

WHA I NETWORK

H1 PROGRESS REPORT
APRIL 2024-SEPTEMBER 2024



OVERVIEW OF WHAI

The **Women** & HIV/AIDS Initiative is a community-based response to HIV and AIDS among cis and Trans **women**, 2-Spirit and Non-Binary people in Ontario. Specifically, WHAI works with eight (8) priority populations of **women** in Ontario, including:

- African, Caribbean and Black (ACB) **women**
- Indigenous **women**
- Trans **women**
- **Women** who use drugs (WWUD)
- **Women** who experience violence
- 2-Spirit and Non-Binary people
- **Women** who are/have been incarcerated
- Newcomer **women**

WHAI considers both the structural and social barriers that increase **women**'s risk for contracting HIV, and is informed by evidence-based practices, which in turn, guides the capacity building and awareness-raising work done by Coordinators.

As a Network WHAI's three (3) goals include:



Reducing HIV transmission among **women.**



Enhancing local community capacity to address HIV and AIDS.



Building safer environments to support **women and their HIV and AIDS-related needs.**

These goals are met by the work of seventeen (17) WHAI Coordinators at sixteen (16) AIDS-service organizations (ASOs) across Ontario, working closely with each other, community partners and **women** with living/lived experience (WWLE).

To ensure WHAI's work continues to be informed by the voices of **women** with living experience (WWLE), WHAI works with a group of **women** who advise on the development of resources, projects and annual work plan.

WHAI also works with an Advisory Committee, which consists of two (2) WWLE, one to two (1-2) WHAI Coordinators, and two (2) Executive Directors. This Committee meets twice a year virtually to support WHAI's planning work.

INTRODUCTION

This Progress Report outlines WHAI's community development and capacity building work from April 2024 to September 2024. WHAI's work is rooted in community development, and this report's structure is informed by the five (5) conditions of Collective Impact:

- This Progress Report serves as a **Shared Measurement** of WHAI work conducted by Coordinators across the province. This Report assesses WHAI's impact across the province.
- **Backbone Support** provided by PWHAI through weekly emails, the WHAI Google Hub and monthly Coordinator meetings, our Equity, Diversity, and Anti-Racism work, including San'yas Indigenous Cultural Safety Trainings, and monthly Anti-Black Racism sessions for different affinity groups.
- A **Common Agenda**, informed by input from WWLE and community partners in WHAI's Collective Action and Community Change report and the six (6) Priority Areas for Collaboration, Ontario's HIV Action Plan to 2030, as well provincial and municipal evidence-based resources and data. This section also provides space to unpack emergent trends unfolding across the province.
- **Mutually Reinforcing Activities**, which include a focus on collaborations and partnerships with **women** with WWLE, collaborations amongst Coordinators, Priority Population Network (PPN) Collaborations, Regional Network Collaborations, and gatherings with local partners.
- **Continuous Communication** on shared WHAI Resources, upcoming WHAI resources, as well information on updated WHAI resources and WHAI's Social Media posts.

WHAI invites community organizations to contact their local WHAI worker to explore opportunities to connect and collaborate.

Please note that throughout this report, the term **women** is written in colour to remind us of the importance of prioritizing and centering communities 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, Two-Spirit, and Non-Binary people in WHAI work. Identities are capitalized throughout, except "cis." This is to remind us of the privilege and space afforded cis people, and to support the amplification of identities outside gender binary constructions. For more information about WHAI's priority populations, see the Collective Action Community Change (CACC) report on our website.

BACKBONE SUPPORT

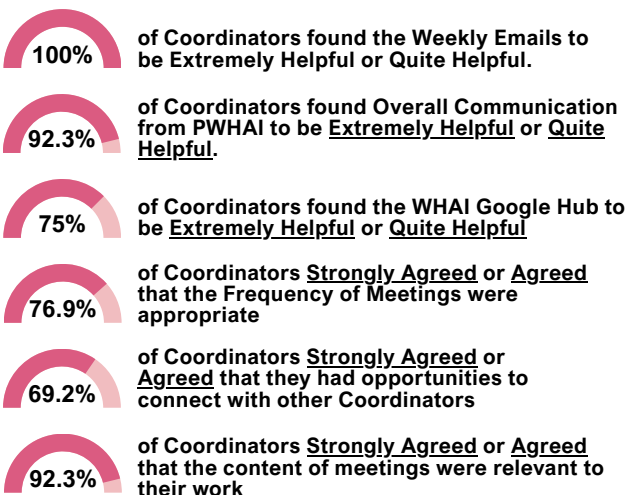
For this reporting period, WHAI received all fourteen (14) expected Progress Reports, one (1) of which was submitted by a Manager. This reporting period reflected a favourable level of stability in WHAI Coordinator tenure, with **50%** (n=7) of Coordinators being in their role for one to two (1-2) years, **14%** (n=2) for more than five (5) years, and **35.7%** (n=5) for less than one (1) year.

PWHAI TEAM

The PWHAI team also experienced growth this reporting period. In April, PWHAI welcomed the addition of the new Evaluation and Knowledge Translation Lead position. And in July, the Resource Development and Social Media Coordinator role commenced. Both positions were filled by previous WHAI Coordinators, illustrating opportunities for Coordinators to advance in the Network. These new roles were developed through a consultation process with the Initiative and are structured to strengthen provincial and local WHAI work.

The PWHAI team supports Coordinators in several ways. Coordinators have access to WHAI's Google Hub, which contains evidence-based and community-created resources available for capacity building in their communities, and work shared by other Coordinators to encourage cross-provincial collaboration and resource sharing. The PWHAI team also facilitates monthly Coordinator meetings, which provide a space for Coordinators to connect with each other. These meetings also serve as an opportunity for capacity building and knowledge translation and exchange, with occasional guest speakers and presentations about emergent evidence and practices.

