



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 ~*

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Executive Summary

Background: From its very inception, the Red Cross and Red Crescent Movement has worked towards assisting vulnerable people, and as long as their profession has existed, nurses have been ready to respond to public health threats in the community. Today, more than 150 years after the birth of the Red Cross, health and care for the most vulnerable is still a key concern. The International Federation of Red Cross and Red Crescent Societies (International Federation) demonstrates its responsibility towards improving the global health situation through its guiding documents such as Strategy 2020. In 1979, the International Federation conducted a nursing survey asking all member National Societies about their nursing activities, including e.g. training of nurses, nursing and community health, nursing and disaster situations, nursing and blood transfusions, Red Cross Principles and the Geneva Conventions, and utilization of nurses' competence within the National Society.

Aims: The aims of the research project were: (i) to perform a 30-year follow-up of the International Federation's 1979 data and to compare the results in order to investigate to what extent nurses' competences are utilized within the Red Cross/Red Crescent Societies and, (ii) to identify National Societies who are running nursing education programmes and, by sending a questionnaire to these teaching institutions, investigate in what way and to what extent the different nursing education programmes contribute to the MDGs and the International Federation's Global Agenda. This report covers the first aim of the research project.

Material and method: The questionnaire from 1979 was slightly adapted to reflect the current health situation of the National Societies; e.g. questions about HIV/AIDS were added and sent to all 186 National Societies. The questionnaire was translated into all four of the International Federation's official languages. After two reminders, 84/186 replies were received, giving a response rate of 45.2%. Among the 79 National Societies that responded to the 1979 survey, 43 (54.4%) responded to the 2009 survey.

Results: The overall results show that nurses' competence is regarded as important by a majority (76%) of the National Societies. More than 50% of the National Societies consider nurses' competence to be specifically important for the International Federation's four core areas: humanitarian values, disaster preparedness, disaster response, and health and care in the community. However, as identified within the study, some National Societies do not consider nurses' competence important in achieving their mission. Moreover, the survey demonstrates that there are approximately the same number of nursing education institutions throughout the world today, as compared with 30 years ago. However, at some institutions a higher level of education (up to PhD) is now offered.

Concluding remarks: Most National Societies consider that nurses are important in responding to humanitarian needs and health threats in the community. A further utilization of nurses' competence should be considered as one vehicle to reach the goals set for Strategy 2020.

I. Background

1. Introduction

From its very inception, the Red Cross and Red Crescent Movement has worked towards assisting vulnerable people, and as long as their profession has existed, nurses have been ready to respond to public health threats in the community [1]. Today, 150 years after the birth of the Red Cross idea, health and care for the most vulnerable is still a key concern [2]. Poor health is a complex phenomenon with many different causes, and the factors that influence health and illness are multiple. The International Federation of Red Cross and Red Crescent Societies (hereafter called the International Federation) demonstrates its responsibility towards improving the global health situation through its guiding documents such as Strategy 2010 [3], where one of four core areas concerns health and care; and further in its Global Agenda [4] comprising four health-related goals which are in line with the task of promoting global health, supporting the millennium development goals (MDGs) [5].

Globally, nurses and midwives constitute the largest proportion of health care workers. Working in all parts of the community, they play an important role in serious events and disasters. Supervision and teaching of nurses is important, not only for patients, but also for health workers such as Red Cross and Red Crescent health volunteers. “Globally, nurses and midwives constitute the largest proportion of health care workers and are also described as the backbone of national health systems” [6][7]. The International Federation also promotes partnerships to increase efficiency in responding to improving the health of vulnerable people.

In May 2008, the Japanese Red Cross College of Nursing in Tokyo, Japan and the Swedish Red Cross College in Stockholm, Sweden signed a memorandum of understanding (MoU), with the aim of promoting collaboration in Nursing Education and Research and Development between the two institutions.

As a first joint research collaboration, the two institutions have felt that there is lack of basic data on the Red Cross/Red Crescent activities, inter alia information on the existing Red Cross/Red Crescent nursing institutions. At the initial stage of this project we had started to prepare our own original questionnaire to be addressed to some selected National Societies which might be running Red Cross/Red Crescent educational institutions. At the beginning of September 2008, a similar survey conducted by the then League of Red Cross and Red Crescent Societies (now called the International Federation) in 1979, was found at its Archives. Our immediate thought was that we should use the 1979 survey form as a 30-year follow-up survey.¹ The research project was presented to the Health and Care Department of the International Federation at the end of September 2008. This research was considered so unique and important that the Department indicated their full support and offered their assistance in performing the project.

Why did the League of Red Cross Societies conduct the survey in 1979? In the International Federation’s Archives we have found a reminder of 11 December 1979 in which it was mentioned that the first deadline was set on 30 November: “five years ago a similar survey was conducted, and this would be useful not only for the statistics, but also for forward-planning and for increasing cooperation.” No other specific purpose was written in the papers in the files available at the Archives. We could, however, easily remember that the year before that survey was conducted, namely 1978, the “Alma Ata Declaration” was adopted at the International Conference on Primary Health Care (PHC), Almaty (*formerly Alma-Ata*), now in Kazakhstan, 6-12 September 1978, organized by the WHO and UNICEF. [8] The Declaration expressed the need for urgent action by all

¹ However, the 1979 data were only partially analysed and only presented in an internal report. Furthermore, in the file the only replies that were available were from National Societies beginning with the letters A to K at that time. Since then, efforts have been made to find the remaining replies from National Societies beginning with the letters L to Z. About one year later, the replies from all 79 National Societies were made available as a reference to this 30-year follow-up survey.

governments, all health and development workers, and the world community to protect and promote the health of all the people of the world. It was the first international declaration underlining the importance of primary health care. The primary health care approach has since then been accepted by member countries of WHO as the key to achieving the goal of "Health for All". Several recommendations on Red Cross primary health care activities have been adopted by a series of Red Cross meetings and conferences.²

The evaluation of the nursing department within the International Federation has changed over time. This is described in further detail in Box 1.

2. Concept of the total research project

This research project has a twofold aim:

- (i) To perform a follow-up of the International Federation's survey and to compare the results from the 2009 survey with the results from the 1979 survey regarding the extent to which nurses' competences are utilized within the Red Cross and Red Crescent National Societies.
- (ii) To identify National Societies who are running nursing education programmes; by sending a questionnaire to these teaching institutions we will investigate in what way and to what extent the different nursing educations contribute to the MDGs and the International Federation's Global Agenda.

This is a preliminary report covering only the first aim of this total research project.

3. Expected results of the total project

This project using longitudinal data will enable us to describe how nursing and nursing competence is utilized, and also how it may have evolved, within the RC/RC National Societies. Furthermore, the project will also provide information on whether the nursing education programmes/activities of National Societies comply with RC/RC health policy and the global health and care strategy of the International Federation. New unique knowledge on whether nursing education/activities contribute to the MDGs and/or the International Federation's Global Agenda would be verified.

Focusing on achievements, the current situation as well as future actions within nursing worldwide, we expect the research project to contribute to the implementation of the International Federation's Strategy 2020.

² The XVIIth Session of the Health and Social Service Advisory Committee, 23-25 October 1978, discussed the Conference on Primary Health Care in Alma Ata, 6-12 September 1978, and Working Group I submitted to the Advisory Committee a preliminary draft of possible headings under which primary health care could be studied. It was mentioned that National Societies should be encouraged to carry out a survey in their own country and work out practical means for implementing their auxiliary role in these activities. This Advisory Commission report was submitted to the 2nd Session of the Executive Council held in Geneva, 27-28 October 1978, and then to the 1st Session of the General Assembly of the then League of Red Cross Societies held in Geneva, 4-6 October 1979. Recommendation No. 7 of the General Assembly recognized that primary health care calls for the integration of many activities that are traditional within the Red Cross, and that their inclusion in comprehensive national primary health care programmes is a significant contribution to the attainment of the basic humanitarian purpose of the Red Cross, i.e. saving lives, and alleviating and preventing human suffering. The Secretary General of the League of Red Cross Societies called for National Societies to be provided with all possible support through concrete plans, measures and actions for implementing Primary Health Care Programmes at local, regional and national level. The above discussions and decisions were referred to the XXIVth International Conference of the Red Cross, which took place in Manila in 1981. The Conference adopted Resolution XXII "Co-operation of National Red Cross and Red Crescent Societies with Governments in the field of primary health care". The National Societies were recommended to consider the development of primary health care a main task in the field of medico-social activities, paying special attention to the elements and directions of these activities which met their national needs, and to broaden as far as possible interregional and intraregional cooperation in setting up and improving community services through the exchange of experience, personnel and information. The League Secretariat was requested to ensure elaboration of regional strategies and programmes for developing primary health care as an integral part of the strategy for the development of National Societies.

The project will also facilitate partnership-building between National Societies offering nursing education/activities, and this will create a basis for sharing models of good practice.

4. Ethical considerations

This study does not fall under the Helsinki Declaration [9]. However, it was agreed to utilize the 1979 survey format and the data collected under the survey to this project. As the 30-year follow-up survey, this project accordingly received the full support of the International Federation. In fact the first letter requesting the National Societies to fill in the questionnaire was signed by the Head of the Health and Care Department of the International Federation, and their Regional Health Coordinators have made efforts to encourage the National Societies in their region to fill in the questionnaire. It was mentioned in both the covering letter and the questionnaire that all the answers would be analysed, and the data on Red Cross and Red Crescent nursing would be made available to all National Societies. The covering letter also included two focal points, with contact details for researchers in Stockholm and Tokyo so that the recipients of the questionnaire could contact the researchers with any questions, comments and/or points for discussion. Furthermore, prior to publishing the report on the results of this project, presentations on the contents were given at the International Federation Secretariat as well as the International Committee of the Red Cross (ICRC). Officials of the International Council of Nursing and the WHO also heard the briefing on the outcome at that time.

Evolution of the Nursing Department within the International Federation of Red Cross and Red Crescent Societies

The Nursing Division was established in 1919 to help national societies to develop their nursing services and to coordinate these services on an international level. The Nursing Division became the Nursing Bureau in 1939, and then was named the Nursing and Social Services Bureau in 1947 to reflect the unit's increasing role in supporting social welfare programmes. In 1951 it was renamed the Nursing Bureau, and in 1972 it became the Nursing Unit.

By a decision made in October 1983 and effective in January 1984, the Nursing Unit was dissolved and its functions were integrated with those of the Community Health Department within the Technical Services Division.

The Nursing programme was implemented based on the recommendations of the Nursing Advisory Committee until 1981, when the Health and Social Services Advisory Committee took over the duties of the Nursing Advisory Committee.

From the old organization charts in the Archives (and please bear in mind that some charts may be missing), the evolution of the "Health department" is as follows:

By October 1984, the Technical Services Division had been renamed the Health Services Division

By January 1990, the Health Services Division had been renamed the Technical Advisory Services Division. The Health Department and the Social Welfare Service each belonged to this Division.

By August 1991, the Health Department and the Social Welfare Service each belonged to the Programme Development and Support Division.

By February 1995, the Community Health and Social Welfare Department belonged to the National Society Cooperation and Development Division. An undated document gives the mandate of the Community Health and Social Welfare Department as: "Accountable for assisting the National Societies in their work to improve the health status and quality of life and provide social welfare services to the most vulnerable people."

By November 1997, the Disaster Response and Operations Coordination Division had a Relief Health Service within the Disaster Response Support Department. An undated document gives the mandate of the Relief Health Service as: "Provides services in the field of health including water and sanitation, food and nutrition on needs assessments, training and programme development, relief health policy formulation and advocacy for disaster preparedness relief and rehabilitation."

By December 2001, the Community Health and Social Welfare Department was renamed the Health and Care Department, and was in the Knowledge Sharing Division.

By December 2003, the Health and Care Department belonged to the Policy and Relations Division.

By May 2006, the Policy and Relations Division was renamed the Policy and Communications Division, and again renamed the Policy and Planning Division by October 2006.

By April 2009, the Health and Care Department was renamed the Health, Care and Social Services Department, and was in the Development Division.

(Source: This overview is based on the information given by Mr. Grant Mitchell, Manager, Library and Archives Unit, International Federation of the Red Cross and Red Crescent Societies, Geneva.)

II. Material and Methods

1. The questionnaires

For the first part of the study, the questionnaire from 1979 was slightly adapted to reflect the current health situation of the National Societies. Necessary questions have been added to the questionnaire, e.g. questions about HIV/AIDS.

The entire research project was presented to the Health & Care Department of the International Federation in Geneva and was considered so unique and important that the Department gave their full support to it and provided assistance in performing the project.

The 1979 questionnaire consisted of 48 questions divided into 9 parts. The questionnaire was sent to all 126 National Societies that were recognized and admitted to the International Federation at that time. A total of 83 National Societies (65.9%) responded to the survey, although only 79 of the responses (62.7%) were complete and could be analysed.

The 2009 questionnaire consists of 104 questions and is divided into 9 parts. The first questionnaire in English was sent by the International Federation to all 186 National Societies, together with a letter signed by the Head of the Health & Care Department on 8 May 2009.

In order to make a comparative study of the 1979 and 2009 questionnaires, 31 questions have been analysed, grouped into the following areas: administration, training of professional nurses and auxiliary nursing personnel, nursing and community health, nursing and disaster situations, nursing and blood transfusion, Other nursing activities, documentation, utilization of nurses' competence within the National Society (see Table 1: The 1979 and 2009 questionnaires).

The Regional Health and Care Coordinator in Spanish-speaking regions advised that the questionnaire should be translated into the International Federation's official languages. At the initial stage, the researchers were a little hesitant to use questionnaires in different languages as this could affect the accuracy of the results of the survey. If a questionnaire is to be translated into other official languages of the International Federation, there is an obvious need for qualified translators in French, Spanish and Arabic, who are familiar with Red Cross/Red Crescent wordings. The International Federation was contacted to get their support in making their translators available, while a Regional Health and Care Coordinator, Julie Hoare, of the International Federation Americas Zone Office offered to check the Spanish translation originally made by the Chilean Red Cross. French and Arabic translations were produced by professional translators with experience of working with the International Federation. On 30 October, the versions of the questionnaire in the three other official languages (French, Spanish and Arabic) were finally sent to the National Societies from Stockholm. The deadline for returning the questionnaire was set to 30 November 2009.

The Health & Care Coordinators of International Federation zonal, regional and country offices were requested to assist the National Societies in their area in filling in the questionnaire, and encourage them to respond to this request favourably.

To enable reasonable comparison between the 1979 and 2009 survey results, a special reminder was sent to the National Societies, with a copy of their replies to the 1979 survey, in late December 2009. At the same time, National Societies which were assumed to run Red Cross/Red Crescent nursing education institutions according to "Partnerships in profile 2002-2003" [10], published by the International Federation in 2002, were approached to get their replies. On 22 February 2010, the six National Societies which mentioned in the 1979 survey that they had their own nursing education facilities and the eight National Societies which clearly mentioned their existing nursing education facilities in the above-mentioned publication of the International Federation, were given a final reminder, and the final deadline was extended to 5 March. Unfortunately no replies were received from those 14 National Societies.

