

NOVEMBER 2020

HIV PhotoVoice Funder Report

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PROJECT SUMMARY

From the HIV PhotoVoice project, we were able to uncover and describe HIV-related barriers when accessing social services and health care services for ACB women diagnosed with HIV or their families. In addition, the project allowed us to understand the role of social structures in creating and perpetuating HIV/AIDS related discrimination, fear and denial. The participants of this project shared the strengths, strategies, and facilitators used to overcome such barriers and other related issues in the context of their own communities as well as the wider Canadian society.



FINANCIAL SUMMARY

Description	Vendor	\$	Source
ANALYSIS		\$120.00	Ribbon Rouge Foundation
COMMUNITY EVENTS		\$1,101.25	Ribbon Rouge Foundation
INTERNET		556.5	Ribbon Rouge Foundation
EVALUATION		\$1,500.00	Ribbon Rouge Foundation
HONORARIUM		\$1,154.20	<ul style="list-style-type: none"> CPHA (\$900) Ribbon Rouge Foundation (\$254.20)
MEAL		\$1,534.82	Ribbon Rouge Foundation
OUTREACH & RECRUITMENT		\$3,871.76	Ribbon Rouge Foundation
PAYROLL		\$68,500.00	<ul style="list-style-type: none"> Status of Women (\$25,000) Ribbon Rouge Foundation (\$43,500)
		\$78,338.53	
UNUSED IN-KIND CONTRIBUTION			
Donated In-Kind	CPHA	\$2,500.00	
Other Funding Sources (please describe) In-Kind Workshop & Training Dev	Centre for Sex	\$1,875.00	

[Full Financial Sheet](#)

[PhotoVoice Project Receipts](#)

[Final Exhibition Costs](#)

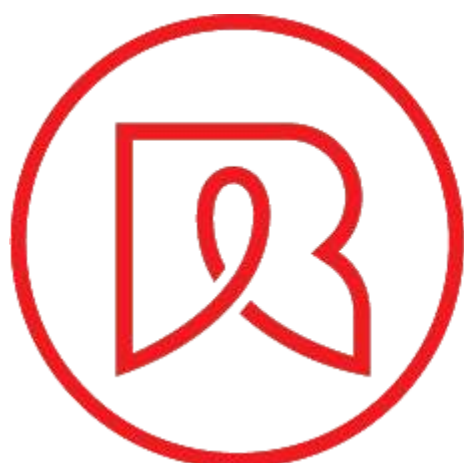


FINANCE APPROVALS

SIGNED THIS ____ day of _____ 2020.

Maxan Ferguson-Dyer
Treasurer, Ribbon Rouge Foundation

Moréniké Oḷáòṣebìkan
President, Ribbon Rouge Foundation



CONCLUSIONS

Education for Healthcare Providers:

Implement HIV education to service providers, particularly in health care and the community. This would address lack of knowledge among health care providers about HIV, which creates barriers for HIV positive people accessing health care services.

Faster Immigration Document Processing:


There needs to be changes to the processing of immigration documents to decrease delays. This is necessary to support new immigrants find employment faster as many of them are ready and willing to work to support their families..

Childcare Services for HIV Positive Women:

There is a need to address the childcare services needed for HIV positive women so that they could participate in social programs provided for them in the community.

Changes to times for Group Activities at HIV Edmonton:

The need for group activities at HIV Edmonton to be offered at different times could provide HIV positive women with young children with flexibility to participate in these groups.



PROCESS

Interviews with HIV Positive Women which were Individual face-to-face semi-structured interviews lasting between 45 and 120 minutes.



PhotoVoice Community Conversations which were approximately three hours in length and took place from October 2019 to February 2020.



