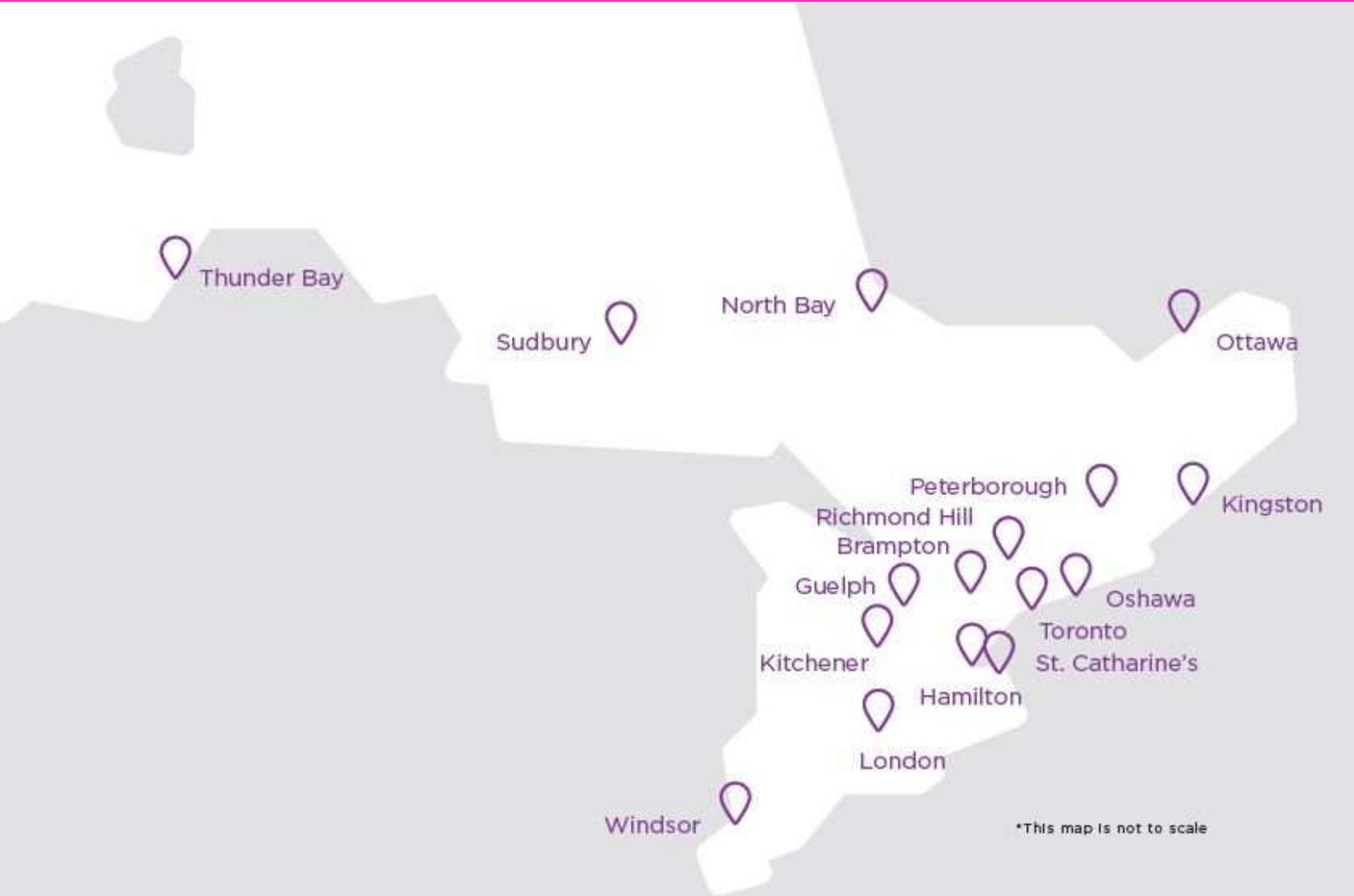


# Annual Report

## April 2017 - March 2018



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The term 'woman' is used throughout this report 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.

