EVALUATION REPORT – draft

First Aid and Commercial First Aid

in Sri Lanka Red Cross Society

INDEX

INTRODUCTION

The aim of the assessment

The Sri Lanka Red Cross Society (SLRCS) has played a key role in the provision of first aid since its inception in 1936. The First Aid programme of SLRCS is supported by other Red Cross national societies, known as Participating National Societies (PNS).

At branch level, the existing first aid activities of SLRCS are supported by various PNS (Canadian, Finnish, Norwegian, Belgian-Fl) as part of the response to long term recovery needs in Tsunami affected and other vulnerable areas in Sri Lanka.

Each project will be slightly different, but in general the goal of each is to increase the capacity of the branch and volunteers to develop and deliver programs that strengthen the ability of individuals, families and communities to help themselves. This is to be achieved by strengthening the human and physical capacities of the branches, strengthening the volunteers' capacity to implement first aid training programs, and to develop first-aid based income generation projects.

At Headquarters level, the central SLRCS First Aid programme is funded by the Hong Kong Red Cross.

However the funding commitment towards Branch as well as Central Level Programmes runs only until the year 2008/2009. At this stage the sustainability issue is addressed so that the current First Aid programmes can be continued once external funding has come to an end.

Commercial First Aid (CFA) is considered as a possible way to generate income in an action field that has been one of the core activities of the Red Cross for many years.

The various PNS who are supporting the SLRCS FA programme want to assess the possibility of supporting SLRCS with the scale-up and improvement of the organization of Commercial First Aid at Headquarter and branch level.

The first step in this process is the assessment of the current situation at SLRCS of the organization of Commercial First Aid and the possibilities for the PNS to support SLRCS in the scale up and improvement of the Commercial First Aid activities nationwide.

The assessment will assess the situation at SLRCS Headquarters and the 26 branches and will also assess the existing CFA activities of the First Aid School, an institution closely linked to SLRCS and active in the field of Commercial First Aid. An analysis will be done of the relevance, efficiency and efficacy of the delivery of the FA projects to date, noting the extent to which objectives are being reached, the quality of the taught material and the impact of the recipient of the training. The evaluation will provide recommendations that address the findings in order to ensure the objectives of the projects are reached in an efficient manner.

Acknowledgement

I like to thank all staff members and volunteers of Sri Lanka Red Cross Society and other Movement partners who spent a lot of their time with me. Unfortunately I am not able to mention the names of all of them. They shared their experiences to show me in a short period of time that Sri Lanka Red Cross is on the way to a well managed leading provider of first aid and commercial first aid on the island.

Johan Verlinden
staff member Training Department
Belgian Red Cross-Flanders
January 2008

Program of the assessment

Mo 07/01/08 Colombo
10:00 Dr. Lanka Jayasuriya-Dissanayake, Executive Director Health SLRCS
Mr. Adrian Muttupulle SLRCS
Mr. Upali Amarasekara SLRCS
14:00 Mr. Nimal Kumar, National Secretary SLRCS

Tu 08/01/08 Colombo
08:30 Mr. Tim Hibbert, Hong Kong Red Cross
11:30 Ms. Lene Svendsen, Health and Care Coordinator IFRC
12:30 Mr. Merrick Peiris,
Executive Director Communication & Humanitarian Values SLRCS
13:15 Mr. Ariyaratne, Executive Director Organizational Development SLRCS
Mrs. Razmi Farook, Organizational Development Coordinator IFRC
15:00 Mrs. Pushpa, Training Department Colombo National Hospital
15:30 Colombo National Hospital, Accident & Emergency
16:00 Mr. Peter Krakolinig, Deputy Head of Delegation ICRC

We 09/01/09 Colombo – Kandy – Badulla
travelling

Th 10/01/08 Badulla
09:00 Basic First Aid Training Badulla Branch
15:00 meeting BEO + DM coordinator
17:30 meeting trainer

Fr 11/01/08 Badulla – Monaragala - Ampara
11:00 Basic First Aid Training Monaragala Branch
meeting BEO Monaragala Branch

Sa 12/01/08 Ampara
09:00 Basic First Aid Training Ampara Branch
13:00 meeting BEO + treasurer + Ms. Marja Kauppinen, OD Delegate Finish RC
16:30 meeting 3 instructors + lady secretary

Su 13/01/08 Ampara – Matara
travelling

Mo 14/01/08 Matara – Galle - Matara
10:00 meeting BEO + chairman + FA & DM coördinator Galle Branch
13:30 meeting BEO + chairman Matara Branch
15:15 Basic First Aid Training Matara Branch
17:00 meeting 2 trainers Matara Branch
18:30 Tsunami housing program at Gurubebila – Weligama Matara

Tu 15/01/08 Matara – Colombo
travelling

We 16/01/08 Colombo
travel report

Th 17/01/08 Colombo – Gampaha – Colombo
CFA training at Lanka Washing Unit
meeting Chairman + BEO + instructors Gampaha Branch

Fr 18/01/08 Colombo
evaluation report

Sa 19/01/08 Colombo
evaluation report

Su 20/01/08 Colombo
evaluation report

Mo 21/01/08 Colombo
evaluation report
14:00 Mr. Adrian Muttupulle SLRCS
Mr. Upali Amarasekara SLRCS

Tu 22/01/08 Colombo
evaluation report

We 23/01/08 Colombo
evaluation report
10:30 Mr. Adrian Muttupulle SLRCS
Mr. Upali Amarasekara SLRCS
11:30 Dr. Lasantha Kodithuwakku, Programme Officer Community Based Health
14:30 trainers First Aid Training School

Th 24/01/08 Colombo
evaluation report and action plan
13:00 Dr. Lanka Jayasuriya-Dissanayake, Executive Director Health SLRCS
14:30 Mr. Nimal Kumar, National Secretary SLRCS

Fr 25/01/08 Colombo

Definitions[1]

First aid

This is immediate help provided to a sick or injured person until professional help arrives. It is concerned not only with physical injury or illness but also with other initial care which includes psychosocial support for people suffering emotional distress caused by experiencing or witnessing a traumatic event.[2]

First aider

This is a person trained and certified in first aid, who is able to use this knowledge and skills to protect and save lives, as well as to mobilise and assist a community to be prepared to respond to emergency situations.[3]

First aid education

This is an approved programme for providing knowledge and skills in procedures and techniques that require little or no equipment and can be taught to the general public. This programme has defined outcomes and is provided by qualified trainers or facilitators.

First aid certification

This is formal recognition of competence to an agreed standard by an approved national authority. It should be time limited and able to be renewed on expiry.

First aid services

These are planned services provided during public events to respond to potential emergencies. They are established by agreement between the event organizers, communities and the volunteers and staff in their Red Cross and Red Crescent Societies.

First aid in the community (Community-based first aid)

This aims to build the resilience of communities by working with them in an inclusive and flexible approach in first aid. It includes identifying local capacity and vulnerability to common injuries, community health priorities (such as prevention, health promotion and control of common diseases), disaster preparedness and

[1] Red Cross First Aid Policy adopted by the Governing Board Meeting at October 5th , 2007 Geneva.
[2] *European First Aid Guidelines, Resuscitation,* Volume 72, Issue 2, Pages 240-251 (February 2007) developed on behalf of the European First Aid Manual project by the Belgian Red Cross-Flanders
[3] International harmonisation of First Aid: First recommendations on life-saving techniques, International Federation of Red Cross and Red Crescent Societies, 2004

response capacity. It also helps the recruitment and retention of effective volunteers who are close to that particular community.[4]

[4] First aid in the community, a framework for National Society programming, International Federation of Red Cross and Red Crescent Societies, 2006.

Organisation structure in Sri Lanka Red Cross Society

Organisation structure at NHQ level

Dr. Lanka Jayasuriya-Dissanayake, Executive Director Health, manages the Health Division:

Primary Health Care
HIV AIDS
Blood Donor recruitment
First Aid
Psychosocial support
Public health in emergencies

Two staff members and a secretary are involved in the follow up of the daily work on first aid training and they report to the Executive Director Health:

- Mr. Upali Amarasekara, Senior National Coordinator First Aid
- Mr. Adrian Muttupulle, Assistant Program Officer First Aid
- Ms. Nadeeka Wickramage, secretary First Aid

Some of the FA trainings are organised as a Community Based Health program under the responsibility of the CBH Department but with FA instructors of the Health Department.

Organisation structure at branch level

The country is divided into 26 branches.

In each branch area there are governmental administrative Divisional Secretariat Divisions (DSDs). There is a recommendation of the Central Governing Board[5] to establish a Red Cross division in at least 60% of those DSDs and each division should consist of at least 2 (or 3) units. So consists the Ampara District for example of 19 DSDs. The number of Divisions to be established in that area is 11 (60%) and the minimum number of Units to be established is 22 (or 33). There is a Chairman and Committee members at the level of the Divisions and also the Units.

