

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

Rights-based model to programming

HelpAge

International

Game title: Rights-based model to programming

Overview: Teams race to identify the rights-based approach to programming and find specific examples of human rights, participation and inclusion, and capacity building in scenarios.

Learning objectives:

By the end of the game players will be able to recognise how different needs can be addressed using a rights-based model.

Who should play the game?

Individuals who would like to learn about how the rights-based model can be applied in humanitarian programming.

Number of players: 4 or more

Materials required:

Resource 1: Print and cut one set of the Scenarios per team

Resource 2: Print one copy of the Task sheet per player or per pair

Resource 3: Print one copy of the scenarios with facilitator tips for the facilitator

Estimated time required: 45-60 minutes

Facilitator instructions:

You (the facilitator) should read through all the material and ensure you are familiar with the different models explained on the task sheet. You will need to select the sector specific scenarios from Resource 1 that you would like the players to use in the game (it is recommended that you choose two to four sectors depending on the time available). You will then need to print one or two copies of the scenarios for your chosen sector for each team to use.

Step 1: Explain to players that they will work in teams of between two and four and that each team will be given a task sheet which explains the rights-based approach to programming and instructions for the task. Each team will also be given a set of scenarios based on different sectors.

Step 2: Ask players to form teams of two to four players, sitting around a table or on the floor.

Step 3: Give each team the sector scenarios that you have pre-selected and prepared along with a task sheet (Resource 2).

Step 4: Talk through the task sheet and the different models, answering any questions that players have. Explain that for each sector there is an example of a human rights model of programming and an example of a non-inclusive programme (e.g. a charity model or medical model). They must first identify which scenario is human rights based and then highlight evidence of the three core principles of human rights-based programming (Human Rights, Inclusion and Participation, Capacity Building) in the scenario.

Step 5: Allocate a suitable time depending on how many scenarios you have asked the teams to work on (normally at least 5 minutes is required for each scenario).

Step 6: After the allocated time has finished, ask everyone to stop working. Check that all teams have correctly identified the human rights programming scenario and invite groups to share the evidence of the core principles to support their selections. If appropriate you may choose to award points to teams for correctly identifying examples. If you decide to do this inform teams at Step 3 before they begin playing.

Step 7: Debrief the game

Include the following questions:

- What is the impact on individuals when using the human rights-based approach?
- What is the impact for communities when using the human rights-based approach?
- What are the risks if we don't programme using a rights-based model?
- What challenges do you see to using this model?
- How could your programmes adopt the model? What examples can you share that we could learn from (either as lessons learnt or good practice)?

Explain that these scenarios all used the Humanitarian inclusion standards for older people and people with disabilities (HIS). The HIS can help guide your programmes to ensure an inclusive rights-based approach is used. Encourage players to review the HIS.

Level of facilitation required: High




Possible adaptations to game:

You may want to adapt the scenarios to suit the context in which you are working or play the game as a matching activity. You may also consider giving different sector scenarios to different teams and then asking the teams to present their findings to each other either. If you have four teams of four players, have one player from each team get together to form a new team of four to share their conclusions.

Suggested games to play before or after this game:

- How to use the HIS key standards
- How to use the HIS sector standards
- Using the protection inclusion standards
- What is dignity?

