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Trip Report #0-48

Travelers: Ms.Lynn Knauff, INTRAH
Deputy Director

Country Visited: INDIA

Date of Trip: May 28 - June 2, 1985

Purpose: Introductory/Needs Assessment
Visit with USAID/New Delhi

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

TABLE OF CONTENTS

	Page
EXECUTIVE SUMMARY	i
SCHEDULE OF ACTIVITIES.	ii
I. PURPOSE OF TRIP	1
II. ACCOMPLISHMENTS	1
III. BACKGROUND	3
IV. DESCRIPTION OF ACTIVIITES	3
- USAID, Office of Health and Nutrition (OHN)	3
- Trained Nurses Association of India (TNAI)	8
- USAID/Office of Population	11
V. FINDINGS	12
VI. RECOMMENDATIONS	13

APPENDICES

A. Persons Contacted/Met

B. Materials Reviewed

C. Local Contact Names/Addresses/Phone Numbers

D. The Trained Nurses' Association of India (TNAI)

E. Estimates of Nursing Personpower

F. Nursing Shortage (Newspaper Article)

G. Letter from Bonnie Pedersen to W.B. Rogers Beasley

Executive Summary

Ms. Lynn Knauff, Deputy Director of INTRAH, made an introductory visit to India from May 28 to June 2, as the fourth of five in-country visits during the period, May 3 - June 5, 1985. In-country working days in New Delhi were May 29 - May 31.

Since no GOI clearances were obtained prior to or during the visit, meetings were held with USAID personnel and the secretary of the Trained Nurses Association of India (TNAI). Several conversations were held with Dr. Tara S. Upreti, a nurse, who was on a consulting assignment from Kathmandu to USAID to develop a training curriculum, schedule and plans for a 5 day workshop for 30 tutors of auxiliary nurse-midwives. (ANMs).

Although GOI perceptions for training needs that might be assisted by INTRAH were not obtained, USAID/New Delhi's Office of Health and Nutrition encouraged us to consider working with nurses to strengthen their role and functions in the service delivery system via training and other means. A November 1985 visit was discussed during which GOI officials would be visited; specifically, persons from the Ministry of Health, the National Institute of Health and Family Welfare and the Central Health Education Bureau. The TNAI should be re-visited since it offers prospects for

assistance to develop a continuing education system for one or two states.

Schedule During Visit

May 28: Arrived from Kathmandu at 6:15.

May 29: USAID's Health and Nutrition Office in Ashoka Hotel.

Met Dr. Beasley, Dr. Tara Upreti, Mr. John Rogosch and Mrs. Narander K. Nagpal. Had informal visit with Mr. David Lockhart, USAID's Executive Officer, in the West Building of the American Embassy.

May 30: Meeting with Mr. John Rogosch at USAID and Mrs. Nagpal at the Trained Nurses Association of India. Meeting with Dr. Beasley and Dr. Saramma T. Mathai at USAID in Ashoka Hotel.

May 31: Meeting with Dr. Mathai at USAID.
Meeting with Dr. John Kantner, Dr. G. Narayan and Dr. Fred Reed of the Population Office/USAID.
Meeting (debriefing) with Dr. Beasley.

June 2: Departed New Delhi for Bangkok at 6:50 am.

I. Purpose of Trip:

This visit was made to introduce INTRAH to USAID/New Delhi and to discuss needs for INTRAH's financial and technical assistance with USAID/New Delhi and host country organizations.

India was one of four countries (Thailand, Sri Lanka, Nepal, India) visited during this trip.

II. Accomplishments:

1. Held several conversations with Dr. Beasley and members of the Office of Health and Nutrition (OHN) staff to obtain information about USAID-assisted projects in health and nutrition, and to discuss potential for INTRAH assistance.

2. Met with three staff members of the Office of Population to introduce INTRAH and INTRAH's projects in Asia, and to learn about the Contraceptive Marketing and Communications Project.

3. Met with Mrs. Nagpal, Secretary of the Trained Nurses Association of India (TNAI) and visited TNAI's office (see Appendix D for description of TNAI).

4. Met and held several conversations with Dr. Tara S. Upreti, a nurse, who is a consultant from INTERFACE in Kathmandu. She was planning and preparing materials for a workshop to be sponsered by USAID, TNAI and GOI that will be held in mid-June in Simla for the purpose of reviewing and revising the curriculum for Community Health Workers (female), formerly called ANMs.

Note:

GOI clearances had not been obtained by the start or before the conclusion of the visit, and neither Mr. Michael Jordan, Population Officer, nor Mr. Spencer Silberstein, Deputy Chief of the Office of Health and Nutrition was in New Delhi. The outcomes of the visit, therefore, were less

than hoped for. Another trip, in November, was discussed with Dr. Beasley and Dr. Narayan in order to set the wheels in motion for GOI clearances that will enable the INTRAH visitor(s) to discuss training needs with staff of the National Institute of Health and Family Welfare and officials of the Ministry of Health and Family Welfare. It should be noted that starting June 1, the GOI adopted a 5-day work week which will either lengthen or compress a future INTRAH visit since GOI business cannot be conducted on Saturday.

III. Background

There has been no previous INTRAH visit or INTRAH activity in India. RSA/A, according to Dr. Beasley and Dr. Mathai, had provided technical and financial assistance to the National Institute of Health and Family Welfare in communications, and had developed a management training module. The documentation (trip reports, training reports, and evaluation reports) of these activities should be reviewed after they are obtained from or sent to INTRAH by the School of Public Health at the University of Hawaii.

IV. Description of Activities

USAID, Office of Health and Nutrition (OHN)

The Office, located in the Ashoka Hotel, is headed by Dr. Rogers Beasley whose deputy is Mr. Spencer Silberstein. There are also a nutritionist (Ms. Mary Ann Anderson), a health administration advisor (Mr. John Rogosch), a public health physician (Dr. Saramma T. Mathai), and another physician, Dr. Haran. A John Snow Inc. project team headed by Mr. Cliff Olsen has offices on the same corridor as OHN.

OHN is managing three projects: 1. the integrated Rural Health and Population Project (IRHPP); 2. the Integrated Child Development Services Project (ICHDSP); and 3. the Private Voluntary Organizations for Health Project (PVOH). OHN works/manages collaboratively with the Office of Population on the Family Planning Communications and Marketing Project, which was referred to as CMO.

The core staff is augmented by consultants including the JSI team who are working on the ICHDSP. During my visit, I met three consultants, one of whom, Dr. Upreti, was working on a training curriculum and plans for a workshop; another provided by CDC was helping to establish the measles component of an immunization project; and the third was a communications specialist, Dr. James Palmore, from the East-West Center of the University of Hawaii, who had earlier conducted an IE&C strategy workshop.

The staff is extremely busy. The projects are complex and the operational territory is vast.

The USAID projects are supportive of the MOHFW's strategies to tackle "12 key problems": early age at first pregnancy; short birth intervals; large family size; low birth weight; neonatal tetanus; birth injury including asphyxia; neonatal septicemia; diarrhea; malnutrition; respiratory diseases; immunizable diseases; and, malaria.

John Rogosch manages the IRHPP (he will be leaving soon to join PRITECH; Silberstein will become Project Manager), which operates in 14 rural districts in five, soon to be reduced to three, states in northwestern India: Haryana, Himachal Pradesh, Gujarat, Maharashtra and Punjab. The PVOH Project--established to provide funds to private voluntary organizations, but through the GOI--is managed by Dr. Haran.

Within the IRHPP is a training component, funded at $3.7 million of the total of $40 million projected to be contributed by USAID over 5 years (starting in 1980). Each

of the states has a (or perhaps more than one) Health and Family Welfare Training Center, which I gathered are decentralized training units of the National Institute for Health and Family Welfare which provides senior-level and specialized training. The state Centers are responsible for all training, according to Dr. Mathai. She felt there was a need to help them with training methods and skills, as well as training management. Her preference for providing this assistance was to send a staff member from each of the three best centers (within the 5-state project area) to the U.S. and perhaps other countries for short courses and study tours.

Among key personnel in service delivery and training are community health workers (female), formerly called ANMs as they henceforth will be identified in this report. The ANMs are trained from one year to 24 months, depending on the policy of the state in which they receive training, with the average training duration being 18 months. They are expected to deliver the range of MCH and some FP services, refer when indicated, and train dais, the TBAs of India. The ANMs training is managed by physicians, according to Dr. Mathai, who are not well-acquainted with the village subcentre and district health center service environments of the ANM, or with the ANMs roles and responsibilities. As a consequence, perhaps, the training of ANMs has been oriented towards hospital-based service provision rather than service in the community. In a report prepared last year under

USAID's auspices, Ruth Harnar made recommendations that would lead to a community-oriented, standardized basic course for ANMs followed by systematic supervision and in-service training. The report, Nursing Education in India, has been widely distributed but has not been accepted by the GOI which may be due, in part, to Harnar's departure from India (she has retired) and, to date, no formal national seminar or other forum to discuss the report and recommendations. National-level and state-level dissemination conferences were perceived as potentially useful as follow-up to the report.

A five-day workshop in mid June for 30 tutors of ANMs will be funded by USAID. Dr. Tara S. Upreti, a consultant from Kathmandu, was working with the MOHFW and the Trained Nurses' Association of India (TNAI) on the plans, curriculum and schedule for the workshop, the purpose of which is to develop a curriculum for ANMs that is community-oriented, based on the tasks actually assigned to ANMs. The Indian Nursing Council (INC) developed a curriculum in the 1970's which was modified in 1983 by the Voluntary Health Association of India (VHAI) and the Christian Nursing League. The revised curriculum was published and will be used as a reference during the workshop. There are 230 ANM Schools in India, thus although the workshop is confined to tutors from the USAID -assisted project areas, there is potential--perhaps through TNAI--to promote workshop outputs more widely.

In-service training for ANMs is not systematic. The state Training Centers have training modules in a variety of subjects (several of the modules were technically assisted by Joyce Lyon and Michael O'Byrne who were provided through RTSA/A) and also use the MEDEX training series. However, how the training is scheduled, conducted and evaluated appear to be issues, as is supervision to follow-up and monitor the application of training.

It was observed that positive changes in the nurses' and ANMs status and professional and career development are impeded by lack of strong leadership and organizational goals within the nursing bureaucracy. Nurses are outnumbered by physicians, 3:1, and physicians are often ultimately responsible for policy governing nurses although the Indian Council of Nurses represents the nursing professions' interests, particularly in nursing education (see Appendix E for estimates of nursing personpower, by state, and Appendix F for a recent newspaper article on the nursing shortage).

On the basis of observations made by OHN staff with whom I talked (Dr. Haran who manages the PVOH Project, was not in New Delhi), the following emerged as possibilities to be discussed further with INTRAH during a subsequent visit:

1. Sponsorship of 3 participants (staff from state HFW Training Centers) for a U.S.-based short course, perhaps at Management Sciences for Health (the Training Management course).

2. Follow-up of the June 1985 workshop to be conducted for 30 tutors of ANMs.

3. Assistance to TNAI (to be discussed later in this report).

4. Assistance to the Central Health Education Bureau.

5. Assistance to the National Institute of Health and Family Welfare.

Dr. Mathai suggested that INTRAH send a letter detailing the categories of assistance INTRAH could provide, and she was interested in obtaining the services of Drs. Lertlak Buruspat and Muantang from Thailand whom, she felt, had been very helpful when they worked for DTCP. She did not specify the services she required from them.

Dr. Beasley, a strong proponent of nurses, felt that INTRAH and TNAI might develop a working relationship. Although he had tried to schedule a meeting with Dr. Mathai, Mrs. Nagpal and me, it was not possible. He suggested, therefore, that he would meet with Mrs. Nagpal and then cable AID/W about the general shape of assistance that TNAI might require to establish state-based continuing education units and programs.

Trained Nurses Association of India (TNAI)

Mrs. Narender Kaur Nagpal is the Secretary of TNAI. I met her at USAID and again in her office.

During our first conversation, she inquired about the possibility of INTRAH support for a one-year master's degree program in England or the U.S. I explained that INTRAH could not support long-term training, but promised to send her a number of publications: UNC's graduate catalog, a copy

of the U.S. graduate nursing programs, the APHA listing of graduate public health programs, and North Carolina State University's course descriptions for the graduate program in adult education.

Mrs. Nagpal likened the TNAI to the American Nursing Council. It advises the Indian Nursing Council, and has a total membership of 16,898. There are 4 professional staff. A description of TNAI is appended as Appendix D. Formerly, TNAI received assistance from UNICEF and other donors, but now is financed through memberships and members' special donations. An annual plan is presented to the TNAI Board by Mrs. Nagpal. She described the Board as cautious in its decision-making.

She foresees an Institute or Center for Continuing Education being established within TNAI, and salaried secretaries in the states (two positions have been approved by the Board) who would "see to" continuing education in the states, provide a locus for organizing the interests and concerns of nurses in those states, and for trouble-shooting. Currently, she and her small staff are attempting to do all these jobs. They receive, on the average, 150 letters a day; 60% deal with grievances.

TNAI offers two continuing education courses during the month of May: one on specialized management topics (10-11 days) and another for PHC workers (3-4 days). TNAI also makes recommendations to the International Nursing Council, of which they are a member. For example, TNAI has

recommended that the re-entry age for nurses coming back into service be raised (the maximum age is now 34) and nurses be permitted to work part-time (they can now only work for a minimum of 6 hours part time in out patient departments). Mrs. Nagpal feels it will be a long time before these restrictive policies are changed.

Among the needs expressed by Mrs. Nagpal are:

1. Continuing education courses conducted in indigenous languages at state and district levels for ANMs and PHNs. She thought that a two or three-day training course every quarter should be offered.

