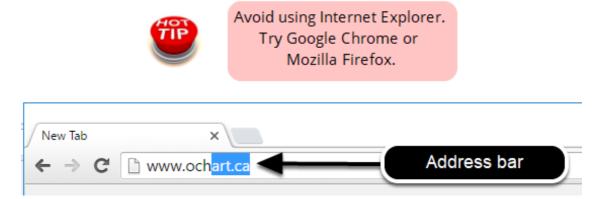


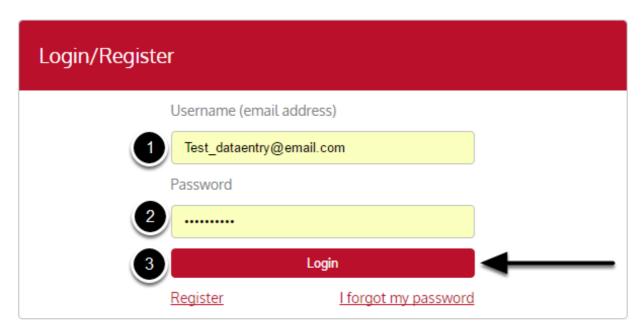
This section will show you how to complete Section 11 of OCHART 2.0, Provincial Capacity Building Programs.

Remember, you can fill in any OCHART section on your computer, tablet, or smart phone.

Type "www.ochart.ca" into the address bar of your internet browser. Press "ENTER".



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



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 article titled, "Registration" for step-by-step registration instructions.



Click "Enter OCHART Data" (left side).



Click the "Start" button under "11 - Provincial Capacity Building Programs".



Q1. In the spaces provided, enter the total number of presentations, trainings and consultations delivered and total participants during the reporting period by primary focus. Check you answers carefully. Click "Next".

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.

	GIP	A/MIPA		emics (social f HIV, SDOH)		fected by HIV related)		nizational lopment	Skills de	evelopment	prog	rch (science grams & rentions)
Activity type	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants
Presentations/ information sessions												
Trainings												
Consultations												

Next Save

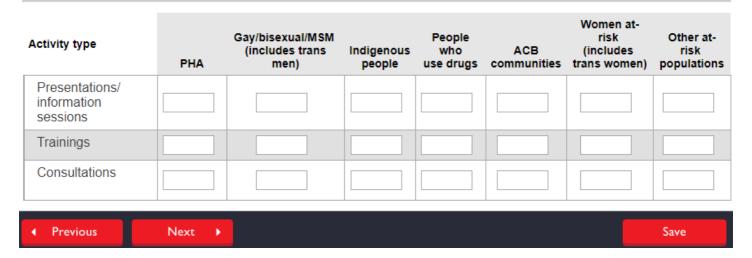
Click the save button at any time to save your data and exit the section.



Only record presentations, trainings, and consultations that were given by staff or volunteers from your agency. Do not record events that were given by other parties at events held by your organization.

- Q2. Enter the percentage of presentations, trainings, and consultations delivered during the reporting period that address the needs of each of the following priority populations. Click "Next".
- 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.



This question refers to the activities listed in Question 1.

Please 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.

- Q3. Enter the total number of presentations, trainings, and consultations delivered during the reporting period by the type of participants. Click "Next".
- 3. Report the number of presentations, trainings, and consultations delivered in the past 6 months by type of participants.

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

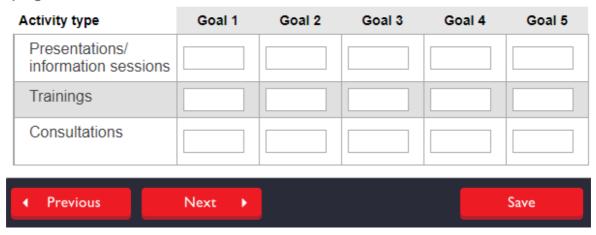
Activity type	EDs and Board members	WHAI workers	ACB strategy workers	GMSH strategy workers	Other A SO frontline workers (incl. HIV programs)	Clinical service providers	Other service providers	Researchers/ academia	Policy makers (government)	Community (e.g., service users, PHAs, people at- risk, etc.)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



This question refers to the activities listed in Question 1.

