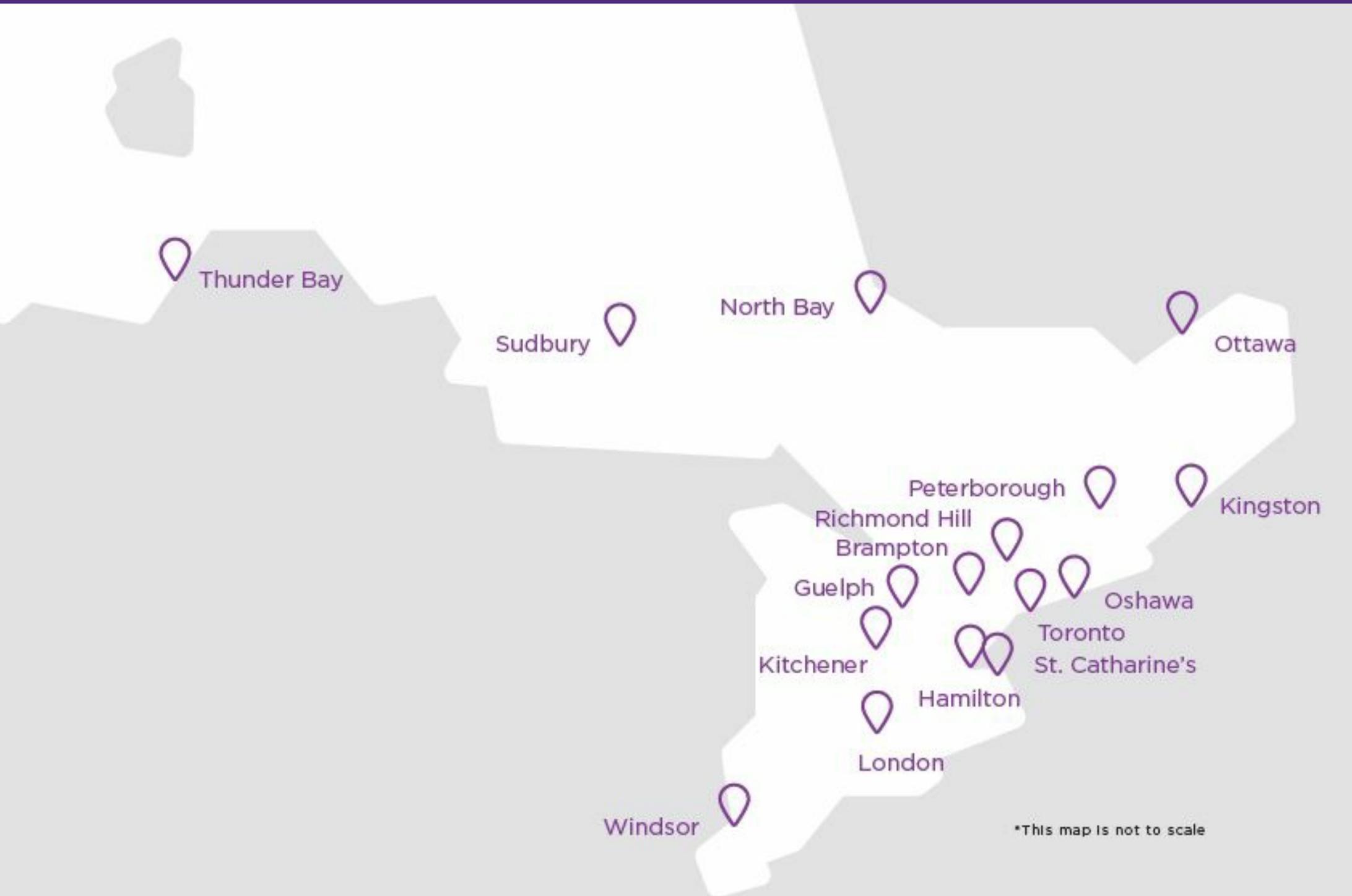


Semi Annual Report

April to September 2017



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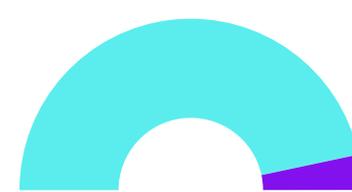
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During this reporting period, WHAI began the implementation of the Coordinated Collective Impact Initiative model. This model includes goals, measurable activities, and collaborative efforts across Ontario to create meaningful community change. Despite only being 6 months into implementation, most of the goals have already been met and targets exceeded. Our collective impact has been significant and sets the foundation for continued growth and community change across Ontario.

