



WHA NETWORK

H2 PROGRESS REPORT

OCTOBER 2024 - MARCH 2025

WHA Women &
HIV/AIDS
Initiative



OVERVIEW

The Women* and HIV/AIDS Initiative is a community-based response to HIV among cis and Trans **women**, 2-Spirit and Non-Binary people in Ontario. In particular, we seek 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. As such, our work focuses on cis and Trans **women**, Two-Spirit and Non-Binary people who are living with HIV, African, Caribbean and Black (ACB), 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.

WHAI uses evidence-based practice to build community capacity to address both the structural and social barriers that increase **women's** risk for HIV.

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

- **Reduce HIV risk for women disproportionately affected by HIV.**
- **Enhance local community capacity to address HIV.**
- **Build safer environments to support women's HIV-related needs.**

Goals are met through a network of seventeen (**17**) funded WHAI Coordinator positions at sixteen (**16**) AIDS-service organizations (ASOs) across Ontario**, working closely with each other, community partners and **women** with living/lived experience (WWLE). The network is supported by a provincial team (PWHAI) who provides backbone support for network capacity building and project-based work. This team includes the Director (Molly Bannerman), Program Lead (Kristin Boyer), Resource Development and Social Media Coordinator (Maddie Yim), as well as the Evaluation and Knowledge Translation Lead (Asli Mahdi).

WHAI's work continues to be informed by the principles of GIPA/MEPA, ensuring we are always including the voices and wisdom of **women**. WHAI's provincial office works with a group of **women** who advise on the development of resources, projects and the annual WHAI work plan. This workgroup meets four (**4**) to six (**6**) times a year to inform WHAI planning.

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

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** During this reporting period, one of the WHAI sites was not running; however, we anticipate they will re-open the coming months.

INTRODUCTION

This Progress Report outlines WHAI's community development and capacity building work from October 2024 to March 2025, and is informed by the five (5) conditions of Collective Impact:

SHARED MEASUREMENT

This Progress Report serves as a **Shared Measurement** of WHAI work conducted by Coordinators across the province.

BACKBONE SUPPORT

Backbone Support provided by the provincial WHAI team (PWHAI) through weekly emails, the WHAI Google Hub and monthly Coordinator meetings, resource development and project coordination, capacity building related to equity, diversity and anti-racism work.

COMMON AGENDA

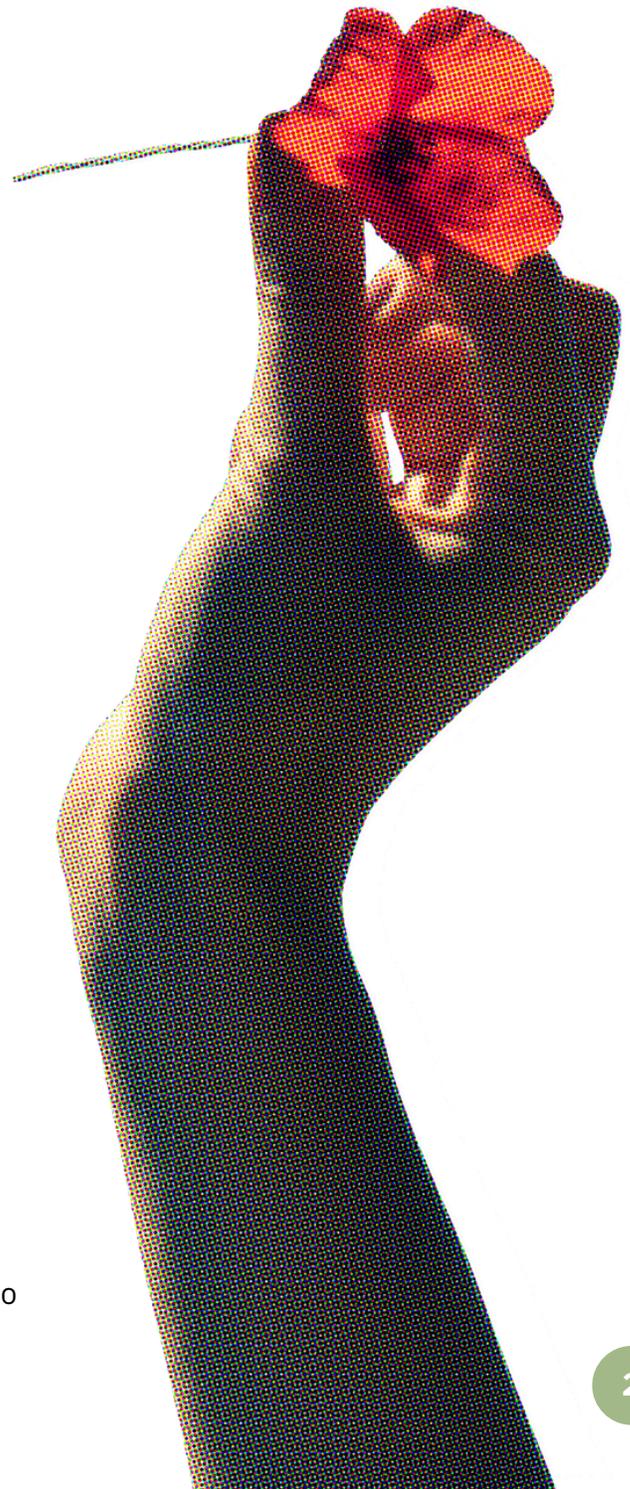
A **Common Agenda**, informed by input from WWLE and community partners in WHAI's Collective Action and Community Change (CACC) report and the six (6) Priority Areas for Collaboration, Ontario's HIV Action Plan to 2030, as well provincial and municipal evidence-based resources and data. This section also provides space to identify emergent trends and ensure our provincial work responds to community needs.

