WHAI PROGRESS REPORT

April - September 2020

Women & HIV/AIDS Initiative

Initiative Femmes & VIH/SIDA

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Introduction

During this reporting period, COVID-19 has had deep and global impacts. In Ontario, WHAI Coordinators have shown dedication to collective community care, critical thinking, and to quickly adapting their work to respond to the needs of WHAI's priority populations of women.* This has meant working with communities through the changing realities of numerous crises including COVID-19, the ongoing and heightened overdose crisis and anti-Black and anti-Indigenous racism, augmenting the fundamental ways in which communities support and care for each other. The progress reports submitted by Coordinators detail the numerous challenges that have arisen for WHAI's priority populations of women as well as the challenges that resulted from carrying out community development work while maintaining physical distancing guidelines. These reports also highlight innovative solutions to relationship building, new ways to build connections with community stakeholders, and a tireless commitment to the communities of women WHAI works with.

Areas of Work and Report Framework

This consolidated progress report will provide summary data on work in 16 regions by 17 workers across Ontario, focusing on WHAI's 4 established Goals and Collective Actions – as outlined by this fiscal year's Coordinated Collective Impact Initiative (CCII) Provincial Areas of Focus document. The Collective Actions were adapted early in the pandemic to foster continued collaborative work within this new context. This progress report reflects a more open and flexible approach to measuring progress than in the past – prioritizing narrative and qualitative data, and considerations for the changes in work due to COVID-19.

* Throughout this document, WHAI uses the term "priority populations of women" to identify populations of priority for WHAI work. This includes women who are living with HIV, African Caribbean and Black (ACB) including newcomers, Indigenous and Trans women, women who use substances, women who have experienced violence, and women who have been / are incarcerated. The prioritization of these populations within WHAI work, and organizations serving these populations, is based on feedback and data collected during our provincial Situational Analysis (2016), our Collective Impact work, and epidemiological findings from the Ontario Cohort Study, Ontario HIV Epidemiology and Surveillance Initiative and the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS).

Health Care Centred on Women's Needs and Lived Experiences

94% of Coordinators worked toward our Collective Goal of: Communities in Ontario will provide culturally appropriate and holistic HIV prevention and health care centred on women's needs and lived experiences in H1. This work happened through the following 4 Collective Actions:

Collective Action: WHAI will work with community partners to build awareness about risk factors for HIV and other STBBI infections amongst WHAI's priority populations of women during this time (I.e. during COVID-19).

10 (59%) WHAI Coordinators worked with 41 community partners toward this Collective Action.

Understanding the relationship between COVID-19 and risk factors for HIV and other STBBI's amongst WHAI's priority populations of women has been a significant component of this reporting periods work. Coordinators spoke in great detail of the wrench that COVID-19 has thrown into work in this area, impacting their ability to maintain connections to service providers and women in community due to increased strain and time pressures on both Coordinators and community stakeholders, the need to remain physically distant, and the reallocation of staff resources. For many Coordinators, operationalizing work to build targeted awareness of HIV and STBBIs (such as webinars and gatherings) that had been planned for H1 was put on hold, and many Coordinators and their partners have had to go back to planning stages. Coordinators also reported the urgent need for their work to respond to social determinants of health that contribute to the intersections of COVID-19, gender-based violence, anti-Black and anti-Indigenous racism, poverty, lack of safe housing, and other factors that impact sexual risk and health outcomes. To respond to this landscape, WHAI Coordinators employed several strategies including transitioning meetings, webinars, and gatherings to virtual platforms, supporting other service providers with relevant resource distribution, working to maintain partnerships, and having as many conversations as possible about the unique risks women are facing to build awareness among stakeholders and to ensure collaborative community responses. Additionally, several Coordinators reported building a presence on social media to share information about HIV and sexual health, and connect with women and community partners in a new way.

Health Care Centred on Women's Needs and Lived Experiences cont'd

Collective Action: WHAI will work with testing providers on strategies to foster testing access for priority populations of women after COVID-19 public health measures are lifted.

65%
of WHAI Coordinators worked alongside 28 community partners toward this Collective Action.