2. PHC and FP project support available to state schools of nursing and midwifery to enable students to participate in ongoing local health and welfare projects in which nursing faculty would provide assistance.

3. Support for central, state and district-level continuing education components.

Mrs. Nagpal felt that her own grasp of organizing and planning for continuing education would be enriched and improved if she could obtain graduate-level training. She showed me a copy of a letter from Ms. Bonnie Pedersen of ACNM to Dr. Beasley (see Appendix G) and asked me if ACNM might provide assistance to her.

When I asked about funding through the USAID-supported FVOH project for the TNAI needs she expressed, she said funding would be very difficult to obtain because it was controlled by GOI and would require a time-consuming and perhaps futile effort.

I asked Mrs. Nagpal if she would agree to meet with Dr. Beasley. She said she would, but when he called her to

arrange a meeting the following day she was not well. He will try to meet with her to discuss how USAID and/or INTRAH might be helpful particularly in back-up of state secretaries and their continuing education programs for ANMs, and follow-up of the 5-day curriculum development workshop to be held later this month.

USAID/Office of Population

I met with Dr. G. Narayan, Dr. John Kantner and Dr. Fred Reed (the latter two are in India through USAID arrangements with Johns Hopkins). Dr. Narayan is a program officer, Dr. Kantner is working on demographic analysis, and Dr. Reed is working on IE&C for the Family Planning Communications and Marketing Project of which the Contraceptive Marketing Organization (CMO) was referred to as the umbrella program. It has "not taken off." Thus, I gathered, other components must be delayed.

The CMO has a training component and a training plan for the project was developed by the NIHFW, but it has not been accepted yet (by the GOI). I was told a workshop had just concluded on IE&C training needs, and a TOT would be conducted for NHFW people by DTCP (Bangkok), or POPCOM (Philippines) or the University of the Philippines.

Dr. Reed felt that locally-oriented and produced materials on spacing methods were needed. I did not, however, learn whether these were to be used for training or

developed during training, or to be developed for clients' use outside of a training activity.

Dr. Kantner asked about the types of projects INTRAH supported and the institutional arrangements we had in the Asia Region. I described them and the general process we used in developing projects, observing that we had few slots for U.S.-based training and preferred to use them for persons from institutions with which we were working since training institution - building/strengthening was a major objective in the Region. I also described our efforts to increase the availability of Asian and African consultants and to promote their use in and access to assignments.

V. Findings:

1. All of the observations gained and reported are from non-governmental sources and most are from USAID staff members. Thus, there are major gaps in my and therefore INTRAH's understanding of GOI's perceptions of training needs and in what areas INTRAH might be helpful. I was told a training needs assessment had been conducted but did not see the findings, learn who/what institutions had been involved in collecting, analyzing and reporting the data, or when the assessment had been conducted and if it had been updated.

2. Among the GOI organizations mentioned to which INTRAH might be helpful are: the National Institute of Health and Family Welfare, the state HFW Training Centers, and the Central Health Education Bureau.

3. Non-governmental organizations which INTRAH might assist include the TNAI.

4. GOI clearance for INTRAH or a consultant takes a minimum of six weeks and can take much longer than that. My understanding is that the process starts with a letter from USAID to the Department of Economic Affairs of the Ministry of Foreign Affairs and the nodal Ministry (in our case, the MOHFW). The recommendation of both is sent to the Ministry of Home and External Affairs by the Department of Economic

Affairs who receives the Ministry's decision and relays it by letter to USAID.

5. The USAID-assisted projects are complex in design and sub-parts of them appear to be prospective candidates for INTRAH assistance. However, INTRAH will need to learn more about USAID's plans for reducing its current five project areas to three, and how USAID and MOHFW intend to promote and introduce changes in ANMs' basic and in-service training.

6. USAID appears to avail itself of consultants from centrally-funded and other sources even with the lengthy GOI clearance process.

7. Dr. Beasley is a strong supporter of nurses and is interested in how INTRAH can assist in following-up on the Nursing Education report and in strengthening ANMs' training and supervision.

VI. Recommendations :

1. Planning for an INTRAH visit in November should begin in July and sufficient time in-country should be scheduled in acknowledgement of GOI's newly introduced five-day work week.

2. Personnel from the following GOI organizations should be met during the November visit:

- o National Institute of Health and Family Welfare
- o Central Health Education Bureau
- o Ministry of Health and Family Welfare
- o Several state Training Centers

3. The RTSA/A reports of India-based activities should be reviewed.

4. Contact with TNAI should be maintained; the content and quality of contact should be guided by Dr. Beasley's conversations with Mrs. Nagpal and the outcomes of the June workshop.

