RAW RELATED RESOURCES

The following resources have been prepared and are being continually evolved:

1. Preliminary Readings for finding and preparing local natural nurturers for evolving or extending Healing Networks.

2. A set of experiential learning modules and notes for participants

3. Facilitators guide and resources

Available from:

Total Care Foundation Inc.
Email: tcenablers@gmail.com

RAPIDLY ASSESSING WELLNESS (RAW)
During and Post Disasters

TEMPLATE

For use in contexts where affected folk are often on edge and raw: Firestorms, Cyclones, Floods & Earthquakes,

Other Versions Available: Conflict, Terrorism, War, & Financial Crash.

This Template supports rapidly and effectively identifying competency, resourcefulness, and resilience among local commonfolk early in disaster contexts. This information may guide complementary support from outside that minimises harm to local capacity for mutual help among locals. The term 'wellness' refers to focusing on being well - a continuum from lack of wellness to abundant wellness. 'Wellness' in its fullness means having integral functioning i*n all aspects of being* - in mind, body, and spirit - in moving, feeling, sensing, thinking, and acting, resulting in an overall feeling described as 'wellbeing'.

Wellbeing is holistic and includes psychosocial, emotional, environmental, habitat, cultural, economic, spiritual, mindbody, and intercultural Wellbeing.

Experiential courses are available in using this resource. Email tcenablers@gmail.com

CONTENTS

RAW EMERGENCY WELLNESS INTELLIGENCE AND CAPACITY BUILDING

1. In which situation, contexts and localities did you use this resource?
2. Questions to be added:
3. Material to be deleted:
4. How can the format of RAW be changed to be more effective?
5. What worked best about this resource?
6. What was most cumbersome about the resource?
7. What other suggestions do you have?

RAW FEEDBACK FORM

After using the RAW please provide the following feedback to assist in revising the Template to make it as useful as possible for the user in the field. Please print or write clearly so that your comments can be used. Please use the back of this sheet or attach additional pages if necessary.

Thanks for sending it to:

RAW Secretariat

Feedback

Return to: C/O Total Care Foundation Inc.
Email: tcenablers@gmail.com

First Glance

Themes 1-41 may be used during the first 2-3 hours in the affected region to prepare the first brief report to be sent back to field trip organisers.

1) As culturally appropriate in the context, provide words, audio, videos and photos creating a picture, feel, and story about the affected populations and conditions on the ground

2) What is the general resiliency (capacity for rebound) and functioning of the affected community?

3) How long since people have had food? Water? What food and water have they had? What is the availability of fresh water and good food?

4) What shelter do they have?

5) Estimates of affected people distribution by:

   a) location
   b) age
   c) elderly
   d) gender
   e) orphans
   f) unaccompanied minors
   g) infirm
   h) physical trauma
   i) psycho-socio-emotional trauma
   j) widows
   k) folk who have lost contact with close friends and family in the affected areas
   l) other categories

6) Identify and rank the causes of mortality and morbidity among the affected populations

7) Identify traumatic events experienced by the affected populations

8) Briefly detail the voluntary mutual-help context in the affected areas

The report gives clear indications of:

1. Immediate priority needs
2. The active and latent capacity for self-help and mutual help among the various populations and communities
3. Who the local enablers and nodal people in mutual-help networks are and how to contact them. Some nodal people may request to remain invisible
4. A brief description of the local and other processes being used in self-help and mutual-help
5. A brief description of how they may be supported *if they want support*
6. The needs of the chronic mentally ill are distinguished from those resulting from the emergency.
7. Clear recommendations are given regarding the best approaches, strategies, and processes in supporting the local people *to support themselves*
8. If possible, worst and best-case scenarios are specified along with a contingency plan for the next 3-6 months.
9. What is our estimate of local wellness priorities if the disaster continues?

e. The List (with names of contact people) of local agencies involved in psycho-socio-emotional projects; copies of such projects should be collected.