This report will summarize the collective findings of 15 individual WHAI sites. At the time of this report, 1 site continues to work towards finalizing their submission information.

The term 'woman' is used throughout this page as an umbrella term, meant to encompass a wide range of identities within the women's community, including cis and trans women, women with trans experience, as well as folks on the transfeminine spectrum.

Stigma, Discrimination, and Institutional Violence



● 14 ● 1

93% of sites reported doing work toward the collective goal of "Women's experiences of stigma and discrimination will be centered and used to foster welcoming, engaging, and respectful community agencies and institutions in Ontario."

1

The first collective action in this area is:

Complete & distribute Women, HIV & Stigma: A Toolkit for Creating Welcoming Spaces. Conduct community gatherings with at least 30 groups/150 people in Ontario, sharing the toolkit and engaging in dialogue about stigma, discrimination, and institutional violence.

12 agencies (80%) did work toward this goal in this period with 826 participants engaged over 61 gatherings, far surpassing our goal of engaging 150 people. Work reported under this goal was varied in scope and included facilitating workshops with service providers and women with lived experience, attending and/or organizing community events, facilitating community dialogues with multiple stakeholders, and hosting consultations. Similarly, the use of the toolkit in these activities ranged from presenting and workshopping the toolkit itself in its entirety or in sections to using the content of the toolkit to inform the Coordinators' facilitation style. In these gatherings, issues were raised that reflect the complexity and intersections of women's lives; fear of disclosure and violence, fears about CAS involvement, lack of basic HIV knowledge, discrimination in health care, the desire to find more opportunities for meaningful engagement, isolation, and the impact of stigma were all raised by participants.

2

The second collective action in this area is:

The provincial WHAI office will seek out participation in provincial efforts to reduce discrimination against mothers who use drugs, drawing on input from WHAI Coordinators and their communities.

PWHAI engaged in this work by meeting with the Ontario Association of Children's Aid Societies, Community Action for Families, the Motherisk Commission, and others engaged in systemic change work to share findings from the situational analysis related to women and drug use. Key components of this work included the creation of a letter in partnership with Community Action for Families, signed by 18 organizations across Ontario (including 5 WHAI ASOs), an online submission to the Commission, and 2 follow up meetings with the Commissioner and her team about the engagement of women impacted by Motherisk testing and the creation of systemic change. This work led to consultations between the Motherisk Commission and women impacted by drug testing in both Toronto and Thunder Bay. While these are important efforts, there continues to be a lot of work to be done to create lasting systemic change and reduce discrimination against mothers who use drugs.

3

The third collective action in this area is:

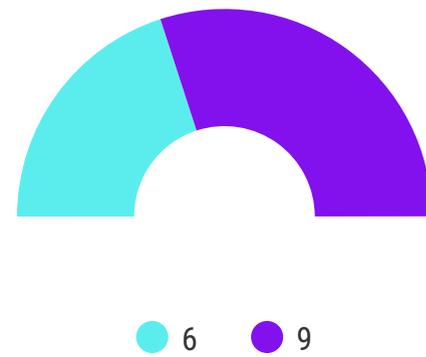
A minimum of 50 current or future health care providers will be engaged in dialogue (either as groups or 1-on-1) with women living with HIV or facing systemic risk for HIV acquisition about experiences of stigma and discrimination and opportunities for change.

13 agencies (87%) engaged in this work during this period and 230 current health providers and 281 students were included. Again, the network has exceeded the goal in this area, however, it is important to note that what constituted health care providers/students in the reported numbers varied outside of medicine and nursing.

