

# FEDERAL INITIATIVE TO ADDRESS HIV/AIDS IN CANADA

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*GRANTS AND CONTRIBUTIONS PERFORMANCE MEASUREMENT REPORT – 2013-2014*

Également disponible en français sous le titre :

Initiative fédérale de lutte contre le VIH/sida au Canada : Rapport d'évaluation du rendement des subventions et des contributions de 2013-2014

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## I. Introduction

As a key element of the Government of Canada's approach to HIV/AIDS, the Federal Initiative to Address HIV/AIDS in Canada (the Federal Initiative) provides funding to support the prevention and control of HIV among priority populations identified as being at-risk or living with HIV/AIDS. To this end, each year, the Public Health Agency of Canada (the Agency), under the purview of the Federal Initiative supports the voluntary sector and community-based HIV/AIDS responses through the provision of Grants and Contributions (G&C) funding. In 2013-2014, the Agency administered four G&C funds for 147 HIV/AIDS-related projects. Of these projects, 30 were funded through funding programs that are national in scope – 20 through the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund; nine (9) through the National HIV/AIDS Voluntary Sector Response Fund; and one (1) through the National HIV/AIDS Knowledge Exchange Fund – and 117 were funded through a regional fund – the *AIDS Community Action Program (ACAP)*.

Each year, the Agency collects performance measurement data from the projects it funds with respect to their resources, partnerships, diverse activities, and reach. This report provides a summation of the information collected from projects for 2013-2014; it incorporates the annual G&C data collected from three different reporting tools – data collected from nationally-funded projects through the Performance Measurement Tool (PMT), and from regionally-funded projects through the Project Evaluation and Reporting Tool (PERT) and the Ontario Community HIV/AIDS Reporting Tool (OCHART)<sup>1</sup>. For the purposes of this report, data has been presented regionally in order to better capture ACAP's regional distribution – with projects funded under the other three funds treated as a single region (referred to as National projects). Additionally, region-specific highlights have been included.

This annual report has several limitations that should be kept in mind when reading the results. First, it is to be noted that the same individuals or audiences may have been reached more than once through different activities or by more than one project. Second, since the data presented in this report are collected through three different tools (PMT, PERT and OCHART), some manipulations of the data were required to facilitate data compilation and comparisons between and across nationally and regionally funded projects. In addition, in some cases, information was only collected nationally or regionally, and as such comparisons were not possible between national and regional funds.

Finally, although the Agency supports the response in Nunavut and the Northwest Territories through the Northern Wellness Agreement, the performance data for this investment is not included in the report.

The findings of this report show that projects were able to:

- Leverage the funding they received from the Federal Initiative to achieve greater results in the following capacities:
  - Find additional funding from other public and private sector organizations;
  - Receive contributions from loaned staff and volunteers to aid in their work;
  - Provide training to more than 5,370 staff and volunteers;

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<sup>1</sup> It should be noted that the information collected through these three tools did not always align perfectly.

- Build and maintain more than 1,100 partnerships within the public, not-for-profit, and private sectors to help projects better achieve their objectives;
- Involve more than 11,300 individuals belonging to priority populations in different areas of the project's activities and administration in order to more effectively attend to the populations' needs;
- Create and disseminate a wide range of more than 1,440 products to priority populations and target audiences;
- Improve individuals' capacity by providing workshops and community programs to enhance capacity and support healthier behaviours;
- Improve organizations' capacity by providing specific presentations and workshops to enhance capacity;
- Reach more than 3,551,000 individuals through dissemination activities and more than 346,000 individuals from priority populations through their project activities.

## II. Description of the G&C Funds

In 2013-2014, the Agency administered four G&Cs funds under the Federal Initiative. Twenty (20) were funded through the Non-Reserve Fund, nine (9) through the National HIV/AIDS Voluntary Sector Response Fund, and one (1) through the National HIV/AIDS Knowledge Exchange Fund. The *AIDS Community Action Program (ACAP)* supported the largest number of projects (117).

### ***AIDS Community Action Program (ACAP)***

ACAP supports regional and local community-based organizations to reach people most affected by the HIV/AIDS epidemic – including those living with HIV/AIDS, as well as health and other service practitioners. The goal of this fund is to contribute to the prevention of new infections and reduce HIV transmission risks and co-infections among priority populations; facilitate access to services that address risk behaviours and conditions, and enhance capacity to serve priority populations; foster the development of multidisciplinary and multi-sectorial collaborations and partnerships; and facilitate knowledge translation and exchange of promising practices.

### ***National HIV/AIDS Knowledge Exchange Fund***

The goal of this fund is to strengthen the response of frontline organizations involved in the delivery of prevention, diagnosis, care, treatment, and support to people living with and at-risk of HIV/AIDS and other related communicable diseases. 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 which contributes to the prevention and control of HIV/AIDS and other related communicable diseases through the funding of prevention and support interventions, public awareness and health promotion activities, and capacity building within the organizations it funds.

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

The goal of this fund is to reduce HIV incidence and facilitate access to testing, counselling, 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.

Projects that received funding through these four G&C funds developed and provided a wide range of services and activities, including: increasing the capacity of community organizations for dealing with the impact of HIV/AIDS; developing approaches for addressing issues affecting priority populations; and supporting partnerships in achieving greater cohesion across Canada among HIV/AIDS and hepatitis C (HCV) prevention initiatives.<sup>2</sup> These activities were used to reach priority populations identified by the Federal Initiative as being particularly at risk or vulnerable to HIV/AIDS infections.

- Aboriginal people
- Gay, two-spirit, bisexual, and other men who have sex with men (MSM)
- People from countries where HIV is endemic
- People in prison
- People living with HIV/AIDS
- People who use drugs
- Women
- Youth

Beyond priority populations and in the ongoing effort to address and prevent the acquisition and transmission of HIV/AIDS, projects developed activities geared towards other target audiences – individuals or groups who, through their work or activities, are involved in efforts to address HIV/AIDS.

- Clinical care providers
- General public
- Not-for-profit frontline service providers and educators
- People from ethnocultural groups
- Policymakers, decision makers, and leaders
- Public health professionals
- Researchers and academics
- Volunteers

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<sup>2</sup> Because of the interrelated nature of HIV/AIDS to HCV and other sexually transmitted infections (STI) – particularly in terms of the risk factors associated with these infections – coupled with the value of upstream/cross-cutting approaches to addressing these infections, there is often overlap between activities offered by projects to address HIV/AIDS and HCV. Because of this overlap, many projects have reported outcomes related to both HIV/AIDS and HCV – a fact that is captured in this report.

### III. Key Findings

#### 1. Resources

In 2013-2014, the Agency distributed funding through its four funding streams to 147 projects. Using these funds, projects were able to leverage an approximate \$7.9<sup>3</sup> million in additional funding and in-kind contributions. Projects were also able to leverage their funding towards the acquisition of additional human resources in support of their activities – reporting more than 373,000 hours of service received from volunteers and loaned staff. Moreover, projects indicated that they were able to apply their resources towards increasing the capacity of more than 5,370 of their staff and volunteers through the provision of training. Table 1-1 provides an overview of projects' resource allocation and leveraged funding by region.

