

BC HIV/AIDS/HCV Output Indicators

Reporting Tool

Thank you for participating in the BC HIV/AIDS/HCV Output Indicators Reporting Tool Pilot Project.

This draft reporting structure was developed by the HIV/HCV Outcomes for BC working group. We are working to streamline reporting and build evaluation capacity for HIV/AIDS/HCV service providers and funders in BC. Following completion of this report, we will invite you to participate in an interview or focus group to elicit feedback regarding the usefulness of this tool for your organization. Your participation will help ensure that future versions of this tool will accommodate the specific reporting needs of your organization in addition to a wide range of HIV/AIDS/HCV service providers and funders in BC.

The Provincial Health Services Authority (PHSA) is conducting this pilot on behalf of the HIV/AIDS/HCV Outcomes for BC Working Group and thus any data collected will be securely held by the PHSA. Individual organization's data will not be shared with regional health authorities or other funders. An aggregate report of data, excluding organization's identifying information, will be made available to participants, funders, working group members, and others.

The present reporting tool consists of 13 sections. These include:

- 1) Background Information
- 2) Governance
- 3) Finances
- 4) Human Resources
- 5) Institutional Partnerships
- 6) HIV/HCV Prevention
- 7) HIV/HCV Outreach & Testing
- 8) HIV/HCV Treatment and Care
- 9) Social Support Services
- 10) Education and Training
- 11) Community Involvement
- 12) Funder-Organization Relations
- 13) Evaluation

Complete only those sections and individual questions which are relevant to your organization.

Please ensure that this report is complete and submitted prior to July 30th, 2010. If you would prefer to complete this report in paper form, please contact Janice Duddy at Janice.Duddy@phsa.ca or Sean Nixon at Sean.Nixon@phsa.ca.

1.0 BACKGROUND INFORMATION

Organization Name:

Respondents Name:

Respondents Title:

Email Address:

Phone Number:

Mailing Address:

Date of Incorporation

Are you contracted to provide services:

- Provincially
- Across a whole health region
- Within one or more municipality

If "across a whole health region" above, which region?

- Fraser
- Interior
- Northern
- Vancouver Island
- Vancouver Coastal
- Provincial

If "within one or more specific municipalities" above, which municipalities?

- Abbotsford
- Burnaby
- Campbell River
- Central Saanich
- Chilliwack
- Colwood
- Comox
- Coquitlam
- Courtenay
- Cranbrook
- Dawson Creek
- Delta
- Esquimalt
- Fort St. John

- Hope
- Kelowna
- Langford
- Langley C
- Langley DM /
- Mission
- Nanaimo
- New Westminister
- North Cowichan
- North Saanich
- North Vancouver DM /
- Oak Bay
- Parksville
- Penticton
- Pitt Meadows
- Port Alberni
- Port Coquitlam
- Port Moody
- Powell River
- Prince George
- Prince Rupert
- Richmond
- Saanich
- Salmon Arm DM
- Sidney
- Squamish
- Summerland
- Surrey
- Terrace
- Vancouver
- Vernon
- Victoria
- West Vancouver
- White Rock
- Williams Lake
- Other

If other, please specify.

Please approximate the number of people served who received services in this reporting period.

Total number of people served

Men

Women

Trans women

Trans men

Total number of new (this reporting period) people served

Which of the following populations made up a significant proportion of the people you serve(>10%) in this reporting period?

- Aboriginal People (First Nations, Inuit, Métis - urban, rural, remote)
- Incarcerated People
- Refugees/Immigrants
- Migrant Workers
- Men who have sex with men (MSM)
- Gay, Bi-sexual, Transgendered, or Two-spirited men
- Lesbian, Bi-sexual, Transgendered, or Two-spirited women
- Non-injection drug user
- Injection Drug User (IDU)
- Sex Trade Worker
- Youth
- Adults
- Elderly
- Other

If other, please specify.

Please indicate which operational challenges your organization has faced in this reporting period.

- Cultural Competency / Knowledge / Skills
- Human Resources Challenges
- Lack of Inter-agency Support and Collaboration
- Rising Insurance Costs
- Rent Increases
- Restrictive Policies
- Stigma
- Transportation Costs
- Limited Funds / Resources
- No Barriers
- Ongoing training for staff / volunteers
- Other

If other, please specify.

2.0 GOVERNANCE

Do the following elements exist in your organization?

