

# W H A I P R O G R E S S R E P O R T

**W H A I** Women &  
HIV/AIDS  
Initiative

**I F V S** Initiative  
Femmes &  
VIH/SIDA



**APRIL 2021 -  
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# Introduction

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## WHAI's Provincial Areas of Focus & Collective Actions:

Health Care Centered on Women's Needs and Lived Experiences

Gender-Based Violence

Community and Emotional Wellness

Harm Reduction

The Women and HIV/AIDS Initiative (WHAI) consists of 17 Coordinators embedded in ASOs (AIDS Service Organizations) across 16 regions in Ontario. Included in this work are the contributions of partner ASOs including the Gilbert Centre, Elevate NWO, PASAN and OAHAS who continue to extend our reach and impact among women across Ontario. As a network, we build local capacity to respond to the needs of women living with or facing systemic risk for HIV acquisition. WHAI prioritizes work with women disproportionately impacted by HIV, including women living with HIV, African, Caribbean, and Black (ACB) women, newcomers, Indigenous women, Trans women, women who use substances, women who have experienced violence, women who are or have been incarcerated, and women disproportionately impacted by COVID-19 and related public health measures.

This report highlights the overall progress, impact, challenges, and successes of WHAI's Network across the province during H1 (April - September of the 2021 / 2022 fiscal year). During this time, Coordinators have continued to learn to adapt and adjust their approaches to this work during the COVID-19 pandemic. The Coordinators have truly demonstrated their commitment to values of community development and collective impact through their engagement in collective care and adapting to the continually changing needs of the communities that they serve. The foundation of our work is based on the leadership of women from these communities, and as you will see in this report, our team is dedicated to strengthening our work on anti-Black, Brown, and Indigenous racism. This report will consolidate their work in community development and capacity building.

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

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**94% of Coordinators reported working toward the Collective Goal of: Communities in Ontario will provide racially and culturally appropriate and holistic STBBI prevention and health care centred on women's needs and lived experiences.**

**Collective Action 1: Work with community partners and WHAI's priority populations of women to increase awareness of, and access to, STBBI Testing.**



*14 (82%) Coordinators worked with partners and community members to increase awareness and access to testing*

During H1, Coordinators throughout Ontario continued to see limited resources and programs available for STBBI testing due to service limitations and healthcare strain related to COVID-19; however, 14 (82%) Coordinators reported working with community partners and WHAI's priority population to increase awareness of and access to testing throughout this time. Coordinators were able to do this by meeting with community partners to discuss STBBI trends in the community, strategize on prevention work, host online discussion circles (i.e., virtual workshops, webinars, etc.) to address STBBI prevention and education in the community, and develop programs in response to lack of capacity for regular STBBI testing through local public health due to the impact of COVID-19.

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

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**Collective Action 2: In collaboration with REACH / I'm Ready (and other related research initiatives) and ACCHO's The Care Collective, engage in community development work to build awareness of and access to HIV self-testing.**

**77%**  
of WHAI  
Coordinators  
collaborated with  
their ASOs  
toward this  
collective action

During this reporting period, 13 (77%) Coordinators reported working in collaboration with their ASOs and partnering organizations to promote HIV self-testing programs "I'm Ready" and "Get A Kit" amongst Trans and Cis women within their regions. Coordinators focused on raising awareness of these two HIV testing projects through virtual workshops, social media campaigns, newsletters, word of mouth, the distribution of posters, as well as supporting the distribution of testing kits at their local ASOs. Coordinators were able to do this by building on existing partnerships with local health clinics, community organizations and regional public health units.

**Collective Action 3: In collaboration with community partners, build awareness about and access to in-person and virtual PrEP clinics, focusing on WHAI's priority populations of women. (This includes the Allan Clinic, the PrEP Clinic, local PrEP clinics, as well as financial supports such as PrEPStart).**

Throughout the pandemic, 11 (65%) Coordinators have been able to work on this collective action. Coordinators have continued to adapt well to the use of virtual tools to facilitate community engagement and capacity building. Through online engagement, Coordinators, along with community partners, offered educational sessions on PrEP and PrEP access for cis women, Trans women and gender non-conforming folks in Ontario. Coordinators have also reported establishing referral networks for primary care providers that prescribe PrEP, promoting existing local PrEP clinics, as well as continuing to distribute WHAI PrEP postcards and pamphlets virtually and physically through self-care goodie bags.

