

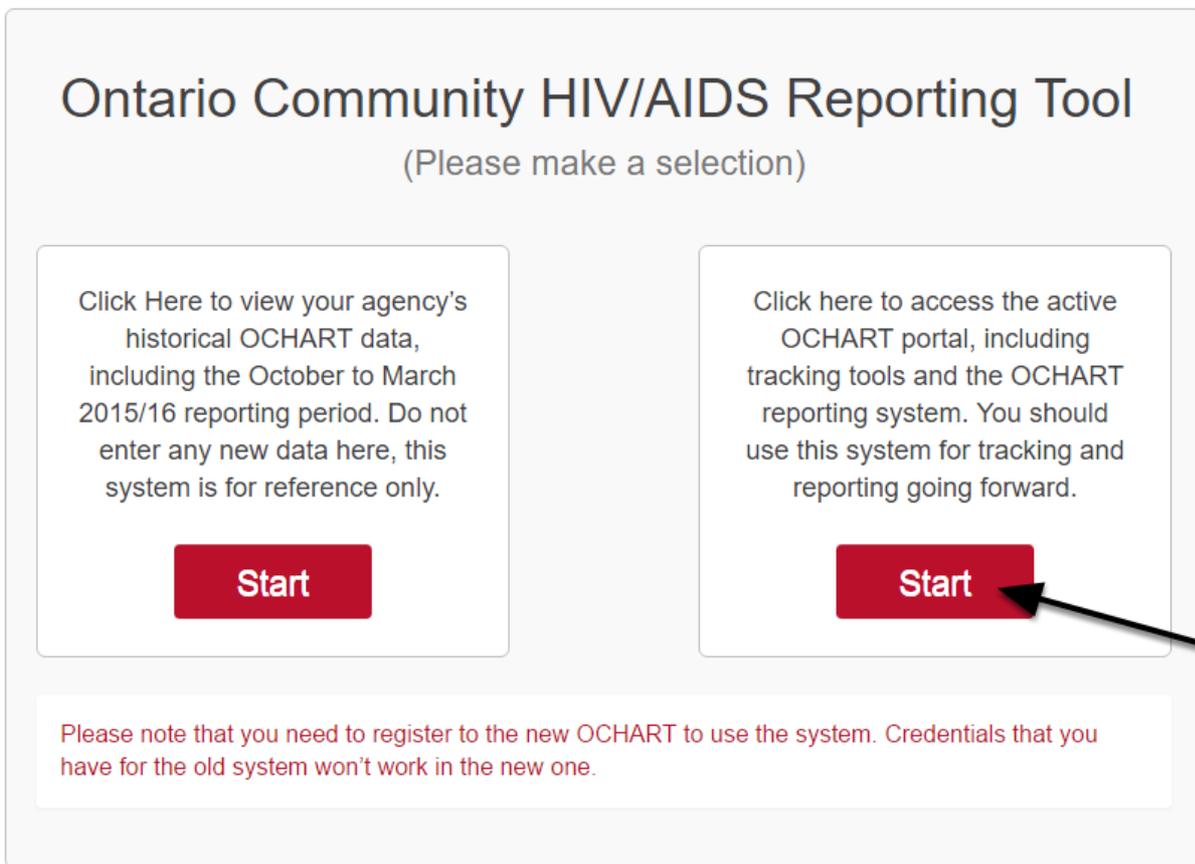
## Section 2: Program and project information

This section will show you how to complete section 2 of OCHART 2.0, Program and project information. Remember, you can fill in any OCHART section on your computer, tablet or smart phone.

