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Agency Profile

This section is only completed once annually in the H2 reporting period.

*Indicates required field

1a. Name of organization *

1b. Street address *

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

1d. If your organization has a general e-mail, please state it here (ex: info@agency.ca)

Please provide the e-mail of the person you like to receive all OCHART notices regarding training, changes and reminders.

1e| Sites where services were delivered

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

	Site Address	Site Name
Main Site		
Satellite 1		
Satellite 2		
Satellite 3		

Agency Structure

1f. Type of organization

--

1g. Local Health Integration Network (LHIN)

- Select -

Secondary Local Health Integration Network (LHIN)

- None -

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.)

Agency Info

Agency Info

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?

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

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

6a. AIDS Bureau 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.

	Last fiscal year	Current fiscal year
Total AIDS Bureau funding		

6b. Other funding sources

	Last fiscal year	Current fiscal year
Provincial funding		
Other MOHLTC		
Other provincial ministries		
Federal funding		
ACAP/PHAC		
Other federal government		

Municipal funding

Municipal/regional health authority

Other funding

United Way

Trillium

Other charitable foundations, private sector

Fundraising

Other

6c. 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

7. Confirmation

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

Save Next

Staff Information

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

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

	AIDS Bureau funded staff	Hepatitis C funded staff	Other funded staff	Total
Number of full-time staff				0
Number of part-time staff				0
Total number of staff	0	0	0	0

1b. Primary contact information

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

	Position	Salutation	Name	Phone	Ext	Fax	Email
Executive director (or equivalent)		- None -					
Chair(s) of Board of directors (or equivalent)		- None -					
Finance contact		- None -					
Program manager/director		- None -					

Staff Info

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

Funding source	Position category	End reason	Start date	End date	Name	Phone	Ext	Email

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

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

Staff Issues

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

	Scope	Comment Optional
Recruitment	- Select -	
Collective bargaining	- Select -	
Compensation	- Select -	
Staff turn-over	- Select -	
	- Select -	

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

No

Yes

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

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

No

Yes

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

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 (these are paid positions, being a peer is a job requirement for this position)	

Peer volunteers

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

6e. Volunteer activities

Record the number of volunteers by type of volunteer work in this reporting period.
Individuals may be counted in more than one category, but only once in each category.

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

6e. Volunteer training

Record the the type of training offered during the reporting period

	Training provided
Administration	- None -
Counselling	- None -
Education and community development (includes newsletter, condom stuffing)	- None -
Fundraising	- None -
Involved in hiring process	- None -
IT support	- None -
Outreach activities	- None -

Policies and procedures	- None -
Practical support (includes visits)	- None -
Serve on board/advisory committee	- None -
Special events (e.g., mall display, Pride)	- None -
	- None -

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

No
Yes

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

7d. Comments (optional)
(maximum 250 words, point form acceptable)

*Indicates required field

Prevention (Education and Outreach) Activities with Service Users

Numerical tables in this section are prepopulated from the Tracking Tool.

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. *

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

People with HIV

4a. Report prevention activities you delivered to people living with HIV in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency. Significant 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/workshop series		
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

Gay/Bisexual/MSM

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/workshop series

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/workshop series

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			

Indigenous

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/workshop series		
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			

People who use drugs

4d. Report prevention activities you delivered to people who use drugs in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency. Significant 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/workshop series		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

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

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

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

At-risk Women

4e. Report prevention activities you delivered to at-risk women in the past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency. Significant 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/workshop series

One-on-one education activities

Significant outreach contacts

Brief outreach contacts

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

	Number of events	Number of contacts
Education presentations/workshops		

Structured interventions/workshop series

One-on-one education activities

Significant outreach contacts

Brief outreach contacts

Report the total number of education presentations and workshops/interventions delivered to at-risk women in the past 6 months:

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

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			

PPN materials used

ACB

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/workshop series		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

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

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

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			

PPN materials used

Other at-risk

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/workshop
series

One-on-one education
activities

Significant outreach
contacts

Brief outreach contacts

Media and Online Outreach

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

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

Structured Interventions

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

For the purpose of OCHART, a structured intervention is a distinct program that has been proven effective through research and showed positive behavioural and/or health outcomes that can be attributed to the activities that make up the intervention. The intervention has a clear goal(s) and target audience(s) and includes a packaged set of specific activities that lead to measurable outcomes, with clear indicators of success. There is a defined series of steps that must be followed to implement a highly effective prevention program.

