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**Study to Assess the Knowledge and Practices of Frontline Workers ( ANM'S) regarding Mission Indradhanush at Selected Health Centers, Hyderabad, Telangana**

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**ABSTRACT:**

Mission indradhanush has been launched to reach out to the children where routine vaccination cannot be reached out. **Objectives 1.** To assess & correlate the knowledge and practices regarding Mission Indradhanush among front line workers. Non experimental Descriptive research design was used for this study and the data was collected by using self administered structured questionnaire and check list. Sample 138 were selected, the sample comprised of 138 ANM's at selected 14 clusters of urban health centres. Results were described as ANM'S 75.5% were having average knowledge scores, Their practices were ANM'S 55.1% are having good expressed practices, ANMS knowledge is not significantly correlated with practice (sig. Value is  $0.713 > 0.05$ ). There is a need to increase awareness and knowledge about the benefits and importance of vaccination, as well as the harmful consequences of non-complete immunization. By providing health education regarding immunization since the time of antenatal period, It can remove the obstacles and unnecessary fears about vaccinations covers under mission indradhanush. Researcher can recommend the govt to plan and organise crash training for frontline workers to strengthen efficient utilization of mission indradhanush.

**Key words:** Front Line Workers, Knowledge, Mothers, Mission Indradhanush, Practices, Satisfaction.



## **INTRODUCTION:**

Immunization is one of the most successful and cost effective public health interventions in the, 84 constant effort of human beings against diseases that affect our wellbeing. Immunization has prevented more deaths in the past years than any other health intervention globally (Awosika, 2012). WHO (2013) also stated that immunization is a proven tool for controlling and eliminating life-threatening infectious disease and has been estimated to alleviate 2 to 3 million deaths eachh year. WHO (2013 ) further stated that although global vaccination coverage is holding steady but an estimated 22 million infants worldwide are still missing out on basic vaccines. The report on global vaccination coverage showed that the proportion of the world“s children who receive recommended vaccines has remained steady for the past few years giving an instance that the percentage of infants fully vaccinated against diphtheria-tetanus-pertussis (DTP3) was 83% in 2011% in 2010 and 83% in 2009<sup>1</sup>

As a strategy to achieve more than 90% full immunization coverage in the country, the Ministry of Health & Family Welfare (MOHFW), GOI, launched Mission Indradhanush on 25 December 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated children and pregnant women by 2020 under the Universal Immunization Programme. The programme provides vaccination against seven life-threatening diseases (diphtheria, whooping cough, tetanus, polio, tuberculosis, measles and hepatitis B) in the entire country. In addition, vaccination against Haemophilusinfluenzae type B (Hib) and Japanese Encephalitis (JE) is provided in selected districts/ states of the country<sup>5</sup>.

The mission indradhanush, depicting seven colours of the rainbow, aims to cover all those children by 2020 who are either unvaccinated, or partialy vaccinated against seven vaccine preventable diseases which includes - Diphtheria, whooping cough, tetanus, polio,tuberculosis, measeals and hepatitis B.<sup>7</sup>

### **Front line workers :**

India‘s health system is a complex web of untiring individuals doing their bit to provide health services to those most in need. At the grassroots this system is upheld by three key



people ANM( Auxiliary Nurse Midwife ), like soldiers on the front line, these figures are the frontline of defence between disease and good health for most of India

The ANM (Auxiliary Nurse Midwife) does the micro planning for holding immunization

Sessions, This is done methodically by tallying the names of all mothers and children in the area, preparing a map of the sub-centre area including all villages and hamlets

Health services in India including immunization services are provided by health workers/ANM'S posted in UPHC/PHC/SUB CENTERS. The services are provided by health workers Under the national rural health mission (NRHM) thegovt of India.

The present study will be carried out to conduct an explorative study to “assess the knowledge and practices of front line workers regarding mission indradhanush at selected health centres Hyderabad.” With the measured outcome data i.e. knowledge and practices of frontline workers researcher can recommend the Govt to plan and organize crash training to strengthen knowledge and practices of the front line workers for effective and efficient utilization of them to achieve the target of mission indradhanush.

Mission Indradhanush aimed to fully immunize more than 90% of newborns by 2020 through innovative and planned approaches to reach all children. It not only aimed to rapidly increase the immunization coverage through special drives during specified months but also focused towards strengthening health systems for addressing equity issues in access to immunization. Under Mission Indradhanush all the vaccines provided under Universal Immunization Programme are administered to children and pregnant women.

To conclude we can say that Mission Indradhanush scheme is a master stroke in fulfilling the sustainable goals set up by United Nations of eradicating diseases, reduce infant mortality rate, and provide more aid to pregnant woman and her baby.



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## **RESEARCH METHODOLOGY:**

### **RESEARCH APPROACH :**

The present study is intending to assess the “knowledge and Practices of front line workers regarding Mission Indradhanush at selected health centres , Hyderabad, Telangana. Hence the researcher chose the “Descriptive **approach**”

### **RESEARCH DESIGN :**

Keeping in view the objectives of the study, the research design selected for the present study is evaluative descriptive research design.

### **VARIABLES IN THE STUDY:**

Variables are the measurable characteristics of a concept and consist of a logical group of attributes. Two types of variables are identified in the present study they are:

### **DEPENDENT VARIABLE:**

The variable hypothesized to depend on or be caused by another variable (the dependent variable), the outcome variable of interest.

In the present study dependent variable refers to knowledge and practices of front line workers regarding Mission Indradhanush.