# Welcome

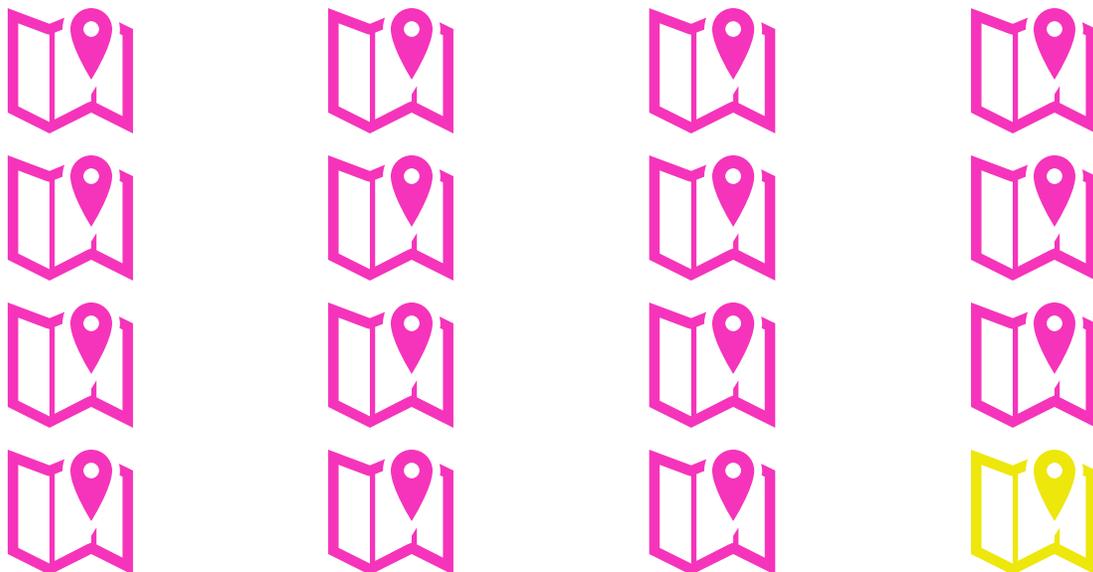
This report will provide consolidated information summarizing the WHAI Network's 2017/2018 Coordinated Collective Impact Initiative (CCII) work. WHAI concluded its first full year of the CCII during this period. This has been an important shift that facilitated a network-wide structure to do community development and capacity building work that places community voices at the forefront.

This model includes goals, measurable activities, and collaborative efforts across Ontario to build community capacity and create meaningful change. In the first year of CCII, the network worked toward goals in three areas of focus selected from seven areas identified in the 2016 provincial situational analysis reports. The provincial areas of focus being measured in this annual report are:

- Stigma, Discrimination & Institutional Violence
- HIV Disclosure
- Women and Harm Reduction

Following the first 6 months (April – September 2017) of CCII work in these three areas of focus, most of the goals had already been met and targets exceeded. The second 6-month period (October 2017 – March 2018) subsequently saw WHAI Coordinators focus their efforts on continuing to foster their achievements on our provincial goals, grow their partnerships in community and follow up on identified opportunities for change and action. The result is that as a network, there have been effective and significant developments in the ways that WHAI operates in communities across the province. Our collective impact has been significant and sets the foundation for continued capacity building and community change across Ontario.

This report will summarize the collective findings of 15 individual WHAI sites. During the reporting periods, 1 site was undergoing a period of transition and as a result was unable to complete the report.



# A Year in Review - Measuring Progress Toward our Goals

Over the course of this year, WHAI Coordinators set and subsequently worked toward 3 sets of collective actions, one set per area of focus. Where these actions had measurable targets, we assessed our progress. Here is how we did.

## Stigma, Discrimination, and Institutional Violence

Goal

Women's experiences of stigma and discrimination will be centered and used to foster welcoming, engaging, and respectful community agencies and institutions in Ontario.

Actions



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.

150 Target

2,353 Actual

Our target was exceeded by  
**1,468%**



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.

