
WHAI PROGRESS REPORT

October 2020 - March 2021



WHAI Women & HIV/AIDS Initiative

IFVS Initiative Femmes & VIH/SIDA

Table of Contents

01.

Introduction

02.

Area of Focus and Report Framework

03.

Priority Area 1: Health Care Centred on Women's
Needs & Lived Experiences

04.

Priority Area 2: Economic Security

05.

Priority Area 3: Women & Harm Reduction

06.

Priority Area 4: Community & Emotional Wellness

07.

Engaging Women in the Work

08.

Gatherings and Network Impact

09.

Network Challenges

10.

Limitations in the Data

11.

Looking Ahead

1

Introduction

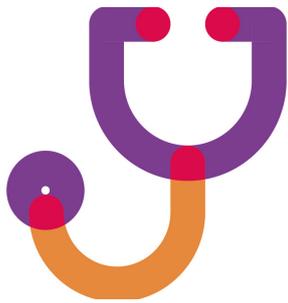
This report highlights the WHAI Network's overall progress, impact, challenges, and insights from this reporting period. During this time, COVID-19 continued to have significant and lasting impacts on the world. WHAI Coordinators have adapted and adjusted to the ever changing landscape due to the pandemic. In H1, Coordinators reported high levels of uncertainty regarding COVID-19 and how it would impact WHAI's collective goals. Although challenges persisted as COVID-19 endured, Coordinators continued to demonstrate their resiliency and commitment to community development, collective care, and adapting to meet the ever changing needs of the community. Across the province, Coordinator reports highlighted innovative responses to carry out this work while maintaining social distancing measures for public health safety. WHAI Coordinators integrate and draw on collective impact values such as inclusivity, collaboration, and community relationships, to address the needs of women* who are living with or at systemic risk for HIV acquisition. This report will consolidate their experiences of community development and capacity building work.

* 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. WHAI seeks to centre the voices of women from priority populations and foster meaningful opportunities for leadership and involvement.

2

Area of Focus and Report Framework

This semi-annual report will consolidate the collective work from 17 WHAI Coordinators in 16 regions across Ontario. In addition, Elevate NWO has continued to contribute to our collective efforts and this work is also reflected throughout the progress report. The work of the Network focused on WHAI's 4 Goals and Collective Actions as outlined for H2 of the 2020/2021 fiscal year: [Health Care Centred on Women's Needs and Lived Experiences](#), [Economic Security](#), [Women and Harm Reduction](#), and [Community and Emotional Wellness](#). The Collective Actions were adapted early in the pandemic to foster continued collaborative work within this new context. This report will continue to reflect the open and flexible approach that was developed to measure progress during the COVID-19 pandemic, focusing primarily on the qualitative data that was gathered.



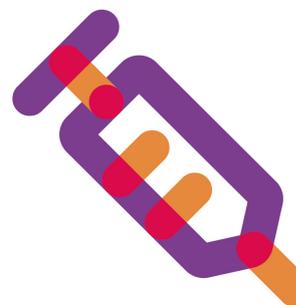
Health Care Centred on Women's Needs
& Lived Experiences



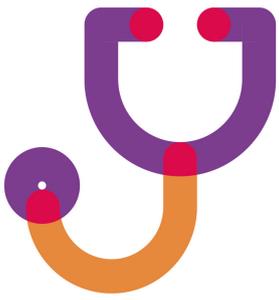
Economic Security



Community & Emotional Wellness



Women & Harm
Reduction



Priority Area 1: Health Care Centred on Women's Needs and Lived Experiences

88%

of Coordinators engaged in work towards the Collective Goal: Communities in Ontario will provide culturally appropriate and holistic HIV prevention and health care centered on women's needs and lived experiences.

Collective Action 1.1

WHAI will work with community partners and testing providers to build awareness about HIV and STBBI risk factors and service limitations related to the impact of COVID-19 and foster access to testing for priority populations of women.

As a result of the COVID-19 pandemic, **10 Coordinators** reported that their work with community partners and stakeholders continued to be negatively impacted due to public health protocols such as physical distancing, site closures enforced by stay-at-home orders, and redeployment of staff to address urgent client and service needs. As was the case in H1, access to services such as sexual health clinics and HIV testing was significantly reduced. Coordinators also continued to respond to urgent needs as they pertained to the social determinants of health such as food insecurity, access to financial supports, experiences of gender-based violence, access to safe housing, and anti-Black, anti-Indigenous, and anti-Asian racism, all of which impact sexual risk and health outcomes.

