





Toolkit content

To print tools and resources from this Toolkit please download a copy at:

= A tool for you to use



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WELCOME TO THE WHAI TOOLKIT

This toolkit is part of a series created to assist community organizations and their staff to work with women in Ontario who are living with HIV and AIDS or who are facing systemic risk factors for HIV transmission.

Let's get started. >>



*Note: People have different comfort levels in language, and have different language preferences. WHAI has worked to create these toolkits to be inclusive of all women, including cis and trans women, women with trans experience, as well as folks on the transfeminine spectrum. The terms 'woman' and 'women' are often used throughout the toolkits as an umbrella term, meant to encompass a wide range of identities.

How to use this toolkit

OVERALL OBJECTIVES

What are we hoping to achieve with this toolkit?

- Support and foster knowledge of the issues faced by women living with HIV and AIDS
- Support and foster knowledge of systemic risk factors for HIV transmission
- Support and foster community organizations to connect and work with women living with HIV as well as those facing systemic risk factors for contracting HIV
- Provide practical tips, tools, and strategies so that community organizations can build welcoming community spaces.

HOW TO USE THIS TOOLKIT

Here are some helpful strategies to help you take advantage of this toolkit.

- This toolkit was designed to be completed in stages. Take your time and work through it at your own pace
- Consider completing it with others at your workplace or in your community
- This toolkit is a starting point and you or your organization may discover other learning points and areas for growth.
 Use the notes pages and let your local WHAI worker know if you have any feedback.

SYMBOLS TO LOOK FOR

This toolkit has been divided into modules to help find information about women's HIV related needs.



Custom tools designed to help you.



Customize the toolkit with your own notes and ideas.



Helpful information and tips.



Online resources

Telephone services

Women & HIV/AIDS Initiative (WHAI)

WHAT IS WHAI?



WHAI is a community response to HIV and AIDS among women in Ontario with a focus on the structural and societal factors that increase risk factors for HIV.

WHAI'S GOALS



Reduce HIV transmission among women.



Enhance local community capacity to address HIV and AIDS.



Create environments to support women and their HIV and AIDSrelated experiences.

WHAI'S OBJECTIVE

WHAI's objective is to strengthen the capacity of communities to support women living with and affected by HIV and AIDS.

Where is WHAI?





WHAI works across the province of Ontario in 16 regions. To find a WHAI worker near you, go to:

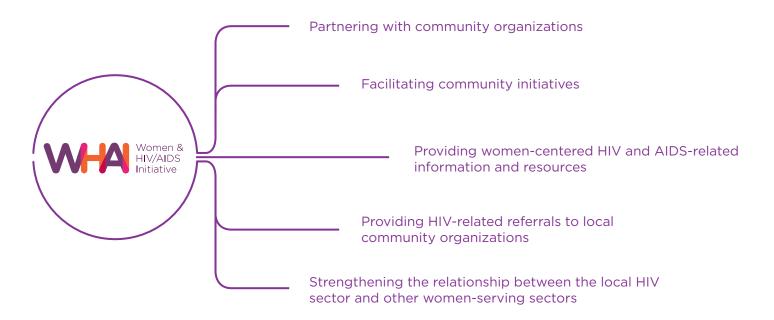


How does WHAI work?

WHAI works primarily in partnership with other community organizations. This is because:

Research has shown that community organizations that women are already connected to and trust are often their primary point of accessing services such as sexual health care, mental health support, social connection, and information on HIV, even if they have not disclosed their HIV status.¹

WHAI works toward building strong community change by:





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- **7** HIV
- **7** AIDS
- **7** Is there a cure?
- 8 HIV transmission
- 8 HIV transmission & pregnancy



What are HIV and AIDS?

HIV

HIV stands for human immunodeficiency virus. Once HIV enters the body, it begins to weaken the immune system, the system that usually protects the body against disease. Without proper HIV treatment, a person's immune system becomes weaker and they can become sick from various infections, sometimes called "opportunistic infections".²

AIDS

AIDS stands for acquired immunodeficiency syndrome. Without treatment, a person with HIV can eventually become sick with a life-threatening infection, leading to an AIDS diagnosis. In other words, an AIDS diagnosis requires two things:

- 1 the presence of HIV in the body; and
- a life threatening opportunistic infection.

There are other factors that are important to consider here, including the viral load* of someone who is HIV positive. Note that not all opportunistic infections are life threatening or lead to AIDS. ² For more information, please see the websites listed on the side of this page.

IS THERE A CURE?

Currently, there is no cure for HIV; however, with proper HIV treatment, the virus can be managed like any other chronic illness and most people living with HIV stay healthy.²

FOR MORE INFORMATION

To learn more about HIV and AIDS, check out:

CATIE: Canada's Source for HIV and Hepatitis C Information

To learn more about HIV and viral load, check out CATIE's fact sheets at

You can also contact the AIDS and Sexual Health Information Line at

1 (800) 668-2437



*Note: Viral load refers to the amount of HIV in bodily fluid usually measured in blood.³

HIV transmission

HIV is transmitted when an adequate amount of HIV from an HIVpositive person gets into an HIV-negative person's body. HIV can be transmitted, for example, during sex or through drug use (by sharing needles or other drug use equipment) with someone with HIV. Only five bodily fluids can contain enough HIV to infect someone else:2



Blood



Semen (including pre-cum) *Did you know that HIV is not found in sperm, only in semen?



