

April 2023

Collective Action & Community Change Report

Peel Region



Women &
HIV/AIDS
Initiative



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Introduction

Moyo Health and Community Services (Moyo HCS) is an AIDS Service Organization (ASO) based in Peel region, Ontario, Canada. For over two decades, Moyo (previously known as Peel HIV/AIDS Network) has provided a growing array of health promotion, education, social and support services for people living with, affected by, and at systemic risk of HIV. Through collaborative efforts and effective services delivery, Moyo has become the leading HIV/AIDS service provider for Peel's communities of Mississauga, Brampton, and Caledon.

Moyo is a Swahili word that means heart, life, and spirit. These three pillars guide our philosophy. We are committed to the principles of social justice, equity, and inclusion, and to ensuring that all of Peel's diverse communities enjoy optimal health, well-being, and prosperity.

Moyo HCS provides a variety of programs and services, including client support and care, harm reduction services, and community outreach and education. In addition to its direct services, Moyo HCS also engages in advocacy and community organizing efforts to address systemic barriers to health and social equity. The organization is committed to promoting health equity and social justice, and to working towards a society in which everyone has access to the resources and support they need to thrive.

Overall Moyo HCS plays an important role in supporting the health and well-being of underserved communities in Peel Region and in working towards a more just and equitable society. Regionally the Women and HIV/AIDS Initiative (WHAI) programming at Moyo HCS is focused on:

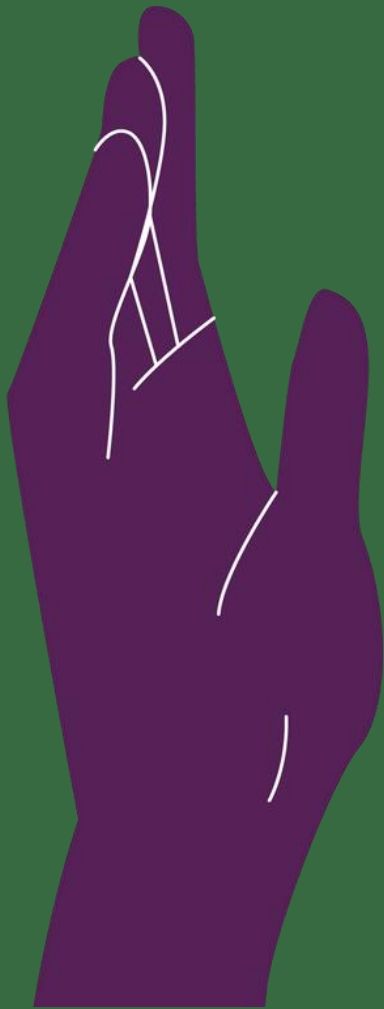
- Providing HIV-related information to service providers in the community, at local community events, forums, or conferences.
- Distributing resource materials and other HIV prevention tools (safer sex materials, information, condoms etc.) to community agencies serving [women](#).
- Partnering with local community organizations to increase their capacity to respond to women's HIV-related needs.
- Providing consultation and advice to local organizations as requested.
- Facilitating or leading local initiatives to serve as a catalyst for the integration of HIV into programs and planning.

The Women and HIV/AIDS (WHAI) conducted consultations in 2021 and 2022 with women and service providers in Peel Region and Province wide, in order to gain insights into the experiences and needs of women living with HIV or at systemic risk of acquiring HIV. Various tools were utilized, including group activities, one-on-one consultations, and surveys, to ensure a participatory, inclusive, and creative process. The findings from these consultations will inform the development of strategies to reduce HIV transmission, enhance community capacity to address HIV, and create supportive environments for [women](#) in Brampton, Mississauga, and Caledon. This report will highlight areas for collaboration among community partners and provide guidance for WHAI Coordinators in serving the needs of women in these regions.

Acknowledgements

Moyo HCS would like to extend our heartfelt appreciation and gratitude to all those who have played a crucial role in supporting and participating in the community consultation process. This includes our peers, colleagues, community partners, and most importantly, the women who have shown tremendous courage and generosity in sharing their stories with us.

