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## 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		
Satellite site 1		
Satellite site 2		
Satellite site 3		

1f. Type of organization

---

1g. Local Health Integration Network (LHIN)

---

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)**

---

**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"/>

## 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		
Number of part-time staff		
Total number of staff		

**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
----------------	-------------------	------------	-----------------	------	----------	------------	----------	-------	-----------	-------

Insert

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

---

	Scope	Comment (optional)
Recruitment		
Collective bargaining		
Compensation		
Staff turn-over		
Other		

**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

**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>	
Peer volunteers	

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

---

**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.

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

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

No    Yes



# 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		

## 7b. Other funding sources

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

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

---

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

**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, use a \* to start each new point/line. Do not use a hyphen.)*

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

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

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

**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'.**

**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		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

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

- that **were linked** to an awareness campaign developed by a Priority Population Network (PPN)
- where **you used** materials developed by Priority Population Networks (PPN).

**ACCHO                  GMSH                  WHAI**

Activities linked to a PPN campaign			
PPN materials used			

**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		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

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

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

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

- that **were linked** to an awareness campaign developed by a Priority Population Network (PPN)
- where **you used** materials developed by Priority Population Networks (PPN).

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

**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		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

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

**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		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

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

- that **were linked** to an awareness campaign developed by a Priority Population Network (PPN).
- where **you used** materials developed by Priority Population Networks (PPN).

**ACCHO**

**GMSH**

**WHA**

Activities linked to a PPN campaign			
PPN materials used			

**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		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

**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		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

**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	WHA I
Activities linked to a PPN campaign			
PPN materials used			



**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		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

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

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

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

**ACCHO**

**GMSH**

**WHA I**

Activities linked to a PPN campaign			
PPN materials used			

**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						
Structured interventions						
One-on-one education activities						
Significant outreach contacts						
Brief outreach contacts						

**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 unpaid interviews, radio shows, TV appearances, etc.

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

**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
1				

+Add Row

Remove Row

**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
----------------	-------------------------------	----------------	---------------------	-------------------

Insert

**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				

+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	
Traditional condoms (male)	
Insertive condoms (female)	
Lubricant	

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	
GMSH PPN worker	
WHAU PPN worker	
Education and outreach worker	
Harm reduction worker	
Support worker	
Manager	
Executive director	
Other worker	

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.*

**Education**                      **Structured**                      **One-on-**  
**presentations/workshops**   **interventions**   **education**   **Outreach**

**Priority population peers represented**

PHA				
ACB communities				
Gay/bisexual/MSM				
People who use drugs				
Indigenous people				
Women at-risk				
Incarcerated people				
Sex workers				

**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	
Structured interventions	
One-on-one education	
Significant outreach contacts	
Brief outreach contacts	

**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	
Structured interventions	
One-on-one education	
Significant outreach contacts	
Brief outreach contacts	

**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	
Structured interventions	
One-on-one education	
Significant outreach contacts	
Brief outreach contacts	



**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	
Structured interventions	
One-on-one education	
Significant outreach contacts	
Brief outreach contacts	

**11. Report any trends/shifts in education and outreach services you delivered to service users in the past 6 months.**

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

## 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, use a \* to start each new point/line. Do not use a hyphen.)*

**2. List key new partnerships developed in the past 6 months and describe how they have strengthened your community development work.**  
*(maximum 250 words, point form acceptable, use a \* to start each new point/line. Do not use a hyphen.)*

**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'.**

**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**.

	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
<b>Population discussed</b>						
PHA						
ACB communities						
Gay/bisexual/MSM						
Indigenous people						
People who use drugs						
Women at-risk						
Incarcerated people						
Sex workers						
Other						

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

	ACCHO	GMSH	WHA I
Activity linked to a PPN campaign			
PPN materials used			

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

<b>Total</b>

4b. **The number of times** each partner type was represented at community development meetings that your agency participated in during the past 6 months, and the total **number of participants** from each partner type.  
*Note: Given the nature of the work involved, agencies from each partner type and participants may not be unique.*

