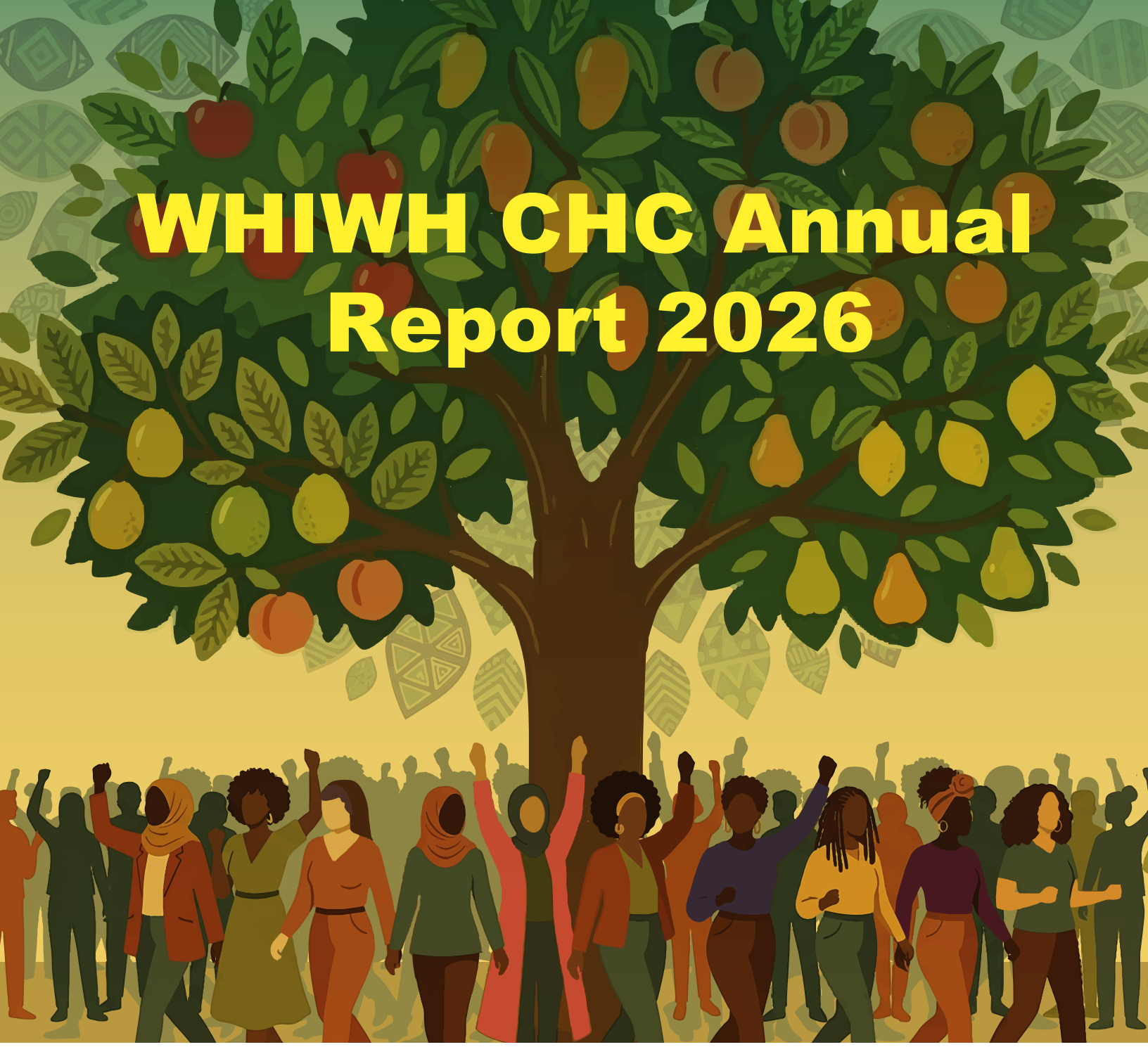
WHIWH CHC Annual Report 2026



Alliance for Healthier Communities
Alliance pour des communautés en santé

DOWNTOWN EAST TORONTO ONTARIO HEALTH TEAM

WHIWH-CHC is a proud member of The Alliance for Healthier Communities and The Downtown East Toronto Ontario Health Team

WOMEN'S HEALTH IN WOMEN'S HANDS
COMMUNITY HEALTH CENTRE
STRENGTHEN • SHARPEN • BUILD

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MESSAGE FROM THE EXECUTIVE DIRECTOR AND THE BOARD CHAIR





For almost forty years, this organization has occupied a unique and necessary place in our healthcare system. Born of the recognition that Black and racialized women were too often excluded, underserved, or rendered invisible within mainstream healthcare, Women's Health in Women's Hands has consistently demonstrated what becomes possible when communities are empowered to define their own needs and shape the responses to them.

Our work has never been simply about providing healthcare. It has been about dignity. About self-determination. About challenging systemic inequities. And about affirming that equitable, culturally responsive healthcare is not a privilege to be earned but a fundamental right.

That commitment remains as urgent today as it was when our doors first opened.
The past year has been one of both meaningful progress and significant challenges.

Across the health sector, we continue to witness the pressures of constrained resources, shifting funding priorities, growing demand for services, and persistent disparities in health outcomes. For organizations such as ours, which serve communities already experiencing structural barriers to care, these pressures are particularly consequential.

Yet, even within this challenging environment, WHIWH has continued to demonstrate extraordinary leadership, innovation, and resolve.

We have strengthened our role in advancing equitable access to primary care, including through our engagement with the Downtown East Toronto Ontario Health Team and our ongoing advocacy for individuals and communities who remain excluded from healthcare because of their insurance status.

We have continued to advance culturally responsive approaches to chronic disease management, HIV prevention and care, and the health and well-being of Black and racialized women.
We have also made important strides in addressing the mental health needs of Black

communities, including securing new funding to expand access to culturally relevant mental health counselling and supports.

Beyond the walls of the Centre, WHIWH has continued to contribute to critical national and international conversations about women's health, racial justice, gender-based violence and the systemic barriers that shape health outcomes.

These achievements speak to something that has always distinguished Women's Health in Women's Hands: our capacity to provide care while simultaneously challenging the systems that make that care necessary.
But even as we celebrate these accomplishments, we must remain clear-eyed about the future. It is about moving beyond responding to immediate funding pressures and positioning WHIWH to plan confidently for its future. We are excited about the incredible opportunities that lie ahead that will allow us to develop strategic foundations for a more sustainable and diversified approach to resource development. We are confident that these efforts will create the conditions for WHIWH to continue serving, advocating, and leading as we move into our fortieth year and well beyond; ensuring that the legacy entrusted to us is not only preserved but strengthened.

Lori-Ann Green-Walker
Executive Director

Suzanne Charles Watson
Board Chair

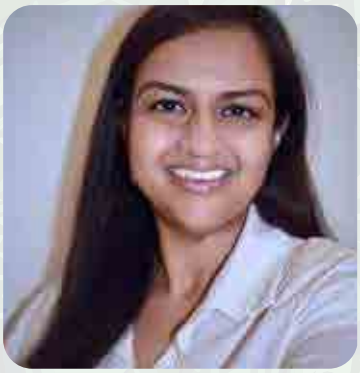
Women's Health In Women's Hands Community Health Centre Board Of Directors



Suzanne Charles Watson
Chair



Natalie Madramootoo
Vice Chair



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Member at Large



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Member at Large



Calista Nyembwe
Member at Large



Emily Verghis
Member at Large



Samiha Sharif
Member at Large

Sowing the Seeds for Equity

Why We Capture Socio-Demographic Data at WHIWH CHC

At Women's Health in Women's Hands Community Health Centre, collecting socio-demographic data is a vital part of our commitment to equity, accountability, and responsive care. This data allows us to better understand the lived realities of our clients, primarily racialized women and gender-diverse people, and to identify patterns, gaps, and barriers in healthcare access and outcomes.

By gathering information such as race, ethnicity, language, income, immigration status, and housing, we gain critical insights into the social determinants of health that shape our clients' experiences. This enables us to:

- Identify unmet needs and tailor services to reflect the unique challenges faced by our communities.
- Improve and expand programs that are culturally safe, linguistically accessible, and trauma-informed.
- Boost service delivery by ensuring resources are allocated where they are most needed.
- Advocate for systemic change by using evidence to influence policy and funding decisions that impact marginalized populations.

Ultimately, socio-demographic data helps us move beyond assumptions and deliver care that is not only inclusive but transformative, ensuring that every client receives the support they need to thrive.





Racial or Ethnic Group:

0.4% East Asian (e.g. Chinese, Korean, Japanese, Taiwanese, etc.)

1% Southeast Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)

1% White (e.g. European descent)

1% Middle Eastern, Arab or West Asian (e.g. Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)

2% Multiple Response (2 racial groups or more)

3.6% Other

5% South Asian (e.g. Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)

21% Latin American (Hispanic or Latin American descent)

65% (e.g. African, Afro-Canadian, Afro-Caribbean, Afro-Egyptian, etc.)