Please note that this question refers to the number of capacity building activities, not the number of participants. This number cannot be greater than the total number of presentations, trainings and consultations.

- Q4. Enter the total number of presentations, trainings, and consultations delivered during the reporting period by each of the 5 goals of the Provincial HIV Strategy. Click "Next".
 - 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



This question refers to the activities listed in Question 1.

Please note that this question refers to the number of capacity building activities, not the number of participants. This number cannot be greater than the total number of presentations, trainings and consultations.



Q5. Enter the total number of presentations, trainings, and consultations delivered during the reporting period by LHIN. Click "Next".

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 consultations

Central

Central Central East

Central West

Champlain

Erie St. Clair

Hamilton Niagara Haldimand Brant

Mississauga Halton

North East

North Simcoe Muskoka

North West

South West

This question refers to the activities listed in Question 1.

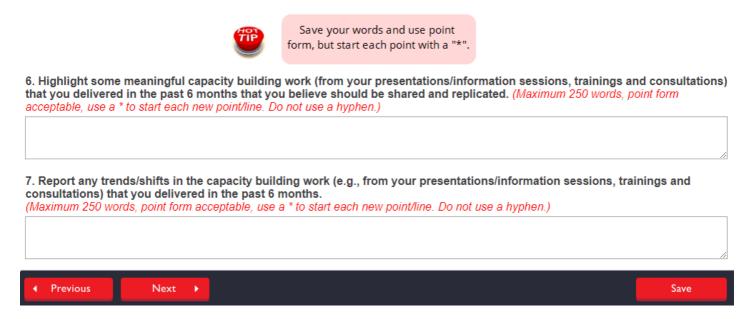
Toronto Central
Waterloo Wellington
Outside Ontario

Please note that this question refers to the number of participants at capacity building activities, not the number of activities. This number cannot be greater than the total number of participants at presentations, trainings and consultations.

Example: if a presentation was held in Toronto which had 6 participants (2 each from 3 distinct LHINs: Central, Champlain, South West). You would record your presentation had an impact on three LHINs by recording 2 against each LHIN.



Q6 - 7. Answer the narrative questions. Share any meaningful capacity building work completed during the reporting period that you think should be shared and replicated in Question 6. In Question 7 report any shifts or trends you have experienced in your capacity building work during the reporting period. Click "Next".



Please note that Questions 6 and 7 are mandatory.

You cannot exceed 250 words in each response so use point form if needed.

Q8. Enter the number of structured interventions your agency delivered or trained other workers to deliver during the reporting period. 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 it, and the number of participants that were trained or who completed the intervention. Please note that not all agencies are expected to deliver these types of interventions. It is acceptable to leave this question blank, Click "Next".

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.

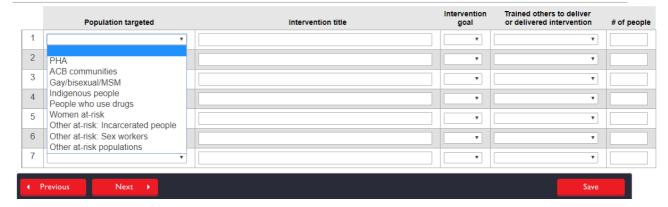
Note: This question is optional. It is not expected that all agencies deliver these types of interventions. It is acceptable to leave this question blank We recognize that the language of 'intervention' is not used when working with and/or delivering these types of programs to community members. However, 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



