Games on inclusion of age, disability and gender in preparedness and humanitarian response

What is dignity?
Overview: As six case studies of undignified experiences are read out in the first person, players sit in a circle with their eyes closed imagining how the experience feels. Afterwards, players share their thoughts prompted by a set of reflective questions about dignity.

Learning objectives:
By the end of the game players will be able to recognise the importance of maintaining people’s dignity and the personal nature of dignity.

Who should play the game?
Anyone who would like to learn about dignity regarding older people in humanitarian action.

Number of players: 6 or more

Materials required:
Resource 1: Print one copy of the Case studies

Estimated time required: 45-60 minutes

Facilitator instructions:

Step 1: Explain that this game focuses on dignity or lack of dignity that is sometimes experienced by people, especially older people and people with disabilities. Explain that during the game players will be asked to close their eyes and imagine how certain experiences feel. If at any point someone feels uncomfortable or unable to continue, they can choose not to participate.

Step 2: Ask everyone to sit in a circle (as facilitator, you should also sit as part of the circle). Explain that you will read a short case study and that whilst you read, recommend players close their eyes and truly try to put themselves in the person’s shoes.

Step 3: Slowly read one case study to the group.

Step 4: After you have read the case study, invite everyone to open their eyes and ask the following questions to the group:

• How did it make you feel?
• Did the humanitarian response ensure the dignity of individuals was respected? How did it fail or succeed in this?
• What would you change to ensure dignity was respected?
• How would these stories relate to the Four Protection Principles stated in the Humanitarian Charter:
  o Enhance the safety, dignity and rights of people, and avoid exposing them to harm.
  o Ensure people’s access to assistance according to need and without discrimination.
  o Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation.
  o Help people claim their rights.

Step 5: Explain that you will now repeat this process with five more case studies. Invite a volunteer to read the next case study and then repeat the process with the same reflective questions.
Step 6: Once all case studies have been read out and discussed, debrief with the following questions:

- Have you ever witnessed similar cases?
- What good practice have you witnessed?

Highlight that dignity is enshrined through the core humanitarian principles and standards and also through the Humanitarian inclusion standards for older people and people with disabilities. The complexity and personal nature of dignity can be difficult to grasp and yet the impact on an individual can be profound should they be forced to experience an undignified situation. The case studies that we read were drawn from real experiences and have been adapted only slightly. Unfortunately they are not uncommon.

- If you have a copy of the Humanitarian inclusion standards ask players to read page 46-47 and ask if there is anything that they think they could change in their organisation/projects to ensure dignity is enshrined in their programmes.

**Level of facilitation required:** High, due to the sensitivity and need to manage each reflection carefully.

**Possible adaptations to game:**
You can adjust the case studies to suit the context in which you work and add or delete case studies. It is recommended that you draw from real examples where possible. You may also prefer to print the case studies and ask small groups to read together and discuss the questions.

**Suggested games to play before or after this game:**
- Using the protection inclusion standards
- Identifying vulnerabilities and capacities
- Mapping vulnerabilities and capacities of older people
Case 1: “In a recent seed distribution by aid agencies, I was not registered as they said older people are not included in the criteria. They also said that I am not strong enough to farm. They always say that they have to prioritise children, youth and women making us feel that we do not count anymore. I may be old but if you give me the chance I can still take care of myself. If I don’t farm then I have to rely on other people which makes me feel useless.”

Case 2: “I know many of my older friends in the community have experienced negative attitudes towards them from people working for humanitarian organisations. People sometimes come to the camp to ask questions about what we need. Once someone came specifically to help older people but they only spoke to our family and not directly to us, they said they didn’t have anyone who could speak the tribal language and I don’t speak Arabic, in fact, most older people don’t speak Arabic. Decisions around food and hygiene were made for us. Most of the food that came wasn’t right and neither were the hygiene items.”

Case 3: “It’s difficult for me to carry my food ration because of my poor health and my disabilities. Sometimes I ask other people to help but sometimes everyone is busy and I have to try carry it all myself. Once I fell over in the mud coming back. I ended up having to leave some of the food on the floor because I couldn’t cope; it was too heavy for me. I felt humiliaded and embarrassed.”

Case 4: “I am always being filmed and photographed but nothing ever changes, there’s still not enough to eat. When they take my image I feel like so embarrassed; if they do ask the group for any feedback, I am not involved as my hearing is poor and I don’t understand what they are saying. Last time they filmed the area where they were distributing food, I was ordered to stand in a queue for a long time to wait for food while they did the filming. I needed to go to the toilet but they would not let me leave the line. I had to urinate in my clothes as they continued to film; so I continued to have to wait in line for food feeling so ashamed of myself. I was so hungry I had to stay there.”

Case 5: “I spend $59 per month on medication, including pills for high blood pressure because the camp clinic near me only provides paracetamol. To pay for my medications, my daughter often sells part of our food ration and cooking oil. We also sold our blankets. I feel like a burden and I worry for my family that they are suffering too much for me. I don’t know what to do.”
Case 6: “I can’t reach the latrines in the camp, they are too far and the land is not easy to walk on. They gave me a bedpan so now I go to the latrine here, I eat and sleep here. I have become like a cow or goat. What more can I say? Cows defecate and urinate in the same place where they eat… Now I’m sleeping in a latrine.”

These stories are based on real life quotes from two reports, however, some stories have been expanded and adapted to better meet the learning objective of the activity:
