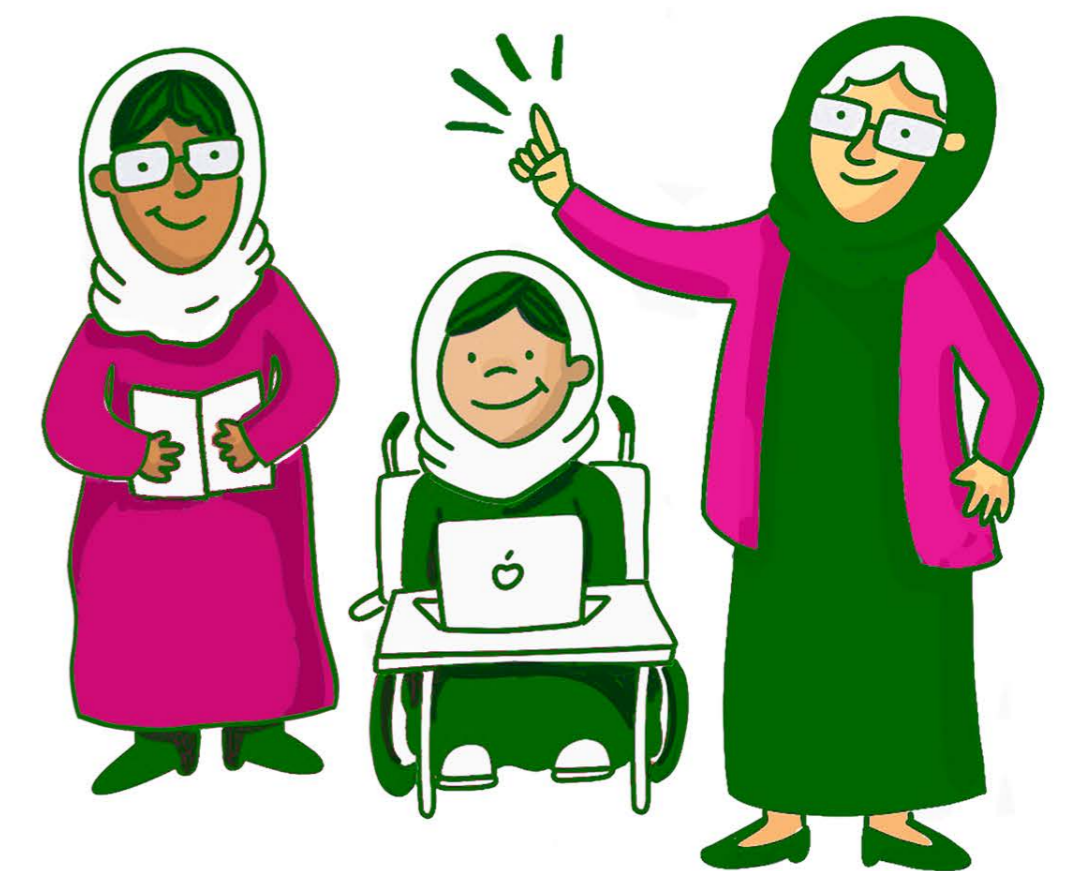




Ahlan Simsim and empowerment through representation: Mainstreaming disability inclusion in early childhood development for crisis-affected children in the Middle East



Disability Inclusion Case Study Series: Preface and Acknowledgements

Preface

In 2019, the Inter-Agency Standing Committee (IASC) released the *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*, setting out essential actions that humanitarian actors must take to effectively identify and respond to the needs and rights of persons with disabilities. Shortly after the launch of these Guidelines, the global [Reference Group on Inclusion of Persons with disabilities in humanitarian action](#) was launched (the Disability Reference Group or DRG). Members of the DRG Working Group 1 (DRG WG 1) collaborated to promote and support the operationalisation and implementation of the IASC Guidelines. Over the last few years, they have received multiple requests and expressions of interest from practitioners to facilitate a deep dive into examples from the field of good and promising practices around the implementation of the IASC Guidelines on disability inclusion.

This case study series is the answer to these requests and expressions of interest to provide in-depth exploration for humanitarian practitioners seeking to be more disability inclusive in their work by sharing the stories of what this work can be like in the field. This series aims to address the lack of detailed examination of successful projects and the results they achieved through an analysis of their experiences, reflections, and the lessons they learned about disability inclusion.

Funding for the development of the case study series comes from a two-year project ‘From Guidelines to Action: Promoting Learning, Localisation and Adaptation of the IASC Guidelines on Inclusion of Persons with disabilities in humanitarian action’. The project is financed by ECHO, the Center for Disaster Philanthropy (CDP) and implemented by Humanity & Inclusion/Handicap International.

Selection of good and promising practices

In 2023, the DRG WG1 launched a call for good and promising practices on ‘what works’ for transforming existing humanitarian programming into disability-inclusive humanitarian programming with the aim of fostering learning between humanitarian agencies, funded by CDP. A technical review committee (TRC), comprised of humanitarian practitioners working towards disability inclusive programming, all members of the DRG WG 1, was established to design and support the selection process.

The call for case studies was launched early 2023. Case studies were selected for focussing on various priority thematic areas that reflected the “must do” actions for



disability inclusive programming of the IASC Guidelines on Disability Inclusion. These thematic areas were identified as essential for disability-inclusive coordination efforts and programming across all humanitarian sectors to support meaningful participation and equitable access to humanitarian assistance and protection for people with disabilities. The thematic areas were:

- 1 Empowerment of persons with disabilities,
- 2 Capacity development of humanitarian actors, including organisations of persons with disabilities (OPDs),
- 3 Identification and removal of barriers,
- 4 Meaningful participation of persons with disabilities, and
- 5 Quality disability data collection and disaggregation.

Of 41 initial submissions, 21 organisations were selected based on agreed criteria¹ and invited by the TRC members to participate in two laboratory-style peer review and learning workshops, with 19 organisations participating. The goals of these two workshop were not only to identify good practices of disability inclusion, but also to foster learning between humanitarian agencies as they each shared their projects. The TRC established a jury for the final selection² by inviting seven experts on inclusive humanitarian action from academia, think-tanks, Organisations of Persons with Disabilities, humanitarian agencies as well as the DRG co-chair. During the workshops each submission was scored by the jury members and other workshop participants as well as being documented and illustrated [as briefs in a workshop report](#). The top 3 scoring good practices were then selected for developing the more detailed case studies in this series.

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1. (A) Completeness, (B) Humanitarian Action Focus, (C1) Impact, (C2) Sustainability, (C3) Replicability, (C4) Relevance to the objective of the call, (C5) Innovation, (D) Compliance with the thematic areas
 2. Final selection criteria used by the jury were: Innovation & learning potential, Demonstrated impact, Scalability and/or replicability potential, and an additional score around cross-disability and diversity among persons with disabilities.

Methods for case study development

To ensure the case studies provided sufficient detail and depth for practitioners, the research methods for all three case studies comprised of reviewing key program materials and other background and published documents, as well as multiple and phased key informant interviews (KIs) and focus group discussions (FGDs) with stakeholders involved in each project.

Adopting ethical storytelling principles to ensure the process was respectful and empowering for contributors, a series of validation workshops provided opportunities for reflection, analysis, and feedback. Organisations worked with the author to provide concrete guidance on disability inclusion in humanitarian action, including updated indicators and tools where possible.

Each case study is available in written and online, interactive versions. The online versions have been designed to support learning and development and include audio/visual clips and reflections from those involved in each project.

Objectives and key themes emerging

The objectives of the case study series are to provide detailed descriptions not only of what was done in each project, but how and why, as well as exploring the challenges and lessons learned about disability inclusion in humanitarian contexts.

This will allow users of the case study to gain guidance on the different aspects and methods for disability inclusion, based on ongoing or recently concluded projects. It also means that users will have enough detail to adapt or modify specific elements of each project to suit their own needs, including opportunities to enhance capacity to meaningfully engage with, and include persons with disabilities in humanitarian responses.

This table presents a summary of the 3 case studies that were produced as part of this project:

No.	Case study	Location	Organisations	Key themes
1	Vocational training and meaningful employment for women in the West Bank: An intersectional and transformative approach to disability inclusion	West Bank and Jerusalem	LWF-Jerusalem and CWLR	<ul style="list-style-type: none"> • Intersectionality and disability inclusion for women with and without disabilities • Transformative changes through programming that addresses barriers and creates enablers • Developing data collection and analysis tools to ultimately improve pathways to meaningful employment • Encouraging self-confidence and allyship through role models and experiential learning
2	No longer hidden: Inclusion Ambassadors in North East Syria – A localised approach to disability inclusion	North East Syria	Humanity & Inclusion Syria	<ul style="list-style-type: none"> • Meaningful participation of persons with disabilities as a first step towards localisation and empowerment to lead • Supporting persons with disabilities to organise and engage in collective action to improve disability inclusion • Collaborative approaches to capacity strengthening, including co-designing with people with disabilities • Changing attitudes through local leadership provided by people with disabilities and the support needed to achieve this
3	Ahlan Simsim and empowerment through representation: Mainstreaming disability inclusion in early childhood development for crisis-affected children in the Middle East	Iraq, Jordan, Lebanon, Syria	International Rescue Committee and Sesame Workshop	<ul style="list-style-type: none"> • Authentic representation of people (and children) with disabilities and its power to transform attitudes and behaviours • Mainstreaming disability inclusion in mass media and direct services for crisis-affected young children and their caregivers • Supporting disability inclusion through varied peer-based approaches to capacity strengthening and confronting stereotypes and misconceptions • Empowering those working with children and caregivers to promote and practice disability inclusion

Disability in humanitarian contexts is often described as a “hidden crisis”. And each organisation in these case studies experienced challenges reaching people with disabilities, whether there were established organisations for persons with disabilities in their operational context or not.

Therefore, one of the common threads through these case studies illuminates the need for deliberate and sustained action to ensure programmes and responses are disability inclusive. It is often not enough to subsume disability under a broad banner of inclusion; dedicated staff and resources may be needed to reach and work meaningfully with people with disabilities to identify barriers and create enablers to their participation in humanitarian action and beyond. Moreover, these case studies show us that for staff and partners, we need to provide guidance and support through concrete actions they can take to be more disability inclusive.

The other major theme that emerges from these case studies is the power of representation and meaningful participation. Whether through Muppets, ambassadors, advisory committees, or other approaches, ensuring people with disabilities are at the forefront as colleagues, or sharing their lived experiences, needs, and capacities is crucial to disability inclusion efforts. As humanitarians, we must make all efforts to provide the support and space for people with disabilities to engage as humanitarian actors and represent themselves and to ensure they share their stories in ways that authentically reflect who they are.

By telling the stories of each organisation’s process (and adaptation) to design a program that reaches and includes people with disabilities in today’s humanitarian contexts, it is hoped that practitioners will be inspired to follow in their footsteps, learn from their missteps, and ultimately take definitive action to ensure disability inclusion is an operational reality, and not only a principled goal.

