International First Aid Attestation (IFAA)

IFAA M&E Field Visit Report

Annexed to this form:

* IFAA action plan (draft)
* XXX (if relevant)

# General Information

**Name of National Society:**

**Title of first aid training programme evaluated:**

**Location(s) of M&E field visit:**

**Dates of M&E field visit:**

**Name of IFAA Representative:**

|  |  |  |
| --- | --- | --- |
|  | **Full name** | **Email address** |
|  |  |  |

**Name of National Society IFAA Focal Person:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full name** | **Position** | **Email address** |
|  |  |  |  |

**Supporting team from National Society (if relevant):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full name** | **Position** | **Email address** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

**Schedule of the M&E field visit:**

[To copy/paste from the M&E field visit ToRs]

**List of meetings held and people met:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date of meeting** | **Meeting Venue** | **List of Person/s met** | **Meeting objective** | **Meeting outcome** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **…** |  |  |  |  |  |

**List of documents consulted before and during the M&E field visit:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Document title** | **Issue date** | **Author** | **Aim/use of the Document** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **…** |  |  |  |  |

# Requirements for the assessed training to validate the IFAA: observed trainings and self-assessment feedbacks

## Training observation

The below list of topics covered are included in the compulsory subjects for the assessed first aid training programme as per self-assessment information provided by the National Society.

Support documents available to complete this section are: 1) the training plan and related materials included in the self-assessment form; 2) the feedbacks to self-assessment.

For each training session attended, please indicate whether the following subject were included:

* Training workshop #1

**Name of trainer(s) during training workshop observation**:

**Place of training workshop**:

**Date of training workshop**:

**Duration of training workshop observation**:

**Training sections attended:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **List of topics covered** | **Subject included in training curriculum** (yes/no) | | **Time spent on theory**  (in minutes) | **Time spent on practice**  (in minutes) | **Includes distance learning?** (yes/no) | **Includes assessment of leaners?** (yes/no) | **Comments** |
| **In sessions observed** (yes/no) | **Overall training** (yes/no) |
| **1.** | **Take safety measures and decide to provide care** |  |  |  |  |  |  |  |
| **2.** | **Observe vital life signs and make an alert** |  |  |  |  |  |  |  |
| **3.** | **Control severe bleeding** |  |  |  |  |  |  |  |
| **4.** | **Manage foreign body airway obstruction (choking)** |  |  |  |  |  |  |  |
| **5.** | **Manage unresponsiveness and breathing normally** |  |  |  |  |  |  |  |
| **6.** | **Manage unresponsiveness and abnormal breathing (cardiac arrest)** |  |  |  |  |  |  |  |
| **7.** | **Manage stroke** |  |  |  |  |  |  |  |
| **8.** | **Manage burns** |  |  |  |  |  |  |  |
| **9.** | **Manage injuries and wounds** |  |  |  |  |  |  |  |
| **10.** | **Provide psychological first aid** |  |  |  |  |  |  |  |
| **…** | **XXXX** (if other topics covered) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total duration** | |  |  |  | |  |  |  |

**Comments:**

* XXX
* Training workshop #2

**Name of trainer(s) during training workshop observation**:

**Place of training workshop**:

**Date of training workshop**:

**Duration of training workshop observation**:

**Training sections attended:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **List of topics covered** | **Subject included in training curriculum** (yes/no) | | **Time spent on theory**  (in minutes) | **Time spent on practice**  (in minutes) | **Includes distance learning?** (yes/no) | **Includes assessment of leaners?** (yes/no) | **Comments** |
| **In sessions observed** (yes/no) | **Overall training** (yes/no) |
| **1.** | **Take safety measures and decide to provide care** |  |  |  |  |  |  |  |
| **2.** | **Observe vital life signs and make an alert** |  |  |  |  |  |  |  |
| **3.** | **Control severe bleeding** |  |  |  |  |  |  |  |
| **4.** | **Manage foreign body airway obstruction (choking)** |  |  |  |  |  |  |  |
| **5.** | **Manage unresponsiveness and breathing normally** |  |  |  |  |  |  |  |
| **6.** | **Manage unresponsiveness and abnormal breathing (cardiac arrest)** |  |  |  |  |  |  |  |
| **7.** | **Manage stroke** |  |  |  |  |  |  |  |
| **8.** | **Manage burns** |  |  |  |  |  |  |  |
| **9.** | **Manage injuries and wounds** |  |  |  |  |  |  |  |
| **10.** | **Provide psychological first aid** |  |  |  |  |  |  |  |
| **…** | **XXXX** (if other topics covered) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total duration** | |  |  |  | |  |  |  |

**Comments:**

* XXX

## IFAA checklist items

These below requirements were included in the IFAA checklist from the IFAA self-assessment form. They make reference to the IFAA frame of reference.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Source(s) of verification | Comments |
| **#1** XXX |  |  |  |  |
| **#2** XXX |  |  |  |  |
| **…** |  |  |  |  |

## Trainers

Concerning the trainer(s) facilitating the two training sessions attended during the field visit:

|  |  |  |
| --- | --- | --- |
|  | *Trainer(s) facilitating the 1st training workshop* | *Trainer(s) facilitating the 2nd training workshop* |
| *How often are trainers re-assessed?* |  |  |
| *On which subjects are trainers re-assessed?* |  |  |
| *How are the instructors updated every year? (i.e. workshops, distance learning, written information)* |  |  |

# IFAA action plan

Cf. document 7 “IFAA action plan”

# IFAA Representative overall feedback and recommendations following their field visit

Main feedback and recommendations will be orally communicated to the IFAA National Society Focal Person at the end of the M&E field visit.

* **As IFAA Representative, did you notice during the visit some good practice points, activities, methodologies, modalities and/tools which would be worth sharing with the RC RC network? (yes/no) if yes, please specify.**

|  |  |  |
| --- | --- | --- |
| **Type of methodologies, modalities, tools** | **Title of document shared with GFARC** | **Does the NS authorise GFARC to share these specific documents on its intranet platform?[[1]](#footnote-1) (yes/no)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Date on which the report is sent to the National Society |  |
| Signature of IFAA Representative |  |
| IFAA Representative’s name |  |

***This reporting form (softcopy) must be returned initialled and signed to GFARC within 15 days after the IFAA Representative field visit.***

***GFARC will communicate the final version to the National Society.***

# Annex: Pictures

If possible, please include some pictures which can help better understanding the environmental settings during the field visit.

Don’t forget to always ask people before taking pictures and to explain them what are the purposes of these pictures:

* + These pictures should be included in the IFAA M&E field visit report;
  + If the people and the NS agree, these pictures could also be used for GFARC’s external communication (e.g. social networks).

1. The GFARC intranet platform is an online platform accessible to Red Cross and Red Crescent National Societies only to share resources and tools.

   The documents shared here should be different from the ones indicated in “IV. List of documents to be provided”. [↑](#footnote-ref-1)