

Red Cross /Red Crescent & Nursing Education

~ A research toward establishing international networking~

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CONTENTS

CONTENTS

Executive Summary	i
I Background of the Research	1
1. Introduction	1
2. Objective of the Research Project	2
II Methodology	2
1. Survey	2
2. Number of answers received.....	3
III Results	4
1. General Information	4
A. Country and Institution	4
B. Faculty/Department	4
C. Year of Foundation and History	5
D. Ownership of School.....	5
E. Main Source of Funding.....	5
F. Main Teaching Languages and Second Teaching Languages	6
G. Full Time and Part Time Status, Degree and Position of Faculty	6
H. Number of Licensed Nurses Among Full Time Staff.....	11
I. Distribution of Working Hours for Faculty	12
2. Program Information	15
A. Education Philosophy	15
B. Accreditation and Evaluation	17
C. Professional Licensing, Registration Procedure, and Renewal Process.....	20
D. Educational Programs.....	21
E. Clinical Education	25
3. Partnership & Cooperation	29
A. Cooperation with the Red Cross	29

CONTENTS

B. Use of Sources from the Red Cross in the Classroom	42
C. International cooperation.....	50
IV SWOT.....	58
V Analysis and Further Comments.....	64
VI ICN International Conference in Malta	69

Annex

Annex 1: The letter requesting cooperation

Annex 2: Questionnaire for the 2011 survey

Executive Summary

Background : The first report *Nurses' Competence Within the Red Cross and Red Crescent Movement-A 30 Year Follow-up on Nursing Education and Activities Responding to Local and Global Vulnerability* was published in March of 2010. Joint researchers in Sweden and Japan are encouraged to conduct further research on topics, Come up with new ways nurses can contribute to the MDGs and IFRC Global Agenda, provide information about the current situation in the field of nursing, and build partnership between Red Cross and Red Crescent Societies that educate and train nurses.

Objective : The objective is to explain to what degree each Red Cross and Red Crescent Society contributes to education of nurses and midwives. As part of this Objective, data about the type of institution, funding, and education programs was collected and analyzed for individual Red Cross and Red Crescent Societies. And it is to form an international network to for better cooperation.

Methodology : The letter requesting cooperation for the joint research project and survey was sent to the Red Cross and Red Crescent Societies in the 27 countries. The letter and survey were then sent to the institution for nursing education in the respective Red Cross and Red Crescent Society.

Analysis and Further Comments : Of the 38 institutions that replied to the survey, many were professional schools of nursing run by the National Red Cross. It may be necessary to look over the effects that this lack of funding is having on the individual institution. A steady flow of funds from the National Red Cross and Red Crescent Societies is necessary. Further efforts to educate and train nurses with higher degrees and professional skills and knowledge remains a priority. National Societies should become more aware of the IFRC mission and take steps to realize it. For information to be shared by groups, it is important to place somebody in charge of relaying information down to the lower levels of the organization. Also, stronger relationships between individual Red Cross and Red Crescent Societies and the educational institutions is necessary. The first step would be to create a place to exchange information about the issues related to educating nurses. It was not possible to get a reply from all the Red Cross/Red Crescent institutions that educate nurses. Therefore, in order to future strengthen the existing network and create new networks, some mechanism such as hold.

I. Background of the Research

1. Introduction

A memorandum was exchanged in 2008 between the Red Cross University Colleges in Stockholm, Sweden and Tokyo, Japan.

Based on this memorandum, exchanges between students and faculty started and a joint research project about education of nurses and the relationship between the education curriculum and the United Nations Millennium Development Goals (MDGs) and IFRC Global Agenda was set into motion.

As the survey on nursing education was being revised, a survey on the same topic was found in the archives in Geneva. Then, a 30 year follow up research of the 1979 survey became the first objective of this joint research based on the 2008 memorandum and the survey on nursing education became the second objective. The first report *Nurses' Competence Within the Red Cross and Red Crescent Movement—A 30 Year Follow-up On Nursing Education and Activities Responding to Local and Global Vulnerability* was published both in English and in Japanese in March of 2010. It is currently available on the Japanese Red Cross College of Nursing homepage.

(http://www.redcross.ac.jp/about/pdf/report2010_jp.pdf)

Out of 186 Red Cross and Red Crescent Societies 84 (45.2%) participated in the 2009 survey. Out of the 79 that participated in the 1979 survey, 43 participated in the 2009 survey. 74% of the Red Cross and Red Crescent Societies that participated in the 2009 survey answered that educating professional nurses, their knowledge, and skills were important in carrying out its larger Objectives. In the 2009 survey, 17 out of 84 institutions or 20.2% replied that it had a School of Nursing or university. These institutions are Germany, Spain, Sweden, Egypt, Lebanon, Bangladesh, India, Japan, Korea Rep.of, Sri Lanka, Thailand, Chile, Bolivia, Antigua and Barbuda, Cameroon, Republic of Congo, and Brazil. According to the IFRC Partnership and Profile 2002-03, France, Turkey, Republic of Uruguay, Argentina, Mali, Mexico, Brazil, Venezuela also has institutions for nursing education. Further, according to the 1979 survey, the Czech Republic (then Czechoslovakia), Greece, Italia, Portugal, Rumania, Republic of South Africa also had institutions for nursing education, but whether or not these institutions still exist today could not be confirmed. So, approximately 25-30 out of the 186 Red Cross and Red Crescent Societies has an educational institution for nursing. Also, the number of educational institutions is very close to the same number as the 1979 survey. The nursing education

programs at some of these institutions have expanded from basic nursing to the MA and PhD levels.

The expected achievements of this joint project as stated on page three can be summarized as follows:

- 1) Analysis on the development of nursing education and the role of nurses based on chronological data.
- 2) Provide useful information about individual Red Cross and Red Crescent Societies that will help to carry out the Health Programs and IFRC Global Agenda.
- 3) Come up with new ways nurses can contribute to the MDGs and IFRC Global Agenda.
- 4) Provide information about the current situation in the field of nursing as well as focus on the future ways in which nurses can help to attain the IFRC 2020 goals.
- 5) Build partnerships between Red Cross and Red Crescent Societies that educate and train nurses.

One and two stated above have already been mentioned in the 2010 March report. Joint researchers in Sweden and Japan are encouraged to conduct further research on topics three to five.

2. Objective of the Research Project

This research project was planned jointly with the IFRC. The research keeps in mind the above five points, but especially numbers three to five. The Objective is to explain to what degree each Red Cross and Red Crescent Society contributes to education of nurses and midwives. As part of this Objective, data about the type of institution, funding, and education programs was collected and analyzed for individual Red Cross and Red Crescent Societies. Also, data on bilateral partnerships in nursing and midwifery programs amongst Red Cross and Red Crescent Societies were collected and analyzed. The next step is to form an international network to for better cooperation.

II. Methodology

1. Survey

This survey was conducted in consultation between the International Red Cross in Geneva, the National Societies of the Red Cross and Red Crescent Movement, and the International Federation of Red Cross. The 90 items survey consists of four

parts: general information (10 items), Education Program Information (18 items), Partnership and Cooperation (61 items), and SWOT Analysis. Translations were made into Arabic, French, and Spanish.

The letter requesting cooperation for the joint research project (Appendix 1) and survey (Appendix 2) was sent to the Red Cross and Red Crescent Societies in the following 27 countries: Antigua and Barbuda, Argentina, Bangladesh, Bolivia, Brazil, Burundi, Cameroon, Chile, Republic of Congo, France, Germany, Greece, India, Japan, Lebanon, Mali, Mexico, Korea Rep.of, Spain, Sweden, Sri Lanka, Thailand, Uruguay, Venezuela, Italy, Rumania, and Portugal. The letter and survey were then sent to the institution for nursing education in the respective Red Cross and Red Crescent Society. A copy was also sent to the Director of Health Department at the IFRC Secretary in Geneva.

1) Follow-up Research

Joint-researcher Sasaki Ikumi and research assistant Fujii Tomomi (a graduate student at that time) went on a follow up research trip to Bangladesh and Thailand between February 12 to the 17th. In Thailand, they received further information and in Bangladesh they were able to confirm and back up the findings from the questionnaire.

2. Number of answers received

Only 10 out of 27 countries sent back the questionnaires despite being asked three times. So in 2011 May, the Health Department of the IFRC issued a statement through the regional Health Coordinators asking for participation in this project. In the fall of 2011 a further notice was sent out to the education institutions training midwives and nurses. As a result, 2 countries replied to the questionnaire. Answers were received from the following 12 countries: Argentina, Bangladesh, Bolivia, Chile, France, Greece, Japan, Korea Rep.of, Portugal, Spain, Sweden, and Thailand. In Japan 6 universities, 17 Schools of Nursing for nursing and one School of Nursing for midwifery sent replies. 3 schools from Bolivia and 2 schools from France replied.

(Hiroshi Higashiura)

III. Results

1. General Information

A. Country and Institution

Table I-1 indicates the name of country, type of institution, and number of institutions that participated in the survey. Of all the institutions that replied, 9 were universities, 28 were Schools of Nursing. One out of the 29 schools was a School of Nursing specializing in the training of midwives.

Table I-1 Country and Institution (unit : institution)

Country	Type of Institution		Comments
	University	School of Nursing	
Japan	6	18	one midwifery program
Korea Rep.of	1*1		three year program
Thailand	1		
Bangladesh		1*2	
Bolivia		3	
Argentina		1	
Chile		1	
Greece		1	
Spain		1*3	
Portugal		1	
France		2*4	
Sweden	1		three year program
Total	9	29	

*1 : From 2012 as the foundation for the RC Nursing College was changed by University

*2 : One out of two institutions participated in the survey in Bangladesh.

*3 : One out of three institutions participated in the survey in Spain.

*4 : Two out of 33 institutions participated in the survey in France.

B. Faculty/Department

Table I-2 indicates the type of faculty or department at each institution. The most common faculty/department was nursing. There were 26 institutions with a Faculty/Department of Nursing, 1 institution with a Faculty/Department of Midwifery, 1 institution with a Faculty/Department of Health, and 10 institutions that did not indicate the name of the Faculty or Department.

Table I-2 Faculty/Department (unit : institution)

Faculty/Department	Institution
Nursing	26
Midwifery	1
Health	1
Not specified	10
Total	38

C. Year of Foundation and History

Table 1-3 indicates the year of foundation. The earliest institution was founded in Sweden in 1878, followed by Japan in 1890. Between 1900 and 1944, 22 institutions were founded. Documents for Reference Number One explains the historical development of each institution.

Table I-3 Your of Foundation (unit : Institution)

date	Number of Institutions
1890's	2
1900~1949	24
1950~1999	7
2000~	5

D. Ownership of School

The survey listed four options: public, public/private mix, private not for profit, and Private for profit. All institutions replied private not for profit

E. Main Source of Funding

Table I-4 lists the main sources of funding. 14 institutions replied that student tuition and other fees were its main source of funding. 12 institutions replied that funding from hospitals, chapters, or the national headquarter of the Red Cross/Red Crescent Movement was available.

Table I-4 Main Source of Funding (Unit : Institution)

Main Source of Funding	Institution	
	Total	Japan Only (for Reference)
Government (central and local levels)	2	
Tuitions and Student Fees	14	10
Donations and Subvention	3	1
Red Cross Red Crescent Movement (hospital/national headquarter/chapter)	12	11
Other	3	1
Not Specified	4	1

F. Main Teaching Language and Second Teaching Language

Table I-5 lists the main teaching language and secondary teaching languages at each institution. Among the institutions outside of Japan, the majority listed Spanish as the main and English as the secondary teaching language.

Table I-5 Main and Secondary Languages

Country	Main Language	Secondary Language
Japan	Japanese	English
Korea Rep.of	Korea Rep.ofn	English
Thailand	Thai	
Bangladesh	Bengali	English
Bolivia	Spanish	Quechua
Argentina	Spanish	English
Chile	Spanish	
Greece	Greek	
Spain	Spanish	English
Portugal	Portuguese	
France	French	English
Swede	Swedish	English

G. Full Time and Part Time Status, Degree and Position of Faculty

Table I-6 indicates the Number of full time and part time faculty, their degree (MA or

PhD) as well as their position within the institution. The total number of institutions that took part in the survey is 38, out of which 24 institutions were in Japan. The results for all the 38 institutions (9 Universities and 29 Schools of Nursing) as well as the 24 institutions in Japan are analyzed separately from here on.

The total number of faculty was 3,460. 2,306 (66.6%) were full time faculty. 1,154 (33.4%) were part time faculty. The survey conducted in Argentina indicated that there were 1,358 full time faculty in that country alone, which is a much larger than any other country surveyed in this study. The number of full time faculty without taking Argentina into consideration would be 948.

Table I-6 Part/Full Time Status of Faculty, Degree, and Position (Unit : Person)

		Total		Total	Japan Only (For Reference)		Total
		Full time	Part Time		Full Time	Part Time	
Full Professor	number	1483	127	1610	75	82	157
	MA	46	33		30	16	
	PhD	50	50		42	44	
Associate Professor	number	69	75	144	60	43	103
	MA	38	28		35	12	
	PhD	31	21		25	16	
Assistant Professor	number	167	112	279	34	82	116
	MA	88	50		4	39	
	PhD	44	16			13	
Lecturer/TA	number	332	518	850	225	469	694
	MA	105	78		87	53	
	PhD	13	35		13	31	
Other*	number	255	322	577	61	313	374
	MA	27	20		26	20	
	PhD	4	62		4	62	
Total		2306 (66.6%)	1154 (33.4%)	3460 (100%)	455 (31.5%)	989 (68.5%)	1444 (100%)

*Instructors are included in the "Other" category.

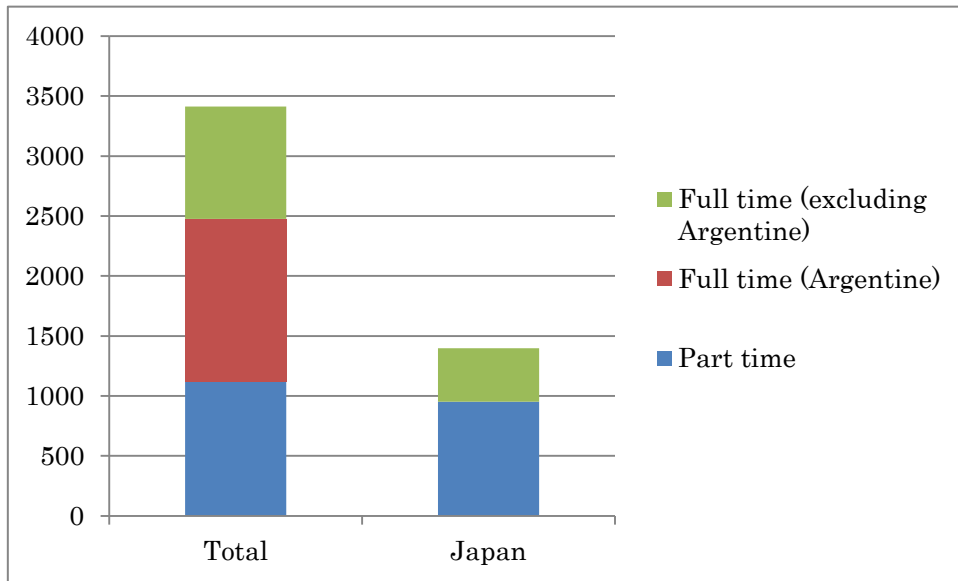


Figure I-1 Percentage of Part/Full Time Faculty (person)

Table I-7 lists data on the full/part time status, degree (MA/PhD), and position of faculty for both universities (9) and Schools of Nursing (29).

Among the 38 institutions surveyed, 15.9% of university faculty and 54.4% of School of Nursing faculty were full professors. However, the figure 54.4% includes 1358 full time faculty at Schools of Nursing in Argentina. This figure of 1358 is significantly higher than figures from other countries. If one were to disregard the statistics from Argentina, the percentage of full professors in Schools of Nursing would be 2.3%.

Out of 103 full-time professors for the 38 institutions, 96 were from institutions in Japan. Among full-time professors, 44 out of 50 PhD degree holders were from Japan. More analysis will follow.

Table I-7 Part/Full Time Status of Faculty, Degree, and Position for Universities and Schools of Nursing (unit : person)

		University		Total	School of Nursing		Total
		Full	Part		Full	Part	
		Time	Time		Time	Time	
Full Professor	number	82	21	103	1401	106	1507
	MA	30	2	(15.9%)	16	29	(53.6%)
	PhD	49	2		1	42	
Associate Professor	number	66	12	78	3	63	66
	MA	35	4	(12.0%)	3	23	(2.4%)
	PhD	31	1		0	19	
Assistant Professor	number	114	4	118	53	108	161
	MA	73	0	(18.2%)	15	50	(5.7%)
	PhD	42	0		2	8	
Lecturer/TA	number	100	77	177	232	441	673
	MA	86	1	(27.3%)	19	77	(23.9%)
	PhD	12	0		1	35	
Other*	number	83	88	171	172	234	406
	MA	27	8	(26.4%)	0	12	(14.4%)
	PhD	4	44		0	18	
Total		445	202	647 (100%)	1861	952	2813 (100%)

*Instructors are included in the "Other" category.

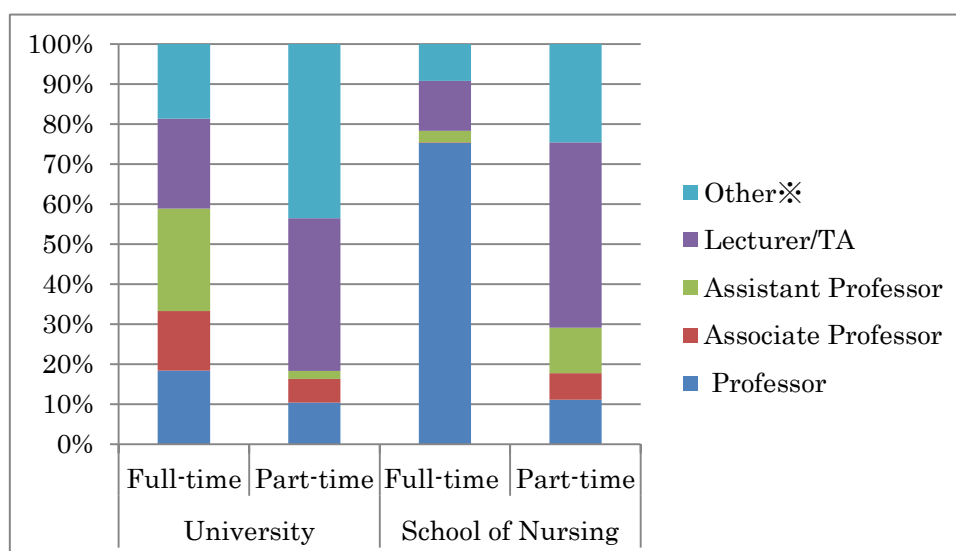


Figure I-2. Percentage of Full-time and Part-time Faculty in Universities and Schools of Nursing.