Taken together, it is also hoped that the lessons learned in these case studies will contribute to a growing body of knowledge and analysis on the varied but concrete ways that disability inclusion in humanitarian action can be strengthened and improved now and into the future.

Acknowledgements

Research, interviews, and Material written by: Samantha Newman (lead consultant)

- **Project management from HI and DRG WG 1 Co-leads:** Charles Lunn (Humanity & Inclusion, HI), Ulrike Last (HI) & Pauline Thivillier (International Rescue Committee, IRC)

While these case studies have been prepared with guidance and input from the global [Reference Group on Inclusion of Persons with disabilities in humanitarian action \(DRG WG1\)](#), they would not have been possible without the efforts, contributions, and collaboration of all the agencies and individuals who supported the development of this series, including:

- Canadian Lutheran World Relief
- Humanity & Inclusion/Handicap International
- International Rescue Committee
- Lutheran World Federation-Jerusalem

The DRG extends its deep gratitude to the staff of these organisations, as well as partners and affected populations who contributed so generously to these case studies. Their dedicated efforts, and honest reflections and insights, will inspire and help us all to be more disability inclusive in our work.

While these contributions have been essential to the development of this series, the content of the case studies is the sole responsibility of the DRG.

This case study series was produced with the financial assistance of Center for Disaster Philanthropy (CDP) and ECHO through Humanity & Inclusion’s ‘From Guidelines to Action: Promoting Learning, Localisation and Adaptation of the IASC Guidelines on Inclusion of Persons with disabilities in humanitarian action’ project.

Where photographs included in these case studies were provided by the organisations, they were taken with the permission of subjects and, in the case of children, with the permission of their caregivers if appropriate. Individuals depicted in any photos should not be attributed with quotations or facts presented in the case study.

For feedback, suggestions or more information, please contact:
ws1@disabilityreferencegroup.org





[Talking to “Ameera”]

Child 1: I’m like you!

Child 2: Me too!

Child 3: Me too!



Executive Summary

In many humanitarian contexts around the world, the challenge we face is how to mainstream disability inclusion into our existing programs. How do we ensure we are not merely ‘paying lip-service’ to disability inclusion, but genuinely reaching, supporting, and collaborating with people with disabilities to address the barriers they face and enable their participation in humanitarian action and in their everyday lives? Integrating disability inclusion into our approaches requires us to go beyond policies and principles and identify concrete practices, roles, and mechanisms for all involved.

The International Rescue Committee (IRC) recognised that early childhood development (ECD) in humanitarian contexts is an often-neglected aspect of our responses. They also knew that, done well, ECD has enormous potential to support young children devastated by conflict and displacement to begin to thrive again. By partnering with Sesame Workshop, and with financial support from the MacArthur and LEGO Foundations, they created Ahlan Simsim, “Welcome Sesame” in Arabic.

Ahlan Simsim is a unique combination of mass media educational content for children, direct service delivery for children and caregivers, and capacity building of service providers. IRC were able to build on the power of Sesame’s Muppets and mass media capabilities to design a suite of ECD interventions specifically targeting young children and their caregivers affected by the Syrian conflict in Iraq, Jordan, Lebanon, and Syria.

These services have reached over three million young children over the last six years – in their homes, centres, schools, and communities.

They quickly came to realise, however, that disability inclusion required more focus to ensure children with disabilities were able to meaningfully participate in activities, and that caregivers of these children were give adequate support to help their children thrive.

How they achieved this, in partnership with Sesame Workshop and hundreds of local partners throughout the region, is the focus of this case study. It will explore how Sesame Workshop, supported by inclusion, ECD, and regional experts designed a new puppet, called “Ameera”. A lively, curious, funny character who has a physical disability, Ameera and the stories created around her, adds to the cast of muppets reflecting back the lived experiences of young children affected by conflict and supporting their social-emotional learning and development.

This case study will also explore the different ways IRC adapted, modified, and built on its existing services to be more disability inclusive. This included adapting and improving the Ahlan Simsim curriculum for children by providing concrete guidance for educators and facilitators to modify activities to allow all children, with or without a disability, to participate fully. It also required adapting capacity building activities for staff, service



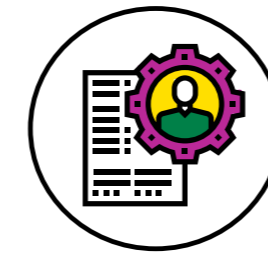
providers, and caregivers to shift attitudinal barriers and build knowledge and skills on ways to be more disability inclusive for children. Lastly, the IRC developed new resources with accessible guidance and support on how to be inclusive and provide nurturing care for children with disabilities. Through posters, booklets, guides, and public messaging, IRC worked to ensure disability inclusion remained a core element mainstreamed into the broader Ahlan Simsim initiative.

By developing indicators, IRC was able to measure the impact of its efforts on attitudes and beliefs over several years. For service providers and caregivers there has been a significant overall improvement. Today, those involved in the Ahlan Simsim initiative not only demonstrate beliefs in the rights of children with disabilities to equally participate in society, they also have much more confidence in their abilities to facilitate and support this inclusion.

The IRC and Sesame Workshop have made learning a cornerstone of this large project. In addition to what they've learned about ECD in humanitarian contexts, they've also learned a lot about disability inclusion. This case study will examine the insights they have gained, among them are:

- 1 The need for clear and concrete guidance on how to be inclusive for children with disabilities
- 2 The importance of building confidence in those working with children to reach every child with or without a disability
- 3 The importance of continuously working with staff, partners, caregivers, and communities to address misconceptions and shift attitudes – to start to recognise we all have a responsibility to actively support disability inclusion
- 4 The challenges collecting accurate and sufficiently detailed data on young children with disabilities in a project as large as this, with as many partners

Ultimately, this case study illustrates the transformative impact thoughtful representation can have on the lives of children and their communities. Through all of the components of Ahlan Simsim–Ameera, children's activities, working with caregivers, building partnerships with governments, this multi-sectoral, holistic approach to disability inclusion in ECD has changed attitudes and changed lives.



Introduction: How to provide early childhood development for children impacted by conflict, violence, and displacement?

Since 2011, the conflict in Syria has caused a humanitarian and displacement crisis, particularly within Syria and its neighbours in the Middle East. Millions of people and families have been forced to flee their homes as IDPs or refugees.

Young children caught up in chaos and violence are amongst the most vulnerable of those in need of humanitarian assistance. The ongoing effects of the lives they are born into can have a profound effect on their intellectual and social-emotional development, with the impacts reaching into adulthood and placing them at high-risk of failing to reach their development potential. The cumulative impact of a generation of children growing up in these circumstances will be felt in every aspect of society.

For young children living with disabilities, the impacts are often even more severe. Like all children, they experience forced displacement, the breakdown of support networks, and exposure to violence. Young children with disabilities are more vulnerable to mental health issues, their impairments can worsen, they may experience new impairments, and their risk of malnutrition is higher. They are also at greater risk of harm, abuse, discrimination, and exclusion – often from early education and early intervention services, further entrenching the barriers that prevent their healthy development.



While the negative impacts of violence and displacement are clear, this does not need to be the end of the story. We now know that young children's lives can also be changed when they receive high quality early childhood interventions, reducing the effects of early adversity on their short and long-term development. For children with disabilities and their caregivers, already experiencing exclusion, this support can have a profoundly positive impact on their development and overall wellbeing.

Unfortunately, in spite of its potential for long-term positive socio-economic impacts, in humanitarian contexts, early childhood development (ECD) does not receive the attention or resources it needs. What's required is a cross-sectoral approach that considers ECD as an integral aspect of interventions in nutrition and health; water, sanitation, and hygiene; education; shelter and site planning; and, of course, protection. If humanitarian and development actors are able to collaborate and implement holistic responses that meet children and their caregivers where they are, we can have a transformative effect on the lives of children with and without disabilities and their families, by providing them with the essential foundations needed to thrive.

The International Rescue Committee's (IRC) early childhood interventions aim to ensure young children are receiving appropriate health and nutrition, cared for by nurturing and consistent caregivers in a safe and supportive environment, developing essential cognitive and social and emotional skills, and engaging in play and early learning experiences. It has been working in Syria and neighbouring countries Iraq, Jordan, and Lebanon since 2012.

Sesame Workshop is a global impact non-profit organisation whose mission is "to help children everywhere grow smarter, stronger, and kinder". Through educational media and resources, they focus on four main impact areas: emotional wellbeing; literacy, language, and STEM; creativity and playful problem-solving; and self and belonging. Sesame Workshop adopt a research-based approach to their work, involving experts in ECD and the local context in which they're operating.

Focused initially on the Syrian conflict, where nearly 5.6 million children have been displaced since 2012, Sesame Workshop and the IRC had an idea: Combine IRC's expertise in communities affected by crisis with the proven impact of Sesame's educational media to give children in conflict-affected regions the support they need to grow and thrive. In 2018 they received a grant of 100 million USD from the MacArthur Foundation, followed by additional support from the LEGO Foundation and other donors, for a six-year ECD initiative that combined the power of educational mass media with direct services to measurably transform young children's learning and social-emotional skills and mitigate the effects of toxic stress brought about by conflict, crisis, and displacement.

The resulting initiative, Ahlan Simsim ("Welcome Sesame" in Arabic), is now the single largest early childhood intervention in the history of humanitarian response, making a dramatic impact across sectors and across borders. Ahlan Simsim has reached over 3.5 million children and caregivers through direct support in **Iraq, Jordan, Lebanon, and Syria** and over 29 million children through the award-winning locally produced Arabic-language version of *Sesame Street* also titled *Ahlan Simsim* airing for six seasons across the Middle East and North Africa.

At the heart of this progress is the initiative's hallmark synergy between educational media and direct services for children and families. This is a first-of-its-kind holistic initiative that spans learning, health, and play for children living in crisis and conflict, through in person programming, educational media, and remote learning.

For example, children attend preschools where they learn from an Ahlan Simsim curriculum that includes educational media content like videos and storybooks, while parents and other family members receive supportive phone calls and WhatsApp messages, with digital resources they can use for playful learning activities with their children at home.

