

HEPATITIS C PREVENTION, SUPPORT AND RESEARCH PROGRAM

NATIONAL GRANTS AND CONTRIBUTIONS PERFORMANCE MEASUREMENT

REPORT - 2012-13

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Programme de prévention, de soutien et de recherche pour l'hépatite C: *Rapport national d'évaluation du rendement des subventions et des contributions de 2012-2013*

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Executive Summary

This annual report summarizes performance measurement findings for 2012-13, from the analysis of information received from projects funded nationally by the Hepatitis C Prevention, Support and Research Program (Hepatitis C Program) in Canada through the Performance Measurement Tool (PMT). This report provides an overview of the achievements of the projects and information about their diverse activities and reach.

Overall, approximately \$1.16 million in funding was distributed to projects of national scope through the Hepatitis C Grants and Contributions (G&Cs) funding Program. This funding supported six projects, which leveraged approximately \$600,000 in additional funding from other sources and in-kind contributions.

With these combined resources, projects were able to:

- facilitate training for 105 staff members and 161 volunteers;
- involve almost 500 individuals, belonging to one of the key populations at risk in various capacities within the projects;
- establish and maintain 142 partnerships with various governmental, not-for-profit and private sector organizations;
- reach more than 98,000 individuals by distributing more than 420,000 copies of products of which over 65 percent were new in 2012-13; and,
- reach almost 20,000 individuals through their activities.

I. Background

The Public Health Agency of Canada (the Agency) supports community-based responses to hepatitis C through the administration of Grants and Contributions (G&Cs) under the Hepatitis C Prevention, Support and Research Program (Hepatitis C Program). The Hepatitis C Program is national in scope with shared responsibility for its ongoing funding delivery for community-based projects with regional offices. For the purposes of this report, only nationally funded projects will be discussed.

In 2012-13, the Hepatitis C Program supported six national projects that conducted a range of prevention and capacity building activities that reached community organizations, health professionals and particular populations at risk of hepatitis C virus (HCV) infection. The funding supported five projects to achieve the following goals:

- develop and deliver workshops to increase knowledge and awareness about HIV, HCV and sexually transmitted infections (STIs) among key populations at-risk, including youth, incarcerated people and Aboriginal Peoples;
- produce educational resources for health professionals working in hepatitis C so that they are better prepared to identify, support and treat people infected and affected by HCV;
- provide peer education activities aimed at preventing infection and spread of HCV and STIs; and, increase community capacity to address HCV and STIs.

The sixth funded project facilitated an active and continuous exchange of knowledge on a wide spectrum of hepatitis C and co-infection topics. This project's goal aimed to strengthen the response of frontline organizations involved in the prevention, diagnosis, care, treatment and support for people living with and at risk of hepatitis C infection.

The performance measurement strategy for the Hepatitis C Program includes a reporting commitment to collect and report data for performance measurement and evaluation purposes. Starting in 2013, the performance measurement tool (PMT) was implemented to systematically collect standardized information to assess projects' performance and how these are contributing to the outcomes of the Hepatitis C Program. The PMT replaced the Project Evaluation Reporting Tool (PERT) which had previously been used. Starting in 2014-15, the PMT will also be used to collect performance measurement data for regional projects.

II. Performance Measurement Tool

The PMT was designed as a questionnaire and intends to simplify the requirements for funded recipients to report their work and to make reporting more intuitive. It is an online survey tool that collects annual data from projects funded by the national Grants and Contributions allocation of the Hepatitis C Prevention, Support and Research Program. The questionnaire is divided into six sections:

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

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

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

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

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

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

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

III. Description of Funding Program

In 2012-13, the Agency administered one national Grant and Contribution fund under the Hepatitis C Prevention, Support and Research Program. The goal of the Hepatitis C Program is to improve population health, decrease health disparities and reduce associated burden on the health system by:

- contributing to the prevention of hepatitis C infection in Canada and around the world;
- supporting persons infected with, affected by, at risk of and/or vulnerable to hepatitis C infection;
- providing a stronger evidence base for policy and programming decisions; and,
- strengthening partners' capacity to address hepatitis C virus infection in Canada.

IV. Key Findings by Section

I. Resources

In 2012-13, the Hepatitis C Program funded six national projects across Canada, for a total of \$1,159,620.

1.1 Other funding sources and in-kind contributions

In addition to the Hepatitis C Program funding, recipients supported their activities with other sources of funding and in-kind contributions such as:

- administrative costs
- use of facilities
- equipment and furniture
- project materials

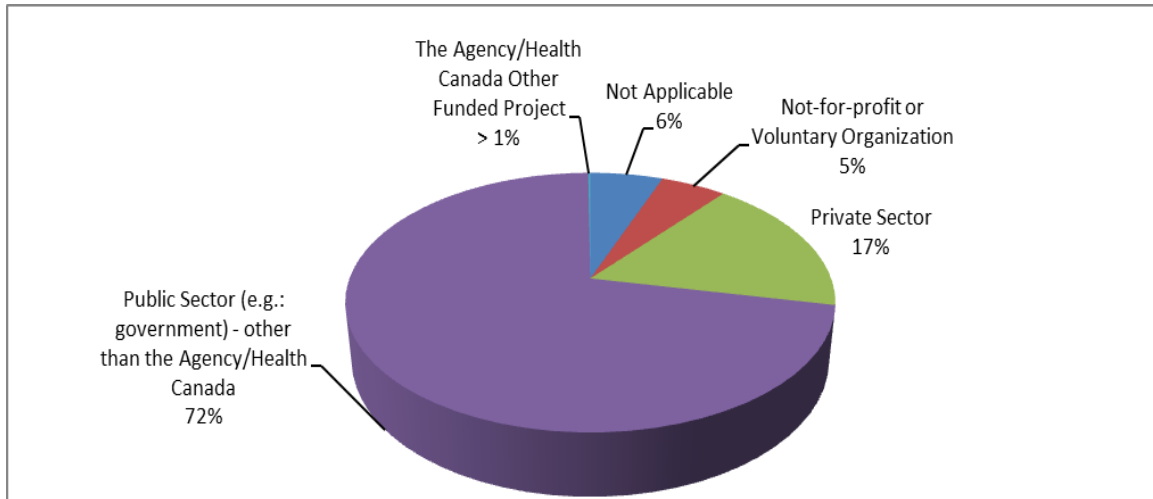
All projects reported receiving funding from other sources in 2012-13 for a total estimate of \$608,682. Table 1 shows that 96 percent of the estimated dollar value of in-kind contributions came from various types of contributions.