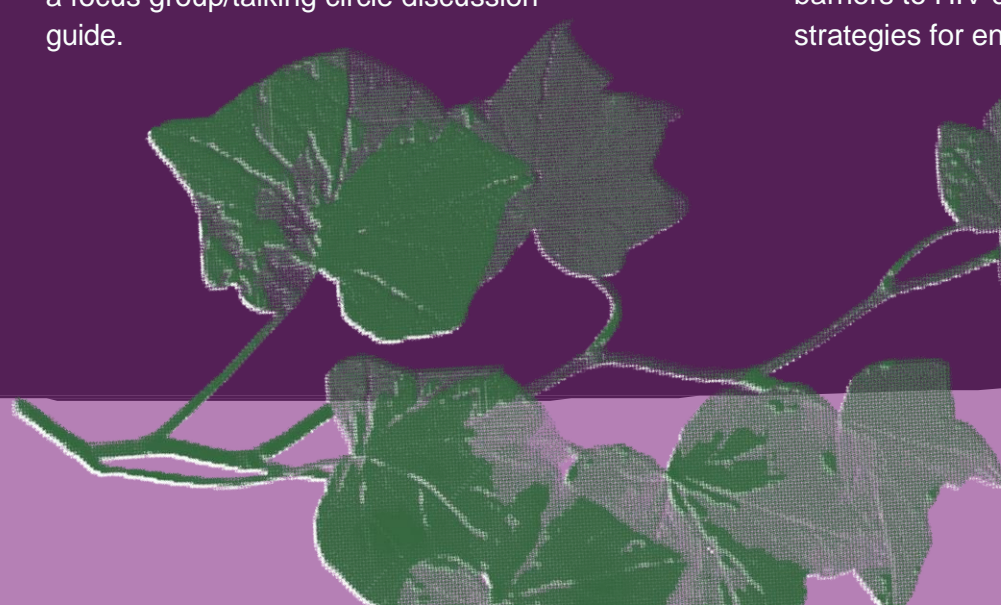
Your contributions have been invaluable in shaping our understanding and approach towards addressing the critical issues facing our community. We recognize the time, effort, and dedication that you have invested in this process, and we are deeply grateful for your unwavering commitment to creating a safer and more equitable world for all. Thank you for your incredible support and collaboration, and we look forward to continuing this important work together.



Summary:

In 2021, the **Women** and HIV/AIDS Initiative (WHAi) began the process of province-wide consultations with cis and Trans **women**, 2-Spirited and Non-Binary Femme people to focus its work to reduce HIV transmission; enhance community capacity to address HIV; and create environments that support **women** in their HIV-related experiences. In keeping with the principles of collective action for community change, the consultation process was thoughtfully designed to be participatory, inclusive, and creative, amplifying the wisdom and leadership of **women** who face intersecting and structural barriers to sexual health. The focus of this process was specifically, **women** living with HIV, who identify as African, Caribbean, Black (ACB), as Indigenous, as newcomers, who use drugs or substances, who have experienced violence and/or incarceration, and/or who engage in sex work.

The consultation process was planned in collaboration with the WHAI Network, community partners and knowledge holders within a de-colonial, anti-racist, participatory and trauma-informed lens. A set of four (4) knowledge gathering tools were developed in consultation with community knowledge holders that included a one-on-one discussion guide, a brief interaction tool, a storytelling tool, and a focus group/talking circle discussion guide.



All tools could be adapted amidst COVID-19 related public health restrictions and catered to a range of facilitation and engagement styles, ensuring **women** had meaningful, accessible options for participation. WHAI Coordinators implemented these tools to consult with **women** in their local communities. The stories they gathered were carefully reviewed to inform a second phase of consultations with community organizations and networks. This included Coordinators sharing what was learned from **women** and gathering stories and experiences from community partners. An additional discussion guide was developed to support Coordinators to facilitate these consultations. A total of 501 **women** from WHAI's priority populations participated, along with 317 partners from 161 community organizations and networks across Ontario, in this intentional process to ensure that community voices directed the themes that emerged.

The collective knowledge gathered from **women** and community partners was collaboratively synthesized, reviewed and analyzed along with relevant research and epidemiological reports. Reviews were conducted collaboratively by the provincial WHAI team, WHAI network membership, and a provincial review team of community knowledge holders to ensure a plurality of perspectives. Subsequently, a mapping of key barriers to HIV care and wellness, as well as strategies for enhancing care was developed.