Yes No

Mission Statement

Strategic Plan

Diversity & Greater Involvement of Persons Living with HIV/AIDS (GIPA) statement

Board statement recognizing the importance of evaluation to continued quality improvement and program development and commitment to ensuring adequate resources are available for evaluation.

If yes to any of the questions above, please complete.

Current activities reflect our organization's:

Yes Partially No N/A

Mission Statement

Strategic Plan

Diversity & Greater Involvement of Persons Living with HIV/AIDS (GIPA) statement

Is there anything you would like to add about how your current activities reflect your organization's mission statement, strategic plan, GIPA statement, and evaluation plan:

2.1 Board of Directors

What is the governance structure of your organization?

- Working Board of Directors
- Governing Board of Directors
- Working and Governing Board of Directors
- Other

If other, please describe.

Total number of individuals on Board of Directors:

Total number of elected individuals on Board of Directors:

Approximately how many Board of Directors meetings took place this year?

Please check appropriate box:

	Yes	No	N/A
Minutes are produced from Board of Directors meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of Board of Directors have job descriptions and/or terms of reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board of Directors has a Finance or Audit Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization has an agreed upon Board of Directors meeting schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.0 FINANCES

3.1 Funding Sources

Did your organization receive funding from any of the following sources in this reporting period?

- Public Health Agency of Canada
- First Nations Inuit Health
- Other Federal Government Programs
- Provincial Government Programs (i.e. BC Gaming, BC Housing, etc.)
- Health Authority
- Corporate Donation
- Private Donation
- Foundations
- Product sales (e.g. cost-recover brochures, etc.)
- Non Profit or Charitable Organizations
- Research
- First Nations Health Council
- In-kind
- Membership
- Fundraising
- Other

If other, please describe.

What is your organization's total number of funding sources for the last fiscal year, monetary & in-kind:

What types of in kind contributions were received in the last fiscal year:

- None
- Travel
- Telephone / Internet
- Administration Supplies
- Program Materials
- Equipment
- Volunteer Hours
- Facility
- Other

If other, please describe.

3.2 Financial Management

Does your organization have one or more staff whose responsibility is to manage finances?

- No
- Yes - one part-time equivalent
- Yes - one full-time equivalent
- Yes - more than one full-time equivalent

If no, please comment on how finances are managed.

Year organization last received an external financial audit:

Year organization last received an internal financial audit:

Number of funders that require different financial reporting:

Number of hours required to complete reports this reporting period:

3.3 Fundraising

Does your organization currently have a fundraising strategy document?

- Yes
 No

Does your organization have one or more staff whose responsibility is to fundraise?

- No
 Yes - one part-time equivalent
 Yes - one full-time equivalent
 Yes - more than one full-time equivalent

If no, please comment on who is responsible for fundraising.

4.0 HUMAN RESOURCES

4.1 Capacity

Current number of full-time (paid) staff who do HIV/AIDS/HCV related work

Current number of part-time (paid) staff who do HIV/AIDS/HCV related work

Current number of volunteers (unpaid, peer and non-peer) who do HIV/AIDS/HCV related work

Current number of students who do HIV/AIDS/HCV related work

Presence of unionized staff

- Yes
 No

Which of the following activities did your volunteers engage in this reporting period?

- N/A - No Volunteers
 Administration
 Counselling
 Education / Community Development
 Fundraising

- Hiring
- Information Technology Support
- Outreach
- Service on a board or advisory committee
- Peer Support/Mentorship
- Other

If other, please describe.

Number of full-time (paid) staff that left your organization this reporting period

Number of part-time (paid) staff that left your organization this reporting period

In general, what are the most common reasons for paid staff leaving your organization in this reporting period (check up to three):

- Moved away
- Illness
- Burn-out
- Found new job
- Deceased
- Retirement
- Termination of employment
- Unpaid Leave
- Medical/Disability Leave
- Maternity/Parental/Adoption Leave
- Caring for dependents
- No staff left
- Other

If other, please describe.

What human resources problems / issues were actively being dealt with during this reporting period?

- Wages
- Staffing
- Collective Bargaining
- Volunteer Management
- Staff Development
- Health and Safety

- Communications
- None
- Other

If other, please describe.

Was training offered to any staff during this reporting period?

- Yes
- No

If yes, what topics were covered in this training?

Please list any additional training topics that you would be interested in having your staff participate in.

4.2 Succession Planning

Number of Directors and/or Managers in the organization (excluding the Executive Director):

Does your organization have a succession plan for the following individuals?

