

## **4. MONITORING AND QUALITY CONTROL**

Monitoring is essential to ensure that the intended project objective can be achieved within the given time frame following the activities as planned to be carried out by project personnel. It is also essential to have some mechanisms in place so that LCCS for Drug Users, during its implementation, accomplishes its intended objective.

Any intervention effort should attempt to document the process of implementing (process indicators) as well as measuring change (outcome indicators) that might have taken place due to such intervention in a population group. Both process and outcome indicators can and should be measured by quantitative as well as qualitative data.

### ***Qualitative Monitoring***

For qualitative monitoring, 'field notes' (recording exact verbatim, exact description of a situation happening on the ground) play a great role.

#### *Qualitative indicators – Process:*

- ◆ What the target population does not find okay with the existing IEC materials and what changes they suggested and finally brought in through intervention programme?
- ◆ Has the target population taken part in further modification of IEC materials as felt appropriate?
- ◆ What does the qualitative record-keeping (filed notes) reflect with regard to the target population groups' opinion on the quality of services (timing, attitude of different categories of workers, efficacy) of intervention programme?
- ◆ What does the qualitative record-keeping reflect in terms of the opinion of target group on 'whether the communication mode and message was changing according to the community needs?
- ◆ Perceived changes in the quality of lives by the target group members (indirect indicator of empowerment of target group which in turn helps in positive behaviour change).
- ◆ Number of the members of target group and general community members involvement in different stages of intervention programme development (indicator of how participatory has been the program)
- ◆ How many times community people have contributed in programme implementation in terms of time and materials.

- ◆ Decision making positions held by the members of the target group (indirect indicator of empowerment).

*Qualitative indicators – Outcome:*

- ◆ Documenting changes in risk perception and practices through focus group discussions.
- ◆ Documenting the adherence to addiction treatment in each camp through camp records, field observations documented by Field Workers and Outreach Coordinators in their personal diaries.

(A few more indicators would be essential to measure the impact of 'camp-based addiction treatment' and community-based rehabilitation of drug users through continued follow-up)

*Quantitative Indicators:*

For quantitative monitoring, one can use either already available secondary data (also called historical data) or baseline data can be generated during initiation of the programme. Compiled data available from research agencies can be a good starter, if they can define the situation both in quantitative and qualitative terms. A new study for generating baseline data may unnecessarily delay the whole process of implementing or quick scaling up of the intervention.

- ◆ What proportion IDUs contacted through outreach, has accessed camp-based addiction treatment?
- ◆ Among total number of IDUs registered for the camp, how many could complete the addiction treatment in the camp?
- ◆ How many IDUs among total attending the camp, needed emergency referral from the camp?
- ◆ How many IDUs among total attending the camp, needed additional in-patient based psychotherapy following the camp?
- ◆ How many IDUs, among the total number attending the camp could maintain sobriety for one year or more?
- ◆ How many IDUs living with HIV/AIDS, indicated to start ART, could maintain sobriety to initiate ART, after attending the camp?
- ◆ What proportion of the population group had myths about drug addiction and HIV/AIDS before the programme and what is the status after one year of execution of the intervention programme?
- ◆ How many injecting episodes are safe - before and after intervention?
- ◆ What was the treatment seeking status before and which way has it changed after programme implementation (includes addiction treatment)?
- ◆ How many IDUs are seeking STI treatment?

- ◆ What proportion of reduction of STI cases among drug users/ IDUs has been achieved?
- ◆ What proportion of drug users/ IDUs are 'consistently/ always using' condoms with commercial sex workers and unknown sexual partners, before and after one year of the intervention programme?
- ◆ What proportion of commercial sex acts were 'protected', particularly in the case female/ male IDUs (who are engaged in commercial sex), before and after one year of the intervention programme?
- ◆ What proportion of IDUs (both male and female) are capable of 'negotiating safe sex/using condom' with their regular partners?

### ***Some Important Reminders***

- ◆ Personal details of the members of the target group along with identifiers do not serve as any monitoring indicator of public health importance. NGOs should avoid recording them, as this is unethical.
- ◆ Collecting huge amount of information just for information's sake, the utility of which is not clear either to the implementing or external monitoring agency, not only wastes time but also compromises the quality of intervention. Lessons learnt from many such programmes is 'only collect information that has practical applications in measuring the progress towards objectives and helps in appropriating improving the intervention further'.