2022

Collective Action | Community Change

A report Amplifying Local Experiences and Voices

Land Acknowledgement

We at the ACDR acknowledge that we operate on the stolen lands of the Mississaugas of Scugog Island First Nation under Chief Kelly LaRocca. Although today this land is home to many Indigenous people from all across Turtle Island, it has never been truly returned in sovereignty to the land's ancestral keepers. In efforts to decolonize the work that we do, we believe it is essential to involve these Indigenous communities directly, namely through our values of holistic healing and wellness.

Ancestral Acknowledgement

We acknowledge African, Black and Caribbean (ACB) people in Canada that have come before us. Those who have contributed to the fabric of this nation, without compensation, acknowledgement, or recognition. We further acknowledge ACB people who fought for their own and descendants' freedom, rights, safety, economic autonomy, culture and so much more.

As we continue to fight and stand up for injustice against ACB people in this nation we are supported by their years of resistance. Lastly, we honour the work that has been and is currently being completed to actively liberate, empower and strengthen African, Black and Caribbean communities.

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Introduction

The regional WHAI program is located in Oshawa at the AIDS Committee of Durham Region (ACDR) , a community-based non-profit organization that works towards improving the health and wellbeing of populations who may be at risk of HIV or living with HIV.

The Women's HIV AIDS Initiative (WHAI) outreach coordinator works to reach and serve women within various priority populations. These populations include: Transwomen, Indigenous, African, Caribbean, Black (ACB) women, Newcomers, 2-spirit people, sex workers, women who have been incarcerated. women who have experienced violence, and women who use substances. The WHAI worker aims to support these priority populations through HIV education, capacity building within organizations, program development and community outreach. Furthermore, the worker aims to address various social determinants of health in order to reduce the risk of acquiring HIV amongst women, in addition to improving the quality of life for women living with HIV. Such determinants may include: gender based violence (GBV), poverty, socioeconomic status, employment, immigration status, housing, food insecurity, language and more. Additionally, it is also important for the WHAI worker to consider and work towards combating other intersecting factors such as transphobia, homophobia, xenophobia, and racism that often create significant barriers for women to access services while also putting them at greater risk to social and systemic violence. Our program aims to address these determinants in order to promote health and manage risk through programs, services, and referrals.

In order to engage in this work the WHAI team conducted consultations with women in the community, women at systemic risk to HIV and women living with HIV, and community stakeholders, organizations that work for WHAI's priority populations. The consultations intended to gather insights on how to effectively do WHAI work and serve the community in meaningful ways. This report summarizes this data and presents findings on work that needs to be prioritized within the Durham region to support health and wellness of women. Furthermore, this document is intended to help inform our community stakeholders on what is currently happening in our region and how we can actively and strategically work together to respond to the needs of women in our community.

WHAI maintains that women with lived experiences are at the center, to inform the work and guide how and where resources are distributed.The work is social justice work in which we engage in advocacy that extends beyond biomedical models and approaches to health, "seeing" the entire person and doing what is necessary to fill gaps in systems that currently allow the most marginalized to go without care. Overall, this document is a starting point to initiating collective action in order to produce healthier and safer communities for everyone.

Acknowledgements

WHAI wishes to thank all the women who participated in the data collection. For the bravery, courage and vulnerability in sharing their stories and experiences. Moreover, we thank you for being changemakers in your community for continuously showing up not because you have to but because you are dedicated to seeing a world that embraces social justice.

To those who are engaged in serving women and have dedicated their work to enhancing their lives, thank you for your humility, willingness to learn and desire to improve service delivery to support their health.

Our work would be incomplete without all the voices that have contributed to this process. Lastly, for those whose stories and voices who have not been heard in this report we hope to continue to reach out and ensure that this work is guided by what you wish to see happen in your community.

Background

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.

501

Women from WHAI's PPN

317

Partners from 161 community organizations & networks from Ontario

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.

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:

GOALS

1 - Reduce HIV risk for women disproportionately affected by HIV and AIDS;

2 - Enhance local community capacity to address HIV and AIDS; and

3 - Build safe environments to support women's HIV- and AIDS-related needs.

I like WHAI - it is wide-spread and community based covers so many issues impacting women.