**Type "www.ochart.ca" into the address bar. Press "ENTER".**

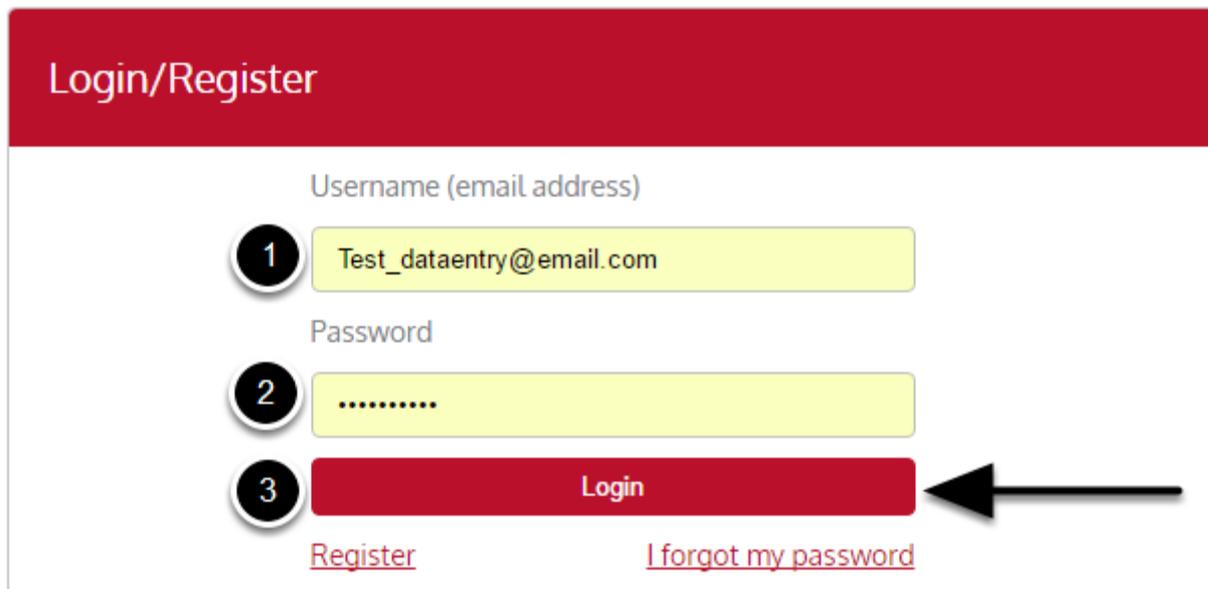


You will see the screen below. Click the "START" button on the right side.



Clicking the start button on the left side will take you to the old OCHART system. If you click this accidentally, please click the back button on your internet browser. Next, click the start button on the right.

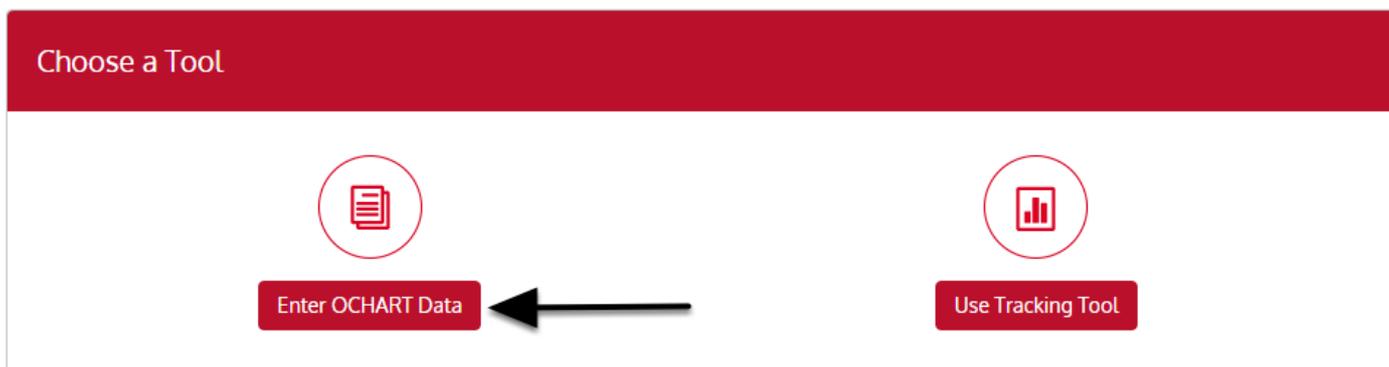
Type in your "Username" (your work email address) and your "Password". Click "Login".



The screenshot shows a login/register form with a red header bar containing the text "Login/Register". Below the header, there are three numbered steps: 1. "Username (email address)" with a text input field containing "Test\_dataentry@email.com"; 2. "Password" with a text input field containing "....."; 3. "Login" with a red button labeled "Login". Below the "Login" button are two links: "Register" and "I forgot my password". A black arrow points to the "Login" button.

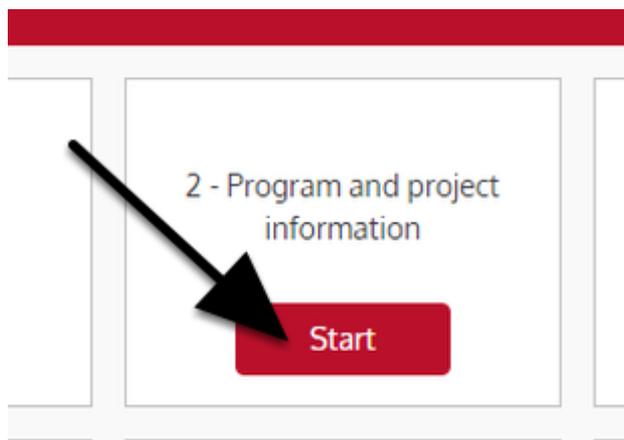
You must have an existing OCHART account in order to login. If you are a first time OCHART user and do not have an account, go to the section titled, "How to Register" for step-by-step registration instructions.

Click "Enter OCHART Data" (left side).

