

# Blank OCHART Questions 2016

## Section 1

### Agency Profile

1a. Name of organization

1b. Street address

1c. Mailing address (if different than street address above)

1d. Email address

1e. Sites where services were delivered

Type "same as above", if response matches Q1a. or 1b.

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

Site	Site name	Site address
Main site	<input type="text"/>	<input type="text"/>
Satellite site 1	<input type="text"/>	<input type="text"/>
Satellite site 2	<input type="text"/>	<input type="text"/>
Satellite site 3	<input type="text"/>	<input type="text"/>

1f. Type of organization

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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

1g. Local Health Integration Network (LHIN)

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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

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

1h. Year of incorporation

1i. Organization's mission statement

1j. Project/program vision statement

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

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)
  Other

3. Does your organization have these policies?

Governance/board of directors' roles and responsibilities	-- ▾
HR/operating policies	-- ▾
Target population/PHA involvement	-- ▾
Equity/discrimination	-- ▾
Collective agreement	-- ▾

4. Date of last Annual General Meeting (AGM)

No  
 Yes

5. Collective agreement

Does your agency have a collective bargaining agreement?

Date current agreement began:

Date current agreement expires:

6. Staff contact information

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

	Position	Salutation	Name	Phone	Extension	Fax	Email	
Executive director (or equivalent)								<input type="button" value="Insert"/>
Chair(s) of Board of directors (or equivalent)								<input type="button" value="Insert"/>
Finance contact								<input type="button" value="Insert"/>
Program manager/director								<input type="button" value="Insert"/>

Position

Salutation

-- ▾

Name

Phone number (xxx-xxx-xxxx)

Extension

Fax number (xxx-xxx-xxxx)

Email

7. Confirmation

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

## Section 2

### Staff Information

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

Include all paid staff who do HIV/AIDS-related work, not only those funded by the AIDS Bureau.

For community health centres, hospitals, anonymous testing sites and HIV clinical service providers, record the number of staff who do HIV-related work on a full-time basis, part-time basis, and then the total FTE(s).

Record Hepatitis C Secretariat funded positions under AIDS Bureau.

For HCV teams, record the number of staff who do HCV-related work on a full-time and part-time basis, and then the total FTE(s).

Note:

Statistics Canada refers to full-time employment as 30 hours or more per week.

Columns will total after you click Next.

	AIDS Bureau funded staff		Other staff	
Number of full-time staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of part-time staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Click **INSERT** to add another staff member.

Funding source	Position category	Active Y/N	FTE (0.1 - 1.0)	Name	Position	Start date	End date	Phone	Extension	Email
<div style="background-color: #f00; color: white; padding: 2px; display: inline-block; border: 1px solid black;">Insert</div>										

**Note:**

For staff on leave indicate "No" under "Active" and leave end date blank. For split funded positions enter each FTE and funding source separately. For example, a position funded through IDU outreach for 0.5 FTE and through Hepatitis C Secretariat for 0.5 FTE needs to be entered as two separate positions.

**Funding source**

**Position category**

**Active Y/N**

**FTE**

(0.1 - 1.0)

**Name**

**Position**

**Start date**

**End date (Only complete when contract/employment ends)**

**Phone number (xxx-xxx-xxxx)**

**Extension**

**Email**

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

	Scope	Comment (optional)
Recruitment	<input type="text" value="--"/>	<input type="text"/>
Collective bargaining	Agency-wide issue	<input type="text"/>
Compensation	Program/project issue	<input type="text"/>
	Both	<input type="text"/>
Staff turn-over	Not applicable	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

4. In the past six months, have there been any changes/shifts in HR issues?

No  Yes

5. Do you anticipate any staff changes in the next six months?

No  Yes

**4a. Describe the changes/shifts in HR issues.**

(maximum 250 words, point form acceptable)

**5a. Describe the anticipated staff changes in the next six months.**

(maximum 250 words, point form acceptable)

*Note: For community health centres, hospitals, anonymous testing sites and HIV clinical service providers, please record the number of peers, volunteers and students who do HIV-related work.*

## Peer and volunteer information

6a. Report the total number of **volunteers** who were **active** in the past 6 months.

6b. Report the total number of **new volunteers recruited** in the past 6 months.

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 <i>(these are paid positions, being a peer is a job requirement for this position)</i>	<input type="text"/>
Peer volunteers	<input type="text"/>

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

### 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. Enter partial hours of service as a decimal.

	Training provided			
	Number of volunteers	Number of hours	in this reporting period	Training provided by
Administration	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Counselling	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Education and community development (includes newsletter, condom stuffing)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Fundraising	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Involved in hiring process	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
IT support	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Outreach activities	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Policies and procedures	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Practical support (includes visits)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Serve on board/advisory committee	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Special events (e.g., mall display, Pride)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

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)

No  Yes

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)*

## Organizational funding

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 funding only.*

### 7a. AIDS Bureau funding

	Last fiscal year	Current fiscal year
Total AIDS Bureau funding	0	0

### 7b. Other funding sources

	Last fiscal year	Current fiscal year
<b>Provincial funding</b>		
Other MOHLTC	0	0
Other provincial ministries	0	0
<b>Federal funding</b>		
ACAP/PHAC	0	0
Other federal government	0	0
<b>Municipal funding</b>		
Municipal/regional health authority	0	0
<b>Other funding</b>		
United Way	0	0
Trillium	0	0
Other charitable foundations, private sector	0	0
Fundraising	0	0
Other	0	0

### 7c. If your organization receives in-kind contributions, please check all that apply.

Administrative (includes printing, website hosting, internet)	<input type="checkbox"/>
Fundraising activities (includes merchandise)	<input type="checkbox"/>
Medical, food and personal care items (e.g., clothing, toiletries, vitamins, meal replacement drinks)	<input type="checkbox"/>
Program materials (includes risk/harm reduction supplies)	<input type="checkbox"/>
Rent/space	<input type="checkbox"/>
Staff services (in-kind staff)	<input type="checkbox"/>
Transportation (includes tickets, tokens, driving expenses)	<input type="checkbox"/>
Other	<input type="checkbox"/>

### 7d. Comments (optional)

*(maximum 250 words, point form acceptable)*

## Section 3

### Prevention (Education and Outreach) Activities with Service Users

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

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

*(maximum 250 words, point form acceptable)*

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

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

*(maximum 250 words, point form acceptable)*

**The data that your organization entered using the Education, Outreach and Community Development tracking tool has been uploaded to populate this section. The upload takes place each time you see this page. If you made additional entries to the tracking tool you'll see your information updated when you click 'Next'.**

← Previous
Next →
Save

3. Select **all** populations your agency engaged with during this reporting period.  
Please select all that apply.

**Key Ontario priority populations**

- People living with HIV
- African, Caribbean and Black communities
- Gay/bisexual/MSM (including trans men)
- Indigenous people
- People who use drugs
- Women at-risk (including trans women)

**Other At-Risk populations**

- Incarcerated people
- Sex workers
- Other populations

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 face-to-face 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	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>

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	WHAI
Activities linked to a PPN campaign	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPN materials used	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 face-to-face 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	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPN materials used	<input type="text"/>	<input type="text"/>	<input type="text"/>

4c. Report prevention activities you delivered to **Indigenous people** 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 face-to-face 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	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>

Report the total number of education presentations and workshops/interventions delivered to **Indigenous people** 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPN materials used	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 face-to-face 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	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>

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	WHA1
Activities linked to a PPN campaign	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPN materials used	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4e. Report prevention activities you delivered to women at-risk 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 face-to-face 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	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>

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

	Number of events	Number of contacts
Education presentations/workshops	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>

**Report the total number of education presentations and workshops/interventions delivered to women at-risk 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPN materials used	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 face-to-face 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	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>

**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	WHA1
Activities linked to a PPN campaign	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPN materials used	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 face-to-face 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured interventions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
One-on-one education activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Significant outreach contacts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brief outreach contacts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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

In **columns 1, 2 and 3**, please record the percentage of your work that relates to agency promotion, prevention messaging and outreach activities for each type of media used. In **column 4**, report **total number** of online contacts for each type of media used. Traditional media means interviews, radio shows, TV appearances, etc.

Primary purpose of engagement				
Media engagement	Agency promo %	Prevention %	Outreach %	Total number of
Agency website	<input type="text"/>	<input type="text"/>	<input type="text"/>	views <input type="text"/>
Facebook	<input type="text"/>	<input type="text"/>	<input type="text"/>	likes <input type="text"/>
Twitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	followers <input type="text"/>
Traditional media	<input type="text"/>	<input type="text"/>	<input type="text"/>	interactions <input type="text"/>
Online outreach	Agency promo %	Health promotion %	Outreach %	Total number of
Chat rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	contacts <input type="text"/>
App-based tools	<input type="text"/>	<input type="text"/>	<input type="text"/>	interactions <input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	interactions <input type="text"/>

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

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

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

**Include interventions developed/supported by Priority Population Networks.**

- Goal 1: Improve the health and well-being of populations most affected by HIV
- Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections
- Goal 3: Diagnose HIV infections early and engage people in timely care
- Goal 4: Improve the health, longevity and quality of life for people living with HIV

	Population targeted	Intervention title	Intervention goal	Number of people who completed the intervention
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	PHA	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	ACB communities	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Gay/bisexual/MSM	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Indigenous people	<input type="text"/>	<input type="text"/>	<input type="text"/>
	People who use drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Women at-risk	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other: Incarcerated people	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other: Sex workers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other at risk	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**6b. Report all awareness campaigns that your agency participated in the past 6 months.**

If you want to add another campaign, press **Insert**.  
 To save the campaign you entered, press **Add**.  
 To go to the next page, press **Next**.

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

Campaign title	Priority populations targeted	Campaign goals	Campaign components	Campaign coverage
<b>Insert</b>				

**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?**

- ACCHO  GMSH  WHAI

**2. Main priority populations targeted:**

- Gay/bisexual/MSM  Indigenous people  
 ACB communities  Incarcerated people  
 People who use drugs  Sex workers  
 People living with HIV  Other   
 Women at-risk

**3. Main goal(s) of the campaign:**

- 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  
 Other, please specify

**4. Campaign components:**

- Online media  
 Traditional media  
 Visual/promotion materials  
 Face-to-face interactions  
 Other, please specify

**5. Contacts**

Estimated campaign coverage <i>(number of people reached)</i>	<input type="text"/>
--	----------------------

**6. Anything else you would like to share about success, challenges, importance of this campaign?**

*(maximum 250 words, point form acceptable)*

**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
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**+Add Row**

**Remove Row**

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

Type of material	Number distributed
Dental dams	<input type="text"/>
Traditional condoms (male)	<input type="text"/>
Insertive condoms (female)	<input type="text"/>
Lubricant	<input type="text"/>

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

Staff category	%
ACB PPN worker	<input type="text"/>
GMSH PPN worker	<input type="text"/>
WHA1 PPN worker	<input type="text"/>
Education and outreach worker	<input type="text"/>
Harm reduction worker	<input type="text"/>
Support worker	<input type="text"/>
Manager	<input type="text"/>
Executive director	<input type="text"/>
Other worker	<input type="text"/>

**9a. Report the percentage of prevention work with service users 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACB communities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gay/bisexual/MSM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
People who use drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indigenous people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women at-risk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incarcerated people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**10. How have your prevention activities supported each of the following goals?**

Your response should include the rationale for conducting the activities/interventions. Please answer this question for each of the goals in questions 10a - 10d.

**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)*

**What percentage of prevention activities that you delivered supported the goal of improving the health and well-being of populations most affected by HIV?**

*For example, out of all education presentations you delivered, what was the percentage of presentations that contributed to this goal?*

Education presentations/workshops	<input type="text"/>
Structured interventions	<input type="text"/>
One-on-one education	<input type="text"/>
Significant outreach contacts	<input type="text"/>
Brief outreach contacts	<input type="text"/>

**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)*

**What percentage of prevention activities that you delivered supported the goal of promoting sexual health and preventing new HIV, STI and Hepatitis C infections?**

*For example, out of all education presentations you delivered, what was the percentage of presentations that contributed to this goal?*

Education presentations/workshops	<input type="text"/>
Structured interventions	<input type="text"/>
One-on-one education	<input type="text"/>
Significant outreach contacts	<input type="text"/>
Brief outreach contacts	<input type="text"/>

**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)*

**What percentage of prevention activities that you delivered supported the goal of diagnosing HIV infections early and engaging people in timely care?**

*For example, out of all education presentations you delivered, what was the percentage of presentations that contributed to this goal?*

Education presentations/workshops	<input type="text"/>
Structured interventions	<input type="text"/>
One-on-one education	<input type="text"/>
Significant outreach contacts	<input type="text"/>
Brief outreach contacts	<input type="text"/>

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)*

What percentage of prevention activities that you delivered supported the goal of improving the health, longevity and quality of life for people living with HIV?