-A women connected to WHAI

What is WHAI Continued

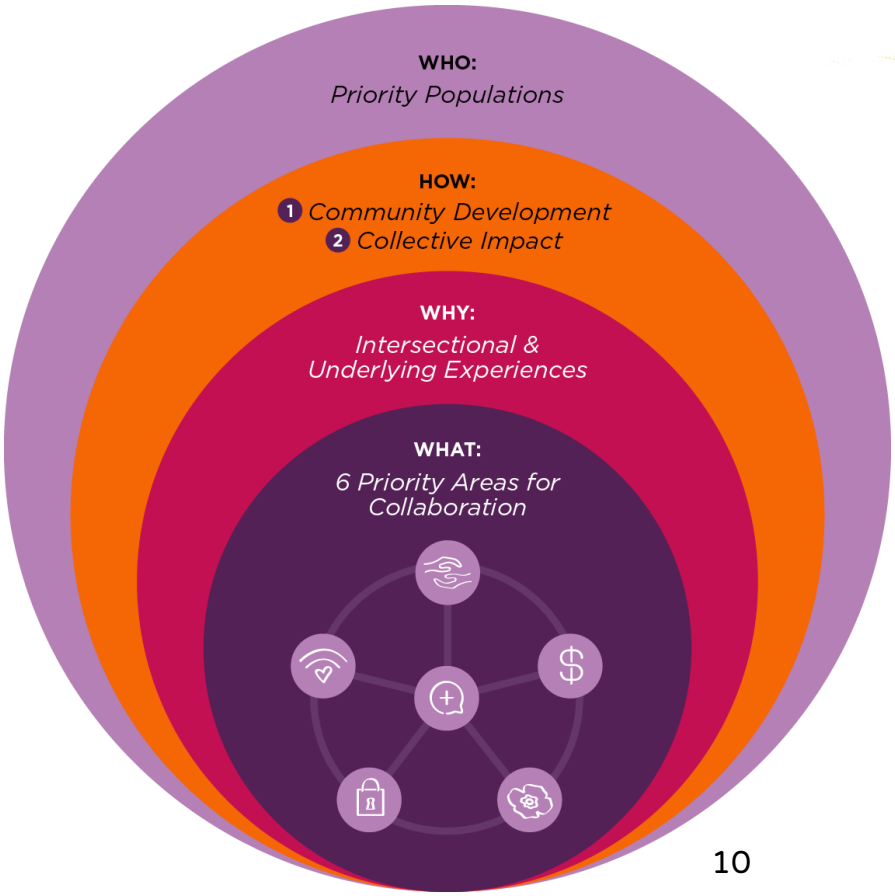
WHAI's work across Ontario is rooted in the principles of community development and collective impact. Community development values the ability of community members to affect change in their lives, in ways that are most relevant to them. Instead of organizations identifying the issues of focus, the voices 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.

WHO WE WORK WITH & WHAT WE MEAN BY "WOMEN"

WHAI 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.

WHO WE WORK WITH & WHAT WE MEAN BY "WOMEN"

Throughout this document the term 'women' is written in colour to remind us of the importance of prioritizing and centring 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 WHAI 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.

For more information

(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.

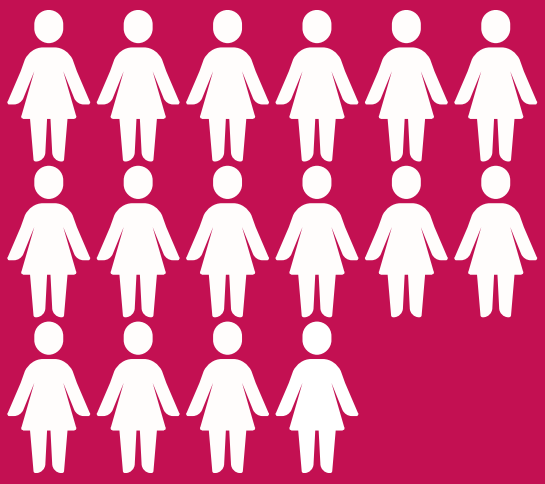
What we did & Who we Spoke to

During the process of developing this report there have been 3 WHAI workers who have contributed to data collection, analysis and the final summary. Due to the turn-over in this role at the local level there are certainly gaps in data collection. Nonetheless, the data that has been collected serve as important indications of where the work must begin in Durham Region.

