

**RDANA FORM 1: To be accomplished within the first 72 HOURS after emergency/disaster**

The purpose of this document is to determine the life-threatening situation and life-saving needs of the affected population immediately after the disaster or emergency.

**1. PROFILE OF THE DISASTER & RDANA MISSION****1.1 EMERGENCY OPERATION**

1.1.1 Name of Operation/Event : \_\_\_\_\_  
 1.1.2 Type of Disaster/Event : \_\_\_\_\_  
 1.1.3 Date and Time of Event : \_\_\_\_\_

**1.2 RDANA MISSION**

1.2.1 Region : \_\_\_\_\_ (required)  
 1.2.2 Province : \_\_\_\_\_ (required)  
 1.2.3 City/Municipality: \_\_\_\_\_ (required)  
 1.2.4 Barangay : \_\_\_\_\_ (required)  
 1.2.5 Sitio/Purok : \_\_\_\_\_  
 1.2.6 GPS Coordinate : \_\_\_\_\_  
 1.2.7 Date and Time of RDANA: \_\_\_\_\_ (required)

**1.3 LOCAL AUTHORITIES/PERSONS INTERVIEWED**

1.3.1 Name: \_\_\_\_\_ 1.3.2 Age: \_\_\_\_\_ 1.3.3 Office/Organization: \_\_\_\_\_  
 1.3.4: Designation: \_\_\_\_\_ 1.3.5: Phone number: \_\_\_\_\_ 1.3.6 Email: \_\_\_\_\_

**1.4 SUMMARY DESCRIPTION OF DISASTER / INCIDENT (IMPACT AND LOCATION)****2. INITIAL IMPACT: (DEMOGRAPHICS)**

2.1 Affected Families: \_\_\_\_\_ 2.3 Displaced Families (Inside ECs): \_\_\_\_\_ 2.5 Displaced Families (Outside ECs): \_\_\_\_\_  
 2.2 Affected Persons: \_\_\_\_\_ 2.4 Displaced Persons (Inside ECs): \_\_\_\_\_ 2.6 Displaced Persons (Outside ECs): \_\_\_\_\_  
 2.2a Affected children:  

Age 0-2: _____	Age 3-5: _____	Age 6-12: _____	Age 13-17: _____
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 2.2b PWD: \_\_\_\_\_ 2.2c Elderly: \_\_\_\_\_  
*Depending on the type of disaster, BASELINE may be equal to AFFECTED; but in all situations, DISPLACED is a subset of AFFECTED; RETURNING is a subset of DISPLACED.*  
 2.7 Missing (Male): \_\_\_\_\_ 2.8 Missing (Female): \_\_\_\_\_ 2.9 Missing (Total): \_\_\_\_\_  
 2.10 Injured (Male): \_\_\_\_\_ 2.11 Injured (Female): \_\_\_\_\_ 2.12 Injured (Total): \_\_\_\_\_  
 2.13 Dead (Male): \_\_\_\_\_ 2.14 Dead (Female): \_\_\_\_\_ 2.15 Dead (Total): \_\_\_\_\_

**3. ACCESSIBILITY**

3.1 Is the community accessible? ☐ Yes ☐ No  
 3.2 How can the community be reached? [check all that applies]  
☐ Car or Bus ☐ 4WD or 6-10 Wheeler Trucks ☐ Motorcycle ☐ Foot ☐ Boat ☐ Airplane ☐ Helicopter ☐ Horse/cow/carabao  
 3.3 Are there road segments or bridges that are damaged? ☐ Yes ☐ No  
 3.3.1 If yes, please indicate details below  
☐ Partially passable ☐ Totally Unpassable  
 3.4 Based on current situation, please identify your most immediate need on access: [check all that applies]  
☐ Transport ☐ Debris clearing ☐ Road repair ☐ Bridge repair  
☐ Traffic Management ☐ Early Warning Signs / Guide lights ☐ Coordination with Port/RORO Operator ☐ Coordination with CAAP / Airport Mgt.  
☐ Cash ☐ Others \_\_\_\_\_

