

# Progress Report of Collective Actions & Shared Measurement



April 2019 to March 2020

# Introduction

This Annual Progress Report highlights the Women and HIV/AIDS Initiative (WHAI) Network's third year of the Coordinated Collective Impact Initiative (CCII) and outlines overall progress, impact, challenges, and important insights. The Collective Impact model guides WHAI work and is evaluated through collectively defined goals, measurable activities, and coordinated efforts across Ontario to build community capacity and create meaningful change.

In 2016, WHAI conducted a Situational Analysis in 16 communities across Ontario and identified 7 Areas of Focus for community development that supports the needs of women living with or facing systemic risk of HIV acquisition.

## **Building on two years of CCII work, the WHAI Network focused on the following 5 Areas of Focus and goals from 2019-2020:**

**Community and Emotional Wellness:** By applying an anti-oppressive lens, WHAI will work with community stakeholders to build community capacity for social connectedness, emotional wellness and positive health outcomes amongst women living with HIV and women who face systemic risk for HIV.

**Gender Based Violence (GBV):** Communities in Ontario will be better able to address the correlation between GBV, substance use, HIV risk, and health outcomes amongst priority populations of women\*.

**HIV Disclosure:** Women living with HIV in Ontario will have control over how and why their HIV status is disclosed, improving linkages to care and health outcomes.

**Provincial Care Cascade:** WHAI will ensure the quality, consistency and effectiveness of HIV Sector work by strengthening community capacity with a focus on priority populations of women.

**Women & Harm Reduction:** Organizations and communities will have increased capacity to work with women who use substances from a harm reduction and overdose prevention perspective, preventing new HIV, STI and HCV infections, and improving the health and well-being of populations most affected by HIV.

The WHAI Network consists of 16 HIV/AIDS Service Organization (ASO) sites which are funded by the Ministry of Health and Long-Term Care (MOHLTC). The data in this report summarizes the collective change work of the 16 WHAI sites across Ontario, as well as Elevate NWO. However, as CCII work is rooted in community collaboration, there are many agencies carrying out allied work who have partnered with WHAI without funding as part of this Initiative.

### **Data Collection**

To collect data, WHAI Coordinators submit a Progress Report questionnaire and complete a consultation with the Provincial WHAI team to review local community change work. Notably, Collective Actions are collaboratively defined and targets were developed with consideration that WHAI work should respond to the needs and realities of local communities. Not every Area of Focus or Collective Action is applicable to the work of each region. Targets for our Collective Actions are also set low in order to provide flexibility and ensure capacity for local adaptability, collaboration with other teams and sectors, and responsiveness to emergent issues. As a result, many of our Collective Actions have been far exceeded.

### **Priority Populations of Women\***

Throughout this report, we use the phrase "priority populations of women". This phrase is used to reference women who are living with HIV, African, Caribbean, and Black (ACB) women, Indigenous women, Trans women, women who use substances, women who have experienced violence, and women who are or have been incarcerated. These priority populations were identified by the 2016 Situational Analysis, as well as epidemiological findings from the Ontario Cohort Study and the Ontario HIV Epidemiology and Surveillance Initiative. Throughout this work, WHAI seeks to centre the voices of women from priority populations and foster meaningful opportunities for leadership and involvement.

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## Measuring Progress

# Provincial Care Cascade

**Collective Action 1:** The WHAI Network will increase awareness about and access to PEP and PrEP (including information about cost) as HIV prevention tools. This will include the distribution of 4000 of the WHAI developed PEP and PrEP pamphlets across Ontario, and for communities collaborating on the Ontario PrEP Cohort Study (Ottawa, Toronto, London, Windsor, Hamilton and Guelph) this will include building awareness and linkages to this study amongst organizations that serve women.