Table 1. The 1979 and 2009 questionnaires

1979 Questionnaire			2009 Questionnaire			
Topic areas		No. of items	Topic areas		No. of items	No. of items used in the comparative study
I	Administration	13	I	Administration	24	7
II	Training of professional nurses and auxiliary nursing personnel	5	II	Training of professional nurses and auxiliary nursing personnel (including Red Cross history and principles as well as Geneva Conventions)	18	5
III	Nursing and community health -Health education programmes -Institutions	17	III	Nursing and community health -Health education programmes -Institutions – Health Care / Welfare activities	31	12
IV	Nursing and disaster situations	3	IV	Nursing and disaster situations	3	2
V	Nursing and blood transfusion	4	V	Nursing and blood transfusion	8	4
VI	Red Cross Principles and Geneva Conventions	3	VI	Other nursing activities	2	-
VII	Nursing News	1				-
VII I	Documentation	2	VII	Documentation	2	1
			VIII	Utilization of nurses' competence within the National Societies	14	-
IX	Other comments		IX	Other comments		
	Total items	48		Total items	104	31

2. Response rates

A total of 84 National Societies (45.2%) responded to the survey. A comparison of the response rate between the 1979 and 2009 questionnaires by region is shown in Table 2. The highest response rate is seen in the Asia Pacific region: 79.2% in 1979 compared with 82.4% in 2009. In the case of Europe and Central Asia, the number of National Societies responding is almost the same, but due to the divisions of some countries in the former Soviet Union and Eastern Europe, the number of countries has increased from 31 to 52. Accordingly, response rates have dropped from 74.2% to 46.2%. To our great regret, there has been little improvement in the response rates of the National Societies in Arabic and Spanish-speaking countries after distributing the questionnaires in Arabic and Spanish. Only two National Societies in the Southern Africa region responded to this survey. To our regret the response rate was not as high as we expected. What was the reason for such a result? There are several answers to this question. (1) The National Societies are tired of surveys as they have been requested to answer one after another. (2) As the original one was only in English, National Societies using other languages have lost interest in this survey. (3) Some National

Societies thought this survey should only be filled in if they ran their own nursing education facilities.

Table 2. Response rates by region

Region	1979 survey			2009 survey		
	No. of NSs	No. of responses	%	No. of NSs	No. of responses	%
Europe & Central Asia	31	23	74.2	52	24	46.2
MENA ³	13	5	38.5	18	3	16.7
Asia Pacific	24	19	79.2	34	28	82.4
Americas	26	16	61.5	35	11	31.4
West & Central Africa	17	7	41.2	24	11	45.8
Eastern Africa	9	3	33.3	13	5	38.5
Southern Africa	6	6	100	10	2	20
TOTAL	126	79	62.7	186	84	45.2

Among the 79 National Societies that responded to the 1979 questionnaire, 43 National Societies (54.4%) responded to the 2009 questionnaire: 9 National Societies in Europe and Central Asia, 1 in MENA, 17 in Asia Pacific, 8 in the Americas, 4 in West and Central Africa, 2 in Eastern Africa and 2 in Southern Africa.

Another 41 National Societies out of the 60 National Societies which have become members of the International Federation since the 1979 survey was conducted, responded to the 2009 survey. This represents 68.3% of the relatively new member National Societies. In other words, this 2009 survey consists of the replies of approximately half of the National Societies admitted to the International Federation as members after the 1979 survey was conducted.

³ MENA: Middle East and North Africa

Box 2

The Human Development Index (HDI) is a composite statistic used to rank countries by level of "human development". A country's HDI is rated as very high, high, medium or low. The HDI combines three dimensions [11]:

- Life expectancy at birth, as an index of population health and longevity
- Knowledge and education, as measured by the adult literacy rate (with two-thirds weighting) and the combined primary, secondary, and tertiary gross enrollment ratio (with one-third weighting).
- Standard of living, as measured by the natural logarithm of gross domestic product per capita at purchasing power parity.

The HDI rankings are to be found in the United Nations Development Programme (UNDP) Human Development Reports (HDRs). According to the Human Development Report of 2009, 182 countries⁴ were ranked in the four categories as follows: 38 countries (20.9%) had a Very High HDI, 45 (24.7%) had a High HDI, 75 (41.2%) had a Medium HDI and 24 (13.2%) had a Low HDI.

Figure 1 shows the application of the HDI (see Box 2) ranking to the 2009 survey. There are 17 National Societies (20.2%) each in countries with Very High HDI and High HDI, 36 National Societies (42.9%) in countries with Medium HDI, 10 National Societies (11.9%) in countries with Low HDI and four (4) National Societies (4.8%) in countries that are not ranked.

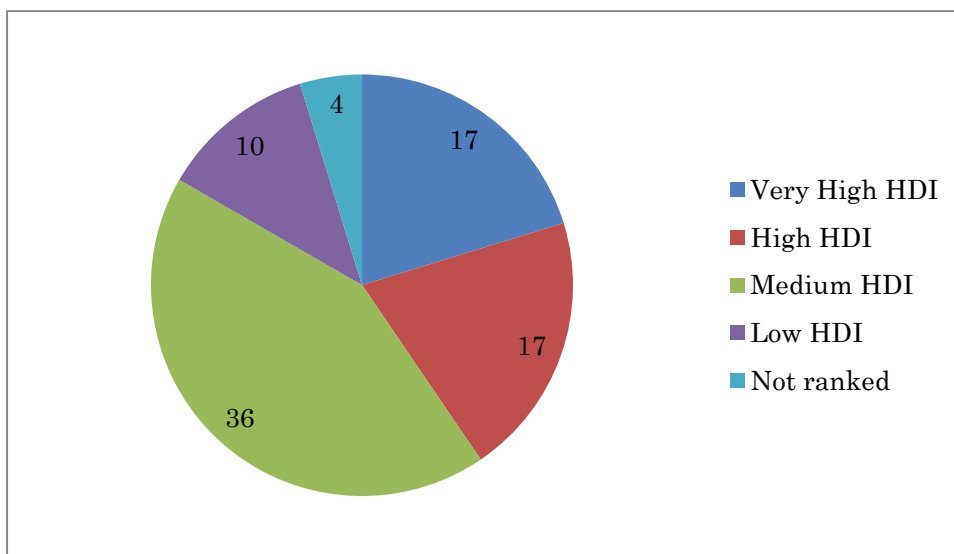


Figure 1. National Societies responding to the 2009 survey, grouped according to the Human Development Index (UNDP, 2009)

The HDI has been used since 1990 by the UNDP for its annual Human Development Reports. Therefore, no ranking was available when the 1979 survey was conducted. For the sake of comparison between these two surveys, the same HDI ranking should be applied to the 1979

⁴ The following 12 countries are not classified in the ranking: Iraq, Kiribati, Democratic People's Republic of Korea, Marshall Islands, Federated States of Micronesia, Monaco, Nauru, Palau, San Marino, Somalia, Tuvalu and Zimbabwe.

responses; 23 National Societies (29.1%) are in Very High HDI countries, 20 National Societies (25.3%) in High HDI countries, 29 National Societies (36.7%) in Medium HDI countries, six (6) National Societies (7.6%) in Low HDI countries and one (1.3%) is in a country that is not ranked. The differences between the two surveys can be seen in Figure 2. Relatively fewer National Societies in Very High HDI and High HDI countries, but more National Societies in Medium HDI and Low HDI countries, responded to the 2009 survey than to the 1979 survey.

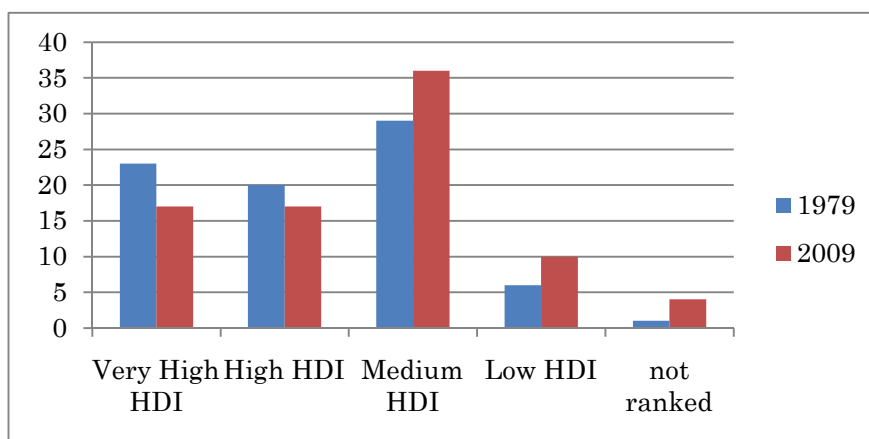


Figure 2. National Societies responding to the 1979 and 2009 surveys, grouped according to the Human Development Index (UNDP, 2009)

3. Statistical analyses

The Chi-square test was used to compare the distribution of answers between the 1979 and the 2009 questionnaires. The limit for statistical significant differences was set to 0.05.

III. Results

1. Administration—HQ Level

(1) Employment of nurse(s) to administrate/plan the National Society’s health/nursing activities

A total of 46 National Societies (54.8%) employ a nurse/nurses to administrate/plan their health/nursing activities in 2009, compared with 48 (60.7%) in 1979, as shown in Figure 3. There is no significant difference between the two surveys.

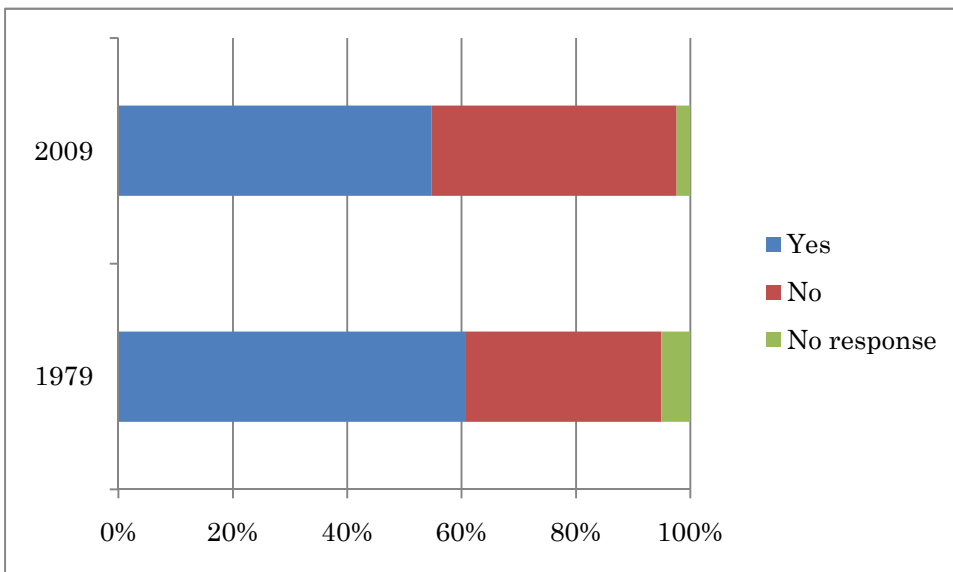


Figure 3. National Societies with nurses employed to administrate/plan their health/nursing activities

(2) Calling on the services of a Nurse Advisor when planning the National Societies’ health/nursing services

Among the National Societies without a permanently employed nurse, eight (8) out of 36 National Societies (22.2%) in 2009, compared with 17 National Societies (66.7%) in 1979, indicated that they would call on the services of a nurse advisor when planning their health/nursing service.

(3) Employment of nurse(s) to supervise and evaluate the National Societies health/nursing activities

In 2009 the National Societies were also asked whether they employed a nurse/nurses to supervise and evaluate their health/nursing activities. A total of 44 National Societies (52.4%) indicated that they employ a nurse/nurses to supervise these activities. Furthermore, 39 National Societies (46.4%) indicated that they employ a nurse/nurses to evaluate their health/nurse activities.

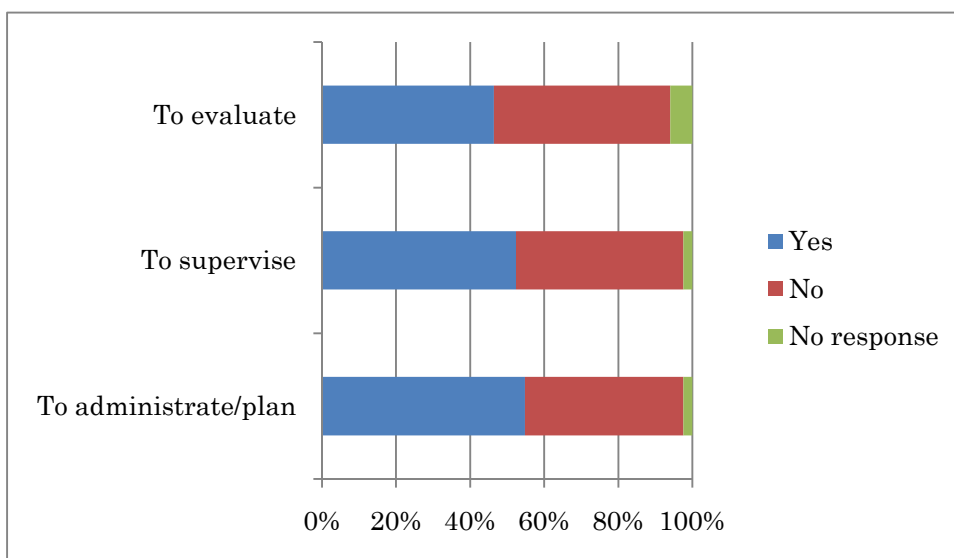


Figure 4. National Societies employing nurses to administrate/plan, supervise and evaluate their health/nursing activities in 2009

(4) Payment of salary to the nurse responsible for health/nursing activities at the National Headquarters

Data from 2009 showed that in 44 National Societies (52.4%) the nurse responsible for health/nursing activities at the National Headquarters is working for a salary, as compared with data from 1979 showing that 36 National Societies (45.6%) paid a salary to the nurse responsible.

(5) Type of employment for salaried nurses

Data from 2009 indicated that 39 National Societies (46.4%) have nurses employed working full-time, while seven (7) National Societies (8.3%) reported that they have nurses employed on a part-time basis.

(6) Involvement of volunteer nurses and their working conditions

Data from 2009 indicated that there are 16 National Societies (19.1%) where volunteer nurses are responsible for health/nursing activities. Of these 16 National Societies, seven (7) National Societies depend on full-time volunteers and nine National Societies depend on part-time volunteers who are responsible for health/nursing activities.

(7) Number of hours per week employed as a nurse with responsibility for health/nursing activities at the National Headquarters

The number of hours per week employed as a nurse with responsibility for health/nursing activities at the National Headquarters ranges between one (1) hour and 48 hours, and the average is 29.8 hours (± 15.2). (N=43)

(8) Number of staff members and number of nurses working at the National Headquarters

The number of staff members working at the respective National Headquarters varies, as shown in Annex 1. The number of nurses working at National Headquarters also varies considerably. The Thai Red Cross indicated there are 1,708 nurses working at their National Headquarters, but this figure includes those who work at their two hospitals (1,608 nurses in total) as well as their National Blood Centre (41 nurses). The remaining 59 nurses work at the Relief and Community Bureau of the National Headquarters. The other National Societies reported: 30 in the Kenyan Red Cross, 16 in the Egyptian Red Crescent, 12 in the Philippine National Red Cross and 10 each in the American Red Cross and the Spanish Red Cross. Totally 18 National Societies reported that no nurses are employed

within their National Headquarters.⁵

(9) Number of nurses engaged in the Red Cross/Red Crescent health/nursing programmes at National Headquarters, on regional and/or local level, and on international assignments

The number of nurses engaged in the Red Cross/Red Crescent health/nursing programmes at the respective National Headquarters varies: 1,708 nurses in Thailand followed by 34 in Germany (in this case not at the National Headquarters, but at the Nursing Association).

At the Red Cross and Red Crescent regional/local level the number of nurses engaged is 32,000 in Japan, 21,000 in Germany, 20,000 in USA. In the case of the Japanese Red Cross Society, these are paid staff working at Red Cross hospitals, blood centres and social welfare institutes, while in the case of the American Red Cross these are registered as volunteers. The number of nurses engaged in Red Cross/Red Crescent programmes is shown in Annex 2.

(10) Health activities performed by employed nurses and volunteer nurses

With regard to health activities performed by employed nurses and volunteer nurses, some National Societies replied. A total of 32 National Societies replied concerning activities by employed nurses and 22 replied concerning volunteer nurses. The most common health activities performed by both volunteer and employed nurses are related to health education and first aid. Primary health care, water and sanitation and refugee health are only mentioned by employed nurses. Volunteer training and relief work are only mentioned by volunteer nurses (Figure 5).

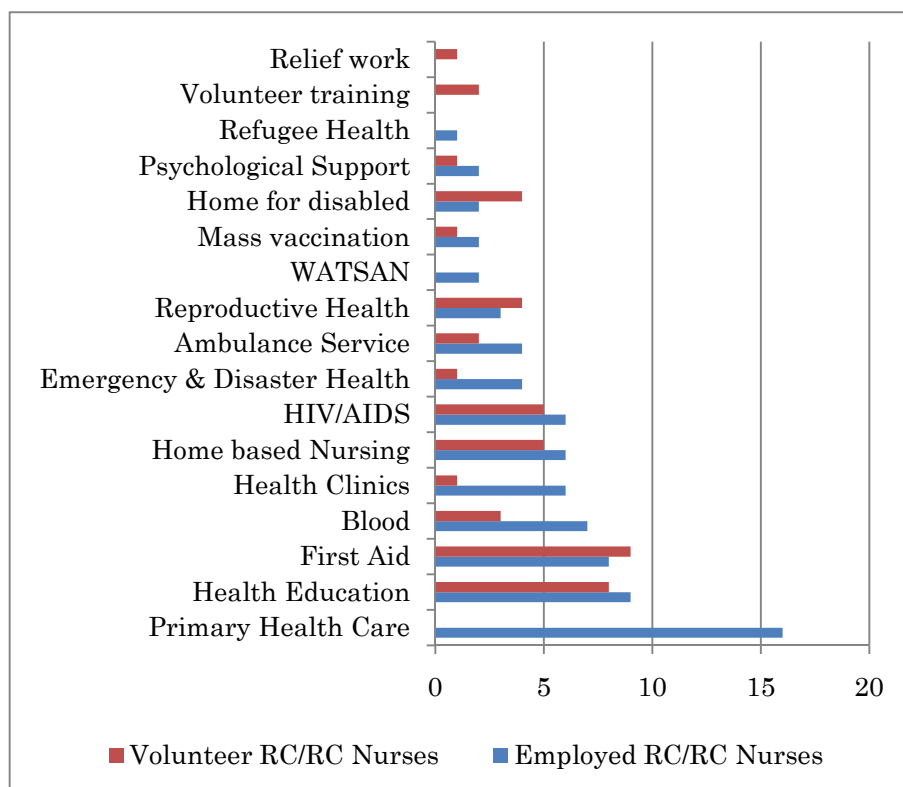


Figure 5. Health activities performed by volunteer RC/RC nurses (N=22 National Societies) compared with employed RC/RC nurses (N=32 National Societies)

⁵ Some of the National Societies (e.g. Canada) did not fill in these columns. Some other National Societies (e.g. Iran) indicated the number of staff members at the department responsible for health and care, but not the National Headquarters staff in total.

(11) Nurses engaged in international missions during 2008

A total of 11 National Societies clarified what health activities were performed by nurses engaged in international missions during 2008. The results showed that community health and HIV/Aids was the most common health activity among nurses engaged in international missions during 2008 (Figure 6). (See also 4.(3) Nursing & Disaster Situations: nurses engaged in international missions during 2008)

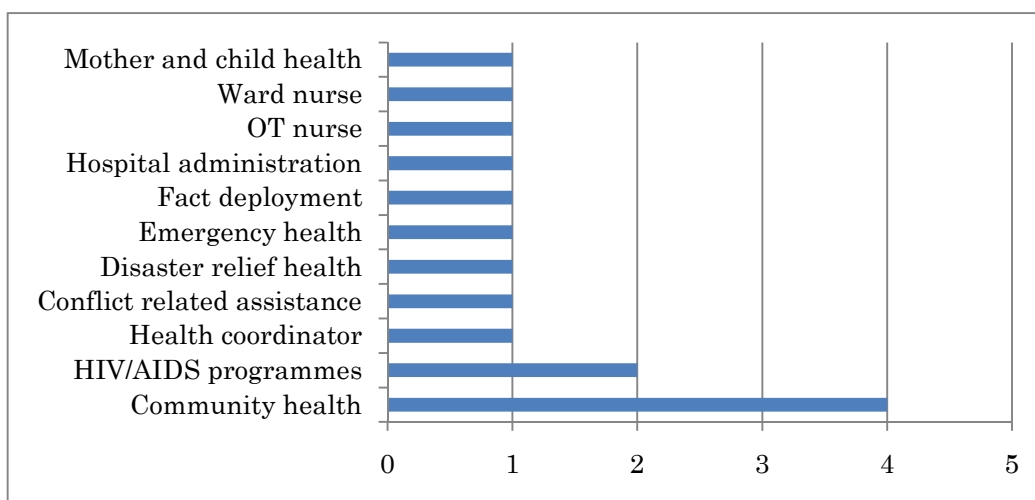


Figure 6. Health activities performed by staff/volunteer nurses during international missions in 2008 (N=11 National Societies)

2. Training of Professional Nurses and Auxiliary Nursing Personnel

(1) National Societies running their own nursing institutions

A total of 17 out of 84 National Societies (20.2%) replied that they run their own Nursing Colleges/University Colleges/Schools of Nursing. These National Societies are Germany, Spain, Sweden, Egypt, Lebanon, Bangladesh, India, Japan, Republic of Korea, Sri Lanka, Thailand, Chile, Bolivia, Antigua and Barbuda, Cameroon, Democratic Republic of Congo and Burundi.⁶

⁶ However, according to the publication entitled "Partnerships in profile 2002-2003" published by the International Federation in 2002, the following National Societies run their own nursing education institutions: France, Turkey, Uruguay, Argentine, Mali, Mexico, Brazil and Venezuela. In the 1979 survey the following National Societies replied they had nursing education facilities: Czechoslovakia, Greece, Italy, Portugal, Romania and South Africa. These National Societies were repeatedly requested to fill in the 2009 questionnaire, and at the final stage they were even requested to confirm if they were still running nursing education facilities. To our great regret, no reply reached us before this report was compiled. It appears that approx 25 National Societies run nursing education institutions.

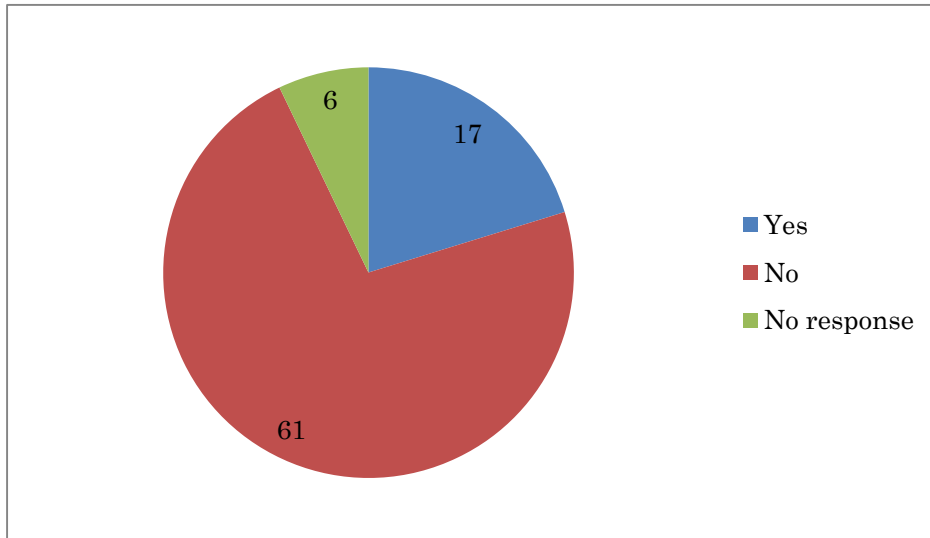


Figure 7. Number of National Societies running Red Cross/Red Crescent Nursing College(s)/School(s)

(2) Courses run by the National Societies

National Societies indicating Red Cross/Red Crescent nursing schools were asked to clarify which courses they run. Courses for professional nurses (RNs) are mentioned by 13 out of 17 National Societies (76.5%), and 11 each out of 17 National Societies (64.7%) run courses for auxiliary nursing personnel and specialized training such as advanced courses. Post-basic training in administration and education is organized by 10 out of 17 National Societies (58.8%).

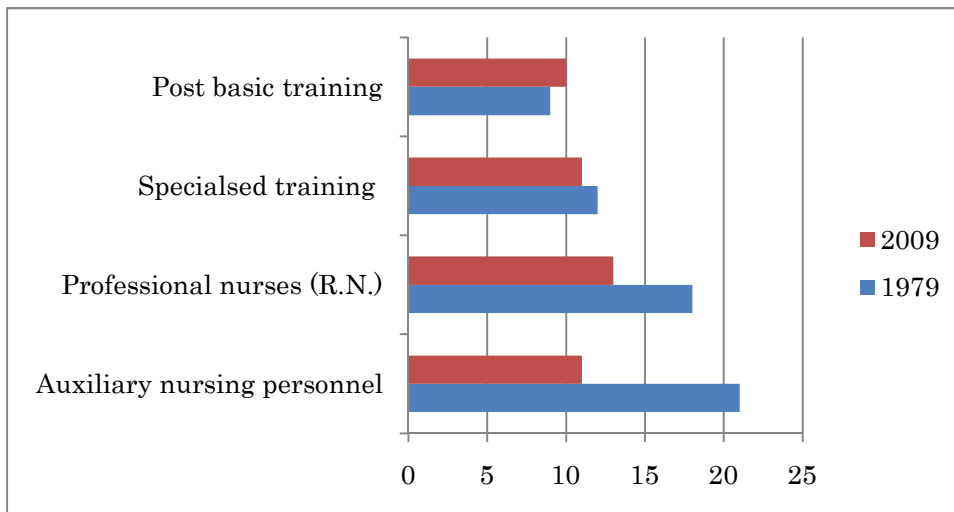


Figure 8. Distribution of educational programmes provided by Red Cross/Red Crescent nursing colleges/schools by year 1979 and 2009 (Data given by number of National Societies)

(3) Red Cross/Red Crescent topics included in the syllabus

Red Cross/Red Crescent history is included in the syllabus at 13 out of 17 National Societies' nursing college/schools. A total of 12 National Societies replied that Red Cross/Red Crescent principles are included in their syllabus. Nine (9) National Societies answered that the Geneva Conventions are included in the syllabus. Eight (8) National Societies replied that their nursing schools' syllabuses include Red Cross/Red Crescent involvement in disaster management (disaster

response, disaster nursing). Red Cross/Red Crescent involvement in armed conflict situations is included in the syllabus of only five National Societies. 15 National Societies replied that their nursing school students participate in Red Cross/Red Crescent activities during their education.

Table 5. Topics included in the syllabus

Topics	No. of NSs
RC/RC history	13
RCRC principles	12
RC/RC disaster management	9
RC/RC role in armed conflict situations	8
Students' participation in RC/RC activities	15

(4) Nursing students involved in Red Cross and Red Crescent Societies

In all, 14 National Societies replied. Data showed that among nursing students the most common areas of involvement are CBFA and traditional first aid, emergency health and blood programmes. Less common areas of involvement are international exchanges and Red Cross/Red Crescent youth activities (Figure 9).

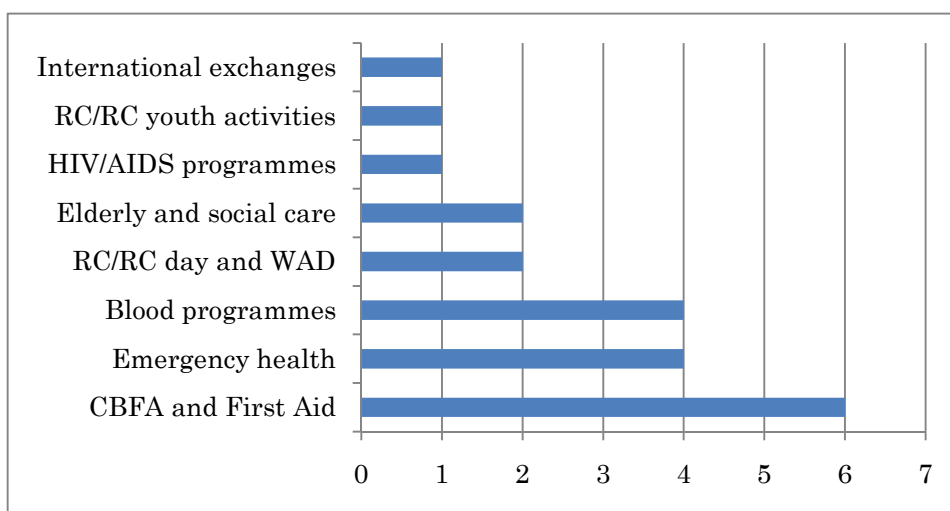


Figure 9. Nursing students' involvement in Red Cross/Red Crescent activities (2009) (N=14 National Societies)

(5) Assistance to non-Red Cross/Red Crescent nursing schools

Assistance to non-Red Cross/Red Crescent nursing schools is provided by 26 National Societies which do not run any type of nursing college/school of their own.

The most common assistance given to non-Red Cross/Red Crescent nursing schools is support given to instructors in first aid, and this is reported by 26 National Societies. A total of 18 National Societies mentioned the provision of Red Cross/Red Crescent books and materials. In addition, 16 National Societies provide an instructor/teacher to teach about the Geneva Conventions.

