An Evaluation Study of Implementation of Scheme of Upgradation of School of Nursing into Colleges of Nursing in Various States of India

Nanthini Subbiah¹, Bhargavi²

Abstract

On behest of the Ministry of Health & Family Welfare (MoHFW), an evaluation on Central Sector Scheme of Development of Nursing Services was done by National Institute of Health & Family Welfare (NIHFW) to assess the utilisation of facilities developed in various training institutions funded by MOHFW for upgradation into College of Nursing. Descriptive cross sectional design was adopted to select a total of 9 institutes from 8 states using random sampling method. Data were collected in December 2019 and January 2020 with the help of structured questionnaire and observation checklist related to scheme and statutory guidelines. The study revealed that all states/institutions utilised the fund under the heads as specified but only few institutions (4/9) upgraded as per scheme guidelines and purposes. Rest of the institutions utilised the fund as per the decision of state government. Some institutions continued the same diploma course (2/9). Majority (7/9) institutions received only first instalment of fund. Three institutions (in Gujarat, Manipur & Tamil Nadu) utilised the entire amount as per the institution’s need. Utilisation certificate was submitted by all institutions. Most of the institutes (in Gujarat, Jharkhand, UP, Manipur and WB) utilised the fund for construction work including addition, alteration of existing building or construction of new school/college building. Although, all four upgraded institutions constructed separate building for college, only one institution (out of 4 upgraded institutions) constructed separate hostel. The remaining three institutes (Rajasthan, West Bengal and HP) do not have separate hostel building for students. Most of the institutes (7/9) utilised the fund for purchasing furniture and teaching aids. Various posts were created in most of the institutions; however, all higher-level posts are lying vacant due to administrative delay. The findings indicated that all the nursing training institutes benefited largely by the scheme for improving the quality of education by way of expanded infrastructure. The objective of the scheme i.e., increasing the graduate nurses by upgrading the school of nursing in to college of nursing couldn’t achieve 100 percent target as three institutes had not yet started admitting BSc (N) students.

To improve the quality of nursing education, Government of India approved a Central Sector Scheme of Development of Nursing Services with 100 percent funding pattern for implementing in various states. The central assistance for nursing institutes was started in 9th Plan period and continued throughout all plan periods with allocation of more fund considering the dire need of improvement of quality of nursing education. A sum of Rs. 2900 crore was allocated during XI plan and Rs. 3200 crore was proposed during XII plan for the development of nursing sector. One of the important components of this scheme is known as upgradation of the school of nursing into College of Nursing. This was formulated with a purpose to increase the availability of graduate nurses, keeping in view the recommendations of the National Health Policy. A total of Rs 48.71 crores were released to 17 institutions situated in eight states during the IX and XII plan after obtaining a detailed proposal with undertaking by the state for bearing the recurring expenditure. One time assistance of Rs. 1.5 crore was then revised during XI Plan period to Rs. 6.00 crore with recurring cost during Plan period. The financial assistance was provided for civil works including addition and alteration of school including hostel building and for furniture and audio-visual aids. Since inception a number of institutes were strengthened and upgraded with the financial assistance from the central ministry.

Since inception a number of institutions have been strengthened and upgraded with the financial assistance from the central ministry. However, no
evaluation study or rapid assessment was done on the nursing programmes implemented in states with financial aid from Central Ministry. Besides, the scheme is now proposed to be continued beyond 2020. As per GOI guidelines, the diploma nursing programme has to be phased out and replaced by degree nursing programme from 2021 onwards. Hence MoHFW entrusted NIHFW to investigate and evaluate implementation of the scheme of ongoing scheme of Development of Nursing Services based on the objectives and on rapid assessment mode.

Objectives

1. To assess the infrastructure developed in various training institutions funded by MOHFW for upgradation.
2. To determine the extent to which the training institutes have adhered to the guidelines issued by the centre.
3. To determine the availability of manpower and the utilisation of facilities at the training institutions which have been upgraded from School of Nursing into College of Nursing.
4. To document the bottlenecks if any, in the implementation of the scheme and suggest possible solutions.

Review of Literature

Worldwide there is an increased demand for higher education in nursing (National Health Policy, 2002). It is evident that enhancement of quality of nursing education is related to the availability of the resources including physical resources, best faculty, a range of teaching/learning methodologies and also the employability of the graduates (National Health Policy, 2017). Great imbalances in the nursing manpower and lack of qualified health work force have been reported in rural and remote areas (TNAI, 2001). Similarly poor nurse-patient ratio as compared to developed countries is also reported heavily (INC 2006). Nursing and nursing education has been a matter of concern from time to time as evident from the various committee reports like Health Survey and Development Committee (Bshore Committee, 1946), Nursing Committee to Review Conditions, Emoluments etc. (Shetty Committee, 1954), Health Survey and Planning Committee (Mudaliar Committee, 1961), Special Committee to Review Staffing Pattern and Financial Provision under the Family Planning Programme (Mukherjee Committee, 1966), Committee on Multi-purpose Workers under Health & Family Planning Programme (Kartar Singh Committee, 1973) and Expert Committee on Health Manpower Planning, Production and Management (Bajaj Committee, 1986) (Indian Nursing Council, 2006). Later in 1987, high power committee made a country-wide recommendation for nursing education, nursing services and public health nursing. The committee recommended that there should be two levels of nursing personnel viz Professional Nurse (Degree level I and Auxiliary Nurse/Vocational Nurse (International Council of Nurses, 2019). National Health policy 2002 envisages the need of improvement of quality of nursing education in India through various measures (Benner et al, 2010).

Methodology

The study used a cross-sectional survey design to collect the data from nine institutes selected by proportional random sampling method (Table 1). Selected institutions were visited by the investigators during December 2019 and February 2020 and data were collected with the help of structured validated questionnaire related to scheme and statutory guidelines. The questionnaire consisted of 49 items covering areas like general information of the institution, details of the fund released and utilised (recurring & non-recurring), utilisation of the training institute since upgradation, details of the infrastructure of the institute (teaching block & hostel), and details of human resource. The team members were briefed about the scheme and data collection process and the state authorities were informed of the proposed study and visits. The questionnaire was administered to the Head of the Institution responsible for the scheme Principal, I/C Accounts, Deputy Director/ Director Nursing and Office of District Health Services.

