

What Works and Why (W3) Project

Understanding what works and why in peer-based and peer-led programs in HIV and hepatitis C

Impact Analysis



Executive Summary

The What Works and Why (W3) Project is supporting community and peer-led programs to adapt, scale-up and demonstrate their impact in rapidly changing community and policy environments.

Improving the scale-up and evaluation of community and peer-led programs is a priority of the Australian National HIV and HCV strategies. The W3 Project has collaborated with ten community and peer-led organisations to develop the W3 Framework - an evaluation framework and practical tools to demonstrate their impact in their communities and in policy. Over the past 18 months the W3 Framework has been piloted and refined in the reality of day-to-day practice of community and peer-led organisations.

Organisations involved in the W3 Project have reported that the W3 Framework is helping build a stronger evidence base for peer-led health promotion by:

- Supporting the collection of more meaningful data,
- Increasing peer staff confidence and motivation in using peer evaluation methods,
- Capturing the unique impact of peer-led health promotion, and
- Building stronger evidence of peer contributions to the state and national HIV and HCV strategies.

These changes in evaluation approaches are building more rigorous data and a consistent language to describe the contributions of peer-led responses. This is experienced by one organisation, for example, which describes how using W3 Framework helped “show that peer programs work” by providing data that illustrates that “we have an impact in the way that a doctor can’t, or a social worker can’t”. It also signals that “if we [peer and non-peer programs] work together, we get better outcomes.”

The W3 Framework was piloted by Harm Reduction Victoria, Living Positive Victoria, Australian Injecting and Illicit Drug Users League (AIVL) and Australian Federation of AIDS Organisations (AFAO). The Framework was piloted in a range of ways by the organisations, including at programmatic levels to better assess the impact of workshops on participants, at organisational levels to enable greater understanding of an organisation’s impact on its community; and at systemic levels to support greater alignment between peer-led actions and policy directions.

Redesigned evaluation processes are making evaluation less onerous on staff and community members and the higher quality evaluation is helping shape strategic directions by informing monitoring and planning processes. The outcome of this is the creation of stronger links between programmatic outcomes and organisational goals. At the sector-level, this is helping to achieve better articulation and evaluation of the contributions of peer-leadership to Australia’s HIV and HCV response.

The next phase of the W3 Project will see implementation scaled up across Australia and the continuation of implementation research that focuses on the application and impact of the W3 Framework. Additionally, the W3 Project will seek to capitalise on the interest from international stakeholders and establish implementation partnerships with agencies across the Asia region.

More information on the W3 Project, its evaluation and monitoring tools, publications and other resources can be found at www.w3project.org.au.

What Works and Why (W3) Project: Understanding what works and why in peer-based and peer-led programs in HIV and hepatitis C

Peer leadership and knowledge form a core part of Australia's response to HIV and hepatitis C, and peer-based organisations are a critical element of Australia's blood-borne virus system. The What Works and Why (W3) Project seeks to build a deeper understanding of the way peer-based programs operate and how they create value in a dynamic, complex HIV and hepatitis C community and policy system. By developing practical tools and a monitoring and evaluation framework based on systems science, the W3 Project supports peer-based health promotion programs and organisations to adapt and refine their evaluation approach in a rapidly changing environment.

The latest National HIV and Hepatitis C strategies, released in 2018, continue a focus on reducing the impact of HIV and hepatitis C on priority communities and seek to scale up responses to blood-borne viruses within these population groups. The W3 Project seeks to support this effort by enhancing the evaluation of peer-led responses and support peer-based organisations to refine and better understand the reach and impact of their work.

Since its inception in 2014 the W3 Project has delivered more than 20 workshop training sessions and conference presentations and published 7 publications. Over the past 18 months (2017-2019), select organisations across Australia have been piloting the W3 Framework as part of their monitoring and evaluation processes. This document provides preliminary analysis on the impact it is creating for community and peer-based organisations and how the Framework is being adapted into practice.

