![Siggins Miller logo](SIGGINS MILLER)

Evaluation of the Australian Injecting & Illicit Drug Users League

Attachment 1: Evaluation Plan

V2. October 2020

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1. Background

Australian Injecting and Illicit Drug Users League (AIVL) is a national peak body organisation that represents State and Territory peer-based drug user organisations and issues of national relevance for people with lived experience of drug use. AIVL's work spans across both the blood borne virus (BBV)/sexually transmissible infections (STI) and Alcohol and Other Drugs (AOD) sectors and provides important linkages between the BBV/STI and National Drug strategies. This includes:

- Third National Hepatitis B Strategy
- Fourth National STI Strategy
- Fifth National Hepatitis C Strategy
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy
- Eighth National HIV Strategy
- National Drug Strategy

The purpose of AIVL is to advance the health and human rights of people who use or have used illicit drugs. In line with this purpose, AIVL believes people who use or have used illicit drugs should:

- Have autonomy over their own bodies;
- Be treated with dignity and respect; and
- Be able to live their lives free from stigma, discrimination and health and human rights violations.

AIVL's values are inclusiveness, courage, empowerment, and resilience.

2. Terms of Reference

Siggins Miller was engaged to evaluate AIVL, focusing on its Canberra-based national peak body work. The evaluation will be both formative and summative in nature. The key focus areas of the evaluation and the respective evaluation questions are outlined in the table below.

Table 1: Key focus areas and evaluation questions

Focus Area	Evaluation Question
Rationale	1. How sound is the underlying program theory?
Approach	2. How suitable is AIVL's approach for the settings and the target populations? 3. Does it need to be amended? If so, in what way?
Implementation	4. How well does AIVL deliver what is most needed, to the right stakeholders, at the right times and in the right ways?
Outcomes	5. What outcomes have been attained? 6. How worthwhile are they?
Attribution/ Contribution	7. How strong is the evidence that the observed outcomes have been entirely or largely produced by AIVL's processes and operations?
Lessons Learned	8. Where do AIVL's services work best? Why? 9. For whom do AIVL's services work best? Why? 10. Where are the results weaker? Why?
Sustainability	11. How sustainable are AIVL's impacts?
Overall value	12. How worthwhile is AIVL overall?
Fit	13. How well do AIVL's structures, processes and operations fit with, engage with, and complement those of other organisations in the BBV/STI/drugs domains?

3. Methodology

3.1. Evaluation Approaches

The evaluation will use a participatory co-design approach and incorporate methods of contribution analysis.

3.1.1. Participatory Co-design

Participatory co-design is an approach that involves welcoming and inviting all stakeholders who run or are beneficiaries of the program to have a voice and be actively involved in the design of the evaluation, its implementation and data collection activities as well as the identification of local requirements, program benefits, risks and gaps and the development of modifications when systemic or local unmet needs or barriers are identified. The advantage of a participatory evaluation approach is that it incorporates a realist method that identifies what about AIVL's strategies and activities work for whom, in what circumstances, and why.[1] By including the realist elements into the evaluation, the participatory approach provides a locally nuanced appraisal of the impact, benefits and gaps of AIVL for different population groups, cultural viewpoints and needs, as well as any local geographic variations.

3.1.2. Contribution Analysis

Contribution analysis is an established approach to evaluation which recognises that an initiative does not exist in a social, policy or community vacuum. John Mayne, the eminent Canadian adviser on public sector performance, says a credible account of a program's performance must address the question. *"How much of the outcome is the result of the program, and how much is the result of other causes?"*[2] Mayne argues that making these attributions for outcomes is always a challenge, since decisive evaluations that can prove causality with scientific rigour are not always available; and complexity in a program's environment significantly complicates the analysis of its contributions. The essential prerequisites, he says, are that:

- the program has an explicit theory of change (also known as a 'program logic'),
- the program's activities were in fact carried out,
- there is evidence to support the program's theory of change,
- other influencing factors, internal and external, have been assessed,
- a 'results chain' is laid out and the program's assumptions and risks identified.

Contribution analysis identifies which links in the results chain have the weakest evidence, which are supported by other research, and which are well accepted or demand a leap of faith.