When asked about PWHAI supports, feedback from Coordinators was fairly positive:



Overall, there was also a great appreciation of the regular communication from PWHAI:

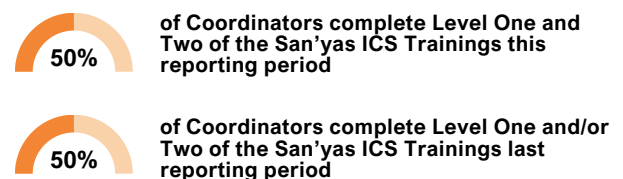
"I want to affirm how valuable PWHAI's regular check-ins and communications are to keep us informed about updates at the macro level. It is also particularly encouraging to read PWHAI's swift and proactive response to Ford government's call for closing CTS and needle exchange programs. In [the] midst of global and local turmoil, PWHAI's emails and offers of support provided me a lot of solace and strength."

EQUITY, DIVERSITY, INCLUSION AND ANTI-RACISM INITIATIVES

WHAI is committed to ongoing learning that builds collective capacity to work from strong anti-racism and anti-oppression frameworks. Intentional and ongoing efforts of anti-racist work is essential to rupturing systems of white supremacy that continue to underscore the disproportionate impacts of HIV within ACB and Indigenous communities.

SAN'YAS INDIGENOUS CULTURAL SAFETY TRAINING

All WHAI Coordinators completed San'yas Indigenous Cultural Safety Training courses throughout their time in the Network, which consists of two (2) parts, with Level One completed after six months, and Level Two after 1 year. In this reporting period, **50%** of Coordinators (n=7) completed the San'yas ICS training, with **85.7%** (n=6) completing Level One and **14.3%** (n=1) completing Level Two. Overall, Coordinators appreciated the opportunity to deepen their understanding of the continued impacts of colonization on their health and wellbeing of Indigenous people. Coordinators also shared how these learnings impacted their work moving forward:



"The San'yas training helped me to host a National Day of Truth and Reconciliation session for newcomers. In the session, I applied San'yas training content to share a transnational perspective on how newcomers like myself can support Indigenous people and truth and reconciliation."

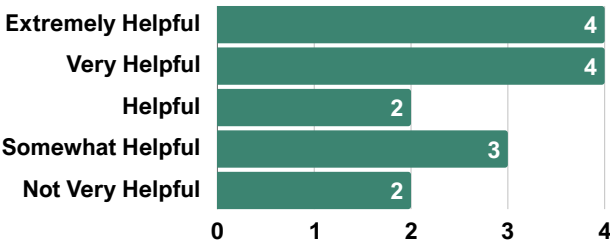
In August, PWHAI coordinated a cross-PPN debrief for WHAI, ACCHO (African and Caribbean Council on HIV/AIDS in Ontario) and GMSH (Gay Men’s Sexual Health Alliance) staff who completed San’yas ICS training. This debrief connected with four (4) ACCHO staff and one (1) GMSH worker. Moving forward, PWHAI will continue to explore opportunities for collective debrief sessions amongst PPN staff.

ANTI-BLACK RACISM SESSIONS

For over four (4) years, WHAI has continued to provide spaces and training for Coordinators to unpack and address the impacts of anti-Black racism and commit to rupture systems of white supremacy. In this reporting period, Coordinators undertook monthly sessions with Watetu Gichuki and Snjezana Pruginic, who facilitated space for them to reflect on, support each other, and strategize about ways to apply these learnings to their community, workplaces, and lives. Coordinators provided examples of the impacts of these sessions:

“A large part of my community development work is participating in networks that address systemic issues such as gender-based violence, poverty and health equity. The learnings from the anti-Black racism work has helped me to identify systemic barriers rooted in anti-Black racism and given me more confidence as well as strategies for creating dialogue to disrupt inherent systemic racism.”

However, feedback on the helpfulness of these sessions was quite split, with 53.3% of Coordinators (n=8) finding the sessions to be **Extremely Helpful** (n=4) or **Very Helpful** (n=4).



Moving forward, PWHAI will continue work alongside facilitators, WHAI Coordinators and their respective ASOs to work towards to strengthening these sessions to meet the emergent needs of both new and seasoned Coordinators.

As well, PWHAI encourages all staff from ASOs to familiarize themselves with and utilize sections of the Anti-Black Racism Facilitation Guide to guide local anti-Black racism conversations and initiatives. PWHAI continues to strengthen anti-Black racism work at the provincial level through the sector’s Anti-Black Racism Working Group.

COMMON AGENDA

PRIORITY AREAS FOR COLLABORATION

WHAI’s Priority Areas for Collaboration (PAC) support Coordinators in refining their community capacity building work in their local communities. The PAC were informed by community consultations conducted by Coordinators in 2021 and 2022.