Results & Discussion

The data analysis was done by employing descriptive statistics. The findings were categorised as under:

Institutes that are upgraded in true sense: Four institutions (4/9) Government College of Nursing, Vadodara (Gujarat), College of Nursing, Medical Directorate, Lambhapat, Imphal (Manipur), College of Nursing, BHU, Varanasi (UP), Sister Nivedita School of Nursing which is attached with Indira Gandhi Memorial hospital, Himachal Pradesh stopped GNM programme and started BSc (N) as per the guidelines. Three (3) institutes (3/9) viz. Rajendra Institute of Medical sciences (RIMS) School of Nursing, Jharkhand, School of Nursing, Institute of Social Obstetrics & Government Kasturba Gandhi Hospital for Women & Children and General Hospital (TN) and School of Nursing, National Medical College & Hospital, Kolkata (WB) are continuing the diploma programme (did not upgrade to college). Two out of nine institutes viz. Government College of Nursing, Ajmer (Rajasthan), Government College of Nursing, Jodhpur (Rajasthan) are new colleges under Self Financing Scheme at identified locations, about 8-9 km away from the parent hospital due to pressure from various unions. Therefore the existing School of Nursing at JLN Med-
The College of Nursing at RIMS, Jharkhand is already established in 2007 but, sent the proposal to MoHFW for grant-in-aid for school of nursing. However as two colleges were not upgraded, the fund was utilised for existing SON without upgrading (wrong selection of institute). The reason Government of Rajasthan established a new College of Nursing under Self Finance Scheme instead of upgradation in lieu of the requests received from union not to stop GNM programme. At Kolkata, the authority took a policy decision not to utilise the fund for School of Nursing but to utilise at college of nursing that runs two years course of Post Basic BSc (N) In Tamil Nadu, the existing school of Nursing building was unfit as per state PWD norms and the work for establishing a new college building is under process. Therefore, existing GNM course was continued.

**Statutory requirements:** Institution wise statutory requirements were analysed based on the Indian Nursing Council norms for College of Nursing as well as MoHFW guidelines with regard to release of fund. No MOU was signed between centre and state, as such copy of the proposal with undertaking was not available with any institute. However operational guidelines were available with all (100%). Except Manipur, all other institutes are attached with Medical College. INC prescribes separate college building with 23,720 sq ft area. However, only 7 institutes have separate college building with constructed area as per INC norms. Institutes at Tamil Nadu and Kolkata do not have separate college building. Six (6) institutes have separate hostel facility for students whereas three institutes do not have separate hostel facility namely, Government College of Nursing, Ajmer (Raj), CON, National Medical College & Hospital, Kolkata and Sister Nivedita School of Nursing attached with Indira Gandhi Memorial Hospital (HP).

**Fund Release and utilisation (Table 2):** Out of the 9 institutes, three institutes only demanded and received remaining instalments of Non-recurring Grant-in-Aid; other institutions neither demanded nor

### Table 1: Training institutes selected for evaluation

<table>
<thead>
<tr>
<th>State</th>
<th>Name of the Institute</th>
<th>Fund released (in Rs crore)</th>
<th>Year of fund release</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gujarat</td>
<td>School of Nursing, SS Hospital, Baroda</td>
<td>1.025</td>
<td>2010</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>School of Nursing, Rajendra Institute of Medical Sciences, Nurses Hostel, Bariatu, Ranchi</td>
<td>4.40</td>
<td>2010</td>
</tr>
<tr>
<td>Manipur</td>
<td>School of GNM, RMS Campus, Imphal</td>
<td>3.00</td>
<td>2010</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>SON, Mahatma Gandhi Hospital, Jodhpur</td>
<td>5.205</td>
<td>2018</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>SON, JLN Medical College and Associated Group of Hospitals, Ajmer</td>
<td>5.205</td>
<td>2012</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>School of Nursing, Government KG Hospital, Chennai</td>
<td>1.025</td>
<td>2010</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>School of Nursing, BHU Institute of Medical Sciences, Varanasi</td>
<td>1.025</td>
<td>2010</td>
</tr>
<tr>
<td>West Bengal</td>
<td>School of Nursing Culcutta, National Medical College and Hospital, Kolkata</td>
<td>1.025</td>
<td>2010</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>BNM Training Centre, Indira Gandhi Memorial Hospital, Shimla</td>
<td>4.40</td>
<td>2014</td>
</tr>
</tbody>
</table>

### Table 2: Details of fund released and utilised (amount in Rs lakh)

<table>
<thead>
<tr>
<th>State</th>
<th>Year of release</th>
<th>Amount released</th>
<th>Amount utilised</th>
<th>Amount unutilised</th>
<th>Reason for non-utilisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gujarat</td>
<td>2010</td>
<td>62.50 &amp; 40.00</td>
<td>32.436226</td>
<td>142.26826</td>
<td></td>
</tr>
<tr>
<td>Jharkhand</td>
<td>2010</td>
<td>62.50 &amp; 40.00</td>
<td>104.03854</td>
<td>37.31732</td>
<td>(Interest earned)</td>
</tr>
<tr>
<td>Manipur</td>
<td>2010</td>
<td>300.00</td>
<td>320.46</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Rajasthan Ajmer</td>
<td>2010 - Nov 2013</td>
<td>62.50 40.00 418.00 (520.50)</td>
<td>398.60060</td>
<td>121.89940 (Returned to Ministry)</td>
<td>Administrative delay in procuring items.</td>
</tr>
<tr>
<td>Jodhpur</td>
<td>2010 - Nov 2018</td>
<td>62.50 40.00 418.00 (520.50)</td>
<td>102.50 41800000</td>
<td>121.89940 (Returned to Ministry)</td>
<td>Under process</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>2010</td>
<td>62.50 &amp; 40.00</td>
<td>102.50</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>2010</td>
<td>62.50 &amp; 40.00</td>
<td>1.40932</td>
<td>102.50</td>
<td></td>
</tr>
<tr>
<td>West Bengal</td>
<td>2010</td>
<td>62.50 &amp; 40.00</td>
<td>19.97 82.54</td>
<td>No space or approval for new construction</td>
<td></td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>2013</td>
<td>62.50 &amp; 40.00</td>
<td>177.00 263.00</td>
<td>Lack of DDO power</td>
<td></td>
</tr>
</tbody>
</table>
received remaining instalments. Three institutions (Gujarat, Manipur & Tamil Nadu) utilised the whole amount as per the requirement of the institution and not as per the guidelines, two institutions (Ajmer and UP) returned the unspent balance, three institutions (Jharkhand, WB and HP) neither utilised nor returned the unspent amount due to institutional level problems and one institution (Jodhpur, Rajasthan) received the third instalment due recently. No Recurring grant was released to institutions as all are run by state Government. The status of submission of utilisation certificate is illustrated in Table 2.