Yes No N/A

Executive Director

Board of Directors

Managers

Please identify challenges you have faced in succession planning.

- Funding for salaries
- Training
- Absence of Terms or Policies
- Not applicable - do not have a succession plan
- Other

If other, please describe.

5.0 PARTNERSHIPS

Does your organization have formal partnership(s) with not-for-profit agencies?

- Yes
 No

Please list not-for-profit partner agencies.

Please identify the number of formal partnerships with not-for -profit agencies.

Please identify the number of informal partnerships with not-for -profit agencies.

Does your organization have a formal partnership agreement with public sector organizations (i.e. governmental, academic)?

- Yes
 No

Please list public sector partner organizations.

Please identify the number of formal partnerships with public sector agencies.

Please identify the number of informal partnerships with public sector agencies.

Does your organization have a formal partnership agreement with private sector organizations (i.e. private companies and businesses)?

- Yes
 No

Please list private sector partner organizations.

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Please identify the number of formal partnerships with private sector agencies.

--

Please identify the number of informal partnerships with private sector agencies.

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6.0 HIV/HCV PREVENTION

The following definitions may assist you in answering the questions in this section of the report.

Primordial Prevention – decreasing societal vulnerability to HIV/HCV infection, lowering individual risk through contextual interventions and preventing risk factors from arising (e.g. education, equity, employment, shelter, social justice, poverty reduction, decreasing stigma and discrimination).

Primary Prevention – prevention of HIV/HCV acquisition and prevention of secondary transmission from HIV/HCV-infected individuals to others through the adoption and maintenance of HIV/HCV risk reduction behaviors (e.g. use of male and female condoms; condom negotiating skills, reduced number of partners/frequency of intercourse and abstinence).

Secondary Prevention – preventing or delaying the progression of HIV/HCV infection to disease and disability including AIDS and opportunistic infections through prevention, prophylaxis, treatment and support services (e.g. antiretroviral (ARV) treatment, prophylaxis, and treatment of opportunistic infections, and prevention and treatment of STDs).

Tertiary Prevention – ameliorating disease severity, preventing disability, enhancing quality of life and preventing mortality from HIV or AIDS (e.g. ARV and opportunistic infections treatment; drug abuse treatment, mental health, disability and disease management and support services).

Does your organization provide HIV or HCV prevention services?

Yes

No

Please approximate the total number of people you serve who receive each of the following prevention services (enter "0" if you do not offer a particular service).

Primordial HIV Prevention

Primary HIV Prevention

Secondary HIV Prevention

Tertiary HIV Prevention

Primordial HCV Prevention

Primary HCV Prevention

Secondary HCV Prevention

Tertiary HCV Prevention

If your organization provides primordial HIV or HCV prevention services, please identify type(s) of service.

- Equity
- Employment
- Shelter
- Social Justice
- Decreasing Stigma and Discrimination
- Sustainable Resources
- Food Security
- Other

If other, please describe:

If your organization provides primary HIV or HCV prevention services, please identify type of service or education.

- Education regarding use of male and female condoms
- Decreasing Stigma and Discrimination
- Treating Sexually Transmitted Infections (STIs); treating herpes to reduce HIV/HCV viral load and infectiousness
- Treating HIV or HCV to reduce viral load and infectiousness
- Treating substance abuse
- Interrupting perinatal transmission with screening and prophylaxis
- Support and Counselling
- Education regarding risks for transmission of Sexually Transmitted Blood Borne Infections (STBBIs).
- Decreasing Stigma and Discrimination
- Harm reduction services and education
- HIV/HCV Testing and Follow up
- Nutrition / Food Supplements
- Other

If other, please describe:

If your organization provides secondary HIV or HCV prevention services, please identify type of services.

- Antiretroviral (ARV) treatment
- Prophylaxis and treatment of opportunistic infections such as Tuberculosis
- Prevention and treatment of Sexually Transmitted Infections (STIs)
- Vaccination
- Social and family support services
- Mental health services
- Addictions treatment services
- Hepatitis C Treatment
- Alternative and Complementary Therapies
- Nutrition / Food Supplements
- Other

If other, please describe:

If your organization provides tertiary HIV or HCV prevention services, please identify type of services.

- ARV and opportunistic infections treatment
- Drug use treatment
- Mental health, disability or disease management
- Support services
- Other

If other, please describe:

Please approximate the total number of each of the following harm reduction supplies distributed in this reporting period. Enter "0" if item is not distributed.