MUTUALLY REINFORCING ACTIVITIES

Mutually Reinforcing Activities, which include a focus on collaborations and partnerships with **women** with WWLE, amongst Coordinators, with other Priority Population Networks (PPNs), and with regional network and community partners.

CONTINUOUS COMMUNICATION

Continuous Communication about the development, distribution and use of WHAI Resources, other relevant community resources and social media. WHAI invites community organizations to contact their local WHAI worker to explore opportunities to connect and collaborate.



BACKBONE SUPPORT

For this reporting period, WHAI received all fifteen (15) expected Progress Reports, two (2) of which were submitted by a Manager. The two additional WHAI positions were vacant throughout this reporting period. This reporting period illustrated turnover in WHAI Coordinator tenure, with **57.1%** for less than one (1) year, **28.6%** of Coordinators being in their role for one to two (1-2) years, and **14.3%** for more than five (5) years.

PWHAI TEAM

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 use in capacity building in their local 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 knowledge translation and up-to-date relevant information, capacity building and a space for Coordinators to connect with each other.

When asked about PWHAI support, feedback from Coordinators was positive overall:

100%

of Coordinators found the Weekly Emails to be **Extremely Helpful** or **Quite Helpful**.

90.9%

of Coordinators **Strongly Agreed** or **Agreed** that the Frequency of Meetings were appropriate.

92.3%

of Coordinators found Overall Communication from PWHAI to be **Extremely Helpful** or **Quite Helpful**.

50%

of Coordinators **Strongly Agreed** or **Agreed** that they had opportunities to connect with other Coordinators.

91.7%

of Coordinators found the WHAI Google Hub to be **Extremely Helpful** or **Quite Helpful**.

100%

of Coordinators **Strongly Agreed** or **Agreed** that the content of meetings were relevant to their work.

Based on this feedback, the PWHAI team will continue to ensure that weekly emails and overall communication are rooted in our collective work and work to foster more opportunities for Coordinators to connect with each other and build cross-regional collaborations.

Overall, there was also a great appreciation of the regular communication from PWHAI, shared by an Executive Director:

“

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

WHA! is committed to intentional and ongoing learning that builds collective capacity to work from anti-racism, decolonial and anti-oppression frameworks to effectively address the disproportionate impacts of HIV on Black, Indigenous, and other marginalized communities.

SAN'YAS INDIGENOUS CULTURAL SAFETY TRAINING

All WHA! Coordinators complete 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 (6) months tenure, and Level Two completed after one (1) year tenure with WHA!. In this reporting period, fewer Coordinators completed these trainings, due to the greater number of new Coordinators starting with WHA!. We ensure that **100%** of Coordinators will be supported in building capacity through these training opportunities.

In this reporting period, a total of **13%** of Coordinators have completed Level One and Two of the San'yas Trainings. For those who completed the training in this reporting and the former, feedback was overwhelmingly positive.



I found the Indigenous Cultural Safety Core Health Stream training informative and relevant to increasing my capacity to do this work. I gained a better understanding of Indigenous histories and the diversities within communities, as well some of the practices of exploitation, genocide and oppression that formed what we now know as colonized Canada. There is still so much to learn, but I feel that this training was very effective in meaningfully connecting the historical content and our current realities.



*The San'yas training inspired me to think deeper about how we should do land acknowledgment as individuals and representatives of service organizations. I did a very personal yet collective land acknowledgement for Kingston's International **Women's** Week event in which I reflected on historical intimacies between migrant workers, Indigenous people and the slavery abolition movement.*



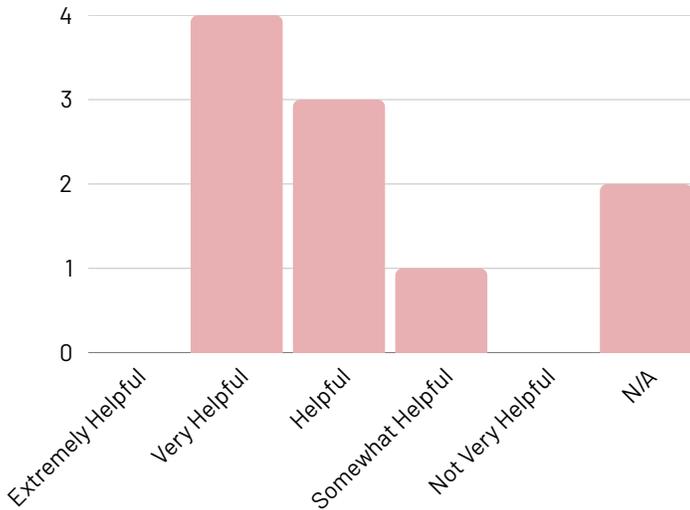
ANTI-BLACK RACISM SESSIONS

For nearly five (5) years, WHA! has continued to provide spaces for Coordinators to unpack and address the structural and social impacts of anti-Black racism and commit to rupturing these systems of white supremacy. In this reporting period, Coordinators undertook eight (8) sessions facilitated by Watetu Gichuki and Snjezana Pruginic, who hold space for them to reflect, support each other, and strategize ways to apply these learnings to their community, workplaces, and lives. Coordinators provided examples of the impact of these sessions:



*We amplify the voices of Black **women** by ensuring they are centered in both planning and execution. All the **women** involved in the LPW planning were Black **women**, bringing lived experience and leadership to the forefront. I was also part of the Black History Month Planning Committee, which organized a variety of events that celebrated and empowered Black communities. We also partnered with an ACB doctor to highlight the importance of culturally relevant care and representation in healthcare. Additionally, through our collaboration with **Women's** Health in **Women's** Hands (WHIWH), we delivered KTE items specifically for ACB PHA **women**, further supporting inclusive outreach.*

The feedback on the helpfulness of these sessions was favourable, with **70%** of Coordinators finding the sessions to be **Very Helpful** or **Helpful**.



