



SISTERSPACE

WOMEN-ONLY OVERDOSE PREVENTION SITE

Utilization-focused Evaluation

April 2021

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PROGRAM OVERVIEW

Program Background

Overdose Prevention Sites (OPS) are one of the main strategies to address the opioid poisoning crisis. Their primary purpose is to provide a space where people can use substances in the presence of others who are trained in opioid poisoning intervention. OPS are temporary services meant to support other services during the opioid poisoning crisis¹. Their structure and function vary depending on local needs and resources and they often have a less medicalized environment than Safe Injection Sites, which may increase their accessibility for many groups affected by the opioid poisoning crisis².



¹ Kendall P.R.W., & Stevenson L. (2017). Guidance for supportive housing providers, homeless shelter providers and regional health authorities on overdose prevention and response. BC Ministry of Health. Retrieved from <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/guidelines-and-resources-for-supportive-housing-providers-letter-feb2017.pdf>

² Smye V., Browne A.J., Varcoe C., & Josewski V. (2011). Harm reduction, methadone maintenance treatment and the root causes of health and social inequities: An intersectional lens in the Canadian context. Harm Reduction Journal. 20:8-17.

SisterSpace, the world's first women-only, community-accessible overdose prevention site, opened on May 16th, 2017 in Vancouver's Downtown Eastside (DTES). The program is operated by Atira Women's Resource Society, in partnership with Vancouver Coastal Health (VCH), and the Public Health Agency of Canada (PHAC).

SisterSpace provides women who use substances with a safe and supportive environment where they can use substances in the presence of staff and peer workers who are trained in opioid poisoning response. The peer support workers are also able to answer questions about safer substance use practices and make referrals to other services in the DTES. Other resources available at SisterSpace include snacks, harm reduction supplies and connections with Atira's housing outreach workers. As the last year added the COVID-19 pandemic to an existing complex situation, SisterSpace also provided COVID-19 awareness raising support to ensure women have the information they need to keep themselves safe and protected. SisterSpace is a trans-inclusive space and whenever we refer to women here we include transgender women and transfeminine individuals.

The space is located at 135 Dunlevy, which is attached to a women-only supportive housing program called Sereena's, also operated by Atira. The site can accommodate up to 15 women at a time, however, due to COVID-19, we have decreased the number to only 7 women at a time. It consists of a main room where women can use substances, an adjoining kitchen, a bathroom and an office. The main room is furnished and decorated with the intention of creating a 'living room' atmosphere where women can feel comfortable and welcome.

Program Objectives

- To provide space for women to use substances under the supervision of staff and peer workers trained to intervene in opioid poisonings.
- To improve the overall health of women who use substances.
- To create a warm and welcoming space with the intention of creating a 'living room' atmosphere where women feel comfortable. and welcome.
- To eliminate time limits on length-of-stay so women can use smaller doses across time, so they are less likely to overdose.
- Reduce the harm associated with using drugs that are criminalized (e.g. property and other crime, discarded needles, public drug use) that can negatively affect communities.
- To increase appropriate use of health and social services by women who use substances.
- To reduce health, social, legal and incarceration costs associated with drug use.
- To create opportunities to work with women who use substances to facilitate stabilizing their lives.

To make SisterSpace as low-barrier as possible, women are allowed to use substances in whatever area of the space they feel most comfortable. The furniture is also mobile so women can rearrange it to meet their needs. There are single chairs and screens for women who prefer privacy, and couches or a large table for women who want to socialize. It is common for women to come to SisterSpace in small groups and to sit together while they use substances. Initially, it was thought that the peer support workers would sit at the main table with the women who use SisterSpace's services. However, the peer support workers quickly became aware that many women were uncomfortable with this layout, and decided that it was better for them to have a separate table. Now, the peer support workers sit at a smaller table in the back of SisterSpace, which they think works much better.

Program Activities

As indicated above, SisterSpace does not act as an overdose prevention site only as it also serves women on multiple other levels including but not limited to:

- Housing outreach: An outreach worker from Atira regularly communicates and visits SisterSpace to answer women's questions about accessing housing as well as government services for people with disabilities. The staff, peer workers, and the program manager also help women find housing and assist with filling out application forms.
- Opioid poisoning response: Since the start of the program in 2017, SisterSpace staff and peer workers have responded to a total of 102 opioid poisonings and have administered 130 doses of naloxone. A total of 18 Emergency Department transfers took place.
- Ensuring women's safety: There have been a number of violent and/or threatening incidents with men who have partners who access services in SisterSpace. Staff and peer workers' main goal is the safety and protection of the women, including their mental health and wellbeing. Staff and peer workers follow Atira's policy when such incidents happen and ensure reporting any violent or other critical incidents in the program through Atira's incident reporting system.
- Increasing women's knowledge: The program staff and peer workers have been working on increasing women's knowledge and awareness in multiple subjects including but not limited to safe sex, safe drug-use, Hepatitis-C and HIV prevention, and others.
- Connect women with other services: This includes Atira services (e.g. legal advocacy, counselling sessions, donations, call-in support line, etc.) and non-Atira services (e.g. applying for benefits, going to medical appointments, following up with the Ministry of Child and Family Development, etc.)
- COVID-19 response: As part of Atira's overall COVID-19 response, SisterSpace has provided a wide variety of donations to women (e.g. meals, cleaning supplies, cloth, masks, hygiene supplies, sanitizers) plus ensured women using the site are updated on all COVID-19 related guidance through the Atira newsletter, posters and awareness raising meetings.



