SECTION D. SERVICE DELIVERY

Primary Responsibility of Evaluation: Technical Expert

S. No.	Indicator	Description	Means of Verification	Grading			
1	**Prevention activities**						
1.1	**Awareness programmes**	Among general community / specific groups or settings (school children, teachers, prison, truck drivers, etc.)	Awareness programme register, Photographs of such events	1. No records available/less than once a month			
				2. One-two times a month			
				3. Three-four times a month			
2	**Inpatient medical care**						
2.1	**Patient screening**	Patient should be screened by a staff before being admitted	Notes by the staff in the client file. Randomly select about 20 client files to verify screening records.	1. No records available/screening not done			
				2. Screening done for some but not all patients			
				3. All patients screened by a nurse before admission			
				4. All patients screened by a doctor before admission			

2.2	**Initial assessment and case history**	Patient should be assessed in detail by the counsellor soon after admission and the detailed case history recorded in the prescribed format	Case history form in client file. Randomly select about 20 client files to verify case history records.	1. No records available/patients not assessed by the counsellor			
				2. Detailed case history forms filled for some patients (less than 50%)			
				3. Detailed case history forms filled for most patients (more than 50% but less than 90%)			
				4. Detailed case history forms filled for all patients (more than 90%)			
2.3	**Medical assessment (*)**	Patient should be assessed in detail by a doctor including physical examination and relevant investigations should be conducted	Medical form in client file. Randomly select about 20 client files to review medical forms.	1. No records available/patients not assessed by the doctor			
				2. Detailed medical forms filled for some patients (less than 50%)			
				3. Detailed medical forms filled for most patients (more than 50% but less than 90%)			
				4. Detailed medical forms filled for all patients (more than 90%)			
2.4	**Timing of medical**	The medical assessment by the doctor should be	Randomly select about 20 client files to review the date on which medical forms have been	1. Medical assessment not performed / usually conducted after 72 hours of admission.			
				2. Medical assessment usually performed within 72 hours of admission.			

2.4	**medical assessment**	performed as soon as possible once the admission in planned.	forms have been filled. Interaction with the medical officer of the IRCA and some patients.	3. Medical assessment usually performed within 48 hours of admission.			
				4. Medical assessment usually performed at the time of screening or within 24 hours of admission.			
2.5	**Alcohol Withdrawal management (Detoxification) (*)**	Alcohol withdrawals should be managed with benzodiazepines (such as diazepam, chlordiazepoxide or lorazepam) in adequate doses along with oral and injectable thiamine.	Review 8-10 randomly selected files / doctor notes of clients with alcohol dependence. Interaction with patients of Alcohol Dependence admitted to the IRCA.	1. Alcohol withdrawal is managed without any medical treatment.			
				2. Alcohol withdrawal managed without use of benzodiazepines.			
				3. Alcohol withdrawal managed with benzodiazepines but without oral and injectable thiamine.			
				4. Alcohol withdrawal managed with benzodiazepines and oral and injectable thiamine but in inadequate doses.			
				5. Alcohol withdrawal managed with benzodiazepines and oral and injectable thiamine in adequate doses.			
	Opioid	Opioid withdrawals	Review 8-10 randomly selected files/doctor notes	1. Opioid withdrawal is managed without any medications.			
				2. Opioid withdrawal is managed symptomatically with medicines such as benzodiazepine for sleep, NSAID for pain, etc.			

2.6	Opioid withdrawal management (detoxification)	should be managed with opioid agonist medicines such as tramadol or buprenorphine.	of clients with opioid dependence. Interaction with patients of Opioid Dependence admitted to the IRCA.	3. Opioid withdrawal is managed with clonidine along with symptomatic treatment.			
				4. Opioid withdrawal is managed with opioid agonist medicines such as tramadol or buprenorphine but in low doses.			
				5. Opioid withdrawal is managed with opioid agonist medicines such as tramadol or buprenorphine in adequate doses.			
2.7	**Regular medical monitoring during in-patient treatment**	Patients should be monitored at least thrice a week during the first two weeks of inpatient treatment	Review 8-10 randomly selected client files/doctor notes. Interaction with the medical officer of the IRCA and some patients admitted to the IRCA.	1. Patients not monitored by the doctor after initial medical assessment/ No records available			
				2. Patients monitored routinely by the doctor, but less frequently than thrice a week			
				3. Patients monitored by the doctor at least thrice a week			
2.8	**Long term medical treatment for alcohol dependence**	Alcohol dependence requires treatment with deterrent medicines such as disulfiram, and anti-craving medications such as acamprosate, naltrexone, etc. for prolonged periods	Review 8-10 randomly selected files / doctor notes of clients with alcohol dependence. Interaction with patients of Alcohol Dependence	1. No long-term medical treatment for alcohol dependence offered by the IRCA.			
				2. Long-term medical treatment for alcohol dependence offered to some patients.			
				3. Long-term medical treatment for alcohol dependence offered to all patients.			
		Opioid dependence requires treatment	Review 8-10 randomly selected files/doctor notes	1. No long-term medical treatment for opioid dependence offered by the IRCA.			

