

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

---

# Recognising capacities of older people in disaster risk management

# Game title: Recognising capacities of older people in disaster risk management

**Overview:** Teams race to complete the blank spaces in a case study and then discuss debrief questions to reflect on their own context before making their own list of questions to better map capacities.

---

## Learning objectives:

By the end of the game players will be able to:

- Recognise the potential range of capacities that older people can bring to disaster management.
- List the basic questions that can be asked to map capacities of older people.

## Who should play the game?

Anyone working in disaster management programmes who would like to better understand how capacities of older people can benefit programmes and individuals.

**Number of players:** 4 or more

## Materials required:

Resource 1: Print one or two copies of the Case study per team

Resource 2: Print one or two copies of the Mapping questions per team

Pen and paper for each team

**Estimated time required:** 20-30 minutes

## Facilitator instructions:

**Step 1:** Explain that this game is based on a case study from Pakistan taken from the World Disaster Report 2018 (International Federation of Red Cross and Red Crescent Societies). Say that the objective of the game is to discover the word in the blank spaces within a given time limit.

**Step 2:** Help players form teams of two or three.

**Step 3:** Hand out one copy of the Case study (Resource 1) per team. Ask them not to look until everyone is ready and the clock begins. Set a time limit for the teams ('10 minutes is normally enough, but allow more time depending on players' level of English). Explain that when the time is over they must all stop and we will check answers. Points will then be awarded for suitable answers.

**Step 4:** When the given time is finished ring a bell or make a sound to inform all players to stop working. Ask player to switch papers and go through the answers together. For each word that is correct they gain one point. The facilitator may judge that if a word is not the same as the answer sheet but still logical within the context they can award a point.

The answers are as follows:

1. Grandmothers
2. Grandmothers
3. Grandmother
4. Grandmother

5. Older people
6. Older women

Congratulate the winning team.

**Step 5:** Debrief using the questions below as a guide

**Case study questions**

1. What was the **main issue** that the programme was trying to address?
2. What was the **specific gendered aspect** of the issue?
3. How did they **harness the capabilities** of older women?
4. What **influence** did older women have on the **impact** of the project?

**Reflecting on players context**

1. What **influence** do older men and women with and without disabilities have in the communities where you work?
2. What **range of knowledge and capacities** can older men and women possess that are valuable for DRR programmes?
3. Do you have any **examples** you can share?
4. What **systems** are you aware of to ensure capacities are mapped?

**Step 6:** In the same teams as before, ask players to write down questions that they think they could ask older people to better understand their skills and knowledge.

Ask them to put their questions under two headings:

- **Assessment of skills**
- **Assessment of contextual/specific knowledge**

**Step 7:** Compare each team's questions and hand out copies the Mapping questions (Resource 2) facilitating discussion between similarities and differences.

For each question that also appears on the list from the Age inclusive disaster risk reduction (AIDRR) toolkit they will get 2 points, for any additional question that is relevant or useful they will receive 1 point. You, as the facilitator, will need to judge if any additional questions are relevant/useful and deserve a point.

Score each list. The team with the highest score wins.

**Step 8:** Ask players if these questions would be useful for their work or team and how else they might begin to map capacities of older people.

**Additional notes for facilitator:** *“As well as the needs, the capacities of older people and persons with disabilities are frequently overlooked in emergency contexts. The two groups are typically characterised as helpless or weak during times of crisis. Indeed, while some older people and persons with disabilities may face additional risks in the event of a disaster, they also often have valuable contributions to make and are keen to regain control of their lives and stabilise the lives of their families and wider communities.*

*For example, many older people, including persons with disabilities, take on additional childcare responsibilities in times of crisis – women in particular (Wells, 2005). Migration can make this the norm in some contexts, where younger people seek employment elsewhere, leaving older people to take care of grandchildren. The phenomenon of ‘skipped generation families’ is also a feature in places heavily affected by HIV and AIDS and other epidemics (Williams, 2011). Indeed, even outside of situations of crisis, grandparents and older children – especially women and girls – often provide unpaid childcare in countries with insufficient and unaffordable formal childcare provision (ODI, 2016).”*

**Level of facilitation required:** High

**Possible adaptations to game:**

If you do not want to print the case study out, the facilitator (or volunteer) can read out the text. Each time they get to a blank space they should say a word, try to make this a silly word, like pineapple or banana. This will make the game challenging and also make a funny story. Or, depending on the context in which you are playing the game, you could put the case study into a series of PowerPoint slides.