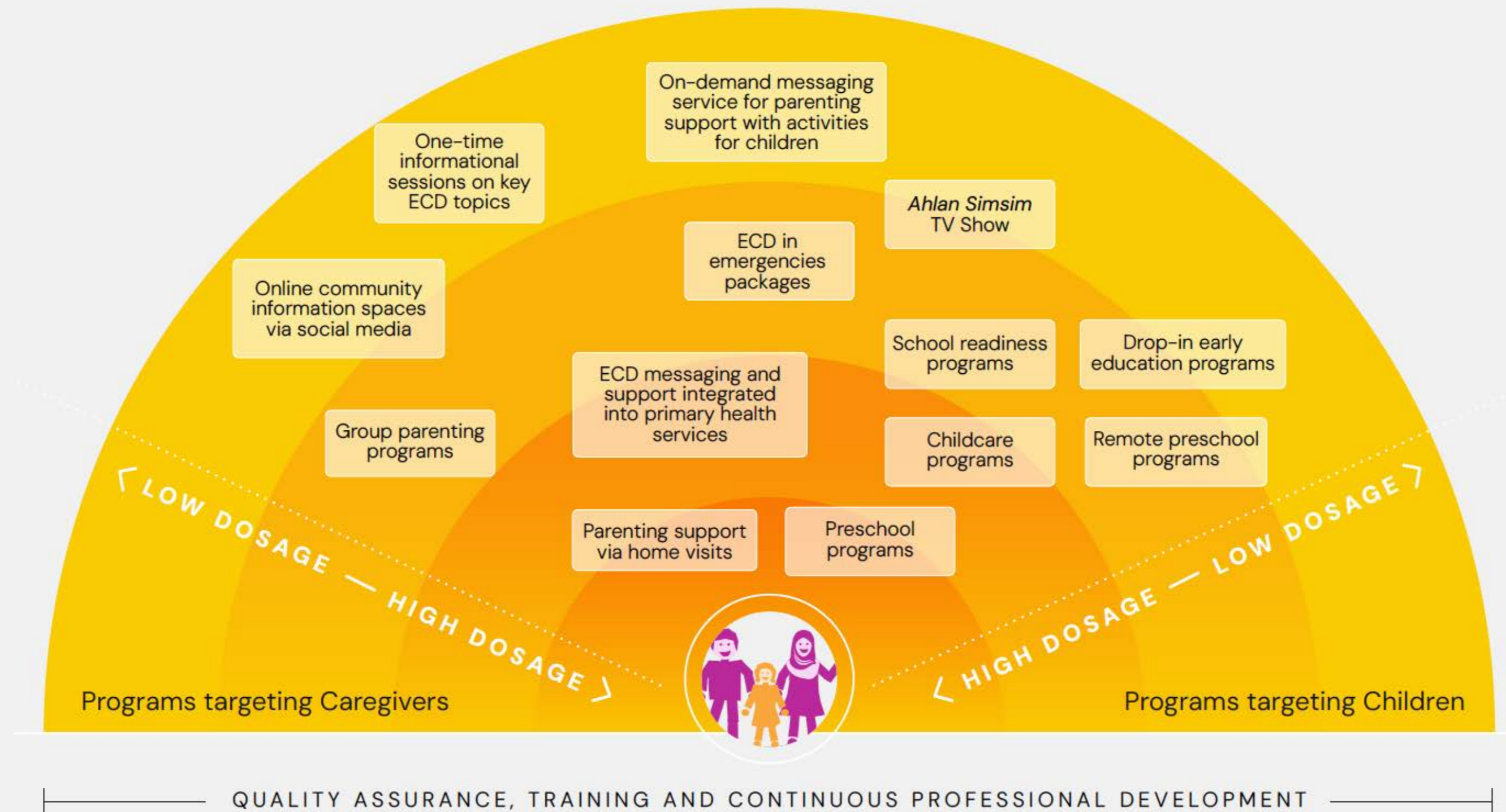


Image 1: IRC's Ahlan Simsim direct services approach¹

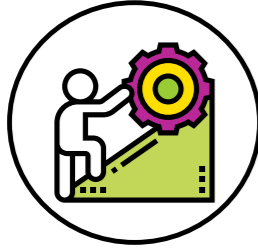
Parents seeking services at a livelihoods or job training centre are enrolled in parenting support programs, while their children are enrolled in playful learning and educational programs. Health centres train midwives and health workers to incorporate ECD tips and activities into regular child check-ups. Families then gather around TVs, mobile phones, and computer screens to watch the *Ahlan Simsim* television program, with storylines that children can uniquely relate to, learn from, and take comfort in.

Ahlan Simsim gives young children – regardless of their gender, disability, nationality, ethnic group, legal status, or other factor – the literacy, numeracy, and socio-emotional skills they need to develop, thrive, and succeed in school and later in life. Ultimately, it

is most powerful in its ability to bring hope to children and their families and caregivers living with the legacy of chaos and violence.

This case study will explore how the IRC and Sesame Workshop's partnership over 6 years evolved and adapted as the program was implemented, with a particular focus on the ways in which disability inclusion was mainstreamed into both the mass media and direct services components of the project. The lessons learned in this ambitious and wide-reaching program has the potential to inspire and inform a needed shift in approaching disability inclusion and early childhood needs in humanitarian responses today and into the future.

¹ From: IRC, Transforming Tomorrow: Innovative Solutions for Children in Crisis. For more information, see Further Resources at the end of this case study



The Challenge: How can we ensure young children with disabilities receive the nurturing care they need to develop and thrive?

From the beginning, the team recognised that strategic thinking and planning was necessary to ensure the Ahlan Simsim project was inclusive, encouraging kindness and celebration of diversity and difference. This required conducting an initial analysis and drafting an Inclusion Plan to guide the design of Ahlan Simsim. (It should be noted that while the original Inclusion Plan was broader than disability inclusion, this is our focus here.)

The analysis looked at the contexts within each country (Iraq, Jordan, Lebanon, Syria) and revealed a range of attitudinal, environmental, and institutional barriers across the region.

Each country had its own unique barriers, sometimes varying in different regions within a specific country context. For example, attitudes towards disability were different in each context – in some communities, children with disabilities are considered a blessing, but community attitudes are also paternalistic, seeing these children as perpetually vulnerable and in need of protection, rather than a whole person with strengths and capacities, as well as needs. In other countries or contexts, children with disabilities are often seen as a burden, or even a punishment, resulting in their social isolation.

Operating environments also played a critical role in how Ahlan Simsim programs were developed and evolved over time, with the initiative operating across a range of environments. For example, urban, rural, and camp settings each had their own accessibility challenges and barriers that needed to be responded to differently.

Therefore, the challenge for the team and the project was how to create programmatic interventions that were flexible enough to address barriers and create enablers for often very different contextual needs.



“Knowing the context helped us shape the conversation with service-providers, caregivers, and decision-makers in the places we worked.” (IRC Ahlan Simsim staff)



Guiding all aspects of the lifespan of the project were three essential principles and commitments for disability inclusion (and inclusion more broadly):

Participation and Empowerment	<p>Refers to the meaningful involvement of children with disabilities and their caregivers, including in the development of stories, content ideas, and other project elements.</p>
Representation	<p>Refers to the promotion of inclusionary imagery and messaging in mass media and print material, reflecting the lived experiences of children with disabilities within the region. Includes balanced and authentic representation of genders, ages, cultural groups, languages, places of origin, and diversity of disability.</p>
Accessibility	<p>Refers to ensuring equitable access to content and delivery methods as well as using accessibility indicators to measure and monitor project activities.</p>

The Inclusion Plan explained how the program and those involved would approach inclusion and the principles that would guide the many decisions they would make along the way. This table gives you an idea of the key questions that have guided various decision-making aspects of Ahlan Simsim regarding disability inclusion specifically.

<p>Staffing decisions:</p> <ul style="list-style-type: none"> • Are we actively building a diverse and representative team? • Are we prioritizing screening for attitudes and behaviors around inclusion in our recruitment processes? • Are we actively promoting inclusive behaviors, team culture and work ethics? • Are we providing opportunities for training and peer support to strengthen capacity around disability inclusion? 	<p>Content design:</p> <ul style="list-style-type: none"> • Are we actively enabling the participation of children with disabilities and their caregivers in program and content design? • Are we ensuring our content is representative of their lived experiences? • Are we designing content that strategically removes barriers for children with disabilities? • Are we designing content which is transformative and inclusive?
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Project implementation:

- Are we actively enabling the participation of children with disabilities and their caregivers in our program?
- Are we prioritizing accessibility, safety and dignity of young children and caregivers in service delivery infrastructure and programs?
- Are we supporting capacity strengthening for our staff and partners on disability inclusion?
- Have we established appropriate mechanisms to measure the adequacy of interventions and address feedback and complaints?
- Have we mapped specialized services that are accessible and to which clients can be referred to?

Public messaging:

- Are we publicly communicating about our work in a manner that is representative, empowering, and accessible?
- Are we ensuring the safety and dignity of children with disabilities and their caregivers in our communication and messaging efforts?
- How can we use the coordination and public influence spaces of the project to advocate for guaranteeing and expanding the rights of children with disabilities?
- How can we effectively advocate with donors and decision makers to prioritize funding for inclusive ECD programming in emergencies and crisis settings?

Research and learning:

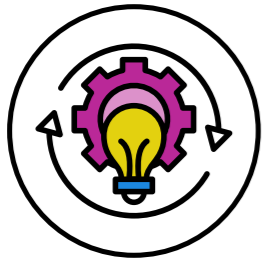
- Are we collecting data on gender and disability and using it to monitor our disability inclusion?
- Are we regularly consulting and using the data to improve the quality and inclusivity of our programs?
- Are we adapting our data collection tools and processes to ensure they are inclusive?
- Are we proactively reaching children with disabilities and their caregivers to participate in our research activities?
- Do we have processes in place to share back learnings from reach with the communities that participated in our research?

Some way into the implementation of Ahlan Simsim, program staff began to hear from service-providers (who were also hearing from caregivers and community members) that they did not feel confident in their abilities to include children with disabilities in various centre activities. They also didn't feel that they could provide much guidance or support to caregivers of children with disabilities.

This led the team to a crucial set of questions: how can we ensure disability inclusion is mainstreamed into all our interventions for children and caregivers? How can we translate principles of inclusion into concrete practices? How can we build capacity that gives our staff and ECD service providers the confidence to not only implement our guidance, but also adapt it to suit their context?



“I was providing some training for our facilitators and mentioned the importance of disability inclusion and giving equal opportunities to all. One of the facilitators simply asked: We had a child with autism visiting the centre, but we couldn't work with this child. What can we do?” (IRC Ahlan Simsim staff)



The Opportunity: How can we translate inclusion principles into concrete practices for meaningful inclusion of children with disabilities?

The team realised there was focussed, and concrete action needed on multiple levels across all Ahlan Simsim's program interventions to ensure it:

- 1 Was meaningfully including all children with disabilities in the program
- 2 Provided concrete guidance through tips and tools to support service-providers to engage with children with diverse disabilities so they could meaningfully participate
- 3 Provided concrete support to caregivers and families of children with disabilities to empower them to support their children's development
- 4 Improved the knowledge and skills of service-providers to work with caregivers, provide support and resources, and refer children to specialised services if needed
- 5 Was inclusive in its representation of disability, reflected the lived experiences of children with disabilities in the Middle East region, and challenged stereotypes that stigmatise and exclude children with disabilities

The goal was to create a new paradigm for disability inclusive early childhood education for conflict-affected children and children with disabilities, as well as their caregivers.

This meant not only thinking about ways to make Ahlan Simsim accessible for children with disabilities and their families, but also how to encourage children, their communities, and the education, health, and social work systems to be more disability inclusive.

Based on the guiding principles and commitments the team made to disability inclusion, they set about identifying ways to make both aspects of the Ahlan Simsim initiative (mass media and direct services) disability inclusive. The ideas and actions generated came from a wide consultation process involving local staff, children and their caregivers, regional experts, and service providers through interviews and focus group discussions, surveys, feedback and complaints received, and formative research on the Ahlan Simsim TV show.

