A Strategic Plan for the Years 2010 - 2015

Ontario Aboriginal HIV/AIDS Strategy (OAHAS)

July 2010

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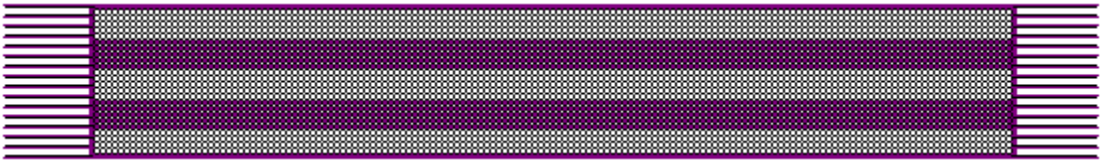
1.0 PREAMBLE

The Ontario Aboriginal HIV/AIDS Strategy was implemented in 1995 and has consistently evolved since then to respond to the changing epidemic within the Aboriginal population. The Strategy has embraced two fundamental principles since its inception. The first being a recognition that OAHAS is a distinct strategy based on the distinct needs of Aboriginal people. While issues and factors related to the disease may be similar to the mainstream population, Aboriginal differences must be respected. This principle is embodied in the *Two Row Wampum Treaty of the Haudenosaunee people* as follows:

GUSWHENTA (KASWEHNTHA)
TWO ROW WAMPUM BELT



The Two Row Wampum Belt says:
"This symbolizes the agreement under which the Iroquois/Haudenosaunee
welcomed the white peoples to their lands.
'We will NOT be like father and son, but like brothers.
These TWO ROWS will symbolize vessels,
travelling down the same river together.
One will be for the Original People, their laws, their customs,
and the other for the European people and their laws and customs.
We will each travel the river together,
but each in our own boat.
And neither of us will try to steer the other's vessel.'"[1]

The second principle is the principle of the Greater Involvement of People Living with HIV/AIDS (GIPA) that was formally recognized at the 1994 Paris AIDS Summit, when 42 countries agreed to support an initiative to "strengthen the capacity and coordination of networks of people living with HIV/AIDS and community-based organizations". They added that, "by ensuring their full involvement in our common response to the pandemic at all—national, regional and global—levels, this initiative will, in particular, stimulate the creation of supportive political, legal and social environments".[2]

Over time OAHAS has become much more than a Strategy (that is viewed as "time-limited") but has accepted the ***mandate*** of being an Aboriginal AIDS Service Organization in Ontario. It has also grown nationally with its involvement in the Blueprint for Action developed by women in Canada and it has grown internationally with

[1] AOL.Hometown Website: Cultures and Beliefs – Special Interest Groups
[2] 2004 Report on the Global AIDS Epidemic

involvement in the AIDS Indigenous Satellite at the Toronto and Mexico City world conferences.

The Ontario Aboriginal HIV/AIDS Strategy has grown since its implementation in 1995 and this has been largely due to careful monitoring and evaluation of services and programs delivered by the organization to ensure effective responses to ever changing needs. The organization has made good use of OCHARTS which provide the data necessary to show where OAHAS places its emphasis. For example, OAHAS has become more actively involved in delivering accurate and user-friendly information and less involved in "treatment". OAHAS refers more and more clients to Aboriginal-friendly professionals for service.

The Board of Directors that is representative of those most significantly impacted by HIV/AIDS in the Aboriginal community. The Board is comprised of Aboriginal people and is reflective of the needs of First Nations, Inuit, Metis, Youth, Women, Gay, Transgendered, Two-Spirited, Lesbian, Bisexual and Intersexed people.

The staff complement of OAHAS has grown from seven to thirteen. In addition to the Executive Director, OAHAS workers are located in, Northeast Ontario (1) and Northwest (2) as well as Chatham/Windsor (1), Sudbury/Sault Ste Marie(1), London/Hamilton (1), Kingston (1), Ottawa (1), Greater Toronto Area (3.5) with one worker specifically focusing on women and an IDU Outreach Worker.