---

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

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
-----	-----------------	------------------	-------------------	----------------------	---------------	---------------------	-------------

**Meeting purpose**

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

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
-----------------	-----------------	---------	---------------	------------	---------------------	----------------------	----------------	-------------------	-------------

**Meeting purpose**

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

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
--------------------------------------	---------------------------------	--	------------------	---------------------------------------	---	----------------------------	---------------------------------

**Meeting purpose**

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

**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**



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				
2				
3				
4				
5				
6				
7				
8				
9				

+Add Row

Remove 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		
GMSH PPN worker		
WHA1 PPN worker		
Harm reduction worker		
Support worker		
Manager		
Executive director		
Education/outreach worker		
Other worker		

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

**9. Provide examples of how community development activities completed in the past 6 months supported each of the following goals.** Your response should include the rationale for conducting the activities or the partnerships you developed. Please answer this question for each of the goals listed below. Enter N/A for those goals that are not applicable to your work in the past 6 months. *For each goal (9a-9e), there is a maximum of 250 words and point form is acceptable.*

---

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

**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, use a \* to start each new point/line. Do not use a hyphen.)*

**11. Report any trends/shifts in community development work that you do.** You may want to consider services requested, presenting issues, etc. *(maximum 250 words, point form acceptable, use a \* to start each new point/line. Do not use a hyphen.)*

## 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					
Affected					
At-risk					
<b>Total</b>					

**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.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

**+Add Row** **Remove Row**

**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.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

+Add Row
Remove Row

**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.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

+Add Row
Remove Row

**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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

+Add Row
Remove Row



**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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

+Add Row
Remove Row

**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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

+Add Row
Remove Row

**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						
2						
3						
4						
5						
6						

+Add Row

Remove Row

**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						
2						
3						
4						
5						
6						

+Add Row

Remove Row

**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						
2						
3						
4						
5						
6						

**+Add Row** **Remove Row**

**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:

**PHA:** **0** for male, **0** for female, **0** for trans men, **0** for trans women, **0** for clients whose sex/gender is not listed

**AFFECTED:** **0** for male, **0** for female, **0** for trans men, **0** for trans women, **0** for clients whose sex/gender is not listed

**AT-RISK:** **0** for male, **0** for female, **0** for trans men, **0** for trans women, **0** for clients whose sex/gender is not listed

[Click here for service definitions and go to pages 8-14 of the Support Services Resources Guide.](#)

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

	Client group	Services provided	Male	Female	Trans man	Trans woman	Not listed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

+Add Row

Remove Row

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 man	Trans woman	Not listed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

[+Add Row](#) [Remove Row](#)

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.	PHA						
2.	Affected						
3.	At-risk						
4.							
5.							
6.							
7.							
8.							

[+Add Row](#) [Remove Row](#)

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					
Affected					
At-risk					
<b>Total</b>					



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

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

**PHA:** for male, for female, for trans men, for trans women, for clients whose sex/gender is not listed

**AFFECTED:** for male, for female, for trans men, for trans women, for clients whose sex/gender is not listed

**AT-RISK:** for male, for female, for trans men, for trans women, for clients whose sex/gender is not listed

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

	Client group	Presenting issues	Male	Female	Trans man	Trans woman	Not listed
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

**+Add Row** **Remove Row**

**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: male, female, trans man, trans woman, 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					
1-5 years					
6-10 years					
11-15 years					
Over 15 years					
Unknown					
<b>Total</b>					

**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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

+Add Row
Remove Row

**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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

+Add Row
Remove Row

**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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

+Add Row
Remove Row

**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						
2						
3						
4						
5						
6						

**+Add Row** **Remove Row**

**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						
2						
3						
4						
5						
6						

**+Add Row** **Remove Row**

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						
2						
3						
4						
5						
6						

[+Add Row](#) [Remove Row](#)

**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.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

+Add Row
Remove Row



**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.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

+Add Row
Remove Row

**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.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

[+Add Row](#) [Remove Row](#)

**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		
2nd most frequently used service		
3rd most frequently used service		
4th most frequently used service		
5th most frequently used service		

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

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

**a) local HIV clinics**

**b) local physicians focused on providing HIV care**

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

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

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

Please provide an example(s).