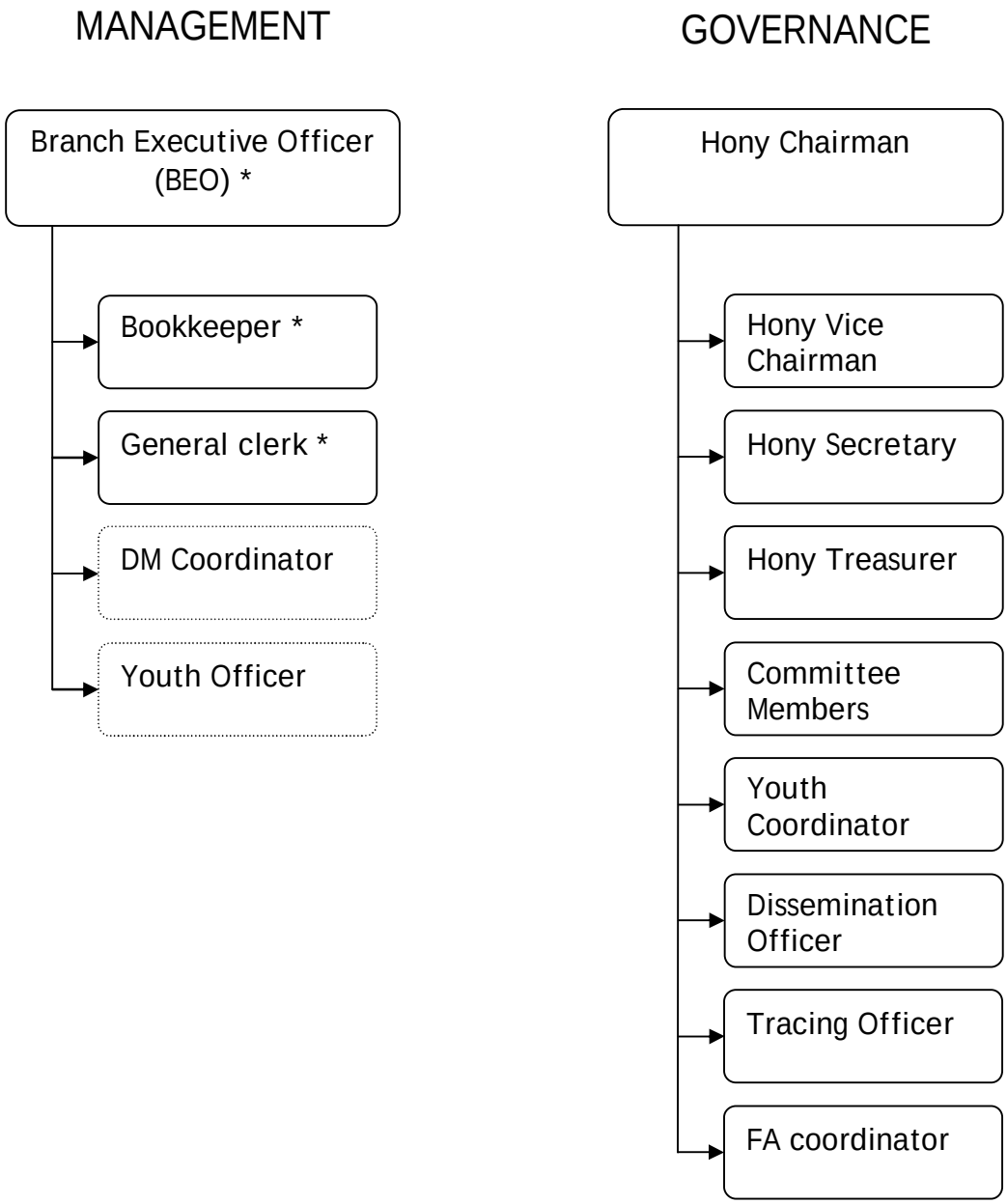
[5] A way forward. For well functioning SLRCS Branch. Central Governing Board SLRCS 2006.

Branch (¤ = visited during assessment)	funding PNS
Ampara ¤	Finnish RC
Anaradhapura	Canadian RC
Badulla ¤	Canadian RC
Batticaloa	Hong Kong RC
Colombo (area but not the city)	Canadian RC
Colombo City	Canadian RC
Galle ¤	Canadian RC
Gampaha ¤	Federation
Hambantota	Amcross
Jaffna	Australian RC
Kalutara	Canadian RC
Kandy	Canadian RC
Kegalle	Canadian RC
Kilinochchi	Canadian RC
Kurunegala	Federation
Mannar	Canadian RC
Matale	Norwegian RC
Matara ¤	Belgian Red Cross-Flanders
Moneragala ¤	Belgian Red Cross-Flanders
Mullativu	Canadian RC
Nuwara Eliya	Norwegian RC
Polonnaruwa	Canadian RC
Puttalam	Canadian RC
Ratnapura	Canadian RC
Trincomalee	Hong Kong RC
Vavuniya	Canadian RC

The management structure has two levels:

- Governance is a volunteer structure and is responsible for the decision taking.
- Management is paid staff and is responsible for the decision executing.

In some branches there is a volunteer FA-coordinator for arranging all practical aspects of the trainings. If not the job is done by one of the FA instructors or the BEO and his administrative staff. In general most of the FA coordinators are not very active. Most of the administrative work is done by the BEO and his general clerk.



Trainings offered by SLRCS[6]

Junior First Aid (JFA)

Age: between 12 and 15 years old
Duration: 13 hours to be completed within 3 months
Examination: within 1 month
Certificate of competence: valid for 2 years
Instructor: registered Instructor of First Aid or teachers with a valid AFA certificate

Basic First Aid (BFA)

Age: 16 years or older
Duration: 19 hours to be completed within 3 months
Examination: within 6 months
Certificate of competence: valid for 2 years
Instructor: registered Instructor of First Aid

Advanced First Aid (AFA)

Age: 18 years or older who have a valid BFA certificate
Also qualified and registered western medical professionals and persons possessing a diploma or degree in nursing from a recognized institution can participate the AFA training.
Duration: 24 hours to be completed within 6 months
Examination: within 6 months
Certificate of competence: valid for 3 years
Instructor: always two registered Instructors of First Aid

Instructor of First Aid

Age: 21 years or older who have a valid AFA certificate
The candidate should be physically and mentally fit. The SLRCS can refuse an application.
Duration: 33 hours in a residential continuous program with 4 days course and 1 day exam.
Certificate of competence: valid for 3 years
Instructor: registered (Advanced) Instructor of First Aid and specialists in their relevant field may be invited to deliver lectures in their chosen field of expertise.

Commercial First Aid - Elementary First Aid

Duration: 6 hours (1 day)
Certificate of participation: valid for 1 year
Instructor: Instructor of First Aid

Commercial First Aid – Fundamentals of First Aid

Duration: 13 hours (2 days)
Certificate of participation: valid for 1 year
Instructor: Instructor of First Aid

[6] First Aid Training Curriculum. SLRCS June 2006

On a longer term some new training could be developed:

- CPR
- triage in case of mass casualty
- EMT training for ambulance drivers
- safety at work
- road safety
- FA for specific target groups (nursery, safety staff, hotel, drivers, …)
- FA refresher courses specific to some economical groups
- FA for the general public

Personally I propose to develop first the actual products and to bring actual organisational level and quality control system to a higher degree.

AIM AND OBJECTIVES

1. The efficacy and efficiency of the planning, management and monitoring of the FA project at the branch and NHQ level.

PLANNING AT NHQ AND BRANCH LEVEL

Findings

At branch level the decision for organising FA training is done by the Committee. In some branches there is a volunteer FA coordinator for arranging all practical aspects of the training. If not the job is done by one of the trainers or the BEO and his administrative staff. In general most of the FA coordinators are not very active. Most of the administrative work is done by the BEO and his general clerk.
The geographical spread of the training over all divisions is the responsibility of the branch it selves. At NHQ level there is no control at all on this requirement.

Twice a year the branch sends its planning to the NHQ but no authorisation is required to start a scheduled training. Nobody at NHQ level checks if the planned courses are really organised. The documents that are used for planning and reporting are not the same and there is no cross-matching of the data.
NHQ itself is responsible for the planning of the training of trainers and the refresher courses for trainers.

Recommendations

In order to get better informed about the mechanism of the needs and the offer of FA trainings, a closer follow-up of the data is desirable.
The role of the FA coordinator must be better defined. A training is necessary to motivate those volunteers and to coach them to assist the BEO and the instructors in the organisation of FA at branch level. A procedure manual could assist the FA coordinator to do the right things on the right moment with the right documents.

NHQ must be prepared to organise more training of trainers to build up the FA training capacity. Creating different levels of trainers involves yearly extra training sessions.

MANAGEMENT AND MONITORING AT NHQ AND BRANCH LEVEL

Finding

Some documents (like the examination report) are printed at NHQ level, sent by post to the branch. There the necessary information is filled in by hand and the document is resent to NHQ where a clerk put the data in a computer file or put the document in a folder to archive.

After each FA training the BEO sends all documents to the NHQ. After approval the money is transferred to the account of the branch. So funding is done case by case.

Actually the data received from the branches are branch per branch archived in folders. Nobody takes care of summarizing or analysing the received data. I learned that a database has already been developed at NHQ level for registration of all activities a RC member has participated in. In that database, fields for registration of FA training are provided but until now no information is put in. The Health Department has actually no access to that database.

Instructors must send their quarterly reports (training given, training followed). Only few did sent them effectively. They receive a reminder but no further action is taken.

BEO sends his standardised monthly branch report to the Head Office. This report contains also information about other activities than FA. The staff members of the Health Department have no access to those monthly reports even though they contain relevant information on FA.

Recommendations

Standard reporting forms for all branches should be developed and computerised. Most of the existing documents can easily be transformed into standard forms (word or excel documents) with blanc data fields. Such a document can be mailed to the branch, filled in using the appropriate program (Word or Excel) and resent by mail. This prevents a lot of work and reduces the risk on mistakes by duplicating data.

Nor at branch level, nor at NHQ level the reporting documents are based on the measurable indicators of the objectives mentioned above. Supervising the realisation of those objectives requires a standardized reporting system on regular time intervals.

I got the impression that essential management information about FA training is not easily accessible at NHQ level or sometimes even missing. If for example one of the measurable indicators is “there is one FA instructor in 50% of branch divisions” than NHQ needs to create a list with ‘all instructors per division’ and not ‘all instructors per branch’. Creating the required reports and updating the data is a time consuming but valuable job for management.