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

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Although Coordinators have worked to increase awareness of and access to PrEP, Coordinators continue to report barriers to access due to a range of factors including lack of local service options, lack of digital access, and broadly, the impact of COVID-19 on service provision.



“While the information is positively received, I’ve yet to have a woman follow up on PrEP clinic referrals provided during these outreach events/opportunities. Some women have stated that accessing the PrEP clinic is difficult. Further, alternatives, such as digital access, aren’t available for some women. As a positive, for some women, it has been new information and is something they now know exists and could have access to.”

- WHAI Coordinator

These trends are also evident in Ontario-wide PrEP uptake trends, where there are clear gender-gaps. Continued work to ensure awareness and access will be critical to continue.

## **Collective Action 4: Drawing on community development approaches, engage communities in conversations and planning to address structural barriers to care experienced by WHAI’s priority populations of women, where appropriate drawing on the Women Centred HIV Care Toolkits (Women and HIV Research Program / CHIWOS).**

Much of the work for this collective action involved Coordinators collaborating with community partners on community-based projects to address structural barriers to care through discussions on capacity building, facilitating advisory groups and hosting community conversations. These gatherings created space to highlight the current impact of COVID-19 on the lives of women in communities across Ontario and to work together to dismantle barriers and promote wellness. Throughout multiple regions, 12 (70%) Coordinators collaborated with their local community partners to facilitate access to low-barrier COVID-19 vaccine clinics, supportive housing and free health care for the uninsured.

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

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During H1, Coordinators shared virtual and physical copies of the CHIWOS Women Centred Health Care Toolkit with organizations that serve women, along with other WHAI resources, to support the capacity building of staff in partner agencies with a high turnover during the pandemic. Additionally, Coordinators have continued to incorporate relevant Ontario Cohort Study (OCS) and The Ontario HIV Epidemiology and Surveillance Initiative (OHESI) data to inform their work to address existing barriers to health care for women in our priority populations, including the impact of the intersections of COVID-19 and HIV.

# Priority Area 2: Gender-Based Violence

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94%



***of Coordinators reported working on the Collective Goal: Communities in Ontario will understand the realities of gender-based violence through a structural lens, including the impact of COVID-19, economic insecurity, anti-Black and anti-Indigenous racism, and gender, and have strong strategies to reduce violence and support women experiencing violence.***

**Collective Action 1: Work with women and community partners to understand the impact of COVID-19 on experiences of gender-based violence and service provision, with a goal of improving community strategies to reduce / prevent violence and support women experiencing violence amongst WHAI's priority populations of women.**

Throughout the province, 16 (94%) Coordinators reported a significant rise in the number of women needing shelter support for themselves and their children. Falling in line with the global estimates of increased reports of gender-based violence and violence against women during the pandemic, Coordinators indicated that COVID-19 public health restrictions increased incidents of violence against women within their local regions as well. To address these issues, Coordinators worked with community partners within the Violence Against Women (VAW) sector to discuss the intersection of HIV and gender-based violence during the COVID-19 pandemic, the impacts of COVID-19 on service provision, and to support the coordination of effective referral processes, the development of supports and resource hubs and capacity building for service providers to meet the needs of women who are disproportionately impacted by the pandemic (i.e. ACB women, underhoused women, women who use drugs, Indigenous women, and women who are/have been incarcerated, and other racialized women). In addition, Coordinators also engaged women from our priority populations in online workshops/webinars to promote well-being and provide education through social support groups as well as collaborated with local shelters in the service provision of food drives to support with groceries, cleaning supplies and other basic needs.