*For example, out of all education presentations you delivered, what was the percentage of presentations that contributed to this goal?*

Education presentations/workshops	<input type="text"/>
Structured interventions	<input type="text"/>
One-on-one education	<input type="text"/>
Significant outreach contacts	<input type="text"/>
Brief outreach contacts	<input type="text"/>

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)*

## Section 4

### Education for Service Providers and Community Development Activities

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

*(maximum 250 words, point form acceptable)*

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

*(maximum 250 words, point form acceptable)*

The data that your organization entered using the Education, Outreach and Community Development tracking tool has been uploaded to populate this section. The upload takes place each time you see this page. If you made additional entries to the tracking tool you'll see your information updated when you click 'Next'.

◀ PreviousNext ▶Save

**3a. Report the education activities targeted to service providers delivered in the past 6 months.**  
This includes information sessions, capacity building workshops, and consultations.

For example, if a worker meets with a group of service providers to talk about how mental health impacts the lives of PHAs, it is an **information session**.

If a worker educates service providers on the steps that agencies can take to serve people with HIV or other priority populations, this is a **capacity building workshop**.

If the purpose is to change practices, policies or approaches to better serve priority populations, it is a **consultation**.

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACB communities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gay/bisexual/MSM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indigenous people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
People who use drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women at-risk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incarcerated people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3b. Report the total number of education presentations and workshops 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	WHAH
Activity linked to a PPN campaign	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPN materials used	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Meeting purpose	
Advisory/board meeting	<input type="text"/>
Coalition/network meeting	<input type="text"/>
Community event planning	<input type="text"/>
Development of education prevention materials	<input type="text"/>
General information sharing	<input type="text"/>
Improved service delivery	<input type="text"/>
New partnership/relationship building	<input type="text"/>
Policy development	<input type="text"/>
Strategic planning	<input type="text"/>
<b>Total</b>	<input type="text"/>
	0

4b. 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 6 months.

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

	Number of agencies	Number of participants
<b>Type of partner</b>		
Clinical services: HIV specific care	<input type="text"/>	<input type="text"/>
Mental health services provider	<input type="text"/>	<input type="text"/>
Clinical services: non-HIV specific care	<input type="text"/>	<input type="text"/>
HIV testing site	<input type="text"/>	<input type="text"/>
Community based HIV service providers	<input type="text"/>	<input type="text"/>
Other community based service providers	<input type="text"/>	<input type="text"/>
Addiction service provider	<input type="text"/>	<input type="text"/>
Harm reduction service provider	<input type="text"/>	<input type="text"/>

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

	PHA	ACB communities	Gay/bisexual/MSM	Indigenous people	People who use drugs	Women at-risk	Incarcerated people	Sex workers
<b>Meeting purpose</b>								
Advisory/board meeting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coalition/network meeting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community event planning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Development of education prevention materials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General information sharing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Improved service delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New partnership/relationship building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy development	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strategic planning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4d. Report the percentage 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.  
[Click here for definitions of these issues.](#)

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

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

	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
<b>Meeting purpose</b>								
Advisory/board meeting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coalition/network meeting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community event planning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Development of education prevention materials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General information sharing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Improved service delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New partnership/relationship building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy development	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strategic planning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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

If you want to record another activity, press **Insert**.  
 To save the activity you entered, press **Add**.  
 To go to the next page, press **Next**.

Event title	Priority populations targeted	Event goals	Event type	Number of participants
-------------	-------------------------------	-------------	------------	------------------------

**Insert**

This record may have more than one page. To go to the next page press **NEXT**, to save the activity you entered press **ADD**.

**1. Conference/event title**

**2. Main priority populations discussed:**

- People living with HIV
- Women at-risk
- ACB communities
- Incarcerated people
- Gay/bisexual/MSM
- Sex workers
- Indigenous people
- Other
- People who use drugs

**3. Main goal of your activity:**

- 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

**4. Activity type:**

- Conference
- Community/town-hall meeting

**5. Contacts**

Number of participants

**6. Anything else you would like to share about success, challenges, importance of this event?**

*(maximum 250 words, point form acceptable)*

**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 of materials
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**+Add Row**

7. Report the percentage of prevention work with **service providers** and **community development work** delivered by each of the following types of staff members in the past 6 months.

Staff category	Education for service providers	Community development
ACB PPN worker	<input type="text"/>	<input type="text"/>
GMSH PPN worker	<input type="text"/>	<input type="text"/>
WHA1 PPN worker	<input type="text"/>	<input type="text"/>
Harm reduction worker	<input type="text"/>	<input type="text"/>
Support worker	<input type="text"/>	<input type="text"/>
Manager	<input type="text"/>	<input type="text"/>
Executive director	<input type="text"/>	<input type="text"/>
Education/outreach worker	<input type="text"/>	<input type="text"/>
Other worker	<input type="text"/>	<input type="text"/>

8. What percentage of your education for **service providers** and **community development** work supports each of the following goals?

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

**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**

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

**9c. Diagnose HIV infections early and engage people in timely care**

**9d. Improve the health, longevity and quality of life for people living with HIV**

**9e. Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services**

**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)*

**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)*

## Section 5

### Support Services

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

1. Report the **total number of clients served** in the last 6 month reporting period (including all PHAs, affected, and at-risk clients).

2. Report all clients served in the last 6 months by **client group** and **sex/gender**.

*Note: The numbers you enter in this table will be used to validate your answers to questions 3 through 8. Check your numbers before moving forward. Columns will total after you click Next.*

	Male	Female	Trans man	Trans woman	Not listed
PHA	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Affected	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
At-risk	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

3a. Report the number of **PHA** clients served by age and sex/gender.

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

	Age group	Male	Female	Trans man	Trans woman	Not listed
1.	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+Add

- Under 18
- 18 - 25
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66 - 75
- Over 75
- Unknown

Next
Save

OCHART 2.0 [Online](#)

3b. Report the number of **AFFECTED** clients served by age and sex/gender.

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

	Age group	Male	Female	Trans man	Trans woman	Not listed
1.	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+Add

- Under 18
- 18 - 25
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66 - 75
- Over 75
- Unknown

Next
Save

OCHART 2.0 [Online](#)

**3c. Report the number of AT-RISK clients served by age and sex/gender.**

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

	Age group	Male	Female	Trans man	Trans woman	Not listed
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

- Under 18
- 18 - 25
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66 - 75
- Over 75
- Unknown

OCHART 2.0 [Online](#)

**4a. Report the ethnicity of PHA clients by sex/gender.**

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

	Ethnicity	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

- White
- Black
- Latin American
- Southeast Asian
- Arab/West Asian
- South Asian
- First Nations
- Metis
- Inuit
- Not Listed
- Unknown

OCHART 2.0 [Online](#)

**4b. Report the ethnicity of AFFECTED clients by sex/gender.**

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

	Ethnicity	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

- White
- Black
- Latin American
- Southeast Asian
- Arab/West Asian
- South Asian
- First Nations
- Metis
- Inuit
- Not Listed
- Unknown

OCHART 2.0 [Online](#)

**4c. Report the ethnicity of AT-RISK clients by sex/gender.**

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

	Ethnicity	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- +Add White
- Black
- Latin American
- Southeast Asian
- Arab/West Asian
- South Asian
- First Nations
- Metis
- Inuit
- Not Listed
- Unknown

**5a. Report the number of PHA clients served by sex/gender that belong to each priority population.**

**Note:** clients can be counted against more than one priority population **AND** the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.

	Priority population	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- +Add Gay/bisexual/MSM
- ACB communities
- People who use drugs
- Indigenous people
- Women at-risk
- Other populations

Save

OCHART 2.0 [Or](#)

**5b. Report the number of AFFECTED clients served by sex/gender that belong to each priority population.**

**Note:** clients can be counted against more than one priority population **AND** the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.

	Priority population	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- +Add Gay/bisexual/MSM
- ACB communities
- People who use drugs
- Indigenous people
- Women at-risk
- Other populations

Save

OCHART 2.0

**5c. Report the number of AT-RISK clients served by sex/gender that belong to each priority population.**

**Note:** clients can be counted against more than one priority population **AND** the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.

	Priority population	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- +Add Gay/bisexual/MSM
- ACB communities
- People who use drugs
- Indigenous people
- Women at-risk
- Other populations

Save

OCHART 2.0 [Or](#)

**6. Report the number of unique clients that accessed each type of service by client group and sex/gender.**

**Note:** The total number of clients you enter for each type of service cannot be greater than: 0 for PHA clients, 0 for AFFECTED clients, 0 for AT-RISK clients.

[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 focused agencies.

Client group	Services provided	Male	Female	Trans man	Trans woman	Not listed
1						

+Add PHA Remove Row  
Affected  
At-risk

Next Save

**6. Report the number of unique clients that accessed each type of service by client group and sex/gender.**

**Note:** The total number of clients you enter for each type of service cannot be greater than: 0 for PHA clients, 0 for AFFECTED clients, 0 for AT-RISK clients.

[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 focused agencies.

Client group	Services provided	Male	Female	Trans man	Trans woman	Not listed
1						

+Add Row Remove

- Bereavement services
- Case management
- 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
- Settlement services
- Support groups
- Support within housing
- Traditional services

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

Client group	Services provided	Male	Female	Trans woman	Trans man	Not listed
1						

+Add PHA Remove Row  
Affected  
At-risk

Next

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

Client group	Services provided	Male	Female	Trans woman	Trans man	Not listed	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<a href="#">+Add Row</a>	<a href="#">Remove</a>	<ul style="list-style-type: none"> <li>Bereavement services</li> <li>Case management</li> <li>Clinical counselling</li> <li>Complementary therapies</li> <li>Employment services</li> <li>Financial counselling services</li> <li>Food programs</li> <li>General support</li> <li>Intake</li> <li>Managing HIV</li> <li>HIV Pre/Post-test counselling</li> <li>PA - Financial</li> <li>PA - Transportation</li> <li>PA - Other</li> <li>Settlement services</li> <li>Support groups</li> <li>Support within housing</li> <li>Traditional services</li> </ul>					
<a href="#">← Previous</a>							<a href="#">Save</a>

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

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

Client group	Referrals	Male	Female	Trans woman	Trans man	Not listed	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<a href="#">+Add Row</a>	<a href="#">Remove</a>	<ul style="list-style-type: none"> <li>Clinical service providers: HIV care</li> <li>Clinical service providers: non-HIV specific</li> <li>Mental health service providers</li> <li>HIV/STI testing</li> <li>Community based service providers: HIV care and support</li> <li>Other community based service providers</li> <li>Addiction services</li> <li>Harm reduction services</li> </ul>					
<a href="#">← Previous</a>							<a href="#">Save</a>

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

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

(maximum 250 words, point form acceptable)

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

(maximum 250 words, point form acceptable)



**NOTE: If you are unable to report numbers for questions 9, 10, and 11, please enter "9999".**

**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**

**Questions 12 - 18 are focused on new clients only who began service at your agency in the last 6 months.** This information allows us to better understand changes in client demographics and demands for service within the province. It helps us provide support to agencies and programs to meet the evolving needs of the people we serve.

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

*Note: The numbers you enter here will be used to validate your answers to questions 13 through 17. Check your numbers before moving forward.*

Columns will total after you click Next.

	Male	Female	Trans man	Trans woman	Not listed
PHA	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Affected	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
At-risk	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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

*Note: The total number of clients you enter in each line cannot be greater than: 0 for PHA clients, 0 for AFFECTED clients, 0 for AT-RISK clients.*

[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
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="+Add Row"/>	<input type="button" value="Remove"/>	[Redacted content]				
<input type="button" value="Previous"/>	Current safety concerns					
	Living with HIV					
	Housing					
	Food security					
	Well-being					
	Income and benefits					
	Education/employment					
	Social support					
	Legal/immigration					
	Risk of HIV/STIs					

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

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

Columns will total after you click Next.

Length of diagnosis	Male	Female	Trans man	Trans woman	Not listed
Less than 1 year	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
1-5 years	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6-10 years	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
11-15 years	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Over 15 years	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



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

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

	Ethnicity	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+Add

- White
- Black
- Latin American
- Southeast Asian
- Arab/West Asian
- South Asian
- First Nations
- Metis
- Inuit
- Not Listed
- Unknown

Next

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

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

	Ethnicity	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+Add

- White
- Black
- Latin American
- Southeast Asian
- Arab/West Asian
- South Asian
- First Nations
- Metis
- Inuit
- Not Listed
- Unknown

Next

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

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

	Ethnicity	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+Add

- White
- Black
- Latin American
- Southeast Asian
- Arab/West Asian
- South Asian
- First Nations
- Metis
- Inuit
- Not Listed
- Unknown

Next

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

**Note:** clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.

	Priority population	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+Add

- Gay/bisexual/MSM
- ACB communities
- People who use drugs
- Indigenous people
- Women at-risk
- Other populations

Save

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

**Note:** clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.

	Priority population	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+Add

- Gay/bisexual/MSM
- ACB communities
- People who use drugs
- Indigenous people
- Women at-risk
- Other populations

Save

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

**Note:** clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.

	Priority population	Male	Female	Trans man	Trans woman	Not listed
1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+Add

- Gay/bisexual/MSM
- ACB communities
- People who use drugs
- Indigenous people
- Women at-risk
- Other populations

Save

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

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

Age group	Male	Female	Trans man	Trans woman	Not listed
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

Under 18

18 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

Over 75

Unknown

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

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

Age group	Male	Female	Trans man	Trans woman	Not listed
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

Under 18

18 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

Over 75

Unknown

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

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

Age group	Male	Female	Trans man	Trans woman	Not listed
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

Under 18

18 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

Over 75

Unknown

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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	<input type="text"/>	<input type="text"/>
2nd most frequently used service	Bereavement services	<input type="text"/>
3rd most frequently used service	Case management	<input type="text"/>
4th most frequently used service	Clinical counselling	<input type="text"/>
5th most frequently used service	Complementary therapies	<input type="text"/>
	Employment services	<input type="text"/>
	Financial counselling services	<input type="text"/>
	Food programs	
	General support	
	Intake	
	Managing HIV	
	HIV Pre/Post-test counselling	
	PA - Financial	
	PA - Transportation	
	PA - Other	
	Settlement services	
	Support groups	
	Support within housing	
	Traditional services	

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Next →

Save

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## Narrative questions

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

*(maximum 250 words per question, point form acceptable)*

**19. How has the support work of your agency engaged or connected clients to care?**

You may want to consider your partners and your formal referral network.

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

a) local HIV clinics

b) local physicians focused on providing HIV care

**21. How has the support work of your agency helped clients to adhere to their treatment?**

You may want to consider specific services you offer or interventions delivered.

**22. How has the support work of your agency improved the quality of life and health outcomes of clients?**

Please provide an example(s).

**23. How has the support work of your agency promoted sexual health and prevented new STI and HIV infections?**

Please provide an example(s).

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

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

## Section 6

### IDU Outreach Programs

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

**1. Record the total number of client interactions during this reporting period.**

By **client interactions** we mean the number of times your fixed site needle exchange services are accessed. Unique clients can be counted more than once in the reporting period.

**In-service** client interactions take place at fixed site needle exchanges located at your agency or a formal satellite site. Formal satellite sites can include locations where your agency's staff members or peers are provided with a designated private room to deliver harm reduction services on a regular basis.

**Outreach** client interactions take place in locations where community members congregate or socialize.

Outreach client interactions	<input type="text"/>
In-service client interactions	<input type="text"/>

**2. Record the number of unique outreach and in-service clients by sex/gender during this reporting period. Each client should be counted only once.**

**Note:** Columns will total after you click Next.

Our organization doesn't have the tools to track unique clients – we are reporting **client interactions**.

Unique clients	Male		Female		Trans man		Trans woman	
	Outreach	In service	Outreach	In service	Outreach	In service	Outreach	In service
New clients	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Repeat clients	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total clients</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

### 3a. Services provided

Record the total number of **unique clients** by sex/gender who received each service during the reporting period. These services can be delivered by either peers or staff. The same client can be counted in more than one service category, but only once per service category.

The total number of unique clients who accessed each service should not exceed the total number of unique clients listed in question 2.

**Note:** Columns will total after you click Next.

We understand that not all agencies are able to complete this question. If you're unable to, please tell us why: (check all that apply)

- Our organization doesn't provide any of these services to people who use drugs
- Our organization doesn't have the tools to track unique clients – we are reporting client interactions
- Other:

Services provided	Female	Male	Trans man	Trans woman	Total
<b>1. Indigenous traditional services</b> (e.g., traditional teachers, healers, Elders)	0	0	0	0	0
<b>2. Counselling</b> (e.g., brief, focused, crisis intervention, 'just listening', or can include more formal counselling, can be done by phone/text/in-person, etc.)	0	0	0	0	0
<b>3. Education</b> (e.g., informal verbal and/or written harm reduction information, health teaching, etc.)	0	0	0	0	0
<b>4. Practical support</b> (e.g., food, clothing, transit tickets, transportation to appointments/services, accompaniment to appointments, toiletries, help with identification documents, completing forms, etc.)	0	0	0	0	0
<b>5. Referrals for faith-based services/spiritual support</b> (e.g., grief and loss services)	0	0	0	0	0
<b>6. Referrals to harm reduction/addiction services</b> (e.g., detox/drug treatment/methadone, fixed site needle exchange program, other addiction services)	0	0	0	0	0
<b>7. Referrals to medical services</b> (e.g., primary care, HIV/STD testing, medical care, Hep C services, abscesses)	0	0	0	0	0
<b>8. Referrals to social services</b> (e.g., agencies such as food banks, shelters, housing services, mental health services, services for prisoners/parolees, legal services)	0	0	0	0	0
<b>9. Referrals to women specific services</b> (e.g., services for violence against women, rape services, bad date reporting, women's shelters, Children's Aid Society)	0	0	0	0	0
<b>10. Other</b> <input style="width: 150px;" type="text"/>	0	0	0	0	0
<b>11. Total</b>	0	0	0	0	0

### 3b. Wait times for services

Have you heard from your clients about long wait times for services? If possible, could you tell us what services pose the biggest challenges? (e.g., primary care/medical services, addiction treatment services, mental health services, housing services)

Were there referrals that you wanted to make but could not because the service was not available in your area? Please explain.

*(maximum 250 words, point form acceptable)*



## 4. Location of outreach services

For the purposes of OCHART, **outreach** is defined as work provided in locations where community members congregate or socialize. These services can be delivered by either peers or outreach staff.

Record the total number of **client interactions** by sex/gender made at each location during the reporting period.

By **client interactions** we mean the number of times your outreach services are accessed at each location.

The same client can be counted in more than one location and more than once in each location during the reporting period.

Location of outreach services	Male	Female	Trans man	Trans woman
<b>1. Addiction programs</b> (residential and day programs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2. Bars/night clubs</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3. Residences</b> (e.g., client home, apartment/house, hotel/motel, friend's place, place where client resides, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4. Community agencies/services</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5. Community public spaces</b> (e.g., barbershop, hair dresser, bathhouse, massage parlours, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>6. Jails/detention centres/prisons</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>7. Methadone maintenance clinics</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8. Mobile</b> (e.g., using vans/cars and driving a route and distributing from the van; not using the van to go to a specific location)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9. Parties/raves</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>10. Pharmacies</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>11. Streets/parks</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12. Other</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5. Peer involvement

**Note:** A peer is an active or recently active person who uses substances and works with other people who use substances.

Record the number of **peers** by sex/gender **active** in the program during the reporting period.

Male		Female		Trans man		Trans woman	
New	Active	New	Active	New	Active	New	Active
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Peer involvement	Number of meetings/education sessions held for peers	Number of attendees/participants (peers) by sex/gender			
		Male	Female	Trans man	Trans woman
<b>Peer meetings held</b> (includes debrief after shift, monthly, team and supervision meetings, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Education sessions held for peers</b> (includes specific trainings for IDU peers; these may be held together with HepC peers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6. Peer activities and community development

Record the total number of **unique clients** who received each service **from a peer** during the reporting period.

The same client can be counted in more than one service category, but only once per service category.

The total number of unique clients who accessed each service should not exceed the total number of unique clients listed in **questions 2 and 3a**.

**Note:**

These services are delivered by peers and are also included in the totals for 3a.

These community development activities are delivered by peers and are also included in 6a.

We understand that not all agencies are able to complete this question.

If you're unable to, please tell us why:

(check all that apply)

- Our organization doesn't provide any of these services to people who use drugs
- Our organization doesn't have the tools to track unique clients – we are reporting client interactions
- Other:

**Note:** If you do not have the tools to track unique clients, please record **client interactions** for each activity.

Services provided by peers	Number of unique clients
<b>Indigenous traditional services</b> (e.g., traditional teachers, healers, Elders)	<input style="width: 50px;" type="text"/>
<b>Counselling</b> (e.g., brief, focused, crisis intervention, 'just listening', or can include more formal counselling, can be done by phone/text/in-person, etc.)	<input style="width: 50px;" type="text"/>
<b>Education</b> (e.g., informal verbal and/or written harm reduction information, health teaching, etc.)	<input style="width: 50px;" type="text"/>
<b>Material distribution</b> (e.g., harm reduction supplies, posters – does not include naloxone kit distribution)	<input style="width: 50px;" type="text"/>
<b>Practical support</b> (e.g., food, clothing, transit tickets, transportation to appointments/services, accompaniment to appointments, toiletries, help with identification documents, completing forms, etc.)	<input style="width: 50px;" type="text"/>
<b>Referrals</b> (e.g., to other services in the community)	<input style="width: 50px;" type="text"/>
<b>Other</b>	<input style="width: 50px;" type="text"/>

Community development activity by peers	Number of meetings/education sessions/events
<b>One-on-one interactions with community agencies/staff members</b> (e.g., phone calls, emails, in person)	<input style="width: 50px;" type="text"/>
<b>Education presentations/formal programs</b> (e.g., drop-in group facilitation, education sessions for service providers or the public, workshops, trainings, etc.)	<input style="width: 50px;" type="text"/>
<b>Committee/network/coalition meetings</b>	<input style="width: 50px;" type="text"/>
<b>Community clean-ups</b>	<input style="width: 50px;" type="text"/>
<b>Research</b> (e.g., focus groups)	<input style="width: 50px;" type="text"/>
<b>Community events</b> (e.g., symposium/forum, BBQ, international overdose awareness day, PRIDE, awareness campaigns, etc.)	<input style="width: 50px;" type="text"/>

**6a. Community development by staff and peers**

Record the number and type of **community development** activities in which **staff or peers** participated during the reporting period. The number of meetings should be the same as or greater than the number of community development activities delivered by peers in question 6.

Community development activity by staff or peers	Number of meetings/education sessions/events	Number of attendees/participants
<b>One-on-one interactions with community agencies/staff members</b> (e.g., phone calls, emails, in person)	<input type="text"/>	<input type="text"/>
<b>Education presentations/formal programs</b> (e.g., drop-in group facilitation, education sessions for service providers or the public, workshops, trainings, etc.)	<input type="text"/>	<input type="text"/>
<b>Committee/network/coalition meetings</b>	<input type="text"/>	<input type="text"/>
<b>Community clean-ups</b>	<input type="text"/>	<input type="text"/>
<b>Research</b> (e.g., focus groups)	<input type="text"/>	<input type="text"/>
<b>Community events</b> (e.g., symposium/forum, BBQ, international overdose awareness day, PRIDE, awareness campaigns, etc.)	<input type="text"/>	<input type="text"/>

**7. Community development contacts**

Indicate whom you are making community development contacts with.