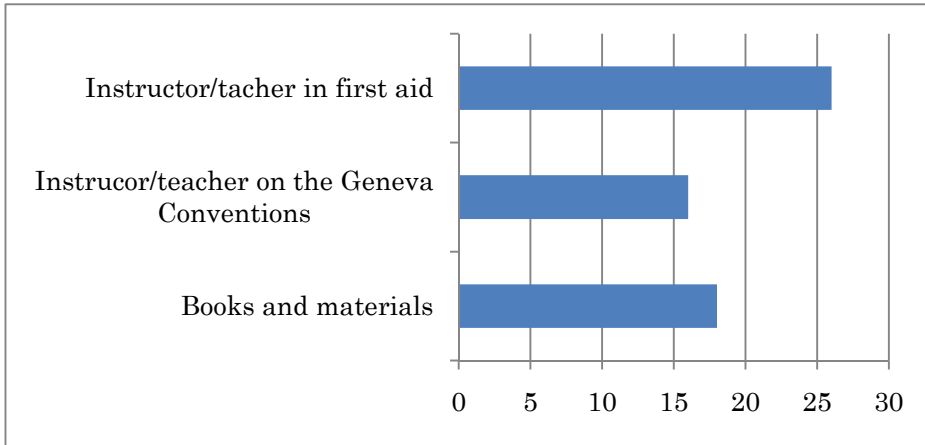


Figure 10. Types of assistance given to non-Red Cross/Red Crescent nursing colleges/schools (Data given as number of National Societies)

3. Nursing and Community Health

(1) Health and Education Programmes

a) Health education programmes to the general public

A total of 60 out of 79 National Societies (75.9%) in the 1979 survey disseminated health education programmes to the general public, and 73 out of 84 (86.9%) do so in the 2009 survey. There are no major differences between the two surveys, but the number of National Societies which do not disseminate it to the general public has slightly decreased during these three decades.

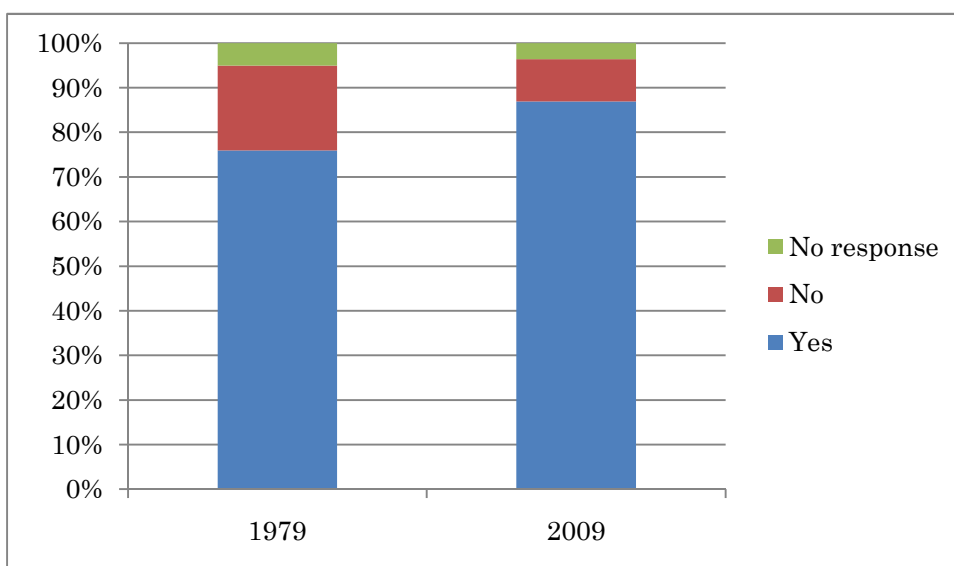


Figure 11. Distribution of National Societies disseminating health education programmes to the general public by year

b) Dissemination of health education programmes to professional nurses and health workers

In the 2009 survey, 36 out of 84 National Societies (42.9%) disseminate health education programmes to professional nurses and health workers. No comparison between the 1979 and the 2009 surveys can be made, as this was not asked about in 1979.

There is a nurse responsible for the organization and development of disseminating health education programmes in 26 National Societies, which represents about one third of them.

c) Training instructors to give health education

Only 40 National Societies out of 79 (50.6%) in the 1979 survey trained their instructors to give health education. In the 2009 survey this has increased to 68 out of 84 National Societies (87.95%). The difference between the two surveys is extremely significant.

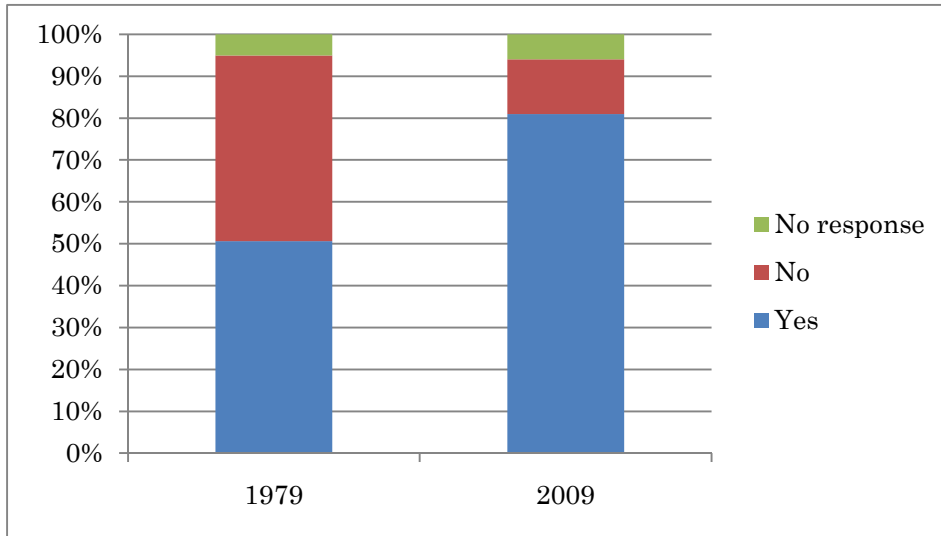


Figure 12. Distribution of National Societies training their instructors to give health education by year

d) Areas of specialization that instructors are trained in

A total of 68 National Societies reported that they provide their instructors with training to enable them to give health education, but 53 National Societies clarified the areas in which they specialize. Data showed that most of the instructors specialize in first aid, followed by health education and health promotion, infectious diseases such as HIV, TB and malaria, home-based care and training skills (Figure 13).

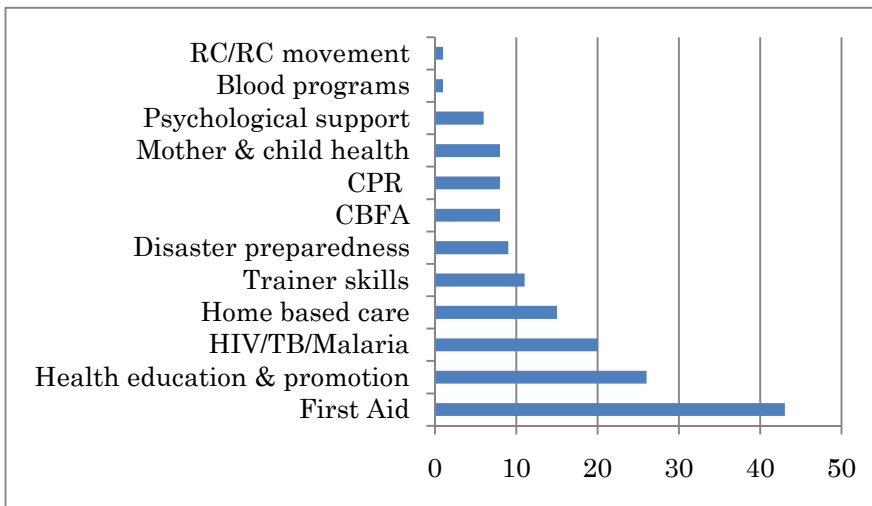


Figure 13. Areas of specialization among trainers (N=53)

e) Background of the trainers

This question allows multiple replies. Data showed that 32.3% of the trainers in total do not have any medical background. Nurses (26.6%) represent the largest group of trainers with a health/medical background, followed by doctors (22.8%) and paramedics (18.3%).

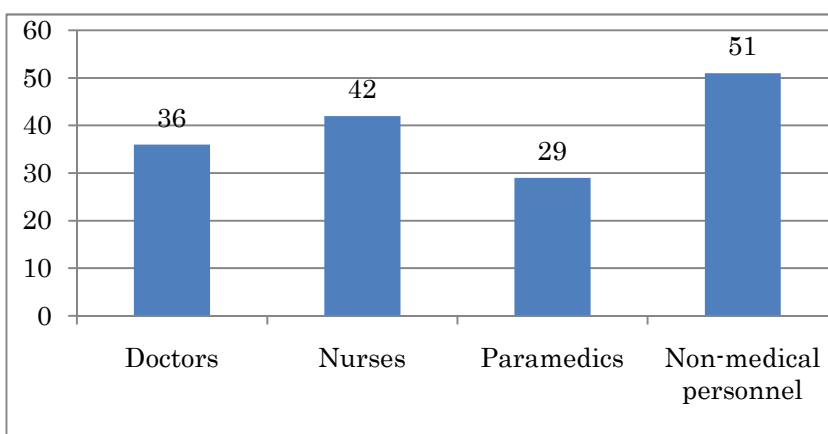


Figure 14. Distribution of trainers' professional background (Data given as multiple replies and number of National Societies)

f) Training courses provided by the National Societies

Data showed that the number of courses provided by National Societies in nutrition and care of the elderly and handicapped has increased between 1979 and 2009, compared with courses in mother- and baby-care and care of the sick that have decreased between 1979 and 2009.

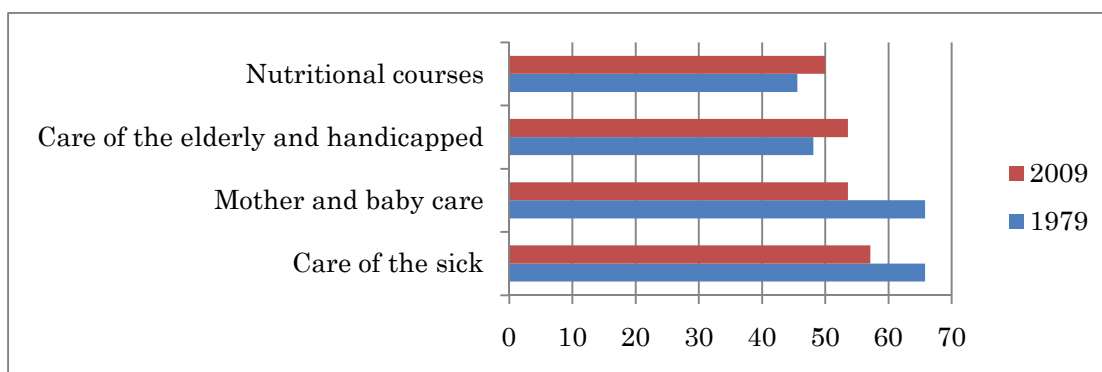


Figure 15. Distribution of courses provided by National Societies by year (Data given as percentages)

g) Other training/courses

In the 2009 survey, other training/courses were also asked about, based on the present health situation in the world. The specific items were malaria, HIV/AIDS, community health, emergency health, TB-related health programmes, first aid, community-based health/and primary health care and psychosocial support.

As shown in Figure 16, almost all National Societies organize training/courses on first aid (95.2%), followed by training in HIV/AIDS (80.9%), community-based health/PHC (75%) emergency health (71.4%) and psychosocial support (69.1%). However, others, namely TB-related health programmes (41.7%) and malaria programmes (39.3%) are relatively organized by a limited number of National Societies. TB-related health programme training/courses are organized in 11 National Societies each in Europe and Asia Pacific, and 9 National Societies in Africa; while in the case of malaria, training/courses are organized by 15 National Societies in Asia Pacific and 13 National Societies in Africa, as shown in the mapping table attached as Annex 3 in this report.

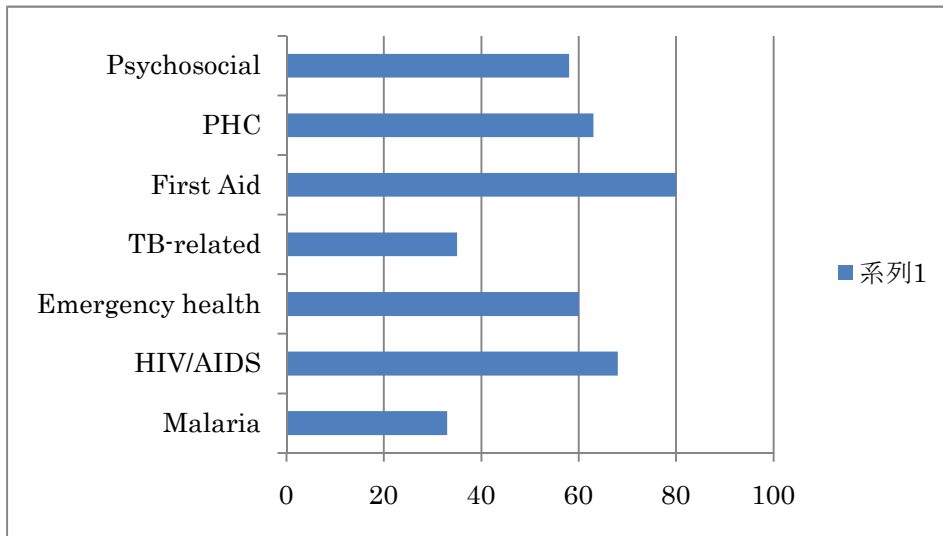


Figure 16. Distributions of other training courses provided by National Societies

A total of 58 National Societies (31%) reported that they provide other health education courses in addition to those mentioned above. Examples of such health education courses are in the field of accident prevention, pandemic preparedness, sexual health, contagious diseases, nutrition, blood donor recruitment, climate change, HIV, disaster preparedness and home violence.

(2) Institution – Health Care/Welfare Activities

In both the 1979 and 2009 surveys, questions about four institutions, namely “health centres”, “nutrition and/or feeding centres”, “first aid posts/first aid teams” and “hospitals” are included in the questionnaire.

a) Health centres (such as out-patient clinics, mother- and child-centres)

There are 26 National Societies running health centres such as out-patient clinics, and mother- and child-centres. This number has not changed between the years 1979 and 2009, but the fact that the number is the same is merely a coincidence.

b) Nutrition and/or feeding centres

Nutrition and/or feeding centres were run by nine (9) National Societies (11.4%) in the 1979 survey; and in 2009 there are 11 National Societies (13.1%) running them: six (6) in Europe, five (5) in Asia and two (2) in the Americas, but none in Africa. In Africa under relief operations such as drought/famine, refugees/displaced persons, etc. these nutrition and/or feeding centres are organized as ad-hoc activities.

c) First aid posts/First aid teams

First aid posts/first aid teams were run by 56 National Societies (70.9%) in the 1979 survey compared with 68 National Societies (81.0%) running them in 2009.

d) Hospitals

The number of National Societies running hospitals has dropped from 22 (28%) in 1979 to 18 (21%) in 2009. There is a tendency for National Societies to withdraw from hospital management in line with the Federation’s health and care policy.

