

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 : <u>Sed ut non consequun</u> 1.1.2 Type of Disaster/Event : <u>49</u> 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: <u>Mark Conrad</u> (required)
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1.3 LOCAL AUTHORITIES/PERSONS INTERVIEWED 1.3.1 Name: <u>52</u> <u>98</u> 1.3.4: Designation: <u>0</u>	1.3.2 Age: <u>61</u>	1.3.3 Office/Organization:
1.3.5: Phone number: <u>65</u>		
1.3.6 Email:		

1.4 SUMMARY DESCRIPTION OF DISASTER / INCIDENT (IMPACT AND LOCATION)

2. INITIAL IMPACT: (DEMOGRAPHICS)

2.1 Affected Families: <u>295</u>	2.3 Displaced Families (Inside ECs): <u>99</u>	2.5 Displaced Families (Outside ECs): <u>Dolorem ad id et</u>	
2.2 Affected Persons: <u>Cillum rep</u>	2.4 Displaced Persons (Inside ECs): <u>Ex rerum facilis e</u>	2.6 Displaced Persons (Outside ECs): <u>832</u>	
2.2a Affected children: <u>Eden Mcc</u>			
Age 0-2: <u>Aliqua Consequatur</u>	Age 3-5: <u>Dolore dolorem in ei</u>	Age 6-12: <u>Excepteur dicta ut q</u>	
Age 13-17: <u>In eos et animi do</u>			
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): <u>72</u>	2.8 Missing (Female): <u>lure eligendi perspiciatis</u>	2.9 Missing (Total): <u>Aut voluptatem cons</u>	
2.10 Injured (Male): <u>75</u>	2.11 Injured (Female): <u>Eius laborum voluptate</u>	2.12 Injured (Total): <u>Ryan and Duke Plc</u>	
2.13 Dead (Male): <u>Et distinctio Non</u>	2.14 Dead (Female): <u>Charles Zampira</u>	2.15 Dead (Total): <u>Officiis labore et d</u>	

3. ACCESSIBILITY

3.1 Is the community accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2 How can the community be reached? [check all that applies]	
<input type="checkbox"/> Car or Bus <input type="checkbox"/> 4WD or 6-10 Wheeler Trucks <input type="checkbox"/> Motorcycle <input type="checkbox"/> Foot <input type="checkbox"/> Boat <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Horse/cow/carabao	
3.3 Are there road segments or bridges that are damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.3.1 If yes, please indicate details below	
<input type="checkbox"/> Partially passable <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> None (Totally, no power) <input type="checkbox"/> Partial (cite % without power) <u>Pariatur Dolor exer</u> <input type="checkbox"/> Limited from (time) <u>Veniam maxime in Repudiandae in fugit</u> <input type="checkbox"/> No power even before the disaster (proceed to next section)	4.2 Based on observations, please check if the following are true: <input type="checkbox"/> Fallen electric posts <input type="checkbox"/> Fallen or damaged electric tower <input type="checkbox"/> Power lines are cut <input type="checkbox"/> Damaged transformers <input type="checkbox"/> Damaged Power Plant <input type="checkbox"/> Others _____
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4.3 How many days from date of survey will the fuel stock in the community last? <u>adwawdawd</u>	4.4 What are the urgent power (electricity) needs of the community? <input type="checkbox"/> Generators / Alternative Power Kit (Solar) Quantity _____ <input type="checkbox"/> Gasoline for Generators Quantity _____ <input type="checkbox"/> Diesel for Generators Quantity _____
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5. COMMUNICATIONS

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

6. EVACUATION CENTER DETAILS

6.1 Is there an evacuation center in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No [Skip to next section]	6.2 If yes, is there a designated camp manager? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6.3 Evacuation Center summary					
Name of Evacuation Center Modi et modi atque c 2025-12-11 16:43 Omnis laboriosam ve	Address Quas necessitatibus Aute ut ipsum labor Rerum ut beatae moll	GPS COORDINATES Rem et et aut Abigail Bradle +1 (125) 691- deful@mailina	Inside EC		# PERSON 23-Mar-2003 At esse amet i Itaque eum en
			# FAMILY	# PERSON	
			Dolore accusa	Fox Griffith Inc	
6.4 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"/> 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	
6.5 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	
7. RELIEF ASSISTANCE (e.g. Family Food Packs, Clothes, Sleeping Implements, Kitchen Utensils, Water Kits, Cash, others)					
7.1 Has the community/EC received assistance? <input type="checkbox"/> Yes		<input type="checkbox"/> No [skip to next section]			
7.2 If yes, please list below					
NAME or ORGANIZATION (required) 43 61 94	CONTACT PERSON 10 72 63	CONTACT DETAILS 65 36 26	ASSISTANCE GIVEN PARTICULAR 84 48 29	SERVICE DATE START 50 14 4	# of Families Served Incident plac 4 382
8. SEARCH-RESCUE-RETRIEVAL					
8.1 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			8.2 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 701		
9. LAW and ORDER					
9.1 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			9.2 Are any of the following a threat in your community? [check all that applies]: <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 Fugiat omnis labore		
9.3 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"/> Police (PNP) <input type="checkbox"/> Other law enforcement units Nobis esse <input type="checkbox"/> Philippine Army/Air Force/Navy/Marine					
10. SHELTER					
10.1 Number and/or percentage of destroyed houses (irreparable) Corrupti ut # <input type="checkbox"/> <25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> >75% 10.2 Number and/or percentage of damaged houses (e.g. walls, roof and column collapsed, hanging wall) (repairable) Sit et ut no# <input type="checkbox"/> <25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> >75%					
10.3 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"/> Tarpsaulins <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 Exercitationem simil					
11. FOOD SECURITY					
11.1 Do people have access to food in their current location? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11.2 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: 387					
11.3 Is the local market operating? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11.4 Is there a food warehouse in the area? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11.5 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 Sit sit molestiae c					
12. WATER SUPPLY					
12.1 Is there access to water for drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12.2 Is there access to water for domestic use? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12.3 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 Possimus voluntatem			12.4 Do affected households have their own water containers with a lid to store water? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12.5 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 Nulla voluntatibus e					
13. SANITATION					
13.1 Is there access to functioning sanitary facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13.2 Are there separate facilities for women and men? <input type="checkbox"/> Yes <input type="checkbox"/> No			14.3 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 <u>Aut officia magnam a</u>			
14. HEALTH					
14.1 Do people have access to Health Services in the community?			14.2 Which health facilities/services are functional?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know			<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 <u>6</u>		
14.3 What are the main health concerns?			14.4 What is the level of availability of medicines and medical supplies in health facilities?		
<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 <u>Doloremque qui dicta</u>			<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 <u>Similique qui rerum</u>					
15. NUTRITION					
15.1 Is there information on infants that are exclusively breastfed?			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			<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 <u>Porro illo animi id</u>					
16. PROTECTION					
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?			17.4 Based on current situation, please identify your most immediate need for protection essential services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<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 <u>168</u> <input type="checkbox"/> Replacement of identification documents		
17. EDUCATION					
17.1 Number of classrooms are being used as evacuation centres: <u>Iodo</u>					
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					
18. LIVELIHOOD/ EARLY RECOVERY					
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		
19. COMMUNITY ENGAGEMENT					
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?			19.2 What do affected people want to know most?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know			<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					
20. OVER-ALL ASSESSMENT (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