Table 1: In-kind contribution dollar value, 2012-13

In-kind contribution	Dollar amount/value estimate (\$)	% of dollar amount/value estimate
Many/all types of contribution	581,670	95.5
Facility	12,012	2
Administrative costs (office supplies, printing, postage, etc.)	10,000	1.5
Project materials (video, food etc.)	5,000	1
Total	608,682	100

Figure 1 shows the breakdown of funding by type of organization and that additional resources were mostly leveraged from public sector organizations (72 percent). Funding from the private sector represents 17 percent of additional funding and not-for-profit or voluntary organizations represent five percent.

Figure 1: Breakdown of leverage funding by type of organization, 2012-13



1.2 Human resources

Data indicate that loaned staff and volunteers made a significant contribution to the projects. In 2012-13, funded recipients received almost 9,000 hours of work from loaned staff (2,711 hours) and volunteers (6,214 hours).

Loaned staff

Five out of six funded recipients reported receiving support from loaned staff for a total of 2,711 hours. Each project received between 95 to 1,360 hours of support from loaned staff.

Volunteers

Volunteers played an active role in a wide range of project activities (Table 2). A total of 449 volunteers contributed more than 6,214 hours to support the projects. Volunteers were most often engaged in:

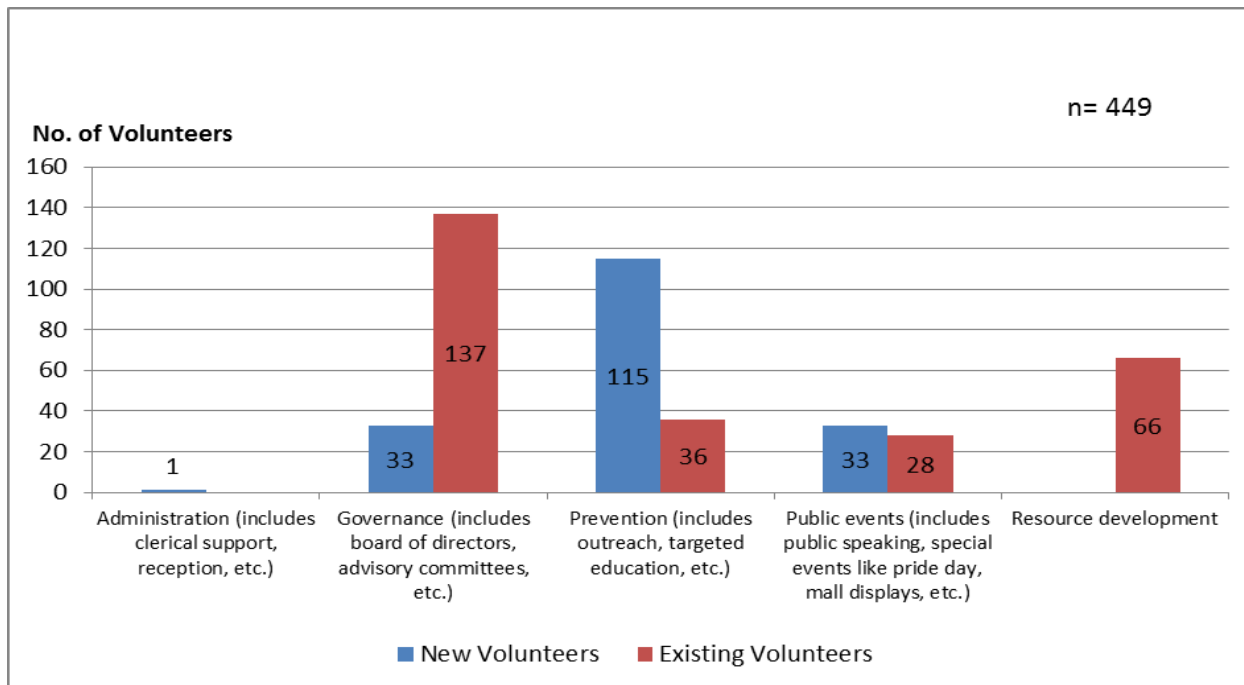
- project governance (38 percent)
- prevention activities (34 percent)
- resource development (15 percent)

Table 2: Volunteers by area of contribution and number of hours, 2012-13

Area of contribution	Total no. of volunteer (including New)	No. of new volunteers	% of volunteers	No. of hours (all volunteers)
Governance (includes board of directors, advisory committees, etc.)	170	33	37.86	1,473
Prevention (includes outreach, targeted education, etc.)	151	115	33.63	1,116
Resource development	66	0	14.70	163
Public events (includes public speaking, special events like pride day, mall displays, etc.)	61	33	13.59	3,432
Administration (includes clerical support, reception, etc.)	1	1	0.22	30
Grand Total	449	182	100.00	6,214

Of the volunteers involved in the projects, more than one-third (37 percent) were new recruits who were mostly involved in prevention activities (63 percent). These findings highlight the important role volunteers play in increasing organizational capacity and providing insight to the projects' activities (Figure 2).

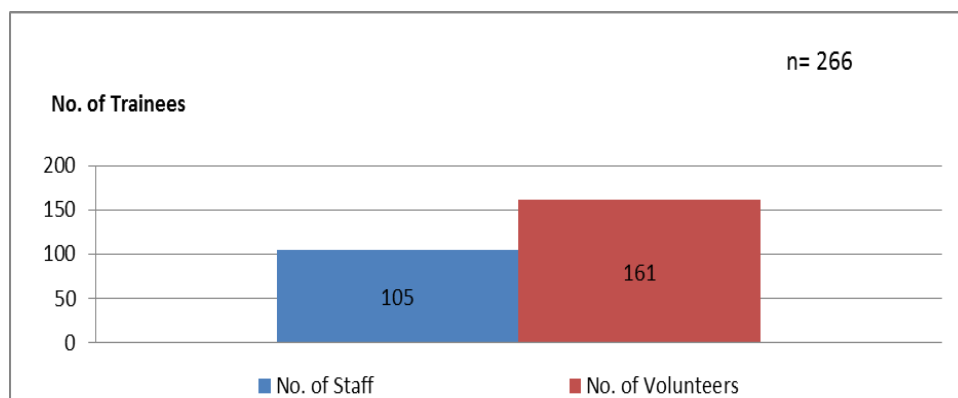
Figure 2: New and existing volunteers by area of contribution, 2012-13



Training

Organizations build capacity by training their staff and volunteers to increase their skills, work more effectively and provide quality services. In 2012-13, the projects provided training within their organizations for 266 individuals – 105 paid staff and 161 volunteers (Figure 3).