**4. POWER OR ELECTRICITY**

4.1 Is there electricity in the community?  
☐ Yes ☐ None (Totally, no power)  
☐ Partial (cite % without power) \_\_\_\_\_  
☐ Limited from (time) \_\_\_\_\_ to \_\_\_\_\_  
☐ No power even before the disaster (proceed to next section)  
 4.2 Based on observations, please check if the following are true:  
☐ Fallen electric posts ☐ Fallen or damaged electric tower  
☐ Power lines are cut ☐ Damaged transformers  
☐ Damaged Power Plant ☐ Others \_\_\_\_\_  
 4.3 How many days from date of survey will the fuel stock in the community last? \_\_\_\_\_  
 4.4 What are the urgent power (electricity) needs of the community?  
☐ Generators / Alternative Power Kit (Solar) Quantity \_\_\_\_\_  
☐ Gasoline for Generators Quantity \_\_\_\_\_  
☐ Diesel for Generators Quantity \_\_\_\_\_

**5. COMMUNICATIONS**

5.1 Please check if the following telecommunication services are operational (has signal) in the area:  
☐ Smart/Sun ☐ Globe/TM ☐ Others \_\_\_\_\_  
 5.2 Please check if the following services are operational in the area:  
☐ Radio - AM ☐ Radio - FM ☐ TV Free-Air  
☐ TV Cable ☐ TV Satellite  
 5.3 Please check if the following alternative communications are operational in the area:  
☐ Satellite Phone ☐ VHF Radio ☐ UHF Radio  
☐ HF/SSB Radio ☐ BGAN ☐ V-SAT  
 5.3 Based on current situation, please identify your most immediate need on communication [check all that applies]  
☐ Communication to Family or Relatives ☐ Communication to Responders / Government ☐ Mobile Phone connection  
☐ Internet connection ☐ Charging station ☐ Cash  
☐ TV / RADIO service ☐ Public Address System ☐ Others \_\_\_\_\_

**6. EVACUATION CENTER DETAILS**

6.1 Is there an evacuation center in the community?  
☐ Yes ☐ No [Skip to next section]  
 6.2 If yes, is there a designated camp manager?  
☐ Yes ☐ No