Utilisation certificate (UC) was submitted by all institutions. However only five institutions submitted the UC for the whole amount released whereas two institutions (Ajmer & UP) returned unspent balance and submitted UC for whole amount. One institution (Shimla, HP) submitted partial UC with unspent balance to be used along with next instalment. One institute (Jodhpur) was in the process of utilising the third instalment for which the UC is not due as on date (Tables 3 and 4).

**Status of functioning of upgraded institutions:** The School of Nursing, SS Hospital, Baroda was upgraded in the year 2008 with commencement of BSc (N) students with an intake of 50 seats per year. So far 532 students were admitted and about 372 students have passed out. All faculty posts are created, but position of Principal is lying vacant. The school of nursing at Manipur was upgraded in the year 2012 with an annual admission capacity of 40. So far 4 batches have passed out. However, no posts were created after upgradation. College of Nursing, Ajmer was established in the year 2011 for commencements of BSc (N) programme with an intake of 60 seats per year. Out of 480 students admitted (8 batches) since inception, so far three batches have passed out (180 students). However, no posts were created for College of Nursing at Ajmer. College of Nursing, Jodhpur was established in the year 2012 with commencements of BSc (N) students with an intake of 40 seats per year. So far three batches have passed out since inception. However, no posts were created for College of Nursing in Jodhpur. Senior most tutor is in-charge as principal. The school of nursing at BHU was upgraded in 2009 with an annual intake for 100 seats. So far 7 batches of BSc (N) students have passed out after upgradation, 11 faculty members

### Table 3: Details on submission of SoE and Utilisation Certificate (UC)

<table>
<thead>
<tr>
<th>Statements</th>
<th>Gujarat</th>
<th>Jharkhand</th>
<th>Manipur</th>
<th>Rajasthan Ajmer</th>
<th>Jodhpur</th>
<th>Tamil Nadu</th>
<th>Uttar Pradesh</th>
<th>West Bengal</th>
<th>Himachal Pradesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC and audit reports submitted to MoHFW on time</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, Along with unspent amount</td>
<td>Yes, But not for whole amount</td>
<td>Yes</td>
<td>Yes, Along with unspent amount</td>
<td>Yes, But not for whole amount</td>
<td>Yes, But not for whole amount</td>
</tr>
<tr>
<td>If no reason</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Table: 4 Details on Utilisation of Training Institute

<table>
<thead>
<tr>
<th>State</th>
<th>Year of completion of upgradation</th>
<th>Admission intake of students after upgradation</th>
<th>No of students completed course after upgradation</th>
<th>Recruitment of teaching staff after upgradation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gujarat</td>
<td>2008</td>
<td>50</td>
<td>372</td>
<td>All Posts are created. But position of Principal is lying vacant.</td>
</tr>
<tr>
<td>Jharkhand</td>
<td></td>
<td></td>
<td></td>
<td>[Not Upgraded]</td>
</tr>
<tr>
<td>Manipur</td>
<td>2012</td>
<td>40</td>
<td>160</td>
<td>No posts created.</td>
</tr>
<tr>
<td>Rajasthan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ajmer</td>
<td>2011</td>
<td>60</td>
<td>240</td>
<td>No posts created, nor recruited. Senior most tutor is in charge as principal.</td>
</tr>
<tr>
<td>Jodhpur</td>
<td>2012</td>
<td>60</td>
<td>180</td>
<td></td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td></td>
<td></td>
<td></td>
<td>[Not Upgraded]</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>2009</td>
<td>100</td>
<td>700</td>
<td>11 clinical instructors from clinical side, 9 faculty members on contractual basis, 8 clinical instructors under NHM project.</td>
</tr>
<tr>
<td>West Bengal</td>
<td></td>
<td></td>
<td></td>
<td>[Not upgraded]</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>2010</td>
<td>60</td>
<td>320</td>
<td>The positions of Associate Professor as well as Vice Principal created but not filled up.</td>
</tr>
</tbody>
</table>
were added from clinical side (full time) on the post of clinical instructors, nine contractual faculty members were appointed after the number of seats were increased to 100. Eight more clinical instructors are working under NHM project. The Sister Nivedita Government Nursing School in Himachal Pradesh was upgraded in the year 2010. The BSc Nursing course started with 60 seats, Post-Base BSc Nursing with 30 seats and MSc Nursing with 25 seats. The positions of Associate Professor created are still pending to be filled up.

It is thus evident that the objective of increasing the graduate nurses by upgrading the school of nursing into college of nursing couldn’t achieve 100 percent target as three institutes have not yet started admitting BSc (N) students.

Utilisation of fund for infrastructure development: as per guidelines, an institution can utilise the fund for addition/alteration of existing building or new construction, purchase of AV aids, expansion of library, furniture lab equipment, computer etc. Five (5/9) institutes executed all three types of civil work; i.e., addition, alteration and new construction. Similarly, three (3/9) institutes (Ajmer, Jodhpur & TN) executed new construction and one institute (HP) executed only addition/alteration. Construction work was executed by state approved agency at all institutes (100%). The number of class rooms in institutes that were upgraded in true sense ranged from 4 to 12 as some are running additional courses like PB BSc, NPM courses etc. The number of class rooms in newly established colleges ranged from 6-10 as the institutes were also running PG programmes. The number of class rooms ranged from 2-4 in not upgraded institutes. Two institutes (UP & WB) constructed class rooms only with the help of grant-in-aid.

