

# HEPATITIS C PREVENTION, SUPPORT AND RESEARCH PROGRAM

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

Également disponible en français sous le titre :

Programme de prévention, de soutien et de recherche pour l'hépatite C : Rapport d'évaluation du rendement des subventions et des contributions de 2013-2014

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## I. Introduction

The Public Health Agency of Canada (the Agency) is committed to increasing awareness and reducing the prevalence of the hepatitis C virus (HCV) in Canada through a comprehensive response that seeks to improve population health, decrease health disparities, and reduce the burden associated with hepatitis C on the health system. To this end, the Agency has provided support, in the form of Grants and Contributions (G&C), to community-based hepatitis C responses through the Hepatitis C Prevention, Support and Research Program (Hepatitis C Program). To facilitate its funding process and ensure a comprehensive approach to addressing hepatitis C, the Hepatitis C Program is delivered at the national and regional levels. The national level strives to strengthen federal leadership through research and surveillance, care and awareness, and prevention and community-based support; while the regional level contributes to gaining a better understanding of the nature and effects of hepatitis C infection and how communities can provide support to those who are infected with and/or vulnerable to contracting hepatitis C infection.

In 2013-2014, through the Hepatitis C Program, the Agency administered G&C funding for 37 projects – five (5) with a national scope and 34 with a regional scope – whose work contributed to the prevention of HCV and related infections; supported persons infected with, affected by, at risk of and/or vulnerable to HCV and related infections; provided a stronger evidence base for policy and programming decisions; addressed the risks associated with certain behaviours; and addressed issues of co-infection with related sexually transmitted and blood-borne infections (STBBIs) and tuberculosis (TB), common risk factors, and population health approaches to disease prevention and control.

Each year, the Agency collects performance measurement data from funded projects related to resources, partnerships, diverse activities, and reach. This report provides an overview of the information collected from these projects for 2013-2014 by incorporating the annual G&C data collected from two reporting tools – data collected from nationally administered projects through the Performance Measurement Tool (PMT) and from regionally administered projects through the Project Evaluation and Reporting Tool (PERT). For the purpose of this report, data has been presented by the Agency's administrative regions, in order to better capture the regional distribution of the projects of the Hepatitis C Program.

This annual report has several limitations that should be noted 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 two different tools (PMT and PERT), some manipulations of the data were required to facilitate data compilation and comparisons between and across nationally and regionally administered projects. In addition, in some cases, information was collected either nationally or regionally, and as such comparisons were not possible between national and regional projects.

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

- Facilitate training for 1,943 staff members and volunteers

- Involve 2,878 individuals belonging to priority populations in various capacities within the projects
- Establish and maintain 352 partnerships with various government, not-for-profit, and private sector organizations
- Distribute more than 422,000 copies of products
- Reach more than 170,000 individuals through their activities

## II. Description of the Funding Program

In 2013-2014, the Agency administered 37 projects under the Hepatitis C Prevention, Support and Research Program. The Hepatitis C Program is national in scope and shares responsibility in the delivery of its funding with the Agency’s five regional offices. The goal of the Hepatitis C Program is to improve population health, decrease health disparities and reduce the associated burden on the health system by:

- Contributing to the prevention of HCV infection in Canada and around the world;
- Supporting persons infected with, affected by, at risk of and/or vulnerable to HCV infection;
- Providing a stronger evidence base for policy and programming decisions;
- Strengthening partners’ capacity to address HCV infection in Canada.

Projects that received regional funding through the Hepatitis C Program focused on activities within a specific region, while those of national scope covered activities throughout Canada that focussed on providing a stronger evidence base for policy and programming decisions; developing and delivering workshops to increase knowledge and awareness about HCV, HIV, and other sexually transmitted infections (STIs) among priority populations and populations identified as being at risk and/or vulnerable to HCV infections; producing educational resources for health professionals; providing peer education activities aimed at preventing infection and transmission of hepatitis C infection and sexually transmitted infections (STIs); and strengthening partners’ capacity to address HCV and STIs. Projects have also developed activities targeted toward specific audiences who are involved in efforts to address hepatitis C. These include:

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

### III. Key Findings

#### 1. Resources

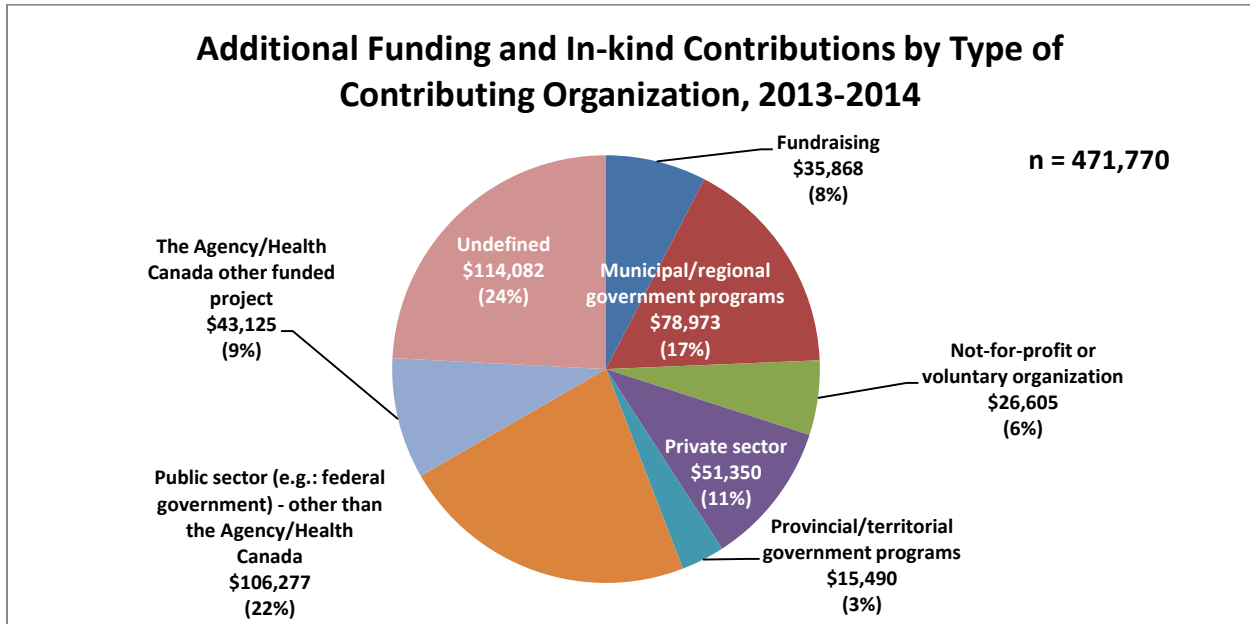
In 2013-2014 the Hepatitis C Program funded 37 projects across Canada. Using these funds, 27 projects were able to leverage an approximate \$471,770 in total additional funding and in-kind contributions. Projects were also able to leverage their funding towards the acquisition of additional human resources in support of their activities – reporting more than 30,000 hours of service received from volunteers and loaned staff. Moreover, projects indicated that they were able to apply their funding towards increasing the capacity of more than 1,450 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)	3	24,772	5,446	158
Atlantic (ATL)	6	50,534	2,802	69
British Columbia (BC)	7	43,030	4,362	447
Manitoba-Saskatchewan (MB-SK)	5	138,514	2,497	54
Ontario (ON)	8	29,550	4,306	523
Quebec (QC)	3	36,275	4,561	79
National projects (NTL)	5	149,095	6,937	126
<b>Total</b>	<b>37</b>	<b>471,770</b>	<b>30,911</b>	<b>1,456</b>

Projects reported that their primary sources of additional funding and in-kind contributions came from public sector organizations (other than the Agency and/or Health Canada) – accounting for 22% of additional funding – followed by municipal and regional government programs and the private sector – accounting for 17% and 11% of the total, respectively. Figure 1-1 provides the breakdown of additional funding and in-kind contributions, by type of contributing organization, for 2013-2014.

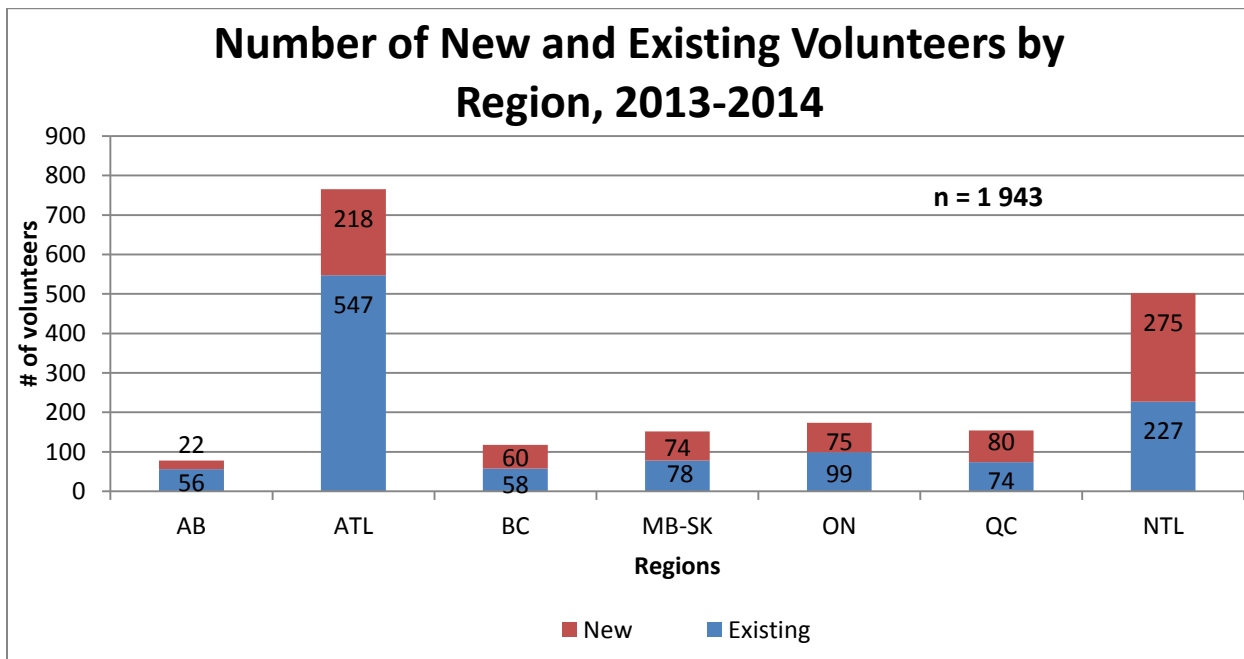
**Figure 1-1: Additional Funding and In-kind Contributions by Type of Contributing Organization, 2013-2014**