150 Target

1,150 Actual

Our target was exceeded by  
**2,300%**

# A Year in Review - Measuring Progress Toward our Goals

## HIV Disclosure



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

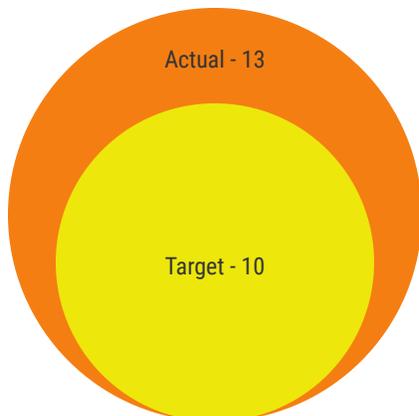


Conduct community gatherings with at least 20 groups/100 people in Ontario, including women living with HIV, sharing the Disclosure Resource and engaging in community dialogue.

The WHAI Network Disclosure Toolkit remains in progress. As a result, this target was not met, however, this action will continue in 2018/2019.



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



Our target was exceeded by  
**30%**

# A Year in Review - Measuring Progress Toward our Goals

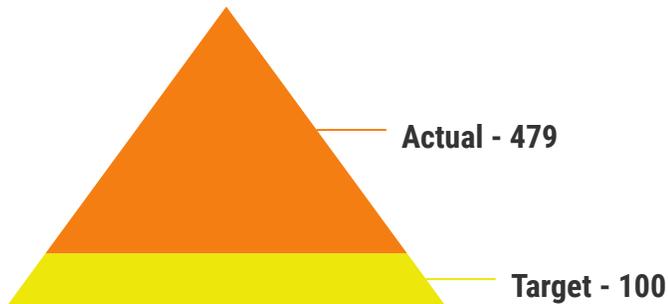
## Women & Harm Reduction



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.



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



Our target was exceeded by

**379%**



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.

**150** Target

**1,668** Actual

Our target was exceeded by

**1,012%**

# A Year in Review - Measuring Progress Toward our Goals

## Women & Harm Reduction



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.



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

Our target for this action has not yet been met, however, it is in progress. This work will continue in 2018/2019.



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



● % of women accessing Harm Reduction Supplies at WHAI ASOs

Across the Network,  
we saw an increase  
of **5%**

# A Year in Review - Engaging Women in the 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. Across both reporting periods, over 185 women with lived experience were reported to have been engaged in WHAI work. It is important to note that some of these women may be double counted across reporting periods. These women participated in advisory groups, assisted with workshop and resource creation, acted as co-facilitators, provided guidance to the direction of local WHAI work, and served as leaders in creating community change work.

185

Women engaged

In its totality, the process of engaging women in WHAI's community development work was a source of significant growth across the network this year, full of both successes and challenges. WHAI Coordinators reported that engaging women through arts-based activities like Love Positive Women and the 7.10 Stories collaborative art project, being adaptable to women's schedules, creating space for meaningful participation in resource creation, were all strategies that helped build trust and foster relationships. Engaging women with lived experience in the work also helped increase positive relationships with partner organizations and contributed to increased impact and community capacity. At the PWHAI level, we are also committed to engaging women with lived experience in provincial work and the Ontario Women's Working Group has served as key advisors and participants in the creation of several resources including the Love Positive Women Implementation Guide.

WHAI Coordinators also reported some challenges in their efforts to engage women with lived experience. These challenges included the reality that relationship building is a slow process and their relationships with women in their communities are still developing, budget constraints to pay for people's contributions, and the fact that women are sometimes reluctant to participate because of fear of disclosure, CAS involvement, and stigmatization. This was especially true in smaller communities. The expression and acknowledgement of these challenges is a positive sign that the network, as a collective, is being persistent in the pursuit of meaningful and participatory community change work.