5. Dr. James Lea should write to Dr. Beasley regarding the kinds of assistance INTRAH can provide and indicate whether INTRAH could support three Indians' participation in MSH's short course in training management next year.

Appendix A

Persons Contacted/Met

USAID/New Delhi*

Dr. W.B. Rogers Beasley, Chief, Office of Health and Nutrition (OHN)
Mr. John Rogosch, Health Administration Officer, OHN
Dr. Saramma T. Mathai, Public Health Physician, OHN
Dr. Tara S. Upreti, Consultant, OHN
Dr. G. Narayan, Program Officer, Office of Population
Dr. John Kantner, Population Advisor
Dr. Fred Reed, PCS-supported IE&C Advisor
Mr. David Lockhart, Executive Officer (informal visit)
Dr. Jay Palmore, Communications Consultant to OHN from East-West Center

American Embassy

Ms. Ernestine Heck, Political Officer (informal visit)

Trained Nurses Association of India

Mrs. Narender Kaur Nagpal, Secretary

*USAID's Health and Nutrition Office is in the Ashoka Hotel; the Population Office is in the American Embassy. Neither Mr. Spencer Silberstein, Deputy Chief of OHN nor Mr. Michael Jordan, Population Officer was in New Delhi during this visit.

Appendix B

Materials Reviewed

Project Paper for Integrated Rural Health and Population Project, USAID/India, August 1980.

Project Paper for Private Voluntary Organizations for Health, USAID/India, August 1980.

Project Paper for Integrated Child Development Services, USAID/India, June 1983.

Project Paper for Family Planning Communication and Marketing, USAID/India, 1982(?).

Mid-Project Review of the Integrated Rural Health and Population Project, October/November 1983.

Report of the IE&C Strategy Workshop for USAID - Assisted Area Projects, December 3-6, 1984. Published by the Ministry of Health and Family Welfare, GOI, 1985.

Natural Family Planning in India: An overview. Prepared by Mary S. Thormann, Consultant to the Office of Population, USAID/India, May 1984.

Handbook for Dais. Published by the Ministry of Health and Family Welfare, GOI.

Training Packet for Community Health Workers. Published by the Voluntary Health Association of India

Various TNAI publications.

Country Development Strategy (Health Sector Strategy) Statement, FY 1987. USAID/India, February 1985.

India's Population Policies and Programs, the Population Council, Regional Office for South and East Asia, Bangkok, August 1982.

Appendix C

Local Contact Names/Addresses/Phone Numbers

Dr. W.B. Rogers Beasley

Room 1521

Ashoka Hotel

Business Phone: 600121; extension 1551.

American Embassy: 600651. (This number is used to reach the Office of Population.)

Mrs. Narender Kaur Nagpal

Secretary

Trained Nurses Association of India

L-17 Green Park, New Delhi 110016

Business Phone: 666665

Appendix D

The Trained Nurses' Association of India
L-17 Green Park
New Delhi-110016

INTRODUCING TNAI

The Trained Nurses' Association of India is the national body of practitioners of Nursing at various levels. The main idea behind the establishment of the Association in 1908 was to uphold in every way the dignity and honour of the Nursing profession and to promote team spirit, apart from enabling the members to represent their grievances and express their point of view to concerned quarters in events of problematic situtations.

While the stress is on orientating the real needs of this noble profession, the routine activities of the Association are organized in such a way that those associated with it have a sense of participation in all the programmes of direct professional relevance along with treating the Association as a major source of inspiration and provider of little delights of life occasionally.

While members at some of the Branches and Units are more active in their participation in the TNAI's activities than those at others, the Association has undoubtedly come to be recognized as a major link between the vast number of nurses in various parts of the country, and even some abroad.

Government's Recognition

The Government of India has recognized the Association as a service organization and a similar recognition by all State Governments has been an asset to the promotion of the Association's objectives. The voice of the Association is accepted in most quarters as the voice of nurses in India, and resolutions adopted by it and presented to the various authorities are well received and generally accepted for implementation, sooner or later. The general improvement in living and service conditions of nurses over the years and the increase in salaries bear witness to the efforts of the TNAI and the attention paid by the Union and State Governments to the requests. Organizations like the Central Council of Health, the Indian Nursing Council and committees formed by official and non-official agencies, to study the problems and prospects of Nursing, work in close collaboration with the Association.

The Association is an associate member of certain other associations and societies doing good work in their realms of concern. These societies are: Indian Red Cross Society, Indian Public Health Association, Association for Social

Health, Indian Hospital Association, Federation of Delhi Hospitals Welfare Societies, Tuberculosis Association of India and Indian Leprosy Association. It also takes part in the activities of important social organizations devoted to the welfare of women, especially the National Council of Indian Women, National Federation of Women in India and All-India Women's Conference.