Vaginal Fluid



Anal Fluid



Breast Milk

HIV TRANSMISSION & PREGNANCY:

Women living with HIV are increasingly getting pregnant and having healthy babies. Pregnant women who are HIV-positive can transmit HIV to the fetus during pregnancy or childbirth; however, this is currently rare due to advances in treatment and medications. In fact, research shows that transmission rates in Canada are less than 2% when women are taking treatment and getting health care. HIV can also be transmitted to a baby through breastfeeding. Health Canada currently recommends women avoid breastfeeding to reduce risk. This can be a difficult decision due to social and cultural expectations and norms. It is important that women have support in making this decision and navigating social expectations about breastfeeding. ^{2,4,5} There is a lot of helpful information about pregnancy, breastfeeding and HIV available online. Please see the side bar for more information.

FOR MORE INFORMATION

For practical tips check out:



practical-guides/ pregnancy/

> The WHAI Positive Women & Breastfeeding Fact Sheet, and The Supporting Mothers In Ways That Work: A Resource Toolkit for Service Providers Working with Mother's Living with HIV.





WHY SHOULD YOU CARE ABOUT **WOMEN'S HIV EXPERIENCES?**

"But HIV isn't an issue in our region."

Because of the highly stigmatized nature of HIV, people are often very private about their HIV status. People living with HIV often guard this information, resulting in the impression that people living with HIV do not access programming at many organizations; however, HIV exists throughout communities in Ontario: urban, suburban, and rural.



NOTES ABOUT LANGUAGE AND STATISTICS

HIV testing requisition forms require people to select either male or female. In some cases, the person administering the test may fill out the form based on their assumption about the gender of the person being tested.

In addition, until 2016 these forms have not provided checkboxes for people who do not identify as male or female. As a result, there is limited information about trans people in HIV statistics. New changes to this form will create more accurate data.

FOR MORE INFORMATION

Visit the Trans Inclusion Pocket Guide at







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- 15 The social determinants of health, women & HIV
- 16 Activity: The social determinants of health



Women and HIV in Ontario

HOW MANY WOMEN ARE LIVING WITH HIV IN ONTARIO?

8,000

The approximate number of women living with HIV in Ontario⁶



Women represent about 1 out of every 6 new HIV diagnoses each year⁶



Over the past five years, the number of new HIV diagnoses among women has stayed relatively consistent. In fact, it is starting to decline⁶

NEW HIV CASES & WOMEN IN ONTARIO

Anyone can contract HIV; however, social determinants of health significantly impact the lives of individuals and communities, making some women more likely to contract HIV. In Ontario research shows that of all new HIV diagnosis amongst women:

INDIGENOUS WOMEN

Approximately 50% of new HIV infections among Indigenous people are women.8



APPROXIMATELY

48%

are from countries where HIV is endemic⁷



APPROXIMATELY

33%

contracted HIV through heterosexual sex⁷



APPROXIMATELY

18%

contracted HIV through injection drug use⁷

Trans women & HIV

Due to the ways statistics have been recorded, we don't know a lot about the lives of trans women in Ontario. For example, we don't know how many trans women live in Ontario, or how many are living with HIV; however, we do know that trans people live in communities across Ontario, and belong to all ethno-cultural and racial backgrounds, and all age categories. We also know that trans women are often disproportionately affected by the social determinants of health, increasing vulnerability to HIV. For example, research shows:9,10



20%

of trans people report being physically or sexually assaulted for being trans⁹



1 in 10

trans people report being refused care or having their care terminated in an emergency room because they are trans9



50%

Approximate percentage of trans women who earn incomes that fall below the poverty line¹⁰

Trans women of colour, trans women living with disabilities, in poverty, or who are street involved face greater systemic risk factors for HIV transmission.

Despite the gap in statistical data, we know that trans women are part of our communities. Acknowledging trans women's experience and ensuring we are including trans women in our work is key to creating effective change in our communities.

FOR MORE INFORMATION

To learn about how you can work to build strong inclusive communities with trans women. see the Trans Inclusion Pocket Guide at





or the TransPULSE website at



project.ca



Cis refers to a person who experiences their gender identity in a way that matches the societal expectations of the physical sex characteristics they were born with. The use of this term acknowledges that everyone has a gender identity which has a relationship to their assigned sex.

Trans is used in this document as an umbrella term for a person who experiences their gender identity in a way that does not match the societal expectations of someone with the physical sex characteristics that they were born with.

Community organizations and women

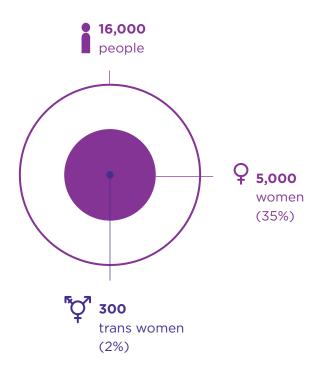
ARE WOMEN ACCESSING PROGRAMS IN OUR COMMUNITIES?