For some, this work included 1-on-1 conversations with clinicians and for others it included presenting to a class of students or hosting a workshop for community health center staff. Consistently; however, issues of women's experiences of stigma were raised and how this stigma creates barriers for women to access health care. Even with the reported challenge of the demanding schedule of doctors and nurses making this work difficult, opportunities for action to address some of these barriers were identified including the need for increased mobile health care and harm reduction services, the need for a PrEP/PEP protocol, as well as opportunities to continue learning together.

HIV Disclosure

40% of sites reported doing work toward the collective goal of "Women living with HIV in Ontario will have more control over how & why their HIV status is disclosed and staff at community agencies/institutions will have the capacity to respect women's choices and autonomy about HIV disclosure"



1

The first collective action in this area is:

Conduct community gatherings with at least 20 groups/100 people in Ontario, including women living with HIV, sharing the Disclosure Resource and engaging in community dialogue.

2

The second collective action in this area is:

Liaise with Women's Health in Women's Hands to foster awareness and use of their Disclosure Toolkit at 10 organizations in Ontario that provide women-specific services.

Due to the often overlapping nature of these two goals in this period, they were reported on together. Work in this area was impeded by the fact that the WHAI Disclosure toolkit was not completed as planned; however, WHAI Coordinators held discussions that still centered issues of HIV disclosure with 435 service providers and women living with HIV – again surpassing our original goal. This work took place as world cafes, workshops, community conversations, and in one case, as a community art project. In addition, 4 sites utilized the Women's Health in Women's Hands Disclosure toolkit to facilitate conversations about disclosure, engaging both women living with HIV and service providers, achieving 40% of the target set by the network.

Two sites reported that conversations about U=U and disclosure dominated this work. Internalized stigma, continued confusion about the science of HIV, and the need for clarification about legal implications of U=U all were brought forward in the work. Furthermore, across all 6 sites, women continued to express fear about disclosure to family and friends due to fear of violence and criminalization. Issues of disclosure also came up in relation to conversations related to first Collective Action goal area on Stigma, Discrimination & Institutional Violence.

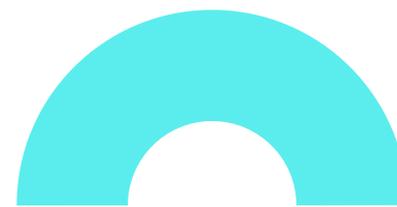
3

The third collective action in this area is:

The provincial office will participate in work being done by the Canadian and Ontario HIV Legal Networks on HIV criminalization & women and will disseminate this work back to the WHAI Network.

PWHAJ joined the Canadian Coalition for HIV Criminalization Reform, coordinated a WHAI Network Teleconference with HALCO about criminalization and women, and supported WHAI Coordinators to facilitate community consultations for the development of a national community consensus statement during this reporting period. Due in part to the broader Coalition's work, the government has made important changes to the laws pertaining to the criminalization of people living with HIV.

Women and Harm Reduction



● 15

100% of sites reported doing work toward the collective goal of "Women who use drugs will be connected and supported in community organizations & institutions in Ontario, and will mobilize to address institutional stigma & discrimination towards women who use drugs."



The first collective action in this area is:

WHAI Coordinators, in partnership with community, will support at least 100 women in Ontario being trained on overdose prevention and the use of Naloxone.