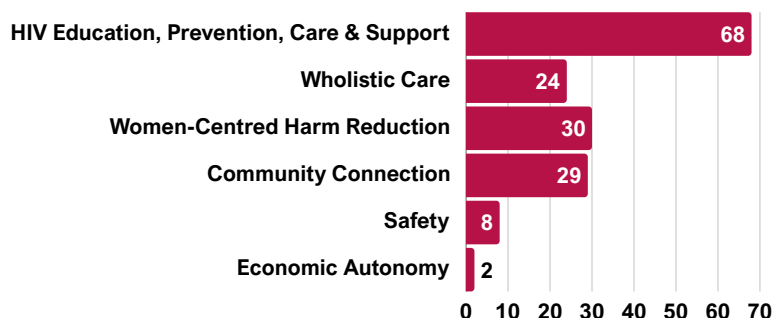
This fiscal period, WHAI has selected the following three (3) Priority Areas for Collaboration to focus on for collaborative provincial work:

- 1. HIV Education, Prevention, Care and Support
- 2. Wholistic Care
- 3. Women-Centred Harm Reduction

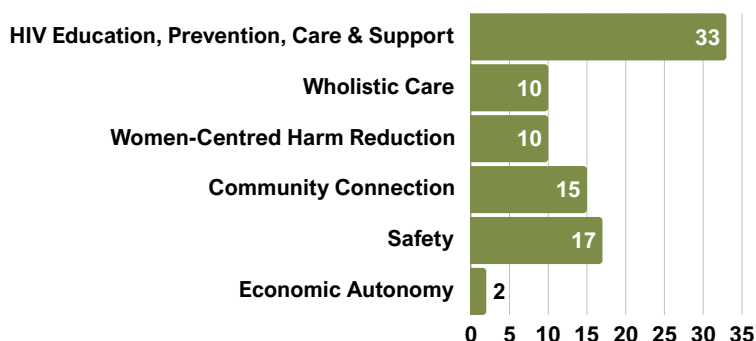
This focus on the above Priority Areas for Collaboration is informed by actions and guidelines outlined WHAI’s Collective Action Community Change report.

As part of supports, PWHAI provides Coordinators with links to a variety of resources, including updated testing guidelines, information on research and workshops related to each of the six (6) PAC.

All of these resources and updates are curated and shared by PWHAI in the weekly Network email sent out on Fridays. The contents in weekly emails are also strategically organized by PAC. In this reporting period, it was found that **42.2%** (n=68) of content shared related to **HIV Education, Prevention, Care and Support**, and **18.6%** related to **Women-Centred Harm Reduction** (n=30).



The PAC support Coordinators in strategically planning and organizing their gatherings, based on local trends and emergent needs of WHAI's priority populations. In this reporting period, Coordinators were asked which PAC their local community partners supported them in. Thirty-three point eight percent **33.8%** (n=33) of partners supported **HIV Education, Prevention, Care and Support** work. Partners supporting Coordinators in **Wholistic Care** and **Women-Centred Harm Reduction** were both tied at **11.8%** (n=10) respectively:



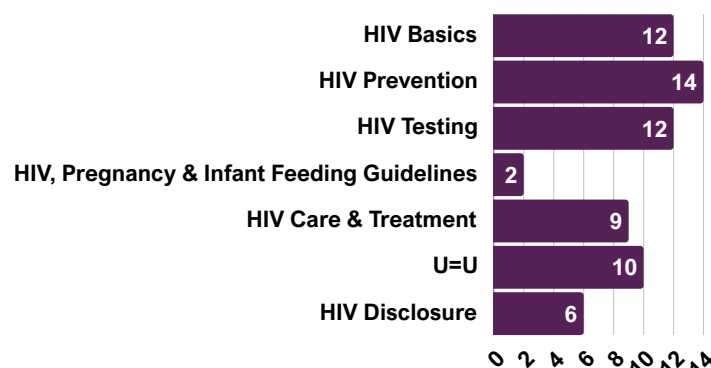
HIV Education, Prevention, Care and Support

100%

HIV Education, Prevention, Care and Support is the core of WHAI's work, undertaken by all Coordinators. In the CACC report, moving HIV Education, Prevention, Care and Support work is moved forward through:

- **Facilitating community capacity building, knowledge exchange and resource development focusing on women's needs and experiences.**
- **Cultivating spaces of sharing and learning amongst women living with HIV and community organizations.**
- **Amplifying women's expertise to improve women's HIV prevention, care and support.**

This reporting period, Coordinators offered a variety of HIV Education, Prevention, Care and Support initiatives in their communities:



One-hundred percent **100%** of Coordinators (n=14) led HIV Prevention activities, which included capacity building on PrEP, PEP and PIP in their local communities. Eighty-five point seven percent **85.7%** of Coordinators (n=12) led HIV Basics activities, which include HIV 101 trainings for local service providers. As well, **85.7%** of Coordinators (n=12) supported HIV Testing initiatives, such as supporting access HIV testing for **women**, as well as providing information on the updated HIV testing guidelines.

The recent update to the Living in the Asterisk (*) resource likely contributed to the **71.4%** of Coordinators (n=10) leading U=U-related initiatives in their local communities.

"I have promoted HIV self-testing as a vital tool for early detection, empowering individuals to take control of their health with accessible and private testing options. By educating the community about PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis), I aim to equip people with preventive strategies that can significantly reduce their risk of contracting HIV."

"As a member of the Red Care Collective, we contributed to maintaining and expanding the programs listed in the Red Care Collective (RCC) online directory, which provides a range of services to support people living with HIV, including access to food drives, mental health service and social programming."

*"We participated in "Wellness Days," where **women** could receive free health screenings, nutritional advice, and mental health support. We established partnerships with local organizations to create a referral network, ensuring that **women** could easily access various services tailored to their needs."*



Wholistic Care

78.6%

Wholistic Care recognizes the interconnectedness of the physical, mental, emotional, spiritual, and community-based elements of wellbeing. A Wholistic Care focus is decolonial in practice, and recognizes non-Western healing models that can support the wellbeing of WHAI's priority populations. The CACC report provides examples of Wholistic Care work:

- Supporting thoughtful referral pathways and collaborative efforts between community partners for wrap-around, wholistic care.
- Building capacity for culturally inclusive, anti-racist models of care that integrate a wholistic approach, and foster strong linkages to HIV prevention and care.
- Sharing knowledge and awareness about the impact of stigma, judgment and racism in care services.