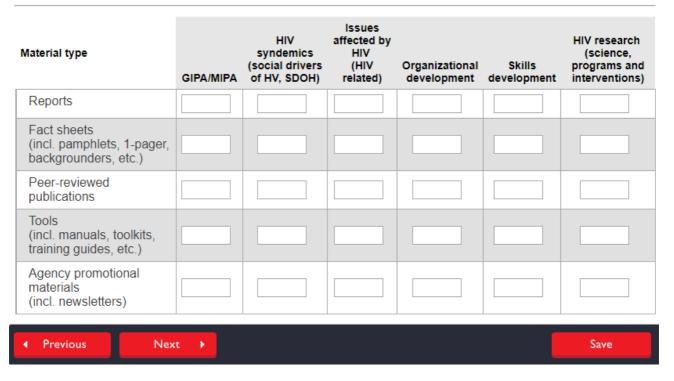
We recognize that the language of 'intervention' is not used when working with and/or delivering these types of programs to community members. However, for the purpose of consistency and reporting in OCHART we will use the language of 'intervention'.

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.



- Q9. Enter the total number of KTE materials your agency has developed during the reporting period by primary focus. Click "Next".
 - 9. Report the number of KTE materials developed in the past 6 months by material type and primary focus.



Please note that this question asks for the number of KTE materials developed, not the number of materials distributed.



Q10. Enter the percentage of KTE materials your agency has developed during the reporting period that focused on each priority population. Click "Next".

10. Report the percepriority populations Note: This may be grand than one population. This reflects only those populations.	eater than t	he total number of r	materials pro	duced, beca	ause each mat	terial may pe	ertain to more
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)							
Previous	Next	<u> </u>					Save

Please note that this may be greater than the total number of materials produced, because each material may pertain to more than one population (eg. a pamphlet targeted at PHAs and people who use drugs).

This reflects only those materials that focused on these populations. It is not expected that all materials focus on these populations.



Q11. Enter the percentage of KTE materials your agency has developed during the reporting period for each target audience. Click "Next".

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

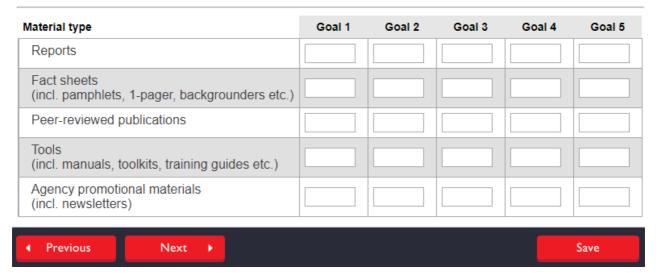
Note: This may be greater than 100% because the materials may pertain to more than one audience.

Material type	Board of Directors	ASO management (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)			
◆ Previous Next →			Save

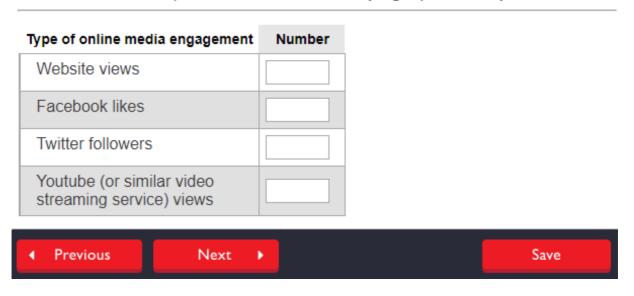
Please note that this may be greater than the total number of materials produced, because each material may pertain to more than one audience (eg. a training guide for frontline workers and volunteers)



- Q12. Enter the total number of KTE materials your agency has developed during the reporting period that related to each of the 5 goals of the Provincial HIV Strategy. Click "Next".
 - 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



- Q13. Enter the total number of online media engagement made during the reporting period. Click "Next".
 - 13. Report your agency's wesbite views, Facebook likes, Twitter followers and YouTube views (not related to media campaigns) from the past 6 months.