#### A. Volunteers

In 2013-2014, funded projects reported receiving support from 1,943 volunteers. Of those volunteers, 1,139 were volunteers who had supported projects in previous years and 804 were new to the projects. Projects from the Atlantic region reported receiving support from the largest number of volunteers – 765 (or 39% of all volunteers). Figure 1-2 provides a breakdown of volunteers – new and existing – by region.

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





In total, projects reported that volunteers contributed more than 23,000 hours of support to projects in 2013-2014. Volunteers from national projects provided the most hours of support with 6,023 hours in total – or 26% of the total hours of support provided by volunteers. Projects in the Alberta region received more than 57 hours of support from each volunteer they reported – almost five times 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	78	4,438	57
Atlantic	765	1,612	2
British Columbia	118	2,125	18
Manitoba-Saskatchewan	152	2,283	15
Ontario	174	2,752	16
Quebec	154	4,229	27
National projects	502	6,028	12
<b>Total</b>	<b>1,943</b>	<b>23,467</b>	<b>12</b>

## B. Training

Of the 37 projects funded through the the Hepatitis C Program in 2013-2014, 29 reported offering and/or facilitating training for their staff and/or volunteers. In total, projects reported training 1,456 individuals.

Overall, HIV/AIDS and HCV prevention was the most frequently cited type of training offered to project staff and volunteers, accounting for almost 52% of all individuals trained (755 in total). Grief and crisis management training was the second most frequented form of training – attended by 259 individuals – followed by training on facilitating access to services – with 165 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	
HIV/AIDS and HCV prevention	46	62	102	25	423	45	52	755
Grief, crisis management	30		217	5	7			259
Facilitating access to services	24	2	12	1	76	22	28	165
Strategic planning and organizational effectiveness/development	26	3	31	23		11	46	140
Cultural sensitivity	4	2	85		6	1		98
Evaluation training	28				11			39
<b>Total</b>	<b>158</b>	<b>69</b>	<b>447</b>	<b>54</b>	<b>523</b>	<b>79</b>	<b>126</b>	<b>1,456</b>

## 2. Partnerships

Partnerships are an important component of the Hepatitis C Program. Partner organizations can help projects reach priority populations, increase access to services, expand the reach of their work into other sectors, and ensure the sustainability of community-based initiatives. In 2013-2014, a total of 352 partnerships were developed and maintained by projects funded by the Hepatitis C Program – 210 of which were made with not-for-profit or voluntary sector organizations (accounting for 60% of all partnerships), followed by public sector organizations (other than the Agency or Health Canada) with 128 partnerships (36%). Table 2-1 provides an overview of the types of organizations projects partnered with, broken down by region.

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

Type of partner agency	Regions							Total
	AB	ATL	BC	MB-SK	ON	QC	NTL	
Not-for-profit and/or voluntary organization	13	17	41	18	25	21	75	210
Public sector (e.g. government) - other than the Agency/Health Canada	3	17	21	14	24	3	46	128
Private sector		2	2	2			4	10
The Agency/ Health Canada - other funded projects							4	4
<b>Total</b>	<b>16</b>	<b>36</b>	<b>64</b>	<b>34</b>	<b>49</b>	<b>24</b>	<b>129</b>	<b>352</b>

Projects reported that, through their partnerships, they were able to achieve a number of results/outcomes related to addressing hepatitis C. Approximately 21% (75) of partnerships were developed with organizations tasked with assisting in the project's delivery. Improved access was the outcome of 20% (70) of partnerships, while enhanced engagement and collaboration was the result achieved from 13% (47) 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
Assisted with project delivery	75
Improved access	70
Enhanced engagement/collaboration	47
Increased capacity – organizations	45
Consultation and advice	37
Collaboration on new initiatives	24
Skill and/or knowledge development	18
Increased awareness/knowledge	14
Increased resources (financial and human resources)	11
Increased Canadian global engagement/leadership	10
Increased capacity – individuals	1
<b>Total</b>	<b>352</b>

### 3. Priority Population Involvement

In their efforts to address and reduce the prevalence of hepatitis C in Canada, projects funded by the Program have identified, through their activities and interventions, priority populations who have been found to be particularly susceptible to contracting HCV. One of the many approaches used by projects to reach these 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 are better able to ensure their activities are driven by and meet community needs. In 2013-2014, a total of 2,878 individuals from priority populations were involved in projects. Table 3-1 provides an overview of priority populations' involvement by region.