01. Mass media

The Sesame Workshop team decided to develop a new Muppet/character who lives with a disability – “Ameera” – using Universal Design Principles. This new character would appear in the Ahlan Simsim TV show and animation show as well as in accompanying materials (such as storybooks). Additional disability inclusion aspects included using sign-language in the TV show and animations and ensuing child extras used on the show included young children with disabilities, as well as creating resources such as Inclusion Booklets to support staff and caregivers of children with disabilities.

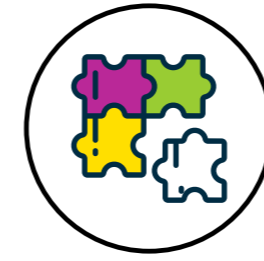


02. Direct services

The team determined there was need to improve the capacity of facilitators and staff involved in implementing Ahlan Simsim direct services. It also would build expertise through Inclusion Focal Points and Inclusion Champions working with local staff and partners to identify concrete ways to improve the inclusion of children with disabilities in the program and build disability inclusion capacity amongst service providers. New resources would be created for parents and caregivers of children with disabilities. Activities, materials, and spaces would be more accessible for all young children with a diversity of disabilities. As new material was designed and piloted, adaptations would be made based on feedback to ensure material was relevant and helpful for each operational context.

Whether through the stories showcased in Ahlan Simsim the TV show, the revisions within the Ahlan Simsim curriculum, and the new capacity building activities for direct service providers, caregivers, and staff, the message was clear and simple: disability inclusion for young children doesn't require specialised, highly technical skills and approaches – it requires making minor adaptations to we activities so that children with diverse disabilities can fully participate.

The remainder of the case study will explore each of these aspects in more detail. It should be noted that this exploration is not done chronologically; while Ameera was produced in 2022, many of the other disability inclusion actions were implemented earlier.



The Process:

01. ECD Mass Media Distribution – Sesame Workshop

Meet Ameera!

Ameera is an 8-year-old girl with a diverse set of interests and personality traits. She is deeply inquisitive, loves science and basketball, and seizes every opportunity to crack a good joke. Ameera also happens to also have a spinal cord injury, and she gets around using her trusty pair of forearm crutches or her wheelchair. This wheelchair has two polka-dotted storage pouches from which Ameera can pull just about anything – a trumpet, a compass, a microscope, or even a mischievous chicken friend!

While she sometimes struggles to include her friends in playtime, she is a natural leader who loves to teach younger kids new things and shares her passion for science with them. Ameera is cheerful, passionate, and a potential older role model for younger Muppets and children watching, all while providing a lesson about inclusion and kindness to everyone.



Ameera first appeared in 2022 and since then has appeared in multiple episodes of the Ahlan Simsim TV show and in 140 episodes of animated series “Watch, Play, Learn”.

Ameera brings visibility to the more than 240 million children worldwide estimated to have a disability, as well as to the important role of girls in science, technology, engineering, and maths (STEM).

Why was Ameera designed? – Introducing the Window and Mirrors concept

Designing the character of Ameera was motivated by a desire for authentic disability representation in children’s media. This representation aimed to serve as both a “window” and a “mirror” for young children engaging with the show.

As a “window”, specific characters (and storylines) can offer a glimpse of something outside the child’s own experiences – such as new places, cultures, and lived experiences (e.g., living with a disability). As a “mirror”, characters can reflect the lived experiences for some young children with disabilities, allowing them to feel seen, represented, and less alone. To achieve this, it’s essential that characters are authentic; their personalities much be layered and believable.

How was Ameera designed?

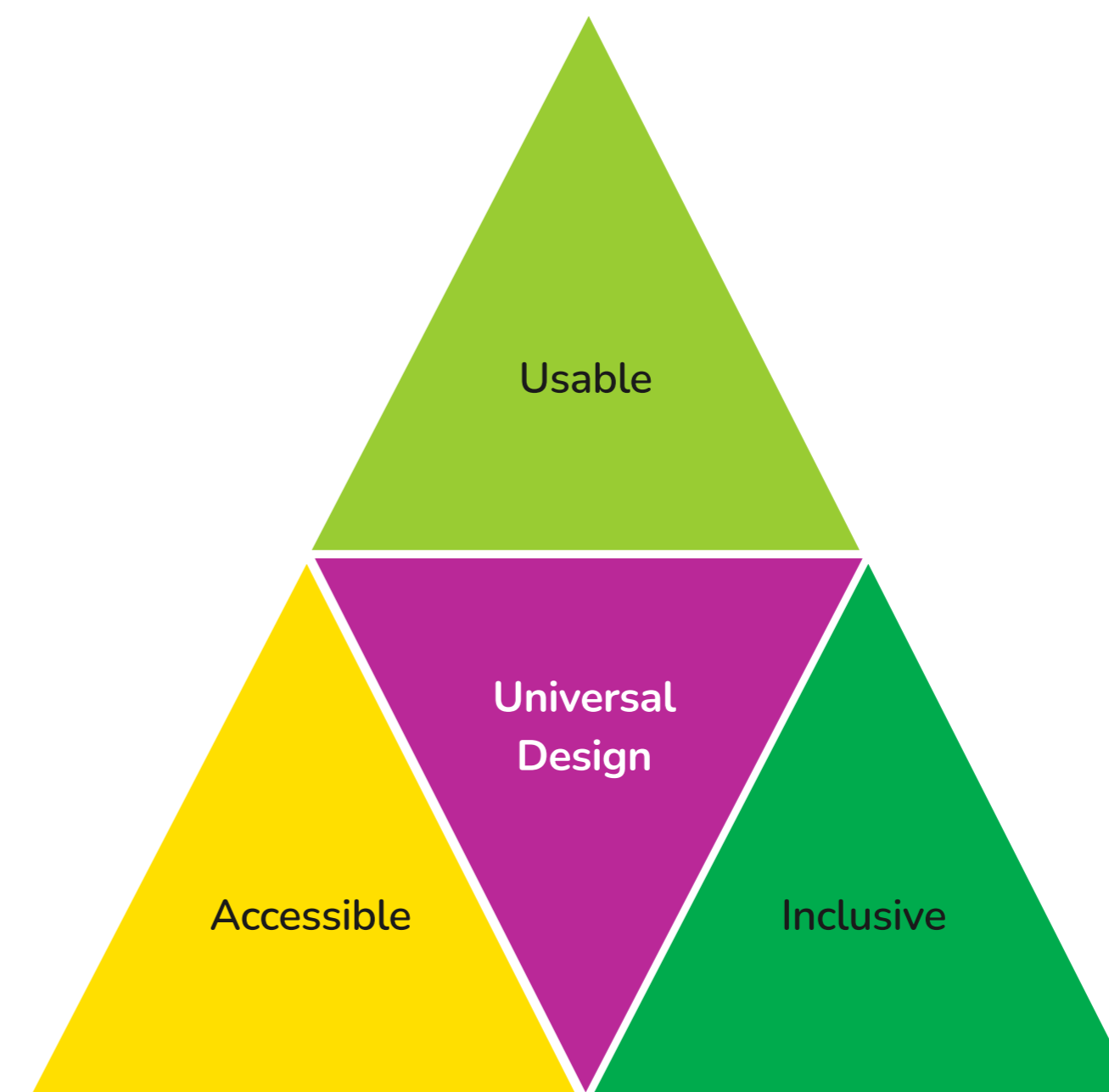
a. Using Universal Design Principles & collaborating with experts

What is Universal Design (UD)?

At its most simple, universal design is a process to ensure that whatever you’re designing (a product, a learning program, a building, etc) is accessible for all people intended to benefit from its use, without requiring adaptation

or specialisation. In essence, this means any UD products or environments must be usable, accessible, and inclusive.

Figure 1: Characteristics of a Universal Designed product or environment



Universal Design follows 7 principles:

- **Equitable use.** People with different abilities can freely use any device, construction, or service (e.g., lowering light switches so everyone can reach it).
- **Flexibility in use.** The design accommodates a wide range of individual preferences and abilities (e.g., a building entrance using ramps).



- **Simple and intuitive.** Each person, regardless of individual experience, language, or knowledge, can easily understand and use the design (e.g., humanitarian hygiene kits or stoves providing instructions in multiple languages, including braille, and illustrations)
- **Perceptible information.** The design communicates necessary information effectively, regardless of ambient conditions or the user's sensory abilities (e.g., video captioning in messaging).
- **Tolerance for error.** The design minimizes hazards and the adverse consequences of accidental or unintended actions (e.g., online forms that provide guidance when the user makes an inappropriate selection).
- **Low physical effort.** A person can use the design comfortably with a minimum of fatigue (e.g., doors that open automatically).
- **Size and space for approach and use.** Appropriate size and space for approach, reach, manipulation, and use, regardless of a person's body size, posture, or mobility (e.g., doors in essential humanitarian spaces can accommodate a wheelchair).

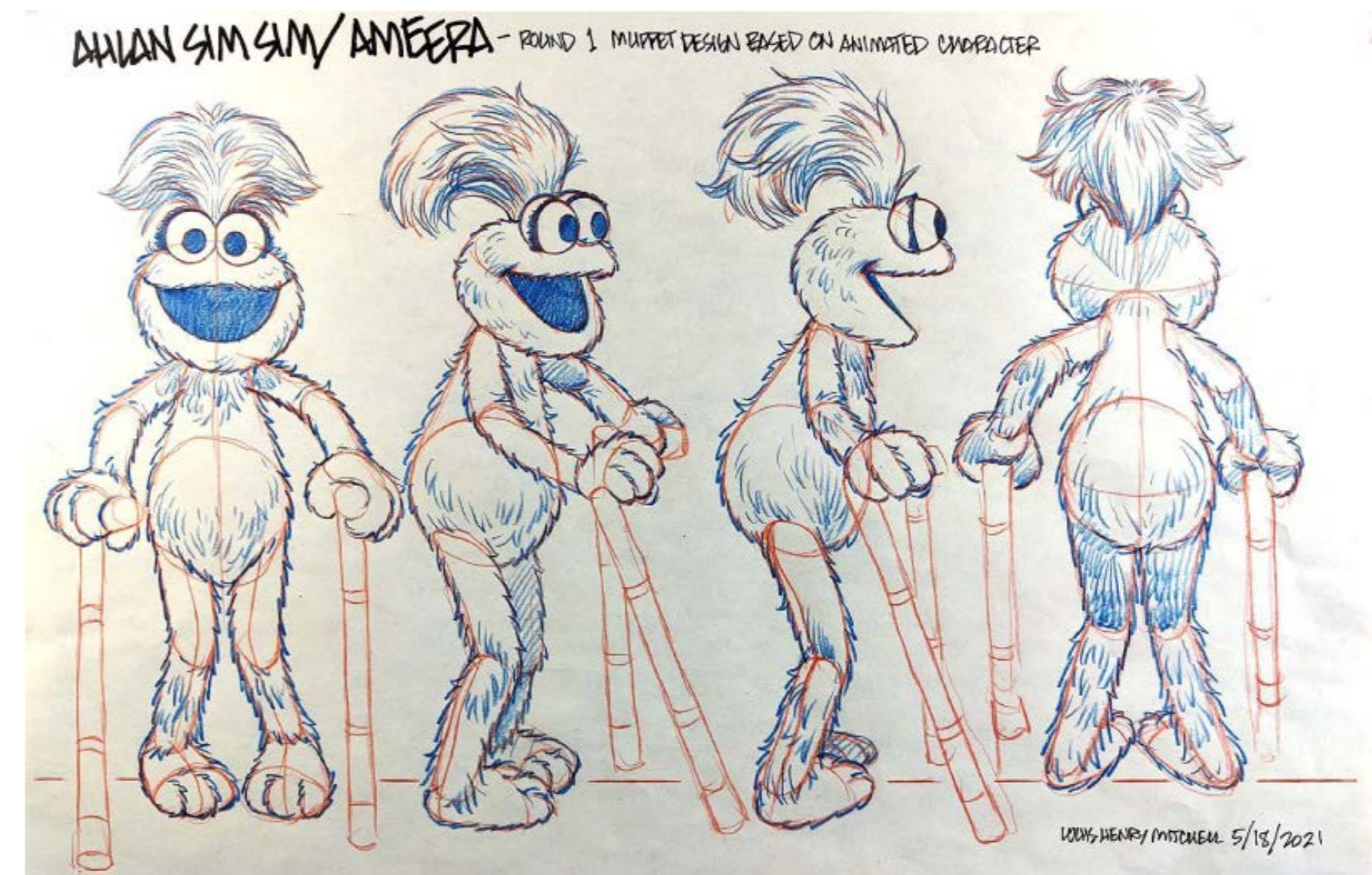
The design of the *Ahlan Simsim* TV show and its early learning animation videos (Watch, Play, Learn) was guided by substantial research and partnering with experts. Educational specialists from the Middle East region advised on culturally relevant, developmentally appropriate, and inclusive educational objectives. So too did experts in displacement and the impacts of violence and trauma on young children's development.