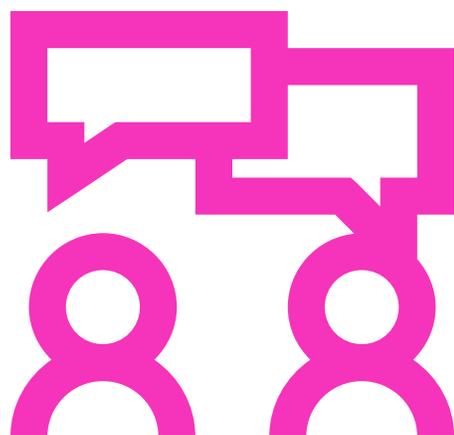


"Women with lived experience" refers to women living with HIV as well as women facing systemic risks for HIV acquisition including women who use drugs, African, Caribbean and Black women, Indigenous women, trans women, and women who have been incarcerated among others

# A Year in Review - Network Successes

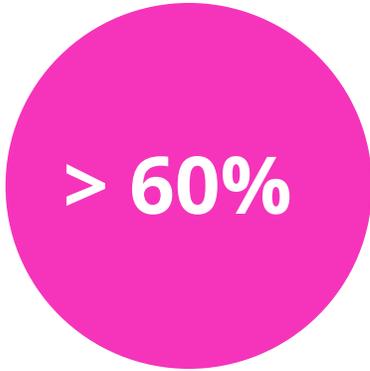
Overwhelmingly, the most notable success reported across the network this year was working in partnership through the CCII. WHAI Coordinators have reported significant relationship development and increased community capacity building efforts through working with community agencies, other teams within their ASO, as well as broader community stakeholders. These partnerships have allowed Coordinators to increase the reach of their work, share costs and resources, address the intersecting issues facing women living with and facing systemic risks for HIV, and further their ability to adopt flexible approaches that meet communities where they're at. The CCII model has been successful in helping to guide collaborative partnerships by providing some additional structure and, in some cases, helping to secure "buy in" from partners. This is especially important as the engagement of stakeholders is integral to the CCII model as the way forward in creating meaningful and lasting solutions to complex social issues.

Another key success reported this year was the use of creative approaches to engagement. Across all three areas of focus, coordinators reported facilitating gatherings using arts-based, adaptable, and/or circle-based methods and saw increased engagement and impact from their efforts. Love Positive Women and the 7.10 stories collective art project were also cited as providing new ways to bring community members together to talk. In addition, the ability to do harm reduction work from a gender-informed and 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 were all reported as important gains in the work. The remarkable work captured through both reports this year reflects an accumulation of these successes and the commitment of the WHAI network to create collective community change across Ontario.



Arts-based  
Engagement Collaboration  
Partnership Intersectional  
CCII Impact  
Adaptability

# A Year in Review - Network Challenges



**WHAJ  
Network  
Turnover  
in  
2017/2018**

In addition to the challenges with regard to engaging women with lived experience in the work, WHAI Coordinators reported some challenges that were consistent across reporting periods and across the network. Community development work is nuanced, time consuming, and participatory at its core and as a result, Coordinators are facing challenges regarding the time it takes to build partnerships and establish mutually agreed upon work, a lack of community knowledge and openness to discuss HIV and HIV-related issues, staff turnover at partner agencies, and difficulties navigating large structures and institutions. In response to these challenges Coordinators reported actively adapting their approaches to meet the needs of their partners and communities whenever possible and following up on suggested action items raised in gatherings to capitalize on momentum.

Network turnover has also been a key challenge throughout the year. Over the course of these 12 months, over 60% of WHAI sites have had Coordinators leave and had new Coordinators join the network. This can often mean that partnerships, engagement plans, and scheduled activities are put on pause in the interim between Coordinators and while new Coordinators get oriented to the position. This can present challenges for community development work as trust often needs to be rebuilt and relationships reestablished with every new person who enters the role. That said, new Coordinators bring new ideas and fresh perspectives to the role and to the network which is a benefit to be fostered.

# A Year in Review - Limitations to the Data

Over the course of the year, and in response to feedback following the first semi-annual report, the reporting tool was updated and streamlined based on network feedback and tools to assist in completing the report, including a tips and tricks sheet and a tracking tool, were distributed for the second half of the year. These adjustments, combined with more experience completing the semi-annual report process, likely contributed to increased data quality across the reports in the second reporting period when compared to the first. That said, certain limitations to the data exist and need to be acknowledged.