# Gender-Based Violence Cont'd

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## **Collective Action 2: Engage in community development work related to the intersection of economic insecurity and women's safety, including access to shelters and other anti-poverty-based initiatives.**

During this reporting period, 13 (76%) Coordinators worked towards strengthening collaboration and partnerships with VAW sector agencies to improve service delivery for women and children facing violence and economic challenges. This included continuing to support local food distribution programs, putting together wellness kits (i.e., sanitary pads/tampons, hand sanitizer, masks, internal/external condoms, lube, etc.) and sharing resources for where women can seek accessible support. Many Coordinators collaborated with partners on new initiatives to address economic security and women's safety at a micro and macro level. These new initiatives include: taking a lead role in a Taskforce for Poverty Elimination Intersectionality Advisory Committee, developing new partnerships to support newcomer/refugee women from Afghanistan, facilitating strategies to address structural roots of racism, developing new tools for women, Two-Spirit and Non-Binary people who are impacted by homelessness, substance use and outdoor sex work, and developing a local COVID-19 isolation center for vulnerable women. Coordinators continue to host information sessions and share relevant resources with women who are facing economic insecurity while partnering with community stakeholders and women to address these structural realities.

## **Collective Action 3: Engage in community development work related to the intersection of harm reduction and women's safety.**

In their reports, 12 (71%) Coordinators reported great strides to engage in community development work to address the intersection of harm reduction and women's safety through in-person and virtual work. Coordinators participated in regional strategic planning for future programs and services that are in line with the harm reduction needs of women at systemic risk for HIV and focused on capacity-building measures to support harm reduction workers within their local communities. As COVID-19 significantly impacted service delivery over the last year, Coordinators made efforts to communicate with women through outreach and connect women to appropriate resources and Safer Supply programs.

## Priority Area 3 - Women & Harm Reduction

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**100%**

**of Coordinators worked towards the Collective Goal: Communities in Ontario will strive to provide culturally and racially relevant, gender-inclusive harm reduction and overdose prevention services that honour women's strengths, self-determination, human rights, choice, and are rooted in approaches that are trauma-informed, anti-racist, holistic and recognize systemic, institutionalized barriers.**

**Collective Action 1: Engage in community development work with local harm reduction and overdose prevention initiatives to understand local needs (including experiences of stigma), reduce barriers and improve access amongst WHAI's priority populations of women, where relevant drawing on components of WHAI's Women & Harm Reduction in Ontario: A Capacity Building Toolkit.**

All Coordinators have worked to form substantial relationships with community partners and colleagues in the harm reduction sector to better understand and support the needs of women in their communities who use drugs. As COVID-19 required a shift in how they approached the work, many Coordinators were able to collaborate with agency harm reduction team members as well as community agencies to provide virtual capacity building opportunities, community outreach in the summer months, and connect service users to STBBI testing as well as further supports for safe supply. Coordinators also actively participated and took on leadership roles at harm reduction coalitions to bring focus to structural barriers that prevent effective, gender-inclusive, harm reduction work in their communities. Out of this work, some Coordinators were able to support their agencies to develop equitable harm reduction program protocols and, moving forward, have created strategies to draw on the upcoming consultations with women to support this work. In addition, Coordinators have been able to facilitate multiple overdose prevention trainings with service providers, developed workshops and women-specific harm reduction kits informed by WHAI's Women & Harm Reduction Toolkit and continued to share the toolkit with local harm reduction workers across all regions.

# Women & Harm Reduction Cont'd

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**Collective Action 2: In collaboration with your ASO harm reduction team, address systemic racism within the harm reduction sector by engaging in community development work to learn about historical and structural barriers and systemic exclusion and in response, build related community capacity by reducing barriers and improving access to culturally, racially and gender-relevant harm reduction services.**

With ongoing efforts to address systemic racism within the harm reduction sector and the challenges associated with the availability of culturally competent and culturally inclusive harm reduction support for Black, Indigenous and racialized people, 16 (94%) Coordinators reported working with their ASO harm reduction teams to engage in this community development work. Coordinators collaborated with ACB and Indigenous organizations and partners to create and implement culturally relevant programming for ACB and Indigenous women. Coordinators were able to utilize WHAI's Women and Harm Reduction toolkit to facilitate conversations and strategize on how to reduce barriers to access for services and improve organizational capacity to support ACB and Indigenous women with their harm reduction needs. Much of the work in H1 centered on improving access to culturally, racially and gender relevant harm reduction services to reduce stigma and anti-Black, anti-Indigenous and anti-Brown racism at a community level.