<b>6.3 Evacuation Center summary</b>							
Name of Evacuation Center		Address	GPS COORDINATES	Inside EC			
				# FAMILY	# PERSON		
<b>6.4</b> What are the existing protection mechanisms in the community, communal shelters, or evacuation sites for cases related to maltreatment or violence against these groups of people? [check all that applies]							
<input type="checkbox"/> Security Patrols Organized by the Affected Population <input type="checkbox"/> BCPC Desk <input type="checkbox"/> Others _____		<input type="checkbox"/> Police Presence / Patrols <input type="checkbox"/> Women-Friendly Spaces <input type="checkbox"/> No Protection Mechanism at all.		<input type="checkbox"/> VAWC Desk <input type="checkbox"/> Church Groups		<input type="checkbox"/> Community Protection Groups <input type="checkbox"/> Child-Friendly Spaces	
<b>6.5</b> Please check the following if operational in the evacuation areas (Check all that applies):							
<input type="checkbox"/> Lighting <input type="checkbox"/> Cooking Areas <input type="checkbox"/> Medical / Health Desk <input type="checkbox"/> Others _____		<input type="checkbox"/> Ventilation <input type="checkbox"/> Separate Toilets/Baths for PWDs <input type="checkbox"/> Police / VAWC Desk		<input type="checkbox"/> Sleeping Areas with partition <input type="checkbox"/> Washing Areas <input type="checkbox"/> Marked breast-feeding Areas		<input type="checkbox"/> Separate Toilets/Baths for Male and Female <input type="checkbox"/> Camp Management Team <input type="checkbox"/> Libreng Tawag / Charging	
<b>7. RELIEF ASSISTANCE</b> (e.g. Family Food Packs, Clothes, Sleeping Implements, Kitchen Utensils, Water Kits, Cash, others)							
<b>7.1</b> Has the community/EC received assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No [skip to next section]							
<b>7.2</b> If yes, please list below							
NAME or ORGANIZATION (required)	CONTACT PERSON	CONTACT DETAILS	ASSISTANCE GIVEN		SERVICE DATE		# of Families Served
			PARTICULAR	QUANTITY	START	END	
<b>8. SEARCH-RESCUE-RETRIEVAL</b>							
<b>8.1</b> Based on observation, is SEARCH-RESCUE-RETRIEVAL needed in your community? <input type="checkbox"/> Yes <input type="checkbox"/> No [Skip to next section] <input type="checkbox"/> Do not know				<b>8.2</b> Please check what SRR is needed: <input type="checkbox"/> Search and Rescue (SAR) <input type="checkbox"/> Urban Search and Rescue (USAR) <input type="checkbox"/> Mountain Search and Rescue <input type="checkbox"/> Collapsed Structure Search and Rescue <input type="checkbox"/> Water Search and Rescue <input type="checkbox"/> Maritime Search and Rescue <input type="checkbox"/> Aviation Search and Rescue <input type="checkbox"/> Others _____			
<b>9. LAW and ORDER</b>							
<b>9.1</b> Is LAW AND ORDER a problem in your community? <input type="checkbox"/> Yes <input type="checkbox"/> No [Skip to next section] <input type="checkbox"/> Do not know				<b>9.2</b> Are any of the following a threat in your community? [check all that applies]: <input type="checkbox"/> <input type="checkbox"/> Looting <input type="checkbox"/> Robbery <input type="checkbox"/> Banditry, Hold-up <input type="checkbox"/> Kidnapping <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Violence against Children <input type="checkbox"/> Violence against Women <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Violence between groups <input type="checkbox"/> Violence between families <input type="checkbox"/> Juvenile delinquency <input type="checkbox"/> Others _____			
<b>9.3</b> Please check if any of the following are present in your community <input type="checkbox"/> Barangay Tanod (BPSO) <input type="checkbox"/> Coast Guard <input type="checkbox"/> Terrorist <input type="checkbox"/> Private armies <input type="checkbox"/> Police (PNP) <input type="checkbox"/> Other law enforcement units _____ <input type="checkbox"/> Extremists <input type="checkbox"/> Syndicates/Bandits/Pirates <input type="checkbox"/> Philippine Army/Air Force/Navy/Marine <input type="checkbox"/> Other Armed Groups _____							
<b>10. SHELTER</b>							
<b>10.1</b> Number and/or percentage of <u>destroyed</u> houses (irreparable) _____ # <input type="checkbox"/> <25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> >75%							
<b>10.2</b> Number and/or percentage of <u>damaged</u> houses (e.g. walls, roof and column collapsed, hanging wall) (repairable) _____ # <input type="checkbox"/> <25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> >75%							
<b>10.3</b> Based on current situation, please identify your most immediate need on shelter: [check all that applies] <input type="checkbox"/> Hammer/Nails/Saw <input type="checkbox"/> Galvanized Iron sheets <input type="checkbox"/> Tarpaulins <input type="checkbox"/> Plastic sheeting <input type="checkbox"/> Tents <input type="checkbox"/> Sleeping Mat <input type="checkbox"/> Blanket <input type="checkbox"/> Mosquito Net <input type="checkbox"/> Cash <input type="checkbox"/> Lumber <input type="checkbox"/> Plywood <input type="checkbox"/> Others _____							
<b>11. FOOD SECURITY</b>							
<b>11.1</b> Do people have access to food in their current location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>11.2</b> What are the main sources of food in the area? <input type="checkbox"/> Household food stocks <input type="checkbox"/> Household garden/farm <input type="checkbox"/> Local market <input type="checkbox"/> Local fisher folks/animal growers <input type="checkbox"/> Humanitarian aid <input type="checkbox"/> Other: _____							
<b>11.3</b> Is the local market operating? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>11.4</b> Is there a food warehouse in the area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>11.5</b> Based on current situation, please check most immediate food need <input type="checkbox"/> Cooked food <input type="checkbox"/> Food pack <input type="checkbox"/> Rice <input type="checkbox"/> Fresh produce <input type="checkbox"/> Cash <input type="checkbox"/> Others _____							
<b>12. WATER SUPPLY</b>							
<b>12.1</b> Is there access to water for drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>12.2</b> Is there access to water for domestic use? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>12.3</b> What is the primary water source for drinking? <input type="checkbox"/> Open well <input type="checkbox"/> Bore hole/hand pump <input type="checkbox"/> Stream/river <input type="checkbox"/> Storage/collection container <input type="checkbox"/> Piped water system <input type="checkbox"/> Other _____				<b>12.4</b> Do affected households have their own water containers with a lid to store water? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>12.5</b> Based on current situation, please identify your most immediate needs for water systems? <input type="checkbox"/> Jerry cans <input type="checkbox"/> Bottled water <input type="checkbox"/> Water Distribution/Delivery <input type="checkbox"/> Water Purification Device <input type="checkbox"/> Cash <input type="checkbox"/> Others _____							
<b>13. SANITATION</b>							
<b>13.1</b> Is there access to functioning sanitary facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>13.2</b> Are there separate facilities for women and men? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>14.3</b> Do affected families have adequate personal hygiene supplies? (e.g. soap, sanitary napkins, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