Include interventions developed/supported by Priority Population Networks.

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

Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C 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 *
- None -	- None -	- None -	+ -

Add 1 more items

Awareness Campaigns

6b. Report the awareness campaigns your agency delivered in the past six months.

Include campaigns developed by Priority Population Networks.

1. Campaign title	1a. If this activity is linked to a specific Priority Population Network campaign, which network developed it?	2. Main priority populations targeted:	3. Main goal(s) of the campaign:	4. Campaign components:	5. Contacts	6. Anything else you would like to share about success, challenges, importance of this campaign?
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+ Insert

Materials Developed

7. Report the number of new information/education materials developed by your agency for service users in the past 6 months.

Do not include materials developed by Priority Population Networks.

Report materials that are targeted to the same population, for the same purpose and are the same material type, on one line.

Population targeted	Purpose of material	Type of material	Number developed
- None -	- None -	- None -	+ -

Add 1 more items

Safe Sex Materials

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

The number populated in the "Number distributed" column is linked to tracking tool entries. Please add any additional distribution that may not be captured in the tracking tool in the "Other distributed" column.

Type of material	Number distributed	Other distributed
Dental dams		

Traditional condoms (male)

Insertive condoms (female)

Lubricant

Work Delivered by Staff

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

Staff type	Number
ACB PPN funded worker	
GMSH PPN funded worker	
WHAI PPN funded worker	
Education/Outreach/Community development/Prevention worker	
Harm reduction outreach worker	
Support worker	
Manager/Director	
Executive director	
Other worker	

Peer Involvement

9a. Report the number of prevention work activities with service users where peers representing priority populations were involved.

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

Priority population peers represented	Education presentations/workshops	Structured interventions	One-on-One education	Outreach
PHA				
ACB communities				
Gay/bisexual/MSM				

People who use drugs

Indigenous people

At-risk women

Incarcerated people

Sex workers

Supporting Goals

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)

How may prevention activities were delivered that 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

Goal Promote Sexual Health

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)

How many prevention activities were delivered that 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

Goal Early Diagnosis

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)

How many prevention activities were delivered that 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

Goal Improve Life for PHA

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)

How many prevention activities were delivered that 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

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.)

Save Next

*Indicates required field

Education for Service Providers and Community Development Activities

Numerical tables in this section are prepopulated from the Tracking Tool.

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.)

Service Providers Target

- 3a. Report the education activities targeted to service providers delivered in the past 6 months.

This includes information sessions, capacity building workshops, and consultations.

Population discussed	Information sessions Number of events	Information sessions Number of contacts	Capacity building workshops Number of events	Capacity building workshops Number of contacts	Consultations Number of events	Consultations Number of contacts
PHA						
ACB communities						
Gay/bisexual/MSM						
Indigenous people						
People who use drugs						
At-risk women						
Incarcerated people						
Sex workers						
Other						

Delivered for Service Providers

3b. Report the total number of education presentations and workshops delivered for service providers in the past 6 months:

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

	ACCHO	GMSH	WHAI
Activity linked to a PPN campaign			

PPN materials used

CD Meetings

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

Education presentations – each staff person that delivered a separate presentation/content records on their own activity.

Community development – recorded as one meeting even if more than 1 person attends.

Meeting purpose	Number
Advisory/board meeting	
Coalition/network meeting	
Community event planning	
Development of education prevention materials	
General information sharing	
Improved service delivery	
New partnership/relationship building	
Policy development	
Strategic planning	
Total	
0	

Partner Represented

4b. Report the number of times each partner type was represented at community development meetings that your agency participated in during the past 6 months, and the total number of participants from each partner type.

Note: Given the nature of the work involved, agencies from each partner type and participants may not be unique.