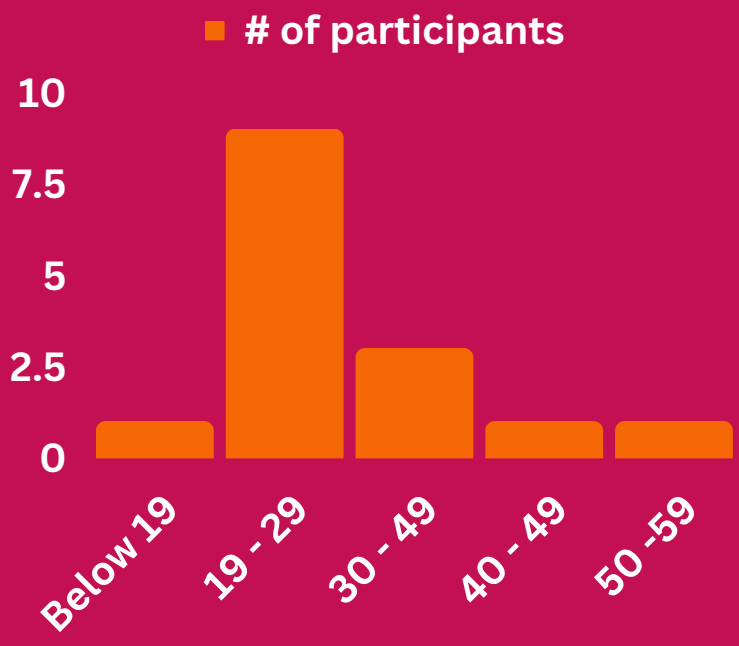
Ongoing and future projects that occur within the local context will undergo continued input from the community to ensure that services and supports are both needed and relevant to beneficiaries to ensure use and uptake. Lastly, as WHAI work moves forward it is imperative that it is done in partnership with allied organizations and stakeholders who contribute to creating better health and life outcomes for our priority populations.

What we did & Who we Spoke to

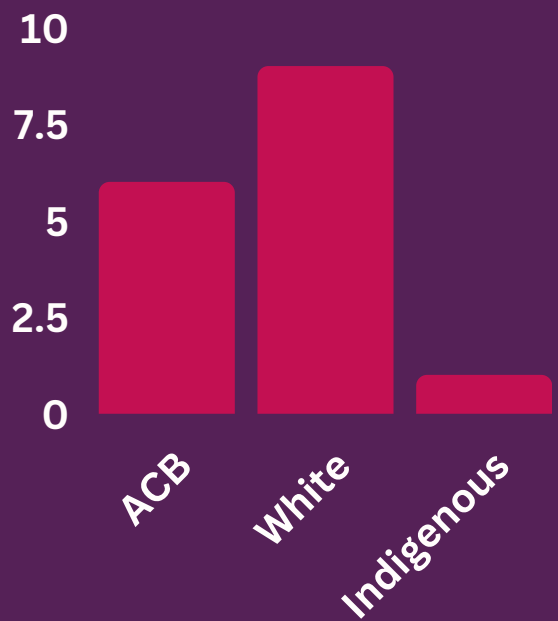
Number of Participants in the project



Participants by Age



Particpants by Race



Organizations Consulted

5

Consultations with WHAI's Priority Populations

The consultations with women occurred between December 2021 - February 2022. The WHAI workers identified two "groups" of people to interview, women living with HIV and women with systemic risk to acquiring HIV. Systemic risk can be defined as a variety of factors or experiences that may increase a women's likelihood of getting HIV such as gender based violence, poverty, or injection drug use to name a few.

The WHAI workers recruited most participants from the AIDS Committee's client list who were either women that use harm reduction services or clients living with HIV who are involved with the various programs offered at ACDR. Confidentiality remains an important pillar to ACDRs services, therefore, to ensure that it was maintained, participants' names were not collected or recorded on any of the documents. If participants wished to be identified in the final report they were asked to give an alias. The WHAI worker collected other information such as: race, gender, newcomer status, age and location. This data was important to understand barriers that may exist for some and not others and help the WHAI worker engage in an equity lens in creating and supplying supports that speak to the specific needs of community members.

