

Participant Feedback Form

**Model Injection Centres (MICs): A
Program to Improve Injection Practices in the Country**

This box is to be filled by the Injection Safety Coordinator

Partner Medical College

MIC Unique ID:

Place where the Session is conducted:

1. MIC-H
2. MIC-PHC
3. MIC-Outside

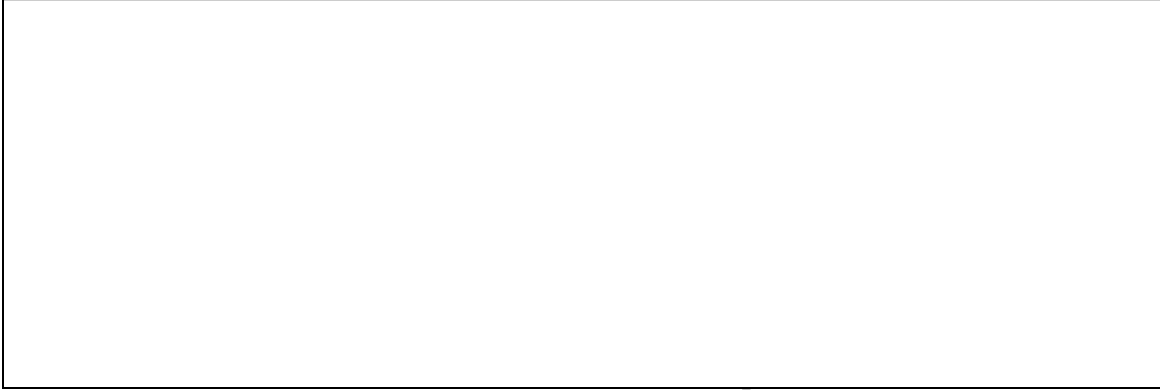
Date:

Participant's Name:

Your feedback on

1. Orientation:

2. Assessment of Communication Needs:



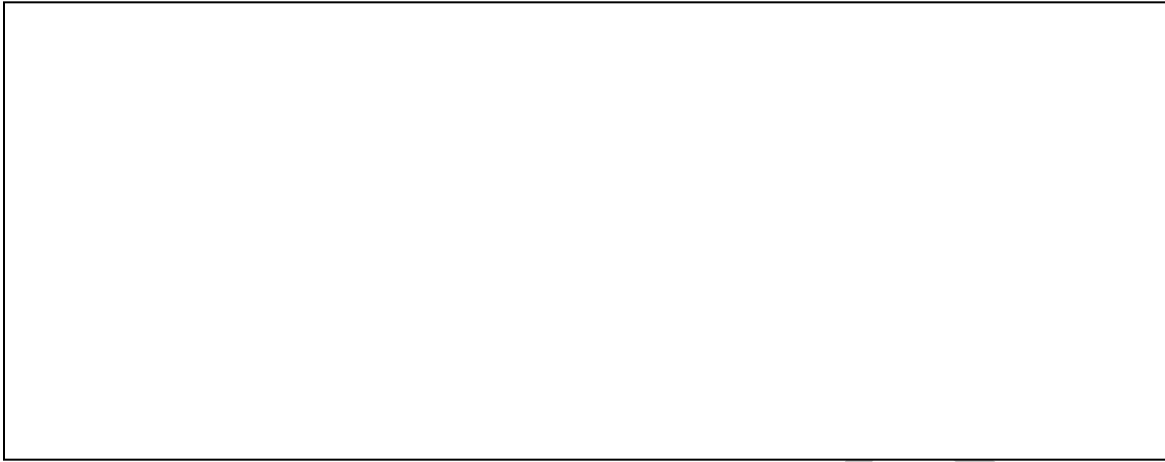
3. Rationale for Model Injection Centres Program:



4. Technique of Safe Injection:




5. Waste Disposal:



6. Mock Demonstration:



7. Rational Use of Injection:



8. Demonstration and Hands On:



9. FAQs:



10. Suggestions for improving the Model Injection Centre, Orientation and Demonstration:

