

Semi Annual Report

April 2018 - September 2018



**Semi Annual Report
April 1st, 2018 – September 30th, 2018**

This reporting period saw the initiation of the second year of WHAI's Coordinated Collective Impact Initiative (CCII) implementation. Building on the progress seen in the first year, the WHAI Network began work on 4 Areas of Focus:

Women and Harm Reduction	HIV Disclosure	Community and Emotional Wellness	Gender-Based Violence
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Over the course of this reporting period, the Network has created substantial collaborative change and made significant progress toward achieving our goals. This report will summarize the goals collectively defined by our network for each of these areas, and our progress towards the activities agreed upon to achieve these goals. In total, 16 out of 17 sites submitted semi-annual reports which defined the following summaries of our network progress.

Women and Harm Reduction:

Goal:

Organizations and communities will have increased capacity to work with women who use drugs from a harm reduction and overdose prevention perspective.

- 13 out of 16 (81%) sites reported doing work toward this collective goal

The first and second collective actions in this area are:

The WHAI Women & Harm Reduction Workgroup will finalize the provincial resource they are developing, centering the voices of women who use drugs.

The WHAI Network, working with women who use drugs and community partners, will implement the newly developed Women and Harm Reduction provincial resource by holding 10 community gatherings with 200 people across Ontario

Due to the intertwined nature of these two actions, they are reported on together here. During this reporting period, the Women & Harm Reduction Workgroup completed community consultations with 64 women who use drugs from 9 regions across Ontario to discern what the provincial resource will consist of. The findings from these consultations have been used to frame a project outline, which will include capacity building resources to be used with service providers and community partners. The resource will be completed and distributed in the next reporting period. As a result, work on these collective actions will be tracked during the next reporting period.

The third collective action in this area is:

The WHAI network will work with 10 local women's organizations (community partners) and women who use drugs to build connections to community services and increase women's access to harm reduction and overdose prevention services (including naloxone).

Across Ontario WHAI Coordinators worked with 71 local organizations (the majority of which are women-specific) to build relationships and community capacity to work with women who use drugs. Consequently, after just 6 months, our target of 10 local organizations has been surpassed. WHAI Coordinators reported using the success and

lessons learned in the 2017/2018 year to focus their work related to harm reduction and push forward with partnerships that are increasing the impact of their efforts.

Largely in partnership with the harm reduction teams at their ASOs and other community stakeholders, many Coordinators are working with shelters, women's drop ins, food banks, and other organizations that women who use drugs frequent to build community capacity. Coordinators have collaborated on capacity building opportunities such as naloxone training with staff and women who use drugs, the development of women's harm reduction programs and equipment distribution services, the facilitation of gatherings with service providers and women who use drugs to discuss women-specific harm reduction, and partnerships to increase the capacity of mobile and satellite harm reduction services which are seeing a higher proportion of women accessing services than fixed sites. WHAI Coordinators also reported work towards improving organizational policies and procedures to create more welcoming and inclusive spaces for women who use drugs by sitting on committees, partnering to create peer leadership opportunities, and developing relationships with new organizations. This work has resulted in WHAI Coordinators reporting tremendous community impact, and in some cases, increased numbers of women engaging with and accessing harm reduction services.

The fourth collective action in this area is:

The Provincial Office will continue to facilitate information sharing and where possible, capacity building opportunities about women-specific harm reduction (for example: pregnancy, parenting & harm reduction, women-specific safer use practices, women-specific overdose prevention), with the WHAI Network.

In response to this action, the Provincial Office continues to work on creating opportunities for the network to discuss women-specific harm reduction and effective community change work. During this reporting period 3 key areas of work responded to this activity:

- The network engaged in planning for a half-day session on mothering, harm reduction, HIV, and women's experiences with child protection agencies. While the session happened in October, Coordinator feedback and dialogue between the Provincial Office and systems-level partners influenced the planning of this session.
- Information pertaining to the Motherisk Commission was distributed during this period for Coordinators to relay in their communities.
- The Provincial Office has engaged in discussions with urban, suburban and rural overdose prevention sites in British Columbia to learn about effective, gender specific overdose prevention strategies and practices which will also be integrated into the resources being developed.

HIV Disclosure

Women living with HIV in Ontario will have more control over how and why their HIV status is disclosed and staff at community agencies and institutions will have an increased understanding of their role, responsibilities and respectful practices for disclosing a woman's HIV status.

- 9 out of 16 sites (56%) reported doing work towards this collective goal

The first collective action in this area is:

The WHAI Network will continue to build community capacity about HIV Disclosure by using the new WHAI Disclosure Toolkit and/or the WHIWH Disclosure Toolkit with at least 10 groups/100 community workers across Ontario (i.e. shelter workers, counsellors, harm reduction workers, health care providers).