The What Works and Why (W3) Project

The active engagement and participation of people living with HIV (PLHIV) and people living with the hepatitis C virus (PLHCV) as well as affected communities such as gay and bisexual men, people who use drugs, and sex workers, is recognised as central to effective responses to blood borne viruses (BBVs).^{1,2} This principle, articulated in declarations such as the Greater Involvement of People Living with HIV and Nothing About Us Without Us: Greater Involvement of People who Use Illegal Drugs, recognise

that the involvement of communities not only enhances the appropriateness, acceptability and effectiveness of blood borne virus (BBV) responses, but their participation in these responses exists as a fundamental human right.^{3,4} In the Australian context, peer knowledge and action has been a fundamental feature of blood borne virus policy since Australia's first national HIV strategy in 1989 and has helped shape a greater understanding of issues such as improving the treatment cascade and the role that stigma plays as a structural factor in relation to HIV and hepatitis C.⁵⁻⁸

The blood borne virus environment is rapidly changing. The emergence of HIV pre-exposure prophylaxis (PrEP) and curative direct acting anti-virals (DAAs) for hepatitis C have created new policy and program goals of HIV and hepatitis C elimination. As the emphasis on bio-medical interventions increases, however, it is vital that the role of peer knowledge and leadership in responding to HIV and hepatitis C remain a central part of the BBV response. Therefore, it is critical that our understanding of peer leadership and policy commitment to the principles of peer-led responses evolves.

The W3 Project builds a deeper understanding of the role and effectiveness of peer-based programs in hepatitis C and HIV prevention and care, and their contribution to policy and health service reform. It recognises that peer-led programs operate within a complex and rapidly changing environment of sex, sexuality and drug use, and as such, evaluation and monitoring approaches must be sensitive enough to capture methods of best practice and share

peer insights. In response, the W3 Project uses a systems thinking approach to identify and understand the complex relationships between all the moving parts of the community and policy systems and their effects.⁹ It differs from traditional evaluation approaches, which are characterised by an examination of programs in isolation from their broader systems and contexts, by better capturing the interaction between the programs and communities.¹⁰ It also brings an understanding that the way communities of people living with HIV or hepatitis C enhance, adapt, resist or ignore peer-based programs are part of the program and something to be leveraged.¹¹

The W3 Framework describes the ongoing flows of knowledge and influence that need to be occurring for programs to be effective and sustainable.¹² Developed through a series of workshops with more than 90 peer staff in organisations across Australia over a two-year period, the Framework describes the way in which peer-based responses must engage in the four distinct functions - engagement, learning and adaptation, alignment and influence - to demonstrate their impact and effectively share peer insights.¹³

The W3 Project develops a monitoring and evaluation framework and provides practical tools to support peer-based health promotion programs to adapt to emerging issues and continually refine their approach to maintain effectiveness in a constantly changing environment.¹⁴ The way in which organisations are using and adapting this framework and accompanying tools, and the impact this is creating, is detailed in case studies below.

Key Functions

The Framework identifies the four system level functions which need to be occurring for community and peer-led organisations to be effective and sustainable. The functions are engagement, learning and adaption, alignment, and influence in community and policy systems. They illustrate the flow of knowledge and influence, and can be used to demonstrate the effectiveness of a program or organisation's activities as a whole within the dynamic community and policy systems.¹⁵

The W3 functions are as follows:

- **Engagement:** How the program maintains up to date knowledge of the diversity and dynamism of needs, experiences and identities in its target communities.
- **Alignment:** How the program picks up signals about what's happening in its policy and sector environment and uses this to better understand how it works or what may need to change.
- **Adaptation:** How the program changes and refines its understanding and approach based on insights from engagement and alignment.

- **Influence:** How the program uses existing social and political processes to influence and achieve improved outcomes in both the community and the policy sector.

More comprehensive descriptions of the W3 Framework and Key Functions can be found at www.w3project.org.au.

