

Unique ID:

**Model Injection Centres (MICs):  
A Program to Improve Injection Practices in the Country  
Process Assessment, 2007  
Interview Schedule for Training Participant**

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| <b>State</b> |  |
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| <b>District</b> |  |
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| <b>PMC</b> |  |
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**Namaskar,**

My name is \_\_\_\_\_ A program called Model Injection Centre: A Program to Improve Injection Practices in the Country has been running in this district since one year in \_\_\_\_\_ medical college / 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 and your responses will be treated as confidential.

**Interview**

**Commencement Time** \_\_\_\_\_ **Concluding Time** \_\_\_\_\_



2. **When** did you **attend** the training program conducted by the Model Injection Centre?

3. **Where** did you **attend** the training program?

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| 1. Hospital | 2. CHC/PHC |
|-------------|------------|

4. What was the **duration** of the training program?

5. What were the various **components / topics covered** during the training program?

6. Which **component** of the training you felt was **essential** and why?

7. Who **motivated** / why did you **to attend** this program?

8. Was the **model injection room setup** according to the specifications mentioned in the training manual? **(Yes-1, No-2)**

**If No**, what was lacking?

9. Would you like to go for a **retraining**? When and why?

10. Have you been able to **incorporate** the **components** of the **training** in your injection practices / setting?

a. If yes, how?

b. If no, why?

11. In your opinion, what should be done to **improve** the **injection practices** at **your Health facility**?

12. What are your **suggestions** to improve the **training programs** at the Model Injection Centres?

a) Group composition

b) Travel to the MIC

c) Training session

d) Organization/arrangement at the MIU

e) Hands on / demonstration session

f) Interaction with the resource persons

**Signature** of the Visiting PI:

**Date:**

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