Figure 3: Staff and volunteers who received training, 2012-13



The most attended trainings by staff were on Accessibility for the Ontarians with Disabilities Act (39 staff) and Transgender Sensitivity (33 staff).

Also, funded projects trained 161 volunteers who mostly attended the General Event Training (60 volunteers) and Hep C 101 (40 volunteers). Table 3 lists the training topics offered by the funded projects.

Table 3: Staff and volunteers trained by training topic, 2012-13

Training topic	No. of staff	No. of volunteers	Total Trained
General event training	6	60	66
Accessibility for Ontarians with Disabilities Act	39	11	50
Hep C 101	6	40	46
Transgender sensitivity	33	0	33
New staff orientation	7	15	22
Crisis intervention and suicide prevention	6	15	21
Active listening	6	10	16
Facilitation and evaluation training	0	10	10
NVivo 10 software training	1	0	1
FluidSurveys software training	1	0	1
Grand total	105	161	266

II. Partnerships

Creating partnerships is an important component of the Hepatitis C Program. Partner organizations can help projects:

- reach key populations
- strengthen service delivery
- expand the reach of their work into other sectors
- ensure the sustainability of their community-based initiatives

The Hepatitis C Program encourages funded recipients to build and maintain partnerships and involve all partners in planning, delivering and evaluating their projects.

All six projects reported formal collaborations that support their work. Intersectoral collaboration is needed to address the social and economic factors (the broader determinants of health) which affect people living with, or at risk of, HCV. The projects reported a total of 143 partnerships in 2012-13.

Funded recipients identified the type of organization, the partners' range of influence and the outcomes to which their partners had contributed. Over 50 percent of the projects' partners were from the not-for-profit or voluntary sectors (78 partners or 55 percent). Public sector partners such as government agencies and universities/colleges accounted for 58 partners or 41 percent. The remaining partnerships (seven, or five percent) were with the private sector (Table 4).

The projects described the results they achieved through partnerships and the benefits for their key populations, communities and organizations. As summarized in Table 4 below, the partnerships mostly contributed to increasing organizational capacity (55 or 39 percent), enhancing engagement or collaboration (41 or 29 percent) and increasing awareness or knowledge (27 or 19 percent).

Table 4: Partnerships by outcome, 2012-13

Activity outcomes	Not-for-profit or voluntary organization	Private sector	Public sector - other than the Agency /Health Canada	Total
Increased capacity – organizations	26	0	29	55
Enhanced engagement/collaboration	27	3	11	41
Increased awareness/knowledge	20	2	5	27
Improved access	5	0	3	8
Increased Canadian global engagement/leadership	0	2	6	8
Increased capacity – individuals	0	0	4	4
Total	78	7	58	143

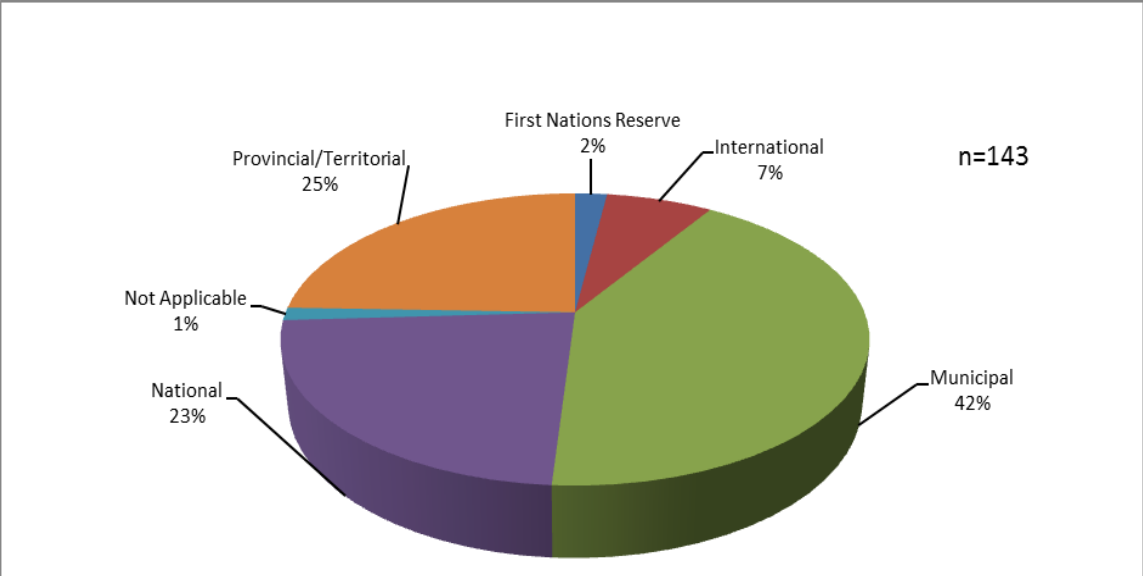
The projects reported that their partnerships were divided almost evenly between new (70) and existing (72) partners. Partners in the not-for-profit or voluntary sector were recruited mostly to increase awareness/knowledge. In the public sector, they were recruited to increase organizational capacity (Table 5).

Table 5: Type of organization by outcome and length of partnership, 2012-13

Type of organization	No. of existing partners	No. of new partners	Total
Not-for-profit or voluntary organization	42	36	78
Enhanced engagement/collaboration	22	5	27
Improved access	1	4	5
Increased awareness/knowledge	1	19	20
Increased capacity – organizations	18	8	26
Private sector	5	2	7
Enhanced engagement/collaboration	3	0	3
Increased awareness/knowledge	0	2	2
Increased Canadian global engagement/leadership	2	0	2
Public sector (e.g. government) - other than the Agency/Health Canada	23	34	57
Enhanced engagement/collaboration	6	4	10
Improved access	1	2	3
Increased awareness/knowledge		5	5
Increased Canadian global engagement/leadership	4	2	6
Increased capacity – individuals	4		4
Increased capacity – organizations	8	21	29
Total	70	72	142

Figure 4 provides a breakdown of partner organizations by range of influence. About 42 percent of all partnerships were at the municipal level, while 25 percent were at the provincial/territorial level and 23 percent at the national level. These numbers demonstrate that the projects have strengthened links in their municipalities and extended their reach.