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

Priority Populations Discussed

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

Meeting purpose	PHA	ACB communities	Gay/bisexual/MSM	Indigenous people	People who use drugs	At-risk women	Incarcerated people	Sex workers
Advisory/board meeting								
Coalition/network meeting								
Community event planning								
Development of education prevention materials								

General information sharing										
Improved service delivery										
New partnership/relationship building										
Policy development										
Strategic planning										
Totals										

Issues Discussed

4d. Report the number of community development meetings that you entered in question 4a where you discussed the issues listed below, as they relate to the needs of service users.

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

Meetings by Agency

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

Meeting purpose	Clinical services: HIV specific care	Mental health services provider	Clinical services: non-HIV specific care	HIV testing site	Community based HIV service providers	Other community based service providers	Addiction service provider	Harm reduction service provider
Advisory/board meeting								
Coalition/network								

meeting

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

Work by Staff

4f. Report the prevention work with service providers and community development work delivered by each of the following types of staff members in the past six months.

Staff Category	Education for service providers	Community development
ACB PPN funded worker		
GMSH PPN funded worker		
WHAI PPN funded worker		
Education/outreach/community development/prevention worker		
Harm reduction outreach worker		
Support worker		
Manager/director		
Executive director		
Other Worker		

Events Organized

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.

Organized/Co-organized	Event title	Priority populations targeted	Event goals	Event type	Number of participants	Details
+ Insert						

Materials Developed

6. Report the number of new informational materials for service providers that you developed in the past 6 months.

Note: Do not include materials developed by Priority Population Networks.

Main population discussed	Purpose of material	Type of material	Number of materials developed
<input style="width: 20px; height: 20px; vertical-align: middle;" type="button" value="+"/> - None -	<input style="width: 20px; height: 20px; vertical-align: middle;" type="button" value="+"/> - None -	<input style="width: 20px; height: 20px; vertical-align: middle;" type="button" value="+"/> - None -	<input style="width: 20px; height: 20px; vertical-align: middle;" type="button" value="+"/> <input style="width: 20px; height: 20px; vertical-align: middle;" type="button" value="-"/>
Add	1	more items	

Work Delivered by Staff

Work Supports Goals

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		

Activities Support Goals

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 the community development work that you do.

You may want to consider services requested, presenting issues, etc.

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

Save Next

*Indicates required field

Support Services

The following questions in this section change between H1 and H2 reporting periods. During the H1 reporting period, questions apply to all clients served at your agency in the past **6 months**. During the H2 reporting period, questions apply to all clients served at your agency in the past **12 months**. For those agencies using OCASE, this section will be populated with OCASE numbers.

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

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

	Male	Female	Trans man	Trans woman	Not listed
PHA					

Affected

At-risk					
Total	0	Update	0	0	0

PHA clients by age and sex/gender

3a. Report the number of PHA clients served by age and sex/gender in last 6 months.

Age Group	Male	Female	Trans man	Trans woman	Not listed
Under 18					

18 - 25

26 - 35					
---------	--	--	--	--	--

36 - 45

46 - 55					
---------	--	--	--	--	--

56 - 65

66 - 75					
---------	--	--	--	--	--

Over 75

Unknown					
---------	--	--	--	--	--

Affected Clients by Age

3b. Report the number of AFFECTED clients served by age and sex/gender for the last 6 months.

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

At-risk Clients by Age

3c. Report the number of AT-RISK clients served by age and sex/gender for the last 6 months.

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

PHA Clients by Ethnicity

4a. Report the ethnicity of PHA clients by sex/gender for the last 6 months.

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

Affected Clients by Ethnicity

4b. Report the ethnicity of AFFECTED clients by sex/gender for the last 6 months.

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

Metis

Inuit				
-------	--	--	--	--

Not Listed

Unknown				
---------	--	--	--	--

4c. Report the ethnicity of AT-RISK clients by sex/gender for the last 6 months.

