

FEDERAL INITIATIVE TO ADDRESS HIV/AIDS IN CANADA

NATIONAL GRANT AND CONTRIBUTIONS PERFORMANCE MEASUREMENT

REPORT - 2012-13

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Initiative fédérale de lutte contre le VIH/SIDA au Canada : *Rapport national d'évaluation du rendement des subventions et des contributions de 2012-2013*

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Table of Contents

TABLE OF CONTENTS.....	III
LIST OF TABLES.....	V
LIST OF FIGURES.....	V
EXECUTIVE SUMMARY.....	2
I. BACKGROUND.....	4
II. PERFORMANCE MEASUREMENT TOOL QUESTIONNAIRE PRESENTATION.....	6
III. DESCRIPTION OF FUNDS.....	8
IV. KEY FINDINGS BY SECTION.....	10
I. Resources.....	10
1.1 General funding breakdown.....	10
1.2 Other funding sources and in-kind contributions.....	10
1.3 Volunteers.....	13
1.4 Training.....	15
II. Partnerships.....	17
III. Key populations at risk involvement.....	23
IV. Product dissemination.....	26
4.1 Web product dissemination.....	30
V. Reach through education, awareness and outreach activities.....	32
5.1 Activities and reach.....	32
5.2 Reach through social media campaigns.....	33
5.3 Outcomes funded recipients aimed to achieve.....	37
5.3.1 Increased awareness and knowledge of HIV/AIDS and of ways to address the disease.....	38
5.3.2 Increased individual capacity.....	38
5.3.3 Increased organizational capacity.....	39
5.3.4 Enhanced engagement and collaboration on approaches to address HIV/AIDS.....	39
5.3.5 Increased Canadian engagement and leadership in the global context.....	39

5.3.6 Improved access to services.....	39
V. CONCLUSION.....	41
APPENDIX I – LIST OF NATIONAL PROJECTS FUNDED	42

List of Tables

Table 1: Number of projects and dollar value of funding by G&Cs fund, 2012-13.....	10
Table 2: Dollar value of additional funding and in-kind contributions, 2012-13.....	11
Table 3: Volunteers and volunteer hours by G&Cs fund, 2012-13.....	13
Table 4: Volunteer involvement by type of involvement and hours contributed, 2012-13.....	14
Table 5: Partnership status by G&Cs fund, 2012-13.....	18
Table 6: Number of partnerships by type of organization, 2012-13.....	19
Table 7: Number of partnerships by activity outcome, 2012-13.....	21
Table 8: Key populations at risk involvement by G&Cs fund, 2012-13.....	24
Table 9: Key populations at risk involvement by type of involvement, 2012-13.....	24
Table 10: Language of products, 2012-13.....	28
Table 11: Product distribution by key at risk populations and target audiences, 2012-13.....	29
Table 12: Reach by activity output, 2012-13.....	32
Table 13: Reach by activity outcome, 2012-13.....	34

List of Figures

Figure 1: Additional funding and in-kind contributions by type of contributing organization.....	12
Figure 2: Hours of loaned staff contributions by G&Cs fund.....	13
Figure 3: New and existing volunteers by G&Cs fund.....	15
Figure 4: Number of people trained.....	16
Figure 5: Number of people trained by G&Cs fund.....	17
Figure 6: Partner organizations by range of influence.....	20
Figure 7: Partnerships by type of organization and type of activity outcome.....	22
Figure 8: Percentage of key at risk populations' contributions by type of involvement.....	25

Figure 9: Type of product disseminated.	27
Figure 10: Products by source.....	27
Figure 11: Product distribution by target audience and key population.....	30
Figure 12: Number of downloads and page views by G&Cs fund.....	31
Figure 13: Key populations reached by outcome, 2012-13.....	35
Figure 14: Target audiences reached by outcome, 2012-13.	36
Figure 15: Key populations reached by age group and outcome, 2012-13.....	37
Figure 16: Key populations reached by gender, 2012-13.	37
Figure 17: Reach by type of referral.	40

Executive Summary

This annual report summarizes performance measurement findings for 2012-13, from the analysis of information received from projects funded nationally by the Federal Initiative to Address HIV/AIDS in Canada through the Performance Measurement Tool (PMT). This report provides an overview of the achievements of the projects and information about their diverse activities and reach.

Overall, more than \$9.6 million in funding was distributed under three nationally administered Grants and Contributions (G&Cs) funds:

- National HIV/AIDS Knowledge Exchange Fund
- National HIV/AIDS Voluntary Sector Response Fund
- Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund.

These funds supported 30 projects, which leveraged approximately \$2 million in additional funding from other sources and in-kind contributions. While projects funded under the National HIV/AIDS Knowledge Exchange Fund and the National HIV/AIDS Voluntary Sector Response Fund are national in scope, the majority of organizations funded under the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund are small organizations with regional or local mandates.

With these combined resources, projects were able to:

- facilitate training for 261 staff members and 202 volunteers
- involve almost 7,000 individuals, belonging to one of the eight key populations at risk identified in the Federal Initiative, in various project activities
- establish and maintain 551 partnerships with various governmental, not-for-profit and private sector organizations

- reach more than 1,126,265^a individuals by disseminating more than 750 products – of which almost 50 percent were new in 2012-13
- reach almost 10,000,000 individuals through their activities
- reach 61,265 Aboriginal people
- make more than 2,800 client referrals to different types of services including:
 - testing and related counseling
 - medical and treatment services
 - social services, such as food banks, housing or child care.

^a Note: The same individual may have been reached by more than one product or activity.

I. Background

The Public Health Agency of Canada (the Agency) supports national voluntary sector and community-based responses to HIV/AIDS through the administration of Grants and Contributions (G&Cs) under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative).

During this reporting period, the Agency administered three national and one regional HIV/AIDS funds to support the voluntary sector and community-based response in Canada. The Agency's investment in this regard totalled \$23.4M in 2012-13.

This report includes performance measurement data collected by the Agency under the National HIV/AIDS Knowledge and Exchange Fund, the National HIV/AIDS Voluntary Sector Response Fund and the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund, for a total investment of \$9.6M and does not include data from its regional fund, the AIDS Community Action Program due to differences in performance data reporting.

Through the 30 projects funded under three HIV national funds, recipients conduct a wide range of activities to:

- build the capacity of community organizations to deal with the impact of HIV/AIDS
- develop approaches to address issues affecting key populations at risk
- support partnerships to achieve greater national cohesion on HIV/AIDS and hepatitis C (Hep C).

These activities have engaged the following key populations identified under the Federal Initiative as being at risk:

- Aboriginal peoples
- Gay, two-spirit, bisexual and other men who have sex with men
- People from countries where HIV is endemic
- People in prison
- People living with HIV/AIDS
- People who use drugs
- Women
- Youth at risk.

As well, the activities engaged the following audiences to help prevent the acquisition and transmission of HIV/AIDS:

- health/social service providers
- other organizations
- decision makers
- the general public.

The Performance Measurement Strategy for the Federal Initiative includes a reporting commitment to collect data for performance measurement and evaluation purposes. Starting in 2013, the Performance Measurement Tool (PMT) was developed and piloted to systematically collect standardized information to assess projects' performance and how these are contributing to Federal Initiative outcomes. The PMT replaced the Project Evaluation Reporting Tool (PERT) which had previously been used. Starting in 2014-15, the PMT will also be used to collect performance measurement data for regional projects.

II. Performance Measurement Tool Questionnaire Presentation

The PMT Questionnaire is divided into six sections:

- A. Project information
- B. Resources
- C. Partnership(s)
- D. Key population(s) at-risk involvement
- E. Dissemination
- F. Reach of activities.

The roll-up of PMT data provides a description of the funded recipients resources, the number of collaborations and partnerships built and/or maintained, an assessment of the activities undertaken and, the number of individuals reached during the year.

The PMT offers many advantages as it standardizes and simplifies data collection for funded recipients; allows a systematic collection of data; and, requires one annual report on performance from each funded recipient.

Over time, the performance results should help demonstrate the impact of the funded recipients' work and help identify gaps. Data collected through the PMT will support the Agency's decisions on future funding priorities.

It is important to highlight that this reporting period was the first time funded recipients used the PMT to collect performance measurement data. In addition, they received the questionnaire in the last quarter of the fiscal year and some of the questions required information that was new to them. As such, the results of this report should be interpreted with caution. For example, in previous reports, funded recipients were not required to report on age or gender, or by key populations' reach for each activity. To fulfill this new requirement, respondents were asked to provide either an exact number (if available) or an estimate. As well, funded recipients interpreted some questions differently, which affected the consistency of the data collected. Such challenges were expected for this first round of data collection.

This annual report summarizes general findings from the analysis of data received from thirty nationally funded recipients for the 2012-13 reporting period using the PMT. It provides an overview of the projects' achievements as well as information about their activities and reach.

By analyzing and reporting on the performance of its G&Cs investment, the Agency is able to assess how this investment contributes to achieving the outcomes of the Federal Initiative and to inform priorities for future investments. This report will assist funded organizations situate their own activities in the context of the broader response and to identify opportunities for the future.

III. Description of Funds

In 2012-13, the Agency administered three national G&Cs funds under the Federal Initiative:

National HIV/AIDS and Knowledge Exchange Fund

The goal of this fund is to strengthen the response of frontline organizations involved in the prevention, diagnosis, care, treatment and support of people living with, and at risk of, HIV/AIDS. The fund facilitates an active and continuous exchange of knowledge on a wide spectrum of HIV/AIDS topics.

National HIV/AIDS Voluntary Sector Response Fund

The goal of this fund is to facilitate coherent national action that will help prevent and control HIV/AIDS among key populations at risk. It funds:

- prevention and support interventions
- public awareness and health promotion activities
- capacity building for organizations.

Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund

The goal of this fund is to reduce HIV incidence by supporting projects that facilitate access to testing, counseling, diagnosis, care, treatment and social support for all Aboriginal people living with HIV/AIDS and those at risk. The majority of projects supported under this fund are regional or local in mandate. This fund supports:

- projects that develop prevention activities
- capacity-building activities that will increase service providers' ability to deliver culturally appropriate interventions
- activities that facilitate access and create social support opportunities for those living with, or affected by, HIV/AIDS.

The data for fiscal year 2012-13 for the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund only represents data for activities which took place between November 1, 2012 and March 31, 2013.

IV. Key Findings by Section

I. Resources

1.1 General funding breakdown

In 2012-13, the Agency funded 30 HIV/AIDS projects across Canada for a total of \$9,623,135. Twenty-one of those projects were funded through the Non-Reserve Fund, eight through the National Voluntary Sector Response Fund and one through the Knowledge Exchange Fund.

While the Non-Reserve Fund supported the largest number of projects, the National Voluntary Sector Response Fund received 41.5 percent (or \$3,966,991) of the total G&Cs national envelope. Table 1 provides the breakdown of funding by number of projects and by G&Cs fund.

Table 1: Number of projects and dollar value of funding by G&Cs fund, 2012-13.

G&Cs fund	Number of projects	Dollar (\$) amount of funding	Percentage (%) of total G&Cs funding
Knowledge Exchange Fund	1	3,600,000	37.5
National HIV/AIDS Voluntary Sector Response	8	3,966,991	41.5
Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project	21	2,056,144	21
Total	30	9,623,135	100

1.2 Other funding sources and in-kind contributions

In addition to Federal Initiative funding, projects supported their activities through other sources of funding and in-kind contributions. These activities included:

- administrative costs
- use of facilities
- equipment and furniture
- project materials
- travel expenses.