During the 2019-2020 fiscal year, all sites engaged in increasing awareness and access to PEP and PrEP as HIV prevention tools for Trans and Cis women. Coordinators achieved this Collective Action by distributing 2,414 PEP pamphlets and 2,191 PrEP pamphlets across Ontario. Coordinators raised awareness about PEP & PrEP with community partners through HIV, sexual health, and harm reduction workshops, as well as community awareness events such as HIV Awareness Week and Pride. Coordinators fostered partnerships with healthcare professionals, including local Public Health units, community health centres, healthcare hubs, and local physicians. Examples of this work include consultations for a PrEP referral system and supporting the facilitation of women-only clinic hours and drop-in social service hubs. While all sites were involved in this work and 6 sites are part of the Ontario PrEP Cohort Study, only 3 sites were actively involved in the Cohort Study and worked to build awareness and linkages to this study amongst organizations that service women.

Coordinators worked to increase access to PrEP with women facing systemic risk for acquiring HIV by collaborating in community spaces that women frequented, such as drop-ins, shelters, newcomer support services, and community awareness events. Coordinators integrated PrEP into sexual health and harm reduction conversations with ACB and newcomer women's groups, Indigenous women, women experiencing incarceration, and women who attended community awareness events or accessed harm reduction services.

For sites with limited access to PrEP clinics and providers, Coordinators reported that the impact of this work included an increase in awareness, conversations, and collaboration regarding PEP and PrEP among service providers. Coordinators also shared that they were able to engage women in conversations that were specific to their health-care needs and experiences, which fostered awareness about various prevention tools for HIV, Hep C, and sexually transmitted blood borne infections (STBBI's). From these conversations, Coordinators were able to identify barriers to PEP and PrEP for priority populations of women. Barriers included the cost and lack of medical coverage, competing priorities such as housing or child care, confidentiality concerns (including having to disclose use of PrEP for shared insurance coverage), lack of health cards or birth certificates, misconceptions or lack of knowledge surrounding PEP and PrEP, and lack of representation of women at PrEP clinics.

Moving forward, PEP and PrEP awareness and access continues to be a priority for the WHAI network. Given the realities of COVID-19, WHAI is building our capacity and awareness of online Ontario-wide linkages to PEP and PrEP such as The Allan Clinic and The PrEP Clinic. We also are working to build awareness about and access to the Ontario HIV Treatment Network's PrEPStart Initiative, with the goal of minimizing economic and geographical barriers to access. As a Network, we will continue to plan additional strategies to address barriers in awareness and access amongst WHAI's priority populations of women.

## Measuring Progress

# Provincial Care Cascade

**Collective Action 2:** In line with the HIV Prevention and Care Cascade, the WHAI Network will work with their local ASO and 50 community stakeholders across Ontario to foster the promotion of HIV testing with priority populations of women.

During this year, the WHAI network excelled at addressing barriers to testing amongst priority populations of women. Coordinators exceeded their goal by collaborating with 108 community stakeholders. This work included bringing testing information and services to community spaces that women already access such as shelters and drop-ins. In addition, Coordinators integrated testing into HIV and sexual health workshops and utilized interactive activities such as sex toy bingo and community meals to facilitate conversations about sexual health. To carry out this work, Coordinators collaborated with Public Health, local physician's clinics, ACCHO Coordinators, 2SLBTQ+ groups, and Indigenous communities and organizations. Through these partnerships, Coordinators were able to support increased access to HIV testing by facilitating spaces for community connection.

Work related to HIV testing with priority populations of women acted as a catalyst to other important WHAI work. An example of this includes the integration of capacity building for service providers regarding HIV disclosure and creating welcoming and accessible spaces. An example of this work includes the establishment of consistent drop-in spaces that focused on women's health care needs and engagement with broader health care, including STBBI testing.

Barriers that emerged related to HIV testing for priority populations of women included a lack of testing spaces with accessible hours, child-minding, trust or comfort in healthcare settings, confidentiality concerns, as well as limited options for people without identification or OHIP.

Challenges in this work included limited capacity of partnering organizations, knowledge gaps and misconceptions about HIV and testing, HIV stigma impacting women's access, and women's lack of trust with clinical services.