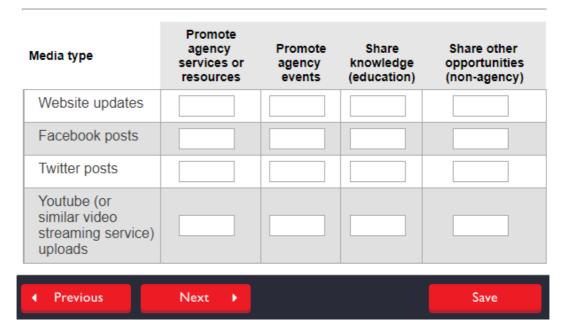




Q14. Enter the percentage of online media activities conducted during the reporting period by media type and purpose of activity. Click "Next".

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%.



Please review your answers carefully; each row must total 100%.

Q15a. Enter the total number of community development meetings by purpose that your agency participated in during the reporting period. Click "Next".

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							
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							
◆ Previous Next ▶	_	Save					



Refer to the document here for definitions of community development activities: http://www.ohtn.on.ca/wp-content/uploads/2016/07/OCHART-Prevention-and-Community-Development-Tracking-Tool-Definitions-online.pdf

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.

Q15b. Enter 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 reporting period. Click "Next".

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
Addication 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		
◆ Previous Next →		Save

Refer to the document here for definitions of community development activities: http://www.ohtn.on.ca/wp-content/uploads/2016/07/OCHART-Prevention-and-Community-Development-Tracking-Tool-Definitions-online.pdf



Q15c. Enter the percentage of community development meetings entered in Question 15a where each of Ontario's priority populations were discussed. Click "Next".

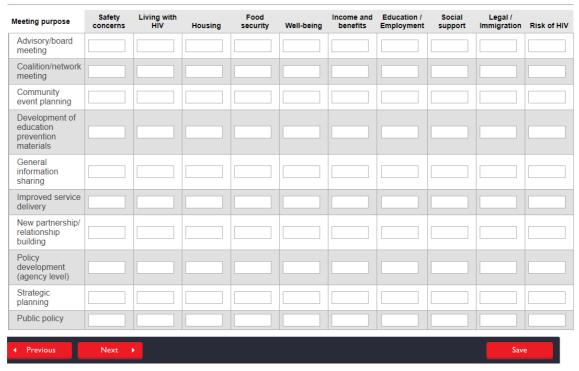
15c. Report the percentage of community development meetings that you entered in question 15a where you discussed each of Ontario's HIV priority populations. Gay/ bisexual/ MSM Other atrisk: Meeting purpose ACB Indigenous people People who use drugs Women at-risk risk: Sex workers PHA communities people Advisory/board meeting Coalition/network meeting Community event planning Development of education prevention materials General information sharing Improved service partnership/relationship building Policy development (agency level) Strategic planning Public policy

Refer to the document here for definitions of community development activities: http://www.ohtn.on.ca/wp-content/uploads/2016/07/OCHART-Prevention-and-Community-Development-Tracking-Tool-Definitions-online.pdf



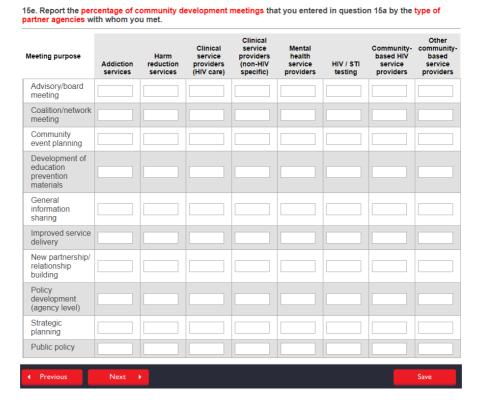
Q15d. Enter the percentage of community development meetings entered in Question 15a where each of the following issues were discussed. Click "Next".

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.