Disability and inclusion advisors collaborated with Sesame Workshop to ensure her identity, personality, mannerisms, movement and mobility, and gear were representational and relatable. It was also decided to not specify the origin of Ameera's injury to avoid any potential trauma triggers for children, particularly those with disabilities, and to encourage the broadest possible number of children to identify with her.



“In depicting a child with a disability in a full, nuanced, and authentic way, Ameera also opens a powerful “window” to children without disabilities, who, by watching Ahlan Simsim, can learn understanding, acceptance, and empathy – and what it might be like to have a friend like Ameera.”
(Sesame Workshop Ahlan Simsim staff)

Image 2: Initial sketches of Ameera



Materials, stories, and other content were shared with young children and their caregivers for feedback, across 9 different countries and 11 languages. Both parents and children responded positively to Ameera and her lessons about difference, similarities, and inclusion. They also greatly enjoyed her language segments which include sign language.

b. Testing the “mirror” with children with disabilities

While this broad and far-reaching consultation and collaboration process supported the “window” of content development (by gathering feedback and insights from young children and their caregivers from the Middle East region), the team found it more difficult to test the “mirror” aspect with children with disabilities and their caregivers. They realised they needed to be more strategic in recruiting and gathering focus groups with children with disabilities to hear what they thought of Ameera, and in adapting their formative research model.



Image 3: Children with disabilities participate in a feedback session with Ameera



“I love [in the show] when they started making ramps, with Ameera, and how they helped each other with these things.” (Displaced caregiver, Lebanon)



Child: And here I drew my favourite thing to do, which is to create things. And here I drew my favourite person.

*Adult facilitator: Wow! She drew you, Ameera!
Ameera: I love you too.*

These efforts were in partnership with the Al Hussein Society – Jordan Center for Training and Inclusion. Prior to the research session, the children watched two Ameera-focused *Ahlan Simsim* episodes.

During the research sessions, creatively, the research team used Ameera herself as the “researcher” (professionally puppeteered), alongside an adult, to co-facilitate semi-structured conversations with small groups of children. Activity sheets and drawings (of themselves, their favourite food, something they love to do, and someone who loves them) were used as a way to begin conversations.

Interestingly, the research team discovered that overall, children preferred not to discuss Ameera’s wheelchair, rather focussing on other aspects of her personality and identity. It was clear that the children participating in these sessions identified with Ameera in many ways beyond her disability, and that she resonated with them.

The results of the research the team conducted revealed that Ameera was able to act as a “mirror” to the lived experiences of children living with physical disabilities. Beyond her mobility devices, it was the many other aspects of who Ameera was, and the interests she shared with children her age, that gave her authenticity and encouraged children to identify with her.



Image 4: Still from “Shapes and Colours” song & video - Ahlan Simsim



Image 5: Cover for “What’s inside the box?”

Additional disability-inclusive multi-media measures and materials

In addition to designing the character and storylines for Ameera in both the TV show and animated series, the team implemented a range of additional materials promoting disability inclusion, such as:

- 1 **Short video segments:** Highlighting themes related to celebrating diversity and inclusion.
- 2 **Child extras:** A concerted effort was made to ensure children with disabilities were represented in the child extras the show used, from communities in all four countries.
- 3 **Sign language:** Sign language and subtitles were included in all episodes of Ahlan Simsim from its inception to support those with hearing impairments.
- 4 **Songs:** Have been created and performed in the show to promote inclusive attitudes and behaviours. For example, the “Shapes and Colours” song is a celebration of the ways in which children are different and alike.

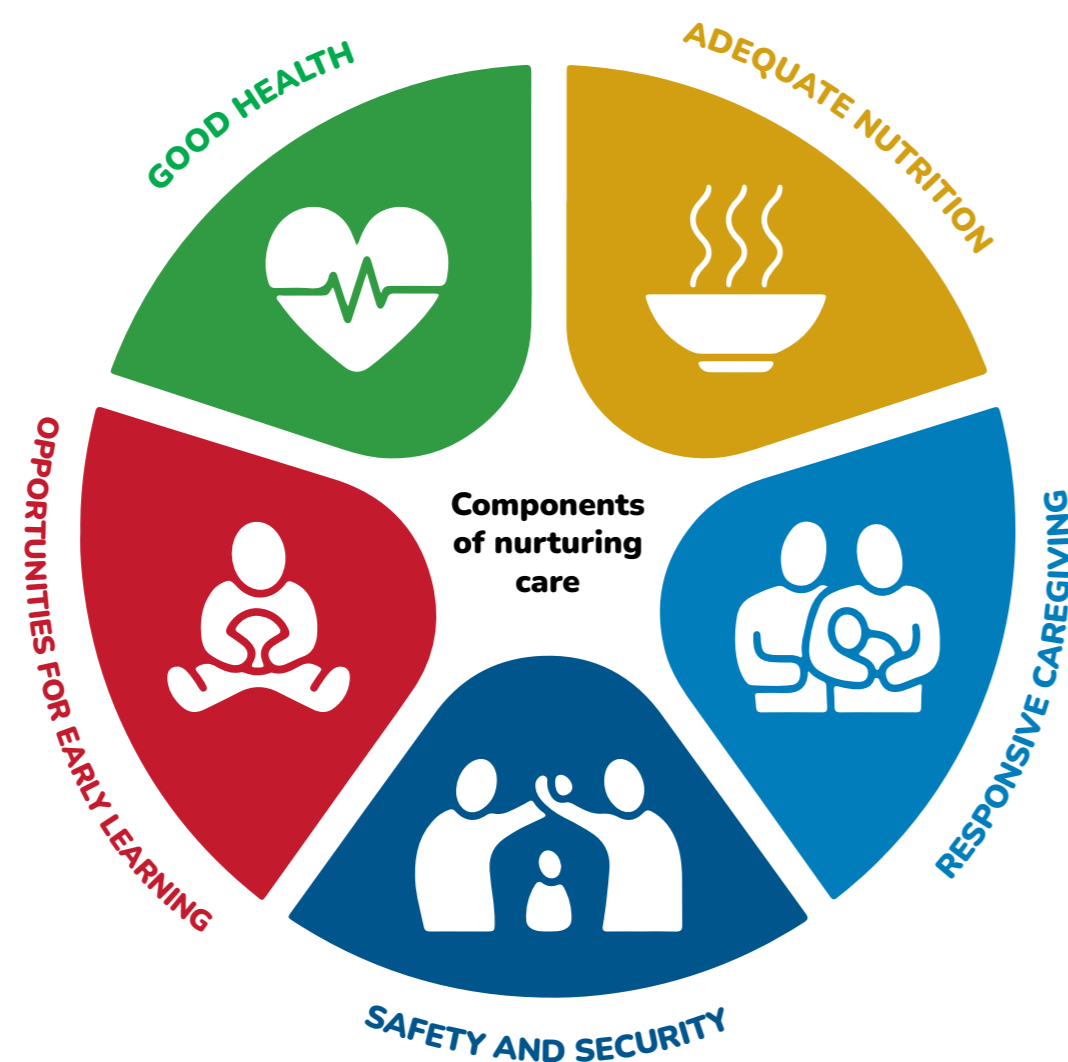
- 5 **Story books:** Have been written and are distributed to children throughout the Middle East and are also available as interactive narrated stories online and to download. For example, “What’s inside the box?” invites children to explore different ways to identify objects by using all senses and introduces concepts of respecting and appreciating diversity and difference.
- 6 **Worksheets:** Complementary activities for children that reinforce the inclusive approach and concepts learned through the episodes of the show, songs and other materials and can include Ameera’s character.

02. Disability Inclusive ECD Direct Services – IRC

This section of the case study will explore the direct services IRC designed and implemented in Iraq, Jordan, Lebanon, and Syria and how they were designed and adapted (where needed) to be more disability inclusive. Each service was carefully developed with partners in each country and area to ensure the services and activities met identified gaps, barriers, and needs in that particular context.

Nurturing Care Framework

Overall, the IRC team were guided by the **nurturing care framework** to frame the overarching program design.



What is nurturing care?²

To reach their full potential, children need the five inter-related and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for learning.

In the first years of life, parents, intimate family members and caregivers are closest to young children and so are the best providers of Nurturing Care. This is why secure family environments are so crucial for young children. In order to provide caregivers with time and resources needed to provide nurturing care, policies, services, and community supports need to be in place.

2. For more information and resources on the *Nurturing Care Framework*, see: <https://nurturing-care.org/what-is-nurturing-care/>

For children with disabilities, this meant ensuring each intervention within the Ahlan Simsim program provided resources to support those working and living with these children (whether caregivers or service providers) across these five different dimensions to provide the nurturing care they needed to thrive on an equal basis to children without disabilities.

This meant emphasising disability inclusion across Ahlan Simsim ECD-health interventions (and nutrition messaging), early learning opportunities and caregiver programming. It also meant ensuring the spaces utilised by children with disabilities were accessible for their diverse needs. To guide this work, the team developed safety and accessibility checklists. While all safety concerns were red lines for centre locations, ensuring all spaces were fully accessible for children with disabilities presented some challenges, depending on the context in which they were operating.