Access to HIV and STBBI testing continues to be a priority area of work for WHAI. With the landscape of COVID-19 significantly impacting access to testing, and the possibility of self-testing coming to communities across Ontario, WHAI will work to build capacity within our network as well as Coordinator's respective communities related to HIV testing. Specifically with regards to self-testing, WHAI is committed to fostering awareness and engaging in community conversations about the applicability, risks, and benefits for WHAI's priority populations of women. In addition, WHAI continues to support and follow the leadership of African and Caribbean Council on HIV/AIDS in Ontario's (ACCHO) "Care Collective" campaign and partner with ACCHO workers to support access to and promotion of testing with ACB women as part of self-care routines.

In Ontario, priority populations of women are underrepresented among those who engage with HIV prevention tools such as regular HIV testing or PrEP uptake.

WHAI seeks to centre the voices of women and foster collaboration with community partners to identify and address barriers to these important services.

## Measuring Progress

# Provincial Care Cascade

**Collective Action 3:** Drawing on the newly developed CIHR Infant Feeding Video and Discussion Guide, the WHAI Network will build community capacity related to infant feeding by hosting at least 20 gatherings across Ontario with a minimum of 200 community stakeholders.

In collaboration with The Teresa Group and Dr. Lena Serghides on infant feeding education in communities, work related to this collective action began in the 2018-2019 fiscal year at 10 sites. During the 2019-2020 fiscal year, 6 sites engaged in this collective action and facilitated 10 gatherings with 123 participants. The work reported this year included workshops and education sessions focused on mothers living with HIV and infant feeding practices. In addition, one site facilitated an Infant Feeding session utilizing the CIHR resources with local community partners at an annual conference hosted by their ASO, as well as with local midwives. These community capacity building events providing an opportunity for service providers and women to discuss the impact of HIV stigma and the socio-cultural aspects of breast and chest feeding and parenting. Discussions also led to awareness about relevant resources and wise practices for supporting mothers living with HIV.

Challenges in this work included misconceptions about HIV risk and transmission among service providers. Women involved in workshops also discussed confidentiality concerns regarding the mishandling of HIV disclosure among service providers or within their communities, as well as stigma related to HIV-positive parenting and its associated risks. Coordinators also reported inherent misogyny and colonialism impacting the narrative around women's bodies and infant feeding.

**Collective Action 4:** Focussing on women-serving organizations that work with priority populations of women, WHAI will foster established and valuable existing community partnerships (at least 4 per site) as well as building at least 2 new meaningful partnerships per site.

During this reporting period, all sites engaged in exceeding this goal by fostering 81 new partnerships and 79 pre-existing partnerships across Ontario. The community partnerships formed in this reporting period included local Trans organizations, Indigenous organizations, ACB women's groups, sex worker organizations, shelters, prisons, violence against women committees, clinics and community health centres, addiction and mental health services, and local grassroots organizations such as worker groups and food justice projects. While we don't intend to continue to track work related to partnerships, we acknowledge that this work remains critical and is a central part to WHAI's community capacity building work, requiring a significant amount of time and dedication to relationship building and learning about community needs.

For more information on infant and chest / breast feeding, check out:

- The Teresa Group, <https://teresagroup.ca/>
- Infant Feeding Video and Resources for parents living with HIV <http://www.ohtn.on.ca/hiv-transmission-through-breastfeeding/>

## Measuring Progress

# HIV Disclosure

**Collective Action 1:** The WHAI Network will build on our 2018/19 work of building community capacity about HIV disclosure by using the WHAI Disclosure Toolkit for Service Providers with at least 30 groups / 200 workers across Ontario (focussing on shelter workers, counsellors, health care providers, and organizational policy makers), fostering understanding about roles and responsibilities related to disclosure and linking this work to women’s access to and retention in HIV care and improved health outcomes.