To measure is to know. Management of FA all over the island by NHQ level starts with the easy availability of the data. Only then a good analyse can be done and the right conclusions can be taken. Therefore it is necessary to make an inventory of the desirable measurable values, to develop documents or preferably files to collect those data at branch level and to create queries to make reports of those data. Data collection must cover all branches and all FA activities without exceptions. Only then the ‘data’ on the papers in the archive folders at NHQ become ‘information’ that management can use to check if the goals and the objectives were reached and to take the appropriate decisions to obtain that. It must be well defined who in the organisation gets access to the collected data and who can create, print and distribute reports as they contain crucial, sometimes confidential information.

2. The extend to which the project objectives are being fulfilled, the appropriateness of the activities undertaken in order to fulfil the objectives and the areas of shortcoming or gaps in the project design.

SLRCS defined the goal & objectives for the All Island FA Program:
by the end of April 2008, a high quality and efficient First Aid program has been implemented and established in SLRCS branches and thus, their own capacity is strengthened as well as the capacity of individuals, families and communities to address their own FA needs.

Objective 1: Target SLRCS branches have the capacity to implement quality FA activities.

75 instructors received a training as a Basic FA Instructor.
34 are trained as an Advanced FA Instructor.
24 are trained as a Specialised FA Instructor.
All branches have basic FA materials available.
At branch level there is a paid staff management assisted by a general clerk for all administrative work. A First Aid Training Curriculum is in place. Manuals are being translated and will be soon available.
All those items form a potential value to implement quality FA activities.
Monitoring of the FA activities still can be improved. See also *Monitoring and management on NHQ and branch level* page 15

Objective 2: Branches are implementing FA income generating initiatives.

See *Different approaches on income-generating activities* page 19

Objective 3: FA Training and workshops conducted by branches are according to established standards of best practice.

All trained techniques are based on those of the British Red Cross.
For CPR the European Resuscitation Council Guidelines 2005 are the ruling ones.
Training and examination organisation is based on the First Aid Training Curriculum of SLRCS.

Objective 4: The number of well trained FA instructors per branch have increased and gradual availability of an instructor per branch division is occurring

75 instructors received a training as a Basic FA Instructor.
34 are trained as an Advanced FA Instructor.
24 are trained as a Specialised FA Instructor.

At NHQ level there is no information available about the geographical spread of the instructors in the divisions. NHQ people indicate this is the total responsibility of the branches so they don't have to take care of it. I suggest better monitoring of the evolution of the number and availability of instructors is done by the NHQ level. During my visit to the branches I got the impression that branches not really care about the required geographical spread. They argue that potential instructors are selected on their knowledge and training capacity, not on the location they live.

Objective 5: FA activities are integrated in to all community-based branch programs

See *How effective and coherent is the project's integration* page 34

3. Different approaches of income-generating activities: factors affecting success, obstacles and threats. Comment on the long-term sustainability of the income-generating ventures on branch level.

APPROACH OF INCOME-GENERATING ACTIVITIES

Findings

As far as I have seen during my visits, the branches have a different approach on fundraising. Some are active in fundraising with different activities and even some important income generating activities such as renting the training accommodation or renting a tractor to a sugar company. Other branches focus only on small income generating activities like sticker selling on major activities. It seems that not all branches are yet aware of the upcoming ending of sponsoring of the activities by the PNSs in the period 2008/2009.

Recommendations

If branches don't understand that major income-generating activities are vital for the sustainability of the projects, they will get in problems.
NHQ must create a strategy for fundraising. Which fundraising activities are organised at NHQ level and which ones at branch level? What kind of fundraising activities are desirable? Sticker selling is time consuming and gives low benefits, but the access to the general public is easy. NHQ must make an inventory of key activities for fundraising and decide on linking the fundraising-activities to a Red Cross activity field or not. Maybe in that strategy the renting of a tractor to a sugar company would not be seen as a desirable RC fundraising-activity because there is no direct link with the Red Cross.

NHQ must also create guidelines for fundraising at branch level based on the national strategy. But that's not enough! NHQ must also provide an intensive training and coaching of those who are responsible for fundraising at branch level. Basic materials for dissemination must be developed at NHQ level. One of the tools could be a Red Cross portfolio to present the organisation to potential sponsors: who is SLRCS, why do we need money, how will the money be used, who helped us already.
I'm not a marketing expert so I can not recommend a strategy. Maybe training by a PNS with experience in income-generating activities must be organised for a responsible staff member at NHQ level.

For fundraising purpose many items can be selected for selling:

- useful first aid product such as first aid boxes and first aid kits (already available)
- low budget Red Cross products for selling to young people in schools and during major activities (pencil, reflective safety tapes, strips or games about health and safety, ambulance toy, …)

BRC-F organises every year in April-May the "two weeks of the Red Cross". On that occasion all the volunteers sell stickers to the general public on the streets and at

public places. At the same time a lot of small Red Cross products are offered to children in schools. Both activities are time consuming for the volunteers but are very important fundraising-activities for the local branches.

MEMBERSHIP[7]

Findings

Membership is a tradition in SLRCS. Actually there are different levels of membership:

- Kekulu membership (6 – 11 years)
- Junior membership (12 to 17 years)
- Youth membership (18 – 23 years)
- Active membership (+23 years)
- Supportive membership (+23 years)
- Life membership (+23 years)

The fee for active membership is 10 Rp per year (only 5 Rp for those -23 year).
The Life membership can be obtained paying a fee of 10000 Rp.
The membership (+23 y) target is 0.3% of the total population in the area.
Membership cards are produced at branch level and are been numbered and there is a national registration of all members. The membership number is used to identify participants of FA trainings.
For example: B21/ACT/887/08 = branch/active/number/year.
Members are allowed to vote the chairman and committee members at branch level.

Recommendations

I understand that SLRCS wants to keep the price of a membership card to a reasonable level so there is a low threshold to obtain it. But it seems to me a very low price. Would it be acceptable to increase this membership fee?
Also the goal of 0.3% of the total population seems to me rather low.

REAL COSTS OF FIRST AID TRAINING

Findings

Refreshments (morning and afternoon tea and lunch) are incorporated in the costs of first aid training (see *Appendix* page 49).
In BFA it is 11250 Rp on a total of 39550 Rp (= 28.44%).
In AFA it is 15000 Rp on a total of 78750 Rp (= 19.04%).

Recommendations

I agree offering refreshments free of charge can be an incentive to convince potentials. But the percentages of the real costs are in my opinion too high compared to the money available for the key activity. I suggest to stop distributing

[7] A way forward. For well functioning SLRCS Branch. Central Governing Board SLRCS 2006.

free drinks and food amongst the participants and invest this money in training materials or dissemination materials.

4. Project aspects requiring improved coordination and collaboration between project activities and those of key stakeholders.

COMMUNICATION AND RESPONSABILITIES

Findings

In the branches I visited the stakeholders (Chairman, BEO, FA coordinator, instructors) told me that the internal communication goes most of the time rather smoothly. I got the impression that there is a big difference between branches in their approach of external stakeholders (government, companies, …). Here it is less clear who is responsible to detect and maintain the contacts with potential external stakeholders.

Recommendations

A description of the roles and the responsibilities of every function in SLRCS is necessary to prevent overlapping and to prevent that certain tasks are not executed by anyone. A job description must include the limits of the responsibility and the management level to report to.

SELECTION OF THE TRAINERS

Findings

Actually potential instructors are selected amongst the good participants of the AFA training. Most of the branches told me the selection of potential instructors is a shared responsibility between instructors, FA coordinator, BEO and Chairman. Actually there are about 75 instructors for the whole island.

Recommendations

Considering CFA as an important fundraising activity for SLRCS the number of the trainers must be increased. See *Quantity and quality of trainers* page 42

TRAINING OF THE TRAINERS

Findings

The actual training of trainers is organised in a 5 day continuous program with a 4 day course and the exam on the 5th day. I have not participated a training of the trainers but the curriculum seems ok to me. NHQ organises sometimes refresher courses for the trainers. Instructors are encouraged to participate those update training but if they don't there is no consequence. An advanced trainer of British Red Cross organised a specialised training for 24 instructors in May 2007. They were selected based on advise of the branch and by interview. It's the intention to involve those specialised instructors in the training of trainers.

Recommendations

Training the trainers is one thing. Still more important is the coaching of them as soon as they start with training. I agree that in many branches the more experienced instructors will take the responsibility to coach the newer ones. Until now the capacity and the structure of the department does not allow to coach the trainers in a formal and structured way.

With different levels of first aid trainers it must be emphasised that a good definition of their role is necessary. At least 3 levels of instructors should be developed and maybe 4 is probably best in the long term. Follow up of the evolution of the number of active instructors for each level must be monitored accurately by the NHQ level to take the right actions timely (looking for new potentials, organising new instructor training).

Basic FA instructor:

pass: Basis FA Instructor course
coached during his first BFA training
teaches: BFA
assist-teaches in: AFA
assistant-examiner in: BFA

Advanced FA instructor:

pass: Advanced Instructor course
coached during his first AFA training
teaches: BFA and basic CFA and AFA
assist-teaches in: CFA
examines: BFA and CFA
assist-examiner in: AFA and CFA
monitors: BFA instructors

Senior FA instructor:

pass: Advanced Instructor + pass a specialised course + selection by NHQ
teaches: BFA, AFA and CFA
examines: BFA, AFA and CFA
assist-teaches in: master and specialised and ToT courses as requested by NHQ
monitors: BFA and AFA instructors

Master FA instructor:

pass: Advanced Instructor + several specialized courses + selection by NHQ
teaches: all courses including ToT and specialized courses.
examines: all courses
monitors: all instructors – allowed to do site visits for evaluation

Introducing this level differentiation, the First Aid Training Curriculum must be updated as it mentions actually only one level of instructors.