Background

What is WHAI?

The **Women** and HIV/AIDS Initiative (WHAI) is a community-based response to HIV and AIDS among cis and Trans **Women**, 2-Spirited and Non-Binary Femme people in Ontario. Through a network of 17 WHAI Coordinators located in 16 AIDS Service Organizations (ASOs) throughout Ontario, WHAI aims to:

- Reduce HIV risk for **women** disproportionately affected by HIV and AIDS;
- Enhance local community capacity to address HIV and AIDS; and
- Build safe environments to support **women's** HIV- and AIDS-related needs (1)

WHAI's work across Ontario is rooted in the principles of community development and collective impact. Community development values the ability of community members to affect change in their lives, in ways that are most relevant to them. Instead of organizations identifying the issues of focus, the voices of community members are centred in determining priorities. Community development is an ongoing, iterative process that guides WHAI. Coordinators work as liaisons between community groups and organizations in order to collectively develop relevant strategies to further **women's** HIV related care. (2)

Collective impact refers to intentional ways of working together and sharing information for the purpose of solving a complex problem resulting in impactful change. Informed by the Collective Impact model shared by the Tamarack Institute, this work is typically determined by a common agenda, shared measurements of progress, mutually reinforcing activities, continuous communication, and strong collaborative supports (3). Collective impact is furthered by values of deepening community leadership, inclusivity, community conversations, collaboration, adopting strengths-based approaches, developing relationships, and investing in long-term change.

The consultation process was planned in collaboration with the WHAI Network, community partners and knowledge holders within a de-colonial, anti-racist, participatory and trauma-informed lens. A set of four (4) knowledge gathering tools were developed in consultation with community knowledge holders that included a one-on-one discussion guide, a brief interaction tool, a storytelling tool, and a focus group/talking circle discussion guide.

(1) whai.ca/ourwork

(2) Women and HIV / AIDS Initiative Program Guidelines, AIDS Bureau Ministry of Health and Long-Term Care, April 2012.


(3) Learn more about the Collective Impact model here <https://www.tamarackcommunity.ca/collective-impact>.

Who we work with & what we mean by “women”

WHA! seeks to be informed by, and amplify, the experiences of those who face structural discrimination and exclusion, impacting HIV risk and the health outcomes of those living with HIV. Our work focuses on engagement with cis and Trans **women**, 2-Spirited and Non-Binary Femme people who are living with HIV, are African, Caribbean, Black, Indigenous, or newcomers, who use drugs or substances, have experiences with violence and / or have been / are incarcerated. Within these communities, our work includes those who are pregnant or parenting, living with different abilities, and span from young adults to seniors.

roughout this document the term ‘**women**’ is written in colour to remind us of the importance of prioritizing and centering communities of **women** who face disproportionate structural risk factors related to HIV, as well as being a reminder that gender is not binary, and the importance of thoughtfulness towards inclusivity for Trans, 2-Spirited, and Non-Binary femme people in WHA! work. Identities are capitalized throughout, except “cis.” This is to remind us of the privilege and space afforded cis gender people, and to support the amplification of identities outside gender-binary constructions.

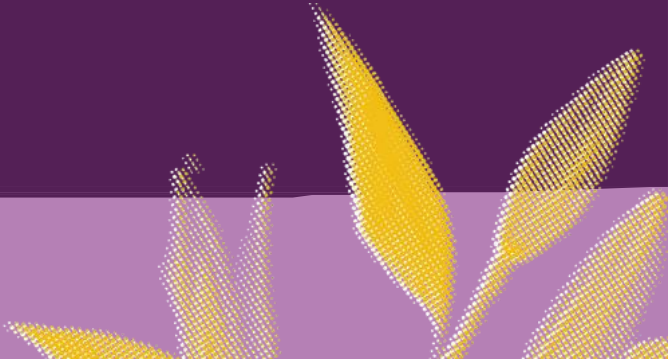
What we did and Who we Spoke to



The **Women** and HIV/AIDS Initiative (WHAI) engaged in consultations with **women** and service providers in Peel Region and across the province to gather insights on the experiences and needs of **women** who are living with HIV or facing structural risk related to HIV. We utilized on-on-one consultations, and surveys to ensure an inclusive, participatory, and creative process. The findings from these consultations will be used to develop strategies aimed at reducing HIV transmission, strengthening community capacity to address HIV, and creating supportive environments for **women** in Brampton, Mississauga, and Caledon. This report will highlight opportunities for collaboration among community partners and provide guidance to WHAI Coordinators in meeting the needs of **women** in local regions.