Top 5 Languages

1. English
2. Spanish
3. French
4. Amharic
5. Swahili



Top 10 Reasons for Visit

1. Request for Results of Test(s)
2. Type 2 Diabetes
3. HIV Related Care and Support
4. Advocacy Suppport
5. Hypertension
6. Healthy Eating Advice
7. Food insecurity
8. Depression
9. Anxiety
10. Preventative Immunizations

2026 AGM Team Summaries

Primary Healthcare Services: Clinical Team
The Primary Healthcare Services team continued to deliver comprehensive, client-centred primary care through an interdisciplinary model that integrates clinical services, chronic disease management, mental health supports, health promotion, and community-based programming. Over the past year, the team strengthened access to culturally safe and responsive care for racialized women, trans, and non-binary individuals through expanded partnerships, innovative programming, and quality improvement initiatives.

Key highlights included the continued development of the Mobile Maternal Care Program, enhanced collaboration with community and healthcare partners to improve service access and continuity of care, and ongoing efforts to support clients living with complex health and social needs. The team also advanced health equity through targeted initiatives focused on maternal health, HIV care, chronic disease prevention and management, mental health, and health system navigation.

In addition to providing high-quality clinical care, the team supported organizational priorities related to community engagement, client experience, and integrated care. Through collaboration across departments and with external partners, Primary Healthcare Services continued to strengthen WHIWH's role as a leader in equitable, community-driven healthcare while responding to emerging client and community needs.

Client Committee
The Client Committee marked an important milestone in advancing meaningful client engagement and shared decision-making at WHIWH CHC. Established as a key initiative under the organization's Strategic Plan, the committee was launched to ensure that client voices and lived experiences play an active role in shaping programs, services, and organizational priorities.

Chaired by the Director of Primary Healthcare Services, the committee brings together eight client members representing diverse experiences and perspectives, alongside staff representatives who support the committee's work. Since its launch, the committee has created a welcoming and collaborative space for dialogue, feedback, and partnership between clients and the organization.

Throughout the year, committee members contributed valuable insights on client experience, accessibility, service delivery, and opportunities to enhance culturally safe care. The committee has strengthened communication between clients and the organization while supporting WHIWH's commitment to equity, accountability, and client-centred care. As the committee continues to grow, it will play an increasingly important role in informing organizational decision-making and ensuring that services remain responsive to the needs and priorities of the communities we serve.

WHIWH-CHC Leadership 2026

WHIWH-CHC Participation in Provincial Mental health and Addictions Coordinated Access Planning Session

On April 1, 2026, Lori-Ann Green-Walker, Executive Director, and Tharnya Sivanithy, Director of Population Health, participated in the Toronto Region Planning Session hosted by Ontario Health to support the implementation of the Provincial Mental Health and Addictions Coordinated Access Model. Bringing together senior leaders from publicly funded mental health and addictions programs across the region, the session focused on the provincial vision for coordinated access, clinical and operational standards, regional governance, implementation planning, and communications and engagement. The session provided an important forum for collaboration, knowledge-sharing, and service provider input into the development of a coordinated, accessible, and equitable approach to mental health and addictions care. Our participation strengthened the organization's contribution to regional system planning and reinforced its commitment to partnerships and initiatives that improve access, navigation, and continuity of care for individuals and communities across Toronto.



DET-OHT Health Leadership Session Participation

On June 22, 2026, Marie Claud Felicien, Director of Primary Healthcare Services; Tharnya Sivanithy, Director of Population Health; Tomilola John, Manager of Community Health Programs; and Mary Ndungu'u, Manager of HIV Prevention and Care Cascade, participated in the Downtown East Toronto Ontario Health Team (DET-OHT) Leadership Session. The session focused on building high-performance cultures, leading change, effective team decision-making, and developing leadership skills to support transformation across healthcare organizations and systems. Participants explored the role of leaders as architects of organizational culture, strategies for identifying and addressing system improvements, and approaches to leading change at both organizational and system levels. The course also emphasized the importance of building partnerships, coaching teams, and engaging colleagues in the change process. Their participation supported continued learning and collaboration among healthcare leaders working to advance integrated, high-quality, and client-centred care.



Collaboration with SAWIS: No One Left Behind Summit

WHIWH-CHC collaborated with South Asian Women's and Immigrants' Services Inc. (SAWIS), and community partners for the "No One Left Behind" Summit. Our Director of Population Health, Tharnya Sivanithy, was an invited panelist for the event, with topics focused on the vital role of community-based organizations in advancing equity and ensuring that no one is left behind. The panel highlighted how organizations work alongside the communities they serve, drawing on lived experience and community-led approaches to address complex and interconnected challenges. Panelists reflected on barriers at the individual, community, sectoral, systemic, structural, and policy levels, including rising costs of living, inadequate access to safe and affordable housing, barriers to essential supports, restrictive policies, under-resourcing, and unstable funding. The discussion underscored the importance of culturally responsive outreach, meaningful community participation in decision-making, strong cross-sector partnerships, and sustained collective advocacy. Panelists also emphasized the need for decision-makers and funders to better understand local realities and shift sectoral policies and decision-making processes toward greater accountability, inclusion, and responsiveness to community needs.



Quality of Care Matters

Highlights from the 2025/26 Annual Client Satisfaction Survey.

Here is what Clients had to say:

"Thank you, Staff of WHIWH, for supporting me during my pregnancy when I had no help and did not know what to do. I will appreciate that forever."

"The provider takes their time and explains everything. Also, if I am unable to come in, I have the option of virtual care."

"Thank you for the support and for creating groups where we learn so much from each other."

"Like that the telephone service can provide quicker access to care when appointments are available, it allows me to speak with someone and sometimes access virtual care without needing to visit the clinic in person."

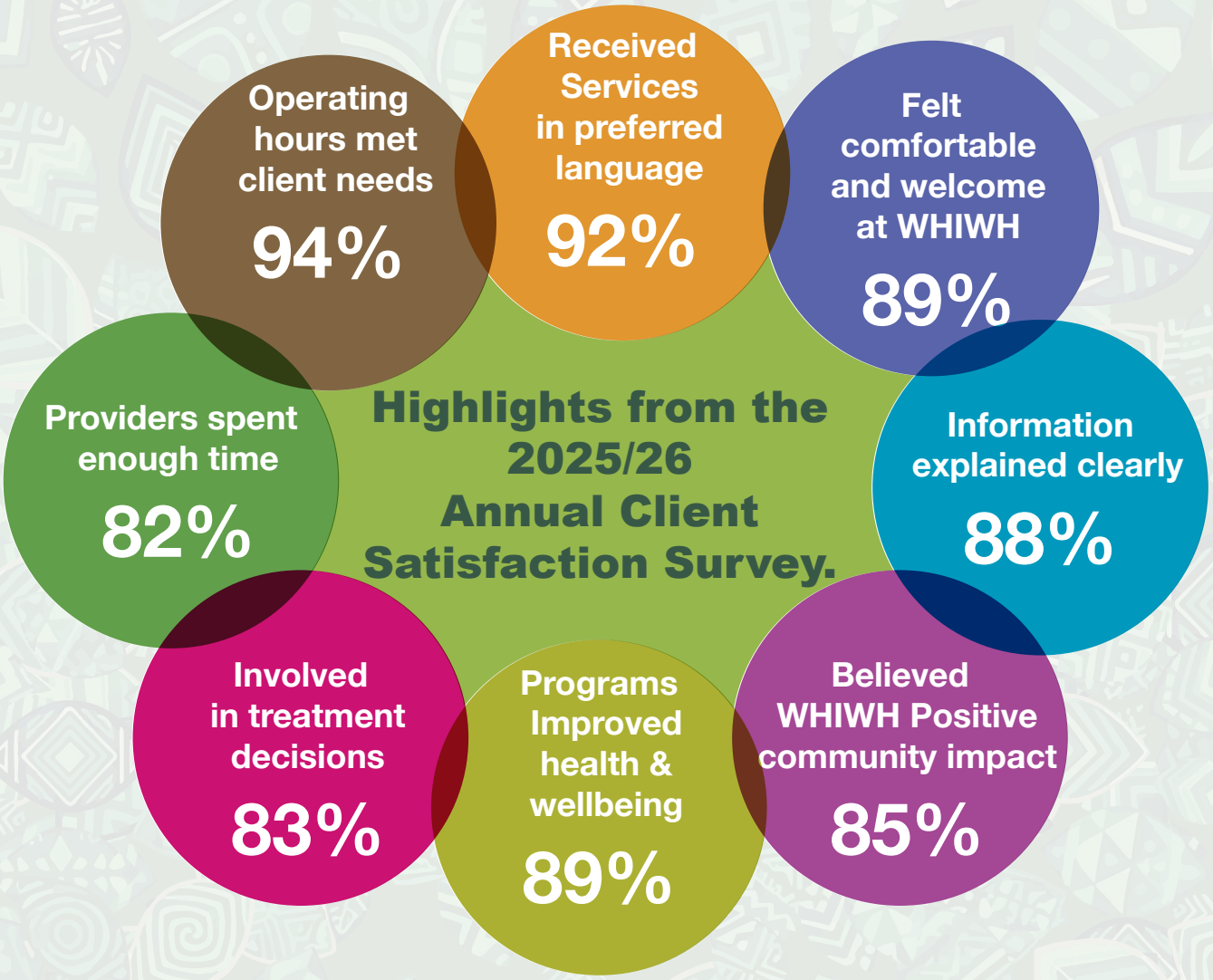
"Thank you very much! I appreciate the services provided."