*(Note: these contacts are made by either peers or staff.)*

**Community service providers: Improving services for people who use drugs**

<b>Addiction/harm reduction services</b> (e.g., addiction service providers, methadone maintenance clinics, needle exchange programs)	<input type="text" value="0"/>
<b>Population-specific services</b> (e.g., ethno-specific services, youth services, women specific services (e.g., domestic violence), Children's Aid Society)	<input type="text" value="0"/>
<b>Practical and social support services</b> (food banks, housing providers/agencies, faith-based organizations, legal services)	<input type="text" value="0"/>
<b>Health care services</b> (public health, clinics, mental health service providers)	<input type="text" value="0"/>

**Decision-makers: Changing public opinion and policy**

<b>Criminal justice system</b> (correctional services, police)	<input type="text" value="0"/>
<b>Community/political systems</b> (e.g., all levels – local/municipal, provincial, federal, neighbourhood groups)	<input type="text" value="0"/>
<b>Researchers</b> (e.g., universities)	<input type="text" value="0"/>
<b>Schools</b>	<input type="text" value="0"/>

**Community action: Supporting the rights of people who use drugs**

<b>User networks</b>	<input type="text" value="0"/>
<b>Grassroots organizations</b> (includes community mentors)	<input type="text" value="0"/>

## 8. Drugs of choice

The purpose of this question is to track trends and patterns of current drug use.

Please indicate whether any of your clients use the following substances, and rank the 3 most commonly used substances by placing the number 1, 2 or 3 beside them in the "ranking" column.

Drugs	Use identified/reported	Ranking
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (speed, uppers, bennies)	<input type="checkbox"/>	<input type="checkbox"/>
Anti-depressants (Wellbutrin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (Xanax, valium, nerve pills, tranquilizers, Ativan)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>
Party drugs (Ecstasy, MDMA, K and GHB)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (solvents such as petrol, glue; aerosols such as spray paint; gases)	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (recreational use)	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (non-prescribed)	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (crystal, meth, ice)	<input type="checkbox"/>	<input type="checkbox"/>
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (Oxyne, Oxycodone, Fentanyl, Percocet, Dilaudid, Morphine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>
Non-beverage alcohol (e.g., Listerine and other mouthwash, cooking wine, hand sanitizer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 9a. Harm reduction resources distributed

*(Note: this is related to equipment you distribute specifically to clients who use substances.)*

Safer injection equipment	Distributed Y/N	Number if available	Safer inhalation equipment	Distributed Y/N	Number if available
Cookers	<input type="checkbox"/>	<input type="text"/>	Alcohol swabs	<input type="checkbox"/>	<input type="text"/>
Filters	<input type="checkbox"/>	<input type="text"/>	Dental gum	<input type="checkbox"/>	<input type="text"/>
Needles	<input type="checkbox"/>	<input type="text"/>	Glass pipes/stems	<input type="checkbox"/>	<input type="text"/>
Sharps containers	<input type="checkbox"/>	<input type="text"/>	Lip balm	<input type="checkbox"/>	<input type="text"/>
Swabs	<input type="checkbox"/>	<input type="text"/>	Matches	<input type="checkbox"/>	<input type="text"/>
Ties/tourniquets	<input type="checkbox"/>	<input type="text"/>	Mouthpieces	<input type="checkbox"/>	<input type="text"/>
Vitamin C/acidifiers	<input type="checkbox"/>	<input type="text"/>	Screens (single)	<input type="checkbox"/>	<input type="text"/>
Water for injection	<input type="checkbox"/>	<input type="text"/>	Wooden push sticks	<input type="checkbox"/>	<input type="text"/>
<b>Practical assistance</b> (Note: You are not required to enter the quantity of practical assistance items distributed. Please check box for 'Yes'.)			<b>Safer sex</b>		
Blankets/towels/sleeping bags	<input type="checkbox"/>	<input type="text"/>	Condoms	<input type="checkbox"/>	<input type="text"/>
Clothing	<input type="checkbox"/>	<input type="text"/>	Dental dams	<input type="checkbox"/>	<input type="text"/>
Food items (includes drinking water)	<input type="checkbox"/>	<input type="text"/>	Lubricant	<input type="checkbox"/>	<input type="text"/>
Transit tokens	<input type="checkbox"/>	<input type="text"/>			
Toiletries	<input type="checkbox"/>	<input type="text"/>			

9b. How do you dispose of the equipment that is returned to you? Have you experienced any challenges?  
*(maximum 250 words, point form acceptable)*

**10a. Shifts/trends**

During this reporting period, have you identified any shifts or changes in demand for HIV/IDU/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)?  
*(maximum 250 words, point form acceptable)*

**10b. Response to emerging trends**

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

*(maximum 250 words, point form acceptable)*

## Section 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.*

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

**Rapid tests**

*Note: The sum of negative and reactive rapid tests must equal the number of anonymous tests.*

Total number of anonymous tests	0
Total number of negative tests	0
Total number of reactive tests	0
Total number of positive tests (PHL confirmed)	0

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

*Note: The sum of negative and positive standard blood draw tests must equal the number of anonymous tests.*

Total number of anonymous tests	0
Total number of negative tests	0
Total number of positive tests	0

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

Number of clients who <b>AGREED</b> to confirmatory testing after their reactive rapid test	0
Number of clients who <b>DECLINED</b> confirmatory testing after their reactive rapid test	0
Number of clients who <b>AGREED</b> for confirmatory testing, <b>BUT DID NOT RETURN</b> for results	0

**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.

	Priority population targeted						Number of anonymous rapid tests	Number of positive rapid tests (PHL confirmed)	Number of standard blood draw anonymous tests	Number of positive standard blood draw anonymous tests
	Gay/bisexual/MSM	ACB communities	Indigenous people	People who use drugs	Women at-risk	Other at-risk populations				
<b>Main site (including sub-locations)</b>										
Main site (including sub-locations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Satellite sites</b>										
ASO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health/social service agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community health centre (not your agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other local public health unit (not your agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special event (e.g., Pride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile (i.e., van, bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other, please specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. Outreach to priority populations

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

**The total across all priority populations should equal 100%.**

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

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

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

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)  
*(maximum 250 words, point form acceptable)*

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

What have you done to reach **ACB communities**?

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)  
*(maximum 250 words, point form acceptable)*

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

What have you done to reach **Indigenous people**?

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)  
*(maximum 250 words, point form acceptable)*

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

What have you done to reach **people who use drugs**?

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)  
(maximum 250 words, point form acceptable)

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

What have you done to reach **women at-risk**?

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)  
(maximum 250 words, point form acceptable)

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

List other at-risk population you targeted.

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

What have you done to reach **other at-risk populations**?

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)  
(maximum 250 words, point form acceptable)

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.

**Note:** for clients newly diagnosed by the AT program at your agency, the total number of referrals to HIV clinical care cannot be greater than **0**.

	For clients newly diagnosed by the AT program at your agency	For clients newly diagnosed by other programs/agencies (if applicable)
<b>Referrals</b>		
Total number of referrals to HIV clinical care	<input type="text" value="0"/>	<input type="text" value="0"/>
Total number of referrals that you followed up to ensure the client was linked to care	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Connection to HIV clinical care</b>		
Total number of clients connected to care within <b>2 weeks</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total number of clients connected to care within <b>1 month</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total number of clients connected to care within <b>3 months</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total number of clients connected to care within <b>more than 3 months</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>



5a. If you did not follow-up with your referrals to ensure the clients were linked to HIV clinical care, please provide an explanation.  
*(maximum 250 words, point form acceptable)*

5b. If you are unable to report the length of time taken for clients to be connected to HIV clinical care, please provide an explanation.  
*(maximum 250 words, point form acceptable)*

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

**Note:** for clients newly diagnosed by the AT program at your agency, the total number of referrals to any of the services cannot be greater than 0.

Referral Service	Total number of clients newly diagnosed by the AT program at your agency	Total number of clients newly diagnosed by other programs/agencies (if applicable)
Addiction service providers	<input type="text" value="0"/>	<input type="text" value="0"/>
Clinical services: non HIV specific care	<input type="text" value="0"/>	<input type="text" value="0"/>
Community based HIV service providers	<input type="text" value="0"/>	<input type="text" value="0"/>
Mental health service providers	<input type="text" value="0"/>	<input type="text" value="0"/>
Harm reduction service providers	<input type="text" value="0"/>	<input type="text" value="0"/>
Other community based service providers	<input type="text" value="0"/>	<input type="text" value="0"/>

7. In situations where clients are offered a choice between anonymous, coded and nominal testing, how do you present these options to clients?

Please explain.

*(maximum 250 words, point form acceptable)*

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

*(maximum 250 words, point form acceptable)*

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

*(maximum 250 words, point form acceptable)*

## Section 8

### Community Based HIV Clinical Services

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

**1a. Report the number of unique clients served by sex/gender and client group in the past 6 months.**

Record the number of people by sex/gender in the following groups who received HIV clinical services during the reporting period.  
**Note:** The numbers you enter in this table will be used to validate your answers to questions 1b through 3. Check your numbers before moving forward.

Columns will total after you click Next.

Sex/gender	People living with HIV		People affected by HIV		People at-risk of acquiring HIV	
	New	Existing	New	Existing	New	Existing
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trans man	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trans woman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	0	0	0	0	0	0

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

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

The total number of **NEW** clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

The total number of **EXISTING** clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

Age group	Male		Female		Trans man		Trans woman	
	New	Existing	New	Existing	New	Existing	New	Existing
Less than 14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 - 17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 - 25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26 - 35	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
36 - 45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
46 - 55	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
56 - 65	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
66 - 75	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Over 75	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

The total number of **NEW** clients you enter here should equal **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

Ethnicity	Male		Female		Trans man		Trans woman	
	New	Existing	New	Existing	New	Existing	New	Existing
White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Latin American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
South East Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arab/West Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
South Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Nations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Metis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inuit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not listed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**1d. Report the number of unique clients served by sex/gender and language spoken at home in the past 6 months.**

The total number of clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

Language	Male	Female	Trans man	Trans woman
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

- English
- French
- Amharic
- Arabic
- ASL
- Bengali
- Cantonese
- Cree
- Creole
- Gujarati
- Haousa
- Hindi
- Italian
- Kikongo
- Korean
- Lingala
- Mandarin
- Oji-Cree
- Ojibway

Next

**1d. Report the number of unique clients served by sex/gender and language spoken at home in the past 6 months.**

The total number of clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

	Language	Male	Female	Trans man	Trans woman
1	<input type="text" value="Hindi"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add Next

- Hindi
- Italian
- Kikongo
- Korean
- Lingala
- Mandarin
- Oji-Cree
- Ojibway
- Portuguese
- Punjabi
- Shona
- Somali
- Spanish
- Swahili
- Tagalog
- Tamil
- Tigrinya
- Urdu
- Vietnamese
- Unknown

**1e. Indicate approximately what proportion of the people who accessed your services in the past 6 months represent each priority population.**

This is based on Ontario's priority populations. The assumption is that a large majority of the services are provided to people living with HIV/AIDS (PHAs). Information is requested on the percentage of people accessing your services.

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.

Population	%
Gay/bisexual/MSM	<input type="text"/>
People who use drugs	<input type="text"/>
Indigenous peoples	<input type="text"/>
African, Caribbean and Black communities	<input type="text"/>
Women in the above groups &/or who engage in high-risk activities with them	<input type="text"/>

Previous
Next
Save

**1f. Indicate approximately what proportion of the people who used your services in the past 6 months faced the following challenges.**

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

Challenges	%	Challenges	%
Developmental disability	<input type="text"/>	Mental health issues	<input type="text"/>
Discrimination/stigma	<input type="text"/>	Pediatric to adult transition	<input type="text"/>
Food insecurity	<input type="text"/>	Other substance use/addiction	<input type="text"/>
HCV mono-infection	<input type="text"/>	Parenting and child care issues	<input type="text"/>
HIV/HCV co-infection	<input type="text"/>	Past or current sexual abuse	<input type="text"/>
HIV mono-infection	<input type="text"/>	Past or current violence	<input type="text"/>
Incarceration	<input type="text"/>	Physical disability	<input type="text"/>
Injection drug use	<input type="text"/>	Poverty	<input type="text"/>
Involved in sex work	<input type="text"/>	Racism/racial discrimination	<input type="text"/>
Lack of access to medical services/doctors	<input type="text"/>	Recent immigrant	<input type="text"/>
Language barriers	<input type="text"/>	Refugee/non-status	<input type="text"/>
Life/communication skills	<input type="text"/>	Unemployment	<input type="text"/>
Lack of health insurance	<input type="text"/>	Unstably housed/homeless	<input type="text"/>

**2. Report the total number of clients by sex/gender that accessed each service in the past 6 months.**

Note the following:

- 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.

