

### Background

This report provides a summary of findings from the second round of data collection with the Community HIV/HCV Evaluation and Reporting Tool (CHERT). The CHERT is an **online survey that collects annual data from community-based HIV/HCV organizations in BC about the range of programs and services they provide**. The main purposes of CHERT reporting are to:

- ✓ **standardize** data collected by community-based HIV/HCV organizations in BC
- ✓ provide organizations with the data they need to plan and **improve their programs**
- ✓ provide **accountability** to funders
- ✓ demonstrate the impact community-based HIV/HCV organizations are making across the province

The 2013 version of the CHERT consisted of 87 questions, which included both quantitative and qualitative data requests. The survey questions focused on the programs and services that were delivered by the responding organizations during the 2012 - 2013 fiscal year.

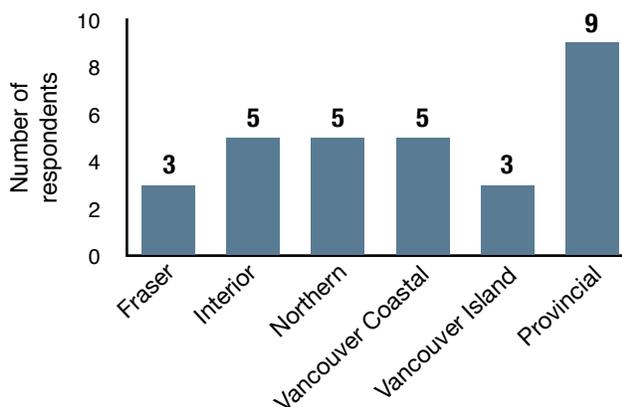
The CHERT is a collaborative project of the BC HIV/HCV Evaluation Advisory Group and the Pacific AIDS Network (PAN)

### CHERT Respondents

A total of **30** BC community-based HIV/HCV organizations completed the CHERT for the 2012 - 2013 year. Of the 43 community-based agencies that are member organizations of the Pacific AIDS Network, 70% ( $n = 30$ ) completed the survey.

**70%**  
of PAN member organizations completed the CHERT

Figure 1. Number of CHERT respondents by BC region ( $n = 30$ )



# How Community-Based Organizations Operate

## Funding for CHERT Respondents

Responding organizations relied heavily on **provincial** (63%) (e.g. BC health authorities, BC gaming) and **federal government** (17%) funding sources to conduct their work in the last year. These sources collectively accounted for 80% of funding received by responding organizations.

## Partnerships and Collaboration

The majority of organizations reported that they held some type of formal (83%;  $n = 25$ ) and/or informal (87%;  $n = 26$ ) partnerships in the last year.

Respondents commonly described the following **benefits of forming such partnerships**:

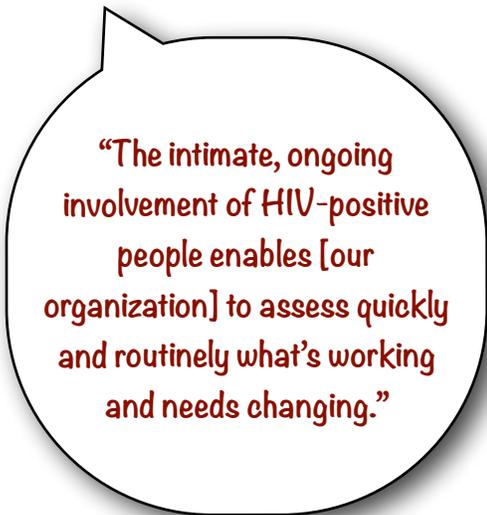
- ✓ sharing resources, information and strategies with partner agencies ( $n = 11$ )
- ✓ enhanced program delivery ( $n = 6$ )
- ✓ strengthened networking ( $n = 3$ )
- ✓ enhanced capacity to achieve goals and make impact in addressing HIV/HCV ( $n = 3$ )

.....  
“The backbone of much of our work is dependent on partnerships, both formal and informal.”

Partnerships or strategic alliances help us define and focus our programming...”  
.....

## Best Practices and Operational Challenges

CHERT respondents were also asked to describe operational strengths and challenges they faced in the last year. In terms of strengths, respondents most frequently discussed the **value of engaging clients and other community members in the design, delivery and governance of their programs and services** ( $n = 8$ ). In terms of operational challenges, organizations most frequently mentioned having **limited funds and resources** to do their work (83%;  $n = 25$ ), and **stigma and discrimination** (50%;  $n = 15$ ).



“The intimate, ongoing involvement of HIV-positive people enables [our organization] to assess quickly and routinely what’s working and needs changing.”

## People Served

Depending on the organizations’ size and capacity, the number of unique clients served by CHERT respondents varied considerably, from **78 to 15,684 individuals**. CHERT respondents collectively reported that their **clients accessed their programs and services a total of 303,499 times** in the last year. People living with HIV/AIDS (77%;  $n = 23$ ), those co-infected with HIV and HCV (70%;  $n = 21$ ), and a range of **high-risk populations** comprised a significant proportion of the people served by the majority of organizations.



**Organizations’ clients accessed their services a total of 303,499 times in 2012 - 2013**

## What differences are **CHERT** respondents making?

### **Preventing the Spread of HIV and HCV**

Results from the CHERT demonstrate that community-based organizations play a critical role in the prevention of HIV and HCV in BC. Similar to results from 2011 - 2012, **the majority of organizations (87%;  $n = 26$ ) reported that they provided some form of HIV and/or HCV prevention services** in the last fiscal year.