According to data from the 2015 View from the Front Lines report*, there were over **16,000** people in Ontario using community-based HIV programs in 2014/2015, and **5,000** of those were women, representing **35%** of people accessing programs. Data also shows almost **300** trans women accessing community based HIV support programs, representing **2%** of all people accessing supports. In addition, the following trends were documented:

- more men than women use injection drug use (IDU) outreach services
- more men than women use IDU in-house programs & services
- more trans women than trans men use outreach and inhouse programs & services

Notably, women represent **21%** of new diagnoses, but **35%** of new people accessing services, demonstrating an increasing number of women accessing HIV support services across Ontario. In addition, given that there are approximately **8,000** women living with HIV in Ontario, it is a positive sign that approximately **5,000** are accessing services. We can attribute these successes to the positive work of community organizations in creating welcoming spaces for women. There is still more work to do to improve ongoing access to care, prevent new HIV transmissions and reduce stigma associated with HIV.

The statistics represent data about services for people who are living with HIV or who face systemic risk factors for HIV transmission; however, many other community organizations work with these populations.





*Note: View from the Front Lines is a summary of Ontario community HIV and AIDS programs produced each year.⁷

This reseach uses the terms male and female; however, given our interest in being inclusive of poeple's gender we have used the terms men and women here.

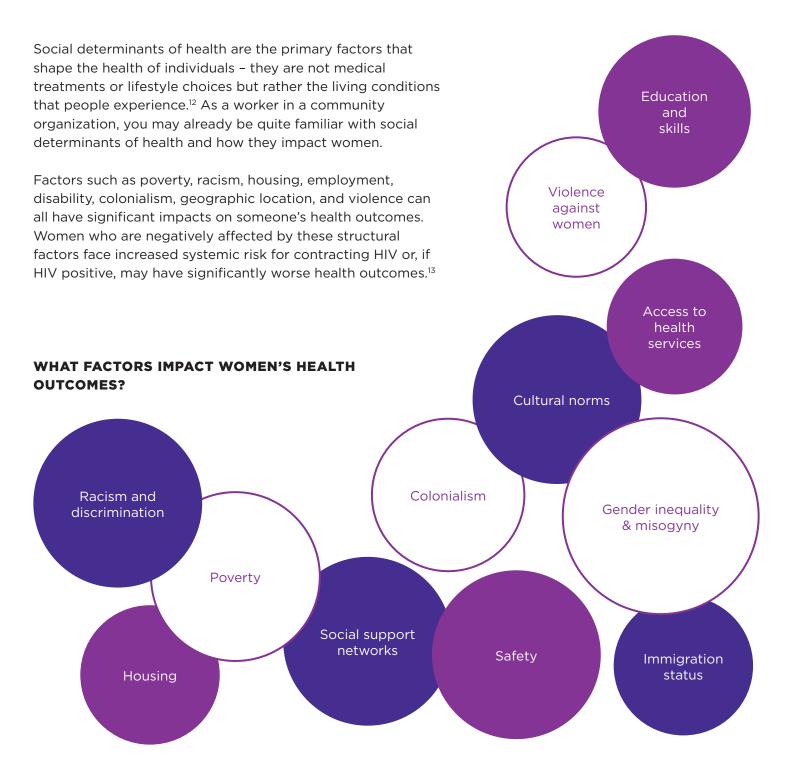
What sectors are key in Ontario's HIV response among women?



AN HIV-POSITIVE INDIGENOUS WOMAN TALKS ABOUT HER MOTHERING EXPERIENCES WITH CHILD AND FAMILY SERVICES IN ONTARIO.

"We had such a limited understanding of what [HIV] meant at that time, especially where I came from way up north... It's so isolated and what the heck am I doing here? I can't live here I said because like it was so hard for me and my kids. We get so discriminated... [my kids] got discriminated... got kicked out of school and then what am I supposed to do?"

The social determinants of health, women & HIV



Activity: Social determinants of health



HOW CAN THE SOCIAL DETERMINANTS OF HEALTH IMPACT WOMEN?

Often, HIV intersects with other factors in women's lives. For instance, women living with HIV who are experiencing intimate partner violence are less likely to access health care and social supports and are less likely to take their HIV medications as prescribed. These women are therefore more likely to have poorer health outcomes. While working in community agencies, it is important to be prepared to offer appropriate supports and referrals for situations such as this one.

INSTRUCTIONS

- Review each of the questions about the factors impacting women's experiences.
- Review the answer cards on page 18.
- Match the letters on the answer cards to each of the questions. Each question may have multiple answers.
- Compare your answers to the key on page 19, and discuss your thoughts and opinions. Are there more stuctural factors to consider? What other strategies might support a woman in this situation?

Tip: Get interactive! Print this activity to use in workshops.

PAGE 1: QUESTION SHEET

- Review each of the questions.
- Match the letters on the answers cards to each of the questions. Place these letters in the circles below the question.
- What are some reasons a woman experiencing intimate partner violence might be less likely to access health care and social supports?



