



**Rapid Communication Needs Assessment**  
**Media Station Profile Questionnaire**

This questionnaire is designed to be asked to staff of media stations, most likely radio and television broadcasters, to find out how their station is currently functioning, and what damage it has suffered as a result of the disaster. This information can be used in mapping of functioning media stations, and in determining what support an MDA might be able to offer to local media.

This questionnaire is based on Internews’ Radio Profile Questionnaire, which was developed during the response to Haiti. As it was designed specifically for radio, some questions will need to be adapted for television and other media stations. These questions have been highlighted in grey.

The questionnaire is a template, and will need to be adapted depending on the context, which phase of the emergency it is being used in, how much time is available to conduct the interview, and the extent of damage to the station (i.e. Many of the questions will be irrelevant if the station is too damaged and no longer broadcasting).

**A. GENERAL INFORMATION ABOUT THE STATION**

<b>A01</b>	Station Name	
<b>A02</b>	Station Frequency/ies, or channel <i>Please list all frequencies/channels on which the station may broadcast</i>	
<b>A03</b>	Station Location <i>(Street name, number, province, town, if available)</i>	
<b>A04</b>	Name of station owner or manager or senior contact	
<b>A05</b>	Contact details	Phone (1) _____ Phone (2) _____ Email: _____
<b>A06</b>	Main language(s) of broadcast	
<b>A07</b>	Year of foundation (i.e. 2006)	
<b>A08</b>	Do you have a website?	<input type="checkbox"/> Yes Address: _____ <input type="checkbox"/> No
<b>A09</b>	Do you have a Facebook Page?	<input type="checkbox"/> Yes Address: _____ <input type="checkbox"/> No
<b>A10</b>	Are there other social networks on which you have a profile?	<input type="checkbox"/> Yes Address: _____ <input type="checkbox"/> No
<b>A10</b>	Do you have a Twitter account?	<input type="checkbox"/> Yes Address: _____ <input type="checkbox"/> No

**B. PHYSICAL CONDITION OF STATION**

<b>B01</b>	Is the station still broadcasting since the _____ [disaster]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes but at limited capacity
<b>B02</b>	Where is the station physically located?	<input type="checkbox"/> The station is located in its own building <input type="checkbox"/> The station is located in a shared space with other organisations

<b>B03</b>	Does the station own, rent or uses for free that space?	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Uses for free			
<b>B04</b>	Has the station suffered any damage as a result of the disaster?  If so, please specify how the station has been affected under each category	<input type="checkbox"/> Working equipment (Specify: _____) <input type="checkbox"/> Building (Specify: _____) <input type="checkbox"/> Power Supply (Specify: _____) <input type="checkbox"/> Broadcasting ability (Specify: _____) <input type="checkbox"/> Staff capacity (Specify: _____) <input type="checkbox"/> Other (Specify: _____)			
<b>B05</b>	What working equipment do you have now?  <i>(For each piece of equipment, indicate the approximate number of items)</i>	<u>Equipment</u>	<u>Number</u>	<u>Equipment</u>	<u>Number</u>
		Recorders (Analog)		Loudspeakers	
		Recorders (digital)		Amplifiers	
		Field microphones		CD players	
		Studio microphones		Cassette players	
		Computers		Mini Disk players	
		Editing equipment		Transmitters	
		Mixers		Antenna	
<b>B06</b>	What are your sources of power?  <i>(For each source indicate the number of operating hours per day, the cost per month &amp; the amount of gasoline consumed per month)</i>	<u>Power Source</u>	<u>Hours/day</u>	<u>Cost/month</u>	<u>Liters of fuel/day</u>
		Generator			
		Electricity			
		Solar Panels			
		Batteries			
		Other (specify)			

**C. CURRENT BROADCASTING CAPABILITIES AND PRIORITIES**

<b>C01</b>	How many hours per day is the station on the air now?	
<b>C02</b>	What time of the day the station is on air? <i>(i.e. 400pm-600pm and 800pm-900pm)</i>	
<b>C03</b>	What is the capacity of your transmitter, in kilowatts?	
<b>C04</b>	How many kilometers does the transmitter reach?	
<b>C05</b>	Where is it located?	
<b>C06</b>	Approximate height of the mast	
<b>C07</b>	Do you know how many people watch/listen to your programmes? How does this vary at different times?	
<b>C08</b>	What are the top 3 types of programming you broadcast now? <b>USE CODE, ORDER BY PRIORITY, RECORD APPROXIMATE NUMBER OF HOURS / WEEK</b>	1.  _ _  - how many hours a week?  _ _ _  2.  _ _  - how many hours a week?  _ _ _  3.  _ _  - how many hours a week?  _ _ _   01 Walk-ins 02 Call-in shows 03 Debates 04 News 05 Music 06 Entertainment 07 Religious programs 08 Sports 09 Commercials 10 Listener messages 11 Drama 88 Other (specify) _____
<b>C09</b>	What are the top 3 topics you broadcast now? <b>USE CODE, ORDER BY PRIORITY, RECORD APPROXIMATE NUMBER OF HOURS / WEEK</b>	1.  _ _  - how many hours a week?  _ _ _  2.  _ _  - how many hours a week?  _ _ _  3.  _ _  - how many hours a week?  _ _ _   01 Finding missing persons 02 Security 03 Weather 04 Local news updates 05 National news updates 06 International news updates 07 Government Activities 09 Housing information 10 Water and Sanitation 11 Gender Issues 12 Agriculture 13 Education 14 Health 88 Other (specify) _____