**Table 3-1: Priority Population Involvement by Region, 2013-2014**

Region	# of individuals involved
Ontario	1,083
National projects	398
Atlantic	379
Manitoba-Saskatchewan	369
British Columbia	344
Quebec	233
Alberta	72
<b>Total</b>	<b>2,878</b>

Overall, 79% of priority population involvement in projects occurred through fora that allowed them to express – both informally (1,391 individuals or 48% of total involvement) and formally (884 individuals or 31% of total involvement)<sup>1</sup> – their views or opinions about the projects. Beyond expressing their opinions, 12% of individuals belonging to priority populations were involved through volunteering, 6% 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.

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<sup>1</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); 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	Expressed informally views	Made decisions	Provided advice to governing body	Volunteered in program delivery	
Youth	9	166	806	15		98	1,094
People who use drugs	2	216	175	3	12	37	445
People living with HCV	7	97	145	7	3	47	306
People in prison		133	118		13	15	279
Aboriginal people	9	72	48	94	3	31	257
Gay, two-spirit, and other MSM	12	39	28	23		43	145
Women	14	39	25	10		30	118
People from countries where HCV and/or HIV is endemic		76		19		6	101
People living with HIV and HCV		34	9		6	30	79
People living with HIV/AIDS	1	12	22			4	39
<b>Total</b>	<b>54</b>	<b>884</b>	<b>1,391</b>	<b>171</b>	<b>37</b>	<b>341</b>	<b>2,878</b>

#### 4. Product Dissemination

Projects funded through the Hepatitis C Program 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 144 products and disseminating more than 422,000 copies of those products to individuals from priority populations and target audiences<sup>2</sup>. The most prominently produced and distributed products consisted of informational products – such as brochures, pamphlets, booklets, and key message materials – which accounted for 36% of all products produced (52 in total). Table 4-1 provides an overview of projects’ product distribution.

<sup>2</sup> As discussed in Section II, Description of the Fund, priority populations are populations identified as being particularly at risk or vulnerable to HCV infections; target audiences, on the other hand, are individuals or groups who, through their work or activities, are involved in efforts to address HCV.

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

Product	# of products	Priority populations	Target audiences	Total
Awareness products (t-shirt, pens, caps, etc.)	8	256,200	18,890	275,090
Brochures/pamphlets/booklets/key message materials	52	31,365	53,940	85,305
Communiqués/newsletters/product promotion	12	18,890	27,220	46,110
CD/video	10	5,356	273	5,629
Presentations (non peer-reviewed)	29	578	2,844	3,422
Manuals/programming tools/training kits	15	2,556	432	2,988
Online documents	2	2,800		2,800
Fact sheets	1	1,435		1,435
Position papers/research summaries	3		20	20
Presentations	2		11	11
<b>Total</b>	<b>144</b>	<b>319,180</b>	<b>103,630</b>	<b>422,810</b>

Of the more than 422,000 copies of products disseminated, the majority – an estimated 319,000 copies (or 75% of all products disseminated) – were distributed to priority populations. Youth were the most frequent recipients of products distributed by projects – accounting for 80% of all priority populations reached through product dissemination. Aboriginal people (6%), women (5%), and people living with hepatitis C (4%) were also priority populations that were significantly targeted/reached through product dissemination. Table 4-2 provides an overview of products distributed by priority population.

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

Priority population	# disseminated
Youth	256,689
Aboriginal people	19,222
Women	17,400
People living with HCV	13,899
People living with HIV and HCV	10,598
People living with HIV/AIDS	10,000
People who use drugs	1,019
People in prison	651
Gay, two-spirit, bisexual, and other MSM	300
<b>Total</b>	<b>319,180</b>

In recent years, projects have increasingly begun using social media campaigns to reach priority populations and raise awareness on issues related to hepatitis C and other related communicable diseases. In particular, 25 of the 37 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	3,172,973
	No. of Visits	3,265,873
Webpage	No. of Views	1,232
Facebook	No. of Likes	6,044,286
	No. of Share	150,487
	No. of Followers	103,735
	No. of Comments	1,500,482
Twitter	No. of Followers	13,155
	No. of Retweets	150,677
	No. of Mentions	1,500,214

## 5. Reach by Outcome

The national and regional projects funded by the Hepatitis C Program are contributing to the achievement of the following outcomes:

- Increased awareness and knowledge;
- Increased individual capacity;
- Increased organizational capacity;
- Enhanced engagement and collaboration;
- Increased Canadian engagement and leadership in the global context;
- Improved access to services.