QUALITY CONTROL

Findings

Overall quality is guaranteed by the SLRCS Health Policy Board (volunteers and staff members) who takes all decisions about health topics. The chairman and some members are medical doctors.

Mr. Upali Amarasekara is at NHQ involved with the quality control. But he is very limited in tools and time.
The evaluation forms[8] are available at branch level in English, Singhalese as well as in Tamil. After completion they are being discussed on branch level and the branch put them in a folder for archiving purposes. During visits to the branch, NHQ staff member can ask to check those evaluation forms. Until now the evaluation forms do not have to be sent to NHQ but from this year on it is obligatory. The two staff members will summarize them. If branches do not send the evaluation forms they will get a warning.

Yearly, Mr. Upali Amarasekara is only able to visit one branch every three months. That is not enough to cover the need for evaluation of all 26 branches. Most of his information he receives during his presence as observer of exams but that is not considered as a formal quality audit of FA at branch level.

An evaluation form for the instructor has been developed but is still not in use[9]. In my opinion this document is not user friendly because there are about 100 boxes for input on 1 A4-sheet. The lay out does not allow to fill it in clearly.

Recommendations

A strategy for monitoring quality of training must be developed. The availability of the summarised results of the evaluation forms of the participants on NHQ level is already a step in the good direction.

For monitoring the quality of training of the instructors (knowledge, training skills, communicational and social skills,…) a coaching system (various instructors coach each other) offers good opportunities (see coaching system proposed on pag 23). This job can not be done by one staff member responsible for quality control at NHQ level. It's a role of NHQ to do random visits to verify that the coaching system is actively used and functions properly.

[8] 14 multiple questions and 1 free text field for 'any other comments'
[9] Worksheet for monitoring First Aid Instructors performance in delivering of First Aid Training and branch level arrangement. SLRCS

5. The quality and appropriateness of current skills, materials and methods, skill transfer from trainer to trainee (training of volunteers as well as trainers).

TRAINING MATERIALS - GENERAL

Findings

All branches (except Hambantota[10]) received in 2006 a standard package for FA training which included FA training materials. In 2007 and 2008 the FA support for the branches included only the FA training but did not include new FA training materials (see *Appendix* page 47). The branches got the FA training materials to start trainings.

Recommendations

Branches are actually stimulated by the funding for the FA training. As soon as the funding stops it is not sure the same drive to organise FA training will be present in all branches. They need a benefit as stimulation to organise FA training or an obligation to do it. Benefit does not necessarily mean a financial benefit. Also new volunteers for FA services can be a benefit for a branch. NHQ has to develop a strategy how to cope with this changing situation.

TRAINING MATERIALS - DUMMIES

Findings

Every branch has at least one dummy for CPR. Most of the time it is a half body dummy. Some of the branches have 2 dummies. Actually the maximum number of participants is 25 for all training.

Recommendations

Training CPR takes a lot of individual time. Training is mostly done with one dummy and one trainer. That means that only one student can be trained at the same time. The 24 other participants have to wait until it's their turn. A high risk occurs by using only one dummy. In case of a technical problem, no alternative is available. So in my opinion at least two dummies must be available in every CPR training.
It has to be considered that it might be better to have more but less sophisticated dummies. An experienced instructor does not need dummies with printer functions or electronic registration of volumes of breathing or depth of compressions. Even if a full body dummy is closer to reality, it is not essential for the quality of a CPR training. Especially when budgets are limited more but less sophisticated CPR dummies should be promoted in the branches. More and more suppliers offer those less sophisticated dummies for large trainings.

[10] AmCross has refused to sponsor this branch in 2006. Actually they use their own but old training materials. New discussions for sponsoring are going on with HKRC and CRC.

Some branches indicated their wish to obtain a baby or a junior CPR training dummy. Because international guidelines actually advice to train the general public only with one CPR-technique for adults as well as for babies and children[11], it is not really necessarily to have those dummies available at each branch level. It makes a difference when SLRCS will develop also a dedicated CPR training for people 'with a duty to respond'. They are people who have the responsibility of taking care of babies and children in their professional or personal time. For those people adapted techniques for CPR are recommended and in this case a baby or a junior dummy is more appropriate. Actually SLRCS does not make a difference in training baby or junior CPR techniques depending on the fact if the participants have a 'duty to respond' or they have not. Instructors always teach the five initial breathings (as well as in case of drowning) and the two fingers and one hand compression technique for baby or child CPR.

TRAINING MATERIALS – OHP AND TRANSPARENCIES

Findings

All branches have an overhead projector (OHP) available. This device was not in the FA package but provided by the OD program (as well as computers).
An OHP is a good device for use in the own training facility. The volume and the weight make an OHP less practical for training in remote training rooms. Instructors told me that most of the companies where a CFA was organised have an OHP available so that transportation was not necessary.
The transparencies used are those of the British Red Cross[12] or handwritten by the instructor.

Recommendations

Developing transparencies is quite an expensive business. On long term they will disappear due to the technical evolution of the multimedia market. SLRCS has to decide whether they continue developing transparencies, multimedia products or even both. In my opinion it is not necessary to develop too much transparencies, they must be well selected and contain only essential information or pictures. Transparencies stimulate an instructor into a lecture training technique which is less desirable for a practical first aid training. In a first stage the British transparencies can still be used but on long term SLRCS needs to develop its own (in Singhalese and Tamil).

TRAINING MATERIALS – BLANKETS AND STRETCHERS

Findings

All branches have blankets and stretchers available for their training even though they were not included in the standard FA material offered by SLRCS. They use the blankets and stretchers available for their First Aid Services.

[11] Based on the CPR Guidelines of the European Resuscitation Council 2005. SLRCS applies those guidelines.
[12] First aid training resource pack – March 2006 – © British Red Cross

Recommendations

The blankets are used to protect the participants from direct contact to the floor for their comfort and hygiene. Attention must be given to the general maintenance of these blankets (washing them regularly and repairing defective ones or even replace them).

TRAINING MATERIALS – TRIANGULAR BANDAGES

Findings

Neither triangular bandages were included in the standard FA materials offered by SLRCS. They were offered separately by the NHQ to the branches who requested for them. They got a package of 100 triangular bandages. The model was developed for the World First Aid Day 2006. On the triangular bandage there is printed information on it: emblem of the Red Cross and SLRCS, principles of the RC, pictures of knotting and application of the triangular bandage. So it make this training material very attractive.

Recommendations

Due to repeated use the triangular bandages need some cleaning time by time, repairing defective ones and even replacing some of them. Those training materials have a limited life span. It's not good for the image of SLRCS to use dirty or worn out materials. BRC-F offers a triangular bandage to every participant at the start of a CFA training. They use them during the training but afterwards they can take them home for further training or put them in their first aid box. This guarantees that always new and clean triangular bandages are used during the trainings. In that case the price of the bandage must be included in the all-in training fee (for CFA).
SLRCS needs to renew bandages on a regular basis as they expire.

TRAINING MATERIALS – MANUALS AND HANDBOOKS

Findings

Actually participants of first aid trainings of SLRCS do not receive any handbook or manual. [13] Every participant receives a notebook and a pen at the start of the training to take his personal notes. In some cases the instructor gives them the handouts of a presentation. There is an existing demand for a first aid manual from the side of the participants as well as from the instructors. In all contacts it was clear that the manual must be available in English, Singhalese and Tamil.
The content of the training and the techniques used in the training are all based on the first aid manual of the British Red Cross. SLRCS received the authorisation to translate this manual into both local languages. The translation has already started. NHQ is waiting now for the photo shooting sessions which are planned. At the end of March the translated manuals will be available. Actually NHQ has no idea about the selling price of the manual because the real costs are not known.

[13] Handbook: for easy first aid, without theory - Manual: for advanced first aid, including theory

Recommendations

It seems to me strange that NHQ does not know the real costs for the development of translated manuals. Normally you start with a business plan in which the goals, the costs and the benefits are described in detail. Only after approval of this business plan you got a green light from the management to start the job.
As soon as the manual is available he can be offered in the BFA, AFA and CFA trainings. Has SLRCS a budget to offer this manual free of charge to all participants of the BFA and AFA training?

SLRCS must take a decision whether to incorporate the price of the manual in the training fee for CFA or not. I suggest not to do that because certificates are only one year valid. When the company organises a refresher training next year some participants would receive a manual they already have. For that reason, manuals should be sold separately to participants of the trainings.

Actually NHQ can't give me an idea about an acceptable price for such a manual.

Selling the first aid manuals to the general public is also an income generating activity for a branch. In BRC-F the NHQ sells the FA manual to the branches and receives a small benefit. The branch may sell the manuals at a higher (but fixed) price to the general public so that the branch earns also some money on this transaction. This is a very stimulating factor for the branches.

TECHNICAL KNOWLEDGE OF THE INSTRUCTORS

Findings

It's difficult for me to evaluate the technical knowledge of the instructors because of the language barrier. Because I don't understand their language I'm only able to evaluate the techniques I have seen. My single remark is on the technique of the recovery position. In three trainings I have never observed the casualty's mouth was pointed to the ground level. All of them were looking to the ceiling. One of the aims of the recovery position is to prevent suffocation by blood, saliva or vomit. If the head is not positioned with the mouth pointed towards the ground, these fluids can still block the airway. I agree that this point of the recovery position is not really accentuated in the British Red Cross manual but in my opinion it is important.

Recommendations

See *Training skills of the instructors* page 28.