Drawing on WHAI's newly launched HIV Disclosure Toolkit for Service Providers and the Women's Health in Women's Hands Disclosure Toolkit for women living with HIV, Coordinators engaged 15 groups with 126 participants, 88 of which were service providers, partially exceeding our initial target of 10 groups and 100 community workers, respectively. Participants included community service providers (shelter staff, SWAG members) students, ASO staff, and women living with HIV. In 13 of these gatherings, Coordinators used the WHAI Disclosure Toolkit, and in 1 gathering, Coordinators used the WHIWHH Toolkit.

WHAI Coordinators reported that the WHAI Disclosure Toolkit has been helpful in framing conversations with service providers, even within their ASO. In particular, as Coordinators begin to use the Toolkit in their community, they report benefits to using the smaller, activity-based components of the toolkit, primarily the myth/fact cards. From these discussions, conversations about U=U, criminalization, institutional violence in health care, stigma and discrimination, and the basics of HIV were raised. As Coordinators continue to build relationships around the topic of HIV disclosure, it will be important to continue to use other resources found on the "More Information" section, as well as the USB distributed at the June Symposium and the WHIWH toolkit to build community capacity and respond to emerging needs and discussions.

The third collective action in this area is:

Build WHAI Network knowledge about existing HIV Disclosure resources, with the aim of sharing these to build community capacity.

The WHAI network provided 1) a USB stick with copies of resources to support the networks knowledge building and 2) a "More Information" resource within the HIV Disclosure Toolkit for Service Providers. In preparing for their community gatherings, 3 Coordinators reported using the "More Information" section of the HIV Disclosure Toolkit to build their knowledge and develop gathering content. In 1:1 calls with the provincial office that followed the semi annual reports, discussions regarding the awareness and use of other resources, in particular those that focus on disclosure to sexual partners and children, and resources related to the criminalization of HIV non-disclosure were discussed as areas of interest.

The fourth collective action in this area is:

The Provincial Office will continue to participate in work being done by the Canadian and Ontario Legal Network on HIV Criminalization and will share this work back to the WHAI Network.

The provincial office continues to attend meetings and participate in discussions with stakeholders as a member of the Canadian and Ontario Legal Network on HIV Criminalization. In this reporting period 1 Canada-wide teleconference with the Canadian Coalition to Reform HIV Criminalization took place as well as multiple online meetings, discussions and planning sessions. This work will continue moving forward on a provincial and national scale. In addition, WHAI's Provincial office continues to review

input from the 2017 consensus statement, pulling out submissions made by women. This will be shared with the WHAI network in the next reporting period.

Community and Emotional Wellness

Through work with women with lived experience and community partners, women with lived experience will have an increase sense of connectedness, emotional wellness, and positive health outcomes.

- 15 out of 16 sites (94%) reported doing work toward our collective goal of

The first collective action in this area is:

The WHAI Network will work with community partners to carry out collaborative arts-based community gatherings (including Love Positive Women), with 25 groups / 300 women with lived experience, to build community connectivity locally and across Ontario.

Our targets of 25 groups and 300 women with lived experience were partially exceeded this reporting period as 27 arts-based gatherings were held with 187 women with lived experience across 9 sites in Ontario. Continuing to build on the success of using arts-based engagement evidenced in 2017/2018, Coordinators again found that using more creative and participatory activities led to increased engagement with women with lived experience and other community stakeholders, more nuanced conversations, and a pronounced sense of connectivity between participants – aligning with this area of focus. Coordinators used various arts-based models for this work including the Crow and Pitcher activity, story telling, button making, sign and banner making, body mapping, pour painting, and activities adapted from the T Love project presented at the WHAI June Symposium. These activities occurred in a variety of settings from within ASOs to inside prisons or during workshops and helped garner “buy in” from organizations as well as create space for women for build networks of community between each other.

The second collective action in this area is:

The WHAI Network will build on work from 2017/18 (Stigma, Discrimination & Institutional Violence), continuing to use the HIV & Stigma: A Toolkit for Creating Welcoming Spaces resource in community gatherings, building capacity for community and emotional wellness with women living with HIV, women facing systemic risk and those providing services with these women. This will include work with at least 15 groups, 300 people in Ontario.