Across the province, Coordinators reported a widespread reduction in access to testing due to suspension of services, reduction in hours, or relocation of testing services to generalized public health locations, making this area of WHAI work critical. These changes were seen as acute challenges for many across the Network as Coordinators highlighted how the likely increase in structural risk factors (e.g., gender-based violence, barriers to harm reduction, poverty, homelessness and the realities of anti-Black and anti-Indigenous racism) for HIV and other STBBIs makes the need for targeted testing access more important. As a result, much of the work Coordinators reported was related to regrouping, restructuring, and trying to renegotiate partnerships to maintain dialogue on testing access and draw attention to structural risk factors.

Coordinators partnered on testing drives when possible, stayed up to date on and proctored opportunities for testing, and included content on the importance of targeted testing in webinars and virtual meetings. In some communities, Coordinators saw success in working with women on discussions around self-testing and its utility for empowering women-led, community-based sexual health knowledge and decision making – especially during the pandemic.

To support this work, the provincial office integrated several knowledge-sharing opportunities related to testing and the re-examination of HIV and STBBI risk in the context of the pandemic. This included presentations on the epidemiology of HIV testing in Ontario, highlighting uptake and positivity rates amongst ACB women, capacity building on self-testing, review of and contributions to a Ministry of Health self-testing FAQ document, and KTE from ACCHO's Care Collective campaign, highlighting testing work amongst ACB women. Continued learning will be important as we move into H2 and develop a more fulsome understanding of the impact of COVID-19 and related public health realities on HIV and STBBI risk, testing access, and HIV positivity rates.

Collective Action: WHAI will support community organizations who work with priority populations of women to build awareness and access to virtual PrEP clinics including the Allan Clinic and the PrEP Clinic, as well as financial supports such as PrEPStart.

As pandemic responses took priority, access to PrEP became even more limited for WHAI's priority populations of women. To maintain discussions around PrEP in community, Coordinators reported primarily focusing on sharing information about PrEP with service providers wherever possible; in settings such as webinars, working groups, 1:1 conversations, meetings, and partnership tables. Coordinators also promoted virtual/remote access to PrEP clinics and worked on partnership development for new clinics that would centre the needs and specific realities of Trans and Cis women. In one region where the WHAI Coordinator had been actively involved in the development of a PrEP clinic, the first person to access PrEP in the clinic was a woman, marking a significant success for the program.

8 (47%) Coordinators contributed to work on this Collective Action

WHAI also worked alongside the Allan Clinic, the Prep Clinic, and PrEPStart to improve awareness, knowledge and access to PrEP. A WHAI PrEP postcard was developed to use in communities across Ontario detailing how to access PrEP remotely which was particularly useful in communities where in-person access was limited. This work also included supporting the development of a Cis and Trans women-specific webpage for the PrEP Clinic. As in the past, access to PrEP for Trans and Cis women continues to be limited and include multiple layers of barriers. This will continue to be an important area of work moving forward, and includes understanding barriers, fostering awareness, and improving access.

Health Care Centred on Women's Needs and Lived Experiences cont'd

Collective Action: WHAI will work with community stakeholders to understand realities, barriers and strategies related to HIV care for women during this time, sharing updates with the network.

11 (65%) Coordinators reported working on this Collective Action.

For many Coordinators, much of this work was born from redeployments within their agencies. In order to support emergency responses, many Coordinators spent H1 working in a more frontline capacity. This allowed Coordinators to stay connected to communities of women (particularly those without virtual access), stay informed of current realities and risk factors, understand the barriers to care - including barriers embedded in structural and systemic racism, and integrate these learnings in their community development work with community partners and community mobilizing. Toward this goal, WHAI Coordinators also reported an increase in partnership and collaboration in several communities, contributing to and strengthening their work with WHAI's priority populations of women.

