# COMMUNITY FEEDBACK FORM

|  |  |  |
| --- | --- | --- |
| Date: | Volunteer 1: M / F  Name: | Volunteer 2: M / F  Name: |
| District/state/city: | | |
| Village/town: | | |
| Risk communication activity: | | |

#### INTRODUCTION

**Hello, my name is [your name] from the Red Cross/Red Crescent, we are a neutral and independent organization. We are here today to talk to people about the new corona virus. Have you heard of the new coronavirus? What do you think about it?**

* *Write the persons answers in the boxes below.*
* *Make sure to use the right box – is the person’s feedback a rumour/observation or belief? Is it a question? Is it a suggestion or request? Is it praise or acknowledgement?*
* *If you hear the same piece of feedback multiple times, record the number of times you hear it in the box.*

|  |  |  |
| --- | --- | --- |
| **FEEDBACK RECEIVED** | |  |
| **Rumours/ observations/ beliefs** | | **Number of times** |
|  |  |  |
| **Questions** | | **Number of times** |
|  |  |  |
| **Suggestions / Requests** | | **Number of times** |
|  |  |  |
| **Acknowledgements/praise** | | **Number of times** |
|  |  |  |

**Other comments**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Did the person refuse to speak to you?** If so, please explain the reasons why in the box below and record each time you hear this refusal. | **Number of times** |
|  |  |

#### Risk communication and community engagement activity information

**Messages shared with the community - Select all that apply (check the box)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Explanation of the new coronavirus* |  | *Signs and symptoms of the new coronavirus* |
|  | *How the new coronavirus spreads* |  | *When to seek medical care* |
|  | *Handwashing* |  | *Addressing common rumours* |
|  | *Coughing into a tissue/elbow* |  | *Protecting the elderly or people with underlying health conditions* |
|  | *Avoiding close contact* |  | *Not touching your face* |
|  | *Other* |  |  |

**What other messages have been disseminated?**

|  |
| --- |
| 1. |
| 2. |
| 3. |

**Number of people reached through each activity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Men** | **Women** | **Boys** | **Girls** | **Total**  **(Number of people)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |

**Was the activity aimed at specific groups? (tick the box)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Markets* |  | *Ethnic minorities* |
|  | *Churches* |  | *Mosques* |
|  | *Schools* |  | *Universities* |
|  | *Moto-taxi drivers* |  | *Youth leaders* |
|  | *Local leaders (local authorities, religious leaders, traditional leaders)* |  | *Other* |
|  | *Women’s leaders/groups* |  |  |

**If other, please specify:**

|  |
| --- |
|  |

**Validation of form**

|  |  |  |
| --- | --- | --- |
| Name of supervisor | Date: | Signature: |