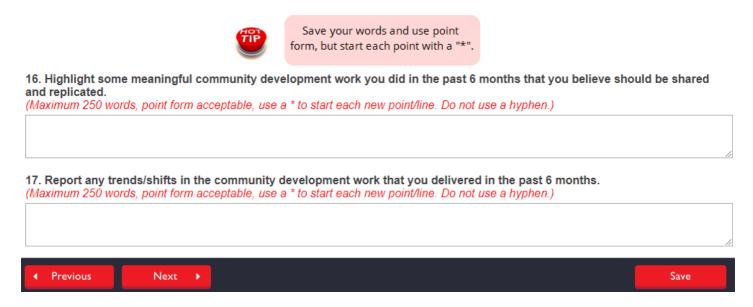
Refer to the document here for definitions of community development activities: http://www.ohtn.on.ca/wp-content/uploads/2016/07/OCHART-Prevention-and-Community-Development-Tracking-Tool-Definitions-online.pdf

Q15e. Enter the percentage of community development meetings entered in Question 15a by the type of partner agency with whom you met. Click "Next".



Refer to the document here for definitions of community development activities: http://www.ohtn.on.ca/wp-content/uploads/2016/07/OCHART-Prevention-and-Community-Development-Tracking-Tool-Definitions-online.pdf

Q16 - 17. Answer the narrative questions. Share any meaningful community development work completed during the reporting period that you think should be shared and replicated in Question 16. In Question 17 report any shifts or trends you have experienced in your community development work during the reporting period. Click "Next".



Please note that Questions 16 and 17 are mandatory.



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

You cannot exceed 250 words in each response so use point form if needed.

Q18. Report any awareness campaigns your agency developed during the reporting period. Begin by entering the campaign title and selecting the intended target population(s) and the goal(s) of the Provincial HIV Strategy the awareness campaign sought to achieve.

For the purpose of OCHART, awa specific audience or audiences in	reness campaign is defined as a series of coordinated activities designed to engage a na specific issue(s).			
i. Awareness campaign title				
ii. Intended target population (Select all that apply)				
■ People living with HIV	■ Women at-risk			
ACB communities	Other at-risk: Incarcerated people (former and/or current prisoners, people involved with justice system)			
Gay/bisexual/MSM (includes trans men)	Other at-risk: Sex workers			
Indigenous peoplePeople who use drugs	Other at-risk populations			
Goal 2: Promote sexual health and Goal 3: Diagnose HIV infections ea Goal 4: Improve health, longevity as	l-being of populations most affected by HIV prevent new HIV, STI and Hep C infections rly and engage people in timely care and quality of life for PHAs and effectiveness of all provincially funded HIV program and services			
Goal 1 Goal 2 Goal 3 Goal 4				

An awareness campaign is defined as a series of coordinated activities designed to engage a specific audience or audiences in a specific issue(s).

If your agency did not develop any awareness campaigns during the reporting period, please leave this querstion blank and click "Next" to proceed to the next question.



Q18 (cont). Next provide specific examples of how your awareness campaign supported the each of the goals you identified above. If the campaign was not designed to support a specific goal, please enter "N/A" under that goal.