> *Increased barriers to accessible HIV education and resources via open, safe community settings, sometimes drastic changes to HIV and STI testing services, over-reliance on online-based tools and limited connection with front line workers and health educators have disrupted the HIV continuum of care and prevention for women (e.g. point-of-care testing, STI testing, PrEP and primary HIV care).*
>
> - *WHAI Coordinator*

Launching Women-Centred Health Care Toolkits

This reporting period also marked the launch of toolkits developed by the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS). This included both a toolkit to support clinicians and community-based organizations and a toolkit for women living with HIV to support health self-advocacy and management. Much of this work focused on learning about the toolkits, targeted dissemination and KTE with case managers, health-care providers, and other community partners through email blasts, integrating toolkit content in webinars, and the creation of social media posts. This work also included 4 Coordinators helping with the planning of the national launch webinars held in H2.

8 (47%) Coordinators reported supporting the launch of these toolkits.

Economic Security

71% of Coordinators reported working toward the collective goal of: WHAI will work with priority populations of women and community partners to help increase community support and reduce harms related to economic insecurity.

Collective Action: WHAI will work with community stakeholders to support the coordination and dissemination of accessible information related to financial security including CERB, Indigenous community financial supports, Child Tax Benefit, medication coverage, food access, and more.

Collective Action: WHAI will work with local poverty reduction strategies and women's shelters to foster access to health and social supports with our priority populations of women (Note: This includes food access).

Due to the similar and overlapping themes across these two actions, the progress toward them is reported together here.

10 (59%) Coordinators worked with 28 partners to ensure accurate and timely dissemination of information regarding financial supports during the pandemic, and 6 (35%) Coordinators actively worked with 23 partners in poverty reduction and shelter spaces to ensure access to these services.

Coordinators highlighted the importance of focusing on financial security measures during COVID-19 since many women from WHAI's priority populations of women, particularly BIPOC and homeless/underhoused women, are often simultaneously facing higher levels of poverty and financial responsibilities, which has implications for health and social outcomes. The reallocation of WHAI staff time to support emergency measures was again incredibly important. Several Coordinators reported working directly with food security programs, coordinating financial subsidies, distributing basic needs items, collaborating on outreach interventions, connecting with both women and community partners, and ensuring that community partners were able to effectively consider women's experiences in their pandemic response. Providing support with food security interventions was especially helpful as these programs saw increased demand and a higher proportion of women accessing them, particularly among women experiencing homelessness.

Coordinators also reported successes through staying informed about open and available services, and sharing this information regionally, supporting mobile services to increase access to supports for women, maintaining dialogue on committees about gender, economic security, and service access issues, coordinating donation distribution and collaboration between providers, and supporting women to build capacity to ensure their voices are heard by decision makers. Additionally, Coordinators also reported hosting information sessions, utilizing social media, disseminating information, and compiling lists of women-specific resources such as financial support information for women who are sex working. This work was supported on a provincial level by WHAI's work coordinating and sharing information about the economic impact of COVID-19 among priority populations.

51 community partners were engaged in work toward these actions across Ontario

Women and Harm Reduction

88% of Coordinators reported doing work toward the Network's collective goal of: Organizations and communities will have increased capacity to work with women who use substances from a strengths-based, harm reduction, and overdose prevention perspective that honours self-determination, human rights, and choice, and integrates a trauma-informed approach.

Collective Action: WHAI will work with harm reduction distribution programs and women-serving organizations to support the distribution of harm reduction supplies and overdose prevention information and resources to WHAI's priority populations of women, including information about COVID-19 and related public health measures.

15 WHAI Coordinators reported working with 47 community partners toward this action.

Across the reports, WHAI Coordinators discussed a breadth of interventions and highlighted substantial challenges in maintaining community development work with women who use drugs. Several WHAI Coordinators reported a primary way they were working toward this action was by supporting their agency's harm reduction team. WHAI Coordinators supported kit making and distribution to women-serving agencies such as shelters (as well as overdose prevention tools such as naloxone), assisted with mobile outreach and supply delivery programs which have seen growing number of women accessing supplies through, and provided harm reduction and overdose prevention programmatic support to community partners that serve women and were facing increased numbers of overdose during the pandemic. An additional trend in this work as reported by Coordinators was the development of quasi-satellite distribution programs where women who use drugs were taking larger amounts of supplies to distribute to others in community. This mobile, satellite, and partnership work was especially important during this period, as Coordinators reported an increased need for harm reduction and overdose prevention services due to increased isolation, poverty, overdose rates, and a reduction in places where women could easily access these services. This highlights the efficacy of supporting numerous low-barrier, gender-relevant approaches to harm reduction and overdose prevention.