### **DEMOGRAPHIC VARIABLES:**

The demographic variable selected for present study front line workers are- Age, educational qualification, total years of experience, and orientation on Mission Indradhanush,

### **SETTING OF THE STUDY :**

The present study was conducted at Urban Primaryhealth centres, Hyderabad. Telangana .There are 90 Urban Primary Health Centres in Hyderabad, where providing primitive, preventive, and curative services for the people of Hyderabad. Out of 90 centers only 28 centers were selected based on cluster sampling method.



The front line workers in each centre approximately consists of 5 ANM, for around 60,000 total populations in selected urban health centers .

### **POPULATION FOR THE STUDY:**

In the present study, the population refers to, all the front line workers in urban health centers.

#### **Target population:**

All front line workers at urban primary health centres, Hyderabad.

#### **Accessible population:**

All front line workers at selected urban primary health centres, Hyderabad.

### **SAMPLE AND SAMPLING TECHNIQUE:**

#### **Sample:**

Sample for the present study are front line workers at selected urban health centers who meets the inclusive criteria for the study.

#### **Sample size:**

All front line workers at selected urban health centers in Hyderabad.

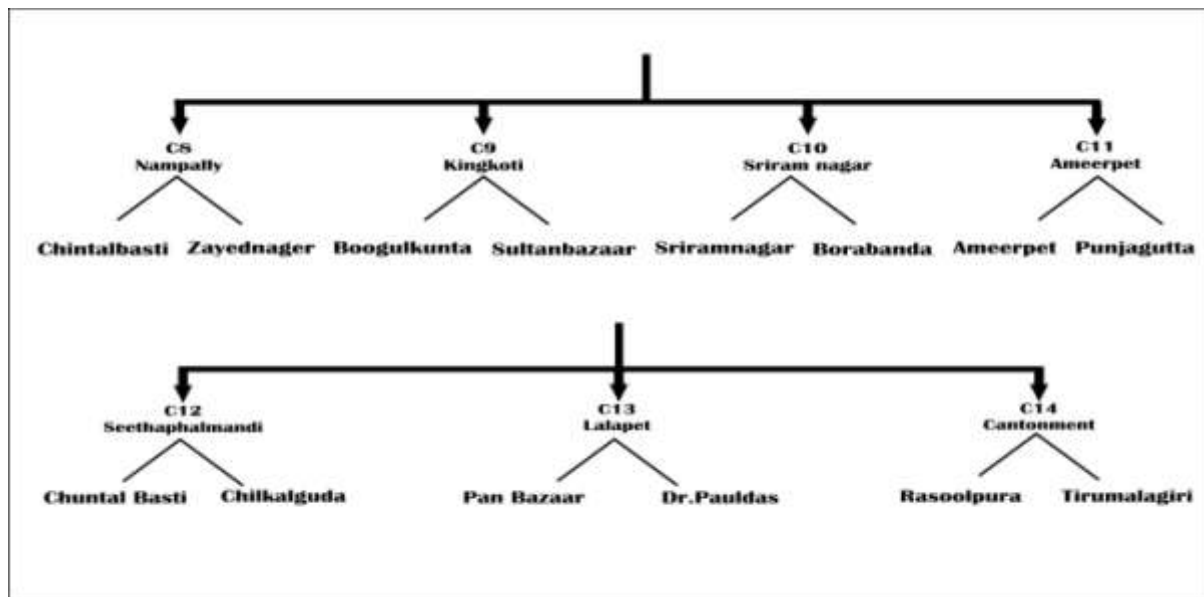
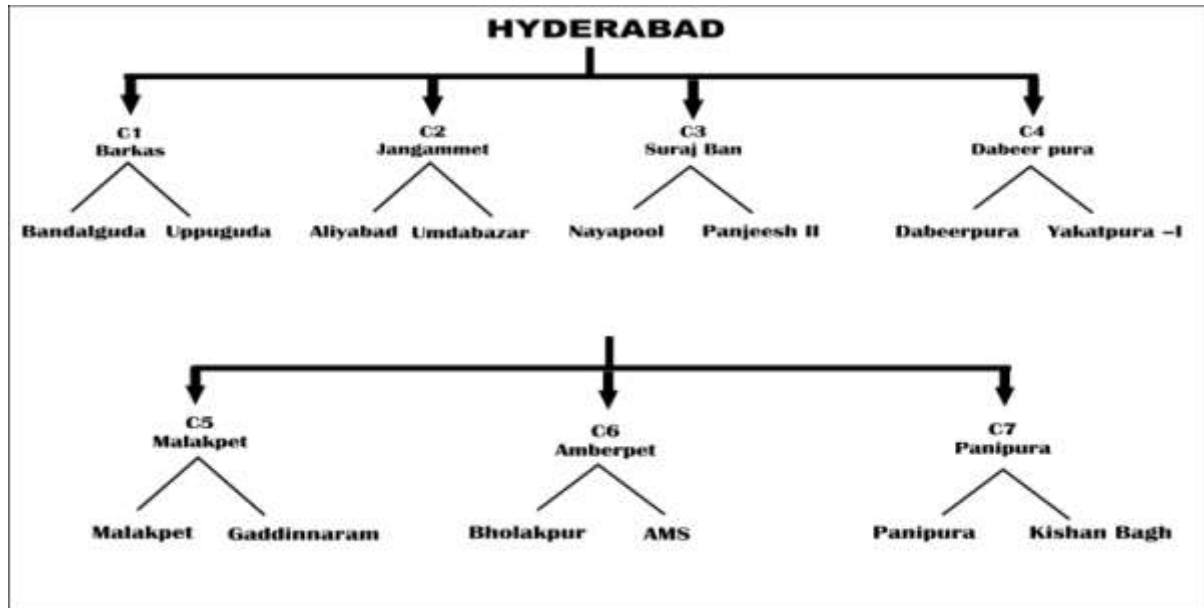
The total front line workers selected for the study was 138 ANM's at selected 14 clusters of urban health centres.