SISTERSPACE IN NUMBERS

May 2017 - March 2021

344,345

Visits

344,345

Injections

102

Overdoses

130

Doses of Naloxone administered



18

Emergency Department Transfers

550

Average number of women accessing SisterSpace each year



82%

Identify themselves as Indigenous (First Nations, Metis, or Inuit)

312

Average number of meals provided each year



120

Average number of direct one-to-one support hours for women each year



311

Average number of Women participating in group activities each year



EVALUATION APPROACH

Utilization focused evaluation was chosen to evaluate the SisterSpace program. Utilization-focused evaluation begins with the premise that utility and actual use should judge the evaluation; therefore, evaluators should facilitate the evaluation process and design any evaluation with careful consideration to how everything that is done will affect use from beginning to end. Additionally, use concerns about how real people in the real world apply evaluation findings and how they experience and learn from the evaluation process.

Joint learning: The evaluation focused on a joint learning process and provided enough time for the project staff and peer workers to discuss and reflect on their own experiences and insights. It was critical that project staff and peer workers engage with the evaluation process and view the evaluation exercise as a joint learning opportunity.

Summative: The evaluation was mainly a summative evaluation that assessed the outcome results based on data available in the evaluation or final project reports.

Multi-method approach combining both quantitative and qualitative data collection: Combining semi-structured interviews and questionnaires, the review of data available in reports, and cross-checking of data from interviews with agency staff, peer workers and primary stakeholders.

Women's participation: the evaluation focused on engagement with women accessing the program. Despite this being challenging due to COVID-19 limitations, a full survey was developed to ensure that women's thoughts, experiences and ideas were shared and documented in the evaluation.

The evaluation was intended to assess three of the main five OECD-DAC evaluation criteria; effectiveness, impact and sustainability. Therefore, the main evaluation questions were:

- 1. To what extent did SisterSpace effectively protect the health and Safety of the women accessing the program?**
- 2. To what extent did SisterSpace have positive or negative impact on women accessing the program?**
- 3. How did SisterSpace ensure sustainability of its activities?**

This evaluation also comes to respond to one of the PHAC requirements as part of SisterSpace funding. PHAC has set two main objectives for SisterSpace:



1. By March 2022, Sister Space will strengthen by 35% the skills, competencies, and abilities of women who use substances, share drug-use equipment, and engage in sex work in Vancouver's Downtown East side to prevent HIV and hepatitis C infections.
2. By March 2022, Sister Space will reduce by 40% risk-taking behaviour among women who; use substances, share drug-use equipment (injection and inhalation equipment), and engage in sex work in Vancouver Downtown East side, to prevent HIV and hepatitis C infections.

Both objectives were assessed as part of this evaluation. The evaluation was conducted internally through the Operational Excellence Department with the support of Ms. Sarah Al-Kaati from Adler University in Vancouver.

Evaluation Methodology

A mixed-method evaluation approach, including both qualitative and quantitative data, was used. The collection of data was done through interviews and a designed survey. Key informant interviews (KIIs) and a questionnaire were the main evaluation methods. For triangulation purposes, data gathered through direct consultation was cross checked with project documentation provided. KIIs were semi-structured and allowed the evaluator to tap into the knowledge and learning of those most closely linked to the different interventions. Three KIIs were conducted with project staff and peer workers. Each lasted for 45 minutes. All interviews were conducted confidentially and without attribution to the interviewee except in cases where prior consent was obtained.

Questionnaires more specific to the KIIs and the intended evaluation questions were developed. A total of 89 participants completed the survey.

Please refer to Annex A for the list of interview questions and Annex B for the Questionnaire form.



Evaluation Results and Analysis

The questionnaire collected data from 89 women who accessed SisterSpace during February and March 2021. The data included age, race and gender breakdown in order to better understand the demographic structure of the women accessing the program and also triangulate it against existing Atira reporting data.

Demographic Data has shown that the majority of women accessing SisterSpace identify themselves as **Indigenous (87%)**, **Female (76.4%)**, and are **between 20 and 39 years old (65.2%)**.

Figure 1.0 Gender Breakdown

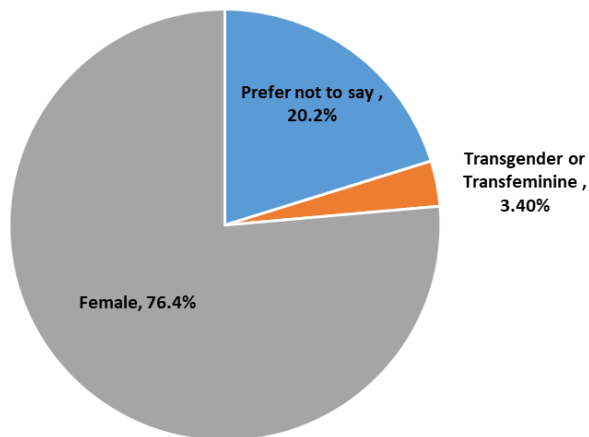
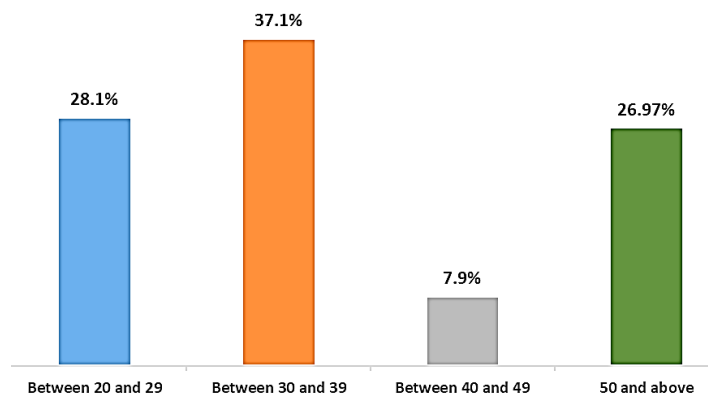


Figure 2.0 Age Breakdown

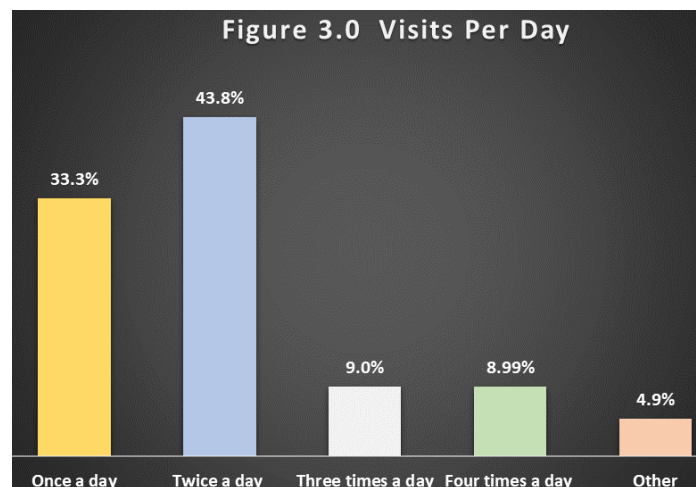


Evaluation Question 1: To what extent did SisterSpace effectively protect the health and Safety of the women accessing the program?

The first question that helps understand the utilization of the space is knowing how many times each woman visited the program on a daily basis. Results have shown that 77.1% of women visit the space at least one or twice a day. This is a high utilization rate for the space and an indication of the importance of SisterSpace for women in the DTES.

It was important to understand the relationship, trust and comfort level between women, and staff and peer workers to discuss issues related to women's safety including drug use, sexuality, substance use, HIV and Hepatitis C. Therefore, women were asked if they have ever discussed any of these issues with staff and peer workers. The results reflected a high level of conversation between women, and

Figure 3.0 Visits Per Day



staff and peer workers with 87.6% of women indicating that they did discuss topics about drug use, substance use and sexuality with staff and peer workers. While a significant 93.2% of women indicated they have discussed issues related to HIV and Hepatitis C with staff and peer workers. This significant conversation level between women, and staff and peer workers is very important to ensure women do trust and feel comfortable speaking with SisterSpace staff and peer workers as part of building strong relationships.

SisterSpace also arranged and hosted multiple workshops and meetings as part of enhancing women's knowledge in topics related to risks associated with sharing drugs, safe sex, HIV, Hepatitis C, and others. A majority of women indicated they have participated in either a meeting, discussion or a workshop related to those topics.