Table I-8 Full-time and Part-time Status of Faculty, Degree, and Position for 6 Universities and 18 Schools of Nursing in Japan (For Reference) (unit : person)

	University		Total	School of Nursing		Total
	Full-time	Part-time		Full-time	Part-time	
Full Professor	number	75	21	61		
	MA	30	2	96	12	61
	PhD	42	2		36	
Associate Professor	number	60	8	35		
	MA	35		68	11	35
	PhD	25	1		14	
Assistant Professor	number			32	82	
	MA			4	39	114
	PhD				5	
Lecturer/TA	number	82	77	135	392	
	MA	68	1	159	19	527
	PhD	12			1	31
Other*	number	59	88	2	225	
	MA	26	8	147	12	227
	PhD	4	44		18	
Total	276	194	470	169	795	964

*Instructors are included in the "Other" category.

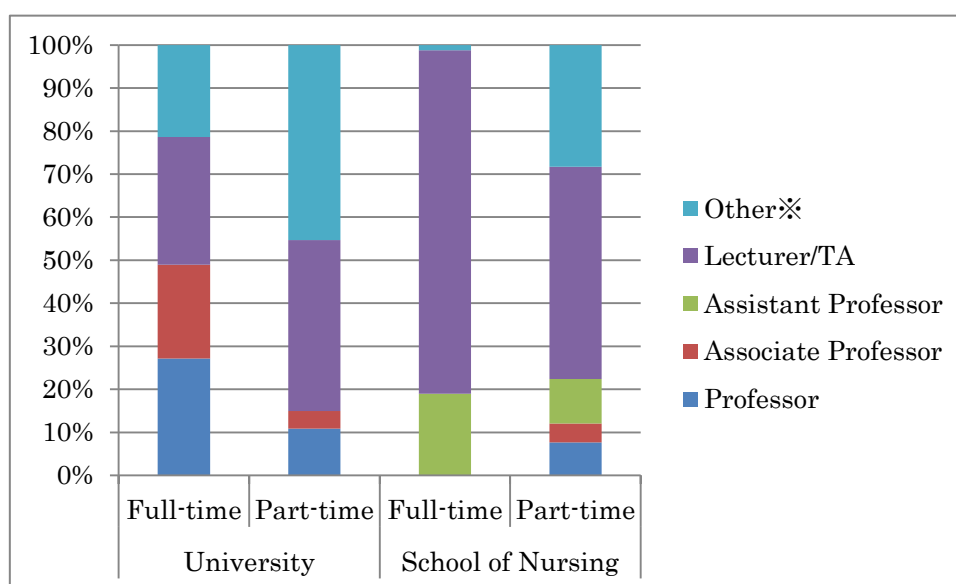


Figure I-3 Percentage of Full-time Professors, Associate Professors, Assistant Professors, and Lecturer/TAs in Japanese Universities and Schools of Nursing. (For Reference)

H. Number of Licensed Nurses Among Full Time Staff

Table 1-9 indicates the number of faculty with a professional license. The figures for all the 37 institutions surveyed as well as the figures for only Japanese institutions are given separately.

Table I-9 Number of Full Time Faculty holding a Professional Nursing License (Unit : Person)

	Persons with Professional License					
	Total			Japan (For Reference)		
	Licensed Persons	Full-time Faculty	%	Licensed Persons	Full-time Faculty	%
University	404	445	90.78%	235	276	85.14%
Nursing School	986	1861	52.98%	179	179	100%
Total	1390	2306	60.27%	414	455	90.99%

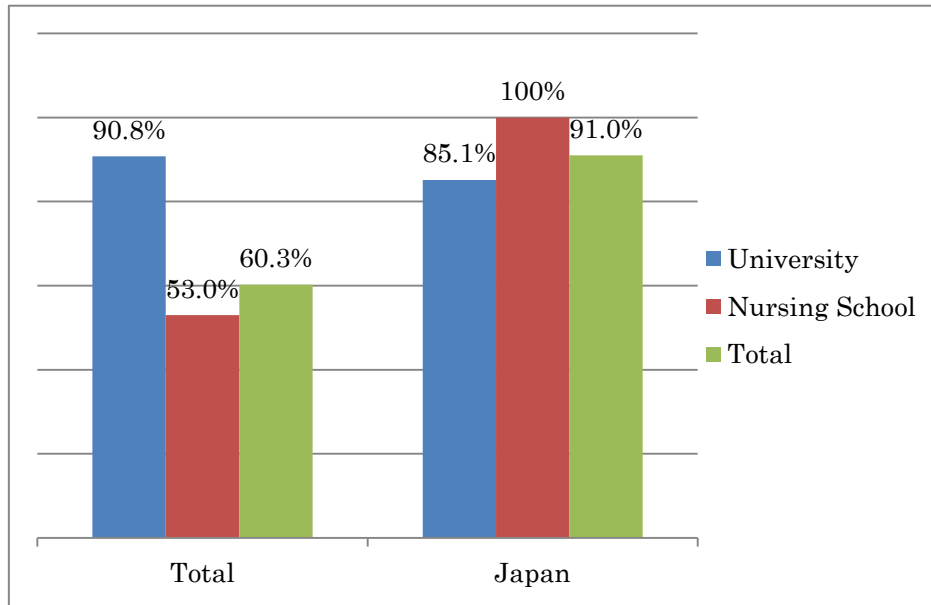


Figure I-4 Number of Full-time Faculty with a Professional Nursing License.

I. Distribution of Working Hours for Faculty (Administrative Duties Excluded.)

Table I-10 represents the distribution of time between lectures/seminars/practical training in the clinics, research, office hours and supervision of students, extra-curricular activities, and other activities.

University faculty spend 42.1% of time on lectures and seminars and practical training, whereas faculty in Schools of Nursing spend 61% of time on these same activities. 19.5% of time on research, 21.8% of time on student advising, 7.8% of time on extra-curricular activities, and 4.3% of time on other activities. School of Nursing faculty spend 61.0% on lectures, seminars and practical training, 9.0% of time on research, and 21.7% of time on student advising, 3.4% of time on extra-curricular activities and 4.9% of time on other activities.

Table I-10 The Average Time Spent on Non-Administrative Duties (Unit is %)

	Total		Japan (For Reference)	
	University	School of Nursing	University	School of Nursing
Education (in-class and practical training)	42.1	61.0	43.3	67.2
Research	19.5	9.0	20.3	4.1
Student Advising	21.8	21.7	22.6	18.4
Extra-curricular Activities	7.8	3.4	7.9	3.0
Other	4.3	4.9	6.0	7.2

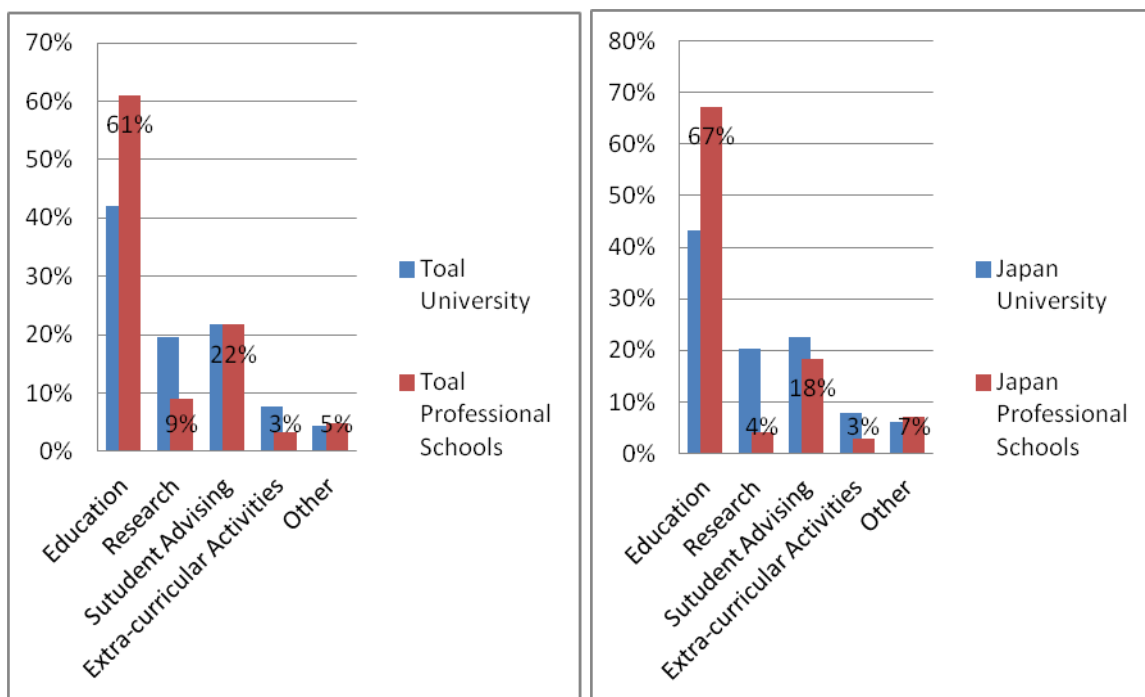


Figure I-5 The Average Time Spent on Non-Administrative Duties (Unit : %)

Summary and Comments:

This study covers questionnaires from 12 countries, 38 institutions. Of the 38 institutions, 9 were universities and 29 were Schools of Nursing. Out of the 29 Schools of Nursing, 26 specialized in nursing program, 1 in midwifery, 1 in health studies.

Out of the 38 institutions, the first was established in Sweden in 1878. The second was established in 1890 in Japan. Between 1900 and 1949, 24 institutions were established.

All institutions are private non for profit organizations. Funding consists of government funding, student tuition, and private donations. 10 institutions mainly from Japan cited student tuition and income of 11 institutions from Red Cross hospitals, local branches, and the national headquarter as main sources of funding.

The faculty at 38 institutions totaled 3,460, of which 66.6% were full-time and 33.4% were part time. 15.9% of faculty at universities were full professors, whereas only 2.3% of faculty at Schools of Nursing were full professors. Among the full professors, 49.5% held PhDs in university and only 0.7% held PhDs in Schools of Nursing. (These statistics exclude the survey results from Argentina.) Also, for the 38 institutions surveyed, 96 out of 103 full professors have PhDs. Out of these, 44 were from Japanese institutions. Among university full time faculty 90.7% have a professional license in nursing, compared to only 52.9% of faculty at Schools of Nursing.

Faculty at university spent 42.1% of time in in-class and practical training, compared to 61% at Schools of Nursing. Faculty at university spent 19.5% of time in research, compared to 9.0% in Schools of Nursing. Faculty at university spent 21.8% of time supervising students, compared to 21.7% in Schools of Nursing. Faculty at university spent 7.8 % of time in extra-curricular activities, whereas 3.4% in Schools of Nursing. Out of the 12 countries that participated in the survey, 7 listed English as the secondary teaching language. (Yukari Kawahara)

2. Program Information

A. Education Philosophy

Table II A-1 shows the keywords or statements that make up the education philosophy of the 38 institutions. 323 institutions or 86.8% cite the *Fundamental Principles*, 13 institutions or 34.2% cite the Mission of IFRC, 35 institutions cite Humanity and Caring/Nursing, 23 institutions cite Promoting National Public Health as their core education philosophy.

Both overseas and in Japan, the Fundamental Principles, Humanity, Caring/Nursing comprised the core of the education philosophy. However, Japanese institutions did not emphasize the Mission of IFRC, whereas all the overseas institutions emphasized it. As for Promoting National Public Health, 6 Schools of Nursing in Japan emphasized it, but Japanese universities and institutions located overseas did not emphasize it as much.

Table II A-1 Common Phrases used in Education Philosophy

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Fundamental Principles of the Red Cross and Red Crescent Movement	33 (86.8)	3 (7.9)	2 (5.3)	38 (100.0)
Mission Statement of IFRC	13 (34.2)	22 (57.9)	3 (7.9)	38 (100.0)
Humanity	35 (92.1)	2 (5.3)	1 (2.6)	38 (100.0)
Caring and Nursing	34 (89.5)	3 (7.9)	1 (2.6)	38 (100.0)
Promoting National Public Health	23 (60.5)	14 (36.9)	1 (2.6)	38 (100.0)

Table II A-2 Common Phrases used in Japanese Institutions

	University (N=6)				School of Nursing (N=18)			
	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Fundamental Principles of the Red Cross and Red Crescent Movement	6 (100.0)	0 (0.0)	0 (0.0)	6 (100.0)	14 (77.8)	2 (11.1)	2 (11.1)	18 (100.0)
Mission Statement of IFRC	2 (33.3)	4 (66.7)	0 (0.0)	6 (100.0)	2 (11.1)	14 (77.8)	2 (11.1)	18 (100.0)
Humanity	6 (100.0)	0 (0.0)	0 (0.0)	6 (100.0)	16 (88.9)	1 (5.5)	1 (5.5)	18 (100.0)
Caring and Nursing	6 (100.0)	0 (0.0)	0 (0.0)	6 (100.0)	14 (77.8)	3 (16.7)	1 (5.5)	18 (100.0)
Promoting National Public Health	4 (66.7)	2 (33.3)	0 (0.0)	6 (100.0)	6 (33.3)	11 (61.2)	1 (5.5)	18 (100.0)

Table II A-3 Common Phrases used in Institutions Overseas

	University (N=3)				School of Nursing (N=11)			
	Yes N (%)	No N (%)	No Answer N(%)	Total N(%)	Yes N (%)	No N (%)	No Answer N (%)	Total N(%)
Fundamental Principles of the Red Cross and Red Crescent Movement	3 (100.0)	0 (0.0)	0 (0.0)	3 (100.0)	10 (90.9)	1 (9.1)	0 (0.0)	11 (100.0)
Mission Statement of IFRC	2 (66.7)	1 (33.3)	0 (0.0)	3 (100.0)	6 (54.5)	4 (36.4)	1 (9.1)	11 (100.0)
Humanity	3 (100.0)	0 (0.0)	0 (0.0)	3 (100.0)	10 (90.9)	1 (9.1)	0 (0.0)	11 (100.0)
Caring and Nursing	3 (100.0)	0 (0.0)	0 (0.0)	3 (100.0)	11 (100.0)	0 (0.0)	0 (0.0)	11 (100.0)
Promoting National Public Health	3 (100.0)	0 (0.0)	0 (0.0)	3 (100.0)	10 (90.9)	1 (9.1)	0 (0.0)	11 (100.0)

Table II A -4 lists other keywords in the education philosophy of the 38 institutions.

Table II A-4 Phrases Used in the Education Philosophy

Japan (University)	Contribute to the international community. Educating professional nurses Contribute to the health and well-being of humanity
	Emphasize the vision of the Red Cross, train highly skilled nurses who are active internationally, expand the student's imagination
	Cooperate in international as well as domestic projects, contribute to the community as a nurse, always be alert about your community, a powerful imagination
	Emergency response in times of natural disasters
Japan(School of Nursing)	Special training of midwives and contributing to the community Education and training for professional nurses to carry out Red Cross and Red Crescent Society projects Health, community, environment Promote Medical Insurance and Family Health Understand one's position in the Medical Insurance and Family Health System, develop Team Health Care
Bolivia	Promoting health within the family in an multi-cultural environment
Argentina	Zero discrimination and develop preventative health care for the community
Spain	Human Rights and Dignity
France	Compassion, Humility, Respect, Cooperation, Responsibility, Morality

B. Accreditation and Evaluation

1. Education Program

70% of the 38 institutions replied that it does not receive evaluation and accreditation from a third party. In Japan there is a peer assessment system, whereas in other countries the national government, Ministry of Health and Labor, or other institutions conduct the evaluation and accreditation. A detailed breakdown of “other institutions” is given in Table II B-4. For example, in Korea Rep.of and Portugal a specific organization is in charge of accreditation. In Thailand, multiple organizations including the Ministry of Education and Thailand Nurse's Council must give accreditation. In France, the local parliament and local branch of the Ministry of Health give accreditation.

Table II B-1 Third Party Accreditation and Evaluation

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Government	5 (13.1)	27 (71.1)	6 (15.8)	38 (100.0)
Ministry of Labour and Health	5 (13.1)	27 (71.1)	6 (15.8)	38 (100.0)
Peer Assessment	7 (18.4)	25 (65.8)	6 (15.8)	38 (100.0)
Other	6 (15.8)	27 (71.1)	5 (15.8)	38 (100.0)

Table II B-2 Third Party Accreditation and Evaluation (Japan)

	University (N=6)				School of Nursing (N=18)			
	Yes N (%)	No N (%)	No Answer N(%)	Total N(%)	Yes N (%)	No N (%)	No Answer N (%)	Total N(%)
Government	0 (0.0)	6 (100.0)	0 (0.0)	6 (100.0)	0 (0.0)	17 (94.4)	1 (5.6)	18 (100.0)
Ministry of Labour and Health	0 (0.0)	6 (100.0)	0 (0.0)	6 (100.0)	0 (0.0)	17 (94.4)	1 (5.6)	18 (100.0)
Peer Assessment	6 (100.0)	0 (0.0)	0 (0.0)	6 (100.0)	0 (0.0)	17 (94.4)	1 (5.6)	18 (100.0)
Other	0 (0.0)	6 (100.0)	0 (0.0)	6 (100.0)	0 (0.0)	17 (94.41)	1 (5.69)	18 (100.0)

Table II B-3 Third Party Accreditation and Evaluation (Overseas)

	University(N=3)				School of Nursing (N=11)			
	Yes N (%)	No N (%)	No Answer N(%)	Total N(%)	Yes N (%)	No N (%)	No Answer N (%)	Total N(%)
Government	1 (33.3)	2 (66.7)	0 (0.0)	3 (100.0)	4 (36.4)	2 (18.2)	5 (45.5)	11 (100.0)
Ministry of Labour and Health	0 (0.0)	3 (100.0)	0 (0.0)	3 (100.0)	2 (18.2)	4 (36.4)	5 (45.5)	11 (100.0)
Peer Assessment	0 (0.0)	3 (100.0)	0 (0.0)	3 (100.0)	1 (9.1)	5 (45.5)	5 (45.5)	11 (100.0)
Other	2 (66.7)	1 (33.3)	0 (0.0)	3 (100.0)	3 (27.3)	4 (36.4)	4 (36.4)	11 (100.0)

Table II B-4 Institutions Conducting Evaluations

Korea Rep.of	Korea Rep.of University Education Committee (Korea Rep.ofn Council for University College Education)
Thailand	Thailand Nurse's Council, Ministry of Education, Chulalongkorn University (Commission on Higher Education)
Argentina	Ministry of Education -- Committee on Education and Health (Ministerio de Educación – Consejo Federal de Educación y de Salud)
Portugal	Accreditation Agency
France	Government (local parliament, Ministry of Health local branch)

2. School

Tables II B-5, II B-6, II B-7 list the institutions that evaluate the university/School of Nursing as a whole. 60% of the 387 institutions replied that school evaluation does not exist. In Japan, a peer review system exists, but in other countries where such a system is not available, the government or other organizations replaces the peer evaluation system. Such cases are listed in Table II B-7.