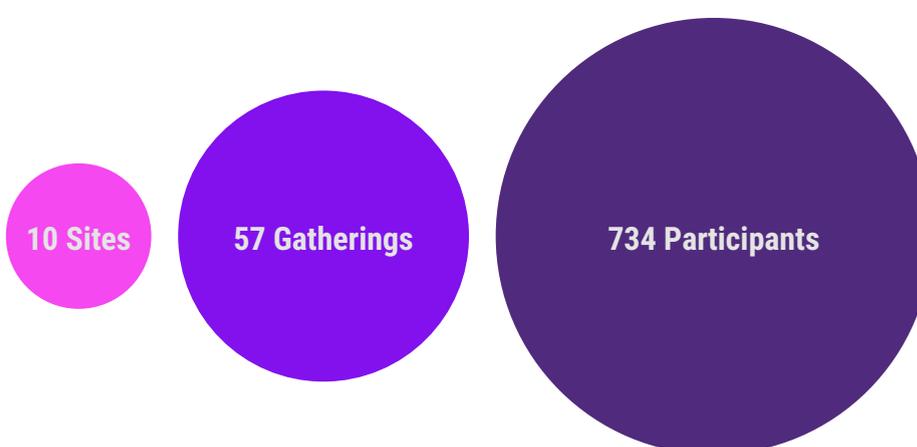
In this reporting period, 7 sites (47%) worked to support 278 women to be trained on overdose prevention including the use of Naloxone. This far exceeds our original goal of 100 women. WHAI Coordinators reported working in partnership and doing this work in community was a large component of success in this work. Across Ontario, WHAI Coordinators reported an increase in partners being more receptive to doing overdose prevention work and being willing to collaborate and share resources. Importantly, where numbers were available, women were seen to represent an increasing proportion of people being trained on Naloxone, sometimes making up as much as 50% of those trained in their community. This is significant since women often represent an average of 30% of people accessing harm reduction services in Ontario.



The second collective action in this area is:

Conduct community gatherings with a least 30 groups/150 people in Ontario to discuss women and harm reduction strategies locally, centering the voices of women who use drugs.

10 WHAI Coordinators (66%) held 57 gatherings with 734 service providers and women with lived experience, surpassing our original goal by a significant margin. Throughout these gatherings, women's voices were amplified and Coordinators reported the impact this had on all participants and the way action items were identified. The stigma women who use drugs continue to face, and the realities of service gaps and barriers for women who use drugs, represented the bulk of issues discussed in these gatherings. Significant success in this area can be seen through the identification of future collaborations and partnerships to make spaces safer for women who use drugs – even in more conservative communities.



Women and Harm Reduction, cont'd

3

The third collective action in this area is:

Review locally created harm reduction resources that centre women who use drugs' experiences of stigma – using these to create a provincially relevant resource.

While largely a PWHAI goal, it depends on local resources being developed. In this period, 2 WHAI Coordinators reported having women-specific harm reduction resources in progress. These processes have been participatory with women who use drugs and other relevant partners and both aim to be responsible to the current needs of the community. In the next period, PWHAI will begin reviewing these resources to create a province-wide resource.

4

The fourth collective action in this area is:

10 Ontario organizations will increase numbers of women accessing harm reduction supplies, drawing on gender-disaggregated data as an indicator.

10 WHAI Coordinators (66%) have been working toward this action by supporting distribution of supplies at their agency, working with other organizations through mobile services and satellite sites, building partnerships with women-serving agencies, and engaging incarcerated women in the work - all important approaches for improving women's access. In addition to the 10 WHAI agencies, 17 partner organizations were identified in the reports.

Looking inward at WHAI agencies, where data is available, the proportion of women accessing harm reduction supplies remains at 30.4% on average. Compared to our baseline data, no significant increase can be seen in the gender breakdown of visits; however, change will continue to be monitored as work in this area increases. Where there was data about satellite sites or more mobile services; the proportion of women is nearly 50%. This is particularly relevant when thinking about how women are accessing services and the realities of women's lives. In total, 7,297 visits by women were reported during this period compared with 14,980 visits in the baseline round which, while showing a significant decline, is most likely due to less sites reporting numbers this period combined with the often varying ways data is collected. It is especially important to note that the proportion of women accessing is a more significant indicator of impact in this work. The way data is collected, particularly regarding trans data, remains a discussion point throughout WHAI sites. This work will undoubtedly take time and WHAI Coordinators are laying solid foundations to increase women's access across Ontario.