		08 NGO Activities
<b>C10</b>	Is most of your information sourced live, or is it pre-recorded?	<input type="checkbox"/> Live <input type="checkbox"/> Pre-recorded <input type="checkbox"/> Half/half
<b>C11</b>	What is the main source of news / information for your programs since the crisis?	<input type="checkbox"/> Listeners (call, messages, ...) <input type="checkbox"/> Interview with community members <input type="checkbox"/> Humanitarian agencies/(I)NGOs <input type="checkbox"/> Government officials <input type="checkbox"/> Internet <input type="checkbox"/> Other radio/tv <input type="checkbox"/> Newspapers <input type="checkbox"/> Other, specify _____
	What type of support is most critical now for your station to be on air? <i>(Listen to the answers and tick all that apply)</i>	<input type="checkbox"/> Fuel for generator <input type="checkbox"/> Internet connection <input type="checkbox"/> Restoration of phone connection <input type="checkbox"/> Equipment for broadcast <input type="checkbox"/> Equipment for production <input type="checkbox"/> Training for staff <input type="checkbox"/> Accommodation & food for journalists <input type="checkbox"/> Building repairing <input type="checkbox"/> Financial support <input type="checkbox"/> Other _____

#### D. ACCESS TO TELECOMMUNICATION NETWORKS

<b>D01</b>	Does the station have a phone number? <i>(For each type indicate the number of lines and the provider(s))</i>	<table border="1"> <thead> <tr> <th>Type</th> <th>Number of lines</th> <th>Provider(s)</th> </tr> </thead> <tbody> <tr> <td>Fixed Lines</td> <td></td> <td></td> </tr> <tr> <td>Mobile</td> <td></td> <td></td> </tr> </tbody> </table>	Type	Number of lines	Provider(s)	Fixed Lines			Mobile		
Type	Number of lines	Provider(s)									
Fixed Lines											
Mobile											
<b>D02</b>	Are there any mobile service providers available in your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<p>• <b>If YES, continue to question D04. If NO, please skip to question D05.</b></p>											
<b>D03</b>	What mobile service providers are available? <i>(List the names)</i>	1. _____ 2. _____ 3. _____									
<b>D04</b>	What is the weekly cost of topping-up mobiles, if you have them?										
<b>D05</b>	Does the station have direct access to internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<p>• <b>If YES continue to question D06. IF NO go to question D11</b></p>											
<b>D06</b>	How does the station connect to the Internet?	<input type="checkbox"/> Landline <input type="checkbox"/> Mobile <input type="checkbox"/> Wi-Max <input type="checkbox"/> V-Sat									
<b>D07</b>	Do you have problems to connect to the Internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>D08</b>	How would you rate the reliability of your Internet connection?	<input type="checkbox"/> Unreliable (i.e. The connection drops a lot) <input type="checkbox"/> Average (i.e. Fluctuates between strong and weak connections) <input type="checkbox"/> Reliable (i.e. Usually strong connection that occasionally drops)									
<b>D09</b>	How would you rate the speed of your Internet connection?	<input type="checkbox"/> Slow <input type="checkbox"/> Average <input type="checkbox"/> Fast									
<b>D10</b>	Do you think your Internet use is secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>D11</b>	Is Internet available in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No									

#### E. COMMUNICATION WITH AUDIENCE

<b>E01</b>	Are your listeners able to contact the station since the _____ [disaster/crisis]?	<input type="checkbox"/> Yes, specify how _____ <input type="checkbox"/> No, specify why not _____
<b>E02</b>	If your listeners wanted to be in touch, what would be the best way for them to contact the station now?	<input type="checkbox"/> SMS <input type="checkbox"/> Emails <input type="checkbox"/> Phone Calls <input type="checkbox"/> Walk-ins <input type="checkbox"/> Other (specify) _____