TRAINING SKILLS OF THE INSTRUCTORS

Findings

During my assessment visits I only have seen a small number of the instructors during real training sessions and always during only a short period. That's not an ideal situation to make general conclusions on all the instructors. Nevertheless I

have seen quite different training skills. One of the trainers had an excellent approach to the young participants. He was very enthusiastic and transferred it to his audience. He was talking with all his body, spoke with a variety of intonations, moved around in the training room, addressed himself to every participant, was funny but required seriousness when necessary and did not tolerate chaos in the group. He stimulated the participants to tell what they knew already. He corrected if necessary and added what was missing. Even in the short time I have seen him, he used different training techniques: questions and answers, group discussion, teaching by a participant, breathing exercise and even singing. For sure this instructor is a good coach for other instructors to train them in active and varied methods. One of the other trainers I have seen was the opposite of the first. He stands in front of the training room with little movement, spoke with a very monotonous and soft voice, didn't look directly to the participants and showed little emotion on his face. This was really a very introvert instructor. Maybe he was a little bit nervous due to my visit but nevertheless a trainer must be able to cope with such a situation.

Recommendations

On a regular basis advanced instructors have to visit FA trainings and make an evaluation of the skills as well the knowledge of the instructor. This evaluation must lead to a personal development plan which includes the measurable actions to build up the training skills or knowledge of that specific instructor.
If the advanced instructors observe frequently the same short comings / issues, they must put them on the schedule of the next refresher meeting of all instructors. It must be emphasised that evaluations are not done just to control but to coach the instructor to a higher level. An open mind and good communicational skills are necessarily for success of this strategy.
Introducing and developing active and varied training techniques in a short time is a challenge for all instructors.

In my opinion theory still has a too prominent place in the schedule of the first aid trainings. Most instructors confirm that trainees must have some basic knowledge about anatomy and physiology. Is that really so? Is it necessary a first aid provider knows that the diaphragm goes down during inspiration or that the right site of the heart pumps the blood to the lungs? I agree it's good that everyone has a basic knowledge but I don't think that acquiring this is an aim for a first aid training. The available time can be better used for more practical training / exercises, especially during simulated cases.

SIMULATION

Findings

I have seen only one training session with wound simulation. It was a training of wound care. Before the training, the instructor prepared some simulated wounds to various participants. One by one they were asked to sit down on a chair in front of the training room. The instructor explained what type of wound was simulated and used at the same time also a transparency. All participants sat on their chair so

they have not seen the simulated wound in detail. Neither the simulated wound was used for a simulated case. Compared to my own experience with simulation in Belgium, this one was low quality and not really realistic. In this case the trainer didn't get the maximum results out of the power of simulation.

In May 2007 one simulation training was organised by British Red Cross for 24 instructors. That PNS sponsored the materials. Further on all instructors are responsible for their own simulation materials and they have to pay themselves for the replacement of the used materials.

Recommendations

Simulation is for sure a good didactical tool. It consists of three major points: simulation of wounds and symptoms, the accident setting and acting. All of them are important to obtain maximal result of simulation. During my visit I only have seen the first one, simulation of wounds. A trainer can't do all those things whilst training. Neither a participant is trained in acting. So for maximal result someone dedicated to simulation is needed in the training room.

Due to the first simulation training there is already the awareness that simulation is a good tool for FA training. This can definitely be a good marketing tool to differentiate the Red Cross from the competitors. But the level must be ameliorated and quality control must be established.

When SLRCS confirms that simulation is an important didactical tool for FA training, it must invest in the development.

6. The extent to which the examination results reflect actual ability of the trainee. The extent to which a 'pass' or 'fail' constitute a satisfactory or unsatisfactory standard of ability. Comment on the ongoing engagement of SLRCS of those who fail the exam.

Findings

Exams are organised four times a year (BFA) or twice a year (AFA) in a central location at branch level.

Examination consists of a written, an oral and a practical test. The written exam uses the minus-system that drops down the points of medium candidates.

Actually the pass rate of the exams is very low. I got the numbers for the whole island BFA exams in the year 2006 and partially 2007 and made some calculations to proof the poor results in percentages (see *Appendix* page 51)

	% of total number of candidates	% of total number of participants of exam
5505 candidates	100%	
3250 did not participated to the exams	59.04%	
2255 participated to the exams	40.96%	100%
1329 passed	24.14%	58.94%
926 failed	16.82%	41.06%

Roughly one in four (24.14%) of the total number of the starters of the trainings get a certificate of BFA. Also a low percentage of those who participate in the exams get a certificate of BFA (58.94%).

fail %	number of branches
0 – 25%	6
25 – 50%	11
50 – 75%	5
75 – 100%	4

	based on the number of starters of the training	based on the number of participants of the exam
highest fail rate	Colombo City (65.71%) Jaffna (54.17%) Puttalam (29.20%) mean all districts (16.82%)	Mannar (100%) Trincomalle (93.1%) Colombo City (92%) mean all districts (41.06%)
highest pass rate	Kalutara (63.49%) Vavuniya (55.95%) Mullative (53.61%) mean all districts (24.14%)	Ratnapura (94.12%) Vavuniya (96.00%) Mullative (82.54%) mean all districts (58.94%)

Recommendations

Regarding those results, two action points must urgently be developed:

1. raising the number of participants to the exams
2. raising the rate of passing the exams

Raising the number can be obtained by different approaches.
The time gap between training and examinations is at maximum three months but this is too long. A maximum of one month would be more reasonable.
The distance is also a negative factor for some of the participants. Examination in the place were the training was held seems to me an acceptable solution.
Also motivation is a crucial factor for participation to exams. This is for sure the most difficult factor to resolve. But by selecting motivated candidates is already a step in the right direction. Candidates will be more motivated if both other aspects (time gap and distance) are acceptable.

Raising the rate of passing starts with the selection of the right candidates. Actually there is not yet a profile description. Also missing is a guide with the expected skills and knowledge at the end of a BFA and AFA training. This must be developed urgently.

Most of the people I interviewed, find a written examination necessary. This is not my personal opinion. In first aid someone must be able to do the right actions to help the casualty, to call the emergency services, to give instructions to bystanders, … . I don't believe a written examination is necessary to test those skills.

On the other hand checklists are a very good tool to evaluate the candidates in the practical examination but they are not yet available at SLRCS.

7. The efficacy and coverage of the training delivered. The changes in behaviour of individual training recipients. The level of 'beneficiary satisfaction'. Outline of the anticipated impact of the training on the target communities.

Findings

Due to the limits of my timetable for visits and interviews I had unfortunately no chance to discuss this item with participants of trainings or community leaders.

8. How effective and coherent is the project's integration?

Findings

SLRCS organises Community Based Health (CBH) programs.
The Health Director selects the most vulnerable communities to work with. In those communities a group of volunteers is selected, not necessarily Red Cross volunteers (mostly even not). The Red Cross branch is involved in selecting the volunteers for the CBH program. The first activity of such a CBH program is the organisation of a BFA training.
CBH programs covers also other activities such as water sanitation, nutrition, diseases (dengue), disaster management, HIV prevention, …
First Aid training in a CBH program is not done in a classic classroom setting. There is no theory, just doing it. It's a continuously activity adapted at the local possibilities of the community and the local situation. In a farming community more attention will be given to snake bites and poisoning by pesticides.

For all FA trainings within the CBH programme a Red Cross FA instructor is involved but he does not receive a fee. But in the community they look for a 'second line instructor', someone from the local community who will be able to give information on first aid when the skilled FA trainer is not available. No other organisations are involved in FA in CBH programs.

All FA activities are gender mixed organised. Trainers told me that the percentage of both genders must be approximately the same. This statement is confirmed by the average values for the 5 courses I visited:

	total	female	%	male	%
Badulla	24	7	29%	17	71%
Monaragala	22	9	41%	13	59%
Ampara	20	11	55%	9	45%
Matara	26	19	73%	7	27%
Gampaha	11	9	82%	2	18%
total	**103**	**55**	**53%**	**48**	**47%**

Promoting the humanitarian values is part of the FA curriculum of SLRCS for all training of volunteers (JFA, BFA, AFA and Instructor First Aid) but not in CFA training.

Recommendations

NHQ must take care that also the quality of the FA training in CBH programs is guaranteed. Because the organisation of that FA is not that formal as at Branch level, it will be more difficult.

For gender issues I did not detect problems. I met female participants as well as instructors, BEO and FA coordinator. But I still have the impression that female are not equally represented in the higher levels. On 75 Basic FA instructors I found 20

females (27%) and on 34 Advanced instructors I only counted 7 females (21%) and only 5 females on 24 Specialised instructors (21%). Specific attention must be given to equal distribution of genders on all levels.

COMMERCIAL FIRST AID AT BRANCH AND NHQ LEVEL

Legal framework of commercial first aid.

Findings

Actually there is no legislation to make first aid obligatory in companies. An important reason for organising CFA is the obligation by international business partners to fulfil health and safety policies.
About the obligation to have a FA certificate for some driver licences I got contradictory information. Some told me for some driver licenses you need to present a FA certificate while others told me this was not the case. Further investigation has to be done.

Recommendations

An important job for a CFA coordinator is to prepare a dossier for government with a demand to create a legal framework for CFA. In many countries such a framework exists for companies with a high number of employees or in specific sectors with higher risk.
It is not necessary (even undesirable) Red Cross gets a monopoly to organise CFA. But the government needs to declare officially that SLRCS is the leading organisation to determine the training curriculum for commercial first aid so that CFA training all over the island, even done by a competitor, leads to the same quality level.

Number of courses organised yearly.

Findings

After several demands I did not get sufficient information about the number of courses (JFA, BFA, AFA and CFA) organised per branch. In my opinion this is very basic but important management information that is missing at NHQ level.

Recommendations

Making what-if calculations is not possible without this information. Most importantly a system for collecting those numbers must be developed.

Existing management structure at NHQ and branch level.

Findings

At NHQ level CFA is supervised by two staff members.
Mr. Adrian Muttupulle is responsible for all financial follow up and the contacts with the PNSs.
Mr. Upali Amarasekara is mainly involved in the training of the instructors and quality control.