"It is important to build a relationship with the women as this is the way we can support them, know what they really need and get them interested in joining our activities," SisterSpace Program Manager

SisterSpace is also intended to be a safe space for women not only for using drugs but also to feel protected. When asked if they feel safe and comfortable at SisterSpace 91% answered "Yes". When we tried to understand why eight out of the 89 women said they felt unsafe or unsure about their answer, it was clear that those eight women have feelings of general insecurity and fear living in the DTES, which is

FIGURE 4.0 WOMEN PARTICIPATION

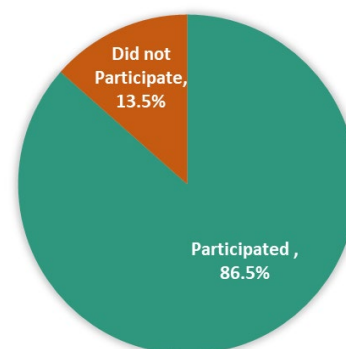
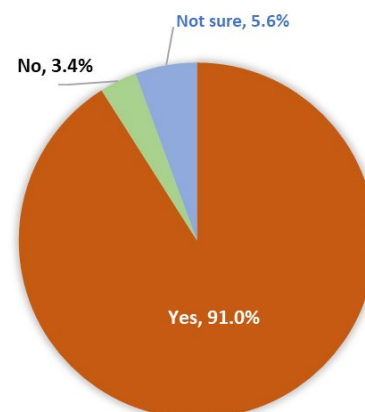


FIGURE 5.0 DO YOU FEEL SAFE AT SISTERSPACE



"It is not a clinic, it is a safe space to socialize and we connect with women to help figure out what they need and how can we help."

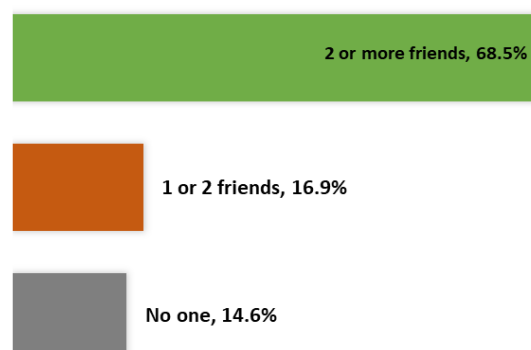
SisterSpace staff and peer workers

reflected on how they feel towards SisterSpace.

"Certain people should not be allowed here for our safety" one woman said. When asked who she was referring to by "certain people" she said: ***"All those other women"***.

We wanted to assess the extent to which SisterSpace was able to create social connections between women. As indicated from the survey that 77.1% of women visit the space at least one or twice a day, we wanted to know if any friendship relationships were formed. Therefore, women were asked "How many of the women who visit

FIGURE 6.0 DO YOU HAVE FRIENDS AT SISTERSPACE



SisterSpace do you know well enough to say hello to?” and a follow up question “How many of the women who visit SisterSpace would you call friends-people you regularly spend time with?”. As for the first question, 42% indicated they know between three and five women well enough to say hello to, and 39.5% said they can say hello to eight or more women. When asked about friends which is the most important measure for assessing social relations inside or due to SisterSpace, 85.4% of women indicated they have at least one other woman they can call a friend.

Evaluation Question 2: To what extent did SisterSpace have positive or negative impact on women accessing the program?

The first impact that was assessed was in relation to the workshops, meetings or discussions that women have with staff and peer workers. Women were asked if they have used any of the things they have learned from attending training or workshops or from speaking with staff and peer workers in real life. 82% of women who participated in these workshops, meetings or discussions indicated they have benefited from learnings in real life.

When asked about their knowledge and if they believe that their knowledge in relation to risks associated with drug use and sharing drug equipment have increased or not, 76.4% of participants indicated that their knowledge somewhat increased or increased a lot. This was confirmed by asking about their drug sharing practices as 77.5% of women indicated they either do not share at all, or share less.

FIGURE 7.0 HAVE YOU USED ANY OF THE LEARNINGS IN REAL LIFE?