2 What are some reasons this person might be less likely to take HIV medications?



What strategies might you use to offer support to a woman in this situation?



4 What are examples of referrals that may be helpful?



ANSWER CARDS

- Review the answer cards
- Match the letters on these answers cards to each of the questions on the question sheet.



Local HIV specialists and pharmacies



Make warm referrals when appropriate



Restricted economic and social freedom



Violence against women agencies



Fear of increased violence by their partner



Your local HIV service organization



Inability to confidentially pay for their medications or fill prescriptions



Internalization of violence leading to a devaluation of self-worth



Prioritizing other aspects of their life above managing their own health



Listen to her and be open to hearing what she says



Depression and other mental health challenges that make taking medications consistently a challenge



Be kind and responsive, acknowledge and reinforce her expertise

PAGE 3: ANSWER KEY

Compare your answers to the key below, and discuss your thoughts and opinions. Are there more factors to consider? What other strategies might support a woman in this situation?

*Note: There may be multiple answers

What are some reasons a woman experiencing intimate partner violence might be less likely to access health care and social supports?



What are some reasons this person might be less likely to take HIV medications?

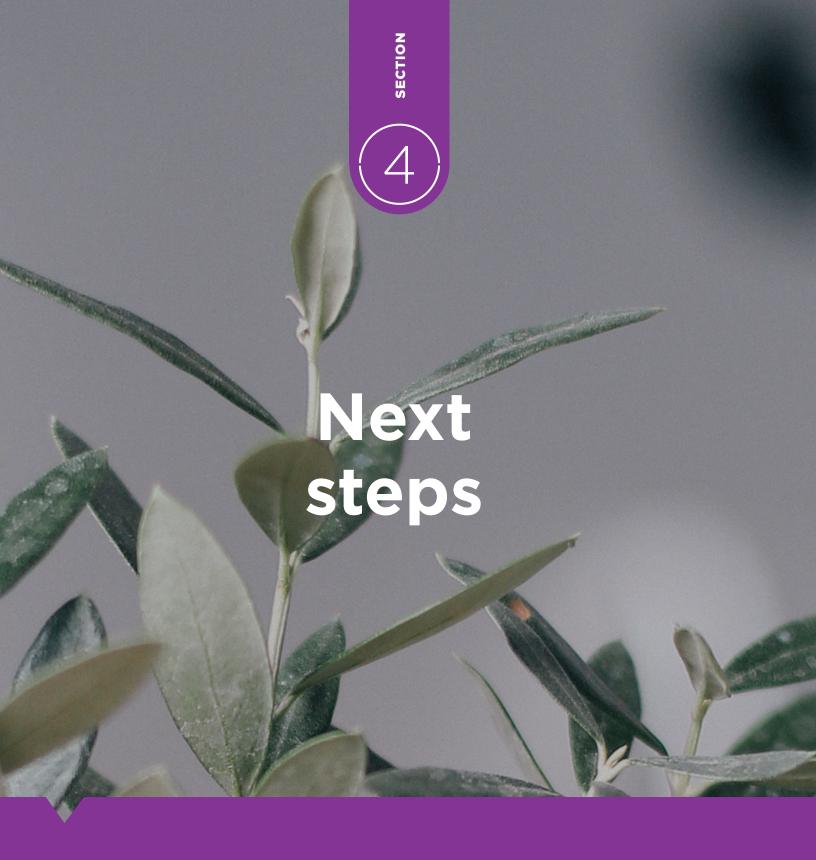


What strategies might you use to offer support to a woman in this situation?



4 What are examples of referrals that may be helpful?





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Next steps

WHAT CAN YOU DO?

Working at community organizations, our job often focuses on ensuring welcoming, supportive spaces for women. In order to do this with women who are living with HIV, or who face systemic risk factors for contracting HIV, it is important that we are knowledgeable about the virus and that the organization we work at has the capacity to do this work. The following section provides tools to examine your own skills and areas for learning, as well as the strengths and areas of growth needed at the organization where you work.

SELF-ASSESSMENT FOR PEOPLE WHO WORK IN COMMUNITY ORGANIZATIONS

As a first step, check out the self-assessment tool. This tool is meant to help you assess your knowledge of women's HIV-related experiences.

Please see Pg 22

2 ORGANZATIONAL ASSESSMENT FOR COMMUNITY AGENCIES

Next, work with people at your organization to assess the strengths and areas for growth. Check out the assessment for community agencies. Consider inviting others from your organization to assist in completing it.

Please see Pg 34

ACTION PLANNING FOR CHANGE WORKSHEET

Finally, celebrate your strengths and what you do well, and strategize priority areas for change. The Action Planning for Change Worksheet is a tool to help you create helpful strategies.

Please see Pg 41

FOR MORE INFORMATION

Check out the WHAI website for the lastest resources at

- Reach out to women in the community to inform and support the work
- Reach out to local organizations and build partnerships to enhance the capacity within your community
- Contact your local WHAI worker who can provide support, resources and partnerships to achieve these goals.