2.9	**Long term medical treatment for opioid dependence**	with agonist medicines such as buprenorphine, methadone, etc. or antagonist medicines such as naltrexone for prolonged periods	of clients with opioid dependence. Interaction with patients of Opioid Dependence previously admitted to the IRCA.	2. Long-term medical treatment for opioid dependence offered to some patients.			
				3. Long-term medical treatment for opioid dependence offered to all patients.			
2.10	**Management of medical emergencies**	If the IRCA is equipped to deal with medical emergencies, the same may be managed in the centre, else there should be a referral mechanisms to a hospital with emergency (casualty) facilities.	Management in the centre: examine whether emergency equipment (such as oxygen cylinder, suction apparatus, etc.) available and functional. Management through referrals: a referral diary/register available	1. No mechanism for emergency management available			
				2. Medical emergency managed through referral			
				3. Medical emergency managed within the centre			
2.11	**Management of routine medical problems**	Routine medical problems should be managed within the centre after assessment by the medical officer of the	Review 8-10 randomly selected files/doctor notes of clients Examination of medicine stocks for presence of	1. Routine medical problems are not managed			
				2. Routine medical problems are managed through referrals			

		medical officer of the IRCA	presence of antipyretics, NSAIDs, antibiotics, etc	3. Routine medical problems are managed in the centre			
3	**Inpatient psychosocial services**						
3.1	**Identification of psychosocial issues**	Counsellor should identify potential psychosocial issues during assessment	Review 8-10 randomly selected files/counsellor notes of clients	1. Psychosocial issues not identified/records not available			
				2. Psychosocial issues identified in some (<50%) cases			
				3. Psychosocial issues identified in most (>50%) cases			
3.2	**Daily activity schedule / timetable**	Centre should have daily activity schedule which should be followed by the admitted patients	Inspection of the daily activity schedule record	1. No daily activity schedule prepared by the centre			
				2. Daily activity schedule prepared but not followed			
				3. Daily activity schedule prepared and followed by the patients			
			Review of 8 – 10 randomly selected	1. Individual counselling not conducted/records not available			
				2. Only 1-2 individual counselling sessions conducted during one-month stay / counselling sessions conducted for less than 50% of the patients			

3.3	**Individual counselling (*)**	Counsellor should provide individual counselling to patients	randomly selected files/counsellor notes of clients. Interaction with patients admitted to IRCA	3. 3-4 individual counselling sessions conducted during one-month stay / counselling sessions conducted for 50-80% of the patients 4. 4 or more individual counselling sessions conducted during one-month stay / counselling sessions conducted for all (more than 80%) patients			
3.4	**Group counselling**	Counsellor should provide group counselling to patients	Review of 8 – 10 randomly selected files/counsellor notes of clients/Group Therapy Record Forms. Interaction with patients admitted to IRCA	1. Group counselling not conducted/records not available 2. < 4 group counselling conducted in a month/ counselling session conducted in <50% of cases 3. >4 group counselling conducted in a month / counselling sessions conducted in >50% of cases 4. >4 group counselling conducted in a week			
3.5	**Family counselling**	Counsellor should provide family counselling to patients	Review of 8 – 10 randomly selected files/counsellor notes of clients. Interaction with patients admitted to IRCA	1. Family counselling not conducted/records not available 2. < 4 family counselling conducted in one-month stay/ counselling session conducted in <50% of cases 3. >4 family counselling conducted in one-month stay / counselling sessions conducted in >50% of cases			
			Review of 8 – 10	1. No RP sessions conducted / records not available			

3.6	**Relapse prevention**	Counsellor should conduct relapse prevention (RP) sessions	Review of 8 – 10 randomly selected files/counsellor notes of clients. Interaction with patients admitted to IRCA	2. RP sessions conducted in <50% cases 3. RP sessions conducted in >50% cases			
3.7	**Vocational counselling**	Patients admitted to IRCA should be counselled about occupational rehabilitation	Review of 8 – 10 randomly selected files/counsellor notes of clients. Interaction with patients admitted to IRCA	1. No occupational rehabilitation counselling conducted / records not available 2. Occupational rehabilitation counselling conducted in <50% cases 3. Occupational rehabilitation counselling conducted in >50% cases			
4	**After-care / follow-up and outpatient services**						
4.1	**Follow-up plan (*)**	Patients should be prepared for discharge and long-term follow-up plan should be made	Review of 8 – 10 randomly selected files/counsellor notes of clients. Interaction with patients admitted	1. No plan made / records not available 2. Plan made in <50% cases 3. Plan made in >50% cases			
4.2	**Follow-up after discharge**	Patients should be reviewed by both the doctor and the counsellor during a follow-up visit.	Review the Follow-up Card / Register for last 3 calendar months.	1. Follow-up records not available / not performed at the IRCA 2. Follow-up performed only by the counsellor 3. Follow-up performed by both doctor and the counsellor			
		Patients should be encouraged to remain	Review the Follow-up Card / Register	1. <10% patients followed-up / no records available			

4.3	**Follow-up Rate**	in touch with the IRCA after discharge and follow-up with the doctor and the	for last 3 calendar months. Calculate the proportion of patients discharged	2. 10 – 50% patients followed-up 3. >50% patients followed up			
4.4	**Home visits for follow-up**	Patients who do not visit the centre after discharge should be followed up by making home visits or telephonically	Review the Follow-up Card / Register for last 3 calendar months. Calculate the proportion of patients contacted on phone / by home visits out of those who did not follow-up in preceding 3 months.	1. No system of follow-up exist / records not available 2. <50% patients followed up 3. >50% patients followed-up			
4.5	**Outpatient services**	Outpatient services are also provided at the centre	Inspection of outpatient register	1. Patients are not seen on outpatient basis 2. Patients are seen on outpatient basis <50% days in a month 3. Patients are seen on outpatient basis >50% days in a month			