"Healthy Living Workshop embraces various aspects of the total person (MIND & BODY) ... Food & Healthy Eating, Classes of Food & Safe Portions, Mindfulness, Self Care, and different types of Safe Excesses like walking regularly."

"WHIWH is perfect . It is our home."

"WHIWH is doing great They're doing well, They're the best I love WHIWH."

"WHIWH is an organization I love attending. The women's forums and groups make me feel at home. For me, the programs are all excellent."



Social & Economic Challenges

Despite positive healthcare experiences, many clients continue to face barriers affecting their health: These findings reinforce the importance of WHIWH's holistic approach that combines healthcare with food, social, and community supports.

50% struggle to pay for basic needs
60%+ experience food insecurity concerns
32% reported difficulty affording medications or medical supplies
34% missed utility payments due to financial hardship
Transportation remains a barrier for some clients accessing healthcare and daily

Our Commitment

The survey findings demonstrate that WHIWH continues to deliver high-quality, culturally responsive, client-centred care. Client feedback will guide ongoing improvements in accessibility, service delivery, health equity, and community impact to ensure all clients receive the support they need to thrive.



Most Used Services by Survey Respondents

Clients value WHIWH's integrated approach that combines healthcare, mental health, nutrition, peer support, food security, education, and advocacy services.

Clinical Services (Doctors/Nurses) 70%

Peer Support Services 41%

Chakula Bora Food Program 39%

Health Promotion Programs 35%

Nutrition Counselling 32%

Mental Health Counselling 32%

System Navigation Support 30%

Population health team

About The Population Health Team (PHT)

The Population Health Team (PHT) collaborates in an interprofessional capacity to deliver client-centred, integrated, preventative and holistic care. The PHT consists of the: General Psychotherapy Program (GPP), Ontario Structured Psychotherapy (OSP) Program, Social Work and System Navigation, Diabetes Education Program (DEP), Diabetes Prevention Program (DPP), and the Food Security Program. The team works together to deliver mental health services, social work and system navigation, diabetes and chronic illness prevention and management, and health promotion programs. Through these services, the team provides information and education to support clients in making informed decisions, addresses social determinants of health and barriers to care, strengthens community partnerships and connections, and advocates for clients and the broader community in diverse and meaningful ways.

General Psychotherapy Team Collaboration
Healing and Strengthening Relationships – January 13, 2026 – February 10, 2026
Healing and Strengthening Relationships was a five-week group program co-facilitated by Wangari Kamande, Mental Health Therapist, and Rose Njeri, HIV Case Manager, for clients from African, Caribbean and Black (ACB) communities living with HIV. The program provided a culturally responsive, non-judgmental and supportive space for participants to reflect on the relationships that shape their well-being, including their relationships with self, family, community and health-care systems. Through guided discussion, shared reflection and practical skill-building, participants explored strategies to strengthen connection, support healing and build resilience. The group emphasized self-compassion, self-kindness and the importance of nurturing the relationship with oneself as a foundation for healthier relationships with others.

Client Feedback
"It was a great experience. I learned so much being a part of this amazing group"

"I am so glad to be in this group and meet all these beautiful ladies who have been lovely to me. Thank you so much to our [facilitators], we are grateful."

"I appreciate the time, thought and care provided in this space."

"Make such groups often."

Social Worker and System Navigation





External Collaboration with the Michener Institute of Education at University Health Network (UHN)
In collaboration with the Michener Institute of Education at UHN, Tara Kidwai, Registered Social Worker and Mihret Haile, Intake Counsellor, continued to support the Community Health and Social Medicine

(CHASM) Care Worker certificate. This certificate is designed for Ontario Health and Social Service Care workers to equip them with the knowledge and practical skills needed to thrive in diverse care environments. On August 13th, 2026, Tara and Mihret attended the Photovoice and Storytelling event held by the first cohort of graduates of the CHASM program.

Students of the CHASM program used the Photovoice and Storytelling event to reflect on their takeaways of the program through arts-based means. The event invited all key stakeholders involved in the inception of the certificate to view the students' work and evaluate the outcomes of the course material.

Ontario Structured Psychotherapy (OSP) Program

The Ontario Structured Psychotherapy (OSP) Team at WHIWH-CHC, in partnership with the Centre for Addictions and Mental Health (CAMH), includes Yenis Machado Patel (previous Intake Counsellor), Yaaba Paintsil (Community Engagement and Administration Coordinator), Yohanna Beraki (Mental Health Therapist), and Teresa Salazar (Mental Health Therapist).

The OSP team offers a culturally adapted program designed to align with clients' cultural values and their lived experiences. Utilizing Culturally Adapted Cognitive Behavioural Therapy (CA-CBT), the program supports clients in exploring the connections between their thoughts, emotions, and behaviors. Through in-session exercises and personal projects between sessions, clients are empowered to draw on their strengths and resources, developing new coping strategies that enhance their daily functioning and quality of life.

From 2025 to 2026, the OSP team achieved significant progress in delivering culturally adapted mental health care. Key accomplishments include:

Community engagement:
With the goal of increasing awareness of the OSP program at WHIWH-CHC, tailored outreach strategies were implemented including attending events of community collaborators (e.g., Progress Place, Davenport-Perth Neighbourhood & Community Centre, Roots Community Services), creating print and digital communication materials, and coordinating "Art and Chat"- an artmaking and discussion group.



Tailored Care:
Personalized treatment for individuals coping with life stressors or experiencing symptoms of Depression, Generalized Anxiety, Social Anxiety, PTSD, and Panic Disorder, ensuring that care is specifically designed to meet individual needs.
Stress and Coping Group: The therapists successfully developed and launched a virtual OSP Stress and Coping group, culturally adapting the content and delivery to better reflect the experiences and needs

of our diverse clients. The group integrates Cognitive Behavioural Therapy (CBT) strategies for managing stress, coping with difficult emotions, and building practical skills within a framework that emphasizes culturally responsive and anti-oppressive considerations. The group expanded access to structured psychotherapy and provided clients with a supportive, culturally relevant group-based treatment option within the OSP stepped-care model. The team is offering a second round of the group in a hybrid format, including in-person sessions to facilitate connection, community-building, and access to resources. This iteration incorporates client feedback to strengthen opportunities for meaningful connection and engagement.

Bilingual Support:
We offer services in both English and Spanish, to increase accessibility and inclusivity of diverse clients.

Professional Development:
The team successfully completed all five required OSP trainings and attended Indigenous cultural awareness and safety trainings. The team also proactively sought additional training aligned with the program to enhance client care including (but not limited to): American Sign language, Eye Movement Desensitization and Reprocessing (EMDR) and body-based approaches.

OSP Program Clinical Training Requirements:
The therapists have completed the required OSP training and competency requirements this year, in accordance with OSP's Training and Supervision Guidelines. This includes formal training, clinical practice, clinical consultation, and practice assessment. These completed requirements support the therapists' competency to deliver in-scope structured psychotherapy within OSP's high-intensity service model and contribute to the program's quality and stepped-care approach.

Collaboration with CAMH:
The team continues to strengthen relationships with the CAMH team through regular participation in both individual and group consultations, including CA-CBT group discussions. This helps with leveraging collective expertise, exchanging available resources, and optimizing our services.

Streamlined Processes:
A comprehensive referral process has been developed in collaboration with CAMH, alongside a detailed screening pathway, assessment and treatment procedures, and documentation. Additionally, the team is working with the wider mental health and population health team to refine internal processes and ensure clarity across workflows.

Continuous Improvement:
Our team monitors and documents client participation and progress, while refining processes to meet client needs, emphasizing our commitment to enhancing care delivery.





Diabetes Education Program (DEP)

Diabetes Services and Nutrition Programs
Registered Dietitians Zahra Goodarzi and Daisy Guerrero continued to provide comprehensive nutrition services through individual counselling, group education,

workshops, community partnerships, and advocacy. Their work focused on diabetes education and self-management, chronic disease prevention, healthy weight management, and prenatal and postpartum nutrition.

The dietitians used a client-centred approach, tailoring education and workshops to the needs and concerns identified by participants. In addition to direct client services, they collaborated with community and external partners to expand access to resources, promote physical activity, and advocate for culturally responsive healthcare.

Key Programs and Initiatives

Weight Management Program
In September 2025 and again in March 2026, a four-session Weight Management Program was delivered to support clients in developing healthier and more sustainable approaches to weight management. Sessions were adapted to participants' needs, with emotional eating identified as an important area of focus.

Participants received practical strategies to better understand emotional eating, manage food-related behaviours, and make healthier lifestyle choices. The program also emphasized the importance of physical activity as part of overall health and weight management.

To complement the nutrition education, the dietitians collaborated with a Zumba instructor to provide an engaging physical activity component and encourage participants to incorporate regular physical activity into their lifestyles. The combination of nutrition education, participant discussion, and physical activity provided a holistic approach to wellness.



Diabetes Self-Management Program
In November 2025, the dietitians delivered a four-session Diabetes Self-Management Workshop Series for clients living with Type 2 diabetes.