Most of the branches have a volunteer FA coordinator for all practical arrangements. If he is not available one of the instructors or the BEO and his clerk are doing this function. For CFA the BEO is responsible for all financial aspects.

Recommendations

Actually CFA is organised by SLRCS on a low level. To upgrade this activity a CFA coordinator is needed.
He[14] will take care of all administration, financial activities, quality control and development of CFA at NHQ level. He prepares dossiers for the government concerning CFA (for example to prepare a legislation for first aid in companies). He is the bridge person with the marketing and communication department to promote CFA. He coordinates a SWOT analysis of CFA activities to advice on the marketing strategy. He follows actively the evolution of the training market especially what's going on concerning CFA. He visit at least once a year every branch to evaluate their management of CFA. He is responsible for the follow up of the participants evaluation forms and the evaluation reports of the instructors. He follows the evolutions in first aid and shares his experience with the other staff members involved in first aid at NHQ level. He organises specific trainings for the instructors on CFA matters. He visits on a regular base the existing but also potential clients for CFA and participates actively in dissemination of CFA. For all this tasks a full time equivalent at NHQ level is in my opinion necessary.

Existing arrangements between NHQ and branches on funding of investments costs, profit sharing, …

Findings

Twice a year the BEO sents the planning of the FA training to the NHQ. There is no approval of this planning by the NHQ. Funding is only done for the maximum number of trainings mentioned in the packages for that year. More training must be financed by the branch itself.

The branch is responsible for the replacement of single use or defective materials (gloves, plasters, lungs of the CPR dummy, …).

Actually all benefits of CFA stay in the branch. For branches in economical interesting areas CFA could be an important income generating activity. It's a pity not all branches are in that favourite position.

Recommendations

Because of the high costs of the support at NHQ level (1 full time CFA coordinator) a percentage of the profit of CFA trainings must be dedicated to the NHQ level. Introducing this principle at the same moment as increasing the price of CFA, branches will accept it more easily when that percentage is included in the new supplement. Example: when SLRCS fixes the new price for CFA at 15000 Rp a day the branch can keep 9000 Rp (60%, this is the actual amount + 1500 Rp) and the NHQ receives 6000 Rp (40%). This is an example to explain the principle but does not reflect my opinion on fair percentages. They must be determined based on an

[14] 'He' can everywhere also be read as 'She'. For practical reasons we only use the male form.

acceptable new price for CFA, the costs and benefits of the total number of targeted CFA trainings next year and the real costs of the implementation of a CFA coordinator. In BRC-F a branch keeps about 67% of the income generated by a CFA training but this is only for your information because the situation is completely different in both countries.

I suggest to open one account number at NHQ level for all payments of CFA training all over the country. That makes it easy to communicate in dissemination materials. The Finance Department is in this setting responsible to pay the money into the account of the branch as soon the Training Department gives them a green light after receiving all obligatory reports and listings.

Maybe a percentage of the income of CFA can be put into a fund supervised by NHQ to support branches in areas with low economical activity and low number of potentials for CFA. A good procedure must be developed to determine the rules to use the profits of this fund. Actually branches are not yet requesting such a fund.

Marketing activities and skills at NHQ and branch level.

GENERAL

Findings

Actually NHQ has not yet organised national marketing campaigns to promote CFA. Some branches send dissemination material to potential clients. Other ones organised a meeting or had personal contacts. Dissemination material is developed in the branch because it is not available at NHQ level.

Recommendations

It is absolutely necessary to develop dissemination material at NHQ level to be used in the branches. This prevents a wild growth of information on CFA, which is undesirable.

THE MISUSE OF THE RED CROSS EMBLEM

Findings

Actually there is a huge misuse of the Red Cross emblem in Sri Lanka. All over the country you can find easily the Red Cross emblem as a signboard for a pharmacy, dentist, medical doctor, eye clinic, first aid material, … . Also a lot of lorries are marked frequently with the Red Cross emblem even though the vehicles do not belong to our organisation. Even other NGO vehicles are marked with a red cross. This creates a major Red Cross identity problem. Using the Red Cross emblem is not enough to prove quality or to identify uniquely the organisation. Fortunately the NHQ is aware about this undesirable situation. Recently a dissemination folder is developed.[15]
Recently 3 or 4 branches started sweeping their area to disseminate the folder. On sweeping there own community they contact local people misusing the Red Cross

[15] The emblem of the Red Cross is a symbol of neutrality. Its misuse is a punishable offence. Folder of the SLRCS

emblem. They offer immediately a solution free of charge, a sticker with the correct emblem. After their feed back, strategy for further actions will be developed by the marketing department.

Recommendations

For Commercial First Aid the Red Cross is a good marketing tool. But as mentioned above the use of the emblem must be limited to the organisation itself. In my opinion a big campaign must be organised to ban all the misused emblems in short of time. If not this will be a never ending story in this country. It was also my idea to develop stickers with the correct symbols but for all applications (medical & pharmaceutical, hospital, first aid) and in different formats. Selling those stickers could be an incoming-generating activity for the branch. In this setting the RC even benefits from the ending of the misuse of his own emblem.

This is only the first step, the soft approach. Those misusing the emblem and not willing to change it immediately must be contacted by the branch in a more formal way by an official letter to announce further actions.

On the other hand it must be emphasised that the use of Red Cross identifying attributes (jackets, cap, pins) must be limited to the Red Cross volunteers during their Red Cross activities. During my visit I have seen twice people on the street, wearing RC caps of the Psychological First Aid Team and t-shirts of SLRCS when they were out of duty.

BRAND NAME OF COMMERCIAL FIRST AID

Findings

Actually SLRCS use the name 'Commercial First Aid'. In fact the name Commercial First Aid covers two training levels: 'Elementary First Aid' and 'Fundamentals of First Aid'. Those names do not indicate they are a level of Commercial First Aid. Even on the respective certificates there is no mentioning of 'Commercial First Aid'.
For Commercial First Aid SLRCS uses the letter abbreviation CFA. In some RC publications I found this abbreviation also for 'Central level First Aid'. But a more important objection for the use of this abbreviation is because it stands also for 'Ceasefire Agreement'.

Recommendations

A good alternative for the brand name Commercial First Aid is maybe Occupational First Aid (OFA) or First Aid in Companies (FAC). To identify the training from those from the concurrent, it not bad at all to incorporate Red Cross in the name: Red Cross Occupational First Aid (RC-OFA) or Red Cross First Aid in Companies (RC-FAC).

The selected name must be mentioned on all documents, manuals, certificate, letters, dissemination products, … so that it will become a real concept.

Maybe SLRCS can consider the development of a signboard for the main entrance of companies to identify those who trained their employees in first aid by the Red Cross. The international emblem for first aid (white cross on green box) must be

used on this signboard in combination with the emblem of SLRCS as the provider of the training. As Sri Lankans pay a lot of attention to awards and banners, this can be an incentive for a company to differentiate themselves from the concurrent. This signboard can be used for putting pictures on it of the trained first aid providers.[16]
Offering this signboard is not necessarily free of charge and can be submitted to some criteria such as a minimum percentage of the employees to be trained, a yearly refresher course during e.g. a minimum period of three years and the availability of sufficient FA boxes (sold by the RC?). In this case the signboard could be used as a quality mark of first aid in the company.

Existing and new customers.

Findings

Most of the branches contact the bigger companies such as garment factories, estates, sugar factories, companies in a Free Trade Zone, … . Also schools and NGO's are major potentials for CFA training as well as governmental organisations. An important reason for organising CFA is the obligation by international business partners to fulfil health and safety policies.

Recommendations

For marketing purpose it's necessary to have an inventory of potential clients. So this list must be developed by every branch and must contain the name of the branch, type of activity, number of employees and other relevant information. One of them is for sure the name of the 'decision maker' for CFA training. That person must be convinced about the necessity of first training in the company. Personal contact is time consuming but valuable.

SLRCS selling prices for CFA training.

Findings

For the *Elementary First Aid* training (1 day CFA training) the company pays 7500 Rp for 25 participants.
For the *Fundamentals of First Aid* training (2 days CFA training) the company pays 15000 Rp for 25 participants.
This price is an all in price and covers the trainer, the travelling cost of the trainer, the use of didactical materials (CPR dummy, OHP and transparencies, triangular bandages, blankets, simulation) as well evaluation and the certificates.
With the maximum number of participants the SLRCS training cost per participant is 300 Rp.
The selling prices are always fixed prices, there is no refunding in case of less participants.
Travelling costs are never invoiced to the company.
In CFA there is no fixed instructor fee or travelling reimbursement for the instructor. It's up to the branch to determine the amount but mostly they use the same tariff as in BFA and AFA.

[16] Based on an example seen at my visit of Lanka Washing Unit in the Gampaha area.

Recommendations

For sure the actual price for CFA is too low. For the price of two tuk-tuk drives for example a company can train one employee during one day in first aid. This is definitely too low. It's a general feeling the actual price can be augmented. Someone told me that 12500 Rp is still too low for a one-day training. Maybe the price must be compared with a general computer or English training as those trainings are most frequently organised. A market study must be done by someone of the RC or an external company to determine an acceptable fee for CFA.

A financial risk analysis is necessary before starting up the CFA project. During my assessment information about the total number of CFA trainings was not available so I can not advise on this topic.

As the price for CFA goes up, all branches must be able to pay the same instructor fee and travelling reimbursement to all instructors. It's not a preferable situation when instructors receive in some branches more fee than in other ones.

Available materials(didactical materials, training venues, …).

The materials for CFA training are exactly the same as for BFA and AFA training.
See *Training materials* page 25

Financial management skills and existing structures.

