

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 paediatric 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

(Mrs.) Donovan,

Nursing Adviser, U.S.A.I.D.

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,

hospital administrators and nurses all relating to health services as well as to the supportive service of nursing in public health and medical care.

In 1958 Nursing College Development began as a separate project. Its purpose was to develop a multiplier institution and to help meet India's critical need for qualified nurses in hospitals, schools of nursing, public health and related activities. During the project's planned 10-year life period 76 participants will have been trained in the U.S. and 110 man years of technician's services as well as support commodities will have been utilised. Assistance currently is concentrated in development of university-level nursing education at two Nursing Colleges in States which also receive U.S. support in Medical Education ; Rajasthan and Andhra Pradesh. In the Nursing College at Hyderabad, the academic deve-

lopment will continue two more years, it will enter the evaluative process in the near future. This process will relate the education product of the college into the goals of the Five Year Plans.

Individuals involved in these projects reported progress by the nurses with whom they worked. These reports included the development utilization, evaluation of teaching methods, clinical rotation co-ordinated with class-room teaching, introduction of administrative techniques including identification of needs and problem analysis ; integration of public health nursing in the curriculum ; establishment of in-service education programmes for hospital and health services personnel ; improvement of hospital services, physical facilities, patient care and patient teaching ; health training for other related workers such as auxiliary nurse-midwives, health visitors, *gram sevaks*, home ser-

vice extension workers. The development of a central sterile supply service in the hospital as an efficient, effective administrative support to nursing services has had particularly good acceptance by hospital and government authorities. These individual and group support activities were widely scattered in a vast programme of total development of health services. Some new concepts evolved and in time the Indian nurses bring about desired results through the services their profession provides.

The U.S. nurses have each expressed their appreciation of the help and understanding of the Indian nurses with whom they have worked and without whom nothing could have been accomplished. Any gains have certainly many faceted benefits for both countries and will contribute to nursing development internationally.

Contribution of UNICEF to Nurses' Training in India

by

Dr. V. Tatochenko & S. N. Kaul
UNICEF, New Delhi

Training for Progress

In many countries probably the most serious impediment to the progress of programmes of interest to UNICEF and WHO has been the lack of adequately trained personnel, whose availability governs the rate at which progress can be achieved. UNICEF, therefore, attaches the greatest importance to national training programmes and provides flexible and diversified assistance to fit the special needs of individual countries. For training schools, hospitals, and health centres, where courses are held, UNICEF provides technical equipment and supplies, teaching materials, educational aids and books. It also provides transport for students' field practice and in some cases stipends to trainees to help defray extra living costs.

In assisting various nurses' training programmes, UNICEF is

actively co-operating with the World Health Organisation whose technical personnel are assigned to numerous projects for implementation. The institutions receiving UNICEF assistance have to conform to certain technical criteria which are developed by the national government with the technical advice of WHO.

UNICEF has now broadened the scope of its aid for training and allowed it to be used more extensively for staff in all the various fields of service for children, and for all levels of work : planning, directing, teaching, professional and auxiliary. UNICEF is thus able to assist in certain ways to help training at all levels from primary schools through university and post-graduate training.

UNICEF Assistance to Nurses' Training in India

India is undertaking intensive

rural health development, linked with its community development programme. To provide personnel for these greatly expanded services, training of various categories of personnel is being improved and expanded. Under earlier allocations for development of M.C.H. services, UNICEF provided teaching and demonstration equipment for 236 nurses', auxiliary nurse-midwives', health visitors' and midwives' training schools. Under the rural health development plan, UNICEF has provided teaching equipment for additional 163 teaching institutions as well as stipends for refresher training of nursing personnel and post-graduate training in various subjects.

According to the present plans, it is hoped that every training institution for general nurses, midwives, and auxiliary nurse-midwives within the country should receive some

UNICEF assistance if it qualifies in terms of the criteria laid down by the Central Government of India and WHO by the end of the Third Five Year Plan.

The philosophy behind these training plans is to up-grade the training of para-medical and auxiliary personnel for MCH and other health programmes and to bring about a uniformity in teaching which is a step towards achieving higher and unified standards of training in the country.