Women and Harm Reduction cont'd

The ability to be more flexible and support harm reduction in community was again a key way WHAI Coordinators reported being able to talk about women-specific realities, learn how women who use drugs were accessing services, and find out what the service gaps currently are in order to build community capacity to reach these women and fill these gaps. When discussing challenges, Coordinators highlighted that many women have been disconnected from services due to pandemic closures and have not reconnected even as services reopened. When contextualized within a landscape of increasingly toxic drug supply, increased rates of homelessness and violence directed at women living outdoors, and increased gender-based violence, this remains especially concerning for WHAI Coordinators and their partners.

While the capacity to gather was impacted during H1 due to public health measures as well as workload orientation toward crisis management, Coordinators persevered and reported utilizing the Women and Harm Reduction Toolkit to inform 9 gatherings, including webinars and virtual discussions, virtual trainings for staff at women-serving agencies, and to create and distribute information packages to community partners. Many Coordinators also reported being actively involved and/or leading planning for Overdose Awareness Day events and utilizing the WHAI awareness-raising poster as part of this work.

PWHAI worked to build network capacity around the gendered considerations of safer opioid supply, harm reduction programs, and overdose deaths through network presentations and discussions. PWHAI's burgeoning Instagram presence was also utilized to build awareness for the National Days of Action related to overdose deaths by highlighting local work and activism. Additionally, PWHAI fostered collaboration with the Ontario Harm Reduction Network (OHRN) to increase connections between the networks and capacity for gender-inclusive harm reduction.

gender-based violence
homelessness
colonialism
BARRIERS
toxic drug supply
disconnection
service gaps

Community and Emotional Wellness

82% of Coordinators reported working toward the collective goal of: Through an anti-oppressive lens, WHAI will foster the leadership of our priority populations of women and community partners to build community capacity for social connectedness, emotional wellness, and positive health outcomes.

Collective Action: WHAI will develop and share accessible strategies to foster community connection and emotional support while maintaining public health measures to prevent the spread of COVID-19 (e.g., WHAI's Social Unity art-making project, collaborating on local efforts to move community programming online, supporting wellness checks and wellness packages, and disseminating information about the availability of local support services).

14 WHAI Coordinators worked collaboratively with more than 50 community partners toward this action.

Throughout the reports, Coordinators universally discussed the importance of fostering community connections and emotional support while also highlighting the immense barriers to doing so during this time. Coordinators detailed the struggles present in maintaining meaningful connections to other service providers and women with lived experience while also abiding by public health measures. Coordinators also identified inequities inherent in a widespread shift to virtual models, with many women unable to access virtual services due to lack of internet, personal computers, or private spaces. That said, many Coordinators were able to successfully move some work in this area to virtual forums. Platforms such as Zoom, Facebook Live, and Instagram Live were integral to many Coordinators as they hosted social events, community panels, webinars, discussion groups, art gatherings, and advisory groups online. For many, this shift actually expanded the reach of these efforts. Across the 30 virtual gatherings focused on Community and Emotional Wellness held this period, WHAI Coordinators reported prioritizing community knowledge, participation, and information sharing that responded appropriately to the current climate. Coordinators reported the critical importance of framing community and emotional wellness responses by acknowledging the additional impacts the intersections of COVID-19, anti-Black racism, colonial violence, experiences of poverty and homelessness, and the current political climate have on WHAI's priority populations of women.

When describing successes in this work, Coordinators highlighted the impact of the distribution of wellness/care packages, maintaining advisory groups wherever possible, working with women in community to build capacity to use virtual tools, consulting with women to prioritize community need and related responses, and building creative ways to foster community information sharing and storytelling, including a collaboratively developed podcast.