Different interpretations of questions and actions, as well as variances in how participants and partners were counted and reported, impact the figures presented here. For example, participant numbers and women with lived experience numbers were often not recorded as unique individuals which may have resulted in some people being counted twice. There were also differences in how sites reported harm reduction distribution data. About half the figures represented interactions (visits); however, several sites reported the number of unique individuals and trans data still largely goes uncaptured. PWHAI will continue to be open to feedback on the reporting tools and structure as the process and data evolves.



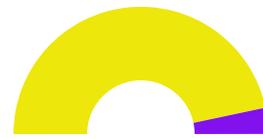
**In-depth Area of Focus Summary Reports**

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**April -  
September  
2017**

# 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

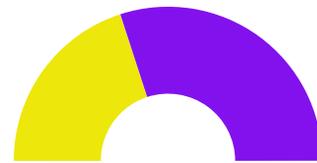
The third collective action in this area is:

*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 worked 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



6 9

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.*

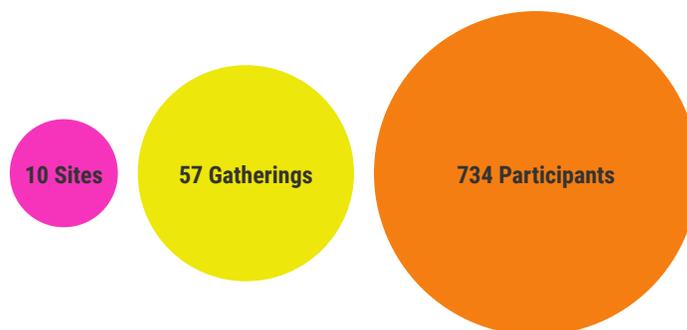
In this reporting period, 7 sites (47%) worked to support 278 women to be trained on overdose prevention including the use of Naloxone. This far exceeds our original goal of 100 women. WHAI Coordinators reported working in partnership and doing this work in community was a large component of success 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



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.



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



## **In-depth Area of Focus Summary Reports**

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**October 2017  
- March 2018**

# Stigma, Discrimination, and Institutional Violence



● 13 ● 2

86% 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."

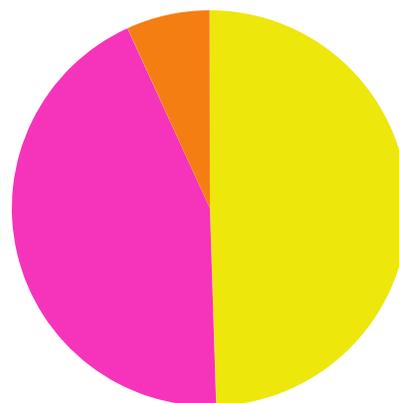


The first collective action in this area is:

*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 regions (80%) did work toward this action in this period with 1,527 participants engaged in 60 gatherings. The Welcoming Spaces toolkit was most often used to inform facilitation style as well as the basis for participatory activities. Of these 1,527 participants: 43.5% were service providers, 38.4% were women with lived experience, and 18.1% were defined as 'other'. What is important to note, and is an indicator of community-led WHAI work, is that for the vast majority of the 60 gatherings reported, the participants were a mixed group of service providers and women with lived experience – effectively bringing stakeholders together and allowing for the direct and meaningful sharing of experiences related to stigma, discrimination, and institutional violence and to discuss and actualize opportunities for change.

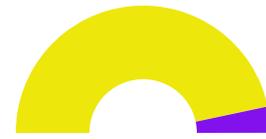
### Gathering Participants



● Service Providers ● Women with Lived Experience ● Other

In these gatherings, women with lived experience identified that the many types of stigma they experience in institutions and organizations (sex work stigma, drug use stigma, mental health stigma, HIV stigma, and fears around disclosure and CAS involvement) act as significant barriers to accessing services. Given that 83% of Coordinators identified being able to carry out this work collaboratively with community partners, several opportunities for impact-based change and further work were identified including: collaboratively creating workshops with women with lived experience, the development of gatherings where women can speak about sex and sexuality from a strengths-based perspective, work to make newcomer spaces more welcoming, and the creation of several women's advisory groups.