The first phase of consultations centred the voices of cis and Trans **women**, non-Binary and 2-Spirited Femme people who face intersecting, structural risks related to HIV and sexual health care. This included **women** living with HIV, African, Caribbean, Black (ACB), Indigenous, newcomers, who use drugs or substances, who have experienced violence and/or incarceration, and/or who engage in sex work.

Four (4) community consultation tools were developed to support knowledge gathering including a one-on-one discussion tool, a brief interaction tool, a storytelling tool based on the fable, 'The Ant and Dove,' and a focus group or talking circle discussion guide. These tools were developed to ensure WHAI Coordinators had a range of options in how they could engage **women** in their communities, recognizing that there is no one way in which all **women** share their knowledge. The tools offered flexibility in implementation, accessibility, and centred anti-racist, decolonial consultative approaches. The one-on-one discussion tool was most widely used; however, all tools had strong uptake across local regions.



What we did and Who we Spoke to

Consultations with WHAI's Priority Populations Peel Region

The Dove and the Ant Fable:

The Dove and the Ant Fable tool has the purpose of assisting the WHAI Network in conducting consultation with **women** in 2021. It is intended to be used in a group setting, whether online or in-person. It aims to encourage innovative participation in a dialogue focused on well-being, with the goal of gathering insights that will inform WHAI's future actions. In the autumn of 2021, Moyo's WHAI Coordinator and peer support individual utilized this tool during an in-person activity with **women** residing in the Salvation Army Brampton - Honeychurch Family Life Resource Centre. The accompanying peer support individual had personal experience living in the same shelter in the past. The reason for selecting this tool was due to the group size and allotted time for the activity. Originally the plan was to have a maximum of 10 participants for a one-hour session. However, during the actual activity, there were 11 participants present (including two individuals who required personal interpreters to aid with their English comprehension), and the session lasted for two hours. The Dove and the Ant Fable group activity was conducted with the assistance and partnership of the Program Manager and primary Counsellor from the Salvation Army Brampton - Honeychurch Family Life Resource Centre. The meeting was arranged by the Program Manager, and their Counsellor was present on-site. Each participating **woman** received a cash honorarium of @25 CAD following the session, and snacks, coffee, and tea were provided to ensure nourishment and create a welcoming and caring environment. At the beginning of the session, the WHAI Coordinator and peer support individual introduced themselves and shared not only details about the activity but also their own personal journeys and experiences, creating an atmosphere of mutual trust and respect.



What we did and Who we Spoke to

Consultations with WHAI's Priority Populations Peel Region

One-on-one Consultations

Six one-on-one consultations were carried out with ACB **women**, including one trans **woman** and one PHA **woman**. Due to concerns of privacy and stigma, and the fact that the **women** were not acquainted with each other, this tool was chosen for the consultations. By utilizing this tool, more detailed and personal insights were gathered. As with the previous two groups the same amount of @25 honorarium was provided to each participants. The support in reaching the participants came from community connections previously established by Moyo's ACCHO Coordinator. One-on-one consultations were conducted between Juen and August of summer of 2022 by the WHAI Coordinator.

The focus group


The focus group tool was utilized in an online Zoom session with **women** who use substances. Although eight **women** had initially agreed to participate, only three were present during the session. This tool was selected due to the participants' existing familiarity with each other from their work as harm reduction peers in the community. As a result, they were more willing to openly discuss their personal experiences and the work they engage in. The WHAI Coordinator connected to participants through preexisting relationships with community members and with the support from Moyo's Harm Reduction Outreach Coordinator. The participants were already community liaisons with drug users' community and provided an abundance of knowledge about the needs of **women** who use substances. A \$25 CAD honorarium was provided to all participants in the form of ETF (Electronic Fund Transfer)



