

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)

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

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)

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

If other, please specify:

| |
|--|
| |
|--|

Validation of form

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