While the feedback for this capacity-building work was largely positive, we also received feedback that changes are needed in the approach in order to support practical and implementable action to affect change, and to support structural change throughout the ASO sector. As such, PWHAI is currently in the process of reviewing and revising these groups to ensure that our approach meets the identified needs. As well, PWHAI continues to work with ASO leadership and provincial working groups to strengthen anti-Black racism work, as recommended in our 2023 Evaluation of this work.



COMMON AGENDA

PRIORITY AREAS FOR COLLABORATION

The HIV Action Plan serves as a roadmap for our work as a network, with clear goals, priorities and strategies to reduce new HIV diagnoses amongst priority populations, including **women**. The Priority Areas for Collaboration works to move these strategies and goals from the HIV Action Plan forward in our population-specific work with **women**, to respond to the needs identified by communities across Ontario.



They are informed by input from Executive Directors, Coordinators, and **women** from the provincial Living Experience Working Group. Based on network input, WHAI has selected the following Priority Areas for Collaboration for this period:

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

At a local level, WHAI Coordinators also work to strategically reach these goals in the following ways:



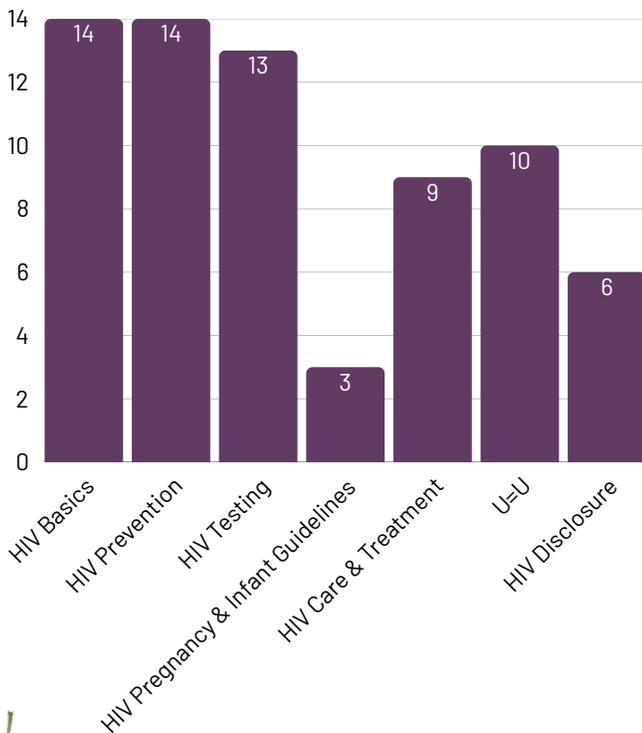
HIV EDUCATION, PREVENTION, CARE AND SUPPORT

100%

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

During this reporting period, **100%** of Coordinators offered a variety of HIV Education, Prevention, Care and Support initiatives in their communities, which included:



Notably, the recent update to the [Living in the Asterisk\(*\) resource](#) likely contributed to the **71.4%** of Coordinators leading U=U related initiatives in their local communities.



*During this reporting cycle, my work on HIV education and prevention continued with supporting newcomer **women's** access to sexual health services. In addition, it also expanded to awareness raising and improving accessibility for **women** who experience GBV. This work began with two workshops on HIV prevention, and access to PrEP and PIP at the Interval House shelter. It was then followed by more one-on-one consultation with **women** clients and case workers.*



*I worked closely with VAW shelters in Kingston to provide **women** safe and private access to HIV testing and information about PrEP and PEP.*



WHOLISTIC CARE

86.7%

Wholistic Care actively recognizes the layered and intersecting determinants that impact HIV related health and wellness. A Wholistic Care focus is decolonial in practice and recognizes non-Western healing models that can support the well-being 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, **86.7%** of Coordinators led Wholistic Care initiatives. Coordinators highlighted the importance of wrap-around care supports for **women**, as well creating welcoming spaces for gatherings that center wholistic approaches to wellness, especially for Indigenous and Black **women**.



*Efforts in wholistic care have focused on establishing integrated health clinics that provide comprehensive physical, mental, and emotional health services, tailored specifically to meet the needs of Indigenous **women** and their families.*



*We developed a workshop titled ‘Stress, Emotion, and Embodied Wisdom’ delivered as part of an education and wellness program held by the Afro **Women** and Youth Foundation. Using movement, art and group discussion was a valuable means to discuss isolation and stigma around anger and depression. Providing food at events and honoraria when possible. Addressing intersectional issues offers a means to wholistic engagement by developing a more focused area of engagement that incorporates multiple areas of a person’s life. Our work with HIV and GBV with newcomer **women** engaged many facets of lived experience in a dynamic and participatory atmosphere.*



WOMEN-CENTRED HARM REDUCTION

86.7%

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 WHA’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.