What we did and Who we Spoke to

Consultations with Community Partners: Peel Region

During the summer of 2022, consultations with community partners were carried out using a Survey Monkey questionnaire as the primary tool. The questionnaire was created to present the findings from the consultations with **women** as mentioned above (through group activities, focus group discussions and one-on-one consultations) and ask community partners for their inputs on the recorded information. Community partners were also provided with a PDF document outlining Provincial Areas of Focus, along with a local perspective and examples. The community partners were then directed to follow the link to the Survey Monkey questionnaire, which focused on their perspectives on whether the findings resonated with what they had observed in the community. They were also asked i) to share their insights on barriers they faced in their work around the Provincial Areas of Focus, ii) what would be helpful to ensure **women** had access to HIV healthcare, iii) how they saw racism impacting the **women** they worked with, and iv) how to build community capacity to better support priority populations around these themes. Specifically, the questionnaire aimed to gather insights on how to support **women** living with HIV and reduce risk for those who faced systemic risk factors for HIV acquisition. A total of eight (8) community consultations were conducted with seven community partners – with two of them from the same organization. The sectors engaged included Immigration/Settlement, Shelter/Housing/VAW, Harm Reduction, Trans Health, Counseling Services, and Youth Health. Reasons for connecting with these specific sectors and organizations came from the Priority Population WHAI is serving and the potential areas of collaborations that were identified in Consultations with **Women**.



Understanding Women's Stories and Community Partner Feedback

Much like the community development and collective impact approaches used throughout the consultation process, the analysis, interpretation and review of what was shared also followed these principles. The use of community led approaches helped to ensure time and space to understand the experiences and wisdom shared by communities across Ontario through the use of multiple tools and approaches.

Facilitated by the provincial team, WHAI Coordinators utilized a mix of templates, online whiteboards for visual collaboration, individuals reflections and collective discussion tools, capacity building sessions on coding and a thematic analysis to support a thorough review process. In parallel, a team of community knowledge holders reviewed what WHAI Coordinators had gathered to provide varying perspectives, systemic insights and analysis to deepen and enhance the thematic review. This group reviewed with an eye to the experiences of Black women, indigenous women, Trans, 2-Spirited and Non-Binary Femme people, and other groups who often face structural exclusion, to ensure their voices were captured and amplified. Overall, this uniquely collaborative approach to theming enabled a rich plurality of perspectives to deepen understanding and elevate women's voices in framing WHAI's Priority Areas for Collaboration.

This process of collective analysis and sense-making led to a categorization of women's experiences into three key areas:

- Intersectional and underlying factors that impact women's health outcomes
- Priority Areas for Collaboration, and
- Community actions for change that can be undertaken both at the provincial and local level, rooted in community development and collective impact frameworks.

HIV Education, Prevention, Care and Support



Local Perspective

The main focus of WHAI's work is on HIV Education, Prevention, Care and Support, which was identified as a key area for community capacity building across Ontario. The consultation process revealed the need to prevent HIV transmission, provide care and support for those living with HIV, and build community capacity in this area. In the focus group that included **women** who use drugs, there was a higher level of knowledge about HIV, U=U (Undetectable – Untransmittable), PEP (Post-Exposure Prophylaxis), and PrEP (Pre-Exposure Prophylaxis) compared to the ant and the dove fable group and one-on-one consultations. Overall, out of the 20 participants we spoke to in Peel, 4 were aware of PrEP and PEP, and 5 were aware of HIV self-testing. PEP and PrEP are therefore an important area for awareness raising and capacity building moving forward.

The key areas for capacity building with priority populations in Peel Region included: HIV basics, prevention tools such as PEP, PrEP, & PIP, Undetectable = Untransmittable, HIV testing (Including self-testing), HIV disclosure, infant feeding and parenting for those living with HIV, and culturally thoughtful, inclusive, and supportive HIV models of care. These themes and circles all link back to the central theme of HIV Education: Prevention, Care & Support, and WHAI's work is connected to the broader HIV sector in Ontario.

Community Connection



Local Perspective

WHA! Coordinators and community partners in Peel Region have identified community connection as an important area for collaboration. Building a sense of belonging and connection within a community is crucial for supporting the well-being and empowerment of **women**, particularly those who may face systemic barriers.