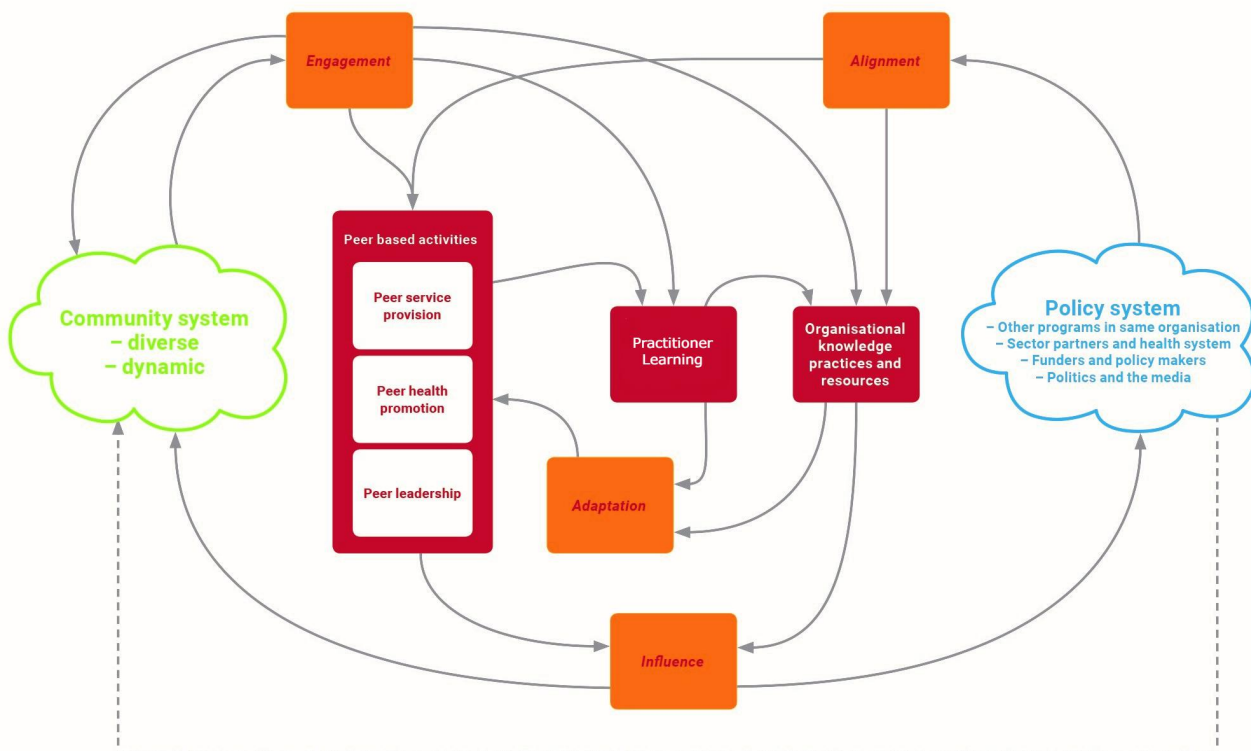


Figure 1: The W3 System Diagram

How is the W3 Framework being used?

The following section presents a series of case studies that explore the way that organisations are using the W3 Framework to strengthen their work and their contributions to the BBV response in Australia. These case studies highlight the way that organisations are using the Framework at programmatic levels (e.g. redesigning evaluation to better assess the impact of workshops on participants), organisational (e.g. creating uniform evaluation across the organisation

to understand the organisation’s influence on the community) and systemic levels (e.g. supporting increased alignment between peer actions and policy directions) – often simultaneously.

In some cases, organisations are using the Framework as is and incorporating this into their organisational practice, while others are using the W3 concepts and ideas as a starting point for adaptation and innovation. Impact themes emerging from these case studies highlight the way that implementation of the W3 Framework and its tools are helping organisations enhance

their evaluation practice, resulting in more streamlined evaluations that are less onerous on staff and communities, an increase in staff skills and confidence in undertaking evaluation and the collection of more meaningful and useful data. The outcome of this is that organisations are better able to articulate the unique contributions of their peer-led work to Australia’s BBV response.

The tools discussed within the case studies are available for public use on the W3 Project website. Visit www.w3project.org.au to find these tools and other resources.



CASE STUDY 1

Harm Reduction Victoria

Harm Reduction Victoria is Victoria's peer-based organisation for people who use drugs and provides a range of peer-led programs and services, including HCV education to community members and professionals, overdose response training to people at risk of overdose and peer distribution of sterile injecting equipment. Harm Reduction Victoria is taking a whole-of-organisation approach to the W3 Project, applying the Framework at both **programmatic** and **organisational levels**.

More meaningful data collection to better illustrate unique contributions of the peer approach

At the programmatic level, the W3 Framework is being used to drive consistent evaluation and data collection, enabling Harm Reduction Victoria to better communicate its unique value and contribution to the blood-borne virus response. The W3 Project Chief Investigator has worked closely with the organisation's board and staff, with discussions focusing on what the wider community needs to know about Harm Reduction Victoria and its work. This resulted in the development of new indicators that capture the peer-leadership actions of the organisation, such as the number repeated requests from professional organisations for blood-borne virus training (illustrating system **alignment**), and indicators that provide a more detailed demographic picture of the reach of programs (**engagement**).