Regarding college and hostel building, all four upgraded and two new colleges of nursing possess separate college building with constructed area as per requirement of INC. Regarding availability of separate hostel building for students, six institutes have separate hostel building whereas three institutes (Ajmer, West Bengal & HP) do not have separate hostel building for students.

Utilisation of Fund for Library, Teaching Aids and Furniture: Six (6/9) institutes utilised the grant-in-aid for library, three (3/9) institutes (Gujarat, Ranchi, & TN) did not use the central assistance for library. As for Gujarat, it used state fund for library and other two institutions were not upgraded. Except the School of Nursing, Tamil Nadu all other institutes utilised the grant-in-aid for purchasing Teaching Aids and except RIMS, Ranchi and School of Nursing, Tamil Nadu all other institutes utilised the fund to purchase furniture for college and hostel. As such all institutes were highly benefitted to purchase the necessary furniture for college and hostel out of the fund released under this central sector scheme.

Human resource: Faculty positions are varying from state to state. Out of the four upgraded institutes, Manipur has appointed Principal and Vice Principal on regular basis whereas other three institutes (HP, UP & Gujarat) have not filled up the positions of Principal and Vice Principal. Posts were not sanctioned in the two new College of Nursing of Rajasthan. Additional posts of Professor, Associate Professor, and Assistants Professor were created in upgraded college of Nursing (Gujarat, Manipur, HP & UP). Majority of the institutions are run with faculty positions of tutor.

Records and reports maintained at institutes: Record maintenance at the training institutes indicated that all the institutes maintained documents in relation to the grant-in-aid released, accounts details, purchase and work orders, bills, vouchers, stock register etc. Regarding monitoring mechanism of fund utilisation, as such there is no monitoring mechanism of state or central government. However, the progress of work was monitored by internal or institutional authority.

Monitoring mechanism: The fund was utilised by all institutes (100% utilisation) for the purpose of civil work, procurement of teaching materials, furniture, and lab equipment. All institutes (100%) submitted UC & SOE for whole or partial amount. None of the institutes have submitted progress report. As such there is no monitoring mechanism by state or central government. The progress of work was monitored only at institute level.

Challenges faced by the training institutes: Lack of drawing and disbursing power of Principal in College of Nursing hampers the procurement of equipment and utilisation of funds for Nursing College. Administrative delay in decisions and approval causes the institution to return the unspent fund to Ministry. Initial release of small amount was not sufficient to start any construction work. Sanctioned fund needs to be released to complete the construction work. There is no committee formed for the CSS fund utilisation. Teaching faculty is not sufficient for post graduate courses. Latest books and journals are hardly available in the college library.

Recommendations
The major lacuna of the system is lack of position and power with the institute heads (principal of nursing institute) that resulted in delayed implementation. The institute heads (principal of nursing institute) be given the power of Drawing and Disbursing fund for timely implementation of the scheme. Most of the institutes are running with the help of the central grant for furniture, AV Aids, & Books etc. Few institutes those in Gujarat, Rajasthan and West Bengal)
received financial support from State Government and hence did not face any difficulty. However other states and institutes are in need of financial assistance for various purposes. Hence it is essential that the scheme is continued in future. Lack of clarity in guidelines and communication gap between centre and institutes caused delay in progress of works for which fund should be transferred directly to the institutes. The guidelines may be revised considering the recommendations and suggestions as obtained and reported by the institutes. A strong monitoring system with quarterly progress report and auditing, etc. to be incorporated.

Implications
The study findings can be used to develop a tailor-made programme with scope of flexibility for release of central assistance in this approach. Thus, the central schemes need to be in sync with the state institutions in selection of institutions, releases of fund, its utilisation, and monitoring of progress. Further, the study findings will help in making adequate modifications in the central sector schemes for nursing.

Conclusion
The study attempted to comprehend the implementation of the sub component of central sector scheme i.e., upgradation of the school of nursing into College of Nursing. It was formulated during 9th plan period considering the insensitive approach towards the State Government nursing training institutes. The scheme was well utilised by the states. All the institutes to which the grant-in-aid was released, were benefitted largely for improving and expanding their infrastructure.

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Name(s) of author(s) with designation; TNAI Number; Author (s) and co-authors details; Email id and phone no.; Complete address for correspondence; mention the year in which the study was conducted; furnish an undertaking that the article has not been submitted elsewhere for publication; Institution Ethical Clearance (IEC) letter (whoever conducting interventional studies); If your research study is the part of MSc Programme mention the names of your guide and co-guide.

The articles should follow the following sequence:

Note:
• The articles should be 1200 to 2000 words long. Illustrations, diagrams, photographs should be preferably in black and white; if in colour, these should have good reproducibility.
• Evidence-based studies are given priority
• Planned teaching programme studies are not accepted

Authors should send the soft copy through mail publicationstnai@yahoo.com along with a cover note addressed to the Chief Editor, The Nursing Journal of India (NJI).
Dear Members,

Greetings from the Student Nurses’ Association of India!

Marching towards centenary with commitment and dedication since 1929

Our main intention of sending this circular is to bring to notice of nursing students in your charge and encourage their participation in SNAI competitions, 2021.

I. STATE SNAI VIRTUAL COMPETITIONS ‘2021’

As per the EC/Council decision (Minute No. TNAI/TCAC/Zoom/8th June, 2021/2) the members decided that due to Covid-19 pandemic, it was not possible to conduct SNAI Biennial conference as well as any offline activities for the students since 2020. Further, it was decided to conduct few virtual SNA competitions in order to make the students exhibit their talents and it is the high time to keep our students engaged in various constructive activities related to their professional development.