In each row the number of clients cannot be greater than 0 for male, 0 for female, 0 for trans man, 0 for trans woman.

[Click here for service definitions.](#)

	Service	Male	Female	Trans man	Trans woman
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
+Add	Intake and assessment				
	Specialty care				
	Treatment information				
	Blood work/lab test				
	Adherence support				
	Application support				
	Primary care				
	Pharmacy services				
	Nutritional services				
	Health promotion				
	Mental health services				
	Addiction services				
	Social work/counselling/support				
	Pre/post test counselling (STIs)				
	Sexual health counselling				
	Reproductive health services				

**3. Report the total number of clients by sex/gender you linked to the following services in the past 6 months.**

This question is focused on active linkages (referrals) to other service providers in the past six months. Programs often advocate and intervene on behalf of their clients to make sure they get the services they need.

**Care linkages – clinical services:** actively linking individuals to appropriate clinical service providers within the hospital or within the community to manage clinical co-morbidities. For example, nephrologists, cardiologists, psychiatrists, etc. This does not include providing a client with a referral contact number.

**Care linkages – social services:** actively linking individuals to appropriate health, legal and/or social service agencies to ensure timely and seamless access to care that assists the individual in addressing social determinants of health. For example, housing, mental health and addictions, settlement services, etc. This does not include providing a client with a referral contact number.

In each row the number of clients cannot be greater than 0 for male, 0 for female, 0 for trans man, 0 for trans woman.

	Service	Male	Female	Trans man	Trans woman
1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<span style="background-color: red; color: white; padding: 2px;">+Add</span>	HIV specialist				
	Medical specialists				
<span style="background-color: red; color: white; padding: 2px;">←</span>	<b>Clinical mental health services</b>				<span style="background-color: red; color: white; padding: 2px;">S</span>
	Primary care (GP)				
	Clinical addiction services (detox/rehab)				
	AIDS service organization				
	Housing services				
	Settlement services				
	Employment services				
	Mental health services (community)				
	Legal services				
	Community-based addiction services				

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**4. Education and community development**

Provide an overview of the education, community development and/or professional development activities that have been completed in the past reporting period.

**4a. Education activities**

Type of education activity	Number of events	Number of participants
HIV Rounds	<input type="text"/>	<input type="text"/>
Community presentations	<input type="text"/>	<input type="text"/>
Conference presentations	<input type="text"/>	<input type="text"/>

**4b. Community development activities**

Type of meeting	Number of meetings
HIV Clinic Coordinator Network	<input type="text"/>
Local hospital/service network	<input type="text"/>
Local HIV planning network	<input type="text"/>
Opening Doors conference/event	<input type="text"/>

**4c. Professional development activities**

Type of professional development activity	Number attended
CME/CPD or post-secondary course (or other professional development course)	<input type="text"/>
Nursing update/RPNAO/RNAO course	<input type="text"/>
Conference	<input type="text"/>
Other official college requirement	<input type="text"/>

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

*(Maximum 250 words, point form acceptable)*

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

*(Maximum 250 words, point form acceptable)*



## Section 9

### Hepatitis C Programs

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

For those agencies who are also funded by the AIDS Bureau, some of the data will be pre-populated based on what you have entered for your HIV/AIDS funded programs.

If you have any questions regarding the completion of OCHART for HCV, please contact Samantha MacNeill, Senior Policy Analyst - Hep C Secretariat, AIDS & Hepatitis C Programs at [samantha.earl@ontario.ca](mailto:samantha.earl@ontario.ca) or 416-212-5473.

#### 1. Service users

Please describe the service users who received Hep C case management and treatment services (as described in 1f. only) during the reporting period.

Record the total number of distinct service users who accessed services, NOT the number of times services were accessed.

##### 1a. Number of **unique clients** served by sex/gender and client group

Record the number of service users by sex/gender in the following groups who received services during the reporting period.

**Note:** Columns will total after you click Next.

Sex/gender	People living with HCV		People affected by HCV		People at-risk of acquiring HCV	
	New	Existing	New	Existing	New	Existing
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trans man	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trans woman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	0	0	0	0	0	0

**1b. Number of unique clients served by sex/gender and age**

Record the number of service users by sex/gender in the following age ranges who received services during the reporting period.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

Age group	Male		Female		Trans man		Trans woman	
	New	Existing	New	Existing	New	Existing	New	Existing
Less than 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 - 25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26 - 35	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
36 - 45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
46 - 55	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
56 - 65	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
66 - 75	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Over 75	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**1c. Number of unique clients receiving services by sex/gender and ethnicity**

Record the number of service users by sex/gender and ethnicity who received services during the reporting period.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

Ethnicity	Male		Female		Trans man		Trans woman	
	New	Existing	New	Existing	New	Existing	New	Existing
White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Latin American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
South East Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arab/West Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
South Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Nations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Metis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inuit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not listed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**1d. Report the number of unique new and existing clients served by sex/gender and language spoken at home.**  
 The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

	Language	Male New	Male Existing	Female New	Female Existing	Trans man New	Trans man Existing	Trans woman New	Trans woman Existing
1	<div style="border: 1px solid black; padding: 2px;">                     English                      French                      Amharic                      Arabic                      ASL                      Bengali                      Cantonese                      Cree                      Creole                      Gujarati                      Haousa                      Hindi                      Italian                      Kikongo                      Korean                      Lingala                      Mandarin                      Oji-Cree                      Ojibway                 </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Next

**1d. Report the number of unique new and existing clients served by sex/gender and language spoken at home.**  
 The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

	Language	Male New	Male Existing	Female New	Female Existing	Trans man New	Trans man Existing	Trans woman New	Trans woman Existing
1	<div style="border: 1px solid black; padding: 2px;">                     Italian                      Kikongo                      Korean                      Lingala                      Mandarin                      Oji-Cree                      Ojibway                      Portuguese                      Punjabi                      Shona                      Somali                      Spanish                      Swahili                      Tagalog                      Tamil                      Tigrinya                      Urdu                      Vietnamese                      Unknown                      Other                 </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Next

1e. Report the number of **unique new and existing clients** served by sex/gender and place of origin.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

	Place of origin	Male New	Male Existing	Female New	Female Existing	Trans man New	Trans man Existing	Trans woman New	Trans woman Existing
1	<div style="border: 1px solid gray; padding: 2px;"> <ul style="list-style-type: none"> <li>Canada</li> <li>USA</li> <li>Mexico</li> <li>Central America</li> <li>Caribbean and Bermuda</li> <li>South America</li> <li>Western Europe</li> <li>Eastern Europe</li> <li>Northern Europe</li> <li>Southern Europe</li> <li>Western Africa</li> <li>Eastern Africa</li> <li>Northern Africa</li> <li>Central Africa</li> <li>Southern Africa</li> <li>West Central Asia and the Middle East</li> <li>Eastern Asia</li> <li>Southeast Asia</li> <li>Southern Asia</li> </ul> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OCHART 2.0 [Online](#)

1e. Report the number of **unique new and existing clients** served by sex/gender and place of origin.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

	Place of origin	Male New	Male Existing	Female New	Female Existing	Trans man New	Trans man Existing	Trans woman New	Trans woman Existing
1	<div style="border: 1px solid gray; padding: 2px;"> <ul style="list-style-type: none"> <li>USA</li> <li>Mexico</li> <li>Central America</li> <li>Caribbean and Bermuda</li> <li>South America</li> <li>Western Europe</li> <li>Eastern Europe</li> <li>Northern Europe</li> <li>Southern Europe</li> <li>Western Africa</li> <li>Eastern Africa</li> <li>Northern Africa</li> <li>Central Africa</li> <li>Southern Africa</li> <li>West Central Asia and the Middle East</li> <li>Eastern Asia</li> <li>Southeast Asia</li> <li>Southern Asia</li> <li>Oceania</li> <li>Unknown</li> </ul> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OCHART 2.0 [Online](#)

**1f. Services provided**

Record all services provided to clients for this reporting period by client category and sex/gender.

Please note the following:

- Record how many of the above service users accessed the service, **NOT the number of times the service was accessed.**
- A service user may be counted in more than one category, **but only once in each category.**

The total number of clients you enter in each row cannot be greater than: **0** male, **0** female, **0** trans man, **0** trans woman.

	Client category	Services	Male	Female	Trans man	Trans woman
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

- At-risk
- Pre treatment
- On treatment
- Post treatment
- Living with HCV

**1f. Services provided**

Record all services provided to clients for this reporting period by client category and sex/gender.

Please note the following:

- Record how many of the above service users accessed the service, **NOT the number of times the service was accessed.**
- A service user may be counted in more than one category, **but only once in each category.**

The total number of clients you enter in each row cannot be greater than: **0** male, **0** female, **0** trans man, **0** trans woman.

	Client category	Services	Male	Female	Trans man	Trans woman
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Intake and/or assessment
- Application completion
- Referrals
- Appointment/lab accompaniment
- Practical assistance
- Individual advocacy
- Counselling/support
- Pre/post test counselling
- Health teaching/treatment information
- Support groups treatment
- Follow-up appointment
- Blood work
- Vaccinations

1f.(a) Record the number of **AFFECTED** clients who received **case management** services during the reporting period. The total number of clients you enter in each row cannot be greater than: **0** male, **0** female, **0** trans man, **0** trans woman.

Case management services	Male	Female	Trans man	Trans woman
Application completion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Referrals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counselling/support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practical assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. Testing**

Testing numbers should capture all of the people who have been tested by the HCV team (within your organization and during outreach activities outside of your organization) during this reporting period.

**Agency not funded to provide testing.**

**2a. Number and type of test by sex/gender**

Record the number of people tested by sex/gender and type of test during this reporting period.

A person may be counted in more than one category, **but only once in each category.**

Type of test	Male		Female		Trans man		Trans woman	
	New	Existing	New	Existing	New	Existing	New	Existing
Total number of HCV antibody tests	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of HCV RNA tests	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of HIV antibody tests	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of HBV (antibody/antigen) tests	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of fibroscans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of fibrotests	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2b. Outreach testing**

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

**2b. Which locations did the HCV team provide outreach testing during the reporting period?**

Record the places where testing was either offered or conducted by the HCV team during this reporting period.

Addiction program (residential and day programs)	<input type="checkbox"/>
Clinic/health centre	<input type="checkbox"/>
Correctional facility	<input type="checkbox"/>
Drop-in centre	<input type="checkbox"/>
Food bank/soup kitchen	<input type="checkbox"/>
Methadone maintenance clinic	<input type="checkbox"/>
Mobile service	<input type="checkbox"/>
Mental health service	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>
Shelter	<input type="checkbox"/>
ASO	<input type="checkbox"/>
Street outreach, incl. park, alley, etc.	<input type="checkbox"/>
Social gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

**3. Hepatitis C treatment**

Please complete the following treatment breakdown. Please ensure that your total current case load equals your total pre treatment + total on treatment + total post treatment (EOT to SVR) for this reporting period. Numbers should reflect current reporting period only.

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

**3a. Total treatment case load**

Record the total number of clients within the treatment continuum, including pre, during and post treatment during this reporting period.

**Case load**

Total pre treatment	<input type="text"/>
Total on treatment	<input type="text"/>
Total post treatment	<input type="text"/>
Total treatment case load	<input type="text"/>

**Stage transfer**

Number of clients on pre treatment in last reporting period that transferred to on treatment	<input type="text"/>
Number of clients on treatment in last reporting period that transferred to post treatment	<input type="text"/>

**3b. Treatment breakdown**

Record specific treatment information for this reporting period. Numbers captured below must align with total treatment case load numbers recorded in 3a.