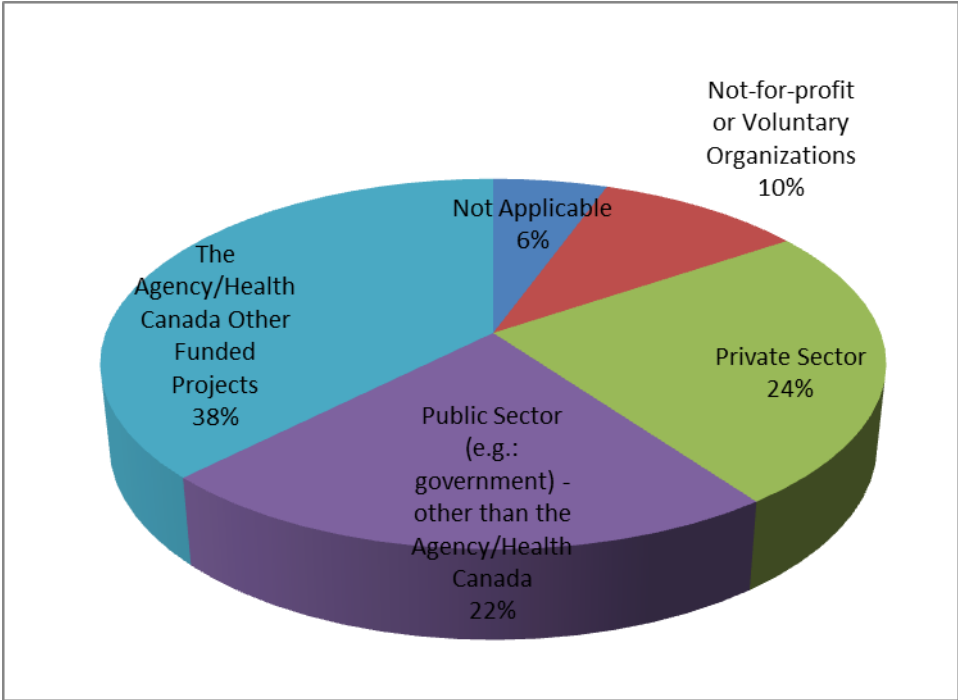
Twenty-one (21) projects reported having received funding from other sources in 2012-13, for a total of \$1,989,265. Table 2 provides an overview of the total amount of additional funding and in-kind contributions.

Table 2: Dollar value of additional funding and in-kind contributions, 2012-13.

G&Cs fund	Dollar value (\$) of additional funding and in-kind contributions	Percentage (%) of additional funding and in-kind contributions
Knowledge Exchange Fund	658,355	33
National HIV/AIDS Voluntary Sector Response	1,170,723	59
Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project	160,187	8
Total	1,989,265	100

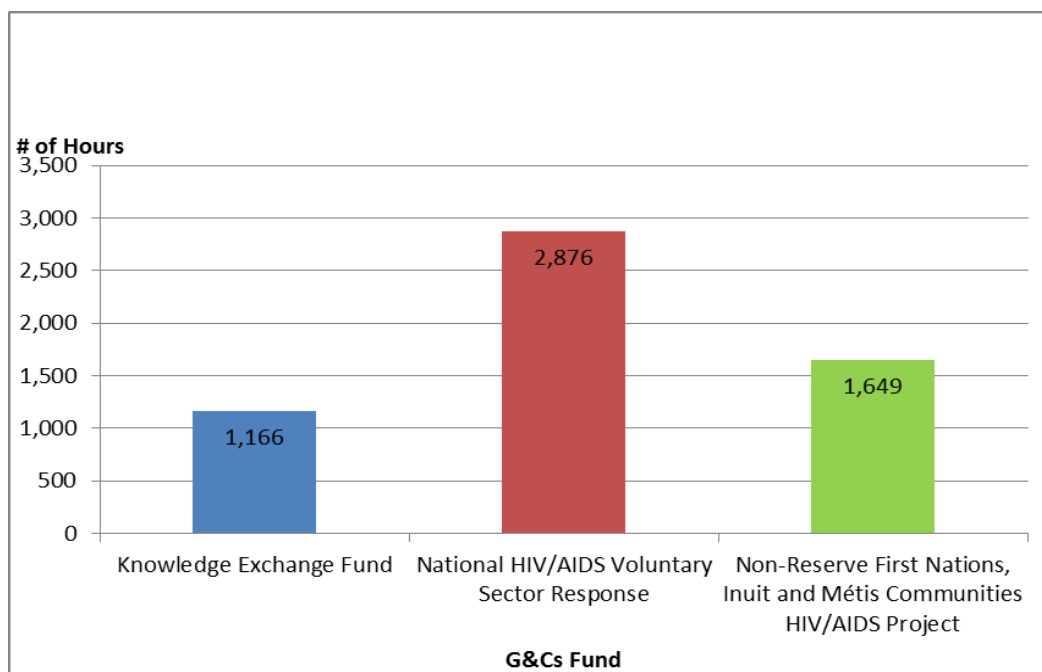
The primary source of additional project funding and in-kind contributions was from other Agency and/or Health Canada programs or funded projects, accounting for 38 percent of the total. The private sector and other public sector organizations were the second and third highest contributors, accounting for 24 percent and 22 percent respectively of the total additional funding. Not-for-profit or voluntary organizations provided 10 percent of the additional funding and in-kind contributions. Figure 1 shows the breakdown of additional funding and in-kind contributions by type of contributing organization.

Figure 1: Additional funding and in-kind contributions by type of contributing organization.



Additionally, projects indicated that they had received loaned staff contributions to support their activities. This amounted to 5,691 hours of service to the projects. Figure 2 provides a breakdown of the hours of service contributed by loaned staff by G&Cs fund. The National HIV/AIDS Voluntary Sector Response Fund received the highest contribution, with more than 2,876 hours or more than 50 percent of the total.

Figure 2: Hours of loaned staff contributions by G&Cs fund.



1.3 Volunteers

Volunteers are essential to not-for-profit organizations delivering HIV/AIDS activities. As outlined in Table 3 below, a total of 997 volunteers contributed 16,080 hours to support the work of the 30 projects in 2012-13.

Table 3: Volunteers and volunteer hours by G&Cs fund, 2012-13.

G&Cs fund	# of volunteers	# of hours
Knowledge Exchange Fund	261	1,310
National HIV/AIDS Voluntary Sector Response	524	9,868
Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project	212	4,902
Total	997	16,080

Volunteers were active in a wide range of project activities including:

- board or committee work
- outreach
- public speaking
- special events.

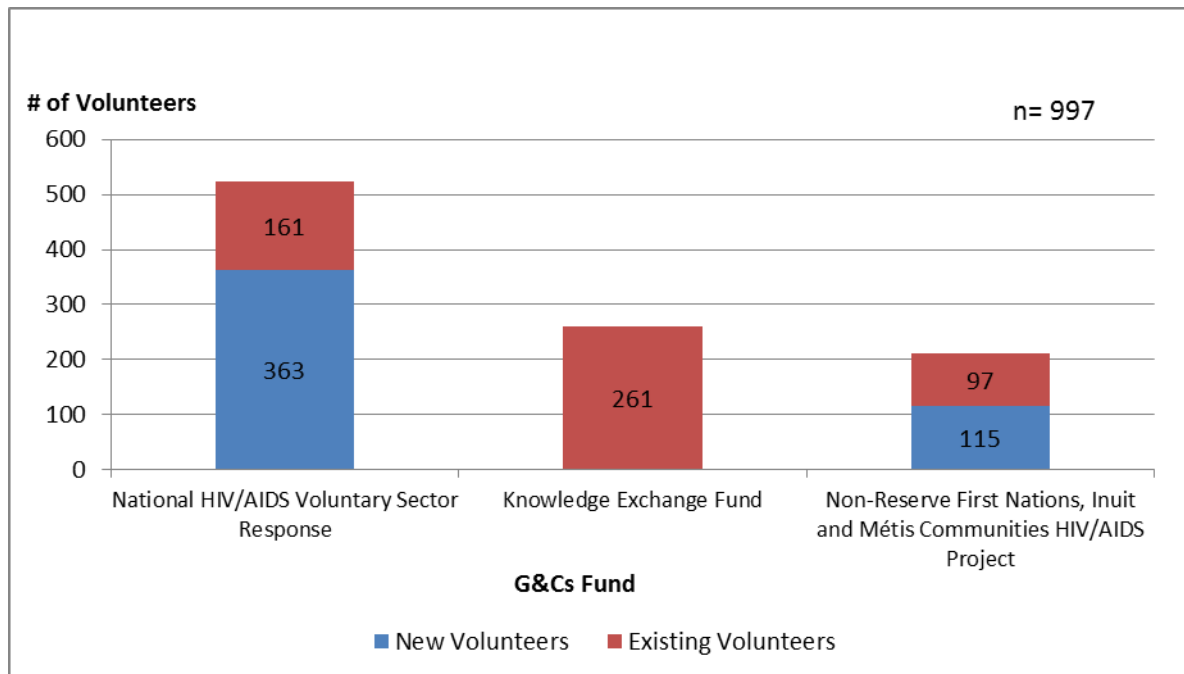
Most often, volunteers were involved in project governance roles (43 percent). Volunteers also supported resource development (25 percent of all volunteer involvement) and public events (16 percent). Table 4 shows the contribution of volunteers by type of involvement.

Table 4: Volunteer involvement by type of involvement and hours contributed, 2012-13.

Type of involvement	# of volunteers	% of total volunteers	# of hours contributed by volunteers
Governance (includes board of directors, advisory committees, etc.)	431	43	11,677
Resource development	246	25	600
Public events (includes public speaking, special events like Pride Day, mall displays, etc.)	163	16	1,180
Prevention (includes outreach, targeted education, etc.)	87	9	1,629
Administration (includes clerical support, reception, etc.)	40	4	712
Support services (includes assistance to people living with HIV/AIDS or Hep C, peer support, etc.)	24	2	197
Fundraising (includes walks, fundraising campaigns, work to secure foundation grants, etc.)	6	1	85
Total	997	100	16,080

In 2012-13, nationally funded projects were able to recruit 478 new volunteers (48 percent of total volunteers) while retaining 519 of their existing volunteers. Figure 3 offers an overview of volunteers by G&Cs fund.

Figure 3: New and existing volunteers by G&Cs fund.



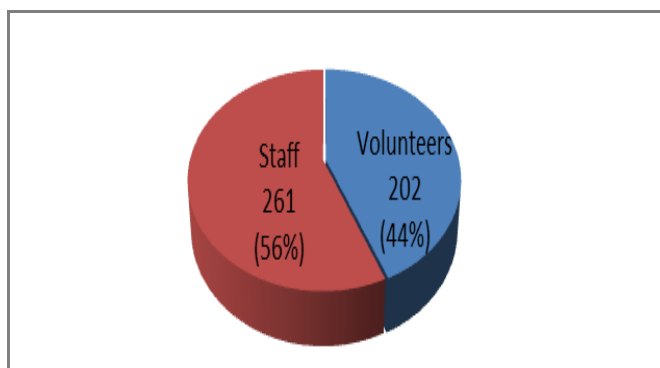
1.4 Training

Organizations build capacity by:

- training their staff and volunteers
- helping them increase their skills (planning, delivering, monitoring and evaluating)
- increasing their work effectiveness
- improving the quality of their services.

Eighteen projects reported a total of 463 training attendees (of which, 56 percent or 261 were staff and 44 percent or 202 were volunteers).

Figure 4: Number of people trained.