Over the past few years OAHAS has seen to the need to grow along a continuum and has therefore provided leadership in the international Indigenous community. OAHAS works with other Indigenous AIDS Service Organizations (ASOs) to bring common issues forward and to represent the unique issues/factors that impact Indigenous people in the face of the epidemic in the international context.

This document is the result of direction provided by a 2009 Evaluation of OAHAS. It is based on the need to continue to provide the best HIV/AIDS programming and information to address the needs of Aboriginal people who are now seeing the real emergence of the epidemic in the population. Therefore, this document has not changed significantly from the 2005-2010 Strategic Plan but rather puts added emphasis in areas where it is due. For example, it puts emphasis on *referrals* to professionals who have been trained by OAHAS to be culturally sensitive to the needs of APHAs rather than requiring OAHAS workers to become experts in all service areas.

2.0 OAHAS VISION

In the development of an Ontario HIV/AIDS Strategy, the Ontario Ministry of Health and Long – Term Care recognized the distinct needs and concerns of Aboriginal people in Ontario and committed to support the creation of a distinct strategy developed and driven by the Aboriginal community.

The Ontario Aboriginal HIV/AIDS Strategy (OAHAS) will continue to operate distinctly and in parallel with the vision, goals and objectives of the Federal Initiative to Address HIV/AIDS and the Ontario HIV/AIDS Strategy.

The Ontario Aboriginal HIV/AIDS Strategy also shares a common Vision with the Aboriginal Health Policy.

VISION STATEMENT OF THE ABORIGINAL HEALTH POLICY

"The Ontario provincial Aboriginal Health Policy exists in the context of the inherent right to self-government.

Aboriginal health is holistic and includes the physical, mental, emotional and spiritual aspects of life. Through this understanding of self, a vision of wellness balances body, mind and spirit and is promoted throughout the healing continuum.

Committed partnerships of Aboriginal and non-Aboriginal people and governments will recognize and respect the diversities in lifestyles and traditions of Aboriginal people regardless of residency and status."

Goal of the Aboriginal Health Policy in Ontario

"To improve the health of Aboriginal individuals, communities and nations through equitable access to health care, improved standards of care, the provision of culturally appropriate health services and promotion of a healthy environment. Self determination in health will be supported by appropriate levels of financial and human resources for Aboriginal designed, developed and delivered programs and services that respect and promote community responsibility, autonomy and local control."

Goal of the Ontario Aboriginal HIV/AIDS Strategy

"To provide culturally respectful and sensitive programs and strategies to respond to the growing HIV/AIDS epidemic among Aboriginal people in Ontario through promotion, prevention, long term care, treatment and support initiatives consistent with harm reduction principles."

THE FEDERAL INITIATIVE TO ADDRESS HIV/AIDS IN CANADA

The launch of the Federal Initiative to Address HIV/AIDS in Canada signals a renewed and strengthened federal role in the Canadian response to HIV/AIDS over the next five years. The Federal Initiative - a partnership of the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research and Correctional Service Canada - will work toward a Canada free from HIV and AIDS and the underlying conditions that make Canadians vulnerable to the epidemic.

To achieve this vision, federal action will focus on providing leadership to enhance strategic relationships, better align the efforts of key players (with clear roles and responsibilities) and improve ongoing evaluation and ensure that people living with and vulnerable to HIV/AIDS are partners in shaping policies and practices affecting their lives. By maximizing the use of its own resources and collaborating with others, the federal government will make a larger and more effective contribution to addressing the complex social, human rights, biological and community barriers that continue to fuel the epidemic…

The Federal Initiative embraces elements of both the social justice and determinants of health approaches. It builds on the lessons learned from past strategies[2] and moves toward the development of a fully integrated Government of Canada approach to HIV/AIDS."