e health and well-being of populations most affected by HIV		
exual health and prevent new HIV, STI and hepatitis C infections		
HIV infections early and engage people in timely care		
ne health, longevity and quality of life for people living with HIV		
ont). Finally, enter the number of materials developed type. Then enter any other information you would gn that you think would be important to know (reales, successes, challenges, etc.). Click "Next".	d like t	o share
ll type. Then enter any other information you woulgn that you think would be important to know (rea	d like to son fo	o share r the ca
In type. Then enter any other information you would gon that you think would be important to know (readless, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these lifferent posters, 1 condom pack etc.)	d like to son fo	o share r the ca
If type. Then enter any other information you would gn that you think would be important to know (readles, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these lifferent posters, 1 condom pack etc.) Campaign specific promotional materials - Brochures, posters, flyers, pamphlets, films/DVDs, etc.	d like to son fo	o share r the ca
In type. Then enter any other information you would go that you think would be important to know (readles, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these different posters, 1 condom pack etc.) Campaign specific promotional materials - Brochures, posters, flyers, pamphlets, films/DVDs, etc. Campaign specific training/education materials (e.g., handouts, presentations, backgrounders, etc.)	d like to son fo	o share r the ca
If type. Then enter any other information you would gn that you think would be important to know (readles, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these lifferent posters, 1 condom pack etc.) Campaign specific promotional materials - Brochures, posters, flyers, pamphlets, films/DVDs, etc.	d like to son fo	o share r the ca
In type. Then enter any other information you would gen that you think would be important to know (readles, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these different posters, 1 condom pack etc.) 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	d like to son fo	o share r the ca
In type. Then enter any other information you would go that you think would be important to know (readles, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these lifferent posters, 1 condom pack etc.) 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	d like to son fo	o share r the ca
In type. Then enter any other information you would go that you think would be important to know (readles, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these lifterent posters, 1 condom pack etc.) 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	d like to son fo	o share r the ca
In type. Then enter any other information you would go that you think would be important to know (readles, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these lifferent posters, 1 condom pack etc.) 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	d like to son fo	o share r the ca
In type. Then enter any other information you would go that you think would be important to know (readles, successes, challenges, etc.). Click "Next". Number of campaign materials developed lote: This does not refer to the number of materials printed. It is the number of different types of these lifferent posters, 1 condom pack etc.) 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	d like to son fo	o share r the ca



Q19. Report any conferences or events your agency helped organize during the reporting period. Begin by entering the conference or event title and selecting the intended target population(s) and the goal(s) of the Provincial HIV Strategy the event sought to achieve.

9.1 Report conferences and events tha	t your agency organized.
Conference/event title	
. Activity type	
Annual symposium	
Conference	
Community event/town-hall meeting	
i. Main priority populations discussed theck all that apply.	
People living with HIV	■ Women at-risk
ACB communities	Other at-risk: Incarcerated people
Gay/bisexual/MSM (includes trans mer	
Indigenous peoplePeople who use drugs	Other at-risk populations
People wito use drugs	
pals: pal 1: Improve the health and well-being o pal 2: Promote sexual health and prevent pal 3: Diagnose HIV infections early and e pal 4: Improve health, longevity and qualit pal 5: Ensure quality, consistency and effe	new HIV, STI and Hep C infections engage people in timely care
/. Main goals of your activity theck all that apply.	
Goal 1	
Goal 2	
□ Goal 3 □ Goal 4	
Goal 5	

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

If your agency did not organize/co-organize any conferences during the reporting period, please leave this querstion blank and click "Next" to proceed to the next question.

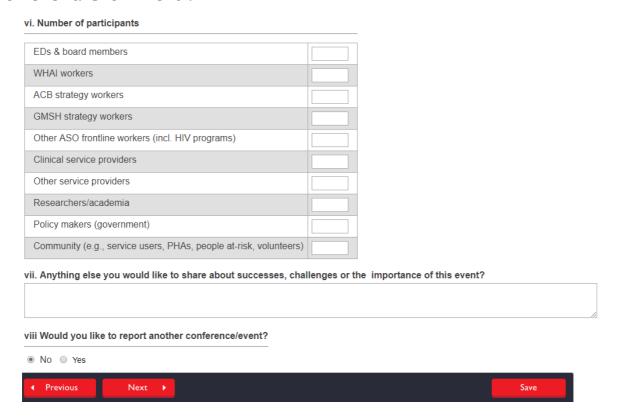


Q19 (cont). Next provide specific examples of how your awareness campaign supported the each of the goals you identified above. If the campaign was not designed to support a specific goal, please enter "N/A" under that goal.

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	



Q19 (cont). Enter the number of participants who attended the event by participant type. Then enter any other information you would like to share about the event that you think would be important to know (the importance of the event, outcomes, successes, challenges, etc.). Finally, select whether you would like to report another conference or event and repeat the steps for Question 19 for each event. Click "Next".



Once all conferences have been entered click "Previous" to review and change answers to past questions. When you are finished, click "Save" to save your work and exit the section.