The members have decided to conduct the following competitions at the state level.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>List of SNAI Competitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>E-Scientific Paper</td>
</tr>
<tr>
<td>2</td>
<td>E-Poster Presentation</td>
</tr>
<tr>
<td>3</td>
<td>Online Quiz competition</td>
</tr>
<tr>
<td>4</td>
<td>Concept Mapping</td>
</tr>
</tbody>
</table>

Criteria for SNA E-competitions

1. **E - Scientific Paper Presentation**

   **Theme: Prevalence of COVID - Appropriate Behavior among general public**

   E-Scientific paper presentation refers to electronic visual version of research paper with a brief description of the methods, tables and/or graphs related to the findings, and interpretation of the data.

   **Criteria for Scientific Paper Presentation**

   The Student Nurse(s) will present the Scientific Paper on the theme.
   1. The paper should contain: Introduction, Need, Significance in Nursing, Statement of the Problem, Objectives, Review of Literature, Methodology, Findings and Interpretation (with one or two tables), Recommendation, Implications, Conclusion and Bibliography.
   2. One hard copy and one soft copy of the Scientific Paper containing not more than 1500 words (4-5 pages in A-4 size) which should be submitted to the State SNAI Advisor.
   3. The State SNAI Advisor along with the committee members should select up to three best Scientific Papers at the State Level which shall be presented by the student(s) during the state SNAI conference.

2. **E - Poster Presentation**

   E-Poster presentation refers to an electronic way of exhibition of the topic in pictorial form with short and concise outline of the concept.
Topics for E-Poster Presentation

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Section</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MCH Section</td>
<td>Child rearing in COVID pandemic</td>
</tr>
<tr>
<td>2</td>
<td>Midwifery</td>
<td>Care of women in menopausal transition</td>
</tr>
<tr>
<td>3</td>
<td>Anatomy and Physiology</td>
<td>Respiratory tree and its function</td>
</tr>
<tr>
<td>4</td>
<td>First Aid &amp; Basic Nursing Procedures</td>
<td>Health care emergency codes</td>
</tr>
<tr>
<td>5</td>
<td>Medical &amp; Surgical Nursing</td>
<td>Care of patients on ECMO</td>
</tr>
<tr>
<td>6</td>
<td>Paediatric Nursing</td>
<td>Primordial prevention of communicable diseases</td>
</tr>
<tr>
<td>7</td>
<td>Psychiatric Nursing</td>
<td>Infodemics and its impact on mental health</td>
</tr>
<tr>
<td>8</td>
<td>Community Nursing</td>
<td>Lockdown - appropriate behaviour</td>
</tr>
<tr>
<td>9</td>
<td>Obstetrical Nursing</td>
<td>Birthing centres</td>
</tr>
<tr>
<td>10</td>
<td>SNA Activities in India</td>
<td>Merits of online SNA competitions</td>
</tr>
<tr>
<td>11</td>
<td>History &amp; Trends in Nursing in India</td>
<td>Pandemics – Role of nurses</td>
</tr>
</tbody>
</table>

Note:
1. Section 1-2 are for ANM students / MPHW (F) students.
2. Section 3-9 are for GNM / BSc Nursing Students.
3. Section 10-11 are for all categories of (ANM/GNM/BSc) Nursing students.
4. Hand-made posters uploaded digitally will be considered.

Criteria for E-Poster Presentation

1. **Size:** Standard size (22"x26") approx. for both individual and group presentation.
2. **Topics:** Ideas depicted in the poster should be relevant to the topics given. Font size and design of letters should be bold and clearly visible.
3. **Clarity:** For bringing clarity of the poster, restrict yourself to one idea relevant to the topic.
4. **Layout of pictures:** It must be balanced to give a correct sense of proportion.
5. **No extra fixing:** of clippings/cuttings or any other form on the poster.
6. **Legibility:** The poster should be easy to read.
7. **Quality of picture:** The key concepts of the poster should be diagrammatically represented. Ideally it should have a single figure representing the entire concept. Figures should be neatly labeled.
8. **Flow:** The poster content should follow a logical sequence. *The reader should be able to navigate the poster with ease.*
9. Poster must be free of spelling mistakes.
10. The poster should be original with some innovative idea.

3. **ONLINE QUIZ COMPETITION**

Quiz competition on various Nursing subjects including General Knowledge can be conducted through Quizzes.

a) Components of Quiz Competition:
1. General knowledge
2. General awareness regarding nursing
3. Sports
4. Literature
5. History and culture
6. Entertainment

Note: Video or pictures can be included in any of the rounds.
b) General Instructions:
   1. Quiz comprises of 8 rounds with a total of 50 questions.
   2. The rounds are Acronym Corner, Close the Loop Holes, Track the Fame Days, Truth or Dare, Emoji Nation – Guess Me, Quizalize, Ping on Colours, Unwrap the Covid Fire.
   3. Each round has 5 questions except quizalize which has 15 questions.
   4. Each question carries 1 mark. No negative scores.
   5. Scoring will be displayed through the Quiz Application.

Quiz link: https://quizizz.com/join?gc=38989574

4. Concept Mapping
   Theme: SNA member to National TNAI President
   Concept mapping refers to a diagram or graphical tool that visually represents relationships between concepts and ideas.

Criteria for concept writing:
   1. Logical: All the relevant concepts must be well organised and linked logically. Concepts reflect the essential information about the topic.
   2. Design: Text should be clear and easy to read. Amount of text is appropriate for the intended audience. Colour should be effectively used for emphasis and increased comprehension. Graphics are used only when necessary.
   3. Layout: Map must be contained in a single page.
   4. Hierarchy: The number of hierarchical levels addresses the degree of categorisation of concept with relevant examples.
   5. Use of descriptive links: Concepts are physically arranged, so links are established in the most reasonable way, without cluttering the map. All concepts must be interlinked with other plotted concepts.

II. TNAI / SNAI SCHOLARSHIP FOR ACADEMIC YEAR 2020 - 2021

TNAI invites application for award of TNAI/SNAI scholarship for academic year 2020 – 2021. The last date to submit the duly filled application form is **August 31, 2021**. The format of application was published in May, June, July issue of TNAI bulletin and also available in TNAI website www.tnaionline.org.