Figure 4: Partners' range of influence, 2012-13



III. Target population involvement

By involving key populations at risk, nationally funded hepatitis C projects ensure that their activities meet and are driven by community needs. Key populations' involvement also:

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

In managing or delivering the project, funded recipients were asked to describe the involvement of nine key populations:

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

Overall, most projects reported the involvement of at-risk populations and people living with HIV/AIDS and HCV. In 2012-13, people from countries where HIV is endemic (111), people who use injection drugs (80), and youth at risk (74) were the most involved key populations (Table 6).

Table 6: Number of individuals involved by key population, 2012-13

Key populations	Number of individuals within key population at risk	No. of HIV+ and/or hep. C+ individuals
Aboriginal Peoples	46	13
Gay, two-spirit, bisexual and other men who have sex with men	32	3
People from countries where HIV is endemic	111	0
People in prison	15	0
People living with HCV	0	18
People living with HIV/AIDS	0	20
People who use drugs	60	20
Women	61	6
Youth at risk	69	5
Total	394	85

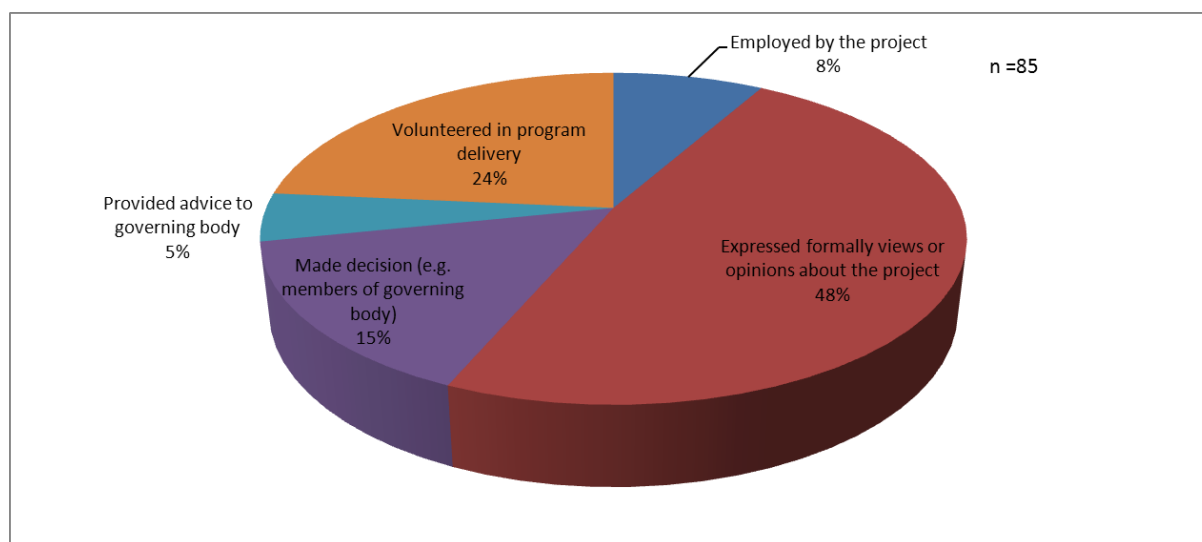
Both key populations at risk and people living with HIV or HCV were given formal opportunities to express their views or opinions about the project (e.g. needs assessment, project evaluation, focus groups). Projects employed seven percent of key population representatives (Table 7).

Table 7: Key population involvement by type of involvement, 2012-13

Type of involvement	No. of individuals within key population at risk	No. of HIV+ and/or hep. C+ individuals
Expressed formally views or opinions about the project (needs assessments, project evaluation, interviews, focus groups)	260	41
Made decisions (members of governing body)	63	13
Provided advice to governing body	47	4
Employed by the project	27	7
Volunteered in program delivery	20	20
Expressed informally views or opinions about the project	15	0
Total	394	85

Figure 5 summarizes the kinds of contributions that people living with HIV or HCV made in 2012-13. The majority either formally expressed their views/opinions about the project (48 percent) or volunteered with the project (24 percent).

Figure 5: Number of HIV and/or hepatitis C individuals involved by type of involvement, 2012-13



IV. Product dissemination

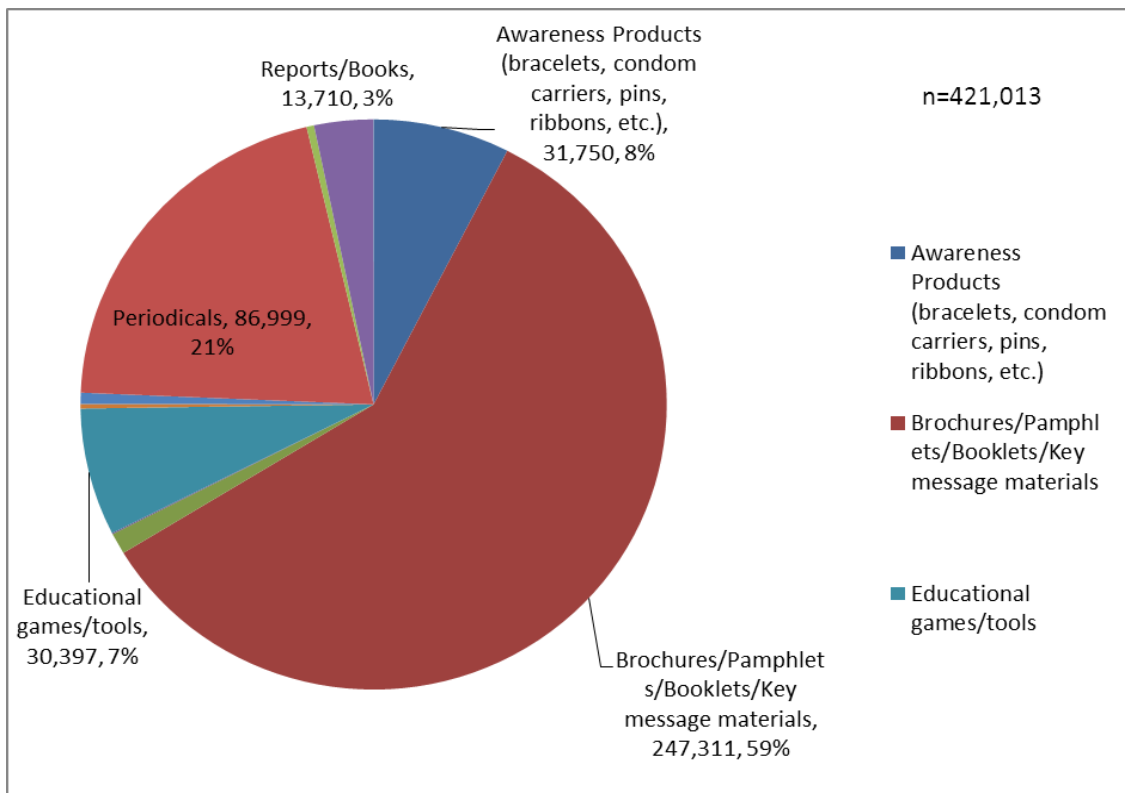
Nationally funded hepatitis C projects create, use and distribute a wide range of educational and communication materials. Intended audiences for these materials include:

- the key populations identified by projects
- staff and other service providers
- volunteers and peer workers in organizations
- the general public

In 2012-13, the projects distributed 276,179 copies of new products that they had created and a total of 421,013 copies of all products.

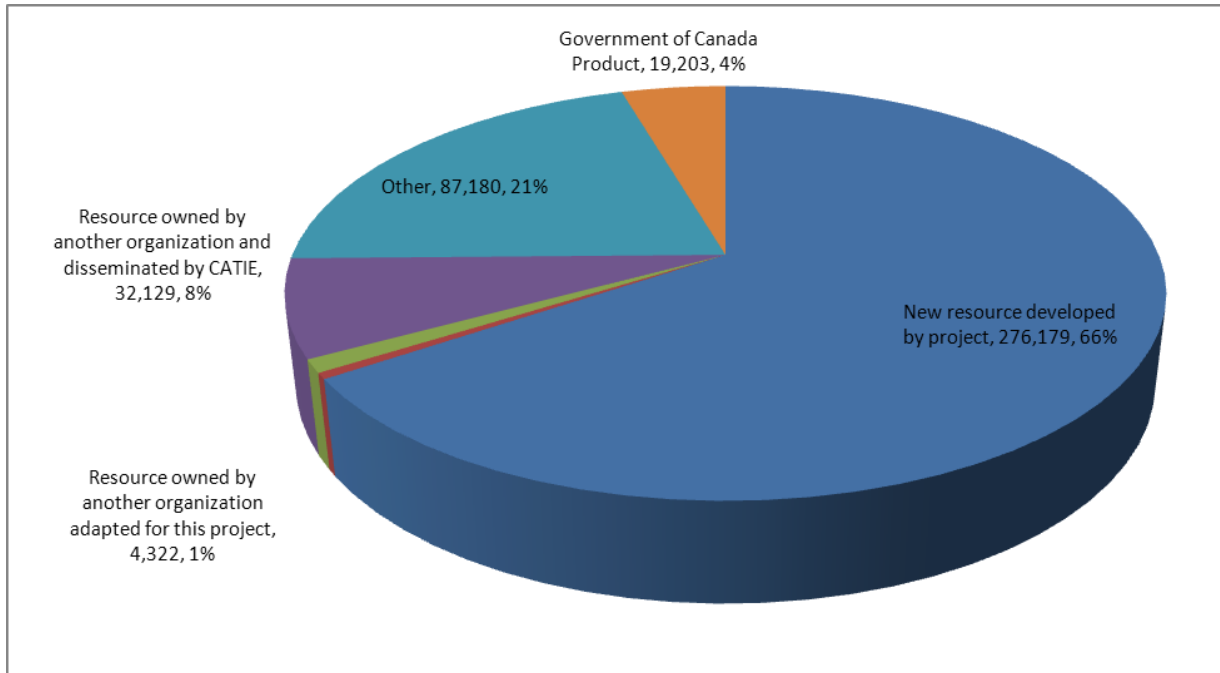
Figure 6 shows the main products distributed. The most common materials disseminated were brochures/pamphlets/booklets (59 percent) and periodicals (21 percent).

Figure 6: Primary type of products disseminated, 2012-13



The projects collected information on the sources of their products. Two-thirds (66 percent) of the products disseminated were new resources developed by the projects themselves. Eight percent of the projects' products were disseminated by CATIE (Figure 7).

Figure 7: Products by source, 2012-13



The projects also gathered information on the reach of their products through direct product dissemination. In 2012-13, product dissemination reached 179,292 individuals from key populations.

Table 8 presents the number of people reached by key population. People living with hepatitis C are by far the most reached key population (98,085 or 55 percent), followed by people who use drugs (34,658 or 19 percent).

Table 8: Product disseminated by key population, 2012-13

Key population	No. of copies distributed (by e-mail/mail, at event)
People living with HCV	98,085
People who use drugs	34,658
Aboriginal Peoples	17,475
Youth at risk	16,363
People in prison	8,849
People from countries where HIV is endemic	3,862
Grand total	179,292

As well as the key populations, the projects identified three audiences as the main targets of their products (Table 9). The general public was the most reached (121,524 or 50 percent), followed by frontline workers/service providers (92,250 or 38 percent) and educators/researchers/academics (25,554 or 11 percent).