International Affiliation

The TNAI's membership of the International Council of Nurses offers many opportunities of extending our professional horizon to newer areas. The ICN opens up many possibilities for nurses of India. Its Nursing Abroad Programme assists Indian nurses as those in other parts of the world in their work or study outside their countries. Similarly, TNAI's association with the Commonwealth Nurses' Federation has been fruitful in many ways. The Federation is doing a lot for the advancement of Nursing as a profession and its guidelines for the national associations have been of great value to us in the brief period of seven years of our affiliation with it. The Federation`s Board includes one representative from the TNAI.

Scholarships

One of the ways in which the TNAI carries out its educational objectives and serves the cause of Nursing is by being the trustee for various scholarships. These are: 1. Kapadia Memorial Scholarship Fund; 2. Margaret Jehan Scholarship Fund; 3. Ajmer Minto Sisters' Scholarship Fund; 4. Lady Linlithgow Scholarship Fund; 5. Rajkumari Amrit Kaur Scholarship Fund; 6. Tata Memorial Scholarship Fund; 7. Lady Minto Scholarship Fund; 8. Military Nursing Service Scholarship Fund; 9. National Florence Nightingale Memorial Scholarship Committee of India.

Studies

The TNAI has been conducting studies on aspects of Nursing, on its own as well as in collaboration with other agencies. Among the important projects on which the TNAI worked recently in this regard is the `Nursing Survey in India', in collaboration with the Coordinating Agency for Health Planning, now known as the Voluntary Health Association of India. Among important projects on which TNAI worked entirely on its own resources is a Study of Socio-Economic Status of Nurses in India, conducted in 1972. The survey researched on pay scales and working conditions of nurses as well as important issues regarding the nurse-patient ratio and the place of nurses in society.

Conferences

The TNAI holds its National Conferences biennially. It was planned in 1972 to hold these conferences quadriennially and letting the House of Delegates meet biennially on an alternate basis. Accordingly, the First and Second Quadriennial Conferences were held at Calcutta and Jaipur in October 1976 and 1981 (instead of 1980). But it was felt that the four-year gap between Conferences was too long and the Association switched back to its earlier practice of Biennial Conferences. The House of Delegates has also to meet biennially at the time of the TNAI Conference. The Student Nurses' Association also holds its national conferences on a biennial basis. The Biennial Conferences of the House of Delegates of TNAI and Student Nurses' Association follow each other in consecutive years.

Nurses' Day

May 12, birthday of Florence Nightingale is celebrated as International Nurses' Day. The TNAI organizes a fitting celebration on this occasion at the Headquarters, and publicity is given to the life and work of The Lady with the Lamp. Most of the Branches and Units of the TNAI all over India celebrate Nurses' Week and hold meetings, conferences, dramas, performances and debates.

Welfare Funds

The Association maintains a Nurses' Welfare Fund whose entire collections are utilized for the welfare of nurses in adversity. This Fund has come to the rescue of many members of our profession in times of need. Similarly, a Staff Welfare Fund takes care of the special needs, in times of emergency, of the members of the Headquarters staff.

Railway Concessions

The Department of Railways has recognized TNAI as an association eligible for getting concession for its current members, who are practising nurses, for their journeys anywhere in India.

Continuing Education Programmes

The need of arranging continuing education programmes for professional nurses has been emphasised in recent years at the national and international levels. The TNAI believes that it has a responsibility to develop a national system of continuing education for the Nursing profession on health needs of the country, and the needs of nursing practice, administration and education. It also believes that it has a responsibility to strengthen continuing education for

Nursing personnel for the maintenance and improvement of Nursing practice.

Though the TNAI conducted a number of courses in collaboration with other agencies, its first independent course on 'Management Skills in Nursing' was held in early 1984 at the TNAI Headquarters. The TNAI plans to conduct Continuing Education courses on a regular basis for different categories of Nursing personnel.

National Awards

The scheme of National Awards for nurses was introduced by the Government of India in 1971 at the suggestion of TNAI. It was initially open only to nurses employed in government institutions. Later on, the Government accepted the recommendation of the TNAI for their being open to nurses working in voluntary health agencies who are rendering yeoman's service to humanity. There are now 6 awards for General Nurses and 3 for Health Visitors and Auxiliary Nurse Midwives.

The TNAI, through its official organ, The Nursing Journal of India, circulates detailed information about the awards and sees to it that members qualified for such awards are considered. Most of the awardees are members of the TNAI.

Maintaining Personal Contact with State Branches

The Secretary of the TNAI undertakes each year tours of different parts of the country to get acquainted with the problems faced by the nurses. Sometimes such tours coincide with State level meetings of Branches and the occasion is utilized for getting sinformation on specific problems of the nursing personnel. In some cases, the Secretary visits a particular place on receipt of a specific complaint or grievance of an urgent nature and tries to bring forth a solution to the problem.