Table II B-5 Institutions Evaluating the School as a Whole

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Government	7 (18.4)	23 (60.5)	8 (21.1)	38 (100.0)
Ministry of Labour and Health	3 (7.9)	27 (71.0)	8 (21.1)	38 (100.0)
Peer Assessment	7 (18.4)	23 (60.5)	8 (21.1)	38 (100.0)
Other	5 (13.2)	26 (68.4)	7 (18.4)	38 (100.0)

Table II B-6 Evaluation of the School as a Whole (Japan)

	University (N=6)				School of Nursing (N=18)			
	Yes N (%)	No N (%)	No Answer N(%)	Total N(%)	Yes N (%)	No N (%)	No Answer N (%)	Total N(%)
Government	0 (0.0)	6 (100.0)	0 (0.0)	6 (100.0)	0 (0.0)	13 (72.2)	5 (27.8)	18 (100.0)
Ministry of Labour and Health	0 (0.0)	6 (100.0)	0 (0.0)	6 (100.0)	0 (11.8)	13 (72.2)	5 (27.8)	18 (100.0)
Peer Assessment	6 (100.0)	0 (0.0)	0 (0.0)	6 (100.0)	0 (0.0)	13 (72.2)	5 (27.8)	18 (100.0)
Other	0 (0.0)	6 (100.0)	0 (0.0)	6 (100.0)	0 (0.0)	13 (72.2)	5 (27.8)	18 (100.0)

Table II B-7 Evaluation of the School as a Whole (Overseas)

	University(N=3)				School of Nursing (N=11)			
	Yes N (%)	No N (%)	No Answer N(%)	Total N(%)	Yes N (%)	No N (%)	No Answer N (%)	Total N(%)
Government	1 (33.3)	2 (66.7)	0 (0.0)	3 (100.0)	6 (54.6)	2 (18.2)	3 (27.3)	11 (100.0)
Ministry of Labour and Health	0 (0.0)	3 (100.0)	0 (0.0)	3 (100.0)	1 (9.1)	7 (63.6)	3 (27.3)	11 (100.0)
Peer Assessment	0 (0.0)	3 (100.0)	0 (0.0)	3 (100.0)	1 (9.1)	7 (63.6)	3 (27.3)	11 (100.0)
Other	2 (66.7)	1 (33.3)	0 (0.0)	3 (100.0)	3 (27.3)	6 (54.6)	3 (27.3)	11 (100.0)

Table II B-8 Institutions Conducting the Evaluation

Korea Rep.of	Korea University Education Committee (Korean Council for University College Education)
Thailand	Thailand Nurse's Council, Ministry of Education, Chulalongkorn University (Commission on Higher Education)
Bangladesh	Bangladesh Nursing Council
Argentina	Ministry of Education -- Committee on Education and Health
France	Government (local parliament, Ministry of Health local branch)

C. Professional Licensing, Registration Procedure, and Renewal Process

Table II C-1 lists the licensing and renewal procedures. Most countries require a written exam and some countries also require a practical exam. Five countries have a license renewal system. Nurses must renew their license every five years in Thailand and Bangladesh, every three years in Argentina, and yearly in Greece and Portugal.

Table II C-1 Licensing and Renewal Systems

Country Name	Requirements for License	Terms of License	Licensing Body
Japan	Written Exam	Permanent	Ministry of Health, Labor, and Welfare
Korea Rep.of	Written	Permanent	Ministry of Health, Welfare and Family
Thailand	Written Exam and Completion of a standardized curriculum	Five Years	—
Bangladesh	Written Exam, Practical Exam, Completion of a standardized curriculum	Five Years	Bangladesh Nursing Council
Bolivia	Written Exam, Service to the community, Graduation Examination (thesis)	Permanent	Ministry of Health and Sports
Argentina	Meet the Requirement for the three year program	Three Years	1) Ministry of Education grants the license for advanced level nursing programs. Report card and proof of having passed the examination is also given. 2) Ministry of Health grants the certification for a Technical Assistant which a prerequisite for working in Argentina.
Chile	Written Exam, Practical Exam	Permanent	Ministry of Health (Ministerio de Salud)
Greece	Completion of a standardized curriculum	One Year	Not Specified
Spain	Completion of a standardized curriculum	Permanent	Not Specified
Portugal	The nurse must meet the requirements in the Nursing Order	One Year	As specified in the Nursing Order
Sweden	Written Exam, Practical Exam	Permanent	Not Specified
France	National Examination (written and oral exam)	Permanent	Local Branch of the Ministry of Health
France (School of Nursing)	Practical Exam, Completion of a standardized curriculum	Permanent	Ministry of Sport (the equivalent of Ministry of Education, Culture, Sports, and Technology)

D. Educational Programs

1. Nursing Program

Table II D-1 lists the nursing programs in each country. 12 years of schooling was the minimum requirement for entering a nursing program in most cases, but some programs allow for students to enter after only graduation from junior high school. In the universities in Japan and Thailand the program was for four years, but in most cases the programs lasted three years. In Bolivia, the programs ranged from three months to two years, but the license granted was only at the level of an assistant nurse. Portugal and Greece granted an undergraduate degree. France adopted a transfer credit system between other European countries.

Table II D-1 Nursing Program

Country Name	Admission Requirements	Duration	Number of new students per year	Graduation Requirement	Degree
Japan (University)	12 years of schooling	4 Years	Average 123.5 (N=6)	More than 4 years of full time student status; successful completion of the credits that each university requires (124~132 credits)	BA Nursing
Japan (School of Nursing)	12 years of schooling	3 Years	Average 40.5 (N=18)	Three Years or more of full time status; successful completion of the credits that each university requires (97~99 credits, 3000 hour) ; attendance requirement (2/3 of all classes)	Professional License
Korea Rep.of*5 (University)	12 years of schooling	3 years	100	120 credits	Diploma in Nursing
Thailand (University)	12 years of schooling	4 Years	190	Successful completion of courses and a GPA 2.00 or higher	BA in Nursing Science
<p>*5: Before 2012, the Red Cross Nursing College was 2-year term which there was no bachelor degree course but all graduates received the diploma of nursing. Between 2009-2011, the College had established RE-BSN(registered nurse-Bachelor of Science in Nursing) course for one year for those graduates every year took additional one more year course to get the bachelor degree. However, these are no longer from 2012 as the foundation for the RC Nursing Colleges was changed by being merged into “Chung-Ang University” that full degree programs are available(Bachelor, Master and Doctoral).The name of “Red Cross”is kept in line with the Chung-Ang which was one of conditions when the Korean Red Cross agreed to the annexation.</p>					
Bangladesh (School of Nursing)	12 years of schooling Women only, Marriage Status must be Single	3 Years	50	Successful completion of the three year program	Diploma in Nursing

Bolivia (School of Nursing)	Junior High school Diploma	Two Years	60	Passing all course, Successful completion of Thesis	Certificate of Successful Completion of Program
	Entrance Examination	3 Months	100	Community work, Thesis, Graduation Exam (written and practical)	Certification as an Assistant Nurse
	12 years of schooling Copy of ID, Birth Certificate, Junior High School Diploma	One Year and Six Months	Not Specified	Not Specified	Certification as an Assistant Nurse
	Copy of ID, Birth Certificate, Junior High School Diploma	Two Years	Not Specified	Not Specified	Certification as an Technical Assistant to a Nurse (Técnico Medio en Enfermería)*
Chile (School of Nursing)	Junior High School Diploma	Not Specified	16	Written Exam, Practical Exam	Certification as a Paramedic
Greece (School of Nursing)	12 years of schooling	Not Specified	25	Not Specified	BA in Nursing
Spain (School of Nursing)	Not Specified	2 Years and Five Months	80	Not Specified	Completion of Nursing Program Nurse (Grado en Enfermería)
	Not Specified	3 Years	Not Specified	Not Specified	Nurse (Grado en Enfermería)
Portugal (School of Nursing)	Not Specified	Not Specified	Not Specified	Not Specified	BA Nursing
Sweden (University)	12 years of schooling	3 Years	160	Not Specified	BA Nursing
France (Brest Program for Health Studies)	Baccalaureate (equivalent of High School Diploma)	3 Years	30	Thesis, Certificate of Practical Training	Professional License in Nursing (after successfully passing the national exam) License is recognized in European countries do to a transfer credit system

France (School of Nursing)	Baccalaureate (equivalent of High School Diploma)	3Years	45	Not Specified	Professional License in Nursing (after successfully passing the national exam) License is recognized in European countries do to a transfer credit system
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※Técnico Medio en Enfermería is the equivalent of an associate degree as a nursing technician

2. Midwifery Program

Table II D-2 shows the midwifery programs in the 4 countries. In Japan, the masters program, the undergraduate program, and a one year specialized program exist. In other countries, the answers to the survey did not specify what kind of programs existed or the details of each program.

Table II D-2 Midwifery Program

Country Name	Admission Requirements	Duration	Number of new Students per year	Requirement for Graduation	Degree
Japan (University)	15 or 16 years of education	2 years	Average 10 (N=3)	53 or more credits	MA Nursing
	12 years of education	4 years	Not Specified (N=1)	4 years of full time status and 151 or more credits	BA Nursing
Japan (School of Nursing)	12 years of education	1 years	40 (N=1)	Completion of curriculum	No Degree
Bolivia (School of Nursing)	Not Specified	3 months	80-120	Not Specified	Certification
Argentina (School of Nursing)	Not Specified	Not Specified	Not Specified	Not Specified	No degree
Portugal (School of Nursing)	Not Specified	Not Specified	Not Specified	Not Specified	Diploma Specialisation

3. MA Program

Table II D-3 shows the details of the MA program, which is offered in only five Japanese institutions.

Table II D-3 MA Program

Country Name	Admission Requirement	Duration	Number of New Students per Year	Graduation Requirements	Degree
Japan (University)	16 years of education Bachelor Degree	Two or Three Years	Average 12.4 (N=5)	Two or more years of full time status, 30 or more credits, thesis	MA Nursing

4. PhD Program

Table II D-4 shows the PhD programs, which is offered only in one Japanese institution.

Table II D-4 PhD Program

Country Name	Admission Requirement	Duration	Number of New Students per Year	Graduation Requirement	Degree
Japan (University)	MA Degree	3 years	5	8 credits or more, PhD dissertation	PhD Nursing

5. Other Programs

Table II D-5 shows other programs.

Table II D-5 Other Programs

Country	Program	Requirements for Admission	Duration	Number of students Admitted	Degree Requirements	Degree Granted
Japan (University)	Program for a Licensed Nurse	15years of education, license in nursing or health specialist, or midwifery with five or more years of experience (3 years on some areas)	6 months	Average 60.0 (n=2)	More than 615 out of 660 hours of study	Certificate of completion of program granted after passing examinations
Thailand (University)	Nursing Specialty Program	Not Specified	Not Specified	Not Specified	Not Specified	Certificate in Nursing Specialty Program

Sweden (University)	Not Specified	Bachelor degree and 2 years of experience	15 months	50	Not Specified	MA degree Specialist Nursing program (anaesthesia, operation assistant, intensive care assistant)
France École nationale d'ingénieurs de BrestProgram for Health Studies	Health Care Program	Not Specified	10 months	40	License granted after passing the national exam	National license as a health care worker
	Health Care Program	Not Specified	6 months	20	License granted after passing the national exam	National license as a health care worker with specialization in children's care
France (School of Nursing)	Health Care Program	Not Specified	10 months	25	Passing all courses	National license
	Health Care Program	Not Specified	10 months	35	Passing all courses	National license

E. Clinical Education

Table II E-1 and Table II E-2 shows the percentage of lectures, seminars, and practical training (clinical education) for nursing programs. In Japan, seminars are most emphasized in both university and School of Nursing. In Japan, seminars take up an average of 21.1% of time in university and 32.7% of time in School of Nursing. Overseas, seminars only took up 11.9% of time in university and 20.7% of time in School of Nursing for nursing. This shows that seminars are characteristic of nursing education program in Japan. In Sweden, Spain, and France, schools spend 0% of time on seminars. In European schools as a whole, seminars are not common. However, nursing programs overseas emphasize practical training (clinical education) more than Japanese universities and School of Nursing. In Japan 21.1% of time in university and 32.7% of time in School of Nursing is spent on practical training (clinical education). By contrast, 40.2% of time in university and 45.7% of time in School of Nursing is spent on practical training (clinical training) overseas.

Table II E-1 Percentage of Lectures, Seminars, and Practical Training in Nursing Programs

	Type of School	Lecture (%) (if n>1 then Mean±SD)	Seminar (%) (if n>1 then Mean±SD)	Practical Training (%) (if n>1 then Mean±SD)
Japan	University (N=6)	37.0±15.5	35.8±21.7	21.1±7.1
	School of Nursing(n=18)	56.1±14.8	11.2±13.3	32.7±4.0

Korea Rep.of	56.7	10.8	32.5
Thailand	25.0	25.0	50.0
Sweden	62.0	0.0	38.0
Bangladesh	30.0	42.0	28.0
Bolivia(n=3)	30.0±0.0	26.7±4.7	43.4±4.7
Argentina	No Answer	No Answer	No Answer
Chile	20.0	21.0	59.0
Greece	45.0	5.0	50.0
Spain	50.0	0.0	50.0
Portugal	38.0	17.6	44.0
France (one of two schools answered)	50.0	0.0	50.0
Total	51.4±21.7	24.1±28.2	41.1±19.5

Table II E-2 Percentage of Lectures, Seminars, Practical Training in Nursing Programs

	Type of School	Lectures Mean±SD (%)	Seminar Mean±SD (%)	Practical Training Mean±SD (%)
Japan	University	37.0±15.5	35.8±21.7	21.1±7.1
	School of Nursing	56.1±14.8	11.2±13.3	32.7±4.0
Overseas	University	47.9±16.3	11.9±10.2	40.2±7.3
	Nursing Program	35.9±10.0	20.7±12.8	45.7±8.4
Total		51.4±21.7	24.1±28.2	41.1±19.5

Summary and Comments:

The majority of schools list *Fundamental Principles, Humanity, and Caring/Nursing* as fundamental components of its education philosophy. Less than half of the institutions cited the *Mission of IFRC* as a core part of the education philosophy, but other statements regarding the education philosophy included the ideas mentioned in the *Mission of IFRC*. School of Nursings in Japan were less likely to cite the *Promoting National Public Health* as part of their education philosophy, but this may be due to a lack of program for educating and licensing health care practitioners.

Overall, not many out of the 38 institutions received peer assessment or accreditation by a third party. The peer review system is characteristic about the universities and School of Nursings in Japan. This system was put in place in two stages. First in 1999 the

criteria for establishing universities was amended, making self-evaluation by the university or School of Nursing mandatory and a third party-evaluation highly recommended. Then, in 2002, law on education was partially revised after the Central Commission on Education published the *Discussions Concerning a New System for Sustaining the Quality of University Education*, making evaluation and accreditation by a third party mandatory. This change took effect from April of 2004.

A written exam is required in most countries to renew a nursing license. Some countries also require a practical exam. Five countries have a license renewal system. Nurses must renew their license every five years in Thailand and Bangladesh, every three years in Argentina, and yearly in Greece and Portugal.

Majority of universities and School of Nursings had a nursing program, and schools with non-nursing programs were scarce. Only five schools had an MA program and only one with a PhD program. These six institutions were in Japan.

The requirements to get into the nursing program was generally 12 years of education (or a high school diploma), but there was a program where the minimum requirement was a junior high school diploma. The minimum number of years to complete the program was four in universities in Thailand and in Japan, but most other programs only required 3 years. In Bolivia, programs ranged from three months to two years. However, the certification from these programs would be approximately the equivalent of a nurse's assistant under the Japanese system.

The three year programs in Portugal and Greece granted degrees in nursing. In France, a transfer credit system was set up after the 1999 Bologna Declaration aimed at creating an European cross-border higher education system. Participating countries created a standardized curriculum and certification system. France and Portugal have signed on to this agreement. Thus, one would assume that the degree granted in institutions in France and Portugal are based on this system.

Also, this study found that there were close to no midwifery programs. One reason could be that midwifery is set up as a completely separate program from nursing allowing students to apply directly into each program.

Out of the lectures, seminars, and practical training, Japanese institutions spend most

time on seminars. By contrast, seminars are practically non-existent in institutions overseas. Instead, university hospitals are equipped with laboratories where students are given practical training before being fully entrusted to taking care of patients. This may be one reason for the lack of seminars in institutions overseas. Non-Japanese institutions generally set aside more time for practical training than do Japanese institutions. (Ikumi Sasaki)

3. Partnership & Cooperation

A. Cooperation with the Red Cross

1. Training and Education for Vulnerable Groups

Of the 38 schools surveyed, 21 (55.3%) provided training and education for vulnerable groups.

Among the schools in Japan, 9 (39.1%) provided training and education for vulnerable groups, meaning a ratio of less than 4 in 10 schools. However, a difference in the percentage was noted between universities and Nursing school. Programs were offered at 4 universities (66.7%) vs. 5 Nursing school (29.4%).

Table III A-1 Training and Education for Vulnerable Groups

All (N=38)				Japan (N=24)			
Yes (%)	No (%)	No Answer (%)	Total (%)	Yes (%)	No (%)	No Answer (%)	Total (%)
21 (55.3)	16 (40.1)	1 (2.6)	38 (100.0)	9 (37.5)	14 (58.3)	1 (4.2)	24 (100.0)

Table III A-2 Training and Education for Vulnerable Groups (Japan)

Universities (N=6)				Nursing school (N=18)			
Yes (%)	No (%)	No Answer (%)	Total (%)	Yes (%)	No (%)	No Answer (%)	Total (%)
4 (66.7)	2 (33.3)	0 (0.0)	6 (100.0)	5 (27.8)	12 (66.7)	1 (5.5)	18 (100.0)

The contents of education for vulnerable groups and the groups in focus were as shown in Table III A-3.