For the 261 staff who attended training events, most of the training focused on:

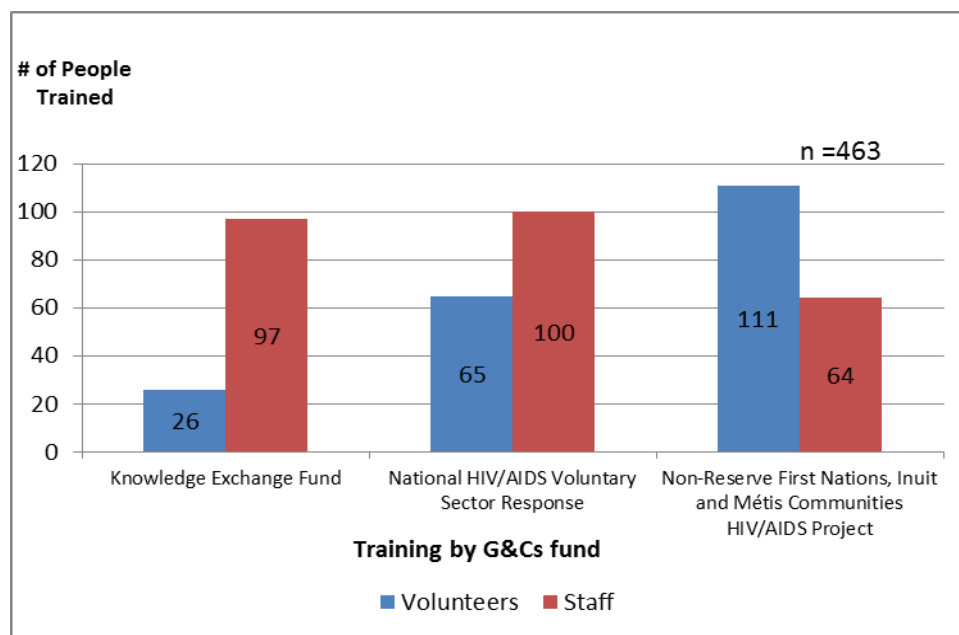
- HIV/AIDS content, including conferences on HIV, hepatitis C and sexually transmitted and blood-borne infections (STBBI)
- organizational development and management, such as orientations, media training and presentation skills.

Of the 202 volunteers who received training, most attended:

- orientations
- presentations/workshops offering basic knowledge on HIV, hepatitis C, and STBBI
- other organizational training, such as how to organize and facilitate workshops and presentations.

Figure 5 provides a breakdown of the number of staff and volunteers trained by G&Cs fund.

Figure 5: Number of people trained by G&Cs fund.



The information provided in this section demonstrates that funded recipients have leveraged financial and in-kind resources and built capacity within their organizations. This shows their potential for sustainability over time. In summary, data indicate that funded recipients were able to:

- find additional funding from other public and private sector organizations (\$1,989,265)
- receive contributions from loaned staff to aid in their work (5,691 hours)
- recruit new volunteers (478) and retain their existing volunteers (516) who contributed a total of 16,080 volunteer hours
- provide training to 463 staff and volunteers.

II. Partnerships

Partnerships are an important component of the Federal Initiative, enabling projects to:

- reach key populations at risk
- strengthen service delivery
- expand the reach of HIV/AIDS work into other sectors

- ensure the sustainability of their community-based initiatives.

Intersectoral collaboration is also needed to address other social and economic factors, such as determinants of health which affect people living with, or at risk of, HIV/AIDS. The Federal Initiative encourages funded recipients to maintain and build on their partnerships, and to involve partners in planning, delivering and evaluating their projects.

In 2012-13, the 30 funded projects reported a total of 511 partnerships (Table 5). To show the diversity and reach of their partnerships, funded recipients identified:

- the type of organization
- their partners' range of influence
- the outcome(s) to which their partner organizations are contributing.

Table 5: Partnership status by G&Cs fund, 2012-13.

G&Cs fund	Total
Knowledge Exchange Fund	161
National HIV/AIDS Voluntary Sector Response	207
Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project	143
Total	511

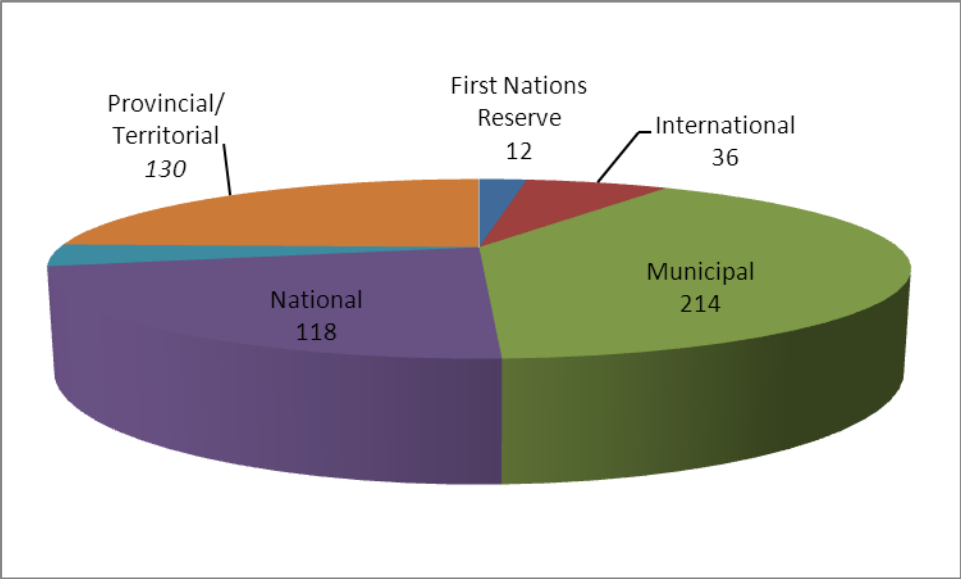
Table 6 shows that most partners were not-for-profit or voluntary sector organizations (360 partners or 68 percent of all partnerships). Public sector partners such as government agencies and universities/colleges followed with 139 partnerships or 26 percent. Private sector partnerships accounted for 14 or three percent of projects' partners.

Table 6: Number of partnerships by type of organization, 2012-13.

Type of organization	# of partnerships	% of total partnerships
Not-for-profit or voluntary organization	350	68.5
Public sector (e.g. government) - other than the Agency /Health Canada	137	26.8
Private sector	14	2.7
Agency /Health Canada other funded projects	6	1.2
Not applicable	3	0.6
First Nations, Métis or Inuit	1	0.2
Total	511	100

Figure 6 gives the breakdown of partner organizations by range of influence. Approximately 40 percent of all partnerships (214 in total) were at the municipal level and 24 percent were with provincial/territorial organizations. These numbers demonstrate that the projects are both strengthening links in their communities and extending their reach beyond. Projects also identified 118 (22 percent) national and 36 (seven percent) international partners.

Figure 6: Partner organizations by range of influence.



The projects described a number of key results achieved through their partnerships that benefited key populations at risk, organizations and/or communities. As summarized in Figure 7, partnerships have mostly contributed to:

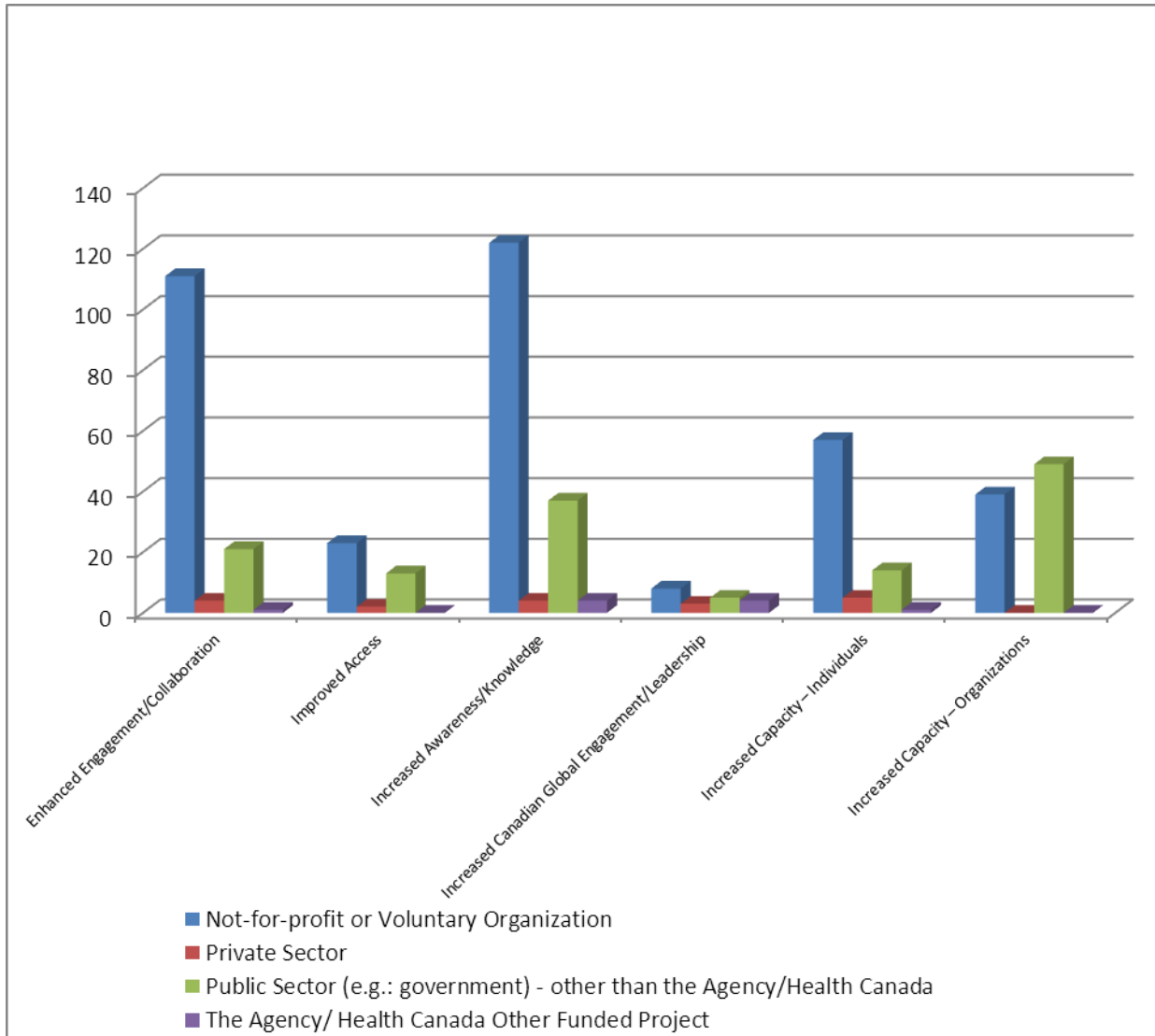
- increasing awareness and knowledge (168)
- enhancing engagement and collaboration (137)
- increasing individual (80) and organizational (88) capacities to better serve key populations at risk.

Table 7: Number of partnerships by activity outcome, 2012-13.

Activity outcome	# of partnerships	% of total partnerships
Increased awareness/knowledge	156	31
Enhanced engagement/collaboration	137	27
Increased capacity – organizations	88	17
Increased capacity – individuals	79	15
Improved access	38	7
Increased Canadian global engagement/leadership	13	3
Total	511	100

The not-for-profit or voluntary organizations have worked to increase awareness and knowledge of HIV/AIDS, as well as to enhance engagement and collaboration. Partners from the public sector (other than the Agency and Health Canada) have worked to increase capacity, knowledge and awareness (Figure 7).

Figure 7: Partnerships by type of organization and type of activity outcome.