3.2. Data Sources

We will use a mixed methods approach to evaluate AIVL. This approach involves the concurrent collection and analysis of both qualitative and quantitative data. Incorporating best practice principles of contribution analysis, data from all sources is triangulated to form a contribution story that takes account of program and non-program factors. Using this method, no single data source on its own is privileged and the evaluation can therefore consider the limitations of any one data source (e.g. interviews) and say not just *what* happened but *why* and *how*. The data strategy matrix provided at *Appendix A* outlines the data sources that will contribute to answering each evaluation question.

3.2.1. Desktop Review

We will conduct a review of documents and data related to the structure and model of AIVL; and the implementation and delivery of key activities, particularly those conducted over the last three years. This includes but is not limited to, performance and activity reports and AIVL board papers.

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[1] Zukoski, A., & Luluquisin, M. (2002). Participatory Evaluation What is it? Why do it? What are the challenges? *Community Based Public Health Community and Practice*, *5*, 1–6.

[2] Mayne, J. (2008) Contribution Analysis: An approach to exploring cause and effect, ILAC methodological brief, available at http://www.cgiar-ilac.org/files/ILAC_Brief16_Contribution_Analysis_0.pdf

We will conduct a review of peer reviewed and grey literature related to the implementation and delivery of activities similar to those delivered by AIVL and outcomes relevant to the objectives of AIVL. The search strategy will include bibliographic databases that index the academic literature and networked library catalogues for print monographs and related material. We will consider Australian material of direct relevance, as well as relevant overseas material. At least the following bibliographic databases in health and the social sciences will be used:

- MEDLINE
- APAIS HEALTH (Australian Public Affairs Information Service)
- HEALTH MODULE – international health planning and administration.
- AMI (Australasian Medical Index)
- CINAHL – international nursing literature
- PUBLIC HEALTH ELECTRONIC LIBRARY
- AUSTRALIAN FAMILY & SOCIETY ABSTRACTS, Australian Institute of Family Studies
- COCHRANE DATABASE
- PSYCHLIT
- SOCIAL SCIENCES CITATION INDEX.

In addition to searching for peer-reviewed literature, we will conduct a search of grey literature to access important and relevant websites, reports, policy and strategy documents and research papers that are published by international, national and state government departments, academic research organisations and universities, non-government organisations, health and allied health providers and relevant interest groups. This will be done using web tools such as Google Scholar and Scopus. Google Scholar provides a single access point to articles, theses, books, abstracts and court opinions, from academic publishers, professional societies, online repositories, universities and other web sites. Scopus offers sophisticated tools to track citations both retrospectively and prospectively which can be used to identify reports and documents of interest.

3.2.2. Stakeholder Consultations

We will conduct virtual interviews and focus groups with a sample of key stakeholders to understand the delivery of key strategies and activities, as well as the outputs and outcomes achieved by AIVL. For stakeholders who are not available for interviews or focus groups, we will offer the option of providing a written response to the consultation protocol via our online survey platform QuestionPro.

Information regarding the engagement of key stakeholders as part of the evaluation and all communication and consultation materials including protocols and schedules are presented in the *Communication and Consultation Plan.*

The qualitative data collected from consultations will be analysed using thematic analysis. The data will be scanned to identify patterns and themes. A coding system will then be developed for commonly appearing themes. A test sample from each stakeholder group will be coded separately by different team members, then tested for inter-rater reliability. In short: patterns and themes will be noted; themes will be counted to discern whether a theme is common or infrequent; a narrative will be extracted from the data that will be checked against other data sources to address the project's key objectives. A snapshot of the process is outlined in Figure 1 below.
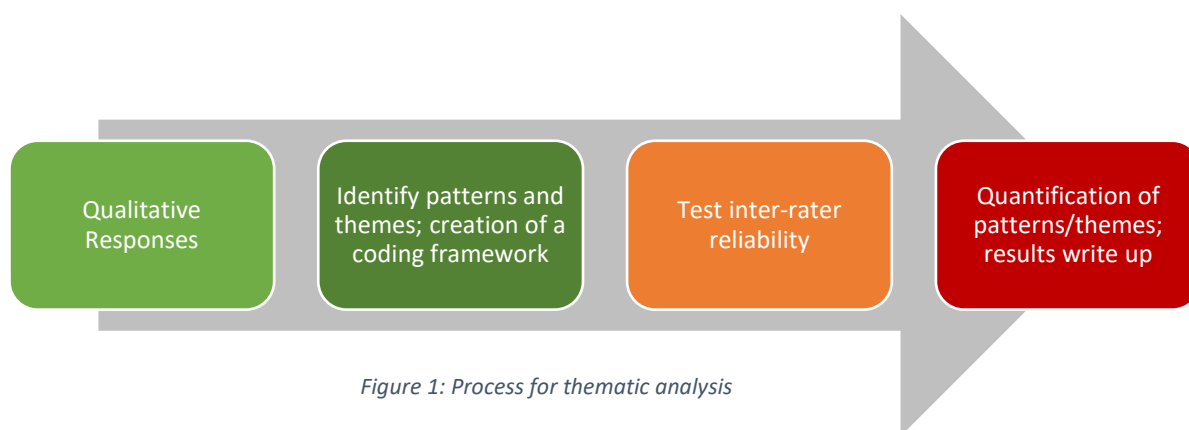