In 2013-2014, a total of 170,578 individuals – identified as belonging to either priority populations or target audiences – were reached, throughout Canada, by 37 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	103,444
Manitoba-Saskatchewan	37,037
Atlantic	8,956
Alberta	7,635
British Columbia	5,298
Ontario	4,612
Quebec	3,596
<b>Total</b>	<b>170,578</b>

Overall, more than 158,000 individuals who identified as belonging to priority populations were reached. Youth (72%) were, by far, the most prominently reached priority population, followed by people who use injection drugs (7%) and women (6%). 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	60	2,098		26,644	2,715	83	82,510	114,110
People who use injection drugs	6,268	421	1,327	1,818	331	269		10,434
Women	25	5,569	388	525	111	2,938		9,556
Aboriginal people	932		1,664	4,744	210		1,889	9,439
People living with HIV and HCV		100	522		5	5	6,810	7,442
People living with HCV		4	1,135		697	93	47	1,976
People in prison	300	604		80	485	185	102	1,756
Undefined <sup>3</sup>	50	110	170	1,400				1,730
Gay, two-spirit, bisexual, and other MSM			12	1,310	58	18		1,398
People living with HIV/AIDS		50	80	516		5		651
<b>Total</b>	<b>7,635</b>	<b>8,956</b>	<b>5,298</b>	<b>37,037</b>	<b>4,612</b>	<b>3,596</b>	<b>91,358</b>	<b>158,492</b>

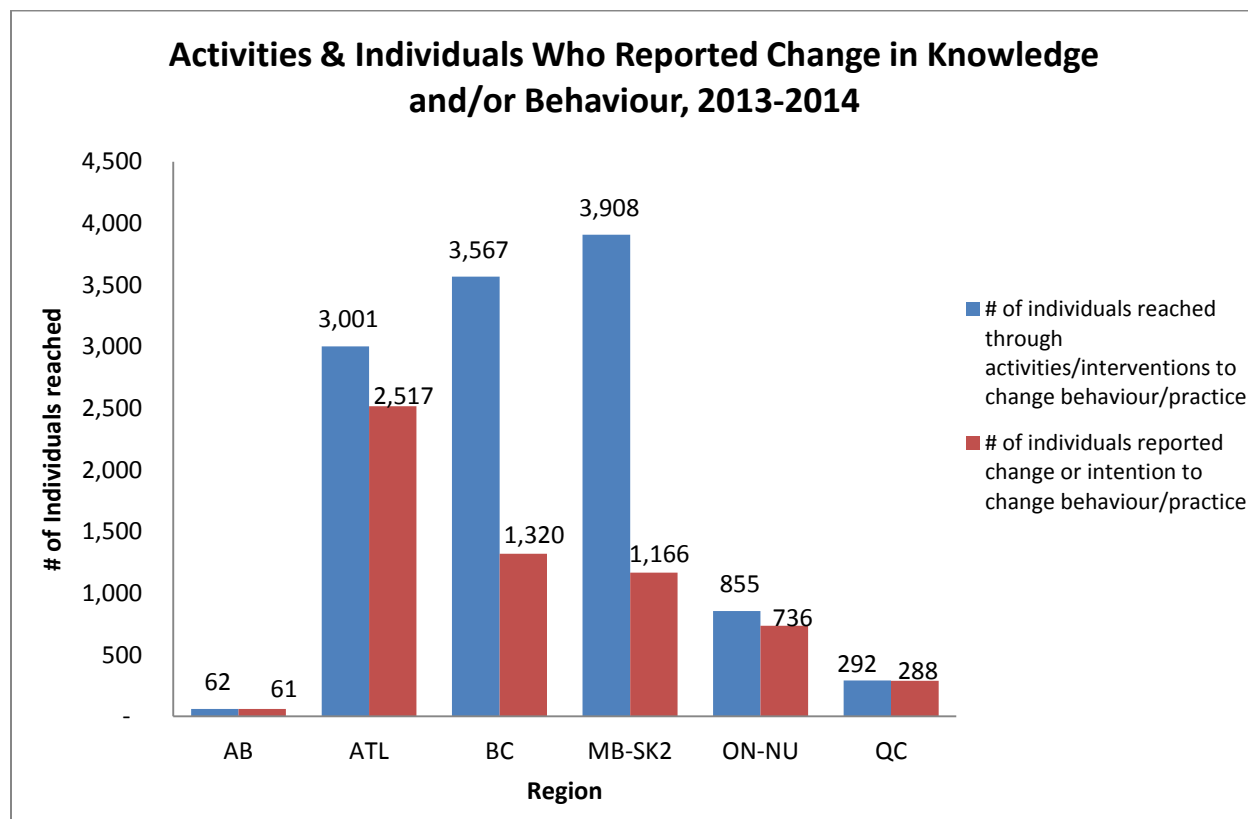
#### A. Increased Awareness and Knowledge