Most Coordinators supported their harm reduction staff and other local harm reduction workers with **women**-only drop-ins and **women**-centred harm reduction gatherings at their ASOs in this reporting period, creating safe(r) environments for **women** who use drugs and connecting **women** to testing services.



*Partnered with YWCA to offer regular drop-ins providing HIV self-testing, harm reduction supplies, and prevention support. Focused on creating a safe, non-judgmental space for **women** to access care and resources.*





*Our Weekly Monday Group, a dedicated space for **women** and gender-diverse individuals to connect, access harm reduction resources, and receive peer support. This group is co-facilitated by a peer with lived experience, ensuring a trauma-informed and community-driven approach. Discussions focus on safer substance use, mental wellness, and navigating services, fostering a supportive environment where participants feel heard and empowered.*

Coordinators have reported barriers due to the scaling back and tightening of resources and harm reduction services in their communities. In this reporting period, **86.7%** of WHAI sites reported conducting **Women-Centred Harm Reduction** work in their local communities, an increase from the previous reporting period (**78.6%**).

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.

NON-FOCUSED PRIORITY AREAS FOR COLLABORATION



COMMUNITY CONNECTION



Community Connection underscores the importance of reducing isolation by creating safe(r) spaces for **women** to gather, share their lived experiences, and resources with each other. **93.3%** of Coordinators led Community Connection initiatives this reporting period.

As with Wholistic Care, Coordinators stressed the importance of creating welcoming environments that centre peer support, which create opportunities for

women to access HIV testing and prevention supports.



Working with community partners to organize gatherings for the Trans community. A Healing and Wellness gathering was organized in recognition of the Transgender Day of Remembrance to provide a space for community members to come together and practice various healing strategies. A flag raising and community rally was organized to celebrate the Transgender Day of Visibility. This included speakers from the community, a coffee meet and greet and a community sing along to a TDOV song written and performed by a local Trans artist.



*Community Connection is also key to our programming with art making, yoga, and facilitating conversations around wellness during both the harm reduction drop-in and the **Women's Poz Group**. We have heard feedback that the **women** enjoyed communing with each other, particularly around food, so we try and make it a priority to ensure there is either a warm beverage or warm food available.*



SAFETY



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. All of these factors impact **women's** risks for HIV, and access to thoughtful and wholistic models of HIV treatment and care. **60%** of Coordinators led Safety initiatives, an increase from the last reporting period (**50%**).



In their progress reports, Coordinators exhibited greater work with safety initiatives amongst Indigenous, ACB and sex working communities that are disproportionately impacted by HIV.

“Working with Indigenous community partners to organize and event for Sisters in Spirit, raising awareness and honoring Missing and Murdered Indigenous **Women**, Girls and Two-Spirit people. One of the activities at the event was the creation of a collaborative art piece that included “love letters” of support written by attendees for **women** in the community who use drugs and to be displayed at the CTS.

“Facilitated a consultation on behalf of TCCS (Toronto Community Crisis Service) with ACB **women** living with HIV to gain insight into providing culturally appropriate mental health services in times of crisis. 13 ACB **women** living with HIV participated.

ECONOMIC AUTONOMY

50%

Economic Autonomy recognizes the far-reaching impacts of financial insecurity as a social determinant of **women’s** health and wellbeing, specifically intersecting with HIV risk and health outcomes. Rising costs of living and fewer safe(r) and affordable housing options has greatly impacted WHAI’s priority populations, disconnecting them from sexual health and HIV testing services. **50%** of Coordinators led Economic Autonomy initiatives, and in this reporting period, Coordinators have reported actively looking for grant and funding opportunities to support local initiatives.

Economic Autonomy also looked like compensating WWLE for their advisory work and participating in local networks to discuss the impacts of poverty on community members.

“For economic autonomy, the **Women’s** Poz Group and Harm Reduction Drop-ins are facilitated by peers who are paid for their time and their experience. We wanted to support economic autonomy through our programming in this way.

“To support economic autonomy, we are working to create more peer-led and income-generating opportunities. Our collaboration with SWAP includes discussions on how to better support sex workers in accessing financial and legal resources.

“Participating on the Niagara Poverty Reduction Network to address poverty related issues that impact **women** from priority populations. Participating in working groups that focus on 1) amplifying voices of people with lived experience through the Living Library project, 2) creating a slideshow for organizations to include information about poverty in their existing presentations to support more inclusive and intersectional education about poverty 3) highlighting priorities related to poverty reduction for political leaders.



In all, the Priority Areas for Collaboration serve as a roadmap to guide and strategically inform the local capacity building work done by WHAI Coordinators.

HIV ACTION PLAN TO 2030

The HIV Action Plan is a provincial strategy that aims to reduce the number of HIV infections and ensure people living with HIV have access to HIV treatment, services and support. It is foundational to WHAI work and is linked to the Priority Areas for Collaboration. As a network, WHAI focuses on the HIV Action Plan's goals and priorities, which include initiatives related to ensuring all those at risk for HIV have access to timely, quality care, reducing stigma and discrimination, greater access to culturally-responsive care, streamlining access to testing services, and HIV prevention.

While all of the Priority Areas WHAI works on link to achieving these targets, it is worth highlighting that Coordinators have reported leading population-focused strategies to link **women** to HIV testing, and prevention such as PrEP, PEP and PIP.



*Participated in the **Women's** PrEP Working Group led by **Women's** Health in **Women's** Hands, collaborating with service providers to identify strategies for improving ACB **women's** access to PrEP and addressing barriers like stigma and lack of culturally relevant information.*



I am working towards initiating a project to target street-level survival sex workers to further their linkages to care within our organization in a safe and informed way, to assess their current knowledge surrounding HIV infection and prevention and making connections with an overlooked population in our community.