During this time, many Coordinators found ways to adjust their focus and collaborate with stakeholders to plan virtual gatherings and educational sessions to address awareness of HIV and STBBIs. Coordinators reported developing social media campaigns to promote weekly on-site services that remained available at their ASOs and providing information/resources via regular emails, online gathering sessions (i.e., webinars, Instagram Live, etc.) as well as through the distribution of care packages, which included safe sex supplies, harm reductions supplies and hygiene products.

Collective Action 1.2

PWHA will work to foster Coordinator (and respective community) awareness about gender and HIV self-testing, including risks, benefits and accessibility.

Due to COVID-19, being able to work with testing providers to develop strategies to encourage testing access for women in WHAI's priority populations has been difficult. Across the province, Coordinators have continued to focus their efforts on sharing information and educating community partners on how to refer women to accessible HIV and STBBI testing services, as well as facilitating discussions about self-testing to reduce stigma associated with HIV testing. As HIV self-testing was recently approved in November 2020, two HIV self-testing programs ("I'm Ready" and "Get A Kit") have been developed to support the launch of the INSTI Self Testing Kit and its provincial and national distribution. As many of the Coordinators work from sites that are registered as distributors for the REACH "I'm Ready" program, Coordinators attended training on how to use the self-testing kit and how to support their ASOs as they prepared to be distribution sites. Working with their ASOs, regional public health units, local health clinics, and community partners, Coordinators held online workshops and events to provide education and awareness to service providers and community members on the advantages and challenges related to the accessibility of HIV self-testing, with the aim of increasing HIV testing and linkage to care accessibility for women that are at structural risk of acquiring HIV.

Collective Action 1.3

Working with ACCHO and other ACB-focused organizations, WHAI will integrate targeted work on the above 2 Collective Actions specifically with ACB women (i.e. KTE and awareness raising related to STBBI risk, testing access and self testing).

65%
of Coordinators
reported working
with ACCHO and
ACB
organizations

During H2, **65% (11) of WHAI Coordinators** reported working with ACCHO and other ACB focused organizations to build awareness about HIV and STBBI risk factors and service limitations in relation to COVID-19, increase awareness about HIV self-testing, and support the health and wellness of ACB women. Coordinators worked closely with ACCHO Strategy Workers to develop and facilitate programs specific to the needs of ACB women. Some of these programs included the Young Black Women's Project (YBW), The Care Collective Initiative, HIPteens Project, as well as various virtual discussions and events to increase awareness of HIV self-testing and access to culturally appropriate care and support.

Collective Action 1.4

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

Despite the pandemic, **10 (59%) Coordinators** have been able to do work on this Collection Action. For these Coordinators, adapting to a new form of community engagement and capacity building through virtual interactions was fully embraced. Coordinators found creative means of connecting with community and service providers to discuss prevention strategies such as the use of PrEP and access to virtual PrEP clinics through social media campaigns, virtual panel discussions, virtual sexual health trivia and game nights, regular 1:1 conversations and meetings with regional health partners and pharmacies. When engaging with the community, Coordinators have also promoted awareness of local PrEP clinics, the Allan Clinic as well as PrEP Start by distributing WHAI PrEP cards in food hampers and Love Positive Women gift bags.

Coordinators are continuously facilitating discussions on how service providers can develop strategies to support better access to PrEP for women from priority populations. The next steps for this collective action include developing more robust training for service providers on how women can access PrEP and how to engage women in accessing PrEP more effectively.



Collective Action 1.5

Drawing on Ontario based research, WHAI will work to better understand the experiences of women living with HIV, integrating this into their community capacity building work.

Much of the collaborative work to address this collective action involved Coordinators facilitating discussions and building capacity on the impacts of anti-Black racism and COVID-19 on the experience of women living with HIV. Coordinators focused on efforts to collaborate with ACCHO strategy workers, ACB targeted research programs and/or organizations to increase awareness of how service providers and ACB women can better advocate for support in health care settings. In one region, the WHAI Coordinator is working with community partners to develop a platform for ACB women to access information to support advocacy, sexual health, mental health and more.