The Ontario Aboriginal HIV/AIDS Strategy embraces both the social justice and determinants of health approaches indicated in the Federal Initiative. It has been long held by Canada's Aboriginal peoples that HIV/AIDS and indeed, other diseases cannot be treated effectively in isolation from the realities that plague Aboriginal peoples as a result of colonization, the residential school experience and the many other assaults endured by the First Nations, Métis and Inuit. The Federal Initiative also outlines plans to:

- *"develop discrete approaches to addressing the epidemic for people living with HIV/AIDS, gay men, injection drug users, Aboriginal people, prison inmates, youth and women at risk for HIV infection, and people from countries where HIV is endemic*
- increase government collaboration at all levels - federal, provincial, territorial and municipal
- support the use of social marketing initiatives to increase public awareness of HIV/AIDS and encourage those who may be part of the hidden epidemic to access HIV/AIDS programs
- encourage greater integration of HIV/AIDS prevention, care and treatment interventions with those of other diseases, as appropriate

- *more broadly engage federal departments and agencies in the response, such as Citizenship and Immigration Canada, and those that have mandates related to housing, disability, social justice, employment and other determinants of health*
- increase its engagement in the global response to the epidemic

- improve the communication of outcomes achieved from federal investments in HIV/AIDS "

3.0 PRINCIPLES

The Ontario Aboriginal HIV/AIDS Strategy is governed by principles that reflect Aboriginal values and beliefs and as such must:

1. Be inclusive and responsive to the diversity of needs of the Aboriginal community including: women, children, youth, elders, traditional teachers and respectful of all people regardless of status, residency, religion, gender or sexual orientation.

2. Directly involve Aboriginal people living with HIV/AIDS in all aspects of the Strategy.

3. Be non-judgmental and embrace the harm reduction philosophy.

4. Promote a holistic continuum of care that addresses mind, body and spirit.

5. Protect those who are directly impacted by HIV/AIDS and those who are particularly vulnerable including children, women, youth, prisoners and substance users and others.

6. Respect an individual's right to choose programming and services.

7. Respect an individual's right to privacy and confidentiality.

8. Affirm the value of Aboriginal medicine and incorporate healing practices and teachings at the request of Aboriginal people living with and affected by HIV/AIDS.

4.0 STRATEGIES

In response to the growing HIV/AIDS epidemic in the Aboriginal community OAHAS will focus its efforts on six key Strategic Priorities. These include:

- Promotion and Prevention
- Providing Training in Care, Treatment and Support, Long Term Care And Delivery Supports (Harm Reduction)
- People who are increasingly vulnerable due to the determinants of health
- Community-Based Research and Communications
- Leadership
- Accountability

Strategic Priority #1: Promotion and Prevention:

Strategic Priority #1 will focus efforts on the design, development and delivery of education and primary and secondary prevention approaches that make Aboriginal people aware of the very real threat of HIV/AIDS to themselves and their community and will promote choices for healthy living, healthy attitudes and harm reduction that will assist in containing and /or reducing the transmission of HIV among Aboriginal people.

Result #1: Increasing numbers of Aboriginal people at high risk are accessing information on testing, pre and post-test counselling; condoms; needle distribution; information on HIV transmission and other harm reduction approaches.

Strategies:

1. Engage with Aboriginal people at high risk to respond to their needs for specific information and assistance.
2. Develop and update information on “Aboriginal friendly” test sites and follow-up as necessary with counselling referrals and access to elders.
3. Establish and promote the availability of Aboriginal HIV/AIDS Hot-lines with efforts particularly focused on women and youth.
4. Participate and sponsor workshops and conferences on HIV/AIDS and the impacts of the disease on family and community.
5. Develop specific messages for Aboriginal women to empower them in dealing with violent and/or abusive relationships.
6. Develop and distribute basic HIV transmission information in common wording and list the places to access assistance.
7. Develop and distribute basic harm reduction techniques in common wording and list the places to access assistance.

Indicators: Collect base line data and measure increases in numbers.

Result #2: Greater acceptance and sensitivity to Aboriginal people living with HIV/AIDS in the Aboriginal community.