*Building a new partnership with the Fort Erie Native Friendship Centre to have Positive Living Niagara staff at the centre once a week to provide staff and clients information and linkages to HIV testing, prevention, support and care and access to harm reduction information and services. Partnering with harm reduction peer program to train **women** with lived experience on HIV testing, prevention and care. This has increased the uptake of the use of HIV self-test kits among **women** who use drugs. Partnering with Public Health Outreach Nurse on Sexual Health BINGO activities at sites that serve priority populations to provide information about HIV testing, preventions and care and to provide on-site STBBI testing.*



PWHA will continue to encourage Coordinators to engage with the HIV Action Plan when developing their local work plans to ensure gatherings are informed by these provincial priorities as well as linking to the Collective Action Community Change report.

NEW AND EMERGENT TRENDS

In each reporting period, PWHA asks Coordinators to share any new and emerging trends in their cities to ensure our work is relevant and stays connected to local experiences and realities. Challenges **women** faced included rising costs of living that required them to work multiple jobs leading to reduced time and ability to access services and community supports.

At the same time, Coordinators have reported many local services, such as shelters, drop-ins and harm reduction services, closing or reducing hours which limits the supports they can access. These closures put **women** in unsafe positions, with a greater risk of being criminalized.



The need for increased services, such as support with safety planning, for **women** experiencing gender-based violence was also noted. The ongoing need for more tailored, culturally-safe(r) and specific models for care for ACB newcomer **women** was also highlighted, particularly in central and southern Ontario.

‘Things are rough out there’ is a theme that we are hearing and seeing. Communities have reduced capacity to hold space for and with one another because they have lost services, spaces, and activities that support them, their connection, and their wellbeing.

Observations I made this quarter include rising concerns around mental health and access to services, increased housing insecurity, or shifts in our community demographics that require tailored education, especially around safe consumption sites and harm reduction.

*With some shelters and daytime drop-in centres closing soon, there will be very few places that offer laundry and showering services for people who are unhoused. I am concerned that the lack of hygiene services will further undermine sexual and reproductive health of **women** who live on streets. In response to the emerging issue, my placement students have been working on proposals to establish new collaborations with local laundry services to provide accessible and affordable laundry services for clients living in precarious housing conditions.*

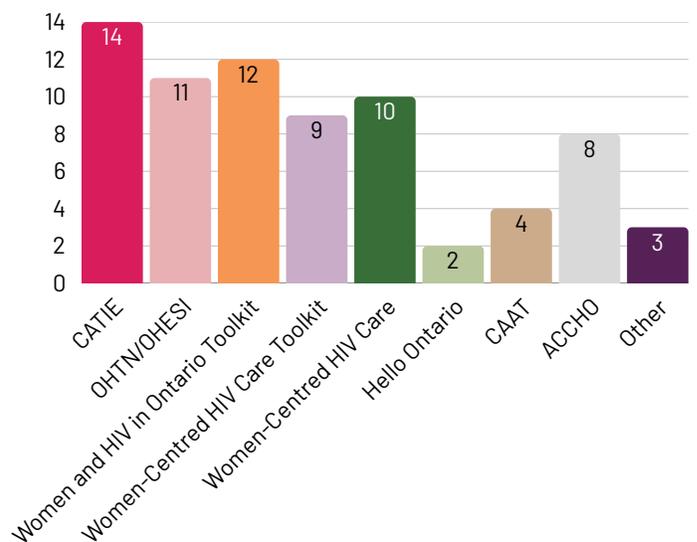
All of these trends also link to access to HIV risk, prevention, and care.

Another emergent trend noted at three (3) WHAI sites was a prevalence of brain injury amongst **women** who use drugs and experience accidental opioid poisoning from a toxic drug supply; this was also reiterated at a meeting with Executive Directors and Managers from WHAI sites. This is combined with concerns over the closing of Supervised Consumption Sites and reduced availability of community supports.

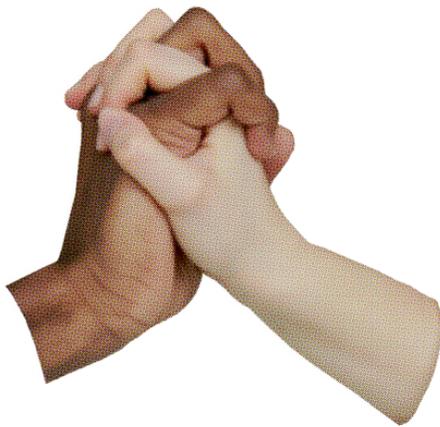
Overall, there needs to be a greater number of resources and trainings to meet these complex needs as a sector. PWHAI will continue to provide provincial capacity building opportunities for Coordinators, informed by these emergent trends as they intersect with the complex realities of HIV risk, prevention and care.

PROVINCIAL AND LOCAL EVIDENCE-BASED SOURCES

WHAI community capacity building work is informed by evidence and epidemiology. PWHAI encourages Coordinators to utilize provincial evidence-based sources and data to ensure their knowledge and community capacity building work is always up to date. Coordinators referred to a variety of provincial sources to inform their local work including CATIE, the OHTN, and OHESI. There were also a considerable number of Coordinators using ACCHO resources in their local work.