Throughout H2, Coordinators have shared the CHIWOS Women Centred Health Care Toolkit for both service providers and women living with HIV. Coordinators have done this by supporting the planning and launch of the CHIWOS webinar for service providers. Coordinators also built awareness of the toolkits among health care workers in Toronto through disseminating the resources on ASO websites and email blasts. In addition, Coordinators have utilized and incorporated relevant OCS and OHESI data to inform their work to address the intersection of COVID-19 and HIV on the health of women from WHAI's priority populations.



Priority Area 2: Economic Security

65%

of Coordinators reported working toward the collective action 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 1

WHAI will work to build our network capacity, and the capacity of our local communities to understand the impact of COVID-19 on our priority populations of women.

Collective Action 2

WHAI will work with local community stakeholders to build awareness about supports for those facing increased financial insecurity related to COVID-19 including federal and provincial COVID-19 response funds, Indigenous Community Financial Supports, Child Tax Benefits, Income support benefits (including ODSP and OW), medication coverage, food banks and food access, shelter access and other relevant supports.

Collective Action 3

WHAI will work with local poverty reduction strategies and women's shelters to foster access to health and social support for our priority populations of women

Due to the overlapping themes across these three collective actions, they have been reported together.

Economic Security Cont'd

During H2, Coordinators continued to work with their ASOs to highlight and address the financial impact of COVID-19 among women within WHAI's priority populations. This includes the particular financial insecurity experienced by racialized women and underhoused / homeless women, as they are often facing higher levels of poverty, financial strain and underemployment, which has implications on social and health outcomes. The redeployment of WHAI Coordinators continued to play a key role in community capacity building during this reporting period to support emergency measures. Coordinators worked with grassroots organizations and shelters to address emergency housing access and the impact of the intersecting crises (i.e. poverty, gender-based violence, COVID-19, and the overdose crisis) on the lives of women from WHAI's priority population. Most Coordinators continued to share information about how to access COVID-19 response funds including ODSP, CERB, Child Tax Benefits and OW, along with how to access food banks and medication coverage.

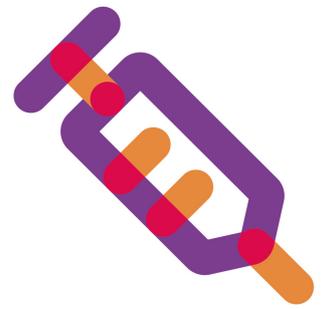
Coordinators also reported successes by staying informed about open and available services and sharing this information regionally, supporting mobile services to increase access to supports for women, maintaining dialogue on committees about gender, economic security, and service access realities, coordinating donation distribution and collaboration between providers, and supporting women to build capacity to ensure their voices are heard by decision-makers. One region found success within their programs as additional funding allowed them to expand their food distribution programs to support those experiencing or at-risk of food insecurity in the broader community, instead of solely supporting members of their ASO, ultimately expanding their reach to more women. Additionally, Coordinators continued 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 to coordinate and share information about the economic impact of COVID-19 among priority populations.

"Women make up a large portion of those who are working on the front lines, others have lost incomes and unemployment is at an all-time high. Economic security is a hard-pressed topic in these uncertain times."

- WHAI Coordinator

"Relying on temporary shelters to house people gives community the illusion that people are being "housed". There is no gender lens to applied homelessness strategies and shelters are not always seen as "safe spaces" for women, especially those who use substances. Women who are not able to stay in shelters are often exposed to violence."

- WHAI Coordinator



Priority Area 3: Women & Harm Reduction

94%

of Coordinators engaged in work towards the Collective Goal: 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 integrate a trauma-informed approach.

Collective Action 1

Drawing on relevant components of WHAI's Women and Harm Reduction (i.e., Women's Harm Reduction Tools & Tips, WHAI's Practices by Wise Women: Program Structures), WHAI will integrate conversations about gender specific supplies and service access with community partners, including discussing barriers and facilitators to harm reduction supply access within COVID-19-related service delivery adaptations.

Collective Action 2

Drawing on data about opioid-related mortality rates in Ontario, WHAI will integrate discussions from a gendered lens, as well as strategies to reduce overdose, into work with community partners. (This will include conversations about the impacts of COVID-19 on overdose risk during)

Due to the overlap of these two collective actions, they have been reported together.