The program focused on increasing clients' knowledge and confidence in managing diabetes through nutrition and lifestyle changes. Key topics included:

- Healthy eating and nutrition for diabetes management
- Carbohydrate portions and meal planning
- Self-monitoring of blood glucose
- Understanding blood glucose targets for Type 2 diabetes
- The relationship between food choices and blood glucose levels
- Lifestyle strategies to support diabetes management

To promote practical learning and encourage behaviour change, the dietitians also provided food demonstrations, helping clients translate nutrition education into healthy, realistic meal

choices that could be incorporated into their daily lives.

The dietitians also collaborated with Abbott Canada, which supplied FreeStyle Libre 2 sensors to clients. Access to glucose-monitoring technology provided clients with an additional tool to better understand and monitor their blood glucose levels and support their diabetes self-management.



Prenatal and Postpartum Nutrition
As part of the organization's maternal health programming, the dietitians supported clients across the continuum of care, including the prenatal and postpartum periods by providing nutrition education and counselling.
The dietitians partnered with Eastview Neighbourhood Community Centre to deliver a prenatal and postpartum nutrition workshop. The workshop provided practical information to help clients make informed nutrition choices during pregnancy and breastfeeding.
Topics included:

- Healthy eating during pregnancy and breastfeeding
- Energy and nutrient requirements
- Nutrition management of common pregnancy complications
- Food safety during pregnancy
- Prenatal and postpartum supplements
- Key nutrients important for maternal health



Provincial Diabetes Advisory Panel
The dietitians participated in a Provincial Advisory Panel led by the Black Health Alliance, Black Physicians' Association of Ontario, and Ontario Health.
Participation in the panel provided an opportunity to bring the experiences and perspectives of clients into broader discussions about diabetes care and health equity.

The dietitians contributed by:

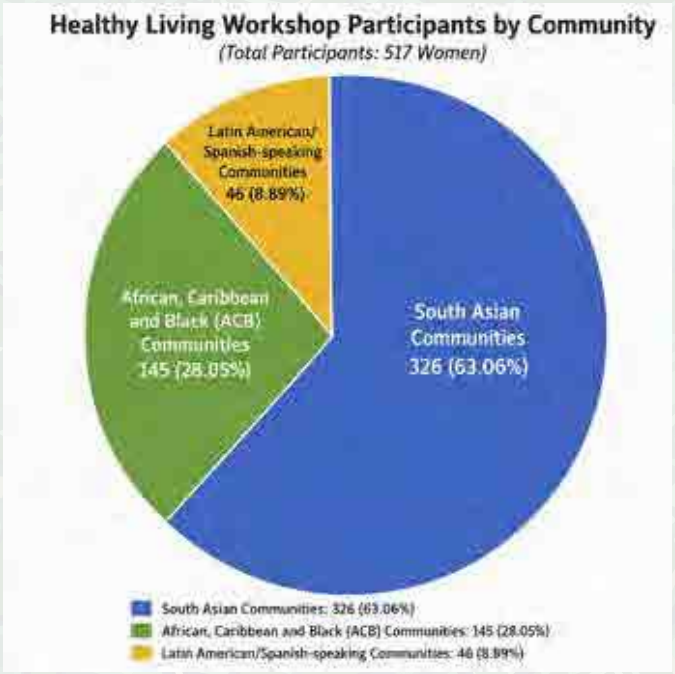
- Advocating for culturally responsive diabetes education and care
- Sharing insights on barriers that can affect access to diabetes care and education
- Amplifying the experiences and perspectives of Black individuals living with diabetes

Diabetes Prevention Program: Community Health Ambassadors (CHAs) Project

Healthy Living Now: For Building Better Health Outcomes and Resilience 2025–2026
Yodit Teklehimanot, Community Health Worker, leads the Community Health Ambassadors (CHA) Project, which is part of the Diabetes Prevention Program (DPP) at Women's Health in Women's Hands Community Health

Centre (WHIWH-CHC). This program aims to strengthen community capacity to prevent Type 2 Diabetes and promote healthier lifestyles among WHIWH-CHC priority populations. The project focuses on Healthy Eating, Physical Activity, Stress Management, and Self-care, while also fostering leadership and peer support among women, trans, and non-binary community members.

During the 2025–2026 project cycle, 26 Community Health Ambassadors were trained to deliver culturally responsive, peer-led Healthy Living workshops within their communities. Ambassadors engaged community members through virtual and in-person workshops, based on the needs, preferences, and accessibility of their community members, using participants' own languages and culturally relevant resources. In total, 35 Healthy Living workshop sessions were delivered, reaching 517 women from WHIWH-CHC priority communities. Participants included 326 (63.06%) from South Asian communities, 145 (28.05%) from African, Caribbean and Black (ACB) communities, and 46 (8.89%) from Latin American/Spanish-speaking communities.





Community Health Ambassadors trained on Healthy Living Workshop materials and on effective facilitation skills on August 2, 3, 9 and 10, 2025

Workshops provided practical information and strategies to support sustainable lifestyle changes. Key topics included Canada's Food Guide, Canadian Physical Activity Guidelines, Healthy Eating, Physical Activity, Stress Management, and Diabetes Prevention. Participants received culturally relevant recipes and educational resources in print and digital formats and were encouraged to participate in discussion, reflection, and action planning



CHAs Conducted Healthy Living Workshops for their communities

Beyond health education, CHAs played an important role as community connectors and system navigators, linking community members with WHIWH-CHC primary healthcare services, including dietitian support for healthy eating and diabetes management. The peer-led approach created opportunities for knowledge sharing, collective support, leadership development, and increased confidence in adopting healthier behaviours. Participants and ambassadors described the workshops as informative, interactive, enjoyable, and valuable in supporting healthier eating, increased physical activity, and self-care.

2025 – 2026 Community Health Ambassadors/ Peers for Diabetes Prevention Program:

1. Reham Teama
2. Randa Algafaraway
3. Zoobia Safdar
4. Sadia Rahman
5. Zahida Khan
6. Chikerenma Umechuruba
7. Vanita Sabharwal
8. Riffat Fatima
9. Subuhi Jaffrey
10. Neena Matta
11. Heena Kauser
12. Ambreen Iqbal
13. Muntaha Ahmed
14. Alisa Joseph
15. Sherene Pavan
16. Sylvia Warrington
17. Freshta Mirza
18. Fernanda Morales Rodriguez
19. Romy Rosalin Alza Meza
20. Sahar Gholzom
21. Manzu Man Ara
22. Esha Sidhu
23. Zulakha Zulakha
24. Martha Acosta
25. Hellen Partaat
26. Kimora Lee Harris-Taylor

CHAs and Workshop Participants Testimonials

"…Being a Community Health Ambassador/Volunteer with WHIWH has been an inspiring and rewarding journey. I have connected with people from diverse backgrounds while sharing knowledge and learning from one another. Through the Diabetes Prevention Program, healthy living has become more than a message, it has become a way of life. 'Keep Moving,' 'Read the Labels,' and 'Mindfulness' have become part of our everyday conversations. Most rewarding is seeing community members make healthier choices, take charge of their well-being, and inspire others to do the same."

Chikerenma Umechuruba(Community Health Ambassador)

"…. I really enjoyed the Healthy Living Workshop; it was packed with practical and important information. The CANRISK tool was especially motivating because it helped me understand my personal risk for Type 2 diabetes and encouraged me to take action by checking my blood sugar and making healthier lifestyle choices. I plan to encourage my family and others in my community to use the tool and learn about their own risk for Type 2 diabetes…"

Sarah Abraham (Healthy Living Workshop participant)

Diabetes Prevention Program: Mind Body Movement (MBM)

Hafsa Hassan Kombo, Healthy Living Coordinator, coordinates the Mind Body Movement (MBM) programs, which includes physical activity sessions such as Zumba, Chair Yoga, Dao Yin Yoga, and Qigong. This year, we were pleased to introduce Hips in Motion and Sculpt and Strength Training as new additions to our MBM programming. We also continue to offer individualized one-on-one yoga sessions.

Our programs are available both in person and virtually. Following each session, clients are invited to enjoy refreshments, providing an opportunity to cool down, connect, and socialize.









Food Security Program

Poverty Reduction Initiative (PRI): Program Progress Updates

Vision

The Food Security Program is delivered in collaboration with our valued partners, Daily Bread Food Bank, and Second Harvest. Our Poverty Reduction Initiative (PRI) is led by Amina Chaudhary, Health Promoter and is guided by a vision of creating a Centre of Excellence and a compassionate community hub where individuals from diverse backgrounds feel welcomed, respected, and valued. The program is designed to improve the social determinants of health by providing culturally responsive, client-centered services that empower clients and strengthen community well-being.



Program Phases
The initiative has been implemented through four strategic phases:

- Phase 1 – Design and Development: Program planning, stakeholder engagement, and co-design of service delivery model.
- Phase 2 – Implementation and Process Testing: Pilot testing, refinement, and full implementation of operational processes.
- Phase 3 – Health Literacy: Enhancing clients' knowledge, confidence, and ability to make informed health and nutrition decisions.
- Phase 4 – Collaboration and Client Support: Strengthening partnerships, integrating wraparound support, and connecting clients to broader community resources.



Community-Informed Program Design
The Food Security Program was revitalized using a community-informed approach to ensure services are responsive to the needs and lived experiences of the communities we serve. Integration of qualitative findings into the program's Logic Model to support evidence-informed, client-centred planning and service delivery.