In camps in parts of northern Syria, for example, where humanitarians were building their own infrastructure, this was comparatively simple. All mobile centres used to reach more remote areas were disability accessible. In urban settings, each country had varying degrees of accessible public spaces. In some contexts, there were simply no options available that were fully accessible. In others, IRC was able to make changes to improve the accessibility of spaces such as rehabilitating toilets and bathrooms, installing ramps, and incorporating visual signs.

As explained earlier, while activities and materials designed for young children were designed to be disability inclusive more broadly, the team soon learned that in practice, facilitators in centres using the Ahlan Simsim curriculum were at a loss as to how to adapt specific activities to ensure children with diverse disabilities could all participate meaningfully.

The first thing the team did was work with disability inclusion specialists and start to undertake further assessment and analysis to understand more about the challenges staff on the ground were facing and feedback they were receiving. They also undertook an analysis of curriculum to see where it could be strengthened to support disability inclusion. The results of these evaluations were a significant overhaul of the curriculum itself and changes in the approach to strengthening the capacities of those who were using the curriculum.

The remainder of this section will explore actions IRC took with Ahlan Simsim staff in all four countries to strengthen disability inclusion integration within the program, including: content adaptation, capacity strengthening for staff and service providers, engagement with caregivers, and public messaging and policy influence.



Content adaptations and improvements

Ahlan Simsim direct services encompassed dozens of ECD programmatic interventions aimed at reaching all relevant stakeholders, at all levels of society, to better support the development of young children impacted by conflict, including host communities. In each of the four countries in which the program was implemented, interventions were targeted to the unique ECD needs of the operating context. Regular feedback mechanisms (and resulting adaptations and modifications) helped to ensure new material was meeting the needs of these different contexts.

The team worked closely with an Inclusion expert to mainstream disability inclusion across all existing interventions. An example of this were adaptations made to the *Ahlan Simsim Friends* curriculum (a bank of 60 play-based activities for children aged 3 to 8 years). Here, the IRC team worked with their in-country partners to create additional guidance on making minor adaptations to each of the 60 activities for children with

relevant different types of disabilities, or 'difficulties' as they're described, depending on the nature of the activity. This included physical, visual, cognitive, and hearing/language/communication developmental areas.

The new guidance provided tips and advice on simple ways to adapt each activity to ensure all children felt actively included and engaged with the activity. It also provided general advice on how to support the inclusion of children with disabilities, including how all children can support inclusion.

Similar adaptations were made across all Ahlan Simsim programs for children, such as the pre-school and kindergarten programs, school readiness programs, and remote early learning programs.



Capacity strengthening for staff and service providers³

With regular staff turnover and changes in the operational contexts, the IRC team were keen to ensure their capacity strengthening activities with staff, local partners, and service providers were effectively building the knowledge, skills, and attitudes needed for each service-provider group across all the interventions in all four countries.

As they came to learn, disability inclusion was one area needing greater focus and identified several ways to achieve this.

The team developed a Disability Inclusion Resource and Training Guide which provided further detailed tips and guidance on how to support the meaningful participation of children with disabilities in activities and their individual needs. The Guide was written using simple language and terminology to ensure it is accessible to the wide variety of service providers from different sectors, with varying educational levels.

All service providers were encouraged to undertake this 3-day training designed to provide participants with in-depth information and skills-building activities, such as:

- 1 Understanding disability concepts and terminologies, including which terms to avoid and why
- 2 Recognising the barriers children with disabilities experience in their homes, schools, and communities
- 3 Identifying and responding to the individual needs of each child
- 4 Guidance on positive discipline, how to evaluate a child's performance, what to do if you have a child with apparent development difficulties in your group, and referral mechanisms
- 5 Skills building to adapt the curriculum for different needs and contexts



Tips on ways to adapt not only activities, but also environments, and facilitation styles to support the inclusion of children with disabilities

Additionally, a new, mandatory, session on disability inclusion was added to the various capacity building activities in the Ahlan Simsim program. This session focussed on supporting service providers to create a positive and inclusive learning environment, including a strengths-based approach to build service providers' skills in adapting children's activities to give equal opportunities to all children (with and without disabilities) to fully participate. It also introduced participants to the various disability inclusion resources available to deepen their understanding of the barriers, enablers, and needs of children with disabilities they're supporting.

Capacity building for IRC and local partner staff went beyond formal training activities and included on-the-job support, coaching, and mentoring. From its inception, ECD Technical Focal Points were established in each country and were specifically trained on disability inclusion in order to provide technical guidance across all the Ahlan SimSim programs operating in their context. These ECD technical Focal Points and quality officers were responsible for observing staff skills in inclusive participation techniques and to feed these observations and feedback into monthly coaching and professional development plans for staff.

The Ahlan Simsim team also used peer support and learning mechanisms, such as establishing an Inclusion Community of Practice (CoP). These monthly sessions with Technical Inclusion Focal Points, Inclusion Champions, and managerial staff across the region allowed members to share experiences, successes, and challenges ensuring the active participation of children with disabilities. It provided a space for members to support each other to promote gender and disability inclusion in their work; to collaborate, troubleshoot, and address emerging issues. Specific topics relevant to disability inclusion were discussed, such as data collection and changing attitudes, and they also received guidance and support from Ahlan Simsim technical experts. This collaborative environment enabled staff to focus on improving practices and address the unique needs of children with disabilities in a supportive setting.

³ In the Ahlan Simsim program, 'service-providers' is a broad term encompassing centre facilitators and educators, teachers, nurses, midwives, social workers, and others, depending on the sector they are working with.



For families and caregivers of children with disabilities

As part of the *Ahlan Simsim Families* program, new resources were developed which provide accessible guidance and support on providing nurturing care for children with disabilities. These included:

1

Inclusion Booklets: These are six booklets that provide essential information on different types of disabilities. In addition to supporting parents, they can also be used by facilitators and service providers for additional information and guidance. The booklets are written clearly and simply, from the child's perspective, which ensures the information conveyed is accessible to a variety of audiences, is realistic, and is also persuasive. Writing from the first-person perspective allows the user to receive the information as if it were coming from a child just like theirs and the content reflects the lived experiences of children with the disability described. The booklets conclude with positive messages highlighting the many things the child enjoys doing and is capable of doing with a little bit of support.

2

Child development posters: These are eight posters explaining some of the developmental milestones for children aged 0-8 years (one poster for each year). The posters enable parents and caregivers to be alert for possible early signs of developmental delays to consult with a doctor or specialist about.

3

Inclusion posters: These are seven posters (typically displayed in classrooms, community centres, or health centres) that convey simple images and messages related to disability inclusion for and with children.

Alongside these new resources, parenting curriculum “Ahlan Simsim Families” was updated to include a new mandatory session on the inclusion of children with disabilities in society. This session was for all caregivers of children and provided basic information and opportunities for discussion within the group about the barriers and challenges children with disabilities face and their consequences, and ways to support enablers for greater participation and inclusion.



“I can understand what my child needs now, I feel we can communicate better.” (Caregiver, Iraq)



“The looks from other people don't bother me anymore. My child has a right to play and learn just like all the other children in my community.” (Caregiver, Northwest Syria)

The discussion-based approach aimed to encourage and persuade caregivers to reflect on their role as parents to support children's rights to meaningfully participate and be included in their homes and communities through peer-based discussion and sharing of stories, rather than through lecturing. The program provided additional resource materials for participants to take home. For those with low or no literacy, the content of these worksheets was delivered as voice messages sent to them.



THE AHLAN SIMSIM INCLUSION PROMISE

I am a child who has a disability. I have the same needs and rights as every other child. I am really happy to participate in Ahlan Simsim program not only for learning new things, but also other children will learn from me and we will be working together as a group.

I trust that you, as a member in Ahlan Simsim Team or partners, will do your best to ensure that I am included with other children in all activities; and you will support me as well as my family.



Encouraging commitment – Ahlan Simsim Inclusion Promise

The *Ahlan Simsim Inclusion Promise* was written from the perspective of a child with a disability and encourages everyone who's involved in the program to support inclusion, empowerment, and respect for the dignity of all children with disabilities and their families. It encourages those who take the pledge to really commit to supporting disability inclusion, at all times, in concrete ways.

Lastly, IRC worked with some local partners to support broader disability inclusion measures within their organisation and services, such as the development of policies and procedures, and quality standards where needed. For example, quality standards for public and private day-care centres in Lebanon were co-developed with the Ministries of Health and Social Affairs.

Disability inclusion public messaging and promotion

The IRC team focussed on sharing more stories and examples highlighting the importance of the inclusion of children with disabilities and the impact of attending Ahlan Simsim centres for children with disabilities. These stories aimed to encourage caregivers of children with disabilities to get them involved in the program. They also aimed to educate communities and the wider public, including humanitarian actors, on the impact ECD support can have on children with and without disabilities.

IRC provided input USAID's disability inclusive pre-primary education policy to ensure those with disabilities in crisis and conflict settings were not forgotten. They were also selected to participate in the Disability Inclusive Pre-Primary Landscape Review. IRC also co-authored the INEE Policy Brief on disability inclusive ECD in emergency contexts to enhance best practice for disability policies and programming.⁴

4. For more information on USAID's White Paper on Disability Inclusion and the INEE Policy Brief, see Further Resources at the end of this case study.



“I can see my child playing with other children and enjoying his time at the centre without being mocked for the way he looks.” (Caregiver, Northwest Syria)



Impacts & Outcomes

IRC adopted a rigorous monitoring, evaluation, and learning approach in Ahlan Simsim. This has allowed them to regularly make adaptations to the services throughout the six years, including to disability inclusion measures. They have recently completed a reflection exercise on the ways IRC and partners integrated disability inclusion into the various services. As with all years, this involved surveys and focus group discussions conducted with service providers in various sectors as well as centre staff and facilitators. The goals are to gather feedback and to measure the impact these efforts have had on changing attitudes on the inclusion of children with disabilities in each of the four countries. It also involves reviewing data collected on children with disabilities and their families involved in Ahlan Simsim. The results of these annual analyses allow IRC to track the reach of the program in terms of children with disabilities, and the effects of IRC’s inclusion efforts on changing minds.

Changing attitudes that inform behaviour

IRC developed a series of indicators used in surveys for service providers in each sector and for caregivers of children with disabilities to measure the impact of this greater focus on disability inclusion on their beliefs and attitudes. These beliefs/attitudes are what

drive behaviour. As the inclusion of children with disabilities is often reliant on small behavioural changes and adaptations when conducting activities, this is an essential area to measure. For an example of the indicators used for Ahlan Simsim educators, see the **Annex** at the end of this case study.

Data collected revealed that in all four countries, over four years there had been steady and significant improvement in attitudes of **service providers** towards the inclusion of children with disabilities and promoting inclusion more broadly. This illustrates the importance of maintaining a consistent focus on disability inclusion in a variety of ways, including capacity strengthening activities that use peer support and discussion methods.