Ethnicity	Male	Female	Trans man	Trans woman	Not listed
White					

Black

Latin American					
----------------	--	--	--	--	--

Southeast Asian

Arab/West Asian					
-----------------	--	--	--	--	--

South Asian

First Nations					
---------------	--	--	--	--	--

Metis

Inuit					
-------	--	--	--	--	--

Not Listed

Unknown					
---------	--	--	--	--	--

PHA Clients by Population

5a. Report the number of PHA clients served by sex/gender that belong to each priority population for the last 6 months.

Priority population	Male	Female	Trans man	Trans woman	Not listed
Gay/bisexual/MSM					
ACB communities					
People who use drugs					
Indigenous people					
At-risk women					
Other populations					

Affected Clients by Priority Population

5b. Report the number of AFFECTED clients served by sex/gender that belong to each priority population for the last 6 months.

Priority population	Male	Female	Trans man	Trans woman	Not listed
Gay/bisexual/MSM					
ACB communities					
People who use drugs					
Indigenous people					
At-risk women					
Other populations					

At-risk Clients by Priority Population

5c. Report the number of AT-RISK clients served by sex/gender that belong to each priority population for the last 6 months.

Priority population	Male	Female	Trans man	Trans woman	Not listed
Gay/bisexual/MSM					
ACB communities					
People who use drugs					
Indigenous people					
At-risk women					
Other populations					

Clients Accessing Services by Client Group

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

[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	
	- None -						

Add 1 more items

Sessions Provided by Client Group

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	
	- None -						

Add 1 more items

Referrals by Client Group

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 man	Trans woman	Not listed	
	- None -						

Add 1 more items

Warm Referrals

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)

Connection to Care

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

Nothing to report

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

Nothing to report

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

Nothing to report

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.

	Male	Female	Trans man	Trans woman	Not listed
PHA					

Affected

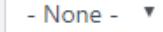
At-risk					
---------	--	--	--	--	--

Total **0** **0** **0** **0** **0**

Presenting Issues

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

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
  						 
<input type="button" value="Add"/> 1 more items						

Length of HIV Diagnosis

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

	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					

New PHA Clients by Ethnicity

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

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

New Affected Clients by Ethnicity

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

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

New At-risk Clients by Ethnicity

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

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

Metis

Inuit					
-------	--	--	--	--	--

Not Listed

Unknown					
---------	--	--	--	--	--

New PHA Clients by Priority Population

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

Priority population	Male	Female	Trans man	Trans woman	Not listed
Gay/bisexual/MSM					

ACB communities

People who use drugs					
----------------------	--	--	--	--	--

Indigenous people

At-risk women					
---------------	--	--	--	--	--

Other populations

New Affected Clients by Priority Population

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

Priority population	Male	Female	Trans man	Trans woman	Not listed
Gay/bisexual/MSM					

ACB communities

People who use drugs					
----------------------	--	--	--	--	--

Indigenous people

At-risk women					
---------------	--	--	--	--	--

Other populations

New At-risk Clients by Priority Population

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

Priority population	Male	Female	Trans man	Trans woman	Not listed
Gay/bisexual/MSM					
ACB communities					
People who use drugs					
Indigenous people					
At-risk women					
Other populations					

New PHA Clients by Age

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

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

New Affected Clients by Age

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

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

New At-risk Clients by Age

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

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

Top 5 Services for New Clients

18. Report the top 5 services that new clients accessed this past reporting period and the number of sessions provided.

	Services provided	Number of sessions
1st most frequently used service	- None -	
2nd most frequently used service	- None -	
3rd most frequently used service	- None -	
4th most frequently used service	- None -	
5th most frequently used service	- None -	

Narrative

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. Describe / share/ provide examples of new ways in which your support work has engaged or connected clients to HIV care and/or other 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. Describe / share/ provide examples of new ways in which your support work helped clients adhere to treatment in past 6 months.

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. Describe / share/ provide examples of ways the 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. Describe / share/ provide examples of the support work at your agency promotes 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.)

*Indicates required field

IDU Outreach Programs

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

1a. Report the total number of unique and new clients by sex/gender you had in the past 6 months.