#### **Sampling technique:**

In the present study, the sampling technique used is probability cluster sampling method with Non homogenous characteristics. Cluster sampling method is known also as multi stage sampling

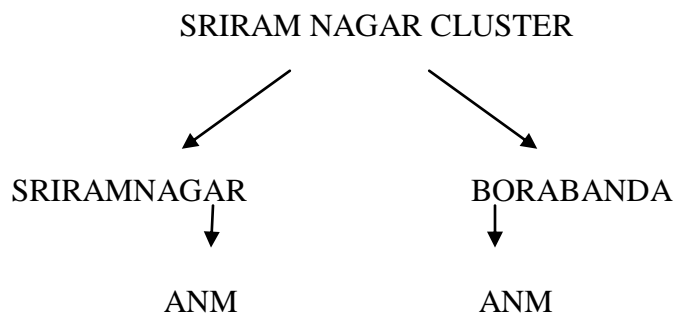


**STAGE - 1 CLUSTER SAMPLING:** 2 UPHC from each clustersin total of 14 clusters in Hyderabad were selected randomly by lottery method.





**STAGE-2 CLUSTER SAMPLING:** Data was collected from all the front line workers working under 2 Selected UPHC's from 14 clusters in Hyderabad.



### **SAMPLING CRITERIA :**

#### **Inclusion criteria :**

- Front line workers who are working in urban health centers in Hyderabad.
- Front line workers available at the time of data collection
- Front line workerswilling to participate in data collection.

#### **Exclusion criteria :**

- Front line workerswho are not willing to participate in the study.

### **SELECTION AND DEVELOPMENT OF THE TOOL**

The instrument selected for the research must be the vehicle to obtain the best data for drawing conclusion to the study.



In this research, based on the objectives of the study, a structured knowledge questionnaire & check list was prepared to assess the level of knowledge & practices regarding Mission Indradhanush.

After extensive and systematic review of literature and taking expert's opinion on content of the tool for the validity, the researcher had developed the structured questionnaire and check list for the study to collect the data.

### **DESCRIPTION OF THE TOOL**

The data was collected by using self administered structured questionnaire and check list which includes as follows:

#### **SECTION: I STRUCTURED QUESTIONNAIRE AND CHECKLIST ON MISSION INDRADHANUSH FOR ANM'S.**

The structured questionnaire consisted of **THREE** parts

**Part-A:** Deals With Demographic Data of front line workers such as age, educational qualification, total years of experience, and orientation on mission Indradhanush,

**Part –B: Self administered questionnaire for knowledge of ANM**

It deals with Assessment of knowledge on Mission Indradhanush. It consists of 25 multiple choice questions carrying 25 marks.

Section – 1 Questions related to General Information about Mission Indradhanush.

Total number of questions are 10 (1 -10) with score 10.

Section -2 questions related to Vaccines and Immunization Schedule.

Total number of questions are 10 (11 -20) with score 10.

Section -3 Questions related to the activities during Mission Indradhanush drives.

Total questions were 5 (21 -25) with score 5.





### **Part-C: Check list for assessment of expressed practices of ANM's**

It deals with Expressed observational check list having 30 items with four sections.

Section – 1 Items related to Practice of Patient/ Parent Education with 10 items from 1-10 with the score of 10.

Section -2 Items related to Practice of Vaccine Handling with 5 items and with score of 5.

Section-3 Items related to Practice of Vaccine Preparation with 10 items and score 10

Section-4 Items related to Practice of Administering Immunizations with 5 items and with score of 5.

**Scoring Key of the questionnaires for ANM**-to draw the knowledge level of subjects, it was categorized as:

Less than 50% - **Below average**

50 to 75% - **Average**

More than 75% - **Above average**

**Scoring Key for the check list for ANM**-to draw the practices level of subjects, it was categorized as:

Less than 50% - **poor**

50 to 75% - **fair**

More than 75% - **good**

### **CONTENT VALIDITY:**

The prepared tool along with Objectives of the study, Designed tool, Criteria, was validated by experts from different faculties such as 7 Nursing, 5 Medical personnel from community health department and Statistician. The experts were requested to judge items for relevance, accuracy, clarity, appropriateness of the title and content area. Later the expert's comments and suggestions were incorporated in designing the final tool for the study in consultation with guide and statistician.



### **RELIABILITY OF THE TOOL:**

To test the reliability of the knowledge questionnaire, the assessment was done by split half method and test retest method for practices. The tool reliability (r) correlation of coefficient was calculated by using Karl Pearson formula and it was found to be 0.9 and 0.85 which showed that the tool was reliable.

### **ETHICAL CONSIDERATION:**

Ethical clearance was obtained from Apollo medical college ethical committee. The permission for the study was obtained from district medical and health officer, Hyderabad. Informed consents were obtained from all the subjects who participated in the study. The subjects were assured of anonymity and total confidentiality of information, and that any information obtained from them was solely for the purposes of the study.