Women & Harm Reduction Cont'd

Many Coordinators reported substantial contributions toward these collective actions to support service providers and women who use drugs through various virtual means. Coordinators facilitated discussions via webinars and interdisciplinary virtual trainings to help build capacity around women-centred harm reduction practices and services. As mentioned, there had been a drastic reduction of in-person support for women who use drugs due to COVID-19.

However, Coordinators continued to support kit-making activities within their ASOs as well as distribution to shelters and to women engaging in harm reduction services. Coordinators joined several working groups across the province to assist local shelters and community-based agencies in the development of programs to provide education on the importance of safe access to low barrier, gender appropriate approaches to harm reduction and overdose prevention support.

WHAI Coordinators noted several challenges relating to work pertaining to women and harm reduction resulting from the COVID-19 pandemic throughout H2. As in-person drop-in programs typically played a key role in connecting with women who use drugs prior to the pandemic, it was particularly difficult to connect with women without stable housing and inconsistent access to technology and phones.

Additionally, many in-person programs were shut down to comply with social distancing measures, which contributed to increasingly difficult outreach work to maintain relationships and connections in the community. The pandemic has caused greater uncertainty and toxicity in the drug supply, resulting in a continued increase in overdose rates. Coordinators have seen a significant increase in gender-based violence experienced by women across all regions.

Moving forward, Coordinators across the province are collaborating to host a series of webinars from May 2021 - September 2021 to discuss women and harm reduction. The themes for this series includes: harm reduction and women 101, pregnancy and parenting, gender-based violence, and culturally appropriate harm reduction for ACB and Indigenous communities. Many Coordinators have reported that they will continue to integrate components of WHAI's Women and Harm Reduction Toolkit, the WHAI Strategies for A Gender Inclusive Response to COVID-19 Factsheet and the Women, HIV, and Stigma: A Toolkit for Creating Welcoming Spaces to support the development and upcoming launches of several harm reduction programs with partner agencies that aim to increase engagement of women in harm reduction services and provide them with women-specific care packages.

Collective Action 3

Working with ACB and Indigenous organizations and partners, WHAI will facilitate dialogue / space about / for inclusivity in harm reduction approaches.

In the face of anti-Black, anti-Indigenous and anti-Brown racism, building space for conversations and capacity building on inclusive, anti-racist harm reduction approaches is critical. Although the pandemic continued to affect Coordinators' ability to gather in person in H2, **10 (59%) WHAI Coordinators** reported collaborating with ACCHO strategy workers, as well as with ACB and Indigenous organizations and partners, to facilitate discussions about culturally appropriate harm reduction approaches. WHAI Coordinators worked with local Indigenous and ACB agencies to highlight the need for multicultural, anti-oppressive, gender inclusive responses to harm reduction support. Coordinators were able to organize virtual events with agencies to engage with ACB and Indigenous community members to promote HIV self-testing, discuss what health and wellness mean to ACB and Indigenous communities, as well as host virtual lunch-and-learns with service providers to discuss /share flexible harm reduction policies that have been developed in response to the pandemic. This work to share flexible policies that emerged during the pandemic was key to ensuring that service providers are aware of pertinent changes made to support women who use drugs in various spaces across the province. For example, Coordinators mentioned that a key policy that has been adapted within many VAW shelters was one that was amended to allow clients to use preferred substances on shelter property to help clients avoid significant withdrawal symptoms while lockdown measures were enforced.

In their reports, Coordinators also shared that through discussion and virtual activities, they examined the factors linked to challenges associated with substance use for ACB and Indigenous women that influence health outcomes, such as racism, stigma, underemployment, social isolation and gender-based violence. It was reported that many harm reduction strategies do not reflect the needs of ACB and Indigenous women and lack cultural competency. Coordinators were committed to bringing awareness to the racism that exists within the harm reduction movement and with community partners, they further explored how service providers can respond to these factors using culturally informed approaches. An example of one of these discussions is seen through the work of Coordinators in the Northern regions as they planned webinars incorporating Indigenous approaches (i.e., strawberry teachings) to harm reduction campaigns and made harm reduction medicine bundles for distribution, along with many other culturally appropriate activities.