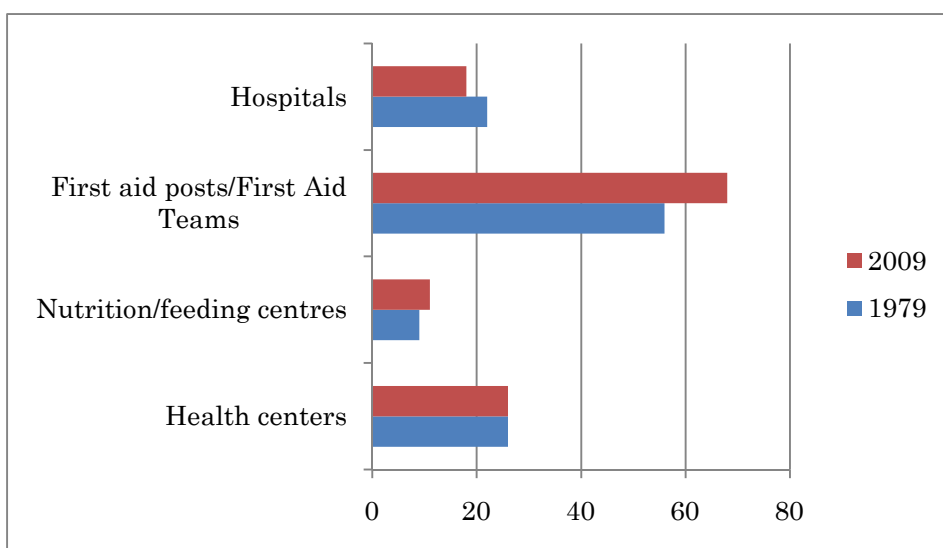


Figure 17. Distribution of National Societies (%) running health institutions by year

e) Other health institutions

In the 2009 questionnaire some other health institutions were added, namely social welfare centres, child welfare centres, welfare facilities for the elderly and welfare facilities for people with disabilities. In answer to this question, 22 National Societies (26%) run social welfare centres, 15 National Societies (18%) run child welfare centres, welfare facilities for the elderly and welfare facilities for people with disabilities, as shown in Figure 21.

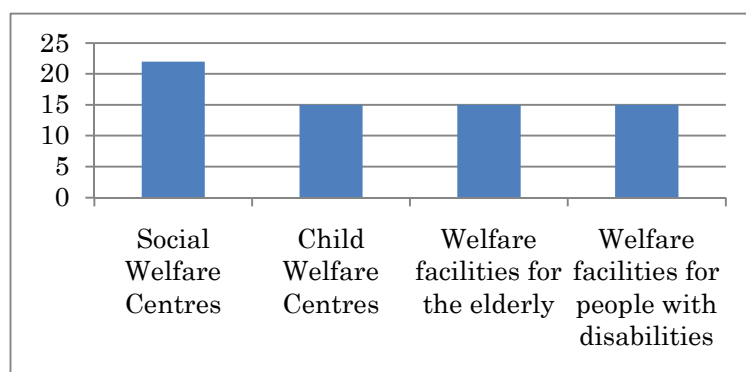


Figure 21. Number of National Societies running social welfare centres, child welfare centres, welfare facilities for the elderly and welfare facilities for people with disabilities

f) Other institutions

In addition to health centres mentioned above, 30 National Societies reported that they operate other health-related centres. These centres are grouped into medical services, community health and capacity building.

(i) Medical services:

Medico-social service, nursing homes, hospice, artificial limb service, physiotherapy, health advice centres, blood collection centres, organ donation centres, community centres for addicts and psychiatric patients, harm reduction centres

(ii) Community health services:

Immigrant centres, health care centres for migrants, CBHFA centres, psychosocial support centres, centres for homeless people, emergency centres for maltreated mothers, day centres for lonely people, centres for street children, summer camps and centres for orphans, centres for elderly and disabled people, child advocacy and rehabilitation centres, harm reduction centres, kindergartens and playschools.

(iii) Capacity building:

Centres providing sewing courses for women, courses in hairdressing, etc.

4. Nursing and Disaster Situations

(1) Training programmes for disaster relief action

Under this section, the National Societies were asked if they had a training programme for disaster relief action in which nurses participate. In the 1979 survey, 38% of the National Societies replied in the affirmative, and in the 2009 survey the figure is 33.3%. No significant difference between the two surveys is seen.

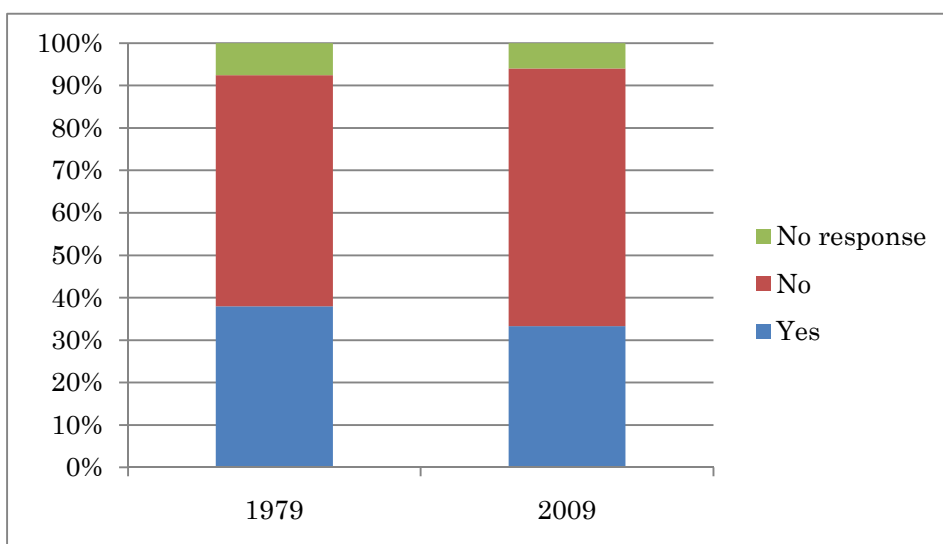


Figure 19. Distribution of National Societies providing training in disaster relief by year

(2) Nurse participation in the Disaster Preparedness Committee

The question was if the National Society involved a nurse as a member of the committee in charge of disaster relief preparedness at National Headquarters. The results showed that 25 (31.8%) out of 79 National Societies in 1979 responded “Yes” to this question, compared with 30 National Societies (35.7%) in 2009.

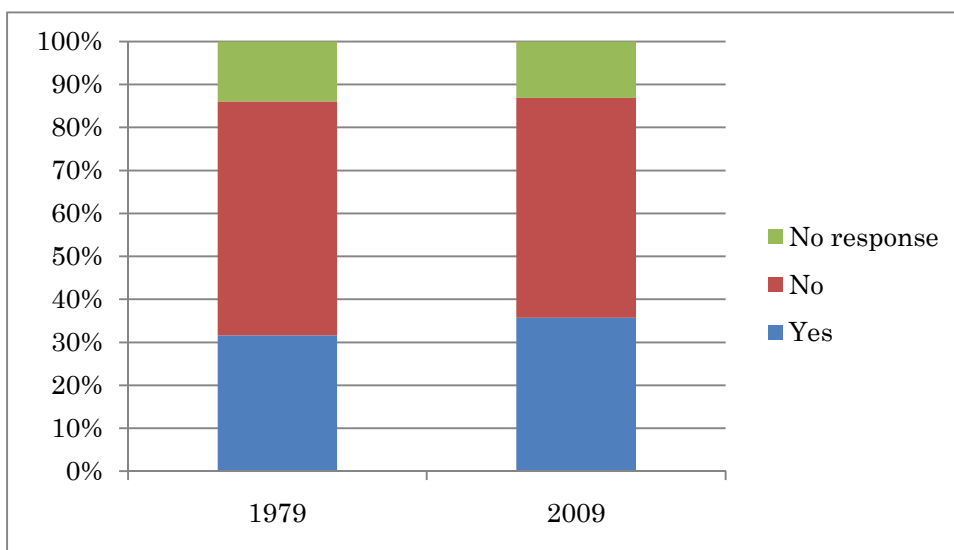


Figure 20. Distribution of National Societies employing a nurse in the disaster preparedness committee by year

(3) Nurses deployed for international missions in 2008

Red Cross and Red Crescent National Societies have a long tradition of assisting each other in terms of funding, goods and human resources whilst facing hardships. Results from the survey showed that 22 National Societies (26.2%) deployed nurses for international missions working in the field of emergency/disaster response/cooperation and/or development programmes during 2008. The highest number of deployed nurses for international missions was reported by the National Societies in Australia who sent 67 nurses, followed by Japan sending 31 nurses, Finland sending 28 nurses, Canada sending 17 nurses, Denmark sending 12 nurses and Sweden sending 11 nurses, as shown in Table 6.

Table 6. Summary of National Societies sending nurses on international missions during 2008

Country	No. of delegates
Australia	67
Japan	31
Finland	28
Canada	17
Denmark	12
Sweden	11
Germany	6
Iran	6
Switzerland	4
Singapore	4
Sierra Leone	4

United States of America	3
Belgium	2
Iceland	2
Chile	2
Antigua and Barbuda	2
Democratic Republic of Congo	2
Uganda	2
Egypt	1
The Philippines	1
Central Africa Republic	1
Burundi	1

5. Nursing and Blood Transfusion

(1) Management of blood programmes

In the 2009 survey, 36 National Societies reported that they run a blood transfusion programme, compared with 25 National Societies in the 1979 survey. However, only 25 National Societies indicated that they employ nurses for blood programmes. It seems that some National Societies which do not physically run the programme in taking blood, testing that blood, providing blood to hospital, etc., are included in the 36 National Societies. In other words, National Societies promoting blood donor recruitment indicated that they run their blood transfusion programme.

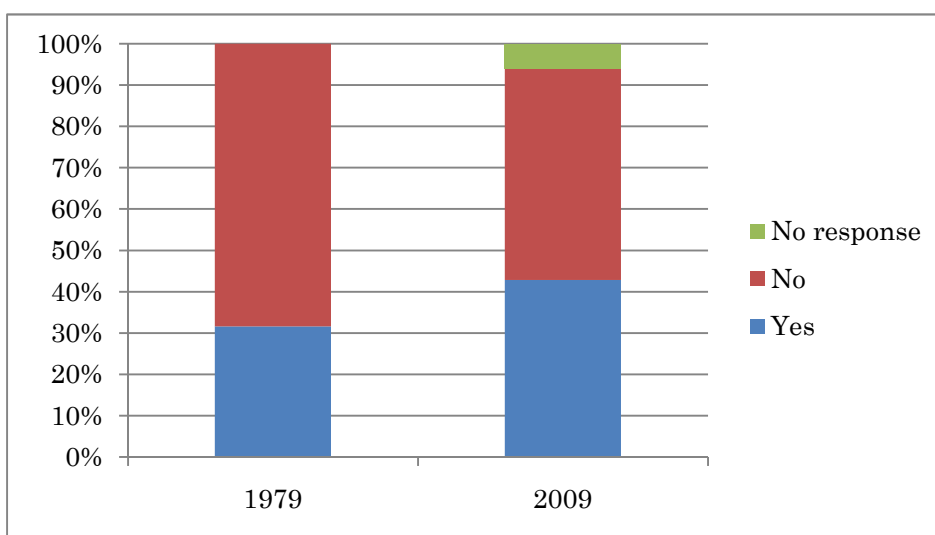


Figure 21. National Societies running blood transfusion programmes

(2) Employment of nurses, auxiliary nurses, volunteer nurses in National Society blood programmes

In the 2009 survey, professional /registered nurses are employed to run the blood programme, but a small number of National Societies employ only auxiliary nursing personnel.

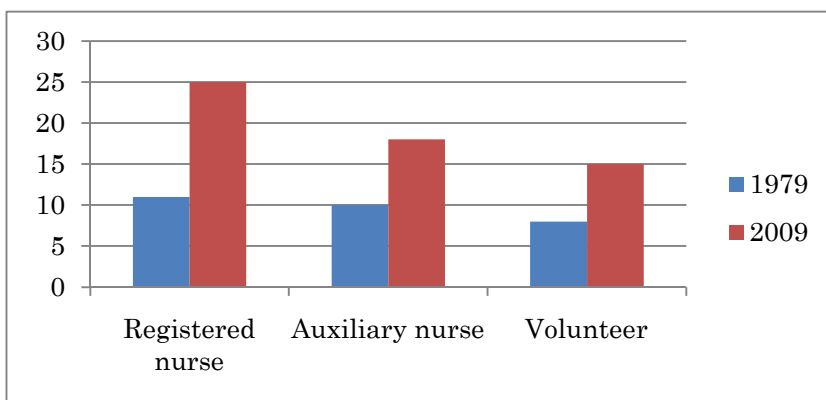


Figure 22. Distribution of nursing staff in National Societies' blood programmes by year

(3) Specific training given to nurses and other staff members in National Societies' blood transfusion programmes

The results showed that 23 out of 25 National Societies employing professional nurses/registered nurses in blood programmes provide the nurses with specific training. In reply to the question if all members of staff are trained on site, 23 National Societies answered "Yes". Today, almost all National Societies running blood programmes provide employees with some training, but the contents of the training are not known. No data are available for the training of other staff members in the 1979 survey.

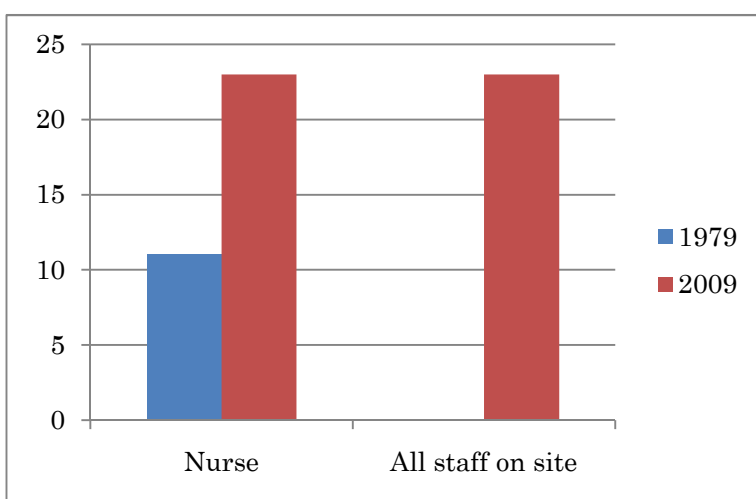


Figure 23. Specific training given to nurses and other staff members

(4) Non-remunerable blood donor recruitment and Club 25

In the 2009 survey, 49 out of 84 National Societies (58.3%) are involved in the non-remunerable blood recruitment, and 28 out of 46 National Societies who replied to this question organize "Club

25”, which is a youthful RC/RC concept, promoting the value of saving lives by giving blood: 3 in Europe and Central Asia, 14 in Asia and Pacific, 5 in the Americas, 4 in West and Central Africa and 2 in Eastern Africa.

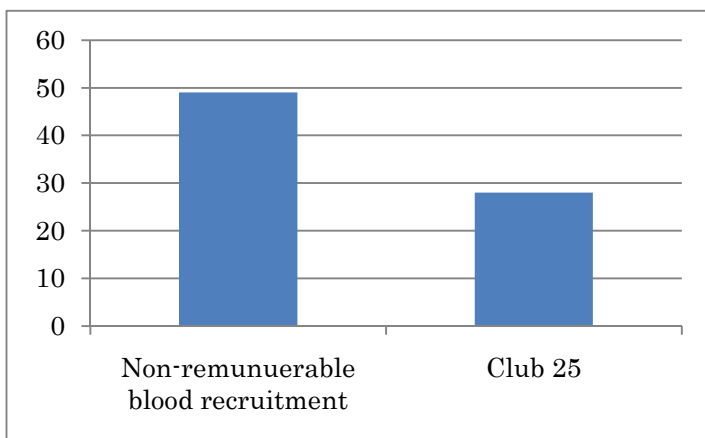


Figure 24. Distribution of National Societies running non-remunerable blood donor recruitment and Club 25 by year

6. Other Nursing Activities

The results indicated that 18 National Societies have other nursing activities. These activities can be summarized:

- Commercial first aid, accident simulation, emergency medical response teams, advanced medical posts, mobile hospitals, health care in out-patient clinics, training programmes for nurses
- Diabetes care, preventive care, alcohol and drug programmes,
- Advocacy work for migrants, right to health, treatment to migrants, refugees and asylum seekers, mine awareness programmes, advocacy work

7. Documentation

National Societies which have published documentation covering subjects related to nursing

In the 1979 survey, 31 (39.2%) of the National Societies had published some documentation covering subjects related to nursing. The number in the 2009 survey is 19 (22.6%).