**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

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

**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
Active peers					

Client Delivered Services

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

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

	Male	Female	Trans man	Trans woman	Not listed
1. Indigenous traditional services (e.g., traditional teachers, healers, Elders, etc.)					
2. Brief counselling (e.g., brief, focused, crisis intervention, 'just listening', or can include more formal counselling, can be done by phone/text/in-person, etc.)					
3. Harm reduction teaching (e.g., informal verbal and/or written harm reduction information, how to use the equipment, health teaching, etc.)					
4. Practical support (e.g., food, clothing, transit tickets, transportation to appointments/services, accompaniment to appointments, toiletries, help with identification documents, completing forms, etc.)					

Client Interactions by Gender

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

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

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

	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.)					

Community Clean-ups and Activities with Peers

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

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 delivered held to support peers in the past 6 months

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

Drugs of Choice

8. Drugs of choice

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

	Rank
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

Harm Reduction Supplies

9. Harm reduction supplies distribut

(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.

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

Safer Sex Supplies

Condoms

Lubricant

Dental dams

Trends**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.)

[Save](#) [Next](#)

*Indicates required field

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

Total number of negative tests

Total number of reactive tests

Total number of anonymous tests

Total number of positive tests (PHL confirmed)

Of the reactive tests, how many tests were confirmed by PHL?

Standard blood draw tests: non-confirmatory

Total number of negative tests

Total number of positive tests

Total number of anonymous tests

2. Report declined and incomplete confirmatory tests.

Number of clients who AGREED to confirmatory testing after their reactive rapid test

Number of clients who DECLINED confirmatory testing after their reactive rapid test

Number of clients who AGREED for confirmatory testing, BUT DID NOT RETURN for results

HIV Tests

3. Total number of anonymous HIV tests by testing location and priority population targeted.

Report the total number of anonymous HIV tests conducted at each of these locations in the past 6 months.

For each location, indicate the priority population(s) you intended to reach by providing anonymous testing at these locations.

Note: The total number of tests should equal the total number of tests reported in question 1.

	Gay/bisexual/MSM	ACB communities	Indigenous people	People who use drugs	Women at-risk	Other at-risk populations	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
Main site (including sub-locations)										

ASO

Health/social service agency										
------------------------------	--	--	--	--	--	--	--	--	--	--

Bathhouse

Community health centre (not your agency)										
---	--	--	--	--	--	--	--	--	--	--

Other local public health unit (not your agency)

Special event (e.g., Pride)										
-----------------------------	--	--	--	--	--	--	--	--	--	--

Mobile (i.e., van, bus)

Education institution										
-----------------------	--	--	--	--	--	--	--	--	--	--

Shelter

Community centre										
------------------	--	--	--	--	--	--	--	--	--	--

Consumption Treatment Services

Other, 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.)

Newly Diagnosed Referrals

5. Report the number of referrals for newly diagnosed HIV positive clients to HIV clinical care made by your agency in the past 6 months.

This additional information aligns with the Ontario HIV Strategy's focus on the Engagement, Prevention and Care Cascade, which is consistent with research that shows that people who are linked to care more quickly have better health outcomes.

Referrals

Total number of referrals to HIV clinical care

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

Clinical Care

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

Referrals Newly Diagnose HIV

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

Referral Service

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

Options and Shifts

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.)

Save Next

*Indicates required field

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 new	Male existing	Female new	Female existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Not listed new	Not listed existing
Living with HIV										
Affected**										
At risk										
Total										

Unique PHA by Age

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

	Male new	Male existing	Female new	Female existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Not listed new	Not listed existing
Under 18										
18 - 25										
26 - 35										
36 - 45										
46 - 55										
56 - 65										
66 - 75										
Over 75										
Unknown										

Unique PHA by Ethnicity

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

	Male new	Male existing	Female new	Female existing	Trans man new	Trans man existing	Trans women new	Trans women existing	Not listed new	Not listed existing
White										
Black										
Latin American										
Southeast Asian										
Arab/West Asian										
South Asian										
First Nations										

Inuit									
Not Listed									
Unknown									

Accessed Services

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

This is based on Ontario's priority populations. People can be included in more than one population listed below – for example, an individual can be a person living with HIV, gay and from the ACB community Note: This will likely add to more than 100% as a result of multiple demographic indicators.