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

**23. How has the support work of your agency promote 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.

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

# Section 6

## Harm Reduction Outreach Programs

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

1. Report **the total number of unique and new clients** by sex/gender you had in the past 6 months and the **total number of peers** by sex/gender that were active in your program.

\*\*Note: Not Listed = a gender that is not one of the four options that are listed in the table below (e.g., genderfluid)

	Male	Female	Trans man	Trans woman	Not listed
Unique clients					
New clients					
Active peers					

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

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

Services provided	Male	Female	Trans man	Trans woman	Not listed
<b>1. Indigenous traditional services</b> (e.g., traditional teachers, healers, Elders, etc)					
<b>Brief 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.)					
<b>3. Harm reduction teaching</b> (e.g., informal verbal and/or written harm reduction information, how to use the equipment, health teaching, etc.)					
<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.)					

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

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

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

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

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

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

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

(This question is not applicable to all sites. If you do not conduct community clean-ups, enter 9999.)

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

(check all that apply)

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

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

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

**8. Drugs of choice**

Rank the top 5 substances most commonly used in your region by placing the numbers 1 to 5 beside your choice.

**Drugs**

Alcohol	
Amphetamines	
Anti-depressants	
Benzodiazepines (e.g., Valium, Xanax, Ativan, etc.)	
Cocaine	

Crack	
Party drugs (Ecstasy, MDMA, K, GHB, etc.)	
Heroin (opioids)	
Inhalants (solvents such as petrol, glue; aerosols such as spray paint, gases)	
Marijuana (recreational use)	
Marijuana (prescription/medical use)	
Methamphetamine (e.g., crystal meth, ice, etc.)	
Opioids: fentanyl (prescribed)	
Opioids: fentanyl (bootleg)	
Opioids: codeine	
Opioids: hydrocodone	
Opioids: hydromorphone (e.g., Dilaudid, etc.)	
Opioids: methadone (prescribed)	
Opioids: methadone (non-prescribed/diverted)	
Opioids: suboxone (prescribed)	
Opioids: suboxone (non-prescribed/diverted)	
Opioids: morphine	
Opioids: oxycodone	
Steroids	
Non-beverage alcohol (e.g., Listerine, other mouthwash, cooking wine, hand sanitizer)	
Other, please specify:	



### 9. Harm reduction supplies distributed

(Note: this is related to equipment you distribute specifically to clients who use substances)  
 Please report all alcohol swabs distributed as 'safer inhalation equipment' and as 'safer injection equipment' as one total under the 'safer injection equipment' category.

Safer injection equipment	Number distributed	Safer Inhalation Equipment	Number distributed	Other Equipment	Number distributed	Safer Sex Supplies	Number distributed
Cookers		Glass pipes/stems		Crystal meth pipes		Condoms	
Filters		Lip balm		Straws		Lube	
Needles		Mouthpieces		Foils (for smoking)		Dental dams	
Sharps containers		Screens (single)					
Alcohol swabs		Wooden push sticks					
Tourniquets/ties							
Vitamin C/acidifiers							
Water for injection							

**10a. Shifts/trends**

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

These shifts/changes can be positive (successes) or challenges encountered in your work.

(e.g., client age, gender or ethnicity, drug of choice, type of service requested/provided, changes in social attitudes in the community/access to harm reduction programs, access to mental health and addiction services, changes in policing practices)?