**Table 1-1: Leveraged Resources, 2013-2014**

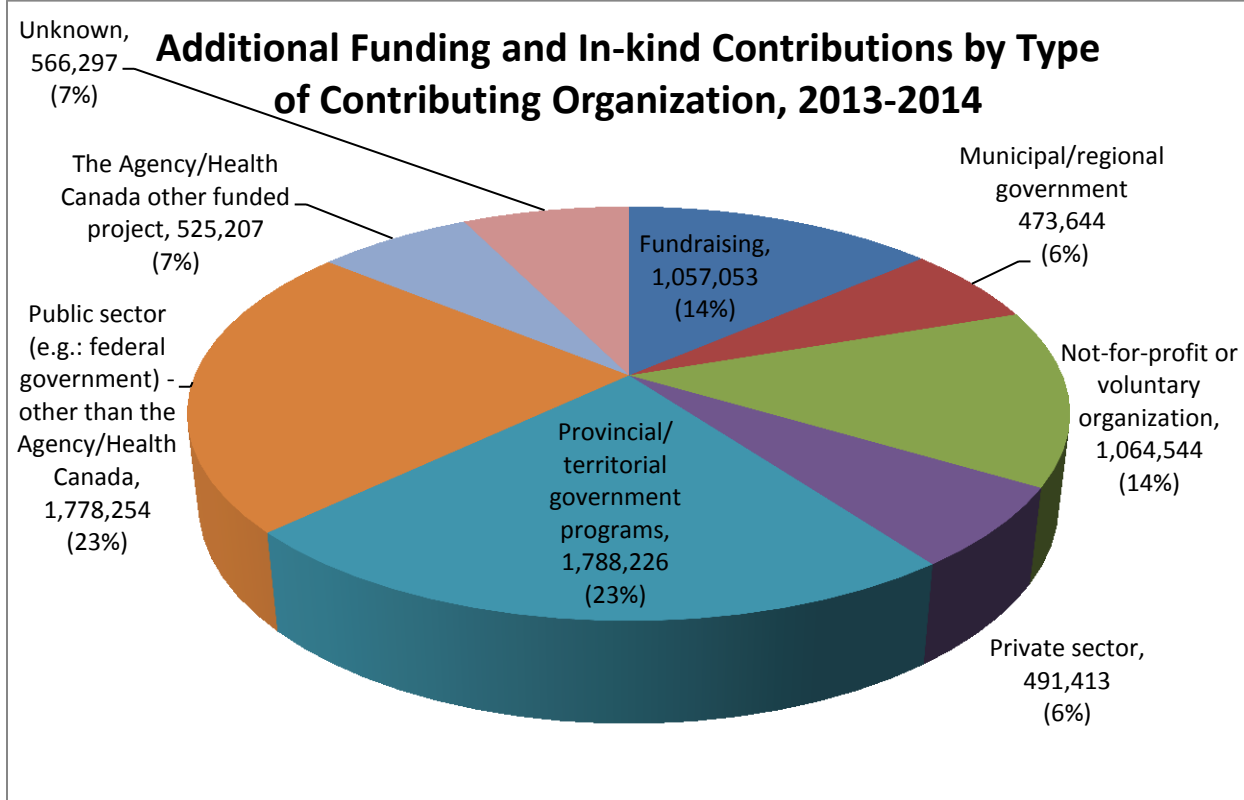
Region	# of projects	Leverage (\$) of additional funding and in-kind contributions	Additional human resource hours	# of individuals trained
Alberta (AB)	8	3,093,473	27,210	580
Atlantic (ATL)	10	1,053,580	30,540	203
British Columbia (BC)	15	326,029	72,747	727
Manitoba-Saskatchewan (MB-SK)	7	1,036,625	21,319	365
Ontario (ON)	48		70,765	1,949
Quebec (QC)	29	324,939	101,755	725
National projects (NTL)	30	2,088,555	18,364	814
<b>Total</b>	<b>147</b>	<b>7,923,201</b>	<b>373,210</b>	<b>5,374</b>

Projects reported that their primary sources of additional funding and in-kind contributions were provincial/territorial government programs and public sector organizations (other than the Agency and/or Health Canada) – each accounting for approximately 23% of additional funding – followed by not-for-profit or voluntary organizations and fundraising – each accounting for 14% of the total. By contrast, only 7% of contributions came from other project(s) funded by the Agency/Health Canada. This suggests that projects were able to draw upon a diverse range of sources for their additional funding beyond what is allocated through the Federal Initiative. Figure 1-1 provides the breakdown of additional funding and in-kind contributions, by type of contributing organization, for 2013-2014.

<sup>3</sup> Ontario projects' data for additional funds are not available for FY 2013-2014.



**Figure 1-1: Additional Funding and In-kind Contributions by Type of Contributing Organization, 2013-2014<sup>4</sup>**

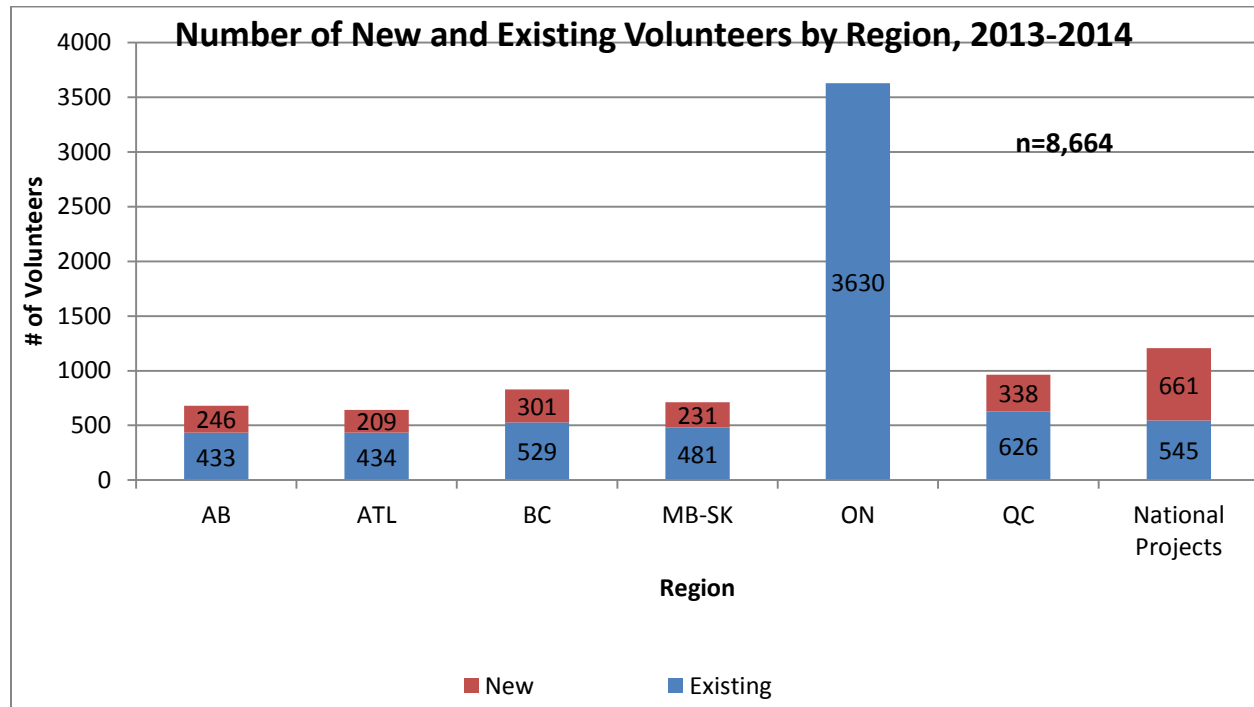


### A. Volunteers

In 2013-2014, projects reported receiving support from 8,664 volunteers. Of those volunteers, 6,678 were volunteers who had supported projects in previous years and 1,986 were new to the projects. Projects from the Ontario region reported receiving support from the largest number of volunteers – 3,630 (or 38% of all volunteers). Figure 1-2 provides a breakdown of volunteers – new and existing – by region.

<sup>4</sup> Data for Ontario was unavailable or incompatible for analysis in this question.

**Figure 1-2: Number of New and Existing Volunteers by Region, 2013-2014**



In total, projects reported that volunteers contributed more than 231,000 hours of support to projects in 2013-2014. Volunteers from the Ontario region offered the most hours of support with 70,765 hours in total – or 31% of the total hours of support provided by volunteers. On a per volunteer basis, projects in the Quebec region received more than 53 hours of support from each volunteer they reported – almost double the average hourly rate of support offered by volunteers. Table 1-2 provides an overview of volunteers and volunteer hours by region.

**Table 1-2: Volunteers and Volunteer Hours by Region, 2013-2014**

Region	# of volunteers	# of hours	Average # of hours per volunteer
Alberta	679	13,600	20
Atlantic	643	30,540	47
British Columbia	830	36,515	44
Manitoba-Saskatchewan	712	10,657	15
Ontario	3,630	70,765	19
Quebec	964	51,500	53
National projects	1,206	18,364	15
<b>Total</b>	<b>8,664</b>	<b>231,643</b>	<b>27</b>

**Regional Highlight:** The number of volunteers involved with projects in the Manitoba-Saskatchewan region increased by 17% between 2012-2013 and 2013-2014, while the number of volunteer hours increased by 48%.

## B. Training

Of the 147 projects that were funded through G&C funds in 2013-2014, 111 reported offering and/or facilitating training for their staff and/or volunteers. In total, projects reported training 5,363 individuals.

