

**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 : Sed ut non consequuntur  
 1.1.2 Type of Disaster/Event : 49  
 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: Mark Conrad (required)

**1.3 LOCAL AUTHORITIES/PERSONS INTERVIEWED**

1.3.1 Name: 52 1.3.2 Age: 61 1.3.3 Office/Organization: 98  
 1.3.4: Designation: 0 1.3.5: Phone number: 65 1.3.6 Email: \_\_\_\_\_

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

2.1 Affected Families: 295 2.3 Displaced Families (Inside ECs): 99 2.5 Displaced Families (Outside ECs): Dolorem ad id et  
 2.2 Affected Persons: Cillum re 2.4 Displaced Persons (Inside ECs): Ex rerum facilis e 2.6 Displaced Persons (Outside ECs): 832  
 2.2a Affected children: Eden Mcc

Age 0-2: Aliqua Consequatur Age 3-5: Dolore dolorem in ei Age 6-12: Excepteur dicta ut q Age 13-17: In eos et animi do

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): 72 2.8 Missing (Female): lure eligendi perspici Missing (Total): Aut voluptatem cons  
 2.10 Injured (Male): 75 2.11 Injured (Female): Eius laborum voluptate Injured (Total): Ryan and Duke Plc  
 2.13 Dead (Male): Et distinctio bland 2.14 Dead (Female): Charles Zamora 2.15 Dead (Total): Officiis labore et d

**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) Pariatur Dolor exer  
☐ Limited from (time) Veniam maxime in Repudiandae in fugit  
☐ 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? adwawdawd

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

6.3 Evacuation Center summary					
Name of Evacuation Center	Address	GPS COORDINATES	Inside EC		
			# FAMILY	# PERSON	
Modi et modi atque c	Quas necessitatibus	Rem et et aut	Dolore accusa	23-Mar-2003	
2025-12-11 16:43	Aute ut ipsum labor	Abigail Bradle	Fox Griffith Inc	At esse amet i	
Omnis laboriosam ve	Rerum ut beatae moll	+1 (125) 691-8	deful@mailina	Itaque eum en	

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]

☐ Security Patrols Organized by the Affected Population    ☐ Police Presence / Patrols    ☐ VAWC Desk    ☐ Community Protection Groups  
☐ BCPC Desk    ☐ Women-Friendly Spaces    ☐ Church Groups    ☐ Child-Friendly Spaces  
☐ Others \_\_\_\_\_    ☐ No Protection Mechanism at all.

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

☐ Lighting    ☐ Ventilation    ☐ Sleeping Areas with partition    ☐ Separate Toilets/Baths for Male and Female  
☐ Cooking Areas    ☐ Separate Toilets/Baths for PWDs    ☐ Washing Areas    ☐ Camp Management Team  
☐ Medical / Health Desk    ☐ Police / VAWC Desk    ☐ Marked breast-feeding Areas    ☐ Libreng Tawag / Charging  
☐ 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	
43	10	65	84	57	50	Sed asperna	Incidunt plac
61	72	36	48	79	14	Fuga Velit ill	4
94	63	26	29	11	4	Pariatur Cor	382

**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:

☐ Search and Rescue (SAR)    ☐ Urban Search and Rescue (USAR)  
☐ Mountain Search and Rescue    ☐ Collapsed Structure Search and Rescue  
☐ Water Search and Rescue    ☐ Maritime Search and Rescue  
☐ Aviation Search and Rescue    ☐ Others 701

**9. LAW and ORDER**

9.1 Is LAW AND ORDER a problem in your community? ☐ Yes    ☐ No [Skip to next section]    ☐ Do not know

9.2 Are any of the following a threat in your community? [check all that applies]: ☐

☐ Looting    ☐ Robbery    ☐ Banditry, Hold-up  
☐ Kidnapping    ☐ Human Trafficking  
☐ Violence against Children    ☐ Violence against Women  
☐ Sexual Abuse    ☐ Violence between groups  
☐ Violence between families    ☐ Juvenile delinquency  
☐ Others Fugiat omnis labore

9.3 Please check if any of the following are present in your community

☐ Barangay Tanod (BPSO)    ☐ Coast Guard    ☐ Terrorist    ☐ Private armies  
☐ Police (PNP)    ☐ Other law enforcement units Nobis esse    ☐ Extremists    ☐ Syndicates/Bandits/Pirates  
☐ Philippine Army/Air Force/Navy/Marine    ☐ Other Armed Groups 53

**10. SHELTER**

10.1 Number and/or percentage of destroyed houses (irreparable) Corrupti ut # ☐ <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)

Sit et ut no# ☐ <25%    ☐ 26-50%    ☐ 51-75%    ☐ >75%

10.3 Based on current situation, please identify your most immediate need on shelter: [check all that applies]

☐ Hammer/Nails/Saw    ☐ Galvanized Iron sheets    ☐ Tarpaulins    ☐ Plastic sheeting    ☐ Tents    ☐ Sleeping Mat  
☐ Blanket    ☐ Mosquito Net    ☐ Cash    ☐ Lumber    ☐ Plywood    ☐ Others Exercitationem simil

**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: 387

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

☐ Cooked food    ☐ Food pack    ☐ Rice    ☐ Fresh produce    ☐ Cash    ☐ Others Sit sit molestiae c

**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?

☐ Open well    ☐ Bore hole/hand pump    ☐ Stream/river  
☐ Storage/collection container    ☐ Piped water system  
☐ Other Possimus voluptatem

12.4 Do affected households have their own water containers with a lid to store water? ☐ Yes    ☐ No

12.5 Based on current situation, please identify your most immediate needs for water systems?

☐ Jerry cans    ☐ Bottled water    ☐ Water Distribution/Delivery    ☐ Water Purification Device  
☐ Cash    ☐ Others Nulla voluptatibus e

**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 <u>Aut officia magnam a</u>	
<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 <u>6</u>
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 <u>Doloremque qui dicta</u>	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 <u>Similique qui rerum</u>	
<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 <u>Porro illo animi id</u>	
<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 <u>168</u> <input type="checkbox"/> Replacement of identification documents
<b>17. EDUCATION</b>	
17.1 Number of classrooms are being used as evacuation centres: <u>lodo</u> 17.2 Number of children are staying in the evacuation centres: _____ 17.3 Number of destroyed (irreparable) classrooms: _____ 17.4 Number of damaged (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