Harm Reduction Victoria's CEO describes the impact at the system level in the following way:

"(W3 is) definitely improving that way we think about our impact, how we report and how we think about what we do (...) it's given us a framework to talk to (funders) about the importance of peer-led work".

This is exemplified in the *Peer Networker Program* (PNP) which recruits peer volunteers to distribute needles and syringes to their friends and associates, provide education about safer drug use and model safer injecting practices.

The goal of the program is to engage people who inject drugs who are not being reached by mainstream needle and syringe (NSP) programs. Prior to adapting the W3 Framework, program staff were aware of the program's reach however data collections tools were not sensitive enough to record this in a meaningful way.

An outcome of the discussions with Harm Reduction Victoria's board and staff was the type of information the program needed to better understand the reach of the program was reconsidered (**learning and adaption**). The PNP now asks clients where they would have obtained sterile injecting equipment if they had not come into contact with a Peer Networker Volunteer. Preliminary data analysis suggests that up to 25% of clients reported that they would have gone without sterile injecting equipment had they not been engaged by the PNP. These additional questions are helping the PNP better

demonstrate its reach (**engagement**) and impact on the community (**influence**), as well as its unique peer contribution to Victoria's blood-borne virus response.

Additionally, for peer-led workshops with service providers, Harm Reduction Victoria has adapted the W3 Peer Facilitator and Service Provider Feedback tools to capture new and more meaningful data from education sessions. The Peer Facilitator Feedback forms have been adapted to capture peer facilitator insights on observable changes within the group, such as changes in the way service provider participants discuss client stories at the beginning and end of the session, while Service Provider Feedback forms look for indicators of change in understanding about issues experienced by people who use drugs and the role and function of Harm Reduction Victoria in blood-borne virus responses. The inclusion of these tools as part of service provider education workshops help indicate the way that the organisation is creating **alignment** between peer and non-peer responses at the practice level.

Harm Reduction Victoria staff note that the organisation is in the early days of embedding the W3 Framework into organisational culture and practice, however the initial positive impacts are illustrating the value of the W3 approach in better capturing its peer-led work.



CASE STUDY 2

Living Positive Victoria

Living Positive Victoria, Victoria's peer-based organisation representing all people living with HIV in the state, is using W3 to streamline and improve **programmatic** evaluation, shape culture and strategic direction at the **organisational level** and positioning the organisation to understand and enhance its influence at the **system level**.

Streamlining and improving program evaluation

The W3 Framework has been in operation within a small number of Living Positive Victoria programs for up to 18 months, with results beginning to emerge. The Phoenix program (supporting people with a new HIV diagnosis) and the Positive Leadership Development Institute (designed to build leadership and resilience amongst positive people) are both applying the W3 Framework. The Phoenix program is utilising W3's Facilitator Feedback tool to more systemically capture peer facilitator reflections and knowledge of the groups they work with, while also monitoring changes in the wellbeing of participants by using the PozQol survey, which measures quality of life and provides indicators of social connection (**engagement, influence**). Additionally, the Phoenix Program is using W3's Community Profile and Workshop Evaluation tools to assess the observable aspects of the peer dynamic and the usefulness of participants sharing their HIV experiences with other people living with HIV.

Together, these allow the program to monitor and demonstrate the quality of the unique peer dynamic created within a peer-led workshop. Program staff report that modifying the Phoenix evaluation processes to be more systematic and gather more informative data is helping the organisation improve knowledge of its community:

"We could previously talk about examples (of impacts) that we knew of (...) but survey results now showing how many people are in (participant's) social networks with HIV and (the surveys) are giving us more information about how participants are going".

Similarly, redesigning the evaluation for the Positive Leadership Development Institute is producing new data and a better understanding of the impacts of the program. Previous evaluation focused on internal changes within participants, utilising psychological-type scales to measure self-reported changes in emotional resilience as well as leadership knowledge. In redesigning the evaluation, Living Positive Victoria considered what was most important to find out about the program and re-focused the evaluation to capture the actions and impact that peer leaders were having in their local communities (**influence**). Data collection tools still measure change in resiliency of participants however the focus of evaluation now also includes external action. The redesigned evaluation has also had the benefit of shortening data collection tools for both peer facilitators and peer leaders, making the process less onerous and more streamlined (**adaptation**).