Findings

BEO is on branch level responsible for all financial transactions of CFA. The bookkeeper (= paid staff member) is involved in the practical aspects while the Hony. Treasurer (= volunteer) keeps an eye on all transactions. Some branches have a different account number for income generating activities such as CFA but this is not obligatory.
On NHQ level one staff member is responsible for the follow up of financial transactions for CFA. All invoices and payments must be approved by the Executive Director Health.

Recommendations

Actually a part of the training (and in some branches even all of them) are funded by PNS support. In 2008/2009 this support ends and at that moment the branch must be able to organise the FA training with their own budget. I my opinion the BEO must be capable to make a business plan with all the costs and benefits for the FA trainings. Support and supervision by the NHQ is desirable.

See *Existing arrangements between NHQ and branches on funding of investments costs, profit sharing, …* page 37

Quantity and quality of instructors (language skills, technical FA skills, didactical skill, …).

Findings

The actual number of instructors (75 over all the island) is not sufficient to cover all the needs as soon as an active campaign for promotion of CFA starts. In some branches there is also a need for Tamil speaking and even English speaking instructors.

Recommendations

Looking for potentials and training them to become a FA Instructor is one of the priorities. It is a delicate balance between demand and offer. Training too much instructors without a demand for FA training is an incorrect investment of the RC money and their free time. But on the other hand promoting CFA without the necessary number of trainers is also undesirable.
The availability of volunteers is limited but the demands of the commercial world can be stringent. On the long term SLRCS might need some paid CFA instructors to be able to respond on the growing demand for CFA training.

Administrative and technical support staff.

Findings

Actually the number of staff (2 FTE) and administrative clerk (1 FTE[17]) for FA on NHQ level is not sufficient to cover all activities to ameliorate the existing FA training and to make CFA an important income generating activity.

Recommendations

At least a function of CFA coordinator is needed. See *Existing management structure at NHQ and branch level* page 36.
The existing administrative staff at branch level must be more involved in collecting and summarizing the needed information at branch level. By supporting branches with standardised forms in Word or Excel, the input of data at NHQ level can be limited drastically. Training and support of the administrative staff at branch level is for sure necessary.

Existing quality control system for the performance of instructors during FA courses (technical and teaching skills).

The findings and recommendations on general quality control are also applicable for CFA organisation. See *Quality control* page 24.

Registration system.

The findings and recommendations on management and monitoring are also applicable for CFA organisation. See *Management and monitoring* page 15.

[17] The administrative clerk is actually not 100% dedicated to FA activities. She also do some general administration for the Executive Director Health.

Inventory of existing fundraising policies and strategies of SLRCS and identification of gaps.

The findings and recommendations on the approach on income generating are also applicable for CFA organisation. See *Different approaches on income generating activities* page 19.

Competitors information

Findings

Actually there is no information about competitors available at NHQ level.
This competitor information (inventory, dissemination products, manuals, prices, clients, strength & weakness analysis) is nevertheless important to determine the own strategy.

Recommendations

In my opinion this would be one of the tasks of the CFA coordinator at NHQ level. But all instructors have the duty to inform about all relevant competitors they can collect for example when and why a RC client switches to a competitor or vice versa.

CONCLUSIONS – MAIN RECOMMENDATIONS

The Health Division of Sri Lanka Red Cross Society is since the Tsunami in 2004 on the way to build up a well-managed first aid training organisation. The aim of my assessment was to detect the needs and to give recommendations on first aid and commercial first. Here you will find a summary of those recommendations explained more in detail in the evaluation report.

Human resources

Actually some branches organise already Commercial First Aid training. To become an important source of fundraising, the number of Commercial First Aid training must go up. To become leader on the market providing high quality training, a monitoring system must be developed and implemented. To realise this objective the Health Division of Sri Lanka Red Cross Society really needs a Commercial First Aid Coordinator. That person must have a good knowledge about first aid, have good management and communicational skills combined with marketing minded attitude. He has a bridge function between all stakeholders of commercial first aid.
In order to streamline the organisational structure of the Health department job descriptions must be developed for everyone involved in first aid training on branch level as well on headquarters level. This person will be responsible for developing 'norms and procedures' that all branches need to follow while organising commercial first aid activities.
To cope with the growing need for training and the need to build up an instructor coaching system more instructors are needed. The organisation can benefit from the experience of advanced first aid instructors by letting them coach the newer ones. Creating four levels of competence of first aid instructors will cover the need to organise basic and advanced first aid training as well as to train and coach the trainers.

Market analysis

A market study must be done with priority. It is essential for the organisation to know potential clients and the demands and limitations of them. All further decisions are influenced by the results of this study.
All competitors' information for commercial first aid must be collected in a proactive way. Management has to use this information to guide the Red Cross into pole position.
Key customers can provide important information. The Commercial First Aid Coordinator collects their suggestions and complaints during interviews and site visits he organises on regular base.

Marketing

All marketing activities for Commercial First Aid must be based on a National Marketing Strategic Plan that has to be developed. The headquarters level needs to develop the marketing tools for Commercial First Aid. Volunteers and staff members on branch level must be trained and coached in using the marketing tool and implementing the marketing strategy.

Finance

I suggest opening one national account number for all financial transactions concerning Commercial First Aid. The actual price for Commercial First Aid is too low; a higher price is absolutely necessary. At the moment of raising the price, a profit sharing system has to be started up. Actually the headquarters have no benefit in the Commercial First Aid training. A fixed percentage of the revenues can be attributed to the headquarters level to finance the overhead costs of Commercial First Aid. Delivery of the certificates and payment of the branch percentage is done by the headquarters as soon as all requested administration is executed according to the guidelines.
Most of the funding of the first aid activities by the participating national societies will end in the period 2008-2009. From that moment they will be responsible for sustaining all activities. Developing a financial business plan is for all branches necessary to survive the new situation. Headquarters has to coach the branches in the development and monitoring of this plan. The cost for Basic First Aid Trainings, Advanced First Aid trainings and Examinations needs to be reconsidered, e.g. by limiting the amount that is spent on food and drinks. This reduction in the cost can happen gradually from now on, so that there will be a realistic price by the time the branches need to finance the trainings themselves.
In general, a clear fundraising / income generation strategy, policy and guidelines need to be developed at NHQ level with the involvement of the branches. NHQ must also provide an intensive training and coaching of those who are responsible for fundraising at branch level.

Quality

To become a leading training organisation, recognised as the reference in first aid, quality is essential. Building up a quality system and implementing a control system requires a lot of resources. Guidelines and quality checking protocols must be developed for every procedure. Important information can be gathered in the evaluation forms of participants of training. Developing a coaching system for instructors is also a main topic in quality assurance. Shortcomings of FA instructors that are frequently noticed can be taken up at review meetings for FA instructors.
An actually missing link is a guide with all the expected skills and knowledge of a participant at the end of training. This guide must be developed for every first aid training offered. The various skills and knowledge that a participant need to know at the end of the training are then tested during examinations.
Branches must have good quality materials and renew their FA materials regularly. A first aid manual is essential for the training of volunteers and employees of companies. Accident simulation can increase the quality of the FA trainings considerably and be a good marketing tool to differentiate the Red Cross from its competitors.

Examinations

The rate of passing the exams is definitely too low. In some branches only one on four passes the exam. One of the reasons is because the time gap between training and exam is too big. A time gap of 1 month between training and examination is a maximum. Another reason is because the travelling distance between training location and exam location is too big. Exams should be organised

'closer to the volunteers'. The written exam with a minus system is also an important factor to fail. Some of the participants of the training are not enough motivated. A better selection of candidates and resolving the three other major reasons will already help a lot to raise the rate of passing the exams.

Planning, monitoring, reporting

A procedure manual should be developed for the FA coordinators at branch for the organisation of FA trainings and activities. Standard reporting formats need to be computerised and data from these reports need to be entered into a database. The easy availability of the data at NHQ level is essential for a good management of the FA program all over the island. Data collection must cover all branches and all FA activities without exceptions. Only then, the data become information that the management can use to check if the goals and objectives are being reached.

APPENDIX FA PACKAGES 2006

	unit cost in Rp	target	maximal cost
TRAINING			
BFA including exam	39750	4 - 10	397500
AFA including exam	78750	1 - 2	157500
JFA	6000	2 - 4	24000
FA SERVICES			
Major festival	55000	1	55000
Minor festival	11000	1 - 3	33000
Equipment for FA services	134900	1	134900
FA TRAINING			
Half body dummy	200000	1	200000
Demonstration FA kit	6000	1	6000
FA teaching materials (charts, parts of the body, …)	10000	1	10000
Dissemination	50000	1	50000
TOTAL			1067900

APPENDIX FA PACKAGES 2007

	unit cost in Rp	target	maximal cost
TRAINING			
BFA including exam	39750	6 - 10	397500
AFA including exam	78750	1 - 2	157500
JFA	6000	2 - 4	24000
FA SERVICES			
Major festival	55000	1	55000
Minor festival	11000	1 - 3	33000
FA TRAINING			
Dissemination	50000	1	50000
TOTAL			717000

APPENDIX DEMONSTRATION FIRST AID KIT

content	costs (Rp)
antiseptic lotion	300
plasters	300
paracetamols	100
torch with batteries	500
disposable gloves (10 pairs)	500
hand towel	300
soap for hand washing	100
splints[18]	300
cotton wool (500g)	300
pain relieving ointments and balms	300
glucose	300
normal saline	300
thermometer	150
TOTAL	3750

[18] The cost for splints seemed to me very low. But actually splints are no longer provided according to an advise of the British Red Cross FA specialist.