# Stigma, Discrimination, and Institutional Violence



● 13 ● 2

86% 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."

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.*

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.

The Provincial WHAI team 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 Motherisk Commission, and meetings with the Commissioner and her team. 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 current and historic discrimination against mothers who use drugs, Indigenous mothers, and mothers from African, Caribbean, and Black communities.

3

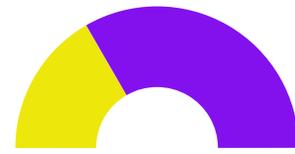
The third collective action in this area is:

*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.*

8 regions (53%) participated in this work during this period and a total of 639 current or future health care providers (166 current health providers and 473 students) were engaged in 21 gatherings across Ontario. Again, the network had exceeded the stated targets in this area during the previous 6 months and used this period to refine and build upon their existing work within this action.

Largely, this work consisted of hosting gatherings with clinicians and holding workshops with classes of students. In these gatherings, general HIV education, women and drug use, PrEP and PEP coverage and access, health needs of sex workers, and the intersection of gender based violence and HIV risk were all significant topics of discussion. From these gatherings, key ways forward were identified including: collaborative efforts to make health care spaces more welcoming, the creation of case scenario examples to bring to health care providers to assist in learning non-stigmatizing ways to discuss sexual health and other matters, and the sharing of further resources. Despite the repeated challenge of engaging clinicians within the confines of their schedules and institutional barriers, a key success in this area was the increase in impact when women with lived experience were able to share their experiences with clinicians directly which contributes to the collective goal of creating more welcoming spaces by putting women's experiences at the center of this work.

# HIV Disclosure



● 5 ● 10

33% 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.*

The first action in this area was not reported on this period as the PWHAI Disclosure Resource had not been finalized and as a result, work on this target could not be completed. It is in part due to this delay that HIV Disclosure (and this collective action) will remain an area of focus for the 2018/2019 year when the Disclosure Resource will be complete.

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.*

Across the network, 3 WHAI sites used the WHIWH Disclosure Toolkit in 9 organizations, largely in gatherings with women with lived experience and service providers. When combined with the previous reporting period's work, the network has now met and surpassed this target with 13 organizations having been engaged with this resource. There was a clear expression of the importance of being able to tailor the toolkit to meet the needs and strengths of each group as women will often be at different places in their disclosure journey and organizations will be at different places in their ability to provide support around disclosure.

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.*

PWHAI 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, 11 regions (73%) worked to get 201 women trained on overdose prevention including the use of Naloxone over the course of 126 trainings with 18 partner organizations. The work done in this period continues to build on the previous period's work, further exceeding our original goal of 100 women. Overwhelmingly, this work happened in partnerships with both ASO harm reduction teams and community partners impacted by the overdose crisis – these partnerships were reported as being a key component of success in this area. As part of these trainings, deeper conversations about women and harm reduction took place, raising the issue of the intersections of gender-based violence and drug use, criminalization, community trauma, and sex work and how these issues can be the foundation for components of the work moving forward. In addition, where numbers were available, women again represented a higher proportion of people being trained on Naloxone. This is an area of work for WHAI to foster as the network moves forward by looking to sites who have done this work for models that can be adapted across the province.