### **PILOT STUDY:**

A small-scale version, or trail run, done in preparation for a major study.

The objectives are:

- To find out feasibility of conducting the parent study
- To find out how much time is required to ask all questions
- To refine the instrument
- To find the hurdles and problems in the study
- Determine the method of statistical analysis

Pilot study was conducted at urban health centres, Hyderabad after obtaining permission from concerned authority, from 15/12/2018 to 20/12/2018. The tool was administered to ten percent of the total health centres that is 10 front line workers under Golconda cluster. The subjects were selected according to the sampling criteria and structured questionnaire and check list was given to assess the knowledge and practices regarding mission Indradhanush so has to conclude the suitability for the main study. The collected data was analyzed using descriptive and inferential statistics which depicted feasibility. The subjects were co-operative and cost of the



study was within the limits. The subjects selected for pilot study were not selected for the main study.

#### **DATA COLLECTION PROCEDURE:**

After obtaining permission from the concerned authority, district medical and health officer, Hyderabad was conducted from 15/01/2019 to 20/06/2019.

#### **PROCESSING OF THE DATA:**

Analysis is a process which enters into research in one form or another from the very beginning.

#### **PLAN FOR DATA ANALYSIS AND PRESENTATION:**

The data collected from the subjects was analyzed by applying descriptive and inferential statistics as follows:

##### *Descriptive statistical analysis*

- Frequency and Percentage analysis will be used to describe socio demographic Characteristics of subjects.
- Mean, Standard deviation and Mean percent will be used to assess the knowledge and practices scores.

##### *Inferential statistical analysis*

- The Chi-Square analysis was used to determine the association between knowledge, practices score and socio demographic variable.

#### **RESULTS**

The data collected were organized, tabulated, analysed and interpreted using SPSS 16.0 version for descriptive and inferential statistics.

#### **Organisation and presentation of data:**

The data collected is organised, tabulated, analysed and finding obtained were presented in the form of tables and figures which are represented as follows:

SECTION-A: Description of demographic characteristics of front line workers



This section consists of distribution of Age, educational qualification, total years of experience, and orientation on Mission Indradhanush.

SECTION-B: knowledge regarding Mission Indradhanush among front line workers

SECTION-C : practices regarding Mission Indradhanush among front line workers

SECTION-D: correlation between the knowledge and practices scores regarding Mission Indradhanush among front line workers

This section deals with findings related to correlation between the knowledge and practices scores regarding Mission Indradhanush among front line workers .

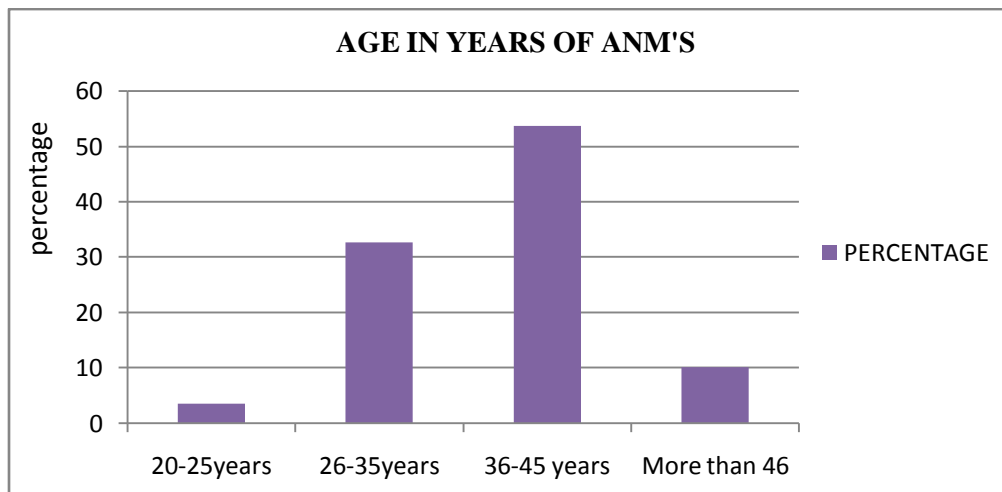
### SECTION–A: DEMOGRAPHIC CHARACTERISTICS OF FRONT LINE WORKERS

**TABLE 1: Distribution of front line workers (3A’S) ANM’S according to their age**

**N= 138**

<b>Age (years) of ANM</b>	<b>Frequency</b>	<b>Percentage</b>
20-25years	5	3.6
26-35years	45	32.6
36-45 years	74	53.6
More than 46	14	10.1
Total	138	100.00

In the present study it is observed that 74(53.6%) of ANM’S were in the age group of 36-45 years and 5 (3.6%) of ANM’S were in age group of 20-25years.



**FIGURE 1: Bar graph showing the distribution of ANM’s according to their age**

**TABLE 2: DISTRIBUTION OF ANM’S ACCORDING TO EDUCATION STATUS**

N= 138

Educational status of ANM	Frequency	Percentage
Intermediate	40	30.0
Degree	68	49.5
PG	25	18.2
Any other	5	3.6
Total	138	100.0

In the present study it is observed that 68 (49.5%) of ANM’S had degree, and only 5 (3.6%) of ANM’S had other educational qualification.