14.4 Based on current situation, please identify your most immediate need on sanitation: [check all that applies] <input type="checkbox"/> Toilet facilities <input type="checkbox"/> Bathing Facilities <input type="checkbox"/> Hygiene kits <input type="checkbox"/> Dignity Kits <input type="checkbox"/> Water / Water Supply <input type="checkbox"/> Solid Waste Management <input type="checkbox"/> Information on Good Sanitary Practices <input type="checkbox"/> Over-all Cleanliness of the area <input type="checkbox"/> Cash <input type="checkbox"/> Others _____	
<b>14. HEALTH</b>	
14.1 Do people have access to Health Services in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	14.2 Which health facilities/services are functional? <input type="checkbox"/> Barangay health station <input type="checkbox"/> Hospital <input type="checkbox"/> Health desk <input type="checkbox"/> Mobile health units <input type="checkbox"/> Birthing facility <input type="checkbox"/> Others _____
14.3 What are the main health concerns? <input type="checkbox"/> Diarrhea/dehydration <input type="checkbox"/> Skin infections <input type="checkbox"/> Hypertension <input type="checkbox"/> Respiratory infection <input type="checkbox"/> Gastro-intestinal illnesses <input type="checkbox"/> Trauma <input type="checkbox"/> Others _____	14.4 What is the level of availability of medicines and medical supplies in health facilities? <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
15.5 Based on current situation, please identify your most immediate need on health <input type="checkbox"/> Mobile clinics <input type="checkbox"/> Health personnel <input type="checkbox"/> Medicines <input type="checkbox"/> Medical Supplies <input type="checkbox"/> Maternity and New born Kits <input type="checkbox"/> Reproductive Health Commodities <input type="checkbox"/> Supply of Blood <input type="checkbox"/> Cash <input type="checkbox"/> Others _____	
<b>15. NUTRITION</b>	
15.1 Is there information on infants that are exclusively breastfed? <input type="checkbox"/> Yes <input type="checkbox"/> No	15.2 Have infant milk products (e.g. milk formulas) and/or baby bottles/teats been distributed since the start of the emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
15.3 Are any of the following activities being continued without any disruption during the emergency? Vitamin A capsule supplementation for children 6-59 months: <input type="checkbox"/> Yes <input type="checkbox"/> No Iron-Folic Acid tablet distribution for pregnant and lactating women: <input type="checkbox"/> Yes <input type="checkbox"/> No Multiple Micronutrient Powders/Iron Syrup/Iron Drops for children 6-23 months of age: <input type="checkbox"/> Yes <input type="checkbox"/> No Management of children with moderate and severe acute malnutrition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
15.4 Based on current situation, please identify your most immediate need on nutrition (shade all that applies): <input type="checkbox"/> Food <input type="checkbox"/> Food supplements <input type="checkbox"/> Bottled water <input type="checkbox"/> Management of Children with severe malnutrition <input type="checkbox"/> Cash <input type="checkbox"/> Others _____	
<b>16. PROTECTION</b>	
16.1 Are there cases (reported or not) of violence in the community as a result of the disaster or displacement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
16.2 Presence of vulnerable people in the community/EC who need assistance: <input type="checkbox"/> Unaccompanied/Separated MINORS/ORPHANS <input type="checkbox"/> Unaccompanied/Separated SENIORS <input type="checkbox"/> Sick <input type="checkbox"/> PWD <input type="checkbox"/> PWSN <input type="checkbox"/> Pregnant/Lactating <input type="checkbox"/> Child Headed <input type="checkbox"/> Single Adult Headed <input type="checkbox"/> Senior Headed <input type="checkbox"/> Ethnic/IP	