Figure 1: Process for thematic analysis

4. Program Logic

Program logic is a way of presenting clearly on one page the logic of an organisation. It describes graphically how the organisation is expected to achieve its intended outcomes. The program logic spells out the underlying assumptions about how the organisation will achieve the intended outcomes, i.e. the theory of change, describing how the organisation is supposed to work. The program logic will also identify the main external factors at play that might account for the outcomes observed.

4.1. Program Logic Statement

AIVL was established in response to the need to have a national voice for people who use or have used drugs and to build capacity for the development of that voice in the interest of improving the social and health outcomes for people who use or have used drugs.

AIVL aims to achieve improved health and human rights of people who use or have used drugs; social justice, equity, and improved access to services for all people who use or have used drugs; as well as long term sustainability and growth of AIVL and its member organisations. Within the timeframe of 2017-2020 and with the resources available, AIVL has focused its efforts on:

- Advocacy and engagement on issues relevant to people who use or have used drugs;
- Capacity building efforts to improve outcomes for people who use or have used drugs;
- Strategic leadership and coordination of national action on BBV/STI and AOD; and
- Efforts that contribute to the financial viability and continuous improvement of AIVL.

See Figure 2 for a graphical representation of AIVL's key activities and outcomes.

The program logic pictured in Figure 3 below describes in more detail the activities of AIVL, the outputs achieved and how they contribute to the hoped-for outcomes.

It should be noted that the efforts to support the sustainability of AIVL and its member organisations are foundational enablers to the short, medium and long term capacity of AIVL to continue its work in the pursuit of the outcomes listed above. It is also noted that the efforts of AIVL to improve the health and human rights of people who use or have used drugs and to achieve social justice, equity/access and change for people who use or have used drugs are inter-related in achieving the hoped for outcomes.

Lastly, we note that the work of AIVL does not exist in a vacuum and there are a number of factors outside the scope of AIVL and this evaluation that may enhance or detract from AIVL's contribution to the hoped-for outcomes. These factors include:

- The National BBV/STI Strategies (2018-2022)
- The National Drug Strategy (2017-2026)
- National, State and Territory legislative frameworks
- National and or state and/or territory drug law reform
- Law enforcement and custodial setting policies and practices
- Quality and nature of media coverage of drug use and issues relevant to people who use or have used drugs
- Impact of Covid-19 on people who use or have used drugs
- Impact of Covid-19 on the capacity and productivity of AIVL
- International trends in drug policy
- International and national advances or retreats in harm reduction, prevention and treatment
- Advances in available treatments (BBV/STI and alcohol and other drugs)
- Climate of opinion in the community