Effort is also made to arrange tours of TNAI representatives to other countries. The TNAI, through such representatives' observations abroad, tries to bring to the notice of the concerned authorities, Indian or foreign, the complaints or grievance of Indian nurses in those countries.

Publications

The Association brings out a monthly magazine, the Nursing Journal of India, as its official organ. The Journal, which is published on the first of every month, is the main link for communication between the members of the Association on all important matters. The Association has also brought out some books on aspects of Nursing practice and education at a low price to make these accessible to all categories of nurses, including students.

Special Fora

The parent Association also has some special fora devoted to the promotion of its objectives in different sectors of the Nursing discipline. The Student Nurses' Association provides a forum for the activities of Nursing students and helps in solving some of their most vital problems. Similar roles are played by Midwives and Auxiliary Nurse Midwives' Association and Lady Health Visitors' League in their areas of activity.

Guest Rooms

The TNAI Headquarters now has the facility of Guest Rooms for a limited number of nurses visiting Delhi for professional or personal work. The tariff has been kept very low so that use can be made of this facility by all those requiring it. The complex of Guest Rooms was constructed with donations from TNAI members who sent in generous contributions in response to an appeal. Intending visitors to Delhi who want to use the Guest Room facility should address their requests for reservation to The Secretary, TNAI, L-17 Green Park, New Delhi-110016 well in advance of their visit.

APPENDIX E

Appendix E

Estimates of Nursing Personnel

1	Name of the State Nursing Councils and Examining - Boards.	No. of Recognised Training Centres for different Courses during the year- 1983					No. of candidates qualified in different courses during the year-1983.						Total number of qualified personnel entered in the State Registers upto 31st December 1983.								REMARKS
		General Nursing		MIDWIFERY			General Nursing		MIDWIFERY				NURSES				MIDWIVES				
							Senior or 'A' Grade						Senior or 'A' Grade		Junior or 'A' Grade						
		Senior or 'A' Grade	Men Nurses	Senior or 'A' Grade	Auxiliary Nurse-Midwife/ Health Workers	Health Visitors Course	Men	Women	Trained Nurses who qualified in Midwifery	Other (Senior)	Auxiliary Nurse-Midwife/ Health Workers	Health Visitors Course	Men	Women	Men	Women	Senior or 'A' Grade	Senior / Asstt. or 'B' Grade	Auxiliary Nurse-Midwives/ Health Workers	Health Visitors.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1	Andhra Pradesh	21	5	18	16	2	-	350	430	-	237	150	482	11093	172	1281	10770	3632	6169	1112	Information for the yrs 1980
2	Assam	20	4	20	20	1	5	235	207	-	137	12	158	2112	5	311	2113	221	2054	46	
3	Bihar	15	-	13	34	2	-	326	379	-	229	277	54	7259	16	870	5892	1217	3519	1097	
4	Gujarat	13	-	9	31	2	-	215	254	-	270	9	129	4827	-	-	4760	673	3345	547	
5	Haryana	[illegible]	-	3	8	1	-	156	60	-	228	86	92	2071	-	-	915	-	1497	162	
6	Himachal Pradesh.	3	-	1	8	1	-	32	28	-	298	28	4	251	-	-	629	-	411	121	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
7	Kerala	40	-	40	12	-	10	793	793	-	349	-	181	15069	24	905	14981	-	2134	300	
8	Mahakoshal	16	-	16	24	-	-	412	392	-	543	-	646	8270	-	18	8577	76	8313	570	
9	Maharashtra	41	-	37	23	-	-	1456	1429	-	535	-	1279	27725	-	170	29215	3469	9668	544	
10	Madras	19	-	18	19	1	8	693	923	-	702	142	649	23903	-	1855	30606	-	5025	625	
11	Karnataka	22	-	21	23	3	-	354	350	-	475	58	445	6326	-	-	4531	-	8425	1279	
12	Orissa	5	-	5	17	-	-	201	210	-	424	-	112	3350	-	-	2750	-	-	107	
13	Punjab	22	3	18	9	1	1	593	654	-	333	72	1203	16329	-	-	14482	-	6218	1670	
14	Rajasthan	9	7	4	18	3		410	73	-	451	1		5965	-	-	3167	-	7397	320	
15	Uttar-Pradesh.	14	-	12	46	4	-	496	472	-	309	-	54	7523	-	590	9593	1352	10486	2726	
16	West Bengal	17	-	17	28	-	-	375	375	-	414	-	47	8782	92	1322	8912	1394	10969	195	
17	Mid India Board	10	5	6	3	-	5	83	56	-	14	-	Non-Registering Body								
18	South India Board.	(18)	(3)	(18)	(9)	-	9	273	269	-	58	-	Non-Registering Body								
19	A.F.M.S.Examination Board.	8	-	18	-	-	-	259	185	-	-	-	Non-Registering Body								
	TOTAL:-	300	24	276	339	21	38	7712	7539	-	6006	835	5935	150835	309	7322	151893	12034	85630	11421	
	Grand-Total:-	300	24	276	339	21	7750		7539		6006	835	1,65,401				1,63,927		85630	11421	

Indian Nursing Council, Kotla Road, N.Delhi-2.

