

Refugee + Support Project

BY LAURA M. BISAILLON

“Being at the same time a refugee, a woman, and a woman diagnosed with a chronic illness such as HIV is big! We cannot live forever. My wisdom tells me that we all have to die of something, and die one day we will. We must enjoy every new day and focus on living in a healthy way!”

~ Participant of the Refugee + Project

For most newly arrived refugee women with HIV/AIDS, their first point of contact with social service or health support in Montreal is through the medical establishment. Doctors, nurses and social workers then refer women to the AIDS service organizations (ASOs) in the city. If they had landed in Toronto, these women would have had access to a greater selection of support networks and more highly developed community groups that cater specifically to women. Unfortunately, in Montreal such women-specific services are limited or nonexistent. One program that did provide support for women from sub-Saharan Africa is the Refugee + Support Project [*le Projet réfugié plus*], a three-year pilot project that wrapped up its programs in December 2007.

Funded by the Public Health Agency of Canada as part of the Federal Initiative to Address HIV/AIDS, the project provided multilingual training of support workers and assistance for refugee women with HIV/AIDS to access health, legal or community services. Project organizers based at the *Centre de ressources et d'intervention en santé et sexualité* (CRISS) [Centre for resources and intervention on health and sexuality] established peer support groups and helped create a network for better communications and referrals among the ASOs and other service providers. According to the women participants, peer support was an important element of the Refugee + Support Project and helped them form close friendships and a support network that has extended beyond the term of the project. In the words of one participant: “We share common issues—estrangement from and commitment to family, financial

worry, strong faith in God—so communing in a non-threatening setting is valuable.”

Women supported each other using the buddy-system pioneered by cancer survivors in Montreal’s “Hope and Cope” groups, although the system was not without challenges for HIV-positive refugees. Women from the same country were not necessarily eager to provide peer support to a compatriot because of fears about their HIV status being revealed to their community. Issues related to stigmatization, disclosure and discrimination related to HIV and AIDS are well-recognized barriers to health intervention programs, public education and prevention efforts.

Participants of the project initiated and assisted with events and activities. The health and wellness workshop for “HIV information overload,” for example, was organized by participants in July 2007 to talk about how to find accessible information about HIV/AIDS medications, treatment and nutrition. The women had access to the Internet to search for HIV-related health information; however, word-of-mouth was the most common way to exchange information. “In so many ways and for so many reasons women and men experience migration and HIV-related health matters differently. That is why it is nice to have activities that are women-only so that we can talk openly,” said one participant.

As a pilot project, the Refugee + Support Project was limited to a three-year term of funding, therefore an effective evaluation was important to capture what was learned. When asked about the strengths and weaknesses of the project, the women offered candid feedback that ►

organizers hope will be useful to other groups or service providers assisting women migrants to manage HIV in Canada. Their comments relate to four different themes:

Women's leadership – Organizations can better support women's leadership and on-going education. Integrating the skills of women and capitalizing on their knowledge and networks here in Canada and in home countries is very valuable. Many women associated with the project were highly educated and at least one woman with senior-level experience in HIV/AIDS activism and education commented that she was disappointed that there was little outlet for her skills. Projects geared to women refugees should aim to involve women in program design, implementation, monitoring and evaluation.

Linking women to provincial, national and international opportunities and supports – Organizations can actively network across borders, linking with efforts in other Canadian jurisdictions and internationally. Women can be encouraged to apply for provincial and national opportunities open to persons with HIV/AIDS (PHAs). The Canadian AIDS Society (CAS), for example, offers a range of scholarships, and awards monies to attract and include women from countries where AIDS is endemic. In June 2008, CAS is sponsoring a PHA forum that emphasizes leadership development and provides networking opportunities for PHAs across Canada.

Thinking outside the HIV/AIDS box – Organizations can help women reach organizations that are outside of what has been called the "AIDS ghetto." This could mean referring women to training and skill-building programs offered through the YWCA and other local non-profit organizations. It incumbent on ASOs serving women to cultivate collegial and professional relationships over time—in Canada and overseas.

Project viability – The viability of a project or program is dependent on the viability of the ASO housing it. In this case, the project design had a number of strengths and weaknesses. Its effectiveness was limited by the viability of the

ASO where it was housed (the organization has since closed). For such a project to remain pertinent to the women it serves, the host ASO must recognize that women and their needs are diverse and evolving; the organization must show leadership and be comfortable with change and unexpected developments that invariably present challenges.

The Refugee + Support Project confirms that asylum-seeking and refugee women diagnosed with HIV have specific health and social needs when they arrive in this country. But it also confirms that the gendered dimensions of the refugee experience for those managing HIV are under explored in Canada. Having a more complete portrait and broader understanding of asylum-seeking and refugee women's experiences from the time of their arrival is a starting point. Organizers of the Refugee + Support Project suggest charting the experiences of immigrant and refugee women with HIV/AIDS over time as they navigate various channels of support and services. This information could then be used to improve services, inform policy, promote understanding and create awareness. ❧

Laura M. Bisailon is a PhD student in Population Health at the Institute for Population Health and Research Assistant to the GOAL Project at the Women's Health Research Unit, University of Ottawa.

Additional resources:

Blueprint for Action on Women and Girls and HIV/AIDS
<http://womensblueprint.org/en/resources/>

Leading together: Canada takes action on HIV/AIDS
(2005-2010) www.leadingtogether.ca/

Federal Initiative Federal Initiative to Address HIV/AIDS in Canada, Public Health Agency of Canada
www.phac-aspc.gc.ca/aids-sida/fi-if/index.html

The Positive Side: Uprooted Lives
www.positiveside.ca/e/V8I1/Uprooted_e.htm