Strategies:

1. Participate in training APHAs in delivering speeches and workshops to share their experiences and promote their availability to schools, community groups, service providers etc.
2. Develop policy templates for use by Aboriginal organizations and agencies that clearly outline a zero tolerance for insensitivity or inequitable treatment of co-workers, customers, and community members etc. who are living with HIV/AIDS and promote their availability.
3. "Go where the people are" and promote awareness of the growing HIV/AIDS epidemic and sensitivity for those who are living with HIV/AIDS.
4. Organize open discussion and forums in the Aboriginal community to address HIV/AIDS related issues, homophobia, substance use and harm reduction and involve youth, elders, women, traditional healers, medical professionals and community leaders.

Indicators:

- Collect base line data and track numbers of requests for the above.
- Develop, distribute and analyze evaluation sheets for the above.

Result #3: Increase awareness of healthy sexuality, healthy relationships and the range of life experiences in the Aboriginal community.

Strategies:

1. Design and deliver realistic programs, workshops etc that promote healthy sexuality and healthy relationships that reflect the "Aboriginal reality" and are cognizant of the history of sexual abuse, family violence, poverty etc. and promote their availability.
2. Design, develop and deliver Aboriginal sexuality programs that focus on empathy for APHAs and an examination of the range of life experiences.
3. Assist in engaging Aboriginal youth in designing and developing their own approaches to promoting healthy sexuality and healthy relationships.
4. Assist in engaging Aboriginal women in designing and developing gender specific methods for regaining control in a relationship that will result in the ability to negotiate safer sex, for example.
5. Promote a greater understanding among Aboriginal women of pre and post natal HIV/AIDS transmission risks.

Indicators:

- Collect base line data and track numbers of requests for the above.

- Develop, distribute and analyze evaluation sheets for the above.
- Measure youth uptake on the offer to assist with design of approaches and the reaction of youth to the approaches (Numbers engaged in design, over what time period, in what areas of the province) and anecdotal evidence on the impacts.
- Measure women's uptake on the offer to assist with design of approaches and the reaction of women to the approaches (Numbers engaged in design, over what time period, in what areas of the province) and anecdotal evidence on the impacts.
- Numbers of women requesting information or accepting information when it is made available.

Result #4: Increasing numbers of Aboriginal Service Organizations/Agencies incorporating harm reduction approaches.

- Strengthen partnerships with outreach services, traditional and western counsellors, health access centres, healing lodges, shelters, half-way houses, addiction treatment services and others and provide harm reduction training on request.
- Engage Aboriginal Service Providers in developing best practices for prevention work.

Result #5: Increasing numbers of Aboriginal people accessing prevention methods.

- Strengthen partnerships with substance use prevention initiatives to ensure that harm reduction programs are culturally appropriate and that strategies reflect the emerging trends within the Aboriginal population.
- Work with others to ensure that harm reduction programs offer practical alternatives and methods and educate clients in a non-judgmental manner.
- Work with partners to ensure increased access to needle distribution programs, safe inhalation kits and methadone treatment in all settings including and beyond urban areas.
- Work inside prisons and provide innovative prevention messages

Result #6: Aboriginal youth have a better understanding of the threat of HIV/AIDS and how to prevent infection.

- Engage Aboriginal youth in the design and delivery of prevention messages.

- Work with school boards and other educational authorities with a significant Aboriginal population to ensure that prevention messages are wide-spread and prominent within the school environment.

Indicators:

- Collect base line data with partners i.e. numbers of Aboriginal people accessing services, numbers of needle distribution and methadone treatment programs available and locations, numbers of educational institutions (levels and locations) engaged in HIV/AIDS prevention messaging.
- Compare increases over time.

Strategic Priority #2: **Providing Training in Care, Treatment and Support, Long Term Care And Delivery Supports (Harm Reduction)**

Strategic Priority #2 will focus efforts on facilitating optimum care, treatment and support and long term care for APHAS and those who are directly affected. The priority also addresses the need to provide for training and other supports that promote harm reduction practices.