Overall, strategic planning and organizational effectiveness/development was the most frequently cited type of training offered to project staff and volunteers, with almost 40% of all individuals trained (2,117 in total) having attended such training. HIV/AIDS and HCV prevention training was the second most frequented form of training – attended by more than 1,300 individuals – followed by training on facilitating access to services – with 860 individuals in attendance. Table 1-3 provides a regional overview of the types of training offered by projects.

**Table 1-3: Number of Individuals Trained by Type of Training, 2013-2014**

Type of training	Regions							Total
	AB	ATL	BC	MB-SK	ON	QC	NTL	
Strategic planning and organizational effectiveness/development	163	48	68	43	1,133	68	594	2,117
HIV/AIDS and HCV prevention	256	106	290	141	188	303	38	1,322
Facilitating access to services	56	22	228	51	303	132	68	860
Cultural sensitivity	43	7	102	70	117	142	92	573
Grief, crisis management	33	12	36	41	120	66	10	318
Evaluation training	29	8	3	19	88	14	12	173
<b>Total</b>	<b>580</b>	<b>203</b>	<b>727</b>	<b>365</b>	<b>1,949</b>	<b>725</b>	<b>814</b>	<b>5,363</b>

**Regional Highlights:** Projects in the Atlantic and Quebec regions focused their training efforts on HIV/AIDS and HCV prevention – reaching a total of 106 and 303 individuals, respectively.

## 2. Partnerships

Partnerships<sup>5</sup> are an important component of the Federal Initiative. Partner organizations can help projects reach priority populations, strengthen access to services, expand the reach of HIV work into other sectors, and ensure the sustainability of community-based initiatives. A total of 1,107 partnerships were developed and maintained by projects funded by the Federal Initiative – 735 of which were made with not-for-profit or voluntary sector organizations (accounting for 66% of all partnerships), followed by public sector organizations (other than the Agency or Health Canada) with 309 partnerships (28%). Table 2-1 provides an overview of the types of organizations projects partnered with, broken down by region.

<sup>5</sup> Data for Ontario was unavailable or incompatible for analysis in this section.

**Table 2-1: Partners by Type of Organization and Region, 2013-2014**

Type of partner agency	Regions						Total
	AB	ATL	BC	MB-SK	QC	NTL	
Not-for-profit and/or voluntary organization	48	45	65	26	117	434	735
Public Sector (e.g.: government) - other than the Agency/Health Canada	29	17	32	17	47	167	309
Private sector	3	5	4	3	15	17	47
The Agency/ Health Canada - other funded project						8	8
Not Applicable						8	8
<b>Total</b>	<b>80</b>	<b>67</b>	<b>101</b>	<b>46</b>	<b>179</b>	<b>634</b>	<b>1,107</b>

Projects reported that, through their partnerships, they were able to achieve a number of results/outcomes related to addressing HIV/AIDS. Approximately 19% (215) of partnerships resulted in improved access for priority populations to services and care. Increasing awareness/knowledge was the outcome of 18% (204) of partnerships, while enhanced engagement and collaboration was the result achieved from 15% (169) of partnerships. Table 2-2 provides an overview of the results achieved through partnerships.

**Table 2-2: Results Achieved Through Partnerships, 2013-2014**

Activity result	Total
Improved Access	215
Increased Awareness/Knowledge	204
Enhanced Engagement/Collaboration	169
Increased Capacity – Organizations	115
Assisted with project delivery	99
Skill &/or knowledge development	74
Increased Capacity – Individuals	63
Collaboration on new initiatives	59
Consultation & Advice	50
Increased Canadian Global Engagement/Leadership	43
Increased resources (financial & human resources)	21
Assisted with/implemented policy change	5
<b>Total</b>	<b>1,107</b>

**Regional Highlights:** Partnerships established in the Atlantic region were primarily with organizations in the not-for-profit or voluntary sector. As a result of the small number of organizations in Atlantic communities, funded organizations in the region connect to a broader range of groups across determinants of health – including housing, justice and legal, and work on a range of issues that span beyond health. Public sector partners are mainly at the local health authority level and collaborations focus on health, social services, and policy development.

Partnerships established by the Quebec region projects were primarily with not-for-profit and voluntary sector organizations. Many partnerships are long standing and have developed over time. Through partnership, community organizations take advantage of their complementary areas of expertise and interventions. Collaborations with the public sector are mainly in the field of health and social services.

### 3. Priority Population Involvement

Priority populations refer to the specific populations that projects try to reach through their activities and interventions. One of the many approaches used by projects to reach priority populations has been to involve them, in some capacity, with the project’s activities and delivery. By involving priority populations in their activities, projects increase the likelihood their activities meet and are driven by population needs. In 2013-2014, more than 11,300 individuals from priority populations were involved in projects. Table 3-1 provides an overview of priority populations’ involvement by regions.

**Table 3-1: Priority Population Involvement by Region, 2013-2014<sup>6</sup>**

Region	# of individuals involved
National projects	6,400
Quebec	1,591
British Columbia	1,274
Manitoba-Saskatchewan	677
Atlantic	956
Alberta	404
<b>Total</b>	<b>11,302</b>

Overall, 80% of priority population involvement in projects came through forums that allowed them to express – both formally (6,850 individuals or 61% of total involvement) and informally (2,189 individuals or 19% of total involvement)<sup>7</sup> – their views or opinions about the projects. Beyond expressing their opinions, 12% of individuals belonging to priority populations were involved through volunteering, 3% were involved in decision making processes, and 2% were employed by the project. Table 3-2 provides an overview of priority population involvement by type of involvement.

<sup>6</sup> Data for Ontario was unavailable or incompatible for analysis in this question.

<sup>7</sup> A formal expression of views is defined as any sort of feedback received through formal channels specifically devised to collect feedback (e.g. feedback forms, focus groups, interviews, etc.); an informal expression of views is defined as any sort of feedback received spontaneously (e.g. impromptu discussions after an activity).

**Table 3-2: Priority Population Involvement by Type of Involvement, 2013-2014**

Priority population	Type of involvement						Total
	Employed by the project	Expressed formally views or opinions	Expressed informally views or opinions	Made decisions	Provided advice to governing body	Volunteered in program delivery	
Aboriginal people	62	2,654	678	88	94	225	3,801
Youth	6	697	632	72		114	1,521
People living with HIV/AIDS	15	861	85	90	55	251	1,357
Women	71	628	197	33	5	152	1,086
Gay, two-spirit, bisexual and other MSM	69	569	144	62	10	177	1,031
People who use drugs	10	412	237	1	6	192	858
People from countries where HIV is endemic	11	610	14	15	29	106	785
People living with HIV and HCV	8	274	72	4	27	151	536
People in prison		106	97		12	29	244
People Living With HCV	4	39	33	1	4	2	83
<b>Total</b>	<b>256</b>	<b>6,850</b>	<b>2,189</b>	<b>366</b>	<b>242</b>	<b>1,399</b>	<b>11,302</b>

A significant portion of priority population involvement came from individuals identified as Aboriginal (34%).

**Regional Highlights:** In Manitoba and Saskatchewan, projects used peer expertise to help guide programming and decision making. Peer delivery of STBBI prevention information within drug using networks is considered a best practice for engaging, educating, and treating this priority population.

Compared to the national data on involvement of priority populations, a greater percentage of those engaged by projects in the Manitoba-Saskatchewan region volunteered in program delivery and made project decisions (425 individuals in total – or 63% of Manitoba-Saskatchewan’s priority population involvement).

#### 4. Product Dissemination

Projects funded through the Agency’s G&C funds create, use, and distribute a wide range of communication, education, and training materials – intended for both priority populations and target audiences alike.

In 2013-2014, projects reported developing a total of 1,443 products and disseminating more than 2,204,000 copies of those products to individuals from priority populations and target audiences. The most prominently produced and distributed products consisted of informational products – such as brochures, pamphlets, booklets, and key message materials – which accounted for 50% of all product production (720) and dissemination (1,105,000). Table 4-1 provides an overview of projects’ product distribution.