In order to create social connection during the pandemic, PWHAI supported the launch of the Social Unity at a Time of Physical Distance art-making project, which was a collaboration between 4 Coordinators and resulted in an implementation guide, booklet, and 2 videos to support provincial implementation.

Engaging Women in the Work

Despite the many barriers during the pandemic, 42 women with lived experience were engaged as leaders and partners in WHAI work across the province.

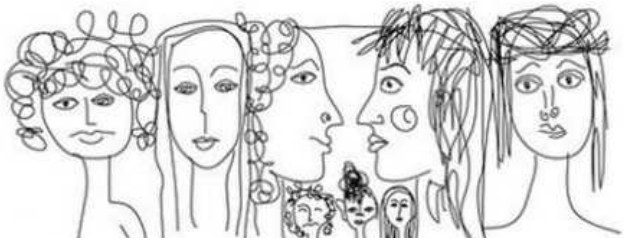
Engaging women from WHAI's priority populations of women as leaders of this work remains central to the community development foundation from which WHAI works. Largely, this work entailed supporting WHAI work as presenters, in advisory roles, volunteer positions, and peer programs, to inform best practices for engagement and capacity building during the pandemic. This engagement is essential to ensuring WHAI work is relevant and responsive to women's experiences. Many Coordinators reported that the shift of their work to frontline roles in order to respond to urgent needs during the pandemic resulted in increased engagement with women, and has made a significant contribution to their community capacity building work and progress toward the CCII goals. These continued connections with women will inform and strengthen WHAI's future impact.

Of note, this reporting period also marked the most challenging period in terms of engaging women, as 8 sites reported an inability to engage any women with lived experience in their community capacity building work. This reduction was attributed entirely to changes in access due to COVID-19, and yet also indicates a concern regarding our GIPA/MIPA and Nothing About Us Without Us values. For Coordinators, this was especially difficult, as these relationships and partnerships have often been years in the making and the rebuilding process has been slow or not yet possible. Coordinators are concerned with the potential long-term impacts of these relational losses on future engagement work.

Coordinators also reported a widespread lack of access to technology amongst women they work with that limited, and in some cases wholly prevented, a shift to virtual engagement predominantly among BIPOC, homeless, and/or drug using women. Additionally, the closure (or reduction in operating hours) of agencies resulted in a loss of contact between WHAI Coordinators and many women they worked with within other programs. This was compounded by the inability of WHAI Coordinators to continue their work at other sites due to similar restrictions in onsite capacity (e.g., being denied onsite access due to a "non-essential" classification). The ability to shift to frontline roles as part of emergency support was critical to many Coordinators as a way to maintain some of these connections.

we all move forward when
we recognize how resilient
and striking the women
around us are

- rupi kaur



Network Impact

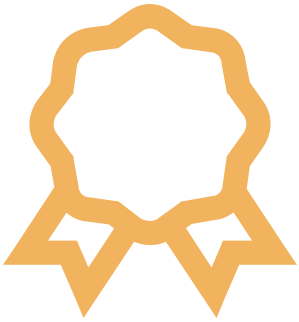
Despite the significant challenges facing WHAI Coordinators, their communities, and the entire sector during this period, the ingenuity and perseverance of this Initiative resulted in impactful work across Ontario.

Adaptability (of Coordinators, ASOs, community partners, and the Initiative as a whole) was universally discussed as a necessity during this period as well as the integral component of successful initiatives. Coordinators discussed having to quickly change the ways they connect with people, share information, and prioritize work to respond to urgent needs. This flexibility fostered creativity and new approaches to community development and community connection, including new media engagement strategies (podcasts, social media, etc.), expanding mobile engagement, utilizing capacity building techniques to build technological literacy to help women overcome barriers to virtual engagement, and a refocusing on fostering community led mutual support efforts in virtual spaces (wellness groups, informal chat networks, peer networks). This period also marked the first full reporting period with the provincial WHAI Instagram account (launched in November of 2019), which proved to be an important tool to share information about WHAI work, raise awareness about gendered realities of COVID-19 as it intersects with WHAI's priority areas of focus, and highlight capacity building to respond to women's experiences. Over this period, the WHAI instagram account grew its imprint, increased engagement, and was helpful in providing content for more localized sharing.

Despite the many barriers over the course of H1, WHAI Coordinators held 63 gatherings with nearly 1,200 participants (about 52% of whom were community service providers), the majority of which were virtual. These gatherings are essential to WHAI work, and despite the challenges faced by Coordinators this period, they were motivated to organize and foster engagement in work related to the Network's Areas of Focus and continue developing work that will be built upon in H2.

Implementing these new efforts did not happen in isolation and WHAI Coordinators reported increased connections and partnerships within their ASOs (especially other PPN staff and harm reduction staff) as being essential to their work this period. These collaborations allowed for better workload sharing, increased reach for projects, and a more comprehensive intersectional analysis in planning, which was especially important as the converging crises of COVID-19, racism, poverty, and overdose impacted the lives of women from WHAI's priority populations and their communities. As discussed throughout this report, this increased collaboration was also the result of the need to reallocate work and shift responsibilities to respond to the pandemic, which resulted in many Coordinators doing more frontline support work this period. Coordinators reported how impactful working in this capacity was for the strength of their community development work as they were able to have a better sense of what women are experiencing as well as build relationships with other workers with an eye to further partnerships. Seeing this work reflected in this report is important because it allows Coordinators to talk about the full range of work they are taking on, have that work validated and seen by the broader Initiative, partners and stakeholders, and discuss how it informs their community development approaches. It also provides the opportunity for the Network to integrate relevant skills development, and strategize about how to best translate frontline work to community building work.

Network Impact cont'd

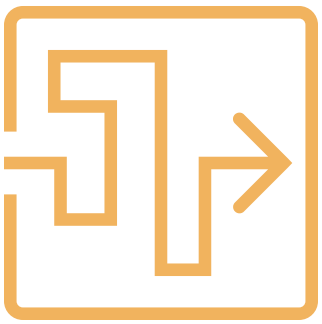


Responding to anti-Black racism was collectively identified by the WHAI Network as a priority, and many WHAI Coordinators reported this being a focus of their work in responding to the local realities of women living with HIV, a disproportionate number of whom are Black in many regions. At a provincial level, WHAI initiated the process of developing a more in-depth approach to anti-Black racism work within the provincial office, the Network, and the broader ASO sector. This work will be integral to the development of province-wide initiatives moving forward and be a foundational piece of how the Network operationalizes community development work in communities across Ontario.

Across the province, work on gender-based violence was often identified as an additional area of focus for Coordinators. This period saw progress toward capacity building efforts within the gender-based violence sector on harm reduction. This is especially significant as many Coordinators have reported such solid persistence in this area over the span of many years, and this period represented substantial progress in terms of shelters taking up increased harm reduction efforts and supply distribution. Also in this area, PWHAI coordinated a webinar on “The Intersecting Realities of Gender-Based Violence and COVID-19” in partnership with the YWCA and 6 WHAI sites. This webinar invited 7 guest speakers to share both personal and professional experiences about the landscape of gender-based violence during the early months of the pandemic.

On a provincial level, Coordinators also reported the positive impact of the Network calls as an opportunity to connect with other Coordinators, share ideas, and maintain a sense of connection to a larger group. These calls were an especially impactful grounding space from which attending WHAI Coordinators shared ideas and talked through the best ways to implement them in their communities. PWHAI also found success through fostering collaboration across the sector. The collaborative development and launch of the “Strategies for a Gender-Inclusive Response” was designed to ensure local agencies had the information required to ensure women weren't being left out of pandemic responses and highlights the intersections of the pandemic, gender, and social determinants of health. This was a springboard for an increased provincial focus and activities on gender-based violence and how it intersects with other areas of focus across the province.

Network Challenges



Many of the challenges inherent to community development during this time are explored throughout this progress report and are largely centred on the impact of social isolation, service barriers, and the gendered and racial reality of economic insecurity.

