

Unique ID:

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

Interview schedule for Pollution Control Board Member

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| State | |
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| District | |
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| PMC | |
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Namaskar,

My name is _____
The _____ medical college/ hospital /
institute has been implementing the Model Injection Centres (MIC) Program in the
district for the past one year. I would like to discuss few issues which will help us to
improve this program further. I would appreciate if you could spare your valuable time
for the discussion. Your opinions / views will be treated as confidential.

**Interview
Commencement Time _____ Concluding Time _____**

Designation:

1. For how many years have you been **working** as a **Pollution Control board member**?

2. Since **how long** have you been working **in this district**?

3. Which are the **committees responsible** for **bio medical waste management** in the district?

4. What is your **role** in these committees?

5. What are the **guidelines** for bio-medical **waste management** and **handling** available with the pollution control board?

6. How they are **implemented** in the district?

a. In government health facilities

b. In private facilities

7. Are there any **specific guidelines/ policies** for government health facilities?

a. In urban area

b. In rural area

8. What are the **guidelines** for bio-medical waste disposal especially for **used syringes** and **needles** and **injection related waste**?

9. What is the **process of monitoring** the **health facilities** regarding **waste disposal mechanism** in the district?

10. What **actions** are **taken if** the health facilities are **not following the norms** prescribed by the pollution control board in the district?

11. Are you aware of **model injection centre program**?

12. Have you been invited for/ or attended any **meeting for model injection centre program**?

13. How many **meetings** have you **attended** in the past year for MIC?

14. Have you **given any suggestions/ recommendation** to the committee regarding injection related waste disposal under the MIC program?

15. Were your **suggestions / recommendations implemented**?

16. What are the **problems the hospitals/ health facilities generally face** while **implementing the recommendations**?

17. What are your **suggestions to overcome** such problems?

18. What is your **opinion** about the **existing waste management system** in the health facility where the MIC has been set up?

19. Is the Model Injection Centres program **helping to improve** the waste management practices in the district?

20. Do you have any suggestions to **improve this Model Injection Centre program**?

21. In your opinion will the **expansion of the Model Injection Centres program** to other hospitals in the region help to improve the injection related waste management and handling?

a. If Yes, how?

b. If No, why?

Signature of the Visiting PI:

Date:

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