RAW Reports are clearly worded.

Decision-makers and staff of local, regional, state, and national organisations whose actions depend on the results of RAW Reports may have little training or experience in *interpreting wellness data.* Clear concise everyday language is used. The report is practically brief.

Depending on contexts, the complexity of the situation might require a few days of reflection before writing the Major Briefing Report to prevent hasty conclusions and decisions.

To reiterate, it may be preferable to deliver preliminary conclusions and recommendations for immediate actions while preparing the detailed report for release.

9) Provide a picture of special-needs groups in need of support; examples:

   a) Unaccompanied minors
   b) People who are limited in, or incapable of self-care
   c) Trauma sufferers
   d) Other

10) Give a feel for the community life-ways, culture(s), religion(s), spiritualities, lore/way of life, and social organization of the affected area and communities; also, important differences and conflicts if any between and within affected people, host communities in the affected area.

11) What are the physical conditions:
    a) access to river crossings
    b) blocked and accessible roads
    c) annotated maps
    d) weather forecast problematics, e.g.
        (a) air quality
        (b) extreme weather
        (c) hail
        (d) soil erosion
        (e) water contamination
        (f) wind changes affecting fire fronts
    e) contamination
    f) continuing fires
    g) debris
    h) ease of travel
    i) fire threats
    j) floods
    k) mosquitoes
    l) mud
    m) mud slides
    n) quickest accessible routes to affected regions
    o) shelter
    p) terrain
    q) tsunami risk and aftermath
    r) volcanic ash and lava
    s) other

THE RAW REPORT

Return to: Total Care Foundation Inc.
Email: tcenablers@gmail.com

The Basic Structure to the Report:

The Context
The Data
The Analysis
The Recommendations
The Annexes:

a. A list of the active local people and networks enabling local self-help and mutual help and details of how to find them

b. Other situational, health, or wellness reports, if any;

c. A list of active local, regional, state, and national relief agencies and key contact people

d. A brief summary of local healing ways and resources (photos, audios and videos collected on the field trip)

6. Indication of *available* resources & indication of *required* resources

7. Provide list of agencies involved (to be annexed) with indication of possible collaborating

8. Describe major obstacles - constraints, risks, assets, and resources for implementing wellness action

9. Recommendations regarding local support, external support and collaborations needed

10. Existing activities and location (contacts) of self-organization of the community to be maintained or expanded as a significant power resource of the community

11. Existing activities organized by the host community(ies) and local, regional, state and national agencies to be maintained or expanded

12. Ways to prevent breakdown of local support processes

12) Provide any other significant contextual detail for new arrival Aid teams, including dangers, threats, traps, pitfalls, etc.

Actions addressing Wellness Needs

13) How does the affected peoples' competency, resourcefulness, and resilience manifest itself among the people by gender:

a. children
b. adolescents
c. young adults
d. adults
e. older people
f. elderly

14) Convey a feel for how communities, families, friendship networks, and people among the various affected communities respond to the consequences of trauma, if any

15) Briefly paint a picture of the differing local ways people use to support themselves and each other

16) Who have you identified who are:

a) natural nurturers and carers
b) enablers – natural nurturers who support others to be more able
c) people in self-help and mutual-help wellbeing groups and networks
d) *nodal* people in these networks

SECTION 7. CONCLUSIONS AND RECOMMENDATIONS

Recommendations for an immediate and long term community-oriented wellness response based on the findings of the RAW.

The report should include the most important facts including the following:

1. Recommendations for immediate and long-term support of the most vulnerable

2. Recommendations for immediate and longer term support of the most seriously ill of the affected population.

3. What inter-generational activities, exchanges, support exists and what is needed?

4. Recommendations for immediate and longer term capacity building

5. Recommendations regarding immediate and longer term implementation of wellness action

8. Has there been any Royal Commissions into Mental Health or Psychosocial Disaster Response covering the disaster areas?