The WHAI workers that completed the consultation process used the 1-on-1 discussion tool developed by the Provincial WHAI team. This tool aimed to spark dialogue with the respondents to capture unique qualitative data that could guide the work. The participants were asked, how they would define health and wellness and what it meant to them. Participants were also asked to identify barriers and facilitators to good health to help WHAI workers understand where to focus their advocacy work and define areas that are in need of solutions and possible systems change. WHAI also was interested in asking women what they believed the solutions should be as we maintain that the women are the experts and know the solutions that would work for them and their own communities.

Consultations with WHAI's Priority Populations

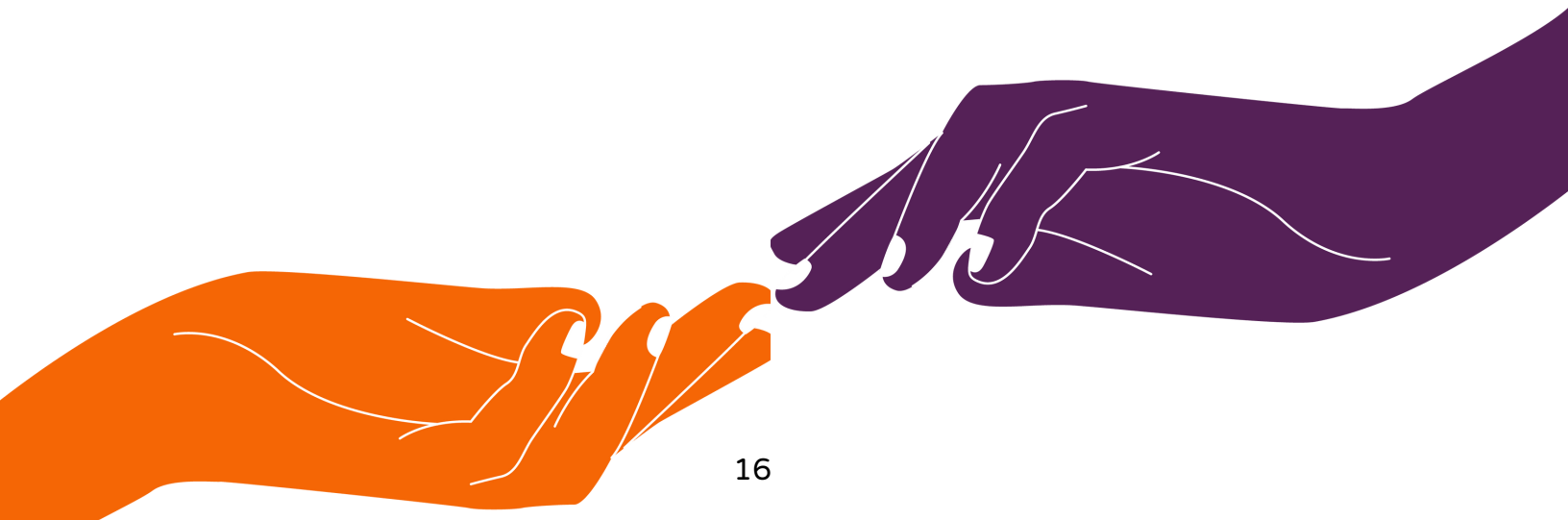
Although there were great insights collected during the consultation process there were some barriers to connecting with women and building connections. One barrier included the COVID-19 pandemic and the changing bylaws and policies at the start of the consultation process. Therefore, some connections have not been created due to the lack of access to remote services such as internet connectivity and computers. Therefore this made it difficult to connect with a greater number of women. Also, as mentioned earlier, turnover also created barriers in which the WHAI worker role was vacant for an extended period of time throughout the consultation period. Upon the arrival of the new worker they worked to re-establish partnerships within the community to undergo these consultations.

When connecting with stakeholders, particularly those that work in the social service sector, there are high rates of volume and service utilization. Additionally, as businesses began to move back in person or adapt hybrid models it was difficult to connect due to changing schedules and routines. However, agencies continue to be interested in improving the lives of women they work with and have been eager to connect. Joining working groups in the Durham Region has also been helpful in connecting with organizations that serve women who are systemically at risk to HIV.

