International Assistance to Nursing in India

A Brief Review of W.H.O. Assistance to Nursing in India

by

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PROFESSIONAL nursing in India has a long and enviable history. Following the traditions established in the Nightingale Schools, centres for the professional education of nurses were opened in the early eighteen seventies*. From this period, up to and including the years of the Second World War, the development of nursing in India continued steadily.

The World Health Organization came into being in 1948 when initial planning for rapid expansion of health services throughout newly independent India was taking place. Since both the Government and the Organization recognized the vital role of nursing personnel in the health services of the nation, priority was given by both to programmes which would increase the quality and quantity of the nursing services which reached the average Indian family.

In the development of these programmes WHO has had the privilege of assisting the Union and State Governments in joint projects in nursing education and administration, in public health nursing and other programmes designed to assist nursing personnel in improving medical, surgical, pædiatric, obstetric and psychiatric nursing. In each of these fields the integration of principle and practices of public health have been stressed.

In collaboration with other UN agencies WHO has assisted the Government with technical staff and materials. Working hand in hand with UNICEF, WHO has given technical approval for the supply of large quantities of equipment and transport to teaching centres meeting basic criteria. This joint effort has provided many nursing and auxiliary nurse schools with essential facilities for introducing effective teaching programmes.

Recognizing the fact that improved and expanded nursing care will only come where there are improved and expanded facilities for education of all categories of nursing personnel WHO has always placed emphasis on assistance to nursing schools—auxiliary, basic, professional and advanced.

Since India has a long well established tradition of hospital nursing schools which for almost one hundred years have been providing nurse/midwives to the Indian health services, WHO has supported in every way possible the development of the hospital school. This support has been given in projects designed to prepare more and better teachers for the hospital schools and to improve the knowledge and skill of the ward sister both in patient care and in student supervision and teaching. Short courses, conferences and workshops have been conducted both on a regular and *ad hoc* basis. Studies designed to improve nursing curricula have been initiated, and wherever possible WHO has contributed to the development of sound principles and practices in both administration and education in the hospital schools. Identification of the educational philosophy and of curriculum purposes and objectives separate school budgets ; school libraries and adequate teaching, hostel and office facilities have been urged by the Organization.

An early example of this type of assistance is the Calcutta Nursing Project (India 19) which began in June 1952 with provision for four international nurses who assisted basic nursing schools in Calcutta to upgrade their general nursing and midwifery programmes. Ward, classroom, laboratory equipment and widwifery kits were provided by UNICEF/WHO.

In the field of nursing administration WHO has been particularly active in helping to establish within the State Directorates of Health the post of Assistant Director of Health Services (Nursing). This assistance has been given through a project known as Nursing Advisers to States (India 110). To date this project has been active in Madhya Pradesh, Madras, Punjab, Orissa and Gujarat.

WHO Nurses have been members of many of the WHO health teams which have provided advice and assistance to States developing community health services including maternal and child health and communicable disease control programmes. Examples of this type of assistance can be seen in the numerous Public Health Projects which have been active, at one time or another, in almost every State of the Union. Currently WHO has nursing staff working in public health projects in the States of Kerala and Gujarat.

In maternal and child health programmes there is a long history of collaboration between WHO and India. At present WHO is assisting the Government in this field through the Project, Pædiatric Education (India 114). The plan of operation for this project provides for professors of pædiatrics and for four international nurses to assist with the development of pædiatric services and education in medical college hospitals and their

*Wilkinson A., A Brief History of Nursing in India and Pakistan The Indian Nursing Council, 1958 page 16.

associated health units. To date the States of U.P., Mysore and Kerala have had nursing assistance under this project. Prior to the beginning of India 114, WHO nurses had helped with the development of pædiatric nursing in Patna, Hyderabad, Bombay, Madras, Trivandrum, and Visakhapatnam.

Recent trends in nursing have indicated a growing awareness of the need to develop post-basic nursing education within the university. As a result a re-examination of the purposes of post-basic education for nurses is being made and the role of the university in this area is being defined. This has promoted a better understanding of nursing as a separate and unique health science with a real need to develop strong co-ordinated educational patterns. In India WHO is now, under the project Post-basic Nursing Education (India 136), assisting the States of Gujarat, Mysore, Madras, and Punjab to develop post-basic programmes which either already are or we hope shortly will be, affiliated with a university. These programmes should eventually develop into schools where graduate nurses can continue their general and professional education to the bachelor and master's degree level.

The growth of health services and the expansion of medical specialities have focussed attention on the need for more and better prepared nurse specialists in every field. Through the project Refresher Courses for Nurses (India 98) and in co-operation with UNICEF, which has long had interest in short courses for graduate nursing personnel, WHO and the Government provide each year four short courses of one to two months' duration. Opportunities for holding more workshops, seminars and short intensive courses are growing and in 1964/65 WHO hopes to provide an international nurse educator who will work full-time on the organization and conduct of this type of programme.

The need for constant evaluation and subsequent development of curricula is a basic principle of education which every nurse teacher recognizes. In India the Indian Nursing Council is empowered by law to establish minimum educational standards which every school of nursing must meet. These standards are the foundation on which most schools build their educational programme. As such they are of vital importance to the profession and to the health services of India. The need to keep these standards and regulations at a sufficiently high level to provide a firm and effective foundation on which schools can build their individual educational programmes is of ultimate importance to nursing. With this in mind the Indian Nursing Council requested WHO assistance to study and revise the minimum, required curricula for the preparation of nurse/midwives. This study is now in progress.

Where advanced educational programmes in nursing are not yet available within India, WHO has provided fellowships for Indian nurses to take advanced study abroad. To date 48 Indian nurses have received WHO fellowships.

Assistance given by U.S.A.I.D. to Nursing in India

by

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AFTER achieving independence, in 1947, India adopted as first goal improvement of the living standard of its now more than 440 million citizens. Working through democratic institutions it has organised co-ordinated economic and social development projects under its comprehensive Five-Year Programme, inaugurated in 1951. Its objectives are production of more food, building of a broad industrial base, creation of new employment opportunities, education of the Indian people, improvement in health conditions, and development of sound social institutions to promote the general welfare.

At India's request, the United States is assisting to achieve these goals. U.S.A.I.D. plays a supporting role in many areas, one is resources and professional support services in health, including Nursing.

Nurses were included originally in Technical Co-operation Mission now U.S.A.I.D. Mission beginning with the appointment of a Chief Public Health Nursing Adviser. She represented U.S. support requested by the Ministry of Health in public health nursing. She also related to the Secretary of the Nursing Council Office of the Directorate General of Health Services and the Ministry of Health, New Delhi.

Later, Bhopal used one Public Health Nurse Adviser ; Madras State, one Public Health Nurse Adviser ; Safdarjang Hospital, New Delhi, four nurse advisers in speciality services such as recovery room, central sterile supply and physiotherapy ; Indian Red Cross Society, one nurse advisor ; Nursing Colleges at Vellore, Indore, Hyderabad and Jaipur, eleven nurse education advisors.

The nursing advisers originally were a part of a project beginning as Health Research and Education. It was broad in scope covering U.S. assistance to teaching hospitals, medical colleges, nursing schools, research institutions, the Union Central and State Ministries of Health. It included diverse medical technicians such as physicians, laboratory technicians, physiotherapists health educators, biostatisticians,