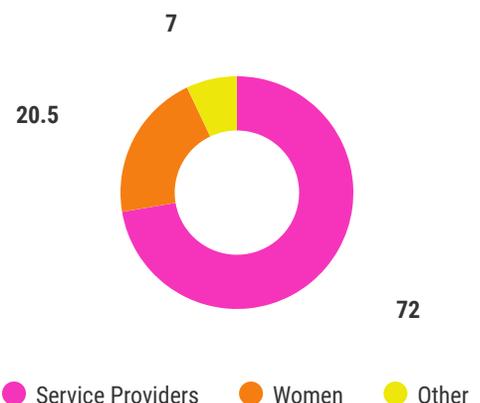


The second collective action in this area is: *Conduct community gatherings with a least 30 groups/150 people in Ontario to discuss women and harm reduction strategies locally, centering the voices of women who use drugs.*

Across 12 WHAI sites (80%), 934 participants participated in 43 gatherings during this period, further surpassing our target in this area. Of these 934 participants, 72% were service providers, 20.5% were women with lived experience, and 7% were identified as 'other'. Issues raised at these gatherings concerned the ways in which housing, gender-based violence, sex work, criminalization, HIV and HIV risk, and fears about CAS involvement can all impact the lives of women who use drugs and their ability to feel safe accessing services. These issues and intersections will be helpful in framing our work moving forward.

In most cases, the gatherings were mixed events where both service providers and women with lived experience attended. This mix of participants effectively centered women's voices, leading to greater engagement and impact. At the same time; however, the exclusion of women with lived experiences at decision-making tables and committees continues to be a persistent challenge. Making space for women's leadership at these tables was identified by several sites as an opportunity for action. WHAI Coordinators have also identified the need to continue developing partnership with women's organizations and mobile services to increase women's access to harm reduction supplies in communities – this direction is in line with WHAI's 2018/2019 harm reduction area of focus.

**% of Gathering Participants**



# Women and Harm Reduction, cont'd



● 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."

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.*

Work toward this action fell within PWHAI's work this reporting period. The Women and Harm Reduction working group was assembled and after reviewing existing resources, the working group decided to embark on a participatory, province-wide resource development project. This work continues to be in process and community consultations with women who use drugs is underway and will direct the content and direction of the resource. This action aligns with our 2018/2019 goals and activities.

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.*

11 WHAI Coordinators (73%) have worked with 33 partner organizations (including their own ASOs) to increase women's access to harm reduction supplies by working collaboratively with ASO harm reduction teams, equipping women-specific organizations with supplies and resources, partnering to establish mobile and outreach services which see a greater proportion of women, supporting agencies to be more welcoming to women who use drugs, and providing community education and warm referrals. Across the network partnership and peer involvement in the work was noted as crucial to doing effective community capacity building and change work in this area.

Where WHAI agencies were able to provide gender-disaggregated data, women represented 35% of people accessing harm reduction supplies on average. This marks a 5% increase in the proportion of women accessing harm reduction programs at WHAI related ASOs since the baseline was collected 1-year prior, which is an important success for the network as in the previous reporting period, there was no significant increase from the baseline round. It is important to note; however, that there are limitations and inconsistencies to some of the reported data and PWHAI continues to work with Coordinators to find ways to simplify and streamline this process. With regard to engaging trans women and exploring the ways in which the agencies identified in this area are working at being inclusive of trans women, many sites continue to have conversations about gender-diverse data collection with two sites in the process of creating new data collection tools and one site working on a trans-specific harm reduction survey to better understand the needs of the community and identify areas for change in their region. In addition, we will continue to draw on data from View from the Frontlines and other tracking tools to continue measuring the impact of this work.

# Looking Ahead to 2018/2019

At the conclusion of 1 full year of CCII work on these three areas of focus, nearly every goal and target has been met and exceeded. The evolution of WHAI work exemplified in these reports shows a commitment to building community capacity, creating collective change, and making space for women with lived experience to be leaders in this work. WHAI Coordinators, along with the Managers and Executive Directors that are part of the WHAI network, have worked hard to make these successes possible and that is something to be celebrated.

Looking ahead, the 2018/2019 areas of focus are HIV Disclosure, Women and Harm Reduction, Gender-Based Violence, and Community and Emotional Wellness and the collective goals and actions were collectively defined by the network. In some cases, this may require transitioning some pieces of work and building on and further developing others. As always, WHAI sites should prioritize local realities and look for areas where there is natural overlap between local and provincial goals. Continuing to build relationships and harnessing the momentum of the successes of the CCII's first year will be integral to creating more welcoming communities for women across Ontario.