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

---

**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, use a \* to start each new point/line. Do not use a hyphen.)*

---

## 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	
Total number of negative tests	
Total number of reactive tests	
Total number of positive tests (PHL confirmed)	

##### 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	
Total number of negative tests	
Total number of positive tests	

---

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

---

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

**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)										
<b>Satellite sites</b>										
ASO										
Health/social service agency										
Bathhouse										
Community health centre (not your agency)										
Other local public health unit (not your agency)										
Special event (e.g., Pride)										
Mobile (i.e., van, bus)										
Education institution										
Shelter										
Community centre										
Other, please specify										

#### 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, use a \* to start each new point/line. Do not use a hyphen.)*

---

##### 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, use a \* to start each new point/line. Do not use a hyphen.)*

---

##### 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, use a \* to start each new point/line. Do not use a hyphen.)*

---

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, use a \* to start each new point/line. Do not use a hyphen.)*

---

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, use a \* to start each new point/line. Do not use a hyphen.)*

---

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, use a \* to start each new point/line. Do not use a hyphen.)*

---

**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**.

	<b>For clients newly diagnosed by the AT program at your agency</b>	<b>For clients newly diagnosed by other programs/ agencies (if applicable)</b>
--	---	--

**Referrals**

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

**Connection to HIV clinical care**

Total number of clients connected to care within <b>2 weeks</b>		
Total number of clients connected to care within <b>1 month</b>		
Total number of clients connected to care within <b>3 months</b>		
Total number of clients connected to care within <b>more than 3 months</b>		
Unknown		

**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, use a \* to start each new point/line. Do not use a hyphen.)*

---

**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, use a \* to start each new point/line. Do not use a hyphen.)*

---



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**.

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)
--	--

**Referral Service**

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

**7. 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, use a \* to start each new point/line. Do not use a hyphen.)*

---

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

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

---

## Section 8

### Community Based HIV Clinical Services

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

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

	Male		Female		Trans man		Trans woman		Not listed*	
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Living with HIV										
Affected**										
At risk										
<b>Total</b>										

\*For this section, not listed refers to other gender expressions not included in the options.

\*\*Only includes those who are registered as clients.

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

Record the number of people with HIV (PHA) 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, **0** gender not listed.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed

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

\*For this section, not listed refers to other gender expressions not included in the options.

\*\*Only includes those who are registered as clients.

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

Record the number of people with HIV (PHA) 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, **0** gender not listed.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed

---

Ethnicity	Male		Female		Trans man		Trans woman		Not listed	
	New	Existing	New	Existing	New	Existing	New	Existing	New	Active
White										
Black										
Latin American										
Southeast Asian										
Arab/West Asian										
South Asian										
First Nations										
Metis										
Inuit										
Not listed										
Unknown										

\*For this section, not listed refers to other gender expressions not included in the options.

\*\*Only includes those who are registered as clients.

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

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

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

Priority Population	Male		Female		Trans man		Trans woman		Not listed	
	New	Existing	New	Existing	New	Existing	New	Existing	New	Active
Gay/bisexual/MSM										
People who use drugs										
African, Caribbean, Black communities										
Indigenous peoples										
Women at-risk										

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

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

**Challenges %**

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

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

Note:

- An individual may be counted in more than one category, but only once in each category.
- This is NOT about which staff position provides the service, but rather what service is provided.
- For example, blood work may be ordered by the physician, but carried out by the nurse. For this purpose, you would record blood work as one service provided.

In each row, the number of PHA clients cannot be greater than 0 male, 0 female, 0 trans man, 0 trans woman, 0 gender not listed.

[Click here for service definitions.](#)

	Service	Male	Female	Trans man	Trans woman	Not listed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

\*For this section, not listed refers to other gender expressions not included in the options.

[+Add Row](#) [Remove Row](#)

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

	Service	Male	Female	Trans man	Trans woman	Not listed
1						
2						
3						
4						
5						
6						
7						
8						

\*For this section, not listed refers to other gender expressions not included in the options.