Consultations with Community Partners

The consultations that occurred with community partners were conducted 1-on-1 using WHAI's Questions for Consultations with Community Stakeholders Note Taking Template. Most of the consultations occurred online through zoom and one consultation occurred in-person during an onsite visit with the community stakeholder. The questionnaire was centered around additional feedback about the 6 priority areas that were identified during the Consultations with Women phase: Safety, Wholistic Care, Community Connection,Women Centered Harm Reduction, HIV Education & Support, and Economic Autonomy. Stakeholders were also asked to reflect on the role of anti-Black and anti-Indigenous racism as a part of understanding the unique experiences some of their clients may face.

Furthermore, stakeholders were also asked about how they would see themselves collaborating with WHAI work, barriers that they face in supporting their clients within the 6 priority areas, and insights on how to increase HIV education and resources for women they work with. These consultations aimed at broadening the voice of women by speaking with those who often come in contact with or work with women who exist within WHAI's priority populations, but were unable to be reached during the consultations with women. Most consultations occurred within the sector of Violence Against Women organizations, organizations that engage in anti-human trafficking efforts, a migrant outreach team and workers that serve women living with HIV.



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, individual 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.

Understanding WHAI Priority Areas for Collaboration in the Context of Regional Realities

Safety

Women

Over half of the women who shared their experiences with the WHAI worker mentioned that they are survivors of violence. Women living with HIV expressed the need to feel safe when disclosing their status. For all women, safety, was not only related to interpersonal violence, but also to the structures they encountered. These structures included healthcare, social services and legal systems. For women who were systemically at risk, particularly, those who were unhoused or had precarious living situations, safety was a major concern in which women reported experiencing multiple forms of abuse and violence. Moreover, a lack of safety posed as barrier to the uptake of services and programs that women wished to access, resulting in the lack of use. Overall, safety was an important priority for women in various areas in their lives.

Community Stakeholders

Similarly, the migrant outreach workers stated that violence from the system is often a concern in which the workers themselves are very dependent on their employers for most things. Due to language barriers, many systems that may be available to them such as healthcare are inaccessible and they often experience discrimination or lack of care because of it. Additionally, women who arrive to do migrant work are often young, come from rural villages and speak very little English making them very vulnerable to exploitation and abuse.

Stakeholders all mentioned it necessary to have safe spaces for clients to feel welcome and secure within their environments. Many stakeholders engaged with people who either have experienced intimate partner violence, gender based violence, or who are unhoused. Safety often was an important factor that needed to be addressed first before tackling other needs women were facing.

"More respect & less ignorance from the law enforcement"

- Women who participated in the consultations

Holistic Care

Women

During the consultations women described wellness as being inclusive of the mind, body and spirit. “Being well” moved beyond physical and biomedical approaches to health and encompassed things like family and community. Some women described wellness as being able to meet the needs of those they cared for without feelings of burnout. Knowledge and education were also important pillars to wellness, having spaces that allowed them to learn more about their bodies and speak about their sexual health without shame. Women brought forth that health and wellness exist on a scale that they should be responsible for defining for themselves what health meant and felt like day to day.

Holistic care also included affordable and accessible housing. This was particularly relevant for women who experience gender and intimate partner violence, but also for families that may have been displaced due to the rising cost of living. Moreover, it was unique depending on the current social and physical resources each person has, making it imperative to consider that one size does not fit all and the needs and requirements of feeling fully whole and healthy is broad and differs depending on one’s immediate needs.

Consultations with Community Stakeholders

Community stakeholders also agreed that health for the women they served encompassed several social determinants such as access to emergency housing, safety planning, therapy, counseling and child care. Many organizations themselves took this approach in caring for their clients. There was a general understanding that simply “treating” a single issue was not sufficient in meeting the needs of those they served. In the case of workers that served women living with HIV other needs included food security, community, emotional and mental wellness along with physical activity. In order to address a need such as food security some clients needed extra support in being able to access food bank services such as transportation. Moreover, there was a need to address economic security as a barrier to accessing health care, social services, and support for women experiencing hardships.