Most commonly, organizations focused their efforts on **upstream prevention services** (86%;  $n = 26$ ) to address the structural drivers of HIV and HCV vulnerability, such as programs and services aiming to:

- decrease stigma and discrimination
- provide educational support
- provide nutrition and food supplements

The majority of respondents also focused their efforts on the provision of **primary** (80%;  $n = 24$ ) and **secondary** (77%;  $n = 23$ ) prevention services, whereas **tertiary** prevention services (63%;  $n = 19$ ) were less of a focus.

### **Outreach Efforts**

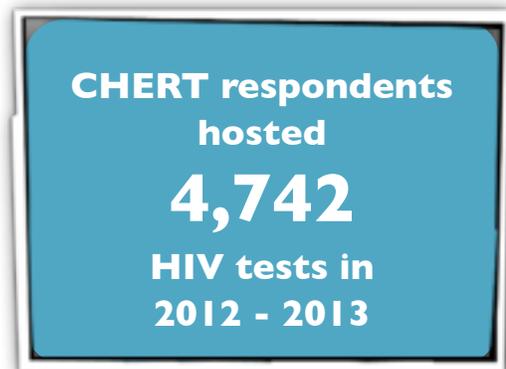
In the last year, 63% ( $n = 19$ ) of responding organizations reported that they provided outreach services, collectively **reaching a total of 32,274 people**. These outreach services most commonly targeted PLWHA (79%;  $n = 15$ ), in addition to a range of high-risk groups. In terms of the specific outreach activities, CHERT respondents indicated that their organizations most commonly focused on providing:

- information and education to the community (84%;  $n = 16$ )
- referral services (84%;  $n = 16$ )
- home and hospital visits (68%;  $n = 13$ )

### **Testing for HIV and HCV**

Detecting the presence of HIV and HCV within the community is key to reducing the spread of these viruses. One third of respondents reported hosting

or administering HIV or HCV testing in the last year (33%;  $n = 10$ ). The majority of these organizations **hosted testing services** ( $n = 9$ ) and collectively **facilitated a total of 4,742 HIV tests and 1,100 HCV tests** in 2012 - 2013. The single organization that reported administering their own testing services tested a total of 150 and 100 people for HIV and HCV, respectively.



### **Treating HIV and HCV**

The proportion of organizations providing HIV and/or HCV treatment services increased to 23% ( $n = 7$ ) in the last year, from 10% ( $n = 3$ ) in 2011 - 2012. This increase can be partially attributed to an improved definition of what HIV/HCV treatment services entail in the CHERT. Organizations providing treatment services reported that they **treated a total of 635, 117 and 108 people for HIV, HCV and HIV/HCV co-infection**, respectively.

Data from the CHERT demonstrate that community-based organizations also play a small, but valuable role in provision of **adherence programs**. Specifically, respondents reported having adherence programs in place for HIV-treated people (17%;  $n = 5$ ) and HCV-treated people (7%;  $n = 2$ ), which included some of the following components:

- dedicated staff to support adherence
- free meal programs
- accompaniment to doctor appointments

## Providing Social Support Services

Data from the CHERT demonstrate that community-based organizations are key players in the provision of social support services. The majority of organizations (>73%) provided referrals for **food security and nutritional support, housing and mental health and substance use support services**. For instance, CHERT respondents made a total of 4,136 referrals for nutrition and food security services in 2012 - 2013.

CHERT respondents made  
**4,135**  
referrals for nutrition and  
food security services

Smaller proportions of CHERT respondents provided in-house social support services, such as counselling services, peer support groups and subsidized housing units.

## Education and Training Activities

The majority of respondents offered HIV/HCV education or training workshops in both the 2011 - 2012 (67%;  $n = 20$ ) and 2012 - 2013 (73%;  $n = 23$ ) years. In the last year, organizations provided an average of **82 education workshops and training sessions, reaching roughly 44,096 people**. General education on HIV (95%;  $n = 21$ ), HCV

(95%;  $n = 21$ ) and stigma and discrimination (95%;  $n = 21$ ) were the most frequently addressed topics in these sessions. Additionally, a wide range of groups were targeted in respondents' educational sessions, which most commonly included:

- community organizations (77%;  $n = 17$ )
- people who use injection drugs (68%;  $n = 15$ )
- Aboriginal people (68%;  $n = 15$ )

## Meaningful Client Engagement

CHERT data shows that respondents are committed to community engagement. Organizations most frequently reported engaging clients in the **management and delivery of their services** (80%;  $n = 24$ ), followed by **engagement in evaluation** (76%;  $n = 22$ ) and **research activities** (53%;  $n = 16$ ).

## Monitoring and Evaluation Work

In comparison to 2011 - 2012 results, the proportion of organizations that conducted or commissioned any type of evaluation work increased from 62% ( $n = 18$ ) to 80% ( $n = 24$ ). When describing benefits of conducting evaluation work, most organizations ( $n = 20$ ) discussed the **value of having evidence to inform improvements in the design and delivery of their programs**.

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"We did some survey work to determine what is needed as far as training and support for our peers who do secondary needle exchange."  
.....

## Conclusion

Findings from the CHERT continue to demonstrate that community-based organizations are critical players in addressing the HIV and HCV epidemics in BC. Note that the full version of this report includes a discussion section that employs CHERT data to illustrate the substantial contribution community-based organizations are making to the success of the provincial HIV strategy, as outlined in *From Hope to Health: Towards an AIDS-Free Generation*.

Thank you to all organizations that generously shared data and reflections with us.

Download the full version of this report at:  
<http://pacificaidnetwork.org/wp-content/uploads/2012/07/Full-CHERT-2013.pdf>