In this reporting period, **78.6%** (n=11) of Coordinators led Wholistic Care initiatives. Some examples of Wholistic Care work included conducting consultations with WWLE, which provided an opportunity for WWLE to shape their local WHAI's workers' future gatherings.

Coordinators' also provided wrap-around care supports for **women**, as well as working collaboratively with partners and regional networks to update directories to provide clearer pathways for **women** to access local services and warm referrals:

*"During this reporting period, three 1:1 PrEP consultations with ACB and Trans **women**, and one 1:1 consultation on contraceptive options with a woman living with HIV were held. Work has begun to create a consultation booking portal specific to **women** and femmes in the KW region."*



Women-Centred Harm Reduction

78.6%

Women-Centred Harm Reduction work for Coordinators can consist of offering **Women** and Harm Reduction 101 training for service providers, as well as advocating for gender-inclusive harm reduction practices and spaces for **women**. The CACC report encourages Coordinators move **Women**-Centred Harm Reduction work forward through:

- Collaborating with local harm reduction teams and partner organizations to enhance spaces where **women** who use drugs/substances can safely access service and connect with each other.
- Drawing on WHAI's **Women** and Harm Reduction Toolkit and other resources to support community capacity building work, amplify the voices of **women** and include their expertise throughout all aspects of the work.
- Working with **women** who use drugs/substances to facilitate community education and enhance connections to safe, trauma-aware, culturally inclusive care.

In this reporting period, **78.6%** (n=11) of Coordinators conducted **Women**-Centred Harm Reduction work in their local communities.

The announcement of Consumption and Treatment Services (CTS) closures will have the potential to impact **women** who use drugs across the province, and will be important to watch moving forward.

Many Coordinators supported their harm reduction staff and other local harm reduction workers with **women**-only drop-ins and socials at their ASOs, as well as leading harm reduction training at shelters in this reporting period:

*"One key project was the establishment of a dedicated harm reduction team comprised of peers, volunteers and staff. This team provided peer support and education on safer substance use practices, connecting participants to vital resources such as naloxone distribution and safe consumption supplies. We get together weekly as a drop in group where we promote self-advocacy, empowering **women** to navigate the healthcare system effectively."*

*"1) Training StreetWorks SHARPS staff on HIV prevention, testing and treatment to increase uptake and access to HIV self-testing and prevention strategies including referrals to Niagara's PrEP Clinic among **women** who use drugs.*

2) Organizing and moderating a panel discussion on Harm Reduction in Niagara for a community forum attended by community organizations, community leaders and local politicians."

Outside of focused work related to HIV Education, Care and Support, Wholistic Care and **Women**-Centred Harm Reduction, Coordinators also organized local initiatives in the remaining three (3) Priority Areas for Collaboration this reporting period. These are unpacked below.



Community Connection 92.9%

Community Connection underscores the importance of reducing isolation by creating safe(r) spaces for **women** to gather, share their lived experiences, and share resources amongst each other. Ninety-two point nine percent **92.9%** of Coordinators (n=13) led Community Connection initiatives this reporting period.

Coordinators reported offering meetups for WWLE to connect, workshops for **women** to build life skills through cooking, crafting and sewing. As with Wholistic Care, Coordinators mentioned that through creating cohesive partnerships, they were able to support **women** in creating community. Coordinators also made sure to attend larger community gatherings to connect with **women** who may not be connected to their ASO to share sexual health and HIV resources. These initiatives all highlighted the importance of creating safe(r) environments that emphasized belonging, mutual care and peer support:

*We prioritized Community Connection by fostering strong relationships among **women** in our community. We organized a series of weekly meetups where participants engaged in skill-sharing activities, such as cooking, crafting, and wellness practices. These gatherings not only encouraged social interaction but also built a sense of belonging and mutual support."*

"Community connection is a priority in focus groups where we support conversations and the sharing of lived knowledges. It is also work that is forefront in our Pride actions and outreach at special events like the River and Sky festival."



Safety 50%

Safety highlights the many structural barriers **women** encounter that prevent them from feeling safe, which include access to safe(r) and affordable housing, freedom from violence, misogyny, racism, transphobia, and other forms of oppression. Fifty percent **50%** of Coordinators (n=7) led Safety initiatives, and in their progress reports, Coordinators exhibited a variety of Safety interventions, such as engaging with **women** through consultations and conversations on safety and intimate partner violence, creating safe(r) spaces for **women** to gather and congregate, and supporting local food cupboards.

This reporting period also demonstrated a considerable number of Coordinators participating in Prisoner Justice Day initiatives, an example being a joint Instagram Live event, hosted by Coordinators from CAYR and Moyo.

*"We are launching a community initiative called "Safe Spaces," which provide[s] designated locations for **women** to gather and access resources without fear of stigma or violence. These spaces offered support from trained volunteers and included workshops on personal safety, self-defense, and navigating difficult situations."*

"Collaborating with community organizations advocating for the rights of refugees and temporary workers, attended the Toronto Undocumented Residents Day, and supported the advocacy for regularizing residency status for migrants and temporary workers."

Economic Autonomy 50%

Economic Autonomy recognizes the far-reaching impacts of financial insecurity as a social determinant of **women's** health and wellbeing. Rising costs of living and fewer safe(r) and affordable housing options has greatly impacted the Economic Autonomy of WHAI's priority populations. Fifty percent **50%** of Coordinators (n=7) led Economic Autonomy initiatives.