Key activities included:

- Four client focus groups representing diverse community perspectives
- Feedback from healthcare providers on food insecurity and client needs
- Input from Food Security Volunteers based on their direct service experiences



Current Status:
The program has successfully progressed to Phase 2, with the redesigned food bank model of market-style delivery, which is now fully implemented and operational.
Our food bank is supported by a dedicated and diverse team of eight trained volunteers who deliver services using a client-centred, culturally responsive approach.



Early Achievements and Outcomes:
Implementation of the redesigned model has resulted in several positive outcomes:

- Clients feedback survey results
- Improved food security through increased access to fresh, nutritious, and culturally appropriate foods.
- Successful implementation of a dignified market-style food distribution model, allowing clients greater choice and autonomy.
- Enhanced client dignity, comfort, and overall satisfaction with services.
- Increased awareness of food safety, healthy eating, and nutrition among clients.
- Stronger client engagement with

complementary health and community support services.
- Improved volunteer confidence through comprehensive orientation, training, and ongoing support.
- More effective culturally appropriate and health-informed food matching based on client preferences and dietary needs.
- Successful recruitment, training, and retention of a committed volunteer workforce.
- Improved operational efficiency, resulting in shorter wait times and a smoother client experience.
- Reduced food waste through improved food sorting, inventory management, and targeted distribution practices.
- Faster service delivery has helped reduce transportation-related barriers, enabling many clients to complete their Centre visit within a limited window.

Partnership Recognition:
Daily Bread Food Bank featured our program's women leaders on their website as part of its International Women's Day recognition, highlighting their leadership and contributions to advancing community health and food security.

Post 6 months clients survey results:
We completed a 6-month client survey after our initial focus group initiative to continue gathering feedback. Here is an overview of the results:

Next Steps:
As the program continues to evolve, ongoing data collection and evaluation will be used to measure outcomes, identify opportunities for improvement, and strengthen partnerships that address the social determinants of health. Future efforts will focus on expanding health literacy initiatives, enhancing integrated client supports, and fostering sustainable collaborations that promote long-term food security and community well-being.

Client Testimonials:
"This food bank is one of the best-run [food banks]. Very friendly people, neatly organized. It is always a pleasure to come here and meet everyone. Thank you everyone!"

"I think the food bank team are trying so much for us, by providing variety of food for us. Thank you guys so much for all your efforts!"



Population Health Team: Notable Events and Engagements

World Diabetes Day Celebration, November 14, 2025

In recognition of World Diabetes Day, a key capacity-building activity was held on November 14, 2025, for Community Health Ambassadors (CHAs) and clients of WHIWH-CHC. The session was delivered in collaboration with the Community Health Ambassador (CHA) Program, Mind Body Movement Program, Diabetes Education Program (DEP), General Psychotherapy Program, Ontario Structured Psychotherapy Program, and the Food Security Program. The session brought together 42 participants, including CHAs and clients. The primary planning team consisted of Population Health Team members: Yodit, Hafsa, Amina, Yaaba, Anab, Zahra, Wangari. K and Sarah.

Key components included an overview of diabetes and the 2025 World Diabetes Day theme; a Zumba-led physical activity session highlighting the role of exercise in diabetes prevention and management; healthy eating education facilitated by the DEP Team; a stress management and mental health session led by Mental Health Therapists; and a Wellness session using art as a tool, facilitated by the OSP Community Engagement Team. The workshop strengthened participants' knowledge and skills in diabetes prevention, healthy living, and mental wellness, while supporting CHAs in their roles as peer educators and community leaders.

The Mental Health Wellness session supported participants in understanding how stress can affect the body, mind, and spirit, while introducing practical tools for managing stress in daily life. Through lively discussion and experiential practice, participants actively engaged in identifying signs of stress, sharing personal reflections, and exploring strategies









to strengthen coping, wellness, and self-management.
A dietitian provided nutrition education highlighting practical ways clients could





improve their eating habits and adopt healthier lifestyle behaviours, to reduce their risk of developing Type 2 diabetes. The initiative also provided an opportunity to raise awareness of the important role of nutrition and prevention in reducing the burden of diabetes. To reinforce the information and encourage practical application, the dietitians also conducted a food demonstration, showcasing simple, nutritious, and diabetes-friendly meal and food choices that clients could incorporate into their everyday lives.





Community Health Ambassador and Volunteer Recognition Event – 2026



On March 22, 2026, Community Health Ambassadors (CHAs), Food Security Volunteers and OSP Outreach Volunteers, were recognized for their dedication, time, and commitment to giving back to their communities. CHAs were celebrated for engaging community members, sharing health knowledge, contributing to the project's success in reaching more than 500 community members, and promoting healthy living practices to prevent Type 2 diabetes. Food Bank and OSP volunteers were recognized for their valuable contributions in delivering essential community services and strengthening community connections. The celebration further highlighted cultural diversity through the sharing of healthy cultural foods, bringing together community collaboration, culture, and healthy living.



Diabetes Education Program: Ontario Health Representatives Visit



Ontario Health representatives visited WHIWH-CHC to learn about the impact of the Diabetes Education Program (DEP), including its successes, challenges, and contributions to the community. The representatives were provided a tour of the Centre and learned about the vast range of comprehensive services offered across WHIWH-CHC. Registered Dietitians Daisy and Zahra presented on the Centre's culturally responsive and tailored DEP programming, highlighting the program's impact on clients and the broader community. The visit provided an opportunity to showcase the Centre's approach to delivering accessible, culturally responsive diabetes education and support.

Population Health - Team Engagement Session

The Population Health Team, led by Director of Population Health, Tharnya Sivanithy, held a team engagement session to create a dedicated space for staff to share their perspectives and collaboratively discuss emerging client needs and challenges, opportunities for program collaboration, potential partnerships, and program and operational improvements. WHIWH-CHC recognizes that meaningful staff engagement is essential to developing responsive, relevant, and sustainable services, as staff bring valuable frontline knowledge and a deep understanding of the communities they serve. This approach reflects WHIWH-CHC's commitment to ensuring that care and programs are intentional, community-informed, and staff- and community-led. The session also provided an important opportunity to hear directly from team members, strengthen collaboration across programs, and collectively identify opportunities to better respond to evolving community needs.







AGM Report - Research and Programs Team

Event Participation Spotlight

Global Commitments to Women's Rights - Highlights from CSW70 (2026)

From March 9 to 19, 2026, the United Nations Commission on the Status of Women (CSW70) convened with representatives from UN Member States, UN entities, and Economic and Social Council (ECOSOC)-accredited non-governmental organizations (NGOs) to assess progress, exchange knowledge, and develop strategies to address the persistent challenges facing women and girls around the world. This year, WHIWH-CHC was proud to send three representatives, Corrine, Zayanna, and Mame, to participate in the global gathering as delegates, learners, and speakers at parallel events. The delegation engaged in a dynamic program of meetings, discussions, and networking opportunities that highlighted the importance of collective action in advancing gender equality and social justice.

Throughout the week, the team attended side events and contributed to meaningful conversations on issues affecting women and girls, particularly those from marginalized communities. Alongside fellow NGOs and civil society organizations, they participated in solution-focused dialogues and calls to action aimed at dismantling the systemic barriers that continue to impede health, safety, and equity. On March 11, WHIWH held an NGO CSW70 Parallel event on the topic of: Strengthening Canadian Systems to Prevent GBV Among Racialized Migrant Women. The experience provided an invaluable opportunity to learn from global leaders, share community-based perspectives, and strengthen partnerships dedicated to creating a more just and equitable future for women and girls worldwide. The delegation returned with new insights, strengthened networks, and renewed inspiration to continue advocating for health equity and social justice within their communities and beyond.

35th Canadian Conference on HIV/AIDS Research (CAHR 2026)



This year, Women's Health in Women's Hands sent five staff members, including one clinician, to attend the 35th Canadian Conference on HIV/AIDS Research (CAHR 2026) in Winnipeg, Manitoba, from April 23–26, 2026. The conference attracted approximately 700 researchers, clinicians, community leaders, policymakers, and people with lived experience of HIV from across Canada. The conference provided valuable opportunities to learn about emerging research, best practices, and innovations in HIV prevention, treatment, care, aging, and cure research. It also fostered collaboration and knowledge exchange among organizations working to improve HIV outcomes.

Our team actively contributed to the conference through two oral presentations: Women-Centred HIV Care and PrEP Access and Implementation for Black women, trans, and non-binary communities. These presentations highlighted community-informed approaches to improving access to HIV prevention and care services. Staff also

presented three posters on HIV and Aging, our HIV-related programs and services, and HIV-related stigma, showcasing strategies to enhance service access, reduce barriers, and improve health outcomes for people living with and affected by HIV. In addition, staff participated in a panel discussion on HIV Cure Research, contributing perspectives on equity, community engagement, and the importance of ensuring scientific advances benefit diverse communities. Attendance at CAHR 2026 strengthened staff knowledge, expanded professional networks, and supported our ongoing HIV prevention, care, advocacy, and support initiatives.