**Current reporting period  
Total number of clients**

Clients on current case load (including pre/on treatment/within 6 months post treatment)	<input type="text"/>
New clients in pre treatment	<input type="text"/>
New clients currently on treatment	<input type="text"/>
Clients on treatment who identify with the target population	<input type="text"/>
New clients on treatment covered by EAP	<input type="text"/>
Clients were identified as "spontaneous cleared" during this reporting period	<input type="text"/>
Clients who have successfully completed the prescribed course of treatment (EOT) during this reporting period	<input type="text"/>
Clients who have achieved a sustained virologic response (SVR) during this reporting period	<input type="text"/>
Clients who are receiving continued monitoring during this reporting period	<input type="text"/>

**Clients currently on treatment by genotype**

Genotype 1	<input type="text"/>
Genotype 2	<input type="text"/>
Genotype 3	<input type="text"/>
Genotype 4	<input type="text"/>
Genotype 5	<input type="text"/>
Genotype 6	<input type="text"/>

**Clients who remain in the program from last reporting period**

Clients who remain in pre treatment from last report	<input type="text"/>
Clients who remain on treatment from last report	<input type="text"/>
Clients who remain within the six months post-treatment period (EOT to SVR) from last report	<input type="text"/>

**Number of co-infected clients that you are co-treating during this reporting period**

HIV	<input type="text"/>
Hepatitis B	<input type="text"/>

Due to the faster treatment of new drugs, some people may complete all three phases in one reporting period. We will fix this in the next revision of this section. Please outline in the comment section below how many people were not included in the last reporting period and completed all three phases (pre, on and post).

These people should still be captured in "post-treatment" because they are within the six month post treatment phase. Please provide a breakdown by genotype of those individuals.

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

- No  Yes



**3c. Exclusions and withdrawals**

Please complete the following table relating to clients who have either been excluded from your pre treatment caseload or withdrawn from treatment during this reporting period.

	Primary reason for exclusion	Number of clients	Primary reason for withdrawal	Number of clients
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Informed deferral	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Did not qualify for EAP/drug coverage Pregnancy	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Medical instability Social instability	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Lost to follow up	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3c. Exclusions and withdrawals**

Please complete the following table relating to clients who have either been excluded from your pre treatment caseload or withdrawn from treatment during this reporting period.

	Primary reason for exclusion	Number of clients	Primary reason for withdrawal	Number of clients
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	Side effects	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	Medical instability	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	Lost to follow up	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	Death	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	Psychiatric manifestation	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>

**4. Education and outreach**

**4a. Record the total number of new individuals contacted in each location during the reporting period, indicating locations where you are engaging outreach (or in-reach) clients.**

For the purposes of this report, outreach is defined as work provided in locations where community members congregate or socialize. A service user may be counted in more than one location.

Location	Male	Female	Trans man	Trans woman
ASO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Addiction program (residential and day programs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinic/health centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Correctional facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drop in centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food bank/soup kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Methadone maintenance clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street outreach, incl. park, alley, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social gathering	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4b. Drugs of choice**

The purpose of this question is to track trends and patterns of current drug use.

Please indicate whether any of your clients use the following substances, and rank the 3 most commonly used substances by placing the number 1, 2 or 3 beside them in the "ranking" column.

Drugs	Use identified/reported	Ranking
Alcohol	<input type="text"/>	<input type="text"/>
Amphetamines (speed, uppers, bennies)	<input type="text"/>	<input type="text"/>
Anti-depressants (Wellbutrin, etc.)	<input type="text"/>	<input type="text"/>
Benzodiazepines (Xanax, valium, nerve pills, tranquilizers, Ativan)	<input type="text"/>	<input type="text"/>
Cocaine	<input type="text"/>	<input type="text"/>
Crack	<input type="text"/>	<input type="text"/>
Party drugs (Ecstasy, MDMA, K and GHB)	<input type="text"/>	<input type="text"/>
Heroin	<input type="text"/>	<input type="text"/>
Inhalants (solvents such as petrol, glue; aerosols such as spray paint; gases)	<input type="text"/>	<input type="text"/>
Marijuana (recreational use)	<input type="text"/>	<input type="text"/>
Methadone (non-prescribed)	<input type="text"/>	<input type="text"/>
Methamphetamine (crystal, meth, ice)	<input type="text"/>	<input type="text"/>
Mushrooms	<input type="text"/>	<input type="text"/>
Opiates (Oxyneon, Oxycodone, Fentanyl, Percocet, Dilaudid, Morphine, etc.)	<input type="text"/>	<input type="text"/>
Steroids	<input type="text"/>	<input type="text"/>
Non-beverage alcohol (e.g., Listerine and other mouthwash, cooking wine, hand sanitizer, etc.)	<input type="text"/>	<input type="text"/>
Other, please specify <input type="text"/>	<input type="text"/>	<input type="text"/>

**4c. Education presentations**

Please provide details of the education presentations provided by the HCV team during this reporting period.

Lead delivering presentation	Intended audience	Presentation focus	Number of presentations	Number of participants
------------------------------	-------------------	--------------------	-------------------------	------------------------

**1. Primary lead delivering presentation**

-- Select One --  
 -- Select One --  
 Nurse  
 Outreach worker  
 Mental health counsellor  
 Coordinator

**Select no more than two options)**

- People involved with the correctional system
- People who use drugs
- Service providers, professionals
- General public
- People who have tattoos and/or piercings
- Students

**3. Presentation focus (select no more than two options)**

- Hepatitis C treatment
- Harm reduction/safer drug use
- Safer tattooing/piercing
- STIs/safer sex
- Testing
- Stigma & discrimination
- Living with HCV
- Co-infection
- HCV in the workplace
- Other, please specify

**4. Number of presentations**

**5. Number of participants**

**1. Primary lead delivering presentation**

-- Select One --

**2. Intended audience (select no more than two options)**

- People living with HCV
- People involved with the correctional system
- General public
- Indigenous people
- People who use drugs
- People who have tattoos and/or piercings
- Health care providers
- Service providers, professionals
- Students
- Policy makers

**3. Presentation focus (select no more than two options)**

- Hepatitis C treatment
- Testing
- Co-infection
- Harm reduction/safer drug use
- Stigma & discrimination
- HCV in the workplace
- Safer tattooing/piercing
- Living with HCV
- Other, please specify
- STIs/safer sex

**4. Number of presentations**

**5. Number of participants**

**4d. Peer involvement**

Record how many unique peers were involved in your education and outreach activities in this reporting period. What is the level of engagement in each activity?

For each activity enter the total number of unique peers involved and how often peers are involved in this activity. Peers can be counted in more than one activity.

Agency activity	Extent of peer involvement	
	Number of peers involved	(how often are peers involved in this work?)
Participation with group facilitation	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Awareness campaign delivery	<input style="width: 40px;" type="text"/>	Involved less than 25% of the time
Awareness campaign planning	<input style="width: 40px;" type="text"/>	Involved between 25-50% of the time
Community development meetings	<input style="width: 40px;" type="text"/>	Involved 50% of the time
Patient advisory board member	<input style="width: 40px;" type="text"/>	Involved 50-75% of the time
Conference presentations	<input style="width: 40px;" type="text"/>	Involved more than 75% of the time
Face to face outreach	<input style="width: 40px;" type="text"/>	Always involved in this work
Longer workshops/workshop series	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
One-on-one in-service education	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Resource development	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Resource distribution	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Short/One-time education presentations	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>

## 5. Human Resources

Describe any human resource issues that your organization is currently experiencing or you anticipate in the coming reporting period. How do you plan to address these issues?

*(Maximum 250 words, point form acceptable)*

## 6. Evaluation

### 6a. Methods of evaluation used

- Survey(s)   
  Advisory committee(s)   
  Statistical data (e.g., OCHART, OCASE)  
 Interview(s)   
  Verbal feedback from consumers   
  Other, please specify   
 Focus group(s)

### 6b. Respondents included

- Staff   
  Volunteers   
  Peers   
  People with lived experience   
  Other, please specify

### 6c. Based on evaluations, outline any successful practices or initiatives that you will build upon and/or continue.

*(Maximum 250 words, point form acceptable)*

### 6d. Based on evaluations, outline any identified areas for change or improvement and how this will be addressed.

*(Maximum 250 words, point form acceptable)*

## 7. Shifts, trends and responses during this reporting period

Report shifts, trends and agency planned response for each of the four program streams listed below.

To enter the information press **Insert**.

Program stream	Shift or trend	Agency planned response
Client services		<b>Insert</b>
Case management		<b>Insert</b>
Testing		<b>Insert</b>
Outreach		<b>Insert</b>

### 7a. During this reporting period, have you identified any shifts or changes in demand for HCV services for this program stream?

*(Maximum 250 words, point form acceptable)*

### 7b. How are you responding to these emerging trends for this program stream?

*(Maximum 250 words, point form acceptable)*

8. Please identify any activities from your current Program Plan that are not and/or partially completed. Please provide an explanation and action plan for each partial and/or not completed activity.

Objective	Funded activities not and/or partially completed	Explanation	Agency planned response	Edit	Delete
<div style="background-color: #f00; color: white; padding: 2px; display: inline-block; margin-bottom: 5px;">Insert</div>					
<b>Objective</b> <div style="border: 1px solid #ccc; padding: 5px;">                     -- Select One --                      -- Select One --                      Objective 1: Increase the access to hepatitis C treatment and care for priority populations in Ontario                      Objective 2: Increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario                      Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HCV                 </div>					
<b>Explanation</b> <i>(Maximum 250 words, point form acceptable)</i> <div style="border: 1px solid #ccc; height: 40px;"></div>					
<b>Agency planned response</b> <i>(Maximum 250 words, point form acceptable)</i> <div style="border: 1px solid #ccc; height: 40px;"></div>					

Section 10

Ontario HIV Treatment Network

1. Report the number of presentations, skills building trainings, consultations and network meetings delivered in the past 6 months by primary focus.

Activity type	Engagement in care		Social determinants of health		Evidence based practice	
	HIV prevention	HIV clinical care	Program science	GIPA/MIPA/CBR		
Presentations/information sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skills building trainings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consultations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Network meetings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Report the percentage of presentations, skills building trainings, consultations and network meetings delivered in the past 6 months targeted to each of the following priority populations.

Activity type	PHA	Gay/bisexual/MSM (includes trans men)	Indigenous people	People who use drugs	ACB communities	Women at-risk (includes trans women)	Other at-risk populations
	Presentations/information sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skills building trainings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consultations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Network meetings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3. Report the number of presentations, skills building trainings, consultations and network meetings by primary target audience.**

Activity type	Researchers/ academia	ASO service providers	Clinical service providers	Other service providers	Policy makers	Community (e.g., service users, PHAs, people at-risk, etc.)	Other
Presentations/ information sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skills building trainings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consultations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Network meetings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. Report the number of presentations, skills building trainings, consultations and network meetings delivered in the past 6 months by unit/department.**

Activity type	EPI unit	EBPU	Education training unit	OCS	KTE	Funding program	Research program	Scientists/ researchers
Presentations/ information sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skills building trainings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consultations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Network meetings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. Report the number of presentations, skills building trainings, consultations and network meetings 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

Activity type	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Presentations/ information sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skills building trainings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consultations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Network meetings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6. Report the number of requests for education and training completed in the past 6 months.

## 7. Report the number of individuals who completed education e-modules in the past 6 months by participant type.

**Note:** This is the total number of individuals who completed e-modules, not unique individuals.

## Participant type

Researchers/academia	<input type="text"/>
ASO service providers	<input type="text"/>
Clinical service providers	<input type="text"/>
Other service providers	<input type="text"/>
Policy makers	<input type="text"/>
Community (e.g., service users, PHAs, people at-risk, etc.)	<input type="text"/>
Other	<input type="text"/>

## 8. Report the number of data requests/cuts by data system and requester type processed in the past 6 months.

Data system	Researchers/ academia	ASO service providers	Clinical service providers	Other service providers	Policy makers	Community (e.g., service users, PHAs, people at-risk, etc.)	Other
OCHART	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCASE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIV View	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 9. Report the total number of individuals trained in the past 6 months by data system and type of trainee.

**Note:** This is the total number of individuals trained, not unique individuals.

Data system	ASO service providers	Other service providers	Other
OCHART	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCASE	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIV View	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCS	<input type="text"/>	<input type="text"/>	<input type="text"/>
EPI	<input type="text"/>	<input type="text"/>	<input type="text"/>



**10. Report all new and updated modules developed in the past 6 months by data system.**  
 Include system upgrades in your response to this question.