The Evaluation will be mindful of these factors in building a contribution story for the outcomes achieved by AIVL.
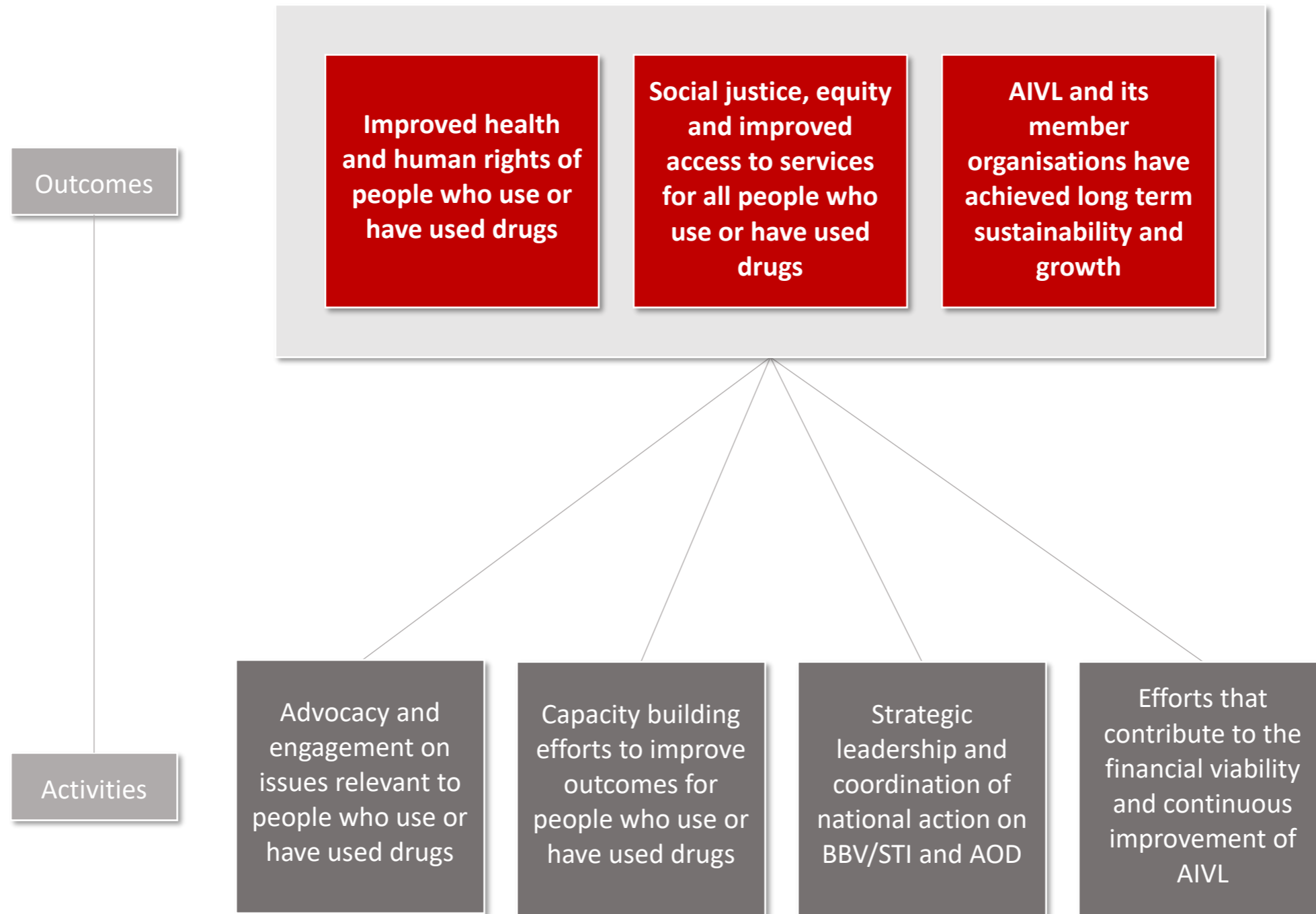
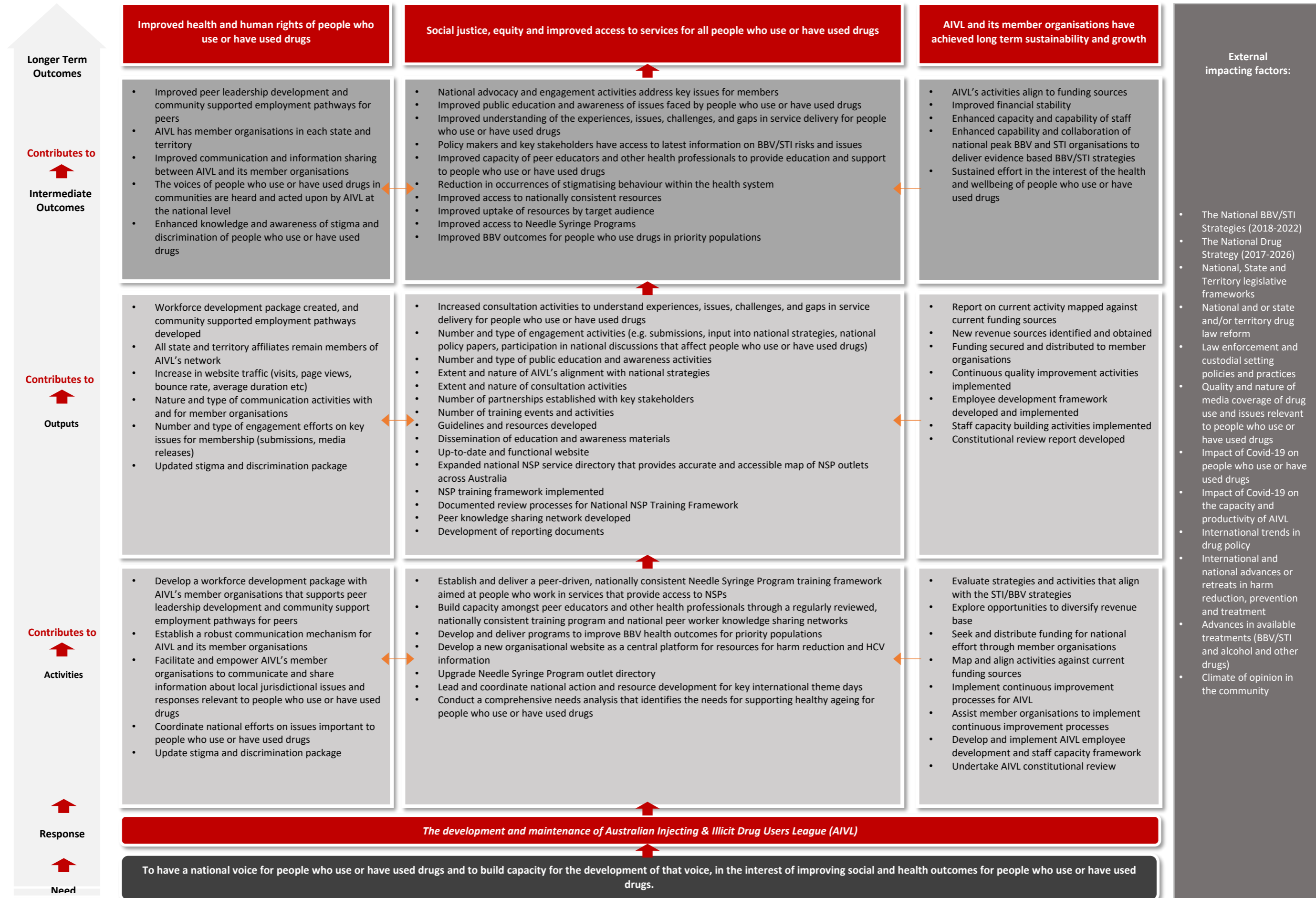*Figure 2: AIVL's Key Activities and Outcomes*