Result #1: Greater awareness of APHAS and those directly impacted to appropriate and well trained service providers in their area.

- Identify caregivers and support services in the community that are non-judgmental, culturally competent and open to APHAS and their families/others and link with clients and provide additional training when necessary.

- Engage elders, where appropriate in providing support to APHAS and their families/others.

- Provide written materials at all literacy levels that address alternative and complementary therapies and options for care.

- Continue to promote the rights of APHAS and those directly affected with hospitals, health care centres, child and family services agencies, treatment centres and others so that the care, support, treatment and follow-up required is provided.

- Continue to provide training and sensitization to the Seven Grandfather Teachings and Haudenosaunee principles to service providers who come into contact with Aboriginal PHAS and their families.

Indicators:

- From time to time, informally survey APHAS and those directly impacted to determine where they are receiving the best possible care and where the gaps are. Determine best course of action to address gaps.

Result #2: Culturally appropriate and respectful facilities are available for APHAS in the communities where they live.

- Partner with existing facilities and provide training to incorporate traditional ceremonies and practices into the care provided when requested by an APHA.
- Identify and train a network of home care providers and health care teams who are sensitive to Aboriginal cultures and values and practice equitable access for all.

Result #3: The physical, mental, emotional and spiritual needs of APHAS and their families are provided for during the final stages of life.

- Train hospices to provide supportive environments for APHAS.
- Work with the community to ensure that temporary accommodation is available for family and friends who have traveled to be with their loved one.
- Refer the family and others to resources that can assist with final arrangements.
- Provide access to bereavement and grief counselling as required.

Indicators:

- Increasing availability of sensitive care and comments/observations of families.

Result #4: Opportunities for knowledge exchange related to HIV/AIDS among Aboriginal individuals and groups.

- Facilitate the involvement of Aboriginal service providers in Harm Reduction training and assist them with the development of work place policies that reflect harm reduction approaches. (Utilizing the OAHAS Harm Reduction Training- Mending the Circle)
- Facilitate the involvement of elders and traditional teachers and others in the lives of APHAS by encouraging a more open and respectful approach to APHAS and their families. (Utilizing the OAHAS Elders Training Program and Video).

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Result #5: Opportunities for knowledge exchange and the development and sharing of innovative resources with Aboriginal and non-Aboriginal individuals and groups.

- Participate in training sessions with Aboriginal and non-Aboriginal AIDS Service Organizations and other partners as needed.
- Participate in workshops and task groups designed to develop innovative approaches to address HIV/AIDS related issues.
- Participate in task groups that are designed to develop innovative Aboriginal-specific resources.
- Continue to offer cultural competency (skill-based) and decolonizing attitude training to partners on request.
- Participate in training that increases knowledge about emerging drug therapies and healing techniques.

Result #6: Peer education programs increase.

- Continue to work with specific groups on the design and delivery of peer education programs ex. Youth, Women, Two-Spirited people, Substance Users, Prisoners etc.

Result #7: Support and appropriate care is provided to those people directly impacted by HIV/AIDS.

- Engage the community to design what is needed to appropriately support the families and friends of APHAS.
- Acknowledge the important role that families and friends play in supporting APHAS.
- Facilitate respite care for families of APHAS if required.
- Facilitate counselling (Western and traditional) for families and friends of APHAS.
- Facilitate access to travel funding, accommodation and other assistance for the families of APHAS.

Indicators:

- Numbers and types of groups and individuals, Aboriginal and non-Aboriginal requesting training and opportunities to exchange knowledge on Aboriginal people and HIV/AIDS.
- Numbers and types of people requesting involvement in a peer education program.
- New and innovative resources that address HIV/AIDS in the Aboriginal community.
- Numbers of people and agencies engaged in designing and delivering support and care for the families and friends of APHAS in the community.