Resource 1: Scenarios

<p>Protection</p> 	<p>The camp authorities have put in place a reporting and surveillance system of protection against sexual violence and abuse within the camp. The system has not been disseminated in an accessible way and many older women, and women and girls with disabilities, have been left out. Furthermore, most security personnel are men and not sensitised to disability, which makes it difficult for them to address their complaints.</p>	<p>'At-risk groups' among the population, including women and girls with disabilities and older people, are identified by an NGO focused on SGBV, and they are included in community and women's activities. The camp is well lit and women and girls are given whistles/flashlights and other things to help increase their sense of safety. They are also informed about how to report any concerns in a 'safe space', with trained female and male staff. Awareness campaigns about sexual and gender-based violence are held in the camp.</p>
<p>WASH</p> 	<p>Two boxes of diapers are given to parents of children with disabilities every month by a local charity. It is not enough; families are asking for more. Adults who have bladder issues are not considered in this response.</p>	<p>After a series of community meetings, families raise the idea of hiring four women in the camp who can sew, including women with disabilities, to make reusable diapers for children and adults. The diapers are bought by the NGO and then provided as part of the NFI kits to families who need them, including women, men, girls and boys with and without disabilities.</p>
<p>Shelter and NFI</p> 	<p>300 older people and people with disabilities and their families are surveyed to identify persons in need of heaters. NGOs doing NFI distribution revise their vulnerability criteria to target families identified by the survey who have not received assistance and who have special health needs that make them at risk in cold winter months.</p>	<p>A wealthy local family has donated 40 heaters, which have been given to people with disabilities. Half of them already have heaters and sell their heater to other people in the camp. Some people in the community get upset that people with disabilities 'get everything and the rest of us are ignored'.</p>

Health



Health centres in a camp are managed by an international NGO. Medication for chronic diseases such as diabetes, high blood pressure and some mental health conditions are being provided on a weekly basis. Unfortunately, very few older people or people with disabilities are coming to the health centre, and the staff are considering reducing the stock of such medication.

The NGO consults with older people and people with disabilities when designing and setting up the health clinic. This has ensured accessibility, and the hiring of health volunteers who can inform people about the clinic and conduct health awareness activities.

Emergency education



On disability day, children with disabilities are given toys by a local charity to play with. The toys are not accessible to all children with disabilities as some need good fine motor skills to be played with and none of the toys have been adapted to children with visual impairments, multiple disabilities or intellectual disabilities.

The child-friendly space hires extra social workers to help bring children with disabilities to the space and be included in various games/activities that stimulate children's social development and psychological wellbeing. The social workers can also give extra one-to-one time that some children need due to their disability and their parents not being able to come.

Food security and livelihood



Livelihood and cash-for-work programmes are designed so that older people and people with disabilities can participate. Through support to self-help groups, or the establishment of Age and Disability Focal Points, awareness of the capacities of these groups is raised in cluster meetings and other coordination mechanisms.

Cash vouchers are given to vulnerable households (woman-headed, older person- or person with disability-headed) because they are considered as not able to join cash-for-work or other livelihood programmes. Several of these recipients, however, have skills to offer the camp population and would like to be hired to work for a salary, like others. Since they receive vouchers, they cannot apply for any livelihood work in camp.

Nutrition



The health centre in the camp develops a list of nutritional deficiencies that are common in the camp population, both among children and older people based on health issues they are identifying. They do a community assessment to identify the population who are at risk, including people of all ages who have difficulties in chewing or eating food rations, and older people who may not be getting enough food. They also consult on people's food habits and cultural preferences. After this outreach, they work with food distribution actors to add nutritional boost to food packages, as well as providing food that is easy to digest and chew for these groups.

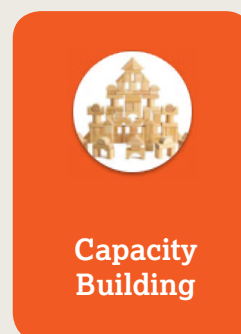
A local drinks company has donated nutritional supplements to one NGO working in a camp settlement. They are provided to older people. However, it turns out that they do not contain the sufficient nutrients, the majority of older people do not find them tasty, and they are unfamiliar with these types of supplement.

Source: Age and Disability Consortium, *Age and Disability Training Course – Trainer's Handbook, 2017*, https://www.redr.org.uk/getmedia/b6f0f1c1-d75c-4510-b2fe-a1c464d91a63/ADCAP-Training_Learner-Workbook-2017.pdf