Shaping strategic direction and culture

In the past four years, Living Positive Victoria has experienced rapid growth and begun working with new communities after merging with Straight Arrows, the lead organisation in Victoria for heterosexual people and their families affected by HIV. This rapid growth created a need for a consistent and streamlined evaluation processes to ensure that Living Positive Victoria understands its impact across all its programs and actions, as well as **adapt** to its changing environment.

The organisation was selected as a pilot site for the W3 Framework and, as such, was able to fund a small amount of staff capacity to oversee implementation of the Framework throughout the organisation. This dedicated resource is helping enhance the link between programmatic outcomes and strategic goals by enabling the organisation to collate insights gathered through programs and feed these back into the annual business planning process, as well as monitoring organisation performance (**adaptation**). This stronger linkage is helping drive an evaluation culture at Living Positive Victoria, where evaluation is a central part of project planning rather than an add-on at the end, a stronger feature of budgeting and an element of staff recruitment. W3 is also seen as a quality improvement process for the organisation and a way to move the principles of Greater Involvement of People Living with HIV into whole of organisation practice (**alignment**).¹⁶

Understanding and enhancing influence

The data being returned by W3 is also helping Living Positive Victoria to both demonstrate the impact of programs as well as identify its unique contribution to the HIV sector.

By developing indicators across W3’s four functions, applying these across a range of programs and actions and collating these to observe impact from a whole-of-organisation perspective, the Framework is helping Living Positive Victoria understand how it supports people living with HIV in a more holistic way:

“The value in what we are finding is across all of (W3’s functions) because we aren’t just looking at program delivery – we are looking at systemic approaches to improve supports for people living with HIV.”

In turn, this is enabling the organisation to better articulate and communicate the distinct and unique value that peer-led responses create – a critical requirement as the HIV policy environment in Australia continues to evolve (**alignment, influence**). Program staff are positioning their work within the broader HIV sector and describe the way that W3 is helping articulate the organisation’s unique contribution:

“It shows that peer programs work (...) we have skills and we know what other people with HIV need and we can help you get to (HIV policy goals) – we have an impact in the way that a doctor can’t, or a social worker can’t. Its complimentary and if we work together, we get better outcomes.”



CASE STUDY 3

Australian Federation of AIDS Organisations (AFAO)

The Australian Federation of AIDS Organisations (AFAO), Australia's peak national organisation for the community HIV response, has adapted the W3 framework to support AFAO and AIDS Councils across Australia to strengthen their **alignment** with the policy system and better demonstrate the connection between work happening on the ground and high-level HIV indicators, such as reducing HIV transmissions and improving wellbeing for people living with HIV.

Adapting W3 to Illustrate Unique Contributions to the HIV Response

Working with Alison Barclay Consulting, AFAO sought to better describe the unique peer-led contributions of AFAO and AIDS Councils to Australia's HIV response.

The *Theory of Change* project adapted the concepts of the W3 project to support AFAO and AIDS Councils to describe the relationship between their work and distinct approach to health promotion, and system-level indicators of the HIV response.

By taking a systems thinking approach to the dynamic environment that AFAO and AIDS Councils work in, the *Theory of Change* project recognises that although the connection between a single system intervention, such as a program or digital campaign, and HIV level indicators is hard to articulate, understanding AFAO and AIDS Council processes and situating these within a system of responses can help define the unique contribution that peer-led interventions have within the HIV response.

The project demonstrates this through a linear process and first defines the indicators of AFAO's and AIDS Councils' unique **engagement, adaptation and alignment** functions. These indicators illustrate the way that AFAO and AIDS Councils are embedded within their communities and foster safe spaces (**engagement**), respond rapidly to the changing needs of communities (**adaptation**), and act as an intermediary between community, government, academic institutions and health services (**alignment**).