In total, 32 gatherings were held with 658 participants where the HIV & Stigma: A Toolkit for Creating Welcoming Spaces resource was used to have conversations with community partners and women with lived experience about the importance of welcoming spaces in reducing stigma and discrimination and creating a strong sense of community wellness and connection. Across the Network, Coordinators partnered with other service providers, community programs, attended health fairs in community, on reserve and in prisons, and sat on inter-agency coalitions where they were able to facilitate conversations about the impact of institutional stigma and women’s health outcomes. Most often the toolkit was reported as helpful in planning and facilitation of gatherings, however, specific tools such as the agency layout map and the identifying stigma activity were cited as being particularly helpful for increasing the engagement of participants. Coordinators identified that moving forward, using this toolkit is effective at identifying follow up work that community partners are willing to participate in such as

physical space audits and organizational assessments. This makes reengagement and long-term partnership building easier.

The fourth collective action in this area is:

Working from a place of strength, WHAI will work with community partners to collaboratively facilitate 20 sharing circles / community gatherings, involving women with lived experience, increasing community connectivity and emotional wellness.

In our work, the terms “sharing circle” and “community gathering” are used to be adaptable and flexible depending on local realities. They may include indigenous bundle making circles, condom pack assembly sessions, book clubs, wellness workshops, health fairs or other models of gathering. In response to this action WHAI Coordinators helped to facilitate 61 gatherings with 537 participants (338 of whom were women with lived experience) with community stakeholders including women with lived experience and community partners. These figures far surpass our collective target of facilitating 20 sharing circles or community gatherings. As was reported with regard to using arts-based models, Coordinators shared how the use of more flexible, participatory gatherings that focused on strength, connection, and wellness were pivotal in building relationships, creating capacity building partnerships, effectively centering GIPA/MEPA, and increasing attendance. In these gatherings, participants shared how social isolation and stigma contributes to increased stress and worse health outcomes. Importantly, these gatherings also provided space for WHAI Coordinators to partner with support staff and other PPN workers in their ASO and other community service providers on community development activities as a way to increase community capacity to address the importance of creating connection between women.

Gender-Based Violence

Communities in Ontario will be better able to address the correlation between GBV, HIV risk, drug use, and health outcomes

- 13 out of 16 (81%) sites reported doing work toward this collective goal.

The first collective action in this area is:

The WHAI Network will hold 10 community gatherings, engaging 100 workers from community organizations (where possible focusing on the Violence Against Women sector) to build understanding and awareness about the correlation between GBV, HIV risk and health outcomes.

Across 9 WHAI sites, Coordinators exceeded our targets of 10 gatherings with 100 workers by facilitating 31 gatherings that engaged 516 participants, 331 of whom were service providers. By sitting on committees related to gender-based violence, engaging with shelter staff, and partnering with sex worker rights initiatives, WHAI Coordinators began building awareness of the link between GBV, HIV, and health outcomes. This work was largely in early stages, focused on relationship building during this reporting period. However, some notable inroads have been made as seen through the scheduling of future gatherings, partnering with women with lived experience to co-facilitate gatherings, and the creation of space at GBV sector tables to talk about HIV risk.

The third collective action in this area is:

The WHAI Network will increase awareness about PEP & PrEP and their connection to gender-based violence by sharing at least 1,000 copies of each WHAI resource across Ontario.

During this reporting period, 1,026 copies of the PrEP resource were distributed in 8 WHAI communities, putting the Network halfway to meeting our targets. As the PEP resource was not completed during the reporting period, this action focused solely on PrEP. Conversations with service providers and women with lived experience concentrated on building awareness of PrEP in relation to healthy relationships, bodily autonomy, sex work, and the specific experiences of trans women. The main takeaway from this work was the lack of awareness of PrEP and how it can be accessed among women facing risk for HIV acquisition as well as the service providers who work with women. This will be a focus moving forward.

The fourth collective action in this area is:

The Provincial Office will support existing research including CHIWOS and OHTN, exploring the correlation between GBV, HIV risk, and health outcomes.

This reporting period saw the provincial office partner on the review and completion of a paper/presentation led by the OHTN Cohort Study on the experiences of intimate partner violence (IPV) by people living with HIV. This research shows that women living with HIV experience IPV at higher rates than men living with HIV and that people experiencing IPV have worse health outcomes, are less likely to be on HIV medications, and less likely to achieve undetectable viral loads. In addition, the provincial office continues to engage with the CHIWOS team as part of the community advisory board and knowledge, translation, and action committees. This was demonstrated in the presentation by TWIRI at the June Symposium, for example.