	Data system	Title	New or updated
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add

Next

- OCHART
- OCASE
- HIV View
- OCS
- EPI

**11. Report the number of new and existing OCS members by sex/gender and length of HIV diagnosis.**  
 For cell sizes less than 5, enter 9999.

Length of diagnosis	Male		Female		Trans man		Trans woman		Not listed	
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Less than 1 year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 to 5 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 to 10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 to 15 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Over 15 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**12. Report the percentage of new and existing OCS members by sex/gender and priority population.**  
 For cell sizes less than 5, enter 9999.

Priority population	Male		Female		Trans man		Trans woman		Not listed	
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Gay/bisexual/MSM (includes trans men)	<input type="text"/>	<input type="text"/>	N/A	N/A	<input type="text"/>	<input type="text"/>	N/A	N/A	<input type="text"/>	<input type="text"/>
ACB communities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indigenous people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
People who use drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other populations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Report the number of new and active OCS members, the number of active data collection sites and the number of interviews by region. For cell sizes less than 5, enter 9999.

Region	Number of individuals followed		Number of active data collection sites	Total number of interviews
	New	Existing		
Central East	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Central West	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Northern	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ottawa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eastern	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
South West	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toronto	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Material type	HIV prevention	Engagement in care	HIV clinical care	Social determinants of health	Evidence based practice	Program science	GIPA/MIPA/CBR
	Reports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fact sheets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer-reviewed publications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rapid responses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training modules	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Report the percentage of KTE materials produced in the past 6 months targeted to each of the following priority populations.

Material type	PHA	Gay/bisexual/MSM (includes trans men)	Indigenous people	People who use drugs	ACB communities	Women at-risk (includes trans women)	Other at-risk populations
	Reports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fact sheets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer-reviewed publications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rapid responses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training modules	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. Report the number of KTE materials produced in the past 6 months by the primary target audience.

Material type	Researchers/academia	ASO service providers	Clinical service providers	Other service providers	Policy makers	Community (e.g., service users, PHAs, people at-risk, etc.)	Other
	Reports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fact sheets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer-reviewed publications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rapid responses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training modules	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 17. Report the number of KTE materials developed by unit/department in the past 6 months.

Material type	EPI unit	EBPU	Education training unit	OCS	KTE	Funding program	Research program	Scientists/researchers
Reports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fact sheets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer-reviewed publications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rapid responses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training modules	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 18. Report the number of KTE materials produced 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

Material type	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Reports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fact sheets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer-reviewed publications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rapid responses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training modules	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 19. Report the number of traditional and online media contributions and engagements by media type in the past 6 months.

Media type	Number of contributions	Number of engagements
OHTN website	<input type="text"/>	<input type="text"/>
Facebook	<input type="text"/>	<input type="text"/>
Twitter	<input type="text"/>	<input type="text"/>
YouTube	<input type="text"/>	<input type="text"/>
Did You Know	<input type="text"/>	<input type="text"/>
Traditional media	<input type="text"/>	<input type="text"/>

**20. Report the percentage of traditional and online media contributions made in the past 6 months by media type and purpose.**

Media type	Agency promotion	Event promotion	Share knowledge	Share opportunities
OHTN website	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Facebook	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
YouTube	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Did You Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Traditional media	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**21. Report the number of new and ongoing funded initiatives that were active in the past 6 months and funds allocated by primary priority population targeted.**

Priority population	Number of grants		Funds allocated to grants	
	New	Ongoing	New	Ongoing
ACB communities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gay/bisexual/MSM (includes trans men)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indigenous people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
People who use drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHAs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women at-risk (includes trans women)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other populations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**21a. Report the following outcomes of the research funding program.**

Percent of change in investment in impact focused research since baseline year (2012)	<input type="text"/>
Number of Ontario researchers receiving salary support in the past 6 months	<input type="text"/>
Number of grants completed in the past 6 months	<input type="text"/>

**22. Report the the percent of active research initiatives (new and ongoing) by priority population targeted that support 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

Priority population targeted	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
ACB communities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gay/bisexual/MSM (includes trans men)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indigenous people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
People who use drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
People living with HIV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women at-risk (includes trans women)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**23. Report the percent of active research initiatives (new and ongoing) by the stage of the prevention, engagement and treatment cascade.**

1. Prevention	<input type="text"/>
2. Engagement	<input type="text"/>
3. Care	<input type="text"/>

## 24. Report conferences and events organized in the past 6 months.

If you want to record another activity, click [Insert](#).

To save the activity you entered, click [Add](#).

To go to the next page, click [Next](#).

Event title	Event type	Priority populations discussed	Event goals	Number of participants Researchers	Number of participants ASO	Number of participants Clinical SP	Number of participants Other SP	Number of participants Policy makers	Number of participants Community	Number of participants Other
<a href="#">Insert</a>										

This record may have more than one page. To go to the next page press **NEXT**, to save the activity you entered press **ADD**.

**1. Conference/event title**

**2. Activity type**

- OHTN research conference
- Other OHTN conference

**3. Main priority populations discussed**

Check all that apply.

- People living with HIV
- Women at-risk
- ACB communities
- Incarcerated people
- Gay/bisexual/MSM (includes trans men)
- Sex workers
- Indigenous people
- Other
- People who use drugs

Goals:

- Goal 1: Improve the health and well-being of populations most affected by HIV
- Goal 2: Promote sexual health and prevent new HIV, STI and Hep C infections
- Goal 3: Diagnose HIV infections early and engage people in timely care
- Goal 4: Improve health, longevity and quality of life for PHAs
- Goal 5: Ensure quality, consistency and effectiveness of all provincially funded HIV program and services

**4. Main goals of your activity**

Check all that apply.

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

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

Please answer this question for each of the goals listed below.  
Enter 'N/A' if the conference/event did not apply to that goal.

**5a. Improve the health and well-being of populations most affected by HIV**

**5b. Promote sexual health and prevent new HIV, STI and hepatitis C infections**

**5c. Diagnose HIV infections early and engage people in timely care**

**5d. Improve the health, longevity and quality of life for people living with HIV**

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

**6. Number of participants**

Researchers/academia	<input type="text"/>
ASO service providers	<input type="text"/>
Clinical service providers	<input type="text"/>
Other service providers	<input type="text"/>
Policy makers	<input type="text"/>
Service users/community groups	<input type="text"/>
Other	<input type="text"/>

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

## Section 11

### Capacity Building Programs

#### 1a. Training and education presentation by type

Only choose service recipients if this was the audience that was specifically targeted.  
 Only record presentations that were given by staff or volunteers from your agency.  
 Do not record presentations that were given by other parties at events held by your organization.

If you want to record another activity, press **Insert**.

Education type	Service recipients	Presentation focus	Number of presentations	Number of participants
----------------	--------------------	--------------------	-------------------------	------------------------

**Insert**

#### 1. Education type

-- Select One --  
 -- Select One --  
 Capacity building  
 Mentorship or coaching  
 KTE

- Executive director and/or board members
- GMSH strategy workers
- ACB strategy workers
- WHAI strategy workers
- Other front line workers in HIV programs
- People living with HIV
- Public health professionals
- Non-ASO service providers
- Policy makers
- Researchers
- Community volunteers
- Other, please specify

#### 3. Presentation focus

(Select maximum two options)

- Substance use/harm reduction
- Cultural sensitivity training
- ARAO
- GIPA/MIPA
- Boundaries
- Dealing with grief and loss
- Disclosure and legal issues
- Dissemination of research
- Healthy sexuality
- HIV-specific training
- Human resource issues
- Leadership training
- Change leadership
- Organizational development
- Skills building
- Policy
- Social determinants of health
- HIV and immigration service access
- Other, please specify

#### 4. Number of presentations

#### 5. Number of participants

#### 1. Education type

-- Select One --

#### 2. Service recipients

(Select maximum two options)

- Executive director and/or board members
- GMSH strategy workers
- ACB strategy workers
- WHAI strategy workers
- Other front line workers in HIV programs
- People living with HIV
- Public health professionals
- Non-ASO service providers
- Policy makers
- Researchers
- Community volunteers
- Other, please specify

#### 3. Presentation focus

(Select maximum two options)

- Substance use/harm reduction
- Cultural sensitivity training
- ARAO
- GIPA/MIPA
- Boundaries
- Dealing with grief and loss
- Disclosure and legal issues
- Dissemination of research
- Healthy sexuality
- HIV-specific training
- Human resource issues
- Leadership training
- Change leadership
- Organizational development
- Skills building
- Policy
- Social determinants of health
- HIV and immigration service access
- Other, please specify

#### 4. Number of presentations

#### 5. Number of participants

**1b. Number of trainings and education presentations by type**

Presentation type	Number delivered
Type 1 - Short (under 2 hours)/one-time workshops in this reporting period	<input type="text"/>
Type 2 - Longer workshops (half to full day; or workshop series) in this reporting period	<input type="text"/>
Type 3 - Conference presentations in this reporting period	<input type="text"/>

**1c. Presentation location**

How many presentations did you provide to agencies located within each of these LHINs in this reporting period?

*For example, a workshop was held in Toronto which had representatives from 6 agencies residing in 3 distinct LHINs (Central, Champlain, South West). You would record your presentation had an impact on three LHINs by recording 1 against each LHIN.*

The following link can be used to assist you in determining which LHIN an agency may be located in: <http://www.lhins.on.ca>

**Note: Columns will total after you click Next.**

Location	Number delivered
Central	<input type="text"/>
Central East	<input type="text"/>
Central West	<input type="text"/>
Champlain	<input type="text"/>
Erie St Clair	<input type="text"/>
Hamilton Niagara Haldimand Brant	<input type="text"/>
Mississauga Halton	<input type="text"/>
North East	<input type="text"/>
North Simcoe Muskoka	<input type="text"/>
North West	<input type="text"/>
South East	<input type="text"/>
South West	<input type="text"/>
Toronto Central	<input type="text"/>
Waterloo Wellington	<input type="text"/>
Outside Ontario	<input type="text"/>
<b>Total</b>	<input type="text"/>
0	



## 2. Organizing conferences

Conferences can include annual Opening Doors or other conferences held in your community that you organize/co-organize with community partners.

Only provide information about conferences your agency organized/co-organized.

For conference presentations, report these in q1.

If you want to record another activity, press **Insert**.

Name of conference	Your role in organizing event	Service recipients	Number of participants	Key outcomes/results and additional comments
<b>Insert</b>				

### 1. Name of conference

### 2. Your role in organizing the event

- Organized the event
- Co-organized the event with partners

### 3. Intended target group

(Select maximum 3 options.)

- Executive director/board members
- GMSH strategy workers
- ACB strategy workers
- WHAI strategy workers
- Other workers in HIV programs
- People living with HIV
- Public health professionals
- Non-ASO service providers
- Policy makers
- Researchers
- Community volunteers

### 4. Number of participants

### 5. Key outcomes/results and additional comments

Provide 3 - 4 main outcomes/results. For example, met new service providers in the community who have joined our coalition, organized a follow-up meeting with agencies that provide counselling to discuss access for people living with HIV, identified new sources for referrals by staff at our agency, etc.

(Maximum 250 words, point form acceptable)

### 3a. When you think about your education work in this reporting period, what are some successes you would like to highlight?

(Maximum 250 words, point form acceptable)

### 3b. What barriers have you encountered in education work, and how are you addressing them?

(Maximum 250 words, point form acceptable)

## 4. Community development

Please describe your community development meetings (e.g., active participation in networks).

For this report, community development is a complex process (tailored to local context) that seeks to improve the lives of community members by building opportunities to enhance the capacity of service providers, community stakeholders, businesses and government. Community development works with organizations (e.g., service providers) 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.

If you want to record another activity, press **Insert**.

Meeting type	Meeting participants	Number of meetings
<b>Insert</b>		

**1. Meeting type**

-- Select One --  
-- Select One --  
Governance  
Network/partnerships  
Advocacy  
Strategic planning/organizational development  
Program planning  
Advisory committee  
Strengthen inter-agency cooperation  
Working group

(with?)

front line workers in HIV programs  
People living with HIV  
Public health professionals  
Non-ASO service providers

- Policy makers
- Researchers
- Other, please specify

**2. Meeting participants (whom did you meet with?)**

(Select maximum 3 options.)