HIV Education & Support

Women

For women living with HIV, important education initiatives suggested included spreading awareness that destigmatized HIV. Campaigns around U=U (Undetectable = Untransmissible) was named as a helpful tool to address stigma but also empower HIV poz people to engage in romantic and potentially sexual relationships.

U=U also was stated to build the confidence of expectant mothers who were interested in breast/chest feeding their children. However, recognizing the importance of not establishing divides between those who can and cannot achieve an undetectable viral load for whatever reason.

Women who were at risk described that there was greater need to address barriers to accessing services such as PrEP, PEP and PIP. Decreasing the burden of self-advocacy when it comes to acquiring these medications and providing tangible resources on where to get it. Lastly, women brought up concerns about being re-victimized and feeling stigmatized within healthcare settings when seeking support.

"Barriers [included] is discrimination from hospitals and re-victimization in some violence against women centers"

- Women who responded in consultations

HIV Education & Support

Consultations with Community Stakeholders

First, migrant outreach workers expressed that their clients were often unaware of services and resources that were available to them in the social and health sector. Additionally, when they were able to access services they were met with little attention from medical staff due to their inability to advocate for themselves. The workers addressed that without the presence of an outreach worker they often waited long hours in the waiting room or were not served at all. Similarly, the outreach workers explained that HIV education was very limited in the community they work with and was often stigmatized. Harm reduction practices such as condom use was also not normalized within this community in which workers were met with questions about their use.

Many stakeholders identified that additional workers are needed to be in the community to help educate on safer sex practices. Similarly, outreach services should be visible in the community in which peers assist with relaying health information. This allows for better comfort and reduced stigma in the population as people within the community are teaching their own. This further demonstrates the need for community connection, in which safe and accessible spaces for community can be formed in both formal and informal ways (i.e. peer support group where survivors for DV are supporting peers receive the help they may need). Moreover, meeting women where they were at reduces the barriers with having to navigate the system in order to get care. There was also an emphasis on ongoing training to make sure that knowledge would be fresh among the workers and keep up with turnover that often occurs in social services.

Workers that are serving people living with HIV reported that it was important to have increased understanding of changes in the types of medication available along with side-effects and benefits. Additionally, U=U campaign that centered on addressing stigma within community and culture.

Women Centered Harm Reduction

Women

All the women who reported substance use, mentioned the importance of women centered harm reduction spaces.

Women also spoke about how current harm reduction services and similar programs were helpful in supporting their wellness.

Furthermore, women centered harm reduction can be broadened to also include other services such as increasing access to wellness tools such as yoga, meditation, and art therapy. Methods, that are currently inaccessible to folks who are willing to participate but do not have the means to engage in such programs.

Women also identified a need for more places to relax without being harassed as well. One respondent mentioned that drop-in spaces have been particularly helpful for their wellness.

Consultations with Community Stakeholders

Community stakeholders observed that women are sometimes apprehensive to enter harm reduction spaces due to the amount of men who end up monopolizing the space. For women who are survivors of GBV, experience GBV or perceive risk for GBV may be increasingly apprehensive to accessing these spaces. Women only spaces may allow for reducing triggers that may invoke a sense of danger.

Women who experience precarious living situations or are unhoused may also have other needs outside of safe drug equipment such as clothes, period supplies, and other hygiene products. Women centered harm reduction may further provide a space for women to find community and feel cared for and seen creating better connection to social services and workers.

Within migrant farms, the outreach workers reported that harm reduction materials were often inaccessible and they were their main if not only point of access to these services.

Economic Autonomy

Women

Many of the women who participated in the consultations noted economic security as something that was needed. Women who may be experiencing hardships may be more vulnerable to violence. Without economic autonomy there are barriers to accessing a variety of services, such as health care, social service and support.

Consultations with Community Stakeholders

For the migrant outreach workers - economic empowerment was a highlighted theme because the work conditions of migrants often required staff to be on the farm from early morning to the evening. Additionally, they only had one day off. This work schedule made it difficult to have time off and subsequently workers feared that they would lose their job and money if they requested a day of absence. Overall, wellness is neglected in place of ensuring job security.

