|  |  |  |
| --- | --- | --- |
| **(LOGO)** |  | **FORM 1-A: (HOUSEHOLD)**NUMBER: /1-A |
| **DISASTER NEEDS ASSESSMENT** |
| **DISASTER DATE:** |  |  | **DISTRICT/ISLAND:** |  |  |
|  |
| **ASSESSOR:** |  |  | **ASSESSMENT DATE:** |  |  |
|  |
| **No.** | **Village/ Settlement** | **Family Name** | **Household Population (#)** | **Vulnerability criteria (#)** | **For observation ONLY (Y/N)** |
| **Total in household** | **FEMALE** | **MALE** | Disabled or serious illness | Single mother household | Elderly ( over 55yrs) | Adult (18 to 55yrs) | Children (5 to 18yrs) | Children under 5yrs | Babies (Under 2yrs) | Pregnant Women (include age) |
| **Under 5 yrs** | **6 - 12 yrs** | **12 - 18yrs** | **Over 18 yrs** | **Under 5 yrs** | **6 - 12 yrs** | **12 - 18yrs** | **Over 18 yrs** | House significantly damaged or destroyed | Water & sanitation facility damaged | No cooking capacity |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **D = (E + F + G+ H + I + J + K + L)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **L** | **M** | **N** | **O** | **P** | **Q** | **R** | **S** | **T** | **U** | **V** | **W** |