By prioritizing community connection, WHAI Coordinators and community partners can work together to create inclusive and supportive spaces that honor **women's** shared experiences and identities. This can include providing opportunities for **women** to connect with others who share their gender and cultural identities, as well as opportunities to engage in practices that promote wellness and connection, such as mediation and traditional practices. In addition, by prioritizing relationships that are supportive, thoughtful, and respectful, WHAI Coordinators and community partners can help to create a sense of safety and trust within the community. This can be particularly important for **women** who have experienced trauma or violence, as well as for those who may feel isolated or disconnected from their community.

Overall, prioritizing community connection can help to build a stronger, more resilient community that honors the value of family, children, relationships, love, and sex, while also providing opportunities for **women** to connect with land and nature.





Community Connection

“Mindful meditation, outdoor activities, just to get outside in my neighborhood is important. Being connected to your community includes harm reduction and non-stigma spaces. Spaces where you are not being surveilled in.”

Community Voice from Peel

“We need to increase community outreach and meeting people in their communities. Marginalized folks often have a more difficult time travelling or making trips to access care, and as such may never come in contact with important information.”

Community partner working with 2SLGBTQI+ Youth in
Brampton



Economic Autonomy



Local Perspective

Poverty and financial insecurity continue to be significant barriers to **women's** health equity and HIV prevention, care, and support. The impact of poverty intersects with other social determinants of health, such as housing, education, and employment, and creates a complex web of challenges.

Poverty and financial insecurity can act as a cycle of disempowerment, leaving **women** vulnerable to a range of health risks and limiting their ability to access necessary care and support. This can include limited access to healthcare services, inadequate nutrition, and increased exposure to violence and other forms of harm.

Addressing poverty and financial insecurity requires a multi-faceted approach that considers the intersecting social determinants of health and addresses systemic barriers that prevent **women** from achieving economic stability and security. This may involve policy changes, community-based interventions, and targeted programs and services to support **women** and their families. We, as WHAI Coordinators, must take a seat at the table and advocate for **women** in our community at all levels that we have access to.

It is concerning but not surprising to hear that consultation with **women** and service providers in Peel Region have once again highlighted the urgent need to address economic and financial struggles and barriers faced by **women** in Brampton, Mississauga, and Caledon.





Economic Autonomy

Local Perspective

Poverty and financial insecurity can act as significant barriers to **women's** health equity and well-being, and these issues are impacting many **women** in the region. It is encouraging to hear that there is a recognition of this need among service providers and community members, as this is the first step towards addressing these challenges.

Moving forward, it will be important for service providers, community leaders, and policymakers to work together to develop and implement targeted programs and services that address the economic and financial struggles faced by **women** in the region. This may involve providing access to affordable housing, creating job training and employment programs, and providing financial education and support services.

“There are such limited options for consistent, adequate economic and housing supports for women who use drugs. Adequate funding is a baseline for wellbeing, and it often feels impossible to support someone's health when they're living in survival mode.”

Community partner working with people who use drugs

“Having all of my necessities, clothing, shelter, food..... but that's not even wellbeing - that's before wellbeing - that's the minimum to feel OK”

Community Voice from Peel

Women-Centered Harm Reduction



Local Perspective

WHAI's core work on HIV education, prevention, care, and support includes harm reduction and overdose prevention spaces that support **women** from priority populations, especially gender diverse and racialized communities. Key areas for community capacity building in **Women-Centered Harm Reduction** include sharing information about safer drug use practices, overdose prevention, navigating relationships and preventing violence, pregnancy and parenting support, addressing gender-based harassment and discrimination, addressing experiences of criminalization, providing culturally inclusive homes and supportive service providers, and employing harm reduction workers with lived drug use experience.

During the local consultations, **women** and service providers in Peel Region have shared a strong preference for **women-centered** and **women-led** harm reduction spaces, recognizing the unique needs and experiences of **women** who use drugs. By being centered on **women's** experiences and perspectives, these spaces can create a sense of community and belonging that is essential for promoting **women's** health and well-being.



