**SAFE Course Report Cover Sheet**

The WFSA is collecting essential data from all SAFE courses in order to map the global impact of SAFE training. All course directors are required to complete this form and submit it along with a more detailed course report and a completed M&E log using the templates provided.

In addition to helping us map the impact of SAFE, this data enables us to continue to develop the course based on needs **and to secure funding for future courses**. Please send a completed form and all reports to [projects@wfsahq.org](mailto:projects@wfsahq.org).

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| Type of SAFE Course (Please specify Obstetric, Paediatric or Operating Room) |
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| Location of the Course (Please specify BOTH the country and the city/town): |
|
| Local Partner (Please specify the National Society, hospital or organisation that has organised things locally and recruited participants): |
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| Funding / Donor (Please specify the organisation(s) and/or individual(s) funding the course and/or the project): |
|
| Dates (DD/MM/YY): |
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| Name of Course Director (s): |
|
| Email Address: |
|
| Home Country: |
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| Have you directed or co-directed a SAFE Course before? YES/NO |
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| **Course Participants (Please note that all categories might not be applicable for every course)** | | | | |
|  | **SAFE** | | **SAFE ToT** | |
| **Female** | **Male** | **Female** | **Male** |
| Anaesthesiologists: |  |  |  |  |
| Anaesthesiology Trainees / Residents: |  |  |  |  |
| Physician Anaesthesia Providers (Not Anaesthesiologists): |  |  |  |  |
| Non-Physician Anaesthesia Providers: |  |  |  |  |
| Midwives: |  |  |  |  |
| Obstetricians and Gynaecologists: |  |  |  |  |
| Medical Students: |  |  |  |  |
| Other Student: |  |  |  |  |
| Other Clinician: |  |  |  |  |
| **Total Participants:** |  |  |  |  |

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| --- | --- | --- |
| **Faculty** | | |
|  | **Female** | **Male** |
| Local Faculty (from the country where the course is taking place): |  |  |
| Regional Faculty (from the country close to where the course is taking place): |  |  |
| International Faculty (from any other country): |  |  |
| **Total Number of SAFE Faculty teaching the SAFE Course:** |  |  |
| *New Faculty (International, Regional and Local Faculty teaching a SAFE Course for the first time)* |  |  |

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| **Monitoring and Evaluation** | | |
|  | **Pre-Test** | **Post-Test** |
| SAFE Course MCQ/Knowledge Scores (Mean) |  |  |
| SAFE Course Skills Assessment Scores (Mean) |  |  |
| Is there any follow-up planned for this course (e.g. repeat tests after 6 months) | YES / NO | |
| Did you use any other Monitoring and Evaluation Tools? | YES / NO | |
| If yes, please provide details: | | |
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| **SAFE Training Equipment** | |
| Were any training manikins donated as part of this course? | YES / NO |
| If yes, please provide details i.e. type(s) and number of manikins and the recipient (individual or organisation): | |
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| **SAFE Learning Resources** |  |
| Number of SAFE Pocket Books distributed: |  |
| Number of SAFE USBs distributed: |  |
| Number of Obstetric Anaesthesia for Developing Country books distributed: |  |
| Any other learning materials (Please specify type and number distributed): | |
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**In addition to the above, please provide a report or even a short narrative which includes details of any modifications or challenges, and captures participant feedback. This helps improve the quality of the course. We would really appreciate any additional information and photos from the course you have directed.**