<b>E03</b>	For each of the following, please specify if the station receives them and if yes, how frequently in a week (estimate)	
<b>E04</b>	SMS from audience	<input type="checkbox"/> No <input type="checkbox"/> Yes - how many per week?  __ __ __
<b>E05</b>	Emails from audience	<input type="checkbox"/> No <input type="checkbox"/> Yes - how many per week?  __ __ __
<b>E06</b>	Phone calls from audience	<input type="checkbox"/> No <input type="checkbox"/> Yes - how many per week?  __ __ __
<b>E07</b>	Walk-ins / visits from audience	<input type="checkbox"/> No <input type="checkbox"/> Yes - how many per week?  __ __ __
<b>E08</b>	What are the top 3 topics that the audience contact the station about since the disaster? <b>USE CODE, ORDER BY PRIORITY, RECORD APPROXIMATE NUMBER PER WEEK</b>	1.  __ __  - how many times per week?  __ __ __  2.  __ __  - how many times per week?  __ __ __  3.  __ __  - how many times per week?  __ __ __
		01 Finding missing persons 02 Security 03 Weather 04 Local news updates 05 National news updates 06 International news updates 07 Government Activities 08 NGO Activities
		09 Housing information 10 Water and Sanitation 11 Gender Issues 12 Agriculture 13 Education 14 Health 15 Participation polls 16 Music Requests 88 Other (specify) _____
<b>E09</b>	In your opinion, what are main barriers for the audience to contact you since the _____ [disaster/crisis]?	<input type="checkbox"/> Lack of awareness that contact is possible <input type="checkbox"/> Cost of communication <input type="checkbox"/> No mobile coverage <input type="checkbox"/> Language <input type="checkbox"/> No need to contact the station <input type="checkbox"/> Other, specify _____

#### F. STATION STAFFING

<b>F01</b>	Do you have paid staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• <b>IF NO go to question F07; IF YES continue to question F02:</b>		
<b>F02</b>	What proportion of your staff are still able to get to the station to work, since the _____ [disaster]?	_____ %
<b>F03</b>	How many people do you have in each role?	1. Administration _____ 2. Technical _____ 3. Reporters _____ 4. Correspondents _____ 5. Managers/Editors _____ 6. Other _____
<b>F04</b>	How many people are paid in total?	
<b>F05</b>	How much do you pay to a junior reporter?	
<b>F06</b>	How much do you pay to a senior reporter?	
<b>F07</b>	How much do you pay to an editor/manager?	
<b>F08</b>	Do you have any volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• <b>IF YES continue to question F08; IF NO go to section G.</b>		
<b>F09</b>	How many volunteers do you have in each role?	1. Administration _____ 2. Technical _____ 3. Reporters _____ 4. Correspondents _____ 5. Managers/Editors _____ 6. Other _____
<b>F10</b>	How many volunteers do you have in total?	

#### G. SOURCES OF INCOME

<b>G01</b>	What are your sources of income? <i>(Listen to the answers and tick all that apply)</i>	<input type="checkbox"/> Government <input type="checkbox"/> Advertisements <input type="checkbox"/> Community donations <input type="checkbox"/> Sponsors <input type="checkbox"/> Personal funding <input type="checkbox"/> International organizations <input type="checkbox"/> Other _____
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<b>G02</b>	Of the sources of income available to the station, how would you rank them in order of priority? Please rank all available sources, indicating 1 as the most important, 2 as the second most important, etc.	<u>Income Source</u>	<u>Ranking</u>
		Government	
		Advertisements	
		Community donations	
		Sponsors	
		Personal Funding	
		International organizations	
<b>G03</b>	How much does it cost per month to run your station now?		

#### H. RELATIONSHIP WITH LOCAL AND INTERNATIONAL ORGANISATIONS

<b>H01</b>	Are you in touch with any local or international NGOs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• <b>If YES, please continue to question C14. If NO, please skip to section D.</b>		
<b>H02</b>	If so, which NGOs? And what content are you broadcasting from these NGOs?	
<b>H03</b>	Does your station currently provide free air time for NGOs to make announcements and give advice?	<input type="checkbox"/> Yes – if yes, how many hours a week (average)  __ __ __  <input type="checkbox"/> No
<b>H04</b>	Do NGO staff participate as interviewees on news bulletins and programs?	<input type="checkbox"/> Yes – if yes, how many hours a week (average)  __ __ __  <input type="checkbox"/> No
<b>H05</b>	Do NGOs pay for the broadcast of public service announcements?	<input type="checkbox"/> Yes – if yes, how many hours a week (average)  __ __ __  <input type="checkbox"/> No
<b>H06</b>	Do NGOs pay for the broadcast of sponsored programs	<input type="checkbox"/> Yes – if yes, how many hours a week (average)  __ __ __  <input type="checkbox"/> No
<b>H07</b>	What are the main barriers to establish a relation with NGOs	<input type="checkbox"/> None in the area <input type="checkbox"/> Don't know anyone there <input type="checkbox"/> NGO refuse <input type="checkbox"/> Lack of funding <input type="checkbox"/> Other, specify _____

#### I. EXTERNAL SUPPORT

<b>I01</b>	Have you ever received help/training/funding from an international organization?	<input type="checkbox"/> Yes, specify which organization _____ <input type="checkbox"/> No
<b>I03</b>	Is your media outlet organized in a union or other representative organization?	<input type="checkbox"/> Yes, specify which organization _____ <input type="checkbox"/> No

#### J. INTERVIEW DETAILS

• <b>Be sure to record the following information on your own, once the interview is complete.</b>		
<b>J01</b>	Date (dd/mm/yy) Time: (of the interview)	/ / Time:
<b>J02</b>	Interviewer's (your) name	