Women-Centered Harm Reduction



Local Perspective

In addition to **women**-centered harm reduction spaces, **women** have also expressed a desire for peer-to-peer support services that are person-centered and led by compassion. These services can provide a safe and non-judgmental space for **women** to connect with each other and share their experiences and insights, which can be invaluable in helping **women** to overcome the stigma and isolation often associated with drug use. By focusing on the needs and perspectives of **women** themselves, these peer-to-peer support services can help to build **women's** confidence, agency, and sense of belonging.

The lack of culturally specific and sensitive programming for people who use drugs, particularly for Indigenous peoples, has been identified as a significant gap in current harm reduction efforts. Similarly, in Peel, which has a large South Asian community, outside of Hoyo HCS, there is a lack of culturally specific programming that is accessible and harm reduction friendly at the same time. This creates a significant barrier for individuals who may feel more comfortable accessing services that are sensitive to their cultural background and practices.

Moyo HCS recognizes these needs and is actively in the process of securing a safe consumption site in Brampton.



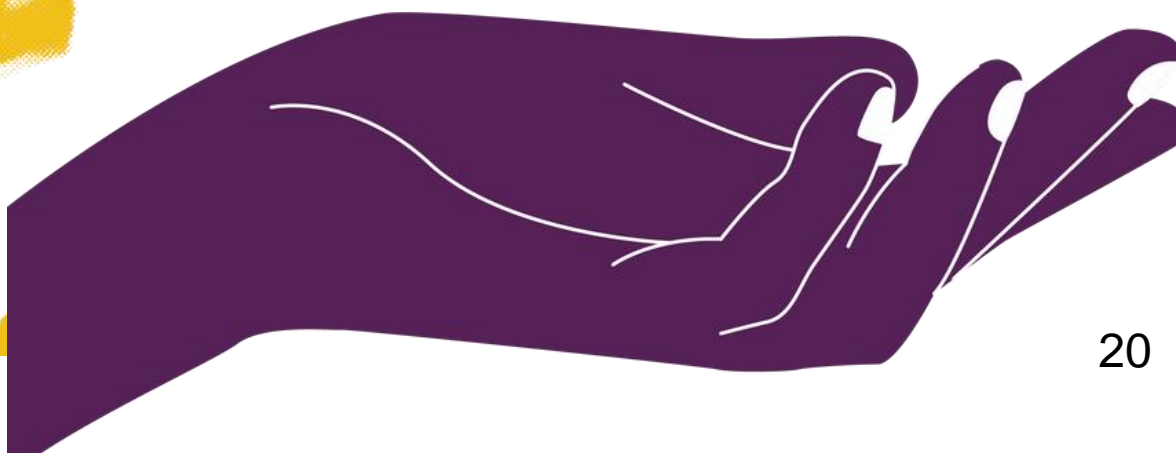


Safety

Local Perspective

The consulted **women** and service providers expressed a deep concern around safety, which encompasses freedom from various forms of stigma and violence. They identified several interconnected forms of oppression that contribute to their experiences of marginalization and discrimination, including HIV stigma, gender-based violence, homophobia and transphobia, anti-Black racism, and other forms of oppression.

HIV stigma remains a significant issue for many **women** living with HIV, who may face discrimination and rejection from their communities and healthcare providers due to their status. This stigma can be particularly damaging to **women**, who may already face multiple forms of marginalization and discrimination based on their gender, race, or sexual orientation. Gender-based violence is another significant concern for **women**, who may be at increased risk of experiencing physical, sexual, and emotional violence due to their gender or other intersecting forms of oppression. Homophobia and transphobia can also contribute to feelings of isolation and marginalization for **women** who identify as LGBTQ+ and may make it difficult for them to access the care and support they need. Anti-Black racism and other forms of oppression can further compound these issues, creating additional barriers to health and well-being for ACB communities.





Safety

“Women face issues with their safety when it comes to accessing services like health care, with empathy and compassion.”

Community Voice from Peel

“Racialized women and women from different religious backgrounds continue to face stigma and mistrust when accessing and navigating the healthcare system and it is particularly evident when it comes to sexual health and wellness. A reproductive justice framework would be ideal to attempt in addressing health inequities among BIPOC women.”