Find your local WHAI worker by going to



Self-assessment tool

FOR PEOPLE WHO WORK IN COMMUNITY ORGANIZATIONS

As a first step, check out the self-assessment tool. This tool is meant to help you assess your knowledge of women's HIV-related experiences.

INSTRUCTIONS

- Answer each of the questions below from your perspective
- Have a look to see how many times you answered "yes."
- Ideally, you'll want to work towards having the capacity and capability to say yes to all the questions.
- Take some time to answer the reflection questions below.

TAKE A MOMENT TO REFLECT ON HOW YOU DID

- How many times did you answer "yes" in each section?
- What are your strengths?
- How many times did you answer "somewhat" or "not yet"?
- What areas would you like to improve? Identify a few priority topics.
- What more do you need to learn?
- What resources can you access to help build your knowledge?
- Which areas are most vital to your work?

Let's get started. >>

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	TION 1: MY AWARENESS ABOUT WHO COMES TO THIS	ORGANI	ZATION	
1	Am I aware that women living with HIV may be accessing the organization where I work without me knowing?			
2	Am I aware of the statistics on how many women are living with HIV in my region?			
3	Am I aware of factors that may increase cis women's risk for contracting HIV?			
4	Am I aware of factors that may increase trans women's risk for contracting HIV?			
5	Am I aware of some reasons that someone who is living with HIV may not want to disclose to people (staff or community) where I work?			
6	Am I aware of some reasons that someone living with HIV might not want to come to this organization?			
	ADD UP SECTION TOTALS			



FOR MORE INFORMATION

To learn more about HIV rates in your region contact your local WHAI Coordinator.

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	ION 2: MY AWARENESS ABOUT HIV TODAY			
1	Am I knowledgeable about how HIV is transmitted?			
2	Am I knowledgeable about how to protect myself from contracting HIV at work? If someone I'm working with is bleeding, am I confident about how to respond?			
3	Am I knowledgeable about HIV disclosure and confidentiality at work (i.e. do I need)			
4	Am I aware of my workplace's policies and practices about HIV disclosure and confidentiality?			
5	Am I aware of the laws related to HIV non-disclosure?			
6	Am I familiar with how the laws related to HIV non- disclosure impact trans and cis women?			
7	Am I familiar with PEP (Post-Exposure Prophylaxis)?			
8	Am I familiar with how/if people can access PEP in my community?			
9	Am I familiar with PrEP (Pre-Exposure Prophylaxis)?			
10	Am I familiar with how/if people can access PrEP in my community?			



*Note: Using universal precautions in all situations involving bodily fluids at work prevents workplace risk and reduces stigma for people who are HIV-positive.

FOR MORE INFORMATION ON WOMEN, PREP & PEP

http://www.whai.ca/women-and-hiv-in-ontario/prevention

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	ION 3: MY INTERACTIONS WITH WOMEN			
	able to create a comfortable environment where women can areas impact their lives:	talk abo	ut the following and h	ow
1	HIV and experiences of living with HIV			
2	Sex positivity			
3	Drugs and drug use/harm reduction			
4	Violence			
5	Housing			
6	Stigma and discrimination			
7	Gender & gender identity			
8	Language & word choices			
9	Food security & nutrition			
10	Racism			
11	Employment & income			
12	Mental health			
13	Physical health			



*Note: Creating spaces for women to speak about these topics reduces stigma and shame and fosters ways to share tips and expertise on these topics.

FOR MORE INFORMATION YOU CAN CHECK OUT

Women, HIV & Stigma: A Toolkit for Creating Welcoming Spaces at www.whai.ca

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	TION 3 CONTINUED: MY INTERACTIONS WITH WOMEN			
Wher	n women are interested, am I able to refer them to agencies, p	orograms	and/or services relat	ted to:
1	HIV (For example, your local HIV service organization)			
2	Sexual health			
3	Harm reduction			
4	Violence against women			
5	Housing support			
6	Legal support			
7	LGBTQ2			
8	Counselling & support			
9	Food banks/food programs			
10	Income supports			
11	Health care			

*Note: As a worker in a community organization you can facilitate conversations with women about helpful resources in your community.

FOR MORE INFORMATION

Call 211 for useful referrals in your community.



211

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	FION 3 CONTINUED: MY INTERACTIONS WITH WOMEN			
Am I	able to support women as experts of their lives:			
1	Do I seek opportunities to affirm women's strengths?			
2	Do I seek opportunities to let women know they are knowledgeable about their health and wellbeing and to support their choices?			
3	Do I seek opportunities to affirm women's choices and expertise about their life?			
4	Do I create space to listen and be present with women			
5	Do I seek opportunities to be empathetic instead of giving advice?			
6	Do I understand the difference between being curious and needing critical information?			
7	Do I seek opportunities to affirm trans women's gender?			
	ADD UP SECTION TOTALS			



*Note: As community workers we don't have to be an expert about everything, sometimes just listening and being welcoming is the most effective way to create change.