The criteria for applying scholarship are as follows:

   1. Students of academic year 2020-2021 (1st year only – admitted between June 2020 to March 2021) are eligible to apply for the SNAI scholarship.
   2. Each SNA unit can forward maximum two applications only from each three categories i.e. ANM, GNM and BSc (N).
   3. The SNA unit applying for scholarship should have enrolled all former students to TNAI membership after successful completion of their course (SNAI to TNAI membership) if they are/were following old scheme of SNAI membership.
   4. The SNA subscription fee should have been paid for the entire batch of students, if the institution is following SNA subscription plan (old Plan).
   5. Recommendation of the Unit SNA Advisor and the Principal is mandatory.

Recommendation
Due to continuation of Covid-19 pandemic and lockdown, the recommendation can be obtained through mail from the respective TNAI State/UT Branch President/Secretary/SNAI Advisor and the same can be attached along with the Scholarship application form and submit to TNAI headquarters on or before **August 31, 2021**.

Note: The e-mail Id and Mobile No. of the President/Secretary/SNAI Advisor of the respective TNAI State Branch can be obtained from TNAI HQ by sending mail to sna@tnaionline.org or Whatsapp to 8587825407.
III. SNAI ONLINE PAYMENT SYSTEM

As per EC decision Minute No. TNAI/EC/Zoom-2/31st October, 2020/5/1, it was decided to create online payment gateway so that it will be convenient for the colleges to renew SNA subscription. Please pay the SNAI subscription through this link Payments.tnaionline.org and it is available for use from July 2021.

IV. SNAI Whatsapp No. 08587825407

As per EC decision, it was decided to get mobile phone for SNA separately. The same number can be used for whatsapp also to share details. This whatsapp facility is to facilitate quick clarification if any.

V. SNAI Badge

SNA Badge was designed as per the new SNA logo. The cost of each badge is Rs.50/-.

VI. Incentives for Motivators

As per our existing policy the incentives are given at the rate of 1% to the motivators who enrolled SNAI to TNAI membership (New SNAI Plan) after 4 years (BSc Nursing students) 3 years (GNM) and two years (ANM) respectively. The details of revised incentive are as follows:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Fee</th>
<th>Rate per membership</th>
<th>Revised incentive (in Rs)</th>
<th>Proposed incentive (in Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SNA to TNAI New Scheme</td>
<td>2000</td>
<td>16.40</td>
<td>131.20</td>
</tr>
<tr>
<td>2</td>
<td>ANM New Scheme</td>
<td>1000</td>
<td>8.20</td>
<td>65.60</td>
</tr>
<tr>
<td>3</td>
<td>TNAI Membership</td>
<td>3600</td>
<td>29.52</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>TNAI Membership Nurses Year</td>
<td>3000</td>
<td>24.60</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>SNA to TNAI</td>
<td>2200</td>
<td>18.04</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>ANM</td>
<td>1500</td>
<td>12.30</td>
<td>NA</td>
</tr>
<tr>
<td>7</td>
<td>Others</td>
<td>1000</td>
<td>8.20</td>
<td>NA</td>
</tr>
</tbody>
</table>

a) TNAI will provide a space in the membership form for sharing the bank details of the motivators/introducers.
b) The incentive will be released immediately at the time of enrolling membership directly to the motivators’ bank account.
c) The motivators/introducers will get financial benefit of 7% and 11% more than the existing rate of incentive.
d) The incentive will be increased according to the increase of TNAI membership status.
e) It will drastically increase the membership of TNAI.
f) The Grant to State Branches also increases according to the increased membership.
VII. SNA Membership Plan [Minute No. EC, CL/2019/4/2(ii)]

The institution can adapt any of the two SNA membership plans.

1. SNA Subscription Plan (Old Plan)
In this plan, previously I year students pay Rs.200/- per student whereas rest of the year each student needs to pay Rs.150/- per year.
As per the EC council decision [EC, CL/2019/4/2(ii)], the unit adapting old plan also required to pay as onetime payment for entire course (applicable from 2020-2021 academic year onwards).

<table>
<thead>
<tr>
<th>Course</th>
<th>1st Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANM</td>
<td>Rs.350/-</td>
</tr>
<tr>
<td>GNM</td>
<td>Rs.500/-</td>
</tr>
<tr>
<td>BSc (N)</td>
<td>Rs.650/-</td>
</tr>
</tbody>
</table>

2. SNA-TNAI Membership Plan (New Plan)
In this plan every student is required to pay their SNA subscription during their 1st year itself. This fee includes SNA Subscription for 4 years, Scholarship fund and SNA to TNAI membership fee. Each student will get individual SNA - TNAI membership card.

<table>
<thead>
<tr>
<th>Course</th>
<th>SNA-TNAI Membership Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANM</td>
<td>Rs. 1000/-</td>
</tr>
<tr>
<td>GNM</td>
<td>Rs. 2000/-</td>
</tr>
<tr>
<td>B.Sc.(N)</td>
<td>Rs. 2000/-</td>
</tr>
</tbody>
</table>

Note: After the successful completion of their course respective students will get a TNAI membership card without any payment or fees.
The subscription fee has to be deposited in TNAI bank account through e-banking or Demand Draft (D.D) in favour of “The Trained Nurses’ Association of India” payable at New Delhi.

3. Bank Details are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Account Name</th>
<th>THE TRAINED NURSES ASSOCIATION OF INDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Account Number</td>
<td>6602721709</td>
</tr>
<tr>
<td>3</td>
<td>IFSC Code</td>
<td>IDIB000H019</td>
</tr>
<tr>
<td>4</td>
<td>Name of bank</td>
<td>INDIAN BANK</td>
</tr>
<tr>
<td>5</td>
<td>Branch</td>
<td>HAUZ KHAS, NEW DELHI</td>
</tr>
<tr>
<td>6</td>
<td>E-mail ID</td>
<td><a href="mailto:hqaccounts@tnaionline.org">hqaccounts@tnaionline.org</a></td>
</tr>
</tbody>
</table>

Note: After remitting the amount it is mandatory to provide UTR Number for accounting the transaction.