   If so what were the relevant findings and what recommendations have been implemented? With what affect?

   Were the organisers/authors contacted? Can they be? Can the reports be obtained?

2. Is there state or national mental health strategies addressing the emergency?

3. Are there any state or national mental health personnel in the area of concern? If yes, what type and how many? How can these people be reached?

4. Are there any mental health professionals within the affected areas?, Within refugee community?, Within the camps? What type and how many? How can these people be reached?

5. What mental health training activities are available? For whom? By whom?

17) How can these folk (in 16 above) be contacted? What concerns do they have if any? How can their concerns be addressed?

<u>What security concerns are there about releasing these people's names and contact details?</u>

One local concern is having key talent among their local voluntary competence pool attracted away from their community by aid bodies into paid positions in service delivery and collapsing – impairing local capacity.

18) What local disaster response initiatives exist? Have they been implemented? With what effect?

19) Are there any support or self-help groups and mutual-help groups within affected communities and/or host support groups?

For example, focal groups - children, adolescents, adults, elderly, If so, provide details: key contacts, nodal people resources, natural nurturers, locations, foci – e.g. supporting children

20) Identify any resources, coping skills, and behaviour strengthening available at personal and community levels for re-constituting well functioning

21) Specify the healing ways that are used. Possible examples of healing ways to look out for:

   a) Storytelling and sharing life and community narratives
   b) Collective sharing of up-to-date knowing of present context:

      i) who survived, who have been harmed; who are deceased
      ii) location of people
      iii) folk unaccounted for

   c) Body approaches
   d) Group approaches

4. Does a mental health operation plan exist? Is it being implemented? If so, by whom, where, since when? With what affect?

5. How can a copy of the plan be obtained? How does one contact the people in charge?

6. Is there anyone responsible for mental health activities in the affected area(s)?

Mental health resources available in the affected and host communities

1. Are there a data collection, dissemination, and updating systems including follow up on the security, human rights violations, and other problems having an impact on mental health? Which organization(s) is/are responsible for it?

7. Has any other mental health needs assessments been carried out? By whom? For what purpose? Were locals or refugees involved? With what affect?

6. In the current context, are there any situations in which traditions and rituals cannot be practised?

SECTION 6. MENTAL HEALTH POLICY AND RESOURCES

This section enables collecting information for bodies operating on 'Mental Health' diagnose and prescribe frameworks.

General information on mental health policy and action plan:

1. Is there a state/national mental health policy on prevention, emergency response relief, and longer-term programs?

2. Does it apply to asylum seekers, refugees, displaced, and other non-displaced populations affected by the disaster/conflict?

3. If this policy existed before the disaster/conflict, has it been adapted to the current needs? If so, with what affect?

e) Community approaches
f) Whole of community healing ceremonies
g) Other ceremonies & rituals
h) Cultural healing artistry - examples:

    i) Artistry in various forms
    ii) Dancing
    iii) Singing
    iv) Puppetry
    v) Music
    vi) Drumming
    vii) Others

22) Specify local ways that work in supporting people following disasters

23) What if any are the differing local cultural ways for mediating and reconciling between conflicting parties? What if any are the traditional reconciliation ceremonies and ways? What needs to happen for these ceremonies to take place? What is blocking these reconciliation ceremonies taking place, and what steps may be taken to remove these blocks?

24) What Local Ways are there that have been used successfully in the past that locals are *not* using for this disaster. If some are specified, may any of these be fitting this time, or fitting if adapted?

25) Describe everyday-life community processes and everyday simple actions that support the re-constituting of the local way of life in wellness together; perhaps evolving ways of their own making that may fit for some or all involved. For example, watch for spontaneous children's play and games using commonly found objects. There are dozens of games children play with footwear, especially with thongs. Children's play may lift the spirits of older ones. A core principle is that play to order is not Play; anything that restores aspects of their prior everyday normal life – like roosters crowing in the morning. After disasters the world is often very quiet. The sound of children playing can start birds calling again. Birds chirping in the trees again may help

happiness, suspicion, attitudes, disagreement, intolerance, prejudice, etc.)