In 2013-2014, regional projects facilitated activities aimed at increasing knowledge and awareness of hepatitis C among priority populations and target audiences. From these activities, 12,083 individuals were reached. Of those individuals reached, an estimated 52% – or 6,302 – reported change in knowledge or an intention to change their behaviour following their participation in project activities/interventions.<sup>4</sup> Figure 5-1 provides a breakdown of project reach for 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.

<sup>3</sup> Undefined refers to cases where the priority population were not identified.

<sup>4</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 5-1: Individuals Reached through Awareness and Knowledge Activities, 2013-2014



### B. Increased Individual Capacity

One national project reported working towards increasing the capacity of individuals belonging to target audiences and priority populations. To this end, the project developed and disseminated tools for access – in particular, curriculum and fact sheets – through which it reached 4,050 individuals. 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

Priority Population	No. of Specific Individuals Reached
People living with HIV and HCV	2,700
Aboriginal people	1,350
<b>Total</b>	<b>4,050</b>

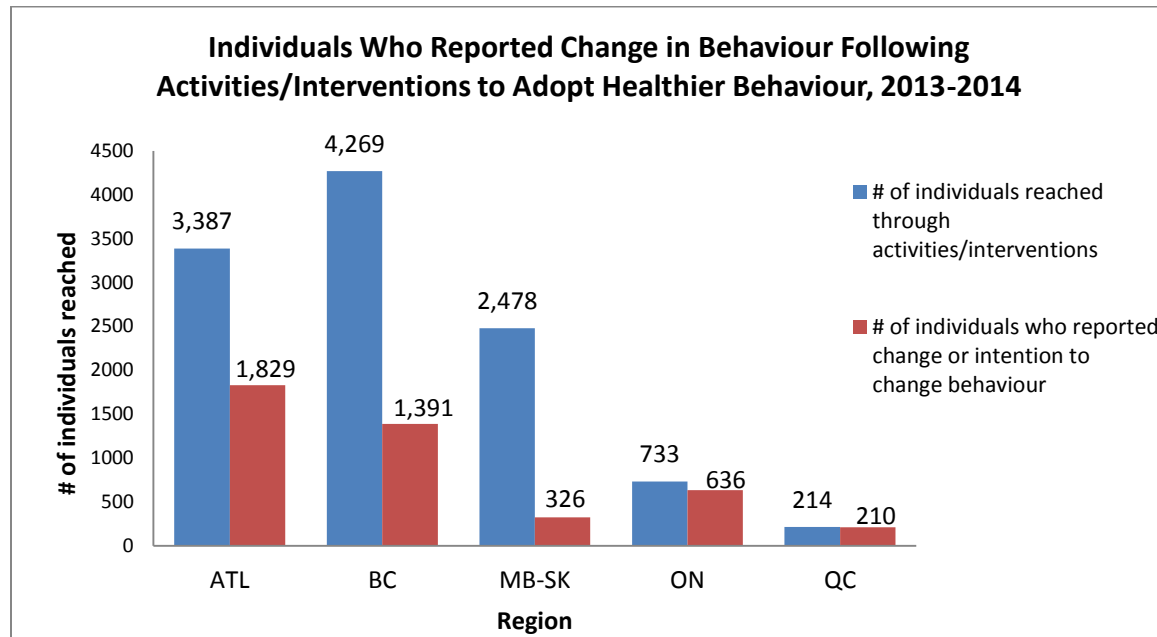
#### I. Behaviour Change

Regional projects reported organizing activities/interventions whose objectives were to change risk behaviours or to influence intentions to adopt practices that could reduce the transmission of HCV. Through their interventions, regionally administered projects reached a total of 11,081 individuals – of whom 4,392 (40%) reported the intention to change their behaviour as a result of participating in



activities/ interventions.<sup>5</sup> Figure 5-2 presents an overview of the individuals reached through activities/interventions to adopt healthier practices, and those who reported intent to change their behaviour.

**Figure 5-2: Individuals Who Reported Change in Behaviour Following Activities/Interventions to Adopt Healthier Behaviour, 2013-2014**



### C. Improved Access to Services

To improve access to health and social services for priority populations, nationally and regionally administered projects:

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

Overall, more than 17,100 individuals were referred to social, legal, and health services through projects. Projects from the Quebec region made the most total referrals of any region with more than 5,960. Projects most frequently made referrals to testing and related counseling services – with 8,399 referrals in total or 49% of all referrals – followed by referrals to medical/treatment services (3,646 in

<sup>5</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.

total or 21% of all referrals) and social services (3,118 in total or 18% of all referrals). Table 5-4 provides a regional overview of referrals by type of service.