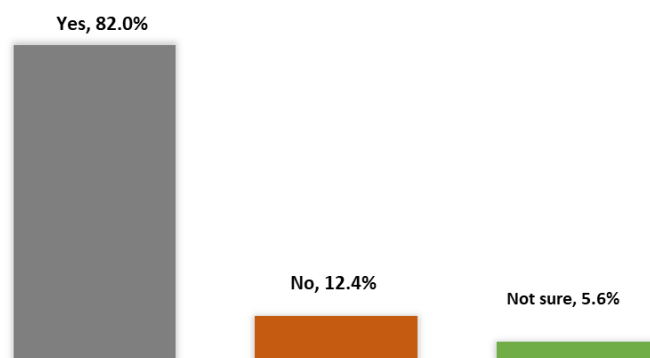


FIGURE 8.0 DO YOU THINK YOUR KNOWLEDGE ABOUT RISKS OF DRUG USE AND SHARING DRUG EQUIPMENT HAVE INCREASED

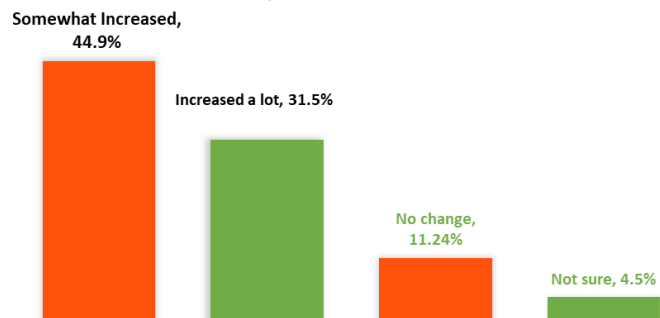
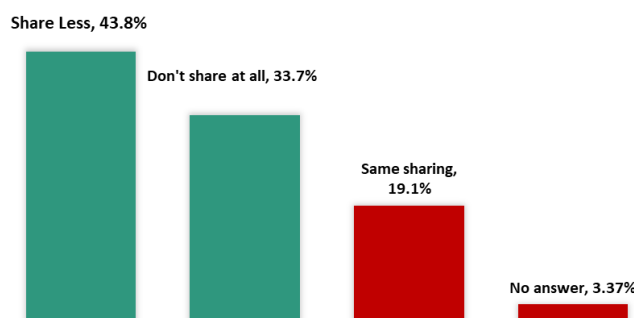


FIGURE 9.0 DO YOU STILL SHARE DRUGS WITH OTHERS?



“I love this place, we are friends here. The staff and peer workers are amazing with a very positive attitude all the time.”

Indigenous, 26-year-old Woman at SisterSpace

When asked about their confidence in dealing with risks associated with the use or sharing of drugs and if that confidence level has changed, 79.8% of women indicated that they now feel either confident or more confident in dealing with such risks.

A final question related to safer sex practices has shown that 70.8% of women are practicing safer sex as a result of their connection to SisterSpace.

FIGURE 10.0 DO YOU THINK YOU ARE MORE CONFIDENT NOW IN DEALING WITH RISKS ASSOCIATED WITH USE OR SHARING DRUGS?

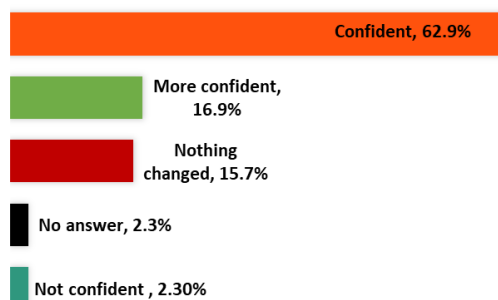
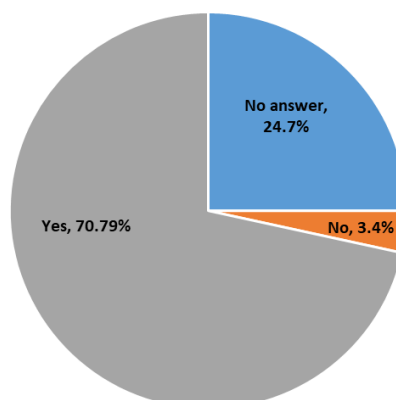


Figure 11.0 Do you think you practice safer sex now?



“This is a safe space for us to come and see friends.”

White, 34-year-old Woman at SisterSpace

In relation to COVID-19, all staff and peer workers interviewed agreed that the women who use the space have felt a lot more isolated during the pandemic. SisterSpace has helped women feel supported during the pandemic by sharing information about what is happening, keeping women informed, encouraging women to follow public guidance by providing masks, sanitizers, paper towels, and other supplies. Women were able to get a COVID-19 test because the space has hosted multiple COVID-19 testing clinics. Staff and peer workers believe that women would have been highly negatively impacted if SisterSpace was not available during the pandemic.

“The women need SisterSpace and with COVID-19 the need is more apparent. They come here for safety, for information, and to stay connected with everything happening”

SisterSpace Staff

Evaluation Question 3: **How did SisterSpace ensure sustainability of its activities?**

Investing in human knowledge is one major aspect of ensuring the sustainability of any intervention. SisterSpace not only provides a safe space for women to use drugs or to get snacks, meals or other needs, it is also a space where women learn more about important topics related to their health and safety. The fact that SisterSpace has included one-to-one support, trainings, meetings and even workshops with women and staff and peer workers to raise awareness and knowledge reflects a strong sustainability aspect of its operations. Data from pre and post training surveys indicated a 55% increase in skills, competencies and abilities of women who use substances, share drug-use equipment, engage in sex work and who access SisterSpace in preventing HIV and Hepatitis C infections.

Survey results also indicates a 65% reduction in risk-taking behaviour among women accessing SisterSpace who use substances, share drug-use equipment and engage in sex work in Vancouver's DTES, to prevent HIV and Hepatitis C infections.

Please refer to Annex C for PHAC evaluation and activity tables.



KEY FINDINGS

The evaluation identified three main findings:

Key Finding 1: SisterSpace is a safe and accessible program for women who are highly marginalized and under-served, for example, women who do sex work, women who are homeless, Indigenous women and transwomen and transfeminine individuals.