Programs including shelter experience were provided focusing on people requiring care, such as people with disability and disease, aged citizens, children, and pregnant and puerperal women. Because all citizens and local residents can be affected by possible disasters, there were disaster relief drills and other activities targeting at these people.

Table III A-3 Contents of Education and Vulnerable Groups in Focus

Country	Contents of Education	Groups in Focus
Japan	<ul style="list-style-type: none"> • Lectures and drills for high-priority groups requiring support (shelter experience) • Lectures and simulation on physical and mental problems that may affect vulnerable and ways to address common problems • Peer support training for students • Disaster relief drills • Support to aged citizens, children, and disaster victims requiring care. • Accompanying physically handicapped children during play at institutions and camping 	<ul style="list-style-type: none"> • People with disability and disease • Pregnant and puerperal women • Children • Aged citizens • Foreigners in Japan • People affected by a disaster
Korea Rep.of	<ul style="list-style-type: none"> • Certification courses for nurses in disaster nursing care 	<ul style="list-style-type: none"> • Disaster victims
Bolivia	<ul style="list-style-type: none"> • Malnutrition in under-5 children, diarrhea, anemia in pregnant women, vaccination 	<ul style="list-style-type: none"> • Women of childbearing ages and maternity club members
Portugal	<ul style="list-style-type: none"> • Activities for vulnerable groups (children, aged citizens, poor people, socially weak people, minors) 	
Thailand	<ul style="list-style-type: none"> • Disaster nursing care, aged citizens, women's health, children's health, principles of care, nursing techniques, wholistic care, nursing roles, concepts of prevention and rehabilitation, care for children 	<ul style="list-style-type: none"> • Aged citizens, schoolchildren, women, children who have lost parents
Chile	<ul style="list-style-type: none"> • Ways to grasp the biologically, psychologically, and socially critical conditions of inhabitants, in particular aged citizens and infants, are taught as part of medical education 	<ul style="list-style-type: none"> • Aged citizens, infants, pregnant women, young mothers, drug and alcohol abusers
Spain	<ul style="list-style-type: none"> • Support to social education and growth 	<ul style="list-style-type: none"> • Immigrants, socially weak people, domestic violence
Sweden	<ul style="list-style-type: none"> • Education on Red Cross principles and ICN ethics code 	<ul style="list-style-type: none"> • Aged citizens, patients
Greece	<ul style="list-style-type: none"> • Home visits and visits to refugee camps 	<ul style="list-style-type: none"> • Refugees, Roma, people with special needs
Argentina	<ul style="list-style-type: none"> • "Community medical care" is an important subject in all school years 	<ul style="list-style-type: none"> • Inhabitants of impoverished areas, children, aged citizens
Bangladesh	<ul style="list-style-type: none"> • Maternal and child health, geriatric nursing, psychiatric nursing 	

2. Activities on the World Red Cross Day (May 8)

Of the 38 schools, 15 (39.5%) had special activities on the World Red Cross Day.

In Japan, 6 schools (25%) had special activities on the World Red Cross Day, representing less than 3 in 10 schools. These included 2 universities (33.3%) and 4 Nursing school (22.2%).

Table III A-4 Activities on World Red Cross Day

All (N=38)				Japan (N=24)			
Yes (%)	No (%)	No Answer (%)	Total (%)	Yes (%)	No (%)	No Answer (%)	Total (%)
15 (39.5)	22 (60.5)	0 (0.0)	38 (100.0)	6 (25.0)	18 (75.0)	0 (0.0)	24 (100.0)

Table III A-5 Activities on World Red Cross Day (Japan)

Universities (N=6)				Nursing school (N=18)			
Yes (%)	No (%)	No Answer (%)	Total (%)	Yes (%)	No (%)	No Answer (%)	Total (%)
2 (33.3)	4 (66.7)	0 (0.0)	6 (100.0)	4 (22.2)	14 (77.8)	0 (0.0)	18 (100.0)

The details of the activities on the World Red Cross Day were as shown in Table III A-6.

Table III A-6 Activities on World Red Cross Day

Country	Activities
Japan	<ul style="list-style-type: none"> • Participation in community activities • Participation of students in the programs at Red Cross hospitals, including AED and first aid • Voluntary participation in hospital campaigns during the Red Cross Month (May) • Exhibition relating to Henri Dunant, raising awareness among students • Visits to prefectural chapters on or around the World Red Cross Day • Raising people's interest by designating May as the Red Cross Month • The Volunteer Day, in which every student participates in a community volunteer activity on a day chosen conveniently around May 8 • Cooperation and participation in the World Red Cross Day events organized by chapters • All-student meeting (evening meeting) and volunteer activities at relevant hospitals. • Street PR and cooperation in the Red Cross blood donation movement to enlighten the Red Cross movement

Bolivia	<ul style="list-style-type: none"> • Henri Dunant memorial workshop; socializing among teachers, students, volunteers, and secretariat workers • Flower offerings • Presentation on school history • Educational festival, Mass, etc.
Thailand	<ul style="list-style-type: none"> • Parade, PR activities, walk rally
Spain	<ul style="list-style-type: none"> • Seminars, exhibitions, school events
Argentina	<ul style="list-style-type: none"> • Public education and dissemination activities
Bangladesh	<ul style="list-style-type: none"> • Seminars • Blood donation

Educational activities, PR activities, blood donation, etc. were common activities in the world.

In Japan, participation in volunteer activities and other actions were promoted in May, designated as the Red Cross Month. Activities in other countries included flower offerings and Mass.

3. Activities on the World First Aid Day (September)

Of the 38 schools, 7 (18.4%) had special activities on the World First Aid Day.

In Japan, 2 schools (8.3%) had special activities on the World First Aid Day, representing less than 1 in 10 schools. In Japan, these schools included 1 university and 1 vocational school.

Table III A-7 Activities on World First Aid Day

All (N=38)				Japan (N=24)			
Yes (%)	No (%)	No Answer (%)	Total (%)	Yes (%)	No (%)	No Answer (%)	Total (%)
7 (18.4)	310 (81.6)	0 (0.0)	38 (100.0)	2 (8.3)	22 (91.7)	0 (0.0)	24 (100.0)

Table III A-8 Activities in World First Aid Day (Japan)

Universities (N=6)				Nursing school (N=18)			
Yes (%)	No (%)	No Answer (%)	Total (%)	Yes (%)	No (%)	No Answer (%)	Total (%)
1 (16.7)	5 (83.3)	0 (0.0)	6 (100.0)	1 (5.6)	17 (94.4)	0 (0.0)	18 (100.0)

Examples of the activities on the World First Aid Day were as shown in Table III A-9. These included seminars, disaster drills, first aid practice, etc.

Table III A-9 Examples of Activities on World First Aid Day

Country	Examples of Activities
Japan	<ul style="list-style-type: none"> • Seminars • First aid practice as part of disaster drills and campus festivals
Bolivia	<ul style="list-style-type: none"> • First aid nursing practice in town squares and parks • Health promotion festivals
Spain	<ul style="list-style-type: none"> • Enlightenment, dissemination, and guidance directed to citizens
Greece	<ul style="list-style-type: none"> • Celebration events held at a place specified by the Nursing Department outside of the school.
Argentina	<ul style="list-style-type: none"> • Dissemination activities at tents in parks. Activities include poster exhibition on disease prevention, demonstration of simple techniques, providing small children with materials for playing after brief instructions and selling dolls, working with jigsaw puzzles and drawing pictures relating to the theme, etc.

4. Participation of students in Red Cross events in the country

1) Red Cross Society Conference, etc.

Students from 23 schools (60.5%) were participating in the Red Cross Society Conference and similar events.

In Japan, students from 16 schools (66.7%) were participating in these events. The percentage in Japan was slightly higher than that in the world. More than 6 in 10 schools, both universities and Nursing school, were participating.

Table III A-10 Participation of Students in Red Cross Events

All (N=38)				Japan (N=24)			
Yes (%)	No (%)	No Answer (%)	Total (%)	Yes (%)	No (%)	No Answer (%)	Total N (%)
23 (60.5)	15 (39.5)	0 (0.0)	38 (100.0)	16 (66.7)	8 (33.3)	0 (0.0)	24 (100.0)

Table III A-11 Participation of Students in Red Cross Events (Japan)

Universities(N=6)				Nursing school(N=18)			
Yes (%)	No (%)	No Answer (%)	Total N (%)	Yes (%)	No (%)	No Answer (%)	Total (%)
4 (66.7)	2 (33.3)	0 (0.0)	6 (100.0)	12 (66.7)	6 (33.3)	0 (0.0)	18 (100.0)

2) Events of Prefectural Chapters

Students from 28 schools (73.7%) were participating in the events of prefectural chapters. In Japan, more than eight-tenths of schools (21 schools, 87.5%) were participating, including all six universities (100%).

Table III A-12 Participation of Students in Events of Prefectural Chapters

All (N=38)				Japan (N=24)			
Yes (%)	No (%)	No Answer (%)	Total (%)	Yes (%)	No (%)	No Answer (%)	Total (%)
28 (73.7)	9 (23.7)	1 (2.6)	38 (100.0)	21 (87.5)	3 (12.5)	0 (0.0)	24 (100.0)

Table III A-13 Participation of Students in Events of Prefectural Chapters (Japan)

Universities (N=6)				Nursing school (N=18)			
Yes N (%)	No N (%)	No answer N (%)	Total N (%)	Yes N (%)	No N (%)	No answer N (%)	Total N (%)
6 (100.0)	0 (0.0)	0 (0.0)	6 (100.0)	15 (83.3)	3 (16.7)	0 (0.0)	18 (100.0)

The examples of the Red Cross events attended by students were as shown in Table III A-14 below. These included participation in Red Cross blood donation promotion events, relief drills, and various local events.

Table III A-14 Examples of Red Cross Events Attended by Students

Country	Activities
Japan	<ul style="list-style-type: none"> • Disaster relief drills • National Red Cross Conference • Student Red Cross (= Student Council for Blood Donation) participates as staff members in blood donation promotion events • Participation as staff members in ceremonies commemorating major donors to the Red Cross Society • Blood donation and other campaigns, volunteer activities for blood donation promotion organized by prefectural chapters • Attending Florence Nightingale Medal presentations (in some areas), attending prefectural Red Cross conferences, singing “Akogare no Sekijujū” in chorus • Meeting people practicing the Red Cross spirit and learning their philosophy • Red Cross PR (fund raising activities, etc.) • Participation in World Red Cross Day events • Red Cross workshops • Attending the National Meeting of Student Councils for Blood Donation • Wheel chair long-distance relay road race, etc. • Meeting of nursing students commemorating the 120th anniversary of nurse training by the Red Cross Society • Meeting of the Red Cross Society and its members • Conference commemorating the 120th anniversary of establishment of chapters • Red Cross campaigns organized by prefectural chapters • Participation in the Red Cross Festa • Participation in disaster drills
Korea Rep.of	<ul style="list-style-type: none"> • Blood donation campaigns, training of volunteers
Bolivia	<ul style="list-style-type: none"> • Lectures, seminars, workshops, “Club 25”*
Portugal	<ul style="list-style-type: none"> • Participation in the Red Cross activities against multiple sclerosis • Support to pilgrims • Community activities in cooperation with health authorities • Basic education and charities in localities and at schools
Thailand	<ul style="list-style-type: none"> • Youth volunteer activities
Sweden	<ul style="list-style-type: none"> • Participation of many students in community activities
Argentina	<ul style="list-style-type: none"> • Participation in limited occasions. Although rules prohibit students’ participation in internal activities, they participate in general activities and campaigns.

Note) * Club 25 refers to a blood donation movement.

5. Relationship between Schools and the Red Cross Society

The answers regarding the relationship with the Red Cross Society were “excellent” from 8 schools (21.1%), “good” from 26 schools (68.5%), “poor” from 1 school (2.6%), and “no relation” from 1 school (2.6%).

The answers in Japan were “excellent” from 4 schools (16.7%) and “good” from 19 schools (79.2%). All schools reported at least good relationship with the Red Cross Society.

Table III A-15 Relationship with Red Cross Society

All (N=38)						
Excellent N (%)	Good N (%)	Poor N (%)	No relation N (%)	Others N (%)	No Answer N (%)	Total N (%)
8 (21.1)	26 (68.5)	1 (2.6)	1 (2.6)	1 (2.6)	1 (2.6)	38 (100.0)

Table III A-16 Relationship with Red Cross Society (Japan)

All (N=24)						
Excellent N (%)	Good N (%)	Poor N (%)	No relation N (%)	Others N (%)	No Answer N (%)	Total N (%)
4 (16.7)	19 (79.2)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.1)	24 (100.0)

6. Operation of Hospitals and Health Facilities by Red Cross Societies

The answers from 34 schools (89.5%) stated that Red Cross Societies operated hospitals and health facilities, indicating the fact that the Societies in many countries were operating such facilities. In Japan, all schools (100%) answered that the Red Cross Society operated hospitals and health facilities.

Table III A-17 Operation of Hospitals and Health Facilities

All (N=38)				Japan (N=24)			
Yes N (%)	No N(%)	No Answer N(%)	Total N(%)	Yes N(%)	No N(%)	No Answer N(%)	Total N(%)
34 (89.5)	3 (7.9)	1 (2.6)	38 (100.0)	24 (100.0)	0 (0.0)	0 (0.0)	24 (100.0)

1) Cooperation with Hospitals and Health Facilities Operated by Red Cross Societies

The answers from 33 schools (86.8%) indicated that they were cooperating with hospitals and health facilities operated by Red Cross Societies. In Japan, all 24 schools (100%) were cooperating

with them.

Table III A-18 Cooperation with Hospitals and Health Facilities

All (N=38)				Japan (N=24)			
Yes N (%)	No N(%)	No Answer N(%)	Total N (%)	Yes N (%)	No N(%)	No Answer N(%)	Total N(%)
33 (89.5)	5 (13.2)	0 (0.0)	38 (100.0)	24 (100.0)	0 (0.0)	0 (0.0)	24 (100.0)

2) Forms of Cooperation: Use of Specialists for Educational Purposes

The answers from 30 schools (78.9%) indicated that they were using specialists at Red Cross hospitals and facilities for educational purposes. In Japan, 23 schools (95.8%) were using such specialists for educational purposes. This percentage was higher than that in the world.

Table III A-19 Use of Specialists for Educational Purposes

All (N=38)				Japan (N=24)			
Yes N(%)	No N(%)	No Answer N(%)	Total N(%)	Yes N(%)	No N(%)	No Answer N(%)	Total N(%)
30 (78.9)	8 (21.1)	0 (0.0)	38 (100.0)	23 (95.8)	1 (4.2)	0 (0.0)	24 (100.0)

3) Forms of Cooperation: Provision of Places for Practical Training

The answers from 30 schools (78.9%) indicated that Red Cross hospitals and health facilities were providing the places for clinical practical training of students. In Japan, 23 schools (95.8%) answered that Red Cross hospitals and health facilities were providing the places for practical training. This percentage was higher than that in the world.

Table III A-20 Provision of Places for Practical Training

All (N=38)				Japan (N=24)			
Yes N (%)	No N(%)	No Answer N(%)	Total N(%)	Yes N (%)	No N(%)	No Answer N(%)	Total N (%)
30 (78.9)	8 (21.1)	0 (0.0)	38 (100.0)	23 (95.8)	1 (4.2)	0 (0.0)	24 (100.0)

4) Forms of Cooperation: Clinical Teaching

Red Cross hospitals and health facilities were offering clinical teaching to students in the answers from 28 schools (73.7%). In Japan, all 24 schools (100%) answered that such clinical teaching was available.

Table III A-21 Clinical Teaching

All (N=38)				Japan (N=24)			
Yes N (%)	No N(%)	No Answer N (%)	Total N(%)	Yes N(%)	No N(%)	No Answer N (%)	Total N (%)
287 (73.7)	9 (23.7)	1 (2.6)	38 (100.0)	24 (100.0)	0 (0.0)	0 (0.0)	24 (100.0)

5) Forms of Cooperation: Clinical Training

Teachers were conducting clinical training at Red Cross hospitals and health facilities in the answers from 25 schools (65.8%). In Japan, teachers from 20 schools (83.3%) were conducting clinical training at Red Cross hospitals and health facilities. This percentage was higher than that in the World.

Table III A-22 Clinical Training

All (N=38)				Japan (N=24)			
Yes N(%)	No N(%)	No Answer N(%)	Total N(%)	Yes N (%)	No N(%)	No Answer N (%)	Total N(%)
25 (65.98)	13 (34.2)	0 (0.0)	38 (100.0)	20 (83.3)	4 (16.7)	0 (0.0)	24 (100.0)

6) Other Forms of Cooperation

Other forms of cooperation with Red Cross facilities, asked in an open-ended question, were as shown in Table III A-23. These included scholarship programs, as well as cooperation in academic research instruction and committee activities.

Table III A-23 Other Forms of Cooperation with Red Cross Facilities

Country	Description
Japan	<ul style="list-style-type: none"> • Scholarship programs for students • Provision of fund for vocational school operation • Sending lecturers from universities to hospitals (academic research instruction, clinical leader training seminars, etc.) • Collaboration in continuing postgraduate education • Personnel exchange and joint training • Disaster relief drills • Sending chapter personnel to courses in first aid, water safety, etc. • Cooperation in the recruitment of workers at Red Cross facilities • Supplying teachers as hospital committee members • Disaster drills at hospitals (students play parts of patients) • Hospital festivals (singing by all students, roles of teachers) • Work as volunteers in summer camps • Participation in activities as committee members
Thailand	<p>Teachers at the Thai Red Cross College of Nursing are sent to support clinical services at Red Cross hospitals.</p> <p>They provide specialist training to nurses working for the Thai Red Cross and other facilities.</p>

7. Contribution to the Federation’s Mission Statement

A question asked how schools were contributing to the Federation’s Mission Statement, “to improve the lives of vulnerable people by mobilizing the power of humanity,” in the aspects of “working as nurses,” “disaster relief activities,” “activities to promote blood donation,” “fund raising activities,” and “other” (multiple answers allowed).

1) Working as Nurses

The answers from 33 schools (86.9%) indicated that graduates were working as nurses. In Japan, all schools (100%) answered positive to this question, confirming a high level of contribution.