While the results of the data collected from a sample of caregivers of children with disabilities are a little more mixed, overall there were large improvements in Iraq, Lebanon, and Northeast Syria; in Northwest (where attitudes were already higher than other countries) there was a small improvement, whereas in Jordan there appeared to be a slight decline. Variations of results by countries could be due to who is largely implementing activities (whether IRC, partners, or interventions in partnership with government agencies), the modalities used (whether in-person or remote), local attitudes towards children with disabilities, and varying budgetary limitations.

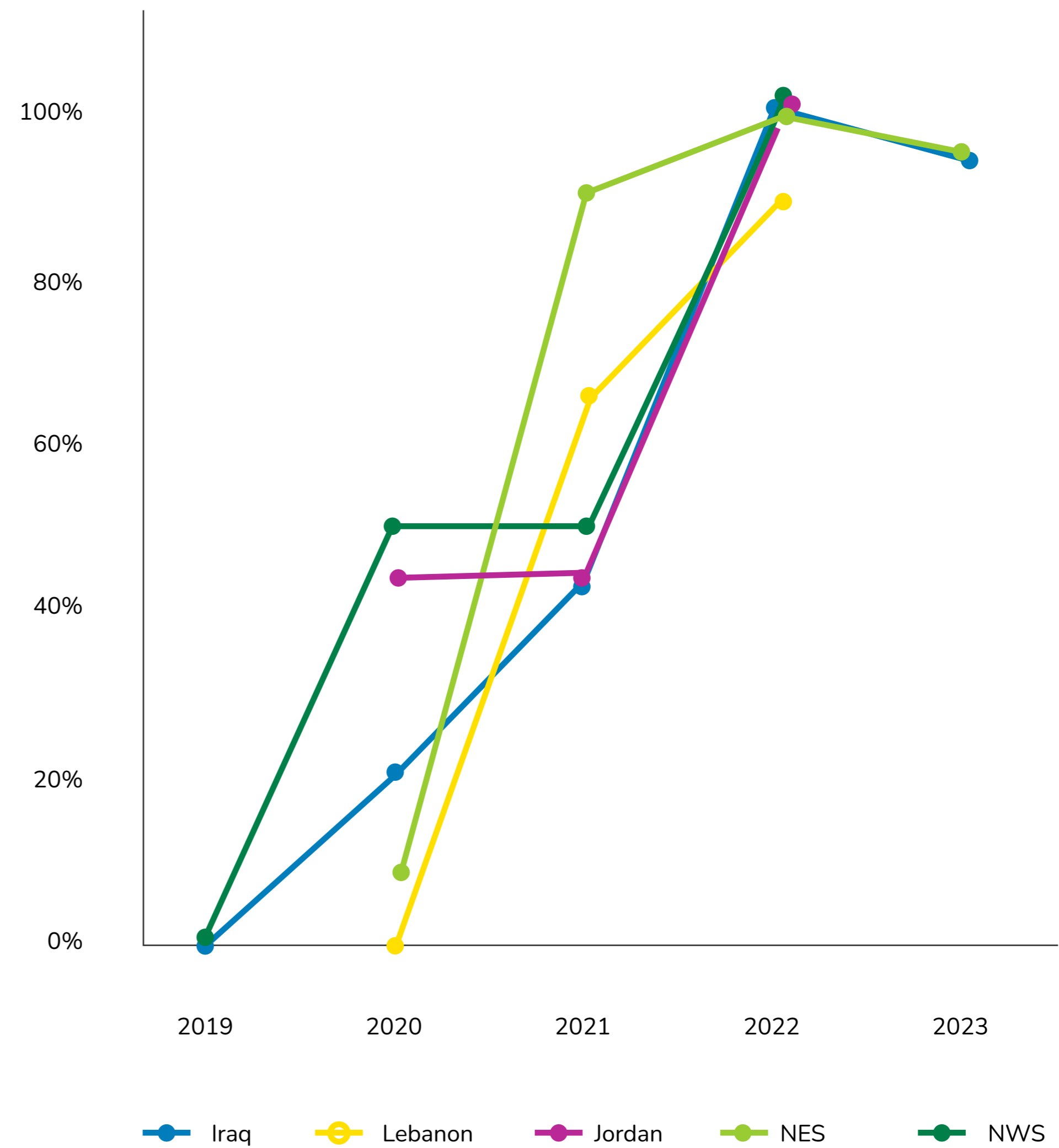


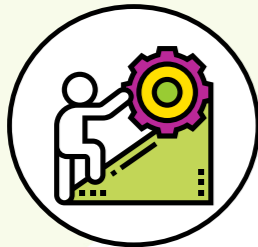
“I was afraid in the past to work with children with disabilities, because I was afraid that they might get hurt. But now, after taking the training, I know how to do so and I’m not alone in this.” (Ahlan Simsim Facilitator, Northeast Syria)



“After the training, I visited a nearby community centre that provide basic needs for children with disabilities, and I coordinated with their management to refer children to our ECD centre. They were hesitant at the beginning because they were afraid of inclusion, but now after seeing the results for those [initial] children, they refer children to us regularly.” (IRC staff)

% of educators who have attitudes that promote inclusion





Where to go from here? Next steps

Although IRC's Ahlan Simsim direct services officially concluded at the end of 2023, it's legacy and the wealth of resources that were developed continues to be utilised in the Middle East and beyond.

IRC funded ECD activities using the Ahlan Simsim curricula are still ongoing in Jordan, Lebanon, and Syria. Scaling activities through government partnerships have begun as Ahlan Simsim materials and approaches are increasingly integrated into national systems. These collaborations have helped embed Ahlan Simsim's services and resources into government-run schools, nurseries, and health clinics, and extended through mobile phone-based outreach. Moreover, partners and other organisations working in ECD in the four countries are using the curriculum materials and resources in their own projects.

Under the Welcome Sesame initiative, *Ahlan Simsim* characters, including Ameera, are now traveling globally, translated into over 14 languages to support children in diverse contexts like Ukraine and the Colombia-Venezuela border.

The Ahlan Simsim project is now poised to expand to new audiences and develop new tech-enabled opportunities in the region to address persistent needs and gaps in young children's healthy development. Continuing to use a systems-first approach, IRC is working closely with local partners and governments to expand the program's footprint across the MENA region, including communities in Libya, Yemen, and Palestine. Additionally, Ahlan Simsim will continue to contribute to the evidence base on effective practices for supporting children and families in crisis and humanitarian contexts.



What can we learn about disability inclusion in humanitarian contexts from this story? (Lessons Learned & Key Take Aways/Guidance for Practitioners)

Midway through the implementation of Ahlan Simsim direct services, IRC learned that mainstreaming disability inclusion into humanitarian action requires consistent and ongoing focus.



“In the past, when I saw a child with disability, I would feel sad because I didn’t know what to do. Now, I know that they can learn, it’s their right and it’s my responsibility to support them. With some changes to the activities, I could see how much it made them happy and accepted. It affected their caregivers when they saw that we genuinely welcome them to our centre and not reject them.”
ECD facilitator, Ahlan Simsim team (IRC), Iraq

They learned that strategic plans and inclusive principles aren’t enough. What’s required are concrete, specific activities to ensure what we are doing is inclusive for children with disabilities and their caregivers, and that we are building an ecosystem of adults who not only promote disability inclusion but are also equipped to make decisions that support the meaningful participation of children with disabilities in their services and programs.

Balancing clear guidance with flexibility for adaptation

Responding to capacity building needs was a complex task. One of the strengths of Ahlan Simsim was its intentional flexibility – although designed for the Middle East region, there was significant scope (and need) for it to be adapted to specific contexts. How the curriculum is implemented in a centre in Amman attended by refugee and host community children of widely varying economic and social differences will be very different to how it’s implemented in a refugee camp in North-West Syria.

This meant that on the one hand, IRC needed to provide concrete, simple, and specific actions that would result in greater inclusion of children with disabilities in Ahlan Simsim

services, in their homes, and in their wider communities. On the other hand, this guidance needed to reflect the contextual differences not only between Iraq, Jordan, Lebanon, and Syria, but also within these countries, such as:

- Location (e.g., urban, camp, and remote/rural)
- Type of service and sectors involved (e.g., education, health, WASH, protection)
- Varying roles and educational backgrounds of service providers
- Attitudes towards disability and disability inclusion (influenced by cultural and religious beliefs)
- Diverse disabilities and developmental difficulties
- Children and their caregivers from diverse backgrounds (cultural, religious), and legal status (e.g., host communities, refugees, internally displaced persons)

For IRC, one solution lay in ensuring all efforts to strengthen capacity (such as training, peer support, and coaching) focussed on building skills for service providers *to make their own choices and decisions* about how they would adapt the materials and their own approaches to working with children with and without disabilities (and their caregivers) that works for their specific context and needs.

In other words, it wasn't enough to simply teach service providers what adaptations they could use, they needed to help them learn how to make their own adaptations. As these skills were increasingly practiced by service providers, their confidence and willingness to take greater steps to encourage disability inclusion grew.





Changing beliefs about disability inclusion through capacity building

Capacity building activities in humanitarian action often focus on conveying essential information (knowledge) and practicing skills. What is more challenging is how to shift mindsets, attitudes, and beliefs that inform behaviour. Disability inclusion requires positive behaviour and action in our everyday work, and this relies on having the right beliefs about its importance.

IRC learned that to shift mindsets through capacity building firstly required a solid understanding of prevailing attitudes within each local context, as well as among staff, partners, and caregivers. It was also necessary to understand the specific needs of children with disabilities and their caregivers, and the barriers they faced in their daily lives. Being able to map needs, barriers and attitudes allowed IRC to tailor capacity building efforts to address locally held misconceptions (particularly around disability and the rights of children with disabilities), and the barriers that often result from these misconceptions.

Prevailing attitudes were then measured against specific competencies and indicators of disability inclusive attitudes that were identified. This allowed IRC to assess the impacts of the Ahlan Simsim program, and their own capacity building efforts, throughout the project.

It also required looking beyond traditional training approaches to strengthen capacity. Utilising the expertise of staff (including sector and inclusion specialists) and partners, they adopted on-the-job and peer-support methods like coaching and mentoring to strengthen capacity. The Inclusion Community of Practice was a powerful way to provide regular peer-based support, changing mindsets, and keeping the focus on disability inclusion amongst all the direct services. Lastly, they used stories and narratives (including from the Ahlan Simsim curriculum) as a starting point for deeper conversations about their experiences with disability inclusion and what can be learned from them.

For service providers working with children, it helped that they were not only required to ensure activities were disability inclusive, but they were also required to ensure the learning environment was inclusive. This meant that they needed to both model inclusion for all children, and actively encourage children to be inclusive – to celebrate and accommodate differences amongst each other. This not only helped children to be more inclusive, but adult service providers as well.





