

Unique ID:

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

Process Assessment, 2007

Interview Schedule for Resource Person

State	
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District	
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PMC	
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Namaskar,

My name is _____.
As you are aware, the Model Injection Centres Program to Improve Injection Practices in the Country has been running in _____ medical college / hospital / institute by IPEN network. I would like to discuss a few topics which will help us to improve this program. I would appreciate if you could spare your valuable time. Your responses will be treated as confidential.

Interview

Commencement Time _____ Concluding Time _____

Name of the Resource Person:

Designation:

1. How many **training / CME sessions** have you **conducted** so far under MIC Program?

2. **Where** did you **conduct** these sessions?

a) **Number at MIU hospital:**

b) **number at MIU CHC/PHC:**

c) **Number at other places (CMEs):**

3. Was the **space adequate** and **well equipped** to conduct MIC sessions?

a) **Orientation sessions:**

b) **Demonstration sessions:**

Participants

4. On an average how **many participants** attended the MIC training sessions that you conducted?

5. What was the **composition** of the **group** who attended training session?

Resource Person

8. Your **suggestions** to improve the **training sessions** in order to make them **more effective**:

Signature of the Visiting PI:

Date:

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Resource Person