+Add Row
Remove Row



**3b. What did you do to ensure your referrals led to clients being successfully linked to other services/care?**  
(Max 250 words, point form permitted)

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

---

**4b. During this reporting period, what engagement and re-engagement strategies were implemented to reduce missed appointments?**  
(Max 250, point form permitted)

---

## 5. 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.

### 5a. Education activities

---

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

### 5b. Community development activities

---

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

### 5c. Professional development activities

---

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

**6a. 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, use a \* to start each new point/line. Do not use a hyphen.)*

---

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

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

---

## Section 9

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.

If you have any questions regarding the completion of OCHART for HCV, please contact Hepatitis C Program Reports at [HepC.Reports@ontario.ca](mailto:HepC.Reports@ontario.ca).

### Service users

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

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

Patient group	Male		Female		Trans man		Trans woman		Not listed		Total # of patients by patient group
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing	
Patients living with HCV											
Patients receiving Post-Cure Care											
People at-risk of acquiring HCV											
<b>Total # of new and existing patients by gender</b>											

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

The total number of **NEW** service users you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed.

The total number of **EXISTING** service users you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed.

Age group	Male		Female		Trans man		Trans woman		Not listed	
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Less than 18										
18 - 25										
26 - 35										
36 - 45										
46 - 55										
56 - 65										
66 - 75										
Over 75										

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

The total number of **NEW** service users you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed.

The total number of **EXISTING** service users you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed.

Ethnicity	Male		Female		Trans man		Trans woman		Not listed	
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
White										
Black										
Latin American										
Southeast Asian										
Arab/West Asian										
South Asian										
First Nations										
Metis										
Inuit										
Not listed										

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

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment					
Application completion					
Appointment Accompaniment					
Practical assistance					
Vaccinations					
Clinical counselling					
General support					
Adherence counselling					
Wellness check					
Ongoing clinical monitoring					

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

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment					
Application completion					
Appointment Accompaniment					
Practical assistance					
Vaccinations					
Clinical counselling					
General support					
Ongoing clinical monitoring					
Wellness check					

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

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment					
Application completion					
Appointment Acommpaniement					
Practical assistance					
Vaccinations					
Clinical counselling					
General support					
Wellness check					



## 2. Testing

**Agency not funded to provide testing.**

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

---

Type of test	Male	Female	Trans man	Trans woman	Not listed
Total number of HCV antibody tests					
Total number of HCV RNA tests					
Total number of HIV antibody tests					
Total number of HBV (antibody/antigen) tests					

## 2b. Outreach testing

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

2b. Report the number of times each test type was offered and administered by outreach location.

	# of times testing offered	# of HCV antibody tests administered	# of HIV antibody tests administered	# of HBV (antibody/antigen) tests administered
Addiction program (residential and day programs)				
ASO				
Clinic/health centre				
Correctional facility				
Drop-in centre				
Food bank/soup kitchen				
Hotel/motel				
Mobile service				
Methadone maintenance clinic				
Mental health service				
Pharmacy				
Shelter				
Street outreach, incl. park, alley, etc				
Social gathering				

### 3. Hepatitis C treatment and Clinical Monitoring

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

**3a. Report the number of people who received a fibroscan/fibrotest this reporting period.**

*Indicate the results in the chart below.*

---

**Severity of Liver Damage # of people**

Fibrosis score - #F0	
Fibrosis score - #F1	
Fibrosis score - #F2	
Fibrosis score - #F3	
Fibrosis score - #F4	

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

---

Type of clinical monitoring	Total
Patients were identified as "spontaneously cleared"	
Patients who received ongoing clinical monitoring	

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

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

---

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

---

**3e. Report the primary type of financial coverage for patients who initiated treatment during the reporting period. Patients should only be counted once.**

<b>Type of coverage</b>	<b>Total</b>
Exceptional access program	
Compassionate coverage through a pharmaceutical company	
Private insurance coverage	
Clinical trial participant	
Patient paid for own treatment	
Trillium Drug Program funding	
Non-insured Health Benefit	
Limited Use Code	