Community Voice from Peel

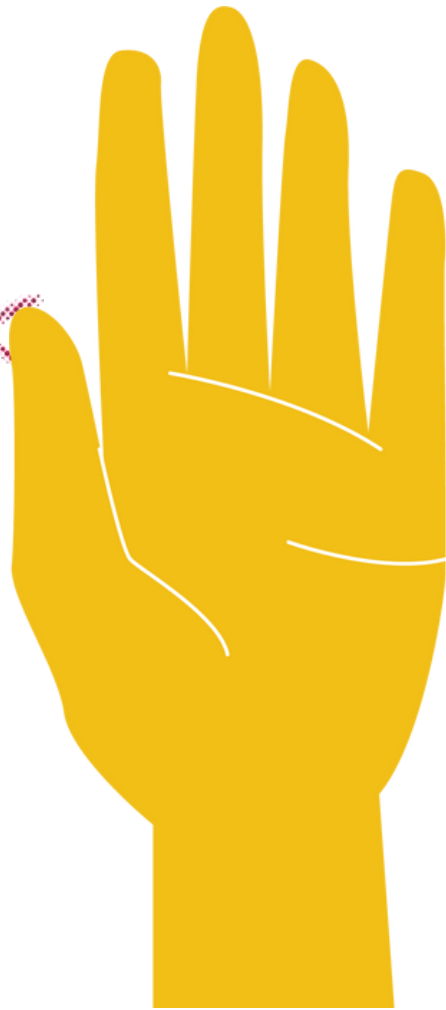
“I see how GBV programming in the non- profit sector sometimes reinforces this kind of violence as being endemic to BIPOC and/or newcomer communities by offering ‘victim support services’ which are heavily tied to violent institutions such as policing, children's aid, court- mandated programs, and the like, instead of offering more culturally meaningful resources. This is especially true for newcomer communities as the reluctance to resort to institutional means of support is warranted and the options for peer support for newcomers experiencing GBV are limited.”

Community Voice from Peel

Wholistic Care



Women and community organizations emphasized the importance of wholistic care for **women's** health and well-being, which includes various aspects of well-being such as, physical, mental, emotional, spiritual, and community connections. Trauma-aware care, harm reduction approaches, recreational activities, mediation, and connection to nature and environment are also crucial for wholistic care. **Women** value empathetic support that respects their autonomy and self-determination, regardless of gender identity, and is culturally sensitive/thoughtful. They also value having the freedom to make choices about their own healthcare and work with providers who understand their shared identity and respect the need for anonymity.





Wholistic Care

“Personally, I am not a big fan of western medicine. I wish there was more of a holistic approach. Wouldn't it be amazing to have a team of people working with you to address your needs like a naturopath, nutritionist, like a more holistic approach rather than just looking at the symptoms and treating only the symptoms? Also, I am not very connected to the community here in Mississauga. So maybe more social and cultural events that bring neighbors together.”

—Community voice from Peel





Next Steps

At the provincial level

Implementation of this work will be rooted in the principles of collective impact and guided by community development frameworks. Provincially, the WHAI network will select Priority Areas for Collaboration to focus on annually, thereby strengthening our work both provincially and regionally. Each year, HIV Education, Prevention, Care and Support will be our main area of work. In addition, 2 or 3 of the other Priority Areas for Collaboration will be selected collectively as a provincial network to foster collaboration across regional sites, and within local communities, through mutually reinforcing activities. More broadly, a common agenda and shared local strategies with measurable activities and goals for the work will be collectively set based on the Priority Areas for Collaboration. Regular Network meetings will serve as a core space for communication and coordinated efforts to achieve set goals alongside communities across Ontario.

WHAI will focus efforts on continuing to facilitate spaces where communities work together to determine strategies that address identified needs including capacity building and knowledge building, and draw on tools and resources that foster community leadership and amplify voices.

This report focusses on the local experiences shared, linking them to our Provincial Areas for Collaboration. Please see the WHAI website at whai.ca/resources for our provincial Collective Action Community Change Report.

At the Local Level

The implementation of this work in Peel Region will be grounded in the principles of collective impact and community development frameworks, focusing on creating longlisting and long-lasting connections with community partners and community members.

An action plan for WHAI's work in Peel Region will continue to be grounded in HIV education, prevention, care, and support, prioritizing community connection, economic autonomy, and **women**-centered harm reduction, safety and holistic care.

Thank You