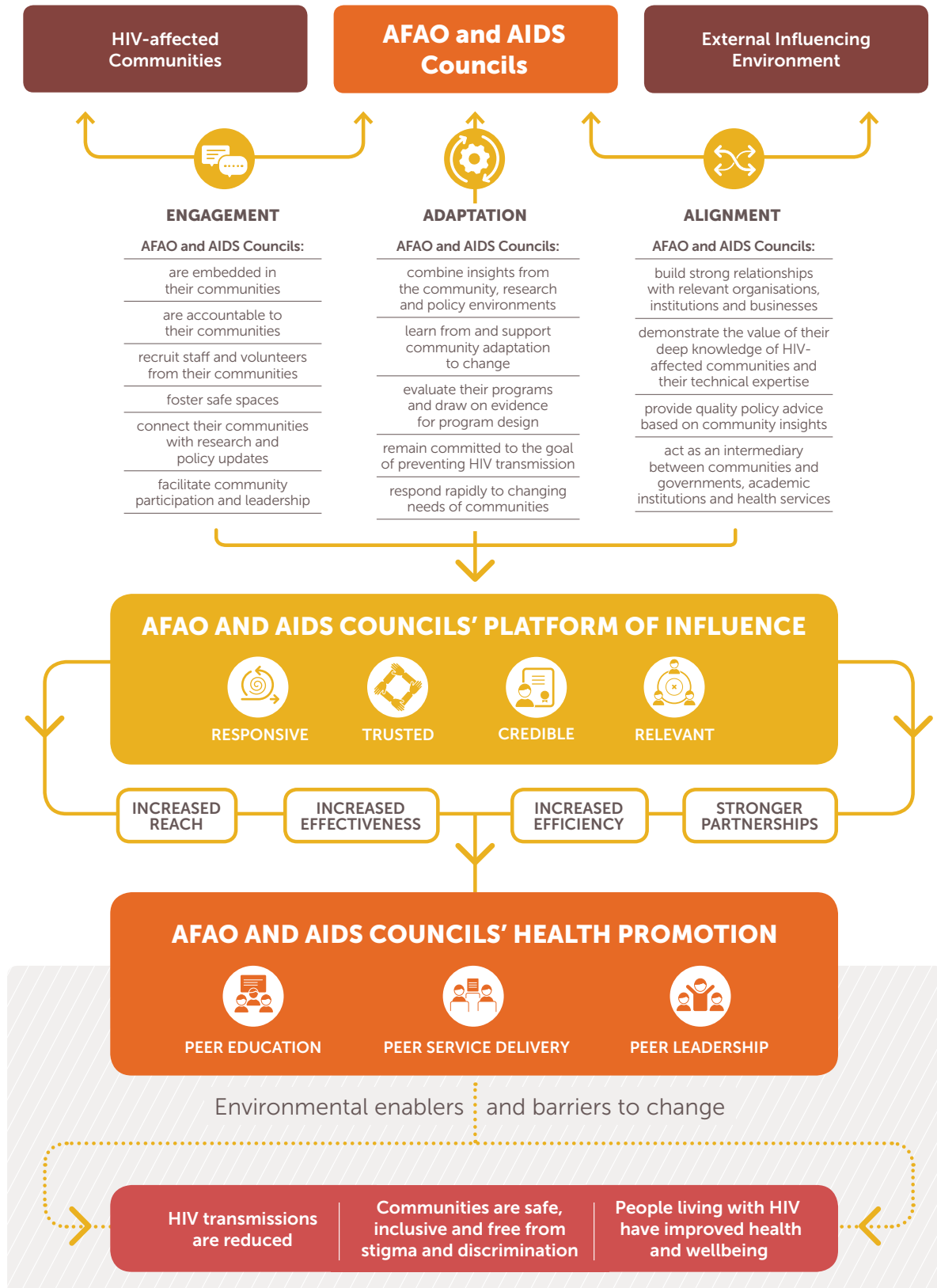
These functions are used to form the basis of their system **influence** as responsive, trusted, credible and relevant actors in the HIV response, both in the context of community influence as well as policy influence. This position of **influence** informs the peer education, peer service delivery and peer leadership of AFAO and AIDS Councils and how the actions of peer-led responses in the HIV response interact with high-level policy indicators. It provides a simplified, clear way to both explain the work of AFAO and AIDS Councils and their role within the HIV response.

Tools from the Theory of Change were released in early 2018 and accompanied by a series of case studies that help illustrate the framework and its application in the work of AFAO and AIDS Councils. Although outcomes are still to emerge, the project provides the opportunity to help develop a mechanism by which to capture the impact of peer-processes, replacing a sense of "knowing" that peer-led responses work through anecdotal and personal experience, with more rigorous evidence and analysis. In turn, this strengthens the capacity of AFAO and AIDS Councils across Australia to both articulate and demonstrate the unique contributions of peer-led actions in the HIV response.