Some National Societies have provided examples on published documentation.

Belarus Red Cross. (2001). *Best practices: Basis of home care.*

Belarus Red Cross (1991). *Best practices: First Aid.*

Chinese Red Cross. *Magazine spirit of Florence Nightingale in China.*

Dehghan. (2007). *AMP Guideline.*

Farsad, A. & Safarieh. (2005). *Operation guideline of reproductive health team in disaster.*

Ferrier, Y. (1995). *Training manual for nurses and midwives.*

Ghana Red Cross Society. (1998). *Training manual for leaders of mothers club.*

Ghana Red Cross Society. (1991). *First Aid in community health care.*

Ghana Red Cross Society. (2004). *Home based care of HIV/AIDS patients.*

Ghana Red Cross Society. (2008). *Osteoporosis prophylaxes in community.*

Hög. (2009). *The ghost women, a study about undocumented pregnant women's need and access to*

antenatal care in Stockholm, Sweden.

International Federation of Red Cross and Red Crescent. (2002). *Action with youth on HIV/AIDS*.

Japanese Red Cross Society. Nursing Department. (2004). *Compilation of F. Nightingale medal winners*.

Japanese Red Cross Society. Nursing Department. (2007). *Text book on Red Cross: Disaster nursing*.

Japanese Red Cross Society. Nursing Department. (2008). *Anniversary of centennial established institution for graduated nurses*.

Japanese Red Cross Society. Nursing Department. (2008). *Introduction to the career development program*.

Kohankhaki, R. (2006). *EMRT Guideline*.

Philippine National Red Cross. (2001). *Health Workers (Guide for community health workers)*.

Philippine National Red Cross. (1980, revised 2008). *Care of the sick and injured*.

Philippine National Red Cross. (1994, revised 2008). *Disaster nursing*.

Philippine National Red Cross. (1980, revised 2008). *Mother and baby care*.

Philippine National Red Cross. (2002). *Red Cross caregivers manual*.

Pulido, R. (2009). *La formation de las enfermeras de la Cruz Roja Espaola. Legado historic-filosofico*. Doctoral thesis.

Rezaeifard & Safarieh. (2005). *Vaccination guidelines*.

Rotkreuzschwester. (2007). *Die Pflegeprofies*.

Stålgren. (2008). *An explorative study of the protection of health for asylum seekers*.

Swiss Red Cross. (1997). *Manual for Nurses*.

Vnuk, V & Vnuk, S. (1995). *Home care for elderly and first aid at home*.

National Societies reports that they in addition to the above mentioned documentation have produced leaflets, brochures and reports.

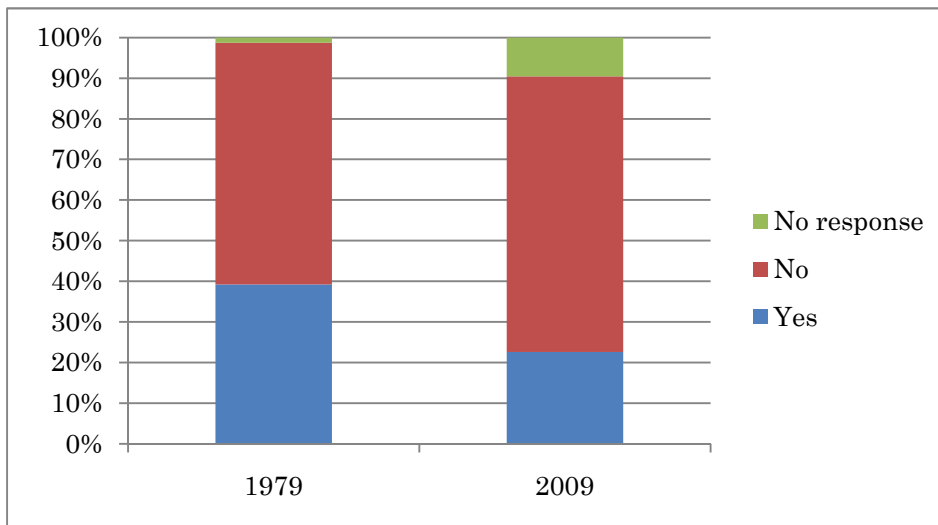


Figure 25. National Societies which have published documentation covering subjects relating to nursing

8. Utilisation of Nurses' Competence within the National Society

(1) Specific knowledge of nurses

In response to the question of whether the specific knowledge of nurses is important in achieving the mission of the National Society, 64 National Societies (76%) answer in the affirmative, although only 46 of them employ a nurse/ nurses at their NHQ.

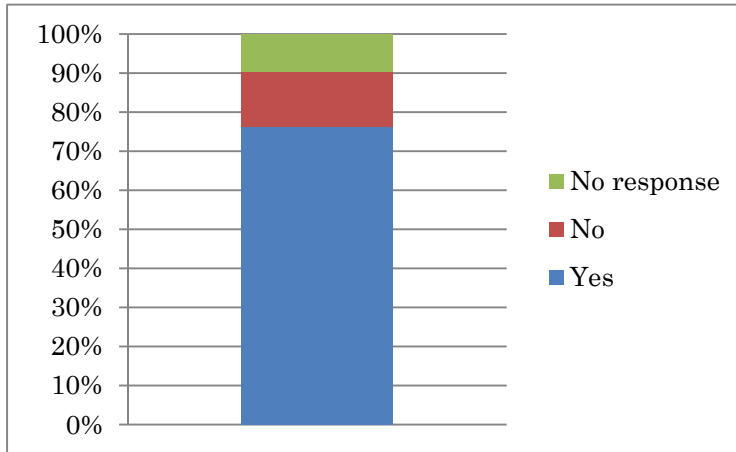


Figure 26. Response of National Societies regarding the importance of the specific knowledge of nurses

(2) Degree of importance

Regarding the degree of importance of utilizing nurses' competence, 23 (35.9%) out of 64 National Societies consider nurses' specific knowledge as important in achieving their mission, indicating the degree of importance as "Very high" and "High"; 16 considered it to be "Average"; and two (2) National Societies marked "Low".

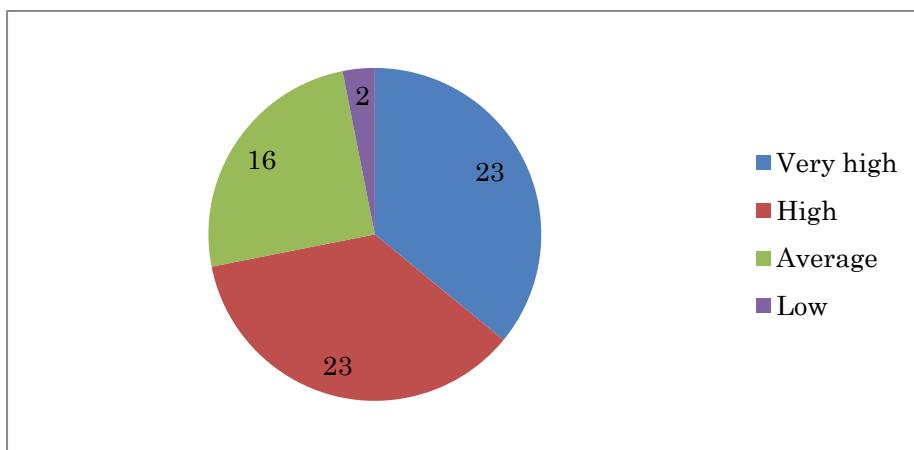


Figure 27. Degree of importance of nurses' competence

(3) Importance of nurses' competence

The question concerns the importance of nurses' competence within the National Society to assist in the following four categories under the International Federation's core areas in Strategy 2010: (i) promotion of the Movement's fundamental principles, (ii) disaster preparedness, (iii) disaster response and (iv) health and care in the community.

- (i) The importance of nurses' competence to assist in promotion of the Movement's fundamental principles is agreed on by 44 National Societies (52.4%).
- (ii) A total of 45 National Societies (53.6%) agreed that nurses' competence is important for disaster preparedness.
- (iii) Regarding disaster response, 48 National Societies (57.2%) consider that nurses' competence is important.

The highest number of the National Societies ticked that nurses' competence is important to assist in health and care in the community: 56 National Societies (66.7%).

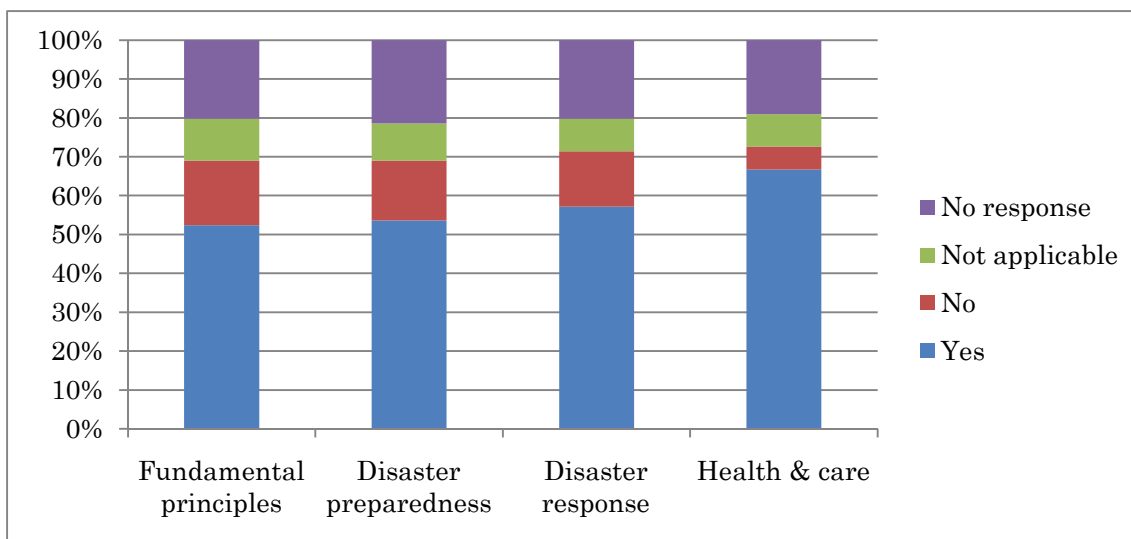


Figure 28. Distribution of nurses' competence

(4) Availability of nurses' competence at HQ

Regarding the availability of nurses' competence at National Headquarters, the question was asked in relation to the four programmes: (i) promotion of the Movement's principles, (ii) disaster preparedness, (iii) disaster response and (iv) health and care in the community.

Affirmative replies were given for these four programmes by 45 to 55% of the National Societies, as shown in Figures 32-35.

(5) Availability of nurses' competence at district/branch/chapter level

The results show that the availability of nurses' competence in the four programmes at district/branch/chapter level is a little less than at National Headquarters, as shown in Figures 29~32.



Figure 29. Availability of nurses' competence at National Headquarters and District/Branch/Chapter for promotion of the Movement's principles



Figure 30. Availability of nurses' competence at National Headquarters and District/Branch/Chapter for disaster preparedness

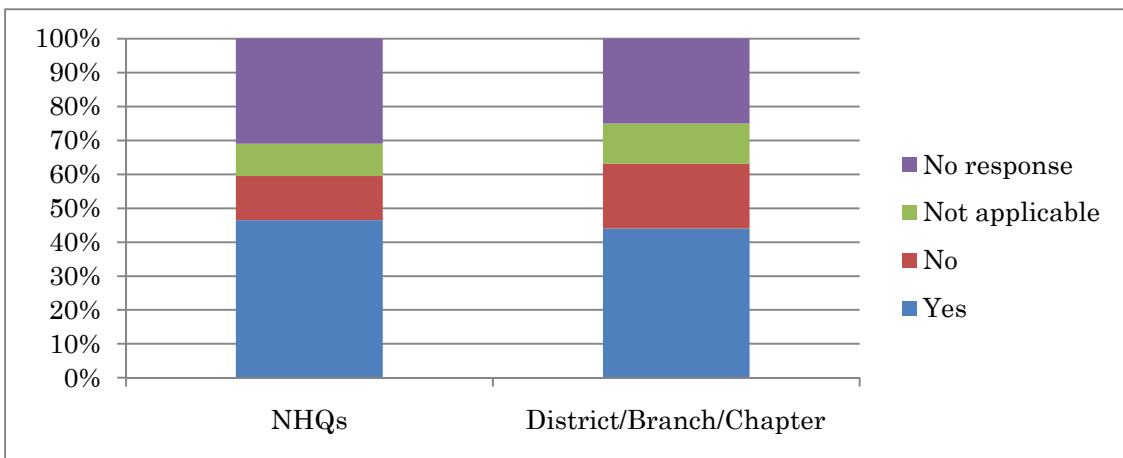


Figure 31. Availability of nurses' competence at National Headquarters and District/Branch/Chapter for disaster response



Figure 32. Availability of nurses' competence at National Headquarters and District/Branch/Chapter for health and care in the community

IV. Discussion

In summary, the study shows that nurses' competence is regarded as important by a majority (76%) of the National Societies. More than 50% of the National Societies consider nurses' competence to be specifically important for the INTERNATIONAL FEDERATION's four core areas: humanitarian values, disaster preparedness, disaster response, and health and care in the community. However, as identified within the study, some National Societies do not consider nurses' competence important in achieving their mission. Moreover, the survey demonstrates that there are approximately the same number of nursing education institutions throughout the world today, as compared with 30 years ago. However, at some institutions a higher level of education (up to PhD) is now offered

The current study has identified 17 National Societies with training institutions for nurses. Through other sources (Partnership in Profile [10] and the 1979 survey) we have identified a further 14 National Societies, giving a total of 31 National Societies that run nursing education institutions.

Although the number of nursing institutions within the Red Cross and Red Crescent Movement is impressively high, links with the Movement's activities are not clearly visible. For example, to our surprise, the study shows that only about half of the responding National Societies report that they have a nurse working at headquarters level. This result is surprising, as the nursing profession is strongly based on humanitarian values [12], and nurses are also trained to coordinate and lead health and care in the community, disaster preparedness and disaster response. Several Red Cross/Red Crescent nursing institutions, such as those in Japan and Sweden, have a long tradition and were established to assist primarily in the response to local and global vulnerability during an era of great humanitarian need. The fact that these institutions are still active today might reflect that they provide something in addition to that offered by private and government-funded nursing institutions.

Results from this study, compared with the data from 1979, indicate that the trend among Red Cross/Red Crescent nursing institutions is towards providing a more specialized level of education and training.

A large proportion of nursing students at these institutions receive training in the Movement's history, the Geneva conventions, and participate in activities within their National Society. This could be an indication that there is a well functioning link between the National Societies and the training institutions.