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	ION 4: MY KNOWLEDGE ABOUT HIV TESTING			
1	Am I aware of different types of HIV testing?			
2	Am I aware of various reasons why people may choose to not get tested for HIV?			
3	Am I aware of places to get tested in my community?			
4	Am I thoughtful about how it may feel to be diagnosed with HIV?			
	ADD UP SECTION TOTALS			



FOR MORE INFORMATION

To learn more about HIV testing in your region contact your local WHAI Coordinator.

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	ION 5: MY KNOWLEDGE ABOUT HIV TREATMENT			
1	Am I knowledgeable about what medications people take for HIV treatment? (i.e. How many pills, what they're called etc.)			
2	Am I aware of possible side effects of HIV treatment?			
3	Am I aware of some reasons women may not take their HIV medications?			
4	Am I aware of how intimate partner violence may impact women taking HIV medications?			
5	Am I aware of how poverty may impact women taking HIV medications?			
6	Am I able to work with women to increase access to medication and ease of treatment when/if it is difficult?			
	ADD UP SECTION TOTALS			



GAINING PERSPECTIVE

"When I stayed at a shelter I had to give them my HIV medication to store. When they gave it back, other women found out that I was HIV positive. The staff and other women treated me and my children differently."

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
	TION 6: MY KNOWLEDGE OF TRAUMA, (POST) TRAUMA SYMPTOMS OF TRAUMA	TIC STR	ESS DISORDER	
1	Am I knowledgeable about the impacts of trauma on the brain?			
2	Am I knowledgeable about the impacts of trauma on behaviours?			
3	Am I able to adjust programming to increase accessibility for women who have experienced or are currently experiencing trauma?			
4	Am I knowledgeable about the links between trauma and HIV?			
	ADD UP SECTION TOTALS			



GAINING PERSPECTIVE

"They call it Post Traumatic Stress Disorder but for women with HIV there is no 'post.' It is ongoing."

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SEC1	TION 7: MY KNOWLEDGE ABOUT PREGNANCY AND BR	EASTFE	EDING	
1	Am I knowledgeable about HIV testing practices during pregnancy?			
2	Am I knowledgeable about how to reduce the risk of HIV transmission during pregnancy, delivery and breastfeeding?			
3	Am I aware of the World Health Organization and Canadian recommendations for breastfeeding when living with HIV in Canada?			
4	Am I aware of some of the cultural complexities that may impact a woman living with HIV's decision to breastfeed in Canada?			
5	Am I thoughtful about the stigma associated with breastfeeding or not breastfeeding?			
6	Am I aware of the complicated issues related to stigma if women are not breastfeeding their baby?			
7	Am I able to identify helpful tips and strategies to support an HIV positive woman who is not breastfeeding?			
8	Am I aware of the issues of disclosure and associated stigma that may arise when an HIV positive woman gives birth to a baby?			
9	Am I able to let women living with HIV tell me what is best for them during pregnancy and parenting?			



NOW THAT YOU'VE COMPLETED THE ASSESSMENT:

- Have a look to see how many times you answered "yes." Celebrate your knowledge!
- Ideally, you'll want to work towards having the capacity and capability to say yes to all the questions.
- Take some time to answer the reflection questions on page 22.

SECTION	POSSIBLE POINTS	YES	SOMEWHAT OR SOMETIMES	NOT YET
1: My awareness about who comes to this organization	6			
2: My awareness about HIV today	10			
3: My interactions with women	31			
4: My knowledge about HIV testing	4			
5: My knowledge about HIV treatment	6			
6: My knowledge of trauma, (P)TSD and symptoms of trauma	4			
7: My knowledge about pregnancy and breastfeeding	9			
ADD UP SECTION TOTALS	70			

TOP THREE AREAS FOR LEARNING

1	
2	



Notes & ideas



Organizational assessment tool

FOR COMMUNITY AGENCIES

Work with your organization to assess strengths and areas for growth. Check out the Organizational Assessment for Community Agencies. Consider inviting others from your organization to assist in completing it. Remember this is a starting point, and this tool may not address every aspect of your agency. It is always important to grow and respond to emerging needs.

INSTRUCTIONS

- Answer each of the questions below from your perspective
- Have a look to see how many times you answered "yes."
- Ideally, you'll want to work towards having the capacity and capability to say yes to all the questions.
- Take some time to answer the reflection questions below.

TAKE A MOMENT TO REFLECT ON HOW YOU DID

- How many "yes" responses has the organization scored in each section?
- What are your organization's strengths?
- How many "somewhat" or "not yet" responses?
- In which areas could your organization improve?
- What resources can the organization access to help?
- Which areas are most vital to the organization's work?