Longer Term Outcomes

Improved health and human rights of people who use or have used drugs

Social justice, equity and improved access to services for all people who use or have used drugs

AIVL and its member organisations have achieved long term sustainability and growth

External impacting factors:

Contributes to

Intermediate Outcomes

- Improved peer leadership development and community supported employment pathways for peers
- AIVL has member organisations in each state and territory
- Improved communication and information sharing between AIVL and its member organisations
- The voices of people who use or have used drugs in communities are heard and acted upon by AIVL at the national level
- Enhanced knowledge and awareness of stigma and discrimination of people who use or have used drugs

- National advocacy and engagement activities address key issues for members
- Improved public education and awareness of issues faced by people who use or have used drugs
- Improved understanding of the experiences, issues, challenges, and gaps in service delivery for people who use or have used drugs
- Policy makers and key stakeholders have access to latest information on BBV/STI risks and issues
- Improved capacity of peer educators and other health professionals to provide education and support to people who use or have used drugs
- Reduction in occurrences of stigmatising behaviour within the health system
- Improved access to nationally consistent resources
- Improved uptake of resources by target audience
- Improved access to Needle Syringe Programs
- Improved BBV outcomes for people who use drugs in priority populations

- AIVL's activities align to funding sources
- Improved financial stability
- Enhanced capacity and capability of staff
- Enhanced capability and collaboration of national peak BBV and STI organisations to deliver evidence based BBV/STI strategies
- Sustained effort in the interest of the health and wellbeing of people who use or have used drugs