**Table 4-1: Product Distribution by Type of Product, 2013-2014**

Product	# of products	Priority populations	Target audiences	Total
Brochures/pamphlets/booklets/key message materials	720	796,827	266,059	1,105,152
Communiqués/newsletters/product promotion	94	136,215	315,100	498,173
Periodicals	60	4,276	181,522	185,798
Educational games/tools	20	98,481		98,481
Reports/books	112	83,081	4,970	88,051
CDs/videos	50	14,440	61,022	78,802
Manuals/programming tools/Training Kits	144	29,078	34,667	63,775
Online documents	11	1,350	28,860	30,210
Fact sheets	60	3,610	17,692	21,302
Awareness products (bracelets, condom carriers, pins, ribbons, etc.)	19	4,748	14,340	19,088
Presentations (non peer-reviewed)	126	4,735	6,024	10,930
Position papers/research summaries	27	2,683	1,967	4,650
<b>Total</b>	<b>1,443</b>	<b>1,179,524</b>	<b>1,024,888</b>	<b>2,204,412</b>

Of the more than 2,200,000 copies of products disseminated, the majority – an estimated 1,180,000 copies (or 53% of all products disseminated) – were distributed to priority populations. Youth were the most frequent recipients of products distributed by projects – accounting for 36% of all priority population reach through product dissemination. Gay, two-spirit, bisexual, and other MSM (16%), people living with HIV/AIDS (10%), and Aboriginal people (8%) were also priority populations that were significantly targeted/reached through product dissemination. Table 4-2 provides an overview of product distribution by priority population.

**Table 4-2: Product Distribution by Priority Population, 2013-2014**

Priority population	# disseminated
Youth	425,152
Gay, two-spirit, bisexual, and other MSM	188,752
People living with HIV/AIDS	122,963
People from countries where HCV and/or HIV is endemic	101,321
Aboriginal people	98,737
People who use drugs	81,073
People living with HCV	73,067
Women	50,583
People living with HIV and HCV	24,672
People in prison	13,204
<b>Total</b>	<b>1,179,524</b>

In recent years, projects have increasingly begun using social media campaigns to reach priority populations and raise awareness on issues related to HIV/AIDS and other related communicable diseases. In particular, 134 of the 147 projects reported using social networking channels (such as Facebook and Twitter), blogs and other interactive media to engage with priority populations in innovative ways. Table 4-3 highlights the most used channels in 2013-2014.

**Table 4-3: Online Channels Used to Reach Priority Populations, 2013-2014**

Channel	Measure	Count
Website	No. of Page Views	8,223,642
	No. of Visits	4,165,219
Webpage	No. of Views	192,670
Facebook	No. of Likes	72,228
	No. of Share	30,752
	No. of Followers	17,154
	No. of Comments	4,194
Twitter	No. of Followers	31,117
	No. of Retweets	7,997
	No. of Mentions	6,787

## 5. Reach by Outcome

The main objectives of projects funded through the Agency's G&C funds are to contribute to the achievement of 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.

In 2013-2014, a total of 492,131 individuals – identified as belonging to either priority populations or target audiences – were reached, throughout Canada, by 142 projects through various education, awareness, and outreach activities. Table 5-1 offers an overview of the individuals reached by region.



**Table 5-1: Reach by Region, 2013-2014**

Region	# of individuals reached
National projects	165,242
Quebec	99,499
Ontario	76,576
British Columbia	61,473
Alberta	33,169
Atlantic	31,062
Manitoba-Saskatchewan	25,110
<b>Total</b>	<b>492,131</b>

Overall, more than 353,000 individuals identified as belonging to priority populations were reached. Youth (30%); gay, two-spirit, bisexual, and other MSM (23%), and Aboriginal people (14%) were, by far, the most prominently reached priority populations. Table 5-2 provides an overview of the priority populations reached by region.

**Table 5-2: Reach by Priority Population and Region, 2013-2014**

Priority population	Regions							Total
	AB	ATL	BC	MB-SK	ON	QC	NTL	
Youth	15,088	17,233	19,227	9,654	13,158	29,819	695	104,874
Gay, two-spirit, bisexual, and other MSM	10,480	6,985	17,578	8,029	9,498	28,061	274	80,905
Aboriginal people	4,337	800	10,109	2,153	2,244	327	29,836	49,806
People from countries where HCV and/or HIV is endemic	536	64	1,172	448	9,462	20,901	3,190	35,773
People living with HIV/AIDS	425	4,038	1,659	620	9,142	6,135	2,594	24,613
Women	222	74	4,181	332	5,110	9,882	687	20,488
People who use injection drugs	1,157	921	3,017	1,984	2,974	3,762	345	14,160
Undefined	806			1,499	6,405		6,936	10,894
People living with HIV and HCV	42	725	2,604	349	1	237		8,710
People in prison	76	210	1,812	42	176	342	830	3,488
People living with HCV		12	114		46	33	65	270
<b>Total</b>	<b>33,169</b>	<b>31,062</b>	<b>61,473</b>	<b>25,110</b>	<b>58,216</b>	<b>99,499</b>	<b>45,452</b>	<b>353,981</b>

In the Atlantic region, youth were the most frequently reached priority population – accounting for 55% of the region’s priority population reach (15,088). Beyond youth, Atlantic region projects – in particular, non-Aboriginal AIDS service organizations (ASO) – have seen an increase in the number of Aboriginal peoples frequenting their centres. This increase is, in part, due to the strong partnerships developed

between Healing Our Nations (an Aboriginal ASO) and the region's non-Aboriginal ASOs to provide cultural competency training to the non-Aboriginal ASOs.

Projects from the Manitoba and Saskatchewan region focused their efforts on reducing the incidence of HIV/AIDS transmission in heterosexual populations and among people who use injection drugs. Eight percent (8%) of individuals reached by Manitoba-Saskatchewan projects were people who use injection drugs (1,984 individuals in total) – a percentage proportionally higher than any other region. Despite the increased representation of people who use injection drugs in the Manitoba-Saskatchewan region relative to other regions, 38% of individuals reached by Manitoba-Saskatchewan projects were youth (9,654 individuals in total) and 32% were gay, two-spirit and other MSM (8,029 individuals in total).

In the Alberta and British Columbia regions projects extensively reached priority populations through education, awareness and outreach activities. Activities reported by projects included community events, public awareness, focus groups, workshops and presentations, and initiatives to influence policy development. The top three priority populations reached in Alberta and British Columbia through these activities included youth (34,315); gay, two-spirited, bisexual, and other MSM (28,058), and Aboriginal people (14,446).

In Ontario, the largest priority population reached was youth (13,158 individuals in total). This reach, relative to other priority populations in the region, can be largely attributed to an increase in brief contacts with youth in 2013-2014, coupled with the ongoing effort to deliver educational presentations to schools – wherein the primary attendants are youth. Gay, two-spirit, bisexual, and other MSM (9,498), people from countries where HCV and/or HIV is endemic (9,462), and people living with HIV/AIDS (9,142) were the next most reached priority populations.

In Quebec, the priority population most frequently reached was youth (30% or 29,819 individuals). This can be explained by the fact that teenagers and young adults are mostly reached as groups (e.g. in the Maisons des Jeunes, at school, etc.) – unlike other priority populations, whose members are often reached on an individual level by projects. The other two populations most frequently reached in Quebec were gay, two-spirit, bisexual and other MSM (28% or 28,061 individuals) and people from countries where HCV and/or HIV is endemic (21% or 20,901 individuals).