Priority Population	Male	Female	Trans man	Trans women	Not listed
Gay/bisexual/MSM					
People who use drugs					
African, Caribbean, Black communities					
Indigenous peoples					
At-risk women					

PHA Challenges

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.)	

PHA Services Accessed

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

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

Service	Male	Female	Trans man	Trans woman	Not listed
- None -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add	1	more items	+	-	

PHA Services Referrals

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

Referrals	Male	Female	Trans man	Trans woman	Not listed
- None -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add	1	more items	+	-	

Ensure Referrals Success

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)

Missed Appointments

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

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

Education

5. Education and community development

Provide an overview of the education, community development and/or professional development activities that have been presented

5a. Education activities

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

Emerging Trends

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.)

*Indicates required field

Hepatitis C Programs

Numerical tables in this section are prepopulated from the Tracking Tool.

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.

We recognize that clients may shift from one group to the other (e.g., living with HCV --> receiving post-cure care); this is reflected in the service sessions. We will see the shift in client demographics from H1 to H2.

NOTE: Update service user information (demographics) for each client after their 1st visit in each reporting period. Therefore, do this twice per year.

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

Client group	Male		Female		Trans man		Trans woman		Not Listed		Total # of clients by client group
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing	
Clients living with HCV											
Clients receiving Post-Cure Care											
People at-risk of acquiring HCV											

Users by Age

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

Age group	Male		Female		Trans man		Trans woman		Not Listed		
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing	
Less than 18											
18 - 25											

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

Over 75

Users by Ethnicity

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

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

Sessions for HCV

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

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment					

Application completion					
Appointment Accompaniment					
Practical assistance					
Vaccinations					
Clinical counselling					
General support					
Adherence counselling					
Wellness check					
Ongoing clinical monitoring					

Sessions for Post-cure Care

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

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

Sessions for Post-cure Care

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

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

Services by priority populations

1e. Report the number of new and existing service users served during the reporting period by sex/gender that are from the following priority populations.

Priority Population	Male		Female		Trans man		Trans woman		Not Listed	
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
People who use drugs										
People involved with the correctional system										
People who are homeless or under-housed										
Indigenous Peoples										
Street-involved Youth										

Testing

Agency not funded to provide testing.

On-site Tests

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					

Outreach Testing

Agency doesn't provide outreach testing.

Tests by Outreach Location

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

	# 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			
Consumption Treatment Services			
Correctional facility			
Drop-in centre			
Food bank/soup kitchen			
Hotel/motel			
Mobile service			

Methadone maintenance clinic

Mental health service

Pharmacy

Shelter

Street outreach, incl. park, alley,
etc

Social gathering

Treatment and Monitoring

Agency not funded to provide treatment to clients.

Fibroscan/Fibrotest

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	

Spontaneously Cleared

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

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

Initiated Treatment

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

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

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

Treatment Financial Coverage

3e. Report the primary type of financial coverage for clients who initiated treatment during the reporting period.

Clients should only be counted once.

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

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

Genotype Breakdown

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

Genotype	Total # of clients
Genotype 1	
Genotype 2	
Genotype 3	

Genotype 4

Genotype 5

Genotype 6

Mixed Genotypes

Completed Treatment

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

The number of clients 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 clients who completed treatment.

Outcome	Total # of clients
Clients who achieved SVR	
Clients who did not achieve SVR	
Clients who have not completed SVR blood work/ results pending	
Clients who completed prescribed course of treatment	

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

No

Yes

Treatment Excluded/Withdrawn

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

Primary Reason	Total # of clients
Informed deferral	
Did not qualify for drug coverage	
Pregnancy	
Social instability	
Medical instability	
Lost to follow-up	

Lack of OHIP coverage

Death

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

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

Outreach Contacts by Location

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		
Consumption Treatment Services		
Correctional facility		
Drop in centre		
Food bank/soup kitchen		

Motel/Hotel

Mobile service			
Methadone maintenance clinic			
Mental health service			
Pharmacy			
Shelter			
Street outreach, incl. park, alley, etc.			
Social gathering			

Education Presentations

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

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

Presentations by Lead/Focus

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

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

Community Development Sessions

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

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

Consultations

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

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

Education Sessions

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	

Shifts or Trends

7. Report any shifts or trends 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).

Program stream	Shift or trend	Agency planned response
Client services+ Insert		
Case management+ Insert		
Testing+ Insert		
Outreach+ Insert		
+ Insert		

Incomplete Program Plan

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.