To know more details about SNA, please visit TNAI website (www.tnaionline.org).

Note: Please send the Name of Principal, e-mail ID of the Institution and complete address to the TNAI Headquarters for the faster communication. Write your SNA Unit code (assigned by the TNAI Headquarters) in all your communications.
WORLD HEALTH ASSEMBLY ADDRESSES MENTAL HEALTH

The 74th World Health Assembly, meeting in May 2021, recommended the reinforcement of measures to protect mental health during public health emergencies, such as the COVID-19 pandemic.

The Assembly noted that since the beginning of the pandemic, unemployment and financial instability, disruption to education, social isolation, fear of life-threatening disease, intimate partner and family violence, and sudden loss of loved ones, have become increasingly common. All of these are risk factors for mental health conditions and behavioural problems such as depression and substance use disorders.

Throughout 2020, the WHO developed a wide range of resources in many languages in collaboration with partners, including: a stress management guide for the general public; a guide for COVID-19 responders on basic psychosocial skills; and a toolkit to help older adults maintain mental well-being. In addition, the WHO has collaborated on the first-ever programme for rapid deployment of experts in mental health and psychosocial support during public health and humanitarian emergencies with more than 20 deployments since its launch in January 2020.

During the World Health Assembly, delegates endorsed that the Comprehensive Mental Health Action Plan 2013-2020, be extended to 2030 and include updated implementation options and indicators. For the first time, the plan includes an indicator on preparedness for providing mental health and psychosocial support during emergencies.

The Assembly urged Member States to develop and strengthen comprehensive mental health services and psychosocial support as part of universal health coverage, with a particular focus on improving understanding and acceptance of mental health conditions, especially for vulnerable populations.

WISH RELEASES ‘NURSES FOR HEALTH EQUITY’ REPORT

The World Innovation Summit for Health (WISH) have released their long anticipated report ‘Nurses for Health Equity: Guidelines for tackling the social determinants of health’. The report was authored by: William Rosa, Catherine Hannaway, Charlotte McArdle, Mary McManus, Sanaa Alharahsheh, and Michael Marmot.

The result of extensive global consultation, the report has detailed guidelines covering six domains:

1. Understanding the issue and what to do about it: education and training.
2. Building the evidence: monitoring and evaluation.
3. The clinical setting: working with individuals and communities.
4. Healthcare organisations as employers, managers and commissioners.
5. Working in partnership: within the health sector and beyond.
6. Nurses as advocates.

Each chapter contains practical actions that nursing associations and individual nurses can undertake to improve global health equity. The report includes comments from global nurse leaders and case studies which highlight actions nurses are already taking to improve health equity.


WORLD HEALTH ASSEMBLY RESOLUTION ON ORAL HEALTH

At the 74th World Health Assembly in May 2021, an historic resolution was passed relating to oral health, requiring the World Health Organisation to develop a global strategy on addressing oral disease by 2022 and, by 2023, a global action plan for oral health.

More than 3.5 billion people globally are affected by oral diseases. Untreated dental caries (tooth decay) is the most common. Severe periodontal (gum) disease affects almost 10% of the global population and more than 530 million children suffer from dental caries of primary teeth. Oral diseases conditions are largely preventable and can be treated in their early stages, however treatment is often not affordable and usually not part of universal health coverage packages.

The World Health Assembly resolution noted that oral health services were among the most affected health services as a result of COVID-19 with 77% pf countries reporting partial or complete disruption. The resolution on oral health urges countries to address the key risk factors of oral diseases such as high intake of free sugars, tobacco use and harmful use of alcohol, and to enhance the capacities of oral health professionals.

The resolution also recommends a shift from the traditional curative approach toward a preventive approach that includes promotion of oral health within the family, schools and workplaces, and includes timely, comprehensive and inclusive care within the primary health-care system.

## Major Health Events in July / August 2021

### World Population Day: 11 July

The World Population Day (WPD) celebrated globally on 11 July seeks to raise awareness about the exponential growth in population and its negative implications for mankind. An estimated 7.8 billion people were living on Earth as of March 2021 with China and India constituting about 36 percent of the world population.

The WPD 2021 theme for this year (to raise awareness of women’s and girls’ needs for sexual and reproductive health and vulnerabilities during the pandemic) is based on safeguarding the health and rights of women and girls around the world especially in the context of ongoing Covid-19 pandemic. A UNFPA study showed that lockdown for 6 months meant depriving 47 million women in low and middle-income countries access to modern contraceptives; this in turn translates into about 7 million unwanted pregnancies, apart from increased gender-based violence, female genital mutilation and child marriages. In India, incentives for single girl child family, raise in minimum age of marriage, late marriage, practice of adopting children, better status and employment of women have borne fruits but more needs to be done. We as nurses have a major responsibility to lend support to women empowerment efforts.

### World Breastfeeding Week: 1 - 7 August

Breastfeeding the young child is the ages-old practice for the healthy growth of our young ones. Science has also established that mother’s milk contains all nutrients essential for growth of the child. However, often due to ignorance many lactating mothers do not breastfeed their young ones. It is to spread awareness about multiple advantages of breastfeeding that world Breastfeeding Week is celebrated annually during 1-7 August the world over at the behest of World Alliance for Breastfeeding Action (WABA).

With women in larger number entering the work force, it is imperative that organisations are educated about the need to directly and indirectly help working women to breastfeed their children. The broad objectives of WABA are to: (a) galvanise multi-dimensional support from all sectors to enable women everywhere to work and breastfeed (b) promote action by employers to facilitate and support employed women to continue breastfeeding (c) inform people about the latest in global maternity protection entitlements, and raise awareness of the need to strengthen related national legislation and implementation (d) strengthen, facilitate and showcase practices that enable women working in the informal sector to breastfeed (e) engage with target groups e.g. with trade unions, women’s groups and youth organisations to protect the breastfeeding rights of women in the work place.