During this reporting period, 8 sites engaged with this collective action to host 22 gatherings with 484 participants across Ontario. Coordinators worked with medical students and healthcare providers, shelter and VAW workers, child welfare workers, and foster parents. Coordinators used the WHAI Disclosure Toolkit to facilitate HIV workshops, conversations about disclosure laws and the impact of criminalization, consent, and supportive roles and responsibilities for healthcare providers. This work also included capacity building at community events centered around gender-based violence. Coordinators reported creating space for meaningful conversations with service providers about HIV disclosure, HIV and STBBI prevention, as well as the intersectionality of race, gender, and social determinants of health. In addition, Coordinators observed an increase of engagement from women in conversations pertaining to disclosure and shared experiences.

Challenges in this work included the lack of knowledge among service providers about HIV criminalization laws and minimal prioritization of disclosure capacity building within agencies due to competing priorities.

**Collective Action 2:** The WHAI Network will build our internal Network awareness of and knowledge about existing HIV Disclosure resources, drawing on the “More Information” section of the HIV Disclosure for Service Providers Toolkit as well as other resources, with the aim of improving the quality, consistency and effectiveness of provincially funded HIV programs and services and building capacity with community partners.

The landscape of information about HIV disclosure continues to evolve, and so does the practices of communities across Ontario. WHAI works to build our internal capacity and maintain current knowledge pertaining to HIV disclosure. In our efforts to foster our internal awareness raising, we worked to track increased awareness of resources.

Over the past two years WHAI has tracked internal awareness of HIV disclosure resources. This year, 62.5% (n=10) of Coordinators reported “excellent” to “good” awareness and knowledge, and 37.5% (n=6) reported “fair.” Notably, internal capacity building was significantly higher last year as 93.75% (n=16) reported “excellent” to “good”. This may be the result of limited new resources pertaining to HIV disclosure and women.

Provincial WHAI continues to explore capacity building for our network related to HIV disclosure as it integrates with health care, gender based violence, community and emotional wellness, and harm reduction. New and existing WHAI Coordinators also continue to be encouraged to use the “More Information” section of the WHAI Disclosure Toolkit for Service Providers to guide their learning, awareness and knowledge about disclosure, and to share this with community partners to assist in community capacity building.

## Measuring Progress

# HIV Disclosure

**Collective Action 3:** The Provincial Office will continue to participate in work being done by the Canadian and Ontario HIV Legal Network on HIV Criminalization (i.e. Canadian Coalition to Reform HIV Criminalization) and will disseminate up-to-date information back to the WHAI network, and Coordinators will share this information with community partners.

During the 2019-2020 fiscal year, the Provincial Office continued to support the work of the Canadian and Ontario HIV Legal Networks on HIV Criminalization, including the Canadian Coalition to Reform HIV Criminalization. Provincial WHAI continues to work as a “friend” of this network, having stepped away as a formal member and moved into an allied role in order to focus on community capacity building and the voices of women with lived experience. In addition, the WHAI workgroup on HIV Criminalization continued to meet, holding two meetings during this reporting period. This group met with representatives from the Canadian Legal Network to discuss capacity building with the WHAI Network, and ways to provide KTE between this policy level work and the network. The group also invited the WATCH Study to present and conduct capacity building work at our Coordinator Forum. Although HIV Disclosure is not a Priority Area of Focus for the 2020-2021 fiscal year, we will continue to support community efforts where appropriate.

# Women & Harm Reduction

**Collective Action 1:** The WHAI Network will work with 50 local women’s organizations (or programs) across Ontario to build connections and increase women’s access to harm reduction and overdose prevention services (including naloxone).

Over the year, 16 sites engaged in this collective action by collaborating with their harm reduction teams to work with 100 organizations and increase women’s access to harm reduction and overdose prevention services. Coordinators increased community capacity to support women who use substances by providing women-specific harm reduction education and naloxone training with community partners and women in community. Partners in this work included shelter workers, substance use programs, probation officers and prisons, community health services, mental health services, Sex Worker Action Networks, Indigenous friendship centres, and local harm reduction committees. Through this work, Coordinators also supported mobile and satellite harm reduction services and women’s harm reduction groups.