Strategic Priority #3 People who are increasingly vulnerable to the Determinants of health:

Strategic Priority #3 focuses on building and sustaining partnerships that will help to address issues such as homelessness, violence, mental health issues, care for families and children and substance use. Addressing the determinants of health will require collaboration and inter-sectoral work across Ontario. In addition, the priority focuses on measures directed to women, children, youth, two spirited people, prisoners and substance users. Specific measures are required for each of the populations listed to be effective.

Result #1: Improve the quality of life for APHAS and those directly impacted by the disease.

- Refer APHAs in need to homelessness and other initiatives to provide shelter, food, clothing, transportation and translation services as required.
- Refer to other professionals to promote the rights of APHAs with potential employers, educational and training institutions, landlords etc.
- Continue to refer to other ASOs to link APHAS with escorts (or buddies) to accompany them to doctors, traditional healers, court appearances, police etc.
- Partner with others to ensure that Aboriginal women, children and youth have a safe environment they can access.
- Refer to Aboriginal Health Access Centres and other health care providers (eg. Addictions Treatment Centres) to help ensure that APHAS and their families with substance use and/or mental health issues are assisted.
- Partner with others to ensure that the community includes the needs of Aboriginal people living with HIV who are marginalized by the determinants of health when planning for social/health programming.

Indicators:

- Increased collaboration with inter-sectoral partners.

Result #2: The unique needs of Aboriginal women, youth and children are identified and addressed.

- Identify potential partners in this effort and engage in finding ways to support women, youth and children impacted by HIV/AIDS including orphaned children.
- Work with women who suffer from domestic violence, partner abuse and coercion that result in high risk for HIV transmission.
- Work with women and agencies to remove the fear of losing children to the system as a result of HIV/AIDS.
- Engage partners to facilitate the testing of Aboriginal women who want to become pregnant or who are pregnant with their specific informed consent.
- Engage Aboriginal women, youth and children in the identification of what they need and work with them to address their needs.

Result #3: The needs of Two-Spirited People are identified and addressed.

- Engage elders and other respected community leaders in removing the stigma associated with being two spirited through dialogue and education.
- Promote peer education programs.
- Ensure that care and support is provided to partners of APHAS.
- Engage two spirited people in the identification of what they need and work with them to address these needs.
- Continue to partner with two spirited organizations.

Result # 4: The needs of prisoners are identified and addressed.

- Executive Director and Board of Directors continue to advocate for policy change within the federal and provincial correctional system to ensure that information and supports are available for prisoners to prevent HIV transmission and improve the care, treatment and support of Aboriginal prisoners living with HIV/AIDS.
- Maintain links to PASAN and others engaged in health promotion in the prison system.
- Increase outreach to jails, youth facilities and prisons.
- Design and provide Aboriginal-specific training to corrections officers so they are more aware and respectful of Aboriginal customs and values.
- Implement “Circle of Knowledge Keepers” training and invite both Aboriginal and non-Aboriginal prisoners to participate as peer educators.
- Continue to support and partner with elders and others.

Result #5: The needs of Substance Users are identified and addressed.

- Continue to partner with others to reach out to substance users to provide harm reduction approaches, Aboriginal-specific prevention messages etc.
- Develop and deliver materials that relate to co-infections (Hepatitis C, Sexually Transmitted Infections, Tuberculosis, Diabetes etc.)

- Design and share materials and the risks involved in using legal and illegal substances and any other emerging substance use trends.

Strategic Priority #4 Community-Based Research and Communication:

Strategic Priority # 4 has been added for this five year period although OAHAS has been conducting research in some form since the outset. The difference is that OAHAS plans to define research indicators and methods that truly reflect the populations served by the organization. Although communications is a key feature of the organization greater emphasis will be placed on targeting specific groups utilizing means that will have the greatest impact.

Result #1: OAHAS has a research method and agenda that is purely Aboriginal community-based and reflects the reality of the populations served by the organization.

