**Community Progress Report – CBHFA**

(Reporting back to community, to be disseminated widely in the community)

**Community:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Community health priority identified by CBHFA: | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of CBHFA volunteers in the community | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Activity Organized in previous month of CBHFA**

|  |  |  |  |
| --- | --- | --- | --- |
| Activities | # of People Participated | | |
| Male | Female | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Highlights of the month:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Plan for this month**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Date** | **Place** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Contact:***

*Please contact (Name, address and phone number of local Red Cross/Red Crescent contact people for feedback and complaints) for suggestions, feedback and complaints related to CBHFA*