Coordinators reported that this work impacted service providers’ understanding of women-specific harm reduction needs and lived experiences. Coordinators also reported that this work increased women’s access to harm reduction information, capacity administering naloxone, and fostered spaces for women who use substances to connect and discuss shared experiences such as risk of violence, child welfare involvement, drug access and safety, as well as grief and loss. Coordinators reported a change in attitudes towards women who use substances among service providers and increased support for adopting harm reduction policies within their agencies.

Challenges identified in this work included pervasive stigma for women who use substances, a lack of harm reduction shelter or housing programs for women, and lack of supports for mothers who use substances. Coordinators also reported a lack of trauma-informed and strengths-based services geared to the needs of mothers. In addition, further capacity building regarding duty to report to child welfare services, increasing access to pregnancy tests, and women-centred healthcare were identified as important for furthering supports for mothers living with HIV.

## Measuring Progress

# Women & Harm Reduction

**Collective Action 2:** The WHAI Network will complete the Women & Harm Reduction provincial resources and then, working with women who use substances and community partners, implement the completed resources by holding 20 community gatherings with 400 community stakeholders across Ontario, building community capacity to do harm reduction and overdose prevention work with women.

In February 2020, the WHAI Network released our Women & Harm Reduction in Ontario: A Capacity Building Toolkit geared to strengthen the work of local harm reduction programs in their efforts to work with women. Since its release, 700 copies have been disseminated to WHAI sites and organizations in allied work. This resource was completed with the assistance of Coordinators, community partners, and women who use substances across Ontario.

Thank you to the women and Non-binary people who use drugs across Ontario who acted as consultants in the creation of the Women & Harm Reduction toolkit.

Thank you also to the community organizations that supported this work, including: African Caribbean and Black Council on HIV in Ontario, Black CAP, Ontario Harm Reduction Network, Ontario Harm Reduction Distribution Program, PASAN, and TG Innerselves.

**Collective Action 3:** The WHAI Provincial Office will work in partnership with other provincial groups (ACCHO, Oahas, OHRN) to engage in Knowledge, Transfer, and Exchange (KTE) across the WHAI network about community capacity building initiatives related to the intersections of pregnancy and parenting with priority populations of women.

The Provincial Office engaged in conversations to discuss the realities of pregnancy, parenting, and women who use drugs with ACCHO, AIDS Bereavement and Resilience Program of Ontario (ABRPO), Ontario Aboriginal HIV/AIDS Strategy, and Ontario Harm Reduction Network.

This included attending OHRN's provincial meeting to facilitate a session on the intersections of pregnancy, parenting, and harm reduction, raising discussions with partner agencies, and looking for opportunities to do collaborative capacity building. Provincial WHAI and the Women and Harm Reduction Working Group will continue to engage in capacity building in this area moving forward.

**Collective Action 4:** The WHAI Provincial Office will work with the WHAI Network to explore ways to build community capacity both within our network, and within our respective communities to identify and respond to experiences of grief, loss and resiliency related to gender, overdose, and overdose reversals.

The Provincial Office continues to bring the shared experiences from WHAI Coordinators to provincial discussions, seeking opportunities for further capacity building and collaborations. This continues to be an important part of WHAI work. At present, the Provincial office sits on the Impacts of Overdose Advisory Team to integrate the input shared by Coordinators related to experiences of overdose loss from across Ontario and provide KTE and capacity building opportunities from this study back to the WHAI network. At a local level, Coordinators have fostered partnerships with organizations and women who use drugs to find local strategies to respond to experiences of grief, loss, and foster resiliency.

These events have fostered WHAI work with local harm reduction teams, created meaningful involvement and leadership for women who use substances and increase community conversations and awareness about the overdose epidemic. Coordinators have also integrated grief and loss into conversations with community partners and are working at a local level with the ABRPO and OHRN to further this work.

# Gender Based Violence

**Collective Action 1:** The WHAI Network will hold 20 community gatherings, engaging 200 workers from the Violence Against Women and shelter sectors, and integrating findings from the OHTN Cohort Study on intimate partner violence, to build awareness and community capacity to address the correlation between GBV, substance use, HIV risk and health outcomes for priority populations of women.