III. Key populations at risk involvement

As previously mentioned, funded projects target eight key populations at risk in their activities:

- Aboriginal peoples
- Gay, two-spirit, bisexual and other men who have sex with men
- People from countries where HIV is endemic
- People in prison
- People living with HIV/AIDS
- People who use drugs
- Women
- Youth at risk.

By involving key populations at risk, projects can make sure their activities meet, and are driven by, community needs. Involving key populations at risk also:

- encourages ongoing community participation
- supports individual and community capacity building
- increases a project's credibility by reflecting the key populations at risk in its activities and results.

Projects described the involvement of key populations at risk in the management, development or delivery of their activities. In 2012-13, 6,884 people from the key populations at risk were involved in different projects, with 72 percent coming from the National HIV/AIDS Voluntary Sector Response (Table 8).

Table 8: Key populations at risk involvement by G&Cs fund, 2012-13.

G&Cs fund	# of people involved	% of total people involved
Knowledge Exchange Fund	489	7
National HIV/AIDS Voluntary Sector Response	4,928	72
Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project	1,467	21
Total	6,884	100

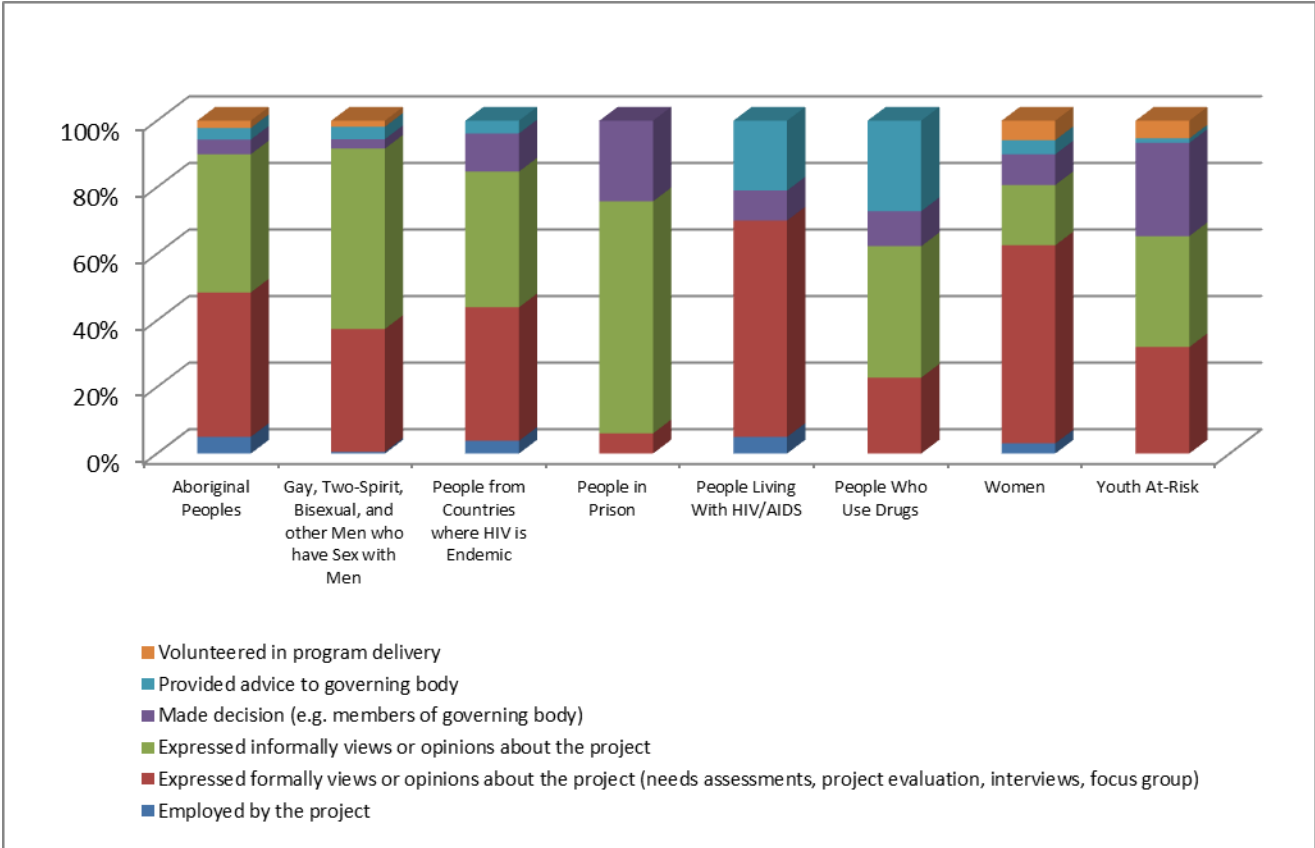
Overall, most of the key populations at risk were involved either by formally (43 percent) or informally (42 percent) expressing their views or opinions on the project (Table 9). They also participated in projects' needs assessments, evaluations, focus groups etc. Additionally, five percent of those involved served on governing bodies or committees that provide advice to the governing bodies.

Table 9: Key populations at risk involvement by type of involvement, 2012-13.

Type of involvement	# of people involved	% of total people involved
Expressed informally views or opinions about the project	2,973	43
Expressed formally views or opinions about the project (needs assessments, project evaluation, interviews, focus groups)	2,920	43
Made decisions (e.g. members of governing body)	364	5
Provided advice to governing body	300	4
Volunteered in program delivery	170	3
Employed by the project	157	2
Total	6,884	100

Figure 8 summarizes the type of involvement each key population at risk had in the projects. People living with HIV/AIDS were more likely to formally express their views while gay men and other men who have sex with men mostly expressed their views informally. Aboriginal peoples gave their views and opinions both formally and informally.

Figure 8: Percentage of key at risk populations' contributions by type of involvement.



IV. Product dissemination

Federal Initiative HIV/AIDS National Projects create, use and distribute a wide range of communication, education and training materials. In addition to those populations at risk, the audiences for these materials include:

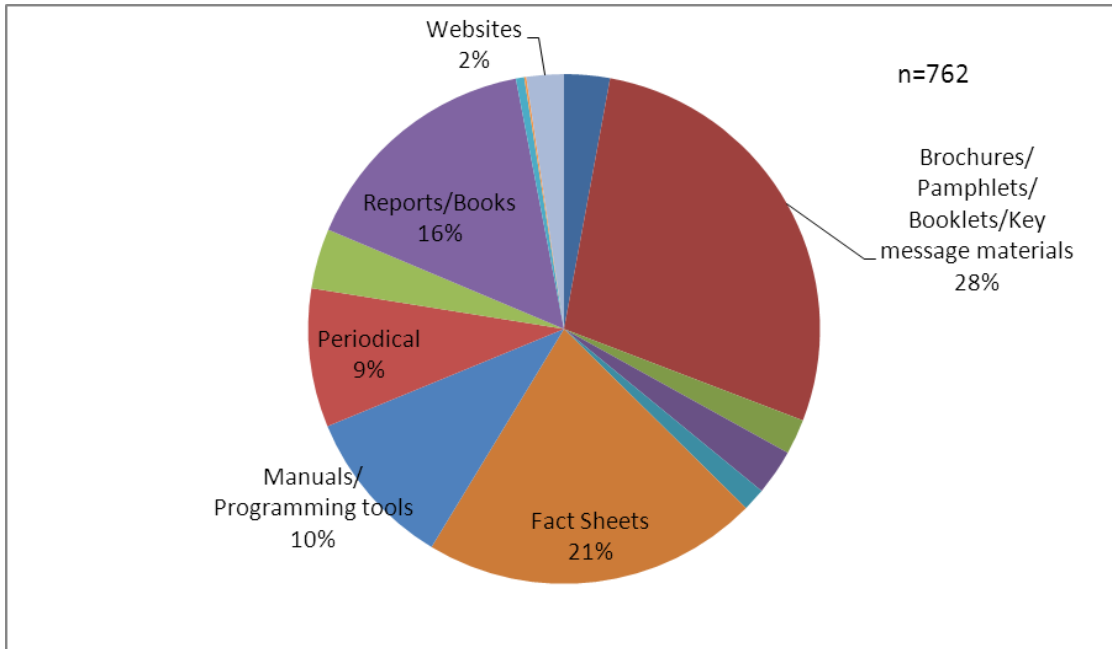
- staff and other service providers
- volunteers and peer workers in organizations
- the general public.

In 2012-13, the projects developed, adopted, or redistributed a total of 762 products. More than 1,111,900 copies were disseminated. The most prominent products were:

- brochures, pamphlets, booklets and key message materials accounting for 28 percent of all products available (or 213 products in total)
- fact sheets accounting for 21 percent (or 162 products).

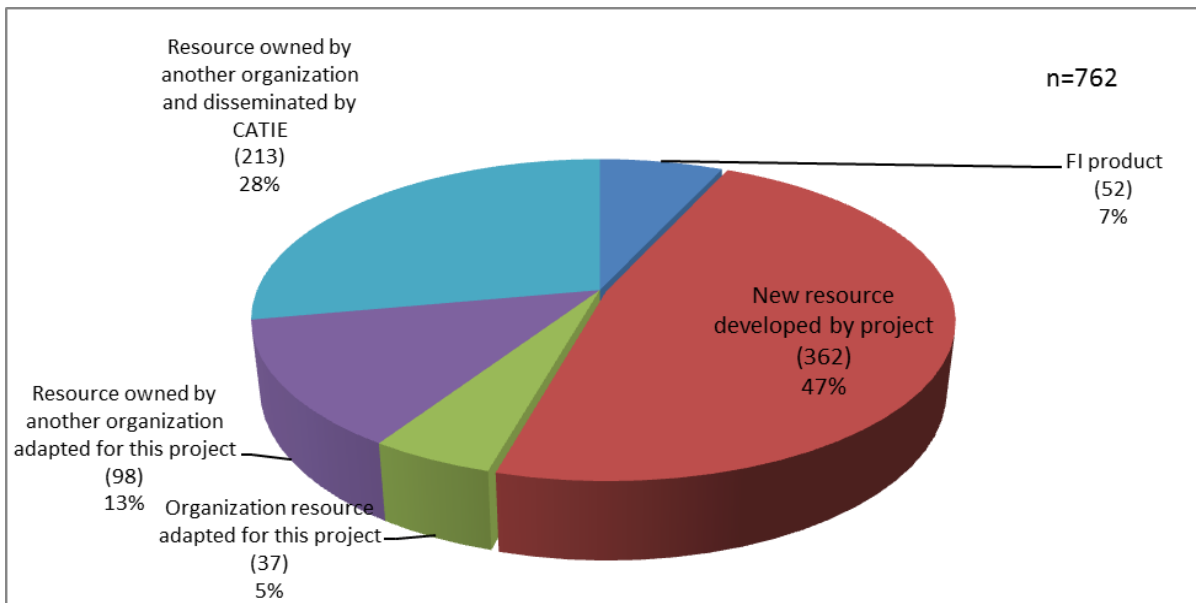
Figure 9 provides an overview of the main products disseminated in 2012-13. Please note that all products disseminated are listed below in table 10.

Figure 9: Type of product disseminated.



Of the 762 products, 362 (47 percent) were new resources developed by the projects (Figure 10).

Figure 10: Products by source.



Resources were offered in English (354 products or 46 percent of all products), French (267 products or 35 percent) or bilingual (110 of all or 14 percent).

Table 10: Language of products, 2012-13.