Many of the women who access SisterSpace have multiple stigmatized and marginalized identities, including women who identify themselves as Indigenous (82% of women accessing SisterSpace), women who do sex work, women who are homeless, transwomen and transfeminine individuals. Women who engage in sex work represent an especially significant portion of the women who visit SisterSpace. The peer support workers have said that the majority of women who regularly visit SisterSpace are engaged in sex work to some extent.

In the survey, women expressed their feeling of safety at SisterSpace. They attributed this safety to the fact the program is women-only, the social and friendly atmosphere, and especially to the peer support workers.

Key Finding 2: By integrating other services into an overdose prevention site, SisterSpace has been able to impact women's lives more holistically.

SisterSpace has always and will always be an overdose prevention site. That said, having other services like housing outreach integrated into the operations of SisterSpace comes to strengthen and enhance the objectives of this space related to providing a safe space for women.

Key Finding 3: SisterSpace has had early impacts on the lives of women that access the program.

The impact of SisterSpace is evident as per the survey results indicated in the previous section. It is clear that SisterSpace had positively impacted the lives of the women on multiple levels including: Reduced harms associated with substance use, receiving social and emotional support, finding physical and emotional safety, and increasing women's knowledge and awareness in health-related topics (e.g. shared drug use and safer sex).

FUTURE RECOMMENDATIONS

The evaluator has identified four main recommendations for SisterSpace. The evaluator recognizes that one of these recommendations may not be applicable due to COVID-19 however, the evaluator believes it is still important to list these recommendations for post-pandemic planning.

1. Explore expanding the hours of program operation to become a full 24-hour operating site. Despite the space currently operating during hours when other services are not available, women would still benefit from a day-long operation.
2. Sister Space differentiates itself from other sites by being a social space therefore, social activities are recommended to take place once a week with the women who use the space.
3. Invest in skills and capacities of SisterSpace staff and peer workers. The program's success heavily depends on the skills and capacities of staff and peer workers and therefore, it is important to ensure they have all the needed knowledge and skills to support women.
4. Continue to operate as an integrated program that provides other services in addition to harm reduction.
5. Given the significant number of women who use SisterSpace and who identify as Indigenous, work to raise funding for an elder-in-residence position and implement and enhance culturally appropriate programming, and partnerships with appropriate organizations.



ANNEX A: STAFF AND PEER WORKERS INTERVIEW QUESTIONS

Section A

1. I want to understand what makes this place different that others in DTES? Can you tell me the top 5 differences? (Then ask them to elaborate if you feel they have more to say, ask about each one)
2. What makes this space different from others in the DTES? (please tick all that apply)

It is safer for the women	<input type="checkbox"/>
The women are more accepted	<input type="checkbox"/>
Staff are more friendly	<input type="checkbox"/>
Availability of food and resources	<input type="checkbox"/>
Other (please explain)	<input type="checkbox"/>

3. Are you aware of whether the women use other spaces? (please tick one)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Please indicate where:

4. Have you seen the women learn anything new through Sister Space? (please tick all that apply). Can you please elaborate or give me examples?

Safe injection practices	<input type="checkbox"/>
Sexual health practices	<input type="checkbox"/>
Covid-19 resources	<input type="checkbox"/>
Other (please say what)	<input type="checkbox"/>

5. Have you seen any of the women share what they learned with someone else? (please tick one)

Yes ☐
No ☐

6. Do you feel that Sister Space has provided a safe space for women during Covid-19? (please tick one)

Yes ☐
No ☐

Please elaborate:

|

7. Do you think the women have felt more isolated during the pandemic? (please tick one)

Not at all ☐
A little bit more ☐
A lot more ☐
Extremely ☐

Do you think Sister Square has helped them? And if so, how?

8. Do you think Sister Space helped women to feel supported during the pandemic? (please tick one) please explain?

Not at all ☐
A little bit ☐
A lot ☐
Extremely ☐

9. Would it have impacted the women if Sister Space had not been available these past several months?

Not at all ☐
A little bit ☐
A lot ☐
Extremely ☐

Please elaborate:

10. Is having a women-only (trans-inclusive) space different from a mixed gender space? (please tick one) explain

No, it is about the same

☐

Yes, it is worse

☐

Yes, it is better

☐

11. Do you think the women prefer having a space run by peers? why

Yes

☐

No

☐

12. What do you wish Sister Space offered that it currently doesn't?

ANNEX B: WOMEN'S QUESTIONNAIRE

- 1. Approximately, how many times do you visit SisterSpace?**

Once every day Twice everyday Three times everyday
Four times every day Other, please specify -----

- 2. How many of the women who visit SisterSpace do you know well enough to say hello to?**

0-2 3-5 5-7 8 or more

- 3. How many of the women who visit SisterSpace would you call friends – people y regularly spend time with?**

No one 1 or 2 more than 2

- 4. Do you feel safe and comfortable at SisterSpace?**

Yes No Not sure

- 5. Have you ever discussed any issues related to substance use or supplies or sexuality with peer workers in the drop in?**

Yes No Not sure

- 6. Did Staff speak with you about the risks of HIV and hepatitis C?**

Yes No Not sure

7. Did you ever participate in a workshop or meeting or discussion group that took place at SisterSpace that discussed risks associated with drug use and sharing drugs?