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

**3f. Report the genotype breakdown of people who initiated treatment during the reporting period.**

<b>Genotype</b>	<b>Total # of patients</b>
Genotype 1	
Genotype 2	
Genotype 3	
Genotype 4	
Genotype 5	
Genotype 6	

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

---

*The number of patients who achieved SVR, who did not achieve SVR, and who have not completed SVR blood work/SVR blood work results pending must equal the total number of patients who completed treatment.*

<b>Outcome</b>	<b>Total # of patients</b>
Patients who achieved SVR	
Patients who did not achieve SVR	
Patients who have not completed SVR blood work/ results pending	
Patients who completed prescribed course of treatment	

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

No    Yes

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

---

<b>Primary Reason</b>	<b>Total # of patients</b>
Informed deferral	
Did not qualify for drug coverage	
Pregnancy	
Social instability	
Medical instability	
Lost to follow-up	
Lack of OHIP coverage	
Death	

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

---

<b>Primary Reason</b>	<b>Total # of patients</b>
Side effects	
Lost to follow-up	
Medical instability	
Death	
Psychiatric manifestation	
Psycho-social instability	
Did not achieve treatment milestones	

## Education, outreach and community development activities

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

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



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

Primary Presentation Focus	Priority Population		Health care providers		Service Providers	
	# of participants	# of presentations	# of participants	# of presentations	# of participants	# of presentations
Hepatitis C treatment						
Testing						
Co-infection						
Harm reduction/safer drug use						
Stigma and discrimination						
Living with HCV						
STIs/Safer Sex						
Naloxone and overdose prevention						

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

Presentation Focus	# of presentations delivered by a peer	# of presentations delivered by a nurse	# of presentations delivered by an outreach worker	# of presentations delivered by a mental health counsellor	# of presentations delivered by a coordinator
Hepatitis C Treatment					
Testing					
Co-infection					
Harm reduction/safer drug use					
Stigma and discrimination					
Living with HCV					
STIs/safer sex					
Naloxone and overdose prevention					

4c (1). Report the number of **community development sessions** led by worker type and number of partners in attendance that occurred during the reporting period.

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

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

---

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

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

---

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

## 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 preferred, use a \* to start each new point/line. Do not use a hyphen.)*

---

## 6. Evaluation

6a. Check all methods of evaluation used during the reporting period.

---

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

6b. Check all respondents from whom evaluations were received during the reporting period.

Staff	Volunteers	Peers	Service user	Service provider
-------	------------	-------	--------------	------------------

7. Report any shifts or trends, including those based on evaluation feedback, and your agency's planned response for each of the four program streams listed below as they relate to this reporting period (if any, should be distinct from standard practice).

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>

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
-----------	--	-------------	-------------------------	------	--------

**Insert**

## 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	HIV prevention	Engagement in care	HIV clinical care	Social determinants of health	Program science	Evidence based practice	GIPA/MIPA/CBR
Presentations/information sessions							
Skills building trainings							
Consultations							
Network meetings							

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							
Skills building trainings							
Consultations							
Network meetings							

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

Activity type	Community (e.g., service users, PHAs, people at-risk, etc.)						
	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							
Skills building trainings							
Consultations							
Network meetings							

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

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

**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					
Skills building trainings					
Consultations					
Network meetings					

**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	
ASO service providers	
Clinical service providers	
Other service providers	
Policy makers	
Community (e.g., service users, PHAs, people at-risk, etc.)	
Other	



**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							
OCASE							
HIV View							
OCS							
EPI							

**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			
OCASE			
HIV View			
OCS			
EPI			

**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			
2			
3			
4			
5			

**OHTN answers questions 11, 12 and 13 once a year in H1 reporting period, providing numbers for the calendar year preceding the reporting period** (for example the data for 2015 is reported in H1 2016/17).