Red Cross and Red Crescent nurses are also active in providing health education to the general public. The current study indicates that first aid posts and teams are a core activity within the National Societies responding to this survey. First aid posts/first aid teams are run by 56 National Societies (70.9%) in the 1979 survey, compared with 68 National Societies (81.0%) in 2009. As first aid seems to be an important activity within the National Societies to reach out to those who are most vulnerable, the commitment of volunteers is crucial. However, according to the study, nurses as a professional group take an active part in training both volunteers and/or trainers.

The current study indicates that Red Cross/Red Crescent nursing activities in the community are directed towards elderly and disabled people. These activities have increased since the 1979 survey, most probably due to demographic changes in many countries [13] as well global programmes launched by the WHO [14].

National Societies' training courses towards the general population are mostly provided in the field of first aid and HIV/AIDS, as the latter is one of the major global health threats [15].

About one third of the National Societies have nurses engaged in disaster preparedness and relief activities. In the study it can be observed that 38% of the National Societies in the 1979 survey and 33.3% in the 2009 survey replied that they have a training programme for disaster relief action where nurses participate (There is no statistical difference between the two surveys). Considering the

increasing number, types and size of disasters that are emerging and re-emerging (ref), it is surprising to find that there are still so few National Societies which are involved. In providing training courses in disaster relief for nurses on a national level, National Societies could have an impact on people's health, especially in areas which are weak in terms of health resources, and where nurses may be the only professional health workers. As mentioned earlier, nurses are also frequently involved in the training of trainers and volunteers. Investing in further training of nurses in the field of disaster relief could have an added value in terms of knowledge-sharing to other groups within the National Society, as well as on a larger scale to civil society.

This study provides data showing that the number of National Societies running hospitals decreased from 22 (28%) in 1979 to 18 (21%) in 2009. The fact that National Societies withdraw from running hospitals is not surprising; it rather indicates the responsiveness of National Societies to the primary health care strategy (initiated by the Alma Ata declaration) [8] and further in the International Federation's Health and Care policy[2].

The Federation's mission as described in Strategy 2010 [3] was "to improve the lives of vulnerable people by mobilizing the power of humanity", focusing on the following core areas: promotion of the Movement's fundamental principles and humanitarian values; disaster response; disaster preparedness; and health and care in the community. Data from the current study show that a large proportion (76%) of the National Societies consider that nurses' specific competence is important to achieve this mission. More than 50% of the National Societies agree that nurses' competence is important and contributes to the work within the four core areas. However, there is room for improvement; 67% of the National Societies considered nurses important in the core area of health and care in the community. Involving more nurses in the Federation's health and care work, both on a strategic and an operational level, might further help the Federation in its mission to save lives and change minds [16].

Methodological discussion

Despite repeated reminders, we were regrettably unable to achieve a response rate of 50%. Due to the low response rate, the results must therefore be interpreted with caution.

Compared with the 1979 survey, the 2009 response rate for the so-called well-established National Societies is low; in fact, no replies were received to the 2009 survey as compared with over 30 National Societies responding to the 1979 survey. It is worthy of note that some National Societies did not reply, even though they are obviously running nursing education institutions.

V. Concluding remarks and recommendations for future work

As stated in Strategy 2020 [16] the Federation should seek better ways of “working together so that all our capacities are deployed to best effect in expanding our services to the most needy and vulnerable people” (p. 8). It is clear that nurses’ competence will contribute to achieving all three strategic aims of Strategy 2020, as shown in the following examples:

- Nurses around the world are in a good position to respond to disasters and crises and to contribute towards reduced deaths as consequences of disasters and crises (Aim 1).
- Nurses are trained to promote good personal and community health (Aim 2).
- Nurses can contribute to social inclusion through their community health work and work towards integration of disadvantaged people into their communities (Aim 3).

Nursing institutions within the Federation must be recognized as an important part of the Red Cross and Red Crescent Movement, as they can provide guidance and expertise in the field of health care and research, both at national and international level. Nursing institutions within the International Federation are in a unique position to give an added value to the nurses they are educating:

- As nurses are active, visible and respected in civil society, they hold an important role in recognizing vulnerability as well as providing a voice for vulnerable people.
- Nurses also constitute an important profession that will assist within their National Societies in terms of providing education and guidance to volunteers and informal care givers in health and care work.
- Nursing is an important profession in terms of advocacy work.
- The International Federation should automatically provide nursing institutions with materials and publications, by inclusion of the libraries of these institutions and some of their individuals on their mailing list.
- The International Federation should encourage the Red Cross/Red Crescent nursing institutions to build a partnership network by further facilitating an in-depth survey focusing on Red Cross/Red Crescent nursing education institutions, and supporting the organization of an international meeting during 2011.

Nurses educated at Red Cross/Red Crescent nursing institutions and tutors should be utilized in international operations. Nurses trained in RC/RC nursing institutions should be in a better position to respond to vulnerability according to the Movement’s fundamental principles. By participating in international operations, tutors will bring back important knowledge and experience to their nursing institutions which will be internalized in the future education of nurses. The experience and knowledge gained will also contribute to a quality assurance of nursing/health education provided by Red Cross/Red Crescent nursing institutions. This will also contribute towards partnerships and collaboration within and outside the Movement.

The International Federation should continue to collect data from National Societies that will be available and utilized by researchers, especially at Red Cross/Red Crescent nursing institutions. National Societies should be informed about the importance of contributing with data deriving from their own societies and activities. On the other hand, the International Federation Secretariat should give feedback to National Societies on research that has been undertaken within the Movement and how this research can be used to further direct programme development.

Finally, to strengthen nursing health and care there is a need for a focal point within the International Federation to facilitate collaboration between National Societies that run training institutions for nurses.

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Annex 1: Number of staff members and nurses at the National Headquarters ⁷

National Society	No. of staff at HQs	No. of nurses at HQs
United States of America	2,508	10
Thailand ⁸	1,693	59
Spain	550	10
Japan	450	8
India	375	1
The Philippines	247	12
Switzerland	242	0
Egypt	236	16
Norway	232	0
Myanmar	228	1
Australia	200	1
Kenya	200	30
Nepal	182	3
Indonesia	155	2
Finland	153	9
Sweden	150	5
Belgium	150	0
Ecuador	150	0
Cambodia	146	N.A.
Denmark	140	0
Vietnam	116	0
Bulgaria	105	0
Swaziland	94	3
Rwanda	78	3
Republic of Korea	64	0
Croatia	62	2
Lao People's Democratic Republic	61	0
Singapore	61	0
Mongolia	50	0
Hungary	48	0
Cameroon	45	7
Turkmenistan	40	8
Uzbekistan	40	0
Georgia	39	0
Belarus	33	1
Armenia	32	1
Iceland	30	2
Lesotho	26	1

⁷ Some National Societies (e.g. Canada) did not fill in this column. It seems that some National Societies (e.g. Iran) indicated the number of staff members at the department responsible for health and care, but not the NHQs.

⁸ As for the Thai Red Cross, it was reported that the total number of 7,444 staff members including 1,708 nurses are working at the National Headquarters, but through our correspondence it was understood that the number of staff members working in their two hospitals and the National Blood Centre is included in these figures.

Chile	25	1
Ghana	24	1
Fiji	23	1
Slovakia	21	0
Afghanistan	14	0
Gabon	14	0
Germany ⁹	13	3
Bosnia and Herzegovina	13	0
Tonga	13	0
Bolivia	12	5
Lithuania	12	3
Pakistan	11	1
Sao Tome Principe	11	1
Cook Islands	8	3
Samoa	8	2
Mauritius	8	0
Honduras	7	1
Burundi	5	5
Liberia	5	2
Sierra Leone	3	3

⁹ Germany's response was made by the Association of German Red Cross Nursing Societies, but not by the National Headquarters

Annex 2: Number of nurses engaged in RC/RC programmes

National Society	No. of nurses engaged in RC/RC programmes at HQs	No. of nurses engaged in RC/RC programmes at regional level	No. of nurses worked as staff in RC/RC activities during 2008	No. of nurses that worked as volunteers in RC/RC activities during 2008
Thailand	59	548	-	-
Germany	34	21,000	14,000	-
Chile	20	221	221	-
Burundi	17	18	14	-
Egypt	16	-	379	25
United States of America	15	20,000	-	20,000
Switzerland	14	310	280	-
Spain	10	-	-	-
Finland	9	28	40	-
Japan	8	32,000	32,000	-
The Philippines	8	39	38	-
Turkmenistan	8	52	39	13
Antigua and Barbuda	6	8	4	-
Sweden	5	4	-	-
Cameroon	5	25	20	-
Liberia	5	1	6	3
Republic of Korea	3	1,148	3	703
Bangladesh		450	-	-
Uzbekistan	3	186	186	50
Belarus	1	125	125	-
Albania		100	-	100
Canada		90	90	-
Pakistan			500	-
Afghanistan		82	82	-
Lithuania	3	24	48	33
Belgium			8	544
Iran	1	13	11	450
Sierra Leone	3	14	17	52
Armenia	1	10	9	41
Mongolia		32		32
Croatia	2	50	22	30
Tajikistan		13		13
Lao People's Democratic Republic	2	1	2	
Iceland	2		2	
Democratic Republic of Congo	2	1	4	
Guyana	4	6	7	6

Annex 4: List of National Societies which responded to the 1979 and 2009 surveys

No.		Admission to the IFRC before 1979	Admission to the IFRC after 1980	Response to 1979 Survey	Response to 2009 Survey
<u>Europe and Central Asia</u>					
1	Albania	X			X
2	Andorra		X		X
3	Armenia		X		X
4	Austria	X		X	
5	Azerbaijan		X		
6	Belarus		X		X
7	Belgium	X		X	X
8	Bosnia and Herzegovina		X		X
9	Bulgaria	X		X	X
10	Croatia		X		X
11	Czech Republic		X	X	
12	Denmark	X		X	X
13	Estonia	X			X
14	Finland	X		X	X
15	France	X		X	
16	Georgia		X		X
17	Germany	X		X	X
18	Greece	X		X	
19	Hungary	X		X	X
20	Iceland	X			X
21	Ireland	X			
22	Italy	X		X	
23	Kazakhstan		X		
24	Kyrgyzstan		X		
25	Latvia	X			
26	Liechtenstein	X			
27	Lithuania	X			X
28	Luxembourg	X		X	
29	Former Yugoslav Rep. of Macedonia		X		
30	Malta		X		

No.		Admission to the IFRC before 1979	Admission to the IFRC after 1980	Response to 1979 Survey	Response to 2009 Survey
31	Moldova		X		
32	Monaco	X		X	
33	Montenegro		X		
34	Netherlands	X		X	
35	Norway	X		X	X
36	Poland	X		X	
37	Portugal	X		X	
38	Romania	X		X	
39	Russia Federation	X			
40	Republic of San Marino	X			
41	Serbia		X		
42	Slovakia		X		X
43	Slovenia		X		
44	Spain	X		X	X
45	Sweden	X		X	X
46	Switzerland	X			X
47	Tajikistan		X		X
48	Turkey	X		X	
49	Turkmenistan		X		X
50	Ukraine		X		
51	United Kingdom	X		X	
52	Uzbekistan		X		X

MENA

53	Algeria	X			
54	Bahrain	X			
55	Egypt	X			X
56	Iran	X			X
57	Iraq	X			
58	Israel		X		
59	Jordan	X			
60	Kuwait	X			

No.		Admission to the IFRC before 1979	Admission to the IFRC after 1980	Response to 1979 Survey	Response to 2009 Survey
61	Lebanon	X		X	X
62	Libya	X		X	
63	Morocco	X		X	
64	Palestine		X		
65	Qatar		X		
66	Saudi Arabia	X			
67	Syria	X		X	
68	Tunisia	X		X	
69	United Arab Emirates		X		
70	Yemen		X		

Asia and Pacific

71	Afganistan	X		X	X
72	Australia	X		X	X
73	Bangladesh	X		X	X
74	Cambodia	X			X
75	China	X			X
76	Timor		X		X
77	Fiji	X		X	X
78	India	X		X	X
79	Indonesia	X		X	X
80	Japan	X		X	X
81	The Republic of Korea	X		X	X
82	Lao People's Democratic Republic	X			X
83	Malaysia	X		X	
84	Mongolia	X		X	X
85	Nepal	X		X	X
86	New Zealand	X		X	X
87	Pakistan	X		X	X
88	The Philippines	X		X	X
89	Singapore	X		X	X
90	Sri Lanka	X			X

No.		Admission to the IFRC before 1979	Admission to the IFRC after 1980	Response to 1979 Survey	Response to 2009 Survey
91	Thailand	X		X	X
92	Viet Nam	X		X	X
93	Brunei		X		
94	Cook Islands		X		X
95	Democ. People's Republic of Korea	X			X
96	Kiribati		X		X
97	Federated States of Micronesia		X		
98	Myanmar	X		X	X
99	Palau		X		X
100	Papua New Guinea	X		X	
101	Samoa		X		X
102	Solomon Islands		X		
103	Tonga		X		X
104	Vanuatu		X		

Americas

105	United States of America	X		X	X
106	Canada	X		X	X
107	Mexico	X		X	
108	Venezuela	X			
109	Uruguay	X		X	
110	Peru	X		X	
111	Paraguay	X			
112	Ecuador	X		X	X
113	Colombia	X			
114	Chile	X		X	X
115	Brazil	X		X	
116	Bolivia	X		X	X
117	Argentina	X		X	
118	Costa Rica	X		X	X
119	El-Salvador	X		X	
120	Guatemala	X		X	

No.		Admission to the IFRC before 1979	Admission to the IFRC after 1980	Response to 1979 Survey	Response to 2009 Survey
121	Honduras	X			X
122	Nicaragua	X			
123	Panama	X		X	
124	Antigua and Barbuda		X		X
125	Bahamas	X		X	X
126	Barbados		X		
127	Belize		X		
128	Cuba	X			
129	Dominica		X		X
130	Dominican Republic	X			
131	Grenada				
132	Guyana	X		X	X
133	Haiti	X			
134	Jamaica	X			
135	St Lucia		X		
136	St Vincent and the Grenadines		X		
137	St Kitts and Nevis		X		
138	Suriname		X		
139	Trinidad and Tobago	X			

West and Central Africa

140	Benin	X		X	X
141	Burkina Faso	X			
142	Cameroon	X		X	X
143	Central Africa Republic	X			X
144	Republic of Congo	X			X
145	Chad		X		
146	Cape Verde		X		
147	Congo Democratic Republic	X			X
148	Cote d'Ivoire	X			
149	Equatorial Guinea		X		
150	Gabon		X		X

No.		Admission to the IFRC before 1979	Admission to the IFRC after 1980	Response to 1979 Survey	Response to 2009 Survey
151	Gambia	X			
152	Ghana	X		X	X
153	Guinea		X		
154	Guinea-Bissau		X		
155	Liberia	X			X
156	Mali	X			
157	Mauritania	X		X	
158	Niger	X		X	
159	Nigeria	X		X	
160	Sao Tome and Principe		X		X
161	Senegal	X			
162	Sierra Leone	X			X
163	Togo	X		X	

Eastern Africa

164	Burundi	X			X
165	Comoros		X		
166	Djibouti		X		
167	Ethopia	X			
168	Kenya	X		X	X
169	Madagascar	X			
170	Rwanda		X		X
171	Seychelles		X		
172	Somalia	X			
173	Sudan	X			
174	United Republic of Tanzania	X		X	
175	Uganda	X			X
176	Mauritius	X		X	X

Southern Africa

177	Angola		X		
178	Botswana	X		X	
179	Lesotho	X		X	X

No.		Admission to the IFRC before 1979	Admission to the IFRC after 1980	Response to 1979 Survey	Response to 2009 Survey
180	Malawi	X		X	
181	Mozambique		X		
182	Namibia		X		
183	South Africa	X		X	
184	Swaziland	X		X	X
185	Zambia	X		X	
186	Zimbabwe		X		

Annex 5: Questionnaire for the 2009 survey



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Geneva, 8th May 2009

TO: Secretary Generals, National Societies
CC: Directors of Health and Care, National Societies
CC: Deputy Head of zones and zonal health and care coordinators,
International Federation of Red Cross and Red Crescent Societies

A 30-year Follow-up on Red Cross and Red Crescent Nursing Education Activities

Introduction:

Nurses, since their profession began, have always been ready to respond to public health threats in the community. Nurses work in all parts of the community and play an important role in disasters. Their supervision and teaching are important not only for patients but also for relatives, health workers as well as Red Cross and Red Crescent volunteers.