During the 2019-2020 fiscal year, 16 sites were engaged with this Area of Focus. 10 sites were engaged in exceeding this collective action's goal by facilitated 44 gatherings and 521 service providers from Violence Against Women (VAW), shelters, health alliances, and child welfare agencies. This work included consultations, workshops, conferences, participation on VAW committees, and community awareness events such as the International Day to End Violence Against Sex Workers and the National Day of Remembrance & Action on Violence Against Women. During these gatherings, Coordinators had the opportunity to discuss the intersections of gender-based violence, substance use, and HIV. Coordinators reported this work increased familiarity and trust between organizations leading to stronger partnerships with community. Challenges in this work included staff turnover or limited capacity within partnering organizations to participate or involve all staff.

**Collective Action 2:** The WHAI Provincial Office and the Network will work in collaboration with Indigenous communities and organizations to build our Network knowledge about the intersection of HIV and HIV risk and the National Inquiry into Missing and Murdered Indigenous Women and Girls, identifying strategies to integrate this into our community capacity building work with an aim of improving the health and well-being of Indigenous women.

The Provincial Office continues ongoing engagement and capacity building to support the health and well-being of Indigenous women. For example, the Provincial Office continued to support and integrate linkages to Visioning Health, an arts-based project for Indigenous women living with HIV. Following the leadership of Indigenous women, WHAI will continue to support this project in the upcoming year and further engage in knowledge transfer and exchange. Provincial WHAI has also developed an internal living document on strategies for implementing the Truth and Reconciliation Commission of Canada's Calls to Action in WHAI work.

Coordinators supported Indigenous organizations by sitting on planning committees for community events, including Sisters in Spirit, a community gathering honouring Missing and Murdered Indigenous Women and Girls. Strategies to support community capacity building for the health and well-being of Indigenous women included fostering partnerships with the Aboriginal Peoples Alliance Northern Ontario, local Ontario Aboriginal HIV/AIDS Strategy workers, and partnering with Indigenous women in paid peer positions to co-facilitate Violence Against Women information sharing with service providers.

## Measuring Progress

# Community and Emotional Wellness

**Collective Action 1:** The WHAI Network will work with community partners to carry out collaborative gatherings (ie. arts based, wellness based, LPW and other community capacity building activities) with 40 groups/350 community stakeholders to build community connectedness and improve the health and well-being of populations most affected by HIV.

All 17 sites engaged in this collective action and far exceeded our goal by facilitating 294 gatherings with 856 service providers and 2,602 women from priority populations. During this reporting period, Coordinators adopted innovative approaches to facilitate community connection. An example of this includes the various events for Love Positive Women including zine-making, pottery making, card exchanges, art shows, potlucks, and self-care events such as tea and pampering events. Coordinators also engaged priority population of women in organizing leadership summits, advisory committees, ACB-women groups and events, and peer support sharing circles. Through this work, Coordinators integrated discussions of social determinants of health, stigma and discrimination, testing, sexual health and wellness, gender-based violence, disclosure, and harm reduction. Coordinators also collaborated with initiatives such as Because She Cares, the Red Scarf Project, and Sisters in Spirit Vigil to support community connectedness among women living with HIV. The extensiveness of WHAI work in this area demonstrates the importance of community connection within the WHAI framework. Community connection and shared space are critical components in preventing HIV, engaging women in improved health outcomes, and building overall community health"

Coordinators reported challenges in this work related to systemic barriers, including a lack of resources for honoraria, food, program supplies, or transportation for women to attend gatherings. In addition, Coordinators reported

lower attendance due to HIV stigma and discomfort in spaces where men were present or there was a lack of representation of other women with similar lived experiences. These identified challenges further demonstrate the importance of creating spaces for women to support each other, build community, and improve overall health outcomes.

Moving forward, Coordinators continue to collaborate and advocate for paid leadership positions for women with lived experience to foster community connectedness and well-being. WHAI will also continue this work with a focus on community development and community capacity building to increase spaces for priority populations of women.