- The National BBV/STI Strategies (2018-2022)
- The National Drug Strategy (2017-2026)
- National, State and Territory legislative frameworks
- National and or state and/or territory drug law reform
- Law enforcement and custodial setting policies and practices
- Quality and nature of media coverage of drug use and issues relevant to people who use or have used drugs
- Impact of Covid-19 on people who use or have used drugs
- Impact of Covid-19 on the capacity and productivity of AIVL
- International trends in drug policy
- International and national advances or retreats in harm reduction, prevention and treatment
- Advances in available treatments (BBV/STI and alcohol and other drugs)
- Climate of opinion in the community

Contributes to

Outputs

- Workforce development package created, and community supported employment pathways developed
- All state and territory affiliates remain members of AIVL's network
- Increase in website traffic (visits, page views, bounce rate, average duration etc)
- Nature and type of communication activities with and for member organisations
- Number and type of engagement efforts on key issues for membership (submissions, media releases)
- Updated stigma and discrimination package

- Increased consultation activities to understand experiences, issues, challenges, and gaps in service delivery for people who use or have used drugs
- Number and type of engagement activities (e.g. submissions, input into national strategies, national policy papers, participation in national discussions that affect people who use or have used drugs)
- Number and type of public education and awareness activities
- Extent and nature of AIVL's alignment with national strategies
- Extent and nature of consultation activities
- Number of partnerships established with key stakeholders
- Number of training events and activities
- Guidelines and resources developed
- Dissemination of education and awareness materials
- Up-to-date and functional website
- Expanded national NSP service directory that provides accurate and accessible map of NSP outlets across Australia
- NSP training framework implemented
- Documented review processes for National NSP Training Framework
- Peer knowledge sharing network developed
- Development of reporting documents

- Report on current activity mapped against current funding sources
- New revenue sources identified and obtained
- Funding secured and distributed to member organisations
- Continuous quality improvement activities implemented
- Employee development framework developed and implemented
- Staff capacity building activities implemented
- Constitutional review report developed

Contributes to

Activities

- Develop a workforce development package with AIVL's member organisations that supports peer leadership development and community support employment pathways for peers
- Establish a robust communication mechanism for AIVL and its member organisations
- Facilitate and empower AIVL's member organisations to communicate and share information about local jurisdictional issues and responses relevant to people who use or have used drugs
- Coordinate national efforts on issues important to people who use or have used drugs
- Update stigma and discrimination package

- Establish and deliver a peer-driven, nationally consistent Needle Syringe Program training framework aimed at people who work in services that provide access to NSPs
- Build capacity amongst peer educators and other health professionals through a regularly reviewed, nationally consistent training program and national peer worker knowledge sharing networks
- Develop and deliver programs to improve BBV health outcomes for priority populations
- Develop a new organisational website as a central platform for resources for harm reduction and HCV information
- Upgrade Needle Syringe Program outlet directory
- Lead and coordinate national action and resource development for key international theme days
- Conduct a comprehensive needs analysis that identifies the needs for supporting healthy ageing for people who use or have used drugs

- Evaluate strategies and activities that align with the STI/BBV strategies
- Explore opportunities to diversify revenue base
- Seek and distribute funding for national effort through member organisations
- Map and align activities against current funding sources
- Implement continuous improvement processes for AIVL
- Assist member organisations to implement continuous improvement processes
- Develop and implement AIVL employee development and staff capacity framework
- Undertake AIVL constitutional review

Response

The development and maintenance of Australian Injecting & Illicit Drug Users League (AIVL)

Need

To have a national voice for people who use or have used drugs and to build capacity for the development of that voice, in the interest of improving social and health outcomes for people who use or have used drugs.

Figure 3: AIVL Detailed Program Logic

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5. Key Milestones and Deliverables

The key milestones and deliverables for the project are outlined below.

Table 2: Project milestones and deliverables

Key Project Activities	Dates
Milestone 1: Draft Evaluation Framework and Communication and Consultation Strategy	11 September 2020
Milestone 2: Final Evaluation Framework and Communication and Consultation Strategy	23 September 2020
Milestone 3: Mid-Project Progress Report	30 October 2020
Milestone 4: Findings Conference	27 November 2020
Milestone 5: Draft Evaluation Report	4 December 2020
Milestone 6: Final Evaluation Report	18 December 2020
Milestone 7: AIVL to submit Final Evaluation Report to the Department of Health	21 December 2020

6. Project Timeline

A project timeline is provided in Table 3 below. The project timeline will remain a living document for the life of the evaluation to allow for the management of any unforeseeable circumstances.