Yes No Not

8. If you attended training or discussions: Have you used any of the things you learned from attending training or workshops or from speaking with staff in real life?

Yes No Not sure

9. Do you think your knowledge about risks of drug use and sharing drug equipment have increased?

Increase a lot Somewhat Increased The same

10. Do you think you are more confident now in dealing with any risks associated with drug use or sharing drugs?

Confident Not confident Nothing changed

11. Do you still share drugs use equipment with others?

Do not share at all Share less Same sharing Share more

12. As we believe safe sex is important for your health and safety. Can you tell us if you think you practice safer sex now?

Yes No Not sure

ANNEX C: PHAC ACTIVITIES AND EVALUATION DATA

YEAR 1 WORK PLAN			
<p>Objective 1: By March 2022, Atira Women’s Resource Society will strengthen by 35% the skills, competencies, and abilities of 100 women who use substances, share drug-use equipment and engage in sex work in DTES, in order to prevent HIV and hepatitis C infections.</p> <p>Objective 2: By March 2022, we will reduce by 40% risk-taking behavior among 100 women who use substances, share drug-use equipment (injection and inhalation equipment) and engage in sex work in DTES in order to prevent HIV and hepatitis C infections.</p>			
ACTIVITY	TIMELINE	STATES	JUSTIFICATION
1. Recruit two additional staff and peer workers (one full time and one part time) and two peer workers			
1a. Post women’s support worker opportunity, interview and recruit	Apr-20	Completed	
1b. Reach out to other Atira programs to see if there are women interested in peer support work at SisterSpace Shared Using Rooms	Apr-20	Completed	
1c) Post peer workers opportunity, interview, and recruit	Apr-20	Completed	
2. Recruit Project Evaluation Consultant			
2a) Post Evaluation Consultant opportunity, interview and recruit	Apr-20	Completed	The evaluation will be conducted internally through the Operational Excellence department
2b) Set-up meetings with Evaluation Consultant to discuss project and evaluation requirements. Review and sign contract	Apr-20	Completed	
3. Finalize the project evaluation plan			
3a) Carry out an assessment of evaluation needs and draft an evaluation plan based on the assessed needs.	April - May 2020	Completed	
3b) Review / edit and approve drafted evaluation plan	Jun-20	Completed	

4. Train recruited support and peer workers.

4a) Set up training dates with Vancouver Coastal Health to provide trainings on safe injection practices and protocols, Naloxone training, and Advanced Opioid poisoning Response training (these trainings are offered for free by the Vancouver Coastal Health)	May - June 2020	Completed	A number of trainings were agreed with VCH. However, there were a lot of changes and adjustments due to COVID-19
4b) Engage with Atira's trainers of Non-Violent Crisis Intervention training and set up training dates	May – June 2020	Completed	Due to COVID-19 limitations, the training was conducted through an online zoom session in December 2020
4c) Consult with peer workers to determine what barriers exist for them in accessing harm reduction services	May – June 2020	Completed	Two meetings organized
4d) Gather additional resources on risk factors associated with HIV and hepatitis C among people who share drug-use equipment	May - June 2020	Completed	Online resources were collected
4e) Consult with Vancouver Coastal Health to recruit a trainer to hold a training session for staff and peer workers and peers at SisterSpace on risks associated with HIV and hepatitis C among the priority population	May - June 2020	Completed	VCH conducted a training for a total of 5 peer workers and 2 staff and peer workers in December 2020
4f) Develop a comprehensive training plan that fits with the assessed needs of the peers and staff and peer workers	Jun-20	Completed	
4g) Develop pre- and post- training survey or questionnaires	May - July 2020	Completed	
4h) Engage support and peer workers to attend training sessions.	July – August 2020	Completed	
Deliver all pre-planned training sessions, including workshop and group facilitation, to peer and support workers.			
Facilitate trainees to fill in the pre- and post-training survey or questionnaires			