WHAI Coordinators also routinely refer to local evidence-based data in their work. All Coordinators referenced local public health data related to rates of STBBI to inform sexual health and HIV 101s. As well, Coordinators looked at overdose rates in their regions to inform their harm reduction capacity building work. There are also mentions of using reports from local partners and networks:



“To inform our work, we use a variety of local, evidence-based sources, including Hamilton Public Health data on STBBI rates and HIV trends, which help us understand community needs and gaps in care. We also reference harm reduction and overdose data to assess trends in substance use and identify areas for intervention. Additionally, we collaborate with local agencies like SWAP (Sex Workers' Action Program) for peer-driven insights and use Ontario's HIV Action Plan and other provincial resources to guide our approach to HIV prevention, treatment access, and support services. This data helps ensure our programming is relevant and effective.”

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.

278

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:

“During this reporting cycle, I consulted with **women** with lived and living experiences of what they wanted to do together. What came out of it is reintroducing **women**-only drop-in hours with a new name “Sistership Circle.” Instead of doing it once a month, we now host **women**-only drop-in hours every other week with mindfulness exercises, self-care kits and art supplies.

“An example of positive impact from our peers co-facilitating and consulting with us is that we were able to create ‘naloxone key chains’ designed by our peers. They were a popular and effective way to distribute more naloxone amongst community members and have been given to different organizations as well.

“Involving the **women** in planning allows for the mom’s group to be more culturally specific, providing a safe space for mothers and caregivers living with HIV. It helps reduce isolation, fosters peer support, and empowers participants by centering their voices and experiences.

Coordinators were also asked if their respective ASO had a designated **Women’s** Advisory Group. These are helpful opportunities for **women** with living experience to advise on program directions and build their leadership in the local HIV response. Responses were mixed, as some ASOs had dedicated Advisory Groups for **women** living with HIV (WLWH), and occasionally for people who use drugs (PWUD) and Peer Advisories.

However, many Coordinators reported being interested in starting advisories at their site:

“We currently do not have any advisory committee; however, I am working on creating an advisory committee of WLWH. I started with creating a WhatsApp group chat which invited positive **women**, which will be the infrastructure of this committee that I aim to establish during the next reporting cycle.

“At present we have some limited funds to launch an ACB and newcomers advisory but it is not permanent. The SWANS are lacking funds as an org and we are without adequate funds to support their community capacity at present, although we are looking for avenues through which to do this.

PWHA will continue to encourage Coordinators to explore advisory models in their work, as well as encourage ASOs to set aside funding for advisory group initiatives as a part of GIPA/MEPA work.

WHAI NETWORK COLLABORATIONS

PWHA works to foster opportunities for local and provincial collaboration. In this reporting period, one-third or **33.3%** of Coordinators reported participating in a cross-WHAI collaboration. Examples of network collaborations included the Truth and Reconciliation (TRC) Working Group, the HIV and Menopause Working Group, and Love Positive **Women** card exchange.



*I participated the Love Positive **Women** letter exchange. We exchanged LPW letters with **women** in Hamilton. Many clients expressed joy and excitement about taking part of the provincial letter exchange initiatives. Some also asked if we can do this more often.*



*HIV and Menopause: Collaborating with WHAI Coordinators across the province allowed us to share ideas, resources, and build collective capacity. Working together helped us reach more **women** beyond our local communities. For participants, it was empowering to connect with others navigating similar experiences. Many expressed that it felt less isolating knowing they were not alone in managing both HIV and menopause. The shared space fostered a sense of solidarity, validation, and hope, which has been invaluable for both the **women** attending and for us as coordinators building responsive, **women**-centred programming.*

As with previous reporting periods, many Coordinators have asked for more opportunities for WHAI Network collaborations, and PWHAI will continue to provide these opportunities, and prioritize time in WHAI Coordinator Meetings and Lunch and Learns to foster these network collaborations.

PPN COLLABORATIONS

Collaborations amongst WHAI, ACCHO and GMSH workers at the ASO level provide opportunities to extend the reach of our work and foster our work on intersectional realities. **73.3%** of Coordinators shared that they have collaborated in some capacity with their local ACCHO and/or GMSH worker. Most of these collaborations consisted of supported in-house ASO programming.



*The ACCHO worker and I collaborate on organizing monthly **women**'s groups for **women** living with HIV. We are currently working on planning a BIPOC **Women**'s Health Symposium.*



*Throughout this reporting period I was able to work with both our ACCHO and GMSH workers. Working collaboratively with the ACCHO worker on 'sister circle' which is a group done monthly that focuses on engaging ACB **women** to discuss different topics such as mental health, sexual health, and goals. I was also able to work collaboratively with the 2SLGBTQ+ Outreach support worker in a button making event held at the University of Windsor's Womxn's Centre aimed at reaching **women** different demographics.*

REGIONAL NETWORK COLLABORATIONS AND LOCAL PARTNERSHIPS

PWHAI encourages Coordinators to participate in regional network collaborations, a key strategy noted within the Provincial HIV Action Plan to 2030. This may include supporting local Sex Work Advocacy Network (SWAN), Harm Reduction Coalition, or VAW/GBV Networks. Two-thirds of Coordinators (**66.7%**) reported participating, or somewhat participating, in a local or regional network. Coordinators shared how these networks have been helpful to their work:



This work enables us to raise issues related to HIV, disclosure, stigma, womxn, ABR, and education with other orgs. We can amplify community voices when certain communities are not at the table as well as advocate for their inclusion.