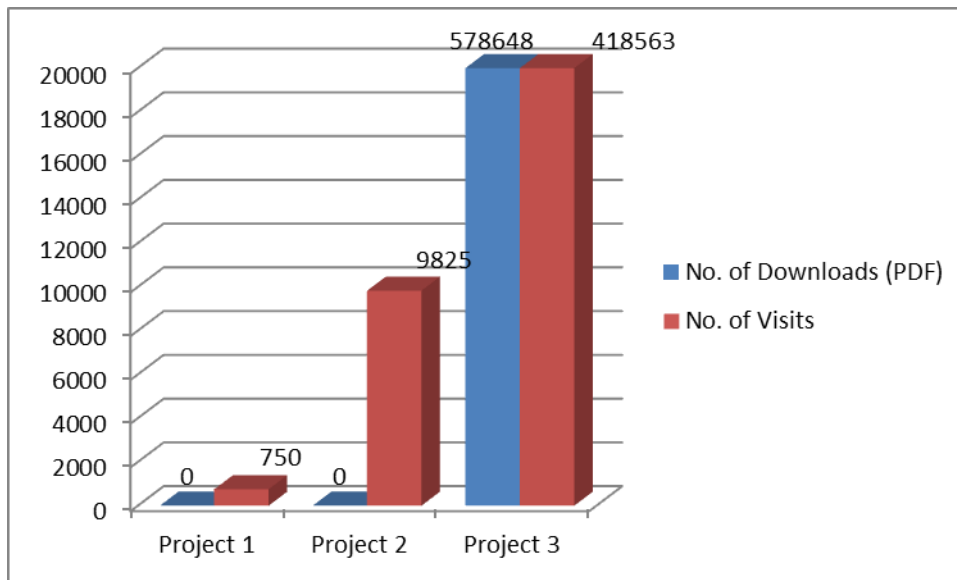
Table 9: Product disseminated by target audience other than key populations, 2012-13

Target audience	No. of copies distributed (by e-mail/mail, at event)
General public	121,524
Frontline workers/service providers	92,250
Educators, researchers, academics	25,554
Policy makers, decision makers, leaders	1,882
Health practitioners and/or other health care professionals	300
Volunteers	30
Total	241,540

4.1 Web product dissemination

Three out of the six projects also disseminated web products. Figure 8 shows the number of downloads and page views of all web products. As expected, the CATIE Hepatitis C Program: Knowledge, Translation and Exchange project (identified as project 3 below), had the highest number of downloads and page views. It should be noted that data for dissemination via social media platforms was not collected for this reporting period.

Figure 8: Number of downloads and page views by project, 2012-13



V. Reach through education, awareness and outreach activities

The PMT asked about how project reach related to the outputs and outcomes. The six projects reached over 19,000 people in 2012-13 through their education, awareness and outreach activities. Audiences for these activities included key populations as well as pre-defined target audiences, such as service providers and the general public. Distribution and dissemination activities reached the most people (15,350 or 80 percent). Social marketing was the second highest activity, reaching 1,716 (nine percent) of the total (Table 10).

Table 10: Reach by activity output, 2012-13

Activity output	No. of individuals reached
Distribution and dissemination	15,350
Social marketing	1,716
Workshops/presentations	994
Knowledge translation and exchange	371
Testing/counselling	300
Information services	143
Public awareness (community activities)	98
International conference	90
Focus groups	33
Grand total	19,095

The projects provided some information on how their activities contributed to specific outcomes. Table 11 shows that they reached 95 percent of their audiences through increasing awareness and knowledge activities.

Table 11: Reach by activity outcome, 2012-13

Activity outcome	No. of individuals reached
Increased awareness/ knowledge	18,195
Improved access	300
Increased capacity – organizations	210
Increased capacity – individuals	200
Enhanced engagement/collaboration	100
Increased Canadian global engagement/leadership	90
Total	19,095

Other than key populations, the nationally funded hepatitis C projects primary targeted:

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

The projects estimated that they reached a total of 15,632 people within these primary audiences, 14,667 of which were frontline workers/service providers. Figure 9 highlights the projects' reach by type of outcome and audience, other than key populations.

Figure 9: Target Audiences reached by outcome, 2012-13

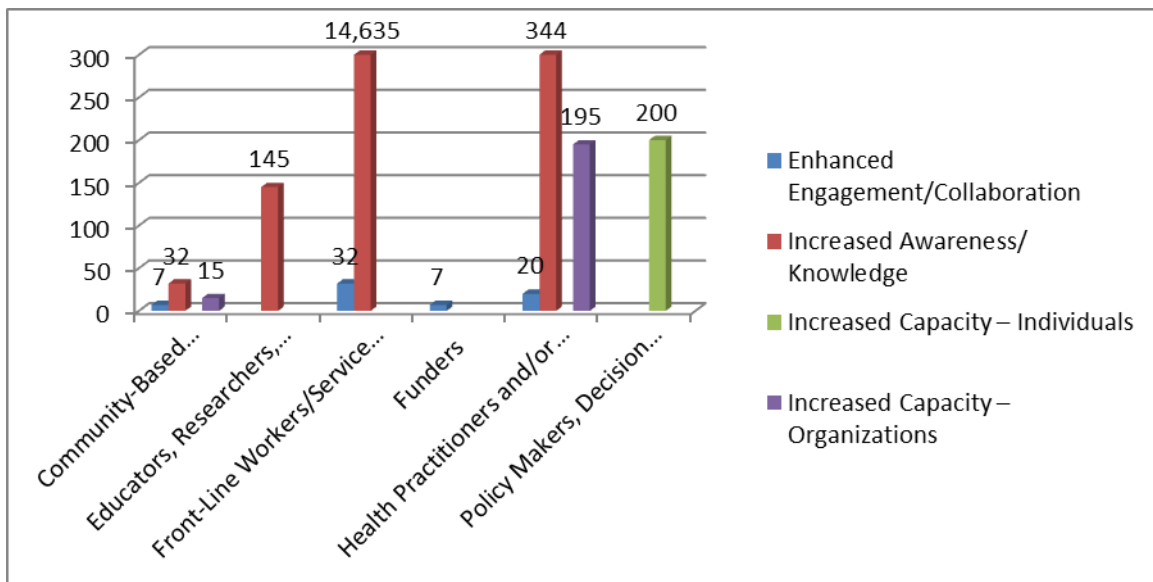
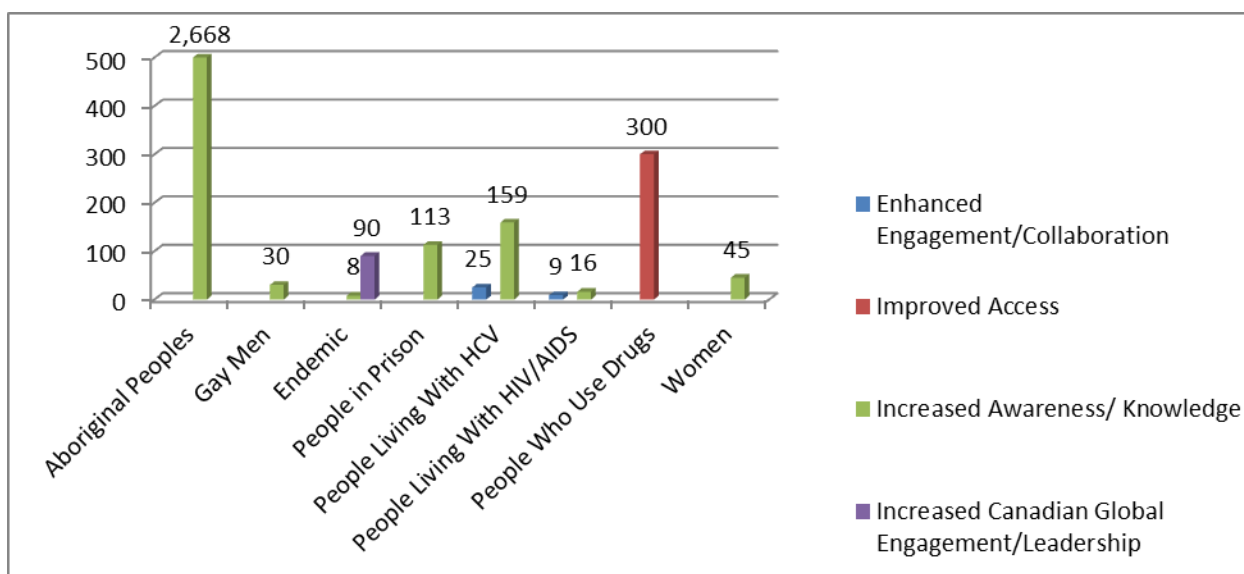