Non-lubed Male Condoms

Lubed Male Condoms

Female Condoms

Needles

Alcohol Swabs

Water Vials

Wooden Push Sticks

Cutters

Disposable Cookers

Citric Acid

Plastic Mouth Pieces

Needles

Filters

Ties

Sharps Container

If other, please describe:

Please indicate whether your organization distributes each of the following items:

	Yes	No
Packaged food	<input type="checkbox"/>	<input type="checkbox"/>
Hot/cold meals	<input type="checkbox"/>	<input type="checkbox"/>
Blankets/bedding	<input type="checkbox"/>	<input type="checkbox"/>
Articles of clothing	<input type="checkbox"/>	<input type="checkbox"/>
Toiletries	<input type="checkbox"/>	<input type="checkbox"/>
Towels	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Transit tickets	<input type="checkbox"/>	<input type="checkbox"/>
Household items	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, please describe:

Does your organization provide referrals (e.g. by phone, filling out forms, transporting people to another agency) to HIV/HCV prevention services run by another organization?

- Yes
 No

7.0 HIV/HCV Outreach and Testing

7.1 HIV/HCV Outreach

Here, we define outreach as taking place on the person's own territory and is a method of work that supports and complements new and existing centre/project based work.

Does your organization have an outreach program?

- Yes
 No

Please indicate the total number of people receiving outreach services in this reporting period.

Please indicate the total number of new people receiving outreach services in this reporting period.

What are the target population(s) of your organization's outreach activities?

- HIV positive women
- HIV positive men
- Aboriginal People
- HCV positive men
- HCV positive women
- Incarcerated people
- Refugees/immigrants
- Migrant workers
- Men who have sex with men (MSM)
- Gay, bi-sexual, transgendered, or two-spirited men
- Lesbian, bi-sexual, transgendered, or two-spirited women

- Non-injection drug user
- Injection drug users (IDU)
- Sex trade workers
- Youth
- Adults
- Elderly
- Other

If other, please describe:

Which outreach services did your organization provide in this reporting period?

- Needle distribution
- Non- injecting drug using equipment distribution
- Primary health care
- Home visits
- Hospital visits
- Clinic visits
- Providing information / education
- Referral to services
- HIV/HCV Testing
- Transportation
- Other

If other, please describe:

Which locations did your organization target in this reporting period?

- Bars / night clubs
- Bath houses
- Clinics / health centres
- Community events
- Internet / dating Sites / chat rooms
- Massage parlours
- Parks
- The Street
- Prisons
- Treatment Centres
- Schools (e.g. high schools, universities)
- Other

If other, please describe:

Please identify resources utilized by your outreach program(s).

- Peer outreach workers
- Street nurses
- Mobile Van
- Paid outreach worker
- Volunteers
- Internet
- Community events
- Justice system
- Mental health and addictions
- Emergency department
- Other

If other, please describe:

Please describe any significant challenges in reaching target population(s).

Please describe any outreach strategies that you would consider to have been particularly successful.

Please describe any lessons learned that other projects / organizations could benefit from.

Do other organizations provide outreach services at your site?

- Yes
- No

7.2 HIV/HCV Testing

Does your organization provide HIV and/or HCV testing?

- Yes
- No

Yes No

Does your organization provide HIV testing?

- Yes
- No

Does your organization provide HCV testing?

- Yes
- No

Does your organization provide HCV-PCR testing to confirm chronic hepatitis C infection?

- Yes
- No

Does your organization provide post-positive referral for support and counseling services?

- Yes
- No

Does your organization provide post-positive support services / counselling.

- Yes
- No

What type(s) of testing does your organization provide?

- Point of care (rapid testing)
- Traditional blood draw

How many people did your organization test for HIV this reporting period?

How many people did your organization test for HCV this reporting period?

How many people did NOT return for their HIV/HCV test results this reporting period?

Does your organization provide referral to HIV or HCV testing?

- Yes
- No

How are people referred to HIV/HCV testing services?

- Word-of-mouth (verbally)
- Distributing printed maps of testing locations
- Distributing written address of testing locations
- Email / website
- Accompanied visit to testing location
- Providing testing location phone number
- Phoning ahead to testing site
- Making appointments for testing
- Other

If other, please describe.

8.0 HIV/HCV TREATMENT & CARE

Does your organization provide HIV or HCV treatment services?

- Yes
 No

How many people served by your organization received treatment for the following infections in this reporting period?