In this reporting period, Coordinators actively looked for grant and funding opportunities to support local initiatives, such as ACDR's peer support program. This program pays WWLE for their peer support efforts in ACDR's harm reduction socials. Economic Autonomy also looked like providing practical supports to **women** through access to pantries, baby supplies for caregivers, clothing, hot meals and bus fare to attend in-person gatherings. Coordinators also actively participated in network meetings focused on economic supports for **women**:

"Examples in how Economic Autonomy has been integrated in my work include practical assistance to try and help support financial difficulties. Also getting to know those I support has helped me in securing resources that come into our organization such as diapers, formula, baby food, pantry items, clothing etc."

*"The YBW Project – Graduated 12 **women** in June, offering sessions on financial literacy and career planning."*

*"We ensure that **women** in the community are provided with hot meals and TTC tickets to cover their travel expenses. This approach helps ease their financial burdens and supports their participation in community programs, promoting their overall well-being."*

In all, the PAC serve as a roadmap to guide and strategically inform the local capacity building work done by WHAI Coordinators. PWHAI will continue to work with Coordinators in planning which three (3) will be the focus for each reporting period, based on their input and emerging local trends.

HIV ACTION PLAN TO 2030

The HIV Action Plan is a provincial strategy that aims to greatly reduce the number of HIV infections and ensure people living with HIV have access to HIV treatment, services and support. The HIV Action Plan informs WHAI's work and is linked to the Priority Areas for Collaboration mentioned above. Particularly, WHAI focused on the HIV Action Plan's priorities, which includes initiatives related streamlining access to testing services, and HIV prevention:

- **Reach the 11% of people with HIV in Ontario who are undiagnosed and link them to testing and treatment.**
- **Reach the 13% of people in Ontario who are diagnosed with HIV but not on treatment to provide the supports they need to improve their health.**

Many of the ways Coordinators aimed to meet these provincial priorities included resource sharing, various education initiatives, creating affinity spaces for Indigenous, ACB, and other racialized **women** to gather, as well as supporting outreach and HIV testing kit distribution:

*"We offered an education workshop on HIV Basics at Wanapitei First Nation, which spurred the creation of a Bingo game that enhances retention of information and improves learning. Our **women**-centered harm reduction initiative incorporates these goals in multiple ways. Our support of the TAP (treatment and prevention) clinic and its prioritizing of PrEP for women also reflects the 2030 goals."*

"Educate individuals and provided resources and self-test kits to prevent transmission and resources that will provide medical help if needed Prevention activities such as sex toy bingo help as individuals ask questions and open conversation about safety, risks, and resources to prevent transmission."

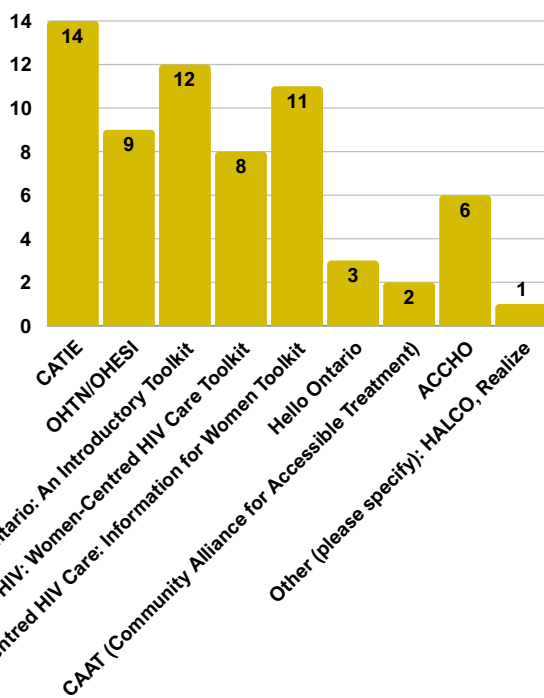
PWHAI will continue to encourage Coordinators to refer back to the HIV Action Plan when developing their local work plans to ensure gatherings are informed by these provincial priorities.

NEW AND EMERGENT TRENDS

In each reporting period, PWHAI asks Coordinators to share any new and emerging trends in their cities. Some of these trends includes urgent STBBI and HIV education, prevention and culturally-responsive care and support for ACB newcomer **women**, continued gender-inclusive harm reduction supports in the face of CTS and select shelter closures for WWUD and precariously housed **women**, as well as more wholistic approaches to supporting HIV+ **women** in regards to aging and menopause. PWHAI will continue to provide provincial capacity building opportunities for Coordinators, informed by these emergent trends.

PROVINCIAL EVIDENCE-BASED SOURCES

PWHAI encourages Coordinators to utilize provincial evidence-based sources and data to ensure their knowledge is up-to-date. Coordinators referred to a variety of provincial sources to inform their local work. The most utilized sources came from CATIE, WHAI, and the OHTN and OHESI. There was also a considerable number of Coordinators using ACCHO resources in their local work.



LOCAL EVIDENCE-BASED SOURCES

PWHAI also encourages Coordinators to reference local evidence-based data in their work. All Coordinators referenced local public health data related to rates of STBBI was used to inform sexual health and HIV 101s. As well, Coordinators also looked at overdose rates in their regions to inform their harm reduction work and harm reduction 101s.