Appendix F

Nursing Shortage (newspaper article)

Shortage of nurses

Hindustan Times Correspondent

NEW DELHI, June 1 — Notwithstanding the increased turnover of nurses in recent years, the country is experiencing an overall shortage of nurses. The nurse-bed ratio varies from 1:3 to 1:18 in different parts of the country.

Admitting the shortage, the Health Ministry says that this situation is not due to non-filling up of posts. Practically all posts have been filled up in the public hospitals.

There are 1,65,401 nurses registered with the various nursing councils in the country as on December 31, 1983, figures up to which are available.

There are 300 schools of nursing in the country imparting training in general nursing and midwifery. Approximately, 40,000 candidates are under training in the three-year course period. About 7,750 nurses qualified from these schools during 1983.

According to the Ministry, the turnover of nurses has increased from 500 in 1977 to 7,750 in 1983. It says there is a proposal to raise the number of seats in the nursing schools and colleges run by the Centre.

Presently, the Central Government has three schools of nursing attached to the Safdarjang, Ram Manohar Lohia and Sucheta Kripalani hospitals here. The Rajkumari Amrit Kaur College of Nursing, affiliated to Delhi University, is under the administrative control of the Directorate-General of Health Services.

On an average, there are five or six applicants for one seat available for the nursing course. In 1983, about 50,000 candidates sought admission to general nursing and midwifery course and the B.Sc. nursing degree course. The number is said to be going up.

APPENDIX G

AMERICAN COLLEGE OF NURSE-MIDWIVES INTERNATIONAL PROJECT FOR TRADITIONAL BIRTH ATTENDANTS

1522 K Street, N.W., Suite 1120, Washington, D.C. 20005 202/289-4005

February 14, 1985

W. B. Rogers Beasley, M.D., M.P.H.
Chief
Office of Health and Nutrition
United States Agency for International Development
New Delhi, INDIA

Dear Dr. Beasley:

The American College of Nurse-Midwives (ACNM) is the professional organization for nurse-midwives in the United States and holds membership in the International Confederation of Midwives.

The Special Projects Section of the ACNM is interested in collaborating with a nurse, midwifery, or nurse-midwifery association or a leading university or school with an established department for nurses and midwives. We are looking to develop and field-test a continuing education program in Family Planning. The development and field-testing of the program would take place in the country of the institution or association which is selected.

The ACNM believes that family planning continuing education for nurses, midwives, and other maternal and child health workers is important for a number of reasons:

- Family planning is a fast-changing discipline, there is a constant evolution of the state-of-the-art in contraceptive methods, behavior, and practices.

- Nurses and midwives are the most appropriate of all health workers to integrate family planning services into the health care system because as professionals we are aware of the causes and consequences of maternal/infant morbidity and as women, are aware of the degree of responsibility that women must assume for their own reproductive well-being.

ACNM is interested in working with another group of nurses and midwives in developing this program because we think that nurses and midwives in all countries have much to teach and to learn from their peers. We believe that increased interaction between U.S. nurse-midwives and nurses and midwives from developing countries will benefit the profession in our country as well as in others.

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We are sending this letter to a number of nurse-midwifery groups and invite you to respond if you are interested in working with us on this project. We will make our selection of working partner based on the following criteria:

- developing country organization or association seen as representative of nurses and midwives
- assurance of support of joint venture from policy makers, planners within identified group and Ministry of Health
- nurse and midwife personnel committed and available to work with ACNM
- commitment to field-test and implement continuing education model
- family planning policy compatible with continuing education program
- English-speaking capability
- complementary to other on-going programs.

If you are interested in working with ACNM in developing a continuing education program in Family Planning, it will be necessary for you to send us a letter describing your organization/school and commenting on how you meet the criteria for selection. Once our partner is selected, we will jointly plan a schedule for meeting to develop the program.

We look forward to this joint venture and hope to hear from you soon.

Sincerely,

Bonnie Pedersen

Bonnie Pedersen, CNM, MPH
Acting Director
Special Projects Section

BP:jm