Figure 10 shows the projects' reach among key populations. Funded projects reached an estimated total of 3,463 people at risk of, or living with, HIV and/or HCV, mostly through their awareness and knowledge activities. The largest numbers reached were among individuals self-identifying as Aboriginal Peoples (2,668), people who use injection drugs (300) and people living with HCV (159).

Figure 10: Key populations reached by outcome, 2012-13



For the first time, the projects collected information for gender and age based analysis. Some funded recipients were not able to provide data on these criteria. However, sufficient data was provided to give a general idea of the projects' reach by age and by gender. Figure 11 shows the breakdown of reach by age group, while Figure 12 provides an overview of reach by gender.

Figure 11: Key populations reached by outcome and age group, 2012-13

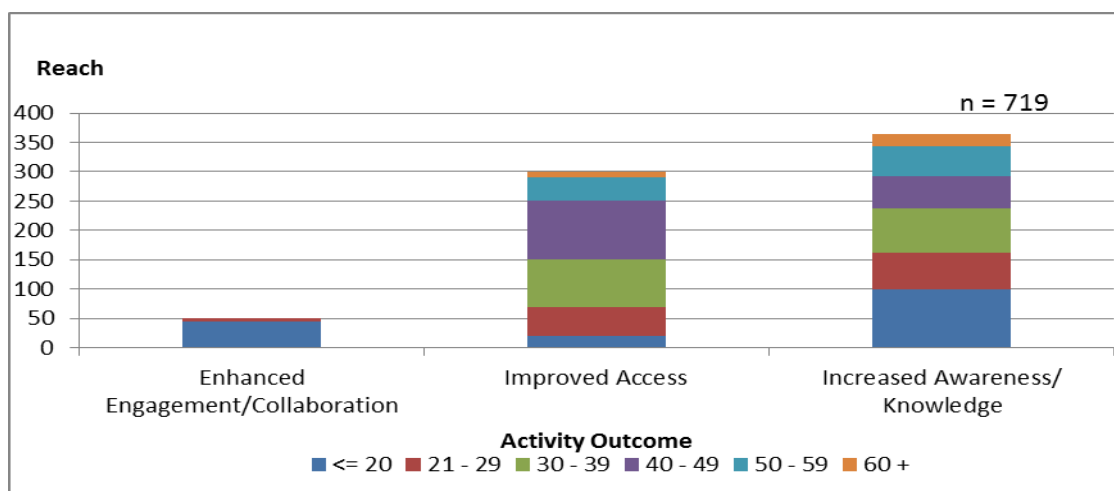
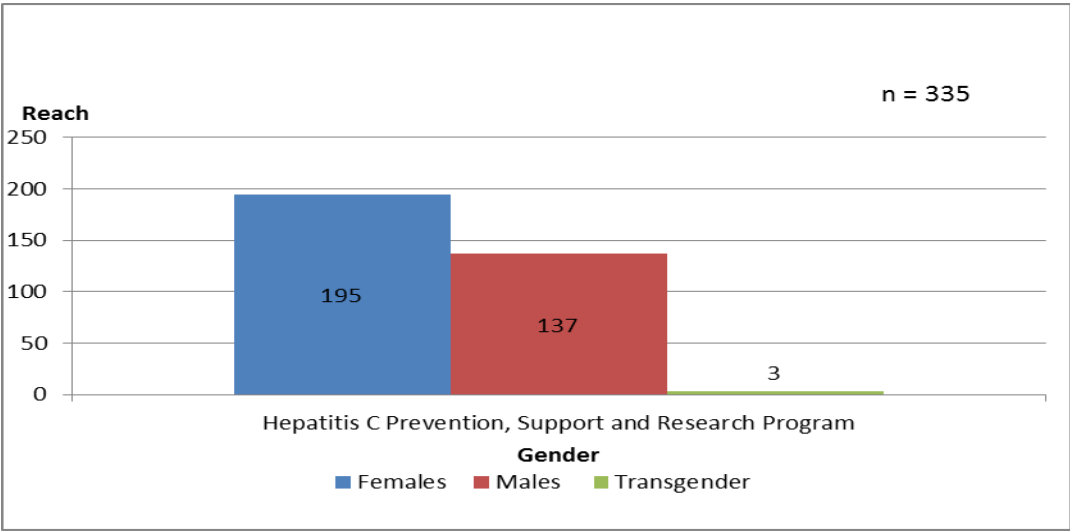