17.3 Is there an existing reporting mechanism for protection related incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No	17.4 Based on current situation, please identify your most immediate need for protection essential services: <input type="checkbox"/> Referral <input type="checkbox"/> Police Presence <input type="checkbox"/> Local Gov't. Official's Presence <input type="checkbox"/> Social Services <input type="checkbox"/> Counseling / Debriefing <input type="checkbox"/> Others _____ <input type="checkbox"/> Replacement of identification documents
<b>17. EDUCATION</b>	
17.1 Number of classrooms are being used as evacuation centres: _____ 17.2 Number of children are staying in the evacuation centres: _____ 17.3 Number of destroyed (irreparable) classrooms: _____ 17.4 Number of <u>damaged</u> (repairable) classrooms (Walls, roof and column collapsed, hanging wall etc.): _____	
17.5 What are the most urgent educational needs in the area. Please shade all that apply: <input type="checkbox"/> Safe spaces to hold classes <input type="checkbox"/> Replacement of Children's School Supplies <input type="checkbox"/> Replacement of Learning Materials <input type="checkbox"/> Replacement of Teaching Materials <input type="checkbox"/> Repair of Damaged Buildings <input type="checkbox"/> Securing Water & Sanitation Facilities at Learning sites <input type="checkbox"/> Integrating affected children to other schools <input type="checkbox"/> Securing Light & Ventilation at Learning sites <input type="checkbox"/> Cash _____ <input type="checkbox"/> Others _____	
<b>18. LIVELIHOOD/ EARLY RECOVERY</b>	
18.1 What is the main source of livelihood? _____	18.2 Based on current situation, please identify your most immediate need on livelihood/early recovery? <input type="checkbox"/> Transport <input type="checkbox"/> Cash for Work <input type="checkbox"/> Debris clearance <input type="checkbox"/> Cash <input type="checkbox"/> Others _____
<b>19. COMMUNITY ENGAGEMENT</b>	
19.1 Based on observation, does the community receive from government or concerned agencies the information they need to cope with the evolving humanitarian situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	19.2 What do affected people want to know most? <input type="checkbox"/> General situation <input type="checkbox"/> Situation at home <input type="checkbox"/> Information about family members <input type="checkbox"/> What aid is coming <input type="checkbox"/> Weather situation <input type="checkbox"/> Health advice <input type="checkbox"/> Security information <input type="checkbox"/> Other _____
19.3 What are the main sources of information? <input type="checkbox"/> Friends/neighbors/family <input type="checkbox"/> Community leader <input type="checkbox"/> Religious leader <input type="checkbox"/> Government official <input type="checkbox"/> Military official <input type="checkbox"/> TV (national/local) <input type="checkbox"/> Newspaper (national/local) <input type="checkbox"/> AM/FM radio <input type="checkbox"/> Aid worker <input type="checkbox"/> Community group <input type="checkbox"/> Social media <input type="checkbox"/> Others _____	
<b>20. OVER-ALL ASSESSMENT</b> (not to be asked from the key informant, but as a concluding observation of the enumerator)	
21.1 When you consider the general situation in the area, would you say: <input type="checkbox"/> People are facing serious problems in the area <input type="checkbox"/> As a result of the emergency, people will get sick and might even die <input type="checkbox"/> As a result of the emergency, many people have already died	

20.2 Please provide general justification for the answer: \_\_\_\_\_  
\_\_\_\_\_

Submitted by:

NAME		DESIGNATION	
ORGANIZATION		RDANA Team	
CONTACT #		EMAIL	

**REFERENCES:**

- NDRRMC Report Development Workshop – Forms I and II
- ASEAN-ERAT Daily Assessment Form for ARF DIREX
- ASEAN RDANA Manual Quick Reference Guide December 2008
- Initial Needs Assessment Checklist (INAC)- Version 06/05/10
- Emergency Response Integration Center (ERIC) Form 1, Form 2
- Philippines HCT Rapid Needs Assessment Form