Community Programs Update

The Fostering African, Caribbean, & Black (ACB) Women's Wellness Gathering Project
The Fostering ACB Women's Wellness Gathering Project delivered seven virtual mental wellness workshop sessions, engaging more than 40 African, Caribbean, and Black (ACB) women across Toronto, Windsor, and Ottawa. As part of the project, we launched an e-learning course designed to support community organizations, peer facilitators, and staff in implementing WHIWH's peer-led mental health workshop model. Available in both English and French, the course has been accessed by more than 50 users within its first 12 months.

Although the project has concluded, the resources developed to support the mental wellness of ACB women remain publicly available and can be accessed through the project webpage: https://www.whiwhresearch.com/mental-wellness

A Gender-Based Violence (GBV) Cascade of Prevention, Support and Care for Racialized and Immigrant Women
The GBV Cascade Program pilot concluded successfully, directly engaging more than 600 women and indirectly reaching over 8,000 community members. During the pilot, seven culturally tailored resources were disseminated, and a sustainability toolkit was developed to equip practitioners, program managers, and policymakers with the knowledge and tools needed to implement our structured, evidence-informed approach. Building on the success of the pilot year, the GBV Cascade Program received a one-year extension to expand and evaluate additional components of this promising practice. The extension aims to strengthen program effectiveness and establish a long-term sustainability strategy for our GBV prevention and care cascade intervention. In continued collaboration with community partners, we will deliver structured, peer-led workshop series designed to promote lasting behavioural change and foster positive social norms. We will also continue providing holistic case management and wrap-around supports for racialized women affected by GBV, develop four additional culturally relevant and accessible resources to support GBV prevention and response, and host an interactive Wellness & Mobilization Day to further engage and empower communities.

For more information, please contact the team at flourish@whiwh.com or visit our website www.flourishaccess.ca



Student & Family Advocate Project (SFA)



The Student and Family Advocate project (SFA) focuses on supporting communities in the Greater Toronto Area to provide one-on-one case management, workshops, and community engagement supports to advocate and empower young black women. The SFA program for the past five years has created a book club, scholarships, grants, information directories, support groups, and a podcast series. SFA is for African, Caribbean, and Black (ACB) women 16-25 years old to experience cultural, gender, and race-based advocacy in educational spaces to better dismantle systemic biases. The project successfully supports over 200 young women yearly and continues to create easily accessible resources to support their academic journeys. WHIWH-CHC is the only organization that offers a gender-specific SFA initiative

For more information, please contact kashaia@whiwh.com or visit our website www.sfawhiwh.ca and Instagram www.instagram.com/sfa.whiwh

The netWORKING: Young Black Women's Mentorship Project

This project is dedicated to supporting African, Caribbean, and Black (ACB) women 15-29 years old living in the GTA by offering both one-on-one and group career-focused mentorship, aimed at advancing personal, academic, and professional achievements while fostering safer community spaces for Black women. Key objectives include enhancing educational attainment, employability, and overall well-being through embedded communal support. Mentees engage in monthly virtual meetings with their mentors, who guide them in skill development and career planning, reinforcing self-esteem and decision-making abilities. This year, the netWORKING Project has collectively reached 269 young Black women between 15-29 years old through 1:1 mentorship, workshops, and events.

For more information, please contact mentor@whiwh.com

We Matter Project

The We Matter Project is a six-year initiative dedicated to improving access to culturally appropriate, gender-responsive health services for African, Caribbean, and Black (ACB) women, non-binary, and trans youth by addressing systemic barriers and anti-Black racism in healthcare. Over the past year, the project has reached several significant milestones. We successfully hosted our Knowledge Translation and Exchange (KTE) event, which brought together youth, service providers, community partners, and stakeholders for a phenomenal turnout. The event provided an opportunity to share key learnings, celebrate project successes, strengthen partnerships, and exchange promising practices to advance equitable healthcare for ACB communities.

In addition, we have facilitated several Community of Practice sessions with a range of community organizations, creating collaborative spaces for knowledge sharing, capacity building, and ongoing dialogue around culturally responsive, anti-racist approaches to service delivery. Building on the work completed through our strategic

planning retreat, theory of change evaluation, and the development of a Service Integration Framework, the project continues to strengthen pathways to youth-centered, culturally responsive care and meaningful community engagement.

As we enter the final year of the We Matter Project, our focus will be on sustaining partnerships, implementing and refining project recommendations, sharing evidence and lessons learned, and ensuring the long-term impact of the work beyond the life of the project.

For more information, please contact mame@whiwh.com or visit our website https://wematterproject.com/

Thrive Together

Thrive Together was a transformative initiative focused on improving healthcare access and outcomes for African, Caribbean, and Black (ACB) young women across Toronto and Peel Region. Through a culturally responsive, trauma-informed, and community-led approach, the project addresses systemic barriers and anti-Black racism that continue to impact equitable access to healthcare and social services.

Over the past year, we trained six ACB Youth Health Navigators who provided peer-led health systems navigation, advocacy, and culturally relevant support to young Black women seeking healthcare, mental health, sexual and reproductive health, housing, and social services. The project directly supported 33 young women through individualized navigation services and developed more than 20 health education resources to increase health literacy and empower community members.

The initiative also delivered four community engagement events that reached approximately 695 participants and facilitated four capacity-building workshops for 85 healthcare providers, strengthening knowledge and practice in anti-Black racism, cultural competency, and trauma-informed care. In addition, stakeholder engagement activities brought together youth, community leaders, healthcare providers, and policymakers to identify solutions to healthcare inequities affecting Black communities. Through education, advocacy, systems navigation, and community engagement, Thrive Together continues to strengthen pathways to equitable, culturally responsive healthcare and advance health equity for Black communities.

For more information, please contact monicab@whiwh.com

The Integrated National HIV Prevention Strategy for ACB people in Canada



The Integrated National HIV Prevention Strategy for African, Caribbean, and Black (ACB) people in Canada is a five-year project funded by the Public Health Agency of Canada and is currently in its fifth year. Led by WHIWH-CHC, the project is delivered in partnership with HIV Edmonton,

the Community Alliance for Accessible Treatment (CAAT), SafeLink Alberta, Africans in Partnership Against AIDS (APAA), the AIDS Committee of Ottawa (ACO), and the Black Coalition for AIDS Prevention (Black CAP). The initiative aims to strengthen HIV prevention efforts within ACB communities by developing culturally relevant education, improving access to HIV prevention resources, and fostering strong community partnerships.

Since the project launched in 2022, the national alliance has made more than 11,500 community contacts through outreach activities and has delivered workshops to 1,132 ACB community members and 728 service providers. Through outreach at events such as Pride, Afrofest, and local community gatherings, WHIWH alone has distributed more than 10,000 HIV self-test kits, increasing access to HIV testing within the communities it serves.

To learn more about our work and upcoming events, follow us on Instagram at https://www.instagram.com/1love1stop/. For more information, please contact orit@whiwh.com



The Community Action Fund (CAF) Project: Anti-Black Racism in HIV Services

The Community Action Fund (CAF) Project: Anti-Black Racism in HIV Services is a five-year initiative funded by the Public Health Agency of Canada. This project focuses on combating Anti-Black racism in HIV services by engaging African, Caribbean, and Black (ACB) community members to recruit and train 50 peers across four Canadian regions. These peers will enhance their ability to identify gaps in HIV services, advocate for their needs, and deliver educational activities to service providers to improve service delivery to ACB populations. The project is in its final year and has wrapped up phase 2 of the implementation of recommendations and has reported back on regional and national findings which will be shared in the upcoming National Knowledge Translation Event that will be led by the Peers that have been trained through the Initiative.

We have submitted 1-year extension on the project pending approval to ensure the sustainability of the work done through the project through developing educational tools that can be used in HIV services to counter Anti-black racism beyond the duration of the project.

For more information, please contact nonty@whiwh.com

Empowered by PrEP: A PrEP Access Project for Black and Other Racialized Women, Trans and Non-Binary People

The Empowered by PrEP project works to improve access to HIV prevention services for Black and other racialized women, trans, and non-binary people by reducing barriers to accessing and using PrEP (pre-exposure prophylaxis). Using a culturally responsive, gender-affirming, and community-led approach, the project increases awareness and knowledge of PrEP through education, outreach, and the development of tailored

resources that support informed decision-making around sexual health.

This year, the project strengthened partnerships with community organizations and healthcare providers to improve referral and linkage-to-care pathways and expanded opportunities for community engagement and provider education. Through our partnership with The PrEP Clinic, clients have access to low-barrier clinical services, including PrEP education and counselling, intake and eligibility assessments, laboratory testing and follow-up, PrEP prescribing and monitoring, and support with navigating medication coverage and insurance. Our in-house pop-up clinic runs on the last Friday every month.

Peer navigators remain central to the project to provide ongoing, culturally affirming support and help clients navigate healthcare systems and remain connected to care. Through direct service delivery, community partnerships, and systems advocacy, the project aims to advance equitable access to HIV prevention services and improve sexual health outcomes for Black and other racialized communities.

For more information, please contact Natasha Lawrence at natasha@whiwh.com

Enhancing Continuity of Care for African, Caribbean, and Black Women Newly Diagnosed with HIV

This program is funded by the Slaight Family Foundation's Women and Girls Initiative to provide coordinated, culturally responsive HIV-related care and support services, addressing systemic barriers and promoting health equity. As well as support the optimization of our HIV prevention and care cascade to improve linkage to care, reduce HIV-related stigma, and promote optimal health for newly diagnosed HIV-positive African, Caribbean, and Black (ACB) women through the implementation of a retention in care plan.