*Providing platforms to organize capacity building events for service providers that serve priority populations. Provides different lenses to address HIV related issues that impact priority populations (ex poverty, gender based violence, transphobia etc) Amplifying the voices of priority populations and ensuring their needs are being included in discussions on **women's** issues. Building relationships with various community partners to increase accessibility to services for priority populations and in some cases making it possible for warm referrals (connecting support staff to resources).*

Like regional network collaborations, local community partnerships are a core part of moving WHAI work forward across the province. **93.3%** reported collaborating or somewhat collaborating with local community partners. Over half of these partnerships were existing partnerships, nearly a quarter were new partnerships, and a smaller number were developing partnerships.

In terms of sector, the greatest representation of partners was from the Violence Against **Women**/ Gender-based Violence (VAW/GBV) sector at **16.7%**, partners representing HIV sector totaled **11.8%**, and ACB-focused partners at **10.8%**.

GATHERINGS

Community Gatherings are events that WHAI Coordinators organize or co-organize where service providers and **women** are brought together to build community capacity related to WHAI 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 16 Days of Activism to End Gender-based Violence, AIDS Awareness Week, Black History Month, Love Positive **Women**, Strawberry Ceremony, Black Mental Health Week, and International **Women's** Day. In this reporting period, **86.7%** of Coordinators organized and hosted **172** gatherings across Ontario.



172 GATHERINGS



1,324 WOMEN IN ATTENDANCE



756 SERVICE PROVIDERS IN ATTENDANCE

CONTINUOUS COMMUNICATION

RESOURCE DISTRIBUTION

Resource distribution is a major component of WHAI'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. In this reporting period, WHAI Coordinators distributed **4,342** physical resources across the province. Some of these resources included:

- [Landscape of Community Change resources](#) (poster, facilitation guide, and card deck)
- [Living in the Asterisk\(*\): what does U=U mean for **women**?](#)
- [Collective Action Community Change: A Report Amplifying Community Voices \(Provincial Report\) 2023](#)

- HIV Testing Guideline Update Bookmarks
- PIP and **Women**: What You Need to Know
- PrEP and **Women**: What you Need to Know
- PEP and **Women**: What you Need to Know
- **Women**, HIV, and Stigma: A Toolkit for Creating Welcoming Spaces
- **Women** and HIV in Ontario: An Introductory Toolkit
- **Women** and Harm Reduction Toolkit
- Trans Inclusion Pocket Guide

From these, the most distributed resources this period were the HIV Testing Guidelines Bookmarks (**800** copies), PrEP and **Women**: What You Need to Know (**634** copies) and the Living in the Asterisk (*): What U=U Means for **Women?** resource (**449** copies).

Coordinators have explained that the smaller size of these resources support them in sharing, especially with those who prefer discretion. Electronic versions of WHAI 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 (affirmation cards, bookmarks, temporary tattoos, and makeup bags) to Coordinators to distribute for their local Love Positive **Women**, Black History Month and Strawberry campaigns. These resources are tools which support Coordinators in igniting conversations and supporting community capacity building related to sexual health, HIV testing, harm reduction and wellness. For this work, WHAI collaborated with the Canadian Positive People Network (CPPN) to ensure the voices of positive **women** were incorporated in all stages of campaign planning. The CPPN also provided in-kind handmade strawberry earrings to support with local Strawberry Ceremony initiatives.

These items serve as tools to aid Coordinators in igniting conversations and supporting community capacity building related to sexual health, HIV testing, harm reduction, and wellness. Coordinators distributed over **600** of these items to mark these occasions and build awareness within their communities.

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

“*These newer resources have been powerful tools for engagement, education, and visibility. The affirmation cards were shared at events and drop-ins, sparking conversations around self-love, healing, and cultural connection during Love Positive **Women**, Black History Month, and the Strawberry Ceremony. They created moments of reflection and celebration for **women** and gender-diverse folks. Both resources have helped deepen dialogue and bring WHAI’s work into accessible, community-rooted spaces. The PIP and **Women** pamphlet started dialogue amongst the **women**.*”

“*The affirmation card printouts shared by WHAI for Love Positive **Women**, Black History Month, and the Strawberry Ceremony were well-received, as they were relatable and resonated with most of the **women**. We incorporated them into our session on mental health and painting, where the cards helped foster a positive and supportive environment. The ladies appreciated the affirmations, and they became an inspiring part of the session, enhancing both the creative and emotional experience.*”

NEW AND UPCOMING RESOURCES

Early this reporting period, PWHA distributed new and updated resources to Coordinators to support their local capacity-building work related to gender-specific HIV prevention work, as well as WHA's 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.

PIP AND WOMEN

WHA released a PIP and **Women** pamphlet in the fall, to support Coordinators in informing **women** of PEP-in-Pocket as an HIV prevention option. **86.7%** of Coordinators found this resource to be **Very Helpful** or **Helpful** in their local work.



“

The new PIP and **Women** resource is very helpful in my work with sex workers, and trans **women** who don't visit our office often. The resource is also helpful to remove some of the barriers with family doctors by familiarizing them with what PIP is and how it is prescribed.

“

The PIP pamphlet has been extremely helpful in the work, it has allowed me to facilitate conversations around PIP and the various ways it can be prescribed. After my HIV 101 conversation with a Community Health Centre they were particularly interested and were given a stack of pamphlets.

LANDSCAPE OF COMMUNITY CHANGE RESOURCES

Developed in collaboration with the TRC working Group and artist Stephanie Babij, a Landscape of Community Change poster was created to support Coordinators in the local capacity building around reconciliation.

After feedback from Coordinators who piloted this poster in their communities in summer 2024, a facilitation guide and card deck were developed to be used alongside the poster to support facilitation. Of Coordinators who utilized these resources in this reporting period, **100%** found them to be **Very Helpful** or **Helpful** to their work.



