Conducting a Longitudinal Survey with Drug Treatment Patients in Afghanistan: Methodological and Contextual Challenges

Matthew Courser
          NORC at the University of Chicago
Melissa Abadi, Linda Young, Steve Shamblen, Kirsten Thompson, & Knowlton Johnson
          Pacific Institute for Research and Evaluation
Amanda Bajkowski
          D3 Systems, Inc.

NORC
at the UNIVERSITY *of* CHICAGO

Project Team

- **Sponsor**
  - U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs

- **Evaluation Team**
  - Pacific Institute for Research and Evaluation, Inc. (PIRE)
  - D3 Systems, Inc.
  - Afghan Center for Socio-Economic and Opinion Research (ACSOR)

- **Acknowledgements**
  - The Colombo Plan

Overview

- Project Background
- Research Setting
- Survey Research in Afghanistan
- Key Project Challenges
- Discussion and Implications for Future Studies

Project Background

- Treatment evaluation of 7 residential drug treatment (DAT centers)
  - Conducted from 2009-2011
  - Located in five provinces and in a mixture of urban and rural settings.
  - Four served males exclusively, and three served women and children.
- Pre-post design/2 wave survey
  - Pre-test: upon entry into treatment (n=504)
  - Post-test: roughly 13.5 months after entry (n=353)
- 70% study retention rate

Data Sources and Outcomes

- Data sources
  - In-person interview with patients
  - Urine testing verification after post-test
- Key outcomes
  - Patient drug use (self-report and drug testing)
  - Alcohol use (self-report)
  - Criminal behavior (self report)

Research Setting: Afghanistan
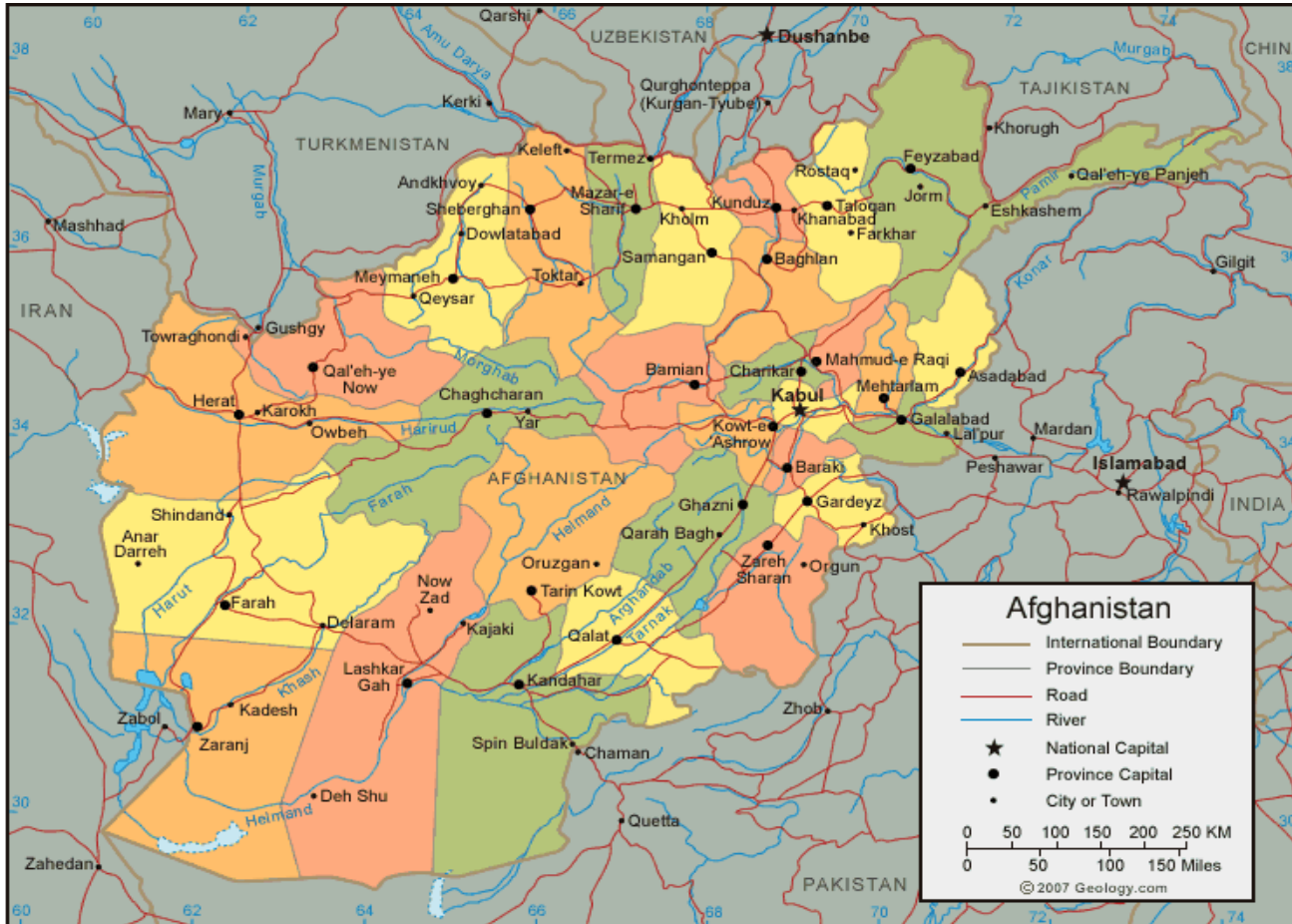
Survey Research in Afghanistan

