

## 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**

<b>1.1 EMERGENCY OPERATION</b> <p>1.1.1 Name of Operation/Event : _____</p> <p>1.1.2 Type of Disaster/Event : _____</p> <p>1.1.3 Date and Time of Event : _____</p>	<b>1.2 RDANA MISSION</b> <p>1.2.1 Region : _____ (required)</p> <p>1.2.2 Province : _____ (required)</p> <p>1.2.3 City/Municipality: _____ (required)</p> <p>1.2.4 Barangay : _____ (required)</p> <p>1.2.5 Sitio/Purok : _____</p> <p>1.2.6 GPS Coordinate : _____</p> <p>1.2.7 Date and Time of RDANA: _____ (required)</p>
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### **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: _____	
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? <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**

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

### **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

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**

<b>6.1 Is there an evacuation center in the community?</b> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No [Skip to next section]</p>	<b>6.2 If yes, is there a designated camp manager?</b> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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## 6.3 Evacuation Center summary

Name of Evacuation Center	Address	GPS COORDINATES	Inside EC	
			# FAMILY	# PERSON

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"/> VAWC Desk     | <input type="checkbox"/> Community Protection Groups |
| <input type="checkbox"/> BCPC Desk   | <input type="checkbox"/> Women-Friendly Spaces           | <input type="checkbox"/> Church Groups | <input type="checkbox"/> Child-Friendly Spaces       |
| <input type="checkbox"/> Others _____  | <input type="checkbox"/> No Protection Mechanism at all. |  |  |

6.5 Please check the following if operational in the evacuation areas (Check all that applies):

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Lighting              | <input type="checkbox"/> Ventilation                     | <input type="checkbox"/> Sleeping Areas with partition | <input type="checkbox"/> Separate Toilets/Baths for Male and Female |
| <input type="checkbox"/> Cooking Areas         | <input type="checkbox"/> Separate Toilets/Baths for PWDs | <input type="checkbox"/> Washing Areas                 | <input type="checkbox"/> Camp Management Team                       |
| <input type="checkbox"/> Medical / Health Desk | <input type="checkbox"/> Police / VAWC Desk              | <input type="checkbox"/> Marked breast-feeding Areas   | <input type="checkbox"/> Libreng Tawag / Charging                   |
| <input type="checkbox"/> Others                |  |  |   |

## 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?  Yes  No [skip to next section]

7.2 If yes, please list below

NAME or ORGANIZATION (required)	CONTACT PERSON	CONTACT DETAILS	ASSISTANCE GIVEN		SERVICE DATE		# of Families Served
			PARTICULAR	QUANTITY	START	END	

## 8. SEARCH-RESCUE-RETRIEVAL

8.1 Based on observation, is SEARCH-RESCUE-RETRIEVAL needed in your community?  Yes  No [Skip to next section]  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                                |

## 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                    |  |  |

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"/> 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 _____ |   |

## 10. SHELTER

10.1 Number and/or percentage of destroyed houses (irreparable) \_\_\_\_\_ #  <25%  26-50%  51-75%  >75%

10.2 Number and/or percentage of damaged houses (e.g. walls, roof and column collapsed, hanging wall) (repairable)  
#  <25%  26-50%  51-75%  >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"/> 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       |

## 11. FOOD SECURITY

11.1 Do people have access to food in their current location?  Yes  No

11.2 What are the main sources of food in the area?  Household food stocks  Household garden/farm  Local market  
 Local fisher folks/animal growers  Humanitarian aid  Other: \_\_\_\_\_

11.3 Is the local market operating?  Yes  No 11.4 Is there a food warehouse in the area?  Yes  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 _____ |
|--------------------------------------|------------------------------------|-------------------------------|--|-------------------------------|---------------------------------------|

## 12. WATER SUPPLY

12.1 Is there access to water for drinking?  Yes  No

12.2 Is there access to water for domestic use?  Yes  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"/> Water Distribution/Delivery | <input type="checkbox"/> Water Purification Device |
| <input type="checkbox"/> Storage/collection container | <input type="checkbox"/> Piped water system  |  |  |  |
| <input type="checkbox"/> Other _____                  |  | <input type="checkbox"/> Bottled water | <input type="checkbox"/> Others                      |  |

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        |  |  |

## 13. SANITATION

13.1 Is there access to functioning sanitary facilities?  Yes  No

13.2 Are there separate facilities for women and men?  Yes  No 14.3 Do affected families have adequate personal hygiene supplies? (e.g. soap, sanitary napkins, etc.)  Yes  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?			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 _____					
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"/> Adequate		
<input type="checkbox"/> Respiratory infection <input type="checkbox"/> Gastro-intestinal illnesses			<input type="checkbox"/> Inadequate		
<input type="checkbox"/> Trauma					
<input type="checkbox"/> Others _____					
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?			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 _____					
<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?			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 _____		
			<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?			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 _____					
<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