

Unique Serial No:

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

Client Interview

(Infant - 1, Children-3, Adults-6)

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| Zone No | | |
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| Date | | | | | | | |
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| Village / Town | |
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| Location | | |
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Instructions for filling up the schedules

Dear friends,

1. Do not prompt any answer.
2. Please record the responses in appropriate boxes by TICKING (✓)
3. Where blank boxes are provided *multiple answers are acceptable*. Write the responses actually given by the respondent [verbatim in local language] in the blank boxes provided under these questions. Later tick mark (✓) the appropriate codes in the small boxes provided just below.
4. The reported information will be treated as confidential and used to understand the current injection practices.
5. If the client is of age less than 15 years, ask the question to mother / father / other elder members looking after / accompanying the child.
6. Use ONLY PENCIL to fill the schedule.

Namaskar,

My name is ----- . The Nationwide study called “Assessment of Injection Practices in India” carried out by IndiaCLEN Program Evaluation Network has shown that a very large number of injections are given in India every year. 2/3rd of these injections given were found unsafe. Most of the injections given were found to have been unnecessarily prescribed. “Model Injection Corners” is an IPEN initiative as a follow up of the AIPI study to improve injection safety in the country. This **information will be used by health planners and managers** to design and implement **programs to improve injection safety**. You are an **important stakeholder** in this study and therefore we would appreciate if you could spare some of your valuable time to answer my questions. Your responses will be treated as confidential.

CLIENT SCREENING SHEET

List all the individuals in the household who are available at the time of research associate visit

| Sr No. | Age | Sex | Tick (✓) the selected client |
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Details

| <u>Client</u> | <u>Respondent</u> (Person who is giving answers for clients of age less than 15 years) |
|--|--|
| 1. Age | (Q. 4 and Q. 5 will remain blank for clients 15 years or more) |
| 2. Sex | 4. |
| 3. Education (No. of years of schooling) | 5. |

6. Have **YOU (your child)** received **any injections** in last **two weeks**?

7. **How many injections** did **YOU (your child)** receive in the **last two weeks**?

8. **Since January 1st, 2003** till now, how many **total injections** (including vaccinations) did **YOU (your child)** receive?

9. Of these how many injections were **vaccination injections**?
(Vaccines are: BCG, DPT, Measles, Tetanus toxid (TT), Hepatitis-B, H-influenzae B vaccine)

Let us talk about the last injection that YOU (YOUR CHILD) received

10. How long ago did **YOU (your child)** receive the **last injection**?

11. What were the **reasons** for which you (your child) received this injection?

12. **Where** (place) did you (your child) receive for this last injection?

13. a) **Who prescribed** this last injection?

(If they give the name, probe for their Qualification / Designation and what system of medicine he/she practices)

13. b) **Who gave** this injection?

(If they give the name, probe for their Qualification / Designation and what system of medicine he/she practices)

Let us talk about syringe and needle used for this last injection

14. Did you buy the **syringe** / needle for this last injection?

15. If the injection giver **used** his / her own **syringe**, What type of syringe was it?

16. Where was the **syringe** taken from?

17. What was done with the **syringe after** giving the **injection**?

18. If the injection giver used his / her own needle, What type of **needle** was it?

19. Where was the **needle** taken from?

20. What was done with **needle after** giving the **injection**?

Let us talk about people's opinion regarding injections

21. In your opinion why do people get **injections** even when equally effective oral drugs are available?

22. What **complications** diseases can occur in the patient if injection giver uses a **used plastic syringe / needle** or unboiled glass syringe?

23. What is a “**safe injection**”?

24. What **problems** can occur to the **community** if used syringes and needles are thrown in drains / garbage dumps / along the road?

THANK YOU