Table III A-24 Working as Nurses

All (N=38)				Japan (N=24)			
Yes N (%)	No N (%)	No Answer N(%)	Total N(%)	Yes N(%)	No N (%)	No Answer N (%)	Total N(%)
33 (86.9)	4 (10.58)	1 (2.67)	38 (100.0)	24 (100.0)	0 (0.0)	0 (0.0)	24 (100.0)

2) Disaster Relief Activities

The answers from 31 schools (81.6%) indicated that graduates and students were participating in disaster relief activities. In Japan, all schools (100%) answered positive to this question, confirming a high level of contribution.

Table III A-25 Disaster Relief Activities

All (N=38)				Japan (N=24)			
Yes N(%)	No N (%)	No Answer N(%)	Total N (%)	Yes N (%)	No N (%)	No Answer N (%)	Total N(%)
310 (81.6)	6 (15.8)	1 (2.67)	38 (100.0)	24 (100.0)	0 (0.0)	0 (0.0)	23 (100.0)

3) Activities to Promote Blood Donation

Students from 27 schools (71.1%) were participating in the activities to promote blood donation. In Japan, 20 schools (83.3%) answered positive to this question.

Table III A-26 Activities to Promote Blood Donation

All (N=38)				Japan (N=24)			
Yes N(%)	No N(%)	No Answer N(%)	Total N(%)	Yes N (%)	No N (%)	No Answer N (%)	Total N(%)
27 (71.1)	10 (26.3)	1 (2.6)	38 (100.0)	20 (83.3)	4 (16.7)	0 (0.0)	24 (100.0)

4) Participation in Fund Raising Activities

The answers from 29 schools (76.3%) affirmed the participation in fund raising activities. In Japan, 22 schools (91.7%) answered positive to this question, confirming a relatively high level of contribution.

Table III A-27 Participation in Fund Raising Activities

All (N=38)				Japan (N=24)			
Yes N (%)	No N(%)	No Answer N (%)	Total N(%)	Yes N (%)	No N (%)	No Answer N (%)	Total N(%)
29 (76.3)	8 (21.1)	1 (2.6)	38 (100.0)	22 (91.7)	2 (8.3)	0 (0.0)	24 (100.0)

5) Other Activities

The examples of other activities relating to the Federation's Mission Statement are listed in Table III A-28. Answers from Japan included volunteer activities and contribution to communities.

Table III A-28 Other Activities

Country	Activities
Japan	<ul style="list-style-type: none">• Seminars on community-based disaster prevention and support programs• Activities responding to the needs of various "vulnerable groups" in communities• Participation as instructors in first aid, infant safety, daily life support, mental care training, etc.• Support to families with disabled children in communities, in which student volunteers provide family support• Contribution to communities through the activities at community centers• Volunteer activities and other help for physically handicapped people• Volunteer activities in medical, care, and institutional settings
Chile	<ul style="list-style-type: none">• Working at hospitals and clinics
Argentina	<ul style="list-style-type: none">• Although no intensive, systematic survey on the careers of graduates has been conducted, many graduates are prominent in their respective fields of specialty not because their occupations but because their deeds and abilities. It is for this reason that they are needed in various places.

(Keiko Honjo)

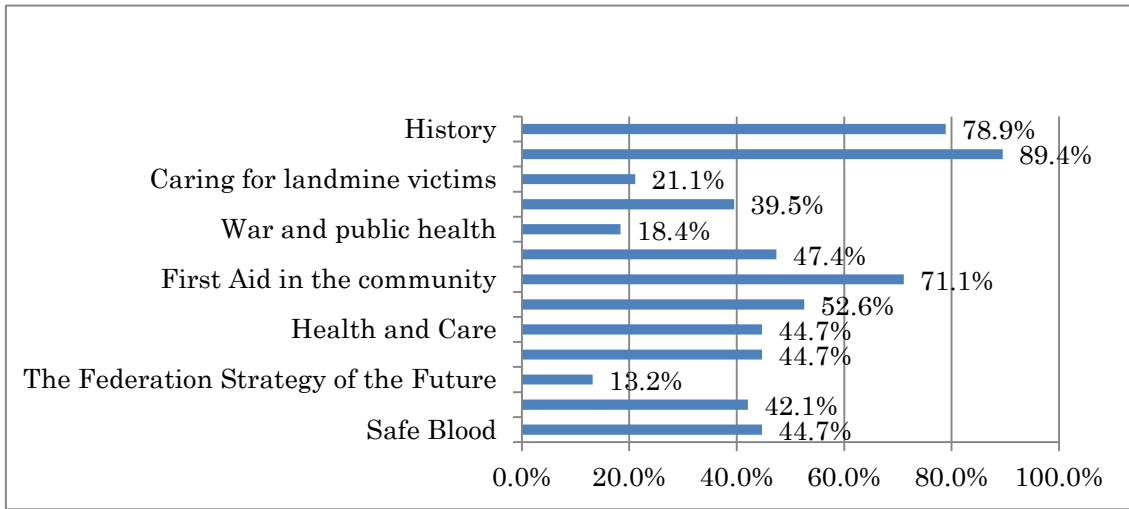
B. Use of Sources from the Red Cross in the Classroom

1. Use of Red Cross Publications

The most common publication used at the schools were *Fundamental Principles* (89.4%), *History of the Red Cross and Red Crescent Societies* (78.9%). By contrast the *Strategies 2020* (13.1%), *War and Public Health—A Handbook* (18.4%), *Caring for landmine victims* (20.0%) were less commonly used.

Table III B-1 Red Cross Publications

	Do not know/Not in use	Little	Fairly little	Fairly much	Much	No Answer
Safe Blood	5 (13.2)	4 (10.5)	11 (28.9)	11 (28.9)	6 (15.8)	1 (2.6)
World Disasters Report	5 (13.2)	4 (10.5)	12 (31.6)	12 (31.6)	4 (10.5)	1 (2.6)
The Federation Strategy of the Future	13 (34.2)	9 (23.7)	10 (26.3)	4 (10.5)	1 (2.6)	1 (2.6)
Public Health	7 (18.4)	7 (18.4)	6 (15.8)	11 (28.9)	6 (15.8)	1 (2.6)
Health and Care	7 (18.4)	8 (21.1)	5 (13.2)	7 (18.4)	10 (26.3)	1 (2.6)
Emergency Response Unit	4 (10.5)	5 (13.2)	8 (21.1)	13 (34.2)	7 (18.4)	1 (2.6)
First Aid in the community	2 (5.3)	1 (2.6)	7 (18.4)	11 (28.9)	16 (42.1)	1 (2.6)
Managing stress in the field	6 (15.8)	8 (21.1)	5 (13.2)	15 (39.5)	3 (7.9)	1 (2.6)
War and public health Assistance for victims	11 (28.9)	10 (26.3)	9 (23.7)	6 (15.8)	1 (2.6)	1 (2.6)
Caring for landmine victims	7 (18.4)	6 (15.8)	7 (18.4)	13 (34.2)	2 (5.3)	3 (7.9)
The Fundamental Principales of the Red Cross and Red Crescent	14 (36.8)	4 (10.5)	10 (26.3)	7 (18.4)	1 (2.6)	2 (5.3)
History	1 (2.6)	-	2 (5.3)	4 (10.5)	30 (78.9)	1 (2.6)
	1 (2.6)	-	6 (15.8)	7 (18.4)	23 (60.5)	1 (2.6)



Note: the bar graph represents the sum of the two columns on the right "Fairly much " and "Much."

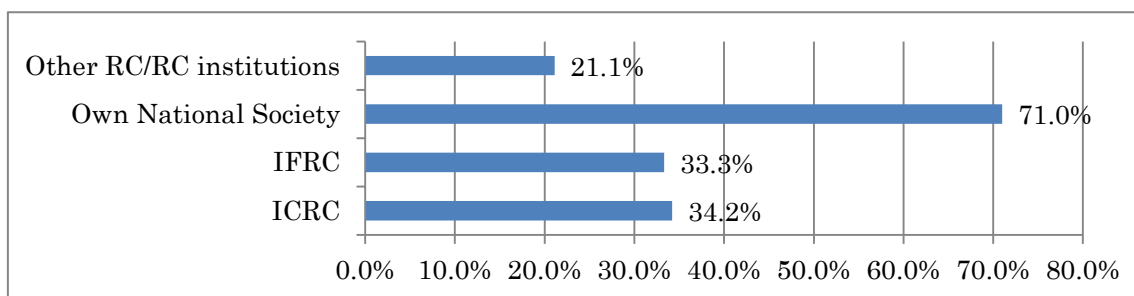
Figure III B-1 Red Cross Publications

2. Use of Online Sources

72.2% answered that they used sources from their national Red Cross or Red Crescent Societies and 22.2% answered that they used sources from other Red Cross or Red Crescent Society websites.

Table III B-2 Red Cross/Red Crescent Society websites

	Not in use/Unknown	Little	Fairly little	Fairly much	Much
ICRC	7 (18.4)	8 (21.1)	10 (26.3)	7 (18.4)	6 (15.8)
IFRC	7 (18.4)	10 (26.3)	8 (21.1)	8 (21.1)	5 (13.2)
Own National Society	2 (5.3)	1 (2.6)	8 (21.1)	13 (34.2)	14 (36.8)
Other RC/RC institutions	13 (34.2)	7 (18.4)	10 (26.3)	3 (7.9)	5 (13.2)



Note: the bar graph represents the sum of the two columns on the right "often" and "very often."

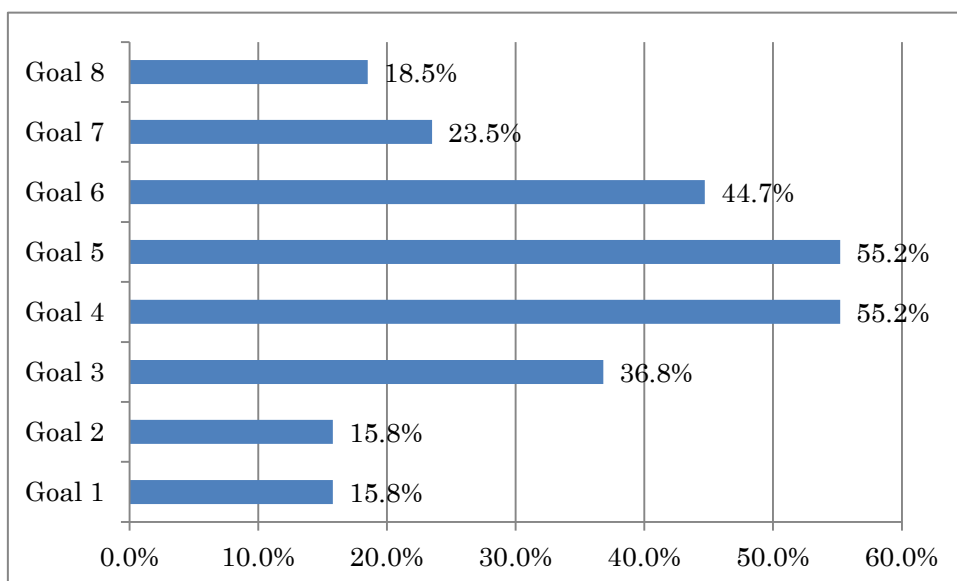
Figure III B-2 Red Cross/Red Crescent Society websites

3. Education Program and MDGs

Of the MDGs, the institutions incorporated goal number 4 “reduce child mortality,” goal number 5 “improve maternal health,” and goal number 6 “combat HIV/AIDS, malaria and other diseases” into the school curriculum. By contrast, institutions replied that some goals were not incorporated into the school curriculum. These include goal number 1 “eradicate extreme poverty and hunger” (21.1%), goal number 2 “achieve universal primary education” (26.2%), goal number 8 “develop a global partnership for development” (23.7%).

Table III B-3 Education Program and MDGs

	Not at all	Little	Fairly little	Fairly Much	Much
Goal-1 [Eradicate Extreme Hunger and Poverly national public health threats]	8 (21.1)	15 (39.5)	9 (23.7)	4 (10.5)	2 (5.3)
Goal-2 [Active auniversal Primary Education]	10 (26.2)	13 (34.2)	9 (23.7)	3 (7.9)	3 (7.9)
Goal-3 [Promot Gender Equality and Empower Women]	4 (10.5)	7 (18.4)	13 (34.2)	11 (28.9)	3 (7.9)
Goal-4 [Reduce Child Mortality]	3 (7.9)	8 (21.1)	6 (15.8)	14 (36.8)	7 (18.4)
Goal-5 [Improve Maternal Health]	3 (7.9)	7 (18.4)	6 (15.8)	14 (36.8)	7 (18.4)
Goal-6 [Combat HIV/AIDS, Malaria and other diseases]	3 (7.9)	9 (23.7)	9 (23.7)	13 (34.2)	4 (10.5)
Goal-7 [Ensure Enviornmental Sustainability]	6 (15.8)	7 (18.4)	16 (42.1)	5 (13.2)	4 (10.5)
Goal-8 [Develop a Grobal Partnership for Development]	9 (23.7)	13 (34.2)	9 (23.7)	5 (13.2)	2 (5.3)



Note: the bar graph represents the sum of the two columns on the right "Fairly much" and "Much."

Figure III B-3 Education Program and MDGs

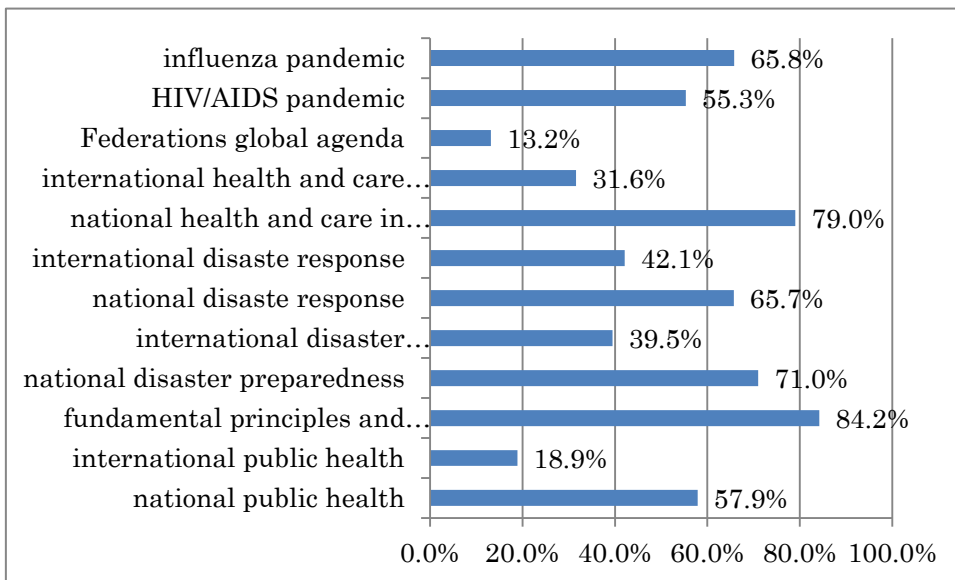
4. Education Programs and International Topics on Health

Institutions incorporated “fundamental principles of the Red Cross and Red Crescent Societies and humanity” into the curriculum. More than 60% of the institutions included topics on “domestic public health (community based health care)” and “domestic disaster relief (emergency response),” but topics on international issues such as the “Strategies for Achieving IFRC Goals,” “international topics on public health,” “international topics on disaster relief (emergency response)” were not emphasized.

	Not at all	Little	Fairly little	Fairly Much	Much
national public health	-	5 (13.2)	11 (28.9)	13 (34.2)	9 (23.7)
international public health	-	9 (23.7)	18 (47.4)	7 (18.4)	4 (10.5)
fundamental principles and humanitarian values	2 (5.3)	-	4 (10.5)	12 (31.6)	20 (52.6)
national disaster preparedness	1 (2.6)	3 (7.9)	7 (18.9)	13 (34.2)	14 (36.8)
international disaster preparedness	5 (13.2)	7 (18.4)	11 (28.9)	10 (26.3)	5 (13.2)
national disaster response	1 (2.6)	3 (7.9)	9 (23.7)	11 (28.9)	14 (36.8)

international disaste response	6 (15.8)	9 (23.7)	7 (18.4)	11 (28.9)	5 (13.2)
national health and care in community	1 (2.6)	1 (2.6)	6 (15.8)	18 (47.4)	12 (31.6)
international health and care in community	5 (13.2)	11 (28.9)	10 (26.3)	10 (26.3)	2 (5.3)
Federations global agenda	15 (39.5)	8 (21.1)	10 (26.3)	5 (13.2)	-
HIV/AIDS pandemic	1 (2.6)	5 (13.2)	11 (28.9)	13 (34.2)	8 (21.1)
influenza pandemic	-	4 (10.5)	9 (23.7)	17 (44.7)	8 (21.1)

Table III B-4 Education Programs and International Topics on Health



Note: the bar graph represents the sum of the two columns on the right "fairly much" and "much."

Figure III B-4 Education Programs and International Topics on Health

Japan (N=24)

	Not at all	Little	Fairly little	Fairly Much	Much
national public health	0	5	7	7	5
international public health	0	7	10	5	2
fundamental principles and humanitarian values	0	0	2	7	15
national disaster preparedness	0	0	1	10	13
international disaster preparedness	1	3	9	7	4
national disaster response	0	0	3	9	12
international disaster response	1	5	5	9	4
national health and care in community	0	0	5	13	6
international health and care in community	1	8	8	6	1
Federations global agenda	9	5	8	2	0
HIV/AIDS pandemic	1	3	8	9	3
influenza pandemic	0	2	6	12	4

Overseas (N=14)

	Not at all	Little	Fairly little	Fairly Much	Much
national public health	0	0	4	6	4
international public health	0	2	8	2	2
fundamental principles and humanitarian values	2	0	2	5	5
national disaster preparedness	1	3	6	3	1
international disaster preparedness	4	4	2	3	1
national disaster response	1	3	6	2	2
international disaster response	5	4	2	2	1
national health and care in community	0	1	1	5	7
international health and care in community	4	3	2	4	1
Federations global agenda	6	3	2	3	0
HIV/AIDS pandemic	0	2	3	4	5
influenza pandemic	0	2	3	5	4

FigureIII B-4-2 Education Programs and International Topics on Health (Japan/Overseas)

5. IFRC the Strategy 2020

19 institutions replied that the curriculum was geared towards “saving lives and protecting livelihoods and strengthening recovery from disasters and crisis” or goal 1 of the *Strategy 2020*. 18 institutions stated that their curriculum was geared to “enabling healthy and safety living” or goal number 2 of the *Strategy 2020*. By contrast, 21 institutions replied that school staff are not informed about the *Strategy 2020*.