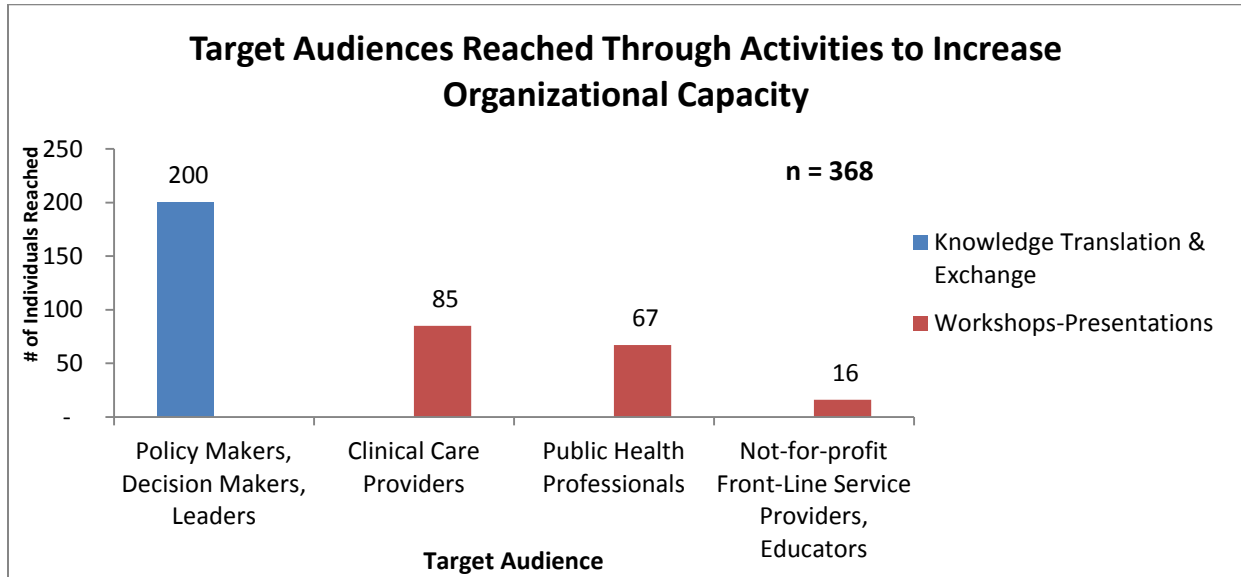
**Table 5-4: Type of Referrals by Region, 2013-2014**

Type of Referral	Regions							Total
	AB	ATL	BC	MB-SK	ON	QC	NTL	
Testing and related counseling (includes HIV, HCV and STIs)	24	66	414	3,463	637	2,232	1,563	8,399
Medical/Treatment services (e.g. addictions, methadone maintenance, counseling, alternative therapies, dental care)	64	689	313	89	283	1,468	740	3,646
Social services (e.g. food bank, housing, child care)	92	272	985	65	405	1,299		3,118
Legal services (e.g. employment equity, human rights complaints)	38	300	80	5	11	656	150	1,240
Personal support services (e.g. transportation, home care, recreation, funeral services)		22	187	73	126	305		713
<b>Total</b>	<b>218</b>	<b>1,349</b>	<b>1,979</b>	<b>3,695</b>	<b>1,462</b>	<b>5,960</b>	<b>2,453</b>	<b>17,116</b>

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

In addition to their work with priority populations, two (2) of the five (5) nationally administered projects worked to change the practice of professionals and other service providers. These interventions reached a total of 368 members of target audiences. These interventions included workshops and knowledge exchange activities. Figure 5-3 presents a breakdown of the target audiences reached through activities to increase organizational capacity.

**Figure 5-3: Target Audiences Reached Through Activities to Increase Organizational Capacity, 2013-2014**



**E. Enhanced Engagement and Collaboration**

Nationally administered projects reported on their collaboration with other professionals and community-based organizations in 2013-2014. Projects reported reaching 16,854 members of priority populations and 9,800 members of target audiences – for a total of 26,654 individuals – through activities targeting engagement and collaboration enhancement. Table 5-5 provides an overview of 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	# of specific individuals reached
Youth	14,102
General public	7,600
People living with HIV and HCV	2,700
Not-for-profit front-line service providers/educators	1,350
Policy makers/decision makers/leaders	850
People living with HCV	27
Aboriginal people	25
<b>Total</b>	<b>26,654</b>

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

One (1) nationally administered project reported delivering activities to increase engagement and leadership in the global context. This project delivered an international conference/workshop. Through this activity, the organization shared Canadian best practices to address hepatitis C with approximately 190 individuals.