Background and Aim of the Attached Questionnaire:

In 1979, the Federation distributed a questionnaire asking all National Societies about their nursing activities, e.g.

- nurses and their training;
- nursing and community health;
- nursing in disaster situations;
- nursing and blood services;
- nursing and reducing vulnerability;
- the Fundamental Principles;
- the Geneva Conventions and
- the utilization of nurses' competence within National Societies.

In 2008 the Japanese Red Cross College of Nursing and the Red Cross University College in Sweden signed a memorandum of understanding to promote collaboration among nursing education, research and development.

With more than twenty National Societies involved with nursing education and an even higher number involved in nursing activities, it is essential to conduct with the support of the Federation a follow-up to the 1979 questionnaire.

The International Federation recognises the significant contribution to its mission that nurses make by providing health and care to the most vulnerable, thereby also contributing to the Millennium Development Goals (MDGs).



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The current follow-up study primarily is to investigate the extent to which nurses' competence is utilized in the Red Cross and Red Crescent Societies. Moreover the study will assess nursing education conducted within the Movement, focusing especially on the achievements of, the current situation of and the future contributions to nursing worldwide. This study will collect information from which will arise more good practices that can be shared among the Red Cross and Red Crescent National Societies.

Practical Information

We are all looking forward to receiving more information about nursing education and other health activities conducted within your National Society. Attached is a questionnaire that will take about 20 minutes to fill in. Because the questionnaire's information relates to health and care issues, it would preferably be answered by the director of health and care of your National Society. After completion, please send it to:

The Red Cross University College in Sweden by fax +46 8 587 51690,

or

e-mail nijl@rkh.se or

ordinary mail The Red Cross University College, Box 55676, SE-102 15 Stockholm, Sweden.

Please send your completed questionnaire before **June 15, 2009** at the latest.

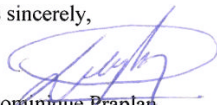
This study has been initiated by the Japanese Red Cross College of Nursing in Tokyo, Japan and the Red Cross University College in Stockholm, Sweden. It is supported by the International Federation of Red Cross and Red Crescent Societies. If you have any question about the study or the questionnaire,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

Professor Hiroshi Higashiura
The Japanese Red Cross College of Nursing,
Tokyo, Japan
h-higashiura@redcross.ac.jp

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

We would like to thank you for sharing your knowledge and experience. After receiving the questionnaires, we will analyze the data before making the results available to all National Societies.

Yours sincerely,



Mr. Dominique Praplan
Head of the Health and Care Department
International Federation of Red Cross and Red
Crescent Societies



Survey questionnaire Red Cross/Red Crescent Nursing

(based on the 1979 version)

I. ADMINISTRATION - HQ LEVEL		
a) Name of National Society :		
	Yes	No
b) Have your National Society employed a nurse to administer/plan its health/nursing activities? If YES , please go to question d)	<input type="checkbox"/>	<input type="checkbox"/>
c) If the answer to the question above is NO , does your National Society call on the service of a Nurse Advisor in planning health/nursing activities?	<input type="checkbox"/>	<input type="checkbox"/>
d) Has your National Society employed a nurse to supervise its health/nursing activities?	<input type="checkbox"/>	<input type="checkbox"/>
e) Has your National Society employed a nurse to evaluate its health/nursing activities?	<input type="checkbox"/>	<input type="checkbox"/>
f) If YES to question d and/or e , please state who is the responsible nurse within your National Society:		
Name:		
Title:		
	Yes	No
g) Is she/he (the responsible nurse named above) working for a salary?	<input type="checkbox"/>	<input type="checkbox"/>
h) Full-time?	<input type="checkbox"/>	<input type="checkbox"/>
i) Part-time?	<input type="checkbox"/>	<input type="checkbox"/>
j) Is she/he (the responsible nurse) working as a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>
k) Full-time?	<input type="checkbox"/>	<input type="checkbox"/>
l) Part-time?	<input type="checkbox"/>	<input type="checkbox"/>
m) Number of hours per week employed:hours	
		Number:
n) How many members of staff are employed at Headquarters?		
o) How many members of staff are employed as nurses at Headquarters?		
p) How many nurses are engaged in the Red Cross/Red Crescent health/nursing programmes at Headquarters?		
q) In total, how many nurses are engaged in the Red Cross /Red Crescent programmes at regional and/or local level?		



During 2008	Number	Kind of health activities
r) Within your country, how many nurses worked as members of staff in RC/RC health/nursing activities during 2008?	<input type="checkbox"/> Not known	
s) Within your country, how many nurses worked as volunteers in RC/RC health/nursing activities during 2008?	<input type="checkbox"/> Not known	
t) How many nurses worked as staff/volunteers in international RC/RC health/nursing activities abroad during 2008?	<input type="checkbox"/> Not known	

II. TRAINING OF PROFESSIONAL NURSES AND AUXILIARY NURSING PERSONNEL			
	Yes	No	
a) Are there any Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing in your country?	<input type="checkbox"/>	<input type="checkbox"/>	
b) If YES, the following questions shall be answered, but if NO please continue to question m:			
	Yes	No	
c) Auxiliary nursing personnel (such as nurses aids)	<input type="checkbox"/>	<input type="checkbox"/>	
d) Professional nurses (Registered Nurse, R.N.)	<input type="checkbox"/>	<input type="checkbox"/>	
e) Specialized training (such as advanced courses)	<input type="checkbox"/>	<input type="checkbox"/>	
f) Post basic training in administration and education	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
g) Is a course on Red Cross history included in the syllabus of all Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing in your country?	<input type="checkbox"/>	<input type="checkbox"/>	
h) Is a course on Red Cross principles included in the syllabus of all Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing in your country?	<input type="checkbox"/>	<input type="checkbox"/>	
i) Is a course on the Geneva Conventions included in the syllabus of all Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing in your country?	<input type="checkbox"/>	<input type="checkbox"/>	
j) Is a course on RC/RC involvement in disaster management (disaster response, disaster nursing) included in the syllabus of all Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing in your country?	<input type="checkbox"/>	<input type="checkbox"/>	
k) Is a course on the RC/RC involvement in armed conflict situation included in the syllabus of all Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing in your country?	<input type="checkbox"/>	<input type="checkbox"/>	
l) Are the nursing students participating in Red Cross/Red Crescent activities during their education	<input type="checkbox"/>	<input type="checkbox"/>	
m) If YES, please describe what kind of activities:			



n) Please give information about your Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing			
Name of School and Location	Duration of Training (years)	Name of Diploma awarded	Contact person (including full address, phone, fax and e-mail) *)
*) This information is very much needed for future contacts, e.g. distributing a second survey to those National Societies with RC/RC Nursing Colleges, University Colleges, Schools of Nursing, with the aim of creating a Red Cross/Red Crescent nursing network			
		Yes	No
o) If your Society does <u>not run</u> any type of Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing, does your Society give assistance to <u>non-Red Cross/Red Crescent Nursing Colleges/University Colleges/ Schools of Nursing</u> in your country?		<input type="checkbox"/>	<input type="checkbox"/>
If YES, does your National Society provide any of the following:		Yes	No
p) RC/RC teaching aids such as books and materials on the Geneva Conventions		<input type="checkbox"/>	<input type="checkbox"/>
q) Instructor/teacher on the Geneva Conventions		<input type="checkbox"/>	<input type="checkbox"/>
r) Instructor/teacher in first aid		<input type="checkbox"/>	<input type="checkbox"/>
s) Any others, please describe:			

III. NURSING AND COMMUNITY HEALTH		
A. Health and Education Programmes	Yes	No
a) Does your National Society disseminate health education programmes to the general public?	<input type="checkbox"/>	<input type="checkbox"/>
b) Does your National Society disseminate health education programmes to professional nurses and health workers?	<input type="checkbox"/>	<input type="checkbox"/>
c) If YES, is there a nurse responsible for its organization and development?	<input type="checkbox"/>	<input type="checkbox"/>
d) Please indicate:		
Name:		
Title:		



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	Yes	No		
e) Does your National Society train instructors (such as first-aid instructors) to give health education?	<input type="checkbox"/>	<input type="checkbox"/>		
f) If YES, please specify the area of specialization instructors are trained in:				
g) Please indicate the background of the trainers:				
Doctors	Nurses	Paramedics	Non-medical personnel	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your National Society provide training /courses in any of the areas described below			Yes	No
h) Care of the sick			<input type="checkbox"/>	<input type="checkbox"/>
i) Mother and baby care			<input type="checkbox"/>	<input type="checkbox"/>
j) Care of the elderly and handicapped			<input type="checkbox"/>	<input type="checkbox"/>
k) Health education focusing on malaria			<input type="checkbox"/>	<input type="checkbox"/>
l) Health education focusing on HIV and AIDS			<input type="checkbox"/>	<input type="checkbox"/>
m) Community health			<input type="checkbox"/>	<input type="checkbox"/>
n) Emergency health			<input type="checkbox"/>	<input type="checkbox"/>
o) TB-related health programme			<input type="checkbox"/>	<input type="checkbox"/>
p) First aid			<input type="checkbox"/>	<input type="checkbox"/>
q) Community-based health / and primary health care			<input type="checkbox"/>	<input type="checkbox"/>
r) Psychosocial support			<input type="checkbox"/>	<input type="checkbox"/>
s) Nutrition			<input type="checkbox"/>	<input type="checkbox"/>
t) Does your National Society provide other health education courses (e.g. concerning family health, contagious diseases, sexual education, accident prevention, etc.)			<input type="checkbox"/>	<input type="checkbox"/>
u) If YES, please indicate the kind of courses:				



B. Institutions - Health Care / Welfare Activities				
			Number	
	Yes	No	Urban Areas	Rural Areas
Does your National Society run:				
a) Health centres (such as out-patient clinics, mother and child health centres)	<input type="checkbox"/>	<input type="checkbox"/>		
b) Nutrition and or feeding centres	<input type="checkbox"/>	<input type="checkbox"/>		
c) First aid posts / First aid teams	<input type="checkbox"/>	<input type="checkbox"/>		
d) Hospitals	<input type="checkbox"/>	<input type="checkbox"/>		
e) Social Welfare Centres	<input type="checkbox"/>	<input type="checkbox"/>		
f) Child Welfare Centres	<input type="checkbox"/>	<input type="checkbox"/>		
g) Welfare facilities for the elderly	<input type="checkbox"/>	<input type="checkbox"/>		
h) Welfare facilities for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>		
i) Other centres	<input type="checkbox"/>	<input type="checkbox"/>		
j) If YES with regard to "other centres" (above), please indicate the field covered				
IV. NURSING AND DISASTER SITUATIONS				
			Yes	No
a) Do you have a training programme for disaster relief action in which nurses participate? <i>If YES please attach information on this programme</i>	<input type="checkbox"/>	<input type="checkbox"/>		
b) Is a nurse a member of the committee in charge of disaster relief preparedness (National Headquarters)?	<input type="checkbox"/>	<input type="checkbox"/>		
			Number	
c) During 2008, how many nurses from your National Society have participated in international missions (in the field of emergency/disaster response/cooperation and/or development programmes)?				
d) Please indicate the number of nurses deployed, country and duration of mission (months)				



V. NURSING AND BLOOD TRANSFUSIONS			
	Yes	No	
a) Does your National Society run a blood transfusion programme?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, please continue directly to section VI
If your Society has a blood transfusion programme (e.g. full responsibility, blood transfusion centre, mobile unit, donor recruitment, etc.) does it employ:	Yes	No	How many?
b) Professional Nurse/Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>	
c) Auxiliary nursing personnel	<input type="checkbox"/>	<input type="checkbox"/>	
d) Volunteer nurses (volunteers not used in a nursing capacity)	<input type="checkbox"/>	<input type="checkbox"/>	
e) Is specific training given to the Professional /Registered Nurses working in blood transfusion programmes?	<input type="checkbox"/>	<input type="checkbox"/>	
f) All members of staff are trained on site?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your National Society involved in the following activities:	Yes	No	
g) Non-remunerable blood donor recruitment	<input type="checkbox"/>	<input type="checkbox"/>	
h) Club 25 (Club 25 is a youthful RC/RC concept, promoting the value of saving lives by giving blood.)	<input type="checkbox"/>	<input type="checkbox"/>	

VI. OTHER NURSING ACTIVITIES		
	Yes	No
a) Does your National Society conduct any other nursing activities not mentioned in this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>
b) If YES, please specify what kind of nursing activities:		



VII. DOCUMENTATION		
	Yes	No
a) Has your National Society published documentation covering subjects relating to nursing?	<input type="checkbox"/>	<input type="checkbox"/>
b) If YES, please specify: titles, author and year of the publications		

VIII. UTILIZATION OF NURSES' COMPETENCE WITHIN THE NATIONAL SOCIETY		
	Yes	No
a) Does your National Society consider the specific knowledge of nurses to be of importance in achieving its mission?	<input type="checkbox"/>	<input type="checkbox"/>
b) If YES, please indicate the degree of importance.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very low	Low	Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High	Very high

c) Please state what best describes your National Society:											
Nurses' competence is important within your National Society to assist in	Yes	No	N.A*	Nurses' competence is available at HQ to assist in	Yes	No	N.A*	Nurses' competence is available at district/branch/chapter level to assist in	Yes	No	N.A*
	Promotion of the Movement's fundamental principles	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Promotion of the Movement's fundamental principles	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Promotion of the Movement's fundamental principles
Disaster preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and care in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health and care in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health and care in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*) Not applicable



IX. OTHER COMMENTS

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

Finally, we would like to thank you for taking time to respond to this questionnaire. Your input will be of great importance in the work of describing the global picture of the Red Cross and Red Crescent contribution to vulnerable people through nursing activities. When we have received all the answers we will make the analyses and make the data on Red Cross and Red Crescent Nursing available to all National Societies.

If you have any questions or would like to comment or discuss issues related to this questionnaire, please do not hesitate to contact either of the following researchers:

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After completion, please send the questionnaire to:
The Red Cross University College in Sweden by fax: +46 8 587 516 90, or e-mail
holk@rkh.se or by ordinary mail The Red Cross University College, Box 55676, SE-102 15
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