Table III B-5 The Strategy 2020

	Not at all	Little	Fairly little	Fairly Much	Much	No Answer
In the vision of health training	11 (28.9)	5 (13.2)	10 (26.3)	6 (15.8)	4 (10.5)	2 (5.3)
In the mission statement	10 (26.3)	5 (13.2)	11 (28.9)	7 (18.4)	3 (7.9)	2 (5.3)
In the plan of action	10 (26.3)	7 (18.4)	9 (23.7)	7 (18.4)	3 (7.9)	2 (5.3)
In the curriculums	9 (23.7)	6 (15.8)	10 (26.3)	7 (18.4)	3 (7.9)	3 (7.9)
Curriculums responsive to the Strategic aim 1	6 (15.8)	5 (13.2)	6 (15.8)	16 (42.1)	4 (10.5)	1 (2.6)
Curriculums responsive to the Strategic aim 2	4 (10.5)	4 (10.5)	10 (26.3)	13 (34.2)	6 (15.8)	1 (2.6)
Curriculums responsive to the Strategic aim 3	8 (21.1)	6 (15.8)	14 (36.8)	6 (15.8)	3 (7.9)	1 (2.6)
Information about the Federations Strategy 2020	9 (23.7)	14 (36.8)	9 (23.7)	5 (13.2)	-	1 (2.6)

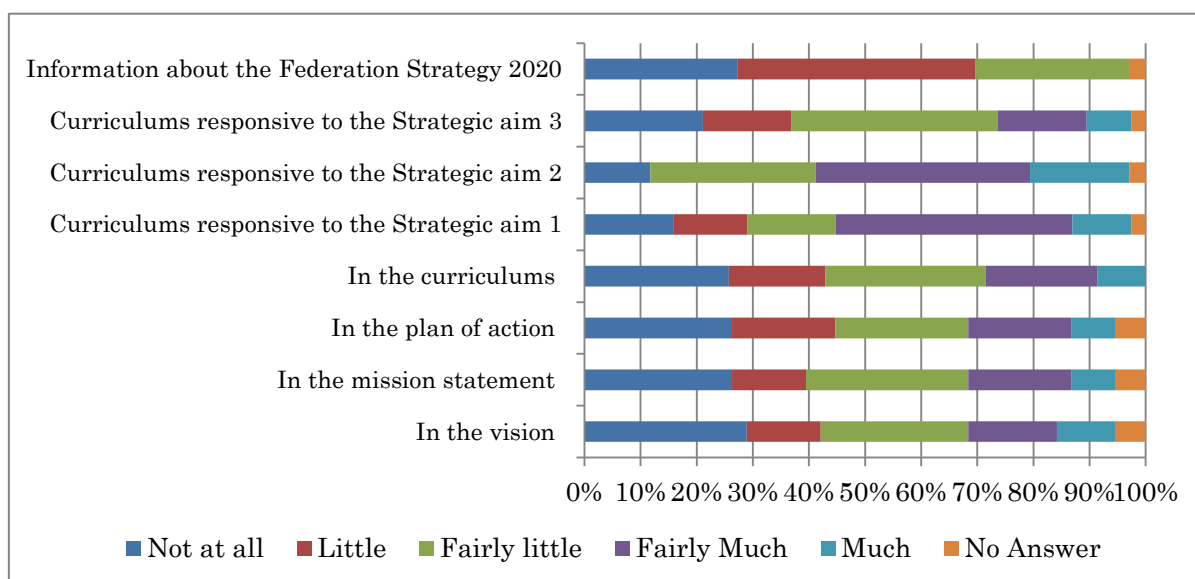


Figure III B-5 The Strategy 2020

Summary of Results and Comments:

Almost all the institutions used the *Fundamental Principles* and *History* texts. The reason may be because these schools uphold the values and mission of the Red Cross and Red Crescent Societies. However, topics related to the IFRC and international topics were not emphasized in the school curriculum.

The institutions most commonly use web resources from the web page of their own country, but one school answered that it does not use web materials. This may be because internet access is limited in that school.

MDGs related to health care such as "as improve maternal health" and "combat HIV/AIDS, malaria, and other diseases" were emphasized, but topics related to education and the environmental sustainability were not taught.

All Red Cross institutions incorporated IFRC topics such as *Fundamental Principles* and *Humanity* into the curriculum because all schools share the IFRC vision. Japanese institutions emphasized domestic disaster prevention and domestic disaster response. Domestic health care topics were emphasized in each institution, possibly because it is necessary to cover this topic in order for the students to pass the national examination. Only a small number of schools incorporated *Strategy 2020* or the *Vision of the Red Cross* or the *Mission of the Red Cross* into the curriculum. Also, school staff were not told about the *Strategy 2020* and so more effort to make this widely known is necessary. (Nahoko Okamoto)

C. International cooperation

1. Cooperation with Universities (Nursing school) in Other Countries

The question about the cooperation with educational institutions in other countries was answered as shown in Tables III C-1 and C-2. Of the 38 schools in total, 11 (29.0%) answered “yes,” representing about 3 in 10 schools. All but one vocational school in Japan answered that they did not cooperate with universities and Nursing school in other countries. Those that answered “no” represented 94.4%

Table III C-1 Cooperation with Universities (Nursing school) in Other Countries (N=38)

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Cooperation with universities (Nursing school) in other countries	11 (29.0)	26 (68.4)	1 (2.6)	38 (100.0)

Table III C-2 Cooperation with Universities (Nursing school) in Other Countries (Japan) (N=24)

	Universities (N=6)				Nursing school (N=18)			
	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Cooperation with universities (Nursing school) in other countries	4 (66.7)	2 (33.3)	0 (0.0)	6 (100.0)	1 (5.6)	17 (94.4)	0 (0.0)	18 (100.0)

The answers concerning the details of cooperation included the following.

Table III C-3 Details of Cooperation with Universities (Nursing school) in Other Countries

School (Country)	Details of Cooperation
Japan (Hiroo)	Monash University English Language Centre: MUELC: Australia) Health Sciences Center, University of Colorado: USA Röda Korsets Högskola (Red Cross University College): Sweden
Japan (Akita)	Taipei Medical University, Seoul Red Cross College of Nursing, Chengdu Medical College, Monash University (collaboration in language training)
Japan (Hiroshima)	International practicum in nursing (University of Colorado, USA) Language training (University of Canterbury Christchurch, New Zealand)
Japan (Narita)	3-week study abroad program at Southern Adventist University (Tennessee, USA)
Korea Rep.of	Global internship programs in US and Canada, Clinical practice through student exchange programs in Mongolia and China, Volunteer experience working with other nursing institutions in Cambodia, India and Vietnam
Portuguese	ERASMUS
Thailand	Student exchange programme
Sweden	Student and teacher exchange programme

The schools without international cooperation provided answers regarding their willingness to cooperate with schools in other countries in the future and the expected forms of such cooperation, as follows.

Table III C-4 Future Cooperation with Universities (Nursing school) in Other Countries

School (Country)	Expected forms of Future Cooperation
Japan	<ul style="list-style-type: none"> • Student exchange program (3) • Decisions are yet to be made • International cooperation is not desired (3) • Although international cooperation is desired, it is very difficult because of personnel and financial limitations (2)
Bangladesh	Yes. Japan, Sweden
Spain	To collaborate with other red cross nursing schools
Argentina	If inside the frame of our capacity, it should be investigated according to cooperate to develop the legal frame and to respect national normative, because we don't know.

2. Teacher Exchange Programs with Universities (Nursing school) in Other Countries

The answers regarding teacher exchange programs with universities (Nursing school) in other countries are summarized in Tables III C-5 and C-6. Of the 38 schools in total, 6 (15.8%) had such programs. None of the Nursing school in Japan had teacher exchange programs with universities or Nursing school in other countries.

Table III C-5 Teacher Exchange Programs with Universities (Nursing school) in Other Countries (N=38)

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Teacher Exchange Programs with Universities (Nursing school) in Other Countries	6 (15.8)	31 (81.6)	1 (2.6)	38 (100.0)

Table III C-6 Teacher Exchange Programs with Universities (Nursing school) in Other Countries (Japan) (N=24)

	Universities (N=6)				Nursing school (N=18)			
	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Teacher Exchange Programs with Universities (Nursing school) in Other Countries	1 (16.7)	5 (83.3)	0 (0.0)	6 (100.0)	0 (0.0)	18 (100.0)	0 (0.0)	18 (100.0)

The counterpart countries of teacher exchange programs were as follows.

Table III C-7 Teacher Exchange Programs with Universities (Nursing school) in Other Countries

School (Country)	Counterpart Countries
Japan (Hiroo)	Röda Korsets Högskola (Red Cross University College): Sweden
Portugal	Finland, Norway, Spain, Estonia, Denmark, Sweden, Turkey, Holland and Belgium
Thailand	Sweden
Spain	Sweden, Finland, United Kingdom, France and Copenhagen
Sweden	Japan, Thailand, Tanzania, Ghana, Irac, European counties

The schools without teacher exchange programs provided answers regarding their willingness to have such programs in the future and the expected details of such programs, as follows. A few Nursing school in Japan expressed their reluctance to have teacher exchange program in the future.

Table III C-8 Future Teacher Exchange Programs with Universities (Nursing school) in Other Countries

School (Country)	Expected Details of Future Teacher Exchange Programs
Japan	<ul style="list-style-type: none"> •There are no concrete visions at the present •Participation in educational programs •Not desired (due to personnel limitations) (2) •Short training to brush up abilities in specialized fields
Bolivia	Specific Topics in Health (HIV/AIDS, First-aid, Safe Blood)
Argentina	Yes, considering that way as the disposition of realizing exchange students
Bangladesh	Yes, Exchange of teacher, updated knowledge & skill, sharing, scholarships for teachers

3. Student Exchange Programs with Universities (Nursing school) in Other Countries

The answers regarding student exchange programs with universities (Nursing school) in other countries are summarized in Tables III C-9 and C-10. Of the 38 schools in total, 7 (18.4%) had such programs. None of the Nursing school in Japan had student exchange programs with universities or Nursing school in other countries.

Table III C-9 Student Exchange Programs with Universities (Nursing school) in Other Countries (N=38)

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Student Exchange Programs with Universities (Nursing school) in Other Countries	7(18.4)	30(79.0)	1(2.6)	38(100.0)

Table III C-10 Student Exchange Programs with Universities (Nursing school) in Other Countries (Japan) (N=24)

	Universities (N=6)				Nursing Schools (N=18)			
	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Student Exchange Programs with Universities (Nursing School) in Other Countries	1 (16.7)	5 (83.3)	0 (0.0)	6 (100.0)	0 (0.0)	18 (100.0)	0 (0.0)	18 (100.0)

The counterpart countries of student exchange programs were as follows.

Table III C-11 Student Exchange Programs with Universities (Nursing school) in Other Countries

School (Country)	Counterpart Country
Hiroo	Röda Korsets Högskola (Red Cross University College):Sweden Health Sciences Center, University of Colorado:USA
Korea Rep.of	US, Cnanada, Japan, Thailand, Mongolia, China, Cambodia, Vietnam
Portugal	Finland, Norway, Spain, Estonia, Denmark, Sweden, Turkey, Holland and Belgium
Spain	Sweden, Finland, United Kingdom, France and Copenhagen
Sweden	Japan, Thailand, Tanzania, Ghana, Iraq, European counties

The schools without student exchange programs provided answers regarding their willingness to have such programs in the future and the expected details of such programs. Some Nursing school in Japan expressed their reluctance to have student exchange programs in the future.

Table III C-12 Future Student Exchange Programs with Universities (Nursing Schools) in Other Countries

School (Country)	Expected Details of Future Student Exchange Programs
Japan	<ul style="list-style-type: none"> •Although it is difficult for us to accept exchange students, we are glad to use a scheme, if any, which may accept our students when they want to study abroad on an individual basis during holiday seasons (including interaction with students, visits to hospitals, language training, etc.). •There is no concrete visions at the present. •Not desired (due to personnel limitations) •Not desired •We would like to start with a short training program during summer holidays.
Bolivia	To know the context of other countries and the way that manage the aspect of health.
Thailand	Japan, Korea Rep.of, China, Sweden
Argentina	Yes, in particular this item is among the projects included in our next plan. We hope to consider that it would be highly motivating and enriching for our students and a much better substance in the quality of our pedagogical proposal to be more competitive.
Bangladesh	Yes, Scholarships for students

4. Other International Cooperation Activities

Apart from teacher exchange programs, student exchange programs, and cooperation with schools in other countries, answers mentioned other international cooperation activities.

Table III C-13 Other International Cooperation Activities

School (Country)	Other International Cooperation Activities
Japan (Kyusyu)	Receiving trainees from and sending teachers to other countries mediated by JICA. Implementation of the H.E.L.P. (an international humanitarian assistance training organized by ICRC)
Japan (Midwifery school)	Receiving African trainees in maternal and child health management training
Japan (Nagano)	In June 2010, we were asked by the Nagano City government to accommodate the professor of nursing from St. Petersburg College, who attended a tour of children from Clearwater, a sister city of Nagano. The half-day program including "special lecture," "observation of a class" and "visit to student ward," and socializing with nursing students provided us a good opportunity for mutual understanding.

5. Proposals for Improvement in International Cooperation and Exchange

Answers included the following proposals to improve international cooperation.

Table III C-14 Improvement of International Cooperation and Exchange

School (Country)	Improvement
Japan (Hiroo)	improve students' English ability motivate a student setting of International Collaboration Center and allocation of resource person
Japan (Osaka)	<ul style="list-style-type: none"> ▪ Acceptance of students from other countries ▪ Cross-cultural exchange and thinking in a global perspective
Japan (Otsu)	We look for cooperating organizations so that students seeking international exchange can obtain opportunities.
Korea Rep.of	Institutional vision of 2020+ "Asian Hub in Nursing Education through Sharing", Grant from Ministry of Education, Korea Rep.of, Established "Spring Hospital" which in nursing simulation center
Bolivia	Institutional equipment such like medical instruments, CRP dolls, books and others.
Bangladesh	<ul style="list-style-type: none"> ▪ Yes. A lot of things. ▪ If we build a close connection with IFRC In regular basis
Chile	Clinical materials, literature related to the area and medical equipment for teachers.
Spain	Share the information and experiences. Exchange teachers and students.
Thailand	Joint program, International meeting or conference
Sweden	Of course we can improve, have more students and teacher exchange i.e. more students and teachers coming to our University College

6. Joint Research Projects with Domestic Red Cross-related Organizations

The answers regarding joint research projects with domestic Red Cross-related organizations are summarized in Tables III C-15 and C-16. Of the 38 schools in total, 8 (21.1%) had such projects.

Table III C-15 Joint Research Projects with Domestic Red Cross-related Organizations (N=38)

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Joint Research Projects with Domestic Red Cross-related Organizations	8(21.1)	29 (76.3)	1 (2.6)	38 (100.0)

Table III C-16 Joint Research Projects with Domestic Red Cross-related Organizations (Japan) (N=24)

	Universities (N=6)				Nursing Schools (N=18)			
	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Joint Research Projects with Domestic Red Cross-related Organizations	2 (33.3)	4 (66.7)	0 (0.0)	6 (100.0)	3 (16.7)	14 (77.8)	1 (5.5)	18 (100.0)

7. Joint Research Projects with Overseas Red Cross-related Organizations

The answers regarding joint research projects with overseas Red Cross-related organizations are summarized in Tables III C-17 and C-18. Of the 38 schools in total, 4 (10.5%) had such projects.

Table III C-17 Joint Research Projects with Overseas Red Cross-related Organizations (N=38)

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Joint Research Projects with Overseas Red Cross-related Projects	4(10.5)	33(86.9)	1(2.6)	38(100.0)

Table III C-18 Joint Research Projects with Overseas Red Cross-related Organizations (Japan) (N=24)

	Universities (N=6)				Nursing Schools (N=18)			
	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Joint Research Projects with Overseas Red Cross-related Projects	1 (33.3)	5 (66.7)	0 (0.0)	6 (100.0)	0 (0.0)	17 (94.4)	1 (5.6)	18 (100.0)

8. Willingness to Participate in Joint Research Project with Overseas Red Cross-related Organization in the Future

The answer concerning the willingness to participate in joint research projects with overseas Red

Cross-related organizations were as shown in Tables III C-19 and C-20. Of the 38 schools in total, 21 (55.3%) were willing to participate in such joint research projects.

Table III C-19 Willingness to Participate in Joint Research Projects with Overseas Red Cross-related Organizations (N=38)

	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Willingness to Participate in Joint Research Projects with Overseas Red Cross-related Organizations	21(55.3)	16(42.1)	1(2.6)	38(100.0)

Table III C-20 Willingness to Participate in Joint Research Projects with Overseas Red Cross-related Organizations (Japan) (N=24)

	Universities (N=6)				Nursing school (N=18)			
	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)	Yes N (%)	No N (%)	No Answer N (%)	Total N (%)
Willingness to Participate in Joint Research Projects with Overseas Red Cross-related Organizations	5 (66.7)	1 (33.3)	0 (0.0)	6 (100.0)	3 (16.7)	14 (77.8)	1 (5.59)	18 (100.0)

Summary of Results Concerning International Cooperation

1. International Linkage among Educational Institutions

About 30% of all schools surveyed had some kind of linkage with nursing education institutions in other countries, 15.8% had teacher exchange programs, and 18.4% had student exchange programs. Although schools want international exchange and interaction for the sake of improving the ability of teachers and enriching education of students, some considered it difficult to realize due to limitations of human resources and financial problems. The expected forms of future linkage among educational institutions identified in the answers included joint research and international conferences, and many wanted increases in the opportunities for information sharing and personal interactions.

Some Nursing school in Japan commented that they did not want cooperative linkage with universities and Nursing school in other countries both now and in the future because of the limitations of human resources and other problems.

2. Linkage with Domestic and Overseas Red Cross-related Organizations

The percentage of nursing education institutions engaged in joint research projects with domestic and overseas Red Cross-related organizations was 21.1% and 10.5%, respectively. The answers from

55.3% of schools stated that they wanted to participate in joint research projects with overseas Red Cross-related organizations in the future, indicating that about a half of schools were interested in such cooperation.