Notably, a key success this year was the collaboration between many WHAI Coordinators to develop a province-wide women and harm reduction webinar series. Reaching a total of 1,320 attendees, this included 5 webinars that discussed:

- Harm Reduction 101
- Pregnancy and Parenting
- Gender-Based Violence
- Harm Reduction for ACB Women
- Harm Reduction for Indigenous Women

## Women & Harm Reduction Cont'd

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The harm reduction webinar planning team consulted with ACB and Indigenous women with lived experience to plan the provincial webinars and these women also served as panelists in both webinars, sharing their expertise and feedback on the webinar outlines and content. In fact, almost all webinars were centred on the expertise and leadership of women who use drugs. Coordinators and PWHAJ conducted significant promotion throughout the network and invited colleagues, community partners and community members to the webinars to support capacity building across the province. More details about the harm reduction webinar series can be found in the “*WHAJ Harm Reduction Webinars*” section.

### **Collective Action 3: Drawing on data about opioid-related mortality rates in Ontario and locally, integrate awareness raising and KTE about overdose prevention, including a gendered, anti-racism analysis to KTE about safe consumption sites, safe supply, and local overdose prevention strategies.**

During H1, 11 (65%) Coordinators reported that the use of the WHAJ Women and Harm Reduction Toolkit helped them to be able to have conversations about culturally competent harm reduction practices with community partners that serve women who use drugs. Coordinators participated as members of advisory/working groups such as local safe supply committees and women and drug policy working groups to improve the well-being of women who parent and use drugs, while highlighting special challenges encountered by women with the Children’s Aid Society. Drawing on the recent data pertaining to overdose in Ontario, many Coordinators also participated in local International Overdose Awareness Day events, hosting virtual forums and providing naloxone training to health care professionals, increasing awareness about risks of overdose in their various communities, sharing grief and counseling services for community members and shining a light on systemic barriers that hinder access to harm reduction support for women in their communities and contribute to the ongoing deaths of people who use drugs.

# Priority Area 4 - Community & Emotional Wellness

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of Coordinators reported working toward the Collective Goal of: Through meaningful collaboration with champions from WHAI's priority populations of women and community partners, WHAI will work to build community wellness, connectedness and care to reduce isolation and mobilize to address stigma, discrimination and institutional violence, including anti-Black and anti-Indigenous racism and oppression

## **Collective Action 1: Engage in community development work to build local strategies of collective care aimed at reducing isolation and supporting community mobilizing to address stigma, discrimination, and institutional violence, including anti-Black and anti-Indigenous racism and oppression.**

In collaboration with community and service providers, 15 (88%) Coordinators worked to develop strategies of collective care to reduce isolation and support initiatives to address stigma, discrimination, and institutional violence. Although Coordinators continued to face challenges associated with building and maintaining relationships with women in their communities due to pandemic physical distancing measures, many Coordinators reported how they adapted to the challenges and shifted to creating ongoing virtual spaces for women to gather and foster community connectedness. For example, one Coordinator in Toronto shared having success in creating meaningful virtual spaces for ACB queer women to interact and discuss issues of parenting during the pandemic, mental health access, and the need for ACB specific programs and services. Another notable activity that was shared was a virtual poetry workshop organized for Asian Heritage Month in Ottawa, that centred on poems of cultural heritage and Asian joy in response to recent anti-Asian violence and discrimination incited by the COVID-19 pandemic. Both activities are wonderful examples of successful opportunities for community development and social cohesion as strategies for community and emotional wellness.

## Community & Emotional Wellness Cont'd

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Some other notable activities/gatherings Coordinators worked on relating to this collective action included: harm reduction medicine pouch making and beading groups, monthly virtual smudging, moon teachings and support group check-ins, virtual poetry workshops, virtual book clubs, groups for pregnant women and mothers living with HIV/AIDS to reduce social isolation and inspire leadership building, arts-based groups, and distribution of personal hygiene kits. All of these activities were held to provide emotional support, create community connections and attend to general wellness.