	Funding source	Objective	Funded activities not and/or partially completed	Explanation	Agency planned response
+ Insert					

[Save](#) [Next](#)

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							

Targeted Populations

2. Report the number 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	At-risk women (includes trans women)	Other at-risk populations
Presentations/information sessions							
Skills building trainings							
Consultations							
Network meetings							

Delivered by Audience

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

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

Delivered by Unit/Department

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

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

Delivered by Goals

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					

Education and Training

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

Data Requests

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							
OCS							
EPI							

Individuals Trained

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			
OCS			

Modules Developed

10. Report all new and updated training 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
<input type="button" value="Add"/>	<input type="text" value="- None -"/>	<input type="button" value="Add"/>
<input type="button" value="Add"/>	<input type="text" value="1 more items"/>	<input type="button" value="Add"/>

OCS by Gender/Diagnosis

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 15 years										
6 to 10 years										
11 to 15 years										
Over 15 years										
Unknown										

OCS By Gender/Populations

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

Length of diagnosis	New	Existing								
Gay/bisexual/MSM (includes trans men)										
ACB communities										
Indigenous people										
People who use drugs										
Other populations										

OCS Collection Sites

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 New	Number of individuals followed Active	Number of active data collection sites	Total number of interviews
Central East				
Central West				
Northern				
Ottawa				
Eastern				
South West				
Toronto				

Products by Focus

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

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

Products by Populations

15. Report the number of products/materials produced in the past 6 months targeted to each of the following priority populations.

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

Products by Audience

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

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

Products by Unit

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

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

Media Contributions

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		
Newsletters		
Traditional media		

Funded Initiatives

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				
At-risk women (includes trans women)				
Other populations				

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

Number of Ontario researchers receiving salary support in the past 6 months

Number of grants completed in the past 6 months

Initiatives Goals

22. Report the number 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					
PHAs					
At-risk women (includes trans women)					
Other populations					

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

	Percent
1. Prevention	
2. Engagement	
3. Care	

Organized Conferences and Events

24.1 Report conferences and events organized in the past 6 months.

Organized/Co-organized

- Organized
- Co-organized

1. Conference/event title

2. Activity type

- OHTN research conference
- Other OHTN conference

3. Main priority populations discussed

Check all that apply

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

4. Main goals of your activi

Goals:

Check all that apply

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

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

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

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

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

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

6. Number of participants

Researchers/academia	
ASO service providers	
Clinical service providers	
Other service providers	
Policy makers	
Service users/community groups	
Other	

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

8. Would you like to report another conference/event?

No

Yes

Organized Conferences and Events 2

24.2 Report conferences and events organized in the past 6 months.

Organized/Co-organized

Organized

Co-organized

1. Conference/event title

2. Activity type

OHTN research conference

Other OHTN conference

3. Main priority populations discussed

Check all that apply

People living with HIV

ACB communities

Gay/bisexual/MSM (includes trans men)

Indigenous people

People who use drugs

At-risk women

Incarcerated people

Sex workers

Other

4. Main goals of your activity

Goals:

Check all that apply

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

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

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

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

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

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

6. Number of participants

Researchers/academia	
ASO service providers	
Clinical service providers	
Other service providers	
Policy makers	
Service users/community groups	
Other	

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

Save Next

Provincial Capacity Building Programs

Numerical tables in this section are prepopulated from the Tracking Tool.