Engaging Women in the Work

Across the HIV Disclosure, Community and Emotional Wellness, and Gender-based Violence areas of focus, the Network included collective actions pertaining to the engagement of women with lived experience in community development and collective change work. In each of these three areas, the target was to engage 20 women as partners in the work. Coordinators reported engaging 22 women in HIV Disclosure work, 70 women in Community and Emotional Wellness work, and 22 women in relation to Gender-based Violence. As such, our targets across all three actions have been exceeded. Much of this engagement came through participation in advisory groups, co-facilitation of gatherings, informal gatherings, and relationships built through community partnership. We also saw strong integration of women who use drugs within collective work on Harm Reduction through the community consultations for the upcoming resource.

When compared to this time last year, a huge success is how WHAI Coordinators have been able to build relationships with women with lived experience in a way that is grounded in strengths-based engagement, GIPA/MEPA, and community capacity building. This engagement was also beneficial in relationship building with support staff and other service providers as it was largely done in partnership. Some challenges persist in this area including a lack of resources for honoraria, being unable to

operationalize the suggestions of women in community, and wanting to balance the positive impact of having women with lived experience work as co-facilitators with the reality that some women have negative relationships with certain organizations and service providers. These challenges continue to be important considerations and Coordinators report working through them with women to find creative solutions.

Network Impact

As was the case in 2017/2018, the most notable success exemplified throughout the reports was the way the WHAI Coordinators were able to work in partnership with various stakeholders. Using the CCII model as a foundation and tool to garner buy in, service providers at community organizations, community members, allied private sector partners, and women with lived experience were all brought together to build community capacity in innovative ways that serve local need as well as contribute to provincial change making. In particular, this reporting period saw increased partnerships, especially with the other PPN workers, support teams, and harm reduction workers, which is a testament to how the CCII and WHAI Network initiatives are being embraced within local ASOs. This marks important and encouraging progress that should be championed moving forward.

In addition, other important successes in this period involved the use of participatory engagement models, the impact of focusing on women-centered harm reduction spaces including mobile and satellite services, focusing gatherings on strength and resilience, and that Coordinators are able to more confidently focus and prioritize their key areas of work and step back from things as required. New and longstanding Coordinators, as well as Executive Directors and Managers shared how the CCII model has contributed to increased clarity in their role as well as enhanced community support of their work. As the Network looks ahead to the second half of the year, these successes will be central to knowing what to continue building from and where to focus energies.

Network Challenges

During the 6 months of the reporting period, the WHAI Network experienced significant turnover. Nearly half of the Network saw a new Coordinator begin their role during this time. This presented a challenge as these sites saw work pause for a time, which inevitably impacts relationship development and some initiatives that had been in progress. However, new Coordinators bring new ideas and perspectives to the Network, are able to refocus and use the CCII model as a part of their orientation, and reconnect with community partners in a new way which is a helpful addition to the Network.

Across local sites, consistent challenges continue to be the difficulties associated with securing attendees for gatherings, slow progress and need for repeated follow up with partners, the need to often revisit HIV basics with service providers, resource constraints, and navigating competing priorities. These are often larger challenges that are difficult to address on an individual basis but finding creative solutions to these issues were often reported as being in process and the network will continue to push forward and attempt to problem solve in the next period.

Important Limitations to the Data

While the consistency of data reported through this process continues to improve, there are still some important considerations to acknowledge. Variances in how participants and partners were counted and reported, most often through “double counting”, have likely impacted the totals presented here. It is important to note that the numbers here are nearly always interactions data rather than unique individuals. Network turnover also created significant limitations to the data as several Coordinators were reporting on work of their predecessor and as a result had to compile information from a variety of sources to get a better sense of what took place. This led to some incomplete or assumed information included in the reports. However, it is important to emphasize that the qualitative information included in these reports is especially important as it gives the context and nuance of the work while also helping clarify the quantitative information. The 1:1 calls that follow the submission of these reports continue to be a helpful tool in clarifying information. Moving forward, revisiting the “Tips and Tricks” sheet for completing semi annual reports should help address some of these limitations in the next period.

Next Steps

This reporting period has seen astounding progress made toward this year’s collective goals and actions and provincial change is happening in a measurable way. 6 months into the year, we have met and exceeded many of our collective targets and laid a strong foundation for how to keep pushing and achieve the remaining unmet targets. The work of WHAI Coordinators in their communities, and their ability to keep moving the slow nature of community development forward, should be celebrated. The next reporting period will see this work continue and Coordinators will be implementing work that has been in the planning stages or the first part of the year. In addition, important work will begin in the next period such as work with the PEP resource, the women and harm reduction resource, collectively setting our 2019/2020, as well as continuing to use the HIV Disclosure Toolkit. Reflecting on the successes and challenges of this period, continuing to focus on local priorities and where they overlap with provincial areas of focus will be necessary to push forward, build relationships, and enhance community capacity to create strong, connected environments for women in Ontario.