OUTPUT

For this project, there were three community events that took place:



OUTPUT

This project brought about extensive outreach work and one to one conversations in:

Grand Prairie

Fort McMurray

Calgary

Lethbridge

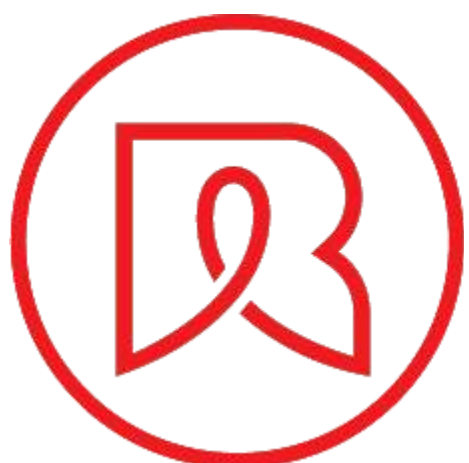


OUTPUT

From the PhotoVoice Focus groups, participants shared their personal barriers, strengths, strategies and facilitators.

Mistreatment in the Healthcare Setting

The photograph had two main points. Firstly, the feeling as though they were treated like garbage during their appointment with the doctor.. Secondly, the red garbage bag represented the intersections of their identity such as being a Black, African, woman, and HIV positive. These were likely the reasons for being mistreated by the doctor. This participant further reflected that as a Black African woman living with HIV all these markers of her identity represented the red garbage bag.



Healthcare Provider Incompetence



HIV- related education particularly about transmission must be reinforced because biased health care might have negative consequences on patients. To illustrate these two experiences using photovoice, a photograph of a sad Black face was taken. They said the photograph represented their face, which reminded them of when their family doctor referred them for diagnostic tests and the negative experiences. The sad face also conveyed their feelings when they were crying because of the discriminatory actions they experienced in health care settings.



OUTPUT

Strength from their Children

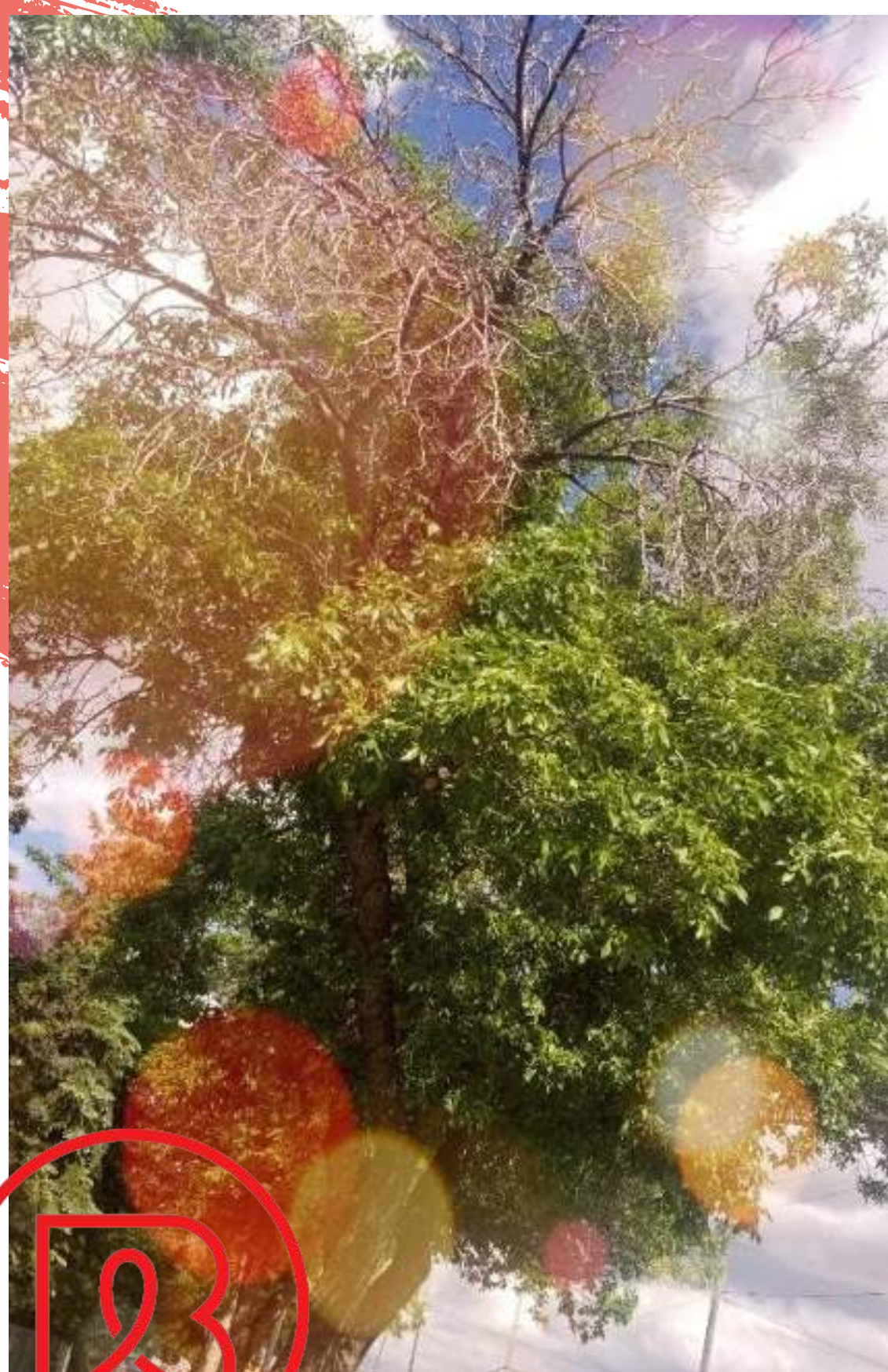
This participant said that the tree that had been cut represented her feelings when she was first diagnosed with HIV. She said it was heartbreaking since she was pregnant, she did not expect the shocking diagnosis. The tree that sprouted again represented her beautiful life from the time her son tested negative for HIV virus. It also represented her son's healthy growth and development.