- In-person interviewing due to literacy
- Gender-matched interviewing teams
- Separate provincial field teams usually needed
  - Difficult physical terrain
  - Lack of reliable transportation infrastructure
- Multiple languages (Dari/Pashto)
- Interruptions
  - Planned (religious holidays)
  - Unplanned (weather/security)
- Lack of real-time monitoring ability

Survey Research in Afghanistan

Key Project Challenges

- Tracking patients between the pre-test and post-test interviews

- Protecting respondent safety and data confidentiality

- Measuring key study outcomes and constructs

Challenge 1: Tracking Patients Between Pre-test and Post-test

- Afghans: highly nomadic due to dislocation
  - 26% of sample moved to another province during field period
- Lack of geographic information such as house numbers, etc.
- Best practice approach tailored to culture:
  - Detailed patient information
  - Information about 7 friends/family members
  - Tracking protocols
  - Ongoing contacts between interviews

Challenge 1: Tracking Patients, cont.

- Solutions:
  - Mobilize ACSOR field teams in all provinces—not enough to focus on the 5.
  - Incentives: $35 U.S. after post-test interview
  - Tracking by ACSOR field controllers
    - Highly experienced
    - Age (older—more respected in Afghan culture)
  - Nontraditional contact sources
    - Village elders
    - Mullahs (religious/spiritual leaders)

Challenge 2: Protecting Patient Safety and Confidentiality

- Vulnerability: behavioral, physical health, and mental health challenges.

- Engagement in stigmatizing behavior and criminal activity.

- Patient families may not know about patient entering DAT.

- Safety/confidentiality a larger concern for female patients.

- Finding a safe and private location for interviews.

Challenge 2: Protecting Patient Safety and Confidentiality, cont.

- **Solutions:**
  - Contacts by ACSOR—framed as calling about medical tests/medical care.
  - Cell phones provided to female patients.
    - 60% of female patients accepted a cell phone
  - Work with individual patients to identify their preferred location for post-test interview
    - 60% preferred to travel back to the DAT Center
    - ACSOR reimbursed travel expenses
  - Female patients could not travel alone
    - ACSOR worked to identify a male chaperone/relative.
    - Support for travel costs for female patients and chaperone.

Challenge 3: Measuring Key Variables

- Careful approach to measurement
  - In-country field team
  - Iterative process
  - Review by Project Guidance Committee
  - QxQ training instructions
  - Translation/back-translation
  - Multiple reviews by ACSOR field staff; informal pilot test.
- Formal pilot test/cognitive interviews were not possible.

Challenge 3: Measuring Key Variables, cont.

- Age
  - Key QA check in a multi-wave, multi-year survey
  - Should expect a one year increase in age for most respondents; some may not have celebrated a birthday yet.
  - If the age progression doesn't match, concern that the wrong R was re-interviewed.

Challenge 3: Measuring Key Variables, cont.

Age Progression	% of Sample
Between 2 to 26 years younger	13%
Same age	22%
One year older (expected)	**33%**
Between 2 and 57 years older	32%

Discussion

- Highly-trained ACSOR supervisors were essential to success.
- Tracking
  - Cell phones
    - Low cost
    - Top-off SIM cards
  - Comprehensive approach key
- Need for additional formative/exploratory research, particularly pilot and cognitive interviews.

For questions, contact:

Matt Courser

Courser-matthew@norc.org

Thank You!

NORC
at the UNIVERSITY of CHICAGO