Priority Area 4: Community & Emotional Wellness as a Strategy to Address Stigma and Discrimination

100%

of Coordinators engaged in work towards the Collective Goal: 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 1

WHAI will work with women with lived experience and community partners to build opportunities for community connectedness, integrating online strategies and focusing on WHAI's priority populations of women.

In collaboration with **more than 50 organizations**, **88% (N=15)** of Coordinators worked to build opportunities for community connectedness, while integrating online strategies and focusing on WHAI's priority populations of women. WHAI Coordinators highlighted the many challenges associated with building and maintaining relationships with women from our priority populations as well as with service providers due to pandemic measures. However, Coordinators continued to find ways to connect with women and service providers as building community connectedness and fostering opportunities for emotional support are important to the goals of WHAI. Coordinators worked with women with lived experience, community organizations, coalitions, and various stakeholders to guide online discussions/events on topics that influence women's overall health and wellbeing. Some of these online events included online paint nights, film clubs, virtual book clubs, Black History Month events, International Women's Day/Month events, strawberry teaching events, yoga sessions, support groups, art gatherings, advisory meetings, and Love Positive Women gatherings.

Collective Action 2

Working with the leadership of ACCHO, ACB organizations, and race / gender based healthy equity research, WHAI will integrate anti-stigma discussions and actions into their community development work, fostering community-led solutions to systemic change.

Across the province, Coordinators demonstrated their commitment to community development and anti-Black racism initiatives within the network. Coordinators collaborated with ACCHO, ACB organizations and ACB women with lived experience to help raise awareness of the intersections of anti-Black racism, HIV and health and wellbeing. Coordinators hosted several virtual events to commemorate Love Positive Women, Black History Month, National ACB HIV Awareness Day, and Women's History Month. These conversations explored themes of anti-Black racism and its impact on the health of ACB women living with HIV, sexual and reproductive health, mental and physical health and wellness, healthy sexual relationships, self-care and coping during COVID-19, barriers to healthcare access and services through an anti-stigma and culturally competent lens, while also identifying opportunities for allyship, solidarity and collective community cares.



**Anti-Black racism
is a public health
crisis that demands
action NOW**

Collective Action 3

WHA! 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 (i.e. WHA!'s Art Making project, Love Positive Women, collaborating on local online support platforms, supporting wellness checks and wellness packages, and disseminating information about the availability of local support services) - focusing on priority populations of women who may face increased barriers and marginalization during COVID-19.

Similar to H1, Coordinators worked to foster community connections and emotional support while maintaining public health measures by utilizing multiple platforms and creating various points of access to serve women and build community relationships. Through **over 40 gatherings** held across Ontario to focus on Community and Emotional Wellness (either virtual or socially distanced) and **in partnership with over 50 organizations**, WHA! Coordinators facilitated multiple Love Positive Women events, engaged in card distributions, participated in the creation of care packages, supported wellness checks and support groups, and took to social media to foster dialogue, information sharing and education on how women care for themselves and each other in response to the COVID-19 pandemic.

When describing some challenges experienced with this work, all Coordinators reported that trying to engage with women has been difficult due to widespread lack of access to the internet, lack of access to private spaces, or genuine zoom fatigue among women from WHA!'s priority populations. Due to the shift to online platforms during the pandemic for social connection, work, appointments, and many other engagements, many Coordinators are noticing that women and service providers are becoming reluctant to attend online programming as the increasing screen time has become overwhelming. Conversely, some Coordinators have reported that due to the switch to online engagement, they have been able to engage with women and service providers that have previously gone unreached. Coordinators are exploring ways to develop asynchronous programming (i.e., creative online activities) that can help keep women engaged and support community and emotional wellness more effectively.