#### **A. Increased Awareness and Knowledge of HIV/AIDS and of Ways to Address the Disease**

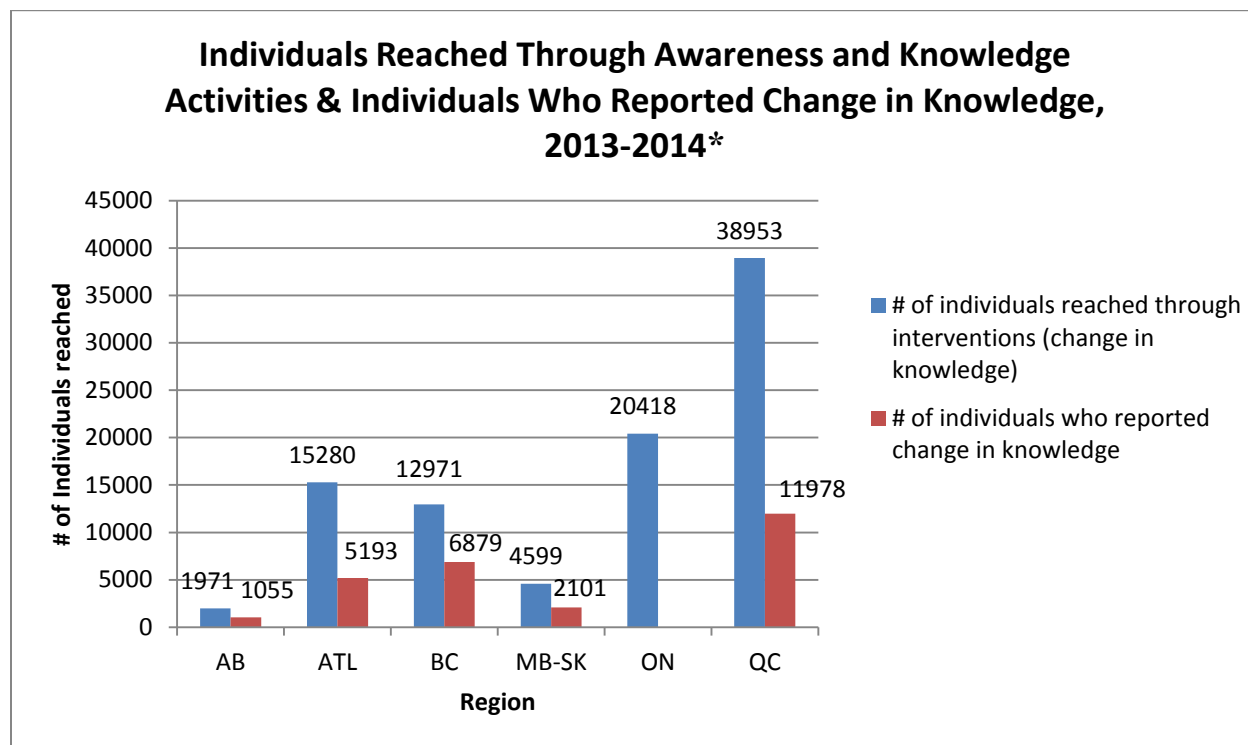
In 2013-2014, projects facilitated activities aimed at increasing priority populations and target audiences' awareness and knowledge of HIV/AIDS. From these activities, 228,835 individuals were reached.<sup>8</sup> According to the regional projects which collected data on knowledge or behaviour change

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<sup>8</sup> It should be noted that projects administered nationally delivered public awareness campaigns that greatly elevated their reach. Excluding public awareness campaigns, projects administered nationally reached 53,480 individuals.

(and excluding the data of the regions that did not)<sup>9</sup>, an estimated 37% of individuals reached through knowledge activities – or 27,206 of 73,774 – reported change in knowledge and an intention to change their behaviour following their participation in project activities/interventions.<sup>10</sup> Figure 5-1 provides a breakdown of projects’ reach through awareness and knowledge activities coupled with a side-by-side comparison of the number of individuals who reported change in their knowledge or intention to change their behaviour.

**Figure 5-1: Individuals Reached Through Awareness and Knowledge Activities, 2013-2014**



### B. Increased Individual Capacity

Seventeen (17) projects administered nationally reported working towards increasing the capacity of individuals belonging to target audiences and priority populations. To this end, these projects organized activities such as workshops and presentations, knowledge translation and exchange, and peer support

<sup>9</sup> Neither projects administered nationally nor projects in the Ontario region (who reported through the OCHART reporting tool) reported on change in knowledge or intention to change behaviour. As such, their total reach is excluded from the percentage of individuals who reported change in their knowledge as a result of attending activities/interventions facilitated by projects.

<sup>10</sup> Variance in the number of people reached through interventions and the number of people who reported change in knowledge or intention to change behaviour is primarily attributed to two factors: 1) projects only collected information on individuals’ change in knowledge and/or intention to change behaviour for some – not all – of their activities/interventions; 2) some individuals chose not to report on changes in their knowledge or behaviour.

\* Neither projects administered nationally nor projects in the Ontario region (who reported through the OCHART reporting tool) reported on change in knowledge or intention to change behaviour.

and outreach programs. Through these capacity building activities, these projects were able to reach more than 10,000 individuals identified as belonging to priority populations – primarily Aboriginal people (5,552), people living with HIV and HCV (4,050), and people living with HIV/AIDS (477). Table 5-3 provides an overview of priority populations reached through activities to increase individual capacity.

**Table 5-3: Priority Populations Reached Through Activities to Increase Individual Capacity, 2013-2014**

<b>Priority population</b>	<b>No. of specific individuals reached</b>
Aboriginal people	5,552
People living with HIV and HCV	4,050
People living with HIV/AIDS	477
Gay, two-spirit, bisexual, and other men who have sex with men	36
Women	15
People in prison	12
People from countries where HCV and/or HIV is endemic	9
People who use drugs	6
Youth	4
<b>Total</b>	<b>10,161</b>

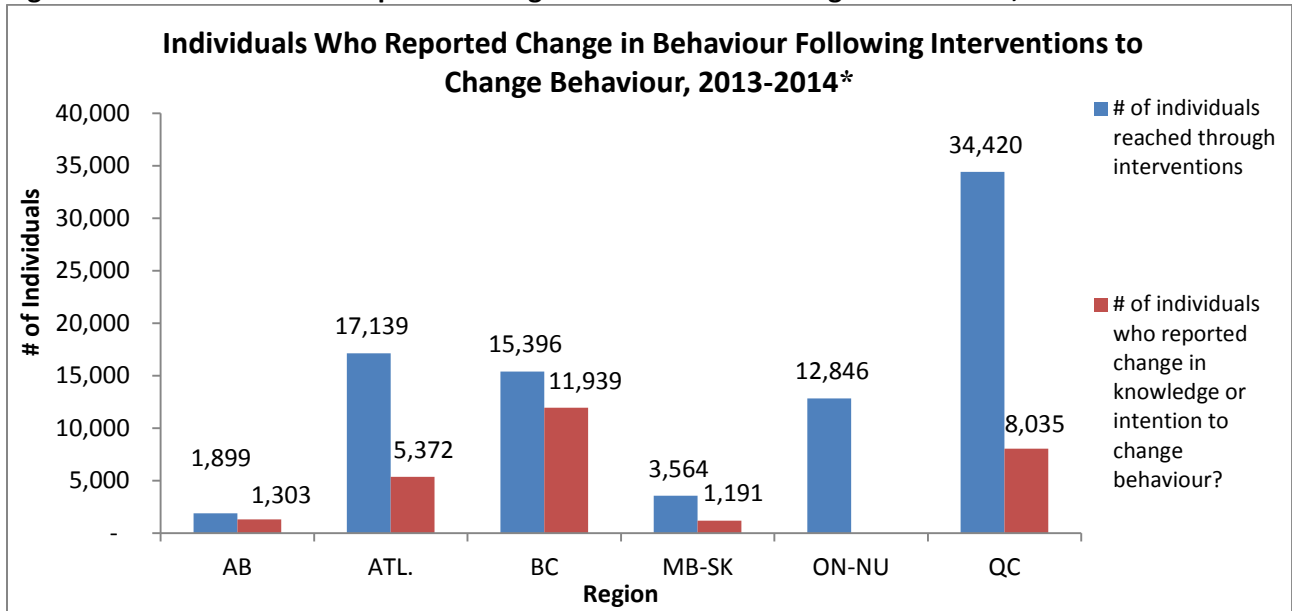
### *I. Behaviour Change*

Regional projects reported organizing 132 activities/interventions whose objectives were to change risk behaviours or influence intentions to adopt practices that could reduce the transmission of HIV. Through their interventions to influence the intentions of individuals to adopt healthier practices, regions reached a total of 85,264 individuals – of whom, 27,840 (33%) reported the intention to change their behaviour as a result of participating in interventions.<sup>11</sup> Figure 5-2 presents an overview of the individuals reached through interventions to adopt healthier practices, and those who reported intent to change their behaviour.

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<sup>11</sup> Variance in the number of people reached through interventions and the number of people who reported change in knowledge or intention to change behaviour is primarily attributed to two factors: 1) projects only collected information on individuals' change in knowledge and/or intention to change behaviour for some – not all – of their activities/interventions; 2) some individuals chose not to report on changes in their knowledge or behaviour.