Coordinators also reported working with women with lived experience to implement strategies to support housing initiatives and drop-in programs with aims of addressing basic needs, reducing isolation for at-risk and stigmatized women in their local communities. In addition, Coordinators worked with their ASO and community partners to develop anti-oppressive trainings for service providers to provide safe and supportive work environments to fight racism, stigma, discrimination, and institutional violence within Black and Indigenous communities to support community and emotional wellness.



**“COVID-19 has restricted communication to a virtual space, this makes it difficult to connect with women who do not have access to the internet and computers. In organizing community gatherings some marginalized women are often left out of the conversation. In mitigating against this barrier, we are also using telephone to connect with some community members”**

**- WHAI Coordinator**

# Community & Emotional Wellness Cont'd

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**Collective Action 2: Engage in community development work to address structural racism and its impact on WHAI's priority populations of women (i.e., barriers to health care, mental and community health supports), including supporting community led awareness raising and mobilizing efforts.**



Across the province, 11 (65%) Coordinators committed to development work that addressed structural racism and barriers to health for cis women, Trans women, and gender-nonconforming femmes. Due to the COVID-19 pandemic, existing structural racism and barriers to care, supports, as well as efforts to mobilize were significantly impacted. Conversations and work spoke to accentuated struggles and barriers to culturally appropriate and relevant care, feelings/experiences of oppression in health care spaces, unique needs of Black and Indigenous communities and strategies to improve accessibility. Mobilizing efforts were seen through programs/events such as Young Black Women's Project, the Care Collective, Sisters in Spirit events, #NoHungryQueers campaign, Women in Action Drop-ins (providing meals, clothes, harm reduction supplies, the Gender Affirming Assistance Project, and partnerships with local immigration agencies to explore strategies for local anti-racism work.

# Engaging Women in the Work



**Despite the challenges due to the COVID-19 pandemic, 121 women from WHAI's priority populations across Ontario were engaged in the work!**

During this reporting period, women from our priority populations were involved in WHAI work in many different, meaningful ways, strengthening WHAI work across Ontario. For instance, at a Pride event in Ottawa, ACB queer women participated in leading art illustration sessions as a means of facilitating knowledge exchange and educational awareness. This example shows that women are not only involved in consultations, but they are taking leadership roles in community development activities, utilizing their creativity and talents to increase awareness about the issues that impact women's health and wellness throughout our communities of Ontario. Women also took part in supporting community activities such as food preparation and distribution, setting up DJing, music and entertainment for community gathering events. Furthermore, in the process of virtual facilitation, art-based group activities, webinars (i.e., the harm reduction webinars), and harm reduction kit-making sessions, women took lead roles by sharing knowledge, wisdom, and experience on panels, facilitation sessions, advising on projects, and more. One notable reflection from Coordinators was that women reported being inspired to develop a resource guide to be created by and for sex workers, in response to current anti-sex laws and continuous experiences of gender-based violence and systemic racism toward Migrant, Black, Indigenous and Asian women.

**WHAI aims to facilitate meaningful community engagement and ensure that women's involvement and contributions are centred in the work. This means women's lived experience and feedback were key as Coordinators worked towards WHAI's collective actions, built on WHAI's goals of community development and advocacy for equity and social justice for women.**

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“Their engagement has shaped my work considerably as learning from women with lived experience is incredibly helpful and I feel honoured when their stories are shared in trust and guides the work.”

- WHAI Coordinator

# Gatherings & Community Impact

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**147 community partners engaged, 96 gatherings & 2920 total participants**

Although there were continued challenges with engaging with service providers and women from our priority populations during H1 due to the pandemic, Coordinators were able to engage 147 community partners and host a total of 96 gatherings, with 42% of attendees being women from WHAI's priority populations. While most of these gatherings were held virtually to adhere to social distancing measures, 35% of gatherings were able to be held in person as H1 fell within the spring and summer months and gatherings had the opportunity to be held outdoors. Coordinators showed a great ability to adapt to new measures and connect with community partners and members, building new relationships to increase their reach in their communities.

There has been some reluctance for women to participate during online gatherings throughout the pandemic due to concerns about:

- Confidentiality and sharing personal information online
- Barriers for women without access to the internet or a digital connection,
- Privacy as families were forced to be at home together

However, Coordinators have been sure to include virtual safe space guidelines that help to function as group norms and expectations for all sessions and are continuously adapting these measures for the safety and comfort of women within their communities.