The program fosters respectful, inclusive, and trauma-informed services and education that women need to improve their well-being, advocate for themselves, adhere to treatment, and challenge self-stigma and discrimination. In the last year, we successfully connected over 150 women to care and social services (i.e., doctor's appointments, interpretation, food security, housing, transport, and emotional support) and conducted outreach to distribute sexual health safety resources and HIV self-testing kits. Funding for this program came to a close in June 2026. We will, however, continue to collaborate with healthcare professionals, HIV testing sites, and other stakeholders to address social and health disparities as well as systemic barriers to accessing healthcare services.

For more information, please contact chantalm@whiwh.com

Skills Building and Case Management for Women Living with HIV

Funded by the AIDS and Hepatitis C Programs of the Ontario Ministry of Health, the Skills Building and Case Management Program continues to improve the health and well-being of African, Caribbean, and Black (ACB) women living with HIV. As a key component of the HIV Care Cascade, the program supports women through timely access to care, treatment adherence, health promotion, and skills development. Over the past year, we provided comprehensive, client-centred case management and support to more than 280 women, including referrals to mental health, legal, housing, settlement, and social services. Through monthly skills-building, mental health, and treatment adherence workshops, participants strengthened their knowledge, confidence, and capacity to manage their health and well-being. Our programming remained focused on the unique needs of African, Caribbean, and Black (ACB) women,

particularly women aged 50 and older, those newly diagnosed with HIV, and newcomers facing health and social inequities. We also expanded peer support and community engagement opportunities to reduce isolation and foster resilience.

Partnerships continued to be a key driver of our success. In collaboration with community partners and AIDS Service Organizations, we co-hosted a Knowledge Transfer Exchange (KTE) Forum attended by 102 women, creating opportunities for learning, networking, and knowledge sharing. We also launched a new partnership with Fife House, enabling regular housing drop-in sessions that have improved access to housing information, resources, and support. Additionally, our annual social networking event brought together 60 participants for a successful trip to Niagara, made possible through strong collaboration with APAA and Black CAP. We extend our sincere appreciation to our peers, whose dedication, compassion, and leadership have been instrumental to the program's success. Their commitment to client support and community engagement in programs has helped ensure the stability and impact of our services throughout the year.

For more information, please contact rose@whiwh.com

The Health-box Initiative
This is a national HIV and harm reduction initiative which we have partnered on with REACH Nexus. The Health-box is a "smart", interactive dispensing machine that provides free and low barrier access to self-testing kits for HIV, harm reduction, sexual health supplies, hygiene products and other supplies that we may often take for granted. It is also a machine that provides health information, and a support services directory for our clients and community members to find the health care they need—in their community. Since its official launch in September 2025, the machine has reached 92 individuals who have been able to access crucial and critical health information and resources. We continue to seek out funding to help support the Health-box.

For more information, please contact nonty@whiwh.com

Research Studies Update

I am Ready 2.0 HIV Self-testing Program/I AM health Program
This is a relaunch of the national program led by Dr. Sean Rourke, Unity Health, St. Michael's Hospital and REACH NEXUS. WHIWH-CHC is a member of the team which is implementing, scaling up and evaluating low-barrier options for access to HIV self-testing to reach the undiagnosed and offer choices about how to connect for needed care, whether one is HIV positive or negative. The goal is to raise awareness, so people take action to get tested for HIV. The National ACB working group supports implementation of the ACB arm of the I am Ready Program.
Available through a newly updated mobile app and website, I'm Ready 2.0 provides a simple, confidential, and user-friendly way for people to take control of their sexual health—no matter where they live. The platform is designed to reduce barriers to HIV testing by combining convenience, privacy, and direct access to trusted health resources.
For more information, please visit the website https://www.i-am.health/acb

Ontario Cohort Study
The Ontario Cohort Study (OCS) is an anonymous, confidential long-term study that collects information on people living with HIV in Ontario as they move through distinct phases of life. This study is part of the Ontario

HIV epidemiology and surveillance initiative. The data from the OCS is used to improve services across Ontario (engagement and care, advocacy, and promoting optimal Health) for people living with HIV today and in the future. In the past 1 year, from August 11, 2025, to June 30, 2026, we have conducted 130 follow-ups and 24 Baselines. We currently have 269 active participants engaged in OCS.

For more information, please contact majorie@whiwh.com

Multiplo TP/HIV Antibody Self-Test Study
This is a clinical trial that is being implemented in partnership with REACH Nexus, St. Michael's Hospital. The aim of the study is to evaluate performance and usability of Multiplo® TP/HIV (syphilis and HIV) point-of-care test by untrained non-healthcare users and the impact of peer-led HIV and Syphilis care among people experiencing homelessness in Toronto. This innovative technology has the potential to improve access to HIV and Syphilis testing for Canadians. The national target is 900 participants with 500 of those coming from WHIWH-CHC and we have successfully recruited 354 participants. The study is on going until we reach the target participants, we anticipate completing the recruitment by Fall 2026.

For more information, please contact nonty@whiwh.com

The GeneXpert Study, National Rapid TLC: Testing and Linkage to Care
Rapid Testing and Linkage to Care for underserved and undiagnosed populations at risk of HIV and STBBIs or living with HIV and STBBIs across Canada using the GeneXpert system. The primary objective of the study is to develop, implement and evaluate novel community-based point-of-care (POC) models for "testing, treatment and linkages to care" for HIV and other STBBIs for those who are underserved across Canada using the GeneXpert system. Addressing the rising tide of STBBIs requires innovative approaches to expand and improve testing and diagnosis. Point-of-care (POC) testing technologies, which allow for rapid, accurate, and convenient diagnosis during a single clinical encounter, are critical in bridging gaps in care.

For more information, please contact nonty@whiwh.com and natasha@whiwh.com

Vaginal Health Study
The Vaginal Health Study, is being implemented in partnership with the University of Toronto and the Black Health Equity Lab. Its aims include: a) assess priorities and preferences regarding vaginal health for Black women in Ontario. This will be explored through 10 focus groups with approximately 72 diverse women; b) through a survey and vaginal samples, the team will examine the association between the vaginal microbiome with vaginal immunology and the vaginal health of ACB women. Through this study, we aim to gain insight into concepts of vaginal health among Black women, identify community priorities, and examine the relationship between vaginal symptoms, inflammation and the vaginal microbiome to inform future research and interventions that support and optimize vaginal health. To date, the women's focus group component has been completed, with a total of 45 participants interviewed. We have also recruited 94 participants for the questionnaire and vaginal sample collection component of the study. Moving forward, qualitative analysis of the women's focus group data will begin, while recruitment for the questionnaire and vaginal sample collection components will continue with the goal of enrolling approximately 100-200 participants.

We would like to acknowledge Dr. Rupert

Kaul, Diana Yang, Adrianna Perryman and Dr. Notisha Massaquoi, along with the Black Health Equity Lab, for their continued contributions, support and collaboration throughout this study. We also extend our appreciation to our community partners, including Black Health Alliance, Boboto Care, and Wood Green Community Services, for their support and partnership in helping advance our recruitment efforts.

For more information, please contact sierrah@whiwh.com

A/C Study 2.0

This study will generate critical, disaggregated data on HIV/STBBI burden, access to services, and social determinants of health among Black populations in Canada, addressing major gaps in race-based health evidence. The findings will provide concrete evidence to inform equity-oriented health policies and resource allocation at federal, provincial, and municipal levels. In particular, the data will support nationwide funding and planning decisions for HIV/STBBI prevention, testing, and treatment initiatives, while strengthening national surveillance systems and monitoring progress toward global targets. Results will directly inform the design and adaptation of culturally appropriate services, including targeted testing strategies, community outreach, and care pathways that respond to identified barriers such as stigma, racism, and limited access to care.

Through its participatory, community-engaged approach, the study will strengthen partnerships with Black-serving organizations and support community ownership of data and outcomes. Knowledge translation activities will increase awareness, reduce stigma, and support advocacy for anti-racist and culturally responsive health systems. Ultimately, these combined impacts are expected to improve access to prevention, testing, and care, contributing to better health outcomes in Canadian Black communities.

For more information, please contact hannah.z@whiwh.com

Summary of PHAC Site visit for AGM Report:



The site visit included a clinic tour and presentations from the Clinical, Population Health, and Research teams, highlighting WHIWH programs, the HIV Care Cascade, current initiatives, ongoing research, and emerging resource needs. Discussions focused on opportunities to strengthen HIV testing and prevention efforts, enhance PrEP access for women, improve linkage to care for newcomer and immigrant populations, and advance the collection and use of race-based HIV surveillance data. Additional dialogue explored Health box uptake and engagement, opportunities to improve access to HPV vaccination for women living with HIV, and the importance of ensuring breastfeeding/chestfeeding guidance reflects evolving evidence and best practices. PHAC representatives recognized the importance of these priorities and noted ongoing opportunities for collaboration, funding, and knowledge exchange to enhance health outcomes for women across the HIV prevention and care continuum.