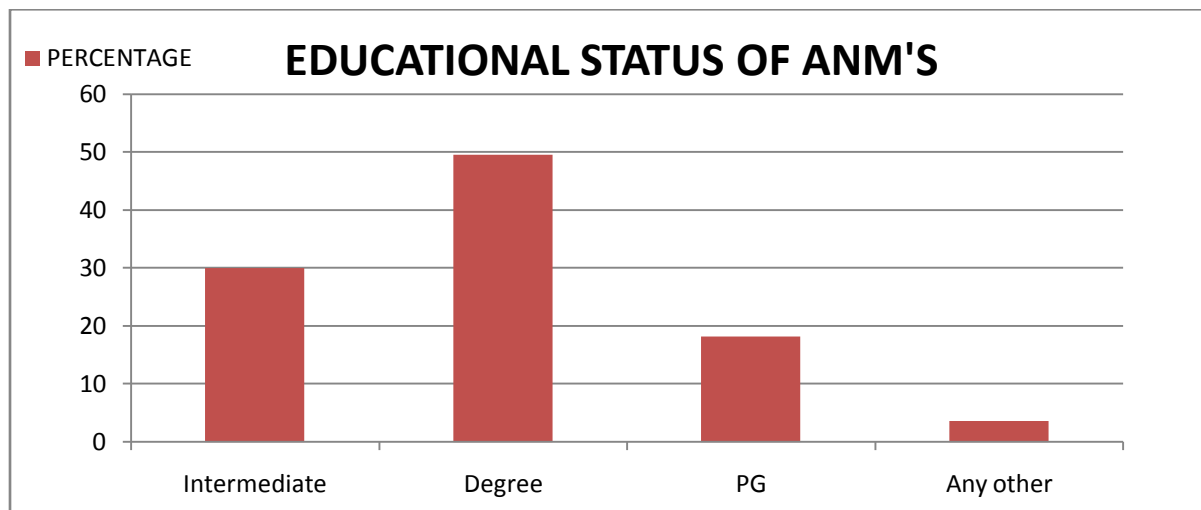


FIGURE 2 : GRAPH showing the distribution of ANM’S according to their education status

TABLE 3: DISTRIBUTION OF ANM’S ACCORDING TOTAL YEARS OF EXPERIENCE OF ANM

N= 138

Total years of Experience OF ANM	Frequency	Percentage
1-5 years	26	19.0
6-10 years	35	25.5
11-15 years	42	30.0
16 and above	35	25.5
Total	138	100.00

In the present study it is observed that 26 (19.0 %) of ANM’S had 1-5 years of experience, and 42 (30.7%) of ANM’S had 11-15 years of experience.

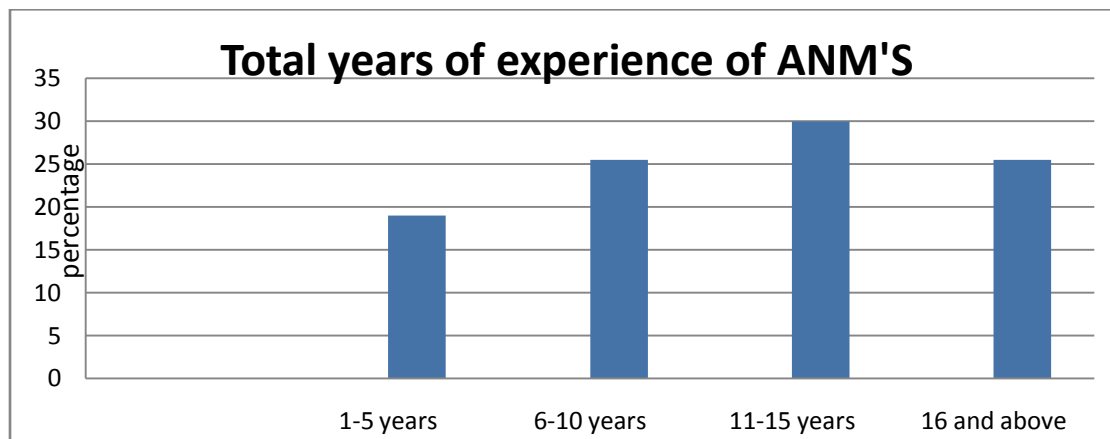


FIGURE 3: Graph showing the distribution of ANM’S according to their total years of experience.

**TABLE 4: DISTRIBUTION OF ANM’S ACCORDING TO TRAINING REGARDING MISSION INDRADHANUSH**

N=138

Orientation Regarding Mission Indradhanush.	Frequency	Percentage
NO	10	7.2
YES	128	92.8
Total	138	100.0

In the present study it is observed that 128(92.8%) ANM’S had orientation to Mission Indradhanush, and only 10(7.2%) had no orientation.