6. How did the culture/traditions of the refugee community consider and react to psycho-socio-emotional illness and problems? Has this changed as a result of the disaster/conflict?

Self-help and Mutual-help Wellness Action

1. Do people ask for help or for psychological or social support when they need it? If yes, how are they seen by their community?

2. How do people understand and respond to violence and suffering?

3. How do people respond to death, burial, bereavement, and loss?

4. Evidence of examples of the folkCommons in practical wise acts

5. Examples of psycho-socio-emotional resources in action

SECTION 5. BRIEF DESCRIPTION OF IMPORTANT CULTURAL ASPECTS

Describe how affected people typically deal with consequences of violence and trauma: individual/ family/ community levels and how these processes/mechanisms are affected by the current situation

1. Is the society matrilineal or patrilineal, or other?

2. Kind of religion/s and role of priests, traditional healers, and other community authorities

3. How did/does the community treat and consider people with physical illness/disability, mental illness and other handicaps?

4. Ways conflict and disagreement are dealt with by people in the current situation?

5. How are emotions/thoughts expressed? (For example, sadness, fear, anger,

26) Which ones of these ways have been recommenced or re-constituted?

27) What others could be re-constituted?

28) Who are psychosocial resource people within these communities? For example, teachers, social workers, traditional healers, women's associations, community leaders, and external agencies?

29) How are the resource people in (28) being used? How may they be better used?

30) Who are other local psycho-socio-emotional resource people outside these communities who would be acceptable to them, for example, skilled people from the local area, nearby places, local, regional state, and national NGOs and community-based entities, and people from universities and religious groups?

31) What other community institutions, associations, networks and social processes existed before the emergency?

32) Which of these are still functioning or could be reconstituted in a similar or adapted form?

33) What support functions were available via various levels of local governance prior to the current context?

34) What understandings and cultural sensitivities do these governance-based resources/service providers have about local mutual-help for wellbeing among local communities?

35) Which resources/services are acceptable to the people affected?

36) Which of these are appropriate resources/services for these people in this context? For example, in some contexts available service providers are deemed to be inherently part of 'the distrusted system' and no contact is acceptable.

37) What steps may locals take to increase trust between affected folk?

3) Are there any psychological or social support structure(s) and type(s) of administration: civil, military (examples: family, church, community)?
4) Family structure: extended family, handling of financial resources; handling of family problems/hazards
5) Nature of money resources – available cash
6) Economic structure: kind of production and management of resources at family, district/or camp and national levels
7) Brief history of the host community, including disaster history
8) Brief history of any relationships between local hosts, and internal/external groups:
9) Religious and spiritual aspects of disaster affected areas:
10) Emerging social structure and self-organization in the concerned community; existing activities
11) Are there any emerging community leaders and what kind - political, ethnic, religious?
12) What kind of emerging social groups or associations, parties, etc. are there?

4) What have they gone through?
5) Domestic violence, including child abuse
6) Separation of family
7) Type of disruption of family and community structure and of cultural and social rituals
8) Deprivation of food/water
9) Epidemics with deaths
10) Breakdown of traditional family roles and support networks
11) Ethnic, political, religious disputes
12) Lack of privacy
13) Disruption of status (e.g., economic decline, loss of power in the community)

SECTION 4. CULTURAL, RELIGIOUS, AND SOCIO-ECONOMIC ISSUES FOR AFFECTED PEOPLE

1) Community characteristics before and after the disaster – strengths, resistance, resilience patterns and processes, and psycho-socio-emotional resources
2) Social structure

38) What, if any psychologists, community psychiatrist, counsellors, and other mental health personnel and actual/potential paraprofessional people are available locally or in nearby areas who are acceptable to the local people?