Type of product	English	French	Bilingual	Other	Total
Brochures/pamphlets/booklets/key message materials	91	83	22	17	213
Fact sheets	82	73	7		162
Reports/books	54	45	20		119
Manuals/programming tools	35	28	14		77
Periodicals	32	26	9		67
Presentations (non-peer reviewed)	21	5	2	1	29
Awareness products (bracelets, condom carriers, pins, ribbons, etc.)	11		6	5	22
Communiqués/newsletters/product promotion	10	2	10		22
Websites	6	1	9	2	18
CDs/videos	6	1	7	3	17
Educational games/tools	5	3		3	11
Training kits	1		3		4
Web modules/multimedia (online)			1		1
Total	354	267	110	31	762

An estimated 561,866 copies of materials, a little less than 50 percent, were distributed to key populations at risk (Table 11). Brochures, pamphlets, booklets and key message materials accounted for 71 percent of all products.

Table 11: Product distribution by key at risk populations and target audiences, 2012-13.

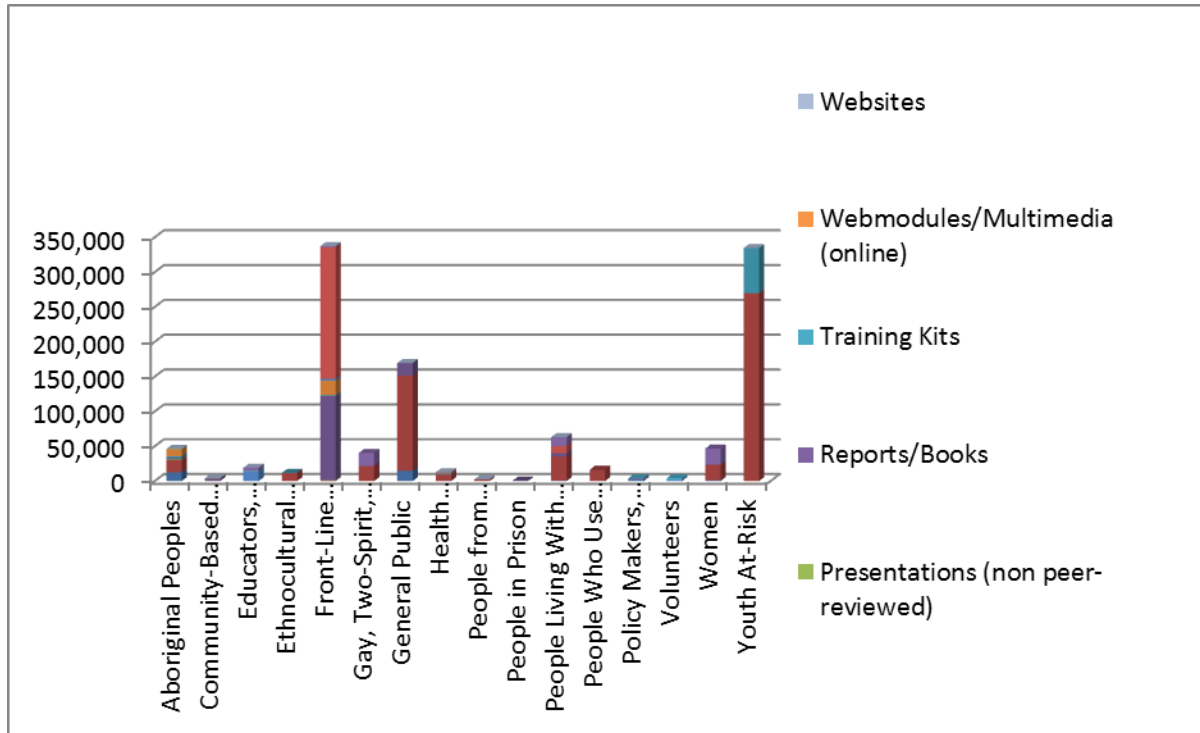
Product	Key at risk population	Target audience	Total
Brochures/pamphlets/booklets/key message materials	396,866	146,091	542,957
Periodicals	10,040	190,798	200,838
Communiqués/newsletters/product promotion	6,597	142,314	148,911
Educational games/tools	67,188	1,631	68,819
Reports/books	54,483	6,782	61,265
Fact sheets	10,050	20,765	30,815
Awareness products (bracelets, condom carriers, pins, ribbons, etc.)	13,751	16,868	30,619
Manuals/programming tools	437	20,585	21,022
CDs/videos	1,187	1,557	2,744
Training kits	150	2,020	2,170
Presentations (non peer-reviewed)	619	909	1,528
Websites	252	0	252
Total	561,620	550,320	1,111,940

Most of the projects' products went to four audiences:

- frontline workers/services providers 337,331 (30.0 percent)
- youth-at-risk 334,569 (29.7 percent)
- the general public 169,444 (15.0 percent)
- people living with HIV/AIDS (5.6 percent) (Figure 11).

Approximately 46,000 Aboriginal people, the largest key population at risk, were reached (4.1 percent of total people reached).

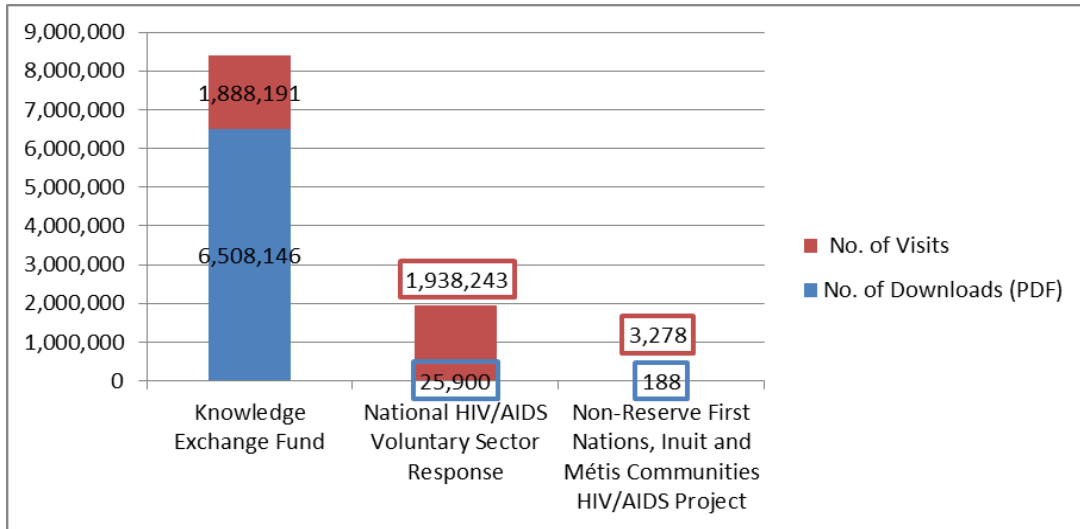
Figure 11: Product distribution by target audience and key population.



4.1 Web product dissemination

Funded recipients also disseminated web products. Figure 12 shows the number of downloads and page views by fund. As expected, the Knowledge Exchange Fund has the highest number of downloads and page views. As well, funded recipients updated websites with information and resources for their intended audiences.

Figure 12: Number of downloads and page views by G&Cs fund.



V. Reach through education, awareness and outreach activities

5.1 Activities and reach

In 2012-13, the 30 funded projects reached more than 96,000 people (Table 12). They included key populations at risk as well as other target audiences, such as service providers and the general public. Social marketing campaigns reached more than 41,000 people.

Table 12: Reach by activity output, 2012-13.

Activity Output	# of Individuals
Social Marketing	41,202
Community Events	20,732
Workshops/Presentations	9,372
Outreach	9,245
Distribution and Dissemination	4,903
Knowledge Translation & Exchange	2,579
Support Services (personal support services/social services)	2,302
Public Awareness (community activities)	2,160
Focus Group	1,514
Testing/Counselling	875
Policy/Project Development	650
Information Services	466
International Conference	442
Social Activities (group activities)	253
Intervention development	12
Total	96,707

5.2 Reach through social media campaigns

Funded recipients have adapted to the recent changes in communication tools. More of them are using social media campaigns to reach their key populations at risk and raise awareness. They use social networking websites (such as Facebook, Twitter), blogs and other interactive media to engage their key populations in innovative ways. The data showed that most individuals reached were through social marketing.

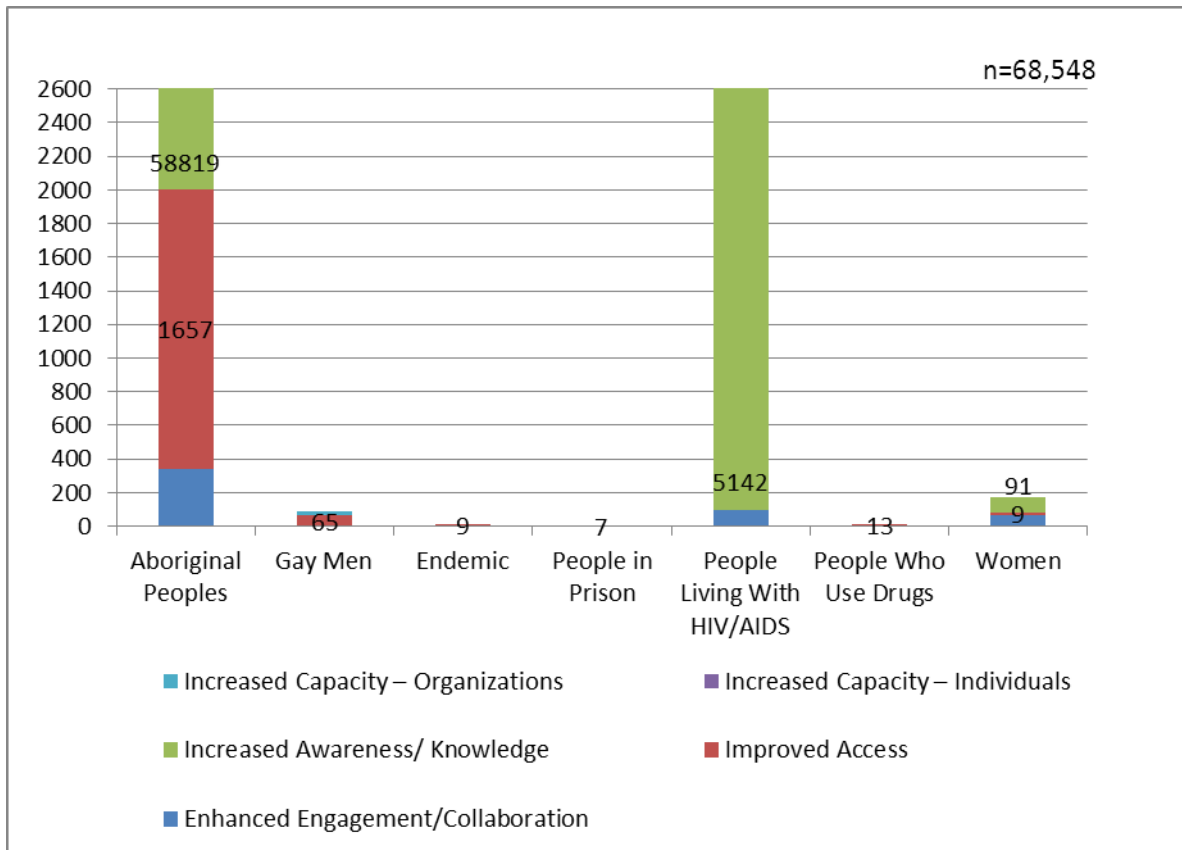
As for activity outcomes, Table 13 shows that the projects reported reaching almost 90 percent of their audiences through activities aimed at increasing awareness and knowledge.

Table 13: Reach by activity outcome, 2012-13.