Problems for the Future

Although schools generally wanted to develop international network and cooperation, they were not moving actively toward the realization of this goal in reality. Despite the presence of the gigantic international network of the Red Cross, a major factor in the background of this situation is considered to be the fact that the reality of nursing education is not well understood and nursing schools lack an international mechanism connecting them. It is desired to construct a mechanism for networking, such as holding an annual Red Cross nursing education conference.

Most Nursing school in Japan did not want to participate in cooperation with overseas universities and Nursing school, teacher and student exchange programs, and joint research projects both at the present and in the future. The factors in the background of this situation are considered to include the facts that teachers working at schools are insufficient in number and are fully occupied by the tasks of conducting classes and practical exercises, and that students are pressured by overcrowded curriculums.

IV. STRENGTH, WEAKNESS, OPPORTUNITIES&THREATS (SWOT)

Strength	Weakness
<p><i>External vision:</i></p> <ul style="list-style-type: none"> • History and tradition that has been built over long time. • Recognition and high reputation as an institution (higher) for health education based on Red Cross values. • Red Cross international network. • Good image and credibility of the Red Cross and educational institution. • Unique school and curriculums. • Accreditation from the Ministry of Education and Health. • Partner with the Ministry of Health in health programs (community interventions). • Partnership and agreements with health institutions. • The only Red Cross school in the area. • Agreements with hospitals offering practices. • Many potential students. • High demand on educating nurses. • Good quality on nursing education. • High employment of postgraduate nurses. • International collaboration and partnership. • Various faculty and student programs. • Personnel exchange between school and hospital. 	<p><i>External vision:</i></p> <ul style="list-style-type: none"> • There is a need for greater economic resources. • Availability of license is lacking. • Lack of advertising. • Low number of applicants and difficulties in acquisition of candidates for admission. • Foreign relations and cooperation. • Moderate tuition fee could be a reason for refusal of enrolment. • Social and economic situation influence educational policy.

<p><i>Internal:</i></p> <ul style="list-style-type: none"> • Internal and external recognition. • Belonging to a strong Red Cross Movement with its network. • Accredited institution for nursing education. • Good infrastructure and strategic planning. • Curriculum for a large percentage of clinical practice. • Inexpensive tuition fee and scholarships. • Well-equipped school. • Good facilities for clinical education based on cooperation with the hospitals/health facilities managed by the National Society, Red Cross chapter/branch, community etc. • Devoted and trained teachers with wide experience and recognition. • High quality of faculty, conducting nursing /health research • Continuous education for faculty. • Highly motivated students with high credits and a high percentage of students graduating. • Experienced in training (theoretical and clinical) of health professionals. • Have a dormitory. 	<p><i>Internal:</i></p> <ul style="list-style-type: none"> • A need for more efficient and relevant communication between the educational services and the educational services division at the headquarters. • Dependence on the Red Cross hospital's business situation. • Poor school management capacity. • Lack of funding and financial support. • Featureless besides Red Cross character. • Thin on cultural/racial/ethnic diversity. • Lack of modern teaching- and learning equipment and laboratory practices. • Teachers spend too much time for clinical education. • No time for school administration works. • The teachers' ability varies widely. • Shortage of teachers (of young age) and staff. • Lack of transportation (especially in rural areas). • Health check-up is needed. • No rights for personnel. • Poor student quality and student taking degrees. • Increasing number of students who have economic problem. • No dormitory. • Decrease of employment at R/C hospital. • Shortage of expert teachers who have
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	<p>degree and conduct research.</p> <ul style="list-style-type: none"> • Limited research fund.
Opportunities	Threats
<p><i>External:</i></p> <ul style="list-style-type: none"> • History and tradition. • New collaboration (WHO & Nursing counsel). • New educational reforms. • Nurse shortage and high demand for nursing education. • To utilize our experience in training of health professionals and continue to grow and expand our recruitment and educational service. • To strengthen internal and external work (broadcast "historical results") at the university. Develop TV series to motivate youth for the nursing profession. Develop publications to tribute nurses. • Promotion at primary and secondary schools across the country. • Increase of candidates for admission as the recent depression. • The Processing to merge towards a 4 years university, to establish master's and doctoral degree programs. • Partnership in international research projects. • High rate of employment for nurses. • Rising awareness of disaster 	<p><i>External:</i></p> <ul style="list-style-type: none"> • Social/economic situation and educational policy influence program/curriculum. Lack of interchange with community. • Loss of state support for the maintenance of teacher salaries. • Economical support (to maintain internet and computers) • 70% of our educational services is directed towards private education. An increased tuition fee would cause a failure of continuity and would force us to turn into other social sectors with higher economic recourses. • Educational policies of the Ministry of Education. • Competition from other schools training health professionals. • Compete with the increased supply of schools and / or institutions of public ownership. • Location in inaccessible areas. • Declining number of high-school graduate students. • Upgrade the course to a BSc level with full license. • Being merged with 4-year university. • Difficulties in acquisition of candidates for admission because of increase of nursing college. • Declining birth rate.

nursing/prevention.	<ul style="list-style-type: none"> • Students prefer higher education than nursing.
<p><i>Internal:</i></p> <ul style="list-style-type: none"> • Belonging to the Red Cross movement and greater involvement in the activities of the International Federation of the Red Cross and Red Crescent Societies. • Development of new educational program. • May utilize the school for higher education. • Master and doctor course to be developed. • Good cooperation with other hospitals. • Increase of graduates. • Cooperation with the Red Cross hospital/health facility etc. • Having a Red Cross national network and cooperation with Red Cross volunteers. • Cooperation with nursing schools. • Continuous education for faculty. • Effort of secureness of enrolment students. • High employment at Red Cross hospital. • Schools provide scholarships and have dormitories. • Good clinical and fieldwork opportunities. 	<p><i>Internal:</i></p> <ul style="list-style-type: none"> • Absence of communication within the Red Cross • Need of specialized training and trainers. • Student dropouts by various factors (economic, family, work, other opportunities). • Limited budgets. • Teacher shortages. Difficulty of obtaining as external lecturers/instructors. Lack of teacher's carrier development. • National nursing exams high in the degree of difficulty. • Decrease of employment at Red Cross hospital (Higher education preferable). • Decreasing of student quality. • Non payment of tuition fee. • Increase of withdrawal/temporary withdrawal. • High tuition fee. • Shortage of education materials.

Strengths

History and tradition are described as important by the nursing educational institutions. Belonging to the Red Cross Movement gives a feeling of uniqueness, recognition and a high reputation. Recognition is showed by partnerships with the Ministry of Health (as well as with other organizations) as a partner in health programs. Being the only provider of nursing education in the area also indicates the uniqueness. Red Cross Nursing educational institutions are popular among students as a response on good quality education. Nurses educated at the Red Cross Nursing educational institutions are very popular among employers. There is currently a high demand on nurses. International partnerships and collaboration are mentioned as strength within the Red Cross Nursing educational institutions.

The Red Cross Nursing educational institutions are recognized both internally as well as externally for its education. Curriculums have a large percentage of clinical education based on cooperation with the hospitals/health facilities managed by the National Society, Red Cross chapter/branch, community etc. Schools are described as well equipped with facilities for clinical training. Further, schools have devoted and trained teachers wide experience and recognition and high quality of faculty, conducting nursing /health research. Students are described as highly motivated with high credits and a high percentage of the students are graduating. Several schools can provide dormitories.

Weaknesses

The social and economical situation of a country is affecting the educational policy. Financial constraints are mentioned by several of the nursing educational institutions. Not being recognized as a licensed institution is another constraint. Not being able to advertise the education results in a low number of applicants. Tuition fees are also seen as a reason for not attracting students. Internal communication within the national RC can be improved in order to make the education more efficient. Providing education based on cultural, racial and Red Cross character could be further improved. Though the management of the institutions should be improved. Some institutions lack modern teaching- and learning equipment and laboratory practices. Teacher's ability varies widely. There are further a shortage of teachers (of young age) and staff and lack of transportation (especially in rural areas). There is a shortage of expert teachers who have degree and conduct research with limited research funds. Staff support such as health check-up is needed and other rights could be improved. The quality of the students is described as poor. It has also been observed that an increasing number of students have economic problem. Some schools cannot provide dormitories. Finally, a decreasing employment rate are observed at R/C hospital.

Opportunities

History and tradition as well as collaboration with partners such as the WHO in approaching new educational reforms were mentioned as opportunities. Nurse shortage and high demand for nursing education gives the Red Cross Nursing institutions means to utilize their experience in training of health professionals and continue to grow and expand our recruitment and educational service. In order to strengthen internal and external work media is used to broadcast "historical results" at the universities and to develop TV series to motivate youth for the nursing profession. Promotion of the education is also conducted at primary and secondary schools. An increase of candidates for admission to the nursing program has been observed as a response to the recent depression. Partnership in international research projects is of great interest. There is also rising awareness of disaster nursing/prevention.

Belonging to the Red Cross movement and greater involvement in the activities of the International Federation of the Red Cross and Red Crescent Societies are described as giving opportunities. Providing higher education includes the development of new educational programs as well as master and doctoral courses, which can attract more graduates. Focusing on cooperation and networking is seen as important for providing good education. The institutions can provide scholarships and dormitories to the students as well as good clinical and fieldwork opportunities.

Threats

Loss of state support for the maintenance of teacher salaries are seen as a major threat. Increased tuition fee could cause a failure of continuity in providing basic nursing education. Another threat is also the growing competition from other schools training health professionals. Several institutions mention that they have to compete with the increased supply of schools and / or institutions of public ownership. Some mention the declining number of high-school graduate students. Not being able to provide degrees (BSc, MSc) will impact the competition with other institutions as they are increasing in numbers. Some institutions describe the need for assistance in developing their institutions. Difficulties in acquisition of candidates for admission because of increase of nursing college.

Some institutions describe the absence of communication within the Red Cross. There is also a need for more specialized training and trainers. Increase of student withdrawal and or temporary withdrawal, decreasing of student quality and student dropouts by various factors (economic, family, work, other opportunities) is also affecting the institutions. Teacher shortages and difficulties in obtaining external lecturers are described as problems in addition to a lack of teacher's career development.

V. Analysis and Further Comments

Of the 37 institutions that replied to the survey, many were Schools of nursing run by the National Red Cross. The first Red Cross nursing education institution to have been built was the Red Cross in Sweden established in 1878, followed by Japan in 1890. Between 1900 and 1944, 22 nursing education institutions were built.

All the nursing education institutions that participated in this survey replied that it was a privately funded organization. Sources of funding include government, student tuition and incidental fees, donations and subventions, and other sources. However, the number of institutions that received funding from the National Red Cross at one or more of the three levels (national headquarter, local chapters, and hospitals) were limited. Based on this finding, it may be necessary to look over the effects that this lack of funding is having on the individual institution. A steady flow of funds from the National Red Cross and Red Crescent Societies is necessary.

The ratio of full time and part time faculty was roughly 7:3. Out of the total number of full professors, 15.9% were from university, 2.3% were from Schools of Nursing. Among the full professors, 49.5% held PhDs in university and only 0.7% held PhDs in Schools of Nursing. Further efforts to educate and train nurses with higher degrees and professional skills and knowledge remains a priority. (These statistics exclude the survey results from Argentina.) The number of full time faculty with a professional nursing license was 91.0% in university and 52.9% in Schools of Nursing.

Also, the breakdown of the number of hours spent outside of administrative duties for full time faculty is as follows: education (42.1% in university, 61% in School of Nursing), research (19.5% in university, 9.0% in School of Nursing), student supervision (21.8% in university, 21.7% in School of Nursing), extra-curricular activities (7.8% in university, 3.4% in School of Nursing), and other (4.3% in university, 4.9% in School of Nursing). 7 out of 12 countries used English as the second language in the classroom.

Almost all the institutions emphasize the *Fundamental Principles, Humanity* and *Caring/Nursing* as part of the core education philosophy. In Japan, promoting national and public health was not as emphasized in Schools of Nursing. This may be because a program for training health workers does not exist in Japan.

Mandatory evaluation and accreditation by a third party is characteristic of institutions in Japan. The evaluation and accreditation is conducted on two levels: education program and school. Overall, not many out of the 37 institutions received peer assessment or accreditation

by a third party. The peer review system is characteristic about the universities and Schools of Nursing in Japan. This system was put in place in two stages. First in 1999 the criteria for establishing universities was amended, making self-evaluation by the university or School of Nursing mandatory and a third party-evaluation highly recommended. Then, in 2002, law on education was partially revised after the Central Commission on Education published the *Discussions Concerning a New System for Sustaining the Quality of University Education*, making evaluation and accreditation by a third party mandatory. This change took effect from April of 2004.

Licensing procedure for nurses vary. Most countries require a written exam and some countries require a practical exam as well. Five countries adopt a license renewal system: 5 years for Thailand and Bangladesh, 3 years for Argentina, 1 year for Greece and Portugal. Most schools focused on nursing programs and only a few schools focused on other programs. Only 6 out of 37 institutions offered MA degrees and only 1 out of 37 institutions offered PhDs. Both MA and PhDs were offered only in Japan.

Requirements for entering a nursing program for the majority of schools were 12 years of education or graduation from a junior or senior high school. Basic education for admittance into a nursing program was a junior high school degree.

The three-year programs in Portugal and Greece granted degrees in nursing. In France, a transfer credit system was set up after the 1999 Bologna Declaration aimed at creating a European cross-border higher education system. Participating countries created a standardized curriculum and certification system. France and Portugal have signed on to this agreement. Thus, one would assume that the degree granted in institutions in France and Portugal are based on this system.

Also, this study found that there were close to no midwifery programs. One reason could be that midwifery is set up as a completely separate program from nursing allowing students to apply directly into each program.

Out of the lectures, seminars, and practical training, Japanese institutions spend most time on seminars. By contrast, seminars are practically non-existent in institutions overseas. Instead, university hospitals are equipped with laboratories where students are given practical training before being fully entrusted to taking care of patients. This may be one reason for the lack of seminars in institutions overseas. Non-Japanese institutions generally set aside more time for practical training than do Japanese institutions.

Over 50% of the schools have training and education activities aimed at vulnerable groups focusing on those with special needs, disabled people, elderly, and children. Also, those groups that are a minority in that country such as non-citizens, victims of war, and Roma.

Forty percent of institutions hold activities on Red Cross Day and less than twenty percent hold activities on World First Aid Day. By contrast, in Japan 60 percent of students participate in the World Red Cross Day and 70% of people participate in events held at the prefecture level. The statistics show that Japanese people participate at the national and prefectural levels.

90% of the institutions replied that its relationship with the National Red Cross was Excellent or Good.

Over 80% of the institutions operate a health center or hospital. In Japan, all 23 institutions that participated in the survey operate a health center or hospital.

As for the forms of cooperation, the survey gave a number of choices such as “use of specialists for educational purposes,” “provision of places for practical training,” “clinical training,” and “clinical teaching.” 86.5% of the 37 institutions replied that it had some sort of arrangement to cooperate with health centers and hospitals run by the National Society or National Red Crescent Movement. In Japan, 100% or all 23 institutions replied that such arrangements existed. Among the 37 institutions, 78.4% answered that hospital or clinic allowed for the “use of specialists for educational purposes,” 78.4% of institutions answered that hospitals or clinics “provided a place for practical (clinical) training,” 73% of institutions used the health center for training students or “clinical training,” 64.9% of institutions replied that their faculty used the hospital or health center for training professors “clinical teaching.” The overall percentage of institutions that use the hospital or health clinic for training nurses was more than 60%. In Japan, 95.7% of institutions replied that the hospitals or health centers allowed for the “use of specialists for educational purposes” and for “practical (clinical) training,” and 100% for “clinical training,” and 100% for “clinical teaching.” The hospitals in Japan make it a priority to cooperate with the Japanese Red Cross University and Schools of Nursing. One reason for this strong relationship may be that the Japanese Red Cross operates many hospitals all over Japan, making it easier and accessible for the educational institutions to use.

How do educational institutions work towards fulfilling the IFRC Mission Statement? How do the institutions and its graduates collectively work to improve the lives of vulnerable people? 86.5% of graduates work as professional nurses. 81.1% of graduates participate in disaster response. 70.3% of graduates participate in the blood program. 75.7% of graduates collect donations. In Japan, 100% of graduates work as professional nurses and 100% of graduates participate in disaster response. This

proves that Japanese institutions contribute a great deal towards fulfilling the IFRC Mission. The supposed reason is that the Japanese Red Cross runs many hospitals and offers scholarships to students. Thus many graduates take up the IFRC principles to heart. Other National Societies should become more aware of the IFRC Mission and take steps to realize it.

The survey researched the extent to which printed materials from the IFRC was used as part of the education curriculum. Materials such as the *Fundamental Principles* and *History of the Red Cross* were widely used. This may be because these schools were established by the Red Cross and continue to share its vision. However, *Future Strategy of the IFRC* and issues at the international as opposed to the domestic levels were not used in class. As for the WEB resources, each school used resources from its national society website, but one institution replied it did not use web resources as all. This institution may not be equipped with basic infrastructure that allows for internet access. United Nations Millennium Goals related to healthcare were taught, but others related to education and environment was not taught as part of the education curriculum. Because all schools were built along the principles of the Red Cross and Red Crescent Societies, the school curriculum emphasized the *Fundamental Principles* and *Humanity*. In Japan, disaster preparedness and emergency response were also emphasized. Domestic topics were emphasized in the curriculum. This could be because the course was designed for students who would be taking the national exam. Not many schools emphasized the *Strategy 2020* or the *Vision of the Red Cross* or the *Mission of the Red Cross* in the education curriculum. Also, staff at eight of the institutions did not know about the *IFRC Strategy 2020*. The flow of information from the Red Cross national headquarters to the individual schools is not known, but follow-up research may be necessary. For information to be shared by groups, it is important to place somebody in charge of relaying information down to the lower levels of the organization. Also, stronger relationships between individual Red Cross and Red Crescent Societies and the educational institutions is necessary.

Individual schools would like more communication between schools, especially with institutions in other countries for the benefit of the faculty and students, but due to problems in finances and human resources make it difficult. Especially in Japan today, students and faculty at universities hesitate to participate in exchange programs or joint research projects with overseas institutions, and prefer not to take part in such exchanges in the near future. The economic reason being that the schools are managed by a small number of staff and faculty whose time is consumed by teaching and practical training for the students. Also, the curriculum is very tough and students do not have enough time for participating in such programs. If scholarships are offered, such financial problems will be lessened and opportunities for exchanges will grow.

Half of the institutions surveyed expressed interest in participating in joint projects between Red Cross institutions or between educational institutions. However, this is still at the planning stage. The

first step would be to create a place to exchange information about the issues related to educating nurses.