Financial Statements (Audited)

Women's Health in Women's Hands CHC -summarized statement of Revenue and Expenses for the year ended March 31st, 2026 (With comparative figures for 2025)

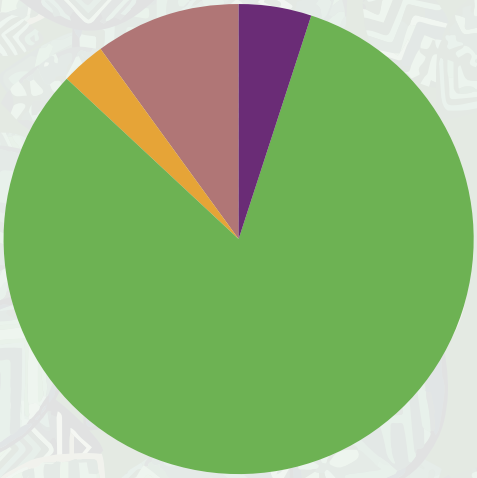
Revenue	2026	2025
Federal Grants	$464,496	$482,780
Provincial Grants	$7,072,918	$6,326,371
Municipal Grants	$0	$41,008
Foundations	$275,000	$275,000
Other	$898,841	$1,380,718
Total Revenue	**$8,711,255**	**$8,505,877**
Expenditure		
Salaries,Benefits and Relief	$5,704,905	$5,486,548
Other staff related cost	$55,284	$63,660
Purchased Services and consultancy	$499,830	$515,252
Non insured diagnostic & specialist	$300,488	$340,000
Occupancy cost	$626,066	$598,421
Other overhead cost	$1,391,704	$1,797,469
Total Expenditure	**$8,578,278**	**$8,801,350**
Adjustments		
Due to Ontario Health	-$75,319	-$55,812
Due to Ministry of Health and Long Term Care & other funders	-$8,198	-$33,640
Recoveries & Adjustments during the Year	$86,665	-$111,777
	$3,148	**-$201,229**
Net Assets -Beginning of the year	**$2,532,059**	**$3,028,760**
Net assets - End of year	**$2,668,184**	**$2,532,058**

Complete audited financial statements available upon request from the office of the Executive Director

Revenue	$	%
Federal Grants	$464,496	5%
Provincial Grants	$7,072,918	82%
Foundations	$275,000	3%
Other	$898,841	10%
Total Revenue	**$8,711,255**	**100%**

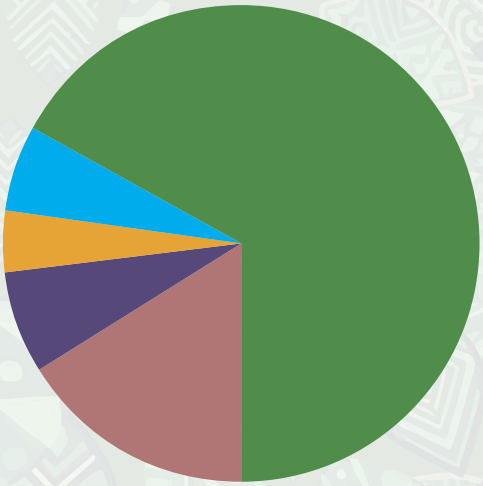
Expenditure	$	%
Salaries,Benefits,Relief and other	$5,760,189	67%
Purchased Services and consultancy	$499,830	6%
Non insured diagnostic & specialist	$300,488	4%
Occupancy cost	$626,066	7%
Other overhead cost	$1,391,704	16%
Total Expenditure	**$8,578,278**	**100%**

Revenue



- 5% Federal Grants-$464,496
- 82% Provincial Grants-$7,072,918
- 3% Foundations-$275,000
- 10% Other-$898,841

Expenditure



- 67% Salaries, Benefits, Relief and other-$5,760,189
- 6% Purchased Services and consultancy-$499,830
- 4% Non insured diagnostic & specialist-$300,488
- 7% Occupancy cost-$626,066
- 16% Other overhead cost-$1,391,704

WHIWH STAFF

Sherry Abas
Mame Antwi
Claudia Arze-Bravo
Orit Awoke
Monica Bagaya
Yohanna Beraki **5 Years**
Marilene Caetano
Shivani Chandrakumar
Yvonne Cheah
Victoria David
Sarah Dias
Marie Claud Felicien
Zayanna Findlay
Rosa Maria Flores
Zahra Goodarzi
Lori-Ann Green-Walker
Daisy Guerrero
Mihret Haile
Kashaia Henderson-Doyle **5 Years**
Shelby Jaeranny
Kristyn Jewell
Ishara Jeyachandran
Tomilola John
Majorie Kabahenda
Wangari Kamande
Tara Kidwai
Hafsa Kombo
Natasha Lawrence
Diana Lubega
Corrine McPherson
Rowa Mohamed
Anab Mohamud
Chantal Mukandoli
Mehak Mehak
Mary Ndung'u
Rose Njeri
Nontobeko Nkala
Lyndsay O'Brecht
Stella Pasion
Jesleen Rana **10 Years**
Teresa Salazar **5 Years**
Claudia Samayoa
Megan Saunders
Elnaz Shayesteh
Tharnya Sivanithy
Karen Sun
Yodit Teklehimanot
Esther-Wangari Tharao
Rabia Towfeq
Chinaecherem Udoh
Sheryl Valencia
Julie Vandahl
Junic Wokuri
Hannah Zutu

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Tuesday and Wednesday 9am-8pm

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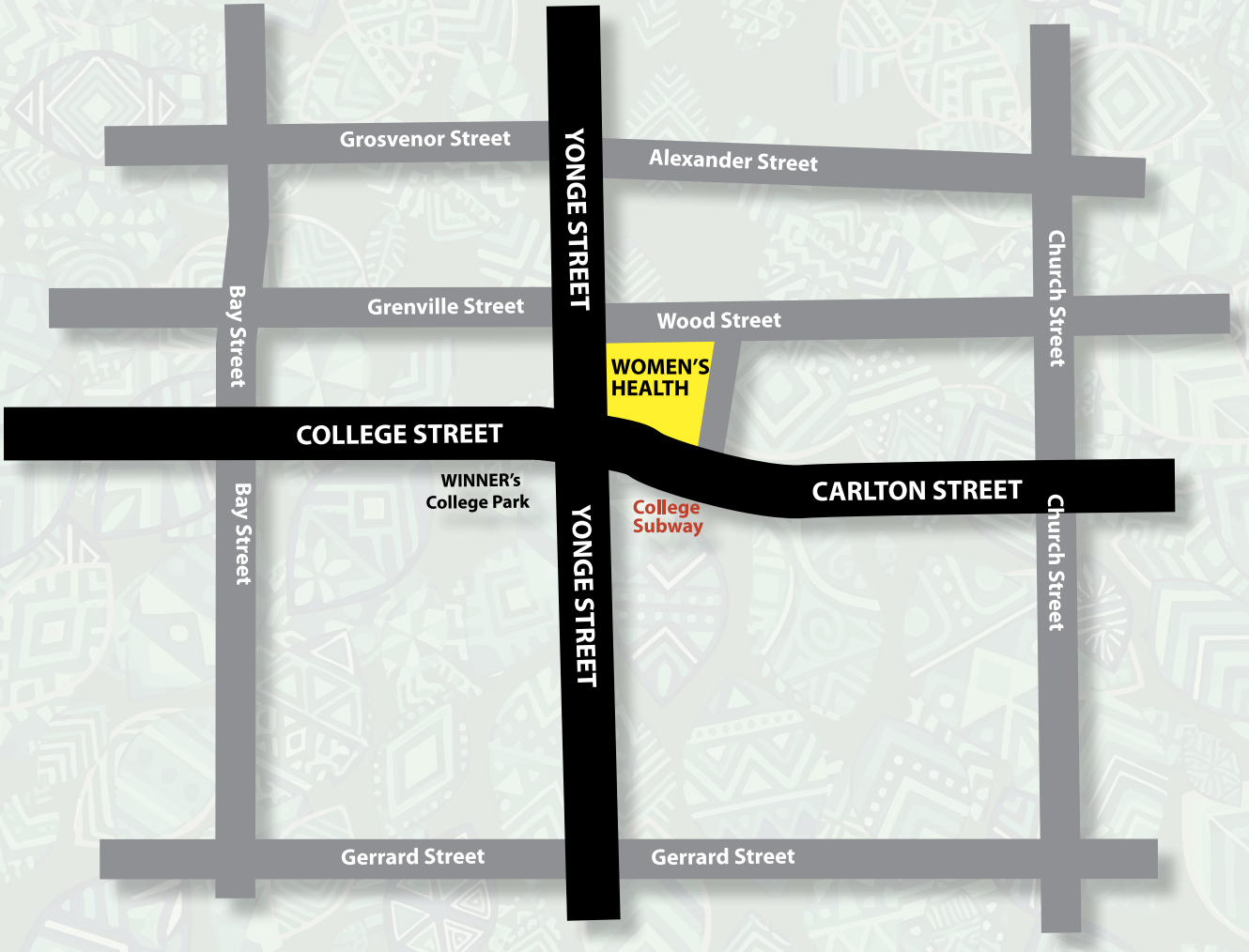
twitter.com/WHIWHCHC

Location Map





WOMEN'S HEALTH IN WOMEN'S HANDS

COMMUNITY HEALTH CENTRE

STRENGTHEN • SHARPEN • BUILD