**Figure 5-2: Individuals Who Reported Change in Behaviour Following Interventions, 2013-2014**



### C. Improved Access to Services

To improve priority populations’ access to health and social services, national and regional projects:

- Coordinated support services including supportive counselling and community outreach programs
- Organized workshops and presentations
- Organized activities to inform priority populations
- Provided support services
- Referred priority populations to available services.

Overall, more than 50,000 individuals were referred to social, legal, and health services through projects. Projects from the British Columbia region made the most total referrals of any region with more than 16,500. Projects most frequently made referrals to social services – 15,914 referrals in total or 31% of all referrals – followed by referrals to testing and related counselling (12,457 in total or 25% of all referrals) and personal support services (9,939 in total or 20% of all referrals). Table 5-4 provides a regional overview of referrals by type of services.

\* Neither projects administered nationally nor projects in the Ontario region (who reported through the OCHART reporting tool) reported on intention to change behaviour.

**Table 5-4: Type of Referrals by Region, 2013-2014**

Type of referral	Regions							Total
	AB	ATL	BC	MB-SK	ON	QC	NTL	
Social services (e.g. food bank, housing, child care)	793	833	4,278	1,646	5,352	1,661	1,351	15,914
Testing and related counseling (includes HIV, HCV and STIs)	991	547	3,872	413	1,492	4,032	1,110	12,457
Personal support Services (e.g. transportation, home care, recreation, funeral services)	466	187	656	1,173	6,418	738	301	9,939
Medical/treatment services (e.g. addictions, methadone maintenance, counseling, alternative therapies, dental care)	493	450	3,322	494		1,181	725	6,665
Legal services (e.g. employment equity, human rights complaints)	113	65	4,383	164	829	176	81	5,811
<b>Total</b>	<b>2,856</b>	<b>2,082</b>	<b>16,511</b>	<b>3,890</b>	<b>14,091</b>	<b>7,788</b>	<b>3,568</b>	<b>50,786</b>

**Regional Highlights:** Projects in the Atlantic region most frequently made referrals to social services – a fact that reflects the degree to which people living with or at risk of contracting HIV and/or HCV require assistance with their basic needs before addressing other issues in their lives. Although referrals to legal services appear to be low in the Atlantic region, projects reported spending a significant amount of time liaising with the legal system, particularly around issues related to HIV criminalization and disclosure.

Projects in the Manitoba-Saskatchewan region made a high number of referrals to extension support services. In particular, community healthcare services that offer these support services have been shown to dramatically improve health outcomes for vulnerable populations.

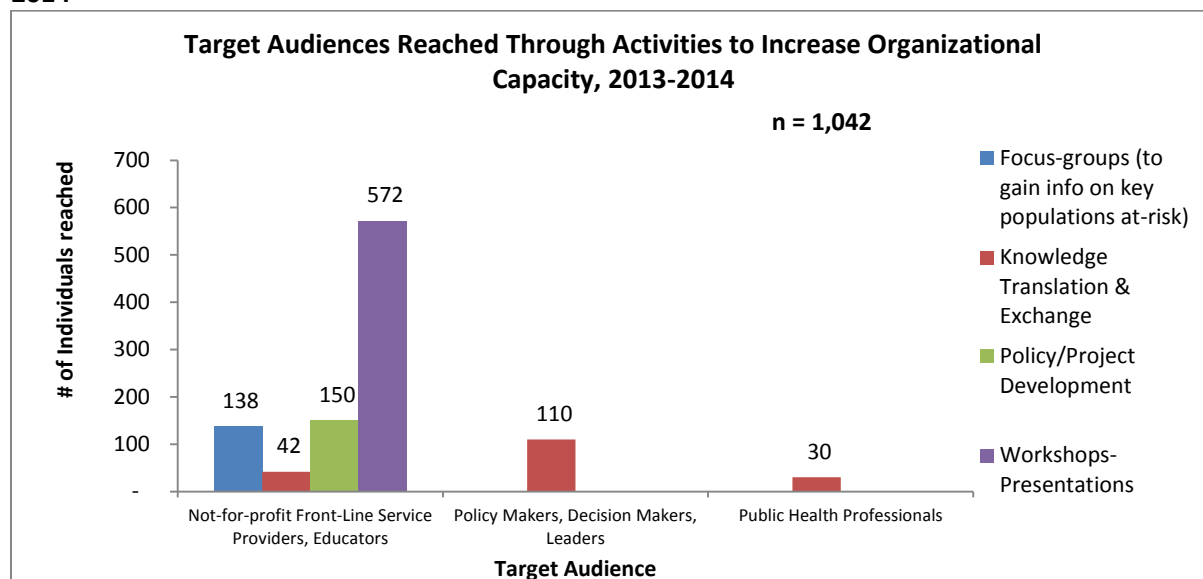
Projects in the Ontario region most often made referrals to personal support services and social services. Of note, in 2013-2014, there was a 25% increase in the number of clients aged 55+ who accessed support services which could account for the more than 6,400 referrals to personal support services.

In the Quebec region, referrals were most frequently made to testing and related counseling for HIV, HCV, and STIs. These referrals were frequently made to outreach nurses who are actively involved in testing and counseling in the community.

#### **D. Increased Organizational Capacity**

In addition to their work with priority populations, 29 projects administered nationally worked to change the practices of professionals and other service providers. These interventions – which reached a total of 1,042 individuals belonging to target audiences – included focus groups, knowledge translation and exchange, policy/project development, and workshops-presentations. Figure 5-3 presents a breakdown of the target audiences reached through activities to increase organizational capacity.

**Figure 5-2: Target Audiences Reached Through Activities to Increase Organizational Capacity, 2013-2014**



#### **E. Enhanced Engagement and Collaboration on Approaches to Address HIV/AIDS**

Nationally administered projects reported on their collaboration with other professionals and community-based organizations in 2013-2014. Projects reported reaching 2,156 members of priority populations and 4,304 members of target audiences through activities targeting engagement and collaboration enhancement. Table 5-5 provides an overview of the individuals reached through activities to enhance engagement and collaboration.

**Table 5-5: Individuals Reached through Activities to Enhance Engagement and Collaboration, 2013-2014**

Type of individual	No. of specific individuals reached
General public	3,399
People living with HIV and HCV	1,536
Public health professionals	420
People living with HIV/AIDS	310
Women	300
Clinical care providers	247
Not-for-profit front-line service providers, educators	165
Policy makers, decision makers, leaders	73
Aboriginal people	10
<b>Total</b>	<b>6,460</b>

#### **F. Increased Canadian Engagement and Leadership in the Global Context**

Two (2) national projects reported delivering activities to increase engagement and leadership in the global context. These projects participated in the International Indigenous Working Group on HIV & AIDS and consultations with international organizations. Through these activities, projects shared Canadian approaches to addressing HIV/AIDS with approximately 198 individuals from other countries.

## IV. Summary

Through the four G&C Funds administered by the Agency, 147 projects across Canada were supported in their activities/initiatives to address HIV/AIDS. Drawing on data collected from the projects through three performance measurement tools – the PMT, PERT, and OCHART – this report found that projects had delivered and facilitated a wide range of products and activities in an effort to reach and educate individuals.

Of key importance, projects reported being successful in their ability to leverage the G&C funding they received and parlay it into: additional funding from other organizations; contributions and support from loaned staff and volunteers; and training for staff and volunteers alike – all of which served to augment the quality and degree of the services/interventions projects offered to priority populations and target audiences. Additionally, projects were able to capitalize on the development and maintenance of more than 1,100 partnerships to further their agendas and facilitate the delivery of their services. Throughout this process, projects were also able to draw upon more than 11,300 individuals belonging to priority populations to serve in various administrative and service delivery capacities within the project, itself.

Beyond the procurement of resources, projects reported mobilizing their resources towards the development and delivery of a large variety of products and services specifically geared towards increasing the knowledge and awareness of individuals belonging to priority populations or identified as part of a target audience. Of note, projects reported the development of more than 1,440 knowledge products and the dissemination of more than 3,551,000 copies of those products. Additionally, activities devised to reach priority populations and target audiences – such as workshops, community programs, and presentations – were reported to have reached more than 346,000 individuals.