Activity outcome	# of people reached	% of total people
Increased awareness/knowledge	86,366	89.3
Enhanced engagement/collaboration	4,503	4.7
Increased capacity – individuals	2,056	2.1
Improved access	1,760	1.8
Increased capacity – organizations	1,545	1.6
Increased Canadian global engagement/leadership	477	0.5
Total	96,707	100

Figure 13 provides an overview of the key populations at risk reached by outcome. In 2012-13, the funded projects reached an estimated total of 68,548 people at risk of, or living with, HIV. People who self-identified as Aboriginal (61,265) were the largest number of people reached, followed by people living with HIV/AIDS (6,995). This can be explained by the fact that one of the funds exclusively targets Aboriginal people.

Figure 13: Key populations reached by outcome, 2012-13.

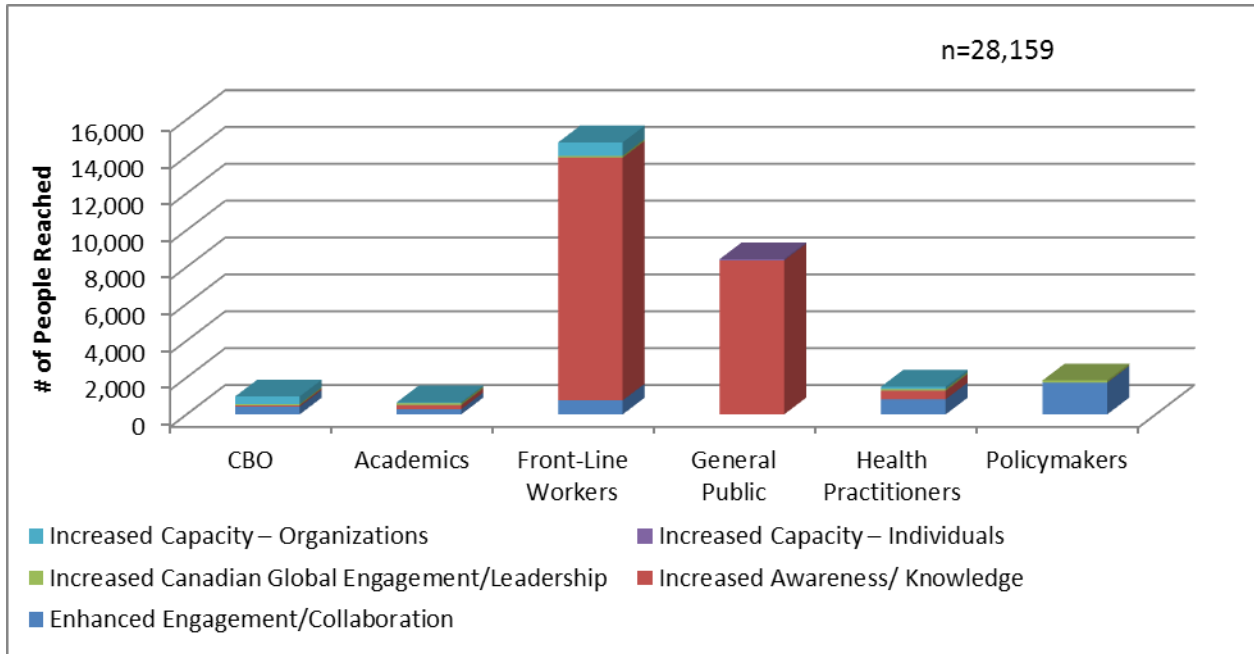


As mentioned previously, the funded projects also targeted:

- practitioners
- professionals and other service providers
- policymakers
- the general public.

In 2012-13, funded recipients estimated reaching a total of almost 30,000 people within these target groups. Frontline workers (13,177 individuals) were the most reached, followed by the general public (8,356 individuals). Figure 14 highlights projects' reach by type of outcome and audiences.

Figure 14: Target audiences reached by outcome, 2012-13.



This year, the PMT initiated data collection to support gender- and age-based analysis. Since this was the first time this information was collected, not all funded recipients were able to provide data on these criteria. However, sufficient data was collected to give a general idea on the reach by age and by gender. Figure 15 shows the breakdown of projects' reach by age groups, while Figure 16 provides an overview of reach by gender.

Figure 15: Key populations reached by age group and outcome, 2012-13.

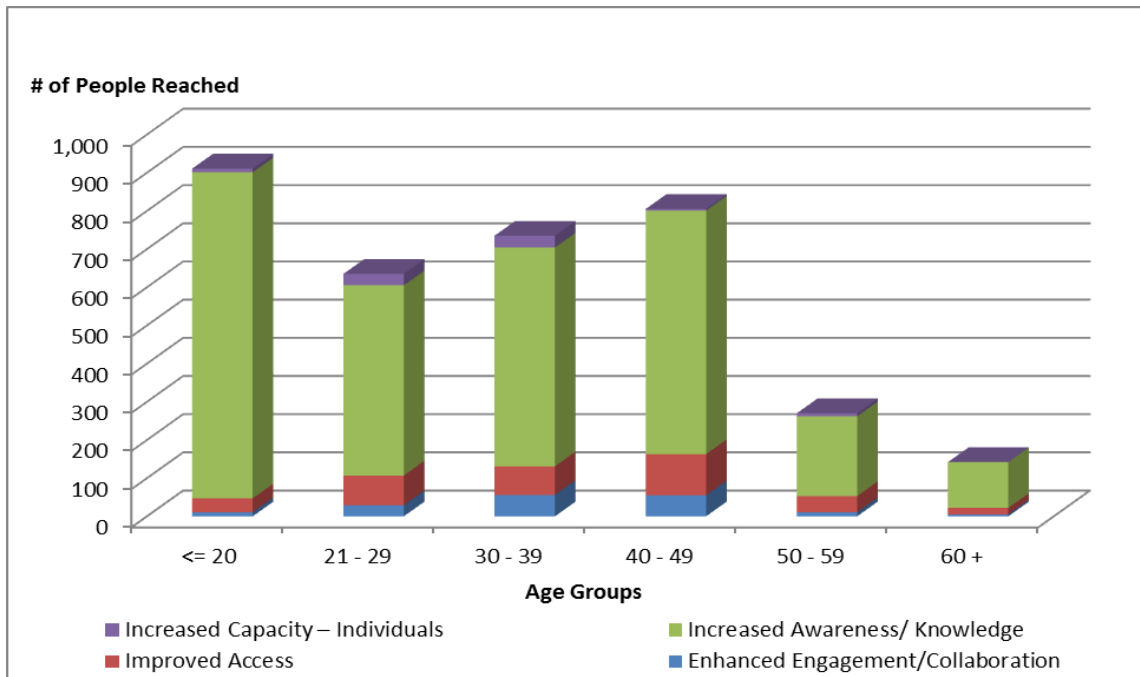
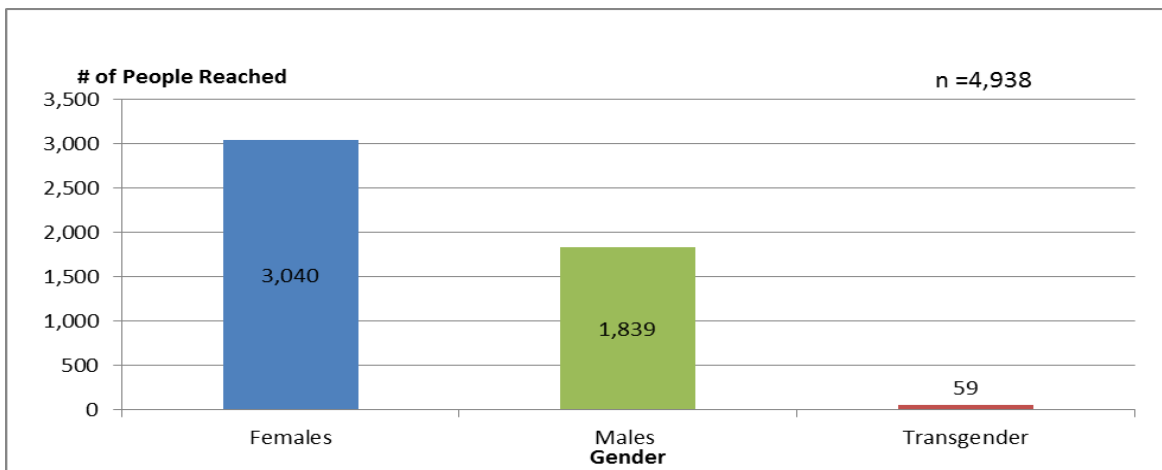


Figure 16: Key populations reached by gender, 2012-13.



5.3 Outcomes funded recipients aimed to achieve

The funded projects aimed to achieve the following outcomes:

- increased awareness and knowledge of HIV/AIDS and of ways to address the disease
- increased individual capacity
- increased organizational capacity
- enhanced engagement and collaboration on approaches to address HIV/AIDS
- increased Canadian engagement and leadership in the global context
- improved access to services.

Full information is available in the project final evaluation reports. However, the new PMT provided some information on project activity outcomes by audiences and reach. The main results for each outcome are listed below.

5.3.1 Increased awareness and knowledge of HIV/AIDS and of ways to address the disease

In 2012-13, 26 of the 30 projects (87 percent of all projects) provided activities that increased awareness and knowledge. From these activities, 68,548 people at risk were reached, mainly Aboriginal people (58,819) and people living with HIV/AIDS (5,142).

5.3.2 Increased individual capacity

Seven projects worked to increase individual capacity. These projects organized:

- social activities
- support services
- workshops
- presentations.

Almost 2,000 individuals who identified as belonging to key populations at risk were reached, primarily people living with HIV/AIDS (1,755).

5.3.3 Increased organizational capacity

Five of the projects, or 17 percent, worked to change the practice of professionals and other service providers. These interventions reached a total of 1,307 professionals and service providers.

5.3.4 Enhanced engagement and collaboration on approaches to address HIV/AIDS

Many funded recipients worked in collaboration with other professionals and community-based organizations in 2012-13. Projects reported partnering with almost 4,000 professionals or community-based organizations to achieve their project outcomes. Mostly, they collaborated with:

- policy makers (1,720)
- health practitioners and other health care professionals (820)
- frontline workers and service providers (758).

5.3.5 Increased Canadian engagement and leadership in the global context

Two national projects reported their activities to increase engagement and leadership in the global context. One organization participated in Global Fund Board meetings and the other collaborated in the development of the Canadian booth at the International AIDS conference in 2012. Through these activities, they shared Canadian ways to address HIV/AIDS with over 100 individuals.

5.3.6 Improved access to services

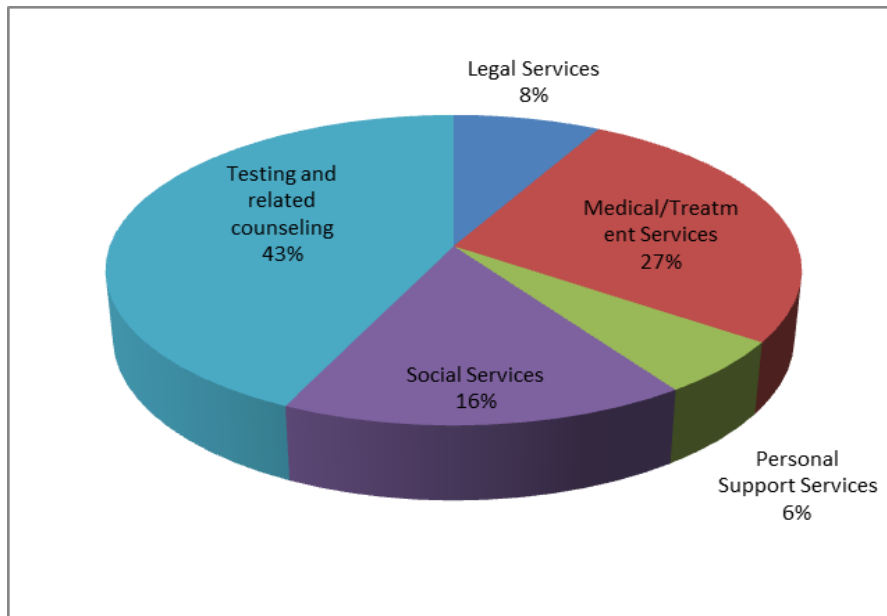
Of the 30 projects, 10 tried to improve access to health and social services for their key populations at risk. To do this they:

- organized activities with policymakers, decision makers and leaders (1,678)
- gave skills-building sessions to frontline workers (250)

- organized activities to inform key populations at risk
- provided support services
- referred key populations at risk to available services.