HIV

HCV

HIV and HCV Co-infection

	Yes	No
Does your organization have a physician on-site that prescribes HIV medications?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have a physician on-site that prescribes HCV medications?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization monitor liver enzymes on-site?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have specialized counselling for HIV/HCV treatment and care?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization take blood samples for CD4/viral load/PCR monitoring on site?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization provide HCV-PCR testing to confirm chronic hepatitis C infection?	<input type="checkbox"/>	<input type="checkbox"/>

Does your organization have an adherence program in place for HIV- and HCV-treated people?

- Yes
 No

Which of the following components exist in your adherence program?

- Peer support groups
 Directly observed therapy
 Free meal program
 Financial incentives
 Free meal program
 Onsite medication storage
 Dedicated staff to support adherence
 Individual counseling
 Maximally assisted therapy
 Outreach
 Other

If other, please describe.

Does your organization provide referral to HIV/HCV treatment services?

- Yes
 No

9.0 SOCIAL SUPPORT SERVICES

For the purpose of this tool, social support services consist of the following:

Food Security Services
Addiction Services
Housing Services
Mental Health Services
Advocacy Services

Does your organization provide social support services?

- Yes
 No

9.1 Food Security Services

Does your organization offer nutrition and/or food security support services?

- Yes
 No

Which of the following nutritional and/or food security services does your organization provide?

- Nutrition counseling
 Free Meal Program
 Grocery program (food bank)
 Meal vouchers
 Vitamin distribution
 Protein drink
 Distribution during outreach activities
 Other

If other, please describe.

Approximately how many people accessed your organization's nutritional and/or food support services in this reporting period?

Approximately how many HIV/HCV positive people accessed your organization's nutritional and/or food support services in this reporting period?

How many dependents of HIV/HCV positive people accessed your organization's nutritional and/or food support services in this reporting period?

Do you refer people to other organizations for nutritional / food security services?

Yes

No

9.2 Addiction Support Services

Does your organization offer addiction support services?

Yes

No

Which of the following components exist within your addiction support services program?

Counseling (one-on-one or group)

Meetings (AA or NA)

Methadone maintenance

Daytox

Detox

Peer support

Other

If other, please describe:

Approximately how many people accessed your addiction support services in this reporting period?

Approximately how many HIV/HCV positive people accessed your addiction support services in this reporting period?

Does your organization refer people to other sites/organizations for addiction services?

Yes

No

9.3 Housing Services

Does your organization provide housing services?

Yes

No

What types of housing units are provided by your organization?

SRO / Hotel

Shelter

In-patient

Portable housing subsidies

Subsidized housing units

Supported Housing

Other

If other, please describe.

Total number of people accessing your organization's housing units in this reporting period

Total number of NEW people accessing your organization's housing units in this reporting period

Total number of HIV or HCV positive people accessing your organizations housing units in this reporting period

What types of other housing services were provided by your organization?

Assisting with completion of housing forms/applications

Calling for shelter spaces

Other

If other, please describe.

Total number of people served accessing your organizations other housing services (not housing units) in this reporting period

Total number of NEW people served accessing your organization's other housing services (not housing units) in this reporting period

Does your organization refer people served to other organization(s) that offer housing services?

- Yes
 No

9.4 Mental Health Services

Does your organization offer mental health services?

- Yes
 No

Which of the following mental health services does your organization provide?

- Cognitive behavioural counseling
 Support Groups
 Clinical evaluation and prescription
 Referral to health authority mental health services
 Referral to mental health care providers
 Community mental health groups (ie. Schizophrenia Society, Head Injury Society)
 Other

If other, please describe.

Total number of people accessing mental health services in the last 6 months

Total number of HIV/HCV positive people accessing mental health services in the last 6 months

Does your organization refer people served who are in need of mental health services to other organizations?

- Yes
 No

Does your organization provide advocacy services?

- Yes
 No

9.5 Advocacy Services

Which of the following advocacy services does your organization provide?

