



# Government of the Republic of Vanuatu

## National Disaster Management Office

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# AREA COUNCIL ASSESSMENT FORM

Version V1.0 | April 2024

This form must be used by the **Rapid Technical Assessment Team (led by the Area Administrator)**, to report damages to the **Provincial Emergency Operation Center (PEOC) within 1 week after a Disaster**. Please follow the instructions below

- Write the text in the large white boxes
- Check the small boxes
- Write a number after **#** :

### 1/ Fill in the report

- **PART A:** Fill the current **Disaster and assessment information** (disaster, location, enumerator).
- **PART B:** Fill the **Area Council impact information** on pages 1 to 3. You must see or have a phone discussion with every government officer in charge of the infrastructures, public buildings and services in the Area Council
- **PART C:** Fill the table on page 4. Add some more pages following the number of communities in the area council. You must see or have a phone discussion with every CDCCC or local leader that has been affected. They will transmit the necessary information for each community (please note that the number of the questions of the Community and Area Council form PART C are the same, so it will help for the transmission of the data.

### 2/ Send the report **PART C** to your PEOC within 1 week maximum through the Kobo questionnaire

Please access to the Kobo toolbox formulaire by scanning the QR code here



## PART A: DISASTER AND ASSESSMENT INFORMATION

<b>A1</b>	Date of disaster	.... / .... / ....	<b>A6</b>	Type of hazard	
<b>A2</b>	Assessment date	.... / .... / ....	<b>A7</b>	Province	
<b>A3</b>	Enumerator Name		<b>A8</b>	Island	
<b>A4</b>	Enumerator position		<b>A9</b>	Area council	
<b>A5</b>	Contact		<b>A10</b>	Ward (Municipal only)	

## PART B: AREA COUNCIL IMPACT INFORMATION

<b>B1</b>	Total number of <b>AFFECTED COMMUNITIES</b> in the Area council	<b>#</b> :
<b>B2</b>	Total number of <b>AFFECTED HOUSEHOLDS</b> in the Area council	<b>#</b> :
<b>B3</b>	Total <b>AFFECTED POPULATION</b> in the Area council	<b>#</b> :

**WATER AND SANITATION** (*Liaise with a provincial officer of the water department and community leaders*)

<b>B4</b>	# Number of communities with water and sanitation issues after disaster?	#:
<b>B5</b>	What are the causes of the issue?	<input type="checkbox"/> Water sources are <i>Dry</i> <input type="checkbox"/> Water sources are <i>Polluted</i> <input type="checkbox"/> Water systems are <i>Damaged</i> <input type="checkbox"/> <b>Other:</b> _____
<b>B6</b>	This concerns which kind of water?	<input type="checkbox"/> Drinking water <input type="checkbox"/> Washing water <input type="checkbox"/> <b>Other:</b> _____

**FOOD SECURITY AND AGRICULTURE** (*Liaise with the agriculture field officer*)

<b>B7</b>	# Number of communities having food security issues after disaster?	#:		
Agriculture impact		Minor damage (0 to 30 % of lost)	Severe damage (30 to 60 % of lost)	Totally destroyed (60 to 100 % of lost)
<b>B8</b>	Taro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B9</b>	Manioc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B10</b>	Yam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B11</b>	Sweet Potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B12</b>	Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B13</b>	Vegetables (island cabbage...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B14</b>	Fruit ( fruit trees...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B15</b>	Cash crops (Kava, coconas...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B16</b>	Livestock Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B17</b>	Livestock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B18</b>	Other (Please Specify)			
<b>B19</b>	Is food available at the local store or market?	<input type="checkbox"/> Local food <input type="checkbox"/> Dry food (rice, tin...) <input type="checkbox"/> No		
<b>B20</b>	IF YES, estimate the percentage of the population that has access to it?	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30 to 60 % <input type="checkbox"/> More than 60%		

**GENDER AND PROTECTION** (*Liaise with the Police field officer and chiefs*)

<b>B21</b>	Are there any major violence issues reported in the area council? <i>If yes please report to the police</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**COMMUNICATION** (*Liaise with any relevant stakeholder that could facilitate communication*)

<b>B22</b>	Is there any emergency means of communication within the area council?	<input type="checkbox"/> <b>Satellite phone</b> - Locations : _____ <input type="checkbox"/> <b>Satellite internet</b> - Locations : _____ <input type="checkbox"/> <b>HF Radio</b> - Locations : _____ <input type="checkbox"/> <b>Other</b> - Locations : _____
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**TRANSPORT & ENERGY**  
(Liaise with public works, airport agent and power supplier)

		# Number of infrastructure			List the names of the facilities impacted *
		Minor Damage	Severe Damage	Totally destroyed	
<b>B23</b>	Airport	# :	# :	# :	1. _____
<b>B24</b>	Roads and Bridges	# :	# :	# :	1. _____ 3. _____ 2. _____ 4. _____
<b>B25</b>	Wharf or landing	# :	# :	# :	1. _____ 2. _____
<b>B26</b>	Power supply (electrification)	# :	# :	# :	1. _____ 2. _____
<b>B27</b>	Other :	# :	# :	# :	1. _____ 2. _____

**PUBLIC BUILDING**  
(Liaise with officer in charge)

		Name of facilities impacted *	# Number of building damage			Evacuation center		Food lost impacted			# Number of water infrastructure damage		
			Minor Damage	Severe Damage	Totally destroyed	# room	# displaced people	Minor damage (0 to 30 % of lost)	Severe damage (30 to 60 % of lost)	Totally destroyed (60 to 100 % of lost)	Minor Damage	Severe Damage	Totally destroyed
<b>B28</b>	Schools	1.	#:	#:	#:	#:	#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#:	#:	#:
		2.	#:	#:	#:	#:	#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#:	#:	#:
		3.	#:	#:	#:	#:	#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#:	#:	#:
		4.	#:	#:	#:	#:	#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#:	#:	#:
		5.	#:	#:	#:	#:	#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#:	#:	#:
		6.	#:	#:	#:	#:	#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#:	#:	#:
		7.	#:	#:	#:	#:	#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#:	#:	#:
		Name of facilities impacted *	# Number of building			Name of facilities impacted *			# Number of building				
			Minor Damage	Severe Damage	Totally destroyed				Minor Damage	Severe Damage	Totally destroyed		
<b>B29</b>	Health facilities	1.	#:	#:	#:	2.	#:	#:	#:				
		3.	#:	#:	#:	4.	#:	#:	#:				
		5.	#:	#:	#:	6.	#:	#:	#:				
		7.	#:	#:	#:	8.	#:	#:	#:				
<b>B30</b>	Other Public services (Police, area council office, market house....)	1.	#:	#:	#:	2.	#:	#:	#:				
		3.	#:	#:	#:	4.	#:	#:	#:				
		5.	#:	#:	#:	6.	#:	#:	#:				

**\*If needed please add blank paper to note the other buildings or infrastructures affected**