- Executive director/board members
- GMSH strategy workers (PPN)
- ACB strategy workers (PPN)
- WHAI strategy workers (PPN)
- Other front line workers in HIV programs
- People living with HIV
- Public health professionals
- Non-ASO service providers
- Policy makers
- Researchers
- Other, please specify

**3. Number of meetings**

**5a. When you think about your community development work in this reporting period, what are some successes you would like to highlight?**

*(Maximum 250 words, point form acceptable)*

**5b. What barriers have you encountered in community development work, and how are you addressing them?**

*(Maximum 250 words, point form acceptable)*

## 6. Resource development and distribution

List all education resources **developed** EXCEPT those developed as part of coordinated awareness or social marketing campaigns.

For resources associated with awareness campaigns, report in question 7.

Report newsletter distribution here.

Report unpaid media contacts (interviews, appearances, articles) as a 'newsletter or news article'. Include name of media outlet, date and article name as name of resource.

If you want to record another resource, press **Insert**.

Name of resource	Primary intended audience	Type of resource	Total number distributed
------------------	---------------------------	------------------	--------------------------

**Insert**

### 1. Name of resource developed

### 2. Type of resource

- Manuals/training kits
- Brochures, posters, flyers or pamphlets - agency promotional materials
- Brochures, posters, flyers or pamphlets - prevention/education
- Workshop presentation materials (includes templates, PowerPoint, handouts, etc.)
- Strategic planning, decision making, policy or organizational development tools
- PHA health information or support resources
- Film/DVD
- Research summary or evaluation report
- Newsletter or news article
- Other, please specify

### 3. Primary intended audience for resource

- Executive director/board members
- GMSH strategy workers
- ACB strategy workers
- WHAI strategy workers
- OAHAS workers
- Other workers in HIV programs
- People living with HIV
- Public health professionals
- Non-ASO service providers
- Policy makers
- Researchers
- Community volunteers
- Members
- Frontline service providers

### 4. Total number distributed

## 7. Awareness campaigns

For this reporting form, awareness/social marketing campaign is defined as a series of coordinated activities designed to engage a specific audience or audiences in a certain issue.

If you want to record another awareness campaign, press **Insert**.

Name of campaign	Involved in planning	Campaign components developed	Number of planning meetings
------------------	----------------------	-------------------------------	-----------------------------

**Insert**

**1. Name of campaign**

**2. Involved in planning**

-- Select One --  
 -- Select One --  
 Lead  
 Co-lead  
 Steering committee member  
 Participant only

Developed by your agency

Pamphlets - agency promotional

Film/DVD

Newsletter or news article

**3. Campaign components developed by your agency**

(check all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manuals/training kits  | <input type="checkbox"/> Film/DVD                                     | <input type="checkbox"/> Website or campaign specific webpage       |
| <input type="checkbox"/> Brochures, posters, flyers or pamphlets - agency promotional materials           | <input type="checkbox"/> Newsletter or news article                   | <input type="checkbox"/> Campaign specific Facebook page            |
| <input type="checkbox"/> Brochures, posters, flyers or pamphlets - prevention education                   | <input type="checkbox"/> Prevention, safer sex (e.g., condom packets) | <input type="checkbox"/> Campaign specific Twitter feed             |
| <input type="checkbox"/> Workshop presentation materials (includes templates, PowerPoint, handouts, etc.) | <input type="checkbox"/> Press releases/PSAs                          | <input type="checkbox"/> Other, please specify <input type="text"/> |
| <input type="checkbox"/> Health information or support resources for PHAs                                 |   |   |

**4. Number of planning meetings**

(Indicate zero meetings if you did not assist with planning.)

**7.1 Awareness campaign materials**

Campaign component		Number developed	Number distributed
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>+Add</b>	Manuals/training kits		
	Brochures, posters, flyers or pamphlets – agency promotional materials		
<b>&lt; P</b>	Brochures, posters, flyers or pamphlets - prevention education		
	Workshop presentation materials (includes templates, PowerPoint, handouts, etc.)		
	Health information or support resources for PHAs		
	Film/DVD		
	Newsletter or news article		
	Prevention, safer sex (e.g., condom packets)		
	Press releases/PSAs		
	Website or campaign specific webpage (only record # developed)		
	Campaign specific Facebook page (only record # developed)		
	Campaign specific Twitter feed (only record # developed)		
	Other (please specify)		

**8. Report your agency's use of online and social media in the provision of services in the past 6 months.**

If you did not use any online or social media in the past 6 months, please leave this question blank.  
If you used any additional social media, please specify.

Type of media	Extent of use		Reach
Website	# websites updates/new pages	<input type="text"/>	# of unique & returning visitors <input type="text"/>
Online training	# of sessions	<input type="text"/>	# of participants <input type="text"/>
Online resources	# of resources developed/updated	<input type="text"/>	# of resources downloaded <input type="text"/>
Other social media 1	specify type of units counted <input type="text"/>	# of units <input type="text"/>	specify type of units counted <input type="text"/> # of units <input type="text"/>
Other social media 2	specify type of units counted <input type="text"/>	# of units <input type="text"/>	specify type of units counted <input type="text"/> # of units <input type="text"/>

**9a. Peer involvement in education and community development**

This question is trying to get at the involvement of GIPA/MIPA principles.  
We recognize that the definition of peers will vary based upon the type of programs.

Total number of unique PHA peers	<input type="text"/>
Total number of unique non-PHA peers	<input type="text"/>

**9b. Please describe how PHAs/peers are involved in your education and community development work.**

**Note:** The number entered for any of the activities cannot exceed the corresponding numbers in question 9a.  
(e.g., if it was reported that there were 5 unique PHAs in question 9a, there cannot be more than 5 against any activity in 9b.)

Agency activity	Extent of PEER involvement (how often are peers involved in this work?)	Extent of PHA involvement (how often are PHA peers involved in this work?)	Number of non-PHA peers	Number of PHA peers
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**+Add** Short/one-time education presentations  
Longer workshops  
**9c. Please define what a peer is as related to your program.**  
Conference presentations  
Conference organizing  
One-on-one education/coaching  
Community development meetings  
Resource development  
Resource distribution  
Awareness campaign planning  
Awareness campaign delivery

Submit
Save

**9b. Please describe how PHAs/peers are involved in your education and community development work.**

**Note:** The number entered for any of the activities cannot exceed the corresponding numbers in question 9a.  
(e.g., if it was reported that there were 5 unique PHAs in question 9a, there cannot be more than 5 against any activity in 9b.)

Agency activity	Extent of PEER involvement (how often are peers involved in this work?)	Extent of PHA involvement (how often are PHA peers involved in this work?)	Number of non-PHA peers	Number of PHA peers
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+Add Row
Remove Row

**9c. Please define what a peer is as related to your program.**

- Involved less than 25% of the time
- Involved between 25-50% of the time
- Involved more than 50% of the time
- Involved between 50-75% of the time
- Always involved in this work

9b. Please describe how PHAs/peers are involved in your education and community development work.

**Note:** The number entered for any of the activities cannot exceed the corresponding numbers in question 9a. (e.g., if it was reported that there were 5 unique PHAs in question 9a, there cannot be more than 5 against any activity in 9b.)

	Agency activity	Extent of PEER involvement (how often are peers involved in this work?)	Extent of PHA involvement (how often are PHA peers involved in this work?)	Number of non-PHA peers	Number of PHA peers
1	<input type="text"/>	<input type="text"/>	<input type="text"/> <ul style="list-style-type: none"> <li>Involved less than 25% of the time</li> <li>Involved between 25-50% of the time</li> <li>Involved more than 50% of the time</li> <li>Involved 50-75% of the time</li> <li>Always involved in this work</li> </ul>	<input type="text"/>	<input type="text"/>

+Add Row   Remove Row

9c. Please define what a peer is as related to your program.

## Section 12

### Program Narrative for AIDS Bureau Funding Programs

This section replaces the end of year Final Report (Schedule A2) for AIDS Bureau funded programs. It must be completed at the end of each six month reporting period. When completing this section, you will need to refer to your approved AIDS Bureau Schedule A which outlines your proposed activities for each reporting period (H1 and H2).

1. Provide any key highlights or milestones from your program activities that took place in the past reporting period. (maximum 250 words, point form acceptable)

2. Did you achieve all, some or none of the funded activities you expected to achieve during the past reporting period?

- All results achieved    Some results achieved    No results achieved

3. Compare your reported activities with the approved Schedule A to identify activities that are not and/or only partially completed.

Provide an explanation in the tables below about how you plan on addressing the incomplete activities in the future.

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	Funded activities not and/or partially completed	Explanation	Agency planned response	Edit	Delete
<b>Insert</b>					

**Goal**

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

**Goal**

-- Select One -- ▾

**Funded activities not and/or partially completed**

*(maximum 250 words, point form acceptable)*

**Explanation**

*(maximum 250 words, point form acceptable)*

**Agency planned response**

*(maximum 250 words, point form acceptable)*

**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	Partnership	Progress	Edit	Delete
------	-------------	----------	------	--------

Insert

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

*(maximum 250 words, point form acceptable)*

**Goal**

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**

-- Select One -- ▾

**Identify the key partnership.**

*(maximum 250 words, point form acceptable)*

**Describe the progress made in developing this partnership.**

*(maximum 250 words, point form acceptable)*

**5. Evaluation**

**5a. Methods of evaluation used**

(check all that apply)

- Surveys
- 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
- Other

**5c. Based on evaluations, outline any successful practices or initiatives that you will build upon and/or continue.**

*(maximum 250 words, point form acceptable)*

**5d. Based on evaluations, outline any identified areas for change or improvement and how this will be addressed.**

*(maximum 250 words, point form acceptable)*

**6. Reflect on all the professional development activities that your staff participated in within the past 6 months and describe how these trainings helped staff contribute to the goals of the provincial HIV strategy.**

For example, your support staff attended a training on writing case notes. It resulted in more accurate client files and better case planning. This contributed to goals four and five.

*You do not need to list all trainings that staff participated in. If you don't have an example for a specific goal, enter 'N/A'.*

Goal	Description
1. Improve the health and well-being of populations affected by HIV	<input type="button" value="Insert"/>
2. Promote sexual health and prevent new HIV, STI and Hepatitis C infections	<input type="button" value="Insert"/>
3. Diagnose HIV infections early and engage people in timely care	<input type="button" value="Insert"/>
4. Improve the health, longevity and quality of life for people living with HIV	<input type="button" value="Insert"/>
5. Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services	<input type="button" value="Insert"/>

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

*(maximum 250 words, point form acceptable)*



8. Identify your organization's knowledge and skill training needs in relation to the five goals of the provincial HIV strategy. Provide an explanation in the tables below about how you plan on addressing these gaps in the future.

Description	Type of unmet need	Agency planned response	Goal	Edit	Delete
-------------	--------------------	-------------------------	------	------	--------

Insert

**Describe the knowledge or skill gap.**  
(maximum 250 words)

**Type of unmet need**

-- Select One --

**Agency planned response to address the gap.**  
(maximum 250 words)

**Goal**

-- Select One --

**Type of unmet need**

-- Select One --  
 -- Select One --  
 Knowledge  
 Skill  
 Both

**Agency planned response to address the gap.**  
(maximum 250 words)

**Goal**

-- Select One --  
 -- Select One --  
 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

## OCHART Report

### Certification and Submission

1. I certify that the OCHART report for this reporting period has been fully completed and all sections have been submitted.

*Note: this means that you currently DO NOT see any survey tiles on the Report page of the OCHART portal. If you see any survey tiles at this point, except for "Certification", it means that you have not submitted these section(s) which are visible to you. If this is the case, please finish submitting the sections prior to completing this page.*

---

I certify

Title of the individual making the certification (e.g., Executive director):

First and last name of the individual making the certification:

Date

2. I certify that the OCHART report for this reporting period has been reviewed and approved by two members of the Board of Directors or other governing body that oversees the OCHART reporting process at my agency/program.

---

I certify

Title of the individual making the certification (e.g., Executive director):

First and last name of the individual making the certification:

Date

If you are ready to finalize OCHART submission for for this reporting period, click the "Submit" button.

Submit