In their reports, Coordinators mentioned the importance of feedback provided by WWLE in anchoring and informing their future community offerings. As well, other local sources used were reports and work done by partnering organizations:

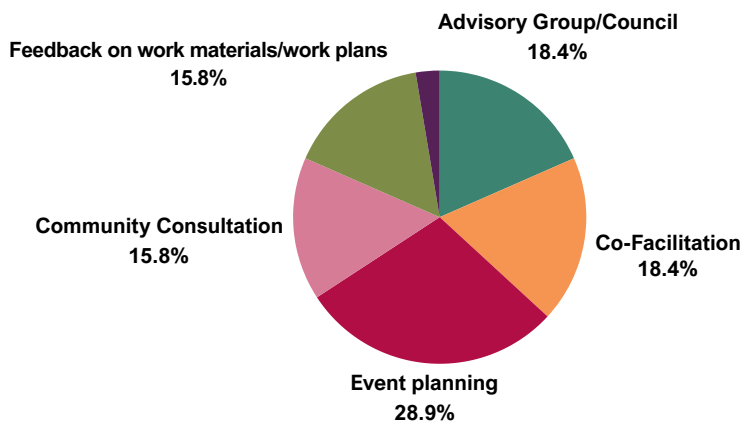
*"We use STBBI information, harm reduction and overdose numbers. We also mobilize work with and in relation to in-house nursing and social work staff, and local support organizations like E. Fry, shelters, and the **women's** center. These collaborative efforts enable real time evidence-based feedback and support around the kinds of work we might engage/the education we provide."*

MUTUALLY REINFORCING ACTIVITIES

WORKING WITH **WOMEN** WITH LIVING/LIVED EXPERIENCE (WWLE)

WHAI work is guided by the principles of GIPA/MEPA. Involving **women** in WHAI's work provides a platform for **women** to exercise leadership, ensure that WHAI work is grounded and informed by their wisdom and living experiences as **women**, provide educational and teaching opportunities, as well as build community with other **women** in their city and across Ontario.

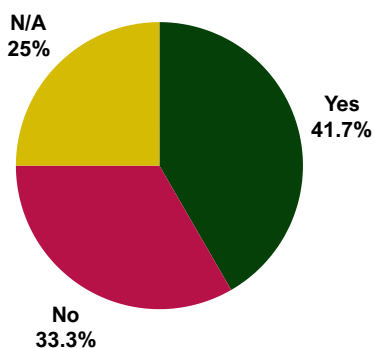
One-hundred and eighty-eight (188) WWLE from WHAI's priority populations were involved in WHAI work across the province. **Women** were involved in consultations, advisory committees, facilitation, and volunteering for community offerings and in-house ASO programming.



Coordinators shared some positive impacts of working closely with WWLE:

"Involving clients as co-facilitators in events and programs encourages more women to join us. Co-facilitation gives women a sense of ownership and agency, motivating them to bring other women along. When women see their friends as co-facilitators or volunteers, they're also encouraged to approach me and ask how they can help. This peer support fosters closer relationships with the women I serve, creating intimacy and trust. As clients come to see me as a trustworthy friend rather than just a service provider, they're more inclined to share all the good and bad moments in their life."

Coordinators were also asked if their respective ASO had a designated **Women's** Advisory Group. Responses were mixed, as some ASOs had dedicated Advisory Groups for **women** living with HIV (WLWH), and occasionally for PWUD and Peer Advisories. Of the Coordinators who responded to this question (n=12), **41.7%** Coordinators (n=5) noted having advisories at their respective ASOs.



PWHA will continue to encourage ASOs to set aside funding for advisory group initiatives as a part of GIPA/MEPA work. Guaranteed funding for **women's** advisories ensure WWLE are paid for sharing their living experiences, wisdom and expertise in shaping local WHAI work.

WHAI NETWORK COLLABORATIONS

WHAI provides opportunities for intra-WHAI collaboration for Coordinators to work together on provincially focused work. In this reporting period, **64.3%** (n=9) Coordinators reported participating in a cross-WHAI collaboration. Examples of network collaborations included the Truth and Reconciliation (TRC) Working Group and the HIV and Menopause Working Group:

"I have been participating in the TRC working group and HIV and Menopause Working Group. Participation reduces the feeling of doing the work in isolation. It provides an opportunity for feedback on work I am doing in my community and to learn from other WHAI coordinators experiences in their communities. Sharing resources and the workload allows me to offer more to my community."

As with the previous reporting period, many Coordinators have asked for more opportunities for WHAI Network collaborations, and PWHA will continue to provide these opportunities.

PPN COLLABORATIONS

WHAI encourages Coordinators to collaborate with ACCHO and GMSH workers at their respective ASOs. One-hundred percent **100%** Coordinators (n=14) shared that they have collaborated with their local ACCHO and/or GMSH worker. These collaborations varied from Pride events, Juneteenth and Emancipation Day events, National Testing Day events, and WHAI Coordinators supporting other PPN staff in drop-ins or circles:

"Yes, I have done work [with] both ACCHO & GMSH Worker. We collaborated on Juneteenth ACB Pride, Emancipation Community Event, IOAD Events Take Back the Night, ANCHOR Gala and on-going relationship. Also supported ACCHO worker in Focus Group that was conducted in person. ACCHO worker also supported in TBTN as well."

"It has allowed us to build important and sustainable relationships with other organizations in the region that are doing similar work. We have also been able to seamlessly refer clients who use our services to them. This has been helpful in learning more about how to engage in **women**-centred and client focused work by learning from those who have been doing this work for many years."

Historically, there have been close collaborations between WHAI Coordinators and ACCHO Strategy Workers, a trend reflected in this reporting period. For WHAI sites that did not have opportunities to connect with ACCHO or GMSH workers, sharing resources and social media was done.

The upcoming reporting period will provide further opportunities for Coordinators to participate in future PPN collaborations for 16 Days of Activism Against Gender-based Violence, Black History Month, Love Positive **Women** and the Strawberry Ceremony.