Note for the Table: (1) face-to-face and teleconference meetings and discussions between Siggins Miller (SM), the Australian Injecting and Illicit Drug Users League (AIVL) and other key stakeholders are shaded in **blue**; (2) deliverables for the project are shaded in **orange**; and (3) actions required by the AIVL are shaded in **green**.

Table 3: Project Timeline

Activities	2020					2021
	August	September	October	November	December	January
Weekly teleconference updates on progress: SM will outline current status of the project and highlight any project risks.	*weekly or as needed*					
Phase 1: Project Planning and Set Up						
Contract awarded and signed	3-Aug					
Inception meeting: meeting between SM and AIVL. AIVL to: - provide project briefings - discuss any stakeholder sensitivities SM to discuss with AIVL: - project governance, meeting arrangements - project risks and mitigation strategies - identify key stakeholders to be included in co-design - any necessary revisions to the project plan - provision of documents	10-Aug					
SM to revise the project plan (if necessary) based on the inception meeting						
AIVL to provide background documents to SM to inform the evaluation framework.						
SM to commence review of program documents.						
SM to organise a co-design workshop with AIVL and other key stakeholders						
Co-design workshop with SM, AIVL and other key stakeholders to discuss and workshop the: - program logic - data strategy matrix - overarching evaluation methodology	25-Aug					
SM to adjust program logic and data strategy matrix and circulate to key stakeholders	28-Aug					
Key stakeholders to provide feedback on updated program logic and data strategy matrix		4-Sep				

Activities	2020					2021
	August	September	October	November	December	January
SM to develop draft evaluation framework, incorporating learnings from the co-design workshop						
SM to develop the Communication and Consultation strategy including protocols and tools						
SM to submit Draft Evaluation Framework and Communication and Consultation strategy		11-Sep				
AIVL to provide feedback on Draft Evaluation Framework and Communication and Consultation Strategy		18-Sep				
SM to revise Evaluation Framework and Communication and Consultation Strategy based on feedback						
SM to submit Final Evaluation Framework and Communication and Consultation Strategy		23-Sep				
Phase 2: Implementation of the Evaluation						
SM to commence implementation of the evaluation		24-Sep				
AIVL to provide SM any other documents and data for the evaluation.		24-Sep				
AIVL to notify stakeholders of upcoming consultation activities.		24-Sep				
AIVL to provide stakeholder details to SM.		24-Sep				
SM to continue document review.						
SM to commence literature review.						
SM to organise consultations						
SM to conduct consultations with key stakeholders.						
SM to progressively transcribe and code consultation data.						
SM to develop mid-project progress report						
SM to submit mid-project progress report			30-Oct			
SM to analyse consultation data.						
SM to triangulate data from all sources to inform the evaluation questions.						

Activities	2020					2021
	August	September	October	November	December	January
Phase 3: Reporting and Finalisation of Evaluation Findings						
SM to organise a findings conference with AVIL and other key stakeholders.						
SM, AVIL and other key stakeholders to participate in a findings conference				27-Nov		
SM to develop Draft Final Report incorporating learnings from the findings conference						
SM to submit the Draft Final Report					4-Dec	
AVIL to provide feedback on the Draft Final Report					11-Dec	
SM to revise final report based on feedback						
SM to submit Final Evaluation Report					18-Dec	
AVIL to accept Final Report from SM and submit to the Commonwealth Department of Health						21-Dec
Contract concludes						

7. Risk Management

Below, we have provided a risk register outlining the key risks and mitigation strategies for the current project. This will remain a living document throughout the evaluation and will be updated with any emerging risks.

Note for the table: (1) Red indicates risks that are highly likely and highly impactful; (2) Orange indicates risks that are moderately likely and moderately impactful; and (3) Green indicates risks that have a low likelihood and have low impact.