“

This resource has been very well-received in the community, as it thoughtfully incorporates Indigenous medicine symbols that have often been overlooked. These symbols are artfully connected to calls for action and justice, making the resource both meaningful and impactful. The updated TRC MMIWG Landscape to Community Change poster, along with the facilitation guide and card deck, provide valuable tools for education and advocacy, and have proven to be an important resource for fostering awareness and understanding within the community.

SOCIAL MEDIA

PWHA uses social media posts as tools to support Coordinators and ASOs in their online engagement with community partners for awareness-raising and capacity building to address HIV. **86.7%** of Coordinators found these social media posts to be **Very Useful** or **Useful**. Social media serves as an education tool to inform **women** and service providers about HIV prevention, share about community gatherings, and further connection with their local WHAI Coordinator.

93.3% of Coordinators reported sharing these posts on their ASO's social media pages, primarily through Instagram. The most shared posts included:

- Love Positive **Women** and Black History Month posts
- International **Women's** Day post
- Strawberry Ceremony post
- **Women** & Girls HIV/AIDS Awareness Day post
- 16 Days posts

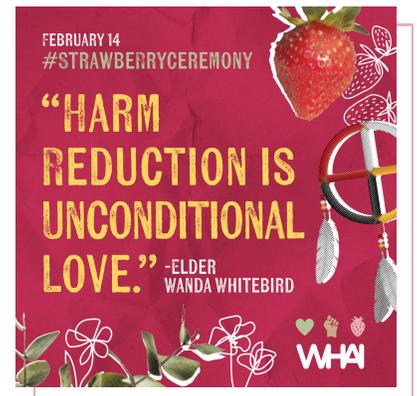
PWHA encourages Coordinators to continue sharing social media with their local partners.



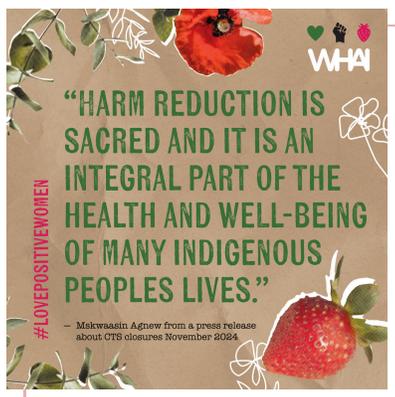
16 DAYS OF ACTIVISM



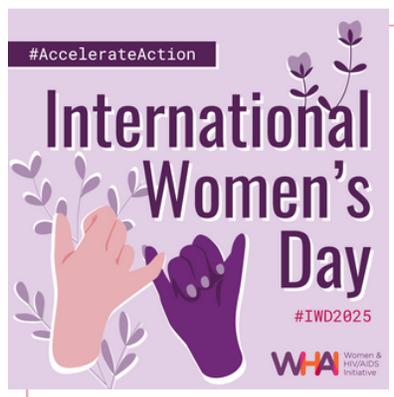
LPW / BHM / SC



LPW / BHM / SC



LPW / BHM / SC



IWD



NWGHAAD

CLOSING REMARKS



This Report has illustrated WHAI initiatives from the previous fiscal period of October 2024 to March 2025. This report has demonstrated the ongoing impacts and consequences of SCS closures on **women** who use drugs. WHAI Coordinators across the province have been quite responsive here, creating and support **Women-Centred** Harm Reduction programming and drop-ins. PWHAI has also supported Coordinators by creating space within team meetings to re-acquaint and re-introduce the [Women & Harm Reduction toolkit](#) to newer Coordinators to support their local work.

In the previous reporting period, new and updated resources were shared, including the [PIP and Women pamphlet](#) and [TRC resources](#). Coordinators have provided favourable feedback on these resources, as well as how they have utilized them in their local work. Early in the upcoming reporting period, a working group of Coordinators will lead a Lunch and Learn introducing the TRC resources as a means to build the capacity of staff from the ASO sector to enhance their local work with Indigenous communities.

PWHAI looks forward to seeing the local and cross-WHAH collaborations for upcoming awareness-raising days and campaigns, including Pride Month, Prisoner Justice Day and International Overdose Awareness Day.

Looking forward, WHAI will be continuing to build on this work, linking it to the goals and identified next steps from the [Collective Action Community Change Report](#) and the [HIV Action Plan to 2030](#), as well as the emergent trends identified within this Progress Report. In particular, we will be working collectively to:

- Collaborate with partners and stakeholders to host two (**2**) capacity building webinars about the physical and social realities of HIV Prevention, Care and Support for those who work with **women** living with HIV and who face structural risks related to HIV.
- Create small, practical resources that build awareness about HIV and STBBI testing and can be used with both **women** and community service providers.
- Create and conduct community capacity building related to dismantling systems of stigma, discrimination and institutional violence and bringing awareness about the social and structural determinants of health that impact **women** using participatory and creative learning approaches.
- Continue to build capacity using the [Women-Centred Harm Reduction Toolkit](#), with a focus on specific population such as sex workers, ACB and Indigenous **women** and particular context, such as shelters, food banks and other spaces **women** attend.
- Create small, practical resources to support gender-inclusive local harm reduction and overdose prevention practices.
- Create spaces within the WHAI Network meetings for shared learning, brainstorming and collaboration focusing on our Priority Areas for Collaboration. This will include exploring funding opportunities to support local work, soft skills training to use during community capacity building work, and tips for strengthening our work with women with living experience.