Breastfeeding is closely linked to each of the UN Sustainable Development Goals (SDGs) for the overall well being of families and nations. Breastfeeding contributes to the survival, health and wellbeing of all. It is time that breastfeeding be considered a public health issue that requires investment at all levels. The concept of ‘building back better’ after the Covid-19 pandemic will provide an opportunity to create a supportive chain for breastfeeding so as to include health systems, work places and communities at all levels of society.

### World Mosquito Day: 20 August

World Mosquito Day is celebrated annually on 20 August mainly to recognise the efforts of Sir Ronald Ross. It was in 1897 that Sir Ronald Ross found a groundbreaking discovery that eventually led to the path-breaking connection between mosquitoes and Malaria. Before that, there was no clarity about the link between mosquitoes and the deadly disease caused by them, the malaria vectors.

The WHO’s 2017 World Malaria Report states that in 2016, an estimated 216 million cases of malaria occurred worldwide, and 90 percent of these cases occurred in the Africa Region; in same year, an estimated 445,000 malaria deaths took place worldwide, with 91 percent of these occurring in Africa; approximately 80 percent of all deaths in this year occurred in 15 countries, all of which are in the WHO African Region, except for India.
उल्लेखनीय है कि मात्र दो देशों - चीन और भारत दोनों में मिल कर विश्व जनसंख्या का करीब 36 प्रतिशत है, यानी तिहाई से भी अधिक। संयुक्त राष्ट्र की जनसंख्या रिपोर्ट के अनुसार 2021 में भारत की जनसंख्या 121 करोड़ है, जबकि जनसंख्या के आंकड़ों की मानहंसित करने वाली नामी संख्या बटलोमिटर के अनुसार भारत की मौजूदा जनसंख्या 139 करोड़ है। यह देश में बढ़ती जनसंख्या की चिंता कई दशकों से प्रकट की जाती रही है। 60 और 70 के दशक में जनसंख्या नियंत्रण की ठोस योजना बनाने पर गति मंथन किया गया था। उस साल में 'परिवार नियोजन' कार्यक्रम की शुरुआत की गई, एक नए दिशा दी गई थी। "हम दो, हमारे दो" यानी प्रति दंपति दो ही संतानों हों, यह लक्ष रखा जाए। अनन्त फानन में लक्ष हासिल करने के लिए जबरन मदद की नसबंदी की भी शिकायतें उठी। बाद में 'परिवार नियोजन' के बदले कार्यक्रम को 'परिवार कल्याण' का नाम दिया गया।

संयुक्त राष्ट्र की फैल बर्ष 1989 से 11 जुलाई का दिन विश्व जनसंख्या दिवस के रूप में मनाया जाता है। इस आयोजन का उद्देश्य रहता है कि जनमानस के शिक्षा, परम्पराएँ आदि जुगतों से बेटीयाँ जाए कि जनसंख्या सीमित होने के पारिवारिक, सामाजिक और राष्ट्रीय स्तर पर आते ही हों। संवाददाता के मामले में मानहंसित स्वास्थ्य से संबंधित पुंजा है, फिर भी संतान होने या कितनी संतानों हों, कुछ परिवारों में इन विषयों पर उसकी राय या उससे चर्चा करना तो दूर, उस पर पारिवारिक निर्णय श्रेष्ठ दिया जाता है। इस वर्ष समस्ती जुलाई में कोरोना के कहर को ध्यान में रखते हुए विश्व जनसंख्या दिवस का ध्येम है: वैश्विक स्तर कोविड-19 महामारी का प्रजनन स्वास्थ्य और योगासन पर प्रभाव।

अधिक जनसंख्या के कारण सरकारी व्यवस्था कैसे उपर हो सकती है इसका उदाहरण कोविड महामारी में हमने देखा। कोरोना के दूसरी तरह से सबक लेते हुए उत्तर प्रदेश सरकार जनसंख्या नियंत्रण कानून बनाने की तनाव से निकला। इस आयोजन से राज्य के विषय आयोजन ने उत्तर प्रदेश पोपुलेशन (कोणट्रॉल, स्टेटब्लाइजेशन एंड वेलफेर) विभाग का प्रावधान नतीजतन कर लिया है। इस प्रावधान के उद्देश्य होते ही पूरे देश में इसे लेकर बहस छिड़ गई है कि क्यों इसके कुछ प्राधान्य इसने संख्या है कि सत्ताधारी दल से सजी दिग्गजों ने इसके कुछ प्राधान्यां पर आवश्यकता दर्ज की है।

संस्था से परिवार सीमित रहने को प्रस्तावित करने की दृष्टि से हमारे देश में अनेक योजनाएँ शुरु की गई हैं। एकल बालिका परिवार योजना में उत्तम स्तर तक फीस माफ है तथा प्रोत्साहन राशि प्रदान को जाती है। जानकारी दावों में यह प्रश्न बात बात उठता रहा है कि जनसंख्या नियंत्रण पर कानून बनाए बगैर समाधान नहीं निकलेगा। इसकी शुरुआत उत्तर प्रदेश सरकार ने की है। प्रत्येक नियंत्रण कानून में दो से अधिक बच्चों वाले परिवारों के बाबत कुछ प्राधान्य इस प्रकार हैं: परिवार के दम्पति को वैकल्पिक विवाह तथा पंवाहित चुनाव लड़ने पर रोक, सरकारी नौकरी में उपलब्ध नहीं अवधि देने और यदि पहले से संबंधित है तो पदोन्नति पर प्रतिबंध; सरकारी राशि परिवार के केंद्र चार सदस्यों को मिलेगा; जो दम्पति किसी बच्चे के बाद नसबंदी कराएंगे, उन्हें बेटे के लिए 80 हजार तथा बेटी के लिए एक लाख रुपए की आर्थिक सहायता उपलब्ध होगी।

इस कानून से जुड़े कुछ विचारपूर्ण प्रश्न हैं, जैसे - जिन मातापिता के पहले ही दो से अधिक बच्चे हैं, उन पर इसे लागू करना क्या उचित होगा और िश्वीत करते, वीडी, आदि बच्चे के जन्म के दौरान यह कानून था ही नहीं। दूसरा, इसके लागू होने से कन्या भूमि हत्या के मामलों में तेज़ बढ़त होगी।
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