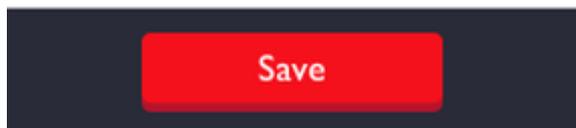


The screenshot shows a "Choose a Tool" section with a red header bar. Below the header, there are two buttons: "Enter OCHART Data" and "Use Tracking Tool". The "Enter OCHART Data" button is highlighted with a red circle and a black arrow pointing to it. The "Use Tracking Tool" button is also highlighted with a red circle.

Click the "Start" button under "2 - Program and project information".



At any time you can click the "Save" button to save all data entered in the section and exit the section.



## Staff Information

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).

**Q1. Enter the number of staff that do HIV/AIDS-related work in your organization. The columns will total automatically after you click next. Click "Next".**

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

Columns total automatically once you click "Next".

Statistics Canada refers to full-time employment as 30 hours or more per week. A full-time staff member is equal to "1" and a half-time staff member is "0.5".

Where you do not have anything to enter in a particular box, please enter "0".

**Q2. Record the funding source, position category and contact information for all AIDS Bureau and HCV funded staff positions. Start by clicking insert.**

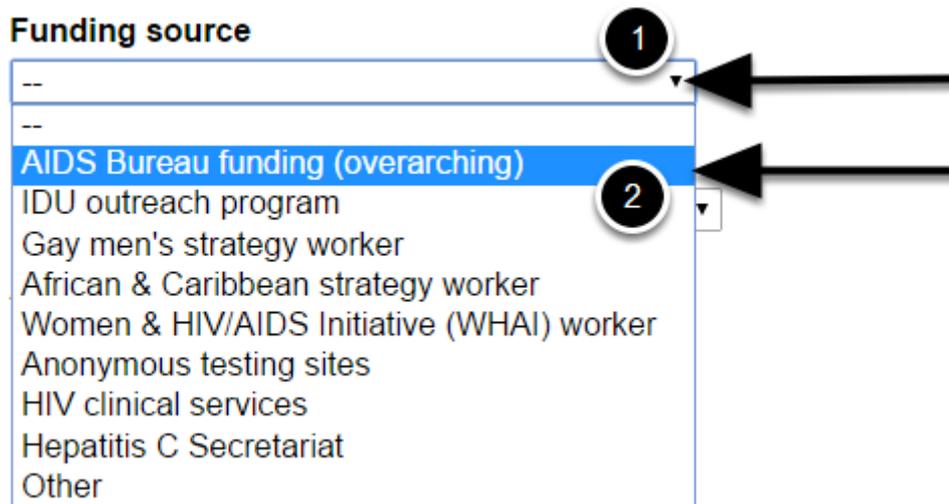
2. Provide the funding source, position category and complete contact information for all AIDS Bureau and HCV funded staff positions.

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
<input type="button" value="Insert"/>										

To go back to a previous question, click "Previous".

**Q2. Enter the funding source, position category for the first staff member as well as indicating whether they are active or not (working or on leave). To do this, click the triangle below each item and select an option from the drop-down menu by clicking on it.**



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

**Q2. Enter the FTE of the staff person, their name, position, start and end date (if they have a contract end date) and their contact information. Click "Add". Repeat these steps for all AIDS Bureau and HCV funded staff positions.**

**FTE**

(0.1 - 1.0)

**Name**

**Position**

**Start date**

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

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

**Extension**

**Email**

**+ Add**

**Cancel**

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

To get rid of an entry, click cancel. You will be taken back to the previous page.

**Q2. When you have finished entering the staff contact information, you can change the information you entered by clicking "Edit". To remove an entry, click "Delete". Q2. Click "Next".**

Funding source	Position category	Active Y/N	FTE (0.1 - 1.0)	Name	Position	Start date	End date	Phone	Extension	Email	
AIDS Bureau funding (overarching)	ED/manager	Yes	1	Name	Position	2013-10-12		999-999-9999	999	email@email.com	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
AIDS Bureau funding (overarching)	Administration/finance/IT	Yes	1	Name	Position	2013-10-12		999-999-9999	999	email@email.com	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Click "Edit" to change an entry.

Click "x Delete" to erase an entry.

**Q3. Indicate if you have had any issues with recruitment by clicking on the triangle to the right side and then clicking on the appropriate option from the drop-down menu. You can add a comment if you would like to do so. Repeat these steps for the remaining issues if applicable. Select "Not Applicable" any time the issue does not apply to you.**

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

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

If there is an issue you would like to report that does not appear, enter in the space beside "Other". Next select the appropriate options from adjacent drop-down menu and add any comments you might have. If you did not have an issue that would fall under "Other", select "Not applicable" from the drop-down menu to the right.

Question 3 is a mandatory question meaning that a response is required.