APPENDIX COSTS BASIC FIRST AID TRAINING[19]

Maximum number of 25 participants, non residential
All costs in Rp.

	cost/day unit	cost/day subtotal	cost/3 days group 25
morning tea	40		
lunch	75		
evening tea	35		
subtotal refreshments	150	3750	11250
fee for 1 instructor	1500	1500	4500
accommodation for 1 instructor	2000	2000	4000
stationary cost (one off)[20]			2800
volunteer travelling reimbursement[21]	100	2500	7500
rental cost training accommodation	3000	3000	9000
other costs			500
TOTAL			39550

[19] In those costs the exam in not included. Funded by a separated budget for exams from HKRC.
[20] Stationary costs: notebooks, pens, blanc transparencies, …
[21] Someone of the branch comes to the training and participants receive the travelling reimbursement upon signing the receipt.

APPENDIX COSTS ADVANCED FIRST AID TRAINING[22]

Maximum number of 20 participants, non residential
All costs in Rp.

	cost/day unit	cost/day subtotal	cost/5 days group 20
morning tea	40		
lunch	75		
evening tea	35		
subtotal refreshments	150	3000	15000
fee for 2 instructors	1500	3000	15000
accommodation for 2 instructors	2000	4000	20000
stationary cost (one off)[23]			3000
volunteer travelling reimbursement[24]	100	2000	10000
rental cost training accommodation	3000	3000	15000
other costs			750
TOTAL			78750

[22] In those costs the exam in not included. Funded by a separated budget for exams from HKRC.
[23] Stationary costs: notebooks, pens, blanc transparencies, …
[24] Someone of the branch comes to the training and participants receive the travelling reimbursement upon signing the receipt.

APPENDIX LIST OF ABBREVIATIONS

AFA	Advanced First Aid
AmCross	American Red Cross
BEO	Branch Executive Officer
BFA	Basic First Aid
BRC-F	Belgian Red Cross-Flanders
CFA	Commercial First Aid
CFA	Central level First Aid
CFA	Ceasefire Agreement
CPR	Cardio Pulmonary Resuscitation
CRC	Canadian Red Cross
DM	Disaster Management
EMT	Emergency Medical Technician
FA	First Aid
FAC	First Aid in Companies
FinRC	Finnish Red Cross
FTE	Full Time Equivalent
HRC	Hong Kong Red Cross
ICRC	International Committee of the Red Cross and Red Crescent
IFRC	International Federation of Red Cross and Red Crescent Societies
JFA	Junior First Aid
LTTE	Liberation Tigers of Tamil Eelam
MTE	Mid-Term Evaluation
NHQ	National Headquarter
OD	Operational Development
OFA	Occupational First Aid
PNS	Participating National Societies
RC	Red Cross
RC-FAC	Red Cross First Aid in Companies
RC-OFA	Red Cross Occupational First Aid
SFA	School of First Aid
SLRCS	Sri Lanka Red Cross Society
ToR	Terms of Reference
ToT	Training of Trainers

APPENDIX PASS AND FAIL RATES PER BRANCH

BRANCH NR	TOTAL starters	TOTAL exam	% exam	TOTAL PASS	PASS % total starters	PASS % total exam	TOTAL FAIL	FAIL % total starters	FAIL % total exam
1	311	195	62.70%	119	38.26%	61.03%	76	24.44%	38.97%
2	479	149	31.11%	97	20.25%	65.10%	52	10.86%	34.90%
3	135	70	51.85%	56	41.48%	80.00%	14	10.37%	20.00%
4	299	47	15.72%	31	10.37%	65.96%	16	5.35%	34.04%
5	371	170	45.82%	85	22.91%	50.00%	85	22.91%	50.00%
6	35	25	71.43%	2	5.71%	8.00%	23	65.71%	92.00%
7	531	206	38.79%	147	27.68%	71.36%	59	11.11%	28.64%
8	322	127	39.44%	55	17.08%	43.31%	72	22.36%	56.69%
9	105	39	37.14%	18	17.14%	46.15%	21	20.00%	53.85%
10	48	33	68.75%	7	14.58%	21.21%	26	54.17%	78.79%
11	126	108	85.71%	80	63.49%	74.07%	28	22.22%	25.93%
12	0	0	0.00%	0	0.00%	0.00%	0	0.00%	0.00%
13	223	102	45.74%	77	34.53%	75.49%	25	11.21%	24.51%
14	69	23	33.33%	17	24.64%	73.91%	6	8.70%	26.09%
15	164	88	53.66%	56	34.15%	63.64%	32	19.51%	36.36%
16	89	3	3.37%	0	0.00%	0.00%	3	3.37%	100.00%
17	317	91	28.71%	54	17.03%	59.34%	37	11.67%	40.66%
18	341	141	41.35%	56	16.42%	39.72%	85	24.93%	60.28%
19	361	170	47.09%	90	24.93%	52.94%	80	22.16%	47.06%
20	97	63	64.95%	52	53.61%	82.54%	11	11.34%	17.46%
21	289	147	50.87%	75	25.95%	51.02%	72	24.91%	48.98%
22	325	65	20.00%	34	10.46%	52.31%	31	9.54%	47.69%
23	137	80	58.39%	40	29.20%	50.00%	40	29.20%	50.00%
24	87	34	39.08%	32	36.78%	94.12%	2	2.30%	5.88%
25	160	29	18.13%	2	1.25%	6.90%	27	16.88%	93.10%
26	84	50	59.52%	47	55.95%	94.00%	3	3.57%	6.00%
total	**5505**	**2255**	**40.96%**	**1329**	**24.14%**	**58.94%**	**926**	**16.82%**	**41.06%**

SCHOOL OF FIRST AID

Introduction

The School of First Aid School (SFA) is started end 2004 as a fundraising activity. The actual location is the third one in this period. The trainers report monthly to Mr. Tissa, Chairman of the SFA and Head of the Taskforce.

Instructors

Actually SFA has 4 active paid instructors. One is in Canada and will return in February 2008. They were Red Cross volunteer and have done the Basic First Aid Instructor course. Previously they worked in a Health Department, sector of handicapped children, orthopaedic nurse and the private sector.

Administration

One of the trainers is involved with the administration assisted by 1 full time secretary (her desk is in the training accommodation).

Training accommodation

The training accommodation is accessible by a steep little street and is situated at floor level. There is plenty of space. In front of the training room is a table and a big whiteboard on a chair. For every participant a chair with arm table is available.

Courses

SFA offers half day, 1 day, 2 day or 3 day Commercial First Aid training.
SFA is flexible to cope with the request of the companies but it must be reasonable otherwise they will not organise the training.
All trainings are offered as in-company or in-house (in the Red Cross training accommodation).
SFA offers also a 2 day individual project for a minimum of 6 participants.

Language

About 90% of all training is in Singhalese, about 10% in English. SFA has no Tamil speaking instructor.
Rarely a training is organised both in English as well as in Singhalese.

Area of activity

SFA is active in the city and Colombo district. In the past they were conducting courses outside Colombo City and Districts, but nowadays SFA asks the companies to contact the local branch for FA trainings.

Main clients

Medical College, Garments factories, Gas, …
For some clients SFA offers FA training free of charge: police, Sunday schools, …

Manuals

Earlier they used their own manuals but nowadays they are not using their own manual anymore. They will use the new SLRCS FA manual. They are awaiting the translated manuals.
Sometimes the instructors offer handouts (in Singhalese and English).

Training materials

2 half dummies (1 is broken!)
2 OHP and instructor developed transparencies
blankets
triangular bandages
roller bandages
very old simulation set (only used for a 3 day training)
demonstration first aid kit nor a stretcher is available

The trainers complain they don't have sufficient materials and the quality is bad.

Dissemination materials and marketing

Nothing is available. The SLA instructors do not do promotion campaigns for CFA.
Instructors regret they are not allowed to sell some basic product such as triangular bandages, first aid manuals, FA kits, … .

Participants

The training is always done in mixed gender groups. On a total of 132 participants in 21 programs, there were 62 women (47%) and 70 man (53%).
In house there is a minimum of 6 and maximum is 10-15;
In company the limit is 25.

Costs and financial information

A 2 day training costs 15000 Rp
For an in-house 2 day training the cost is 2000 Rp/person.
For CFA the company organises transport and provides meals for the instructors.
To obtain variation always two instructors are scheduled for the same training.

The instructors receive a fixed salary (18000 Rp) + 7% on the trainings

Colombo branch do not organise CFA. SFA offers some money to the branch to compensate.
Once SFA paid the salary of the National FA coordinator for 3 months on request of the NHQ.
The SFA does not pay a contribution to NHQ but receives also no support.
The SFA offers books and pencils to most vulnerable schoolchildren.

No PNS is sponsoring the SFA.

Certificates

SFA offers only certificates of participation to participants of a two day training. SLRCS do this also for the one day training. The SFA instructors experience this as internal competition.
Certificate of competence is given to participants of the 3 day training. On day 1 the trainer organise a written pre-test. On day 3 they organise a written post-test and a practical demonstration.

Number of trainings

Since 2005, 6866 certificates for a 2 day FA training were issued.

In December 2007:

half day training	3 programs
1 day	11 programs
2 days	9 programs
3 days	1 program

Total of 2 days programs:
82 in Colombo City
105 outside Colombo
111 in Garments factory
4 in schools
86 in institutions

The number of programs and the number of participants is going up.

Evaluation

Participants and most of the companies fill in an evaluation form. The instructors go through the documents and improve their training skills.

Refreshment course

In 2006 2 instructors SFA have followed a refresher course organised by the SLRCS. The instructors of SFA are not able to follow a specialised training during 5 consecutive day (= loosing clients).

General

SFA instructors have a feeling of isolation in SLRCS.
They don't want to be competitors of branches.
The instructors want to be integrated into the organisation chart of SLRCS.

Most important problems

Lack of support by NHQ level
Lack of transportation (now sometimes in training room at 10 p.m., at that moment looking for a bus to go home).
To less materials and in bad condition.