Let's get started. >>

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SEC1	TION 1: POLICIES			
1	Our organization has policies about confidentiality and HIV disclosure that respect women's right to privacy.			
2	Our organization has policies that ensure people's health information is kept confidential and protected from staff who do not need access to it.			
3	Our organization has hiring policies which include actively recruiting, hiring and training members of the community we work with, including cis and trans women living with HIV.			
4	Our organization has policies to use universal precautions for all community members and staff.			
5	Our organization actively seeks input from cis and trans women living with HIV or AIDS and those facing other systemic risk factors for HIV on their policies and programming.			
	ADD UP SECTION TOTALS			

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SEC1	TION 2: TRAINING, EDUCATION AND PUBLIC INFORMAT	TION		
Our c	organization actively trains staff and volunteers on the followi	ing:		
1	HIV (including transmission, treatment, and prevention)			
2	Harm reduction			
3	Anti-oppression, anti-racism, and cultural competence			
4	Facilitating conversations about sexuality and HIV in non-judgmental ways			
Our c	organization engages in community workshops, forums and didding:	liscussior	ns on HIV-related topi	CS
5	HIV and stigma			
6	Healthy sexuality			
7	Pregnancy, mothering and HIV			
8	HIV disclosure			
Our c	organization actively displays information in community space	es (i.e. lo	bby, waiting room) ak	out:
9	HIV			
10	Safer sex			
11	Harm reduction			
12	Gender identity			
13	Confidentiality & HIV disclosure			
	ADD UP SECTION TOTALS			

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	ION 3: RESOURCES			
	rganization has the following resources available in both publ ccess them either privately, without others seeing, as well as v			
1	Harm reduction equipment & information (i.e. safer injection equipment, safer inhalation equipment, sharps containers etc.)			
2	Safer sex supplies and information (i.e. internal and external condoms, lube, dental dams, pamphlets etc.)			
3	HIV information & resources			
4	Information about community resources			
	ADD UP SECTION TOTALS			



GAINING PERSPECTIVE

"I would never pick up my needles in the harm reduction program because people criticize me as a woman and because I have kids. I only go to private places so nobody knows."

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	ION 4: CONNECTIONS & PARTNERSHIPS			
Our st	aff team is knowledgeable and able to refer people to:			
1	HIV service organizations			
2	Harm reduction programs			
3	HIV clinics			
4	HIV testing			
	ADD UP SECTION TOTALS			



HELPFUL TIPS

Talk to your staff team. Check-in with other organizations in your community. Connect with your local WHAI worker for skills and strategies.

#	QUESTION	YES	SOMEWHAT OR SOMETIMES	NOT YET
SECT	ION 5: SPACE AND ACCESSIBILITY			
1	Our organization has all gender washrooms or a policy so community members can decide which washroom they prefer.			
2	Our organization provides either transportation assistance (i.e. ride shares) or is located close to public transportation.			
3	Our organization provides financial support for transportation where possible.			
4	Our organization provides childcare.			
5	Our organization has hours that accommodate various schedules including evening hours and daytime hours.			
6	Our organization offers programming both onsite and in the community.			
7	Our organization considers safety in the design of our space? (i.e. lighting)			
8	Our organization prioritizes presenting information clearly? (i.e. font size and plain language)			
9	Our organization is welcoming to people with varying accessibility needs (i.e. automatic doors, elevator or ramp, accessible washrooms).			
	ADD UP SECTION TOTALS			



NOW THAT YOU'VE COMPLETED THE ASSESSMENT:

- Have a look to see how many times you answered "yes." Celebrate your knowledge!
- Ideally, you'll want to work towards having the capacity and capability to say yes to all the questions.
- Take some time to answer the reflection questions on page 34.

SECTION	POSSIBLE POINTS	YES	SOMEWHAT OR SOMETIMES	NOT YET
1: Policies	5			
2: Training, education and public information	13			
3: Resources	4			
4: Connections & partnerships	4			
5: Space and accessibility	9			
ADD UP SECTION TOTALS	35			