It is also fun and effective to print or write out the case study (with spaces for the missing words) on large pieces of paper. Put the missing words on separate pieces of card or paper. Teams line up on the opposite side of the room. One by one, players are given a missing word, which they have to put it in the correct space before returning to their team and the next player has their go. First team to have all the words in the correct spaces wins.

**Suggested games to play before this game:**

- Identifying vulnerabilities and capacities
- Mapping vulnerabilities and capacities of older people

**Suggested games to play after this game:**

- Mapping organisations and capacities

## Resource 1: Case study

---

**Hint:** There are three words missing, one word is repeated four times. Can you discover the key words in the story?

Afghanistan has been in a state of protracted conflict for decades and many parts of the country are at high risk of natural hazards. This combined with geographical barriers has left many millions of people with limited or no access to essential health services. The maternal mortality ratio for Afghan women is among the highest in the world. Cultural norms in Afghanistan dictate that a woman must be seen by a female health professional, and women cannot travel alone to seek medical attention without an accompanying male family member. As a result, home births are still the norm with 86 per cent of deliveries taking place at home.

The Afghan Red Crescent Society runs specially designed community-based health programmes (CBHP) across Afghanistan. These bring critical healthcare to vulnerable communities by providing services, health awareness and promotion, improved access to safe drinking water and improved sanitation facilities, and more diverse foods.

The CBHP has adopted an innovative way of convincing pregnant women – and their husbands, fathers and other male relatives – to seek health services and undergo medical treatment in the nearest health facility.

(1) \_\_\_\_\_ are often considered as influential figures not only in their own families, but also in wider rural communities. Therefore, local committees of (2) \_\_\_\_\_ were formed and trained to play a key role in advocating for women (and particularly pregnant women) to seek better healthcare and for men in the community to support and enable them to do so.

The CBHP in Balkh set up ten committees in 2016 with a membership of around 200 women. An evaluation of the project in 2017 found that the (3) \_\_\_\_\_ s' committees had a strong positive effect on raising awareness of improved maternal health practices. During the CBHP, there was a significant increase in deliveries attended by a skilled health worker: in pilot areas, from 4 per cent in 2008 to 25 per cent in 2010; and in all project areas from 30 per cent in 2008 to 66 per cent by 2016. The improvements cannot be attributed solely to the (4) \_\_\_\_\_ s' committees, but they are credited with making a significant contribution to changing mindsets and encouraging healthy practices.

Overall, the project succeeded in identifying and harnessing the unique capabilities of (5) \_\_\_\_\_ – and (6) \_\_\_\_\_ in particular – as volunteers in their communities, and did so in a creative and dignified way to bring about positive change. The wider implementation of integrating the Afghan Red Crescent Societies' CBHP, mobile health services and maternal, neonatal and child health clinical services all aim to widen service reach with holistic, curative, preventive and promotional health-care to targeted vulnerable communities. Engaging communities in health service implementation and community acceptance aims to ensure safe access and assurance of protection for staff and volunteers operating in insecure areas. Continuous support to build the capacity of communities and volunteers leads to greater community resilience in coping with health and disaster risks.

Source: International Federation of Red Cross and Red Crescent Societies, 'Left out of the loop: older people and persons with disabilities', *World Disaster Report 2018*, p.94-95

## Resource 2: **Mapping questions**

---

### **Assessment of contextual / specific knowledge:**

- How long have you lived in the community?
- Are you familiar with the disaster history of the community?
- Can you recall details of the last disaster that hit the community?
- Looking back, what could have been done differently in the mitigation strategies?

### **Assessment of skills:**

- What did you do when you were younger?
- What is your role in the household now?
- What is your role in the community?
- How do you think you can contribute to DRR – within the household, in the community?
- What will help you enhance your skills to contribute?

Questions taken from HelpAge International, *Age-inclusive disaster risk reduction: A toolkit*, 2019, p.58