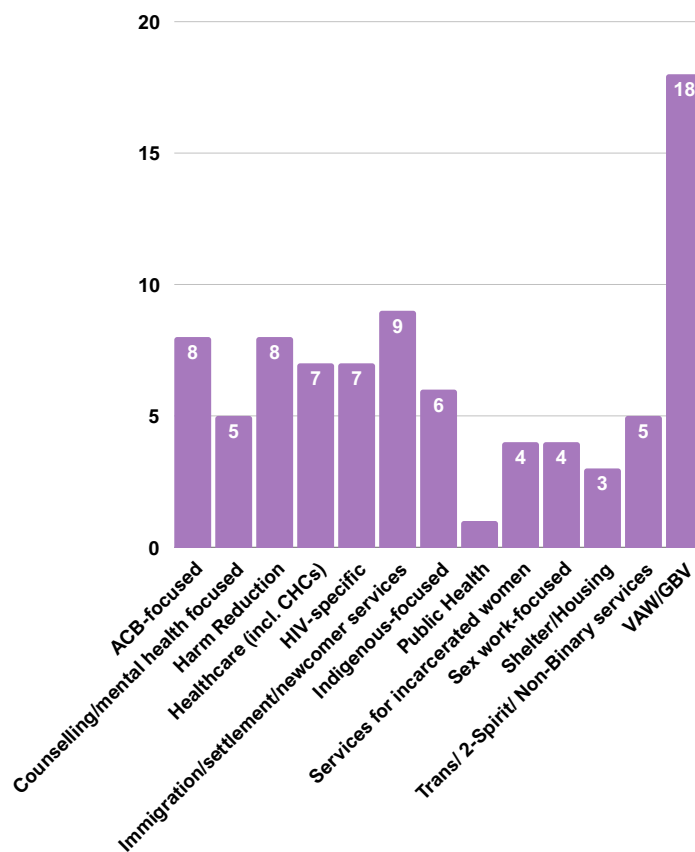
REGIONAL NETWORK COLLABORATIONS AND LOCAL PARTNERSHIPS

PWHAI encourages Coordinators to participate in regional network collaborations. These could include supporting their local Sex Work Advocacy Network (SWAN), Harm Reduction Coalition, or VAW/GBV Network. Seventy-eight point six percent **78.6%** (n=11) of Coordinators reported being a member of a local or regional network. Coordinators shared how these networks have been helpful to their work:

"Participating in regional service network collaborations expands the reach of the work by providing various platforms to connect with community in different ways and creates opportunities to make links and address structural factors that increase risk for HIV acquisitions among priority populations and impact health outcomes for **women** living with HIV."

As with regional network collaborations, local community partnerships are an integral piece of moving WHAI work forward. Eighty-five point seven percent **85.7%** (n=12) of Coordinators reported working with partners, collaborating with a total of eighty-five (**85**) community partners across Ontario. Over half of these partnerships were existing partnerships (n=47), nearly a quarter were new partnerships (n=26), and a smaller number were developing partnerships (n=13).

In terms of sector, there was the greatest representation of partners from the Violence Against **Women**/ Gender-based Violence (VAW/GBV) sector at **21.2%** (n=18). Partners representing Immigration/ settlement/ newcomer services totaled **10.7%** (n=9) of partnerships.



Coordinators, particularly from central and southern Ontario, have reported the urgent need for practical support for newcomers over these last couple of reporting periods. Our hope is that these partnerships support continue to Coordinators in their capacity building work with service providers from this sector to ultimately better support newcomer **women** living with or at-risk of HIV.

In this reporting period, Coordinators overall reported fewer challenges working with partners. Particularly, the challenges expressed were related to structural barriers, including the closure of CTS and other services, conflicting schedules with partners, staff shortage and turnover. Coordinators continue to ensure that finding common ground and linking HIV to collaborative work with partners has been key.

GATHERINGS

WHA! Coordinators were part of coordinating gatherings that could not have happened without the strong partnerships with WWLE, other staff at their ASOs, partners in community, and other WHA! Coordinators.

Community Gatherings are events that WHA! Coordinators organize or co-organize where service providers and **women** are brought together to build community capacity related to WHA! work. Community gatherings can include forums, workshops, town halls, informal groups and awareness-raising events.

Many gatherings this reporting period were informed by awareness-raising campaigns and initiatives, such as Pride, Prisoner Justice Day, International Overdose Awareness Day (IOAD), and Take Back the Night. In fact, more Coordinators organized events for Prisoners Justice Day than previous years, affording Coordinators opportunities to highlight the disproportionate rates of incarcerated Black and Indigenous **women**, and the links between incarceration, linkages to care, and HIV rates.

In this reporting period, **100%** (n=14) of Coordinators organized and hosted one-hundred and twenty-one (**121**) gatherings across Ontario, with one-hundred and three (**103**) being in-person and eighteen (**18**) taking place virtually.



103 IN-PERSON GATHERINGS

18 VIRTUAL GATHERINGS



1,362 **WOMEN** IN ATTENDANCE



553 SERVICE PROVIDERS IN ATTENDANCE

CONTINUOUS COMMUNICATION

RESOURCE DISTRIBUTION

Resource distribution is a major component of WHA!’s work to raise awareness and build community capacity to work with **women** living with HIV and those who face structural risks related to HIV acquisition. In this reporting period, WHA! Coordinators distributed four-thousand one-hundred and twenty-six (**4,126**) physical resources across the province. The most popular resources distributed were:

1. *PrEP and **Women**: What You Need to Know* (**898** copies)
2. *PEP and **Women**: What You Need to Know* (**799** copies)
3. *HIV Testing Guidelines Bookmarks* (**718** copies)

Coordinators have routinely shared that the smaller size of these resources support them in sharing, especially with those who prefer discretion. Electronic versions of WHA! resources were also shared by Coordinators to extend reach to community members and partner organizations who prefer electronic versions and/or may not be able to obtain paper copies. PWHAI also mailed resources (drawstring bags, IOAD posters and lip balms) to Coordinators to distribute for their local IOAD campaigns. These items are tools which aid Coordinators in igniting conversations and supporting community capacity building related to sexual health, HIV testing, harm reduction and wellness. Coordinators distributed over seven-hundred (**700**) of these items to mark these occasions and build awareness within their communities.