TOP THREE AREAS FOR LEARNING

1		
2		
3		

Take these areas to the Action Planning for Change Worksheet on Pg 41

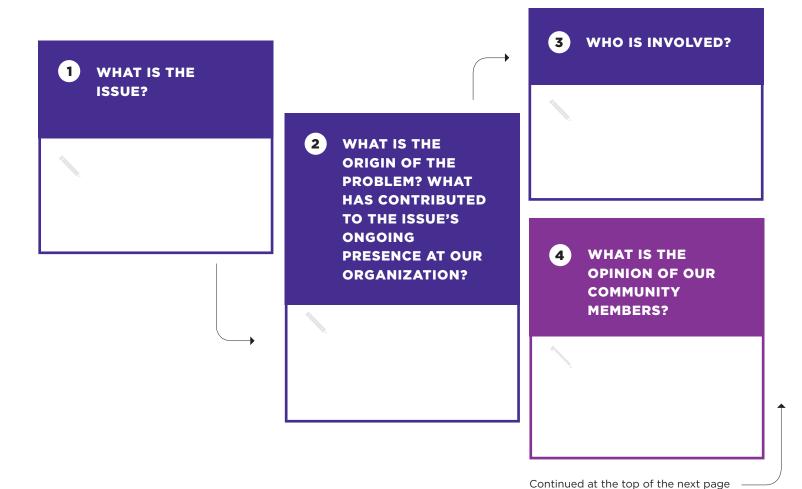


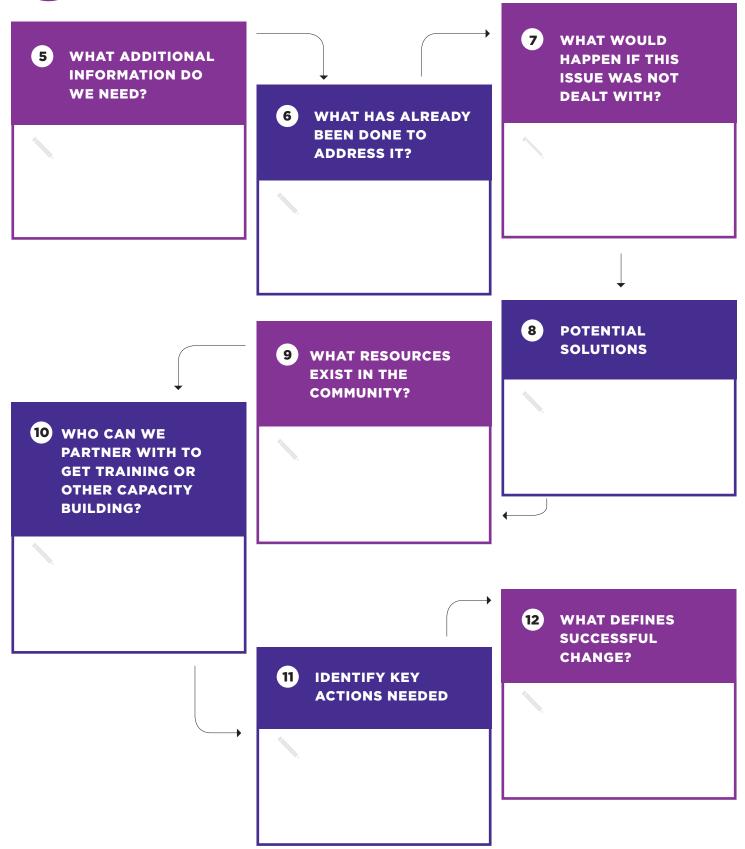
Action planning for change

Celebrate your strengths and strategize priority areas for change. The Action Planning for Change Worksheet is a tool to help you and your organization create helpful strategies for change.

INSTRUCTIONS

Choose an area of improvement from the assessments above and work your way through these questions to land at a potential solution.







Notes & ideas

References

- Women and HIV/AIDS Points of Contact Survey. (2016). AIDS Bureau. Ministry of Health and Long Term Care. March 2016.
- 2. HIV Basics. (2016). Canada's AIDS Treatment Information Exchange. Retrieved from the CATIE website: http://www.catie.ca/en/basics/hiv-and-aids.
- 3. Wilton, James. (2014). HIV viral load, HIV treatment and sexual HIV transmission. Retrieved from the CATIE website: http://www.catie.ca/en/fact-sheets/transmission/hiv-viral-load-hiv-treatment-and-sexual-hiv-transmission.
- 4. Bitnun, A., Brophy, J., Samson, L., Alimenti, A., Kakkar, F., Lamarre, V., Moore, D., Karatzios, C., Seigel, S., Sauve, L. and Vaudry, W. (2014). Prevention of vertical HIV transmission and management of the HIV-exposed infant in Canada in 2014. The Canadian Journal of Infectious Diseases & Medical Microbiology, 25(2), p.75.
- 5. Khosla, P., Ion, A., & Greene, S. (2016). Supporting mothers in ways that work: A resource toolkit for service providers working with mothers living with HIV. Hamilton, ON: The HIV Mothering Study Team and the Ontario Women's HIV/AIDS Initiative.
- 6. Gilbert, M. (2015). Women & HIV in Ontario: The facts in brief. Ontario HIV Epidemiology and Surveillance Initiative. Ontario HIV Treatment Network, Nov. 2015.
- 7. View from the Front Lines. (2015). Annual summary & analysis of data provided by community-based HIV/AIDS services in Ontario. Ontario Community HIV and AIDS Reporting Tool (OCHART), Ontario Ministry of Health and Long-Term Care and the Public Health Agency of Canada, Ontario Region, 2015.
- 8. Ontario Aboriginal HIV/AIDS Strategy. July 2016. Retrieved from www.oahas.org.
- 9. Bauer, G., Scheim, A. (2015). Transgender people in Ontario, Canada: Statistics to inform Human Rights Policy. TransPULSE Project, June 2015.
- 10. Bauer G, Boyce M, Coleman T, Kaay M, Scanlon K. (2010). Who are Trans People in Ontario? Trans PULSE e-Bulletin, 20 July, 2010. 1(1). Retrieved from http://www.transpulseproject.ca.
- 11. Greene, S., O'Brien-Teengs, D., Whitebird, W., & Ion, A. (2014). How HIV-Positive Aboriginal women (PAW) Talk About Their Mothering Experiences with Child and Family Services in Ontario. Journal of Public Child Welfare. Vol. 8(5), 2014.
- 12. Mikkonen, J. & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. 2010. Retrieved from http://www.thecanadianfacts.org/the_canadian_facts.pdf
- Leading Together: Canada Takes Action on HIV/AIDS (2013). Canada's AIDS Treatment Information Exchange.
 Retrieved from the CATIE website: http://www.catie.ca/sites/default/files/Leading%20 Together_Final%20EN%20
 November%202013.pdf.

Change starts with you.