More information about the *Theory of Change* project, organisation case studies and tools can be found at www.afao.org.au/publications/policy-papers/2018-policy-papers.



AFAO AND AIDS COUNCILS' THEORY OF CHANGE



CASE STUDY 4

Australian Injecting and Illicit Drug Users League (AIVL)

The Australian Injecting and Illicit Drug Users League (AIVL) is Australia’s national peer-based organisation that promotes the health and rights of people who use drugs and provides peer-led responses at the national level to BBV education, awareness and policy, and reducing the impact of stigma and discrimination on people who inject drugs. AIVL is using the W3 Framework and its position as a peak body at the **system level** to create a uniform language and way to describe peer processes and overcome long standing stigmas toward drug user organisations. Internally, the W3 Framework is being used at the **programmatic level** as both a means of evaluation and monitoring, as well as a framework to guide conceptualisation and planning of its projects

Supporting Sector Capacity through a Consistent Language

AIVL’s engagement with the W3 Framework occurred as part of a broader project on strengthening peer processes in drug user organisations and developing community-sensitive methods of articulating the work of drug user organisations within current social and blood borne virus policy and practice environments. This engagement is helping create a common language among peer-based drug user organisations to better describe the work they do and align this with evidence.

“It gives everyone the same language and same processes so people know what they are talking about. In a federal system if everyone can be doing the same thing, it makes it much easier and quicker.”
(adaptation)

From the beginning of AIVL’s project, it was anticipated that the language and framing of W3 would need to be adapted for the specific context of drug user organisations. Working alongside the Chief Investigator, AIVL began a process of collaborating with its

member organisations to create meaningful interpretations of the W3 functions for the membership. By defining the terms in their own words, this enabled AIVL and its organisational members to define what these functions look like in their specific contexts and, in turn, demonstrate and support organisations to identify the types of actions that may help indicate W3’s functions.

The result of this process was a best practice guide, *Peer Workforce Capacity Building Training Framework: Peer process among injecting drug users*. This outlines the W3 Framework in the language of peer-based drug user organisations and provides practical tools for organisations to strengthen their peer processes across the four W3 functions (**adaption**). The guide aims to support organisations to employ people who use drugs and create an organisational environment where peer staff can make effective contributions to the blood-borne virus response. It includes a tool, outlined below, that supports organisations to develop internal indicators of peer staff best practice and identify actions on how to enact those indicators.

“A lot of us didn’t realise how simply this stuff could be done if you have the right framework and tables to slot things in. We’ve been doing this stuff for decades – we just haven’t put it into a system that is more widely understood.”

This new language that W3 has helped create is seen as a way to overcome long standing stigmas towards drug user organisations, particularly that peer-based processes among people who use drugs had not been accepted when compared to other peer communities, as well as stigmatising concerns around reliability and quality of work.

“W3 is giving us a framework that (mainstream stakeholders) can read, understand and know that we are doing what we need to do. This is important to our community that a consistent framework is implemented that is also familiar to us” (alignment).

The Peer Workforce Capacity Building Training Framework can be found at www.aivl.org.au/project/peer-workforce-capacity-building.

W3 Framework	Definition (What is it?)	Indicators (What does it look like?)	Outcomes (What changes?)	Ideas for Best Practice (How do we create it?)
Engagement <i>Plugged into the injecting drug using community</i>	The depth and variety of the program’s responses to the dynamic cultures in the injecting community including anticipating their needs, understanding their experiences and how to most effectively interact.	<ul style="list-style-type: none"> The peer worker and program ensure the community have access to the latest information and technologies while expanding their reach and influence with other relevant networks. Community members recognise the program as part of their networks and cultures, and feel a sense of ownership over its work. Peer workers use personal experience as well as cultural knowledge to communicate and work effectively with community The peer program identifies emerging practises and unintended consequences of changes on policy or services. 	<ul style="list-style-type: none"> Clients feel they are welcome and have a valuable contribution to make to the shared sense of ownership of the program. Strategic opportunities created with new relationships with people and organisations; strategic opportunities taken at every opportunity to enhance communication and cross referral. Increased willingness of community to engage in sector consultation and leadership opportunities. 	<ul style="list-style-type: none"> The organisation recruits and supports diversity of peer workers that reflect the community’s populations. Programs encourage input from community in a number of ways and at a number of organisational levels such as workshops, meetings and casual conversations. Programs work from a variety of locations to maximise community interactions. Peer workers have a professional network of peer workers (within the organisation or outside the organisation) to collect and share stories of success to sustain broader momentum. These are communicated within the network and outside the network. Peer workers attend internal committees and meetings and are supported to contribute to the broader organisation. Peer workers are supported to undertake a variety of training to support them in their job.