Table 4: Risk Management Register

Description	Owner	Risk Rating	Mitigation Strategy
Consideration of the risk to reputation and client standing, the projects processes, and finding integrity	**Siggins Miller**		• Ethical practice • Good internal and external communication • Transparent operation • Early contact to identify client perspectives of risk • Tracking of project progress
The availability of key stakeholders within timeframes to participate in consultations	**Siggins Miller**		• Cooperate with key stakeholders to consider practical timeframes for consultation participation • Remain flexible and prov ide stakeholders with multiple time options and methods of participating (i.e. telephone interview, Teams interview, survey). • Provide timely follow up and reminder emails.
The potential impacts of COVID-19 on the evaluation	**Siggins Miller**		The impacts of COVID are continually changing. Currently Siggins Miller works remotely very effectively and will continue to work remotely for this project. Our flexible approach to project delivery means that we are able adapt in unpredictable situations. We have online systems and tools to work conduct consultations and meetings virtually.
Unforeseen changes in circumstance	**Siggins Miller**		We will work flexibly with AIVL and other key stakeholders to identify, address, and manage any unforeseen circumstances or changes as they arise.

Appendix A: Data Strategy Matrix

The data strategy matrix outlines the topic area, the evaluation questions, the relevant indicators and proposed data sources for answering the questions.

Topic Area	Evaluation Questions	Indicator	Data source
Rationale	• How sound is the underlying program theory?	• The program theory aligns to the purpose and activities of AIVL • The program theory aligns to the activities set out in the National BBV/STI Strategies and the National Drug Strategy • External influences are appropriately scoped • Links between inputs, outputs and outcomes are practical • The outcomes are specific, measurable, achievable and relevant	• Desktop review (program documents) • Findings from co-design workshop • Triangulation of data
Approach	• How suitable is AIVL's approach for the settings and the target populations? • Does it need to be amended? If so, in what way?	• AIVL's approach aligns to the evidence base for the target setting • AIVL's approach aligns to those set out in relevant national strategies • AIVL's approach considers the needs of target populations • Evidence of improvements	• Desktop review (program documents and data, activity reports) • Literature review (review of other approaches/models nationally and internationally) • Stakeholder interviews • Triangulation of data
Implementation	• How well does AIVL deliver what is most needed, to the right stakeholders, at the right times and in the right ways?	• AIVL's approach is aligned to the needs of key stakeholders • AIVL's activities are an appropriate response to the need • AIVL provides timely support	• Desktop review (activity reports, program data) • Stakeholder interviews • Triangulation of data

Outcomes	• What outcomes have been attained?
	• How worthwhile are they?
		• Evidence of intermediate outcomes
		• Evidence of longer-term outcomes
		   o Improved health and human rights of people who use or have used drugs
		   o Social justice, equity and improved access to services for all people who use or have used drugs
		   o AIVL and its member organisations have achieved long term sustainability and growth
		• Outcomes achieved are valued
			• Desktop review (program documents and data, activity reports)
			• Stakeholder interviews
			• Triangulation of data

Topic Area	Evaluation Questions	Indicator	Data source
Attribution/contribution	• How strong is the evidence that the observed outcomes have been entirely or largely produced by AIVL's processes and operations?	• Strength of internal/ external influences in achieving program outcomes	• Triangulation of data from all sources (including desktop and literature review, and stakeholder interviews)
Lessons learned	• Where do AIVL's services work best? Why? • For whom do AIVL's services work best? Why? • Where are the results weaker? Why?	• Evidence of outcomes varies by location/stakeholder group • Enablers to achieving outcomes • Barriers to achieving outcomes	• Desktop review (program documents and data, activity reports) • Stakeholder interviews • Triangulation of data
Sustainability	• How sustainable are AIVL's impacts?	• AIVL's activities and processes are producing long-term and sustainable outcomes • AIVL's activities and processes align with the evidence base for achieving short- and long-term outcomes • Evidence of organisational sustainability	• Desktop review (activity reports, program data, board papers) • Literature review • Stakeholder interviews • Triangulation of data
Overall value	• How worthwhile is AIVL overall?	• AIVL's activities and processes are an appropriate response to the need • AIVL is producing desired outcomes • Usefulness of AIVL's activities and resources • AIVL's activities are valued	• Desktop review (program documents and data, activity reports, board papers) • Stakeholder interviews • Triangulation of data
Fit	• How well do AIVL's structures, processes and operations fit with, engage with, and complement those of other organisations in the BBV/STI/drugs domains?	• AIVL engages and works collaboratively with other organisations in the BBV/STI/drugs domains • AIVL's structures, processes and operations support collaborative ways of working • AIVL's activities complement activities of other organisations in the BBV/STI/drugs domains • AIVL's activities are unique and fill a gap compared to those of other organisations in the BBV/STI/drugs domains	• Desktop review (program documents, activity reports, board papers) • Stakeholder interviews • Triangulation of data