- Employment Insurance Assistance
 Canada Pension Plan Assistance

- Income Tax Assistance
- Long Term Disability Assistance
- Welfare Assistance
- 64+ Income Assistance
- Monthly Nutritional Supplement Benefit Assistance
- Dental Assistance
- Access to Medical Treatment
- Tenants' Rights Assistance
- Debt Forgiveness Assistance
- Planning Ahead Assistance (eg. end of life planning)
- Advocacy Action Kit
- Crisis Benefits
- Emergency Needs Assessment
- Hardship Assistance
- Income Assistance
- Massage/Physiotherapy/Chiropractic treatments
- Medical or Surgical Supplies Assistance
- Mobility Aids and Assistive Devices Assistance
- Moving Costs Assistance
- Place to Live/Security Deposit Assistance
- Special Diet Allowance
- Transportation Assistance
- Vision Care Assistance
- CPP Death Benefits, Survivors Pension, and Childrens Benefits Assistance
- CPP Retirement Benefits Assistance
- Old Age Security Programs Assistance
- Shelter Aid for Elder Renters (SAFER) Assistance
- Crossing the US Border if you are HIV+
- Medical Marijuana
- Bed Bugs
- Lobbying
- Media advocacy
- Other

Total number of people accessing advocacy services in the last 6 months.

Total number of HIV/HCV positive people accessing advocacy services in the last 6 months

Does your organization refer the people it serves who are in need of advocacy services to other organizations?

Yes

No

10.0 EDUCATION AND TRAINING

Does your organization provide HIV or HCV awareness raising workshops?

Yes

No

Which of the following groups has your organization provided awareness raising educational sessions for?

Aboriginal People (First Nations, Inuit, Metis - urban, rural, remote)

Incarcerated People

Refugees/Immigrants

Migrant Workers

Men who have sex with men (MSM)

Gay, Bi-sexual, Transgendered, or Two-spirited men

Lesbian, Bi-sexual, Transgendered, or Two-spirited women

Non injection drug user

Injection drug users (IDU)

Sex Trade Worker

Children

Youth

Adults

Elderly

Health Professionals

Community Health Workers

AIDS Service Providers

Counselors

Youth Workers

Other

If other, please specify.

Which of the following topics are addressed in your awareness raising education sessions?

Sexually transmitted infections (STIs)

HIV

HCV

Testing

Care, treatment and support

Healthy sexuality

Homophobia

Harm reduction

Stigma

Community change

Cultural safety

- Social determinants of health
- BC History of Aboriginal People
- Healthy self-esteem
- Talking to youth about sexuality
- Aboriginal issues and HIV
- Epidemiology
- Alternative therapy
- Co-infection
- Methadone maintenance
- Information for people newly diagnosed
- Other

If other, please specify.

What is the total number of education sessions provided in this reporting period?

What is the total number of people reached through awareness raising education sessions in this reporting period?

Does your organization distribute education resources?

- Yes
- No

Which of the following topics are addressed in your resources?

- HIV/AIDS
- HCV
- Sexually transmitted infections (STIs)
- Testing
- Wise/best practice models
- Safer sex
- Safer drug use
- Care, treatment, and support
- Information for people who are newly diagnosed
- Other

If other, please specify.

Which of the following groups does your organization distribute resources to?

- Aboriginal People (First Nations, Inuit, Metis - urban, rural, remote)
- Incarcerated People
- Refugees/Immigrants
- Migrant Workers
- Men who have sex with men (MSM)
- Injection drug users
- Gay, Bi-sexual, Transgendered, or Two-spirited men
- Lesbian, Bi-sexual, Transgendered, or Two-spirited women
- Non-injection drug user
- Sex Trade Worker
- Children
- Youth
- Adults
- Elderly
- Health Professionals
- Community Health Workers
- Social Workers
- AIDS Service Providers
- Counselors
- Youth Workers
- Other

If other, please specify.

Where do you distribute your resources?

- Health fair
- Conference
- Online
- Workshops
- Training
- Mail
- Other

If other, please specify.

What is the total number of resources distributed in this reporting period?

11.0 COMMUNITY INVOLVEMENT

Has your target population contributed to management and/or delivery of services?

- Did not contribute
- Informal opportunities to express views or opinions
- Formal opportunities to express views or opinions (eg. interviews / focus groups)
- Volunteer role
- Directly involved in a group which provides advice to a governing body
- Directly involved in decision making
- Employed by the project

Does your organization have a formal system for involving people served in decision making or in the operation of your organization?

- Yes
- No

Does your organization engage people served in service delivery activities?

- Yes
- No

Which of the following service delivery activities are the people you serve involved in?

- Peer outreach
- Peer treatment support (e.g. adherence)
- Distribution of materials (condoms, safe injection equipment, food, etc.)
- Peer prevention
- Peer education
- Peer advocacy
- Peer counseling
- Other

If other, please describe.

Does your organization engage the people you serve in evaluation activities?

- Yes
- No

Please identify evaluation activities which people served by your organization participate in.