## 1V. Summary

Through the Hepatitis C Program, 37 projects across Canada were supported in their activities/initiatives to address hepatitis C in 2013-2014. Drawing on data collected from these funded projects through two performance measurement tools – the PMT and PERT – this report found that projects 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 translate it into: additional funding from other organizations; contributions and support from loaned staff and volunteers; and training for staff and volunteers – 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 350 partnerships to facilitate the delivery of their services. Throughout this process, funded projects were also able to draw upon more than 2,800 individuals belonging to priority populations to serve in various administrative and service delivery capacities.

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 140 knowledge products and the dissemination of more than 422,000 copies. Additionally, activities devised to reach priority populations and target audiences – such as workshops, community programs, and presentations –reached more than 170,500 individuals.

## Appendix I – List of Hepatitis C Projects Funded

(Fiscal year 2013-2014)

Region	Organization Name	Project Title
AB	HIV North Society (*ACHF)	Aboriginal Hep C Peer Support Program
AB	Streetworks (Boyle Street Community Services) (*ACHF)	Hepatitis C Project
AB	The SHARP Foundation (*ACHF)	AAWEAR Peer Outreach and Community Development
ATL.	Hepatitis Outreach Society of Nova Scotia (HepNS)	Youth Safer Tattooing and Piercing Project
ATL.	John Howard Society of Southeastern New Brunswick Inc	Hepatitis C Prevention, Support and Research Program (P.K.A.P)
ATL.	Mic mac Native Friendship Centre	Hep C and Me
ATL.	Native Council of Prince Edward Island	Hep'd Up on Life
ATL.	Northern AIDS Connection Society	Hep C Aware
ATL.	University of New Brunswick	Hepatitis C Prevention, Support and Research Program
BC	ANKORS - AIDS Network Outreach and Support Society	ANKORS Hepatitis C Prevention and Support Project
BC	Pacific AIDS Network Society	The Bridging Project: Strengthening the community-based response to the HCV/HIV co-infection epidemics in British Columbia
BC	Pacific Hepatitis C Network	Outreach to Influence: A community readiness and effective prevention of hepatitis C project (O2I Project)
BC	Positive Living Fraser Valley Society	Hepatitis C Outreach Prevention Education (HOPE)
BC	Positive Living North: No kheyoh t'sih'en t'sehena Society	A Street-Level Response to HCV Prevention and Support
BC	Vancouver Island AIDS Society	The Hepatitis C Community Education Training Series
BC	YouthCO AIDS Society	Aboriginal Youth Program
MB-SK	AIDS Saskatoon	AIDS Saskatoon 601 Satellites and Storytellers Project
MB-SK	Klinik Community Health Centre	HCV Prevention Campaign for Youth and Service Providers
MB-SK	Planned Parenthood Regina Inc.	Home & Away With YEAH
MB-SK	The 595 Prevention Team Inc.	Reducing HCV Stigma Through Education & Empowerment
MB-SK	The Avenue Community Centre for Gender & Sexual Diversity Inc.	Hep C Prevention and Support Project
ON	AIDS Thunder Bay	Blood 2 Blood
ON	ARCH Guelph	Heptonic: Reviving Hep C Prevention in the GW

<b>ON</b>	Central Toronto Community Health Centres	The West Toronto Hepatitis C Support Program
<b>ON</b>	Kingston Community Health Centres - Street Health Centre	Out of the Mainstream Youth Engagement Training for Service Providers and Youth Peers
<b>ON</b>	PASAN	The HCV Ambassador Training Program
<b>ON</b>	Regional HIV/AIDS Connection	HCV Education, Capacity Building and Peer Support Strategy
<b>ON</b>	South Riverdale Community Health Centre	Combatting Hep C Stigma: A multi-modal intervention to reduce Hep-C related stigma
<b>ON</b>	Youth Services Bureau of Ottawa	HCV Prevention Project
<b>QC</b>	CAPAHC	CAP-C
<b>QC</b>	Dopamine	Dopalliés/Tracalliés
<b>QC</b>	Stella, l'amie de Maimie	"Je C prendre soin de moi", prévenir l'hépatite C par le développement et le partage de connaissance et d'outils.
<b>NTL</b>	Canadian Society for International Health	Global Hepatitis C Network in Canada
<b>NTL</b>		Getting the Word Out and Strengthening Community: Knowledge Transfer Exchange and Capacity Building Strategy for HIV/Hepatitis Co-infected Community, Frontline and Other Relevant Stakeholders
<b>NTL</b>	Canadian Treatment Action Council (CTAC)	Dare to Stand Out: Educating and engaging youth in a dialogue and action on hepatitis C & STBBIs
<b>NTL</b>	Jer's Vision	Hepatitis C Gaining the Tools to Make Informed Decisions
<b>NTL</b>	Pauktuutit Inuit Women Association	
<b>NTL</b>	UBC School of Nursing/BCCDC	Increasing Attendance for Hepatitis C Care – Strategies and Methods for Engagement