One stakeholder expressed that many of the families they served exist in low income settings. Supporting families by reducing the burden of spending through food bank services have allowed resources to be spent in other ways such as rent. Lastly, more support in ODSP filing which often has many barriers to accessing services and how much women can make to remain eligible.

Community Connection

Women

Many women explained that being connected to the community was a form of wellness. Having a sense of support and those to reach out to was beneficial to decrease the “weight” of circumstance especially during the pandemic. Women expressed that the lack of community connection during COVID-19 made it clear to them this was something they desired and needed to be their whole selves.

When women were asked about what tools and support would be helpful in navigating barriers to wellness they spoke about being able to share with others their experiences and finding support from other women who may be going through similar things. Being able to relate to other women to reduce feelings of loneliness and isolation increases one’s motivation to continue to seek opportunities for health.

Women who were living with HIV expressed wanting a space to chat about dating and relationships to help them to develop their confidence in this area. Overall, the women who participated shared that they hoped they could connect with other women living with HIV for a sense of community and relate to one another.

Consultations with Community Stakeholders

All stakeholders shared that community connection was a significant pillar in the work that they do and it is necessary to support women. Stakeholders explained that community events have been helpful to connect people together and increase an individual's quality of life. Moreover, people feel genuinely cared for when they are connected to people who may have similar life experiences. It helps reduce feelings of loneliness and a sense of relatability that one is not alone in the world.

VAW organizations explained that having programs that specifically meet the needs of survivors creates spaces that allow them to feel comfortable to talk about their experiences to heal. Additionally, having workers and people who do outreach come directly from the community to create a sense of comfortability.

Anti-Racism Work

Although this is not one of the 6 priority areas, anti-racist work is imperative to adequately doing WHAI work. Moreover, both anti-Black and anti-Indigenous racism are factors that intersect with all 6 of the priority areas and thus we can not adequately understand nor meet the needs of women without considering how thesse experiences shape their health outcomes. Throughout the consultations the local WHAI workers asked both women and community stakeholders how racism creates barriers for women who are looking to access services and support.

Additionally, some stakeholders mentioned that racism was a missing component in which it was necessary to understand how systems themselves influence the trajectory of being exposed to IPV and or human trafficking.

Women

The women who participated in the consultations reconnected facing racial discrimination within their social spaces making them hesitant with engaging in various types of relationships. When women were asked about things that could help address barriers to wellness, women articulated the need for anti-Black racism to be addressed within systems and furthermore how to bring forth productive allyship. Moreover, a perceived risk of racism or discrimination led to less service use.

Providing spaces that deconstruct internalized anti-Black racism is also important for community members to engage in wellness. Understanding the harmful impacts of being a “strong Black woman” and normalizing that one does not have to be strong all the time but can take time to care for oneself.

Anti-Racist Work Continued

Consultations with community stakeholders

VAW organizations that worked directly with the police reported that the presence of law enforcement can sometimes lead to feelings of intimidation and risk leading to poor community engagement. Additionally, as many of the women they serve are racialized or engage in sex work they are fearful of how they may be understood or treated. On the other hand, some healthcare services may be difficult to navigate because of a language barrier or systemic racism not addressed adequately within medical institutions. (i.e. migrant workers not being able to receive the care they need because healthcare workers are unable to interpret what it is they may have come in for). Additionally, stakeholders reported that even when working with other allied services, staff lacked knowledge in anti-Black and anti-Indigenous racism creating harmful and stressful environments for clients and racialized staff. Moreover, there is continued need for both: workers of these backgrounds serving their community and greater anti-racist competency to foster service utilization. On the other hand it is also important for workers to be well connected and knowledgeable of culturally relevant social services in order to adequately connect clients to diverse networks.

Provincial WHAI - Next Steps

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 focuses 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.

Local WHAI -Next Steps

Following the consultations the data collected have led to ensuring the following plans:

- Increasing access to HIV education and support through capacity building and decentralizing education and resources with allied community networks.

- Establishing community programs for women both living with HIV and women at systemic risk to HIV by creating women centered and focused spaces.

- Developing relationships with healthcare workers and other service providers to create safer and welcoming spaces for women who are interested in gaining access to services.

- Engaging in advocacy work and knowledge sharing that tackles various forms of violence including anti-racism work.