Resource 2: Programming approaches

Charity model	Medical model	Social model	Human rights model
Victims to be pitied and cared for by charity	Medical care of impairment is required	Disability seen as a result of limitations imposed by environmental barriers.	All people must have equal opportunities to participate in society.
For example:			
Donate some food or money	Physical rehabilitation: fit a prosthetic leg and train the person on how to utilise and maintain it	In addition to the physical rehabilitation, adjust the environment to facilitate the person's participation: → Universal design in reconstruction activities → Awareness campaigns aiming to reduce discrimination	Empowerment: In addition to physical rehabilitation and adjusting the environment: → Needs based training for inclusion in livelihood activities → Psychosocial support to enhance self esteem → Advocate for rights of people with disabilities and vulnerable groups → Work with disabled people's organisation (DPOs) and other specialised groups

Human rights-based approach core principles:



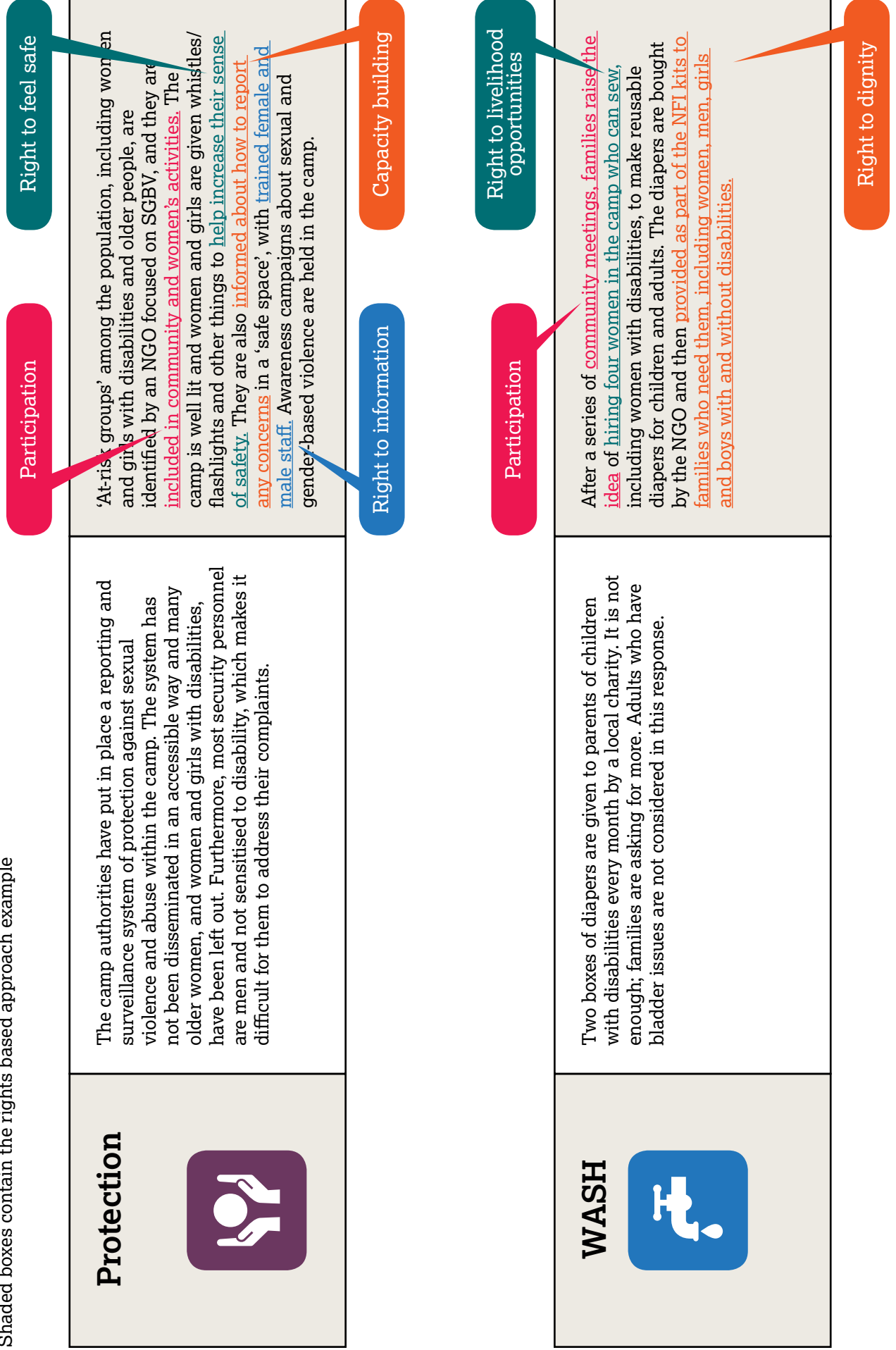
Task:

You have been provided with a description of two programmes in the same sector.

