

PLEASE RECORD RESPONSES VERBATIM

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.

1.
 - a) For how long have you been working in this hospital / area?
 - b) Could you please tell your qualification?
 - c) Could you please tell about your training?
 - d) For how long have you been giving injections? (Years)
2. How do you **decide** to give **injectable drugs** in the absence of prescribers?
3. What **precautions** do you take **to give injections**?

4. What is the process of **disposing** of injection related **waste** in your set up?

5. Are you aware about the availability of **operational manual** / guide / any other literature related to the following: (Enumerate Title)

a) Giving injections:

b) Sterilization of equipments:

c) Disposal of injection related wastes:

Please record the responses **VERBATIM**

Injection Giver 2

6. In which conditions are **injections** given in the following age groups?

Age group	Conditions
0-5 yrs	
5-15 yrs	
>15 yrs	

7. If for a particular disease condition, **equally effective oral and injectable drugs** are available, which one will you **prefer** and why?

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8. In your opinion, is an **injection necessary** in the following conditions in out-patient setup? If yes, Why?

Conditions	Injection required		
	Yes	No	If yes, Why?
a. Fever			
b. Diarrhoea			
c. Acute Respiratory Infection			

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9. What do you think are the **complications** of injections?
(**Probe:** diseases spread)

For giving injections safely certain steps have to be followed before, during and after giving injections.

10. What sort of **practices** make injections **risky**?

a. Before giving injections:

b. While giving injections:

c. After giving injections:

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11. What are the **risks** associated with **improper disposal** of used syringes and needles?

a. Risks to Injection givers:
b. Risks to Waste handlers:
c. Risks to Community:

12. Occasionally, **unnecessary injections** are given. In your opinion, what are the **reasons** in such situations?

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13. Who **prescribes injections** in your setting? What is done if they are not available?

Injection	Who (Qualification/ Designation)	Action if not available
a. Curative		
b. Immunization		

14. Who **gives injections** in your setting? What is done if they are not available?

Injections	Who (Qualification/ Designation)	Action if not available
a. Curative		
b. Immunization		

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15. What is the provision in your setting for administering **injections at the clients' home/outreach sessions**?

Type of Injections	In What Conditions?	Who are the injection givers?
a. Curative		
b. Immunization		

16. How do you **sterilize** the following before use?

a. Glass Syringes:
b. Plastic Syringes:
c. Needles with metal hubs:
d. Needles with plastic hubs:

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17. What is your **role** and of others in **sterilization** of syringes & needles in your hospital / clinic / PHC?

<p>a. Your role:</p>
<p>b. Role of others (Probe: who are they):</p>

Please record the responses **VERBATIM**

18. When do you **discard** the following syringes & needles:

a. Plastic syringes:

b. Glass syringes:

c. Needles with metal hubs:

d. Needles with plastic hubs:

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19. In your setting (hospital / clinic / PHC) who are **incharge of managing the injection related waste** and what are their responsibilities?

Persons Incharge (Designation)	Qualifications	Training in waste disposal	Responsibilities

20. In your setting (hospital / clinic / PHC) who are personally handling **disposal of injection related waste** and what are their responsibilities?

Person directly handling (Designation)	Qualifications	Training in handling	Responsibilities

Please record the responses **VERBATIM**

21 How did you **estimate** the **requirement** for following in the past?

Items	Immunization	Curative
a. Glass Syringes and Needles with metal hubs		
b. Plastic Syringes and Needles with plastic hubs		

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22. How do you **assess the quality** of following?

Type of Equipments	Methods to assess quality
a. Glass syringes	
b. Plastic syringes	
c. Needles with metal hubs	
d. Needles with plastic hubs	

23. What **equipments** are available in your hospital / PHC / clinic **for disposal** of injection related waste?

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24. From where do you receive the 7 following **supplies**? Are they **adequate**? If no, what **actions** were taken?

Type of Equipment	Source of Supply	Adequate / inadequate	Action taken if inadequate supply
a. Bleach solution / Powder			
b. Thick Rubber Gloves			
c. Gum Boots			
d. Color Coded Plastic Bags (black / yellow/blue)			
e. Closed Trolley			
f. Gowns			
g. Imperforated Needle containers / Puncture proof/ safety box			
h. Consumables (Kerosene, Spirit, Cotton)			
i. Others (specify, eg. Sharps well)			

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25. How did you **estimate** your **requirement** for following items during the previous year?

a. Needle / syringe destroyers:
b. Consumables (Kerosene, Spirit, Chemicals):
c. Sterilization equipment:
d. Equipments for injection related waste disposal:

26. Could you please give details of the **last training** in which **safe injection practice** was also discussed?
(**Probe:** Where, Trainees, Trainers, Duration, Contents, Proportion of time spent on hands-on, organizers)

Please record the responses **VERBATIM**

27. How are the following **activities monitored** at your hospital / clinic?
Who does it?

Activities	Process of monitoring	Who monitors
a. Injectable drugs		
b. Process of giving injection including equipment & its quality):		
c. Process of sterilization		
d. Process of waste disposal		

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28. What **problems** were **identified** in injection practices and use of injectable drugs? What **actions** were taken **to rectify** them?

a. Use of injectable Drugs

Problems Identified:

Actions Taken:

b. Process of Sterilization

Problems Identified:

Actions Taken:

c. Process of giving injection

Problems Identified:

Actions Taken:

d. Process of disposal of used syringes and needles

Problems Identified:

Actions Taken:

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29. In your setting, how are the **adverse reactions** associated with injections **monitored** and who does it? (Probe: Injection abscesses)

a. Curative
b. Immunization

30. How are the following **activities coordinated** at your health facility to ensure safe injections in the clinic / hospital?

Activities	Coordinated with	
	Prescribers	Other injection givers
a. Supplies of syringes & needles		
b. Sterilization		
c. Appropriate waste disposal		

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31. What **roles** have been **played** by the following **groups** to promote safe injections in the health facility and community?

a. Professional bodies (IMA, IAP etc.)
b. Industry/Pharmaceutical/ syringes & needles manufacturers
c. Academia
d. Media
e. NGOs / CBOs
f. Neighbors / Friends
g. Leaders
h. Teachers
i. Family Members / Elders
j. Others (specify)

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32. In your opinion, what are the **differences** between **government & private sector** regarding:

a. Use of injections in the prescriptions
b. Safe injection procedure
c. Disposal of used syringes and needles

33. In general, what all do you **discuss** with the clients **before giving injections**?

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34. What could be the **reasons** for some **clients preferring injections** to oral drugs (**Probe:** even though painful)?
35. In your experience, **out of 10 clients** how many asked for **injections** in your setting? What did you do?
36. What are the **factors** that influence the community in your area for deciding to take treatment from a **particular health care provider**?

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37. What are the **socio-cultural beliefs / rumours / customs / rituals** in the community regarding injection? How do these influence current injection practices?

a. Curative injections:

b. Injections for immunization:

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38. In your opinion, how is the **community** and **clients** currently **made aware** about the following:

a. Appropriate use of injectable drugs:

b. Safe injection procedures (sterilization, injecting):

c. Complications of injections:

d. Disposal of used syringes and needles:

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39. How are **injection givers** currently **made aware** about the following:

a. Rationality of injections:

b. Issues regarding safety of injections:

c. Complications of injections:

d. Disposal of used syringes and needles:

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43. In your opinion, how can **community** be **made aware** and their participation increased to promote rational injection practices and safe injections?

44. There is lot of talk about increasing number of **HIV-AIDS** and **Hepatitis B & C cases** in the community. What **impact** did this have on your injection practices?

THANK YOU

Please record the responses **VERBATIM**