COVID-19 prevention measures largely run counter to community building strategies, and as a result, Coordinators reported how relationships in their communities were negatively impacted and, in some cases, lost. Service closures and/or restrictions resulted in women having fewer access points for services, which resulted in a great deal of lost relationships as well as service providers having to adjust to working alone, remotely, or in smaller teams. The impact of these forms of isolation are immense, and Coordinators reported the additional challenges and inequities present in the widespread shift to virtual engagement. Nearly every single Coordinator reported that many of the women who access services in their community do not have the technological access required to consistently engage with online services. This was especially true for BIPOC women, women who use drugs, women living in poverty, and women who are homeless. For many women living with HIV, concerns around the safety and confidentiality of online services as well as having to balance many gendered roles (e.g., parenting, caregiving, front line work, etc.) was a significant concern and challenge to scaling up virtual services. Many Coordinators worked diligently to try and find workarounds and solutions to these challenges (many of which are highlighted earlier in the report) and will continue to do so.

When coupled with the high levels of uncertainty regarding how long COVID-19 would impact the working environment and quickly changing public information, it was difficult for Coordinators to know where to focus their efforts. As things have progressed and Coordinators are gaining a clearer picture of what their work will look like in H2, these learnings will serve as foundational pieces for developing community development work going forward.

WHAI Coordinators also reported the personal impact of these changes in their work and trying to navigate community work while balancing work-life stresses. For many Coordinators, their relationships with women and service providers have been built over the course of years, and seeing these relationships suffer in this time is a significant loss. The stress of COVID-19 and the uncertainty it brings, combined with the impact of working through compounding crises of overdose and anti-Black and anti-Indigenous racism was also felt by Coordinators on a personal level. Coordinators often hold multiple roles in their work and personal lives as support people, caregivers, parents, partners, etc., and it is important to acknowledge the impact of these work-life pressures on the Network at individual and collective levels as it informs the development network activities that support the personal and professional roles of Coordinators.

Important Limitations to the Data

The COVID-19 pandemic impacted every aspect of this reporting period, including the data collection process. In response to the need to shift working priorities, the WHAI Network adjusted the Collective Actions to promote increased flexibility and include fewer specific measurements. As a result of this shift to a more qualitative approach to data collection, there was a broad array of responses with regard to both content and detail provided. This invariably impacts the analysis and compilation of data in this report and leaves more room for several interpretations and bias. The 1:1 calls that follow the submission of these reports continue to be a helpful tool in clarifying information.

Looking Ahead to H2

The WHAI Network displayed remarkable commitment to responding to the needs of women living with and facing systemic risks of acquiring HIV amidst converging health crises. This reporting period served as a significant learning period from which WHAI Coordinators will continue to grow. Across the Network, Coordinators reported the need to expand access points for women in community through the coordination of services and sharing of information, the need to address access to technology as a community wide barrier to women's access, the need to foster community connection to combat isolation, and the need to partner with other organizations to build capacity around serving women during this ever-changing time. This will require the Network to prioritize these pieces of work in H2 and focus on collaboratively developing strategies on how best to address these complex problems.

Specific to this time, WHAI Coordinators will also continue developing virtual engagement strategies and foster the potential inherent in virtual gatherings as a helpful option for those hesitant to engage in in-person HIV-related groups due to stigma, and for those with physical access challenges that limit their ability to gather in person. The provincial team is committed to supporting Coordinators in this work and will increase opportunities for Coordinator-led skill sharing based on wise practices from this reporting period. The provincial team will also continue to support the Network as they integrate learnings from sector-wide trainings on resiliency in the face of grief and loss as well as Indigenous Cultural Safety. The Network will also reaffirm and centre its commitment to anti-Black and anti-Indigenous racism work in H2. This includes work within the Network and through community development activities across the province as well as broader, sector-wide efforts. Continuing to centre the voices of women in this work remains at the core of WHAI work, and with the service landscape changing so quickly across Ontario, this Network will continue to encourage Coordinators to check in with women from priority populations and work collaboratively to determine and address urgent needs and to build stronger, healthier communities within our CCII framework of collective goals and actions.