## Measuring Progress

# Community and Emotional Wellness

**Collective Action 2:** Working from a place of strength, WHAI will work with community partners to collaboratively facilitate 50 gatherings with organizations, using the HIV & Stigma: A Toolkit for Creating Welcome Spaces and / or the new Welcoming Spaces map / poster.

Six sites engaged in this collective action and facilitated 14 gatherings with 504 service providers. Coordinators engaged workers from child welfare, VAW services, and shelters through community events addressing stigma and community health. Coordinators reported engaging service providers in interactive activities using the Welcoming Spaces poster and using the HIV & Stigma Toolkit in diverse settings to integrate conversations about harm reduction, gender-based violence, HIV stigma, and sexual health. This work fostered leadership roles for women with lived experience, increased engagement from community partners, and meaningful learning opportunities. This year, we did not meet this collective action's goal of 50 gatherings; however, Coordinators have adapted their use of the Welcoming Spaces Toolkit, map, and poster to integrate important capacity building about accessibility in other areas of work.

Coordinators reported that challenges included a lack of resources and services for non-binary and gender diverse community members, as well as underrepresentation from varying priority populations, such as ACB or Trans women in community gatherings. In response to this, Coordinators continue to incorporate leadership opportunities for women with lived experience and carry out specific engagement strategies for priority populations.

**Collective Action 3:** The WHAI Provincial Office will work with the WHAI Network and Indigenous partners to share Truth and Reconciliation Commission Calls to Action relevant to our work and facilitate shared steps to implement these within the WHAI framework.

To begin their engagement in this work, Coordinators furthered their understanding about the Truth and Reconciliation Commission Calls to Actions by learning from Elders and Indigenous Cultural Safety trainings. Coordinators also fostered collaboration with Oahas workers and Indigenous women in their communities. Through these partnerships, Coordinators have followed Indigenous leadership to support harm reduction programming with Indigenous communities and participated in gatherings focused on emotional and community wellness. The Provincial WHAI Office also ensures new Coordinators are aware of the TRC Calls to Actions by integrating these into orientations, including an internal document that outlines Calls to Actions that are directly applicable to WHAI work. This document is also used during Coordinator work planning and consultations with managers.

# Engaging Women in the Work

The leadership and engagement of women with lived experience is essential for creating meaningful change. 226 Trans and Cis women from priority populations, including women living with HIV, African, Caribbean, and Black (ACB) women, Indigenous women, Trans women, women who use substances, women who have experienced violence, and women who are or have been incarcerated were engaged in WHAI work. Women provided meaningful input and leadership by sharing their expertise through co-facilitation, work planning, and program development. Coordinators reported that the involvement of women with lived experiences had a significant impact in increasing community engagement, meaningful conversations, and lasting community change. Moving forward, WHAI will continue to strategically improve engagement and meaningful involvement with all priority populations of women with particular focus on those underrepresented in local programs and services.

During this reporting period, Coordinators worked to increase inclusion of Trans women through peer leadership roles, fostering and maintaining Trans-inclusive language and practices, fostering partnerships with Trans organizations, and supporting Trans spaces and services within their ASOs and communities. This work continues to be essential to meaningful and effective community capacity building and collective impact work.

## Network Impact

During the 2019-2020 fiscal year, Coordinators observed an increase in leadership and involvement from women facing systemic risk in their work. Deepening community leadership led to initiatives such as a sex worker drop-in led by women with lived experience, art-based gatherings for grief and loss, as well as harm reduction workshops and community wellness gatherings that centred the experiences of women.

Coordinators also reported increased collaboration with service providers, which led to innovative strategies for increasing local access to HIV testing, prevention tools and information, and services for priority populations of women. Through this work, Coordinators observed an increase in women accessing testing events and harm reduction services, as well as engaging in conversations pertaining to sexual health.

