listed	
	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										

**On-site Tests**

- Agency not funded to provide testing.

**2a. Report the number and type of ON-SITE DIAGNOSTIC tests administered during the reporting period by sex/gender.**

Type of test	Male	Female	Trans man	Trans woman	Not listed
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					

**Tests by Outreach Location**

- Agency doesn't provide outreach testing.

**2b. Report the number of times each 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 (antibody/antigen) tests administered
Addiction program (residential and day programs)				
AIDS service organization				
Clinic/health centre				
Consumption treatment services				
Correctional facility				
Drop-in centre				
Food bank/soup kitchen				
Hotel/motel				
Mobile service				
Methadone maintenance clinic				
Mental health service				
Pharmacy				
Shelter				
Street outreach, incl. park, alley, etc				
Social gathering				

**Spontaneously Cleared**

- Agency not funded to provide treatment to clients.

**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.**

0

**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.**

0

**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?**

0

**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 Response (Yes/No)

**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	
Lost 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	
Lost to follow-up	
Medical instability	
Death	
Psychiatric manifestation	
Psycho-social instability	
Did not achieve treatment milestones	

**Outreach Contacts by Location**

**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.**

Primary Presentation Focus	Priority Population		Health care providers		Service Providers	
	# 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 Lead/Focus**

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

Presentation Focus	# of presentations delivered by a peer	# of presentations delivered by a nurse	# of presentations delivered by an outreach worker	# of presentations delivered by a mental health counsellor	# of presentations delivered by a coordinator
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 led by worker type and number of partners in attendance that occurred during the reporting period.**

Worker Type	# of sessions
Peer	
Nurse	
Outreach worker	
Mental health counsellor	
Coordinator	

**Consultations**

**4c (2). Report the number of consultations led by worker type and number of partners in attendance that occurred during the reporting period.**

<b>Worker Type</b>	<b># of sessions</b>	<b># of partners</b>
Peer		
Nurse		
Outreach worker		
Mental health counsellor		
Coordinator		

**One-on-one Education Sessions**

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

<b>Worker Type</b>	<b># of sessions</b>
Peer	
Nurse	
Outreach worker	
Mental health counsellor	
Coordinator	

## 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
			Service providers, professionals	Service providers, professionals	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 providers	Service providers, professionals
Network/partnership		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yea/No	Yes/No	Yes/No
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 providers	Service providers, professionals
Manuals/training kits			Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
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										

# 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.

Activity Type	GIPA/MIPA		HIV syndemics (social drivers of HIV, SDOH)		Issues affected by HIV (HIV related)		Organizational development		Skills development		HIV research (science programs & interventions)	
	# 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	WHA1 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										

## Activities Delivered Related to Goals

4. Report the number of presentations, trainings, and consultations delivered in the past 6 months related to each goal of the provincial HIV strategy.

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

Meeting purpose	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Advisory/board meeting					
Coalition/network meeting					
Community event planning					

Participants from each LHIN

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

LHIN	# of participants at presentations or information sessions	# of participants at trainings	# of participants at consultations
Central			
Central East			
Central West			
Champlain			
Erie St. Clair			
Hamilton Niagara Haldimand Brant			
Mississauga Halton			
North East			
North Simcoe Muskoka			
North West			
South East			
South West			
Toronto Central			
Waterloo Wellington			
Outside Ontario			

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

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

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 behavioral 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.

	Number
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

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

No response

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

No response

### Awareness Campaigns

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**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).**

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 (Select all that apply)**

- 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

**iii. Main goals of your campaign (Select all that apply)**

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

**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.

No response

- **Improve the health and well-being of populations most affected by HIV**
- **Promote sexual health and prevent new HIV, STI and hepatitis C infections**
- **Diagnose HIV infections early and engage people in timely care**
- **Improve the health, longevity and quality of life for people living with HIV**

**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

**19.1 Report conferences and events that your agency organized.**

**i. Conference/event title**

**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 (former and/or current prisoners, people involved with justice system)
- Other at-risk: Sex workers
- Other at-risk populations

**iv. Main goals of your campaign (Select all that apply)**

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

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

**v. 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**
- **Promote sexual health and prevent new HIV, STI and hepatitis C infections**
- **Diagnose HIV infections early and engage people in timely care**
- **Improve the health, longevity and quality of life for people living with HIV**
- **Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services**

**vi. Number of participants**

	<b>Number of participants</b>
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?**

- Yes
- No



## 12 - Program Narrative for AIDS Bureau Funding Program

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).

### Highlights from Program Activities

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

No response

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

### Key Partnerships

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**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.	Describe the progress made in developing this partnership.
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 or paragraph. Do not use a hyphen.)

### Program Evaluation

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**5a. Methods of evaluation used** (check all that apply)

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

**5b. Respondents included** (check all that apply)

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

**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.

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**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**

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

No response

(maximum 250 words, point form acceptable)

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

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

(maximum 250 words, point form acceptable)

**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.)

## 12a - Program Narrative for Hepatitis C Funding Programs

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).

### Highlights from Program Activities

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

No response

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

### 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.	Describe the progress made in developing this partnership.
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 or paragraph. Do not use a hyphen.)

### Program Evaluation

**5a. Methods of evaluation used** (check all that apply)

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

**5b. Respondents included** (check all that apply)

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

**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.**

No response

(maximum 250 words, point form acceptable)

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

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

(maximum 250 words, point form acceptable)

**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.)

## 13 - Certification

I certify that the OCHART report for this reporting period

Checkbox

- Has been completed in full
- Has been reviewed and approved by the Executive Director  
(or designate) for submission to the ministry
- Is being submitted for this organization on behalf of the  
Board of Directors with their approval

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

<b>Title of the individual making the certification (e.g., Executive Director, Director, etc.)</b>	No response
<b>First Name</b>	No response
<b>Last Name</b>	No response
<b>Phone Number</b>	No response
<b>Email</b>	No response
<b>Date</b>	No response