# WHAH Harm Reduction Webinars

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## Coordinators reached 1,320 attendees!

During this reporting period, Coordinators engaged in a new and innovative capacity-building practice of cross-regional collaboration through the organization and facilitation of a Harm Reduction Webinar Series. This approach was important as it demonstrated an incredible ability to extend the reach of WHAI's work through multi-region collaboration to build knowledge and capacity across regions.

## Webinar topics included:

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Centering Women in  
Harm Reduction

Exploring the needs, barriers, and best practices in harm reduction for women and gender marginalized communities (270 attendees & 450 registrants)

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Harm Reduction,  
Pregnancy &  
Parenting

Exploring the needs, barriers and best practices in harm reduction for parents and pregnant people (with over 260 attendees & 568 registrants)

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Harm Reduction &  
Gender-Based  
Violence

Exploring the needs, barriers, and best practices in harm reduction for experiencers of gender-based violence (285 attendees & 465 registrants)

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Harm Reduction &  
African, Caribbean, &  
Black Women

Exploring the needs, barriers, and best practices in harm reduction for ACB women and gender-diverse communities (201 attendees & 494 registrants)

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Harm Reduction &  
Indigenous Women

Exploring the needs, barriers, and best practices in harm reduction for Indigenous women and gender-diverse communities (267 attendees & 639 registrants)

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# WHAH Harm Reduction Webinars

## Cont'd

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The webinars were geared toward the capacity building of service providers and women with lived experience across the province. The Coordinators made a great effort to design a reflective approach to African, Caribbean and Black (ACB) and Indigenous women's experiences to anti-Black racism, and anti-Indigenous racism in the harm reduction sector. WHAI Coordinators prioritized having community leaders and women with lived experience as panelists and knowledge experts in the webinars. The Coordinators worked together, each taking on different responsibilities throughout the organization of these webinars. Coordinators collaboratively planned and brainstormed session topics for the webinars, created questionnaires, found speakers for the webinars, consulted with women with lived experience and facilitated the webinars. With these great collaborations, Coordinators developed a participatory webinar series that created opportunities for women from our priority populations to share and give reflections on their experiences on barriers and facilitators to effective harm reduction services. The webinars were organized within WHAI values, principles, and guidelines.

After reflecting on community discussions throughout the webinar series, Coordinators pointed out that more attention to anti-Black racism and anti-Indigenous racism in harm reduction work is essential and much needed. Coordinators reported that the webinar about ACB women only obtained about 200 attendees in spite of wider advertisement and outreach compared to the other webinars in the series. From discussions generated in the webinar, Coordinators identified that implementing and promoting anti-Black racism and anti-Indigenous racism practice can be done through intentional work. For instance, creating or holding spaces that are culturally appropriate for ACB women and Indigenous women to lead these initiatives that are both meaningful and anchored in anti-racism practice. Coordinators across the network have emphasized that they would like to continue to organize these harm reduction webinars in the future because knowledge gained from women's experiences are crucial for WHAI work.

# Network Anti-Black & Anti-Indigenous Racism Work

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During this reporting period, WHAI worked to strengthen our anti-Black, Brown and Indigenous racism work. We spent time discussing the importance of self-reflection, positionality, unlearning and learning, strategies to strengthen the foundation of our anti-Black, Brown and Indigenous racism work, and challenging colonialism and white supremacy in the work/sector and broadly. We engaged in this work at our provincial office level, network level, regional level and as individuals. Examples include:

## Provincial Level

- Development of an anti-Black racism tool to guide the creation of future WHAI resources
- Updating existing resources to reflect a stronger anti-racism perspective, and better integrate the experiences of ACB women (i.e. PEP pamphlet, Women & HIV in Ontario Toolkit and Disclosure Toolkit for Service Providers)
- Strengthening of work at WHAI ASOs without an affiliated ACCHO Strategy Worker through regular meetings where Coordinators share their challenges, barriers, gaps and practical strategies to work with ACB women and strengthen / build relevant anti-racist and anti-oppressive work in their regions.