## Network Challenges

There were a range of challenges that emerged throughout the year. Our focus moving forward includes addressing barriers to harm reduction services amongst women who use drugs and a need for related capacity building in communities. This included strategies for providing support to mothers who use drugs, awareness and destigmatization of duty to report policies, and harm reduction services in women's shelters. Coordinators also identified gaps related to ACB women and ACB testing, noting the increase in positivity rates amongst ACB women in Ontario. Coordinators also identified the need for work related to poverty and economic security as an intersecting reality amongst our WHAI Areas of Focus. More broadly, Coordinators reported that stigma surrounding HIV, substance use, gender-based violence, poverty, race, and sexual health still have a significant impact on women's access to programs and services. As a result, Coordinators continue to integrate conversations around stigma and intersectionality into all areas of work. These network challenges continue to be woven into our responses for the following year, including our work with ACCHO and other community partners.

# Important Limitations to the Data

Throughout this year, the WHAI Network experienced internal turnover, impacting progress report data as previous Coordinators were not able to provide additional information on the work completed during this reporting period. Consequently, the WHAI Network received additional support from Managers, Executive Directors, and colleagues within local ASO's to complete the reporting process for both the semi-annual and annual progress report.

Towards the end of this reporting period, Coordinators experienced significant reorganizing of their work due to the COVID-19 pandemic. Consequently, Coordinators were unable to carry out many community gatherings and capacity building opportunities. In addition, the roles and responsibilities of their roles were broadened to support community responses to prevent the spread of COVID-19. During our reporting process, four sites were also impacted by internal turnover or temporary leave due to COVID-19. This led to reporting of work done by others who were not present while work was being carried out.

## Looking Ahead to 2020/2021

Moving forward, the WHAI Network will work to address the impact of COVID-19 on women living with or facing systemic risk of HIV acquisition and their communities. This includes increased gender based violence, economic insecurity, housing insecurity, and risk for HIV acquisition which women are facing during a time of physical distancing and limited access to services. In response to this current reality, WHAI has released a Strategies for Gender Based Responses to COVID-19 document and an Art Based Project under the theme of community connection and social unity during a time of physical distancing. WHAI also continues to adapt our 2020-2021 CCII document to reflect necessary COVID-19 work that Coordinators are engaging in and build our network-wide action and accountability for our defined work related to Women and Harm Reduction, Community and Emotional Wellness, Health Care Centred on Women's Needs and Lived Experiences (including HIV testing and prevention), and Economic Security. These efforts build on previous work on Gender Based Violence, HIV Disclosure, and Stigma, Discrimination, and Institutional Violence. Our work continues to focus on priority populations of women: women living with HIV, ACB women including newcomers, Indigenous and Trans women, women who use substances, women who have experienced violence, and women who have been / are incarcerated. As the sector continues to navigate the evolving reality of COVID-19, we are working together with our partners, including the OAN, ACCHO, GMSH, OHRN, and others to foster a sector-wide response.

# Contributing Partners

AIDS Committee of Cambridge, Kitchener, Waterloo & Area  
AIDS Committee of Durham  
AIDS Committee of North Bay and Area  
AIDS Committee of Ottawa  
AIDS Committee of Toronto  
AIDS Committee of Windsor  
AIDS Committee of York Region  
ARCH: HIV / AIDS Resources & Community Health  
Elevate NWO\* (Honorary WHAI Member)  
HIV / AIDS Regional Services  
Moyo Health and Community Services (Previously Peel HIV / AIDS Network)  
Ontario Aboriginal HIV / AIDS Strategy  
Positive Living Niagara  
Peterborough AIDS Resource Network  
Réseau Access Network  
Regional HIV / AIDS Connection  
The AIDS Network

## Valued CCII Collaborators Supporting This Work

African and Caribbean Council on HIV/AIDS in Ontario  
Canadian HIV Women's Sexual and Reproductive Health Cohort Study  
Canadian and Ontario HIV Legal Network  
Gilbert Centre  
Ontario AIDS Network  
Ontario Harm Reduction Network  
Ontario HIV Treatment Network  
Ontario PrEP Cohort Study  
PASAN  
The Allan Clinic  
The PrEP Clinic  
The Teresa Group  
Visioning Health