UNICEF assists basic training institutions, such as general nursing schools, auxiliary nurse-midwives' schools, health visitors' schools, sanitary inspectors' schools and others, with basic training and ward demonstration equipment, text books, visual aids, etc. As a new departure in general nursing training, UNICEF has agreed to give special assistance to nursing schools where public health is integrated into the basic nursing curriculum. To facilitate such training, UNICEF has provided transport to over 60 schools and is prepared to extend its assistance to other schools as well.

The rapid development of various training schools in India requires increasing numbers of tutors and teachers; consequently UNICEF has increased its assistance in terms of stipends for such train-

ing. Tutors thus trained are posted back to the auxiliary nurse-midwives' schools which undoubtedly improves the standard of training.

Being interested in the welfare of children in particular, an increasingly important feature of UNICEF work in India is assistance to the development of paediatric training. Over 200 nurses have been trained in paediatric nursing with UNICEF assistance and posted back to paediatric departments of medical colleges and district hospitals.

A particular need was felt to upgrade the post-graduate nursing training institutions and recently UNICEF has agreed to support all the 15 post-graduate nursing institutions in India with text books, demonstration equipment as well as transport.

A large number of nurses, health visitors and auxiliary nurse-midwives are being assigned to primary health centres and sub-centres for which special orientation courses are indispensable. UNICEF is providing on a continuing basis stipends for such training to a large number of these workers being assigned to rural health services. This training is being imparted at a dozen of orientation training centres, also established with UNICEF assistance.

Future Outlook

It is hoped that upto the end of

the Third Five Year Plan, most of the qualified nursing and auxiliary nurse-midwives' training institutions in the country will receive UNICEF assistance along with post-graduate institutions conferring the university degree in nursing. At least 100 nursing schools will have received transport to facilitate public health training. Orientation training of auxiliary nurse-midwives as well as post-graduate paediatric and public health nursing courses will also continue to receive assistance from UNICEF.

The quantitative goals so far achieved in UNICEF assisted training programmes are a healthy indicator of a useful investment of UNICEF and government resources. In essence the interest which UNICEF takes in training, like the interest of the country itself, begins before the creation of the training instrument, and continues after the trainees have graduated. The latter particularly should be kept in mind in assessing the value of any efforts in the field of training and there is a sound ground to believe that investments UNICEF has made in the field of nurses' training in India have brought about considerable though not easily measurable improvements in the field of public health and medical services, of which children are prime beneficiaries.

T.N.A.I. SECOND BIENNIAL CONFERENCE

Tentative Programme

Monday, October 12, 1964		
9.00 a.m. to 5.00 p.m.	Council Meeting.	
6.00 p.m.	Standing Committee Meetings.	
Tuesday, October 13, 1964		
9.00 a.m. to 5.00 p.m.	Council Meeting.	12.00 noon
6.00 p.m.	Church Services.	12.00 noon
Wednesday, October 14, 1964		
10.00 a.m.	Inauguration of the TNAI Conference.	2.30 p.m.
2.30 p.m.	Introduction of Conference Theme : NURSING IN THE FOURTH FIVE YEAR PLAN by Miss T. K. Adranvala, Nursing Adviser, Government of India—Seminar on Conference Theme—Nursing in the Fourth Five Year Plan.	5.00 p.m.
	TNAI AT HOME	6.30 p.m.
4.30 p.m.	Talk by Dr. C.V. Raman.	
6.00 p.m.	Variety Entertainment by Mysore State Branch members.	8.30 p.m.
8.30 p.m.		
Thursday, October 15, 1964		
8.00 a.m.	Final Session of the Council.	3.00 p.m.
9.00 a.m.	Inauguration of SNA Exhibition and Prize Distribution.	5.00 p.m.
10.00 a.m.	Seminar-cum-role-play on PSYCHI-	

ATRIC NURSING IN THE BASIC NURSING CURRICULUM by Tutors of All-India Institute of Mental Health, Bangalore.
Business session—Election.
SNA Observers Meeting.
Group Meetings :
Nursing Education Section, Public Health Section.
Tea by the Govt.
Symposium on the Role of Nursing Personnel in the National T.B. Programmes.
College of Nursing Alumni Meeting.

Friday, October 16, 1964

Visit to Psychiatric Centre and TB Clinic.
Talk by General S. L. Bhatia.
Section Meetings—Report of the Section Meetings.
Final Session of the Conference.
Citizen's Tea

Saturday, October 17, 1964

One day organised Tutor of Mysore City.