## Network Level

- Facilitation of Anti-Black racism Coordinator gatherings to strengthen WHAI's community development and community capacity building work from an anti-Black racism perspective, focusing on the intersections of HIV, gender and structural racism, and fostering anti-racism leadership skills amongst WHAI Coordinators.
  - These sessions involve having white Coordinators, and Black, Brown, Indigenous and racialized Coordinators separated into respective groups to tackle discussions based in positionality, to provide support for each other, and for white Coordinators, in particular, to explore realities of white fragility, privilege, and positionality.
- Completing San'yas Indigenous Cultural Safety 8 week training

94%

of Coordinators strongly agreed that ABR sessions were helpful

77%

of Coordinators utilize ISC training in their daily work

# Network Anti-Black & Anti-Indigenous Racism Work Cont'd

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Regional  
Level

82%



Reported working with community partners to identify opportunities for change!

14 (82%) Coordinators reported also working with community partners to identify opportunities for change or actions in response to anti-Black and anti-Indigenous racism within their communities. Coordinators reported working with their agencies to:

- Form anti-racism and anti-oppression subcommittees and the coordination of trainings to build the capacity of staff in their work.
- Facilitate weekly Indigenous drumming circles – creating space to connect with elders and opportunities for outreach
- Develop Indigenous-led focus groups to develop harm reduction campaigns by and for Indigenous women, building plans for coordinated access to care
- Develop upcoming projects to address gender-based violence, misogynoir, Islamophobia, ableism, anti-stigma, and economic security for racialized women.
- Continue building on their work with community groups to host webinars and discussions to build the capacity of service providers to address racism on a systemic level.

These efforts have proven to have a significant impact on our capacity and WHAI work. For example, Coordinators reported finding it helpful to have open spaces to collaborate and discuss how to be intentional in this work moving forward, integrating learnings from the anti-Black racism facilitated sessions at a practical and actionable level. Broadly, we have observed a stronger capacity to understand the histories of anti-Black, Brown and Indigenous racism, how these impact our work today, and engage in thoughtful strategies to deconstruct these realities and work from a community based and anti oppressive position. As we look to the future, PWHA will continue to provide opportunities for capacity building and create positive spaces for Coordinators to strengthen their anti-racist and anti-oppressive work in the sector.



# Positive Shifts in the Work

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Throughout the WHAI network, Coordinators made tremendous progress in spite of experiencing many barriers during this unprecedented time. In the midst of the COVID-19 pandemic, the WHAI network and Coordinators remained committed to responding to the needs of women living with HIV and at systemic risk of HIV acquisition, and engaged in collective care to address the network's collective actions (i.e., health care centred on women's needs and experiences, gender-based violence, harm reduction and community and emotional wellbeing). One of the positive shifts was that Coordinators collectively found a way to creatively reach out to women and communities. During the public health restrictions, Coordinators worked together with communities to identify community needs and how to collaboratively respond to these needs. Utilizing the community development and collective impact model, Coordinators continued to engage in work that directly reflected the needs of women in their communities, through constant collaboration with each other, their ASOs, other priority population network workers PPNs, and community stakeholders, including women. WHAI Coordinators were able to skillfully respond to the emerging needs of our prioritized women through intentional coordination of care, connecting with services such as food and harm reduction supply distribution in addition to strengthening community capacity building through in person and virtual knowledge sharing opportunities. During this reporting period, the work that WHAI Coordinators engaged in and accomplished illustrates their adaptability and resilience.

# Looking to the Future

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Coordinators are determined to continue to build community capacity and strengthen collective action in innovative ways throughout the network.

Moving forward, WHAI Coordinators are determined to continuously develop virtual engagement strategies that not only aim to increase collaboration with service providers and across the WHAI network, but also increase reach to reach service providers and WHAI's priority populations of women, strengthening capacity building and collective action across Ontario. The Provincial WHAI Team is dedicated to support and hold a space for Coordinators to grow their skills, capacity and ability to create further opportunities for collaboration to foster WHAI work.



Virtual Engagement  
Strategies



Increase Collaboration



Strengthen Capacity  
Building



Strengthen Collective  
Action