Overall, more than 2,800 individuals were referred to social, legal and health services. For example, 875 Aboriginal people were referred for testing and counseling. Figure 17 breaks down the referrals to different types of services. Testing and related counseling accounted for 43 percent of all referrals (1,208 in total). Projects also referred clients frequently to medical and treatment services (27 percent of all referrals or 754 in total) and social services such as food banks, housing or child care (16 percent of all referrals or 460 in total).

Figure 17: Reach by type of referral.



V. Conclusion

The collection of data using the PMT provides standardized information about the work of the funded recipients. The findings demonstrated how funded recipients performed in different areas, such as their ability to leverage additional funding and involve key populations at risk.

The Agency noted that there are gaps in data which reinforces the importance of using monitoring tools consistently to track information related to the project activities and their participants.

Appendix I – List of National Projects Funded

(Fiscal year 2012-13)

Funded stream	Organisation name	Project title	Project description
National HIV/AIDS Voluntary Sector Response Fund	Canadian Aboriginal AIDS Network (CAAN)	Canadian Aboriginal AIDS Network	The purpose of the project is to increase knowledge and awareness of HIV/AIDS and other related communicable diseases among First Nations, Inuit and Métis people, frontline service providers and other stakeholders, using different mechanisms, such as strategies to address HIV/AIDS in a culturally relevant manner.
	Interagency Coalition on AIDS and Development (ICAD)	Bringing Canada and the World Together: Strengthening Canada’s Response to HIV and AIDS	The purpose of the project is to improve the quality of domestic and international HIV/AIDS programming through information analysis of knowledge and lessons learned by ICAD members and other stakeholders in the global response to HIV/AIDS. This project will also increase the profile and effectiveness of Canada’s role in the global response to HIV/AIDS.
	Canadian Public Health Association (CPHA)	Core Competencies for HIV Prevention	The purpose of the project is to build the capacity of community-based organizations to address those determinants of health that increase vulnerability to HIV infection and other related communicable diseases. This is done through the development of core competencies specific to priority populations for use by frontline service providers.

	Canadian HIV/AIDS Legal Network (CHLN)	HIV, Health and Human Rights in Canada: Deepening and Sharing Knowledge, Strengthening Prevention and Care, Enhancing Awareness and Capacity	The purpose of this project is to increase knowledge and awareness of frontline organisations on HIV and related human rights for people living with HIV/AIDS (PHAs), to enhance the capacity of these organizations to plan and deliver programming and services addressing HIV and related human rights issues. This will be done through the development of tools for PHAs and capacity-building activities for a broad audience that includes community-based service providers, researchers, primary and public health professionals, legal professionals and people living with HIV/AIDS.
	Canadian AIDS Society (CAS)	Canadian AIDS Society Program Activities	The purpose of the project is to improve community-based HIV prevention and strengthen responses for key priority populations through the development of resources for interventions. It is also to increase HIV/AIDS public awareness in Canada through strategic communications and targeted campaigns. As well, the project will increase the capacity of frontline community-based organizations to respond to public needs related to HIV/AIDS and other sexually transmitted and blood-borne infections in Canada by sharing community-based research and findings.
	Canadian Association for HIV Research (CAHR)	CAHR: Building Bridges and Demonstrating Excellence	The purpose of the project is to build the capacity of the next generation of HIV/AIDS and community-based researchers in Canada through:

			<ul style="list-style-type: none"> • analysis of the current community-based research training landscape • development of workshops and support • through mentorships and skills-building events.
	Canadian Working Group on HIV and Rehabilitation (CWGHR)	HIV, Disability and Rehabilitation: Collaborating for Healthy Futures	The purpose of the project is to increase access to rehabilitation interventions and prevent HIV transmission. This is done by increasing awareness and the capacity of service providers working with people living with HIV/AIDS, other related communicable diseases and other episodic and chronic health conditions.
	Canadian Treatment Action Council	A Framework for Enabling Access to Treatment, Care and Support for People Living with HIV/AIDS and Co-infected With Viral Hepatitis Within the Federal Initiative to Address HIV/AIDS in Canada	<p>The purpose of the project is to develop a series of educational materials and supporting resources on issues that face people living with HIV/AIDS (PHA), including:</p> <ul style="list-style-type: none"> • barriers to accessing HIV treatment • dental care • treatment as prevention strategies • complexities of care and support. <p>It aims to increase the capacity of PHA and those co-infected with hepatitis C virus (HCV) to deliver workshop series. The project will also increase the knowledge and skills of service providers and key priority populations living with HIV/AIDS and those co-infected with hepatitis C</p>

			(HCV) through the development, implementation and evaluation of workshops, fact sheets and a national conference.
	Canadian Ethnocultural Council (CEC)	Hepatitis C and Other Related Communicable Diseases in High Risk Immigrant Ethnic Communities	<p>The purpose of this project is to increase capacity (tools, resources, and collaborative partnerships) in order to raise awareness and understanding of hepatitis C and other related communicable diseases and of their prevention within five high-risk selected ethnic immigrant populations (Chinese, Egyptian, Filipino, South Asian, and Vietnamese).</p> <p>Previous health projects undertaken by the CEC identified a gap in information on communicable diseases for ethnic immigrant communities in Canada. This project will develop culturally appropriate public awareness and health promotion tools and resources for healthcare providers, service providers, community workers and community members with a special focus on women. Subsequently, using a train-the-trainer model, a core group of 25 key community experts will be trained and have the culturally appropriate information, tools and resources to conduct 25 community awareness sessions in the high-risk ethnic immigrant communities in five Canadian cities (Vancouver, Calgary, Winnipeg, Toronto, and Montréal). Active community engagement will strengthen intercultural partnerships, develop community networks and enhance community capacity to address hepatitis C and other related communicable diseases.</p>
	World Health	HIV Drug Resistance	The purpose of this project is to support the World Health Organization (WHO) HIV

	Organization	Surveillance and Monitoring Strategy	<p>Drug Resistance (HIVDR) strategy for the prevention, surveillance and monitoring of activities at the global, regional and national levels.</p> <p>The emergence and transmission of HIV drug resistance (HIVDR) in universal access to standard antiretroviral therapy (ART) is a major challenge, both from the perspective of individual treatment effectiveness and from the perspective of population based effectiveness and sustainability of national ART programs. To this end, WHO initiated a global HIVDR program in 2004 to adequately monitor the emergence of HIVDR as countries scaled up access to ART. Data indicate that HIVDR continues to rise, both in Canada and globally. This trend requires that WHO continue to address this important HIV health issue by further improving the capacity to monitor and respond to HIVDR around the world.</p>
<p><i>National HIV/AIDS Voluntary Knowledge Exchange Fund</i></p>	<p>Canadian AIDS Treatment Information Exchange (CATIE)</p>	<p>National Knowledge Exchange Broker in HIV and HCV</p>	<p>The purpose of the project is to increase the number of knowledge- exchange tools and resources available for frontline workers, their clients, communities and other stakeholders. This will enhance knowledge and ways to address, HIV/AIDS, the hepatitis C virus (HCV) and other related communicable diseases. The project aims to increase the engagement of frontline workers and other stakeholders to acquire new knowledge to increase the capacity of individuals and organizations to respond effectively to these diseases. The project will also increase the engagement and collaboration of frontline organizations and other stakeholders in knowledge-exchange planning and priority setting to address HIV/AIDS, HCV and other related</p>

			communicable diseases.
<p><i>Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund</i></p>	<p>Centre d'amitié autochtone de Val-d'Or</p>	<p>Pibamadzi</p>	<p>The purpose of the project is to allow the project located in Val-d'Or to build on and enhance existing activities and target populations. These include:</p> <ul style="list-style-type: none"> • continue successful outreach to vulnerable populations at risk for HIV, HCV and STIs transmission and other related conditions such as mental health • facilitate access to support and health services • increase education for prevention • continue successful education/information sessions for youth • expand audiences by including adults and Elders to increase knowledge of the broader community • provide staff training to develop knowledge of other related diseases and conditions as they relate to HIV • facilitate individual/group support and referrals to increase access to social and health services • continue successful collaborations with partners to meet needs of vulnerable populations • participate in public awareness events to increase knowledge and decrease stigma and discrimination • create and distribute

			education/prevention materials adapted to include other related diseases and conditions.
	Wabano Centre for Aboriginal Health Inc.	Animal Teachers	<p>The purpose of the project is to allow the project located in Ottawa to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • participation in HIV/AIDS and healthy sexuality awareness events to reach community members • participation in a two-day symposium to increase outreach and knowledge on cultural holistic approaches to healing • develop and provide cultural arts-based workshops on HIV, determinants of health and issues related to women affected by HIV, to increase knowledge on prevention of transmission • support women affected by HIV and other related communicable diseases to increase access to services in a safe environment • continue outreach and referrals.
	Labrador Friendship Centre	HIV/AIDS Labrador Project	<p>The purpose of the project is to allow the project located in Labrador to build on and enhance existing activities with partners and target populations. These include:</p> <ul style="list-style-type: none"> • provide a series of presentations and workshops on HIV and other related communicable diseases and conditions

			<p>to youth in local schools, the College of North Atlantic and to inmates in the Labrador correctional centre to increase awareness and education/prevention</p> <ul style="list-style-type: none"> • facilitate access to health services to inmates recently released to ensure medical care follow-up as necessary • lead awareness campaigns to increase knowledge and decrease stigma and discrimination • build partnerships with youth associations and gay alliances to broaden population reach and increase opportunities to provide education/prevention information • provide sharing circles to non-Aboriginal service providers to build networks and partnerships to ensure culturally appropriate support to Aboriginal peoples.
	<p>Ka Ni Kanichihk Inc.</p>	<p>Aboriginal Women Responding to the AIDS Crisis: Reclaiming Women's Thirteen Moons and the Restoration of Sacred Space in Tackling HIV/AIDS</p>	<p>The purpose of the project is to allow the project located in Winnipeg to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • facilitate forums for Aboriginal women and girls living in four small rural/remote communities to increase knowledge and education/prevention information and to build capacity to ensure sustainability and mutual support in the communities • host the World AIDS Day activities, in collaboration with CAAN, to increase knowledge and decrease stigma and

			<p>discrimination and to increase community engagement</p> <ul style="list-style-type: none"> • host a two-day forum focussed on APHAs' (Aboriginal people living with HIV/AIDS) stories to promote dialogue and collaboration among service providers, family members, key stakeholders and decision makers to ensure culturally appropriate support to APHAs • develop and distribute culturally-specific healing and educational material to women living on the streets or in addiction centres, shelters, youth centres or prisons to increase knowledge and education/prevention information • expand Speakers Bureau membership and its visibility through the creation of educational tools that will highlight individuals' stories as they relate to their experiences living with or affected by HIV.
	<p>Positive Living North: No Kheyoh T'Sih'En T'Sehena Society</p>	<p>The Fire Pit: A Gathering Place</p>	<p>The purpose of the project is to allow the project located in Prince George to build on and enhance existing culturally appropriate activities. These include:</p> <ul style="list-style-type: none"> • develop and provide a workshop series to facilitate healthy choices and address determinants of health • facilitate access to Elders services for culturally appropriate support • provide prevention/education information on HIV, HCV, STIs and other related communicable diseases

