

SECTION F. OTHER ISSUES

Primary Responsibility of Evaluation: Programme expert

S. No.	Indicator	Description	Means of Verification				
1	General Management of IRCA						
1.1	Regularity of functioning (*)	The IRCA should function regularly throughout the year.	Review the following records for the preceding year: - Out-patient register - Admission register - Attendance register for staff And interact with some patients	1. Centre is functioning extremely irregularly (cumulatively closed for more than 3 months in the preceding year)			
				2. Centre functioning irregularly (cumulatively closed for 1 to 3 months in the preceding year)			
				3. Centre functioning fairly regularly (cumulatively closed for less than 1 month in the preceding year)			
				4. Centre remained functional throughout the preceding year			

1.2	Staff vacancies	All vacant staff positions should be filled without delay.	Inspection of staff appointment and attendance records	<ol style="list-style-type: none"> 1. >50% of staff positions vacant for >3 months in the last one year 2. <50% staff positions vacant for >3 months in last one year 3. <50% staff positions vacant for <3 months in last one year 4. No staff positions vacant for more than 1 month in the last one year 			
1.3	Availability of medicines (*)	Medicines for treatment of substance use disorders (detoxification and long-term treatment) and management of general medical conditions should be	Physical inspection of medicine stocks and stock register	<ol style="list-style-type: none"> 1. Stocks of medicines not maintained / no records available 2. Stocks available, but frequent stock-out of medicines 			

		available at the centre in sufficient quantities.		3. Stocks available and replenished regularly without stock out			
1.4	Availability of IEC materials	IEC materials should be available in local language	Inspection of IEC materials available with the centre	1. IEC materials are not available with the centre 2. Few IEC materials available 3. Sufficient IEC materials available in local language			
1.5	Referral - Linkages: Medical	The IRCA should develop effective referral-linkages with other medical facilities for management of medical emergencies, medical investigations, treatment of special conditions such as AIDS, STI, TB, etc.	Review the referral forms provided to patients for such services	1. No referral-linkages established / no records available 2. Referral-linkages established but inadequate / services not available regularly 3. Referral-linkages established, adequate and regularly available			
		The IRCA should develop effective		1. No referral-linkages established / no records available			

1.6	Referral - Linkages: Psychosocial	referral-linkages with other facilities for providing services like vocational training, employment, shelter, legal-aid, etc.	Review the referral forms provided to patients for such services	2. Referral-linkages established but inadequate / services not available regularly			
				3. Referral-linkages established, adequate and regularly available			
1.7	Bed occupancy	The IRCA should ensure a high occupancy status for the sanctioned bed strength at the facility.	Review the admission and discharge register for any three randomly selected calendar months in the preceding year and calculate the bed-occupancy ratio. Bed occupancy rate = $\frac{\text{Sum of the no of days each bed was occupied during the selected}}{\text{Total no of beds} \times \text{No of months}}$	1. less than or equal to 25% bed occupancy rate			
				2. 26-50% bed occupancy rate			
				3. 51-75% bed occupancy rate			
				4. >75% bed occupancy rate			
1.8	Length of inpatient stay	In order to achieve whole person recovery, most patients require an admission of 3 – 4 weeks. Some patients take longer to achieve the objectives of admission and may require admission for up to 3 months	Inspection of admission and discharge register for the last 3 months	1. Most of the patients (more than 50%) are either discharged / leave treatment within 2 weeks of admission or are kept admitted for more than 1 month)			
				2. A significant proportion of patients (25-50%) are either discharged / leave treatment within 2 weeks of admission or are kept admitted for more than 1 month)			

		up to 3 months.		3. Most patients (more than 50%) are discharged after about 3-4 weeks. A small proportion of patients (less than 25%) stay for up to 3 months.			
2	Compliance with reporting requirements of the Ministry						
2.1	Periodic reports	The IRCA should submit a monthly and six monthly report to the Ministry on the prescribed format.	Review reports for last 6 months.	1. Reports not submitted / not available for review 2. Reports submitted for 4 months or less / incomplete reports submitted 3. Complete reports submitted for 5 or more months			
2.2	DAMS submission	The IRCA should submit clients profile details in online DAMS application for the patients who approach IRCA's first	Review DAMS submissions for patients treated at the IRCA within the last 3 months	1. DAMS details not submitted online, hence not available for review 2. Details in online DAMS submitted for some of the patients (less than 80% of patients treated in last quarter)			

		time & treated at the facility.		3. details in online DAMS application submitted for more than 80% of the patients			
3	Approach and Attitude towards Patients						
3.1	Voluntary admission (*)	Patients should be admitted to the centre voluntary. Under no circumstances should the IRCA keep a patient admitted against his / her will.	Inspection of client file for declaration-cum-indemnity form AND interaction with patients admitted in the centre	1. Most patients (>55%) admitted without their consent 2. 25-50% patients admitted without their consent 3. <25% patients admitted without their consent 4. No patient admitted without his/her consent			
3.2	Corporal punishment	Patients admitted to an IRCA should not be subjected to corporal punishment either as a form of treatment or punishment for perceived / actual misdemeanors	Interaction with staff and patients admitted in the centre	1. Patients are subjected to corporal punishment 2. Patients are not subjected to corporal punishment			