39) Do the community/communities show cohesion and solidarity?

40) Is there communication and cooperation between groups, affected people, and host community/communities? How may communication and cooperation be improved? Especially among previously conflicting groups if any?

41) Do formal or informal educational activities, including extracurricular ones exist? Can they be re-started or started?

Evolving a More Comprehensive Picture

SECTION 1. GENERAL INFORMATION ABOUT THE SITUATIONAL CONTEXTS

Describe the disaster, the affected areas, populations and expected movements affecting wellness

1) Geographic and environmental (natural) characteristics of the affected area
2) Previous conditions in the affected area; what was life like before the disaster; changes that occurred due to the disaster
3) Administrative and political divisions in the affected area
4) Nature of the disaster itself
5) Expected developments of the disaster
6) Areas that are still no-go areas; ways for resolving this
7) Expected population movements
8) Population movements that have already taken place
9) Adequacy of security

v) tropical
vi) urban

c) accessibility:
i) easy
ii) difficult
iii) dangerous
iv) currently inaccessible

19) Mapping of the locations and estimated numbers of various types of affected populations

20) Location and number of those living with relatives, and local people in rural and urban areas

SECTION 3. WELLNESS NEEDS

1) Exposure of the affected population to traumatic events and quality of current life
2) How sudden was any move/relocation?
3) When and how affected people arriving in present locations?

5) Non-displaced affected populations
6) Others
7) Estimates of population by age, gender, and vulnerability
8) Orphans, unaccompanied minors, children/adolescent
9) Heads of households
10) Single mothers
11) Survivors of trauma
12) Widows
13) Elderly
14) Chronically mentally ill: in institutions, within families, or elsewhere
15) Physically disabled and developmentally delayed
16) Average household size
17) Ethnic composition and place of origin of affected population (where are they from?)
18) Location of the affected population:

    a) camps, transit centres, communities, towns;
    b) environment:
        i) desert
        ii) flood plain
        iii) jungle
        iv) rural

10) Types and degree of violence if any:

    a) Cultural Destruction
    b) Killings in affected areas
    c) Looting
    d) Pay-back
    e) Other

Wellness Factors Relating to Basic Survival Situation and Needs:

1) Food supplies, recent food distribution, and future food needs including refrigeration, preparation, and dining
2) Supply and quality of water
3) Adequacy of sanitation
4) Situation of shelter and clothing
5) Air quality
6) Asbestos and other toxic and polluted environments
7) Other basic survival priority needs of the affected population
8) Factors contributing to, or detracting from safety
9) Morbidity, death rates, and causes (age, gender specific if possible)

Wellness Factors Relating to Economic Aspects:

1) Access to employment or income generating activities and infrastructure
2) Presence of fraud, graft, corruption, misappropriating of monies
3) Unequal distribution of resources and positions by:
   a. Ethnic
   b. Political
   c. Other kind of grouping

Wellness Factors Relating to Community Aspects:

1) Detail the differing mutual-help community groups and their nodal networkers and enablers, their foci and loci and ways to contact them.
2) Solidarity; ongoing political, ethnic, and other tensions
3) Problems with youngsters, certain ethnic groups, other groups
10) Cultural Reconciliation ceremonies still to be completed; factors delaying these ceremonies; factors that would facilitate these ceremonies taking place

Wellness Factors Relating to Education

1) Current education programs for:
   a. refugees
   b. displaced communities
   c. affected communities
2) Important problems for education
3) Current roles and activities of teachers (if not employed in formal education)
4) Status of transport, fuel, communication, and other logistic necessities

SECTION 2. DESCRIPTION OF THE AFFECTED POPULATIONS

Statistics are not always available during a crisis. Therefore data collected on these aspects can be simple estimates.

Different categories of affected populations and the variability within each of them:

1) Refugees,
2) Internally displaced
3) Existence of old refugee groups/displaced populations
4) If the problem is not new, returnees,