Figure 2: An example of the W3 Framework adapted into AIVL’s Peer Workforce Capacity practice guide

What impact is the W3 Project having?

Although impacts and outcomes of the W3 Project are still emerging, early impacts have been identified by organisations engaged with the W3 project team. These insights were gathered through a series of semi-structured interviews with peer organisation staff who have been piloting W3 in their organisations as well as researcher knowledge gained from being embedded within piloting organisations through the development and implementation periods.

Collecting more meaningful data

Prior to engaging with the W3 Project, evaluation in peer-based organisations often focused on process-type indicators, such as how community members experienced programs and events. The W3 Project is supporting organisations to develop indicators that illustrate impact in a more meaningful way. For one program manager, W3 is helping them “think about evaluation differently, in terms of what we actually need to understand whether the program is working”. Additionally, by better articulating what the evaluation needs to find out, W3 is also helping streamline data collection and reducing the amount of questions and forms that community members are asked to complete as part of evaluation processes.

Increasing peer staff confidence and motivation in peer evaluation methods

Peer-based organisations prioritise the employment of staff with lived experience and deep knowledge of the communities with which peer organisations work. As such, peer staff may arrive at peer-based organisations with little familiarity of evaluation methods or processes. Organisations engaging with the W3 Project are reporting that general understanding of evaluation and its purpose is increasing amongst staff, translating to an increase in confidence and motivation to undertake peer evaluation. This increased motivation and confidence is exemplified by one peer staff member who stated it was rewarding seeing the data emerge from their program and engaging with W3 has “strengthened their belief in what you can get out of evaluation”.

Capturing the unique impact of peer-led action

Peer organisations engaged with the W3 Project consistently spoke of the Framework’s ability to support them to better communicate the way peer programs make unique contributions to

Australia’s BBV response. Redesigned evaluation processes that use the W3 Framework and W3-informed evaluation indicators are supporting organisations to better understand who they are influencing in the community and what impact this influence is having. Combining this with more consistent evaluation across programs, organisations feel better able to tell the story of peer contributions to Australia’s BBV response. This enables a clearer demonstration of how peer-based contributions differ from non-peer contributions at the programmatic and organisational level, and how all parts of the system can work together.

Building stronger evidence of peer contributions to high level BBV indicators

The ability of the W3 Framework to support the collection of more meaningful data, enhance confidence and motivation in peer evaluation and support a clearer articulation

of peer contributions to BBV responses are combining to build stronger evidence of the effectiveness of peer-led and community organisations. Program staff reported “knowing” prior to using the W3 Framework that they were making an impact on the people and communities they work with but not having processes in place to build this evidence consistently or rigorously. Using W3 to redesign evaluation processes and create a consistent language to describe the dynamics and impacts of peer-based responses is supporting better understanding of how peer-led and community organisations contribute to higher level BBV indicators. One organisation commented that “we can clearly see (the value we provide) (...) W3 is a way to define if for people on the outside”. This type of impact is exemplified at the organisational level in Living Positive Victoria and at the systemic level through AFAO’s *Theory of Change* project.



Next Steps



The W3 Project is now entering a wider implementation phase following earlier collaborative conceptual development and piloting stages with peer organisations across Australia.

This implementation phase will focus on the continued translation of the W3 concept to practice through the development of a practice manual and accompanying tools that supports peer organisations to implement the W3 Framework. This phase will also be unpinning by continuing implementation research to understand the impact of the W3 Framework at programmatic, organisational and system levels.

In July 2018, the W3 Project was presented at the International AIDS Society meeting in Amsterdam where more than 80 representatives from 40 countries discussed how evidence for community-based responses to HIV can be built and maintained.¹⁷ The W3 Project generated interest amongst participants and throughout 2019 and beyond, the W3 Project Team will seek to build partnerships with and identify opportunities to support the implementation of the W3 Framework in peer-based organisations outside of Australia, focusing particularly on organisations in the Asia region.

Regular updates and a full list of current and future publications are available on the W3 Project website at www.w3project.org.au.

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