

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

### Exit Interview

Zone No		
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Date							
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District	
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Tehsil	
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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. 2/3<sup>rd</sup> 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.

**Type of Health Facility:**

1. **Government:** Allopathic  
**(Hospital /CHC /PHC /Dispensary)**
2. **Government:** Indian System of Medicine  
**(Homeopathic /Ayurvedic /Unani /Siddha)**
3. **Private:** Formal Allopathic  
**(Hospital /Nursing Home /Clinic)**
4. **Private:** Formal Indian System of Medicine  
**(Homeopathic /Ayurvedic /Unani /Siddha)**
5. **Private:** Informal Traditional Healer  
**(Unqualified /Jhola Doctor /Jhar Phookwala /Jadu  
Tonawala)**

## Screening of the Client for Exit Interview

For the present illness, have YOU (your child) come to consult this doctor for the first time?

Exit Client No.	YES (INCLUDE and proceed with interview)	NO (EXCLUDE)
1		
2		
3		
4		
5		

## Client and Respondent 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. Relationship with client
3. Education (No. of years of schooling)	5. Education (No. of years of schooling)

6. What are the **main complaints** for which you came to the doctor?  
[If the patient is less than 15 years: what are the main complaints for which you brought the child to the doctor?]

7. What is the duration of the current illness?

8. Did you (your child) **take** any **oral medicines** for the current illness before coming to this doctor?

9. Did you (your child) **take** any **injections** for the current illness before coming to this doctor?

10. Were you (your child) confined to bed or **missed school / office / work** due to current illness before coming here today?

11. Did you (your child) **get injection here** for the current illness?

12. If YES, **who suggested injection** for you (your child)?

13. Did you **buy** the **syringe** and **needle** for this last injection?

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

15. Where was that **syringe** taken from?

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

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

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

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

20. Have you (your child) been **prescribed / given** any **oral medicines** for the present illness?

21. Has your doctor given the **written prescription**?

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**