Figure 12: Key populations reached by gender, 2012-13

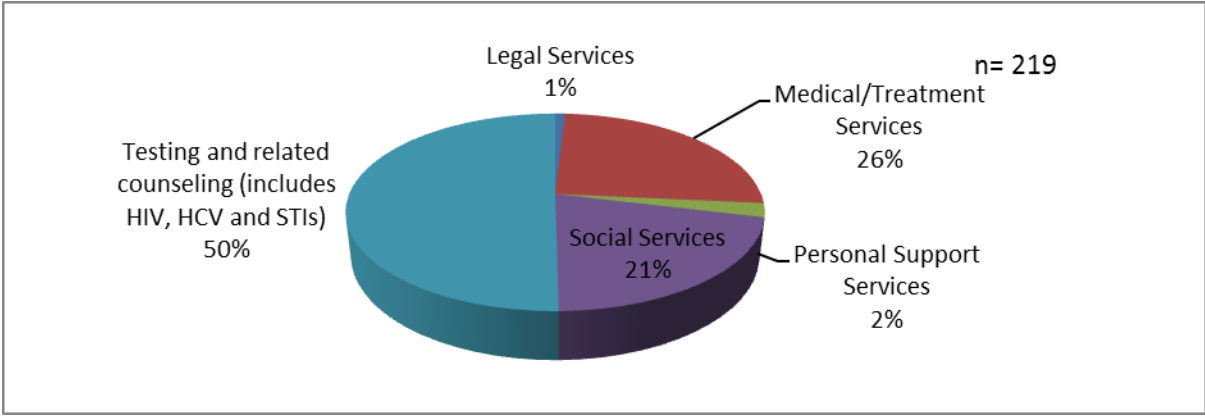


Referrals

Project activities were able to increase access to available healthcare and support services by providing information to key populations. In 2012-13, 219 referrals were made to social, legal and health services. Figure 13 provides a breakdown of referrals to different types of services:

- testing and related counseling (including HIV, HCV, and STIs), 50 percent
- medical and treatment referrals, 26 percent
- social services (such as food banks, housing, or child care), 21 percent of all referrals

Figure 13: Individuals reached through referral activities, 2012-13



V. Conclusion

The collection of data using the PMT provides standardized useful information about the work of the funded recipients. The findings demonstrated how the funded recipients performed in different areas such as their ability to leverage additional funding, engage partners and involve people at risk or infected with hepatitis C in their projects.

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

Appendix I – List of National Hepatitis C Projects Funded

(Fiscal year 2012-13)

Organization name	Project title	Project description
The Canadian AIDS Treatment Information Exchange (CATIE)	CATIE Hepatitis C Program: Knowledge, Translation and Exchange	<p>The purpose of this project is to enhance the capacity of service providers to support those infected with or at risk of hepatitis C, and to prevent hepatitis C and other sexually transmitted and blood-borne infections (STBBIs) and tuberculosis (TB) using plain language information and resources, emerging research and skills-building tools.</p> <p>The specific project activities include routine updates and maintenance of a bilingual hepatitis C information services website; development, centralization and distribution of tools and support services for local and regional networks of front line service providers; and, maintenance of an inquiries service for service providers and people infected with or at risk for hepatitis C and other STBBIs and TB.</p>
Canadian Society for International Health (CSIH)	Global Hepatitis C Technical Network in Canada	<p>The purpose of this project is to mobilize Canadian and international expertise to facilitate interchange regarding global best practices related to HCV in four priority areas: research and surveillance; prevention and awareness; diagnosis; and treatment.</p> <p>The specific project activities include: using established Task Groups of the Global Network in each of the four areas for technical and strategic guidance to identify, analyze and select best practices for the management of HCV; creating communities of practice to facilitate sharing of information and resources, provide learning opportunities and foster collaboration; encouraging partnership building through a twinning exercise; and developing capacity through workshops and coordination of World Hepatitis Day awareness-raising activities.</p>

Organization name	Project title	Project description
Canadian Treatment Action Council (CTAC)	Getting the Word Out & Strengthening Community: Knowledge Transfer Exchange and Capacity Building Strategy for HIV/Hepatitis co-infected community, front-line and other relevant stakeholders	<p>The purpose of this project is to educate communities, frontline workers and other relevant stakeholders about HIV/viral hepatitis co-infection.</p> <p>The specific project activities include the development of various education and consultation tools to engage vulnerable populations and the dissemination of HIV/hepatitis co-infection health promotion information through workshops, webinars, conferences, abstracts and websites.</p>
Jer's Vision	Dare to Speak Out - Educating and engaging youth in a dialogue and action on hepatitis C and STBBIs	<p>The purpose of this project is to educate Canadian youth to become peer educators and leaders in their schools and home communities through a dialogue based Forum on hepatitis C and other STBBIs, as well as risk factors and behaviours that can lead to infection.</p> <p>The specific project activities include: gathering tools and resources to educate youth on hepatitis C and STBBI prevention; organizing and hosting a national Forum to gather and engage youth from across Canada; engaging youth in the development and implementation of prevention initiatives within their schools and home communities throughout the year; and, support and engage youth participants post Forum through dialogue, ongoing initiatives and evaluation.</p>
UBC Hepatitis Services	Increasing Attendance for Hepatitis C Care - Strategies and Methods for Engagement	<p>The purpose of this project is to understand the personal and health system reasons why people with hepatitis C and HIV co-infection do not seek, delay, or defer hepatitis C services in order to increase their engagement and attendance for care.</p> <p>The project activities will facilitate the creation of promotion resources to increase attendance (to care services) for such services.</p>

Organization name	Project title	Project description
Pauktuutit Inuit Women's Association	Hepatitis C - Gaining the Tools to make Informed Decisions	<p>The purpose of this project is to enhance the capacity of service providers to support those infected with or at risk for hepatitis C and to prevent hepatitis C and other infections by using plain-language Inuktitut information and resources, emerging research and skills building tools.</p> <p>The specific project activities include: identify gaps in knowledge and limitations of hepatitis C resources and programs that are currently being used in Inuit communities; conduct five focus groups in Nunavut, Nunavik, Nunatsiavut (Labrador), Inuvialuit settlement region (NWT) and an urban city with a large Inuit population to gather baseline data on knowledge, attitudes and behaviours of Inuit regarding hepatitis C and other STBBIs and tuberculosis (TB); and, develop and implement Inuit specific resources in four dialects of the Inuktitut language.</p>