**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										
1 to 5 years										
6 to 10 years										
11 to 15 years										
Over 15 years										
Unknown										

**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)										
ACB communities										
Indigenous people										
People who use drugs										
Other populations										

**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				
Central West				
Northern				
Ottawa				
Eastern				
South West				
Toronto				

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

Material type	Primary Focus						
	HIV prevention	Engagement in care	HIV clinical care	Social determinants of health	Evidence based practice	Program science	GIPA/MIPA/GBR
Reports							
Fact sheets							
Peer-reviewed publications							
Rapid responses							
Tools							
Training modules							

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

Material type	Priority Populations						
	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							
Fact sheets							
Peer-reviewed publications							
Rapid responses							
Tools							
Training modules							

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

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

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

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

**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					
Fact sheets					
Peer-reviewed publications					
Rapid responses					
Tools					
Training modules					

**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		
Facebook		
Twitter		
YouTube		
Did You Know		
Traditional media		

**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				
Facebook				
Twitter				
YouTube				
Did You Know				
Traditional media				

**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				
Gay/bisexual/MSM (includes trans men)				
Indigenous people				
People who use drugs				
PHAs				
Women at-risk (includes trans women)				
Other populations				

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

Percent of change in investment in impact focused research since baseline year (2012)	
Number of Ontario researchers receiving salary support in the past 6 months	
Number of grants completed in the past 6 months	

**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					
Gay/bisexual/MSM (includes trans men)					
Indigenous people					
People who use drugs					
People living with HIV					
Women at-risk (includes trans women)					
Other					

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

1. Prevention	
2. Engagement	
3. Care	

**24. Report conferences and events organized in the past 6 mont**

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
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[Insert](#)



## Section 11

### Capacity Building Programs

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

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

Questions 2 to 7 refer to the activities listed in question 1.

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

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

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

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

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

Activity type									Community	
	EDs and Board members	WHA1 workers	ACB strategy workers	GMSH strategy workers	Other ASO frontline workers (incl. HIV programs)	Clinical service providers	Other service providers	Researchers/academia	Policy makers (government)	(e.g., service users, PHAs, people at-risk, etc.)
Presentations/information sessions										
Trainings										
Consultations										

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

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

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

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

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

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

<b>Activity type</b>	<b>Goal 1</b>	<b>Goal 2</b>	<b>Goal 3</b>	<b>Goal 4</b>	<b>Goal 5</b>
Presentations/ information sessions					
Trainings					
Consultations					

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

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

6. Highlight some meaningful capacity building work (from your presentations/information sessions, trainings and consultations) that you delivered in the past 6 months that you believe should be shared and replicated. *(Maximum 250 words, point form acceptable, use a \* to start each new point/line. Do not use a hyphen.)*

7. Report any trends/shifts in the capacity building work (e.g., from your presentations/information sessions, trainings and consultations) that you delivered in the past 6 months.  
*(Maximum 250 words, point form acceptable, use a \* to start each new point/line. Do not use a hyphen.)*

8. Report all **structured interventions** that your agency delivered or trained other workers to deliver in the past six months. For each intervention, indicate the population targeted, the intervention title, the goal, whether your agency delivered the intervention or trained workers from other agencies to deliver and the number of participants that were trained or who completed the intervention.

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

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

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

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

**Intervention Goals:**

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

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

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

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

	<b>Population targeted</b>	<b>Intervention title</b>	<b>Intervention goal</b>	<b>Trained others to deliver or delivered intervention</b>	<b># of people</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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

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

**10. Report the percentage of KTE materials produced in the past 6 months focused on each of the following priority populations.**

**Note:** This may be greater than the total number of materials produced, because each material may pertain to more than one population. This reflects only those materials that focused on these populations. It is not expected that all materials focus on these 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 (vulnerable) populations
	Reports						
Fact sheets (incl. pamphlets, 1-pager, backgrounders etc.)							
Peer-reviewed publications							
Tools (incl. manuals, toolkits, training guides etc.)							
Agency promotional materials (incl. newsletters)							