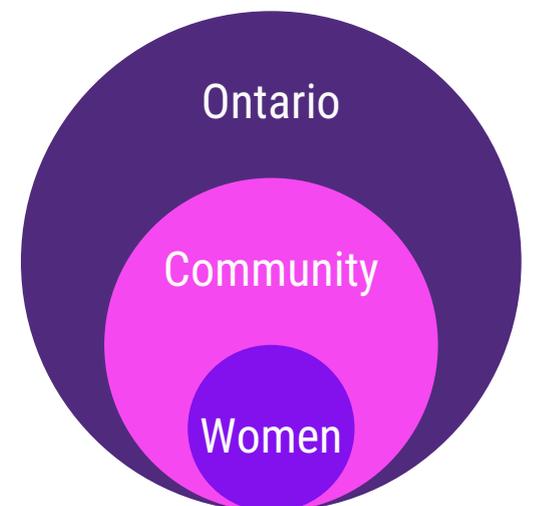


*Women represent 30% of people accessing harm reduction supplies across Ontario

Engaging Women in the Work

Across the network, Coordinators reported both successes and challenges related to engaging women in WHAI community development work. The process of engaging women is central to community development as it increases community control over the work, ensuring that it is directly informed and led by women with lived experience, resulting in meaningful change. Where success was had, coordinators reported an increase in positive engagement from women in their communities, more positive responses from community partners, and generally stronger impact of the work. This is an exciting and important development that was noted in this reporting period.

At the same time, several challenges to engaging women with lived experience were expressed across the network. These challenges reflect changes in the WHAI approach, Coordinator role transition and the process of relationship building, as well as the fears women face regarding disclosure and experiences of stigma and discrimination. It is important to note that 1 year into WHAI's Coordinated Collective Impact Initiative (CCII), this is an expected reality of the work transitioning to build more meaningful involvement of women. Acknowledging that engagement, relationship building and community development work takes time is important. Expressing these challenges is a sign that the network is moving forward into a new direction where important and meaningful community change work is happening.



Network Successes

Overwhelmingly, the most notable success reported in this period was that working in partnership with various stakeholders has allowed for work to move forward in a significant way. CCII has impacted the strength of partner relationships resulting in collaborative work coming to fruition during this period. This marks a positive shift from previous reporting periods where working with partners was more often reported in terms of challenges and while some of these challenges will continue to exist, they are being reported as far less significant.

Other consistent successes have included the use of arts-based approaches as an engagement tool, the ability to do harm reduction work from a community development framework, collaborating with other PPN workers in their agencies, approaching HIV work through other lenses (i.e sexual health, harm reduction), and being able to plan work grounded in the voices of their communities through the situational analysis findings. In follow up 1-on-1 calls with both Coordinators and Managers / Executive Directors to debrief the reports, feelings about the transition to the CCII model, after 6 months of implementation, were discussed. Every site reported feeling like the structure of CCII allows their work to transition toward a more defined, clear, and impactful path. As the network moves forward, this is a significant success that has, based on the data seen in the first 6 months alone, positively impacted WHAI's ability to create meaningful community change across Ontario.

Network Challenges

Beyond the challenges related to engaging women with lived experience in the work, there were a few consistent challenges expressed in the reports this period. Many of these challenges stem from the often complex nature of community development work: difficulties recruiting attendees for gatherings, slow progress and need for repeated follow up, lack of community readiness to tackle issues such as HIV, resource constraints, and navigating competing priorities all came up. Additionally, persistent challenges regarding the transitioning nature of WHAI work in practice was evident in some reports. Ideas for solutions to these challenges were often also reported and looking ahead to the next reporting period, the network will continue to push forward and attempt to problem solve.

Limitations to the Data

In consolidating the reports, certain limitations to the data presented themselves. The first being that different interpretations to terms in certain questions as well as variances in how participants and partners were counted and reported have impacted the totals presented here. Furthermore, there were some differences in how sites reported harm reduction distribution data. The figures reported largely represented interactions (visits); however, one site reported the number of unique individuals. To address some of these limitations, tools including a glossary of report terms will be developed for the next reporting period.

Next Steps

The progress made in this reporting period has been significant. When measuring against the collective goals, nearly every one has been met and exceeded by a large margin. This is a development to be celebrated and it is necessary to acknowledge the work of WHAI Coordinators in making the possible and ensuring that it is responsive to their communities. The question now, though, is what happens next? The next reporting period will see much of this work continue and, in many cases, see the execution of work that remained in planning stages during this reporting period. Harnessing the successes evidenced throughout these reports and continuing to build relationships will be necessary to push forward and create more welcoming communities for women across Ontario.