- Evaluation planning
- Logic model development
- Data collection
- Data analysis
- Making recommendations
- Reporting and knowledge exchange

- Providing feedback/input
- Other

If other, please describe.

Does your organization engage the people you serve in policy formulation?

- Yes
- No

Does your organization engage the people you serve in research?

- Yes
- No

How are the people you serve involved in research?

- Research participant (interviewee)
- Research implementer (interviewer)
- Research planning
- Research analysis
- Research dissemination
- Other

If other, please describe.

Which of the following additional activities are the people you serve involved in?

- Leadership / Governance
- Decision making
- Fundraising
- Administration
- Knowledge Translation and Exchange (e.g. writing articles, giving presentations)
- Advocacy
- None
- Other

If other, please describe.

12.0 FUNDER-ORGANIZATION RELATIONS

In which of the following areas does your organization receive support from funders?

- Corporate governance
- Financial management
- Human resource training
- Evaluation assistance
- Policy formulation
- Operations research
- Partnership facilitation
- Media facilitation
- Provide technical information
- Information technology (IT) support
- None
- Other

If other, please describe.

How would you describe the support you received from your organization's funder(s)?

- Satisfactory
- Unsatisfactory

In which of the following area(s) is there a need for funder support?

- Corporate governance
- Financial management
- Human resource training
- Evaluation assistance
- Policy formulation
- Operations research
- Partnership facilitation
- Media facilitation
- Provide technical information
- Information technology (IT) support
- None
- Other

If other, please describe.

Please describe strengths your organization has experienced in its relation/communication with funders.

Please describe challenges your organization has experienced in its relation/communication with funders.

13.0 PROCESS AND OUTCOME EVALUATION

These definitions may assist in answering the questions in this section.

Process Evaluation is concerned with how the program is delivered. It deals with things such as when the program activities occur, where they occur, and who delivers them. In other words, it asks the question: Is the program being delivered as intended? An effective program may not yield desired results if it is not delivered properly.

Outcome Evaluation addresses the question of what are the results. It is common to speak of short-term outcomes and long-term outcomes. For example, in an exercise program, a short-term outcome could be a change in knowledge about the health effects of exercise, or it could be a change in exercise behaviour. A long-term outcome could be less likelihood of dying from heart disease.

Evaluation can be performed at any time in the program. The results are used to decide how the program is delivered, what form the program will take or to examine the outcomes.

Did your organization conduct process or outcome evaluation in this reporting period?

Yes

No

Which forms of evaluation did your organization participate in?

Yes No

Process Evaluation

Outcome Evaluation

What processes / tools did you use in this reporting period to monitor / evaluate services?

Ongoing service data collection

People served satisfaction surveys

Staff surveys

Performance reviews

Focus groups

Informal feedback from people served

Other

If other, please describe.

Have you used any tools to measure change in knowledge of people you serve in this reporting period?

Yes

No

Have you used any tools to measure change in behaviours among people you serve in this reporting period?

Yes

No

If available, would your organization find evaluation support valuable (i.e. a person who would assist in evaluation planning and analysis).

Yes

No

Thank you for completing the Pilot Process Evaluation Tool!

We will contact you shortly to invite you to participate in an interview to elicit feedback regarding the usefulness of this tool for your organization.

Your participation will help ensure that future versions of this tool will accommodate the specific reporting needs of your organization in addition to a wide range of HIV/AIDS service providers and funders in BC.

If you have any questions or concerns, please contact Janice Duddy at Janice.Duddy@phsa.ca or Sean Nixon at Sean.Nixon@phsa.ca or (604) 707-5636.

User Guide: BC HIV/AIDS/HCV Output Indicators

Reporting Tool Pilot Project

Thank you for participating in the BC HIV/AIDS/HCV Output Indicators Reporting Tool Pilot Project.

This draft reporting structure was developed by the HIV/HCV Outcomes for BC working group. We are working to streamline reporting structure and build evaluation capacity for HIV/AIDS/HCV service providers and funders in BC. Following completion of this report, we will invite you to participate in an interview to elicit feedback regarding the usefulness of this tool for your organization. Your participation will help ensure that future versions of this tool will accommodate the specific reporting needs of your organization in addition to a wide range of HIV/AIDS/HCV service providers and funders in BC.

The Provincial Health Services Authority (PHSA) is conducting this pilot on behalf of the HIV/HCV Outcomes for BC Working Group and thus any data collected will be securely held by the PHSA. Individual organization's data will not be shared with regional health authorities or other funders. An aggregate report of data, excluding organization's identifying information, will be made available to participants, funders, working group members, and others.