**11. Report the percentage of KTE materials produced in the past 6 months for each target audience.**

**Note:** This may be greater than 100% because the materials may pertain to more than one audience.

Material type	ASO management			
	Board of Directors	(EDs and Managers)	Frontline workers	Volunteers
Reports				
Fact sheets (incl. pamphlets, 1-pager, backgrounders etc.)				
Peer-reviewed publications				
Tools (incl. manuals, toolkits, training guides etc.)				
Agency promotional materials (incl. newsletters)				

**12. 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					
Fact sheets (incl. pamphlets, 1-pager, backgrounders etc.)					
Peer-reviewed publications					
Tools (incl. manuals, toolkits, training guides etc.)					
Agency promotional materials (incl. newsletters)					

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

Type of online media engagement	Number
Website views	
Facebook likes	
Twitter followers	
Youtube (or similar video streaming service) views	

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

Each row should total 100%.

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

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

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

Refer to User Guide [will have link] for instructions about how to track and report activities

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**Meeting purpose**

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

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

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

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

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

Meeting purpose	PHA	ACB communities	Gay/bisexual/MSM	Indigenous people	People who use drugs	Women at-risk	Other at-risk: Incarcerated people	Other at-risk: Sex workers
Advisory/board meeting								
Coalition/network meeting								
Community event planning								
Development of education prevention materials								
General information sharing								
Improved service delivery								
New partnership/relationship building								
Policy development (agency level)								
Strategic planning								
Public policy								

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

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

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

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

**16. Highlight some meaningful community development work you did in the past 6 months that you believe should be shared and replicated.**  
*(Maximum 250 words, point form acceptable, use a \* to start each new point/line. Do not use a hyphen.)*

**17. Report any trends/shifts in the community development work that you delivered in the past 6 months.**  
*(Maximum 250 words, point form acceptable, use a \* to start each new point/line. Do not use a hyphen.)*

**18. Report any awareness campaigns that your agency developed during the past six months.**  
For the purpose of OCHART, awareness campaign is defined as a series of coordinated activities designed to engage a specific audience or audiences in a specific issue(s).

**i. Awareness campaign title**

**ii. Intended target population**

(Select all that apply)

People living with HIV

ACB communities

Gay/bisexual/MSM (includes trans men)

Indigenous people

People who use drugs

Women at-risk

Other at-risk: Incarcerated people (former and/or current prisoners, people involved with justice system)

Other at-risk: Sex workers

Other at-risk populations



**iii. Main goals of your campaign**

(Select all that apply)

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

Goal 1

Goal 2

Goal 3

Goal 4

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

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

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

---

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

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

**Diagnose HIV infections early and engage people in timely care**

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

**v. Number of campaign materials developed**

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

---

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

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

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

---

### i. Conference/event title

### ii. Activity type

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

### iii. Main priority populations discussed

Check all that apply.

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

### iv. Main goals of your activity

Check all that apply.

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

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

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

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

---

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

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

**Diagnose HIV infections early and engage people in timely care**

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

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

**vi. Number of participants**

EDs & board members	
WHA1 workers	
ACB strategy workers	
GMSH strategy workers	
Other ASO frontline workers (incl. HIV programs)	
Clinical service providers	
Other service providers	
Researchers/academia	
Policy makers (government)	
Community (e.g., service users, PHAs, people at-risk, volunteers)	

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

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

No    Yes

## 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, use a \* to start each new point/line or paragraph. Do not use a hyphen.)*

**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
------	--	-------------	-------------------------	------	--------

Insert

**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, use a \* to start each new point/line. Do not use a hyphen.)*

## 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, use a \* to start each new point/line. Do not use a hyphen.)*

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

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



**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

Insert

Insert

Insert

Insert

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

**9. Are there any other things you think are important to report? This can be related to things other than programming that the AIDS Bureau funds.**

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

## 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): **ExecutiveDirector**

First and last name of the individual making the certification: **OCHART Coordinator**

Date

---