Immigration

One participant was optimistic of the immigration process despite the struggles she was experiencing. In addition, from our work experiences ACB people with HIV negotiate means of support and belonging with a context in which experiences of discrimination, poverty, and immigration heighten the fear of exclusion from accessing services as well from the community.

“The night may take twelve hours through night or eight hours, but there is always a sunrise in every darkness.”



Strength from their Children (continued)

Some women felt a sense of worth and hope when they had children after they were diagnosed with HIV. One reported that when they were diagnosed HIV positive, they thought they would never have children of their own, a family, and a man. This renewed sense of self-worth was lifted when their daughter was born. They said it provided her with hope, deep happiness, and womanhood.



Resilience as a Strategy

One characterized her coping as "feeling strong and happy regardless of the virus and facing life by going to work." This suggests optimism might be an important coping strategy. This participant shared a Christmas tree photo and said: "I do not really want to say Christmas tree, but you know those trees that have snow on top, but they still stay green. So regardless of the snow that is the HIV virus in my blood. I am the green tree; it does not stop me to be green or it does not stop me to be happy. I must go to work and face life."



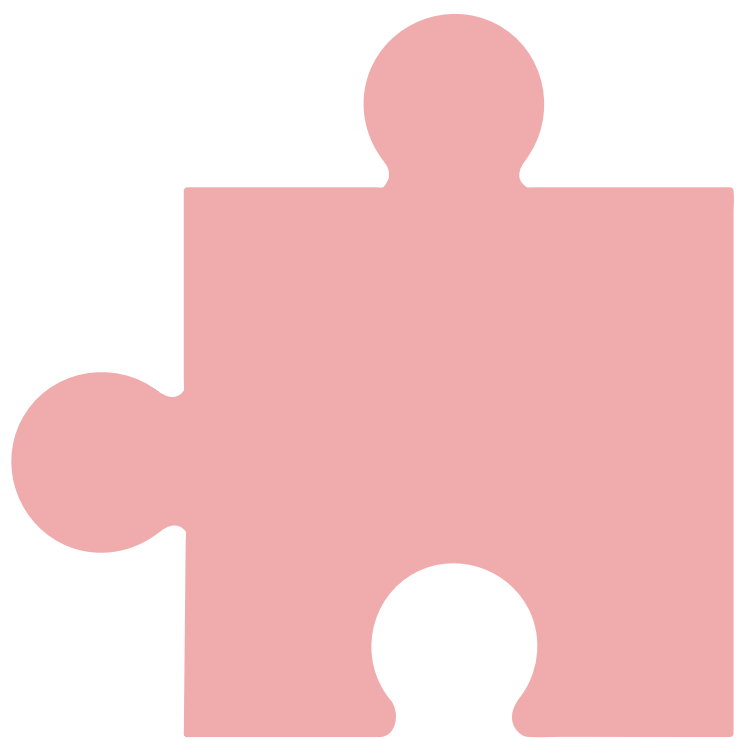
Social Support



Social support for HIV positive women emerged as a vital strategy for coping. A participant shared a photograph of the sun shining: "I have a bunch of friends around me. They call me left and right, when it comes to social life and friendship, I have the sunshine on those areas. I go to church and I come here at HIV Edmonton, you know like so this sunshine, beside this diagnosis. I am focusing on the sunshine around me what is positive around me and what is going well around me so that keeps me going. I am happy because I have a strong social life around me. I may not have a lot of families, but I have made a lot of friends at work and outside work, and you know neighbours."

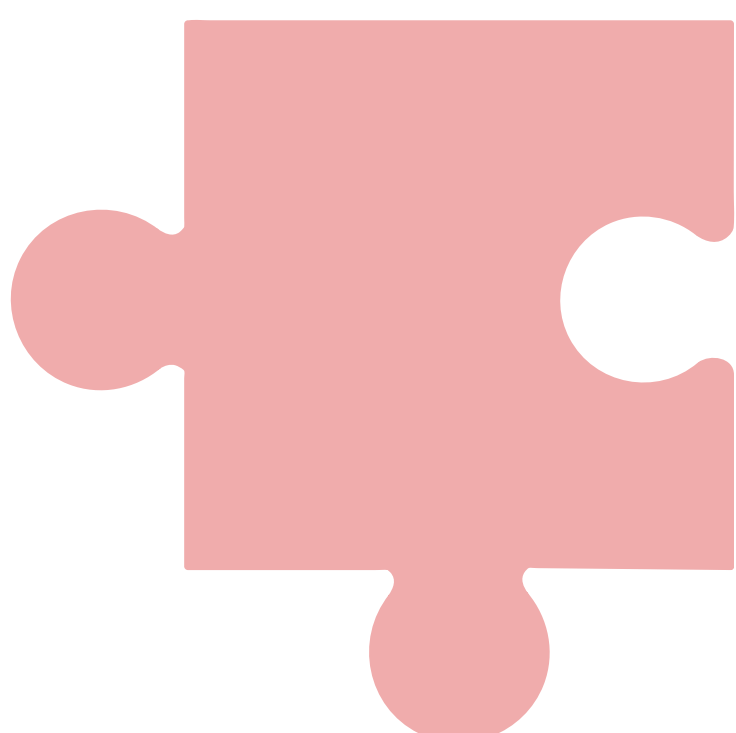
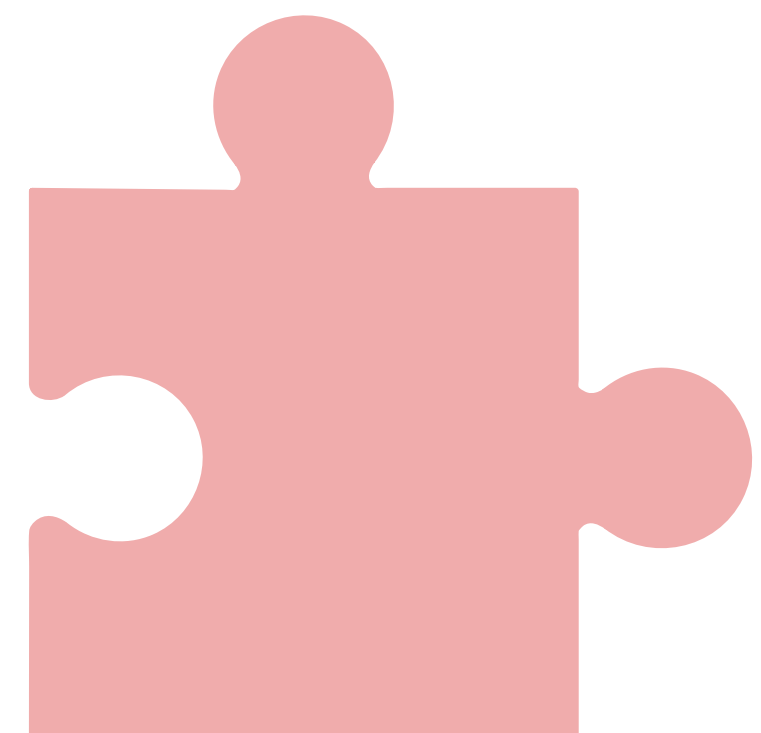