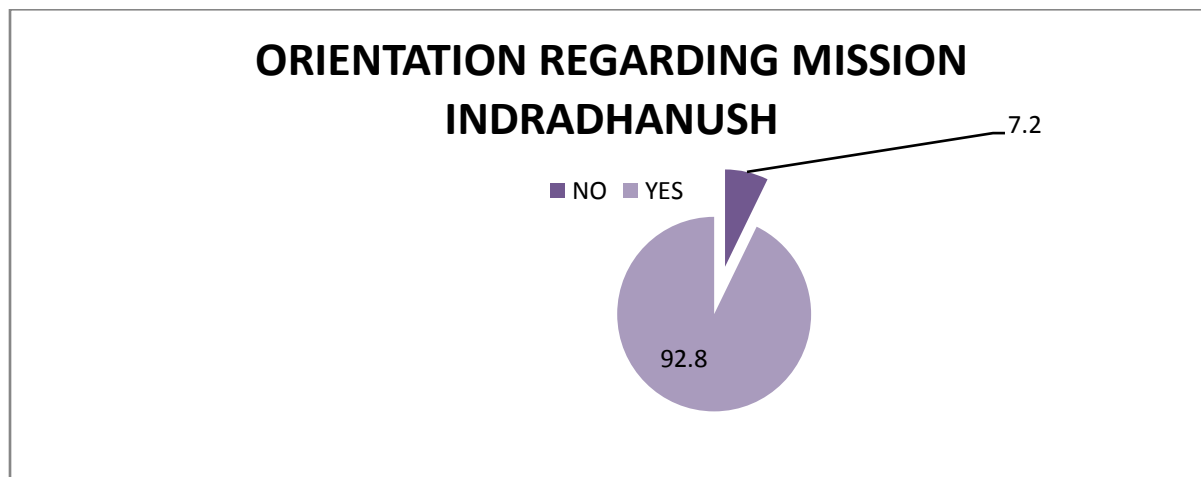


FIGURE 4: The above pie diagram describes the no. Of ANM’S with respect to Orientation Regarding Mission Indradhanush.

**SECTION-B: KNOWLEDGE REGARDING MISSION INDRADHANUSH AMONG FRONT LINE WORKERS**

**TABLE 5 :DESCRIBES KNOWLEDGE SCORES OF ANM’S REGARDING MISSION INDRADHANUSH N=138**

LEVEL OF KNOWLEDGE	GENERAL INFORMATION ABOUT MISSION INDRADHANUSH %	VACCINES AND IMMUNIZATION SCHEDULE %	THE ACTIVITIES DURING MISSION INDRADHANUSH DRIVES %	OVERALL KNOWLEDGE OF REGARDING MISSION INDRADHANUSH %
Below average	34.1	26.1	13.0	34.8
Average	50.7	52.9	50.0	56.5
Above average	15.2	21.0	37.0	8.7
Total	100	100	100	100





In the present study it is observed that out of 138 ANM'S around 50-56.5% were having average knowledge regarding Mission Indradhanush .

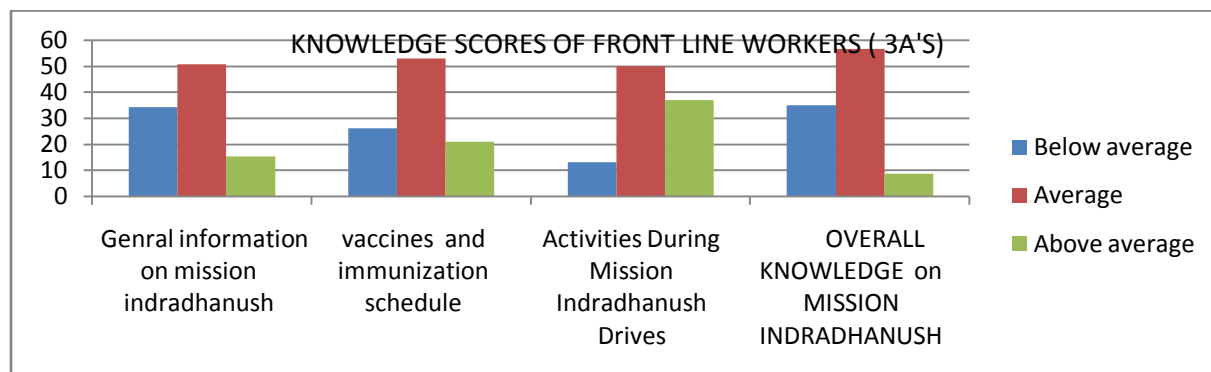


FIGURE 5 : The above graph describes the knowledge scores regarding **Mission Indradhanush** among ANM'S

**SECTION-C : PRACTICES REGARDING MISSION INDRADHANUSH AMONG FRONT LINE WORKERS**

**TABLE 6: DESCRIBES EXPRESSED PRACTICE SCORES AMONG ANM'S.**

LEVEL OF PRACTICES	PRACTICES OF PATIENT/PARENT EDUCATION %	VACCINE HANDLING %	VACCINE PREPARATION %	ADMINISTERING IMMUNIZATIONS %	OVER ALL EXPRESSED PRACTIC %
Poor	34.8	8.7	5.8	2.9	1.4
Fair	56.5	27.5	37.1	31.9	43.5
good	8.7	63.8	57.1	65.2	55.1
Total	100	100	100	100	100

N= 138

In the present study it is observed that out of 138 ANM'S 55%- 65% are having good expressed practice scores regarding vaccine handling, vaccine preparation and administering immunizations and only few 8.7% are having good practices in patient/parent education.