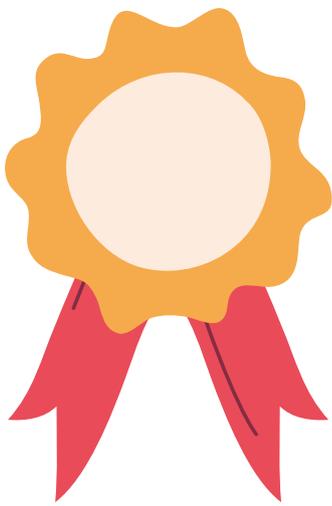
7

Engaging Women In the Work



Engaging women with lived experience from our priority populations continues to be the foundation of WHAI's work to facilitate meaningful community engagement, provide insight for program development and identify service barriers for women across the province. Although H2 has been challenging due to the pandemic, Coordinators have been able to engage 42 Cis and Trans women across the province from our priority populations as leaders and collaborators in this work. Throughout the network, women were meaningfully engaged as peers, volunteers, speakers, moderators, and advisory members, collaborating in work planning and program development. Some positive feedback shared from the women engaged in WHAI work is that the programs and activities have been very rewarding and beneficial as these sessions and activities create opportunity to speak to their life experiences and creates opportunities to engage women from all backgrounds and experiences. Coordinators are continuing to find creative ways to work with partners to engage women from our priority populations in future activities.





Gatherings & Network Impact

Coordinators engaged 2,286 Participants & Held 103 Gatherings

Despite the challenges with engaging with service providers and women from our priority populations during H2, a total of 103 gatherings were held and 2286 participants, with 55% of attendees being women from WHAI's priority populations and 35% service providers and members of the general population. A majority of these gatherings were held virtually to adhere to social distancing measures. Although it was difficult for many Coordinators to shift to online programming, Coordinators were able to connect with and build relationships with new participants and increase their reach in their communities. During H1, Coordinators had to focus on learning to adapt their work for the digital world, however, during H2, Coordinators reported feeling more confident in planning virtual events and utilizing various platforms. Some Coordinators have also reported that they have incorporated building capacity around technology for women from priority populations and are also working with community partners to do so. Coordinators have reported further partnerships and collaborations with colleagues within their communities and ASOs and the PPNs (i.e. harm reduction staff, and GMSH and ACCHO strategy workers) in their daily work, indicating a strengthening of community development. During this reporting period, Coordinators worked with a total of 189 community partners and stakeholders, despite the challenges associated with having to adjust work to adhere to COVID-19 pandemic safety measures.

Similar to in H1, Coordinators shared how impactful it was to regularly connect and participate in Network calls with other Coordinators, share ideas, and remain connected to each other through cross-WHAI collaboration. These inter-agency collaborations have been beneficial in that they enabled collective work towards the provincial goals and targets of WHAI, greatly supported capacity building, helped Coordinators reach wider audiences, and fostered greater impact among women and service providers who benefitted from the resources provided and knowledge shared. Some examples of key successes of cross-WHAI collaborations can be seen in the province-wide 16 Days of Activism campaign in December 2020 and Love Positive Women/Black History Month events in February 2021 where Coordinators came together to host a variety of events in a successful effort to increase the reach and engagement of women in WHAI's target populations. Additionally, cross-WHAI collaboration work to address women and harm reduction as well as sex worker rights and advocacy that began in H2, will be continuing into the 2021-2022 fiscal year as Coordinators plan a series of webinars for service providers and women from our priority populations. WHAI Coordinators are looking forward to building on the work that was done in H2 to establish these new connections and ways of engagement and continue their community development work.



Network Challenges

Many of the challenges impacting WHAI Coordinators' work in community development have compounded since the last reporting period. COVID-19 prevention measures have brought to light much of the social and health inequities that have existed prior to COVID-19.

Coordinators have reported challenges with being able to devote time to WHAI work as they've worked to focus on urgent agency and community needs. As a result, some community partnerships and relationships have been difficult to maintain and foster. In addition, as experienced by many essential services, the continuous and rapidly changing information about COVID-19 and shifting regional policies pertaining to lockdown measures, have created confusion, stress and a great deal of uncertainty among service providers and community partners, making it increasingly difficult for Coordinators to connect with service providers and women from WHAI's priority populations. When Coordinators have been able to connect with the community, they heard about experiences of general fatigue surrounding conversations about healthcare, social services, and community development. With the heightened sense of anxiety, stress and confusion in relation to the pandemic, many people are experiencing "COVID-19 or pandemic burnout", making it difficult to engage women and service providers in conversations about HIV or prioritize non-pandemic related activities.