4i) Train peer workers on facilitation of workshops and group discussions with women who use substances and share drug-use equipment and engage in sex work in Vancouver's Downtown Eastside	August, 2020	Completed	The program manager conducts meetings on a monthly basis in which she ensures facilitation, communication, and group discussion skills are part of her meeting agenda.
5. Gather and prepare group discussion and workshop materials/facilitation packages			
5a) Develop topics for group discussion and workshop sessions in consultation with peer and support workers. Customize group discussion and workshop content for identified topics based on acquired training and project objectives.	Aug-20	Completed	Topics were decided between the program manager and the Operational Excellence, Director after a participatory assessment process
5b) Review, approve, and print out group discussion and workshop sessions facilitation packages	Aug-20	Completed	
6. Develop pre and post- workshop/group discussion survey or questionnaires			
6a) Set-up a consultation meeting to assess evaluation needs based on workshops content	Aug-20	Completed	
6b) Draft a pre- and post- workshop/group discussion survey/questionnaire. Review / approve.	Aug-20	Completed	
7. Enlist Atira's regular Communication Contractor to design program brochures			
7a) Set up consultation meeting to assess outreach strategies and communications needs based on program priorities.	August – September 2020	Completed	
8. Design and display posters for weekly workshops/group discussions			
8a) Display posters at SisterSpace, other Atira programs, Wish Drop-In Centre, Downtown Eastside Women's Centre, and other Opioid poisoning Prevention Sites	September, 2020 – March, 2022 (weekly)	completed	

9. Develop a daily log tracking system for staff and peer workers to track statistics and outcome indicators, particularly modeled for evaluation of this project			
9a) Develop a daily log tracking system	Aug-20	No	
10. Hold weekly workshops/group discussions on subjects such as safe injection and inhalation practices, safe disposal or drug-use equipment, and risk factors associated with HIV and hepatitis C	September 2020 – February 2022 (weekly)	Ongoing	It should be noted that due to COVID-19 these groups were not set on a weekly basis but on variable times
11. Ensure availability of harm reduction supplies by Corresponding with our partner, Towards the Heart, to request for delivery of harm reduction supplies as needed			
11a) Deliver and receive harm reduction supplies	April 2020-March 2022 (on a need-basis)	Ongoing	
12. Evaluate the project's progress			
12a) Monthly check-in conversations with support and peer workers	September 2020 – February 2022 (monthly)	Ongoing	
12b) Observe quality of workshops and group discussion facilitation through impromptu drop-ins	September 2020 – February 2022 (monthly)	Ongoing	
12c) Hold an evaluation focus group discussion with women attending weekly workshops and group discussions	Feb-21	Completed with adjustments	A survey was drafted as a replaced to the focus group. The evaluator preference was to not conduct any focus groups during COVID-19
12d) Hold an evaluation focus group discussion with support and peer workers	Feb-21	Completed with adjustments	Interviews were used as an alternative to focus groups. The evaluator preference was to not conduct any focus groups during COVID-19
12e) Analyse and document data from pre- and post- training survey, pre- and post-workshop/group discussion survey, initial intake form, daily log training system, report notes, observation notes, focus group discussion notes	February 2021-March 2021	Completed	All data was documents
13. Hold a refresher training session for support and peer workers, updated based on a review of first year performance.			
Provide pre- and post- training questionnaire tool to gauge learning		Planned for May 2021	This will be conducted through an online session.

SMART OBJECTIVE(S)	2019-2020 GEOGRAPHIC REACH OF THE ACTIVITY	2020-2021 NO. OF INDIVIDUALS REACHED
Objective 1: By March 2022, Atira Women's Resource Society will strengthen by 35% the skills, competencies, and abilities of 100 women who use substances, share drug-use equipment and engage in sex work in DTES, in order to prevent HIV and hepatitis C infections.	DTES, Vancouver	102* <i>*This figure includes the total number of women who received one-on-one communication or attended meetings on HIV, Hep C and safe use of substances. Please note that these women received this communication on more than one occasion.</i>
Objective 2: By March 2022, we will reduce by 40% risk-taking behavior among 100 women who use substances, share drug-use equipment (injection and inhalation equipment) and engage in sex work in DTES in order to prevent HIV and hepatitis C infections.	DTES, Vancouver	112* <i>*This figure consists of the total number of women who received one-on-one communication or attended meetings on topics such as HIV, Hep C, Hep B, safe use of substances and naloxone training. Please note that these women received this communication on more than one occasion.</i>

SMART OBJECTIVE(S)	TOTAL NUMBER OF PARTICIPANTS	TOTAL NUMBER OF RESPONDENTS	PRE- INTERVENTION RESULT	POST- INTERVENTION RESULT	RESULT (%)
Objective 1: By March 2022, Atira Women's Resource Society will strengthen by 35% the skills, competencies, and abilities of 100 women who use substances, share drug-use equipment and engage in sex work in DTES, in order to prevent HIV and hepatitis C infections.	102	89	35%	90%	55%
Objective 2: By March 2022, we will reduce by 40% risk-taking behavior among 100 women who use substances, share drug-use equipment (injection and inhalation equipment) and engage in sex work in DTES in order to prevent HIV and hepatitis C infections.	112	89	30%	95%	65%