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												

Delivered by Priority Populations

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

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

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

Delivered by Type of Participants

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

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

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

Delivered Related to Goals

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

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

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

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

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

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

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

Participants from each LHIN

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

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

Capacity Building Work

6. Highlight some meaningful capacity building work (from your presentations/information sessions, trainings and consultations) that you delivered in the past 6 months that you believe should be shared and replicated.

(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.)

Structured Interventions

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

For each intervention, indicate the population targeted, the intervention title, the goal, whether your agency delivered the intervention or trained workers from other agencies to deliver and the number of participants that were trained or who completed the intervention.

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

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

For the purpose of OCHART, a structured intervention is a distinct program that has been proven effective through research and showed positive 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

Population Targeted	Intervention title	Intervention goal	Trained others to deliver or delivered intervention	# of people	
- None -	<input type="text"/>	- None -	<input type="text"/>		
Add 1 more items					

KTE Primary Focus

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

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

KTE Priority Population

10. Report the number 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	At-risk women (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)						
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KTE Target Audience

11. Report the number 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)				

KTE Related to Goals

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)					

Social Views

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

	Number
Website views	
Facebook likes	
Twitter followers	
Youtube (or similar video streaming service) views	

Media by Purpose

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%.

	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				

CD Meetings by Purpose

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

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

Meeting purpose
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

Agencies by Partner/Participants

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		

CD Meetings about Populations

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

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

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

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

CD Meetings by Partner Agencies

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

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

Community Development Work

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.)

Awareness Campaigns

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.)

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

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

Organized Conferences and Events**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

(Select all that apply)

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

iv. Main goals of your activity

(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

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

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

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

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

No

Yes

Narrative for AIDS Bureau Funding Programs

*Indicates required field

This section must be completed at the end of each six month reporting period. When completing this section, you will need to refer to your approved program plan which outlines your proposed activities for each reporting period (H1 and H2).

- 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.)

- 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

Compare Schedule A

- 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:

- 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

Goal	Funded activities not and/or partially completed	Explanation	Agency planned response
+ Insert			

Goals and Experiences

- 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:

- 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

Goal	Identify the key partnership.	Describe the progress made in developing this partnership.
+ Insert		

- Describe how those 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.)

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.)

Other Information

6. This question has been removed

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 knowledge and/or skills training needs in relation to your funded activitie
(maximum 250 words, point form acceptable)

9. Are there any other things you think are important to report? This can be related to things other than programming funded by the AIDS & Hepatitis C Programs.

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

Narrative for Hepatitis C Funding Programs

*Indicates required field

This section must be completed at the end of each six month reporting period. When completing this section, you will need to refer to your approved program plan which outlines your proposed activities for each reporting period (H1 and H2).

- 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.)

- 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

Compare Schedule A

- 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

- Increase access to HCV treatment and care for priority populations in Ontario
- Increase knowledge and awareness to prevent the transmission of HCV among the priority populations in Ontario.
- Increase collaboration, coordination and evidence based practice across the system responding to HCV.

Goal	Funded activities not and/or partially completed	Explanation	Agency planned response
+ Insert			

Goals and Experiences

- 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

- Increase access to HCV treatment and care for priority populations in Ontario
- Increase knowledge and awareness to prevent the transmission of HCV among the priority populations in Ontario.
- Increase collaboration, coordination and evidence based practice across the system responding to HCV.

Goal	Identify the key partnership.	Describe the progress made in developing this partnership.
+ Insert		

- Describe how those 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.)

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
- Service providers
- 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.)

Other Information

6. This question has been removed

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

(maximum 250 words, point form acceptable)

9. Are there any other things you think are important to report? This can be related to things other than programming funded by the Hepatitis C Programs.

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

Save Next

Certification

*Indicates required field

I certify that the OCHART report for this reporting period

Has been completed in full *

Has been reviewed and approved by the Executive Director (or designate) for submission to the ministry *

Has been reviewed and approved by two members of the Board of Directors or other governing body that oversees the OCHART reporting process at my organization/program *

Title of the individual making the certification (e.g., Executive Director, Director, etc.) *

First Name *

Last Name *

Phone Number *

Email *

Date *

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

I certify

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

First and last name of the individual making the certification:

Date

Submit

Submit