Coordinators shared that women reported increased feelings of social isolation, zoom fatigue and need for mental health support as most gatherings were conducted virtually and in-person connection was significantly reduced or prevented during H2. It has become increasingly difficult to reach women in the priority populations due to the pandemic and associated barriers to internet access and closures of free wifi spaces, as well as due to concerns pertaining to housing, financial insecurity, and gender-based violence. In addition, Coordinators reported challenges to promoting routine HIV testing and engaging in discussions about attending healthcare appointments for lab work, STBBI testing, or general health check-ups among women due to the increasing fear about COVID-19 acquisition. Coordinators also found particular gaps in care and supports to address the unique needs of queer and Trans women as they continue to be underrepresented and marginalized in particular regions. Not addressing the needs of this population of women through tailored services and programs, not only has led to the alienation of queer communities living in these regions, but also impacts the willingness of health providers to engage in community development activities as it pertains to queer and Trans women.

Network Challenges Cont'd



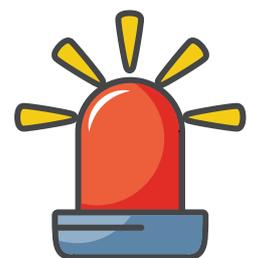
In light of the anti-Black, anti-Brown, anti-Indigenous and anti-Asian racism that has escalated during the pandemic and the disproportionate, intersecting impact of COVID-19, gender-based violence, and HIV on ACB women, WHAI has been committed to thoughtful and proactive work to build capacity and bring to the forefront the unique needs of ACB, Indigenous and racialized women. Despite Coordinator effort to integrate targeted work on WHAI's collective actions as they pertain to racialized women, Coordinators have reported challenges engaging with service providers/organizations in conversations to increase awareness of the implications of COVID-19 on the lives of ACB, Indigenous and racialized women, indicating an increased need for organizations to be intentional in their work to dismantle colonial practices within their organizations and be committed to anti-oppression and anti-racism work.

It is important to note that the work done in H2 was conducted by Coordinators who were also experiencing the COVID-19 pandemic, not only on a professional, but on a personal level. During the last 6 months, Coordinators had to continue to adapt and adjust to the ever changing landscape of their work and navigate how to create work-life balance to support their own health and wellness. For many Coordinators, navigating working from home, virtual learning for their children, maintaining good physical and mental health, during this unprecedented time and the uncertainty it brought proved difficult. We would be remiss if we didn't acknowledge all of the hard work that was done by Coordinators and the Network to continue to support WHAI's collective efforts to support the community development and capacity building goals to address the needs of women living with and at systemic risk of HIV.

10

Limitations to the Data

Similar to previous years, WHAI experienced a high turnover of Coordinators, impacting the data collection and progress reporting for this term as some Coordinator roles remained vacant, or previous Coordinators were unable to report on the previous work that was completed during this reporting period. As a result, some Managers and Executive Directors within the WHAI Network and colleagues of previous Coordinators had to provide the required information needed for this reporting period.



COVID-19 continued to impact work conducted during the H2 reporting period, including the data collection process. Coordinators roles had to shift due to being redeployed to address urgent community needs. Therefore, this reporting period was adapted to require more qualitative data collection to add depth to the report and provide flexibility as Coordinators responsibilities shifted throughout the pandemic. It is important to note that due to the variability of responses, there could be an interpretation bias in the analysis of responses given.

Looking Ahead

Across the Network, WHAI Coordinators' work has been exceptional during an unprecedented time. The Network's level of commitment to continue to respond to the needs of women living with and at systemic risk of HIV acquisition in the midst of the COVID-19, was incredible. Through collaboration with each other, their ASOs, the PPNs, and community stakeholders, Coordinators were able to respond to the emerging needs of women through the coordination of services such as food and harm reduction supply distribution, by fostering linkage to care and support, as well as by facilitating knowledge exchange through social media and virtual events. This reporting period demonstrated the resilience of WHAI Coordinators and their ability to adapt to uncertainty. Moving forward, Coordinators will continue to develop virtual engagement strategies, explore opportunities for asynchronous programming, increase cross-regional collaboration, and develop a plan for post-pandemic community development. The Provincial Team is committed to supporting Coordinators to build their capacity and increase opportunities for Coordinators to lead our work as it is their perspectives that guide our goals to build healthier and stronger communities.

**Expand
Access**

**Connect
Women**

**Build
Community**

**Engage
Virtually**

**Increase
Collaboration**