			<p>and conditions</p> <ul style="list-style-type: none"> • facilitate access to testing and other community resources and services that address poverty, addictions and homelessness • foster new partnerships, networks and cultural information sharing with community service providers to improve the quality of services.
	<p>Red Road HIV/AIDS Aboriginal Network</p>	<p><i>Bloodlines</i> Full Colour Magazine – An HIV/AIDS Magazine featuring Aboriginal Persons Living with HIV/AIDS from various backgrounds</p>	<p>The purpose of the project is to allow the project located in Vancouver to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • engage APHAs in the production of two issues of <i>Bloodlines</i> magazine to increase Aboriginal peoples’ awareness of HIV/AIDS, other related communicable diseases and conditions, and social determinants of health • create an educational resource companion, using the magazine’s content, as a teaching tool for educators to provide education/prevention information in the classroom. <p>The magazine will be distributed to community-based organizations, health services, BC hospitals and Aboriginal friendship centers.</p>
	<p>Hiiye’Yu Lelum (House of Friendship)</p>	<p>Kwam Kwum Suli’ (Strengthening</p>	<p>The purpose of the project is to allow the project located in Duncan to build on and enhance existing activities. These include:</p>

	Society)	Our Spirit)	<ul style="list-style-type: none"> • provide 15 youth-focused workshops in schools to increase HIV, HCV and STIs education and prevention information • host a one-day conference organised by and for youth to increase knowledge on the prevention of HIV, HCV and STIs transmission • youth mentorship to engage them in co-facilitating the workshops • provide culturally appropriate workshops for youth and Elders to facilitate traditional and cultural knowledge on healthy sexuality • continue successful monthly support groups for Aboriginal peoples living with HIV/AIDS • continue successful peer support program for newly diagnosed APHAs and family members.
	Sagitawa Friendship Society	Peace River HIV/AIDS Outreach Services	<p>The purpose of the project is to allow the project located in Peace River to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • provide information, referrals and one-on-one support to vulnerable people at risk for HIV, HCV, STIs and other related communicable diseases and conditions • continue successful established relationship with Elders and youth to increase engagement in HIV awareness and to provide

			<p>education/prevention information</p> <ul style="list-style-type: none"> • provide cultural teaching to APHAs and Aboriginal peoples living with other related communicable diseases and conditions to ensure they are connected to holistic healing • provide education/prevention information and workshops to the community, staff and service providers to increase knowledge and decrease stigma and discrimination • provide an educational retreat to Elders to increase their involvement in teaching youth about prevention of HIV, HCV, STIs and other related communicable disease transmission • develop and deliver after-school art-based workshops to hard-to-reach youth to increase knowledge and prevention information on HIV, HCV,STIs and other related communicable diseases • engage youth in the making of an educational and culturally appropriate video on the prevention and transmission of HIV, HCV, STIs and other related communicable diseases to be disseminated through social media • host prevention awareness campaigns through mainstream and social media.
	<p>Shining Mountains Living Community Services</p>	<p>Building Bridges – Building Capacity</p>	<p>The purpose of the project is to allow the project located in Red Deer to build on and enhance existing activities for target populations. These include:</p>

			<ul style="list-style-type: none"> • develop and provide capacity- building training for board and staff members to increase knowledge of HIV, HCV and TB • develop Métis-specific information resources on HIV, HCV, and TB co-infection • expand partnerships and collaborations to integrate other communicable diseases and conditions expertise in the network of partners • develop and conduct a social media campaign prepared by and for youth from the Métis community to increase awareness of HIV, HCV and TB co-infection.
	<p>Battleford's Family Health Centre Inc.</p>	<p>Bridging the Divide: Empowerment Through Informed Choices</p>	<p>The purpose of the project is to allow the project located in Battleford to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • produce a magazine created by and for youth to increase knowledge on HIV and other related diseases and conditions • continue successful educational presentations to youth at one high-risk alternative school and custody facilities to increase knowledge for prevention • provide youth outreach in the streets and at the sexual health clinic to increase engagement in health • provide educational sessions for

			<p>Aboriginal inmates</p> <ul style="list-style-type: none"> • host a women's group to increase capacity to engage in healthy sexuality and reduce transmission of HIV and other related communicable diseases and conditions • pre- and post-natal awareness sessions on healthy sexuality to increase knowledge on prevention of HIV and other related infections • deliver frontline staff and partner training to increase capacity in providing care and support and to increase knowledge of HIV and other related communicable diseases and conditions.
	<p>Prince Albert Métis Women's Association Inc.</p>	<p>Access, Intervention and Prevention: Addressing HIV/AIDS in Prince Albert, Saskatchewan</p>	<p>The purpose of the project is to allow the project located in Prince Albert to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • co-facilitate education and prevention workshop in collaboration with a Prince Albert Parkland nurse to increase effective support within the community • facilitate at-risk women and youth peer support groups to increase knowledge and access to testing, prevention and support • engage Métis leaders, Elders and community members to respond to the needs of Métis women • provide referral and facilitate access to testing and treatment

			<ul style="list-style-type: none"> • enhance current educational materials and increase dissemination through social media.
	STC Health and Family Services	HIV Education and Access to Services	<p>The purpose of the project is to allow the project located in Saskatoon to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • provide street outreach to deliver prevention and education resources and increase support to at-risk youth and adults • conduct workshops in school settings to provide education and prevention of HIV, HCV and STIs • develop an educational resource for youth to provide information on HIV, HCV and STIs • increase Elders' services to facilitate access to support and treatment, including mental health • provide Elder services for ceremonies, healing circles and sweats • continue referrals to health and social programs and services.
	Institute for Circumpolar Health Research	Promoting Sexual Health and Healthy Relationship through Youth-led Drama, Role Playing and Vignettes	<p>The purpose of the project is to allow the current project located in Yellowknife, Northwest Territories (NWT) to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • expand partnerships with schools and community organisations to continue to develop and sustain youth peer

			<p>leaders and the "Fostering Open eXpression among Youth" (FOXY) workshop program in communities across NWT</p> <ul style="list-style-type: none"> • deliver workshops using artistic media with young Aboriginal women to facilitate learning and discussion about healthy sexuality and healthy relationships • organize a new six-day FOXY Peer Leadership Retreat, using a variety of artistic media, to facilitate the development of sexual health knowledge, self-esteem/efficacy, leadership, and other sexual and mental health coping skills among young Northern women. • with this retreat, train and support about 15 young women (aged 13-16) to share their knowledge with other youth in their home communities. • disseminate knowledge and share project results, including art work developed by youth during the FOXY workshops, and compile it into a book available online at the FOXY website (www.arcticfoxy.com).
	<p>Council of Yukon First Nations</p>	<p>Community Workshop Series: Addressing the needs of rural Yukon First Nations</p>	<p>The purpose of the project is to allow the current project located in Whitehorse to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • development of a plain language document and Lunch and Learn presentation to provide information on HIV disclosure and its relevance for Aboriginal people living in rural

			<p>communities</p> <ul style="list-style-type: none"> • presentations and workshops on addiction and its relationship to HIV and HCV infection • healthy sexuality workshops targeting women • an intensive two-day training for youth workers that adapts an existing training manual to respond to the needs of Yukon-based frontline workers.
	Pauktuutit Inuit Women’s Association	<i>Tukisiviit</i> National Inuit Sexual Health Literacy Forum	<p>The purpose of the project is to allow the current project to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • develop an extensive social marketing and communication strategy to ensure the full and effective use of <i>Tukisiviit (Do You Understand?)</i> Inuktitut terminology glossary developed in the first phase of the project • launch <i>Tukisiviit</i> nationally and regionally in the four regional Inuit regions • broaden the dissemination strategy to increase the reach and uptake of the glossary • expand the evaluation of the use of <i>Tukisiviit</i> at various levels.
	Healing Our Nations: The Atlantic First Nations AIDS Task Force	Strengthening the Circle	<p>The purpose of the project is to allow the current project to build on and enhance existing activities. These include:</p>

			<ul style="list-style-type: none"> • enhance educational workshops to increase knowledge and awareness of HIV/HCV/STI in the four Atlantic provinces • develop a regional culturally appropriate social media <i>Get Yourself Tested</i> campaign • host a <i>Testing Awareness</i> event in each Atlantic province • organise a culturally-safe Knowledge Translation Gathering for the members of the Atlantic HIV/AIDS Circle, including representatives from the four Atlantic provinces • provide a two-day capacity- building session to enhance the capacity of non-Aboriginal AIDS service organisations to deliver more culturally appropriate services to the Aboriginal Atlantic population.
	<p>Canadian Aboriginal AIDS Network (CAAN)</p>	<p>Community Readiness Assessments and Implementing Culturally Appropriate Interventions</p>	<p>The purpose of the project is to allow the current national project to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • adapt existing resources on sexually transmitted and blood borne infections and mental health, as they relate to communicable diseases, to ensure they are culturally relevant and responsive to the needs of Aboriginal communities • deliver four regional community readiness training sessions to increase Aboriginal and non-Aboriginal organisations' capacity to carry out culturally appropriate communicable

			<p>disease prevention interventions in Saskatoon, Atlantic, Ottawa and Vancouver</p> <ul style="list-style-type: none"> • provide assistance/mentorship to trainee organisations to assess their level of readiness to implement specific and appropriate actions/workplans, based on their assessment results. This national project is targeting the Aboriginal off-reserve population but CAAN also receives funding from Health Canada, First Nations and Inuit Health Branch to carry out similar project activities on-reserve.
	<p>Native Women's Association of Canada</p>	<p>Removing the Barriers and Improving Access to Culturally Relevant, Gender Specific HIV/AIDS Prevention Information among hard to reach, at-risk Aboriginal Women in Canada</p>	<p>The purpose of the project is to allow the current national project to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • training of young Aboriginal women to co-facilitate/deliver a pilot of the culturally inclusive, gender-specific HIV/AIDS prevention cinema forum tool developed in phase one. The tool consists of a series of key scenes related to dilemmas that young Aboriginal girls struggle with in preventing HIV and STIs, along with an accompanying resource/guidebook. • engage youth and foster participation in discussions to find solutions to address the issues • deliver the pilot in selected child, welfare and youth corrections/custody agencies across Canada • link Aboriginal young women with appropriate local peer educators for

			the delivery of the pilot.
	Sandy Beach Kimamow Atoskanow Foundation	Voice of CHOICE – Challenging HIV Owing Interventions Creating Evidence	<p>The purpose of the project is to allow the current project located in Alberta to build on and enhance existing activities. These include:</p> <ul style="list-style-type: none"> • development, delivery and evaluation of workshops for target populations, including youth, women and prisoners, to increase awareness, acceptance, prevention and support interventions related to communicable diseases, mental health and other related health determinants • peer support and information sessions for affected Aboriginal people to increase access to appropriate support and services • conduct learning opportunities between youth and Elders on cultural teaching and contemporary issues • continue capacity-building initiatives that contribute to strengthening the Aboriginal HIV/AIDS response in Alberta • undertake culturally relevant adaptation of existing resources for service providers working with at-risk Aboriginal populations.
	Native Women’s Shelter of Montreal	Holistic Health Project	The purpose of the project is to provide culturally relevant HIV/AIDS education to vulnerable groups of Aboriginal women and enhance the ability of community-based service providers in the urban Montreal area.