Disability Data collection

Recognising much of the work they were doing was new for the region and required ongoing monitoring in order to adapt and improve, the Ahlan Simsim teams needed to collect data related to children and persons with disabilities in a variety of ways, working with a variety of partners across the four countries, in the various interventions and activities. This included, for example:

- 1 Registration of children and caregivers to understand the proportion of persons with disabilities participating in the activities as well as their unmet needs and the type and severity of difficulties they are facing – utilising the Washington Group/UNICEF Child Functioning Module⁵
- 2 Mapping exercises to identify partner organisations for affordable and accessible resources for children with disabilities, such as inclusive schools, social protection programs, rehabilitation services, and assistive technology. The information gathered is used for referral purposes by teachers, facilitators, home visitors, and outreach workers
- 3 Feedback and complaint mechanisms in each service to ensure caregivers could raise any issues
- 4 Regular feedback activities with staff, partners, and service providers through surveys and focus group discussions

The breadth and scope of Ahlan Simsim presented a number of challenges in collecting disability-related data, including:

- 1 The typical challenges, and possible dangers, in identifying potential disabilities and impairments with very young children
- 2 The wide range of partners IRC engaged with and their varying capacity and resources available for data collection more broadly
- 3 Often finding that children and caregivers involved in Ahlan Simsim programs were initially registered but this data was not subsequently updated, including when it became apparent that a child had a disability or impairment

5. For more information on the Washington Group/UNICEF Child Functioning Module Questions, see: <https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/>

IRC experienced challenges with using the Washington Group questions to collect data. The Washington Group Short Set of questions (WG-SS) was initially utilised in the four countries, with IRC staff and partners trained in its use. However, while many partners preferred the WG-SS for its simplicity and brevity, IRC found it was not the ideal tool to identify young children (below 5 years of age) with disabilities. While the short set questions provided quantitative data, the lack of complementary qualitative information hindered the team's ability to proactively identify specific barriers faced by children and persons with disabilities. For this, they determined longer-set questions would be more accurate.

This is an example of one of the challenges mainstreaming disability inclusion into a broader program can raise – how do we balance the need for accurate disability-related data with the limited time and resources partners can devote to using more complex tools for data collection? In cases where it's not possible to use the longer set of questions, estimating the reach for children and caregivers with disability could be done through secondary sources.

Despite the increased focus on disability inclusion, there is recognition that reaching children with disabilities and their caregivers is an ongoing challenge in many contexts, not only in the four countries where Ahlan Simsim was implemented. Children and persons with disabilities are often isolated from the wider community. IRC have also learned it is essential to partner with and provide resources and support to community organisations, particularly organisations for persons with disabilities (OPDs), and other key community actors (governmental or non-governmental).

Seeing ourselves in others – Representation and disability inclusion

Most of us have heard the phrase “representation matters”, and “if you see it, you can be it”, but how many of us have considered ways to support greater disability representation in our humanitarian responses?





Ahlan Simsim has shown the power of positive representation and transformative narratives in early childhood development activities, particularly through the character of “Ameera”. Ameera’s disability is not depicted as a disadvantage. Rather, she is characterised as smart, curious, funny, and richly talented, allowing all children to see her as a relatable figure who embodies a range of interests and abilities. This positive portrayal helps children identify with her, recognising that personal differences enrich a community rather than diminish it.

For children with disabilities, there is no doubt that she is a powerful way of helping them to feel seen, to recognise aspects of themselves in her. But the impacts of Ameera and the activities that have been built around her and the other characters go far beyond children. Through the shows, storybooks, songs, activities and capacity building initiatives, messages are communicated that children and people with disabilities have equal rights to participate meaningfully in their lives, that they have talents, ideas, and dreams just like everyone, and that we all benefit when we embrace all people in their rich diversity. This amplifies the reach of the project beyond children to their families and caregivers, and all the staff who interact with the program. All have the potential to be gradually but deeply changed by these stories, messages, and experiences.

This diversity wasn’t only represented through Ameera – each of the Ahlan Simsim characters had their own lived experiences, with challenges and difficulties commonly felt by children affected by armed conflict and displacement in the Middle East. Each had their own talents and dreams, too. In the Ahlan Simsim universe, all children are seen for all that they are – their diversity recognised, accommodated, and celebrated.

In other words, the Ahlan Simsim program embodied and embraced what, as practitioners, we must ultimately seek to do – not to see people as categories, but as unique

individuals with capacities and strengths, as well as needs. Through the stories and characters, we are shown not only why inclusion is so important, but how to do it.

It also shows us why representation is so crucial for people with disabilities and the positive impacts representation can have on shifting attitudes about disabilities and the barriers these attitudes create. Representation in humanitarian action can be supported in many ways – whether providing spaces for people with disabilities to share their stories and experiences, ensuring we are collaborating with persons with disabilities and not speaking for them, and looking at our own staff and asking tough questions about our own diversity. Representation is part of the antidote to the hidden crisis that affects so many people in humanitarian emergencies.

Globally, ECD is an area that has been overlooked and under-prioritised in humanitarian contexts. Ahlan Simsim sought to address that gap by designing a series of programmatic interventions that were culturally and linguistically relevant for young children impacted by war and displacement in the Middle East. But if ECD more broadly is a neglected aspect of humanitarian responses, there has been even less investment in young children with disabilities, and their caregivers.

IRC’s approach to disability inclusion in ECD through Ahlan Simsim was to integrate not just the principles of inclusion and a rights-based approach, but to provide concrete guidance, capacity strengthening, and tools for both service providers and caregivers. It was also to maintain consistent focus and prioritisation of this aspect of Ahlan Simsim through its staff and partners. The research and resources they have developed, now available to all humanitarian practitioners, and the outcomes they have witnessed for children with and without disabilities has the potential to be a paradigm change for humanitarian action, if we’re prepared to keep this focus alive.



Questions for you to reflect upon in your own disability-inclusion activities:

- 1 How well do you understand the **specific barriers** people with disabilities face in your context? Have you conducted **analysis using indicators and methods** tailored to persons with disabilities?
- 2 How are you **mainstreaming** disability inclusion? Can you translate principles into concrete practices?
- 3 How are you approaching **capacity building** for your staff and partners on how to be more disability inclusive? Are you **changing attitudes** as well as building knowledge and skills? How do you know you are?
- 4 How are you taking **concrete action to reach** people with disabilities?
- 5 What **level of engagement** do you have with people with disabilities? Are you collaborating with people with disabilities or merely consulting?
- 6 How **sustainable** is your approach? Are you equipping people involved to continue the work of disability inclusion after the project has concluded?
- 7 What **data collection tools** are you using to understand not only the proportion of persons with disabilities participating, but also the challenges they face, their needs, their wishes, and their capacities?
- 8 How are you **representing** people with disabilities in your work and how representative is your organisation? Are you creating opportunities for persons with disabilities to represent their lived experiences and all they have to offer?



Contact Information

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Images provided courtesy of Sesame Workshop and International Rescue Committee

Annex – Indicators of disability inclusive attitudes

Excerpt of questions used in Ahlan Simsim Service Provider Surveys

Indicator: % of educators who have attitudes that promote inclusion

Questions: (Responses range from: *Agree, Refuse to answer, I don't know, Partially agree, or Disagree*)

- An adult or child with disabilities should stay at home and not participate in any activities
- Children with disabilities can also learn through play but it might require adapting some of the activities
- I know how to adapt the physical environment to include adults or children with different disabilities in the regular sessions
- I can use positive communication with persons with disabilities, but I might need to use different methods/forms of communication such as simplifying information and using visual-auditory-kinaesthetic tools
- I know where to refer caregivers to receive specialized services if they have children with suspected development delay
- Children with disabilities are more at risk of experiencing abuse
- Children with disabilities can be enrolled in a childhood centre, nursery, kindergarten, or school

Scoring Methodology:

Passing score is 15 out of 18 maximum points.

For example, if 10 educators took the survey and only 4 scored 15 and above, then this indicator is calculated by dividing the # of educators who scored 15 and above (4) by the total # of educators who took the survey (10) – $4/10 = 40\%$

Excerpt of questions used in Ahlan Simsim Caregiver surveys

Indicator: % of caregivers who have attitudes that promote inclusion

Questions: (Responses range from: *Agree, Refuse to answer, I don't know, Partially agree, or Disagree*)

- An adult or child with disabilities should stay at home and not participate in any activities
- Children with disabilities can also learn through play but it might require adapting some of the activities
- I can use positive communication with persons with disabilities, but I might need to use different methods/forms of communication
- I can recognize the warning signs that indicates if my child has a development delay
- I know where I can receive specialized services if I suspect that my child has development delay
- Children with disabilities are more at risk of experiencing abuse
- Children with disabilities can be enrolled in a childhood centre, nursery, kindergarten, or school

Scoring Methodology:

Passing score is 17 out of 21 maximum points.

For example, if 50 caregivers took the survey and 20 scored 17 and above, then this indicator is calculated by dividing the # of caregivers who scored 17 and above (20) by the total # of caregivers who took the survey (50) – $20/50 = 40\%$



Further Resources

Humanity & Inclusion UK, *Disability Data in Humanitarian Action*, <https://www.humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action>

Inter-Agency Standing Committee, *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*, 2019, <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>, specifically:

Chapter 3: What to do – Key Approaches to Programming (‘Must-Do Actions’)

Chapter 6: Cross-cutting considerations

Chapter 12: Education

Chapter 15: Health

Chapter 16: Protection

Chapter 18: Water, Sanitation and Hygiene

INEE, Policy Brief: Opportunities and Challenges for Disability-Inclusive Early Childhood Development in Emergencies, December 2022, <https://inee.org/resources/opportunities-and-challenges-disability-inclusive-early-childhood-development-emergencies>

International Rescue Committee, *Ahlan Simsim: The IRC & Sesame Workshop*, <https://www.rescue.org/ahlansimsim>

International Rescue Committee, *Transforming Tomorrow: Innovative Solutions for Children in Crisis – Learning from Ahlan Simsim’s experience in the MENA region*,

March 2024, <https://www.rescue.org/report/transforming-tomorrow-innovative-solutions-children-crisis-learning-ahlan-simsims-experience>

Sesame Workshop, Ahlan Simsim Initiative, <https://sesameworkshop.org/our-work/impact-areas/ahlan-simsim/>

Sesame Workshop, *Ameera’s Reflection: How Muppets Offer a Window and Mirror – Authentic disability representation in children’s media*, <https://sesameworkshop.org/about-us/news/ameeras-reflection-how-muppets-offer-a-window-and-mirror/>

UN General Assembly, *Convention on the Rights of Persons with Disabilities*, A/RES/61/106, 24 January 2007, <https://www.refworld.org/legal/resolution/unga/2007/en/49751>

UNICEF, *Disability-Inclusive Humanitarian Action Toolkit: Operational guidance on including children with disabilities in humanitarian response*, <https://www.unicef.org/documents/disability-inclusive-humanitarian-action-toolkit>

UNICEF, *Including children with disabilities in humanitarian action: Practical actions and tips*, <https://www.unicef.org/disabilities/inclusive-humanitarian-action-guidance>

USAID, *Disability Inclusive Pre-Primary Education White Paper*, November 2022, <https://www.edu-links.org/resources/disability-inclusive-preprimary-education-white-paper>

Washington Group on Disability Statistics, *Question Sets*, <https://www.washingtongroup-disability.com/question-sets/>

Washington Group/UNICEF, *Child Functioning Module Questions*, <https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/>