- When research is undertaken by OAHAS it must address the following fundamental questions:
    1. Who defined the research problem?
    2. For whom is this study worthy and relevant? Who says so?
    3. What knowledge will the community gain from this study?
    4. What knowledge will the researcher gain?
    5. What are the likely positive outcomes from this study?
    6. What are the possible negative outcomes?
    7. How can the negative outcomes be eliminated?
    8. To whom is the researcher accountable?
    9. What processes are in place to support the research, the researched and the researcher?
- Aside from but including the above noted questions in each research undertaking, OAHAS will work to define CBR in an Aboriginal context by identifying relevant indicators for such concepts as “success”, “progress”, “wellness” etc.
- OAHAS will host a symposium to share the *new* CBR concept and work to build endorsement within the community.

Result #2: OAHAS is a well known and respected resource for innovative messages regarding HIV/AIDS.

- Support the development of youth targeted and controlled communication techniques including videos, cartoons etc.
- Continuously update and expand the OAHAS website
- Promote new messages at venues and events whenever possible

Indicators: OAHAS defines a new CBR practice that is much more respectful and accurate in its depiction of the Aboriginal community and its various populations.

The organization is highly successful in promoting and utilizing various communication techniques that are designed to appeal to targeted audiences.

Strategic Priority #5 Leadership:

Strategic Priority #5 addresses the need to influence the local, provincial, national and international agendas in the face of HIV/AIDS and the Indigenous population.

Result #1: Under the guidance of the Executive Director and Board of Directors, OAHAS is recognized and supported as a key vehicle in Ontario to address HIV/AIDS in the Aboriginal population living off reserve.

- Board members promote the Toronto Charter to their leadership across Canada and gain endorsement from them.
- Board members promote the Toronto Charter and the OAHAS Strategic Plan to their leadership across Ontario and gain endorsement from them.
- Board members work with their organizations to ensure that HIV/AIDS is on every Annual General Meeting Agenda in the province.
- The Executive Director will advocate for increased and sustained funding for OAHAS with the support of partners and the Board of Directors.
- The Executive Director will participate with others in the development and implementation of a Leadership Strategy that will place and keep HIV/AIDS on the radar screen of all governments including Aboriginal governments.

Result #2: OAHAS is recognized as a world leader in Indigenous issues as they relate to HIV/AIDS.

- The Executive Director will participate at local and provincial levels to ensure that Aboriginal-specific issues as they relate to HIV/AIDS are addressed.

- The Executive Director will continue to be involved with HIV/AIDS issues in Canada to ensure that Aboriginal-specific needs are recognized and addressed.

- The Executive Director will continue to reach out to Indigenous communities outside of Canada as requested to provide expertise in areas where OAHAS is providing leadership and innovation.

Indicators:

- Agendas listing HIV/AIDS.
- Endorsement of the Toronto Charter and the OAHAS Strategic Plan
- Numbers and levels of Committees where the Executive Director is engaged and results of deliberations.

- Numbers of requests for expertise in the worldwide Indigenous community and results.

Strategic Priority # 6 Accountability:

This Strategic Priority reflects the need to evaluate and monitor the results of efforts to reduce the incidence of HIV/AIDS in the Aboriginal community and to change measures and initiatives that prove ineffective. This Strategy also addresses the need to perform duties and functions within the policies and procedures prescribed by the organization.

Result #1: A process whereby each OAHAS worker reports semi-annually using the Indicators outlined under each strategy. Changes to approach may be recommended, approved and followed.

- As outlined, the development of baseline data to measure against
- Identification of existing partners and other service providers and indications of an improved working relationship due to knowledge exchange, sharing the work, consistent follow-up etc.
- More evidence available to indicate trends, emerging relationships and need.

Result #2: An annual roll-up of semi-annual reports to share with funding bodies and others.

Result #3: Identification of areas within the policies and procedures of OAHAS that may be too restrictive or too flexible to allow for optimum job performance and organizational development.

Result #4: Increasingly more effective organization based on the needs of the people served by OAHAS.

Indicators: On time, accurate and thorough reporting to funding sources and OCHART data that reflects positive results in the Aboriginal community.