These resources were well-received and appreciated by community members:

"I believe the drawstring bags and the ChapSticks were the most helpful. Because that could be used individuals who are part of our priority population but also are in transit of housing and able to place their belongings. I also think it was a great way to place all the information in one bag for them to review and navigate through later but also informing them what can be found inside. I also was told it helps keep everything safe so that way no information that they might not want to share or walk around with is on display."

"The lip balm and drawstring bags served as practical items that helped increase community engagement."

UPCOMING RESOURCES

TRC resources

In September 2023, a TRC Working Group of Coordinators was created to update an existing WHAI document from 2017 that outlined WHAI commitments to the 94 Calls to Action from the Truth and Reconciliation Commission of Canada and the 231 Calls for Justice from Reclaiming Power and Place: The Final Report of the National Inquiry Into Missing and Murdered Indigenous **Women** and Girls.

In summer 2024, Coordinators were mailed copies of these resources and tasked with capacity building at their respective ASOs. Seventy-one point four percent **71.4%** of Coordinators (n=10) reported leading these sessions, opening dialogue on examples of ongoing allyship with local Indigenous communities:

"The Indigenous Landscape of Community Change Poster and Training have deepened our staffs' understanding of Indigenous cultures, leading to more reflection, and culturally sensitive and inclusive approaches in our services."

These resources are available on WHAI's website, and were mailed to Coordinators in November 2024. PWHAI looks forward to Coordinators and ASO staff continuing to utilize these resources for ongoing conversations of reconciliation in their communities and amongst partners.

PIP Pamphlet

PWHAI has worked with experts to release a pamphlet on PEP-in-Pocket (PIP), as an HIV prevention tool to better support **women** in contracting HIV. This pamphlet was mailed out to Coordinators in November 2024.

Internal condom stickers

Internal condoms are an underutilized and underresourced STBBI and HIV prevention tool, and continues to be referred to as the "female condom." After a discussion amongst Coordinators, PWHAI sent out a feedback form to query Coordinators on possible actions to amend this. An internal condom sticker was created for Coordinators to distribute in their communities. These stickers were mailed out to Coordinators in November 2024. PWHAI will also continue to work with the distributor to update and rename their packaging.

UPDATED RESOURCES

In this reporting period, PWHAI has spent time updating several of its resources, ensuring Coordinators have the most up-to-date information related to HIV prevention for **women**.

Living in the Asterisk (*) resource

Originally released in 2017 as an online-only WHAI resource, this 2024 update contains changes in language, science and landscape of HIV care and prevention in Ontario, as well as highlighting gaps that impact **women** living with HIV.

100% of Coordinators found this resource to be **Very Helpful** (n=7) or **Helpful** (n=6), and provided feedback:

Women, HIV & Stigma: A Toolkit for Creating Welcoming Spaces

This resource was updated in spring 2024 from a booklet to a folder with individual pieces that Coordinators could use separately or in conjunction with each other.

Overall, **71.4%** (n=10) of Coordinators found this resource to be **Very Helpful** (n=7) or **Helpful** (n=3).

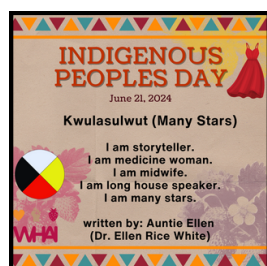
SOCIAL MEDIA

PWHAI, specifically the Resource Development and Social Media position, creates social media posts as tools to support Coordinators and ASOs in their online engagement with community partners for awareness-raising and capacity building. Eighty-four point six percent **84.6%** of Coordinators (n=11) found these social media posts to be **Very Useful** (n=5) or **Useful** (n=6).

One hundred percent **100%** of Coordinators (n=14) reported sharing these posts on their ASO's social media pages, primarily via Instagram. The most shared posts included:

1. **LOAD post (85.7%)**
2. **Pride Month post (78.6%)**
3. **International Harm Reduction Day and Prisoner Justice Day posts (71.4%)**

PWHAI encourages Coordinators to continue sharing these social media with their local partners.



CLOSING REMARKS

This Report unpacked WHAI initiatives that took place in the first half of the fiscal. The end of this reporting period highlighted structural barriers that can impact WHAI's priority populations. In particular, the announced closure of CTS sites emphasizes the urgent need for more gender-inclusive harm reduction models to support WWUD, especially Indigenous **women**, racialized **women**, and **women** who sex work. More provincial capacity building to support Coordinators in **Women-Centred Harm Reduction** will be forthcoming.

PWHAI looks forward to also learning about how Coordinators will utilize new resources shared in fall 2024, including the PIP pamphlet and internal condoms in their HIV Education, Prevention, Care and Support work, as well as the TRC poster, facilitation guide and card decks in their anti-racism capacity building initiatives.

There was a significant amount of WHAI network collaborations during this reporting period, and PWHAI looks forward to further intra-WHAH collaborations amongst Coordinators in upcoming awareness-raising campaigns, particularly Love Positive **Women**, Black History Month and the Strawberry Ceremony.

In the next reporting period, continued focus on supporting linkages to care and actively providing warm referrals will be key to support **women**. To do so, PWHAI will continue to inform and guide provincial work with a focus on the three (3) Priority Areas of Collaboration: 1) HIV Education, Prevention, Care and Support, 2) **Women-Centred Harm Reduction**, and 3) Wholistic Care.