OUTCOMES



Participants of this study were able to discuss the barriers they face in the health and social systems which allows future initiatives and projects a starting framework to address these specific issues for the target population.

Understanding and describing the strengths, strategies and facilitators these women used to cope and live their lives will help to inform others facing the same struggles.



This study revealed that strong relationships with health care providers and counsellors are facilitating factors that have provided these women with knowledge, hope, and confidence to live a normal life with HIV. Healthcare providers have the ability to be a source of hope and knowledge.



STRUGGLES & NEXT STEPS

- COVID-19 prevented completing community conversations outside Edmonton, and therefore wifi access and laptops were provided to our participants for the last few community conversations to adapt.
- Though there was a significant number of prospective participants living with HIV, we learned through this project that we were not going to be able to have sessions for everyone in one city, and we had to pivot by midway through the project to organize different sub-projects in each target city because women in different cities did not want to disclose to others in other cities. In some cities like Fort McMurray, they did not want to have community events or even group conversations and wanted to have only one to one sessions.
- Within the budget we created for outreach and recruitment, we were unable to recruit women with other marginalized identity factors as we had proposed including those:
 - experiencing homelessness
 - with history of incarceration
 - living with mental health conditions
- We spent a lot more on staffing outreach, recruitment, and community development work than anticipated. This means we are now better positioned to complete the work outside Edmonton.
- A final exhibition and community conversation were completed with our Edmonton participants, and in the new year, we'd raise additional funds to secure staff and artists in order to complete digital stories and develop workshops based on what we have learned in community conversations. We have also made plans and are raising funds to expand the project with our lessons learned to 4 additional cities across the province including Calgary, Fort McMurray, Grande Prairie, Lethbridge, and Brooks. In addition, we are developing programs to apply knowledge gained in the project for systems change including curriculum development for health and social service providers.

IMPACT

All participants spoke about HIV giving them a different outlook in life, one that is more positive and that often led them to consider issues around spirituality, purpose and meaning in life.

This study is groundbreaking in its contribution to the development of frameworks for understanding the barriers that ACB HIV positive women living in Edmonton, Alberta encounter and how they overcome these barriers.

The study further provides insights into how gender, race, and immigration status intersect with HIV/AIDS discrimination, stigma, and fear. An understanding of these multiple issues is not limited to local experiences but is situated in global processes such as crossing borders in search of better opportunities, safety, and security.