30% of institutions have a network with education institutions in other countries. 16.2% of institutions have exchange programs for teachers. 18.9% of institutions offer exchange programs for students. International exchanges will benefit both teachers and students, but problems relating to finances and human resources make it difficult. In the future, joint research projects, conferences, and exchanging information are some of the ways in which such exchanges can take place.

18.9% of universities and Schools of Nursing participate in joint projects with other Red Cross institutions within its country. 10.8% of universities and Schools of Nursing participate in joint projects with other Red Cross institutions outside of its country. More than 50% of institutions express interest in taking part in exchanges with overseas institutions in the future.

In this survey, only 37 institutions (9 universities and 28 Schools of Nursing) took part. It was not possible to get a reply from all the Red Cross institutions that educate nurses. Therefore, in order to future strengthen the existing network and create new networks, some mechanism such as hold.

VI. ICN International Conference on Nursing in Malta

1. Preparation for the International Conference on Nursing and the Contents of the Panel

The 2010 study titled *Nurses' Competence Within the Red Cross and Red Crescent Movement—A 30 Year Follow-up On Nursing Education and Activities Responding to Local and Global Vulnerability* was accepted for a 80 minute panel session at the International Symposium on Nursing held in Malta in May, 2011.

In February 2011, Prof. Hiroshi Higashiura was in Geneva to discuss the details of the symposium with joint researchers Prof. Ann Gardulf and Dr. Jan Nilsson. During the February meeting, a proposal to hold a side-table conference in Malta came up.

The panel seminar was chaired by Prof. Christina Lindholm and was held in the morning of May 7th. Prof. Higashiura discussed the history of the joint research project and Dr. Nilsson and Prof. Gardulf presented the detailed findings. Prof. Takei reported on the Japanese Red Cross' response to the March 11th natural disaster.

2. Side-table Conference for Educations of the Red Cross and Red Crescent Schools of Nursing and Midwifery

The side-table conference was held jointly by the Japanese Red Cross College of Nursing, the Red Cross University College in Sweden and the IFRC in Geneva on May 7th from 12:30 at Casa Pereira on 224 Republic St. Valetta. The aims of the meeting were as follows:

- To create a “system of cooperation” between educational institutions for nurses and midwives
- To discuss the necessity of a moderating body
- To discuss the agenda of the Red Cross and Red Crescent Movement regarding nursing
- To establish a steering committee for future activities

25 members took part. These include members a department of the IFRC, from the Red Cross and Red Crescent in France, Greece, Japan, Sweden, and Thailand. Also, people associated with nursing from Finland, Ghana, and England also took part. The following people attended lunch as guests:

- David Benton Chief Executive Officer, ICN
- Jesmond Sharples Director of Nursing services, Malta
- Panu Saaristo Senior Emergency Health Officer, IFRC

Participants expected achieve the following five:

- strategic activities and collaboration
- further the education of nurses and midwives
- increased emphasis on disaster relief and nursing program
- work to gain acknowledgement by the IFRC and ICRC

It was decided during this side-table conference that Prof. Higashiura would become the chair of the steering committee that will work to create a network between the universities and School of Nursings affiliated with the Red Cross and Red Crescent Societies. It was also agreed that the IFRC Senior Emergency Health Officer Panu Saaristo would serve as the focal point for the IFRC side.



The Red Cross University College



Member of the International Federation
of Red Cross and Red Crescent Societies



The Japanese Red Cross College of Nursing

Stockholm 2011-01-10

TO: Red Cross and Red Crescent Nursing and Midwifery Training Institutions

CC: Participating National Societies

CC: Head of Department, Health & Care, IFRC, Geneva

**To what extent are the Red Cross and Red Crescent Nursing and Midwifery Training
Institutions contributing to the workforce of nurses' and midwives globally?
An International Questionnaire Survey and an invitation to an historical event in May 2011**

Introduction

The Red Cross and Red Crescent (RC/RC) Movement play an important role in providing health and care to vulnerable people. Nurses and Midwives in particular have an important role in responding to public health threats in the community. Nurses do also play an important role in situations of disasters. Their supervision and teaching are important not only for patients but also for relatives, health workers as well as RC/RC volunteers.

Background and Aim of the Attached Questionnaire:

In 1979, the Federation distributed a questionnaire asking all National Societies about their nursing / midwifery activities. A follow-up on this survey was done in 2009 and resulted in a publication called "Nurses' competence within the Red Cross and Red Crescent Movement: a 30-year follow-up on Red Cross and Red Crescent Nursing Education and Activities Responding to Local and Global Vulnerability" (attached and available at http://www.redcross.ac.jp/about/pdf/report2010_en.pdf). This 2009 survey identified a number of 25 National Societies is running their own nursing midwifery institutions.

The aim of the current survey, which has been prepared in cooperation with the International Federation, is to investigate the extent to which the RC/RC movement are contributing to the workforce of nurses' and midwives globally. The survey will also investigate structure, educational programmes, partnership and cooperation of the RC/RC nursing midwifery institutions. An additional aim is to create a platform for partnership so that more good practice can be shared among nursing / midwifery institutions within the RC/RC National Societies.

Historical Event – the First Joint Meeting of RC/RC Nursing and Midwifery Training Institutions

The results from the 2009 survey will be presented at the International Council of Nurses' (ICN) conference in Malta on May 7, 2011 (<http://www.icn2011.ch/>). Furthermore, on May 8 – The World RC/RC Day - it is planned for a RC/RC satellite meeting. The aim of the satellite meeting is to gather representatives from RC/RC Nursing and Midwifery Training Institutions worldwide to enhance collaboration and specifically strengthening the RC/RC Nursing and Midwifery Training Programs. To our knowledge, this is the first time that RC/RC Nursing and Midwifery Training Institutions hold a joint conference. We sincerely hope to see you at the ICN Conference and the following RC/RC side meeting. More information about the RC/RC side meeting will be sent out to you later.

Practical Information Regarding the Current Survey Questionnaire

We are all looking forward to receiving more information about nursing education provided by your institution. Attached is a questionnaire that will take about 45 minutes to fill in. Because the questionnaire's information relates to nursing/midwifery education, it would preferably be answered by the Director of Education at your Institution. After completion, please send it to:

Dr. Jan Nilsson, The Red Cross University College in Stockholm, Sweden, via e-mail
Jan.Nilsson@rkh.se

Please send your completed questionnaire before **January 31, 2011** at the latest.

We would like to thank you beforehand for sharing your knowledge and experience. After receiving the questionnaires, we will analyze the data before making the results available to all participating Nursing and Midwifery Training Institutions.

This study has been initiated by the Japanese Red Cross College of Nursing in Tokyo, Japan and the Red Cross University College in Stockholm, Sweden. It is supported by the International Federation of Red Cross and Red Crescent Societies. If you have any question about the study or the questionnaire, please do not hesitate to contact any of the following persons:

Dr. Jan Nilsson
The Red Cross University
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Jan.Nilsson@rkh.se

Professor Hiroshi Higashiura
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Professor Ann Gardulf, Vice-Chancellor
The Red Cross University College,
Stockholm, Sweden
Ann.gardulf@rkh.se

On behalf of the project group,

Dr. Jan Nilsson
The Red Cross University College,
Stockholm, Sweden





Survey

Red Cross & Red Crescent

Nursing and Midwifery Training Institutions Profile

Contact information

1. Name of contact person	
2. Function	
3. Address	
4. Phone Number	
5. Fax Number	
6. E-mail Address	
7. Website (URL)	

I . General information

1. Country		
2. Date of completion		
3. University/College/School		
4. Faculty/Department		
5. What year was the school (s) started?		
6. Give a brief history of your school If you can't write, please send us a material, and indicate. (English, French, Spanish, and Arabic only)		
7. Ownership of your school	Public	<input type="checkbox"/>
	Public/Private Mix	<input type="checkbox"/>
	Private not for profit	<input type="checkbox"/>
	Private for profit	<input type="checkbox"/>
8. Main source of funding (Calculated total should be 100%)	Government	<input type="checkbox"/> _____ %
	Tuition fees	<input type="checkbox"/> _____ %
	Grants and donations	<input type="checkbox"/> _____ %
	National Red Cross/ Red Crescent	<input type="checkbox"/> _____ %
	Others, please specify	<input type="checkbox"/> _____ %
9. Main teaching language(s) / Second teaching language(s)	Main teaching language(s) _____ Second teaching language(s) _____	

10. Number of teaching staff by category

1) Full time and Part time

	Full time			Part time			Total
	Number	the number of master degree holders	the number of doctoral degree holders	Number	the number of master degree holders	the number of doctoral degree holders	
Professors							
Associate Professors							
Senior Lecturers							
Lecturers							
Others (instructor, tutors, etc.)							
Total							

2) Licensed staff

The number of licensed nurses among full time staff	
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3) The average ratio of the effort performed by professors who are not in charge of the school management
(Calculated total should be 100%)

	Average ratio of the effort
Teaching (Clinical placement)	_____ % (_____ %)
Research	_____ %
Student supervisor	_____ %
Off-campus educational activities (voluntary activity etc)	_____ %
Others (please specify)	_____ % (_____)

II. Programme information

A. Education philosophy

1. Is the following words used when describing your educational philosophy?	Red Cross and Red Crescent (Movement) Fundamental Principles and mission of IFRC	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
	Humanity	<input type="checkbox"/>	<input type="checkbox"/>
	Caring/Nursing	<input type="checkbox"/>	<input type="checkbox"/>
	Promoting national public health	<input type="checkbox"/>	<input type="checkbox"/>
	Others(please specify) ()		

B. Accreditation and evaluation

1. Is the school subject to periodic accreditation/evaluation by external body(s)?	Yes	No
1) Programme	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, who is the external body?		
<input type="checkbox"/> a) government		
<input type="checkbox"/> b) national health service		
<input type="checkbox"/> c) peer assessment		
<input type="checkbox"/> d) others(please specify) ()		
2) School	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, who is the external body?		
<input type="checkbox"/> a) government		
<input type="checkbox"/> b) ministry health		
<input type="checkbox"/> c) peer assessment		
<input type="checkbox"/> d) others(please specify) ()		

C. License, registration and renewal

1. How can nurses be licensed after completing their education?	<input type="checkbox"/> written exam/paper test <input type="checkbox"/> practical exam/skill test <input type="checkbox"/> accredited programme <input type="checkbox"/> others()
2. Who is the body issuing the nurses license? (please specify)	
3. For how long is the license valid?	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3years <input type="checkbox"/> 4years <input type="checkbox"/> 5years <input type="checkbox"/> more than 6years ~ less than 10years <input type="checkbox"/> more than 10years ~ Permanent <input type="checkbox"/> Permanent

D. Educational programme**1. Degree/diploma programme(s)**

Please fill out the questionnaire about the following programme(s).

If any of the programmes apply to your school, check Yes, and if not No.

If you have checked Yes, fill out the spaces on the right accordingly.

No.	Name of programme(s)	Yes	No	Name of obtaining degree(s)/ diploma(s)	Duration of the training programme (month)	Number of students enrolled per year	Entrance requirements			graduation requirements
							Years of schooling	Years of experience	Others	
1)	(Basic) Nursing Programme	<input type="checkbox"/>	<input type="checkbox"/>							
2)	Midwifery Programme	<input type="checkbox"/>	<input type="checkbox"/>							
3)	Master's Programme	<input type="checkbox"/>	<input type="checkbox"/>							
4)	Doctoral Programme	<input type="checkbox"/>	<input type="checkbox"/>							
5)	Other course (please specify) []	<input type="checkbox"/>	<input type="checkbox"/>							

E. Clinical Education

What is the ratio of clinical education in your nursing programme?	
Clinical Education	_____ %
Theoretical Education	_____ %
Nursing Skill Education	_____ %
Total	100 %

III. Partnership & Cooperation

A. National Red Cross / Red Crescent cooperation

1. Does your health training institution provide training/education to students that reflect needs among the vulnerable groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give examples on content in such training education:		
If yes, please describe which vulnerable groups the training education is focusing on:		

2. Does your health training institution celebrate the Red Cross/Red Crescent day on May 8?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give examples on activities		

3. Does your health training institution celebrate the Red Cross/Red Crescent First Aid day on September?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give examples on activities		

4. Do your students participate in the domestic Red Cross/Red Crescent events as a member of the Red Cross/Crescent community?		
1) National Red Cross/Red Crescent meeting/convention, etc,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Chapter/Branch events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe what kind of events:		

5. How is the relationship between your health training institution and your National Red Cross / Red Crescent Society?	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good
	<input type="checkbox"/> Poor
	<input type="checkbox"/> No relation

6. Does your National Society run hospitals or other health facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you cooperate with the hospitals and or health facilities runned by the National Society?	<input type="checkbox"/> Yes	<input type="checkbox"/>

<p>If yes, please tick what is applicable for your institution</p>	<p><input type="checkbox"/> Health professionals from the RC/RC hospital and or health centers are utilized in the education</p> <p><input type="checkbox"/> Students are offered clinical placement/education in the RC/RC hospitals and or health centers</p> <p><input type="checkbox"/> The RC/RC hospital and or health centers are providing clinical supervision to the students</p> <p><input type="checkbox"/> Teachers from your institution are offered clinical refreshment practice in RC/RC hospitals and or health centers</p>
<p><input type="checkbox"/> Other examples, please describe:</p>	

<p>7. In what way do you think your health training institution contributes to the mission statement of the International Federation “To improve the lives of vulnerable people by mobilizing the power of humanity”? (several activities can be ticked)</p>	<p><input type="checkbox"/> Graduate's activity as a nurse</p> <p><input type="checkbox"/> Graduate/student's activity in disaster</p> <p><input type="checkbox"/> Brood Donor recruitment</p> <p><input type="checkbox"/> Participating in the fund raising activities</p> <p><input type="checkbox"/> Others(please specify)</p>
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B. Use of Red Cross /Red Crescent Material in education

1. At the educational programmes, what kinds of Red Cross/Red Crescent materials/information have been utilized?	Don't know / Not in use	Little	Fairly little	Fairly much	Much
1) Safe blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) World Disasters Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) The Federation Strategy of the Future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Health and Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Emergency Response Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) First Aid in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Managing stress in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) War and public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Assistance for victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Caring for landmine victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) The Fundamental Principles of the Red Cross and Red Crescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you use web materials available from:?	Don't know / Not in use	Little	Fairly little	Fairly much	Much
a) ICRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) IFRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) the own National Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) other RC/RC institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please indicate, to what extent curriculums used at your institution addresses the Millennium Development Goals (MDGs)?	Not at all	Little	Fairly little	Fairly much	Much
1) To what extent are your curriculums responsive to the MDG Goal 1 – Eradicate Extreme Hunger and Poverty national public health threats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) To what extent are your curriculums responsive to the MDG Goal 2 – Achieve Universal Primary Education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) To what extent are your curriculums responsive to the MDG Goal 3 – Promote Gender Equality and Empower Women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) To what extent are your curriculums responsive to the MDG Goal 4 – Reduce Child Mortality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) To what extent are your curriculums responsive to the MDG Goal 5 – Improve Maternal Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) To what extent are your curriculums responsive to the MDG Goal 6 – Combat HIV/AIDS, Malaria and other diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) To what extent are your curriculums responsive to the MDG Goal 7 – Ensure Environmental Sustainability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) To what extent are your curriculums responsive to the MDG Goal 8 – Develop a Global Partnership for Development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Please indicate, to what extent curriculums used at your institution addresses the following topics?	Not at all	Little	Fairly little	Fairly much	Much
9) To what extent are your curriculums responsive to national public health threats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) To what extent are your curriculums responsive to international public health threats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) To what extent are your curriculums responsive towards promoting the Red Cross and Red Crescent (Movement) Fundamental Principles and Humanitarian Values?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) To what extent are your curriculums responsive to national disaster preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) To what extent are your curriculums responsive to international disaster preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) To what extent are your curriculums responsive to national disaster response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) To what extent are your curriculums responsive to international disaster response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) To what extent are your curriculums responsive to national health and care in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) To what extent are your curriculums responsive to international health and care in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) To what extent are your curriculums responsive to the Federations Global Agenda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) To What extent are your curriculums responsive to the HIV/AIDS pandemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) To what extent are your curriculums responsive to influenza (e.g. H1N1, H5N1) pandemics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Please indicate, to what extent the Federations Strategy 2020 is utilized at your health training institution?	Not at all	Little	Fairly little	Fairly much	Much
1) In the vision of your health training institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) In the mission statement of your health training institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) In the plan of action of your health training institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) In the curriculums used at your health training institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) To what extent are your curriculums responsive to the Strategic aim 1: Save lives, protect livelihoods, and strengthen recovery from disasters and crises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) To what extent are your curriculums responsive to the Strategic aim 2: Enable healthy and safe living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) To what extent are your curriculums responsive to the Strategic aim 3: Promote social inclusion and a culture of non-violence and peace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) To what extent have the staff at your health training institution received information about the Federations Strategy 2020?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. International cooperation

	Yes	No
1. Does your institution have cooperation with health training institutions in other countries?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the content of such international cooperation, please describe: If no, do you wish to cooperate with other foreign institutions in the future? If so, please specify with additional information.		
2. Does your institution have teacher exchange programme with health training institutions in other countries?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which countries? If no, do you wish to establish a teacher exchange programme in the future? If so, please specify with additional information.		
3. Does your institution have student exchange programme with health training institutions in other countries?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which countries? If no, do you wish to establish a student exchange programme in the future? If so, please specify with additional information.		

4. Relating to international cooperation, are there things that could be improved and in that case how? Please specify	
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5. Domestic and foreign Red Cross related institutions and joint experiments/research	Yes	No
1) Are there any joint experimental/research projects with domestic Red Cross related institutions?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are there any joint experimental/research projects with foreign Red Cross related institutions?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you wish to participate in any of the joint experimental/research projects with other foreign Red Cross related institutions in the future?	<input type="checkbox"/>	<input type="checkbox"/>

IV. Others

A. Strengths, weaknesses, opportunities and challenges (SWOT)

Please indicate what you see as the current strength, weaknesses, opportunities and challenges for your health training institution.

1. Strength	2. Weaknesses
3. Opportunities	4. Threats (Challenges)

B. Other Comments

If you have any comments that you would like to share with us, please write them down.

Thank you for your kind cooperation in completing this survey!

After completing the questionnaire, please send it back in the pre-paid envelope to ().

Please observe that we must have your answer by the latest June xx, 2010.