## Appendix I – List of HIV/AIDS Projects Funded

(Fiscal year 2013-2014)

Fund	Region	Organization Name	Project Title
<b>AIDS Community Action Program</b>	ALB	Alberta Community Council on HIV (ACCH)	Stewardship of the Alberta Community HIV Fund, Enhancing Provincial Leadership, Governance, Information and Training
	ALB	Alberta Community Council on HIV (ACCH)	Central Alberta AIDS Network Society (*ACHF)
	ALB	Alberta Community Council on HIV (ACCH)	HIV Community Link (*ACHF) - 3 separate site reports
	ALB	Alberta Community Council on HIV (ACCH)	HIV Network of Edmonton (*ACHF)
	ALB	Alberta Community Council on HIV (ACCH)	HIV West Yellowhead (*ACHF)
	ALB	Alberta Community Council on HIV (ACCH)	Lethbridge HIV Connection Society (*ACHF)
	ALB	Alberta Community Council on HIV (ACCH)	Shining Mountains Living Community Services (*ACHF)
	ALB	Alberta Community Council on HIV (ACCH)	HIV North Society (*ACHF) - 2 separate site reports + Hep C project
	ATL	AIDS Coalition of Cape Breton	The AIDS Coalition of Cape Breton Operational Funding
	ATL	AIDS Coalition of Nova Scotia	AIDS Coalition of Nova Scotia Operational Funding
	ATL	AIDS Committee of Newfoundland and Labrador	Operational Funding: AIDS Committee of Newfoundland and Labrador
	ATL	AIDS New Brunswick/SIDA Nouveau-Brunswick Inc.	AIDS New Brunswick/SIDA Nouveau-Brunswick Inc.
	ATL	AIDS PEI Community Support Group Inc.	AIDS PEI Community Support Group Inc
	ATL	AIDS Saint John, Inc.	AIDS Saint John Operational Funding
	ATL	Atlantic Interdisciplinary Research Network (AIRN)	Exploring the Current and Future Landscape of Communicable Diseases in Atlantic Canada
	ATL	Healing Our Nations	Our Youth Our Response
	ATL	Hepatitis Outreach Society of Nova Scotia	Spread the Word, Not the Virus
	ATL	SIDA/AIDS Moncton, Inc.	SIDA/AIDS Moncton Operational Funding
	BC	ANKORS - AIDS Network Outreach and Support Society	ANKORS HIV/AIDS Prevention, Education, Training and Community

		Engagement Program
BC	Community-Based Research Centre Society	Addressing Determinants of Health in HIV Prevention
BC	Living Positive Resource Centre, Okanagan	Men's Health Program
	Positive Living Fraser Valley Society	PLFV Integrated Prevention, Outreach and Support
BC	Positive Living North: No Kheyoh T'sih'en T'sehena Society	A Targeted Northern Response to HIV/AIDS/HCV
BC	Positive Living North: No Kheyoh T'sih'en T'sehena Society	Front Line Warriors: A Northern Positive Prevention Strategy
BC	Positive Living Society of British Columbia	Access, Assistance and Engagement Services
BC	Positive Living Society of British Columbia	Prison Outreach Project
	South Fraser Community Services Society	SFCSS HIV/AIDS Support and Outreach Project (SHOSOP)
BC	The Pacific AIDS Network Society	Building Capacity and Leadership Excellence: A Collaborative Approach to Strengthen BC's Community Based HIV/AIDS Sector
BC	The Positive Women's Network Society	Support and Health Promotion for Women: Challenging HIV, Changing Women's Lives
BC	Vancouver AIDS Society	Volunteer Resources
BC	Vancouver Island AIDS Society	Men's Wellness Program
BC	Vancouver Island AIDS Society	The Youth At Risk Project
BC	YouthCO AIDS Society	Peer Youth & HIV/AIDS Program
MBSK	AIDS Programs South Saskatchewan Inc.	HIV Education and Support
MBSK	AIDS Saskatoon Inc.	Community HIV Education, Outreach and Capacity-Building in Central and Northern Saskatchewan
MBSK	All Nations Hope AIDS Network Inc.	Aboriginal Ways of Knowledge, Teachings & Traditions in Addressing HIV and AIDS in Saskatchewan
MBSK	Nine Circles Community Health Centre	Partners for Positive Change
MBSK	Sexuality Education Resource Centre Manitoba, Inc.	Knowledge Into Action: Towards Better Health for African Newcomers
MBSK	The 595 Prevention Team Inc.	Building on Peer Capacity to Prevent, Treat, and Care for those infected or affected by HIV/HCV
MBSK	The Avenue Community Centre for Gender and Sexual Diversity Inc.	Youth Engagement Strategy, HIV Prevention and Education

ON	Africans in Partnership Against AIDS	Taruwan Maza/Heterosexual Men Gathering Together
ON	AIDS Committee (Durham)	HYPE - HIV & Youth Peer Engagement Program
ON	AIDS Committee of Kitchener, Waterloo and Area	Youth Sexual Health Program
ON	AIDS Committee of Niagara	Community Development and Education Program
ON	AIDS Committee of North Bay and Area/Comité du SIDA de North Bay et de la Région	Extending the Reach: HIV Regional Outreach and Education
ON	AIDS Committee of Simcoe County	Bridging HIV Prevention to men who have sex with men (MSM) and their female partners
ON	AIDS Committee of Toronto	Positive Youth Outreach (PYO)
ON	AIDS Committee of Toronto	Promoting the Health of Gay Men and Women Living with HIV/AIDS
ON	AIDS Committee of Windsor	Volunteer Leadership Program
ON	AIDS Thunder Bay	PHA Mobilization and Organizational Integration Program
ON	Alliance for South Asian AIDS Prevention	Connecting to Care: South Asian PHA Peer Leaders Supporting Each Others
ON	Asian Community AIDS Services	Volunteers' Capacity Building and Community Engagement Project
ON	Bruce House	Expanding and Strengthening Volunteer Supports to Improve Quality of Life for People Living with HIV/AIDS
ON	Ethiopian Association in the Greater Toronto Area and Surrounding Regions	HIV/AIDS Prevention and Education Program
ON	Fife House Foundation Inc.	Buddies for Life and Volunteer Recruitment 2.0
ON	Fife House Foundation Inc.	HIV/AIDS Complex Care Pilot Project: Developing a continuum of enhanced community care and housing
ON	Fife House Foundation Inc. (AIDS Bereavement and Resiliency Program of Ontario)	Nuts and Bolts: Developing Organizational tools to Build Effective Working Relationships with PHAs in Multiple Roles
ON	HIV/AIDS REGIONAL SERVICES (HARS)	HARS Prevention and Education Outreach Program
ON	HIV/AIDS Resources and Community Health	Project ATTACH- Art,Technology, theatre addressing Community Health
ON	HIV/AIDS Resources and Community Health (formely the AIDS Committee of Guelph and	Regional Rural Education Project

	Wellington County)	
ON	La Passerelle Intégration et Développement Économique	Outils de prévention du VIH pour immigrants francophones de pays où le VIH est endémique
ON	Ontario AIDS Network	Living PHA Leadership in our Lives and in the Communities We Serve
ON	Peel HIV/AIDS Network Inc.	Empowerment and Transformation of People Living and Affected by HIV/AIDS in the Region of Peel
ON	Peterborough AIDS Resource Network	Normalizing HIV: Building on Individual and Community Assets to Address Determinants of Health Vulnerabilities
ON	Planned Parenthood of Toronto	Youth HIV Project: Prevention, Engagement, Action and Knowledge (PEAK)
ON	Prisoners with HIV/AIDS Support Action Network	Prison Support & Health Promotion Project
ON	Regent Park Community Health Centre	Walk with us: Investing and Inspiring Collective Empowerment for PHAs and Affected Communities (Legacy 2)
ON	Regional HIV/AIDS Connection	Enhancing Regional Service Delivery for PHAs and At Risk Populations in Six Counties
ON	Regional HIV/AIDS Connection	GBMSMT2SY and HIV Initiative-Community Development and Knowledge Transfer and Exchange
ON	Regional HIV/AIDS Connection (sponsored Ontario Organizational Development Program)	The Creation and Delivery of HIV/AIDS Specific Organizational Development Resources to HIV/AIDS Organizations in Ontario
ON	Réseau ACCESS Network	Surviving Sex Trade: an Education and Prevention Program
ON	Reseau ACCESS Network	Fostering Diversity and greater Access to HIV/AIDS Information within Educational Institutions
ON	Réseau des Chercheuses Africaines (RECAF)	Parcours empruntés par les jeunes filles et femmes africaines immigrantes pouvant les mener à des comportements sexuels à risque
ON	Sault Ste. Marie and District Group Health Association	Community Education and Prevention Project
ON	Somerset West Community Health Centre	African and Caribbean Community Development and HIV Health Initiative
ON	The AIDS Committee of Cambridge, Kitchener, Waterloo and Area	Gay Men's Sexual Health Program