**Q4. - Q5. Indicate whether there have been any changes/shifts in HR issues in the past six months by clicking on the circle beside either "No" or "Yes". Repeat this step for question 5. Click "Next".**

**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



Click "Previous" to go back to a previous question.

**Q4a. - Q5a. If you enter "Yes" for questions 4 or 5 you will be asked to describe the changes/shifts. You can use point form. You cannot exceed 250 words. Once you have finished your answers, click "Next".**

**4a. Describe the changes/shifts in HR issues.**  
*(maximum 250 words, point form acceptable)*

**5a. Describe the anticipated staff changes in the next six months.**  
*(maximum 250 words, point form acceptable)*



You will not see these questions if you answered "No" to questions 4 and/or 5.

To go back to a previous question, click "Previous".

**Q6a. - Q6b.** In the space provided, record the total number of volunteers that were active in the last six months and the total number of new volunteers recruited in the last six months.

**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.

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

**Q6c.** Record the total number of peers that were actively involved in your agency in the last six months as designated peer positions and peer volunteers. Indicate the totals for "PHA peers" and "Other peers".

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

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

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

A peer is a person whom represents any of the priority populations AND whom is open about his or her status and lived experience. Peers can include designated peer positions and volunteers.

Designated peer positions are paid positions where being a peer is a requirement of the job.

PHA peers are peers living with HIV/AIDS.

## Q6d. Record the total number of placement students who were actively involved with your agency in the past six months.

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

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

Student placements are formal, time-limited arrangements between the agency, the student and an educational institution. This does not include volunteers who happen to be students.

## Q6e. Record the number of volunteers by work type for this reporting period. Record the number of volunteer hours by work type.

### 6e. Volunteer activities

Record the number of volunteers by type of volunteer work in this reporting period. Individuals may be counted in more than one category, but only once in each category. Enter partial hours of service as a decimal.

	Training provided			
	Number of volunteers	Number of hours	in this reporting period	Training provided by
Administration	<input type="text" value="2"/>	<input type="text" value="10"/>	<input type="checkbox"/>	<input type="text"/>
Counselling	<input type="text" value="10"/>	<input type="text" value="100"/>	<input type="checkbox"/>	<input type="text"/>
Education and community development (includes newsletter, condom stuffing)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Fundraising	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Involved in hiring process	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
IT support	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Outreach activities	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Policies and procedures	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Practical support (includes visits)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Serve on board/advisory committee	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Special events (e.g., mall display, Pride)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

A volunteer can be counted in more than one category. For example, a volunteer who preformed administration and IT support tasks could be counted in the "Administration" and "IT support" rows. They cannot be counted more than once per category.

Enter partial hours of service as a decimal. For example, enter a half hour as 0.5.

If you have volunteers who preform work not listed here, enter their work category in the "Other" section(s).

**Q6e.** If the volunteers recorded received training in this reporting period, click in the check box to the right. Next, indicate who provided the volunteer training by clicking on the triangle and clicking the appropriate option from the drop down menu. Repeat for all rows.

	Number of volunteers	Number of hours	Training provided	
			in this reporting period	Training provided by
Administration	<input type="text" value="2"/>	<input type="text" value="50"/>	<input checked="" type="checkbox"/>	 <input type="text"/>
Counselling	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="My agency"/>
Education and community development (includes newsletter, condom stuffing)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Other agency"/>
				<input type="text" value="Both"/>

**Q6f.** Indicate whether there was any shifts or changes in demand for volunteer activities/services in the past six months by clicking on the circle beside either "No" or "Yes". Click "Next".

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

To go back to a previous question, click "Previous".

**Q6g.** If you choose "Yes" as your answer to the previous question, explain how you are responding to these emerging trends. You can use point form. You cannot exceed 250 words. Click "Next".

6g. How are you responding to these emerging trends? (e.g., change in programming, new partnerships, requests for funding)  
*(maximum 250 words, point form acceptable)*

You will not see these questions if you answered "No" to questions 6f.

To go back to a previous question, click "Previous".

## 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.

### Q7a. List the funding you received from the AIDS Bureau in the last fiscal year and the current fiscal year.

#### 7a. AIDS Bureau funding

---

	Last fiscal year	Current fiscal year
Total AIDS Bureau funding	<input type="text"/>	<input type="text"/>

**Q7b. List the funding you received from other funding sources in the previous fiscal year and the current fiscal year.**

**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		

**Q7c. Indicate whether you receive the in-kind contributions listed below by clicking or not clicking in the box beside each category.**

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

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

**Q7d. Type any comments you have. You can use point form. You cannot exceed 250 words. Click "Previous" to review or change answers to past questions. When you are finished, click "Save" to save your work and exit.**

**7d. Comments (optional)**

*(maximum 250 words, point form acceptable)*

---

◀ Previous

Save

This question is optional meaning you do not have to add any comments if you do not wish to do so.