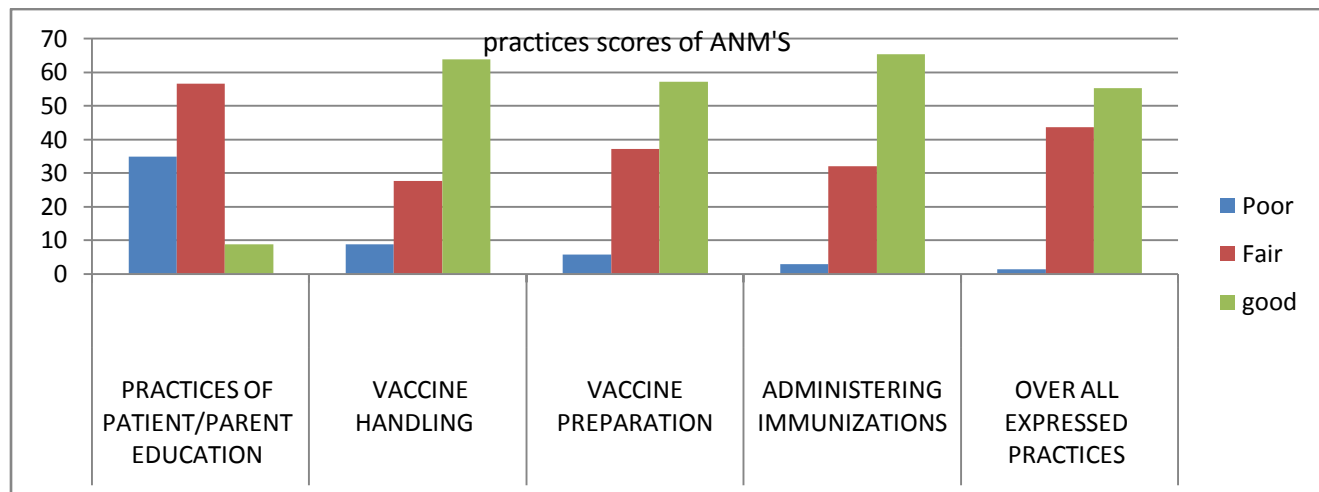


FIGURE 6: The above bar diagram describes the expressed practice scores regarding mission indradhanush among ANM’S

**SECTION-D : Correlation between the knowledge and practices scores regarding Mission Indradhanush among Front Line Workers.**

This section deals with findings related to correlation between the knowledge and practices scores OF ANM’S regarding Mission Indradhanush

**TABLE 7:** Correlation between the knowledge and practices scores OF ANM’S regarding Mission Indradhanush

Correlations			
		OVERALL KNOWLEDGE OF ANM	OVERAL PRACTICE OF ANM
OVERALL KNOWLEDGE OF ANM	Pearson Correlation	1	.032
	Sig. (2-tailed)		<b>.713</b>
	N	138	138
OVERAL PRACTICE OF ANM	Pearson Correlation	.032	1
	Sig. (2-tailed)	.713	
	N	138	138

From the above correlation table it is clear that ANMS knowledge is not significantly correlated with practice (sig. Value is 0.713 > 0.05).



There is no significant positive correlation between knowledge scores and practices scores among Frontline Health Workers (ANM's) regarding Mission Indradhanush hence research hypothesis H<sub>3</sub> is rejected and null hypothesis accepted.

## **DISCUSSION**

The result of the study is discussed in terms of findings and its relevance to the earlier studies conducted in this field. This study is first of its kind, very few attempts were made to study frontline workers working for early finding and referral services in community. However, any conclusion drawn from the evaluative study should be judged in the light of its methodological shortcomings.

The present Descriptive study was undertaken with an objective to assess the assess the “knowledge and Practices of front line workers regarding Mission Indradhanush at selected health centers , Hyderabad, TELANGANA. Included 138 ANM'S, a cluster sampling technique was adopted to select samples.

Data was collected from front line workers using structured knowledge questionnaire and check lists, the collected data was tabulated, analyzed using SPSS 16.0 version software and interpreted to check the formed objectives and hypothesis. The results of the present study contribute to the growing body of knowledge of front line workers .

**The findings of the study are discussed as follows:**

### **Demographic characteristics of front line workers (3A'S)**

The findings of the study showed that 74(53.6%) of ANM'S were in the age group of 36-45 years 45 (32.6%) of ANM'S were in the age group of 26-35 years, 14 (10.1%) of ANM'S were in age group of more than 46 years and 5 (3.6%) of ANM'S were in age group of 20-25years. This indicate that majority of ANM'S were in middle age.

**Majority of the front line workers received training on mission indradhanush.**

**Knowledge scores regarding Mission Indradhanush among front line workers (3A'S)**



From the findings of the present study it reveals that out of 138 ANM'S around 50-56.5% were having average knowledge regarding Mission Indradhanush . **This signifies that most of the ANM'S were having average knowledge regarding Mission Indradhanush**

**Madhusudan Swarnkar<sup>1</sup>, Vaseem N Baig<sup>2</sup>, Suresh C Soni<sup>3</sup>, Uma S Shukla<sup>1</sup>, Javed Ali<sup>4</sup>** 2016 cross-sectional study was conducted on Health workers of Jhalawar (Raj) using a self-administered Questionnaire. Among the 144 respondents most were ANMs (96.5%) working at sub centres. There was very good (>75%) knowledge of diseases prevented by immunization, maximum age for BCG & OPV but very poor knowledge of anaphylaxis (<25%). There was very good practice(>75%) while immunizing child with minor ailments, discarding reconstituted vaccines after 4 hours, waste handling, not revaccinating child for BCG without scar but poor practice(<50%) of not delivering important messages. They were very poor in using counter foil for tracking of child. Increase in knowledge and practices observed with advancement of qualification but negative correlation found between previous training and length of service with both knowledge and practice of immunization. There is still gap in knowledge and practices of immunization among workers. Higher education of workers has impact on their knowledge and Practices.