ON	The AIDS Committee of York Region Inc.	Community HIV Engagement Project
ON	The AIDS Network	Connecting Regional PHAs in Haldimand, Norkfolk, and Brant to Care and Support
ON	The AIDS Network (formely the Hamilton AIDS Network for Dialogue and Support (HANDS))	Gay Men's HIV Prevention Program
ON	The Black Coalition for AIDS Prevention of Metropolitan Toronto	Health and Social Determinants Support Program
ON	The Centre for Spanish-Speaking Peoples	INFO Plus: Intervention to Reduce HIV/STI's Infection Among Latino Gay Men in Toronto
ON	The Elizabeth Fry Society, Toronto Branch	Work Safe – Trans and High Risk Sex Workers Outreach Project
ON	The Teresa Group - Child and Family AID	Volunteer Support Program Enhancement
ON	Toronto People With AIDS Foundation	Dreaming & Opportunities Project
ON	Toronto People With AIDS Foundation	Holistic Engagement
ON	Toronto People With AIDS Foundation	Community Food Access Project
ON	Wabano Centre for Aboriginal Health Inc.	Respecting the Earth, Fire and Ourselves
ON	Women's Health in Women's Hands	Intervention on Disclosure of HIV +ve Status for ACB Women: Organizational Integration (Institutionalization) of Intervention
QC	AIDS Community Care Montréal	HIV Prevention and Support Services for Anglophones in Montreal
QC	AIDS Community Care Montréal	My Life with HIV
QC	Bureau Local d'Intervention Traitant du Sida (B.L.I.T.S.)	Santé sexuelle : Éduquer pour prévenir
QC	Bureau régional d'action sida (Outaouais)	Éducation à la prévention du VIH/sida: Collectivement près des gens
QC	Bureau régional d'information en santé sexuelle (BRIS)	Point d'ITSS dans ma ville!
QC	CACTUS Montréal	PAIR au VIH
QC	CACTUS Montréal	Trans Information: Community Leadership & Peer Support Project
QC	Centre Associatif Polyvalent d'Aide Hépatite C (CAPAHC)	Savoir positif
QC	Centre d'amitié autochtone de Val d'Or inc.	Mikswâ Sinibân

QC	Centre des R.O.S.É.S de l'Abitibi-Témiscamingue	AbitiVIH/E
QC	Centre des R.O.S.É.S de l'Abitibi-Témiscamingue	100/Limite
QC	Centre for AIDS Services Montreal (CASM - Women)	+Women in Action/Femmes + en Action
QC	Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)	Réponse efficace au VIH
QC	Coalition Sida des Sourds du Québec (CSSQ)	Santé sexuelle et vulnérabilité au VIH de la population sourde et malentendante au Québec
QC	Dopamine	DopAction
QC	GEIPSI (Groupe d'entraide à l'intention des personnes séropositives et itinérantes)	Être vivant avec le VIH
QC	Groupe d'Action pour la Prévention de la transmission du VIH et l'Éradication du Sida (GAP-VIES)	Promotion de la santé, prévention et sensibilisation culturellement adaptées aux personnes originaires de pays où le VIH est endémique
QC	Intervention Régionale et Information sur le Sida en Estrie	IRIS - Réseautage et promotion de la santé pour réduire l'incidence du VIH/ITSS en Estrie
QC	L'Émiss-ère (Équipe multidisciplinaire d'intervention en santé sexuelle)	Programme d'éducation à la santé sexuelle auprès des clientèles vulnérables au VIH
QC	L'Unité d'intervention mobile L'Anonyme Inc.	SEXégalité, Approuvé !
QC	Maison Plein Coeur	Un parcours intégré de soutien pour la participation sociale des personnes vivant avec le VIH
QC	Mouvement d'Aide et d'Information Sida Bas-St-Laurent (M.A.I.N.S.)	Interventions en milieux spécialisés, communautaires et médiatique
QC	Mouvement d'information et d'entraide dans la lutte contre le Sida à Québec (MIELS-Québec)	Entraide et prévention pour lutte au VIH-sida à Québec
QC	Point de Repères	« La prévention du VIH par l'implication, la sensibilisation, l'échange, les interactions et la formation »
QC	Portail VIH/Sida du Québec Inc.	Diffusion de l'information et soutien éducatif
QC	Rézo (Santé et mieux-être des hommes gais et bisexuels)	Autogestion de bénévoles - Agir autrement
QC	Sidaction Mauricie Inc	Changer, prévenir et agir (CPA)

	QC	Sida-Vie Laval	Coordination régionale des programmes de prévention du VIH/Sida et soutien aux activités reliées à la toxicomanie
	QC	Toxic-Actions	Pairs aidants
<b>National HIV/AIDS Knowledge Exchange Fund</b>		Canadian AIDS Treatment Information Exchange (CATIE)	National Knowledge Exchange Broker in HIV and HCV
<b>National HIV/AIDS Voluntary Sector Response Fund</b>		Canadian Aboriginal AIDS Network (CAAN)	Canadian Aboriginal AIDS Network
		Interagency Coalition on AIDS and Development (ICAD)	Bringing Canada and the World Together: Strengthening Canada's Response to HIV and AIDS
		Canadian Public Health Association (CPHA)	Core Competencies for HIV Prevention
		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
		Canadian AIDS Society (CAS)	Canadian AIDS Society Program Activities
		Canadian Association for HIV Research (CAHR)	CAHR: Building Bridges and Demonstrating Excellence
		Canadian Working Group on HIV and Rehabilitation (CWGHR)	HIV, Disability and Rehabilitation: Collaborating for Healthy Futures
		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
		Canadian Ethnocultural Council (CEC)	Hepatitis C and Other Related Communicable Diseases in High Risk Immigrant Ethnic Communities
		World Health Organization	HIV Drug Resistance Surveillance and Monitoring Strategy
<b>Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS</b>		Battleford's Family Health Centre Inc.	Bridging the Divide: Empowerment Through Informed Choices
		Canadian Aboriginal AIDS Network (CAAN)	Community Readiness Assessments and Implementing Culturally Appropriate Interventions
		Centre d'amitié autochtone de Val-d'Or	Pibamadzi

<b>Project Fund</b>	Council of Yukon First Nations	Community Workshop Series: Addressing the needs of rural Yukon First Nations
	Healing Our Nations: The Atlantic First Nations AIDS Task Force	Strengthening the Circle
	Hiiye'Yu Lelum (House of Friendship Society)	Kwam Kwum Suli' (Strengthening Our Spirit)
	Institute for Circumpolar Health Research	Promoting Sexual Health and Healthy Relationship through Youth-led Drama, Role Playing and Vignettes
	Ka Ni Kanichihk Inc.	Aboriginal Women Responding to the AIDS Crisis: Reclaiming Women's Thirteen Moons and the Restoration of Sacred Space in Tackling HIV/AIDS
	Labrador Friendship Centre	HIV/AIDS Labrador Project
	Native Women's Association of Canada	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
	Native Women's Shelter of Montreal	Holistic Health Project
	Pauktuutit Inuit Women's Association	<i>Tukisiviit</i> National Inuit Sexual Health Literacy Forum
	Positive Living North: No Kheyoh T'Sih'En T'Sehena Society	The Fire Pit: A Gathering Place
	Prince Albert Métis Women's Association Inc.	Access, Intervention and Prevention: Addressing HIV/AIDS in Prince Albert, Saskatchewan
	Red Road HIV/AIDS Aboriginal Network	<i>Bloodlines</i> Full Colour Magazine – An HIV/AIDS Magazine featuring Aboriginal Persons Living with HIV/AIDS from various backgrounds
	Sagitawa Friendship Society	Peace River HIV/AIDS Outreach Services
	Sandy Beach Kimamow Atoskanow Foundation	Voice of CHOICE – Challenging HIV Owing Interventions Creating Evidence
	Shining Mountains Living Community Services	Building Bridges – Building Capacity
	STC Health and Family Services	HIV Education and Access to Services
Wabano Centre for Aboriginal Health Inc.	Animal Teachers	