1. Read the descriptions and identify which programme uses a human rights-based approach to programming.
2. Identify at least two examples of the core principles of the rights-based approach in the programme description.

Resource 3: Scenarios with facilitator tips

Shaded boxes contain the rights based approach example



Participation

Right to feel safe

Right to information

Capacity building

Participation

Right to livelihood opportunities

Right to dignity

Emergency education



On disability day, children with disabilities are given toys by a local charity to play with. The toys are not accessible to all children with disabilities as some need good fine motor skills to be played with and none of the toys have been adapted to children with visual impairments, multiple disabilities or intellectual disabilities.

The child-friendly space hires extra social workers to help bring children with disabilities to the space and be included in various games/activities that stimulate children's social development and psychological wellbeing. The social workers can also give extra one-to-one time that some children need due to their disability and their parents not being able to come.

Right to education and participation on an equal basis

Right to health and well being

Participation

Food security and livelihood



Livelihood and cash-for-work programmes are designed so that older people and people with disabilities can participate. Through support to self-help groups, or the establishment of Age and Disability Focal Points, awareness of the capacities of these groups is raised in cluster meetings and other coordination mechanisms.

Cash vouchers are given to vulnerable households (woman-headed, older person- or person with disability-headed) because they are considered as not able to join cash-for-work or other livelihood programmes. Several of these recipients, however, have skills to offer the camp population and would like to be hired to work for a salary, like others. Since they receive vouchers, they cannot apply for any livelihood work in camp.

Right to livelihood opportunities

Participation

Shelter and NFI



300 older people and people with disabilities and their families are surveyed to identify persons in need of heaters. NGOs doing NFI distribution revise their vulnerability criteria to target families identified by the survey who have not received assistance and who have special health needs that make them at risk in cold winter months.

Right to health and well being

A wealthy local family has donated 40 heaters, which have been given to people with disabilities. Half of them already have heaters and sell their heater to other people in the camp. Some people in the community get upset that people with disabilities 'get everything and the rest of us are ignored'.

Participation

Health



Health centres in a camp are managed by an international NGO. Medication for chronic diseases such as diabetes, high blood pressure and some mental health conditions are being provided on a weekly basis. Unfortunately, very few older people or people with disabilities are coming to the health centre, and the staff are considering reducing the stock of such medication.

Right to access health services

The NGO consults with older people and people with disabilities when designing and setting up the health clinic. This has ensured accessibility, and the hiring of health volunteers who can inform people about the clinic and conduct health awareness activities.

Capacity building

Right to information

Nutrition



Participation

The health centre in the camp develops a list of nutritional deficiencies that are common in the camp population, both among children and older people based on health issues they are identifying. They do a community assessment to identify the population who are at risk, including people of all ages who have difficulties in chewing or eating food rations, and older people who may not be getting enough food. They also consult on people's food habits and cultural preferences. After this outreach, they work with food distribution actors to add nutritional boost to food packages, as well as providing food that is easy to digest and chew for these groups.

Participation

Right to health and well being

Participation

A local drinks company has donated nutritional supplements to one NGO working in a camp settlement. They are provided to older people. However, it turns out that they do not contain the sufficient nutrients, the majority of older people do not find them tasty, and they are unfamiliar with these types of supplement.

Source: Age and Disability Consortium, *Age and Disability Training Course – Trainer's Handbook, 2017*, https://www.redr.org.uk/getmedia/b6f0f1c1-d75c-4510-b2fe-a1c464d91a63/ADCAP-Training_Learner-Workbook-2017.pdf