#### **Practice scores regarding Mission Indradhanush among front line workers**

Finding of the present study reveals that out of 138 ANM'S 55%- 65% are having good expressed practice scores regarding vaccine handling, vaccine preparation and administering immunizations and only few 8.7% are having good practices in patient/parent education.

**This signifies that most of the ANM'S were having good practice scores regarding Mission Indradhanush except in patient/parent education if ANM'S are improving the skills in this regard i.e. patient/parent education we can get 100% satisfaction of mothers regarding mission indradhanush by which mothers will utilize 100% services and by which the target of mission indradhanush will be achieved.**



## **Correlation between the knowledge and practices scores regarding Mission Indradhanush among Front Line Workers (ANM'S)**

From the findings of the study it is clear that ANM'S knowledge is not significantly correlated with practice (sig. Value is  $0.713 > 0.05$ ). In the present study researcher observed that even though frontline workers (ANM'S) were having average knowledge scores and coming to expressed practices scores they were having good practices scores.

**In the present study there is negative correlation between the knowledge and practices scores OF ANM'S regarding Mission Indradhanush. There is no significant positive correlation between knowledge scores and practices scores among Frontline Health Workers (ANM's) regarding Mission Indradhanush hence research hypothesis  $H_3$  is rejected and null hypothesis accepted.**

## **SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS**

An evaluative approach was used to find the assess the knowledge and practices of front line workers regarding mission indradhanush at selected health centres, Hyderabad. The investigator espoused general system theory (1936) developed by Ludwig von bertalanffy a pedestal for developing the conceptual framework for this study.

### **The reviews for the present study categorized under :**

- Reviews related to MissionIndradhanush
- Reviews related to Knowledge And Practices Of front line workers OnImmunization
- Reviews related to Knowledge And Practices Of health care providers OnImmunization

Cluster Sampling technique was adopted to select samples. Structured Questionnaire and Checklist were used for data collection On Mission Indradhanush. To ensure the content validity of the tools, the tool was presented in front of 14 nursing experts. All of them validated the content of tools used for data collection. Pilot study was conducted at 2 urban health centres



under Golconda cluster from 15/12/2018 to 20/12/2018, after obtaining formal administrative and ethical approval and consent from the front line workers and mothers of under five children. Tool was found to be reliable and was finalized for the study.

The Main study was conducted at all 14 clusters in Hyderabad after taking permission from the authority. Main study was conducted from 15/01/2019 to 20/06/2019. The total Front Line Workers selected for the study were 138 ANM's, at selected 14 clusters and 28 selected urban health centres, Hyderabad, the data were analyzed and interpreted in terms of objectives.

### **Major findings of the study:**

In the present study highlighted that majority 74(53.6%) of ANM'S were in the age group of 36-45 years and only few 5 (3.6%) were in age group of 20-25years.

From the findings of the present study it reveals that out of 138 ANM'S around 50-56.5% were having average knowledge regarding Mission Indradhanush .**This signifies that most of the ANM'S were having average knowledge regarding Mission Indradhanush**

Finding of the present study reveals that out of 138 ANM'S 55%- 65% are having good expressed practice scores regarding vaccine handling, vaccine preparation and administering immunizations and only few 8.7% are having good practices in patient/parent education.

In the present study there is negative correlation between the knowledge and practices scores OF ANM'S regarding Mission Indradhanush as evidenced by their knowledge and practice scores.

### **Conclusion:**

The present study was aimed to assess the knowledge and practices of front line workers regarding mission indradhanush at selected health centres, hyderabad.

Data was collected from total Front Line Workers 138 by using **Structured Questionnaire and Checklist** to assess the knowledge and practices on mission indradhanush



and the data was analyzed by descriptive and inferential statistics and presented in the forms of tables and graphs.

The findings of the study reveal that all front line workers are having average knowledge and good practices on mission indradhanush. The study concluded that the front line workers are needed for crash course on mission indradhanush so that they can still improve their practices in turn the satisfaction will be good and the utilization of services will increase by which we can achieve the target of Mission Indranush .

### **Implications :**

The present study has implication for nursing education, nursing practice, nursing administration and nursing research.

### **Nursing education:**

As a part of student learning experience, more emphasis should be laid on mission indradhanush in nursing curriculum and nursing education. If students are taught about the different types of vaccinations, and importance of them they can better take care the baby's health.

### **Nursing practice:**

The role of nurse, as a care giver in the delivery of health care to the sick is essential. Today more than ever, health care reform calls nursing to provide cost effective care. In spite of learning various times about the importance vaccinations, it is important that it should be put into practice. Nurse practitioner should increase their practice skills on immunizations.

### **Nursing administration:**

Nurse administrators need to encourage and plan staff development programs regarding importance of immunization schedules and mission indradhanushprogramme. Nursing administrators should take an initiative in creating policies or plans in providing



education to the nurses, nursing students and also to the patients, thus they will be able to practice.

### **Nursing research:**

Nursing research represents a critically important tool for the nursing profession to acquire such knowledge. Nursing researchers should be aware about the existing health care system and the status of the nursing practice. By conducting research and by formulating new theories, researchers could improve the knowledge, skills and attitude of the nurses and nursing students and ultimately the status and standard of nursing.

### **Limitations:**

The study was confined to a period of 6 months time, the distance between the centers are too far that's the reason for taking only selected urban health centers if not the investigator might have covered all 90 urban health centers under 15 clusters in Hyderabad.

### **Recommendations:**

- ✚ Study can be replicated on a large sample.
- ✚ A comparative study can be conducted in rural and urban areas.

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