The present reporting tool consists of 13 sections. These include:

- 1) Background Information
- 2) Governance
- 3) Finances
- 4) Human Resources
- 5) Institutional Partnerships
- 6) HIV/HCV Prevention
- 7) HIV/HCV Outreach & Testing
- 8) HIV/HCV Treatment and Care
- 9) Social Support Services
- 10) Education and Training
- 11) Community Involvement
- 12) Funder-Organization Relations
- 13) Evaluation

Complete only those sections and individual questions which are relevant to your organization.

Please ensure that this report is complete and submitted prior to August 30th, 2010. If you would prefer to complete this report in paper form, please contact Janice Duddy at Janice.Duddy@phsa.ca.

Please note that you will need to use the same computer in order to continue work from a previous session. Returning to the link will pre-populate the survey with your previous answers.

Please note that open ended “If other, please describe” boxes are intended to be utilized only when previous options do not adequately describe the organization.

1.0 Background

With the exception of Hope, only *municipalities* with populations over 10,000 are listed. If your organization provides services to smaller municipalities, please specify.

“People served” includes members, clients, patients, and those who receive support and/or services from your organization

“*New people served*” refers to first time clients in this reporting period.

2.1 Governance – Board of Directors

Here, we define a *working board of directors* as one directly involved in the management or operations of the organization or one where board members actively do the organization's work while a *governing board of directors* is not directly involved in management but is responsible for the governance, financial, and professional directions of the organization.

3.3 Finances – Financial Management

Here, we define internal and external audit as follows:

Internal Audit involve auditors who are independent of the activities they audit. They are integral to the organization and provide ongoing monitoring and assessment of all activities. They also are concerned with the prevention of fraud in any form.

External Audits – involve auditors who are independent of the organization, and provide an annual opinion on the organization's financial statements.

5.0 Partnerships

Here, we define a *formal partnership* as a partnership where a written agreement has been established between organizations (e.g. a memorandum of understanding). *Informal partnerships* do not require a written agreement.

6.0 HIV/HCV Prevention

The following definitions may assist you in answering the questions in this section of the report.

Primordial Prevention – decreasing societal vulnerability to HIV/HCV infection, lowering individual risk through contextual interventions and preventing risk factors from arising (e.g. education, equity, employment, shelter, social justice, poverty reduction, decreasing stigma and discrimination).

Primary Prevention – prevention of HIV/HCV acquisition and prevention of secondary transmission from HIV/HCV-infected individuals to others through the adoption and maintenance of HIV/HCV risk reduction behaviors (e.g. use of male and female condoms; condom negotiating skills, reduced number of partners/frequency of intercourse and abstinence).

Secondary Prevention – preventing or delaying the progression of HIV/HCV infection to disease and disability including AIDS and opportunistic infections through prevention, prophylaxis, treatment and support services (e.g. antiretroviral (ARV) treatment, prophylaxis, and treatment of opportunistic infections, and prevention and treatment of STDs).

Tertiary Prevention – ameliorating disease severity, preventing disability, enhancing quality of life and preventing mortality from HIV or AIDS (e.g. ARV and opportunistic infections treatment; drug abuse treatment, mental health, disability and disease management and support services).

Harm reduction supplies list derived from the Provincial Health Services Authority Supply List.

7.1 HIV/HCV Outreach and Testing – HIV/HCV Outreach

Here, we define *outreach* as taking place on the person's own territory and a method of work that supports and complements new and existing centre/project based work.

9.0 Social Support Services

For the purpose of this tool, social support services consist of the following:

- Food Security Services
- Addiction Services
- Housing Services
- Mental Health Services
- Advocacy Services

13.0 Education and Training

Process Evaluation is concerned with how the program is delivered. It deals with things such as when the program activities occur, where they occur, and who delivers them. In other words, it asks the question: Is the program being delivered as intended? An effective program may not yield desired results if it is not delivered properly.

Outcome Evaluation addresses the question of what are the results. It is common to speak of short-term outcomes and long-term outcomes. For example, in an exercise program, a short-term outcome could be a change in knowledge about the health effects of exercise, or it could be a change in exercise behaviour. A long-term outcome could be less likelihood of dying from heart disease.

Evaluation can be performed at any time in the program. The results are used to decide how the program is delivered, what form the program will take or to examine the outcomes.